

Quick Start Instructions

This section provides instructions for using the Duplicate Claims System (DCS). The following components are necessary to access the system:

- A DCS User ID and password
- Microsoft® Internet Explorer (MSIE), Version 5.5, 6.0, or 7.0, or as directed by the Government
- The Government's DCS web address

Quick Start Instructions assumes familiarity with the personal computer (PC) environment, Windows®, and TRICARE Encounter Data (TED) records. Instructions are presented in the following order:

- Entering and Exiting the System
- Setting a View
- Looking for a Claim Set, Internal Control Number (ICN), or Patient ID
- Identifying a Duplicate Claim
- Resolving a Duplicate Claim Set
- Working with Multi-Contractor Sets
- Creating a Report
- Changing a Password
- Using the HELP System

The DCS verifies that the User ID and password are authorized. This process also identifies the user's organization and determines which claim records from the Duplicate Claims database can be viewed. For example, if the user is associated with Contractor 1, they will have access to Contractor 1 data only. The system uses an **Owner FI** field for each claim set to assign ownership of each set to a specific contractor.

1.0 ENTERING AND EXITING THE DCS

1.1 To access the DCS, start up the MSIE browser. Go to the DCS web address:
<https://peprsite.csd.disa.mil/pepr/pepr/>.

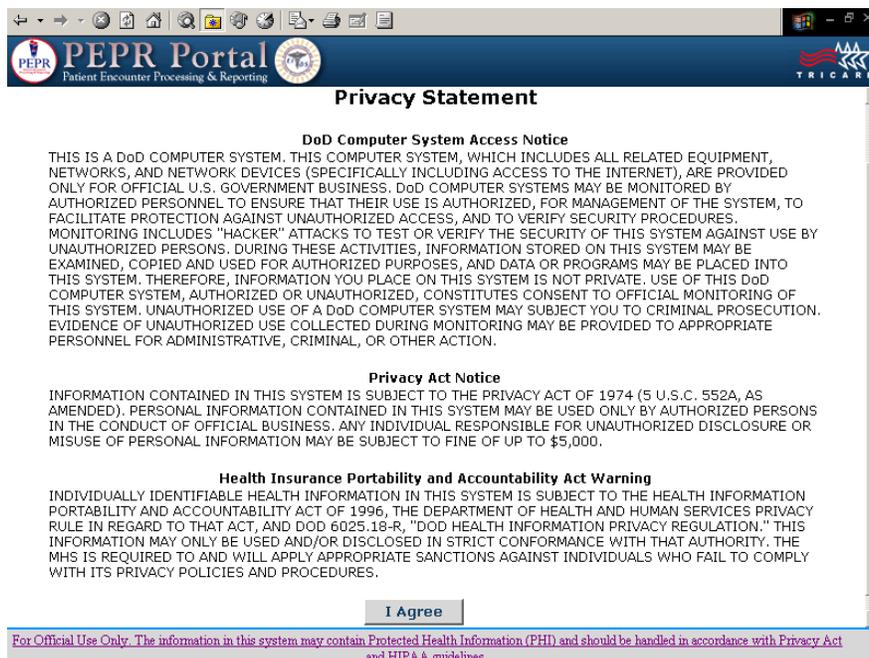
1.2 The **COMMON ACCESS CARD (CAC) SCREEN** (Figure 9.2-1) will be displayed. Until the CAC process has been implemented, click on the "If you don't have a CAC, click here" option.

FIGURE 9.2-1 COMMON ACCESS CARD (CAC) SCREEN



1.3 The **PRIVACY STATEMENT SCREEN** in the Patient Encounter Processing and Reporting (PEPR) Portal (Figure 9.2-2) will be displayed. Read it and then click the **I AGREE** button.

