

Sample Reports

On the next few pages are some sample reports representative of ones we currently produce for our clients. Protected Health Information (PHI) has been excluded from these samples.

During the initial implementation period, prior to the commencement of claims processing, we would work with you to create all reports that you needed; defining the data elements needed and the delivery method which best serves your needs.

Below is an annotated example of a detailed claim report showing data pertinent to a billed claim. This example shown 2 claims denied by CCIH (a duplicate and one pended awaiting a determination of Medicaid eligibility) and a paid claim (paid on 3/21/2014) with a single claim detail line denied during our adjudication process.

SAMPLE Claims Details										
Sample CCIH Client					Tuesday 03 June 2014					
Offender #	Offender Name							Gender	DOB	
ID-99999	Offender-1 Last, First M.							M	04/25/1957	
TAYLOR B THEUNISSEN MD LLC [462156361]										
CCIH Claim No.	Received	Adjudicated	Pd / Final	Check #	Dates of Services	Place of Service	TAYLOR B THEUNISSEN MD LLC			
2014-036000917-0000	01/30/2014	02/18/14	02/27/14	No Payment	12/30/13	Inpatient Hospital				
Diagnosis: 870.2LAC EYELID INV LACRM PAS							Coverage Code	POS	Billed	Paid/Due
Procedure(s): [CPT and/or UB-92]							DUP-Duplicate	21	\$ 1,146.00	\$ 0.00
[67935] Repair eyelid wound, full thickness							DUP-Duplicate	21	\$ 1,571.00	\$ 0.00
[68700] Revision of tear ducts							DUP-Duplicate	21	\$ 486.00	\$ 0.00
[68801] Dilation of lacrimal punctum									\$ 3,203.00	\$ 0.00
SOUTHWEST LA HOSPITAL ASSOC [720551963]										
CCIH Claim No.	Received	Adjudicated	Pd / Final	Check #	Dates of Services	Place of Service	SOUTHWEST LA HOSPITAL ASSOC			
2014-042002423-0000	02/10/2014	03/06/14	03/21/14	4138	12/18/13	Outpatient Hospital				
Diagnosis: 802.8-FX FACIAL BONE NEC-CLOSE 305.1-TOBACCO USE DISORDER							Coverage Code	POS	Billed	Paid/Due
Procedure(s): [CPT and/or UB-92]							CT-CT Scans	22	\$ 1,835.35	\$ 260.80
[704868.351] CAT scan of face, jaw & CT SCAN/HEAD							CT-CT Scans	22	\$ 1,911.80	\$ 271.67
[704508.351] CAT scan of head/brain & CT SCAN/HEAD							CT-CT Scans	22	\$ 2,619.65	\$ 372.25
[721258.352] CAT scan of neck spine & CD SCAN/BODY							MDNC-Medicaid Non-Coverage	22	\$ 95.70	\$ 0.00
[963728.450] Ther/proph/diag ini sculm & EMERGENCY ROOM							EMER-Emergency Room Visit	22	\$ 757.90	\$ 107.70
[992848.450] Emergency dept visit, high & EMERGENCY ROOM									\$ 7,220.40	\$ 1,012.42
OUR LADY OF THE LAKE PHYSICIAN [274026658]										
CCIH Claim No.	Received	Adjudicated	Pd / Final	Check #	Dates of Services	Place of Service	DAVID GUIDRY MD			
2014-036000878-0000	01/30/2014	02/12/14	02/20/14	No Payment	10/31/13	Inpatient Hospital				
Diagnosis: 572.2-HEPATIC COMA 518.81-RESPIRATORY FAILURE							Coverage Code	POS	Billed	Paid/Due
Procedure(s): [CPT and/or UB-92]							PMCD-Pending Medicaid Elig	21	\$ 484.00	\$ 0.00
[99291] Critical care, first hour							PMCD-Pending Medicaid Elig	21	\$ 375.00	\$ 0.00
[49082] Abdominal paracentesis (dx or tx) w/o imaging guid									\$ 659.00	\$ 0.00

CCIH Claim No – unique claim identifier	Coverage Code – brief description of service or reason for denial
Received – date received by CCIH	POS – place of service code – possible to have more than one place of service on different claim line (very rare)
Adjudicated – date adjudicated	Billed – line charges billed by provider
Pd/Final – date paid or denied	Paid/Due – amount to be paid by CCIH or due to be paid by the client
Check # : If paid, the check number	
Dates of Service: – date of from-to	
Place of Service – primary place where service	

On the following pages are examples of specific reports using thus data along with some additional information gathered during the processing of the claim.

