1. Directory Client Summary Report – This report is a summary of all audit performed by client and an overall percentage of errors. This is reported by medical, dental, vision and flex separately.
2. Director Coding Element Detail Report – details of type of coding errors found for the month to help target training opportunities
3. Director Examiner Summary Report – details by analyst audits performed and errors found.
4. Director Procedural Error Detail Report – details type of procedural errors found for the month to help target training opportunities.
5. Director Summary Report – Total of claims reviewed, amounts of over and underpaid, with totals of procedural and financial elements.
6. Examiner Procedural Error Listing Report – Lists specific analyst and errors assessed. This is used for additional training.
7. Examiner Summary Report – Summary of report #6.

Director Client Summary Report

Report Criteria Used

Site: -

Director ID: HSB

Director Name: HEALTHSCOPE

Status:

Claim Type: M

Audit Type:

Beginning 08/01/2010

Ending Date: 08/31/2010

Director Client Summary Report

Director ID: HSB Director Name: HEALTHSCOPE BENEFITS

For the time period: 8/1/2010 - 8/31/2010

Client		DCN's	Claim		Payment Errors				Procedural			Financial		
ID	Name	Processed	Amount	Underpaid	Overpaid	Count	Inc.	Acc..	Avail	Errors	Acc.	Elmnts	Count	Acc.
40000	LOEW'S	7	$4,364.72	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
81000	GOODRICH	6	$0.00	$0.00	$0.00	0	100.00%		0	0	100.00%	0	0	100.00%
AMERG	AMERICAN GREETINGS	8	$61.19	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
ARNEP	ARKANSAS NEPHROLOGY	3	$9,516.43	$0.00	$50.00	1	66.67%	99.47%	0	0	100.00%	1	1	66.67%
ASMO	ASMP	7	$26,178.97	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
ASSOC	ASSOCIATED COMPANIES	6	$2,599.47	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
AUB	ATHENS UTILITIES BOARD	3	$9,852.36	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
BALL	BALL	2	$115.15	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
BANDW	B & W Resources Inc.	7	$18,992.13	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
BIGGE	BIG G EXPRESS	8	$62,982.38	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
BKB	BKB EMPLOYEE BENEFITS	1	$27,068.11	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
BRICK	BRICK	50	$127,408.08	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
CARCO	CARCO COMPANIES	3	$92,193.16	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
CCSI		7	$1,092.04	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
CHEMF	CHEMFAB	14	$69,211.08	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
CLAXT	CLAXTON	18	$29,032.05	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
CLOYE	CLOYES GEAR & PRODUCTS	10	$8,858.57	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
CNSL	CONSOL	647	$468,655.88	$22.49	$694.95	2	99.69%	99.85%	0	4	99.38%	2	2	99.69%
COH	CITY OF HILLIARD	20	$13,691.43	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
COHS	CITY OF HOT SPRINGS	21	$14,958.07	$0.00	$0.00	0	100.00%	100.00%	0	1	95.24%	0	0	100.00%

Director Client Summary Report

Director ID: HSB Director Name: HEALTHSCOPE BENEFITS

For the time period: 8/1/2010 - 8/31/2010

Client		DCN's	Claim	Payment Errors					Procedural			Financial		
ID	Name	Processed	Amount	Underpaid	Overpaid	Count	Inc.	Acc..	Avail	Errors	Acc.	Elmnts	Count	Acc.
COT	CITY OF TOLEDO	150	$321,712.48	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
COUNT	COUNTY OF EL PASO	116	$323,511.94	$1,199.56	$0.00	3	97.41%	99.63%	0	0	100.00%	3	3	97.41%
CQ693	CASINO QUEEN	36	$147,525.45	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
DIOCE		37	$8,656.85	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
DODSO	DODSON BROTHERS	10	$83,345.62	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
DUKE	DUKE MANUFACT	25	$35,702.13	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
EB100	HERITAGE ENCON GROUP	2	$136.58	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
EMPR	EMPIRE DISTRICK ELECTRIC	52	$305,157.24	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
ENPRO	ENPRO	2	$98.49	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
FCMH	FAYETTE COUNTY MEMORIAL HOSPITAL	2	$0.00	$0.00	$0.00	0	100.00%		0	0	100.00%	0	0	100.00%
FIDCO	FIDCO	12	$68,795.97	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
FLESH	FLESH COMPANY	8	$1,461.52	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
GARVR		2	$51,488.02	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
GCTY	GUERNSEY COUNTY EMPLOYEE HEALTH BENEFIT	21	$281,941.91	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
HARR	HARRISON MEMORIAL HOSP	9	$3,070.30	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
HBARR		2	$0.00	$0.00	$0.00	0	100.00%		0	0	100.00%	0	0	100.00%
HCMC	HENRY CTY MEDICAL CTR	38	$33,504.14	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
HHL		3	$21,728.88	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
HLND	HIGHLAND DISTRICT HOSPITAL	13	$124,624.41	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
HMH	HARDIN MEMORIAL HOSPITAL	4	$28,499.96	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%

