

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 TED Adjustment Amount; and Set Level User Defined Code. |
| REPORT PARAMETER OPTIONS: | Users may customize the report by selecting: All "Standard" parameters (Claim Set Status, Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus Set Level User Defined Codes. |
| REPORT NOTES: | The data used by this report format is set level data. |

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

Duplicate Claim System Sets Grouped By Set Number

50 - Acme Claims Processing

Undetermined Region

INSTITUTIONAL

| SET # | STAT | MATCH TYPE | MULTI FI? | OWNER FI | REGION | INITIAL LOAD DATE | CURRENT LOAD DATE | LAST UPDATE DATE | ADJ? | ID RECOUP | ACTUAL RECOUP | ADJUSTMENT AMOUNT | USER CODE |
|---------------------|------|------------|-----------|----------|---------------|-------------------|-------------------|------------------|------|------------|---------------|-------------------|-----------|
| 6 | C | D | N | 50 | MDA90504C0050 | 09/24/1996 | 12/16/1996 | 12/31/1996 | N | \$0.00 | \$0.00 | \$0.00 | |
| 15 | O | N | N | 50 | MDA90504C0050 | 09/24/1996 | 09/24/1996 | 10/01/1996 | Y | \$0.00 | \$0.00 | \$0.00 | |
| 22 | V | D | N | 50 | MDA90504C0050 | 09/24/1996 | 09/24/1996 | 10/02/1996 | Y | \$1,000.00 | \$1,000.00 | \$1,115.44 | |
| INSTITUTIONAL TOTAL | | | | | | | | | | \$1,000.00 | | \$1,115.44 | |
| | | | | | | | | | | | \$1,000.00 | | |

NON-INSTITUTIONAL

| SET # | STAT | MATCH TYPE | MULTI FI? | OWNER FI | REGION | INITIAL LOAD DATE | CURRENT LOAD DATE | LAST UPDATE DATE | ADJ? | ID RECOUP | ACTUAL RECOUP | ADJUSTMENT AMOUNT | USER CODE |
|-------------------------|------|------------|-----------|----------|----------------|-------------------|-------------------|------------------|------|-----------|---------------|-------------------|-----------|
| 121 | O | E | N | 50 | MDA90504C00050 | 09/24/1996 | 01/24/1997 | 01/24/1997 | Y | \$0.00 | \$0.00 | \$0.00 | |
| 122 | V | E | N | 50 | MDA90504C00050 | 09/24/1996 | 01/24/1997 | 01/24/1997 | Y | \$0.00 | \$0.00 | \$0.00 | A4 |
| 123 | O | E | N | 50 | MDA90504C00050 | 09/24/1996 | 01/24/1997 | 01/24/1997 | Y | \$0.00 | \$0.00 | \$0.00 | |
| NON-INSTITUTIONAL TOTAL | | | | | | | | | | \$0.00 | | \$0.00 | |
| | | | | | | | | | | | \$0.00 | | |

| | | | | | | | | | | | | | |
|-----------------------------------|--|--|--|--|--|--|--|--|--|------------|------------|------------|--|
| Undetermined Region TOTAL | | | | | | | | | | \$1,000.00 | | \$1,115.44 | |
| | | | | | | | | | | | \$1,000.00 | | |
| 50 - Acme Claims Processing TOTAL | | | | | | | | | | \$1,000.00 | | \$1,115.44 | |
| | | | | | | | | | | | \$1,000.00 | | |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|---|
| 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 TED Adjustment Amount; and Set Level User Defined Code. |
| REPORT PARAMETER OPTIONS: | Users may customize the report by selecting: All "Standard" parameters (Claim Set Status, Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus Set Level User Defined Codes. |
| REPORT NOTES: | The data used by this report format is set level data. |

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

Duplicate Claim System Sets Grouped By User Code

**50 - Acme Claims Processing
 Undetermined Region**

A4 Test code a 4 am

NON-INSTITUTIONAL

| SET # | STAT | MATCH TYPE | MULTI FI? | OWNER FI | REGION | INITIAL LOAD DATE | CURRENT LOAD DATE | LAST UPDATE DATE | ADJ? | ID RECOUP | ACTUAL RECOUP | ADJUSTMENT AMOUNT | USER CODE |
|-----------------------------------|------|------------|-----------|----------|---------------|-------------------|-------------------|------------------|------|---------------|---------------|-------------------|-----------|
| 122 | V | E | N | 50 | MDA90504C0050 | 09/24/1996 | 01/24/1997 | 01/24/1997 | Y | \$0.00 | \$0.00 | \$0.00 | A4 |
| NON-INSTITUTIONAL Totals | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | |
| A4 Test code a 4 am Totals | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | |

Blank User Code

INSTITUTIONAL

| SET # | STAT | MATCH TYPE | MULTI FI? | OWNER FI | REGION | INITIAL LOAD DATE | CURRENT LOAD DATE | LAST UPDATE DATE | ADJ? | ID RECOUP | ACTUAL RECOUP | ADJUSTMENT AMOUNT | USER CODE |
|---------------------------------|------|------------|-----------|----------|---------------|-------------------|-------------------|------------------|------|-------------------|-------------------|-------------------|-----------|
| 6 | C | D | N | 50 | MDA90504C0050 | 09/24/1996 | 12/16/1996 | 12/31/1996 | N | \$0.00 | \$0.00 | \$0.00 | |
| 15 | O | N | N | 50 | MDA90504C0050 | 09/24/1996 | 09/24/1996 | 10/01/1996 | Y | \$0.00 | \$0.00 | \$0.00 | |
| 22 | V | D | N | 50 | MDA90504C0050 | 09/24/1996 | 09/24/1996 | 10/02/1996 | Y | \$1,000.00 | \$1,000.00 | \$1,115.44 | |
| 35 | O | N | N | 50 | MDA90504C0050 | 09/24/1996 | 12/16/1996 | 12/16/1996 | Y | \$0.00 | \$0.00 | \$0.00 | |
| 36 | O | D | N | 50 | MDA90504C0050 | 09/24/1996 | 12/16/1996 | 12/16/1996 | Y | \$0.00 | \$0.00 | \$0.00 | |
| 39 | O | O | N | 50 | MDA90504C0050 | 09/24/1996 | 09/24/199 | 10/01/1996 | Y | \$0.00 | \$0.00 | \$0.00 | |
| NON-INSTITUTIONAL Totals | | | | | | | | | | \$1,000.00 | \$1,000.00 | \$1,115.44 | |

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

Duplicate Claim System Sets Grouped By User Code

**50 - Acme Claims Processing
Undetermined Region**

Blank User Code

NON-INSTITUTIONAL

| SET # | STAT | MATCH TYPE | MULTI FI? | OWNER FI | REGION | INITIAL LOAD DATE | CURRENT LOAD DATE | LAST UPDATE DATE | ADJ? | ID RECOUP | ACTUAL RECOUP | ADJUSTMENT AMOUNT | USER CODE |
|---|------|------------|-----------|----------|---------------|-------------------|-------------------|------------------|------|-------------------|-------------------|-------------------|-----------|
| 121 | O | E | N | 50 | MDA90504C0050 | 09/24/1996 | 01/24/1997 | 01/24/1997 | Y | \$0.00 | \$0.00 | \$0.00 | |
| 123 | O | E | N | 50 | MDA90504C0050 | 09/24/1996 | 01/24/1997 | 01/24/1997 | Y | \$0.00 | \$0.00 | \$0.00 | |
| 144 | O | N | N | 50 | MDA90504C0050 | 09/24/1996 | 09/24/1996 | 09/24/1996 | N | \$0.00 | \$0.00 | \$0.00 | |
| 184 | O | N | N | 50 | MDA90504C0050 | 09/24/1996 | 09/24/1996 | 09/24/1996 | N | \$0.00 | \$0.00 | \$0.00 | |
| 185 | O | N | N | 50 | MDA90504C0050 | 09/24/1996 | 09/24/1996 | 09/24/1996 | N | \$0.00 | \$0.00 | \$0.00 | |
| 226 | O | C | N | 50 | MDA90504C0050 | 09/24/1996 | 09/24/1996 | 10/01/1996 | Y | \$0.00 | \$0.00 | \$0.00 | |
| NON-INSTITUTIONAL Totals | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | |
| Blank User Code Totals | | | | | | | | | | \$1,000.00 | \$1,000.00 | \$1,115.44 | |
| Undetermined Region Totals | | | | | | | | | | \$1,000.00 | \$1,000.00 | \$1,115.44 | |
| 50 - Acme Claims Processing Totals | | | | | | | | | | \$1,000.00 | \$1,000.00 | \$1,115.44 | |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| 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: | <p>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 TED 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.</p> |
| REPORT PARAMETER OPTIONS: | Users may customize the report by selecting: All "Standard" parameters (Claim Set Status, Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus User IDs. |
| REPORT NOTES: | The data used by this report format is set level data. |

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

**User Log Grouped By Set Number
(Transaction History)**

| Set Number | Stat | Owner FI | Region | Initial Load Date | Current Load Date | Transaction Date | User Id | Total Amount Ident Recoup | Total Amount Actual Recoup | Total Paid TED Adjustment |
|------------|------|----------|--------|-------------------|-------------------|------------------|----------|---------------------------|----------------------------|---------------------------|
| 26809 | C | ## | AAAAAA | 12/07/2004 | 12/07/2004 | 02/08/2005 | jdoe | \$65.38 | \$65.38 | \$0.00 |
| 26809 | P | ## | AAAAAA | 12/07/2004 | 12/07/2004 | 02/08/2005 | jdoe | \$65.38 | \$65.38 | \$0.00 |
| 26809 | O | ## | AAAAAA | 12/07/2004 | 12/07/2004 | 02/09/2005 | jsmith | \$0.00 | \$0.00 | \$0.00 |
| 26963 | O | ## | BBBBBB | 02/07/2005 | 02/07/2005 | 02/08/2005 | CLAIMADD | \$0.00 | \$0.00 | \$0.00 |
| 26963 | O | ## | BBBBBB | 02/07/2005 | 02/07/2005 | 02/17/2005 | jdoe | \$240.00 | \$0.00 | \$0.00 |
| 26963 | O | ### | AAAAAA | 02/07/2005 | 02/07/2005 | 02/18/2005 | SYSTEM | \$240.00 | \$0.00 | \$0.00 |
| 32085 | O | ## | CCCCCC | 02/07/2005 | 02/07/2005 | 02/08/2005 | CLAIMADD | \$0.00 | \$0.00 | \$0.00 |
| 32085 | O | ## | DDDDDD | 02/07/2005 | 02/08/2005 | 02/08/2005 | SYSTEM | \$0.00 | \$0.00 | \$0.00 |
| 32085 | O | ## | AAAAAA | 02/07/2005 | 02/18/2005 | 02/18/2005 | SYSTEM | \$0.00 | \$0.00 | \$0.00 |
| 32085 | O | ### | AAAAAA | 02/07/2005 | 02/18/2005 | 04/01/2005 | SYSTEM | \$0.00 | \$0.00 | \$0.00 |
| 32981 | O | ## | CCCCCC | 02/07/2005 | 02/07/2005 | 02/08/2005 | CLAIMADD | \$0.00 | \$0.00 | \$0.00 |
| 32981 | O | ## | CCCCCC | 02/07/2005 | 02/07/2005 | 02/16/2005 | jdoe | \$36.85 | \$0.00 | \$0.00 |
| 32981 | O | ## | CCCCCC | 02/07/2005 | 02/07/2005 | 02/17/2005 | jdoe | \$36.85 | \$15.00 | \$0.00 |
| 32981 | O | ## | CCCCCC | 02/07/2005 | 02/07/2005 | 02/17/2005 | jdoe | \$36.85 | \$0.00 | \$0.00 |
| 32981 | O | ### | AAAAAA | 02/07/2005 | 02/18/2005 | 02/18/2005 | SYSTEM | \$36.85 | \$0.00 | \$0.00 |
| 32981 | p | ### | AAAAAA | 02/07/2005 | 02/18/2005 | 02/18/2005 | jdoe | \$36.85 | \$0.00 | \$0.00 |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| REPORT CATEGORY: | Set Report |
| REPORT MENU HIERARCHY AND FORMAT NAME: | REPORT ⇒ SET REPORTS ⇒ EXPLANATION REPORT ⇒ NOTEPAD |
| PRINTED REPORT TITLE: | <i>Explanations</i> 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. |

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

Status Code = All

Adjust Type = All

Owner Type = All

Claim Type = All

Match Type = All

Owner FI = All

Owner Region = All

5 >= Set Number <= 8

Date: 4/28/05

Page 1

Explanations Notepad

50 - Acme Claims Processing

| Set Number | Status | Match Type | Initial Load Date | Current Load Date |
|------------|--------|------------|-------------------|-------------------|
| 6 | C | D | 09/24/1996 | 12/16/1996 |

Testing the Notepad

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| 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 <i>Validate</i> status. The Duplicate Claims System requires that an explanation be entered when a set is resolved to a <i>Validate</i> status. One of the required Validate explanations describes why the amount actually recouped and the paid amount of the TED adjustments submitted do not equal the amount identified for recoupment. The other required Validate explanation describes why all of the identified 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). |
| REPORT NOTES: | The data used by this report format is set level data. |

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

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

Date: 4/28/05
Page 1

Validate Status Explanations



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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| 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. |

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

Status Code = All

Adjust Type = All

Claim Type = All

Match Type = All

Set Number = All

Owner FI = All

Owner Region = All

Date: 4/28/05

Page 1

Modify FI Explanations

50 - Acme Claims Processing

Undetermined

| Set Number | Status | Match Type | Initial Load Date | Current Load Date |
|------------|--------|------------|-------------------|-------------------|
|------------|--------|------------|-------------------|-------------------|

| | | | | |
|----|---|---|------------|------------|
| 63 | O | N | 09/24/1996 | 12/16/1996 |
|----|---|---|------------|------------|

Transferred iaw telcon 6/5/97

| | | | | |
|-----|---|---|------------|------------|
| 371 | O | E | 09/24/1996 | 12/16/1996 |
|-----|---|---|------------|------------|

Jurisdictional error, transfer coordinated

| | | | | |
|-----|---|---|------------|------------|
| 578 | O | N | 09/24/1996 | 01/28/1997 |
|-----|---|---|------------|------------|

transfer coordinated 7/11/97

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| 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 contractor 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. |