FIGURE 9.2-2 PRIVACY STATEMENT SCREEN



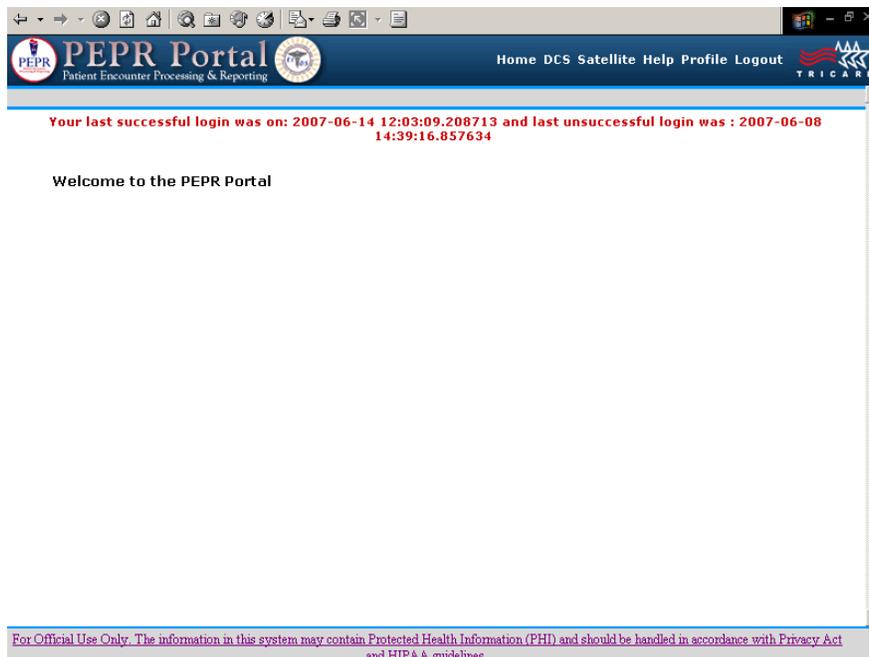
1.4 The user will then be prompted to enter their User ID and password (Figure 9.2-3). (If the User ID and password are not accepted by the system, call the **MHS Help Desk** at **1-800-600-9332**.)

FIGURE 9.2-3 USER ID/PASSWORD SCREEN



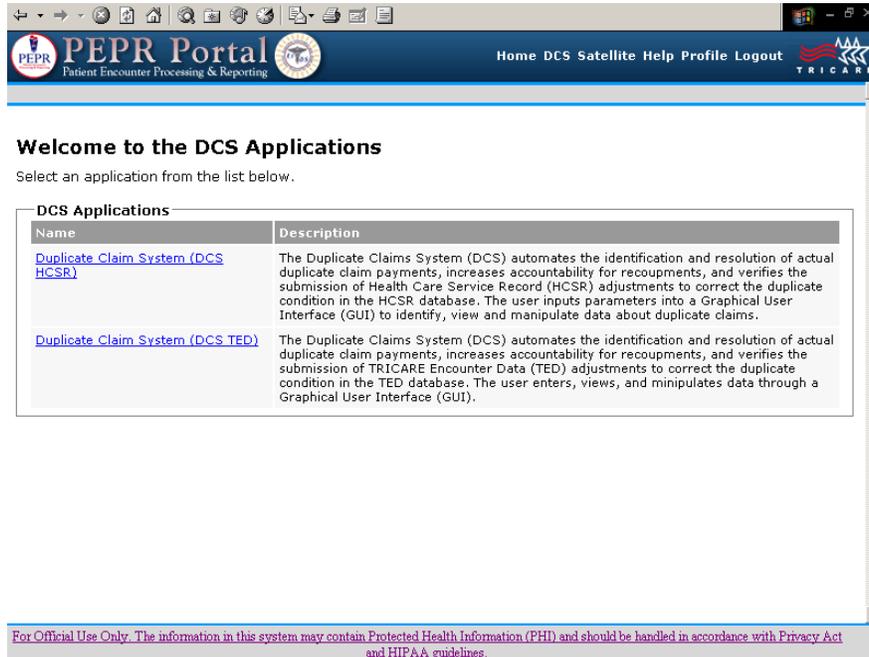
1.5 The PEPR PORTAL SCREEN (Figure 9.2-4) will be displayed. Click on the **DCS** link on the PEPR Portal Toolbar (in the upper right side of the screen).

FIGURE 9.2-4 PEPR PORTAL SCREEN



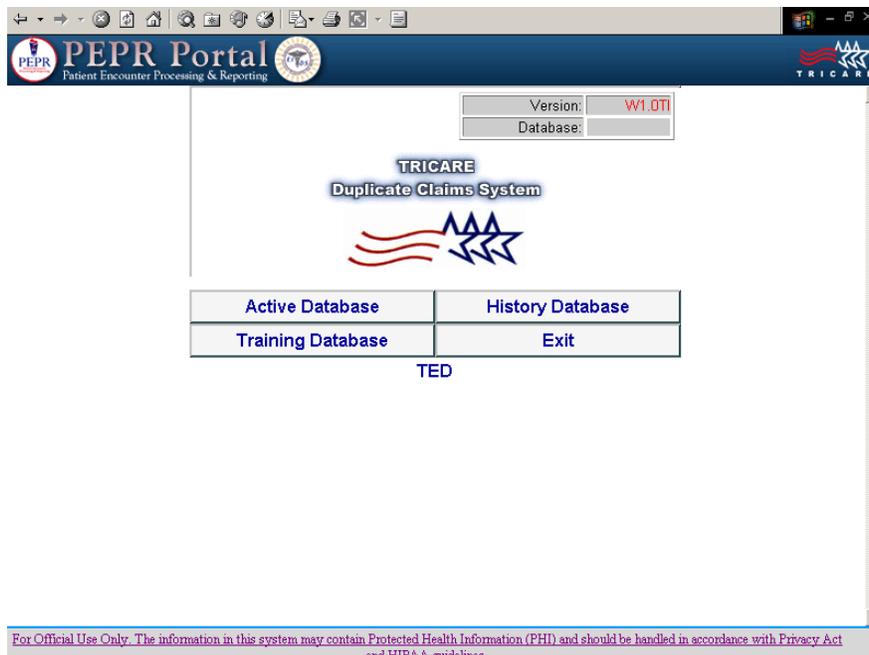
1.6 The DCS SYSTEM SCREEN is displayed (Figure 9.2-5). Click on the **DCS** link.