Director Client Summary Report

Director ID: HSB Director Name: HEALTHSCOPE BENEFITS

For the time period: 8/1/2010 - 8/31/2010

Client		DCN's	Claim	Payment Errors					Procedural			Financial		
ID	Name	Processed	Amount	Underpaid	Overpaid	Count	Inc.	Acc..	Avail	Errors	Acc.	Elmnts	Count	Acc.
HOUS		25	$37,665.22	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
HSVPO	HOT SPRINGS VILLAGE	8	$18,532.44	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
KFLOR		10	$26,484.12	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
LANDS	LANDSHIRE , INC	9	$9,622.62	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
LOC18	HEAT&FROST LOCAL18	60	$9,206.94	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
M1003	PLASTERERS	56	$59,478.82	$0.00	$0.00	0	100.00%	100.00%	0	1	98.21%	0	0	100.00%
M1047	PAINTERS	20	$4,449.99	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
M1065	PIPE TRADES	75	$63,626.33	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
M1230	THERMWOOD CORP	4	$247.00	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
M1710	PHOENIX FABRICATORS & Erecyors	2	$0.00	$0.00	$0.00	0	100.00%		0	0	100.00%	0	0	100.00%
M2780	FAIRMONT HOMES	36	$19,126.43	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
M3190	EVANGELICAL FREE CHURCH MISSION	8	$13,971.97	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
M3470	GRABILL CABINETS	6	$558.30	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
M3500	JOHNSON COUNTY	37	$13,731.13	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
M3520	SHOE CARNIVAL	100	$106,761.40	$0.00	$0.00	0	100.00%	100.00%	0	1	99.00%	0	0	100.00%
MDC	MO CONSERVATION	77	$286,244.26	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
MDCTH	MEDCATH	54	$273,373.09	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
MLC	MISSISSIPPI LIME	25	$80,243.05	$0.00	$0.00	0	100.00%	100.00%	0	1	96.00%	0	0	100.00%
MMMM	MITCH MURCH MAIN	19	$52,303.89	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
MMUSA	METROMONT CORP	35	$59,057.96	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%

Director Client Summary Report

Director ID: HSB Director Name: HEALTHSCOPE BENEFITS

For the time period: 8/1/2010 - 8/31/2010

Client		DCN's	Claim		Payment Errors				Procedural			Financial		
ID	Name	Processed	Amount	Underpaid	Overpaid	Count	Inc.	Acc..	Avail	Errors	Acc.	Elmnts	Count	Acc.
NES	NASHVILLE ELECTRIC	170	$452,124.30	$0.00	$0.00	0	100.00%	100.00%	0	4	97.65%	0	0	100.00%
NORD	NORDENIA	23	$54,336.24	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
NUWAY	NUWAY	7	$8,156.58	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
OKIND	OK INDUSTRIES	45	$58,588.23	$0.00	$0.00	0	100.00%	100.00%	0	2	95.56%	0	0	100.00%
PALA	PALA BAND OF MISSION INDIANS	82	$51,826.42	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
PAULO	PAULO	8	$17,881.97	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
PCTY	PERRY COUNTY	15	$2,682.56	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
PP572	PLUMBERS AND PIPEFITTERS LOCAL UNION	63	$262,281.34	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
PSI	PACKAGING SPECIALISTS	9	$11,041.09	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
SANEL	SAN ELIZARIO ISD	24	$170,146.32	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
SHIRO	SHIROKI NORTH AMERICAN	21	$213,906.06	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
SHORE	OFFSHORE INTERNATIONAL	1	$0.00	$0.00	$0.00	0	100.00%		0	0	100.00%	0	0	100.00%
SMH	SALINE MEMORIAL HOSPITAL	18	$68,057.95	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
SPRTN	Spartan light metal products	16	$55,866.18	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
SSPRT	SCHUTT SPORTS	1	$2,978.78	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
STMAN	S & T MANUFACTURING CO INC	3	$575.08	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
SWAN	SWAN	4	$57,406.70	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
TCC	TC CONSTRUCTION CO INC.	9	$2,204.44	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
TCOM	TELECOM EXPERTISE INDUSTRIES	1	$0.00	$66.00	$0.00	1	0.00%		0	0	100.00%	1	1	0.00%
TENET	TENET	133	$756,869.16	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%

Director Client Summary Report

Director ID: HSB Director Name: HEALTHSCOPE BENEFITS

For the time period: 8/1/2010 - 8/31/2010

Client		DCN's	Claim	Payment Errors					Procedural			Financial		
ID	Name	Processed	Amount	Underpaid	Overpaid	Count	Inc.	Acc..	Avail	Errors	Acc.	Elmnts	Count	Acc.
TGASI	TRIUMPH AIRBORNE	6	$2,973.91	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
TPS	TOLEDO PUBLIC SCHOOLS	309	$933,398.51	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
TSGWR	TSG WATER RESOURCES, INC.	2	$20,540.56	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
UNIGR	UNIGROUP INC	14	$31,374.19	$0.00	$0.00	0	100.00%	100.00%	0	1	92.86%	0	0	100.00%
WCGOV	WILSON COUNTY	48	$237,861.95	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
WHIRL	WHIRLPOOL	1278	$5,159,443.03	$95.86	$108.17	6	99.53%	100.00%	0	8	99.37%	6	6	99.53%
WMMC	WESTERN MISSOURI MEDICAL CTR	18	$42,979.61	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
WPM	WALLICK PROPERTIES MIDWEST, LLC	4	$3,270.32	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
WWL	WELDON, WILLIAMS & LICK	36	$143,707.82	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
YDSP		13	$1,541.57	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
YSLET	YSLETA ISD	307	$3,333,872.20	$480.00	$238.40	4	98.70%	99.98%	0	3	99.02%	4	4	98.70%
	Totals:	4746	$16,120,371.19	$1,863.91	$1,091.52	17	99.64%	99.98%	0	26	99.45%	17	17	99.64%

Coding Accuracy	Claims Processing Accuracy Accuracy	Payment Accuracy	
		Incidence	Dollars
99.45%	99.64%	99.64%	99.98%

Director Coding Element Detail Report

Report Criteria Used

Site: -

Director ID: HSB

Director Name: HEALTHSCOPE

Status:

Claim Type: M

Audit Type:

Beginning Date: 08/01/2010

Ending Date: 08/31/2010

Director Coding Element Detail Report

Director ID: HSB Director Name: HEALTHSCOPE BENEFITS

For the time period: 8/1/2010 - 8/31/2010

DCN's Processed	Status	Claim	Audit	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
4746	R	M	D	$16,120,371.19	$1,863.91	$1,091.52	17	0	26	17	17