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

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

Date: 4/28/05
Page 1

**Multi Contractor Sets
Region Missing**

| Set Number | Owner FI | Status | Initial Load Date | Current Load Date |
|------------------------------------|----------|--------|-------------------|-------------------|
| 21 - Grand Army Health Care | | | | |
| 33676 | 21 | O | 02/07/2005 | 03/25/2005 |
| 22 - Excel Health Care | | | | |
| 33290 | 22 | O | 02/07/2005 | 03/25/2005 |
| 33504 | 22 | O | 02/07/2005 | 03/25/2005 |
| 23 - Seven Health Care | | | | |
| 162 | 23 | V | 11/22/2004 | 11/22/2004 |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|---|
| 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: | <p>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.</p> |
| REPORT PARAMETER OPTIONS: | <p>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.</p> |
| REPORT NOTES: | <p>The data used by this report format is set level data.</p> |

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

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

Date: 4/28/05
 Page 1

Set Counts By Region

50 - Acme Claims Processing

Undetermined

| Match Type | # of Sets | % of Total | # of Adjusted Sets | % Adjusted |
|----------------------|------------|----------------|--------------------|---------------|
| CPT-4 Code | 4 | 3.74% | 4 | 100.00% |
| Date Overlap | 23 | 21.50% | 17 | 73.91% |
| Exact | 35 | 32.71% | 32 | 91.43% |
| Near | 29 | 27.10% | 19 | 65.52% |
| Other | 16 | 14.95% | 9 | 56.25% |
| Region Totals | 107 | 100.00% | 81 | 75.70% |
| FI Totals | 107 | 100.00% | 81 | 75.70% |

55 - East West Claims

Area 55

| Match Type | # of Sets | % of Total | # of Adjusted Sets | % Adjusted |
|----------------------|-----------|----------------|--------------------|----------------|
| Exact | 1 | 100.00% | 1 | 100.00% |
| Region Totals | 1 | 100.00% | 1 | 100.00% |
| FI Totals | 1 | 100.00% | 1 | 100.00% |

73 - HAL Systems Inc

Area 73A

| Match Type | # of Sets | % of Total | # of Adjusted Sets | % Adjusted |
|----------------------|-----------|----------------|--------------------|----------------|
| Date Overlap | 1 | 100.00% | 1 | 100.00% |
| Region Totals | 1 | 100.00% | 1 | 100.00% |
| FI Totals | 1 | 100.00% | 1 | 100.00% |

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 PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
 PRIVACY RULE IN REGARD TO THAT ACT, AND THE DOD 6025.18-R, DOD HEALTH INFORMATION PRIVACY REGULATION.

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

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

Date: 4/28/05
 Page 2

Set Counts By Region

99 - Inactive Contractor

Inactive-Area 20

| Match Type | # of Sets | % of Total | # of Adjusted Sets | % Adjusted |
|----------------------|-----------|----------------|--------------------|----------------|
| Near | 1 | 100.00% | 1 | 100.00% |
| Region Totals | 1 | 100.00% | 1 | 100.00% |
| FI Totals | 1 | 100.00% | 1 | 100.00% |

Inactive -Area 30

| Match Type | # of Sets | % of Total | # of Adjusted Sets | % Adjusted |
|----------------------|-----------|----------------|--------------------|----------------|
| Near | 1 | 100.00% | 1 | 100.00% |
| Region Totals | 1 | 100.00% | 1 | 100.00% |
| FI Totals | 1 | 100.00% | 1 | 100.00% |

| | | | | |
|---------------------|------------|----------------|-----------|---------------|
| Grand Totals | 111 | 100.00% | 84 | 75.68% |
|---------------------|------------|----------------|-----------|---------------|

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| 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. |

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E
REPORT DESCRIPTIONS AND EXAMPLES

4/28/05

Page 1

**Set Level User Defined
Field Definitions**

| Owner FI | Contract # | Code | Description | Active ? |
|----------|---------------|------|------------------|----------|
| 50 | MDA90504C0050 | A4 | Test code a 4 am | Y |

| | | | | |
|----|---------------|----|------------|---|
| 51 | MDA90504C0051 | A4 | testing | Y |
| 51 | MDA90504C0051 | 1A | Testy - 1A | Y |
| 51 | MDA90504C0051 | 2B | TEST - 2B | Y |

| | | | | |
|----|---------------|----|----------|---|
| 52 | 58 | 2L | Test 232 | Y |
| 52 | 93D0004 | 86 | testing | N |
| 52 | MDA90504C0052 | 86 | testing | Y |
| 52 | 94D0004 | 44 | testing | Y |
| 52 | 88D0006 | 45 | TEST | Y |
| 52 | 89D0002 | 2A | TEST | Y |

| | | | | |
|----|---------|----|----------|---|
| 54 | 88D0004 | 2E | Test | Y |
| 54 | 89D0004 | 55 | tesyting | Y |

| | | | | |
|----|---------------|----|----------------|---|
| 55 | MDA90504C0055 | B3 | Test Code B 31 | Y |
|----|---------------|----|----------------|---|

| | | | | |
|----|---------|----|---------|---|
| 56 | 88D0004 | 56 | testing | Y |
| 56 | 93D0004 | 2C | TEST | Y |

| | | | | |
|----|---------|----|------|---|
| 73 | 89D0002 | 2F | Tst | Y |
| 73 | 89D0002 | 2G | TEST | Y |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| 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: | <p>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; Claim Level User Defined Code; Solicited Indicator; Set Number; Duplicate Flag Value; Reason Code; Processed-To-Completion Date; Responsible FI Number; Sponsor <i>ID</i>; <i>Patient ID</i>; Patient Name; Amount Billed; Amount Paid; 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; <i>Provider Tax ID</i>; <i>Provider Sub-ID</i>; Place of Service; Type of Service; Care Begin Date; Care End Date; Line Item Amount Billed for the Procedure; and Amount Paid for the Procedure. The report identifies and prints all of the claims occurring in sets meeting the criteria selected on the report parameter screen.</p> |
| 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; Region; <i>and Enrollment Codes</i> . |
| REPORT NOTES: | The data used by this report format is claim level and line item level data. If a non-institutional claim exists in more than one set, it will print for each set in which it exists. Each instance of these non-institutional claims existing in multiple sets will contain a different set number on the report. |

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

Basic Duplicate Claim Report Institutional And Non-Institutional Claim & Line Item Level Data

50 - Acme Claims Processing

| ICN | USR CD | S ? | SET# | DUP FLG | RSN CODE | PTC DATE | RESP FI | SPON ID | PATIENT ID | PATIENT NAME | PROVIDER TAX ID | PROV SUB-ID | AMT BILLED | AMT GOVT PAID | AMT ID RECOUP | AMT ACTUAL RECOUP |
|----------------|---------------|--------------|------------------------|--------------------|------------|------------|------------------------|-----------------|--------------------------|--------------------------|-----------------|-------------|------------|---------------|---------------|-------------------|
| 19940462508505 | | | 251 | N | BASE | 3/10/1994 | 50 | 999999999 | 999999990 | SMITH,LESLIE,X | 555555555 | 0000 | \$2,175.00 | \$933.37 | \$0.00 | \$0.00 |
| Li# | M Type | CPT-4 | Provider Tax ID | Prov Sub ID | POS | TOS | Care Begin Date | Care End | Amt. Billed CPT-4 | Govt PD Amt CPT-4 | | | | | | |
| 4 | C | 99221 | | | 21 | I1 | 7/20/1992 | 7/20/1992 | \$150.00 | \$90.70 | | | | | | |
| 19940462508505 | | | 252 | N | BASE | 3/10/1994 | 50 | 999999999 | 999999990 | SMITH,LESLIE,X | 555555555 | 0000 | \$2,175.00 | \$933.37 | \$0.00 | \$0.00 |
| Li# | M Type | CPT-4 | Provider Tax ID | Prov Sub ID | POS | TOS | Care Begin Date | Care End | Amt. Billed CPT-4 | Govt PD Amt CPT-4 | | | | | | |
| 3 | E | 99232 | | | 21 | I1 | 7/21/1992 | 7/24/1992 | \$450.00 | \$385.20 | | | | | | |
| 19940462508505 | | | 253 | N | BASE | 3/10/1994 | 50 | 999999999 | 999999990 | SMITH,LESLIE,X | 555555555 | 0000 | \$2,175.00 | \$933.37 | \$0.00 | \$0.00 |
| Li# | M Type | CPT-4 | Provider Tax ID | Prov Sub ID | POS | TOS | Care Begin Date | Care End | Amt. Billed CPT-4 | Govt PD Amt CPT-4 | | | | | | |
| 1 | N | 43235 | | | 21 | I2 | 7/22/1992 | 7/22/1992 | \$575.00 | \$327.00 | | | | | | |
| 19940462508505 | | | 254 | N | BASE | 3/10/1994 | 50 | 999999999 | 999999990 | SMITH,LESLIE,X | 555555555 | 0000 | \$2,175.00 | \$933.37 | \$0.00 | \$0.00 |
| Li# | M Type | CPT-4 | Provider Tax ID | Prov Sub ID | POS | TOS | Care Begin Date | Care End | Amt. Billed CPT-4 | Govt PD Amt CPT-4 | | | | | | |
| 2 | N | 45378 | | | 21 | I2 | 7/27/1992 | 7/27/1992 | \$1,000.00 | \$441.60 | | | | | | |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| 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: | <p>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; Claim Level User Defined Code; Solicited Indicator; Set Number; Duplicate Flag Value; Reason Code; Processed-To-Completion Date; Responsible FI Number; Sponsor <i>ID</i>; <i>Patient ID</i>; Patient Name; Amount Billed; Amount Paid; 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; <i>Provider Tax ID</i>; <i>Provider Sub-ID</i>; Place of Service; Type of Service; Care Begin Date; Care End Date; Line Item Amount Billed for the Procedure; and Amount Paid for the Procedure. The report identifies and prints all of the claims occurring in sets meeting the criteria selected on the report parameter screen.</p> |
| REPORT PARAMETER OPTIONS: | Users may customize the report by selecting: All "Standard" parameters (Claim Set Status, Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus Dupe Flag Indicator; Solicited Indicator; Exclude Base; PTC Date; Set Level User Defined Codes; Claim Level User Defined Codes; Responsible FI; and Region. |
| REPORT NOTES: | The data used by this report format is claim level and line item level data. If a non-institutional claim exists in more than one set, it will print for each set in which it exists. Each instance of these non-institutional claims existing in multiple sets will contain a different set number on the report. |

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

Basic Duplicate Claim Report by Set Institutional And Non-Institutional Claim & Line Item Level Data

50 - Acme Claims Processing

| SET# | ICN | USR CD | S ? | DUP FLG | RSN CODE | PTC DATE | RESP FI | SPON ID | PATIENT ID | PATIENT NAME | PROVIDER TAX ID | PROV SUB-ID | AMT BILLED | AMT GOVT PAID | AMT ID RECOUP | AMT ACTUAL RECOUP |
|------------|----------------|--------------|------------------------|--------------------|------------|------------|------------------------|-----------------|--------------------------|--------------------------|-----------------|-------------|------------|---------------|---------------|-------------------|
| 79862 | 19962044104011 | | | Y | | 8/14/1996 | 50 | 999999999 | 999999990 | SMITH,LESLIE,X | 555555555 | 0000 | \$625.00 | \$69.28 | \$0.00 | \$0.00 |
| Li# | M Type | CPT-4 | Provider Tax ID | Prov Sub ID | POS | TOS | Care Begin Date | Care End | Amt. Billed CPT-4 | Govt PD Amt CPT-4 | | | | | | |
| 1 | O | 42100 | | | 11 | O2 | 6/19/1996 | 6/19/1996 | \$510.00 | \$81.28 | | | | | | |
| 79862 | 19962494100571 | | | N | N103 | 11/05/1996 | 50 | 999999999 | 999999990 | SMITH,LESLIE,X | 555555555 | 0000 | \$625.00 | \$335.19 | \$0.00 | \$0.00 |
| Li# | M Type | CPT-4 | Provider Tax ID | Prov Sub ID | POS | TOS | Care Begin Date | Care End | Amt. Billed CPT-4 | Govt PD Amt CPT-4 | | | | | | |
| 1 | O | 42100 | | | 11 | O7 | 6/19/1996 | 6/19/1996 | \$300.00 | \$254.03 | | | | | | |
| 2 | O | 42100 | | | 11 | O2 | 6/19/1996 | 6/19/1996 | \$210.00 | \$81.28 | | | | | | |

99 - Inactive Contractor

| SET# | ICN | USR CD | S ? | DUP FLG | RSN CODE | PTC DATE | RESP FI | SPON ID | PATIENT ID | PATIENT NAME | PROVIDER TAX ID | PROV SUB-ID | AMT BILLED | AMT GOVT PAID | AMT ID RECOUP | AMT ACTUAL RECOUP |
|------------|----------------|--------------|------------------------|--------------------|------------|------------|------------------------|-----------------|--------------------------|--------------------------|-----------------|-------------|------------|---------------|---------------|-------------------|
| 22221 | 19951000627827 | | | N | BASE | 4/24/1995 | 99 | 999999999 | 999999990 | SMITH,LESLIE,X | 555555555 | 0000 | \$1,860.00 | \$1,075.28 | \$0.00 | \$0.00 |
| Li# | M Type | CPT-4 | Provider Tax ID | Prov Sub ID | POS | TOS | Care Begin Date | Care End | Amt. Billed CPT-4 | Govt PD Amt CPT-4 | | | | | | |
| 1 | N | 99214 | | | 11 | O1 | 2/28/1995 | 2/28/1995 | \$70.00 | \$53.45 | | | | | | |
| 2 | N | 93000 | | | 11 | O1 | 2/28/1995 | 2/28/1995 | \$75.00 | \$31.32 | | | | | | |
| 3 | N | 93307 | | | 11 | O1 | 2/28/1995 | 2/28/1995 | \$400.00 | \$255.77 | | | | | | |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| REPORT CATEGORY: | Claim Report |
| REPORT MENU HIERARCHY AND FORMAT NAME: | REPORT ⇒ CLAIM REPORTS ⇒ INSTITUTIONAL |
| PRINTED REPORT TITLE: | Institutional Claims |
| REPORT DESCRIPTION: | <p>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; Claim Level User Defined Code; Solicited Indicator; Dupe Flag Indicator; Processed to Completion Date; Responsible FI Number; Sponsor <i>ID</i>; <i>Patient ID</i>; Patient Name; Date of Birth; Provider <i>Nbr</i>; Provider Sub-ID; Amount Billed; Amount <i>Allowed</i>; and 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.</p> |
| REPORT PARAMETER OPTIONS: | <p>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; Region; and <i>Enrollment Codes</i>.</p> |
| REPORT NOTES: | <p>The data used by this report format is claim level data. The billed and net Government paid amounts are claim level dollar amounts.</p> |