FIGURE 9.2-5 DCS SYSTEM SCREEN



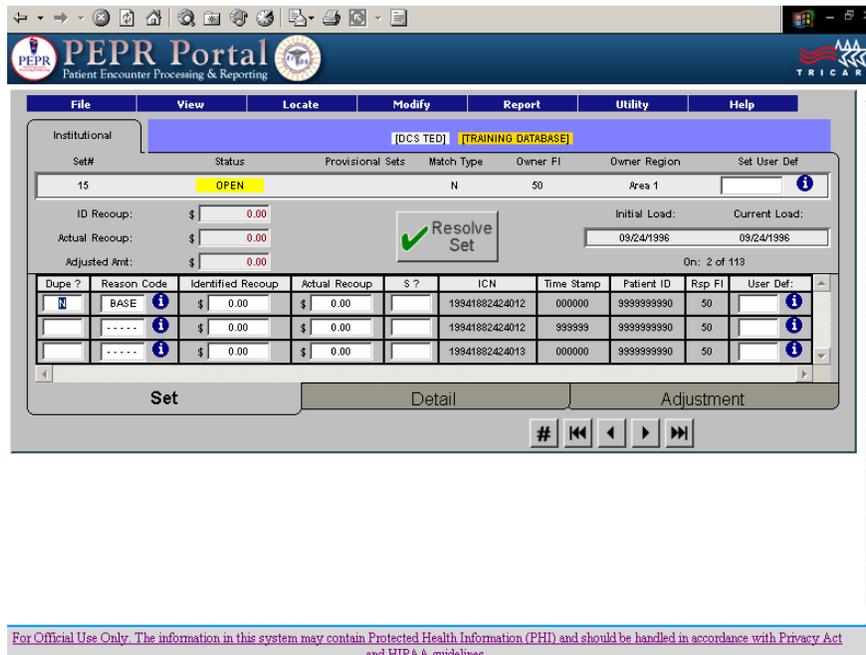
1.7 The TRICARE DCS ACCESS SCREEN (Figure 9.2-6) will be displayed. This screen provides the options of clicking on the **ACTIVE DATABASE** or **HISTORY DATABASE** button to access the production DCS, clicking on the **TRAINING** button to access the system using the training database, or clicking on the **EXIT** button to go back to the PEPR Portal.

FIGURE 9.2-6 TRICARE DCS ACCESS SCREEN



1.8 By clicking on the **ACTIVE DATABASE** or **HISTORY DATABASE** button(s), a box with the message: "**Accessing Database. Working... Please wait...**" will be displayed. When access has been achieved, the SET SCREEN will appear with the **Set** tab active (see Figure 9.2-7).

FIGURE 9.2-7 SET SCREEN



For Official Use Only. The information in this system may contain Protected Health Information (PHI) and should be handled in accordance with Privacy Act and HIPAA guidelines.

1.9 To exit the DCS, click on **F**ile in the menu bar and click on **E**xit to return to the ACCESS SCREEN. The user can then click the **EXIT** button to return to the PEPR PORTAL DCS SCREEN. Then click on **L**ogout on the PEPR Portal Toolbar in the upper right section of the screen.

1.10 To access the training database, click on the **TRAINING DATABASE** button on the ACCESS SCREEN.

1.11 If the user elected to access the **ACTIVE DATABASE**, the first set associated with the FI/ Contractor number will be displayed. The user may move within this set to the CLAIM DETAIL SCREEN or the LINE ITEM DETAIL SCREEN (if the set is a non-institutional set) by clicking on the **Detail** or **Line Item** tab. The user may also view the ADJUSTMENT SCREEN if there is an **Adjustment** tab indicating that an adjustment has been processed for one of the claims in the set. (The **Adjustment** tab will only appear when a TED adjustment associated with the set has been submitted and accepted and has been loaded to the DCS.)

