June 30, 2022

FINAL HEALTHCARE CLAIMS AUDIT REPORT

Targeted Audit

STATE OF TENNESSEE – CIGNA

AUDIT PERIOD: 2020 Incurred Dates

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Executive Summary

The State of Tennessee engaged Healthcare Horizons to conduct a comprehensive or targeted claims audit of Cigna, an administrator of its employee health benefit plan, for claims incurred January through December 2020 and paid through June 2021. Healthcare Horizons received $337,501,100.97 in paid claims data from Cigna and performed a full electronic review of claims processing. The purpose of the audit was to identify claim errors resulting in incorrect payments and to assess underlying conditions contributing to any errors identified. Healthcare Horizons delivered 300 targeted sample claims to Cigna as potential errors (based on mining of the data) or higher-dollar items in need of review. A virtual site visit was performed the week of December 6, 2021, which enabled Healthcare Horizons to view the claims system and submit follow-up inquires as warranted. Cigna provided detailed responses to all questions by January 14, 2022.

Healthcare Horizons identified an agreed recoverable amount of $477,941.75 from the sample claims, with the majority of findings related to coordination of benefits, inpatient readmissions, missing DRG, professional pricing, and the maximum allowable charge limitation. In addition, Healthcare Horizons noted $196,050.74 in overpayments in which Cigna had already initiated a refund request, however, the dollars have not been returned to the State. The majority of claims noted with a refund already requested include eligibility and coordination of benefits. Finally, Healthcare Horizons is citing $135.00 in disputed findings from the sample claims due to non-covered administrative exams performed in an urgent care setting. The detailed results of all sample claims are presented in Appendix A. Based on the agreed in-sample findings, Healthcare Horizons queried the full claims population for additional claims with similar errors resulting in the delivery of 411 additional out-of-sample claims covering ten categories of interest with an estimated overpayment amount of $724,902.56. We request that Cigna review these additional claims on behalf of the State and determine if recovery is necessary. These additional out-of-sample claims are detailed in Appendix B.

The Cigna response is included in its entirety as Appendix C. Where appropriate, Healthcare Horizons has added final comments to address the response.

Our findings for the audit are summarized as follows.

Issue	Agreed Amount	Refund Already Requested Amount	Disputed Amount	Out-of-Sample Amount[1]	Total Audit Recoverable Amount (Excluding Refund Requested and Disputed)
Other Insurance	$218,269.58	$54,609.27	$0.00	$339,816.80	$558,086.38
Facility Contract Review	$125,116.22	$0.00	$0.00	$119,803.76	$244,919.98
Professional Pricing	$50,618.40	$0.00	$0.00	$139,200.60	$189,819.00
Eligibility	$845.56	$135,213.48	$0.00	$117,182.44	$118,028.00
Maximum Allowable Charge	$58,735.78	$0.00	$0.00	$0.00	$58,735.78
Duplicates	$11,747.76	$650.51	$0.00	$2,479.78	$14,227.54
Multiple Procedure Reductions	$5,430.39	$801.41	$0.00	$1,119.46	$6,549.85
Pre-Surgical Testing	$1,297.92	$468.86	$0.00	$4,783.15	$6,081.07
Secondary Payments	$2,867.20	$0.00	$0.00	$0.00	$2,867.20
Outpatient During Inpatient	$1,868.78	$0.00	$0.00	$0.00	$1,868.78
Surgery Global	$431.81	$140.05	$0.00	$266.09	$697.90
Medical Edits	$655.76	$0.00	$0.00	$0.00	$655.76
Benefit Exclusion	$56.59	$0.00	$135.00	$250.48	$307.07
Overlapping Inpatient	$0.00	$4,167.16	$0.00	$0.00	$0.00
Totals	**$477,941.75**	**$196,050.74**	**$135.00**	**$724,902.56**	**$1,202,844.31**

[1]The out-of-sample recovery amount represents claims delivered to CIGNA similar to agreed recoverable site visit findings. These claims have yet to be reviewed by CIGNA.

Process Overview

Healthcare Horizons systematically reviews 100% of claim payments by the administrator on behalf of our clients via our proprietary electronic claims edits. A series of standard algorithms are utilized to identify potential areas of claims overpayments in areas such as eligibility, pricing, duplicates, and medical edits. In addition, customized queries are created specific to each client based on variable factors such as benefits design.

Based on the results of our analysis, Healthcare Horizons targets areas with significant overpayment potential based on the dollar amount and our experience with the categories in question. Many areas are resolved by Healthcare Horizons without inclusion in the claims sample due to low findings from the electronic analysis or our determination that the claims flagged are exceptions rather than errors. For the areas that warrant additional research, a sample of claims is selected for review during the site visit with the administrator. Within each category, Healthcare Horizons strives to select a sample that is representative of all claims identified for the particular issue and covers significant potential errors. The goal of the site visit is to work with the administrator to verify the presence of an error on each claim and to solidify the logic used to identify the claims for full reports. Healthcare Horizons recommends the delivery of additional claims beyond the site visit sample for review and recovery by the administrator if warranted by the site visit findings. For example, if Healthcare Horizons and the administrator agreed that nineteen of twenty eligibility claims were recoverable overpayments, Healthcare Horizons would deliver a full report from the entire data set meeting the same criteria.

Once an agreed listing of overpaid claims has been identified and placed into recovery by the administrator, Healthcare Horizons monitors the collections process to a point of completion that is satisfactory to both Healthcare Horizons and our client.

Sample Selection

The following chart details the composition of the site visit claims selection as well as the errors identified during the virtual site visit.

Issue	Audit Items	Agreed		Refund Already Requested		Disputed	
		Items	Amount	Items	Amount	Items	Amount
Facility Contract Review	30	4	$125,116.22	0	$0.00	0	$0.00
Professional Pricing	6	1	$50,618.40	0	$0.00	0	$0.00
Maximum Allowable Charge	11	3	$58,735.78	0	$0.00	0	$0.00
Air Ambulance	2	0	$0.00	0	$0.00	0	$0.00
Duplicates - Claim Level	40	2	$3,331.86	1	$299.55	0	$0.00
Duplicates - Line Level	40	6	$8,415.90	2	$350.96	0	$0.00
Overlapping Inpatient	8	0	$0.00	1	$4,167.16	0	$0.00
Medicare Part A Deductible	2	0	$0.00	0	$0.00	0	$0.00
Eligibility - After Termination	25	3	$845.56	17	$96,383.95	0	$0.00
Eligibility - Not on File	4	0	$0.00	1	$38,829.53	0	$0.00
Other Insurance	25	7	$218,269.58	4	$54,609.27	0	$0.00
Retiree COB	6	0	$0.00	0	$0.00	0	$0.00
ESRD	5	0	$0.00	0	$0.00	0	$0.00
Secondary Payments	15	1	$2,867.20	0	$0.00	0	$0.00
Home Health During Inpatient	4	0	$0.00	0	$0.00	0	$0.00
Outpatient During Inpatient	2	1	$1,868.78	0	$0.00	0	$0.00
ER with Admission	2	0	$0.00	0	$0.00	0	$0.00
Pre-Surgical Testing	5	3	$1,297.92	2	$468.86	0	$0.00
Surgery Global	8	6	$431.81	1	$140.05	0	$0.00
Medical Edits	6	3	$655.76	0	$0.00	0	$0.00
Multiple Procedure Reductions	14	3	$5,430.39	1	$801.41	0	$0.00
Two Surgeons	2	0	$0.00	0	$0.00	0	$0.00
Timely Filing	5	0	$0.00	0	$0.00	0	$0.00
Benefit Exclusion - Administrative Exams	21	1	$56.59	0	$0.00	2	$135.00
Benefit Exclusion - Surgery	2	0	$0.00	0	$0.00	0	$0.00
Benefit Exclusion - OP Surgery	5	0	$0.00	0	$0.00	0	$0.00
Benefit Exclusion - Elastic Stockings	5	0	$0.00	0	$0.00	0	$0.00
Totals	**300**	**44**	**$477,941.75**	**30**	**$196,050.74**	**2**	**$135.00**

Recoverable Findings

1. **Healthcare Horizons identified related inpatient readmissions allowed in error.** As part of the targeted claims selection, Healthcare Horizons requested access to the facility contract for 30 items. This review allowed for a verification of pricing as well as an assessment of other common cost-containment measures such as DRG case rate readmissions, transfer pricing, and observation stays with excessive hours. For audit items 6, 15, and 25, it was agreed that the readmissions should not have been allowed resulting in a total overpayment amount of $73,024.39. All remaining claims were found to be priced correctly with no additional cost-containment issues identified. In terms of out-of-sample impact, we have delivered 13 claims to Cigna for review with a readmission within the timeframe observed in the contracts. As the DRG field is not present in the audit data, we have limited the additional out-of-sample claims to readmissions with a related diagnosis. Finally, we request for Cigna to outline current policies in place to administer the readmission language present in its facility contracts.

> **Healthcare Horizons' Final Comment:** Per the Cigna response, the three sample overpayments totaling $73,024.39 were placed into recovery with an outside vendor in January 2022 and the dollars remain outstanding for recovery. In terms of root cause correction, Cigna is reviewing all facility contracts to determine if readmission language is present along with the development of a pre-pay claim edit to capture readmissions. We request for Cigna to provide an update to the State on the additional out-of-sample potential of $119,803.76 identified by Healthcare Horizons. Finally, the State should request periodic reports of outstanding recoveries in process by the external vendor utilized by Cigna.

2. **A single instance of missed fee schedule pricing was identified within the targeted sample selection.** Healthcare Horizons profiles the entire claims dataset in order to identified pricing outliers for similar services rendered. For audit item 33 allowed at full billed charges, it was agreed that available fee schedule pricing was missed for J1300 (injection, eculizumab) resulting in an overpayment of $50,618.40. In terms of out-of-sample impact, Healthcare Horizons delivered three additional examples for the same provider and J-code incorrectly allowed at full billed charges with an estimated overpayment amount of $139,200.60. We request for Cigna to provide additional details on the root cause of these pricing errors.

> **Healthcare Horizons' Final Comment:** Per the Cigna response, a manual processor error was the root cause of this overpayment as the provider's fee schedule rate should have applied. The overpayment amount of $50,618.40 was referred to Cigna's recovery vendor in January 2022 and the dollars are still outstanding. We request for Cigna to provide an update to the State on the additional out-of-sample potential of $139,200.60 identified by Healthcare Horizons.

3. **A limited number of errors were identified for out-of-network claims allowed at full billed charges**. Per the plan documents, non-emergent out-of-network claims are to be limited to the maximum allowable charge (as determined by Cigna), versus full billed charges. In these instances, the member may have to pay the difference between the provider's billed charges and MAC. In testing this limitation, we submitted a number of non-

emergent out-of-network claims and Cigna agreed with three overpayments totaling $58,735.38 (audit items 41, 42, and 44). For audit item 41, Cigna agreed to an overpayment of $36,220.11 as the MAC limitation was not applied. In reviewing audit item 42, it was determined that due to continuity of care, the prior in-network rates should apply resulting in an overpayment amount of $22,215.67. Finally, audit item 44 was agreed as overpaid by $300.00 as a letter of agreement on file for the home health services was not utilized. The sample claims closed as correct were found to have a valid emergent exception for billed charges or the claims were priced per MAC methodology or a letter of agreement. Our overall position is that Cigna is correctly administering MAC with the sample errors considered as one-off, manual errors. As such, no additional out-of-sample review is necessary.

> **Healthcare Horizons' Final Comment**: Per the Cigna response, the three sample overpayments totaling $58,735.38 were placed into recovery with an outside vendor in January 2022 and the dollars remain outstanding for recovery. In terms of root cause, Cigna cites manual processor error in each instance. In addition, Cigna has provided feedback and coaching to the individual processors involved with an emphasis on maximum allowable charge.

4. **Manual or one-off errors resulted in the identification of minimal duplicate payments.** Healthcare Horizons performs several iterations of duplicate payment testing with varied matching requirements to identify claims paid in error. Including both claim-level and line level duplicates as well as the overlapping inpatient categories, Cigna agreed with eight overpayments totaling $11,747.76 (audit items 86, 89, 101, 103, 115, 117, 119, and 121). In addition, four claims were noted as a refund requested prior to the audit with dollars outstanding for recovery totaling $4,817.67 (audit items 80, 104, 110, and 135). The claims closed as correct in this category were found to be confirmed as separate services or recovered prior to the audit. In terms of out-of-sample potential, twenty claims were delivered to Cigna with an additional recovery potential of $2,479.78.

> **Healthcare Horizons' Final Comment**: Per the Cigna response, refunds totaling $2,032.30 have been recouped for audit items 86 and 89. The remaining overpayments were referred to the outside recovery vendor in January 2022 and the dollars remain outstanding to the state. In terms of root cause, Cigna cites manual processor error in each instance. In addition, Cigna has provided feedback and coaching to the individual processors involved with an emphasis on corrected claim standard operating procedures. Finally, we request for Cigna to provide an update to the State on the additional out-of-sample potential of $2,479.78 identified by Healthcare Horizons.

5. Healthcare Horizons identified recoverable claims due to retroactive eligibility terminations. The eligibility file from Cigna was utilized to test all claims in the data set for coverage on the service date. Healthcare Horizons often finds that retroactive eligibility terminations by the group create opportunities for recoverable claims. For audit items 143, 147, and 163 paid at $845.56, Cigna disputed an error as the claims were correct at the time of processing, however, they agree the claims are now recoverable and a refund request will be initiated. For audit items 140, 141, 142, 146, 148, 149, 150, 151, 152, 153, 154, 156, 157, 158, 160, 162, 164, and 165 totaling $135,213.48, Cigna has already issued a refund request, however, the dollars are still outstanding to the State.

As the majority of these claims were paid over a year ago, recovery is unlikely. As such, we request for Cigna to address recovery efforts related to retroactive eligibility terminations. Note that the claims closed as correct were found to be recouped prior to the audit. In considering out-of-sample impact, Healthcare Horizons delivered 264 additional claims totaling $117,182.44 for members with findings in the sample including those with claims already requested for refund. It is likely that the majority of these out-of-sample claims have already been requested for refund with the dollars outstanding. We recommend that the State request a full report of outstanding refund requests including eligibility in order to assess the total impact as well as any potential next steps to complete recovery.

> **Healthcare Horizons' Final Comment**: Per the Cigna response, audit item 150 ($206.10) was recouped in February 2022. Otherwise, our assumption is that the dollars cited are outstanding for recovery. We request for Cigna to share the results of the out-of-sample claims totaling $117,182.44. Our assumption is that most claims have a prior outstanding refund request. We recommend that the State request a full report of outstanding collections by issue to determine the total dollar impact of uncollected refunds.

6. A limited number of claims were agreed as recoverable due to missed coordination of benefits with other primary coverage. Healthcare Horizons utilizes the claims data to identify members with other primary insurance based on a coordination of benefits (COB) savings amount present on certain claims. We then test claims for the same members with no COB savings to determine if coordination with the primary carrier was missed. For audit item 171 paid at $27,984.50, it was determined that the claim should have denied due to coverage under workers' compensation. Audit items 179-183 were all for the same member with Medicare primary coverage due to end stage renal disease. In each instance, Cigna agreed that the claim should have processed with Medicare Part B estimation (plan pays benefits as if the member had enrolled in Medicare Part B) resulting in a total overpayment of $56,491.86. While Cigna disputes an error due to retroactive notification of Medicare primary coverage (claim was correct at the time of processing), audit item 193 is agreed as recoverable for $133,793.22. In addition, audit items 169, 174, 184, and 185 totaling $54,609.27 are cited as refund requested prior to the audit with dollars still outstanding to the State. These items also involved retroactive notification of other primary coverage. In terms of out-of-sample impact, we have delivered 47 claims paid at $339,816.80 for likely missed coordination of benefits based on the other insurance primary effective dates noted for the members reviewed in the sample.

> **Healthcare Horizons' Final Comment**: Per the Cigna response, the previously unidentified overpayments were referred for recovery in January 2022. In terms of root cause, Cigna cites manual processor error in each instance. In addition, Cigna has provided feedback and coaching to the individual processors involved with an emphasis on standard operating procedures for coordination of benefits, Medicare estimation, and workers' compensation. Finally, we request for Cigna to provide an update to the State on the additional out-of-sample potential of $339,816.80 identified by Healthcare Horizons.

