USER'S GUIDE

This section is a detailed user's guide to essential system functions. It provides examples to illustrate system capabilities and describes how users can access the system appropriately. Although it contains information that appears in other sections of this document, this section particularly focuses on user screens and functions designed to resolve duplicate claim sets.

1.0. AUTHORIZED USERS

The Duplicate Claims System distinguishes among three groups of users:

- Contractors are the primary users. They have read/write access to the data. They use the system to resolve claim sets by viewing potential duplicate claims, identifying actual duplicates, and monitoring recoupment activities.
- TMA/Government personnel access the system to monitor duplicate claims resolution activities, generate management reports, and evaluate contractor performance. These users have read-only access to the system.
- The third group of users are a very limited number of TMA staff who have read/write access to the system.

1.1. Contractor Users

Contractor users have read/write access to the data. Certain contractor users have additional permissions to perform functions within the DCS that are not available to all contractor users (Chapter 10, Section 3, paragraph 2.3.). Such functions include establishing claim and set level user defined codes and returning archived sets to the production database. Contractors are required to use the system. Each contractor has limited access to the claim sets in the database. In general, this means that contractors have access only to their own claim sets, i.e., sets containing claims they processed or inherited from a previous contractor during a transition. The system uses the **Owner FI** field to maintain this control of sets. The system uses two other fields to refer to a specific contractor. These fields are discussed below:

1.1.1. Processing FI

This field refers to the contractor who processed the claim and submitted the associated TED. This field never changes.

1.1.2. Responsible FI

This field refers to the contractor who currently is responsible for a specific claim in a claim set. In most instances, the Responsible FI will be the contractor who processed the claim. However, if the Processing FI is no longer responsible for this claim (e.g., due to a contractor transition), the Responsible FI will be a different contractor. A contractor cannot change the Responsible FI (**Rsp FI**) field.

(See Chapter 10, Section 7, Mass Change Function for Contract Transitions, for an explanation of how the system uses the mass change function to reassign the Responsible FI for existing claims in the system following a change in contractors.)

1.1.3. Owner FI

The **Owner FI** identifies the contractor responsible for (i.e., "owns") a set. Initially, the Owner FI is assigned by the system during the loading of the claim set. The system looks at all of the claims in the set and selects the contractor who submitted the claim with the most recent processed-to-completion date. In most instances, a single contractor will have submitted all the claims in the claim set so the **Owner FI** will be the same as the Responsible FI on the claims. However, if more than one contractor processed and submitted the claims in a set, the system determines which contractor submitted the claim with the latest processed-to-completion date. This contractor is designated as the **Owner FI** and becomes responsible for the resolution or transfer of the claim set. Under certain circumstances during a contractor transition or during the resolution of a multi-contractor claim set, the Owner FI may change. See Chapter 10, Section 6, Multi-Contractor Claim Sets, and Chapter 10, Section 7, Mass Change Function for Contract Transitions, for additional details.

1.2. TMA/Government Users

The TMA is responsible for a number of contract administration and evaluation activities, including the monitoring of contractor duplicate claim resolution activities. TMA personnel use the Duplicate Claims System to generate management reports and monitor contractor performance. The TMA will audit claim sets in the various stages of the claim set life cycle. For example, *Validate* claim sets may be periodically audited to verify that complete refunds of identified recoupment amounts could not be collected and that required recoupment procedures had been followed. *Closed* claim sets containing non-duplicates may be audited to verify that all of the claims in the set were not duplicates. *Pending* claim sets may be audited to verify compliance with recoupment requirements and timeliness standards.

The Duplicate Claims System provides the TMA with the capability to audit contractors for compliance with system requirements governing "ownership" transfers of multi-contractor sets, the selection of accurate and appropriate reason codes, and the adequacy of the explanations entered into the system for any of the above. In short, any and all aspects of using the Duplicate Claims System, its data, and its output are subject to audit by TMA or other Government auditing personnel. The TMA is also responsible for initiating data administration and system maintenance activities associated with extracting and loading TEDs to the Duplicate Claims System and for performing mass change functions for contractor transitions.

1.3. Selected TMA Personnel

A limited number of TMA personnel have read/write access to the system. These personnel use their read/write access for system and data integrity management purposes.

2.0. REQUIREMENTS FOR ACCESSING THE SYSTEM

User access to the system is controlled by security procedures that require an individual to have access to the Government's servers and the Duplicate Claims System. Security procedures require a valid user ID and password. The application software for the Duplicate Claims System must also be installed on each user PC.

2.1. User ID And Password

A critical component of system security is the assignment of unique user identification numbers (IDs) and passwords for each individual authorized to access the system. Two levels of password security are incorporated into the system, one at the Duplicate Claims System application level and one at the Duplicate Claims Database level.

Individual users at contractor and TMA sites have the capability to define their own passwords for accessing the Duplicate Claims System. Users can change these passwords at any time. User IDs and passwords at the application level are linked by the system to database level IDs that identify authorized users. Database level IDs are not known to users. (See Chapter 10, Section 9, paragraph 2.5., Security Requirements, for additional information.)

As previously stated, the system allows access to those functions authorized and associated with particular user IDs. For example, contractors are permitted access only to those potential duplicate claim sets for which they are the Owner FI. Also, they are permitted to generate reports based only upon their own data. The same restriction to accessing data applies to the downloading function. TMA users are authorized to access claim sets for any and all contractors. Additionally, they have access to a number of administrative functions, such as generating management reports containing the aging of claims data in the aggregate, by region, or by specific contractor.

2.2. Signing On To The System

After a user has selected the database on the ACCESS SCREEN that they wish to enter (Active or History) or the Training system, user log-on is directed by a screen that queries the user for an ID and password. The User ID determines what level of access is permitted and what data (claim sets) can be viewed. Once a valid User ID and password are entered, connection to the Duplicate Claims System is made.

The claim set life cycle and the resolution of duplicate claim sets begin when contractors sign on to the Duplicate Claims System to view and examine potential duplicate claims (see Chapter 10, Section 3, paragraph 2.0., Criteria Used to Select Potential Duplicate Claims, for a description of the claims selection criteria). Through menus, contractors can define parameters to create a filter for the types of claim sets they want to view (see paragraph 4.1.2., View, for details regarding the **V**iew function.)

2.3. Accessing Claims Data

The Duplicate Claims System uses the **Owner FI** field to identify and limit access to claims data. The Owner FI is responsible for resolving the claim set. The system allows only the Owner FI to view the claim set and enter data to resolve the set. The Owner FI is solely responsible for researching and resolving the claim set. No other contractor can view or access a claim set owned by another contractor.

3.0. USER SCREENS

Four user screens display TED data, permit users to enter resolution data, and provide feedback to users on the rules of resolution.

3.1. Becoming Familiar With The Screens

3.1.1. Each claim set uses multiple screens to display data. To access the different screens, users click on tabs. All sets have a CLAIM SET SCREEN and a CLAIM DETAIL SCREEN. If the set is composed of non-institutional claims, it also has a LINE ITEM DETAIL SCREEN. If the set has associated TED adjustments, the set also has an ADJUSTMENT DETAIL SCREEN.

3.1.2. Normally, the first screen to be displayed will be the CLAIM SET SCREEN. This screen reflects the current date and labels the set as either an institutional or non-institutional set. The top section of the screen contains the menu bar for initiating a number of user functions. Below the menu bar, in the upper portion of the screen, are the set number, status, match type, owner FI, owner region, and set level user defined code fields. Totals of individual claim recoupment amounts are also displayed in the upper section. In the lower portion of the screen, claim-level data extracted from TEDs are displayed. The lower portion also contains fields for indicating which claims are duplicates, reason codes, and the amounts to be recouped for each duplicate claim. In addition, fields for entering claim level user defined codes are available as well as a “solicited” field that may be used to distinguish duplicates for which refunds must be solicited from those for which only a TED adjustment are required.