Dashboard Report

This report summarizes status un-finalized claims (not paid or denials not yet sent to providers) within our system as they are being processed at a particular time. We separate Hospital & Professional claims as they require different processors having had different training. Pended claims are ones that require additional scrutiny in their processing; e.g., claims with charges over the limits set for a processor, ones requiring authorization, and ones requested to be held by our client.

Sample Client Dashboard		June 03, 2014	
Total Hospital Claims		Unloaded/Rejected Claims	
19 .. 22	8	19 .. 22	1
15 .. 18	5	8 .. 14	60
8 .. 14	233	1 .. 7	524
1 .. 7	242		<u>585</u>
	488		
Total Professional Claims		Claim Status	
19 .. 22	37	Adj-Bloodhound-Edit	7
15 .. 18	15	Adj-ER-No Authorization	2
8 .. 14	404	Adj-Supervisory Review	1
1 .. 7	807	DPS&C-Provider Pend	36
	<u>1,263</u>	ER Level	8
		Load DPS&C Contract	2
		Supervisory Review	<u>3</u>
			59
All Unfinalized Claims in System			
19 .. 22	45		
15 .. 18	20		
8 .. 14	637		
1 .. 7	1,049		
	<u>1,751</u>		
Unadjudicated Hospital Claims			
8 .. 14	36		
1 .. 7	216		
	<u>252</u>		
Unadjudicated Professional Claims			
19 .. 22	5		
8 .. 14	42		
1 .. 7	312		
	<u>359</u>		
Total Unadjudicated Claims			
19 .. 22	5		
8 .. 14	78		
1 .. 7	528		
	<u>611</u>		
Total Unfinalized Adjudicated Claims			
19 .. 22	40		
15 .. 18	20		
8 .. 14	559		
1 .. 7	521		
	<u>1,140</u>		
Pended Claims by Date			
19 .. 22	5		
8 .. 14	35		
1 .. 7	7		
	<u>47</u>		

Top Procedures

This report, with claims selected by date of service, summarizes the number and amount of claims grouped by CPT code. This example is sorted by number of procedures with only the top 50 being listed.

Similar reports are available for other [revenue codes](#) and [diagnosis codes](#) and could be ordered by either the billed or paid amounts rather than number of procedures/diagnoses.

301 - Top 50 Procedures by Number (CPT Codes)					
by claim line with line-item procedure code					
Date of service: 1/1/2014 to 1/31/2014					
Code	Procedure Description	Procs	Billed	Paid	Average
1	85025 Automated hemogram (CBC)	501	23,897.84	4,139.53	8.26
2	36415 Venpnctr fngrr/heel/ear stick routne	491	7,631.82	1,256.02	2.56
3	71010 Chest x-ray, single view, frontal	433	30,008.36	6,505.41	15.02
4	99283 Emergency dept visit, moderate	426	152,117.73	35,341.95	82.96
5	80053 Metabolic panel, comprehensive	418	36,279.84	4,990.71	11.94
6	99284 Emergency dept visit, high	381	209,947.56	44,223.97	116.07
7	71020 Chest x-ray, two views	313	30,653.67	7,877.67	25.17
8	99232 Followup hospital care, moderate	283	37,658.00	13,136.86	46.42
9	99282 Emergency dept visit, low-moderate	268	76,129.23	25,029.54	93.39
10	99212 Office/outpatient visit, est, low	266	23,893.71	7,103.58	26.71
11	99213 Office/outpatient visit, est, mod	226	31,612.76	7,958.61	35.22
12	70450 CAT scan of head/brain	218	135,543.28	32,051.19	147.02
44	99222 Initial hospital care, moderate	45	11,827.00	3,840.75	85.35
45	85027 Automated hemogram & platelet count	45	2,746.98	314.41	6.99
46	81025 Urine pregnancy test	45	1,970.39	297.63	6.61
47	96372 Ther/proph/diag ini sc/im	44	4,478.13	1,226.45	27.87
48	99211 Office/outpatient visit, est, min	44	4,278.68	1,097.87	24.95
49	83880 Assay, natiuretic peptide	43	7,243.86	1,640.20	38.14
50	93306 TTE W/DOPPLER, COMPLETE	42	33,456.79	7,130.46	169.77