7. **A single secondary claim was agreed as manual, one-off error since the secondary payment exceeded the patient responsibility due after primary processing.** As secondary claim payments often require manual processor intervention, Healthcare Horizons tests high-dollar payments for accurate coordination based on rules for both Medicare and commercial primary coverage. Audit item 213 was agreed as an overpayment of $2,867.20 as the payment was not limited to the remaining patient responsibility on the primary explanation of benefits. All claims in the category closed as correct were found to be coordinated correctly. Based on the immaterial sample finding, no additional out-of-sample review is recommended.

> **Healthcare Horizons' Final Comment**: Per the Cigna response, the overpayment was referred for recovery in January 2022. In terms of root cause, Cigna cites manual processor error. In addition, Cigna has provided feedback and coaching to the individual processor with an emphasis on standard operating procedures for secondary payment calculations.

8. **A single recoverable claim was identified for outpatient services billed incorrectly during an inpatient stay.** Healthcare Horizons tests the claims data for inappropriate outpatient charges during a concurrent inpatient stay at the same facility. For audit item 225 paid at $1,868.78, the provider incorrectly submitted a separate bill for surgical services during a concurrent inpatient stay. While Cigna disputes an error as the outpatient claim was received prior to the inpatient claim, the claim is recoverable. As all outpatient claims during an inpatient stay were reviewed in the sample, no additional out-of-sample review is required.

> **Healthcare Horizons' Final Comment**: Per the Cigna response, a manual error occurred as the processor failed to complete a claims history sweep upon receipt of the inpatient claim (received after the outpatient claim). While the responsible processor is no longer in this role, the audit example was reviewed with the processing teams with a reminder of guidelines for claims history searches for certain scenarios. Finally, our impression is that the overpayment of $1,868.78 is still outstanding for recovery to the State.

9. **A number of pre-surgical testing claims were paid in error as the provider contract prohibits separate payment of this testing prior to a planned outpatient surgery.** It is common for hospital contracts to state that pre-surgical testing services (such as lab, X-ray, or EKG) are not paid separately from the subsequent outpatient surgery reimbursement (if based on a grouper rate). Healthcare Horizons submitted five claims for this issue, and all were agreed as recoverable. Specifically, audit items 228 and 232 totaling $468.86 were noted as refund already requested, and audit items 229, 230, and 231 were agreed as in need of adjustment totaling $1,297.92. Based on the sample findings, we reviewed the entire claims population for additional likely pre-surgical testing overpayments resulting in delivery of eighteen additional claims to Cigna with an overpayment potential of $4,783.15. We suspect that fragmented billing contributed to these recoverable claims but request for Cigna to address root cause for the overpayments.

Healthcare Horizons' Final Comment: Per the Cigna response, the previously unidentified overpayments were referred for recovery in January 2022. In terms of root cause, Cigna cites manual processor error in each instance. In addition, Cigna has provided feedback and coaching to the individual processors involved with an emphasis on standard operating procedures for provider contract terms including pre-admission testing. Finally, we request for Cigna to provide an update to the State on the additional out-of-sample potential of $4,783.15 identified by Healthcare Horizons.

10. **Healthcare Horizons identified evaluation and management services that should have been included as part of the surgery global fee.** The professional surgery reimbursement is often inclusive of any evaluations by the same physician during the surgery global period that is defined as one day prior to surgery and ninety days after surgery. Cigna agreed with overpayments totaling $431.81 for audit items 233, 234, 235, 238, 239, 240 and a refund already requested amount of $140.05 was noted for audit item 237. While Cigna has surgery global edits in place, it is unclear why these claims were allowed in error. We request further details on root cause from Cigna in its audit report response. In reviewing the entire claim population for additional likely overpayments, we identified eight additional out-of-sample claims with a recovery potential of $266.09.

Healthcare Horizons' Final Comment: Per the Cigna response, the overpayments were referred for recovery in January 2022. Note that audit item 234 was recovered in February 2022 ($52.04). In terms of root cause, Cigna's code editing software did not identify these services as part of the surgery global fee based on the manner of provider billing. The audit examples are being utilized for future medical edit coding enhancements. Finally, we request for Cigna to provide an update to the State on the additional out-of-sample potential of $266.09 identified by Healthcare Horizons.

11. **Fragmented billing by providers resulted in a minimal volume of missed medical edits**. In testing the claims population for medical edits including unbundling and mutually exclusive procedures, Healthcare Horizons found that multiple claim submissions were not combined for the purposes of applying these edits. For audit items 242, 244, and 246 totaling $655.76, Cigna agreed with unbundling overpayments when all claims from the same episode of care were combined. We suspect that fragmented billing contributed to these recoverable claims but request for Cigna to address root cause for the overpayments. As all suspected overpayments were submitted in the sample selection, no additional follow-up is required.

Healthcare Horizons' Final Comment: Per the Cigna response, the overpayments were referred for recovery in January 2022. In terms of root cause, Cigna cites manual processor error in each instance. In addition, Cigna has provided feedback and coaching to the individual processors involved with an emphasis on the interface between the code editing software and the claims processing system.

12. **Healthcare Horizons identified overpayments due to missed multiple procedure reductions caused by fragmented billing.** When multiple surgical procedures are performed in the same operative session, it is industry standard to allow the primary procedure at the full fee schedule rate and secondary procedures at a reduced rate (usually 50% of the full fee). These reductions are taken since the primary procedure payment accounts for patient preparation and other services. Healthcare Horizons often finds that payers fail to implement systems to combine procedures across claims when payments are processed on different claims for the same surgical case. Audit items 250, 256, and 260 were agreed as overpaid for a total of $5,430.39 due to fragmented billing by the providers. In addition, audit item 258 is noted as a refund requested prior to the audit for $801.41. Based on the in-sample findings, an additional 32 claims were delivered to Cigna for review with an estimated recovery potential of $1,119.46. We suspect that fragmented billing contributed to these recoverable claims but request for Cigna to address root cause for the overpayments.

> **Healthcare Horizons' Final Comment**: Per the Cigna response, the overpayments were referred for recovery in January 2022. In terms of root cause, Cigna cites manual processor error in each instance. In addition, Cigna has provided feedback and coaching to the individual processors involved with an emphasis on same day / same provider multiple procedure guidelines. In reviewing the entire claim population for additional likely overpayments, we identified 32 additional out-of-sample claims with a recovery potential of $1,119.46.

13. **A single in-sample overpayment was identified for a non-covered administrative examination.** Per the plan documents, examinations and services provided for employment, licensing, insurance, school, camp, sports, adoption or other non-medically necessary and/or clinically necessary purposes are non-covered. The majority of claims were dismissed as correct as secondary diagnosis codes were indicative of an illness and therefore covered for payment by the plan. However, a single agreed overpayment of $56.59 was identified as no other secondary diagnosis codes were billed other than the primary diagnosis of Z02.9 (encounter for administrative examinations, unspecified). In considering out-of-sample claims, we refined the query to only include evaluations with a single administrative diagnosis code billed resulting in six additional claims totaling $250.48.

> **Healthcare Horizons' Final Comment**: Per the Cigna response, the overpayment was referred for recovery in January 2022. In terms of root cause, a manual error occurred as the processor mistakenly viewed the claim as related to COVID-19. Cigna provided feedback and coaching to the individual processor with an emphasis on COVID-19 standard operating procedures. Finally, we request for Cigna to provide an update to the State on the additional out-of-sample potential of $250.48 identified by Healthcare Horizons.

Disputed Findings

1. **Healthcare Horizons requests a second review of an in-network claim allowed at full billed charges.** Audit item 7 (part of the facility contract review) was observed to have a missing DRG value in the system. As the in-network contract was based on DRG case rate reimbursement, we requested for Cigna to provide the DRG used for pricing. Cigna responded that the claim was billed without a DRG and therefore allowed at full billed charges. We suggest that the claim be denied for invalid DRG or that Cigna derive its own DRG for pricing. Pending additional information, we are citing the entire paid amount of $52,091.83 as disputed.

> **Healthcare Horizons' Final Comment**: We appreciate the updated response to this claim by Cigna to reflect an agreed overpayment of $52,091.83. Cigna cites a manual error as the claim was allowed for payment versus pending to request the DRG from the provider. Cigna provided feedback and coaching to the individual processor with an emphasis on DRG coding and reimbursement. We have updated all charts to reflect an agreed overpayment for this audit item. As the claims data provided for the audit does not include DRG, we are unable to identify additional potential out-of-sample impact. We recommend for Cigna to produce a report of all inpatient claims allowed at full billed charges with a missing DRG for review.

2. **Healthcare Horizons requests plan intent related to balance billing on an out-of-network inpatient claim.** As part of the maximum allowable charge testing, Cigna responded that audit item 38 was adjusted to allow full billed charges due to balance billing by the facility (a difference of $53,989.48 from the original MAC reimbursement). The six-day inpatient stay involved a stent for occlusion and stenosis of right carotid artery, however, there was no emergency room visit on the admission date. We request plan intent from the State to confirm if MAC can be waived due to balance billing. Pending final resolution, we are disputing the additional payment amount of $53,989.48.

> **Healthcare Horizons' Final Comment**: After discussing this item with the State, it was determined that guidance was provided in 2014 advising that adjustment to pay up to full billed charges was allowed if there is evidence of balance billing by an out-of-network provider based on MAC reimbursement. As such, we agree to dismiss this item as disputed and have reflected all charts to reflect no error.

3. **Healthcare Horizons requests clarification of plan intent for administrative exams performed in an urgent care setting.** As part of the administrative exam exclusion testing, Cigna disputed findings on audit items 277 (encounter for examination for participation in sport) and 285 (encounter for other administrative examinations) as the place of service was urgent care. As no other secondary diagnosis codes were present indicative of an illness, our position is that the claims totaling $135.00 should be denied. In terms of additional impact, we have identified fifteen additional claims totaling $1,234.00 that can be delivered upon request (not submitted to Cigna due to disputed status).

Healthcare Horizons' Final Comment: In reviewing this item with the State, there is initial confirmation that the services should not be allowed regardless of place of service. Note that Cigna cited coverage due to prudent layperson logic in that emergency / urgent care services are covered when a prudent layperson believes an emergency condition is present. We recommend further discussion between Cigna and the State to clarify plan intent for future claims processing.

Informational Findings

1. Healthcare Horizons noted claims for elastic stockings as covered due to a medical necessity determination by Cigna. Based on the benefit exclusion for elastic stockings, Healthcare Horizons submitted sample claims (audit items 296-300) to question coverage given the apparent non-covered benefit. In each instance, Cigna replied that the items were deemed as medically necessary given the diagnosis. The plan documents do offer the administrators discretion on this exclusion:

Elastic stockings, except Jobst or similar quality support hose, when medically necessary as determined by the claims administrator;

As such, these audit items were dismissed with no error by Healthcare Horizons.

Conclusion

Healthcare Horizons appreciates the opportunity to perform this claims audit on behalf of the State of Tennessee. We would also like to recognize the cooperation exhibited by the entire Cigna team during this process.

We recommend the following actions in order to maximize the outcome of the audit:

- Cigna should initiate recovery on all agreed overpayments and **report any negative potential member impact to the State of Tennessee prior to any collections activity.**
- Cigna should review and adjust the out-of-sample claims delivered by Healthcare Horizons or produce its own impact reports.
- Cigna and the State of Tennessee should clarify plan intent for the disputed items.
- The State of Tennessee should request a status report for all outstanding collections in process on its behalf.
- Cigna should report collections for agreed overpayments to both Healthcare Horizons and the State of Tennessee until completion.

Definitions - Areas of Testing

Duplicate Claims

Healthcare Horizons runs a series of duplicate claim edits across the claims data set to identify claims that have been billed and paid more than once. Healthcare Horizons identifies duplicate claims at both the claim level and individual procedure level. The duplicate claim queries vary with matches and mismatches on fields such as patient, provider, service date, billed charge, and procedure code. While most clients would expect duplicate claims to be rare, they are quite common in healthcare claims payments and usually result in recoveries on every project conducted by Healthcare Horizons.

Eligibility

In addition to claims data, Healthcare Horizons requests a full eligibility file from the administrator to validate coverage on the service date. Employer groups often submit retroactive terminations to the administrator, resulting in an opportunity for overpayments unless the administrator has a process in place to identify and recover these claims. Every administrator should have a process for identifying and recovering claims affected by a retroactive termination as they are common in the claims industry. In addition to claims paid after the termination date, Healthcare Horizons identifies claims paid during a gap in coverage and claims paid without an eligibility record on file.

Contract Audit

Healthcare Horizons normally requests a review of the signed provider contracts for the top 30 utilized hospitals for each group. While on-site at the administrator, Healthcare Horizons uses the claims data to test pricing and other contractual terms present in the contract for all claims paid to that provider in the claims data set. Other terms in the contract may include readmissions, outpatient services on the day of admission, pre-admission testing, timely filing, and transfers.

Some administrators do not allow this type of comprehensive audit of provider contracts in which Healthcare Horizons tests all claims according to the terms present in the contracts. If this is not made available, Healthcare Horizons selects site visit sample claims to test pricing and the following items on a more limited basis.

- Readmissions - If provider contracts have Diagnosis-Related Group (DRG) case rate reimbursement, readmissions to treat the same illness may not be allowed if the patient is readmitted within a certain number of days. This prevents facilities from being compensated a greater amount for an inappropriate discharge.

- Outpatient Services on Day of Admission - If a patient receives outpatient services such as an emergency room visit, and is later admitted on the same day, these charges should be combined with the inpatient claim

according to most provider contracts. If the provider is reimbursed based on per diems or DRG case rate, no additional payment is made for the outpatient services.

- Pre-admission Testing - If a patient undergoes tests related to a scheduled admission within 24 to 72 hours, these services may be included with the inpatient claim and not paid in addition to the inpatient stay for per diem or DRG case rate reimbursement. Examples of these tests include lab work and a baseline chest x-ray.

- Timely Filing - Provider contracts often state that claims must be submitted to the administrator within a certain time period (such as one year) to be eligible for payment. Otherwise, the claim should be denied and the patient is held harmless.

- Transfers - Provider contracts based on DRG case rate inpatient reimbursement often contain special pricing if the patient is transferred to another acute care hospital for treatment. Since the patient was transferred, the initial hospital is not due the full case rate amount to treat the illness. Transfer payments are often based on a specific per diem rate in the contract.

Assistant Surgeon

In some circumstances, a procedure may require the services of an assistant in addition to the primary surgeon. Healthcare Horizons tests two common areas of overpayments for assistant surgeons: pricing and coding. Assistant surgeons usually receive 20-25% of the normal fee schedule rate for the codes used with assistant modifiers. Healthcare Horizons utilizes the claims data to identify the payment to the primary surgeon and then isolates assistant surgeon claims paid greater than 20-25% of this rate. In our experience, this analysis yields a high rate of assistant surgeon lines that are overpaid. In addition, The Center for Medicare Services produces a publicly available listing of procedure codes for which it does not allow a payment for assistant surgery. These are services that, by their nature, do not lend themselves to requiring an assistant. Healthcare Horizons identifies assistant surgeon claims for these procedures as possible overpayments. Although this Medicare guideline is not a requirement that must be followed by commercial insurance carriers, most administrators should have some similar list of codes not payable for assistants.

Multiple Procedure Reductions

When multiple services are performed in the same session, secondary procedures are priced at a reduced percentage (usually 50%) of the normal contract rate to account for economies and efficiency gained by not having to duplicate preparation of the patient for each procedure. Healthcare Horizons flags claims that may have missed this standard discount by reviewing the secondary procedure allowance in relation to the primary procedure allowance for the session of care.

Benefits

Healthcare Horizons creates customized queries to model the benefits present in the summary plan documents (SPDs) provided by the employer group. Likely areas of testing for benefits are application of copayments and coinsurance, annual dollar or visit maximums, non-covered benefits, coordination of benefit rules, and other specific items flagged by our auditors as potential errors. A Healthcare Horizons auditor reviews the SPDs in full for each claims audit and selects the benefit areas where testing is possible. Some benefits do not lend themselves to systematic testing in the data and can only be reviewed on selected sample claims.

Pricing

Healthcare Horizons takes steps to verify accurate pricing of certain claims in the data set such as high dollar, no discount, and those with variability in pricing. These steps are described further below.

Healthcare Horizons selects the highest paid claims in the data set to ensure correct pricing by the administrator. Often these claims are more complex, which raises the possibility of error.

Claims priced at billed charges with no discount are targeted for pricing verification. Given the broad networks of the larger administrators, as well as the availability of national rental networks, the majority of claims should receive some type of discount. Healthcare Horizons verifies that pricing was not missed in error on higher paid claims.

Healthcare Horizons profiles top facilities and establishes payment patterns and trends. Claims that fall outside of the normal patterns will be questioned for payment errors. This area is especially important if a contract audit is not available as part of the audit process.