	Avail	Error		Avail	Error		Avail	Error		Avail	Error		Avail	Error
SSN:	0	0	Provider TIN	0	0	Future:	0	0	Future:	0	0	Future:	0	0
Relationship:	0	0	Payee/Assgmt:	0	0	Future:	0	0	Future:	0	0	Tooth #:	0	0
Patient's	0	0	Provider Add..:	0	1	Precert ID:	0	0	Future:	0	0	Surface:	0	0
Tot. Billed $:	0	0	Future:	0	0	Revenue Code:	0	0	Future:	0	0	Future:	0	0
Received Date:	0	0	Future:	0	0	Date Of Svc:	0	0	Investigation:	0	0	Future:	0	0
Member Add.:	0	0	Future:	0	0	Units:/Qty	0	0	Memo:	0	4			
Coding Error:	0	0	Future:	0	0	Amt Charged:	0	0	Info Requested:	0	0			
Pat. Acct #:	0	0	Benefit Code.:	0	0	Referral ID:	0	0	Incorrect DC:	0	0			
Future:	0	0	Place of Serv.:	0	0	Type of Svc:	0	20	Future:	0	0			
COB Amt:	0	0	Diagnosis:	0	0	Procedure	0	1	Non-Cov. Sv:	0	0			

Director Coding Element Detail Report

Director ID: HSB Director Name: HEALTHSCOPE BENEFITS

For the time period: 8/1/2010 - 8/31/2010

DCN's Processed	Claim Audit Status	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
4746		$16,120,371.19	$1,863.91	$1,091.52	17	0	26	17	17

Coding Accuracy	Claims Processing Accuracy Accuracy	Payment Accuracy Incidence	Payment Accuracy Dollars
99.45%	99.64%	99.64%	99.98%

Director Examiner Summary Report

Report Criteria Used

Site: -

Director ID: HSB

Director Name: HEALTHSCOPE BENEFITS

Status:

Claim Type: M

Audit Type:

Beginning 08/01/2010

Ending Date: 08/31/2010

Director Examiner Summary Report

Director ID: HSB Director Name: HEALTHSCOPE BENEFITS

For the time period: 8/1/2010 - 8/31/2010

Examiner			DCN's	Claim	Payment Errors					Procedural			Financial		
ID	Name		Processed	Amount	Underpaid	Overpaid	Count	Inc.	Acc..	Avail	Errors	Acc.	Elmnts	Count	Acc.
ACA	ARMSTRONG	CATHLEEN	7	$107,038.37	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
AMN	CHAMNESS	LISA	22	$38,529.20	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
AOR	ASARO	JIM	24	$38,447.68	$0.00	$50.00	1	95.83%	99.87%	0	0	100.00%	1	1	95.83%
BCN	BEASON	CARMEN	10	$7,743.80	$0.00	$0.00	0	100.00%	100.00%	0	1	90.00%	0	0	100.00%
BMA	BROWN	MARY	77	$128,033.14	$0.00	$0.00	0	100.00%	100.00%	0	2	97.40%	0	0	100.00%
BYT			16	$27,132.11	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
CDK	JOHN BIGGERSTAFF		19	$157,211.44	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
CEC	CECIL	DEBBIE	101	$434,143.69	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
CFE	WITZAL	PAULA	18	$79,418.12	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
CHI	CHILDRESS	MELISSA	95	$514,312.72	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
CMA	CANADA	MARIE	64	$141,865.03	$0.00	$0.00	0	100.00%	100.00%	0	1	98.44%	0	0	100.00%
CME	MORROW	RICHARD	17	$2,639.57	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
CNJ	CAMBELL	NORMA	18	$103,170.47	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
CNS	WILSON	SHERRY	93	$100,649.06	$0.00	$0.00	0	100.00%	100.00%	0	2	97.85%	0	0	100.00%
CNV	NELSON	WANDA	33	$52,093.20	$0.00	$0.00	0	100.00%	100.00%	0	1	96.97%	0	0	100.00%
COE	JAMES	JUDY	15	$6,486.35	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
CPA	CARROLL	PATSY	69	$133,536.06	$0.00	$0.00	0	100.00%	100.00%	0	1	98.55%	0	0	100.00%
CPK	MORROW	KAY	51	$31,671.90	$0.00	$0.00	0	100.00%	100.00%	0	1	98.04%	0	0	100.00%
CRK	BAIN	TONYA	88	$103,084.25	$0.00	$0.00	0	100.00%	100.00%	0	1	98.86%	0	0	100.00%
CSP	OTTEN	JOY	59	$84,549.70	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%

Director Examiner Summary Report

Director ID: HSB Director Name: HEALTHSCOPE BENEFITS

For the time period: 8/1/2010 - 8/31/2010

Examiner			DCN's	Claim	Payment Errors					Procedural			Financial		
ID	Name		Processed	Amount	Underpaid	Overpaid	Count	Inc.	Acc..	Avail	Errors	Acc.	Elmnts	Count	Acc.
CTH	BROWN	TRACIE	20	$46,463.93	$0.00	$0.00	0	100.00%	100.00%	0	1	95.00%	0	0	100.00%
CVH	REUTER	JACQUELINE	12	$5,405.11	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
CWY	CROOK	RITA	41	$161,995.98	$0.00	$694.95	1	97.56%	99.57%	0	0	100.00%	1	1	97.56%
DAH	DAHMER	MARSHA	28	$21,302.09	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
DIL	DILLABUAGH	LISA	59	$24,130.62	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
DML	DANN	MISTY	68	$4,244,826.94	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
DNS	JONES	BRIDGET	184	$185,066.32	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
DPJ	DOYLE	PEGGY	124	$167,760.99	$0.00	$57.15	1	99.19%	99.97%	0	0	100.00%	1	1	99.19%
DTO	DENTON	CATHY	70	$85,008.95	$0.00	$0.00	0	100.00%	100.00%	0	1	98.57%	0	0	100.00%
FCA	SCHOENBACHLER	BETH	80	$51,960.04	$22.49	$0.00	1	98.75%	99.96%	0	0	100.00%	1	1	98.75%
FEB	MILLER	STEPHANIE	38	$32,590.92	$0.00	$0.00	0	100.00%	100.00%	0	1	97.37%	0	0	100.00%
FJZ	FALK	JANICE	85	$190,878.79	$10.50	$0.00	1	98.82%	99.99%	0	0	100.00%	1	1	98.82%
FQA	PATTERSON	KIMBERLY	53	$249,955.33	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
GAK	GAINES	KATHY	89	$414,056.14	$0.00	$0.00	0	100.00%	100.00%	0	1	98.88%	0	0	100.00%
GCM	GANTT	CATHY	8	$1,884.24	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
GOE	GOERGEN	BETH	82	$88,447.15	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
GUE	GUERRA	NANCY	31	$63,625.27	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
HEV	HARVILLE	SHERRI	29	$18,457.82	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
HMS	HAMMONS	REBECCA	44	$47,028.17	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
HNS	HENSON	KIM	53	$130,889.23	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%