3.1.3. At the bottom of the CLAIM SET SCREEN is a **DETAIL** tab which allows the user to move to the CLAIM DETAIL SCREEN. Once in the CLAIM DETAIL SCREEN, the user can click on a **SET** tab to move back to the CLAIM SET SCREEN.

3.1.4. The top portion of the CLAIM DETAIL SCREEN contains set information. Below the set information, claim-level detailed data are displayed. Note that left and right arrows and a scroll bar appear on the bottom of the data box to allow the user to scroll through this data. Approximately 50 claim-level fields are shown for each claim.

3.1.5. If a claim set contains non-institutional claims, there will be a **LINE ITEM** tab at the bottom of the CLAIM SET SCREEN and the CLAIM DETAIL SCREEN to allow the user to move to the LINE ITEM DETAIL SCREEN.

3.1.6. Note that the LINE ITEM DETAIL SCREEN has a sort function above the line item data fields. The black dot in the diamond to the left of the **Unsorted** label indicates that the

display is in ICN order (i.e., all line items from one claim are shown before the next claim's line items). If the display contains more than two line items, it may be helpful to sort the display by grouping matched line items. To sort the line items by procedure code, the user clicks in the diamond to the left of the **Sorted** label.

3.1.7. If a claim set has any adjustments corresponding to institutional claims or non-institutional line items, there will be an **ADJUSTMENT tab** at the bottom of all screens. This tab allows the user to move to the ADJUSTMENT SCREEN.

3.1.8. The bottom portion of the ADJUSTMENT SCREEN displays data for each adjusted claim. A vertical scroll bar will appear when appropriate to allow the user to view additional adjustments. Like all DCS system screens, the ADJUSTMENT SCREEN displays TED data. Adjustment data displayed includes claim ICN, TED line item and procedure code, and the paid amount of the adjustment.

3.1.9. All screens were designed to display relevant information to facilitate set resolution. Note that claims data is color-coded so that:

3.1.9.1. Extracted data from the TED database and claim-specific data created by the system appear in black.

3.1.9.2. The total amounts calculated by the system appear in red.

3.1.9.3. Data in user-controlled fields appear in blue or green.

3.1.9.4. ICNs and suffixes which represent claims in multiple sets appear in white on the CLAIM SET SCREEN.

As explained in the preceding paragraphs, user screens have been designed to display claims data and associated adjustments and also provide for user entry of information needed to resolve the set. User screens also display information about the set, showing the set number, set status, match type, Owner FI, and Owner Region.

All screens display movement buttons on the bottom of the screen to enable a user to move to another screen of the same set or to move to the first, next, previous, last, or a user designated set contained within the contractor's full or restricted "view." A contractor will have full view of all the sets for which the contractor has been assigned as the Owner FI if no restricted views (via the **V**iew function of the menu bar) have been set by the contractor. If, however, the contractor uses the **V**iew function to request a restricted view of, for example, only *Pending* institutional sets with an exact match, the contractor will see only those sets. (See paragraph 4.1.2., View, for a description of the **V**iew function of the menu bar.)

There are four screens that display information about a set:

- CLAIM SET SCREEN
- CLAIM DETAIL SCREEN
- LINE ITEM DETAIL SCREEN (Non-institutional sets only)
- ADJUSTMENT SCREEN (Sets with adjustments)

3.2. Claim Set Screen

3.2.1. Set-Level Portion Of The Claim Set Screen

The CLAIM SET SCREEN displays general information about the claim set and the individual claims within the set. It is considered to be the first screen in each set. As shown in Figure 10-5-1, Sample CLAIM SET SCREEN, this screen displays system-calculated totals of the amount identified for recoupment, amount actually recouped, and the adjustment amount. Note that these totals are calculated from the entries the user made in the claim level portion of the screen. The screen also displays the set number, the set status, the set match type, the owner FI and the owner region. It also displays the initial and current load dates and the set count of the current set versus the total number of sets in the contractor's full or restricted view of the sets, e.g., "53 of 3333", meaning the current set is the 53rd set of a total of 3,333 sets in the current view.

3.2.2. Set Level User Defined Field

The upper portion of the screen also contains the **Set User Def** field. This field permits users to enter a user defined code to label the set to reflect additional information that the contractor wishes to track or to have available. While users may enter a user defined code, only certain contractor users have permission to define, activate, or de-activate the codes that may be used. User defined codes may be one or two characters in length. (See paragraph 4.2.1. for additional information.)

3.2.3. RESOLVE And UNRESOLVE Buttons

The screen also contains the **RESOLVE THE SET** button if the set is in *Open* or *Pending* status or the **UNRESOLVE THE SET** button if the set is in *Closed* or *Validate* status.

3.2.4. Set Recoupment Amounts

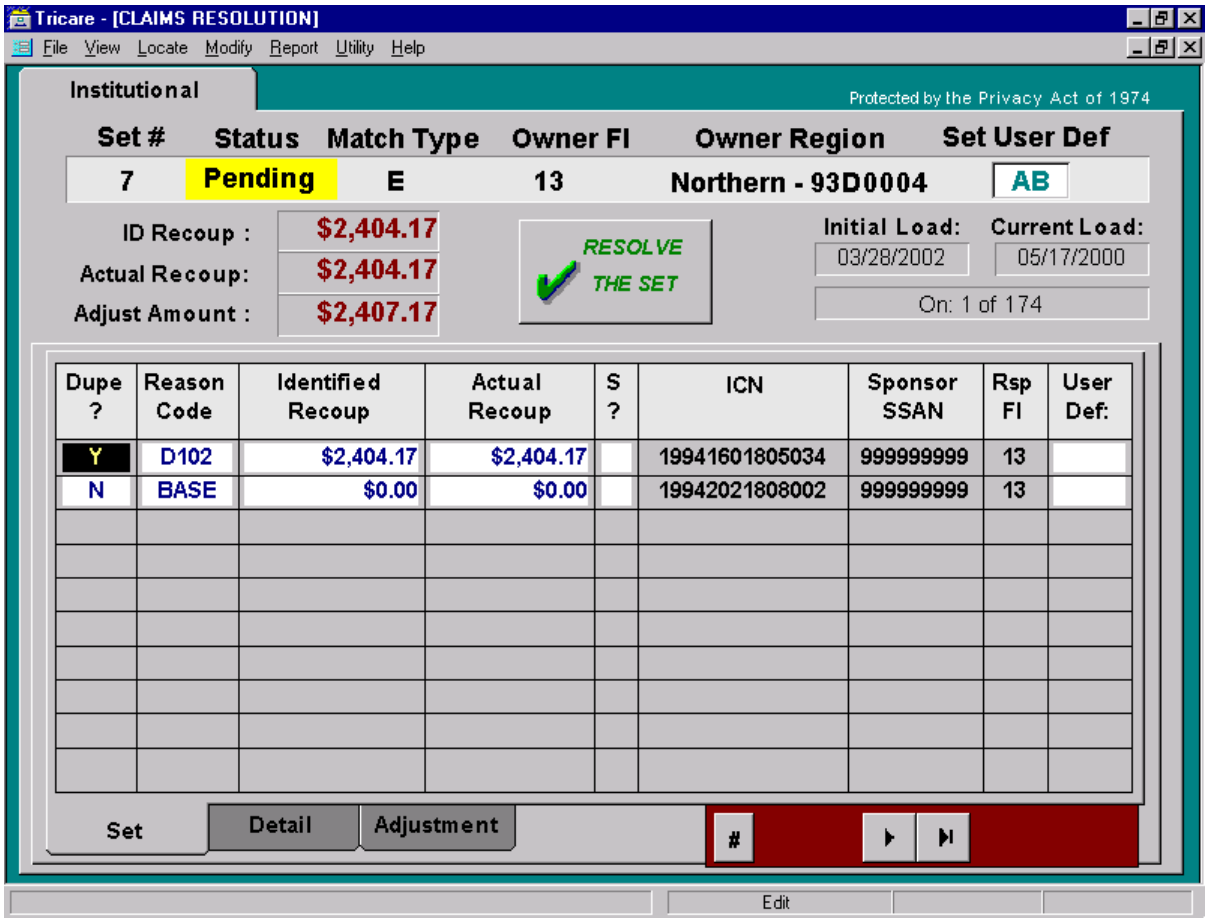
As noted above, the system-calculated totals of the amounts identified for recoupment, amounts actually recouped, and adjustment amounts for this set are based on the entries made by the user in the claim-level portion of this screen, the LINE ITEM SCREEN (for non-institutional sets) and the ADJUSTMENT SCREEN.