1.12 The user can use the Video Cassette Recorder (**VCR**) buttons at the bottom of the screen to move to the next set (>), the previous set (<), the first set (|<) or the last set (>|). The user can also move to a particular set by clicking on the # button

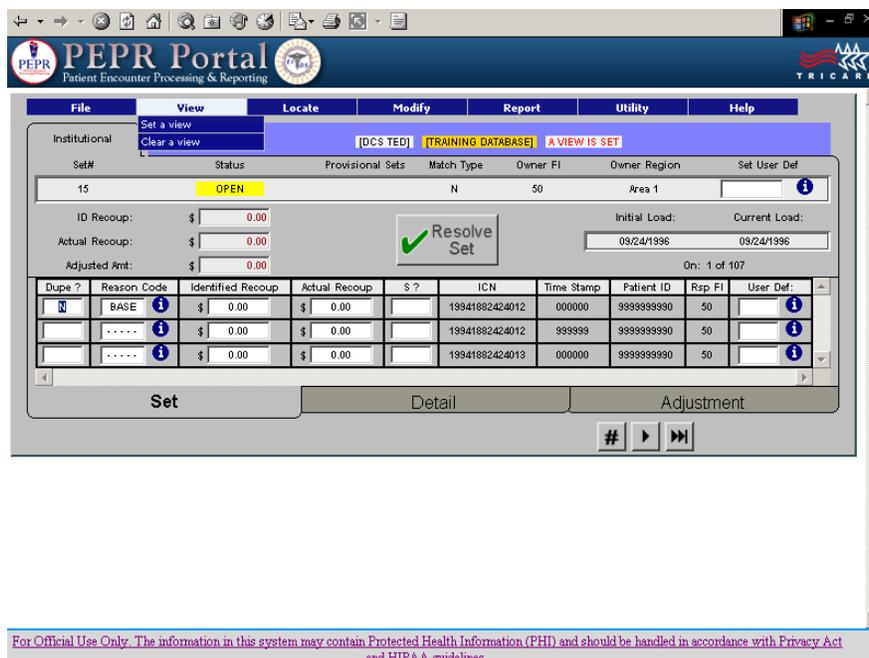
2.0 SETTING A VIEW

2.1 At any time, the user can click the **V**iew function on the menu bar to limit the view to certain categories of claim sets (see Figure 9.2-8). The SELECT DATA VIEW SCREEN, as shown in Figure 9.2-9, allows the user to specify a subset of claim sets to view. The user can select a subset of claim sets by:

- Status code.
- Institutional or non-institutional sets.
- Sets with or without adjustments.
- Single contractor sets or multi-contractor sets.
- Claim match criteria, e.g., exact match, date overlap, Current Procedural Terminology, 4th Edition (CPT-4) code match, etc.
- Sets within a date range for processed to completion (PTC) date, initial load date, current load date, or last update date.
- Sets belonging to a specific region or a specific contractor.
- Only sets with the specified enrollment codes.
- Sets with or without provisional claims.
- Other parameters as available.

2.2 Sets may be selected by combining various View options. For example, the user may request all claim sets with an *Open* status for the **West** Region that meet the exact match criteria.

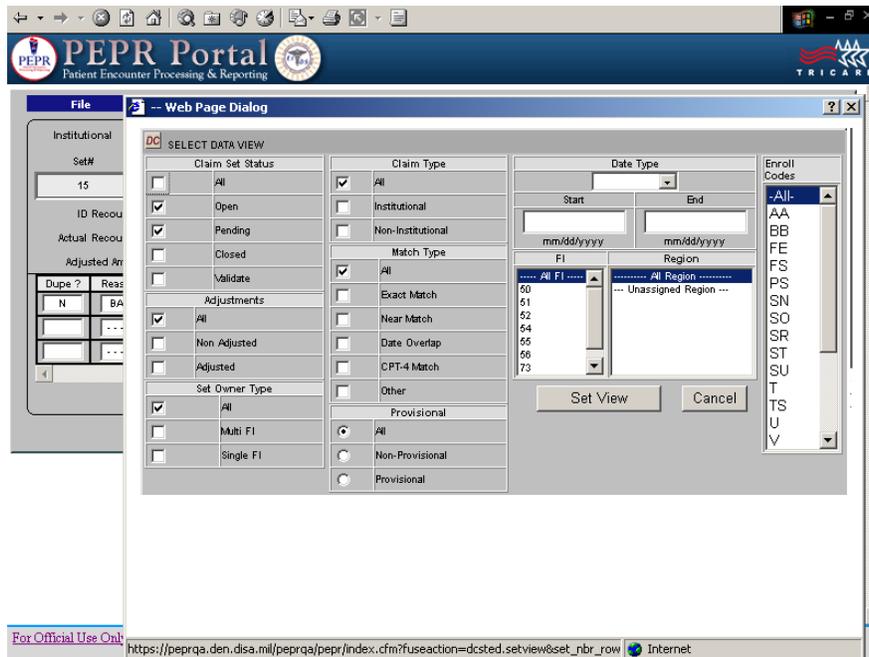
FIGURE 9.2-8 SET A VIEW SCREEN



2.3 When the user uses the **V**iew function, the system will remind the user that a restricted view of claim sets is being displayed by “**A View is Set!**” message on the screen. The **V**iew function also allows the user to “**C**lear a View” and return to full access of all the user’s claim sets. If the user views the claim sets by status, the user can view *Open* sets to see the sets that have not been researched enough to determine if a duplicate condition exists. Or the user can view *Pending* sets to see the