Since Healthcare Horizons has found that pricing of claims is one of the largest categories of errors at many administrators, we take aggressive steps to identify as many potential errors as possible for detailed review.

Other Insurance

The presence of other primary insurance usually reduces the payment due by the employer group if they are secondary. In some cases, a secondary policy will pay as primary, such as when primary benefits are exhausted or the primary policy does not cover a particular service. Healthcare Horizons utilizes the claims data to identify claims paid as primary that may have other insurance based on the following categories:

- **Other Claims Paid as Secondary** – Healthcare Horizons utilizes the claims data to create a date range for each patient where claims have been paid as secondary based on the presence of a coordination of benefits (COB) savings amount. Any claims paid within this date range without a COB amount may be questioned for the presence of other primary coverage.

- **ESRD** – After 33 months of treatment for ESRD, Medicare automatically becomes the primary insurer for the patient. Healthcare Horizons identifies patients with an extended period of treatment for ESRD to ensure the administrator is correctly tracking the Medicare primary effective date.
- **COBRA** – While exceptions do apply, Medicare should be the primary payer for members on COBRA coverage that are age-eligible for Medicare.
- **Retirees** – Medicare should be primary for members, age 65 and higher, on a retiree plan.

Healthcare Horizons also scrutinizes claims that are paid as secondary with a paid amount higher than that of the primary carrier. Normally, the secondary payment is lower than the primary plan payment as it likely only covers remaining member responsibility after the primary payment.

Fraud

Healthcare Horizons analyzes provider billing patterns to detect possible instances of fraud. While these cases may prove difficult to recover, it is important to identify these providers and stop future payments.

High Units

Healthcare Horizons queries the claims data for unit counts that are abnormally high for the procedure code billed. An error in units may cause the claim to default to billed charges as the fee schedule is multiplied by an incorrect unit count.

Medical Edits

Healthcare Horizons applies medical edits to the claims data to identify mutually exclusive procedures and cases of procedure unbundling. Mutually exclusive edits identify procedure combinations that cannot be reasonably performed on the same patient on the same day. Unbundling occurs when a provider bills multiple component codes versus a single comprehensive code, often resulting in higher reimbursement. Payers have much discretion over which medical edits to apply as there is not a commonly accepted group of these throughout the industry; therefore, Healthcare Horizons is generally looking for a reasonable application of a set of edits and questions selected claims that seem to be clear errors.

Overlapping Inpatient

Healthcare Horizons identifies cases where patients have claims reporting that they are inpatient at different facilities for the same service date. These are often the result of provider billing errors or manual data entry mistakes.

Subrogation

Healthcare Horizons queries the claims data for possible subrogation opportunities where third party liability (TPL) may exist. A common example is medical services related to an auto accident where the auto insurer is liable for a portion of the medical claims. These claims are identified via accident-related diagnosis codes.

Hospital Mistakes

Many payers across the country have adopted policies to investigate and subsequently deny payment for hospital mistakes and avoidable conditions, such as objects left in patient during surgery, fractures incurred in the hospital, blood incompatibility, and certain types of infections. Healthcare Horizons examines the claims data for these types of hospital errors and expects recovery opportunities for these errors as more administrators adopt such policies.

Cosmetic Surgery

Healthcare Horizons maintains a listing of procedure codes that may be considered as cosmetic, but judgments on these claims are highly subjective. Healthcare Horizons is usually looking at the total paid for these types of codes to make sure it is not excessive. If any of these claims are selected for the sample, we request that the administrator provide evidence that the claim was considered for medical review and that reasonable review took place. Medical necessity issues such as cosmetic surgery are not areas that result in significant recovery, but can be issues that our clients want to address proactively for future cost savings.

Reinsurance

If the employer group has stop loss or reinsurance coverage, Healthcare Horizons utilizes the claims data to identify members that should have resulted in a credit due back to the group. Healthcare Horizons verifies with the administrator that the credits have been issued to the group.

Appendix A – Sample Detail

Audit Item	Issue	Recovery	Refund Already Requested	Disputed	Comment
1	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - Stop loss POC
2	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - Case rate per OP day of service
3	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - Stop loss POC plus carve outs
4	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - Cardiac case rate plus implant carve out, no obs language
5	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - DRG case rate
6	Facility Contract Review	$20,209.04	$0.00	$0.00	Agreed - DRG readmit should not be allowed within 72 hours
7	Facility Contract Review	$52,091.83	$0.00	$0.00	Claim should have pended for no DRG
8	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - POC plus carve out with an additional discount added
9	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - POC
10	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - POC with additional discount added
11	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - Third party Health Partners pricing allowed full billed
12	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - Third party Health Partners pricing allowed full billed
13	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - Lesser of DRG
14	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - DRG
15	Facility Contract Review	$20,827.59	$0.00	$0.00	Agreed - DRG readmit should not be allowed within 72 hours
16	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - DRG
17	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - DRG - readmit authorized due to diagnosis
18	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - Trauma POC
19	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - Stop loss POC
20	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - Lesser of DRG
21	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - Stop loss POC
22	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - Stop loss POC
23	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - DRG
24	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - Readmission after 72 hours
25	Facility Contract Review	$31,987.76	$0.00	$0.00	Agreed - should not allow DRG readmit within 72 hours
26	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - DRG - readmission allowed due to admit hour just passed 72 hours
27	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - Transplant case rate
28	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - Lesser of DRG
29	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - Transplant case rate
30	Facility Contract Review	$0.00	$0.00	$0.00	Priced correctly - Lesser of DRG
31	Professional Pricing	$0.00	$0.00	$0.00	Priced correctly - Allowed at full billed charge
32	Professional Pricing	$0.00	$0.00	$0.00	Priced correctly - Confirmed fee schedule pricing
33	Professional Pricing	$50,618.40	$0.00	$0.00	Agreed - Incorrect per unit amount used - does not match fee schedule
34	Professional Pricing	$0.00	$0.00	$0.00	Priced correctly - Allowed at full billed charge
35	Professional Pricing	$0.00	$0.00	$0.00	Priced correctly - Fee schedule and AWP
36	Professional Pricing	$0.00	$0.00	$0.00	Priced correctly - Allowed amount with mod 62
37	Maximum Allowable Charge	$0.00	$0.00	$0.00	Priced correctly - MRC
38	Maximum Allowable Charge	$0.00	$0.00	$0.00	Allowed due to balance billing
39	Maximum Allowable Charge	$0.00	$0.00	$0.00	Priced correctly - OON COVID exception
40	Maximum Allowable Charge	$0.00	$0.00	$0.00	Priced correctly - MRC
41	Maximum Allowable Charge	$36,220.11	$0.00	$0.00	Agreed - MRC not applied to claim, allowed at full charge in error
42	Maximum Allowable Charge	$22,215.67	$0.00	$0.00	Agreed - in-network should have applied due to continuity of care
43	Maximum Allowable Charge	$0.00	$0.00	$0.00	Priced correctly - negotiated hourly rate for home health care
44	Maximum Allowable Charge	$300.00	$0.00	$0.00	Agreed - allowed greater than agreed from Letter of Agreement
45	Maximum Allowable Charge	$0.00	$0.00	$0.00	Priced correctly - Billed charges equal the MRC pricing
46	Maximum Allowable Charge	$0.00	$0.00	$0.00	Priced correctly - Billed charges allowed through Zelis
47	Maximum Allowable Charge	$0.00	$0.00	$0.00	Priced correctly - Non-par secondary claims do not get externally priced
48	Air Ambulance	$0.00	$0.00	$0.00	HealthAlliance originally priced with a discount but was adjusted on 7/8/20 to pay in full
49	Air Ambulance	$0.00	$0.00	$0.00	Originally allowed at a significant discount then repriced by Zellis with another discount and then finally adjusted to allow in full
50	Duplicates - Claim Level	$0.00	$0.00	$0.00	Info only, original claim for 50/51
51	Duplicates - Claim Level	$0.00	$0.00	$0.00	Refund received 10/7/21
52	Duplicates - Claim Level	$0.00	$0.00	$0.00	Info only, original claim for 52/53
53	Duplicates - Claim Level	$0.00	$0.00	$0.00	Refund received 8/25/21
54	Duplicates - Claim Level	$0.00	$0.00	$0.00	Refund received 10/30/21
55	Duplicates - Claim Level	$0.00	$0.00	$0.00	Info only, correct claim for 54/55

Audit Item	Issue	Recovery	Refund Already Requested	Disputed	Comment
56	Duplicates - Claim Level	$0.00	$0.00	$0.00	Info only, original claim for 56/57
57	Duplicates - Claim Level	$0.00	$0.00	$0.00	Refund received 8/17/21
58	Duplicates - Claim Level	$0.00	$0.00	$0.00	Info only, original claim for 58/59
59	Duplicates - Claim Level	$0.00	$0.00	$0.00	Not a duplicate - different modifiers - facility and physician
60	Duplicates - Claim Level	$0.00	$0.00	$0.00	Info only, original claim for 60/61
61	Duplicates - Claim Level	$0.00	$0.00	$0.00	Not a duplicate - different modifiers - facility and physician
62	Duplicates - Claim Level	$0.00	$0.00	$0.00	Info only, original claim for 62/63
63	Duplicates - Claim Level	$0.00	$0.00	$0.00	Not a duplicate - different ER visits on same date
64	Duplicates - Claim Level	$0.00	$0.00	$0.00	Info only, original claim for 64/65
65	Duplicates - Claim Level	$0.00	$0.00	$0.00	Allowed as separate service
66	Duplicates - Claim Level	$0.00	$0.00	$0.00	Info only, original claim for 66/67
67	Duplicates - Claim Level	$0.00	$0.00	$0.00	Allowed as separate service
68	Duplicates - Claim Level	$0.00	$0.00	$0.00	Payment used from othe claim, not a duplicate
69	Duplicates - Claim Level	$0.00	$0.00	$0.00	Cigna check - transferred to the other claim under a new SSN
70	Duplicates - Claim Level	$0.00	$0.00	$0.00	Payment used from othe claim, not a duplicate
71	Duplicates - Claim Level	$0.00	$0.00	$0.00	Cigna check - transferred to the other claim under a new SSN
72	Duplicates - Claim Level	$0.00	$0.00	$0.00	Cigna check - transferred to the other claim under a new SSN
73	Duplicates - Claim Level	$0.00	$0.00	$0.00	Payment used from othe claim, not a duplicate
74	Duplicates - Claim Level	$0.00	$0.00	$0.00	Payment used from othe claim, not a duplicate
75	Duplicates - Claim Level	$0.00	$0.00	$0.00	Cigna check - transferred to the other claim under a new SSN
76	Duplicates - Claim Level	$0.00	$0.00	$0.00	Payment used from othe claim, not a duplicate
77	Duplicates - Claim Level	$0.00	$0.00	$0.00	Cigna check - transferred to the other claim under a new SSN
78	Duplicates - Claim Level	$0.00	$0.00	$0.00	Payment used from othe claim, not a duplicate
79	Duplicates - Claim Level	$0.00	$0.00	$0.00	Cigna check - transferred to the other claim under a new SSN
80	Duplicates - Claim Level	$0.00	$299.55	$0.00	Agreed - duplicate with 80 - same patient paid as primary under two different contracts - refund already requested
81	Duplicates - Claim Level	$0.00	$0.00	$0.00	Info only, correct claim for 80/81
82	Duplicates - Claim Level	$0.00	$0.00	$0.00	Info only, primary contract claim for 82/83
83	Duplicates - Claim Level	$0.00	$0.00	$0.00	Refund received to process as secondary
84	Duplicates - Claim Level	$0.00	$0.00	$0.00	Refund received on 7/6/21
85	Duplicates - Claim Level	$0.00	$0.00	$0.00	Info only, primary contract claim for 84/85
86	Duplicates - Claim Level	$1,998.26	$0.00	$0.00	Processed correctly at time of claim, cross coverage updated 10/7/20, should request refund - paid same under two contracts
87	Duplicates - Claim Level	$0.00	$0.00	$0.00	Info only, primary plan for 86/87
88	Duplicates - Claim Level	$0.00	$0.00	$0.00	Info only, original claim for 88/89
89	Duplicates - Claim Level	$1,333.60	$0.00	$0.00	Agreed - duplicate with 88 - billed as group and physician
90	Duplicates - Line Level	$0.00	$0.00	$0.00	Info only, original claim for 90/91
91	Duplicates - Line Level	$0.00	$0.00	$0.00	Not a duplicate - separate ambulance transports
92	Duplicates - Line Level	$0.00	$0.00	$0.00	Info only, original claim for 92/93
93	Duplicates - Line Level	$0.00	$0.00	$0.00	Refund received for $587 on 10/29
94	Duplicates - Line Level	$0.00	$0.00	$0.00	Info only, original claim for 94/95
95	Duplicates - Line Level	$0.00	$0.00	$0.00	Refund received on 9/3/20
96	Duplicates - Line Level	$0.00	$0.00	$0.00	Info only, original claim for 96/97
97	Duplicates - Line Level	$0.00	$0.00	$0.00	Not a duplicate - different POS, separate visits per provider
98	Duplicates - Line Level	$0.00	$0.00	$0.00	Info only, original claim for 98/99
99	Duplicates - Line Level	$0.00	$0.00	$0.00	Refund received on 6/10/20
100	Duplicates - Line Level	$0.00	$0.00	$0.00	Info only, original claim for 100/101
101	Duplicates - Line Level	$136.77	$0.00	$0.00	Agreed - duplicate with 100
102	Duplicates - Line Level	$0.00	$0.00	$0.00	Info only, original claim for 102/103
103	Duplicates - Line Level	$273.46	$0.00	$0.00	Agreed - corrected claim that duplicated payment on most lines
104	Duplicates - Line Level	$0.00	$197.76	$0.00	Refund already requested - Claim processed as OON and INN - 105 correct
105	Duplicates - Line Level	$0.00	$0.00	$0.00	Info only, correct claim for 104/105
106	Duplicates - Line Level	$0.00	$0.00	$0.00	Info only, original claim for 106/107
107	Duplicates - Line Level	$0.00	$0.00	$0.00	Corrected claim, originally paid as secondary - Cigna prime over MDC - active employee
108	Duplicates - Line Level	$0.00	$0.00	$0.00	Info only, original claim for 108/109
109	Duplicates - Line Level	$0.00	$0.00	$0.00	Corrected claim, originally paid as secondary - Cigna prime over MDC - active employee
110	Duplicates - Line Level	$0.00	$153.20	$0.00	Refund Already Requested - orig paid as non-par then corrected under different provider id to be par - refund requested 6/2/20
111	Duplicates - Line Level	$0.00	$0.00	$0.00	Info only, correct claim for 110/111
112	Duplicates - Line Level	$0.00	$0.00	$0.00	Info only, correct claim for 112/113
113	Duplicates - Line Level	$0.00	$0.00	$0.00	Not a duplicate - second modifier indicates repeat procedure different provider
114	Duplicates - Line Level	$0.00	$0.00	$0.00	Info only, correct claim for 114/115
115	Duplicates - Line Level	$249.00	$0.00	$0.00	Agreed - duplicate with 114, paid to member and provider
116	Duplicates - Line Level	$0.00	$0.00	$0.00	Info only, correct claim for 116/117
117	Duplicates - Line Level	$268.63	$0.00	$0.00	Agreed - duplicate with 116, paid to group and provider
118	Duplicates - Line Level	$0.00	$0.00	$0.00	Info only, correct claim for 118/119
119	Duplicates - Line Level	$585.67	$0.00	$0.00	Agreed - duplicate with 118, contract status changed to par