3.2.5. Claim Level Portion Of The Claim Set Screen

The claim level portion of the CLAIM SET SCREEN has headers that read: **Dupe?**, **Reason Code**, **Identified Recoup**, **Actual Recoup**, **S?, ICN**, **Sponsor SSAN**, **Rsp FI, and User Def:**. Of these nine fields, six are designated as user entry fields and three are designated as read-only TED data fields. Specifically, the user-entry fields provide for entry of a 'Y' or 'N' in the **Dupe?** field to indicate if the claim is an actual duplicate payment or a non-duplicate, along with a valid reason code to explain why this determination was made. It also provides for user entry of specific claim recoupment activity to indicate the amount identified for recoupment and the amount actually recouped for each claim identified as an actual duplicate payment. The **Dupe?**, **Reason Code**, **Identified Recoup**, and **Actual Recoup** fields are required fields (when appropriate). The **S?** (Solicited Indicator) and the **User Def:** (User Defined Code) fields are optional. **NOTE:** On non-institutional claims, entering a 'Y' in

the **Dupe?** field on the CLAIM SET SCREEN, automatically triggers a system entry of 'Y' in the **Dupe?** field for each line item associated with that claim on the LINE ITEM SCREEN. The system also automatically populates the **Identified Recoup** field for each 'Y' line item on the LINE ITEM SCREEN with the **Govt Paid Amount**. The system will then enter the sum of the **Identified Recoup** amounts from the LINE ITEM SCREEN into the **Identified Recoup** field on the CLAIM SET SCREEN for that claim. Finally, the system will enter the sum of the claim level **Identified Recoup** amounts in red in the **ID Recoup** field in the upper portion of the CLAIM SET SCREEN. Users have the option of entering individual 'Y' indicators in the **Dupe?** field on the LINE ITEM SCREEN and of changing the individual line item **Identified Recoup** amounts for each line item. The system recognizes these changes and reflects them in the sums appearing on the CLAIM SET SCREEN.

FIGURE 10-5-1 SAMPLE CLAIM SET SCREEN



3.2.6. Claim Level Data

The fields in the claim level data portion of the CLAIM SET SCREEN are described below:

- **Dupe?** (Dupeflag) - must be 'Y' for an actual duplicate or 'N' for a non-duplicate

- **Reason Code** - must be a valid reason code for the 'Y' condition (e.g., erroneous dupe override, jurisdictional error) or the 'N' condition (e.g., twins, different service)

- **Identified Recoup** - amount identified for recoupment

- **Actual Recoup** - amount actually recouped

- **S**? – Solicited Indicator. An optional use field that may be used to distinguish duplicate claims for which refunds must be initiated (solicited) as opposed to those for which refunds have been received without recoupment efforts (unsolicited refunds) or received but for which no TED adjustments have been submitted.) A user may enter a 'Y', an 'N', or leave the field blank. (See paragraph 4.2.3. for additional information.)

- **ICN** - the individual claim number

- **Sponsor SSAN** - sponsor Social Security Account Number

- **Rsp FI** – The contractor responsible for resolving this claim (either the Processing FI who remains currently responsible for correcting any errors associated with the claim or another contractor who, as a result of a contractor transition, is currently responsible for this claim). The Responsible FI for each claim may or may not be the same as the Owner FI. Refer to paragraph 1.1., Contractor Users, for further explanations of these fields and Chapter 10, Section 7, Mass Change Function for Contract Transitions, for information regarding mass changes.

- **User Def:** - claim level user defined field. The claim level portion of the screen also contains the **User Def:** field. This field permits users to enter a user defined code to label a claim to reflect additional information that the contractor wishes to track or to have available. While users may enter a user defined code, only certain contractor users have permission to define, activate, or de-activate the codes that may be used. User defined codes may be one or two characters in length. (See paragraph 4.2.2. for additional information.)

It should be noted that the Duplicate Claims System defines a "claim" as an ICN plus a unique time stamp. This is important, since two claims with the same ICN but with different time stamps may appear as potential duplicates of each other in a claim set.

3.2.7. Action And Movement Buttons And Tabs

Each screen contains several buttons and tabs that allow a user to move from set to set and screen to screen, and also to change the status of a set.

3.2.7.1. The **RESOLVE THE SET** button allows the contractor to invoke the rules of resolution to determine if the set can be resolved to a *Closed* or *Validate* status. If the set is already resolved, the button will read "UNRESOLVE THE SET". In this situation, the button can be used to unresolve the set to a *Pending* or *Open* status.

3.2.7.2. The **UPDATE CHANGES** button allows a contractor to update the Duplicate Claims Database with newly entered data. It is a "smart" button in the sense that it only appears after new data has been entered on either screen. The status of a set may change from *Open* to *Pending* or from *Pending* to *Open* when the **UPDATE CHANGES** button is pressed depending on the newly entered data.

3.2.7.3. Screen movement tabs allow a user to navigate among the four DCS screens. For example, the tab labeled **DETAIL** allows the user to move to the CLAIM DETAIL SCREEN. Two of the screen movement tabs will appear on every set (SET tab and DETAIL tab). The other two tabs will appear as appropriate. The LINE ITEM tab will appear only on sets containing non-institutional claims. The ADJUSTMENT tab will only appear when an adjustment has been loaded to the set. The appearance of the ADJUSTMENT tab notifies a user that associated adjustments exist for this set and enables the user to move to the **ADJUSTMENT SCREEN** to see them.

3.2.7.4. **VCR** buttons are shown at the bottom of all screens. They allow the user to move from one set to another set, e.g., to the previous set, to the next set, to the last set. The < button moves to the previous claim set, the > button moves to the next claim set, the |< button moves to the first claim set, and the >| button moves to the last claim set available to the user. The # button, when pressed, prompts the user to enter a specific set number. When entered and the **OK** button is pressed, the user will be taken to the set specified.