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

Institutional Claims

50 - Acme Claims Processing

INSTITUTIONAL

Status Code :C

| SET # | ICN | USR CD | S ? | DUP FLG | PTC DATE | RS FI | SPON ID | PATIENT ID | PATIENT NAME | DOB | PROVIDER NUMBER | PROV SUB-ID | AMT BILLED | AMT ALLOWED | AMT GOVT PAID |
|----------------------|----------------|--------|-----|---------|-----------|-------|-----------|------------|----------------|------------|-----------------|-------------|-------------|-------------|---------------|
| 6 | 19942624830562 | | | N | 9/22/1994 | 50 | 999999999 | 999999999 | SMITH,LESLIE,X | 11/16/1982 | 55555555 | 0000 | \$6,080.00 | \$1,739.29 | \$1,739.29 |
| 6 | 19942694832217 | | | | 9/28/1994 | 50 | 999999999 | 999999999 | SMITH,LESLIE,X | 11/16/1982 | 55555555 | 0000 | \$4,425.00 | \$1,304.46 | \$1,304.46 |
| 23747 | 19941170620950 | | | N | 6/30/1994 | 50 | 999999999 | 999999999 | SMITH,LESLIE,X | 7/22/1980 | 55555555 | 0001 | \$19,236.00 | \$19,236.00 | \$18,458.00 |
| 23747 | 19942000640016 | | | | 7/21/1994 | 99 | 999999999 | 999999999 | SMITH,LESLIE,X | 7/22/1980 | 55555555 | 0001 | \$12,868.30 | \$8,148.00 | \$7,259.90 |
| Status Totals | | | | | | | | | | | | | \$42,609.30 | | \$28,761.65 |
| | | | | | | | | | | | | | | \$30,427.75 | |

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

Institutional Claims

50 - Acme Claims Processing

INSTITUTIONAL

Status Code :V

| SET # | ICN | USR CD | S ? | DUP FLG | PTC DATE | RS FI | SPON ID | PATIENT ID | PATIENT NAME | DOB | PROVIDER NUMBER | PROV SUB-ID | AMT BILLED | AMT ALLOWED | AMT GOVT PAID |
|--------------------------|----------------|--------|-----|---------|-----------|-------|-----------|------------|----------------|-----------|-----------------|-------------|-------------|-------------|---------------|
| 15 | 19941882424012 | | | N | 7/15/1994 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | 1/06/1932 | 55555555 | 0000 | \$8,353.93 | \$431.50 | \$431.50 |
| 15 | 19941882424013 | | | | 7/25/1994 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | 1/06/1932 | 55555555 | 0000 | \$7,000.00 | \$350.00 | \$350.00 |
| 22 | 19933335170207 | | | Y | 7/15/1994 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | 5/31/1972 | 55555555 | 0000 | \$2,763.05 | \$1,115.44 | \$1,090.44 |
| 22 | 19942575143500 | | | N | 7/25/1994 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | 5/31/1972 | 55555555 | 0000 | \$2,936.87 | \$1,115.44 | \$1,087.54 |
| Status Totals | | | | | | | | | | | | | \$21,053.85 | \$2,959.48 | |
| | | | | | | | | | | | | | | \$3,012.38 | |
| Contractor Totals | | | | | | | | | | | | | \$63,663.15 | | \$31,721.13 |
| | | | | | | | | | | | | | | \$33,440.13 | |

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

Institutional Claims

73 - HAL Systems Inc

INSTITUTIONAL

Status Code :O

| SET # | ICN | USR CD | S ? | DUP FLG | PTC DATE | RS FI | SPON ID | PATIENT ID | PATIENT NAME | DOB | PROVIDER NUMBER | PROV SUB-ID | AMT BILLED | AMT ALLOWED | AMT GOVT PAID |
|--------------------------|----------------|--------|-----|---------|-----------|-------|-----------|------------|----------------|-----------|-----------------|-------------|--------------|-------------|---------------|
| 3461 | 19940474270059 | | | N | 3/04/1994 | 73 | 999999999 | 999999999 | SMITH,LESLIE,X | 2/04/1994 | 55555555 | 0000 | \$28,859.00 | \$28,859.00 | \$28,803.20 |
| 3461 | 19940474270059 | | | N | 3/04/1994 | 73 | 999999999 | 999999999 | SMITH,LESLIE,X | 2/04/1994 | 55555555 | 0000 | \$28,859.00 | \$28,859.00 | \$28,803.20 |
| 3461 | 19940474270059 | | | N | 3/04/1994 | 73 | 999999999 | 999999999 | SMITH,LESLIE,X | 2/04/1994 | 55555555 | 0000 | \$28,859.00 | \$28,859.00 | \$28,803.20 |
| Status Totals | | | | | | | | | | | | | \$89,539.40 | \$53,395.12 | |
| Contractor Totals | | | | | | | | | | | | | \$89,539.40 | \$53,450.92 | |
| Report Totals | | | | | | | | | | | | | \$153,202.55 | \$85,116.25 | |
| | | | | | | | | | | | | | \$86,891.05 | | |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|---|
| 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; Claim Level User Defined Code; Solicited Indicator; Set Number; Dupe Flag Indicator; Processed to Completion Date; Responsible FI; Sponsor <i>ID</i> ; <i>Patient ID</i> ; Patient Name; Date of Birth; Amount Billed; Amount <i>Allowed</i> ; and 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, Region, <i>and Enrollment Codes</i> . |
| REPORT NOTES: | The data used by this report format is claim level data. The billed, paid and net Government paid amounts are claim level not line-item level dollar amounts. |

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

Non-Institutional Claims

50 - Acme Claims Processing

Undetermined Region

Status Code: O

| ICN | USR CD | S ? | SET # | DUP FLG | PTC DATE | RS FI | SPON ID | PATIENT ID | PATIENT NAME | DOB | AMT BILLED | AMT ALLOWED | AMT GOVT PAID |
|----------------|--------|-----|-------|---------|------------|-------|-----------|------------|----------------|------------|------------|-------------|---------------|
| 19963123242029 | | | 76070 | | 11/15/1996 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | 11/01/1932 | \$2,700.00 | \$1,005.60 | \$754.20 |
| 19960814823188 | | | 76527 | N | 8/02/1996 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | 9/23/1937 | \$681.00 | \$177.34 | \$165.34 |
| 19963024810904 | | | 76527 | | 11/04/1996 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | 9/23/1937 | \$681.00 | \$177.34 | \$165.34 |

| | | | | | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|--|------------|------------|------------|
| Status Totals | | | | | | | | | | | \$4,062.00 | \$1,084.88 | \$1,360.28 |
|----------------------|--|--|--|--|--|--|--|--|--|--|------------|------------|------------|

Status Code: V

| ICN | USR CD | S ? | SET # | DUP FLG | PTC DATE | RS FI | SPON ID | PATIENT ID | PATIENT NAME | DOB | AMT BILLED | AMT ALLOWED | AMT GOVT PAID |
|----------------|--------|-----|-------|---------|-----------|-------|-----------|------------|----------------|-----------|------------|-------------|---------------|
| 19941925400374 | B4 | | 122 | N | 7/25/1994 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | 9/28/1899 | \$455.00 | \$307.10 | \$230.32 |

FOR OFFICIAL USE ONLY
 THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 AND SUBJECT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES PRIVACY RULE IN REGARD TO THAT ACT, AND THE DOD 6025.18-R, DOD HEALTH INFORMATION PRIVACY REGULATION.

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

Date: 4/29/05
Page 2

Non-Institutional Claims

50 - Acme Claims Processing

Undetermined Region

Status Code: V

| ICN | USR CD | S ? | SET # | DUP FLG | PTC DATE | RS FI | SPON ID | PATIENT ID | PATIENT NAME | DOB | AMT BILLED | AMT ALLOWED | AMT GOVT PAID |
|----------------|--------|-----|-------|---------|-----------|-------|-----------|------------|----------------|-----------|------------|-------------|---------------|
| 19942065400200 | B4 | | 122 | | 8/10/1994 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | 9/28/1899 | \$455.00 | \$307.10 | \$230.32 |

| | | |
|--------------------------|------------|------------|
| Status Totals | \$910.00 | \$460.64 |
| | | \$614.20 |
| Region Totals | \$4,972.00 | \$1,545.52 |
| | | \$1,974.48 |
| Contractor Totals | \$4,972.00 | \$1,545.52 |
| | | \$1,974.48 |

FOR OFFICIAL USE ONLY
 THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 AND SUBJECT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES PRIVACY RULE IN REGARD TO THAT ACT, AND THE DOD 6025.18-R, DOD HEALTH INFORMATION PRIVACY REGULATION.

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

Non-Institutional Claims

99 - Inactive Contractor

Inactive-Area 20

Status Code: O

| ICN | USR CD | S ? | SET # | DUP FLG | PTC DATE | RS FI | SPON ID | PATIENT ID | PATIENT NAME | DOB | AMT BILLED | AMT ALLOWED | AMT GOVT PAID |
|--------------------------|--------|-----|-------|---------|------------|-------|-----------|------------|----------------|-----------|------------|-------------|---------------|
| 19951000627827 | | | 22221 | N | 4/24/1995 | 99 | 999999999 | 999999999 | SMITH,LESLIE,X | 9/20/1948 | \$1,860.00 | \$1,090.56 | \$1,075.56 |
| 19951240640035 | | | 22221 | | 05/11/1995 | 99 | 999999999 | 999999999 | SMITH,LESLIE,X | 9/20/1948 | \$400.00 | \$229.63 | \$229.63 |
| 19951240640036 | | | 22221 | | 05/11/1995 | 99 | 999999999 | 999999999 | SMITH,LESLIE,X | 9/20/1948 | \$1,245.00 | \$721.78 | \$721.78 |
| Status Totals | | | | | | | | | | | \$3,505.00 | \$2,041.97 | \$2,026.97 |
| Region Totals | | | | | | | | | | | \$3,505.00 | \$2,041.97 | \$2,026.97 |
| Contractor Totals | | | | | | | | | | | \$3,505.00 | \$2,041.97 | \$2,026.97 |
| Grand Totals | | | | | | | | | | | \$8,477.00 | \$4,016.45 | \$3,572.49 |

FOR OFFICIAL USE ONLY

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 AND SUBJECT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES PRIVACY RULE IN REGARD TO THAT ACT, AND THE DOD 6025.18-R, DOD HEALTH INFORMATION PRIVACY REGULATION.

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|---|
| 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; Claim Level User Defined Code; Solicited Indicator; Set Number; Responsible FI; Sponsor <i>ID</i> ; <i>Patient ID</i> ; Patient Name; Provider <i>Number</i> ; Provider Sub-ID; Line Item Number; CPT-4 Code; Care Begin Date; Care End Date; and Amount Paid 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; Region; <i>and Enrollment Codes</i> . |
| REPORT NOTES: | The data used by this report format is line item level data. The paid amounts are line item level dollar amounts. |

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

Non-Institutional Claims By Line Item

50 - Acme Claims Processing

Undetermined Region

Status Code: O

| ICN | USR CD | S? | SET # | RESP FI | SPON ID | PATIENT ID | PATIENT NAME | PROVIDER NUMBER | PROV SUB-ID | LI | CPT-4 CODE | CARE BEGIN | CARE END | AMT GOVT PD CPT-4 CODE |
|---------------------|--------|----|-------|---------|-----------|------------|----------------|-----------------|-------------|----|------------|------------|------------|------------------------|
| 19962044104011 | | | 79862 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | | | 1 | 42100 | 06/19/1996 | 06/19/1996 | \$81.28 |
| 19962494100571 | | | 79862 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | | | 1 | 42100 | 06/19/1996 | 06/19/1996 | \$254.03 |
| 19962494100571 | | | 79862 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | | | 2 | 42100 | 06/19/1996 | 06/19/1996 | \$81.28 |
| Status Total | | | | | | | | | | | | | \$416.59 | |

Status Code: V

| ICN | USR CD | S? | SET # | RESP FI | SPON ID | PATIENT ID | PATIENT NAME | PROVIDER NUMBER | PROV SUB-ID | LI | CPT-4 CODE | CARE BEGIN | CARE END | AMT GOVT PD CPT-4 CODE |
|-------------------------|--------|----|-------|---------|-----------|------------|----------------|-----------------|-------------|----|------------|------------|------------|------------------------|
| 19941925400374 | B4 | | 122 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | | | 2 | 99231 | 04/22/1994 | 04/22/1994 | \$125.08 |
| 19942065400200 | B4 | | 122 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | | | 3 | 99231 | 04/22/1994 | 04/22/1994 | \$254.03 |
| Status Total | | | | | | | | | | | | | \$250.16 | |
| Region Total | | | | | | | | | | | | | \$666.75 | |
| Contractor Total | | | | | | | | | | | | | \$666.75 | |

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

Non-Institutional Claims By Line Item

99 - Inactive Contractor

Inactive-Area 20

Status Code: O

| ICN | USR CD | S? | SET # | RESP FI | SPON ID | PATIENT ID | PATIENT NAME | PROVIDER NUMBER | PROV SUB-ID | LI | CPT-4 CODE | CARE BEGIN | CARE END | AMT GOVT PD CPT-4 CODE |
|-------------------------|--------|----|-------|---------|-----------|------------|----------------|-----------------|-------------|----|------------|------------|------------|------------------------|
| 19951000627827 | | | 22221 | 99 | 999999999 | 9999999990 | SMITH,LESLIE,X | | | 1 | 99214 | 02/28/1995 | 02/28/1995 | \$53.45 |
| 19951000627827 | | | 22221 | 99 | 999999999 | 9999999990 | SMITH,LESLIE,X | | | 2 | 93000 | 02/28/1995 | 02/28/1995 | \$31.32 |
| 19951000627827 | | | 22221 | 99 | 999999999 | 9999999990 | SMITH,LESLIE,X | | | 3 | 93307 | 02/28/1995 | 02/28/1995 | \$255.77 |
| 19951000627827 | | | 22221 | 99 | 999999999 | 9999999990 | SMITH,LESLIE,X | | | 4 | 93320 | 02/28/1995 | 02/28/1995 | \$134.97 |
| Status Total | | | | | | | | | | | | | \$475.51 | |
| Region Total | | | | | | | | | | | | | \$475.51 | |
| Contractor Total | | | | | | | | | | | | | \$475.51 | |
| Grand Total | | | | | | | | | | | | | \$1,142.26 | |