Audit Item	Issue	Recovery	Refund Already Requested	Disputed	Comment
120	Duplicates - Line Level	$0.00	$0.00	$0.00	Info only, original claim for 120/121
121	Duplicates - Line Level	$6,902.37	$0.00	$0.00	Agreed - duplicate dialysis dates of service with 120, partial refund processed on 10/26
122	Duplicates - Line Level	$0.00	$0.00	$0.00	Info only, original claim for 122/123
123	Duplicates - Line Level	$0.00	$0.00	$0.00	Duplicate dialysis dates of service with 122, reprocessed 1/21 to apply PR from EOB on 122 and 123
124	Duplicates - Line Level	$0.00	$0.00	$0.00	Refund received on 11/19/21
125	Duplicates - Line Level	$0.00	$0.00	$0.00	Correct claim for 124/125
126	Duplicates - Line Level	$0.00	$0.00	$0.00	Refund received on 9/30/21
127	Duplicates - Line Level	$0.00	$0.00	$0.00	Correct claim for 126/127
128	Duplicates - Line Level	$0.00	$0.00	$0.00	Info only, original claim for 128/129
129	Duplicates - Line Level	$0.00	$0.00	$0.00	Refund received 9/7/21
130	Overlapping Inpatient	$0.00	$0.00	$0.00	Refund received 7/22/21
131	Overlapping Inpatient	$0.00	$0.00	$0.00	Correct claim for 130/131
132	Overlapping Inpatient	$0.00	$0.00	$0.00	Split claim - total of 15 day stay - paid between both
133	Overlapping Inpatient	$0.00	$0.00	$0.00	Split claim - total of 15 day stay - paid between both
134	Overlapping Inpatient	$0.00	$0.00	$0.00	Info only, original stay for 134/135
135	Overlapping Inpatient	$0.00	$4,167.16	$0.00	Refund already requested - Duplicate subacute stay with 134 - different TIN but both IP
136	Overlapping Inpatient	$0.00	$0.00	$0.00	Info only, original stay for 136/137
137	Overlapping Inpatient	$0.00	$0.00	$0.00	Refund received on 9/23/21
138	Medicare Part A Deductible	$0.00	$0.00	$0.00	Info only, original Medicare ded paid for 138/139
139	Medicare Part A Deductible	$0.00	$0.00	$0.00	Not a duplicate - Medicare deductible paid on 11/19/20 hospitalization - subsequent claim SNF coinsurance
140	Eligibility - After Termination	$0.00	$3,464.51	$0.00	Refund already requested - retro-term 7/31/20, processed 8/13/20, term date received 8/17/20, refund requested 8/21/20
141	Eligibility - After Termination	$0.00	$813.46	$0.00	Refund already requested - retro-term 1/31/20, processed 3/9/20, term date received 3/9/20, refund requested 4/14/20
142	Eligibility - After Termination	$0.00	$271.74	$0.00	Refund already requested - retro-term 9/30/20, processed 11/5/20, term date received 11/17/20, refund requested 11/6/21
143	Eligibility - After Termination	$248.80	$0.00	$0.00	Retro-term 6/30/20, processed 8/14/20, term date received 8/17/20, refund not requested yet
144	Eligibility - After Termination	$0.00	$0.00	$0.00	Retro-term 6/30/20, processed 7/9/20, term date received 8/10/20, refund received 11/20/21
145	Eligibility - After Termination	$0.00	$0.00	$0.00	Retro-term 11/30/20, processed 1/14/21, term date received 4/7/21, refund received 9/1/21
146	Eligibility - After Termination	$0.00	$63,039.13	$0.00	Retro-term 8/31/20, processed 11/23/20, term date received 1/19/21, refund requested 1/23/21
147	Eligibility - After Termination	$242.00	$0.00	$0.00	Retro-term 4/30/20, processed 7/8/20, term date received 7/27/20, refund not requested yet
148	Eligibility - After Termination	$0.00	$2,109.58	$0.00	Retro-term 2/29/20, processed 3/26/20, term date received 8/10/20, refund requested 8/18/20
149	Eligibility - After Termination	$0.00	$453.74	$0.00	Retro-term 2/29/20, processed 6/9/20, term date received 8/10/20, refund requested 8/18/20
150	Eligibility - After Termination	$0.00	$206.10	$0.00	Retro-term 6/30/20, processed 3/12/21, term date received 4/27/21, refund requested 5/18/21
151	Eligibility - After Termination	$0.00	$1,373.16	$0.00	Retro-term 7/31/20, processed 10/20/20, term date received 11/03/20, refund requested 11/10/20
152	Eligibility - After Termination	$0.00	$7,974.03	$0.00	Retro-term 5/31/20, processed 7/15/20, term date received 8/10/20, refund requested 8/15/20
153	Eligibility - After Termination	$0.00	$10,350.94	$0.00	Retro-term 5/31/20, processed 7/31/20, term date received 8/10/20, refund requested 8/15/20
154	Eligibility - After Termination	$0.00	$350.00	$0.00	Retro-term 3/31/20, processed 5/12/20, term date received 8/6/20, refund requested 8/11/20
155	Eligibility - After Termination	$0.00	$0.00	$0.00	Retro-term 11/30/20, processed 12/18/20, term date received 12/21/20, refund received 8/25/21
156	Eligibility - After Termination	$0.00	$415.76	$0.00	Retro-term 6/30/20, processed 9/1/20, term date received 9/21/20, refund requested 9/30/20
157	Eligibility - After Termination	$0.00	$1,218.68	$0.00	Retro-term 11/30/20, processed 12/19/20, term date received 3/18/21, refund requested 3/24/21
158	Eligibility - After Termination	$0.00	$251.15	$0.00	Retro-term 9/30/20, processed 1/2/21, term date received 3/26/21, refund requested 4/27/21
159	Eligibility - After Termination	$0.00	$0.00	$0.00	Retro-term 5/31/20, processed 6/20/20, term date received 6/22/20, refund received 8/25/21
160	Eligibility - After Termination	$0.00	$1,107.00	$0.00	Retro-term 1/31/20, processed 3/26/20, term date received 6/1/20, refund requested 6/5/20
161	Eligibility - After Termination	$0.00	$0.00	$0.00	Retro-term 9/30/20, processed 12/22/20, term date received 2/22/21, refund received 9/24/21
162	Eligibility - After Termination	$0.00	$2,676.10	$0.00	Retro-term 1/31/20, processed 5/23/20, term date received 6/1/20, refund requested 6/4/20
163	Eligibility - After Termination	$354.76	$0.00	$0.00	Retro-term 1/31/20, processed 7/13/20, term date received 9/28/20, $44.25 refund requested 1/1/21, Cigna will request entire amount
164	Eligibility - After Termination	$0.00	$308.87	$0.00	Retro-term 10/31/20, processed 11/20/20, term date received 4/17/21, refund requested 5/2/21

Audit Item	Issue	Recovery	Refund Already Requested	Disputed	Comment
165	Eligibility - Not on File	$0.00	$38,829.53	$0.00	Not eligible for DOS, processed 3/17/20, term date received 5/26/20, refund requested 5/2/21
166	Eligibility - Not on File	$0.00	$0.00	$0.00	Updated eligibility - member is eligible through 12/31/21
167	Eligibility - Not on File	$0.00	$0.00	$0.00	Updated eligibility - member is eligible, plan changed
168	Eligibility - Not on File	$0.00	$0.00	$0.00	Updated eligibility - member is eligible, plan changed
169	Other Insurance	$0.00	$6,493.29	$0.00	Refund already requested - missed coordination, partial refund requested on 6/28/21 and received on 10/30/21 for $956.73, Cigna will work to recover rest, PR is $3,029.79, total error is $7,450.02
170	Other Insurance	$0.00	$0.00	$0.00	Correctly processed - Medicare primary 4/2020
171	Other Insurance	$27,984.50	$0.00	$0.00	Agreed - other coverage is workman's comp, claim should have denied
172	Other Insurance	$0.00	$0.00	$0.00	Correctly processed - Plan became secondary 9/2020
173	Other Insurance	$0.00	$0.00	$0.00	Correctly processed - Plan became secondary to Medicare 4/1/20
174	Other Insurance	$0.00	$11,934.98	$0.00	Refund already requested - Updated COB information received 4/1/20 after processing, refund requested 5/21/20, should have coordinated
175	Other Insurance	$0.00	$0.00	$0.00	Medicare primary 4/1/20 - last verified 10/2021
176	Other Insurance	$0.00	$0.00	$0.00	Correctly processed - Cigna primary, Medicare secondary due to age
177	Other Insurance	$0.00	$0.00	$0.00	Correctly processed - Medicare primary effective 10/1/2020
178	Other Insurance	$0.00	$0.00	$0.00	Refund already requested - Updated COB information received after processing, effective 5/1/20, refund requested 5/6/21 and received 12/10/21
179	Other Insurance	$11,220.16	$0.00	$0.00	Agreed - Medicare prime 2/1/20 - 11/30/20 - Part B should be estimated
180	Other Insurance	$11,220.16	$0.00	$0.00	Agreed - Medicare prime 2/1/20 - 11/30/20 - Part B should be estimated
181	Other Insurance	$10,098.14	$0.00	$0.00	Agreed - Medicare prime 2/1/20 - 11/30/20 - Part B should be estimated
182	Other Insurance	$12,172.23	$0.00	$0.00	Agreed - Medicare prime 2/1/20 - 11/30/20 - Part B should be estimated
183	Other Insurance	$11,781.17	$0.00	$0.00	Agreed - Medicare prime 2/1/20 - 11/30/20 - Part B should be estimated
184	Other Insurance	$0.00	$34,701.00	$0.00	Refund already requested - Updated COB information received after processing, effective 1/1/20, refund requested 4/6/20
185	Other Insurance	$0.00	$1,480.00	$0.00	Medicare primary 3/1/19, partial recovery of $130,594.64 on 8/20/21, corrected claim received 10/19/21 but not finalized, final overpayment request of $1,480 will be requested after finalization
186	Other Insurance	$0.00	$0.00	$0.00	Correctly processed - Cigna primary, Medicare secondary
187	Other Insurance	$0.00	$0.00	$0.00	Correctly processed - Cigna primary, Medicare secondary due to disability
188	Other Insurance	$0.00	$0.00	$0.00	Correctly processed - Cigna primary on DOS, COBRA effective 6/1/18 to 10/31/20, Medicare primary 8/1/20
189	Other Insurance	$0.00	$0.00	$0.00	Correctly processed - coordinated with primary insurance
190	Other Insurance	$0.00	$0.00	$0.00	Correctly processed - Medicare primary 9/1/20 last verified 11/2021
191	Other Insurance	$0.00	$0.00	$0.00	Correctly processed - Medicare primary 2/1/20 last verified 11/20/21
192	Other Insurance	$0.00	$0.00	$0.00	Correctly processed - Medicare primary 5/1/20 last verified 11/20/21
193	Other Insurance	$133,793.22	$0.00	$0.00	Updated COB information received 8/30/20 after claim processed, Medicare primary 4/1/20, refund needs to be requested
194	Retiree COB	$0.00	$0.00	$0.00	Correctly processed - Medicare A only, Part B claim - specific plan does not estimate
195	Retiree COB	$0.00	$0.00	$0.00	Retirees over 65 are considered active employees per plan design, Medicare for member began 11/20/18
196	Retiree COB	$0.00	$0.00	$0.00	Correctly processed - Medicare A only, Part B claim - specific plan does not estimate
197	Retiree COB	$0.00	$0.00	$0.00	Correctly processed - Medicare A only, Part B claim - specific plan does not estimate
198	Retiree COB	$0.00	$0.00	$0.00	Retirees over 65 are considered active employees per plan design, Medicare for member began 6/1/10
199	Retiree COB	$0.00	$0.00	$0.00	Retirees over 65 are considered active employees per plan design, Medicare for member began 6/1/10
200	ESRD	$0.00	$0.00	$0.00	Refunded due to OI, Coordination period 8/29/17 to 3/18/19
201	ESRD	$0.00	$0.00	$0.00	Cigna primary, Coordination period 6/8/20 to 6/20/2022
202	ESRD	$0.00	$0.00	$0.00	Cigna primary, Coordination period 2/1/20 to 8/1/22
203	ESRD	$0.00	$0.00	$0.00	Cigna primary, Coordination period 9/5/18 to 3/1/21
204	ESRD	$0.00	$0.00	$0.00	Cigna primary, Coordination period 10/1/18 to 4/1/21

Audit Item	Issue	Recovery	Refund Already Requested	Disputed	Comment
205	Secondary Payments	$0.00	$0.00	$0.00	No other insurance, paid as primary correctly
206	Secondary Payments	$0.00	$0.00	$0.00	Refunded on 10/27/21 due to OI
207	Secondary Payments	$0.00	$0.00	$0.00	No other insurance, paid as primary correctly
208	Secondary Payments	$0.00	$0.00	$0.00	Coordinated correctly - allowed patient portion
209	Secondary Payments	$0.00	$0.00	$0.00	Coordinated correctly - allowed patient portion
210	Secondary Payments	$0.00	$0.00	$0.00	Coordinated correctly - allowed patient portion
211	Secondary Payments	$0.00	$0.00	$0.00	Coordinated correctly - allowed patient portion
212	Secondary Payments	$0.00	$0.00	$0.00	Coordinated correctly - allowed patient portion
213	Secondary Payments	$2,867.20	$0.00	$0.00	Agreed, should have only allowed the patient portion
214	Secondary Payments	$0.00	$0.00	$0.00	Coordinated correctly - allowed patient portion
215	Secondary Payments	$0.00	$0.00	$0.00	Coordinated correctly - allowed patient portion
216	Secondary Payments	$0.00	$0.00	$0.00	Refunded on 7/7/21 due to OI
217	Secondary Payments	$0.00	$0.00	$0.00	Coordinated correctly - allowed patient portion
218	Secondary Payments	$0.00	$0.00	$0.00	Coordinated correctly - allowed patient portion
219	Secondary Payments	$0.00	$0.00	$0.00	Coordinated correctly - allowed patient portion
220	Home Health During Inpatient	$0.00	$0.00	$0.00	HIT supplies shipped/rec'd while inpatient
221	Home Health During Inpatient	$0.00	$0.00	$0.00	HIT supplies shipped/rec'd while inpatient
222	Home Health During Inpatient	$0.00	$0.00	$0.00	HIT supplies shipped/rec'd while inpatient
223	Home Health During Inpatient	$0.00	$0.00	$0.00	HIT supplies shipped/rec'd while inpatient
224	Outpatient During Inpatient	$0.00	$0.00	$0.00	Allowed correctly - Not IP at time of OP service
225	Outpatient During Inpatient	$1,868.78	$0.00	$0.00	IP claim received after OP claim, refund should be requested - facility billed OP surgery while patient was IP
226	ER with Admission	$0.00	$0.00	$0.00	Allowed correctly - POC contract
227	ER with Admission	$0.00	$0.00	$0.00	Allowed correctly - POC contract
228	Pre-Surgical Testing	$0.00	$214.09	$0.00	Refund already requested - PST should not be separately reimbursed - refund requested 6/11/20
229	Pre-Surgical Testing	$228.05	$0.00	$0.00	Agreed - non-COVID lines for PST should not be separately reimbursed
230	Pre-Surgical Testing	$237.96	$0.00	$0.00	Agreed - PST should not be separately reimbursed
231	Pre-Surgical Testing	$831.91	$0.00	$0.00	Agreed - PST should not be separately reimbursed
232	Pre-Surgical Testing	$0.00	$254.77	$0.00	Refund already requested - PST should not be separately reimbursed - refund requested 7/8/20
233	Surgery Global	$71.42	$0.00	$0.00	Agreed - Should not allow office visit on day of surgery due to global surgery rules
234	Surgery Global	$52.04	$0.00	$0.00	Agreed - Should not allow office visit on day of surgery due to global surgery rules
235	Surgery Global	$54.38	$0.00	$0.00	Agreed - Should not allow office visit on day prior to surgery due to global surgery rules
236	Surgery Global	$0.00	$0.00	$0.00	Allowed correctly - code editing software allows code separately
237	Surgery Global	$0.00	$140.05	$0.00	Refund Already Requested - Should not allow office visit on day prior to surgery due to global surgery rules - refund requested 11/17/20
238	Surgery Global	$97.04	$0.00	$0.00	Agreed - Should not allow office visit on day prior to surgery due to global surgery rules
239	Surgery Global	$90.71	$0.00	$0.00	Agreed - Should not allow office visit 3 days after surgery due to global surgery rules
240	Surgery Global	$66.22	$0.00	$0.00	Agreed - Should not allow office visit 10 days after surgery due to global surgery rules
241	Medical Edits	$0.00	$0.00	$0.00	Info only, primary procedure
242	Medical Edits	$85.00	$0.00	$0.00	Agreed - Should not allow 11720 when bunded with 241's 11721
243	Medical Edits	$0.00	$0.00	$0.00	Info only, primary procedure
244	Medical Edits	$285.38	$0.00	$0.00	Agreed - Should not allow 96521 when bunded with 243's 96416
245	Medical Edits	$0.00	$0.00	$0.00	Info only, primary procedure
246	Medical Edits	$285.38	$0.00	$0.00	Agreed - Should not allow 96521 when bunded with 245's 96416
247	Multiple Procedure Reductions	$0.00	$0.00	$0.00	Info only, primary procedure
248	Multiple Procedure Reductions	$0.00	$0.00	$0.00	Refund received 10/29/21 for MPR
249	Multiple Procedure Reductions	$0.00	$0.00	$0.00	Info only, primary procedure
250	Multiple Procedure Reductions	$2,704.50	$0.00	$0.00	Agreed - missed MPR reduction
251	Multiple Procedure Reductions	$0.00	$0.00	$0.00	Info only, primary procedure
252	Multiple Procedure Reductions	$0.00	$0.00	$0.00	Refund received on 11/1/21 for MPR
253	Multiple Procedure Reductions	$0.00	$0.00	$0.00	Info only, primary procedure
254	Multiple Procedure Reductions	$0.00	$0.00	$0.00	Refund received on 9/20/21 for MPR
255	Multiple Procedure Reductions	$0.00	$0.00	$0.00	Info only, primary procedure
256	Multiple Procedure Reductions	$1,417.78	$0.00	$0.00	Agreed - missed MPR reduction
257	Multiple Procedure Reductions	$0.00	$0.00	$0.00	Info only, primary procedure
258	Multiple Procedure Reductions	$0.00	$801.41	$0.00	Refund already requested - missed MPR reduction
259	Multiple Procedure Reductions	$0.00	$0.00	$0.00	Info only, primary procedure
260	Multiple Procedure Reductions	$1,308.11	$0.00	$0.00	Agreed - missed MPR reduction
261	Two Surgeons	$0.00	$0.00	$0.00	Refund received 10/6/21
262	Two Surgeons	$0.00	$0.00	$0.00	Info only, main surgeon claim