Director Examiner Summary Report

Director ID: HSB Director Name: HEALTHSCOPE BENEFITS

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Name		DCN's Processed	Claim Amount	Payment Errors Underpaid	Overpaid	Count	Inc.	Acc..	Procedural Avail	Errors	Acc.	Financial Elmnts	Count	Acc.
HRS	HUCKABY	RHONDA	2	$500.00	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
HSK	HICKS	MARTHA	90	$76,482.61	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
HSQ	HORN QUES	SANDY	52	$166,077.92	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
IPE	LIPE	KARI	20	$37,105.08	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
JNF	JONES	TINA	101	$324,425.98	$0.00	$0.00	0	100.00%	100.00%	0	4	96.04%	0	0	100.00%
JWD	WADSWORTH		JULIE	20	$67,678.29	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0
100.00%															
KHE	KOLK	HELEN	17	$14,224.00	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
LAP			50	$20,321.74	$0.00	$15.45	1	98.00%	99.92%	0	0	100.00%	1	1	98.00%
LEA	LEACH	TERESA	10	$291.38	$66.00	$0.00	1	90.00%	77.35%	0	0	100.00%	1	1	90.00%
LNE	LANE	TONYA	70	$441,835.14	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
LPB	BROOKS	RENEE	72	$319,541.64	$0.00	$0.00	0	100.00%	100.00%	0	1	98.61%	0	0	100.00%
LSR	LASHER	SANDE	4	$2,192.00	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
MLI	MIZDA	LINDA	23	$0.00	$0.00	$0.00	0	100.00%		0	0	100.00%	0	0	100.00%
MRL	McGINNES	ROMONA	81	$53,448.63	$0.00	$0.00	0	100.00%	100.00%	0	1	98.77%	0	0	100.00%
MTO	TOY	MENDI	110	$685,535.61	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
NCH	NICHOLSON	KATHRYN	59	$53,566.56	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
NNR	CISNEROS	CONNIE	76	$26,821.20	$480.00	$0.00	1	98.68%	98.21%	0	2	97.37%	1	1	98.68%
NSA	NEAL	SHANNA	51	$170,725.88	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
OBR	BROCK	BRENDA	89	$189,380.87	$42.50	$0.00	1	98.88%	99.98%	0	0	100.00%	1	1	98.88%
OWI	TATOWICZ	MARGARET	52	$294,415.20	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%

Director Examiner Summary Report

Director ID: HSB Director Name: HEALTHSCOPE BENEFITS

For the time period: 8/1/2010 - 8/31/2010

Examiner			DCN's	Claim	Payment Errors					Procedural			Financial		
ID	Name		Processed	Amount	Underpaid	Overpaid	Count	Inc.	Acc..	Avail	Errors	Acc.	Elmnts	Count	Acc.
PAM	HACKLER	PAM	7	$912.23	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
PEN	PERRIGAN	DEBBIE	93	$137,778.63	$42.86	$0.00	1	98.92%	99.97%	0	0	100.00%	1	1	98.92%
PNN	PENDLETON	TINA	62	$418,073.97	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
RBK	RITCHIE	BRENDA	101	$343,094.24	$0.00	$0.00	0	100.00%	100.00%	0	1	99.01%	0	0	100.00%
REW	ANDREWS	VALERIE	30	$0.00	$0.00	$0.00	0	100.00%		0	0	100.00%	0	0	100.00%
RIO	RIOS	EMILY	66	$889,845.21	$0.00	$218.40	1	98.48%	99.98%	0	0	100.00%	1	1	98.48%
RVD	ROY	VICTOR	1	$0.00	$0.00	$0.00	0	100.00%		0	0	100.00%	0	0	100.00%
RWE	EVANS	WENCY	19	$48,297.39	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
SNR	SAENZ	IRMA	52	$11,310.60	$1,199.56	$0.00	3	94.23%	89.39%	0	0	100.00%	3	3	94.23%
SPJ	SPENCER	JENNIFER	18	$2,037,080.28	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
SRS	REDUS	SHARON	35	$82,355.20	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
STY	KRISTY	MASCRET	23	$31,671.80	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
SYSTEM	SYSTEM	ERROR	3	$195.12	$0.00	$35.57	1	66.67%	81.77%	0	2	33.33%	1	1	66.67%
TKN	DILLARD	KAREN J	35	$72,324.91	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
TRA	STEWART	DEBORAH	103	$321,433.89	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
TUC	TUCKER	JEAN	19	$12,423.07	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
WAN	COWAN	KAREN	74	$170,757.97	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
WMS	WILLIAMS	LISA	29	$81,797.83	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
WTE	WISE	TRACY	30	$1,465.78	$0.00	$0.00	0	100.00%	100.00%	0	0	100.00%	0	0	100.00%
ZEC	ELECTRONIC	CLAIM	740	$76,487.55	$0.00	$20.00	2	99.73%	99.97%	0	0	100.00%	2	2	99.73%

Director Examiner Summary Report

Director ID: HSB Director Name: HEALTHSCOPE BENEFITS

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Name	DCN's Processed	Claim Amount	Payment Errors Underpaid	Overpaid	Count	Inc.	Acc..	Procedural Avail	Errors	Acc.	Financial Elmnts	Count	Acc.
ZSC	SCANNED CLAIM	155	$7,539.06	$0.00	$0.00	0	100.00%	100.00%	0	1	99.35%	0	0	100.00%
	Totals:	4746	$16,120,371.19	$1,863.91	$1,091.52	17	99.64%	99.98%	0	26	99.45%	17	17	99.64%