FOR OFFICIAL USE ONLY

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|---|
| 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; Claim Level User Defined Code; Solicited Indicator; Set Number; Duplicate Flag Value; Risk Indicator; Responsible FI; Sponsor <i>ID</i> ; <i>Patient ID</i> ; Patient Name; Provider <i>Number</i> ; Provider Sub-ID; Amount Billed; Amount Paid; 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, Risk Indicator, <i>and Enrollment Codes</i> . |
| REPORT NOTES: | The data used by this report format is claim level data. For non-institutional claims, the billed, paid and net Government paid amounts are claim level not line-item level dollar amounts. |

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

Risk Report By ICN

50 - Acme Claims Processing

Undetermined Region

| ICN | USR CD | S ? | SET # | DUP FLG | RSK IND | RS FI | SPON ID | PATIENT ID | PATIENT NAME | PROVIDER NUMBER | PROV SUB-ID | AMT BILLED | AMT ALLOWED | GOV PAID | ID RECOUP | ACTUAL RECOUP | ADJ AMOUNT |
|--------------------------|--------|-----|-------|---------|---------|-------|-----------|------------|----------------|-----------------|-------------|-------------|-------------|------------|------------|---------------|------------|
| 19933335170207 | | | 22 | Y | N | 50 | 999999999 | 999999990 | SMITH,LESLIE,X | 555555555 | 0000 | \$2,763.05 | \$1,115.44 | \$1,090.44 | \$1,000.00 | \$1,000.00 | \$1,115.44 |
| 19963024810904 | | | 76527 | | A | 50 | 999999999 | 999999990 | SMITH,LESLIE,X | 555555555 | A004 | \$681.00 | \$177.34 | \$165.34 | \$0.00 | \$0.00 | \$0.00 |
| 19963123242029 | | | 76070 | | N | 50 | 999999999 | 999999990 | SMITH,LESLIE,X | 555555555 | A001 | \$2,700.00 | \$1,005.60 | \$754.20 | \$0.00 | \$0.00 | \$0.00 |
| 19963240508876 | | | 77347 | | A | 50 | 999999999 | 999999990 | SMITH,LESLIE,X | 555555555 | 0000 | \$8,617.99 | \$3,478.39 | \$3,442.12 | \$0.00 | \$0.00 | \$0.00 |
| Region Totals | | | | | | | | | | | | \$5,776.77 | | \$1,000.00 | | \$1,115.44 | |
| | | | | | | | | | | | | \$14,762.04 | | \$5,452.10 | | \$1,000.00 | |
| Contractor Totals | | | | | | | | | | | | \$5,776.77 | | \$1,000.00 | | \$1,115.44 | |
| | | | | | | | | | | | | \$14,762.04 | | \$5,452.10 | | \$1,000.00 | |

FOR OFFICIAL USE ONLY

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

Risk Report By ICN

73 - HAL Systems Inc

Area 73A

| ICN | USR CD | S ? | SET # | DUP FLG | RSK IND | RS FI | SPON ID | PATIENT ID | PATIENT NAME | PROVIDER NUMBER | PROV SUB-ID | AMT BILLED | AMT ALLOWED | GOV PAID | ID RECOUP | ACTUAL RECOUP | ADJ AMOUNT |
|--------------------------|--------|-----|-------|---------|---------|-------|-----------|------------|----------------|-----------------|-------------|--------------|-------------|-------------|------------|---------------|------------|
| 19940474270059 | | | 3461 | N | N | 73 | 999999999 | 999999999 | SMITH,LESLIE,X | 555555555 | 0000 | \$28,859.00 | \$28,859.00 | \$28,803.20 | \$0.00 | \$0.00 | \$0.00 |
| 19942844200023 | | | 3461 | | N | 50 | 999999999 | 999999999 | SMITH,LESLIE,X | 555555555 | 0000 | \$30,340.20 | \$12,295.96 | \$12,295.96 | \$0.00 | \$0.00 | \$0.00 |
| 19950334208001 | | | 3461 | | N | 50 | 999999999 | 999999999 | SMITH,LESLIE,X | 555555555 | 0000 | \$30,340.20 | \$12,295.96 | \$12,295.96 | \$0.00 | \$0.00 | \$0.00 |
| Region Totals | | | | | | | | | | | | | \$53,450.92 | \$0.00 | \$0.00 | | |
| | | | | | | | | | | | | \$89,539.40 | \$53,395.12 | \$0.00 | | | |
| Contractor Totals | | | | | | | | | | | | | \$53,450.92 | \$0.00 | \$0.00 | | |
| | | | | | | | | | | | | \$89,539.40 | \$53,395.12 | \$0.00 | | | |
| Report Totals | | | | | | | | | | | | | \$59,227.69 | \$1,000.00 | \$1,115.44 | | |
| | | | | | | | | | | | | \$104,301.44 | \$58,847.22 | \$1,000.00 | | | |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|---|
| 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; Claim Level User Defined Code; Solicited Indicator; Duplicate Flag Value; Risk Indicator; Responsible FI; Sponsor <i>ID</i> ; <i>Patient ID</i> ; Patient Name; Provider <i>Number</i> ; Provider Sub-ID; Amount Billed; Amount <i>Allowed</i> ; 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, Risk Indicator, <i>and Enrollment Codes</i> . |
| REPORT NOTES: | The data used by this report format is claim level data. For non-institutional claims, the billed, paid and net Government paid amounts are claim level not line-item level dollar amounts. |

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

Risk Report By Set Number

50 - Acme Claims Processing

Undetermined Region

| SET # | ICN | USR CD | S ? | DUP FLG | RSK IND | RS FI | SPON ID | PATIENT ID | PATIENT NAME | PROVIDER NUMBER | PROV SUB-ID | AMT BILLED | AMT ALLOWED | GOV PAID | ID RECOUP | ACTUAL RECOUP | ADJ AMOUNT |
|--------------------------|----------------|--------|-----|---------|---------|-------|-----------|------------|----------------|-----------------|-------------|------------|-------------|------------|------------|---------------|------------|
| 22 | 19933335170207 | | | Y | N | 50 | 999999999 | 999999999 | SMITH,LESLIE,X | 555555555 | 0000 | \$2,763.05 | \$1,115.44 | \$1,090.44 | \$1,000.00 | \$1,000.00 | \$1,115.44 |
| 39 | 19942715160390 | | | | N | 50 | 999999999 | 999999999 | SMITH,LESLIE,X | 555555555 | 0001 | \$825.86 | \$226.30 | \$226.30 | \$0.00 | \$0.00 | \$0.00 |
| Region Totals | | | | | | | | | | | | \$1,341.74 | \$1,000.00 | \$1,115.44 | | | |
| | | | | | | | | | | | | \$3,588.91 | \$1,316.74 | \$1,000.00 | | | |
| Contractor Totals | | | | | | | | | | | | \$1,341.74 | \$1,000.00 | \$1,115.44 | | | |
| | | | | | | | | | | | | \$3,588.91 | \$1,316.74 | \$1,000.00 | | | |

FOR OFFICIAL USE ONLY

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

Risk Report By Set Number

99 - Inactive Contractor

Inactive-Area 20

| SET # | ICN | USR CD | S ? | DUP FLG | RSK IND | RS FI | SPON ID | PATIENT ID | PATIENT NAME | PROVIDER NUMBER | PROV SUB-ID | AMT BILLED | AMT ALLOWED | GOV PAID | ID RECOUP | ACTUAL RECOUP | ADJ AMOUNT |
|----------------------|----------------|--------|-----|---------|---------|-------|-----------|------------|----------------|-----------------|-------------|------------|-------------|------------|-----------|---------------|------------|
| 22221 | 19951000627827 | | | N | A | 99 | 999999999 | 9999999990 | SMITH,LESLIE,X | 555555555 | 0000 | \$1,860.00 | \$1,090.56 | \$1,075.56 | \$0.00 | \$0.00 | \$0.00 |
| Region Totals | | | | | | | | | | | | | \$1,090.56 | \$0.00 | \$0.00 | | |
| | | | | | | | | | | | | \$1,860.00 | \$1,075.56 | \$0.00 | | | |

Inactive-Area 30

| SET # | ICN | USR CD | S ? | DUP FLG | RSK IND | RS FI | SPON ID | PATIENT ID | PATIENT NAME | PROVIDER NUMBER | PROV SUB-ID | AMT BILLED | AMT ALLOWED | GOV PAID | ID RECOUP | ACTUAL RECOUP | ADJ AMOUNT |
|--------------------------|----------------|--------|-----|---------|---------|-------|-----------|------------|----------------|-----------------|-------------|--------------|--------------|------------|------------|---------------|------------|
| 55 | 19932980656126 | | | N | A | 99 | 999999999 | 9999999990 | SMITH,LESLIE,X | 555555555 | 0002 | \$95,435.32 | \$201,551.67 | \$226.30 | \$0.00 | \$0.00 | \$0.00 |
| Region Totals | | | | | | | | | | | | | \$201,551.67 | \$0.00 | \$0.00 | | |
| | | | | | | | | | | | | \$95,435.32 | \$226.30 | \$0.00 | | | |
| Contractor Totals | | | | | | | | | | | | | \$202,642.22 | \$0.00 | \$0.00 | | |
| | | | | | | | | | | | | \$97,295.32 | \$1,301.85 | \$0.00 | | | |
| Report Totals | | | | | | | | | | | | | \$203,983.96 | \$1,000.00 | \$1,115.44 | | |
| | | | | | | | | | | | | \$100,884.23 | \$2,618.59 | \$1,000.00 | | | |

FOR OFFICIAL USE ONLY
 THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 AND SUBJECT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES PRIVACY RULE IN REGARD TO THAT ACT, AND THE DOD 6025.18-R, DOD HEALTH INFORMATION PRIVACY REGULATION.

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|---|
| 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, paid 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: <i>Owner FI</i> ; Region; Amount Billed; Amount <i>Allowed</i> ; 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, Risk Indicator, <i>and Enrollment Code</i> . |
| REPORT NOTES: | The data used by this report format is claim level data. For non-institutional claims, the billed, paid and net Government paid amounts are claim level not line-item level dollar amounts. |

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

Risk Summary Report

| 55 - East West Claims | | | | | | |
|--------------------------|--------------|--------------|--------------|-----------|---------------|---------|
| | Amt Billed | Amt Allowed | Govt Paid | ID Recoup | Actual Recoup | Adj Amt |
| Area 55 | \$12,120.92 | \$6,207.16 | \$6,157.16 | \$0.00 | \$0.00 | \$0.00 |
| Contractor Totals | \$12,120.92 | \$6,207.16 | \$6,157.16 | \$0.00 | \$0.00 | \$0.00 |
| 99 - Inactive Contractor | | | | | | |
| | Amt Billed | Amt Allowed | Govt Paid | ID Recoup | Actual Recoup | Adj Amt |
| Inactive-Area 20 | \$3,505.00 | \$2,041.97 | \$2,026.97 | \$0.00 | \$0.00 | \$0.00 |
| Inactive-Area 30 | \$721,760.08 | \$602,283.44 | \$602,283.44 | \$0.00 | \$0.00 | \$0.00 |
| Contractor Totals | \$725,265.08 | \$604,325.41 | \$604,310.41 | \$0.00 | \$0.00 | \$0.00 |
| Grand Totals | \$737,386.00 | \$610,532.57 | \$610,467.57 | \$0.00 | \$0.00 | \$0.00 |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| 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, <i>Set Range</i> , FI, Region) plus Dupe Flag Indicator, PTC Dates, Responsible FI, Region, Provider Tax IDs, <i>and Enrollment Code</i> . |
| REPORT NOTES: | The data used by this report format is claim level data. |

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

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

Date: 4/29/05
 Page 1

**Provider Claim Count Report
 Grouped by Provider Number and Sub ID**

| Tax ID : 55555555 | #Claims |
|-----------------------|---------|
| Sub ID: 0000 | |
| <u>Sub Id Totals:</u> | 81 |
| Sub ID: 0001 | |
| <u>Sub Id Totals:</u> | 14 |
| Sub ID: 0002 | |
| <u>Sub Id Totals:</u> | 6 |
| Sub ID: 0003 | |
| <u>Sub Id Totals:</u> | 4 |
| Sub ID: 0004 | |
| <u>Sub Id Totals:</u> | 2 |
| Sub ID: 0005 | |
| <u>Sub Id Totals:</u> | 2 |
| Sub ID: 0008 | |
| <u>Sub Id Totals:</u> | 2 |
| Sub ID: | |
| <u>Sub Id Totals:</u> | 7 |
| <u>Tax Id Totals:</u> | 111 |

| Tax ID : | #Claims |
|-----------------------|---------|
| Sub ID: | |
| <u>Sub Id Totals:</u> | 107 |
| <u>Tax Id Totals:</u> | 94 |

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 PRIVACY RULE IN REGARD TO THAT ACT, AND THE DOD 6025.18-R, DOD HEALTH INFORMATION PRIVACY REGULATION.