Audit Item	Issue	Recovery	Refund Already Requested	Disputed	Comment
263	Timely Filing	$0.00	$0.00	$0.00	Timely filing provision paused 3/1/20 due to COVID pandemic
264	Timely Filing	$0.00	$0.00	$0.00	Timely filing provision paused 3/1/20 due to COVID pandemic
265	Timely Filing	$0.00	$0.00	$0.00	Timely filing provision paused 3/1/20 due to COVID pandemic
266	Timely Filing	$0.00	$0.00	$0.00	Timely filing provision paused 3/1/20 due to COVID pandemic
267	Timely Filing	$0.00	$0.00	$0.00	Timely filing provision paused 3/1/20 due to COVID pandemic
268	Benefit Exclusion - Administrative Exams	$0.00	$0.00	$0.00	Plan excludes exams for admission to educational institutions - (diag Z020) - Cigna allows due to other diagnosis codes on claim
269	Benefit Exclusion - Administrative Exams	$0.00	$0.00	$0.00	Plan excludes exams for admission to educational institutions - (diag Z020) - Cigna allows due to other diagnosis codes on claim
270	Benefit Exclusion - Administrative Exams	$0.00	$0.00	$0.00	Plan excludes exams for admission to educational institutions - (diag Z020) - Cigna allows due to other diagnosis codes on claim
271	Benefit Exclusion - Administrative Exams	$0.00	$0.00	$0.00	Plan excludes exams for pre-employment - (diag Z021) - Cigna allows due to other diagnosis codes on claim
272	Benefit Exclusion - Administrative Exams	$0.00	$0.00	$0.00	Plan excludes exams for pre-employment - (diag Z021) - Cigna allows due to other diagnosis codes on claim
273	Benefit Exclusion - Administrative Exams	$0.00	$0.00	$0.00	Plan excludes exams for pre-employment - (diag Z021) - Cigna allows due to other diagnosis codes on claim
274	Benefit Exclusion - Administrative Exams	$0.00	$0.00	$0.00	Allowed correctly - diagnosis pointed to medical condition
275	Benefit Exclusion - Administrative Exams	$0.00	$0.00	$0.00	Allowed correctly - diagnosis pointed to medical condition
276	Benefit Exclusion - Administrative Exams	$0.00	$0.00	$0.00	Plan excludes exams for licensing - (diag Z024) - Cigna allows due to other diagnosis codes on claim
277	Benefit Exclusion - Administrative Exams	$0.00	$0.00	$60.00	Plan excludes exams for sports participation - (diag Z025) - Cigna allows due to POS Urgent Care, no other diagnosis on claim
278	Benefit Exclusion - Administrative Exams	$0.00	$0.00	$0.00	Plan excludes exams for sports participation - (diag Z025) - Cigna allows due to other diagnosis codes on claim
279	Benefit Exclusion - Administrative Exams	$0.00	$0.00	$0.00	Allowed correctly - diagnosis pointed to medical condition
280	Benefit Exclusion - Administrative Exams	$0.00	$0.00	$0.00	Plan excludes exams for adoption - (diag Z0282) - Cigna allows due to other diagnosis codes on claim
281	Benefit Exclusion - Administrative Exams	$0.00	$0.00	$0.00	Plan excludes exams for adoption - (diag Z0282) - Cigna allows due to other diagnosis codes on claim, DOS 12/30/20, Child adoped 12/2/21
282	Benefit Exclusion - Administrative Exams	$0.00	$0.00	$0.00	Allowed correctly - diagnosis pointed to medical condition
283	Benefit Exclusion - Administrative Exams	$0.00	$0.00	$0.00	Allowed correctly - diagnosis pointed to medical condition
284	Benefit Exclusion - Administrative Exams	$0.00	$0.00	$0.00	Plan excludes administrative exams - (diag Z0289) - Cigna allows due to other diagnosis codes on claim
285	Benefit Exclusion - Administrative Exams	$0.00	$0.00	$75.00	Plan excludes administrative exams - (diag Z0289) - Cigna allows due to POS Urgent Care, no other diagnosis on claim
286	Benefit Exclusion - Administrative Exams	$0.00	$0.00	$0.00	Plan excludes administrative exams - (diag Z0289) - Cigna allows due to other diagnosis codes on claim
287	Benefit Exclusion - Administrative Exams	$0.00	$0.00	$0.00	Plan excludes administrative exams - (diag Z0289) - Cigna allows due to other diagnosis codes on claim
288	Benefit Exclusion - Administrative Exams	$56.59	$0.00	$0.00	Agreed - Plan excludes administrative exams - (diag Z0289) - no other diagnosis codes on the claim
289	Benefit Exclusion - Surgery	$0.00	$0.00	$0.00	Cigna states the exclusion is tied to specific procedure codes for surgery and injection is not part of exclusion.
290	Benefit Exclusion - Surgery	$0.00	$0.00	$0.00	Cigna states the exclusion is tied to specific procedure codes for surgery and injection is not part of exclusion.
291	Benefit Exclusion - OP Surgery	$0.00	$0.00	$0.00	Plan exclusion, but Cigna states this exclusion is tied to specific procedure codes and does not include this diagnosis or injection
292	Benefit Exclusion - OP Surgery	$0.00	$0.00	$0.00	Diagnosis result of surgery due to medical condition
293	Benefit Exclusion - OP Surgery	$0.00	$0.00	$0.00	Services are covered due to history of medical condition
294	Benefit Exclusion - OP Surgery	$0.00	$0.00	$0.00	Services are covered due to history of medical condition
295	Benefit Exclusion - OP Surgery	$0.00	$0.00	$0.00	Services are covered due to history of medical condition, authorized
296	Benefit Exclusion - Elastic Stockings	$0.00	$0.00	$0.00	Cigna states compression stockings that are medically necessary are covered with appropriate diagnosis
297	Benefit Exclusion - Elastic Stockings	$0.00	$0.00	$0.00	Cigna states compression stockings that are medically necessary are covered with appropriate diagnosis
298	Benefit Exclusion - Elastic Stockings	$0.00	$0.00	$0.00	Cigna states compression stockings that are medically necessary are covered with appropriate diagnosis
299	Benefit Exclusion - Elastic Stockings	$0.00	$0.00	$0.00	Cigna states compression stockings that are medically necessary are covered with appropriate diagnosis
300	Benefit Exclusion - Elastic Stockings	$0.00	$0.00	$0.00	Cigna states compression stockings that are medically necessary are covered with appropriate diagnosis
		$477,941.75	**$196,050.74**	**$135.00**	

Appendix B – Out-of-Sample Detail

Audit Item	Issue	Recovery	Comment
301	Facility Contracts	$0.00	Original admit - information only
302	Facility Contracts	$10,681.13	Allow readmission within 72 hours?
303	Facility Contracts	$0.00	Original admit - information only
304	Facility Contracts	$16,700.44	Allow readmission within 72 hours?
305	Facility Contracts	$0.00	Original admit - information only
306	Facility Contracts	$10,055.51	Allow readmission within 72 hours?
307	Facility Contracts	$13,420.32	Allow readmission within 72 hours?
308	Facility Contracts	$0.00	Original admit - information only
309	Facility Contracts	$30,858.88	Allow readmission within 72 hours?
310	Facility Contracts	$0.00	Original admit - information only
311	Facility Contracts	$22,445.98	Allow readmission within 72 hours?
312	Facility Contracts	$0.00	Original admit - information only
313	Facility Contracts	$15,641.50	Allow readmission within 72 hours?
314	Professional Pricing	$50,618.40	Missed fee schedule pricing - allowed billed in error
315	Professional Pricing	$37,963.80	Missed fee schedule pricing - allowed billed in error
316	Professional Pricing	$50,618.40	Missed fee schedule pricing - allowed billed in error
317	Duplicates - Line Level	$0.00	Billed with Misc Provider and Actual Provider
318	Duplicates - Line Level	$30.00	Billed with Misc Provider and Actual Provider
319	Duplicates - Line Level	$0.00	Billed with Misc Provider and Actual Provider
320	Duplicates - Line Level	$30.00	Billed with Misc Provider and Actual Provider
321	Duplicates - Line Level	$0.00	Billed with Misc Provider and Actual Provider
322	Duplicates - Line Level	$29.24	Billed with Misc Provider and Actual Provider
323	Duplicates - Line Level	$0.00	Billed with Misc Provider and Actual Provider
324	Duplicates - Line Level	$22.94	Billed with Misc Provider and Actual Provider
325	Duplicates - Line Level	$0.00	Billed with Misc Provider and Actual Provider
326	Duplicates - Line Level	$29.24	Billed with Misc Provider and Actual Provider
327	Duplicates - Line Level	$0.00	Billed with Misc Provider and Actual Provider
328	Duplicates - Line Level	$29.24	Billed with Misc Provider and Actual Provider
329	Duplicates - Line Level	$0.00	Billed with Misc Provider and Actual Provider
330	Duplicates - Line Level	$100.00	Billed with Misc Provider and Actual Provider
331	Duplicates - Line Level	$0.00	Billed with Misc Provider and Actual Provider
332	Duplicates - Line Level	$43.20	Billed with Misc Provider and Actual Provider
333	Duplicates - Line Level	$0.00	Billed with Misc Provider and Actual Provider
334	Duplicates - Line Level	$47.26	Billed with Misc Provider and Actual Provider
335	Duplicates - Line Level	$0.00	Billed with Misc Provider and Actual Provider
336	Duplicates - Line Level	$2,118.66	Billed with Misc Provider and Actual Provider
337	Eligibility - After Termination	$391.40	After termination - recoverable retroactive termination?
338	Eligibility - After Termination	$333.48	After termination - recoverable retroactive termination?
339	Eligibility - After Termination	$587.47	After termination - recoverable retroactive termination?
340	Eligibility - After Termination	$188.80	After termination - recoverable retroactive termination?
341	Eligibility - After Termination	$188.80	After termination - recoverable retroactive termination?
342	Eligibility - After Termination	$477.31	After termination - recoverable retroactive termination?
343	Eligibility - After Termination	$10.58	After termination - recoverable retroactive termination?
344	Eligibility - After Termination	$13.54	After termination - recoverable retroactive termination?
345	Eligibility - After Termination	$71.47	After termination - recoverable retroactive termination?
346	Eligibility - After Termination	$230.92	After termination - recoverable retroactive termination?
347	Eligibility - After Termination	$120.14	After termination - recoverable retroactive termination?
348	Eligibility - After Termination	$61.78	After termination - recoverable retroactive termination?
349	Eligibility - After Termination	$41.86	After termination - recoverable retroactive termination?
350	Eligibility - After Termination	$78.88	After termination - recoverable retroactive termination?
351	Eligibility - After Termination	$16.91	After termination - recoverable retroactive termination?
352	Eligibility - After Termination	$2,170.62	After termination - recoverable retroactive termination?
353	Eligibility - After Termination	$17.90	After termination - recoverable retroactive termination?
354	Eligibility - After Termination	$17.90	After termination - recoverable retroactive termination?
355	Eligibility - After Termination	$16.91	After termination - recoverable retroactive termination?
356	Eligibility - After Termination	$283.25	After termination - recoverable retroactive termination?
357	Eligibility - After Termination	$203.50	After termination - recoverable retroactive termination?
358	Eligibility - After Termination	$101.75	After termination - recoverable retroactive termination?
359	Eligibility - After Termination	$17.90	After termination - recoverable retroactive termination?
360	Eligibility - After Termination	$17.90	After termination - recoverable retroactive termination?
361	Eligibility - After Termination	$17.90	After termination - recoverable retroactive termination?

Audit Item	Issue	Recovery	Comment
362	Eligibility - After Termination	$311.78	After termination - recoverable retroactive termination?
363	Eligibility - After Termination	$168.00	After termination - recoverable retroactive termination?
364	Eligibility - After Termination	$17.90	After termination - recoverable retroactive termination?
365	Eligibility - After Termination	$160.03	After termination - recoverable retroactive termination?
366	Eligibility - After Termination	$285.60	After termination - recoverable retroactive termination?
367	Eligibility - After Termination	$76.82	After termination - recoverable retroactive termination?
368	Eligibility - After Termination	$258.74	After termination - recoverable retroactive termination?
369	Eligibility - After Termination	$14.54	After termination - recoverable retroactive termination?
370	Eligibility - After Termination	$16.14	After termination - recoverable retroactive termination?
371	Eligibility - After Termination	$20.32	After termination - recoverable retroactive termination?
372	Eligibility - After Termination	$109.70	After termination - recoverable retroactive termination?
373	Eligibility - After Termination	$74.56	After termination - recoverable retroactive termination?
374	Eligibility - After Termination	$147.20	After termination - recoverable retroactive termination?
375	Eligibility - After Termination	$150.40	After termination - recoverable retroactive termination?
376	Eligibility - After Termination	$121.20	After termination - recoverable retroactive termination?
377	Eligibility - After Termination	$250.40	After termination - recoverable retroactive termination?
378	Eligibility - After Termination	$61.88	After termination - recoverable retroactive termination?
379	Eligibility - After Termination	$178.58	After termination - recoverable retroactive termination?
380	Eligibility - After Termination	$18.73	After termination - recoverable retroactive termination?
381	Eligibility - After Termination	$44.39	After termination - recoverable retroactive termination?
382	Eligibility - After Termination	$499.61	After termination - recoverable retroactive termination?
383	Eligibility - After Termination	$101.60	After termination - recoverable retroactive termination?
384	Eligibility - After Termination	$26.24	After termination - recoverable retroactive termination?
385	Eligibility - After Termination	$147.40	After termination - recoverable retroactive termination?
386	Eligibility - After Termination	$77.83	After termination - recoverable retroactive termination?
387	Eligibility - After Termination	$13.61	After termination - recoverable retroactive termination?
388	Eligibility - After Termination	$53.10	After termination - recoverable retroactive termination?
389	Eligibility - After Termination	$83.50	After termination - recoverable retroactive termination?
390	Eligibility - After Termination	$16.55	After termination - recoverable retroactive termination?
391	Eligibility - After Termination	$42.14	After termination - recoverable retroactive termination?
392	Eligibility - After Termination	$46.87	After termination - recoverable retroactive termination?
393	Eligibility - After Termination	$23.46	After termination - recoverable retroactive termination?
394	Eligibility - After Termination	$40.73	After termination - recoverable retroactive termination?
395	Eligibility - After Termination	$140.80	After termination - recoverable retroactive termination?
396	Eligibility - After Termination	$36.96	After termination - recoverable retroactive termination?
397	Eligibility - After Termination	$40.73	After termination - recoverable retroactive termination?
398	Eligibility - After Termination	$160.91	After termination - recoverable retroactive termination?
399	Eligibility - After Termination	$48.02	After termination - recoverable retroactive termination?
400	Eligibility - After Termination	$161.39	After termination - recoverable retroactive termination?
401	Eligibility - After Termination	$400.29	After termination - recoverable retroactive termination?
402	Eligibility - After Termination	$204.89	After termination - recoverable retroactive termination?
403	Eligibility - After Termination	$193.66	After termination - recoverable retroactive termination?
404	Eligibility - After Termination	$52.73	After termination - recoverable retroactive termination?
405	Eligibility - After Termination	$86.46	After termination - recoverable retroactive termination?
406	Eligibility - After Termination	$19.25	After termination - recoverable retroactive termination?
407	Eligibility - After Termination	$35.05	After termination - recoverable retroactive termination?
408	Eligibility - After Termination	$623.01	After termination - recoverable retroactive termination?
409	Eligibility - After Termination	$172.79	After termination - recoverable retroactive termination?
410	Eligibility - After Termination	$262.65	After termination - recoverable retroactive termination?
411	Eligibility - After Termination	$56.36	After termination - recoverable retroactive termination?
412	Eligibility - After Termination	$262.65	After termination - recoverable retroactive termination?
413	Eligibility - After Termination	$688.24	After termination - recoverable retroactive termination?
414	Eligibility - After Termination	$121.87	After termination - recoverable retroactive termination?
415	Eligibility - After Termination	$77.35	After termination - recoverable retroactive termination?
416	Eligibility - After Termination	$104.65	After termination - recoverable retroactive termination?
417	Eligibility - After Termination	$290.89	After termination - recoverable retroactive termination?
418	Eligibility - After Termination	$21.39	After termination - recoverable retroactive termination?
419	Eligibility - After Termination	$409.54	After termination - recoverable retroactive termination?
420	Eligibility - After Termination	$163.02	After termination - recoverable retroactive termination?
421	Eligibility - After Termination	$182.91	After termination - recoverable retroactive termination?
422	Eligibility - After Termination	$197.77	After termination - recoverable retroactive termination?
423	Eligibility - After Termination	$269.23	After termination - recoverable retroactive termination?
424	Eligibility - After Termination	$156.84	After termination - recoverable retroactive termination?