Coding Accuracy	Claims Processing Accuracy Accuracy	Payment Accuracy Incidence	Payment Accuracy Dollars
99.45%	99.64%	99.64%	99.98%

Director Procedural Error Detail Report

Report Criteria Used

Site: -

Director ID: HSB

Director Name: HEALTHSCOPE

Status:

Claim Type: M

Audit Type:

Beginning Date: 08/01/2010

Ending Date: 08/31/2010

Director Procedural Error Detail Report

Director ID: HSB Director Name: HEALTHSCOPE BENEFITS

For the time period: 8/1/2010 - 8/31/2010

DCN's Processed	Status	Claim	Audit	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
	R	M	D	$16,120,371.19	$1,863.91	$1,091.52	17	0	26	17	17

Pre-Certification:	0	*COB/Subro:*	5	*Plan Specific Guidelines:*	8	*Incorrect Patient:*	0
Referral:	0	*Clinical Edit:*	0	*Charges Omitted:*	0	*URC:*	0
Number of Units:	0	*Eligibility:*	0	*Incorrect Assignment:*	0	*Copay/Ded/Coins:*	0
In/Eligible Charges:	2	*Pre-Existing:*	0	*Other:*	2	*Future Use:*	0
Override:	0	*Accident Information:*	0	*Benefit Calculcation:*	0	*Future Use:*	0
Fee Sch/Reprice/PPO Discount:	0	*Incorrect Provider:*	0	*Duplicate Claims:*	0	*Future Use:*	0

Director Procedural Error Detail Report

Director ID: HSB Director Name: HEALTHSCOPE BENEFITS

For the time period: 8/1/2010 - 8/31/2010

DCN's Processed	Claim Audit Status	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
4746		$16,120,371.19	$1,863.91	$1,091.52	17	0	26	17	17

Pre-Certification:	0	*COB/Subro:*	5	*Plan Specific Guidelines:*	8	*Incorrect Patient:*	0
Referral:	0	*Clinical Edit:*	0	*Charges Omitted:*	0	*URC:*	0
Number of Units:	0	*Eligibility:*	0	*Incorrect Assignment:*	0	*Copay/Ded/Coins:*	0
In/Eligible Charges:	2	*Pre-Existing:*	0	*Other:*	2	*Future Use:*	0
Override:	0	*Accident Information:*	0	*Benefit Calculcation:*	0	*Future Use:*	0
Fee Sch/Reprice/PPO Discount:	0	*Incorrect Provider:*	0	*Duplicate Claims:*	0	*Future Use:*	0

Coding Accuracy	Claims Processing Accuracy	Payment Accuracy Incidence	Payment Accuracy Dollars
99.45%	99.64%	99.64%	99.98%

Director Summary Report

Report Criteria Used

Site: -

Director ID: HSB

Director Name: HEALTHSCOPE

Status:

Claim Type: M

Audit Type:

Beginning 08/01/2010

Ending Date: 08/31/2010

Director Summary Report

Director ID: HSB Director Name: HEALTHSCOPE BENEFITS

For the time period: 8/1/2010 - 8/31/2010

Director	Month	DCN's Processed	Status	Claim	Audit	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
HSB	August	4746	R	M	D	$16,120,371.19	$1,863.91	$1,091.52	17	0	26	17	17
	Totals:	4746				$16,120,371.19	$1,863.91	$1,091.52	17	0	26	17	17

Coding Accuracy	Claims Processing Accuracy	Payment Accuracy Incidence	Payment Accuracy Dollars
99.45%	99.64%	99.64%	99.98%

Examiner Procedural Error Listing Report

Report Criteria Used

Site: -

Examiner ID:

Examiner Name: ,

Status:

Claim Type: M

Audit Type:

Beginning Date: 08/01/2010

Ending Date: 08/31/2010

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
BMA	BROWN	11761687	R	M	D	$24.16	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	0		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	1	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: Incorrect category - should be AC not IL. Diagnosis is 81244 - Fracture of Unspecified Condyle(s) of Humerus Closed.

Examiner thought we were never to use AC category of OKIND but did not realize it was only for emergency room charges. I have adjusted the claim

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
BMA	BROWN	11761686	R	M	D	$8.51	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	0		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	1	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: Incorrect category - should be AC not IL. Diagnosis is 81244 - Fracture of Unspecified Condylle(s) of Humerus Closed

Examiner I thought we were never to use AC category of OKIND but did not realize it was only for emergency room charges. I have adjusted the claim

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
CMA	CANADA	11808550	R	M	D	$5,100.00	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	0		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	1	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: Incorrect category - should be OA not OM. Provider billing for diagnosis 3039 - Other and unspecified alcohol dependence unspecified drinking behavior

Examiner Please see adjusted claim transaction 11835559 - thanks.

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
SYSTEM	SYSTEM	11768957	R	M	D	$17.25	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	0		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	1	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: Incorrect category - should be DM not IL. Provider billing E1150 - Wheelchair detachable arms desk or full length swing away, detachable elevating legrests Per C Armstrong, charge to System

Examiner Agree - I tried with category DM with TOS (7). Claim would not take for Medicaid reimbursement - benefit correct

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
JNF	JONES	11758289	R	M	D	$1,945.62	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	0		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	1	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: Incorrect category - should be IL not SU. Procedure 36415, venipuncture, should not be considered surgery

Examiner No response received

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
NNR	CISNEROS	393339	R	M	D	$584.00	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	1		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	0	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: Should include EOB explanation #13 that the claim is an adjustment to a previously processed claim

Examiner Agree

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
NNR	CISNEROS	415985	R	M	D	$50.00	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	1		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	0	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: Should include EOB explanation for the denied charges

Examiner Agree

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
CPA	CARROLL	11766310	R	M	D	$0.00	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	0		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	1	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: incorrect patient acct # B06000OK, correct patient acct # is B06000CK

Examiner no response

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
FEB	MILLER	11869001	R	M	D	$298.02	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	0		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	1	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: incorrect patient acct #