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| 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; Time Stamp; Claim Level User Defined Code; Solicited Indicator; Set #; Duplicate Flag Indicator; Sponsor <i>ID</i> ; <i>Patient ID</i> ; Patient Name; Amount <i>Govt</i> Paid; PTC Date; Responsible FI; Total Number of Claims and Total Paid Amounts by Provider Sub-ID; and Total number of Claims and Total Paid Amounts by Provider Tax ID. |
| REPORT PARAMETER OPTIONS: | Users may customize the report by selecting: All "Standard" parameters minus Last (update) Dates (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, <i>and Enrollment Codes</i> . |
| REPORT NOTES: | The data used by this report format is claim level data. |

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

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

Date: 4/29/05
 Page 1

**Provider Claim Detail Report
 Grouped by Provider Number and Sub ID**

Prov Tax ID 55555555

Sub ID 0008

| ICN | TIME | USER CODE | S ? | SET# | DUP FLG | SPON ID | PATIENT ID | PATIENT NAME | AMT GOVT PAID | PTC DATE | RESP FI |
|----------------|--------|-----------|-----|------|---------|-----------|------------|----------------|----------------|-----------|---------|
| 19941300621078 | 000000 | | | 63 | | 999999999 | 999999990 | SMITH,LESLIE,X | \$21,915.94 | 6/30/1994 | 50 |
| 19941360665510 | 000000 | | | 63 | N | 999999999 | 999999990 | SMITH,LESLIE,X | \$21,915.94 | 6/10/1994 | 99 |
| | | | | | | | | #CLAIMS | TOTAL AMT PAID | | |
| SUB ID TOTALS | | | | | | | | 2 | \$43,831.85 | | |

Sub ID

| | | | | | | | | | | | |
|----------------|--------|--|--|-------|--|-----------|-----------|----------------|----------------|------------|----|
| 19940424543435 | 999999 | | | 35 | | 999999999 | 999999990 | SMITH,LESLIE,X | \$42,877.69 | 10/14/1994 | 50 |
| 19940424543435 | 999999 | | | 15 | | 999999999 | 999999990 | SMITH,LESLIE,X | \$8,353.93 | 10/14/1994 | 50 |
| 19940424543435 | 999999 | | | 26697 | | 999999999 | 999999990 | SMITH,LESLIE,X | \$4,322.84 | 7/18/1995 | 50 |
| 19940424543435 | 999999 | | | 74334 | | 999999999 | 999999990 | SMITH,LESLIE,X | \$2,042.84 | 11/12/1996 | 50 |
| 19940424543435 | 999999 | | | 66804 | | 999999999 | 999999990 | SMITH,LESLIE,X | \$5,721.12 | 8/28/1996 | 50 |
| 19940424543435 | 999999 | | | 71410 | | 999999999 | 999999990 | SMITH,LESLIE,X | \$1,658.54 | 10/16/1996 | 50 |
| 19940424543435 | 999999 | | | 74409 | | 999999999 | 999999990 | SMITH,LESLIE,X | \$1,045.74 | 11/08/1996 | 50 |
| | | | | | | | | #CLAIMS | TOTAL AMT PAID | | |
| SUB ID TOTALS | | | | | | | | 7 | \$66,022.70 | | |
| TAX ID TOTALS | | | | | | | | 9 | \$109,854.55 | | |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| 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: | <p>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.</p> <p>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.</p> <p>The fields displayed on this report are: ICN; Time Stamp; Claim Level User Defined Code; Solicited Indicator; Set #; Duplicate Flag Indicator; Sponsor <i>ID</i>; <i>Patient ID</i>; Patient Name; Line Item Match Type; Line Item Number; CPT-4 Code; Amount Paid 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 Paid dollars.</p> |

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

**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.

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

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

Date: 4/29/05
 Page 1

**Provider CPT-4 Report
 Grouped by Provider Tax ID and Sub ID
 (CPT-4 Claim Level Match Types Only)**

| ICN | TIME | USER CODE | S ? | SET# | DUP FLG | PATIENT ID | PATIENT NAME | LI Match | LINE Item # | CPT-4 Code | AMT PAID CPT-4 CODE | PTC DATE | RESP FI |
|----------------|--------|-----------|-----|------|---------|------------|----------------|----------|-------------|----------------|---------------------|------------|---------|
| Tax ID: | | | | | | | | | | | | | |
| Sub ID: | | | | | | | | | | | | | |
| 19941362501086 | 000000 | | | 226 | | 9999999990 | SMITH,LESLIE,X | C | 1 | 90812 | \$90.00 | 10/13/1994 | 50 |
| 19942692501409 | 000000 | | | 226 | N | 9999999990 | SMITH,LESLIE,X | C | 1 | 90844 | \$80.11 | 10/09/1994 | 50 |
| 19941362501086 | 000000 | | | 227 | | 9999999990 | SMITH,LESLIE,X | C | 2 | 90812 | \$90.00 | 10/13/1994 | 50 |
| 19942692501409 | 000000 | | | 227 | N | 9999999990 | SMITH,LESLIE,X | C | 2 | 90844 | \$80.11 | 10/09/1994 | 50 |
| 19940462508505 | 000000 | | | 251 | N | 9999999990 | SMITH,LESLIE,X | C | 4 | 99221 | \$90.70 | 3/10/1994 | 50 |
| 19942022508010 | 000000 | | | 251 | | 9999999990 | SMITH,LESLIE,X | C | 4 | 99291 | \$150.00 | 8/04/1994 | 50 |
| 19941640617670 | 000000 | | | 4899 | N | 9999999990 | SMITH,LESLIE,X | C | 1 | 98330 | \$366.80 | 8/04/1994 | 50 |
| 19941640617670 | 000000 | | | 4899 | N | 9999999990 | SMITH,LESLIE,X | C | 2 | 98335 | \$133.00 | 8/04/1994 | 50 |
| 19942340621783 | 000000 | | | 4899 | | 9999999990 | SMITH,LESLIE,X | C | 1 | 98310 | \$183.50 | 11/14/1994 | 99 |
| 19942340621783 | 000000 | | | 4899 | | 9999999990 | SMITH,LESLIE,X | C | 2 | 98315 | \$133.00 | 11/14/1994 | 99 |
| #LINE ITEMS | | | | | | | | | | TOTAL AMT PAID | | | |
| SUB ID TOTALS | | | | | | | | | 10 | \$1,397.22 | | | |
| TAX ID TOTALS | | | | | | | | | 10 | \$1,397.22 | | | |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| 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; <i>Current</i> Load Date; ICN; 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, Reason Codes, <i>and Base Claims</i> . |
| REPORT NOTES: | The data used by this report format is claim level data. |

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

Reason Code Explanation Report Individual Claims

50 - Acme Claims Processing

Undetermined Region

| SET # | STATUS | CURRENT LOAD DATE | ICN | TIME | S? | RESP FI | PTC DATE | DUP FLG | RSN CODE | REASON CODE EXPLANATION |
|-------|--------|-------------------|----------------|--------|----|---------|------------|---------|----------|---|
| 35 | O | 12/16/1996 | 19940424543435 | 999999 | | 50 | 10/14/1994 | Y | D900 | This is to test the Reason Code Explanation |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| 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; <i>Current</i> Load Date; ICN; 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, Reason Codes, <i>and PTC Date</i> . |
| REPORT NOTES: | The data used by this report format is claim level data. |

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

Date: 4/29/05
 Page 1

**Reason Code Explanation Report
 Entire Set**

50 - Acme Claims Processing

Undetermined Region

| SET # | STATUS | CURRENT LOAD DATE |
|-------|--------|-------------------|
| 35 | O | 12/16/1996 |

| ICN | TIME | S? | RESP FI | PTC DATE | DUPE FLAG | RSN CODE | REASON CODE |
|----------------|--------|----|---------|------------|-----------|----------|---|
| 19940424543435 | 999999 | | 50 | 10/14/1994 | Y | D900 | This is to test the Reason Code Explanation |

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|---|
| 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: <i>Owner FI; Region</i> ; Set Number; ICN; Time Stamp; Dupe Flag Indicator; Reason Code; Responsible FI; Sponsor <i>ID</i> ; <i>Patient ID</i> ; Patient Name; Provider ID; Provider Sub-ID; Claim Level Paid; Line Item Number; Line Item Paid Amount; Adjustment Flag; Adjustment Line Item; and Adjustment Paid Amount. |
| REPORT PARAMETER OPTIONS: | Users may customize the report by selecting: All "Standard" parameters minus Adjustments (Claim Set Status, Set Owner Type, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus PTC Dates, Responsible FI, Region, Claim Level User Defined Codes. |
| REPORT NOTES: | The data used by this report format is claim and line item level data. |

Status Code = All
 SetAdjustFrame
 Owner Type = All
 Claim Type = All
 Match Type = All
 Set Number = All
 Owner FI = All
 Owner Region = All
 Resp FI = All
 Resp Region = All
 Claim User Codes = All

Date: 4/29/05
 Page 1

Claims with Associated Adjustments

| SET # | TED Icn | TED Time | DUP ? | RSN Code | Resp FI | Spon ID | Patient ID | Patient Name | Prov ID | Prov Sub Id | Government Paid Amt | Line Item | Govt PD Amt CPT4 |
|------------------------------------|----------------|----------|-------|----------|---------|-----------|------------|----------------|-------------|------------------|-------------------------|-----------|------------------|
| 50 - Acme Claims Processing | | | | | | | | | | | | | |
| 15 | 19941882424012 | 000000 | N | BASE | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | 555555555 | 0000 | 431.50 | 0 | 0.00 |
| | | | | | | | | | Adjust Flag | Adjust Line Item | Adjust Govt Paid Amount | | |
| | | | | | | | | | N | 0 | -431.50 | | |
| | | | | | | | | | N | 0 | 328.17 | | |
| 15 | 19941882424012 | 000000 | | | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | 555555555 | | 8353.00 | 0 | 0.00 |
| | | | | | | | | | Adjust Flag | Adjust Line Item | Adjust Govt Paid Amount | | |
| | | | | | | | | | | 0 | 328.17 | | |
| 15 | 19941882424013 | 000000 | | | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | 555555555 | 0000 | 350.00 | 0 | 0.00 |
| 22 | 19933335170207 | 000000 | Y | D203 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | 555555555 | 0000 | 1090.44 | 0 | 0.00 |
| | | | | | | | | | Adjust Flag | Adjust Line Item | Adjust Govt Paid Amount | | |
| | | | | | | | | | Y | 0 | -1115.44 | | |
| 22 | 19942575143500 | 000000 | N | BASE | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | 555555555 | 0000 | 1087.54 | 0 | 0.00 |
| | | | | | | | | | Adjust Flag | Adjust Line Item | Adjust Govt Paid Amount | | |
| | | | | | | | | | | 0 | 0.00 | | |
| 35 | 19940424543435 | 000000 | N | BASE | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | 555555555 | 0000 | 8574.15 | 0 | 0.00 |
| | | | | | | | | | Adjust Flag | Adjust Line Item | Adjust Govt Paid Amount | | |
| | | | | | | | | | | 0 | -49102.03 | | |
| | | | | | | | | | | 0 | -1005.40 | | |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|---|
| REPORT CATEGORY: | Claim Report |
| REPORT MENU HIERARCHY AND FORMAT NAME: | REPORT ⇒ CLAIMS ⇒ WORK SHEETS ⇒ INSTITUTIONAL |
| PRINTED REPORT TITLE: | Institutional Claims Worksheet |
| REPORT DESCRIPTION: | <p>This report resembles the paper duplicate claims reports provided to contractors in the past. This report lists institutional claim sets in <i>Open</i> 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; Set Level User Defined Code; Solicited Indicator; Set Number; PTC Date; Responsible FI; Sponsor <i>ID</i>; <i>Patient ID</i>; Patient Name; Provider <i>Nbr</i>; Provider Sub-ID; Diagnosis; DRG; Amount Billed; Amount <i>Allowed</i>; 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.</p> |
| REPORT PARAMETER OPTIONS: | <p>Users may customize the report by selecting: All "Standard" parameters minus <i>Claim Set Status, Claims</i> (Claim Set Status, Set Owner Type, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus PTC Dates; <i>Adjustments; Care Dates; Solicited Flag;</i> Responsible FI; and Region.</p> |
| REPORT NOTES: | The data used by this report format is claim level data. |

Adjust Type = All
 Owner Type = All
 Match Type = All
 Solicited = All
 Set Number = All
 Owner FI = All
 Owner Region = All
 Resp FI = All
 Resp Region = All

Institutional Claims Worksheet

50 - Acme Claims Processing

Undetermined Region

| ICN | USR CD | S ? | SET # | PTC DATE | RS FI | SPON ID | PATIENT ID | PATIENT NAME | PROVIDER NUMBER | PROV SUB-ID | DIAG | DRG | AMT BILLED | AMT ALLOWED | AMT GOVT PAID | DUPE? (Y/N) | RSN CD | RECOUP/ RFND AMT |
|----------------|--------|-----|-------|----------|-------|-----------|------------|----------------|-----------------|-------------|------|-----|-------------|-------------|---------------|-------------|--------|------------------|
| 19962924725072 | | | 77425 | 10/17/96 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | 555555555 | 0000 | 4240 | 104 | \$57,297.50 | \$24,076.93 | \$24,076.93 | ----- | ----- | ----- |
| 19962924725072 | | | 77425 | 11/26/96 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | 555555555 | 0000 | 4240 | 104 | \$60,264.50 | \$24,320.22 | \$24,184.42 | ----- | ----- | ----- |

55 - East West Claims

Area 55

| ICN | USR CD | S ? | SET # | PTC DATE | RS FI | SPON ID | PATIENT ID | PATIENT NAME | PROVIDER NUMBER | PROV SUB-ID | DIAG | DRG | AMT BILLED | AMT ALLOWED | AMT GOVT PAID | DUPE? (Y/N) | RSN CD | RECOUP/ RFND AMT |
|----------------|--------|-----|-------|----------|-------|-----------|------------|----------------|-----------------|-------------|------|-----|------------|-------------|---------------|-------------|--------|------------------|
| 19943551605817 | | | 10697 | 1/26/95 | 55 | 999999999 | 9999999990 | SMITH,LESLIE,X | 555555555 | 0000 | 8442 | 222 | \$6,060.46 | \$3,103.58 | \$3,078.58 | ----- | ----- | ----- |
| 19950241642021 | | | 10697 | 1/27/95 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | 555555555 | 0000 | 8442 | 222 | \$6,060.46 | \$3,103.58 | \$3,078.58 | ----- | ----- | ----- |