sets that have been researched enough to determine that a duplicate payment was made and recoupment is pending. The user can also view sets that are in *Closed* or *Validate* status. See [Section 4, paragraph 3.0](#), for additional details about claim set status.

FIGURE 9.2-9 SELECT DATA VIEW SCREEN



3.0 LOOKING FOR A SPECIFIC SET AND MODIFYING SETS

3.1 At any time, the user can click the **L**ocate function on the menu bar to view a specific set by **S**et **N**umber, ICN, Sponsor ID, or Patient ID. Upon selection of one of these locate parameters, the system displays the claim set matching the selected parameters. If an ICN or Patient ID was entered, the user can go back to the **L**ocate function and see if other sets match the ICN, Sponsor ID, or Patient ID. If they do, the **L**ocate **N**ext and/or **L**ocate **P**revious options are displayed. If a previous or next option is not relevant to the ICN, Sponsor ID, or Patient ID, these choices are “grayed out” and not available to the user.

3.2 If a claim appears in more than one claim set, the ICN will be displayed in white characters. The user can double-click on the white ICN to view the set in which this same claim appears. When the user double-clicks on the white ICN in the “next” set, the system will prompt the user to move to the “Next” or “Previous” set, as appropriate.

3.3 A shortcut to locating a specific set by set number is provided as a **V**CR button at the bottom of the screen (**#**). To locate a specific set by its **S**et **N**umber, click on the **#** button, enter the number in the pop up window that appears and click on the **OK** button.

3.4 In addition to locating a specific set, the user may use the **M**odify function to change the **O**wner **F**I field of a multi-contractor claim set. (See [Section 6](#), for more information about how and when the user might want to change the **O**wner **F**I field.) The **M**odify function also allows the user to apply the correct region to a set which has been transferred to the user.

3.5 The choices available in the **M**odify function maintain data integrity by allowing the user to select only those choices that are appropriate to the situation. In other words, the choices available to the user when changing the **Owner FI** of a set include only those **Responsible FIs** associated with the claims in that set.

3.6 The **M**odify function also has a Government option available to a limited number of the TRICARE Management Activity (TMA) users who are authorized to change the status of sets. The system-assigned status of a set will only be overridden by TMA in consult with the applicable contractor.

4.0 IDENTIFYING A DUPLICATE CLAIM

When viewing a claim set, the user should understand that every claim set contains potential duplicate claims, i.e., two or more payments made for the same services for the same beneficiary on the same dates of service. Refer to [Section 3](#), to see the criteria used to select potential duplicate claims. Prior to the implementation of the National Provider Identifier (NPI), the type of match criteria used to select potential duplicate claims ranges from an "Exact" match in which 12 fields are the same, to an "Other" match in which three, four, or five fields are the same, depending on whether the set involves institutional or non-institutional claims. Upon the implementation of the NPI, an "Exact" match will require 14 fields to be the same, and the "Other" match will require three, four, or five fields to be the same.

The user can view these fields and others in the CLAIM DETAIL SCREEN and LINE ITEM DETAIL SCREEN (non-institutional claims only) while researching the claims in the set. Note that institutional claims are matched at the claim level and non-institutional claims are matched at the line item level. The user can print out the data as they appear on these screens by accessing the **F**ile function on the menu bar and selecting **P**rint. The user will need to conduct the research on the user's proprietary claims processing system and pull claim copies, when necessary to comply with other contract requirements (e.g., duplicate prevention requirements, recoupments, etc.), to determine if an actual duplicate payment was made.

5.0 RESOLVING A DUPLICATE CLAIM SET

To resolve a claim set, the user must:

- Conduct research
- Determine the amount of overpayment, if any
- Initiate recoupment action, if required
- Record actual refunds/offsets received, if any
- Submit TED adjustments, where required and
- Apply any TED adjustments loaded to the DCS.

5.1 Steps Of Resolution

To resolve a claim set, the user must enter data in at least two fields for sets involving no duplicate overpayments and five fields for sets containing actual duplicate overpayments. (The user may also enter data into three additional, optional fields if the Managed Care Support Contractor (MCSC)/TRICARE Dual Eligible Fiscal Intermediary Contractor (TDEFIC) finds this optional data valuable.)