3.3. Claim Detail Screen

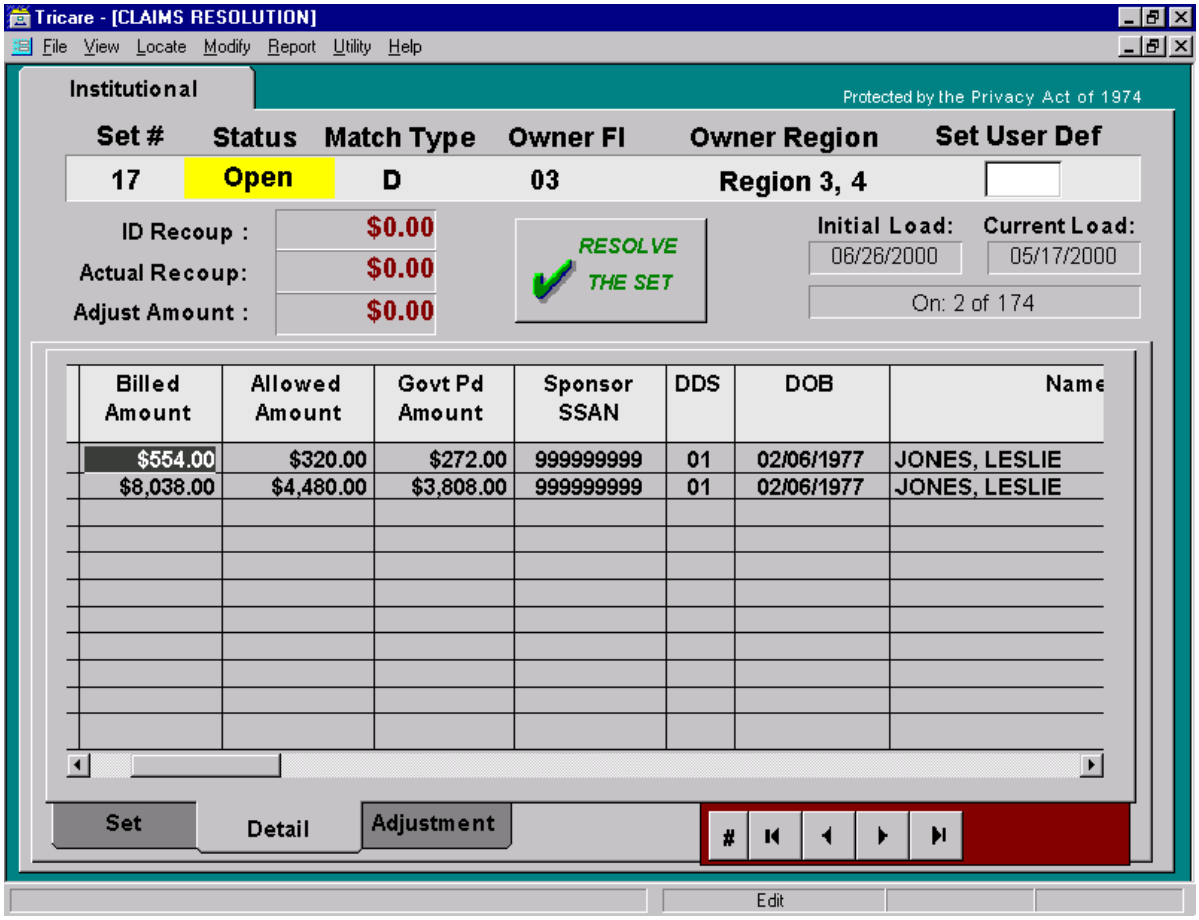
This screen displays additional TED data about each claim in the claim set. With the exception of the set level user defined field (**Set User Def**), no data may be changed and no data is entered on this screen. The data displayed is "read-only" and is provided to assist contractors in the research process. The CLAIM DETAIL SCREEN shown in Figure 10-5-2, Sample CLAIM DETAIL SCREEN displays 53 fields of TED and Duplicate Claims System data. This screen shows the following fields for institutional and non- institutional claims in a claim set:

ICN	Time Stamp
Processed to Completion Date	Sponsor ID
Patient Name	Patient ID
Patient ID Type Code	Patient Date of Birth
Patient Zip Code	Enrollment Code
Inst Region	Inst Amt Billed
Inst Amt Allowed	Inst Govt Paid
Inst Special Processing Code I	Inst Special Processing Code II
Inst Special Processing Code III	Inst Special Proessing Code IV
Inst Pricing Rate Code	Inst Provider Tax ID
Inst Provider Sub ID	Inst National Provider ID
Inst Provider Group NPI	Inst Provider Zip Code
Inst Provider Network Status Ind.	Type of Institution
Claim Form Type	Bill Frequency
Admission Date	Patient Disposition

Inst Begin Date of Care
DRG
Batch Sequence Number
Cycle Number
Processing Contract Number
Responsible Contract Number
Risk Indicator
Reason Code
Claim Level User Def Code
Actual Recoup Amt
Dupe Flag Indicator
Patient Age
Inst End Date of Care
Principal Tx Diagnosis
Voucher Sequence Number
Processing FI
Responsible FI
Mass Change Level
Claim Match Type Code
Solicited Indicator
ID Recoup Amt
Adjustment Paid Amt
Sponsor ID Type Code

Because all of these fields cannot be displayed across the width of one screen, the system provides a scroll bar and left and right arrow buttons at the bottom of the window to permit viewing all of the fields available.

FIGURE 10-5-2 SAMPLE CLAIM DETAIL SCREEN



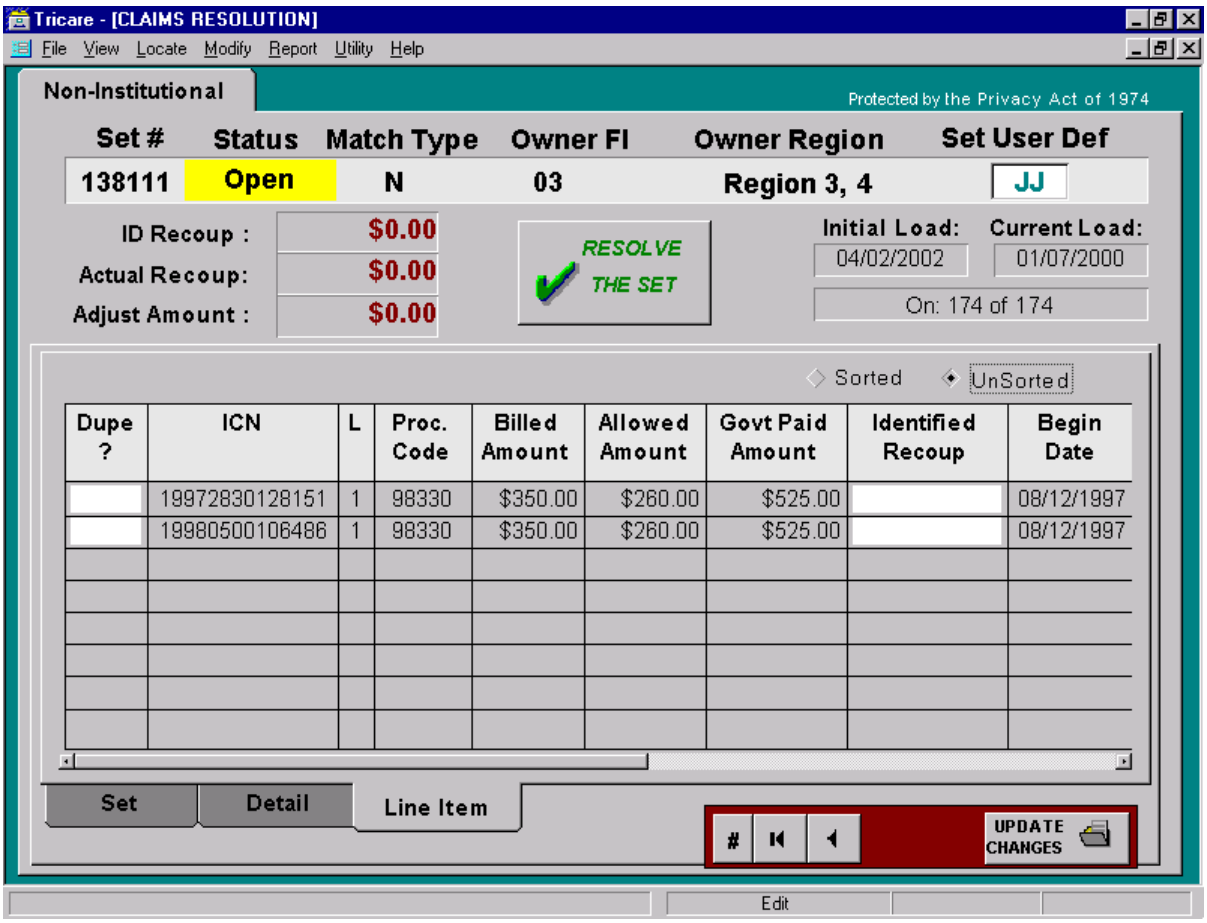
3.4. Line Item Detail Screen

This screen displays additional details about each non-institutional line item in the claim set. The LINE ITEM DETAIL SCREEN shown in Figure 10-5-3, Sample LINE ITEM DETAIL SCREEN, displays, along with set information common to all screens, 27 fields containing the following line item information about each potential duplicate line item in the set:

Dupe Flag Indicator	ICN
Line Item Number	Line Item Match Type Code
Procedure Code	Place of Service Code
Type of Service Code	Service Begin Date
Service End Date	Proc Billed Amount
Proc Allowed Amount	Proc Govt Paid Amount
ID Recoup Amount	Ninst Provider Tax ID
Ninst Provider Sub-ID	Ninst National Provider ID
Ninst Provider Group NPI	Ninst Provider Zip Code
Ninst Provider Specialty	Ninst Provider Network Status Ind
Enrollment Code	Ninst Region
Ninst Special Processing Code I	Ninst Special Processing Code II
Ninst Special Processing Code III	Ninst Special Processing Code IV
Ninst Pricing Rate Code	

This screen also has two diamond-shaped buttons just above the line item information that are used for sorting (i.e., by procedure code) or for unsorting (i.e., by ICN) the line items displayed. Sorting may be helpful when there are more than two line items in the set. As with the data displayed on the CLAIM DETAIL SCREEN, the data on the LINE ITEM DETAIL SCREEN are extracted from the TEDs and all but two (**Dupe?** and **ID Recoup**) are read-only fields which cannot be modified. They are displayed in the LINE ITEM DETAIL SCREEN to provide additional information about each line item in the set in order to facilitate contractor research.

FIGURE 10-5-3 SAMPLE LINE ITEM DETAIL



3.5. Adjustment Screen

This screen displays associated TED adjustments for each institutional claim or non-institutional line item in the claim set. It also provides for user entry of a 'Y' or 'N' in a flag field to indicate which adjustment(s) are associated with the recoupment(s) of actual duplicate payments.

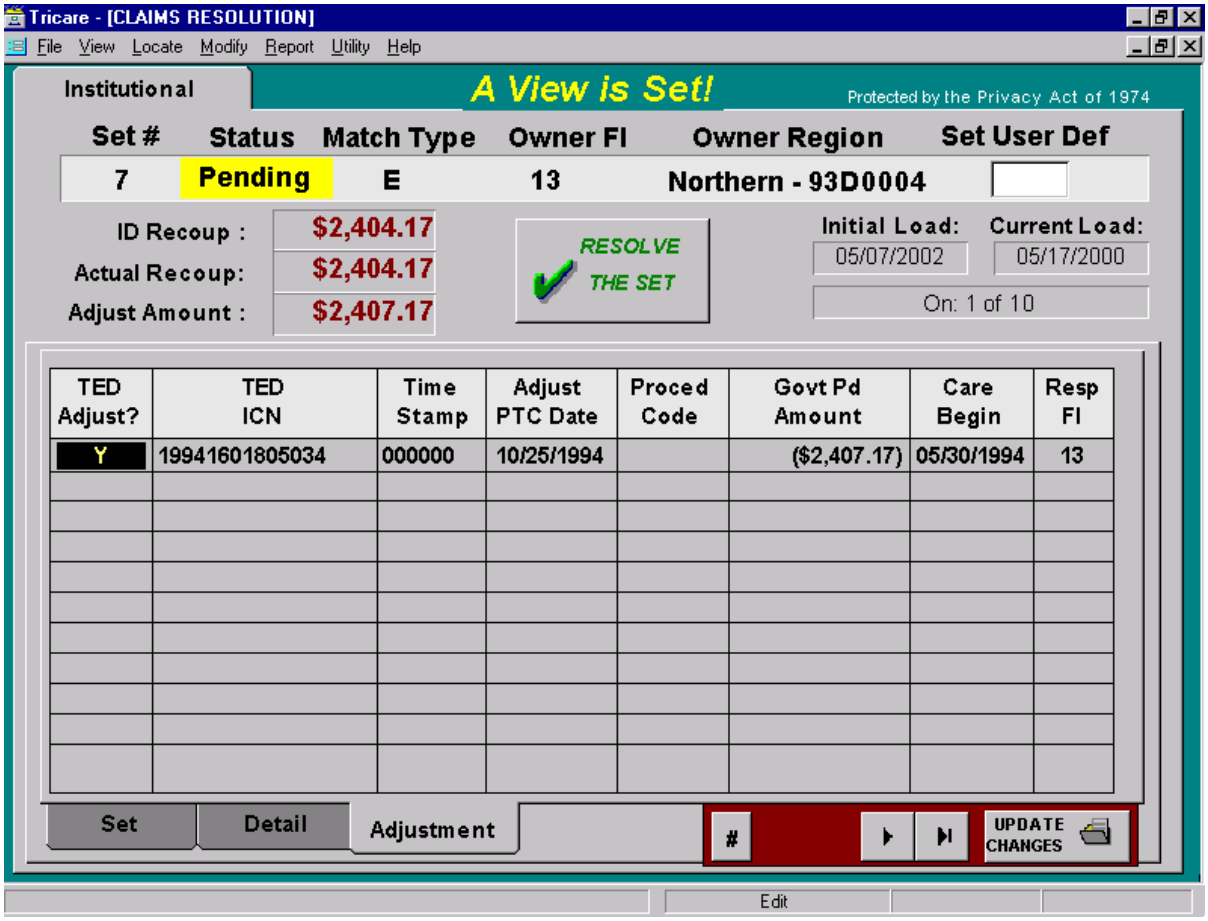
The ADJUSTMENT SCREEN displays the following TED data and Duplicate Claims System data fields:

TED Adjust Flag
ICN
Adjustment PTC Date
Govt Paid Amount
Responsible FI
Time Stamp
TED Line Item Number
Procedure Code
Care Begin Date

An ADJUSTMENT SCREEN for an institutional claim set appears in Figure 10-5-4, Sample Institutional Adjustment Screen. The ADJUSTMENT SCREEN for non- institutional

claim sets (as shown in Figure 10-5-5, Sample Non-Institutional ADJUSTMENT SCREEN) also displays the appropriate TED line item number and associated procedure code.