Examiner examiner agrees

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
RBK	RITCHIE	11779220	R	M	D	$167.55	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	0		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	1	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: incorrect patient acct # 605ACKLN700, correct patient acct # is 305ACKLN700

Examiner no response

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
JNF	JONES	11766597	R	M	D	$0.00	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	1		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	0	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: Claim correctly denied due to services provided by a non network provider. Should not include explanation that the claim is a duplicate. Could not find procedures billed on any other claim in history for same date of service

Examiner No response received

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
CNV	NELSON	11838689	R	M	D	$76.10	$0.00	$0.00	0	0	1	0	0

SSN::	0	Provider TIN:	0	Future:	0	Future:	0	Future:	0
Relationship:	0	Payee/Assgmt:	0	Future:	0	Future:	0	Tooth #:	0
Patients Name:	0	Provider Add:	0	Precert ID:	0	Future:	0	Surface:	0
Total Billed:	0	Future:	0	Revenue Cde:	0	Future:	0	Future:	0
Recd Date:	0	Future:	0	Date of Svc:	0	Investigation:	0	Future:	0
Member's Add.:	0	Future:	0	Units/Qty:	0	Memo:	0		
Coding Error::	0	Future:	0	Amt Charged:	0	Info Requested:	0		
Patient Acct #:	0	Benefit Code:	0	Referral ID:	0	Incorrect DC:	0		
Future:	0	Place of Svc:	0	Type of Svc:	1	Future	0		
COB Amt:	0	Diagnosis:	0	Proc Code:	0	Non-Covered:	0		

Auditor Comments: Incorrect category - should be IL not IM. Primary diagnosis is Pneumonia, 2nd dx is chronic airway obstruction and 3rd dx is anxiety state and last is chronic pulmonary heart disease. Anxiety is not the primary reason for confinement

Examiner Agree with error - claim corrected

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
LPB	BROOKS	2978486	R	M	D	$268.05	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	0		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	1	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: Incorrect category - should be EC not SU. Provider not billing for any OR or anesthesia services

Examiner No response received

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
CRK	BAIN	2960490	R	M	D	$622.20	$0.00	$0.00	0	0	1	0	0

SSN::	0	Provider TIN:	0	Future:	0	Future:	0	Future:	0		
Relationship:	0	Payee/Assgmt:	0	Future:	0	Future:	0	Tooth #:	0		
Patients Name:	0	Provider Add:	0	Precert ID:	0	Future:	0	Surface:	0		
Total Billed:	0	Future:	0	Revenue Cde:	0	Future:	0	Future:	0		
Recd Date:	0	Future:	0	Date of Svc:	0	Investigation:	0	Future:	0		
Member's Add.:	0	Future:	0	Units/Qty:	0	Memo:	0				
Coding Error::	0	Future:	0	Amt Charged:	0	Info Requested:	0				
Patient Acct #:	0	Benefit Code:	0	Referral ID:	0	Incorrect DC:	0				
Future:	0	Place of Svc:	0	Type of Svc:	1	Future	0				
COB Amt:	0	Diagnosis:	0	Proc Code:	0	Non-Covered:	0				

Auditor Comments: Incorrect category - should be AM not IL. Provider billing for ambulance services

Examiner Agree

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
CPK	MORROW	11852385	R	M	D	$2,177.11	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	0		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	1	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: Incorrect category - should be SU not IL. Provider billed for OR and anesthesia services.

Examiner No response received

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
SYSTEM	SYSTEM	2006686	R	M	D	$0.00	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	0		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	1	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: incorrect category IL, correct category should be OM

Examiner Per Cathleen Armstrong to Jean Tucker, charge as System Error, check with Planload to see why this paid in error.

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
CNS	WILSON	2990444	R	M	D	$75.63	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	0		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	1	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: Claim should be split out and paid under IL and HM. The refraction should be paid under HM and paid at 100%. No financial error as same benefit would be paid

Examiner No response received

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
ZSC	SCANNED	422552	R	M	D	$0.00	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	1		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	0	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: Incorrect denial on EOB. Should be that the claim is a duplicate and not for timely filing.

Examiner Agree. Plan load was working on this last I heard

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
BCN	BEASON	11937620	R	M	D	$51.51	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	0		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	0	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	1	*Non-Covered:*	0		

Auditor Comments: Adjusted claim should have explanation codd #13

Examiner I will add per Examiner

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
CTH	BROWN	2006047	R	M	D	$12,182.76	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	0		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	1	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: Incorrect category EC, provider not billing with Rev Code 450, category should be IL. Per Aathleen Armstrong Error stands, category would not go to EC without Rev 450 or POS 23.

Examiner Examiner The Dx 995.91 is on the True Emerg list. I treated it as an emerg admit knowing the patients med hx. Patient is less than one month post bone marrow transplant with suppressed immune system at the time of admit.

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
DTO	DENTON	11860133	R	M	D	$83.73	$0.00	$0.00	0	0	1	0	0

SSN::	0	Provider TIN:	0	Future:	0	Future:	0	Future:	0
Relationship:	0	Payee/Assgmt:	0	Future:	0	Future:	0	Tooth #:	0
Patients Name:	0	Provider Add:	0	Precert ID:	0	Future:	0	Surface:	0
Total Billed:	0	Future:	0	Revenue Cde:	0	Future:	0	Future:	0
Recd Date:	0	Future:	0	Date of Svc:	0	Investigation:	0	Future:	0
Member's Add.:	0	Future:	0	Units/Qty:	0	Memo:	0		
Coding Error::	0	Future:	0	Amt Charged:	0	Info Requested:	0		
Patient Acct #:	0	Benefit Code:	0	Referral ID:	0	Incorrect DC:	0		
Future:	0	Place of Svc:	0	Type of Svc:	1	Future	0		
COB Amt:	0	Diagnosis:	0	Proc Code:	0	Non-Covered:	0		

Auditor Comments: incorrect category AC, correct category should be EC

Examiner examiner agreed

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Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
MRL	McGINNES	11854800	R	M	D	$0.00	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	0		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	1	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: incorrect patient acct # 637AACUHER5, correct patient acct # is 637AACUHWR5