Note: The user may be prompted to type in an explanation for the data that was entered. This is explained below.

5.1.1 On the CLAIM SET SCREEN, the user may enter a 'Y' in the **Dupe?** field of an institutional claim to identify it as a duplicate payment or enter a 'N' in the **Dupe?** field of an institutional claim to identify it as a non-duplicate payment. For a non-institutional claim, a 'Y' or an 'N' may be entered in the **Dupe?** field on the CLAIM SET SCREEN or in the **Dupe?** field for each individual line item on the LINE ITEM SCREEN. If a 'Y' was entered on the CLAIM SET SCREEN, the system will automatically enter a 'Y' on each line item on the LINE ITEM SCREEN for that claim. The system will also enter, for the user, the paid amount for each line item in the amount identified for recoupment field on the LINE ITEM SCREEN.

Note: Users may remove 'Y' or 'N' flags on individual line items and change the amounts identified for recoupment for any line item on the LINE ITEM SCREEN regardless of whether the system populated the fields or the user.

5.1.2 For each 'Y' or 'N' entered on the CLAIM SET SCREEN, the user must select a valid reason code to explain why the claim is a duplicate or non-duplicate. Some reason codes also require a free-text explanation.

Note: Reason codes are only applied at the claim level on the CLAIM SET SCREEN. Reason codes are not required for each line item on the LINE ITEM SCREEN. In other words, only one reason code per claim is required.

5.1.3 For each 'Y' institutional claim identified as a duplicate payment the user must enter an identified amount for recoupment. For each 'Y' non-institutional claim line item identified as a duplicate payment, the system will enter the line item paid amount by default as the identified amount for recoupment.

Note: These amounts may be changed by the user if necessary.

5.1.4 For each 'Y' institutional or non-institutional claim identified as involving a duplicate payment, enter an amount actually recouped.

5.1.5 On the ADJUSTMENT SCREEN, the user may identify the TED adjustment transaction that corrects the duplicate condition in the TED database by entering a 'Y' in the **TED Adjust?** field of the adjustment displayed for the duplicate claim.

A duplicate claim set can be resolved in one of three ways:

- Indicate that no duplicate condition exists, enter a 'N' in the **Dupe?** field of all non-BASE claims, provide a non-duplicate reason code, and click the **RESOLVE THE SET** button to resolve the set and change the status to *Closed*.
- Indicate that one claim is a duplicate, enter a 'Y' in the **Dupe?** field, enter the amount identified for recoupment, enter the amount actually recouped, flag the appropriate TED adjustment that corrects the duplicate condition in the TED database, and click the **RESOLVE THE SET** button to resolve the set and change the status to *Closed*.

- Indicate that one claim is a duplicate, enter a 'Y' in the **Dupe?** field, enter the amount identified for recoupment, show that the amount actually recouped is less than the amount identified for recoupment, flag the TED adjustment (if any), click the **RESOLVE THE SET** button to resolve the set, enter an explanation for the lesser amount recouped, and allow the system to change the status to *Validate*.

The user can invoke the system's rules of resolution to resolve claim sets by clicking the **RESOLVE THE SET** button. When the **RESOLVE THE SET** button is clicked, the rules of resolution are invoked and the system determines if the set can be moved from *Open/Pending* to *Closed/Validate*. The end result of the status depends on the conditions in the set.

5.2 Rules Of Resolution

Rule 1: All claims in the set must have 'Y' or 'N' in the **Dupe?** field and a corresponding reason code.

Rule 2: There must be one claim that is labeled the BASE claim. This claim must have a 'N' in the **Dupe?** field.

Rule 3: All 'Y' claims must have an amount identified for recoupment greater than \$0.00. When the first three rules are met, the status of the set changes to *Pending*.

Rule 4: If one or more actual duplicates are identified, but no amount can be recouped, the set can be resolved to a status of *Validate* if an explanation is provided.

Rule 5: If one or more actual duplicates are identified but the full amount identified for recoupment cannot be recouped, (i.e., the actual recoupment amount is less than the identified amount for recoupment), the set can be resolved to a status of *Validate* if the total TED adjustment amounts reflect the partial recoupment amount and an explanation for the reason the full amount could not be recouped is provided.

Rule 6: If one or more actual duplicates are identified but the amount actually recouped is \$10.00 or less and the contractor does not intend to submit a TED adjustment for \$10.00 or less for the refund/offset, the system will permit the set to be resolved to a *Validate* status provided that an explanation is entered.