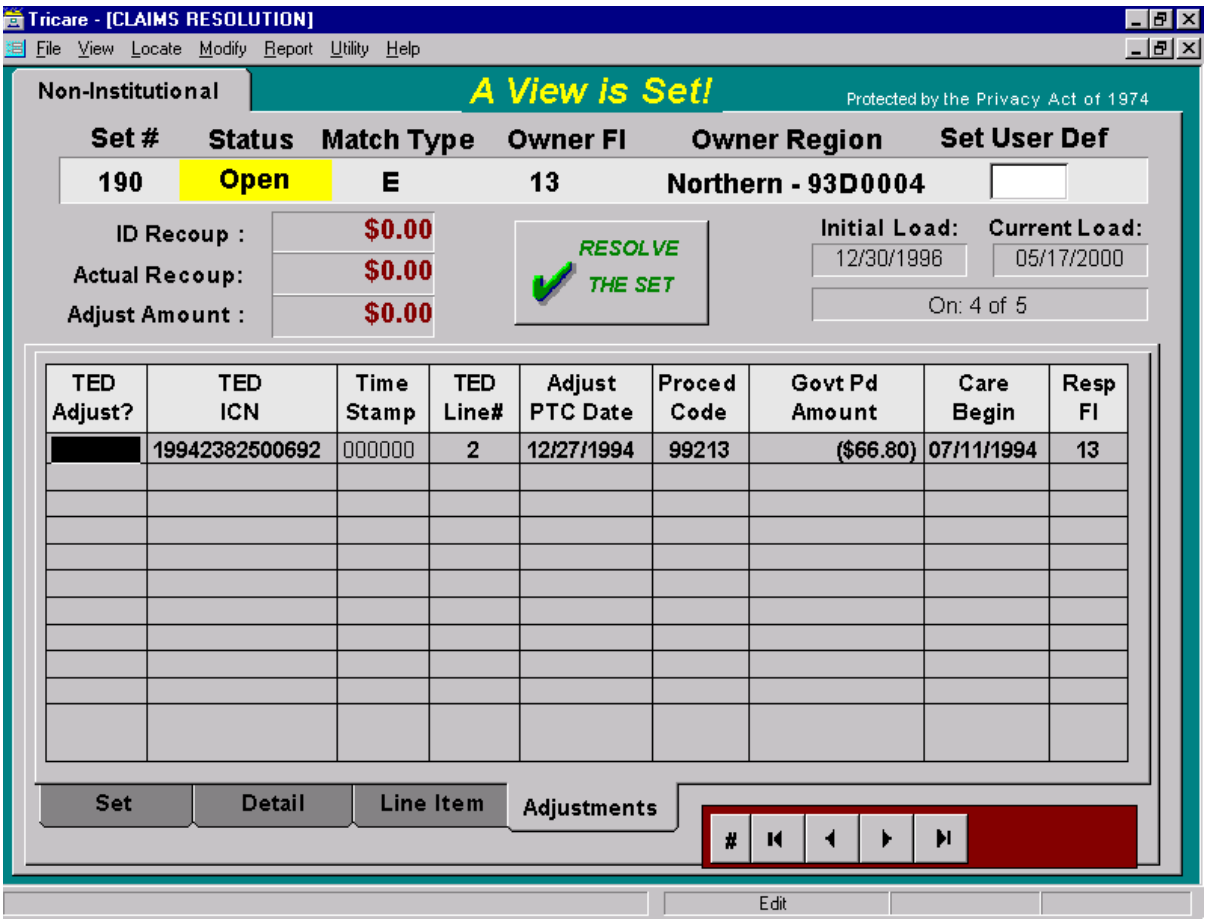
FIGURE 10-5-4 SAMPLE INSTITUTIONAL ADJUSTMENT SCREEN



The ADJUSTMENT SCREEN displays ICNs and time stamps for all adjusted claims in the set. For each adjustment, a user can view the adjustment date, the Government Paid Amount, and the Responsible FI. The user may enter a 'Y' in the **TED Adjust?** flag field to link the adjustment to an actual duplicate claim for which refunds/offsets have been received.

Note that for institutional claims, the procedure code will be blank. Also, the care begin date reflects the claim level begin date for institutional claim adjustments and the line item service date for non-institutional line item adjustments.

FIGURE 10-5-5 SAMPLE NON-INSTITUTIONAL ADJUSTMENT SCREEN



4.0. USER TOOLS FOR NAVIGATING AROUND THE SYSTEM

4.1. Menu Bar

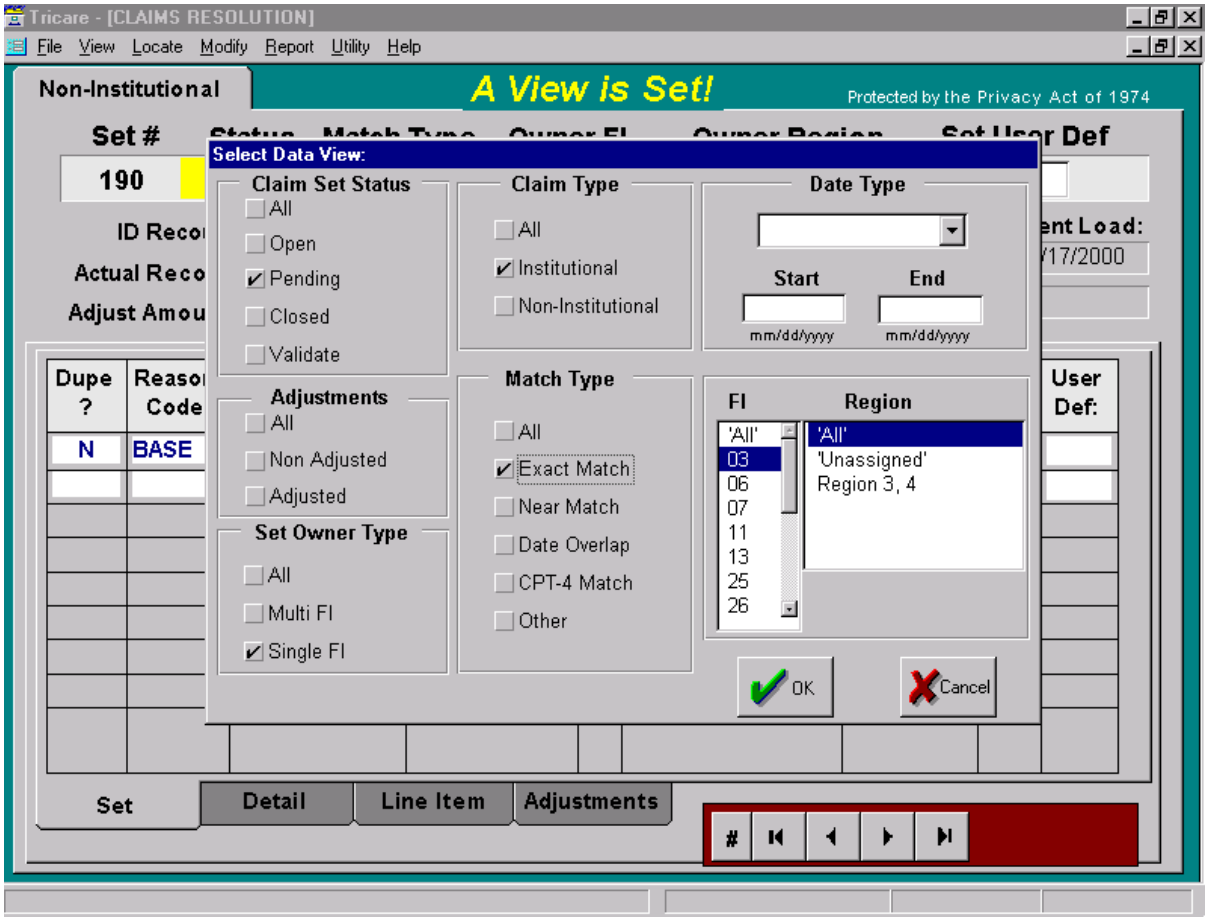
The menu bar is at the top of each screen. The menu bar contains seven selections which can be activated by a single click of the mouse.

4.1.1. File

The File function contains three choices: Printer Setup to change printer set-ups, Print to generate a report containing all of the data in the current set, and Exit to return to the Access Screen. Users should be aware that the Print choice will display a report of the data for the current set including comments and notepad entries. Where no data exists, such as line item data for an institutional set, the report will display a blank Line Item Detail section. Where no adjustment data exists, the report will display a blank Adjustment Detail section.