99 - Inactive Contractor

Inactive-Area 30

| ICN | USR CD | S ? | SET # | PTC DATE | RS FI | SPON ID | PATIENT ID | PATIENT NAME | PROVIDER NUMBER | PROV SUB-ID | DIAG | DRG | AMT BILLED | AMT ALLOWED | AMT GOVT PAID | DUPE? (Y/N) | RSN CD | RECOUP/ RFND AMT |
|----------------|--------|-----|-------|----------|-------|-----------|------------|----------------|-----------------|-------------|------|-----|--------------|--------------|---------------|-------------|--------|------------------|
| 19932980656126 | | | 55 | 1/11/94 | 99 | 999999999 | 9999999990 | SMITH,LESLIE,X | 555555555 | 0002 | 7470 | 000 | \$95,435.32 | \$201,551.67 | \$201,551.67 | ----- | ----- | ----- |
| 19942280665422 | | | 55 | 9/7/94 | 99 | 999999999 | 9999999990 | SMITH,LESLIE,X | 555555555 | 0002 | 7470 | 000 | \$313,162.38 | \$301,141.72 | \$301,141.72 | ----- | ----- | ----- |
| 19942490640195 | | | 55 | 9/12/94 | 99 | 999999999 | 9999999990 | SMITH,LESLIE,X | 555555555 | 0002 | 7470 | 000 | \$313,162.38 | \$99,590.05 | \$99,590.05 | ----- | ----- | ----- |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| REPORT CATEGORY: | Claim Report |
| REPORT MENU HIERARCHY AND FORMAT NAME: | REPORT ⇒ CLAIMS ⇒ WORKSHEETS ⇒ NON-INSTITUTIONAL |
| PRINTED REPORT TITLE: | Non-Institutional Claims Worksheet |
| REPORT DESCRIPTION: | <p>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 <i>Open</i> 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; Claim Level User Defined Code; Solicited Indicator; Set Number; Responsible FI; Sponsor <i>ID</i>; <i>Patient ID</i>; Patient Name; Provider <i>Number</i>; Provider Sub-ID; Diagnosis; Line Item Number; CPT-4 Code; Line Item Amount Billed; Line Item Paid 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.</p> |
| REPORT PARAMETER OPTIONS: | <p>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 PTC Dates, <i>Care Dates</i>, Responsible FI, and Region.</p> |
| REPORT NOTES: | The data used by this report format is line item level data. |

Adjust Type = All
 Owner Type = All
 Match Type = All
 Solicited = All
 Set Number = All
 Owner FI = All
 Owner Region = All
 Resp FI = All
 Resp Region = All

Non-Institutional Claims Worksheet

50 - Acme Claims Processing

Undetermined Region

| ICN | USR CD | S ? | SET # | RS FI | SPON ID | PATIENT ID | PATIENT NAME | PROVIDER NUMBER | PROV SUB-ID | DIAG | LI | CPT-4 CODE | AMT BILLED CPT-4 CD | GOVT PD CPT-4 CD | DUPE? (Y/N) | RSN CD | RECOUP/ RFND AMT |
|----------------|--------|-----|-------|-------|-----------|------------|----------------|-----------------|-------------|-------|----|------------|---------------------|------------------|-------------|--------|------------------|
| 19953624101154 | | | 79860 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | | | 78906 | 1 | 99214 | \$78.60 | | ----- | ----- | ----- |
| 19953624101154 | | | 79860 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | | | 78906 | 2 | 74000 | \$14.20 | | ----- | ----- | ----- |
| 19962044104011 | | | 79862 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | | | 5269 | 1 | 42100 | \$510.00 | \$81.28 | ----- | ----- | ----- |
| 19962494100571 | | | 79862 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | | | 5269 | 1 | 42100 | \$300.00 | \$254.03 | ----- | ----- | ----- |
| 19962494100571 | | | 79862 | 50 | 999999999 | 9999999990 | SMITH,LESLIE,X | | | 5269 | 2 | 42100 | \$210.00 | \$81.28 | ----- | ----- | ----- |

99 - Inactive Contractor

Inactive-Area 20

| ICN | USR CD | S ? | SET # | RS FI | SPON ID | PATIENT ID | PATIENT NAME | PROVIDER NUMBER | PROV SUB-ID | DIAG | LI | CPT-4 CODE | AMT BILLED CPT-4 CD | GOVT PD CPT-4 CD | DUPE? (Y/N) | RSN CD | RECOUP/ RFND AMT |
|----------------|--------|-----|-------|-------|-----------|------------|----------------|-----------------|-------------|-------|----|------------|---------------------|------------------|-------------|--------|------------------|
| 19951000627827 | | | 22221 | 99 | 999999999 | 9999999990 | SMITH,LESLIE,X | | | 42490 | 1 | 99214 | \$70.00 | \$53.45 | ----- | ----- | ----- |
| 19951000627827 | | | 22221 | 99 | 999999999 | 9999999990 | SMITH,LESLIE,X | | | 42490 | 2 | 93000 | \$75.00 | \$31.32 | ----- | ----- | ----- |
| 19951000627827 | | | 22221 | 99 | 999999999 | 9999999990 | SMITH,LESLIE,X | | | 42490 | 3 | 93307 | \$400.00 | \$255.77 | ----- | ----- | ----- |
| 19951000627827 | | | 22221 | 99 | 999999999 | 9999999990 | SMITH,LESLIE,X | | | 42490 | 4 | 93320 | \$200.00 | \$134.97 | ----- | ----- | ----- |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|---|
| 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. |

**Claim Level User Defined
Field Definitions**

| Owner FI | Contract # | Code | Description | Active ? |
|----------|---------------|------|-------------|----------|
| 50 | MDA90504C0050 | B4 | testing | Y |
| 50 | MDA90504C0050 | B4 | testing | Y |

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PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
PRIVACY RULE IN REGARD TO THAT ACT, AND THE DOD 6025.18-R, DOD HEALTH INFORMATION PRIVACY
PRIVACY REGULATION.

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| 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: | <p>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 <i>Pending, Validate, or Closed</i> status. Non-duplicates are those non-base claims with an "N" dupe flag in <i>Pending, Validate, or Closed</i> status. Potential duplicates not worked are non-base claims in <i>Open</i> status irrespective of any dupe flag value. The dollar totals on the report are for non- base claims only.</p> |
| 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, FI, Region) plus Responsible FI, and Region, and Risk Indicator. |
| REPORT NOTES: | <p>The data used by this report format is claim level data.</p> <p>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.</p> |

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

Date: 5/20/05
 Page 1

Institutional Summary Report Potentials/Actuals/Non-Duplicates by FI/Contractor

| Match Type | Number of Potential Dupes | Potential Dupes \$ | Number of Actual Dupes | Actual Dupes % of Potential | Actual Dupes Amount Paid Govt Contr | Number of Non-Dupe Claims | Non -Dupes % of Potential | Non Dupes Amount Paid Govt Contr | Number of Potential Not Worked Claims | Not Worked % of Potential | Potential Not Worked Amount Paid Govt Contr |
|------------------------------------|---------------------------|--------------------|------------------------|-----------------------------|-------------------------------------|---------------------------|---------------------------|----------------------------------|---------------------------------------|---------------------------|---|
| 50 - Acme Claims Processing | | | | | | | | | | | |
| Undetermined Region | | | | | | | | | | | |
| Date Overlap | 27 | \$331,343.09 | 1 | 3.70% | \$1,090.44 | 0 | 0.00% | \$0.00 | 24 | 88.89% | \$326,774.08 |
| Exact | 13 | \$78,437.14 | 0 | 0.00% | \$0.00 | 0 | 0.00% | \$0.00 | 13 | 100.00% | \$78,437.14 |
| Near | 16 | \$130,078.81 | 0 | 0.00% | \$0.00 | 0 | 0.00% | \$0.00 | 14 | 87.50% | \$121,374.88 |
| Other | 3 | \$9,895.12 | 0 | 0.00% | \$0.00 | 0 | 0.00% | \$0.00 | 2 | 66.67% | \$2,635.22 |
| Region Totals | 59 | \$549,754.16 | 1 | | \$1,090.44 | 0 | | \$0.00 | 53 | | \$529,221.32 |
| Contractor Totals | 59 | \$549,754.16 | 1 | | \$1,090.44 | 0 | | \$0.00 | 53 | | \$529,221.32 |
| 55 - East West Claims | | | | | | | | | | | |
| Area 55 | | | | | | | | | | | |
| Exact | 1 | \$3,078.58 | 0 | 0.00% | \$0.00 | 0 | 0.00% | \$0.00 | 1 | 100.00% | \$3,078.58 |
| Region Totals | 1 | \$3,078.58 | 0 | | \$0.00 | 0 | | \$0.00 | 1 | | \$3,078.58 |
| Contractor Totals | 1 | \$3,078.58 | 0 | | \$0.00 | 0 | | \$0.00 | 1 | | \$3,078.58 |
| 73 - HAL Systems Inc | | | | | | | | | | | |
| Area 73A | | | | | | | | | | | |
| Date Overlap | 2 | \$24,591.92 | 0 | 0.00% | \$0.00 | 0 | 0.00% | \$0.00 | 2 | 100.00% | \$24,591.92 |
| Region Totals | 2 | \$24,591.92 | 0 | | \$0.00 | 0 | | \$0.00 | 2 | | \$24,591.92 |
| Contractor Totals | 2 | \$24,591.92 | 0 | | \$0.00 | 0 | | \$0.00 | 2 | | \$24,591.92 |
| Grand Totals | 62 | \$24,591.92 | 1 | | \$1,090.44 | 0 | | \$0.00 | 56 | | \$556,891.82 |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| 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 FI/Contractor |
| REPORT DESCRIPTION: | <p>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.</p> <p>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, will not be inflated since a line-item will never appear in more than one set. As a result, the dollars appearing on this report are the paid 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.</p> <p>For this report, potential duplicates are the universe of all non-base claims. Actual duplicates are those claims with a "Y" dupe flag in <i>Pending</i>, <i>Validate</i>, or <i>Closed</i> status. Non-duplicates are those non-base claims with an "N" dupe flag in <i>Pending</i>, <i>Validate</i>, or <i>Closed</i> status. Potential duplicates not worked are non-base claims in <i>Open</i> status irrespective of any dupe flag value. The dollar totals on the report are for non-base claims only.</p> |
| 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, Region) plus Responsible FI, Region, and Risk Indicator. |

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

REPORT NOTES:

The data used by this report format is claim level and line-item data.

It should be noted that the total number of claims and percentages shown on this report may differ from that shown on the "Actual vs. Potential" graph report. Any discrepancy will be due to the fact that this report will count a claim more than once if it appears in two or more sets owned by the same region but which have different match types. The graph, alternatively, will not count a claim more than once if it appears in two or more sets owned by the same region.

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

Non-Institutional Summary Report Potentials/Actuals/Non-Duplicates by FI/Contractor

| Match Type | Number of Potential Dupes | Potential Dupes \$ | Number of Actual Dupes | Actual Dupes % of Potential | Actual Dupes Amount Paid Govt Contr | Number of Non-Dupe Claims | Non -Dupes % of Potential | Non Dupes Amount Paid Govt Contr | Number of Potential Not Worked Claims | Not Worked % of Potential | Potential Not Worked Amount Paid Govt Contr |
|------------------------------------|---------------------------|--------------------|------------------------|-----------------------------|-------------------------------------|---------------------------|---------------------------|----------------------------------|---------------------------------------|---------------------------|---|
| 50 - Acme Claims Processing | | | | | | | | | | | |
| Undetermined Region | | | | | | | | | | | |
| Date Overlap | 3 | \$963.00 | 0 | 0.1200% | \$0.00 | 0 | 0.00% | \$0.00 | 3 | 100.00% | \$963.00 |
| Exact | 21 | \$6,278.51 | 0 | 0.00% | \$0.00 | 0 | 0.00% | \$0.00 | 21 | 100.00% | \$6,153.43 |
| Near | 23 | \$13,874.63 | 0 | 0.00% | \$0.00 | 0 | 0.00% | \$0.00 | 23 | 100.00% | \$13,874.63 |
| Other | 15 | \$21,843.67 | 0 | 0.00% | \$0.00 | 0 | 0.00% | \$0.00 | 15 | 100.00% | \$21,843.67 |
| Region Totals | 62 | \$42,959.81 | 0 | | \$0.00 | 0 | | \$0.00 | 62 | | \$42,834.73 |
| Contractor Totals | 62 | \$42,959.81 | 0 | | \$0.00 | 0 | | \$0.00 | 62 | | \$42,834.73 |
| 99 - Inactive Contractor | | | | | | | | | | | |
| Inactive-Area 20 | | | | | | | | | | | |
| Near | 2 | \$4,560.31 | 0 | 0.00% | \$0.00 | 0 | 0.00% | \$0.00 | 2 | 100.00% | \$4,560.31 |
| Region Totals | 2 | \$4,560.31 | 0 | | \$0.00 | 0 | | \$0.00 | 2 | | \$4,560.31 |
| Contractor Totals | 2 | \$4,560.31 | 0 | | \$0.00 | 0 | | \$0.00 | 2 | | \$4,560.31 |
| Grand Totals | 64 | \$47,520.12 | 1 | | \$1,090.44 | 0 | | \$0.00 | 64 | | \$47,395.04 |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| 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 <i>Open</i> , <i>Pending</i> , <i>Validate</i> , and <i>Closed</i> 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. |