Rule 7: If one or more actual duplicates are identified and the total amount identified for recoupment equals the total amount actually recouped and the total TED **Adjust Amount** is equal to the total actual recoupment amount, the set can be resolved. The DCS assumes that every duplicate non-institutional claim has corresponding TED adjustments for every line item identified in the DCS as a potential duplicate. Resolution results depend on the following conditions:

- If there is a corresponding TED adjustment for each institutional claim or each non-institutional line item identified as an actual duplicate, the set can be resolved to a *Closed* status without any explanation.

- If there is not a corresponding TED adjustment for each institutional claim or non-institutional line item identified as an actual duplicate, the set can be resolved to a *Validate* status with an explanation for the reason corresponding adjustments were not submitted.

Rule 8: If all claims in the claim set have an 'N' in the **Dupe?** field, a valid 'N' reason code, \$0.00 in the amount identified for recoupment and in the amount actually recouped for each claim, the set can be resolved to a *Closed* status. Some reason codes may require an explanation.

Rule 9: To resolve a claim set and change its status to *Closed* or *Validate*, the user must click the **RESOLVE THE SET** button. If the rules of resolution that apply to changing the status of a set from *Open/Pending* to *Closed/Validate* are met, the status of the set will be changed. If the rules of resolution are not met, the status of the set will not be changed.

Rule 10: The user can click the **UPDATE CHANGES** button to change the status of a claim set from *Open* to *Pending* or from *Pending* to *Open*. If the rules of resolution are not met, the status of the set will not be changed.

Rule 11: The user can leave a set and allow the system to automatically update the database and invoke the rules of resolution for changing the status from *Open* to *Pending* or from *Pending* to *Open*. If the rules of resolution are not met, the status of the set will not be changed.

The rules of resolution delineated above are overruled in three situations:

- In multi-contractor sets, the system ignores the claims in the set in which the **Owner FI** is not the **Responsible FI**, except for the BASE claim. It allows an **Owner FI** to move a set to a *Pending* status if there is one BASE claim and all the **Owner FI**'s claims meet the general conditions for *Pending*. That is: all **Owner FI** claims must have a **Dupe?** field entry and a reason code, there must be one 'Y' claim, and every 'Y' claim must have an identified recoupment amount greater than \$0.00. See [Section 6, paragraph 2.0](#), for additional details.
- When a single contractor set is appended with a new claim, the status of the set becomes *Open*. When a multi-contractor set in *Open* status is appended with a new claim, the status of the set remains *Open*. When a multi-contractor set in *Pending* status is appended, the status of the set remains *Pending*. When a multi-contractor set in *Closed* status is appended, the status of the set is changed to *Open*. When a multi-contractor set in *Validate* status is appended, the status of the set is changed to *Pending*. See [Section 4, paragraph 5.0](#), for additional details.
- Rule 8 does not apply to multi-contractor sets. In multi-contractor sets there must be at least one claim with a 'Y' in the **Dupe?** field.

5.3 The RESOLVE THE SET, UPDATE CHANGES, And UNRESOLVE THE SET Buttons

The **RESOLVE THE SET** button and the **UPDATE CHANGES** button perform different resolution functions:

5.3.1 If the user wants to invoke the rules of resolution to see if the status of a set can be changed from *Open* to *Pending* or *Pending* to *Open*, the user must use the **UPDATE CHANGES** button.

5.3.2 If the user wants to invoke the rules of resolution to see if the status of a set can be resolved to a *Closed* or *Validate* status, the user must use the **RESOLVE THE SET** button.

5.3.3 The user cannot resolve a set to *Closed* or *Validate* status with the **UPDATE CHANGES** button.

5.3.4 If the user uses the **RESOLVE THE SET** button, the system will invoke the rules of resolution to determine if the status of the set can be changed to *Closed* or *Validate*. If neither of these conditions are met, the system will explain why the set cannot be resolved and will maintain the current status, i.e., *Open* or *Pending*.

If the user moves to another set after data on a set with an *Open* status has been entered, the system will automatically update the database with this new data and determine if the set meets the conditions for a *Pending* status. The change in status, if appropriate, will be made automatically, just as if the **UPDATE CHANGES** button had been clicked. Similarly, a *Pending* status will be changed to *Open* status if the rules dictate the set no longer meets the conditions for a *Pending* status. Note, however, that even if the set meets the conditions for a *Closed* or *Validate* status, this change will not be made automatically by the system. The user must use the **RESOLVE THE SET** button to change the status of a set to *Closed* or *Validate*.

The **UPDATE CHANGES** button appears on the screen whenever the user enters data. The system alerts the user to the fact that new data has been entered but this data has not been committed to the Duplicate Claims database. When the **UPDATE CHANGES** button has been clicked, the user will be prompted to select one of the following:

- "Yes" to commit the changes to the database
- "No" to rollback all the changes just made
- "Cancel" to terminate the update function and return to the previous screen

If the user chooses to commit the changes to the database, logic will be invoked to determine if the changes meet the rules of resolution for changing the status of the set from *Open* to *Pending* or from *Pending* to *Open*.