4.1.2. View

FIGURE 10-5-6 VIEW FUNCTION



The View function, shown in Figure 10-5-6, allows users to "Set a view", i.e., to restrict their view of claim sets which satisfy parameters defined by the user. Users can pick and choose the types of sets they wish to view by clicking on the various buttons appearing on the Select Data View parameter form. Some of the views users can create include:

4.1.2.1. Only single contractor sets.

4.1.2.2. Only Multi-contractor sets.

4.1.2.3. Sets associated with a specific region or contract.

4.1.2.4. Only institutional or non-institutional sets.

4.1.2.5. Sets selected by a specific match criteria (e.g., near match).

4.1.2.6. Only sets in *Open*, *Pending*, *Validate*, or *Closed* status.

4.1.2.7. Sets with adjustments or without adjustments.

4.1.2.8. Only sets loaded during a specific month.

Additional set views may be created by clicking on two or more buttons. For example, a Region 6 or TMA user could click on the appropriate buttons and view only sets in *Open* status that meet the exact match criteria for Region 6.

The message "A View is Set!" is displayed when a user has successfully set a view to remind the user that a restrictive view is in effect. The **V**iew function also allows users to "**C**lear a view" and return to viewing all sets available for that user.

4.1.3. Locate

The **L**ocate function provides a means for quickly finding and viewing specific sets by specifying a:

4.1.3.1. Claim Set number

4.1.3.2. Claim ICN

4.1.3.3. Sponsor ID

4.1.3.4. Patient ID

When the user selects **L**ocate Value from the **L**ocate menu bar, a pull-down menu appears from which the user can choose a claim set number, ICN, Sponsor ID, or Patient ID. Once one of the choices is selected, the user enters the desired number in a value box and clicks the **OK** button. After a few moments, the system will display the first set meeting the criteria selected.

If a user selects a specific claim set by set number on the pull-down menu (e.g., Claim Set 25), the system will display only the set with the number "25". If a user enters a specific Sponsor ID, Patient ID, or ICN, there may exist other sets in the system that contain claims with the same values. If multiple sets exist in the database that contain the same ICN, Sponsor ID or Patient ID, two options on the **L**ocate pull-down menu become active, i.e., "**L**ocate Next" or "**L**ocate Previous", allowing the user to go to the next or previous claim set containing that ICN or ID.

For example, if a user wants to see all of the sets with claims containing Sponsor ID "123456789", the user will select the "Sponsor ID" and enter "123456789" in the value box on the **L**ocate Value pull-down menu. The system will display the first set containing a claim with a Sponsor ID of "123456789". After viewing this set, the user can again select the **L**ocate function on the menu bar. If additional sets containing this ID exist in the database, the **L**ocate Next option on the pull-down menu is activated. If selected, the system will bring the second set containing Sponsor ID "123456789" into view. The user may continue to request the next claim set until no more are found in the system.

Likewise, if the **L**ocate Previous button is selected, a previous claim set containing the selection criteria will be displayed. The user may continue to request previous claims sets until no more are found in the system. The user can move between claims sets by using the **NEXT** and **PREVIOUS** options.

4.1.4. Modify

The **M**odify function enables a contractor to change the **Owner FI** field in a multi-contractor claim set or assign a contract/region to a multi-contractor claim set received from another contractor.

Each contractor will see two options in this function: Owner FI and Owner **R**egion. The Owner FI can select the Owner Region option to change the owner region assigned to the set. If the set is a multi-contractor set, the Owner FI also can select the Owner FI option to change the Owner FI to another contractor (Responsible FI). If a set is transferred to a new Owner FI, the new Owner FI must select the Owner Region option to change the **Owner Region** from "Region Unknown" to the applicable region associated with that set.

The **M**odify function also has a **G**OVERNMENT option for a select group of TMA staff. This option is not visible to contractor users. The **G**OVERNMENT option has a **S**tatus function that allows authorized TMA users to change the status of a set. The status of a set will not be changed by a TMA user without first coordinating the change with the applicable contractor.

4.1.5. Report

The **R**eport function offers a selection of report and graph formats. See Chapter 10, Section 8, Reports and Addendum E, Report Descriptions and Examples, for descriptions of the available reports and detailed instructions on using the **R**eport function.

4.1.6. Utility

The **U**tility function enables a user to:

4.1.6.1. View **M**odify FI Explanation - View (but not edit) explanations given for changing the **Owner FI** field in multi-contractor sets.

4.1.6.2. Change or View **V**alidate Explanation – View explanations entered for validate claim sets and edit these explanations.

4.1.6.3. View **R**eason Code Explanation – View (but not edit) explanations associated with certain reason codes. The system requires that certain reason codes be supported by a narrative explanation. Users are prompted for the explanation when certain reason codes are selected.

4.1.6.4. Create, Change, or View **N**otepad – The **N**otepad function provides users with the capability to attach notes or comments to a set. **N**otepad entries are made at the set level. When ownership of a set changes, **N**otepad entries are carried with the set. **N**otepad entries may contain whatever the user wishes. To create or edit a **N**otepad entry, the user should

select the **U**tility function. From the drop-down menu, the user should select "Create, Change, or View **N**otepad". In the screen that appears, the user can enter or edit text or delete the note altogether.

4.1.6.5. **D**ownload - Initiate a download of data to a local PC for ad hoc query and reporting purposes.

4.1.6.6. **U**pdate Password - Change application passwords.

4.1.6.7. Modify **S**et User Defined Codes – Available to and used by a limited number of users selected by each contractor to create, modify, activate, de-activate or delete Set Level User Defined Codes for that region. (See paragraph 3.2.2. for additional information.)

4.1.6.8. Modify **C**laim User Defined Codes – Available to and used by a limited number of users selected by each contractor to create, modify, active, de-activate or delete Claim Level User Defined Codes for that region. (See paragraph 3.2.6. for additional information.)

4.1.6.9. **U**narchive Set – This option is only available when the user is in the History database. It may only be used by a limited number of users selected by each contractor. It allows the user to move the set from the History database to the Active database where changes to the set can be made. **NOTE:** Sets that are unarchived will appear in the production database in *Closed* or *Validate* status. On a monthly basis, immediately following the monthly load process, the DCS will sweep the production database for sets that have been in *Closed* status for two years or *Validate* status for five years and will archive, i.e., move, these sets to the history database. If a user unarchives a set and does not change the status from *Closed* or *Validate* to *Open* or *Pending* immediately after unarchiving the set, there is a risk that the set will be returned to the History database.

4.1.7. Help

The **H**elp function allows the user to select **A**bout from the pull-down menu. **A**bout informs the user of the version number of the Duplicate Claims System operating on that particular PC.

4.2. User Defined Fields

The Duplicate Claims Systems provides contractors with three user defined fields. The purpose of these fields is to provide mechanisms for contractors to meet their own administrative and tracking needs. Two of the three user defined fields allow certain identified users to create, modify, activate, de-activate, or delete contractor defined code values (set level user defined field and claim level user defined field). The third user defined field is the "Solicited Indicator" field (**S?**). This field has three valid values, 'Y', 'N', or blank. The following describes each of these fields and their use.

4.2.1. Set Level User Defined Field

The set level user defined field is located in the upper portion of the DCS screens. This field may contain any two-character alphanumeric value that has been defined by the user. The two-character codes are unique to each region and are deleted should the set be

transferred to another contractor. These user defined codes may be used for any purpose needed by the user. Codes may be useful for tracking or reporting purposes. Values may be entered in this field when user defined codes have been defined for a region and the set is in *Open* or *Pending* status. Only contractor-specified users may define set level user defined field codes.

The contractor-specified users will see the "Modify **S**et User Defined Codes" selection on the **U**tility menu. Users who do not have permission to create, modify, activate, de-activate, or delete user defined codes will not see these selections. To define a code: 1) Click on the **U**tility function on the menu and select "Modify **S**et User Defined Codes." A table will appear. 2) Click on the **ADD CODE** button. A new record will be added to the table and the cursor will move to the **Contractor FI #** field. 3) Click on the down arrow to select the applicable Contractor FI number. Only those numbers for which the user has permissions will be available to select. 4) Double-click on the **Contract #** field to select the corresponding contract number associated with the **Contractor FI #** that was selected in the previous step. 5) Click on the **Code** field and enter the two-character code desired. 6) Click on the **Code Description** field and enter a description for the code created in the previous step. 7) Once the description has been entered, either accept the default of 'Y' in the **Active? (Y/N)** field or change it to 'N' if the code will be activated at a later time. 8) Click **OK** and save the changes when prompted. The user will then be returned to the CLAIM SET SCREEN.