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

Set Aging Report

| Contractor Name | Region | Current Load Dt | Open Sets | Open Sets% | Pending Sets | Pending Sets% | Validate Sets | Validate Sets% | Closed Sets | Closed Sets% | Total Sets |
|------------------------------|---------------------|-----------------|------------|---------------|--------------|---------------|---------------|----------------|-------------|--------------|------------|
| 50 - Acme Claims Processing | Undetermined Region | 09/1996 | 35 | 87.50 | 0 | 0.00 | 5 | 12.50 | 0 | 0.00 | 40 |
| | | 10/1996 | 72 | 100.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 72 |
| | | 11/1996 | 6 | 100.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 6 |
| | | 12/1996 | 68 | 93.15 | 0 | 0.00 | 0 | 0.00 | 5 | 6.85 | 73 |
| | | 01/1997 | 49 | 96.08 | 0 | 0.00 | 2 | 3.92 | 0 | 0.00 | 51 |
| Region Total Sets | | | 230 | | 0 | | 7 | | 5 | | 242 |
| Region Avg % | | | | 95.04 | | 0.00 | | 2.89 | | 2.07 | |
| Contractor Total Sets | | | 230 | | 0 | | 7 | | 5 | | 242 |
| Contractor Avg % | | | | 95.04 | | 0.00 | | 2.89 | | 2.07 | |
| 55 - East West Claims | Area 55 | 10/1996 | 2 | 100.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 2 |
| Region Total Sets | | | 2 | | 0 | | 0 | | 0 | | 2 |
| Region Avg % | | | | 100.00 | | 0.00 | | 0.00 | | 0.00 | |
| Contractor Total Sets | | | 2 | | 0 | | 0 | | 0 | | 2 |
| Contractor Avg % | | | | 100.00 | | 0.00 | | 0.00 | | 0.00 | |
| 73 - HAL Systems Inc | Area 73A | 10/1996 | 3 | 100.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3 |
| Region Total Sets | | | 3 | | 0 | | 0 | | 0 | | 3 |
| Region Avg % | | | | 100.00 | | 0.00 | | 0.00 | | 0.00 | |
| Contractor Total Sets | | | 3 | | 0 | | 0 | | 0 | | 3 |
| Contractor Avg % | | | | 100.00 | | 0.00 | | 0.00 | | 0.00 | |
| 99 - Inactive Contractor | Inactive-Area 20 | 12/1996 | 3 | 100.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3 |
| Region Total Sets | | | 3 | | 0 | | 0 | | 0 | | 3 |
| Region Avg % | | | | 100.00 | | 0.00 | | 0.00 | | 0.00 | |
| 99 - Inactive Contractor | Inactive-Area 30 | 12/1996 | 3 | 100.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3 |
| Region Total Sets | | | 3 | | 0 | | 0 | | 0 | | 3 |
| Region Avg % | | | | 100.00 | | 0.00 | | 0.00 | | 0.00 | |
| Contractor Total Sets | | | 6 | | 0 | | 0 | | 0 | | 6 |
| Contractor Avg % | | | | 100.00 | | 0.00 | | 0.00 | | 0.00 | |
| Grand Total Sets | | | 241 | | 0 | | 7 | | 5 | | 253 |
| Grand Avg % | | | | 95.26 | | 0.00 | | 2.77 | | 1.98 | |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|---|
| 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 <i>Open</i> status (Not Worked), the total number of actual duplicate claims ('Y' Duplicate Flag Value in <i>Pending</i> , <i>Validate</i> , and <i>Closed</i> status) and the total number of non-duplicate claims ('N' Duplicate Flag Value in <i>Pending</i> , <i>Validate</i> , and <i>Closed</i> status) as of the date the report is run. The report also provides the total paid amounts of the non-base claims in <i>Open</i> status (Not Worked), the total amounts identified for recoupment and actually recouped of the actual duplicate claims, and the total paid amounts of the non-duplicate claims. The report shows claim counts but for non-institutional claims the paid amount totals are the sum of the line-item paid 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. |

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

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

Date: 5/3/05
 Page 1

Claim Aging Report

| Load Date | Not Worked #Claims | Not Worked Allowed Amount | Actual Dupes #Claims | Actual Dupes ID Recoup | Actual Dupes Actual Recoup | Non-Dupes #Claims | Non Dupes Allowed Amount |
|------------------------------------|--------------------|---------------------------|----------------------|------------------------|----------------------------|-------------------|--------------------------|
| 50 - Acme Claims Processing | | | | | | | |
| <Unassigned Region> | | | | | | | |
| 09/1996 | 0 | \$0.00 | 1 | \$1,000.00 | \$1,000.00 | 0 | \$0.00 |
| 12/1996 | 2 | \$99,997.86 | 0 | 0.00 | \$0.00 | 0 | \$0.00 |
| 01/1997 | 2 | \$335.31 | 0 | 0.00 | \$0.00 | 0 | \$0.00 |
| Region | 4 | | 1 | | | 0 | |
| Totals | | \$100,333.17 | | \$1,000.00 | \$1,000.00 | | \$0.00 |
| Contractor | 4 | | 1 | | | 0 | |
| Totals | | \$100,333.17 | | \$1,000.00 | \$1,000.00 | | \$0.00 |
| Grand Totals | 4 | | 1 | | | 0 | |
| | | \$100,333.17 | | \$1,000.00 | \$1,000.00 | | \$0.00 |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|---|
| 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 <i>Validate</i> and <i>Closed</i> status grouped by region and Initial Load Date as of the date the report is run. While the report contains columns for <i>Open</i> status and <i>Pending</i> status, these will always be 0% since sets in <i>Open</i> and <i>Pending</i> status are never archived to the History Database. The report also shows the percentage each total represents of the total number of sets counted. The fields displayed on the report are: Owner FI; Region; Initial Load Date; Number and Percentage of Open Sets; Number and Percentage of Pending Sets; Number and Percentage of Validate Sets; Number and Percentage of Closed Sets; and the Total Number of Sets. The report provides sub-totals for each contract region and grand totals for each contractor. |
| REPORT PARAMETER OPTIONS: | Users may customize the report by selecting: All "Standard" parameters minus Status, Last Dates, Current Load Dates, Set Range (Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, FI, Region). |
| REPORT NOTES: | The data used by this report format is set level data. |

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

Set Aging Report

| Contractor Name | Region | Current Load Dt | Validate Sets | Validate Sets% | Closed Sets | Closed Sets% | Total Sets |
|-------------------------|---------------------|-----------------|---------------|----------------|-------------|---------------|------------|
| 22 - Excel Health Care | East Region | 02/2005 | 0 | 0.00 | 1 | 100.00 | 1 |
| Region Total | | | 0 | 0.00 | 1 | 100.00 | 1 |
| Contractor Total | | | 0 | 0.00 | 1 | 100.00 | 1 |
| 23 - Seven Health Care | Undetermined Region | 06/2004 | 0 | 0.00 | 1 | 100.00 | 1 |
| | | 11/2004 | 0 | 0.00 | 2 | 100.00 | 2 |
| | | 12/2004 | 0 | 0.00 | 1 | 100.00 | 1 |
| Region Total | | | 0 | 0.00 | 4 | 100.00 | 4 |
| Contractor Total | | | 0 | 0.00 | 4 | 100.00 | 4 |
| Grand Total | | | 0 | 0.00 | 5 | 100.00 | 5 |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| 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 <i>Pending, Validate, and Closed</i> 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. |

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

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

Date: 5/3/05
Page 1

Reason Code Report

| Reason Code | Reason Code Description | Number of Claims |
|---------------------|--|-------------------------|
| BASE | Initial submission | 5 |
| D203 | Claims submitted by beneficiary and provider | 1 |
| Total Claims | | 6 |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| 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 <i>Pending</i> , <i>Validate</i> , and <i>Closed</i> 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 <i>Pending</i> , <i>Validate</i> , and <i>Closed</i> 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, Region, and <i>Risk Indicator</i> . |

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

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

Date: 5/3/05
Page 1

**Reason Code Report
by Initial Load Date**

**Initial Load Date
09/1996**

| Reason Code | | Number of Claims |
|--------------------|--|-------------------------|
| BASE | Initial submission | 5 |
| D203 | Claims submitted by beneficiary and provider | 1 |
| Total | | 6 |
| Grand Total | | 6 |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|---|
| 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: | <p>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 <u>not</u> 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.</p> |
| 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. |
| REPORT NOTES: | <p>The data used by this report format is set level data.</p> <p>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.</p> |

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

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

Date: 5/12/05
 Page 1

Changed Owner FI Sets

| Set Number | FI/Contractor | Changed Date | User |
|------------|---------------|--------------|----------|
| 33290 | | 02/08/2005 | INITLOAD |
| 33290 | | 02/08/2005 | eidrhha |
| 33290 | | 02/09/2005 | eidrhha |
| 33290 | | 03/21/2005 | pprsqt01 |
| 33290 | | 03/21/2005 | pprsqt01 |
| 33290 | | 03/24/2005 | rajsinha |
| 33290 | | 03/24/2005 | eidrhha |
| 33290 | | 03/25/2005 | npinto |

| | | | |
|-------|--|------------|----------|
| 33504 | | 02/08/2005 | INITLOAD |
| 33504 | | 02/09/2005 | eidrhha |
| 33504 | | 03/24/2005 | rajsinha |
| 33504 | | 03/24/2005 | rajsinha |
| 33504 | | 03/25/2005 | npinto |

| | | | |
|-------|--|------------|----------|
| 33676 | | 02/08/2005 | INITLOAD |
| 33676 | | 03/22/2005 | pprsqt01 |
| 33676 | | 03/24/2005 | rajsinha |
| 33676 | | 03/25/2005 | npinto |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| 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: <i>Owner</i> FI, Region, and As of Dates. |
| REPORT NOTES: | The data used by this report format is set level data. |

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

Owner FI = 66

Set Status Count History

Date: 5/12/05

Page 1

Owner Region = All

As Of Date = All

East Region

East Region

| ON | OPEN SETS | % | PENDING SETS | % | VALIDATE SETS | % | CLOSED SETS | % | TOTAL | % |
|------------|-----------|--------|--------------|---------|---------------|-------|-------------|-------|-------|---------|
| 02/03/2005 | 0 | 0.00% | 2 | 100.00% | 0 | 0.00% | 0 | 0.00% | 2 | 100.00% |
| 02/04/2005 | 0 | 0.00% | 2 | 100.00% | 0 | 0.00% | 0 | 0.00% | 2 | 100.00% |
| 02/11/2005 | 1 | 50.00% | 1 | 50.00% | 0 | 0.00% | 0 | 0.00% | 2 | 100.00% |
| 02/12/2005 | 1 | 50.00% | 1 | 50.00% | 0 | 0.00% | 0 | 0.00% | 2 | 100.00% |
| 02/16/2005 | 1 | 50.00% | 1 | 50.00% | 0 | 0.00% | 0 | 0.00% | 2 | 100.00% |
| 02/17/2005 | 1 | 50.00% | 1 | 50.00% | 0 | 0.00% | 0 | 0.00% | 2 | 100.00% |
| 02/17/2005 | 1 | 50.00% | 1 | 50.00% | 0 | 0.00% | 0 | 0.00% | 2 | 100.00% |
| 02/18/2005 | 5 | 62.50% | 3 | 37.50% | 0 | 0.00% | 0 | 0.00% | 8 | 100.00% |
| 02/18/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 02/18/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 02/19/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 03/24/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 04/01/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 04/04/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 04/05/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 04/07/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 04/15/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 04/18/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 04/18/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 04/19/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 04/20/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 04/24/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 04/25/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 04/26/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 04/27/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 04/28/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 04/29/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 05/01/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 05/02/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 05/03/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 05/04/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 05/05/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 05/06/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 05/07/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 05/09/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 05/10/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |
| 05/11/2005 | 6 | 60.00% | 4 | 40.00% | 0 | 0.00% | 0 | 0.00% | 10 | 100.00% |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| REPORT CATEGORY: | Summary/Management Report |
| REPORT MENU HIERARCHY AND FORMAT NAME: | REPORT ⇒ SUMMARY/MANAGEMENT REPORTS ⇒ PERFORMANCE STANDARD |
| PRINTED REPORT TITLE: | Performance Standard |
| REPORT DESCRIPTION: | This report will be used to measure contractor compliance with the performance standard. The performance standard requires that no more than 10% of the sets remaining in <i>Open</i> 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 <i>Open</i> status at the beginning of the reporting month. |
| Receipts: | The total number of new sets loaded or the number of sets which changed to <i>Open</i> status during the reporting month. |
| Monthly Inventory: | The sum of the Beginning Inventory and Receipts. |
| Moved: | The total number of sets moved for <i>Open</i> status to <i>Pending</i> , <i>Validate</i> , or <i>Closed</i> 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 <i>Open</i> status. |
| Ending Inventory Over 30 Days: | The total number of claim sets remaining in <i>Open</i> 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 <i>Open</i> 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. |

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002
 CHAPTER 10, ADDENDUM E
 REPORT DESCRIPTIONS AND EXAMPLES

MonthRange = All
 Owner FI = 66
 Owner Region = All

Date: 5/12/05
 Page 1

Performance Standard

East Region

East 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 |
|-----------------|---------------------|----------|-------------------|-------|----------------------|------------------|-------------------------------|--------------------|--------------------------|
| 02/2005 | 0 | 0 | 0 | 0 | 0 | 6 | 1 | 0.00% | 16.67% |
| 03/2005 | 6 | 1 | 7 | 1 | 0 | 6 | 6 | 0.00% | 100.00% |
| 04/2005 | 6 | 0 | 6 | 0 | 0 | 6 | 6 | 0.00% | 100.00% |
| 05/2005 | 6 | 0 | 6 | 0 | 0 | 6 | 6 | 0.00% | 100.00% |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| 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 paid 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 Paid Amount of the Associated Adjustments. The totals reflect only those sets in <i>Pending</i> , <i>Validate</i> , or <i>Closed</i> status. |
| REPORT PARAMETER OPTIONS: | Users may customize the report by selecting: All "Standard" parameters minus Claim Set Status (Adjustments, Set Owner Type, <i>Claim Type</i> , Match Type, Date Type, Set Range, FI, Region) plus Set Range, Set and Claim Level User Defined Codes, Responsible FI, Region, <i>and Enrollment Codes</i> . |
| REPORT NOTES: | The data used by this report format is set level data. |

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

Adjust Type = All
 Owner Type = All
 Claim Type = All
 Match Type = All
 Set Number = All
 Owner FI = All
 Owner Region = All
 Resp FI = All
 Resp Region = All
 Set User Codes = All
 Claim User Codes = All
 Enroll Codes = All

Date: 5/3/05
 Page 1

Dollar Totals

50 - Acme Claims Processing

| | Total Amount Identified For Recoupment | Total Amount Actually Recouped | Total Amount Identified for Recoupment |
|---------------------|---|---|---|
| Undetermined Region | \$1,000.00 | \$1,000.00 | \$1,000.00 |
| Totals | \$1,000.00 | \$1,000.00 | \$1,000.00 |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|---|
| 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) <i>plus Enrollment Codes.</i> |
| REPORT NOTES: | The data used by this report format is set level data. |

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

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

Date: 5/3/05
 Page 1

Initial Load Date Report

50 - Acme Claims Processing

| Undetermined Region | Initial Load Date | Number Of Sets |
|-----------------------------|-------------------|----------------|
| | 9/24/96 | 107 |
| Totals by Region | | 107 |
| Totals By Contractor | | 107 |

55 - East West Claims

| Area 55 | Initial Load Date | Number Of Sets |
|-----------------------------|-------------------|----------------|
| | 9/24/96 | 1 |
| Totals by Region | | 1 |
| Totals By Contractor | | 1 |

73 - HAL Systems Inc

| Area 73A | Initial Load Date | Number Of Sets |
|-----------------------------|-------------------|----------------|
| | 9/24/96 | 1 |
| Totals by Region | | 1 |
| Totals By Contractor | | 1 |

99 - Inactive Contractor

| Inactive-Area 20 | Initial Load Date | Number Of Sets |
|-----------------------------|-------------------|----------------|
| | 9/24/96 | 1 |
| Totals by Region | | 1 |
| Inactive-Area 30 | Initial Load Date | Number Of Sets |
| | 9/24/96 | 1 |
| Totals by Region | | 1 |
| Totals By Contractor | | 2 |
| Grand Totals | | 111 |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