Audit Item	Issue	Recovery	Comment
425	Eligibility - After Termination	$205.02	After termination - recoverable retroactive termination?
426	Eligibility - After Termination	$206.06	After termination - recoverable retroactive termination?
427	Eligibility - After Termination	$56.42	After termination - recoverable retroactive termination?
428	Eligibility - After Termination	$56.42	After termination - recoverable retroactive termination?
429	Eligibility - After Termination	$71.23	After termination - recoverable retroactive termination?
430	Eligibility - After Termination	$71.23	After termination - recoverable retroactive termination?
431	Eligibility - After Termination	$71.23	After termination - recoverable retroactive termination?
432	Eligibility - After Termination	$71.23	After termination - recoverable retroactive termination?
433	Eligibility - After Termination	$56.42	After termination - recoverable retroactive termination?
434	Eligibility - After Termination	$133.79	After termination - recoverable retroactive termination?
435	Eligibility - After Termination	$809.63	After termination - recoverable retroactive termination?
436	Eligibility - After Termination	$213.69	After termination - recoverable retroactive termination?
437	Eligibility - After Termination	$197.77	After termination - recoverable retroactive termination?
438	Eligibility - After Termination	$248.16	After termination - recoverable retroactive termination?
439	Eligibility - After Termination	$30.67	After termination - recoverable retroactive termination?
440	Eligibility - After Termination	$142.46	After termination - recoverable retroactive termination?
441	Eligibility - After Termination	$213.69	After termination - recoverable retroactive termination?
442	Eligibility - After Termination	$198.00	After termination - recoverable retroactive termination?
443	Eligibility - After Termination	$411.69	After termination - recoverable retroactive termination?
444	Eligibility - After Termination	$142.46	After termination - recoverable retroactive termination?
445	Eligibility - After Termination	$112.84	After termination - recoverable retroactive termination?
446	Eligibility - After Termination	$56.42	After termination - recoverable retroactive termination?
447	Eligibility - After Termination	$284.92	After termination - recoverable retroactive termination?
448	Eligibility - After Termination	$56.42	After termination - recoverable retroactive termination?
449	Eligibility - After Termination	$56.42	After termination - recoverable retroactive termination?
450	Eligibility - After Termination	$323.43	After termination - recoverable retroactive termination?
451	Eligibility - After Termination	$56.42	After termination - recoverable retroactive termination?
452	Eligibility - After Termination	$213.69	After termination - recoverable retroactive termination?
453	Eligibility - After Termination	$112.84	After termination - recoverable retroactive termination?
454	Eligibility - After Termination	$56.42	After termination - recoverable retroactive termination?
455	Eligibility - After Termination	$213.69	After termination - recoverable retroactive termination?
456	Eligibility - After Termination	$32.28	After termination - recoverable retroactive termination?
457	Eligibility - After Termination	$112.84	After termination - recoverable retroactive termination?
458	Eligibility - After Termination	$71.23	After termination - recoverable retroactive termination?
459	Eligibility - After Termination	$104.77	After termination - recoverable retroactive termination?
460	Eligibility - After Termination	$18.29	After termination - recoverable retroactive termination?
461	Eligibility - After Termination	$55.54	After termination - recoverable retroactive termination?
462	Eligibility - After Termination	$24.58	After termination - recoverable retroactive termination?
463	Eligibility - After Termination	$24.58	After termination - recoverable retroactive termination?
464	Eligibility - After Termination	$53.10	After termination - recoverable retroactive termination?
465	Eligibility - After Termination	$170.24	After termination - recoverable retroactive termination?
466	Eligibility - After Termination	$299.55	After termination - recoverable retroactive termination?
467	Eligibility - After Termination	$242.00	After termination - recoverable retroactive termination?
468	Eligibility - After Termination	$107.08	After termination - recoverable retroactive termination?
469	Eligibility - After Termination	$69.65	After termination - recoverable retroactive termination?
470	Eligibility - After Termination	$102.66	After termination - recoverable retroactive termination?
471	Eligibility - After Termination	$118.34	After termination - recoverable retroactive termination?
472	Eligibility - After Termination	$227.51	After termination - recoverable retroactive termination?
473	Eligibility - After Termination	$63.07	After termination - recoverable retroactive termination?
474	Eligibility - After Termination	$36.00	After termination - recoverable retroactive termination?
475	Eligibility - After Termination	$132.47	After termination - recoverable retroactive termination?
476	Eligibility - After Termination	$102.93	After termination - recoverable retroactive termination?
477	Eligibility - After Termination	$452.88	After termination - recoverable retroactive termination?
478	Eligibility - After Termination	$122.04	After termination - recoverable retroactive termination?
479	Eligibility - After Termination	$0.44	After termination - recoverable retroactive termination?
480	Eligibility - After Termination	$67.68	After termination - recoverable retroactive termination?
481	Eligibility - After Termination	$73.34	After termination - recoverable retroactive termination?
482	Eligibility - After Termination	$50.83	After termination - recoverable retroactive termination?
483	Eligibility - After Termination	$89.08	After termination - recoverable retroactive termination?
484	Eligibility - After Termination	$121.20	After termination - recoverable retroactive termination?
485	Eligibility - After Termination	$239.70	After termination - recoverable retroactive termination?
486	Eligibility - After Termination	$75.19	After termination - recoverable retroactive termination?

Audit Item	Issue	Recovery	Comment
487	Eligibility - After Termination	$1,025.00	After termination - recoverable retroactive termination?
488	Eligibility - After Termination	$84.66	After termination - recoverable retroactive termination?
489	Eligibility - After Termination	$210.84	After termination - recoverable retroactive termination?
490	Eligibility - After Termination	$90.98	After termination - recoverable retroactive termination?
491	Eligibility - After Termination	$777.17	After termination - recoverable retroactive termination?
492	Eligibility - After Termination	$53.80	After termination - recoverable retroactive termination?
493	Eligibility - Not on File	$41.86	After termination - recoverable retroactive termination?
494	Eligibility - Not on File	$110.69	After termination - recoverable retroactive termination?
495	Eligibility - Not on File	$2,595.69	After termination - recoverable retroactive termination?
496	Eligibility - Not on File	$223.88	After termination - recoverable retroactive termination?
497	Eligibility - Not on File	$110.69	After termination - recoverable retroactive termination?
498	Eligibility - Not on File	$598.57	After termination - recoverable retroactive termination?
499	Eligibility - Not on File	$567.19	After termination - recoverable retroactive termination?
500	Eligibility - Not on File	$57.97	After termination - recoverable retroactive termination?
501	Eligibility - Not on File	$10.10	After termination - recoverable retroactive termination?
502	Eligibility - Not on File	$10.10	After termination - recoverable retroactive termination?
503	Eligibility - Not on File	$10.10	After termination - recoverable retroactive termination?
504	Eligibility - Not on File	$12.06	After termination - recoverable retroactive termination?
505	Eligibility - Not on File	$372.63	After termination - recoverable retroactive termination?
506	Eligibility - Not on File	$18.90	After termination - recoverable retroactive termination?
507	Eligibility - Not on File	$45.74	After termination - recoverable retroactive termination?
508	Eligibility - Not on File	$10.10	After termination - recoverable retroactive termination?
509	Eligibility - Not on File	$8.92	After termination - recoverable retroactive termination?
510	Eligibility - Not on File	$107.44	After termination - recoverable retroactive termination?
511	Eligibility - Not on File	$10.36	After termination - recoverable retroactive termination?
512	Eligibility - Not on File	$69.86	After termination - recoverable retroactive termination?
513	Eligibility - Not on File	$7,705.13	After termination - recoverable retroactive termination?
514	Eligibility - Not on File	$163.98	After termination - recoverable retroactive termination?
515	Eligibility - Not on File	$12.06	After termination - recoverable retroactive termination?
516	Eligibility - Not on File	$44.61	After termination - recoverable retroactive termination?
517	Eligibility - Not on File	$25.65	After termination - recoverable retroactive termination?
518	Eligibility - Not on File	$36.06	After termination - recoverable retroactive termination?
519	Eligibility - Not on File	$12.06	After termination - recoverable retroactive termination?
520	Eligibility - Not on File	$13,420.32	After termination - recoverable retroactive termination?
521	Eligibility - Not on File	$84.71	After termination - recoverable retroactive termination?
522	Eligibility - Not on File	$101.74	After termination - recoverable retroactive termination?
523	Eligibility - Not on File	$14.50	After termination - recoverable retroactive termination?
524	Eligibility - Not on File	$37.18	After termination - recoverable retroactive termination?
525	Eligibility - Not on File	$23.92	After termination - recoverable retroactive termination?
526	Eligibility - Not on File	$22.31	After termination - recoverable retroactive termination?
527	Eligibility - Not on File	$30.86	After termination - recoverable retroactive termination?
528	Eligibility - Not on File	$117.49	After termination - recoverable retroactive termination?
529	Eligibility - Not on File	$10.10	After termination - recoverable retroactive termination?
530	Eligibility - Not on File	$23.92	After termination - recoverable retroactive termination?
531	Eligibility - Not on File	$14.50	After termination - recoverable retroactive termination?
532	Eligibility - Not on File	$7.44	After termination - recoverable retroactive termination?
533	Eligibility - Not on File	$40.32	After termination - recoverable retroactive termination?
534	Eligibility - Not on File	$576.00	After termination - recoverable retroactive termination?
535	Eligibility - Not on File	$12.62	After termination - recoverable retroactive termination?
536	Eligibility - Not on File	$18.96	After termination - recoverable retroactive termination?
537	Eligibility - Not on File	$1,777.58	After termination - recoverable retroactive termination?
538	Eligibility - Not on File	$11.95	After termination - recoverable retroactive termination?
539	Eligibility - Not on File	$25.28	After termination - recoverable retroactive termination?
540	Eligibility - Not on File	$12.62	After termination - recoverable retroactive termination?
541	Eligibility - Not on File	$96.40	After termination - recoverable retroactive termination?
542	Eligibility - Not on File	$80.25	After termination - recoverable retroactive termination?
543	Eligibility - Not on File	$12.24	After termination - recoverable retroactive termination?
544	Eligibility - Not on File	$1,029.07	After termination - recoverable retroactive termination?
545	Eligibility - Not on File	$96.40	After termination - recoverable retroactive termination?
546	Eligibility - Not on File	$891.78	After termination - recoverable retroactive termination?
547	Eligibility - Not on File	$27,509.94	After termination - recoverable retroactive termination?
548	Eligibility - Not on File	$39.41	After termination - recoverable retroactive termination?
549	Eligibility - Not on File	$11.72	After termination - recoverable retroactive termination?
550	Eligibility - Not on File	$10.41	After termination - recoverable retroactive termination?

Audit Item	Issue	Recovery	Comment
551	Eligibility - Not on File	$172.26	After termination - recoverable retroactive termination?
552	Eligibility - Not on File	$1,772.46	After termination - recoverable retroactive termination?
553	Eligibility - Not on File	$2,236.33	After termination - recoverable retroactive termination?
554	Eligibility - Not on File	$767.44	After termination - recoverable retroactive termination?
555	Eligibility - Not on File	$8.20	After termination - recoverable retroactive termination?
556	Eligibility - Not on File	$25.78	After termination - recoverable retroactive termination?
557	Eligibility - Not on File	$1,088.00	After termination - recoverable retroactive termination?
558	Eligibility - Not on File	$25.78	After termination - recoverable retroactive termination?
559	Eligibility - Not on File	$11.79	After termination - recoverable retroactive termination?
560	Eligibility - Not on File	$12.24	After termination - recoverable retroactive termination?
561	Eligibility - Not on File	$4,819.09	After termination - recoverable retroactive termination?
562	Eligibility - Not on File	$8.92	After termination - recoverable retroactive termination?
563	Eligibility - Not on File	$58.73	After termination - recoverable retroactive termination?
564	Eligibility - Not on File	$4.46	After termination - recoverable retroactive termination?
565	Eligibility - Not on File	$537.61	After termination - recoverable retroactive termination?
566	Eligibility - Not on File	$70.16	After termination - recoverable retroactive termination?
567	Eligibility - Not on File	$631.27	After termination - recoverable retroactive termination?
568	Eligibility - Not on File	$908.26	After termination - recoverable retroactive termination?
569	Eligibility - Not on File	$242.15	After termination - recoverable retroactive termination?
570	Eligibility - Not on File	$86.68	After termination - recoverable retroactive termination?
571	Eligibility - Not on File	$57.10	After termination - recoverable retroactive termination?
572	Eligibility - Not on File	$35.75	After termination - recoverable retroactive termination?
573	Eligibility - Not on File	$61.72	After termination - recoverable retroactive termination?
574	Eligibility - Not on File	$436.24	After termination - recoverable retroactive termination?
575	Eligibility - Not on File	$127.17	After termination - recoverable retroactive termination?
576	Eligibility - Not on File	$361.76	After termination - recoverable retroactive termination?
577	Eligibility - Not on File	$12,633.12	After termination - recoverable retroactive termination?
578	Eligibility - Not on File	$26.27	After termination - recoverable retroactive termination?
579	Eligibility - Not on File	$149.22	After termination - recoverable retroactive termination?
580	Eligibility - Not on File	$96.90	After termination - recoverable retroactive termination?
581	Eligibility - Not on File	$99.94	After termination - recoverable retroactive termination?
582	Eligibility - Not on File	$9.87	After termination - recoverable retroactive termination?
583	Eligibility - Not on File	$99.94	After termination - recoverable retroactive termination?
584	Eligibility - Not on File	$11.72	After termination - recoverable retroactive termination?
585	Eligibility - Not on File	$599.64	After termination - recoverable retroactive termination?
586	Eligibility - Not on File	$69.33	After termination - recoverable retroactive termination?
587	Eligibility - Not on File	$12.24	After termination - recoverable retroactive termination?
588	Eligibility - Not on File	$390.36	After termination - recoverable retroactive termination?
589	Eligibility - Not on File	$171.82	After termination - recoverable retroactive termination?
590	Eligibility - Not on File	$550.00	After termination - recoverable retroactive termination?
591	Eligibility - Not on File	$550.00	After termination - recoverable retroactive termination?
592	Eligibility - Not on File	$299.55	After termination - recoverable retroactive termination?
593	Eligibility - Not on File	$34.74	After termination - recoverable retroactive termination?
594	Eligibility - Not on File	$34.82	After termination - recoverable retroactive termination?
595	Eligibility - Not on File	$19.72	After termination - recoverable retroactive termination?
596	Eligibility - Not on File	$121.88	After termination - recoverable retroactive termination?
597	Eligibility - Not on File	$1,253.74	After termination - recoverable retroactive termination?
598	Eligibility - Not on File	$271.23	After termination - recoverable retroactive termination?
599	Eligibility - Not on File	$99.94	After termination - recoverable retroactive termination?
600	Eligibility - Not on File	$19.72	After termination - recoverable retroactive termination?
601	Other Insurance	$1,636.04	Missed coordination with other primary coverage?
602	Other Insurance	$801.00	Missed coordination with other primary coverage?
603	Other Insurance	$1,602.88	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
604	Other Insurance	$14,025.20	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
605	Other Insurance	$14,025.20	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
606	Other Insurance	$14,639.52	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
607	Other Insurance	$14,025.20	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
608	Other Insurance	$14,025.20	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
609	Other Insurance	$12,784.25	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
610	Other Insurance	$4,007.20	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
611	Other Insurance	$10,244.22	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
612	Other Insurance	$14,050.76	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate

Audit Item	Issue	Recovery	Comment
613	Other Insurance	$6,010.80	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
614	Other Insurance	$8,014.40	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
615	Other Insurance	$14,025.20	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
616	Other Insurance	$14,025.20	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
617	Other Insurance	$10,018.00	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
618	Other Insurance	$4,007.20	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
619	Other Insurance	$14,025.20	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
620	Other Insurance	$14,025.20	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
621	Other Insurance	$2,003.60	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
622	Other Insurance	$12,021.60	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
623	Other Insurance	$14,025.20	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
624	Other Insurance	$6,010.80	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
625	Other Insurance	$510.20	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
626	Other Insurance	$14,726.46	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
627	Other Insurance	$14,991.41	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
628	Other Insurance	$510.20	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
629	Other Insurance	$2,103.78	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
630	Other Insurance	$14,726.46	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
631	Other Insurance	$14,726.46	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
632	Other Insurance	$510.20	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
633	Other Insurance	$510.20	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
634	Other Insurance	$510.20	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
635	Other Insurance	$14,473.09	Medicare primary 2/1/20 to 11/30/20 - should either estimate or coordinate
636	Other Insurance	$914.33	Medicare primary 3/1/19
637	Other Insurance	$704.81	Medicare primary 3/1/19
638	Other Insurance	$567.01	Medicare primary 3/1/19
639	Other Insurance	$951.30	Medicare primary 3/1/19
640	Other Insurance	$525.94	Medicare primary 3/1/19
641	Other Insurance	$2,379.51	Medicare primary 3/1/19
642	Other Insurance	$661.84	Medicare primary 3/1/19
643	Other Insurance	$1,230.22	Medicare primary 4/1/20
644	Other Insurance	$5,158.77	Medicare primary 4/1/20
645	Other Insurance	$2,323.45	Medicare primary 4/1/20
646	Other Insurance	$5,203.89	Medicare primary 4/1/20
647	Other Insurance	$6,818.00	Medicare primary 4/1/20
648	Pre-Surgical Testing	$103.87	Allow pre-surgical testing seprately?
649	Pre-Surgical Testing	$408.19	Allow pre-surgical testing seprately?
650	Pre-Surgical Testing	$107.80	Allow pre-surgical testing seprately?
651	Pre-Surgical Testing	$183.83	Allow pre-surgical testing seprately?
652	Pre-Surgical Testing	$866.60	Allow pre-surgical testing seprately?
653	Pre-Surgical Testing	$182.50	Allow pre-surgical testing seprately?
654	Pre-Surgical Testing	$230.04	Allow pre-surgical testing seprately?
655	Pre-Surgical Testing	$270.03	Allow pre-surgical testing seprately?
656	Pre-Surgical Testing	$199.28	Allow pre-surgical testing seprately?
657	Pre-Surgical Testing	$295.41	Allow pre-surgical testing seprately?
658	Pre-Surgical Testing	$112.02	Allow pre-surgical testing seprately?
659	Pre-Surgical Testing	$131.68	Allow pre-surgical testing seprately?
660	Pre-Surgical Testing	$262.83	Allow pre-surgical testing seprately?
661	Pre-Surgical Testing	$172.91	Allow pre-surgical testing seprately?
662	Pre-Surgical Testing	$250.78	Allow pre-surgical testing seprately?
663	Pre-Surgical Testing	$241.70	Allow pre-surgical testing seprately?
664	Pre-Surgical Testing	$110.00	Allow pre-surgical testing seprately?
665	Pre-Surgical Testing	$653.68	Allow pre-surgical testing seprately?
666	Surgery Global	$135.31	Allow E/M during global period?
667	Surgery Global	$14.46	Allow E/M during global period?
668	Surgery Global	$60.63	Allow E/M during global period?
669	Surgery Global	$15.63	Allow E/M during global period?
670	Surgery Global	$3.90	Allow E/M during global period?
671	Surgery Global	$3.90	Allow E/M during global period?
672	Surgery Global	$3.90	Allow E/M during global period?
673	Surgery Global	$28.36	Allow E/M during global period?

Audit Item	Issue	Recovery	Comment
674	Multiple Procedure Reductions	$0.00	Primary procedure - informational only
675	Multiple Procedure Reductions	$76.53	Missed 50% reduction
676	Multiple Procedure Reductions	$0.00	Primary procedure - informational only
677	Multiple Procedure Reductions	$132.98	Missed 50% reduction
678	Multiple Procedure Reductions	$0.00	Primary procedure - informational only
679	Multiple Procedure Reductions	$22.58	Missed 50% reduction
680	Multiple Procedure Reductions	$0.00	Primary procedure - informational only
681	Multiple Procedure Reductions	$66.39	Missed 50% reduction
682	Multiple Procedure Reductions	$0.00	Primary procedure - informational only
683	Multiple Procedure Reductions	$66.39	Missed 50% reduction
684	Multiple Procedure Reductions	$0.00	Primary procedure - informational only
685	Multiple Procedure Reductions	$267.34	Missed 50% reduction
686	Multiple Procedure Reductions	$0.00	Primary procedure - informational only
687	Multiple Procedure Reductions	$32.06	Missed 50% reduction
688	Multiple Procedure Reductions	$0.00	Primary procedure - informational only
689	Multiple Procedure Reductions	$65.99	Missed 50% reduction
690	Multiple Procedure Reductions	$0.00	Primary procedure - informational only
691	Multiple Procedure Reductions	$58.97	Missed 50% reduction
692	Multiple Procedure Reductions	$0.00	Primary procedure - informational only
693	Multiple Procedure Reductions	$32.39	Missed 50% reduction
694	Multiple Procedure Reductions	$0.00	Primary procedure - informational only
695	Multiple Procedure Reductions	$32.39	Missed 50% reduction
696	Multiple Procedure Reductions	$0.00	Primary procedure - informational only
697	Multiple Procedure Reductions	$37.03	Missed 50% reduction
698	Multiple Procedure Reductions	$0.00	Primary procedure - informational only
699	Multiple Procedure Reductions	$80.99	Missed 50% reduction
700	Multiple Procedure Reductions	$0.00	Primary procedure - informational only
701	Multiple Procedure Reductions	$32.26	Missed 50% reduction
702	Multiple Procedure Reductions	$0.00	Primary procedure - informational only
703	Multiple Procedure Reductions	$69.97	Missed 50% reduction
704	Multiple Procedure Reductions	$0.00	Primary procedure - informational only
705	Multiple Procedure Reductions	$45.20	Missed 50% reduction
706	Benefit Exclusion - Administrative Exams	$5.00	Non-covered administrative evaluation
707	Benefit Exclusion - Administrative Exams	$114.62	Non-covered administrative evaluation
708	Benefit Exclusion - Administrative Exams	$24.58	Non-covered administrative evaluation
709	Benefit Exclusion - Administrative Exams	$15.67	Non-covered administrative evaluation
710	Benefit Exclusion - Administrative Exams	$52.04	Non-covered administrative evaluation
711	Benefit Exclusion - Administrative Exams	$38.57	Non-covered administrative evaluation
		$724,902.56	

State of Tennessee Health Plan

Healthcare Claims Targeted Sample Audit of Cigna

April 2022

Together, all the way.®

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Cigna's Executive Summary Response to the Healthcare Horizons Targeted Audit Findings

Cigna would like to thank for both the State of Tennessee and Healthcare Horizons for the opportunity to formally respond to the draft audit findings for the comprehensive Targeted Sample audit conducted remotely by Healthcare Horizons during the week of December 6th, 2021.

The audit consisted of a judgmentally chosen sample of 300 claims incurred between January 1st, 2020 and December 31st, 2020, processed through June 30th, 2021.

During this time a total of 1,128,446 claims were processed with a total of $337,501,100.97 in claim payments on behalf of State of Tennessee employees and their dependents. The claim sample represented benefit payments totaling $8,209,604.00.

Cigna has thoroughly reviewed the draft report submitted and we appreciate the insights and recommendations made by Healthcare Horizons. We are committed to a continuous quality improvement approach to ensure corrective actions are implemented with each of the audit findings and Cigna's detailed response is provided in the information that follows. We look forward to reviewing the results of the audit with the State of Tennessee.

Audit Findings	Cigna Response / Corrective Actions
Audit Finding # 1 – Healthcare Horizons identified related inpatient readmissions allowed in error **Sample Numbers:** 6; 15 and 25 **Overpayments:** $20,209.04; $20,827.59 and $31,987.76 (Total = $73,024.39)	Cigna is in agreement with Healthcare Horizons related to Finding # 1. The overpayments were referred to Cigna's recovery vendor – Cotiviti – in January 2022, and currently they all remain in the "active" refund recovery process. Cigna will provide periodic recovery updates as requested. A system pre-pay claim edit was created to ensure that future similar claims are identified prior to processing. We also are reviewing provider contract terms to ensure that we capture all appropriate providers within this edit. In addition Cigna is currently reviewing the 13 additional claims provided by Healthcare Horizons within the "out of sample" listing. Once our review has been completed we will provide outcome of our findings.

Audit Findings	Cigna Response / Corrective Actions
Audit Finding # 2: Single instance of missed fee schedule pricing was identified **Sample Number:** 33 **Overpaid:** $50,618.40	Cigna is in agreement with the audit findings and overpayment confirmed for Sample # 33. The overpayment was referred to Cigna's recovery vendor – Cotiviti – in January 2022 and remains in active recover This was a manual claim processing error in which the provider's scheduled rates should have been applied. The error was thoroughly reviewed with the individual claim processor and details also shared with the processing teams for further coaching opportunities in December 2021. Reviews included: • Full review of both original and corrected claim submissions • Provider schedule and all applicable rates • HCPCS Drug Proclaim Article In addition, Cigna is currently reviewing the three (3) additional claims provided by Healthcare Horizons and we will provide our findings once completed.

Audit Findings	Cigna Response / Corrective Actions
Audit Finding # 3: Limited number of error were identified for out-of-network claims allowed a full billed charges **Sample Numbers:** 41; 42 and 44 **Overpayments:** $36,220.11; $22,215.67 and $300.00 (Total = $58,735.38)	Cigna is in agreement with Healthcare Horizons related to Finding # 3. The confirmed overpayments were referred to Cigna's recovery vendor – Cotiviti – in January 2022 and each remain in the "active" recovery process at this time. These were manual claim processing errors, and each have been thoroughly reviewed with the individual claim processors with details also shared with the processing teams for further coaching opportunities in December 2021. Reviews included: • Full review of both original and corrected claim submissions • Provider maintenance details within the Proclaim system, including strong focus on maximum allowable charges (MAC) • Patient notes We are pleased that Healthcare Horizons review has confirmed that Cigna is correctly administering MAC, with no additional claims identified for review.

Audit Findings	Cigna Response / Corrective Actions
Audit Finding # 4: Manual or one-off errors resulted in the identification of minimal duplicate payments **Sample Numbers:** 86; 89; 101; 103; 115; 117; 119 and 121. Additionally: 80; 104; 110 and 135 **Overpayments** $1998.26; $1333.60; $136.77; $273.46; $249.00; $268.63; $585.67 and $6,902.37 (Total = $11,747.76) Additionally: $299.55; $197.76; $153.20 and $4,167.16 (Total = $4,817.67)	Cigna is in agreement with the duplicate payment errors confirmed in Finding # 4. At this time refunds totaling $2,032.30 have been received on Sample #'s 86 and 89, refunds rec'd in March and April 2022, respectively, while the remaining overpayments, which were referred to Cigna's recovery vendor – Cotiviti – in January 2022, remain in active recovery. Each of the errors confirmed were the result of manual claim processor errors. Each have been thoroughly reviewed with the individual claim processor and details also shared with the processing teams for further coaching opportunities in December 2021. Reviews included: • Full review of both original, duplicate and corrected claim submissions • Claim adjustment guidelines • Claim Processing Checklist • Duplicate and Corrected Claim Standard Operating Procedures (SOP) • Corkboard claim history tabs and duplicate system checks Cigna is currently reviewing the additional 20 claims provided by Healthcare Horizons and we will provide our findings once completed.

Audit Findings	Cigna Response / Corrective Actions
Audit Finding # 5: Recoverable claims due to retroactive eligibility terminations **Sample Numbers:** 143; 147 and 163 Additionally: 140; 141; 142; 146; 148; 149; 150; 151; 152; 153; 154; 156; 157; 158; 160; 162; 164 and 165 **Overpayments** $248.80; $242.00 and $354.76 (Total = $845.56) Additionally: $3,464.51; $813.46; $271.74; $63,039.13; $2,109.58; $453.74; $206.10; $1,373.16; $7,974.03; $10,350.94; $350.00; $415.76; $1,218.68; $251.15; $1,107.00; $2,676.10; $308.87 and $38,829.53 (Total = $135,213.48)	Cigna is in agreement with the audit findings in this category. Any overpayment not previously identified has been referred to Cigna's recovery vendor – Cotiviti – and they remain in the active refund recovery process. We note that the refund for Sample # 150 ($206.10) was recently recovered in February 2022. Cigna processes claims based on member eligibility information on file at the time of processing, and due to retro-active terminations received, this resulted in overpayments confirmed in the audit. We are currently reviewing the additional 264 "out of sample" claims provided by Healthcare Horizons, and Cigna will provide outcome upon completion.

Audit Findings	Cigna Response / Corrective Actions
Audit Finding # 6: Limited number of claims recoverable due to missed coordination of benefits with other primary coverage **Sample Numbers:** 171; 179 – 183 and 193 Additionally: 169; 174; 184 and 185 **Overpayments** $27,984.50; $56,491.86 and $133,793.22 (Total = $218,269.58) Additionally: $6,493.29; $11,934.98; $34,701.00 and $1,480.00 (Total = $54,609.27)	Cigna is in agreement with the audit findings and overpayments confirmed on Sample #'s 169; 171; 174; 179 – 183; 184; 185 and 193. Each of the overpayments, not previously identified, were referred to Cigna's recovery vendor – Cotiviti – in January 2022 and are currently in active recovery. Each of the errors were the result of incorrect manual claim processing. Each error was thoroughly reviewed with the individual claim processors and details were also shared with the processing teams for further coaching opportunities in December 2021. Reviews included: • Full review of claim submissions • Proclaim coordination of benefits (COB) SOPs • Other insurance and Medicare COB calculators • Claim Processing Checklist • Duplicate and corrected claim submission guidelines • Medicare estimation SOP • Worker's compensation guidelines Cigna is currently reviewing the 47 additional claims provided by Healthcare Horizons and will provide outcome upon completion.

Audit Findings	Cigna Response / Corrective Actions
Audit Finding # 7: One-off (manual) error; secondary payment exceeded the patient responsibility due after primary processing **Sample Number:** 213 **Overpayment** $2,867.20	Cigna is in agreement with the audit findings and overpayment confirmed for Sample # 213. The overpayment was referred to Cigna's recovery vendor – Cotiviti – in January 2022 and is currently in active recovery. This was a manual claim processor error in which the patient liability was not correctly calculated for a coordination of benefits (COB) claim. This error was thoroughly reviewed with the individual claim processor and details also shared with the processing teams for further coaching opportunities in December 2021. Reviews included: • Full review the claim submission • COB Proclaim SOP • COB calculation and allowable quiz examples • Claim Processing Checklist Cigna is pleased that upon further analysis by Healthcare Horizons there were no further potential errors in this category

Audit Findings	Cigna Response / Corrective Actions
Audit Finding # 8: A single recoverable claim for outpatient services billed incorrectly during an inpatient stay **Sample Number:** 225 **Overpayment** $1,868.78	Cigna is in agreement that the claim is currently overpaid, and the refund request is currently in active recovery. The outpatient claim was submitted to Cigna and processed for payment in May 2020. In August 2020 the inpatient claim was subsequently submitted and processed for payment. This was a manual claim processing error in that during the processing of the inpatient claim in August 2020, the claim processor should have completed a claim history "sweep" to ensure the outpatient services were identified. While this claim processor is no longer in the role, the error was thoroughly reviewed with the processing teams as an example in December 2021. Reviews included: • Full review of both outpatient and inpatient claim submissions • Reminder of guidelines for claim history searches to identify similar billing scenarios when processing Inpatient claims • Corkboard History Search tools In addition, we are pleased that the analysis by Healthcare Horizons did not identify any further potential errors in this category

Audit Findings	Cigna Response / Corrective Actions
Audit Finding # 9: Pre-surgical testing claims paid in error as provider contract prohibits separate payment of this testing prior to a planned outpatient surgery **Sample Numbers:** 228 and 232; 229; 230 and 231 **Overpayments** $214.09 and $254.77; $228.05; $237.96 and $831.91 (Total = $1,766.78)	Cigna is in agreement with the audit findings and overpayments related to Sample #'s 228; 229; 230; 231 and 232. Any overpayments not previously identified by Cigna have been referred to Cigna's recovery vendor – Cotiviti – in January 2022 and they are currently in active recovery. The errors were reviewed with the individual claim processors and details also shared with the processing teams for further coaching opportunities in December 2021. Reviews included: • Full review of claim submissions • Pre-Admission SOP, including follow-up testing guidelines • Reimbursement SOP • Provider contract terms and details • Claim Processing Checklist In addition, Cigna is currently reviewing the 18 additional claims provided by Healthcare Horizons related to this error category and we will provide outcome upon completion.