Once codes have been defined, users can double-click on the **Set User Def** field on any DCS screen and a list of entered codes will appear from which to select. By double-clicking on a code, it will be entered into the field. Use of this field is not required. Contractors may choose to use it or not use it as they see fit. A number of reports include this field on the Report Parameter Selection Form and in the reports themselves. This field is also included in contractor initiated downloads of set data.

4.2.2. Claim Level User Defined Field

The claim level user defined field is located in the claim level portion of the CLAIM SET SCREEN. This field may contain any two-character alphanumeric value that has been defined by the user. The two-character codes are unique to each region. These user defined codes may be used for any purpose needed by the user. Codes may be useful for tracking or reporting purposes. Values may be entered in this field when user defined codes have been defined for a region and the set is in *Open* or *Pending* status. Only contractor-specified users may define claim level user defined field codes.

The contractor-specified users will see the "Modify **C**laim User Defined Codes" selection on the **U**tility menu. Users who do not have permission to create, modify, activate, de-activate, or delete user defined codes will not see these selections. To define a code: 1) Click on the **U**tility function on the menu and select "Modify **C**laim User Defined Codes." A table will appear. 2) Click on the **ADD CODE** button. A new record will be added to the table and the cursor will move to the **Contractor FI #** field. 3) Click on the down arrow to select the applicable Contractor FI number. Only those numbers for which the user has permissions will be available to select. 4) Double-click on the **Contract #** field to select the corresponding contract number associated with the **Contractor FI #** that was selected in the previous step. 5) Click on the **Code** field and enter the two-character code desired. 6) Click on the **Code Description** field and enter a description for the code created in the previous step. 7) Once

the description has been entered, either accept the default of 'Y' in the **Active? (Y/N)** field or change it to 'N' if the code will be activated at a later time. 8) Click **OK** and save the changes when prompted. The user will then be returned to the CLAIM SET SCREEN.

Once codes have been defined, users can double-click on the **User Def:** field on the CLAIM SET SCREEN and a list of entered codes will appear from which to select. By double-clicking on a code, it will be entered into the field. Use of this field is not required. Contractors may choose to use it or not use it as they see fit. A number of reports include this field on the Report Parameter Selection Form and in the reports themselves. This field is also included in contractor initiated downloads of claim data.

4.2.3. Solicited Indicator Field (S?)

The **Solicited Indicator** field is located in the lower portion of the claim set screen. It is labeled "**S?**" and follows the **Actual Recoup** field. It also appears in the CLAIM DETAIL SCREEN and is labeled "Solicited Indicator." Use of this field is optional but is recommended that contractors use it to help differentiate actual duplicates requiring recoupment from those that require only TED adjustments. A 'Y' in this field indicates that a recoupment will be initiated. A 'N' means that no recoupment action is required (e.g., a refund has already been received or a claim has already been cancelled but a TED adjustment needs to be submitted since duplicate TEDs for the claims reside on the TED database. A blank indicates undetermined.

4.3. Finding Claims in Multiple Sets

The system alerts users when a claim appears in multiple sets. When a claim appears in more than one set, the ICN appears on the CLAIM SET SCREEN in white print. If a claim does not appear in other sets, the ICN will be in black print. A user wishing to move to the next set containing the claim with the same ICN and can double click on the ICN. A dialog box will appear with Locate **N**ext and Locate **P**revious options. The user can select either option and the system will display the requested set(s).

5.0. USER ENTRY OF DATA TO RESOLVE CLAIM SETS

The Duplicate Claims System facilitates the resolution of duplicate claims by minimizing the amount of data that must be entered by users. It also provides an easy-to-use environment for data entry.

5.1. The entry of data by contractors is limited to ten fields. Five fields are required and five are optional. Seven fields appear in the CLAIM SET SCREEN, two fields in the LINE ITEM SCREEN, and one field in the ADJUSTMENT SCREEN, as described below:

5.1.1. On the CLAIM SET SCREEN, the contractor may enter:

5.1.1.1. 'Y' or 'N' in the **Dupe?** field [required].

5.1.1.2. A reason code selected from lists built into the system, and a supplemental explanation where necessary. (See Chapter 10, Addendum B, Reason Codes) [required].

5.1.1.3. An identified recoupment amount for each actual duplicate identified [required for institutional sets].

5.1.1.4. An actual recoupment amount when refunds or offsets are collected [required].

5.1.1.5. A user defined code at the set level [optional].

5.1.1.6. A user defined code at the claim level [optional].

5.1.1.7. A 'Y' or 'N' in the **S?** (Solicited Indicator) field [optional].

5.1.2. On the LINE ITEM SCREEN, the contractor may enter:

5.1.2.1. A 'Y' or 'N' in the **Dupe?** [optional]

5.1.2.2. An amount in the **Identified Recoup** field (the system will enter the Government Paid Amount here when the user a 'Y' in the **Dupe?** field. (The user may modify this amount.) [optional]

5.1.3. On the ADJUSTMENT SCREEN, the contractor may enter a 'Y' in the TED Adjustment (**TED Adjust?**) field for any claim that has an adjustment displayed on the screen. Note that the adjustment paid amount, which corrects a duplicate condition and resolves a claim set, appears as a negative number in parenthesis. When adjustments are selected in the system, the negative allowed amounts are converted to a positive value when they are added to the total **Adjust Amount** field and used by the rules of resolution to resolve claim sets.

5.2. After entering data on a CLAIM SET SCREEN, LINE ITEM SCREEN, or ADJUSTMENT SCREEN, a contractor will notice that the **UPDATE CHANGES** button appears. The contractor may click the **UPDATE CHANGES** button to see if a change in status (*Open* to *Pending* or *Pending* to *Open* only) will occur as a result of the newly entered data. Upon clicking the button, the user will be prompted to select one of the following:

5.2.1. 'Yes' to commit to the database the changes just made.

5.2.2. 'No' to rollback all the changes just made.

5.2.3. 'Cancel' to cancel this operation and go back to the screen.

If the user moves off a claim set after entering data (by clicking one of the **VCR** buttons or by using the **V**iew or **L**ocate functions), but before clicking on the **UPDATE CHANGES** button, the changes will be automatically sent to the database and the set will be updated.

5.3. In invoking the rules of resolution by clicking on the **RESOLVE** or **UPDATE CHANGES** button, the user instructs the system to look at the values in the three total amount fields. The three total amount fields are:

5.3.1. Total Amount Identified for Recoupment (**ID Recoup**), computed from the sum of the amounts the user enters at the claim level on the CLAIM SET SCREEN.

5.3.2. Total Amount Actually Recouped (**Actual Recoup**), computed from the sum of the amounts the user enters at the claim level on the CLAIM SET SCREEN.

5.3.3. Total TED Adjustment Paid Amount (**Adjust Amount**), computed from the sum of TED paid amounts on the adjustments flagged with a 'Y' in the TED Adjustment (**TED Adjust?**) field on the ADJUSTMENT SCREEN.

The system subjects the totals in these three fields to the rules of resolution and determines if other data elements entered by the user satisfy the rules of resolution for a *Closed* or *Validate* claim set status. See Chapter 10, Section 2, paragraph 5.0., Resolving a Duplicate Claim Set, for a description of the rules governing the resolution of claim sets in the system, and Chapter 10, Section 4, Figure 10-4-1, Rules of Resolution, for a flow diagram of these rules.