Examiner no response

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
JNF	JONES	11799704	R	M	D	$23,256.33	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	0		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	1	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: Incorrect category - should be SU not IL. Provider billing revenue code 360 for OR services. Also, no indication if claim is a DRG. If determined that diagnosis required a private room, should document in trans message. No indication S/P not available

Examiner No response received

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
JNF	JONES	11757655	R	M	D	$1,050.48	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	1	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	0		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	0	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: Incorrect provider address. Per image in PC View and in 3, Elec/Scanned claims - should be PO Box 2349, Smyrna, TN 37167 - used the physical address 1011 Honor Heights Dr., Muskogee, OK 74401

Examiner No response received

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
GAK	GAINES	11860036	R	M	D	$880.00	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	0		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	1	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: Incorrect category - should be SU. Provider billing for OR services, revenue code 360

Examiner No response received

Examiner Procedural Error Listing Report

For the time period: 8/1/2010 - 8/31/2010

Examiner ID	Examiner Name	DCN	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
CNS	WILSON	2983107	R	M	D	$56.38	$0.00	$0.00	0	0	1	0	0

SSN::	0	*Provider TIN:*	0	*Future:*	0	*Future:*	0	*Future:*	0
Relationship:	0	*Payee/Assgmt:*	0	*Future:*	0	*Future:*	0	*Tooth #:*	0
Patients Name:	0	*Provider Add:*	0	*Precert ID:*	0	*Future:*	0	*Surface:*	0
Total Billed:	0	*Future:*	0	*Revenue Cde:*	0	*Future:*	0	*Future:*	0
Recd Date:	0	*Future:*	0	*Date of Svc:*	0	*Investigation:*	0	*Future:*	0
Member's Add.:	0	*Future:*	0	*Units/Qty:*	0	*Memo:*	0		
Coding Error::	0	*Future:*	0	*Amt Charged:*	0	*Info Requested:*	0		
Patient Acct #:	0	*Benefit Code:*	0	*Referral ID:*	0	*Incorrect DC:*	0		
Future:	0	*Place of Svc:*	0	*Type of Svc:*	1	*Future*	0		
COB Amt:	0	*Diagnosis:*	0	*Proc Code:*	0	*Non-Covered:*	0		

Auditor Comments: Claim should be split out and paid under IL and HM. The refraction should be paid under HM. No financial error as benefit would be the same

Examiner No response received

Examiner Summary Report

Report Criteria Used

Site: -

Examiner ID:

Examiner Name: ,

Status:

Claim Type: M

Audit Type:

Beginning Date: 08/01/2010

Ending Date: 08/31/2010

Examiner Summary Report

For the time period: 8/1/2010 - 8/31/2010

Month	Examiner ID	Examiner Name	DCN's Processed	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Coding Avail	Coding Errors	Procedural Elements	Procedural Count
8	ACA		7	R	M	D	$107,038.37	$0.00	$0.00	0	0	0	0	0
8	AMN		22	R	M	D	$38,529.20	$0.00	$0.00	0	0	0	0	0
8	AOR		24	R	M	D	$38,447.68	$0.00	$50.00	1	0	0	1	1
8	BCN		10	R	M	D	$7,743.80	$0.00	$0.00	0	0	1	0	0
8	BMA		77	R	M	D	$128,033.14	$0.00	$0.00	0	0	2	0	0
8	BYT		16	R	M	D	$27,132.11	$0.00	$0.00	0	0	0	0	0
8	CDK		19	R	M	D	$157,211.44	$0.00	$0.00	0	0	0	0	0
8	CEC		101	R	M	D	$434,143.69	$0.00	$0.00	0	0	0	0	0
8	CFE		18	R	M	D	$79,418.12	$0.00	$0.00	0	0	0	0	0
8	CHI		95	R	M	D	$514,312.72	$0.00	$0.00	0	0	0	0	0
8	CMA		64	R	M	D	$141,865.03	$0.00	$0.00	0	0	1	0	0
8	CME		17	R	M	D	$2,639.57	$0.00	$0.00	0	0	0	0	0
8	CNJ		18	R	M	D	$103,170.47	$0.00	$0.00	0	0	0	0	0
8	CNS		93	R	M	D	$100,649.06	$0.00	$0.00	0	0	2	0	0
8	CNV		33	R	M	D	$52,093.20	$0.00	$0.00	0	0	1	0	0
8	COE		15	R	M	D	$6,486.35	$0.00	$0.00	0	0	0	0	0
8	CPA		69	R	M	D	$133,536.06	$0.00	$0.00	0	0	1	0	0
8	CPK		51	R	M	D	$31,671.90	$0.00	$0.00	0	0	1	0	0
8	CRK		88	R	M	D	$103,084.25	$0.00	$0.00	0	0	1	0	0
8	CSP		59	R	M	D	$84,549.70	$0.00	$0.00	0	0	0	0	0
8	CTH		20	R	M	D	$46,463.93	$0.00	$0.00	0	0	1	0	0
8	CVH		12	R	M	D	$5,405.11	$0.00	$0.00	0	0	0	0	0
8	CWY		41	R	M	D	$161,995.98	$0.00	$694.95	1	0	0	1	1