If the user chooses to rollback the changes just made, the screen will be reset to the way it was the last time the database was updated.

If the user chooses to cancel the operation, the update will not occur and the user will be back on the screen with the changes displayed but not committed to the database.

The **RESOLVE THE SET** button changes to an **UNRESOLVE THE SET** button when a claim set has been resolved and its status changed to *Closed* or *Validate*. New data cannot be entered into a set in *Closed* or *Validate* status. If the user wants to change data in a *Closed* or *Validate* set, the user must first unresolve the set by clicking the **UNRESOLVE THE SET** button, which automatically changes the status of the set to *Pending* or *Open*.

In the DCS *Open* and *Pending* are “working” statuses and *Closed* and *Validate* are “resolved” statuses. New data can be entered or changes to data can be made only to sets in a “working” status.

The **RESOLVE THE SET** and **UPDATE CHANGES** buttons described above allow the user to take definitive action to resolve and update a claim set. The system also has several default functions to manage these processes when the user enters new data and do not click the **UPDATE CHANGES** button. In other words, if the user leaves the claim set after entering data by one of the methods listed below, the system assumes the user forgot to click the **UPDATE CHANGES** button, and will do it. It also assumes the user wants to update the claim set with the data that was entered. In updating this data, the system invokes the rules of resolution to determine if the claim set meets the rules of resolution for changing the status of the set from *Open* to *Pending* or from *Pending* to *Open*. These actions will be triggered when the user leaves the claim set by one of the following methods:

- Click on one of the **VCR** movement buttons to move to the first, next, previous, or last claim set.
- Click on the **V**iew or **L**ocate menu bar function to move to a different claim set specified by the **V**iew or **L**ocate criteria.
- Click on the # VCR movement button to move to the claim set the user specifies.
- Exit from the DCS.

Be aware, however, that there is no default function for changing the claim set status to *Closed* or *Validate*. The only way a claim set can be fully resolved and the status changed to *Closed* or *Validate* is by clicking the **RESOLVE THE SET** button.

6.0 WORKING WITH MULTI-CONTRACTOR SETS

The important thing to remember when working with multi-contractor sets is that in every multi-contractor set, one or more jurisdictional errors were committed. One or more claims were paid by a contractor who did not have jurisdiction to do so. There must be at least one ‘Y’ claim in every multi-contractor set. If the user is the **Owner FI**, the user can view the set and enter data to try and resolve the set. If the user is not the **Owner FI** but paid one of the claims in the set, the user will not be able to view the set and, therefore, will not know that a jurisdictional error has been made until the **Owner FI** contacts the user.

The system designates the contractor who processed the latest claim as the **Owner FI**. If, after the two contractors discuss the jurisdictional facts, the other contractor (not the **Owner FI**) is the one responsible for the jurisdictional error, the current **Owner FI** should enter ‘N’ in the **Dupe?** field and a reason code, including BASE, if appropriate, for its claim, then change the **Owner FI** field to

the other contractor by clicking the **M**odify function on the menu bar and selecting the **Owner FI** option. The contractor who processed the other claim in the set will be displayed so that the user can click on this contractor and change the **Owner FI** field to the other contractor. The user will be required to document that the user discussed this change in ownership with the other contractor and received approval to make the transfer. See [Section 6](#), for additional details.

7.0 CREATING A REPORT

The user can click on the **R**eport function of the menu bar at any time to generate a report. The user **has** a choice of report formats and selection parameters from which to choose the layout and content of the report. For each report type, e.g., set reports, claim reports, summary/management reports, and graphs, the user will be prompted to select subsets within this report type (if applicable) and will be shown the REPORT PARAMETER SCREEN that looks similar to the **V**iew function screen. The REPORT PARAMETER SCREEN enables the user to select the claim types and set types that will be included in the report. See [Section 8](#), for more details about using the **R**eport function.

8.0 CHANGING A PASSWORD

Passwords can be changed at any time, just click on the Profile link on the PEPR Portal Toolbar (in the upper right side of the screen) and follow the prompts. Passwords must have at least nine but not more than twelve characters and use at least two of each of the following: uppercase, lowercase, numbers, and special characters [! @ # \$ % ^ * () _]. Passwords can be changed only once every 24 hours.

9.0 USING THE HELP SYSTEM

If the user needs additional assistance beyond that provided by this chapter, the user can call the **MHS Help Desk** in San Antonio at **1-800-600-9332**, then follow the prompts to DCS.

- END -