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

User ID = eidrha

Set Number = All

User Activity Detail Report

Transact Date = All

| Set# | Stat | FI | Region | Init Load Date | Trans Date Time | User | ID'D Recoup Amt | Actual Recoup Amt | Adjusted Amount |
|-------|------|----|---------------|----------------|------------------|----------|-----------------|-------------------|-----------------|
| 3 | O | 65 | MDA90603C0015 | 11/22/2004 | 11/22/04 11:00AM | CLAIMADD | \$0.00 | \$0.00 | \$0.00 |
| 3 | O | 65 | MDA90603C0015 | 11/22/2004 | 11/22/04 11:00AM | CLAIMADD | \$0.00 | \$0.00 | \$0.00 |
| 3 | C | 65 | MDA90603C0015 | 11/22/2004 | 1/25/05 11:45AM | eidrha | \$0.00 | \$0.00 | \$0.00 |
| 11166 | O | 65 | MDA90603C0015 | 11/24/2004 | 1/12/05 12:02PM | eidrha | \$0.00 | \$0.00 | (\$19.05) |
| 11166 | P | 65 | MDA90603C0015 | 11/24/2004 | 1/13/05 07:06AM | eidrha | \$19.05 | \$19.05 | \$11.05 |
| 11711 | O | 65 | MDA90603C0015 | 11/24/2004 | 11/24/04 04:09PM | CLAIMADD | \$0.00 | \$0.00 | \$0.00 |
| 11711 | O | 65 | MDA90603C0015 | 11/24/2004 | 11/24/04 04:09PM | CLAIMADD | \$0.00 | \$0.00 | \$0.00 |
| 11711 | C | 64 | MDA90603C0011 | 11/24/2004 | 3/25/05 08:37AM | SYSTEM | \$10.07 | \$10.07 | \$10.07 |
| 11711 | O | 64 | MDA90603C0011 | 11/24/2004 | 3/25/05 08:39AM | SYSTEM | \$0.00 | \$0.00 | \$0.00 |
| 11711 | C | 64 | MDA90603C0011 | 11/24/2004 | 3/25/05 08:40AM | SYSTEM | \$10.07 | \$10.07 | \$10.07 |
| 11711 | V | 64 | MDA90603C0011 | 11/24/2004 | 3/25/05 08:44AM | SYSTEM | \$10.07 | \$10.07 | \$10.07 |
| 11711 | O | 64 | MDA90603C0011 | 11/24/2004 | 3/25/05 08:46AM | eidrha | \$0.00 | \$0.00 | \$0.00 |
| 11711 | V | 64 | MDA90603C0011 | 11/24/2004 | 3/25/05 08:48AM | SYSTEM | \$10.07 | \$10.07 | \$10.07 |
| 11711 | V | 64 | MDA90603C0011 | 11/24/2004 | 3/25/05 08:49AM | eidrha | \$10.07 | \$10.07 | \$10.07 |
| 23741 | C | 64 | MDA90603C0011 | 12/07/2004 | 2/3/05 08:31AM | jdoe | \$45.56 | \$45.56 | \$45.56 |
| 23741 | C | 64 | MDA90603C0011 | 12/07/2004 | 2/3/05 08:31AM | jdoe | \$45.56 | \$45.56 | \$45.56 |
| 25471 | V | 65 | MDA90603C0015 | 12/07/2004 | 3/22/05 07:22AM | eidrha | \$34.03 | \$8.00 | (\$34.03) |
| 25471 | P | 65 | MDA90603C0015 | 12/07/2004 | 4/7/05 01:39PM | MARSHALL | \$34.03 | \$8.00 | \$0.00 |
| 25668 | O | 65 | MDA90603C0015 | 12/07/2004 | 12/7/04 010:27AM | CLAIMADD | \$0.00 | \$0.00 | \$0.00 |
| 25668 | O | 65 | MDA90603C0015 | 12/07/2004 | 12/7/04 10:27AM | CLAIMADD | \$0.00 | \$0.00 | \$0.00 |
| 25668 | p | 65 | MDA90603C0015 | 12/07/2004 | 12/28/04 10:44AM | eidrha | \$9.80 | \$5.00 | \$0.00 |
| | | | | | | | \$238.38 | | \$99.44 |
| | | | | | | | | \$181.52 | |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| 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 <i>Open</i> to <i>Pending</i> and <i>Pending</i> to <i>Open</i> ; <i>Open</i> to <i>Validate</i> and <i>Validate</i> to <i>Open</i> ; <i>Open</i> to <i>Closed</i> and <i>Closed</i> to <i>Open</i> ; <i>Pending</i> to <i>Closed</i> and <i>Closed</i> to <i>Pending</i> ; <i>Pending</i> to <i>Validate</i> and <i>Validate</i> to <i>Pending</i> ; and <i>Validate</i> to <i>Closed</i> and <i>Closed</i> to <i>Validate</i> . 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. |

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

Date: 5/9/05
Page 1

User ID = All

Transact Date = All

10000 >= Set Number <= 20000

**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 |
| tmazzull | 5 | 5 | 3 | 0 | 2 | 0 | 0 | 0 |
| pprsqt01 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 |
| eidrhha | 35 | 13 | 1 | 3 | -2 | -1 | 1 | 2 |
| pprsqt04 | 6 | 2 | 0 | 0 | 2 | 0 | 0 | 0 |
| rparker | 11 | 3 | 3 | 0 | 0 | 0 | 1 | 0 |
| MARSHALL | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| pprsqt02 | 4 | 2 | 0 | 0 | 2 | 1 | 0 | -1 |
| fsyed | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| npinto | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Totals | 66 | 30 | 10 | 3 | 4 | 0 | 2 | 1 |

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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

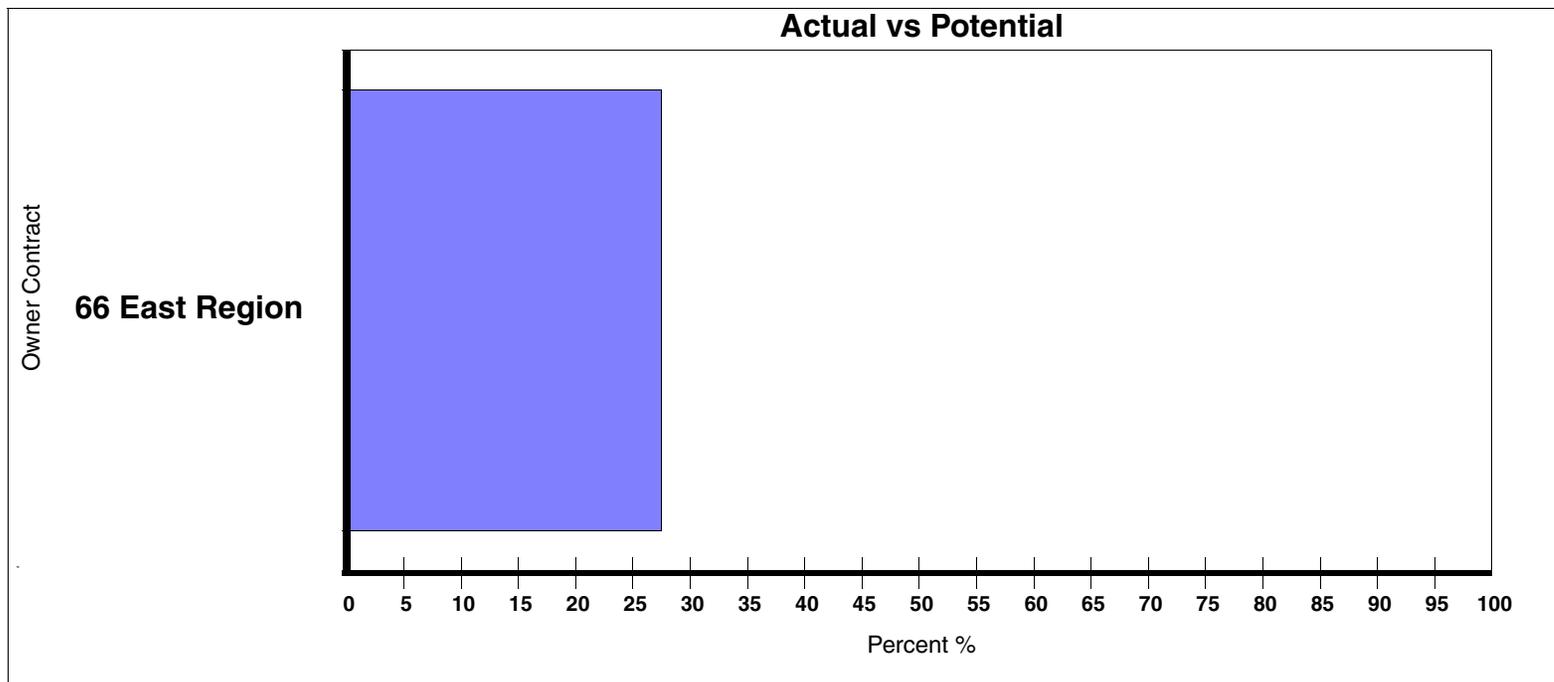
CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

| | |
|---|--|
| 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 <i>Pending</i> , <i>Validate</i> , or <i>Closed</i> status) as a percentage of the total number of distinct potential duplicates in the system (all non-base claims). The data displayed is grouped by region. |
| REPORT PARAMETER OPTIONS: | Users may customize the report by selecting: All "Standard" parameters minus Claim Set Status and Set Range (Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, FI, Region). |
| REPORT NOTES: | The data used by this report format is set level data. If a claim appears in more than one set and the sets are owned by different regions, the claim will be counted once for each region. |

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

Total Actual Duplicates as a Percentage of Total Potential Duplicates



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TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 10, ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

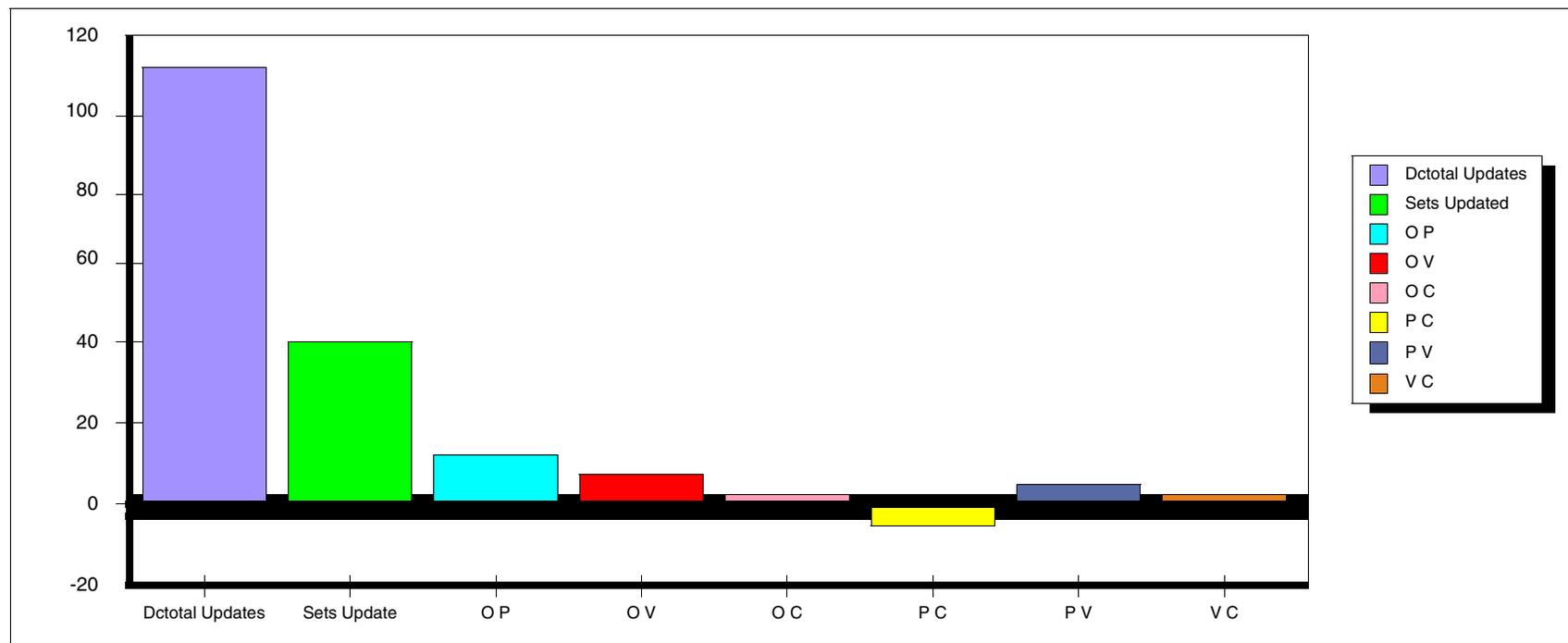
| | |
|---|---|
| REPORT CATEGORY: | Graphs |
| REPORT MENU HIERARCHY AND FORMAT NAME: | REPORT ⇒ GRAPHS ⇒ USER ACTIVITY SUMMARY |
| PRINTED REPORT TITLE: | User Activity Summary <i>Report</i> |
| REPORT DESCRIPTION: | <p>This report provides the user with a graphical representation of the data in the 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 <i>Open</i> to <i>Pending</i> and <i>Pending</i> to <i>Open</i>; <i>Open</i> to <i>Validate</i> and <i>Validate</i> to <i>Open</i>; <i>Open</i> to <i>Closed</i> and <i>Closed</i> to <i>Open</i>; <i>Pending</i> to <i>Closed</i> and <i>Closed</i> to <i>Pending</i>; <i>Pending</i> to <i>Validate</i> and <i>Validate</i> to <i>Pending</i>; and <i>Validate</i> to <i>Closed</i> and <i>Closed</i> to <i>Validate</i>. This report can provide management with a summary view of user activity by individual USER ID.</p> |
| REPORT PARAMETER OPTIONS: | Users may customize the report by selecting: Set Range, Transaction Dates, and User IDs. |
| REPORT NOTES: | <p>The data used by this report format is set level data.</p> <p>This report is best viewed on screen or printed to a color printer.</p> |

User ID = All

Set Number = All

Transact Date = All

USER ACTIVITY SUMMARY REPORT



USER ID : eidrha

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