Examiner Summary Report

For the time period: 8/1/2010 - 8/31/2010

Month	Examiner ID	Examiner Name	DCN's Processed	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Coding Avail	Coding Errors	Procedural Elements	Procedural Count
8	DAH		28	R	M	D	$21,302.09	$0.00	$0.00	0	0	0	0	0
8	DIL		59	R	M	D	$24,130.62	$0.00	$0.00	0	0	0	0	0
8	DML		68	R	M	D	$4,244,826.94	$0.00	$0.00	0	0	0	0	0
8	DNS		92	R	M	D	$92,533.16	$0.00	$0.00	0	0	0	0	0
8	DPJ		124	R	M	D	$167,760.99	$0.00	$57.15	1	0	0	1	1
8	DTO		70	R	M	D	$85,008.95	$0.00	$0.00	0	0	1	0	0
8	FCA		80	R	M	D	$51,960.04	$22.49	$0.00	1	0	0	1	1
8	FEB		38	R	M	D	$32,590.92	$0.00	$0.00	0	0	1	0	0
8	FJZ		85	R	M	D	$190,878.79	$10.50	$0.00	1	0	0	1	1
8	FQA		53	R	M	D	$249,955.33	$0.00	$0.00	0	0	0	0	0
8	GAK		89	R	M	D	$414,056.14	$0.00	$0.00	0	0	1	0	0
8	GCM		8	R	M	D	$1,884.24	$0.00	$0.00	0	0	0	0	0
8	GOE		82	R	M	D	$88,447.15	$0.00	$0.00	0	0	0	0	0
8	GUE		31	R	M	D	$63,625.27	$0.00	$0.00	0	0	0	0	0
8	HEV		29	R	M	D	$18,457.82	$0.00	$0.00	0	0	0	0	0
8	HMS		44	R	M	D	$47,028.17	$0.00	$0.00	0	0	0	0	0
8	HNS		53	R	M	D	$130,889.23	$0.00	$0.00	0	0	0	0	0
8	HRS		2	R	M	D	$500.00	$0.00	$0.00	0	0	0	0	0
8	HSK		90	R	M	D	$76,482.61	$0.00	$0.00	0	0	0	0	0
8	HSQ		52	R	M	D	$166,077.92	$0.00	$0.00	0	0	0	0	0
8	IPE		20	R	M	D	$37,105.08	$0.00	$0.00	0	0	0	0	0
8	JNF		101	R	M	D	$324,425.98	$0.00	$0.00	0	0	4	0	0
8	JWD		20	R	M	D	$67,678.29	$0.00	$0.00	0	0	0	0	0

Examiner Summary Report

For the time period: 8/1/2010 - 8/31/2010

Month	Examiner ID	Examiner Name	DCN's Processed	Status	Claim Type	Audit Type	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Coding Avail	Coding Errors	Procedural Elements	Procedural Count
8	KHE		17	R	M	D	$14,224.00	$0.00	$0.00	0	0	0	0	0
8	LAP		50	R	M	D	$20,321.74	$0.00	$15.45	1	0	0	1	1
8	LEA		10	R	M	D	$291.38	$66.00	$0.00	1	0	0	1	1
8	LNE		70	R	M	D	$441,835.14	$0.00	$0.00	0	0	0	0	0
8	LPB		72	R	M	D	$319,541.64	$0.00	$0.00	0	0	1	0	0
8	LSR		4	R	M	D	$2,192.00	$0.00	$0.00	0	0	0	0	0
8	MLI		23	R	M	D	$0.00	$0.00	$0.00	0	0	0	0	0
8	MRL		81	R	M	D	$53,448.63	$0.00	$0.00	0	0	1	0	0
8	MTO		110	R	M	D	$685,535.61	$0.00	$0.00	0	0	0	0	0
8	NCH		59	R	M	D	$53,566.56	$0.00	$0.00	0	0	0	0	0
8	NNR		76	R	M	D	$26,821.20	$480.00	$0.00	1	0	2	1	1
8	NSA		51	R	M	D	$170,725.88	$0.00	$0.00	0	0	0	0	0
8	OBR		89	R	M	D	$189,380.87	$42.50	$0.00	1	0	0	1	1
8	OWI		52	R	M	D	$294,415.20	$0.00	$0.00	0	0	0	0	0
8	PAM		7	R	M	D	$912.23	$0.00	$0.00	0	0	0	0	0
8	PEN		93	R	M	D	$137,778.63	$42.86	$0.00	1	0	0	1	1
8	PNN		62	R	M	D	$418,073.97	$0.00	$0.00	0	0	0	0	0
8	RBK		101	R	M	D	$343,094.24	$0.00	$0.00	0	0	1	0	0
8	REW		30	R	M	D	$0.00	$0.00	$0.00	0	0	0	0	0
8	RIO		66	R	M	D	$889,845.21	$0.00	$218.40	1	0	0	1	1
8	RVD		1	R	M	D	$0.00	$0.00	$0.00	0	0	0	0	0
8	RWE		19	R	M	D	$48,297.39	$0.00	$0.00	0	0	0	0	0
8	SNR		52	R	M	D	$11,310.60	$1,199.56	$0.00	3	0	0	3	3

Examiner Summary Report

- For the time period: 8/1/2010 - 8/31/2010

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8	SPJ		18	R	M	D	$2,037,080.28	$0.00	$0.00	0	0	0	0	0
8	SRS		35	R	M	D	$82,355.20	$0.00	$0.00	0	0	0	0	0
8	STY		23	R	M	D	$31,671.80	$0.00	$0.00	0	0	0	0	0
8	SYSTEM		3	R	M	D	$195.12	$0.00	$35.57	1	0	2	1	1
8	TKN		35	R	M	D	$72,324.91	$0.00	$0.00	0	0	0	0	0
8	TRA		103	R	M	D	$321,433.89	$0.00	$0.00	0	0	0	0	0
8	TUC		19	R	M	D	$12,423.07	$0.00	$0.00	0	0	0	0	0
8	WAN		74	R	M	D	$170,757.97	$0.00	$0.00	0	0	0	0	0
8	WMS		29	R	M	D	$81,797.83	$0.00	$0.00	0	0	0	0	0
8	WTE		30	R	M	D	$1,465.78	$0.00	$0.00	0	0	0	0	0
8	ZEC		740	R	M	D	$76,487.55	$0.00	$20.00	2	0	0	2	2
8	ZSC		155	R	M	D	$7,539.06	$0.00	$0.00	0	0	1	0	0
			4746				$16,120,371.19	$1,863.91	$1,091.52	17	0	26	17	17

	Coding Accuracy	Claims Processing Accuracy Accuracy	Payment Accuracy Incidence	Payment Accuracy Dollars
Actual:	99.45%	99.64%	99.64%	99.98%
Goal:	95.00%	97.00%	97.00%	99.00%