Audit Findings	Cigna Response / Corrective Actions
Audit Finding # 10: Evaluation and management services that should have been included as part of the surgery global fee **Sample Numbers:** 233; 234; 235; 238; 239; 240 and 237 **Overpayments** $71.42; $52.04; $54.38; $97.04; $90.71; $66.22 and $140.05 (Total = $845.56)	Cigna is in agreement with the audit findings and overpayments related to Sample #'s 233; 234; 235; 237; 238; 239 and 240. The overpayments were referred to Cigna's recovery vendor – Cotiviti – in January 2022 and most are currently in active recovery. We note that the refund for Sample # 234 ($52.04) was recovered in February 2022. Cigna's code editing software (ClaimXTen) at the time of processing was not able to identify the services as a part of the surgery global fee, based on the way in which the providers billed. Examples have been referred to the appropriate internal business owners for future code editing enhancements. Cigna has received, and is currently reviewing the eight (8) additional claims provided by Healthcare Horizons related to this error category and we will provide outcome upon completion.

Audit Findings	Cigna Response / Corrective Actions
Audit Finding # 11: Fragmented billing by providers resulted minimal volume of missed medical edits **Sample Numbers:** 242; 244 and 246 **Overpayments** $85.00; 285.38 and $285.38 (Total = $655.76)	Cigna is in agreement with the audit findings and overpayments related to Sample #'s 242; 244 and 246. Each of the overpayments were referred to Cigna's recovery vendor – Cotiviti – in January 2022 and are currently in active recovery. Each of these were manual claim processor errors and have been addressed with the individual claim processors and details also shared with the processing teams for further coaching opportunities in December 2021. Reviews included: • Full review claim submissions • Proclaim Reimbursement SOP • ClaimXTen (Cigna's code editing software) claim connection SOP's • Claim Processing Checklist Although the above errors were confirmed, we are pleased that the analysis by Healthcare Horizons did not identify any further potential errors in this category.

Audit Findings	Cigna Response / Corrective Actions
Audit Finding # 12: Overpayments due to missed multiple procedure reductions caused by fragmented billing **Sample Numbers:** 250; 256; 260 and 258 **Overpayments** $2,704.50; $1,417.78; $1,308.11 and $801.41 (Total = $6,231.80)	Cigna is in agreement with the audit findings and overpayments confirmed on Sample #'s 250; 256; 258 and 260. Each of the overpayments were referred to Cigna's recovery vendor – Cotiviti – in January 2022 and are currently in active recovery. These were manual claim processor errors and all have been reviewed in details with the individual claim processors and also shared with the processing teams for further coaching opportunities in December 2021. Reviews included: • Full review claim submissions • Surgery/Provider Claims SOP • Corkboard for same-day/same provider surgery services • Multiple surgery procedures guidelines • Code maintenance for surgical codes In addition we are currently reviewing the 32 additional claims provided by Healthcare Horizons related to this error category and we will provide outcome upon completion.

Audit Findings	Cigna Response / Corrective Actions
Audit Finding # 13: Single in-sample overpayment for non-covered administrative examination **Sample Number:** 288 **Overpayment** $56.59	Cigna is in agreement with the audit findings and overpayment confirmed on Sample # 288. The overpayment was referred to Cigna's recovery vendor – Cotiviti – in January 2022 and is currently in active recovery. This was a manual claim processor error in which it appears that based on several of the services billed the processor thought this was a COVID-19 related claim. As a results, this error was thoroughly reviewed with the individual claim processor and details also shared with the processing teams for further coaching opportunities in December 2021. Reviews included: • Full review the claim submission • Retraining on COVID-19 SOPs and processing articles • Antibody and antigen testing claim scenarios • Claim Processing Checklist We are currently reviewing the six (6) additional claims presented by Healthcare Horizons and will advise outcome upon completion.

Audit Findings	Cigna Response / Corrective Actions
Disputed Audit Finding # 1: Healthcare Horizons requests a second review of an in-network claim allowed at full billed charges **Sample Numbers:** 7 **Overpayment** $52,091.83	While Healthcare Horizons has included Sample # 7 in the disputed audit findings category, Cigna is in agreement with the overpayment. We note that the overpayment was referred to Cigna's recovery vendor – Cotiviti – in January 2022 and is currently in active recovery. This was a manual claim processor error in which the claim was allowed for payment, when the claim should have been pended to request the DRG. This error was thoroughly reviewed with the individual claim processor and details also shared with the processing teams for further coaching opportunities in December 2021. Reviews included: • Full review of the claim submission and provider contract details • Proclaim Reimbursement SOP • DRG claim and coding examples • Claim Processing Checklist

Audit Findings	Cigna Response / Corrective Actions
Disputed Audit Finding # 2: Healthcare Horizons requests plan intent related to balance billing on an out-of-network inpatient claim **Sample Numbers:** 38 **Overpayments** $53,989.48	Cigna continues to respectfully disagree with the audit findings on Sample #' 38. Due to member balance billing, Cigna's Offer and Settlement Policy was applied in this scenario. The member contacted Cigna's customer service center; the claim and member met the criteria set forth in the policy and we then allowed additional payment. We are happy to review this benefit directly with the State of Tennessee to ensure plan intent.

Audit Findings	Cigna Response / Corrective Actions
Disputed Audit Finding # 3: Healthcare Horizons requests clarification of plan intent for administrative exams performed in an urgent care setting	Cigna continues to respectfully disagree with the audit findings on Sample #'s 277 and 285. Services for both sample claims were rendered in urgent care centers, and as such were allowed for payment.
Sample Numbers: 277 and 285	Cigna will process claims in accordance with the emergency services utilization management policy allowing emergency/urgent care services without requiring precertification. In addition, Cigna covers emergency/urgent care services when a prudent layperson, acting reasonably, would have believed that an emergency medical condition existed.
Overpayments $60.00 and $75.00	We are happy to review this benefit directly with the State of Tennessee to ensure plan intent.
	Cigna is also reviewing the additional 15 claims provided by Healthcare Horizons, and will advise outcome upon completion.

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June 30, 2022

FINAL HEALTHCARE CLAIMS AUDIT REPORT

Random Sample

STATE OF TENNESSEE – CIGNA

AUDIT PERIOD: 2020 Incurred Dates

Healthcare Horizons Consulting Group, Inc.
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Executive Summary

The State of Tennessee engaged Healthcare Horizons to conduct a random sample claims audit of Cigna, an administrator of its employee health benefit plan, for claims incurred January through December 2020. The goal of the audit was to assess the accuracy of payments by Cigna based on a statistically valid random sample selection. The claims were divided into five equal strata based on paid amount and the 300-claim selection provided a 99% confidence level with a ±2.54% margin of error given a 3% expected error rate (response distribution). The sample claims were audited during a virtual site visit with Cigna the week of December 13, 2021.

The overall findings are presented below:

	Stratified Sample	Weighted to Full Population
Processing Accuracy[1]	98.67%	98.34%
Payment Accuracy[2]	98.67%	98.34%
Financial Accuracy[3]	99.98%	99.58%

[1] Percent of claims processed with no error

[2] Percent of claims processed with no financial error

[3] Total dollars paid minus the absolute value of financial errors divided by total dollars paid expressed as a percentage

Healthcare Horizons has provided accuracy rates for both the stratified audit sample as well as weighted results extrapolated to the full claims population.

The following sections detail the audit findings with Appendix A providing more detail on the audit results and Appendix B detailing the review on each individual claim selected.

The Cigna response is attached in its entirety as Appendix C. Where appropriate, Healthcare Horizons has included final comments to address the response. Note that per the Cigna response, quality goals were met for processing, payment, and financial accuracy.

Process Overview

For the sample claims selection, Healthcare Horizons divided the claims into five strata based upon the paid amount of the claim. A total of 60 claims were randomly selected from each stratum for a total of 300 claims. In order to test claims processing and financial payment accuracy, the following categories were examined for each claim where applicable:

- Member eligibility on the service date
- Existence of other primary coverage
- Services related to end stage renal disease (ESRD) for possible Medicare coverage
- Services covered under the summary plan document or medical necessity
- Application of benefit maximums present in the summary plan document
- Timely submission of claims according to summary plan document or provider contract
- Accurate pricing of services for participating providers
- Usual & customary pricing or fee negotiation for non-participating providers
- Other contractual terms affecting claims processing
- Third party liability (TPL)
- Authorization and referral requirements
- Case management protocols
- Member financial responsibilities (copay, coinsurance, deductible)
- Member accumulators
- Duplicate payments
- Medical coding edits (unbundling)
- High dollar sign-off requirements
- Other general claims processing standards

Audit Findings

1. **Audit Item 35 (Agreed)** – Healthcare Horizons is citing a procedural and financial error ($71.61 overpayment) due to the identification of a duplicate payment by Cigna. The laboratory codes reimbursed on the sample claim were found to be already paid on a prior claim submission. In terms of root cause, our impression is that a manual processor error occurred, however, we request that Cigna provide a more definitive description of the error in its audit response.

> **Healthcare Horizons' Final Comment:** Per the Cigna response, the root cause of the duplicate payment was due to manual processor error. A corrected claim was received, and the processor did not follow appropriate protocols to handle the claim. Cigna has provided feedback and coaching to the responsible processor. The overpayment was recouped in February 2022.

2. **Audit Item 94 (Disputed)** – Healthcare Horizons is citing a procedural and financial error ($40.00 overpayment) due to missed 20% coinsurance for an office surgery. Per the state CDHP plan design, a specialist surgery in an office setting is subject to 20% coinsurance for a network provider. As a preventive evaluation was also billed on the claim (100% benefit), this may have contributed to the root cause of the error, however, we request for Cigna to provide a more definitive description of the error in its audit response.

> **Healthcare Horizons' Final Comment:** Upon further review, Cigna changed its position on this item from agree to disagree based on a non-standard benefit in place for the State relative to well-woman exams. Cigna states that the benefit is driven by the primary diagnosis (routine gynecological exam) for all services on the claim. As such, both the preventive evaluation and surgical procedure are allowed at a 100% benefit. Cigna further notes that the non-standard benefit in place states that well-woman exams are not included in the adult preventive care benefit. Given the services (surgery) were not of a preventive nature, we agree with Cigna in that plan intent verification is warranted. As such, we will continue to cite this item as a finding pending additional clarification by the State.

3. **Audit Item 106 (Observation)** – In reviewing the claim for eligibility on the service date, it was determined that the member was not eligible based on a retroactive termination date. The claim was correct at the time of processing, and Cigna correctly initiated recovery once the retroactive eligibility termination was received. As such, Healthcare Horizons is not charging a procedural or financial error for this item. Note that the dollars ($271.74) are still outstanding for recovery to the State.

> **Healthcare Horizons' Final Comment:** Per the Cigna response, the retroactive termination was received in November 2020 and refund recovery was initiated in November 2021. The amount of time between notification and recovery on this item greatly reduces the likelihood for recovery and the dollars remain outstanding for this item. As such, Cigna should consider a direct credit to the State to settle this item.

Finally, we recommend that the State request periodic reporting of claims in recovery. Note that an external vendor handles these recoveries.

4. **Audit Item 180 (Agreed)** – Healthcare Horizons is citing a procedural and financial error ($50.00 overpayment) due to a missed in-network specialist office visit copayment for the local education standard plan option. Per the plan design, a $50.00 copayment applies for specialist surgery performed in an office setting. As the claim was adjusted multiple times, our impression is that manual processor intervention was the root cause of the error, however, we request for Cigna to provide a more definitive description of the error in its audit response.

Healthcare Horizons' Final Comment: Per the Cigna response, the root cause of the overpayment was due to manual processor error. Cigna has provided feedback and coaching to the responsible processor. The overpayment was requested for refund in January 2022 and the dollars remain outstanding.

5. **Audit Item 207 (Agreed)** – Healthcare Horizons is citing a procedural and financial error ($455.99 overpayment) due to an incorrect coinsurance calculation on a local education premier plan option claim. Per the plan design, 10% coinsurance applies for in-network inpatient facility claims up to the individual out-of-pocket maximum of $3,600. Cigna agreed that at the time of processing, $666.29 coinsurance should have applied (versus $210.30 taken) to meet the out-of-pocket maximum. We request for Cigna to detail root cause of this error in its audit response.

Healthcare Horizons' Final Comment: Per the Cigna response, the root cause of the overpayment was due to manual processor error. The processor applied an override and subsequently failed to ensure all claim lines had the correct coinsurance levels. Cigna has provided feedback and coaching to the responsible processor. The overpayment was recouped in April 2022.

Conclusion

Healthcare Horizons has performed a thorough and effective random sample audit on behalf of the State of Tennessee. We encourage the State and Cigna to review the findings from the audit and make any plan improvements as necessary. Healthcare Horizons would be pleased to participate in these additional steps of the claims audit project as needed. We would like to thank the State of Tennessee for allowing us to conduct this review on its behalf.

Appendix A – Payment Accuracy Calculations

Healthcare Horizons has provided accuracy rates for both the stratified audit sample as well as weighted results extrapolated to the full claims population.

Stratified Sample Results

Strata	Paid From	Paid To	Total Paid	Total Claims	Sample Paid	Sample Claims	Processing Errors	Payment Errors	Financial Error Amount
1	$0.00	$262.65	$67,500,262.62	983,452	$3,881.46	60	1	1	$71.61
2	$262.65	$1,481.40	$67,500,619.80	115,190	$28,651.27	60	1	1	$40.00
3	$1,481.40	$6,460.58	$67,505,287.15	23,063	$169,205.77	60	1	1	$50.00
4	$6,460.58	$25,423.66	$67,497,339.90	5,600	$718,170.55	60	1	1	$455.99
5	$25,435.16	$973,749.84	$67,497,591.50	1,141	$3,095,360.18	60	0	0	$0.00
		Totals	**$337,501,100.97**	**1,128,446**	**$4,015,269.23**	**300**	**4**	**4**	**$617.60**
		Percent Error					**1.33%**	**1.33%**	**0.02%**
		Accuracy Rates					**98.67%**	**98.67%**	**99.98%**

Extrapolated Results

Strata	Paid From	Paid To	Total Paid	Total Claims	Sample Paid	Sample Claims	Processing Errors	Payment Errors	Financial Error Amount
1	$0.00	$262.65	$67,500,262.62	983,452	$3,881.46	60	16,391	16,391	$1,245,328.77
2	$262.65	$1,481.40	$67,500,619.80	115,190	$28,651.27	60	1,920	1,920	$94,237.53
3	$1,481.40	$6,460.58	$67,505,287.15	23,063	$169,205.77	60	384	384	$19,947.69
4	$6,460.58	$25,423.66	$67,497,339.90	5,600	$718,170.55	60	93	93	$42,856.27
5	$25,435.16	$973,749.84	$67,497,591.50	1,141	$3,095,360.18	60	0	0	$0.00
		Totals	**$337,501,100.97**	**1,128,446**	**$4,015,269.23**	**300**	**18,788**	**18,788**	**$1,402,370.26**
		Percent Error					**1.66%**	**1.66%**	**0.42%**
		Accuracy Rates					**98.34%**	**98.34%**	**99.58%**

Appendix B – Site Visit Detail

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Benefit Package	Paid
1	Strata 1	N	N	$0.00	Eligible, No other insurance, Copay correct, Priced correctly - Denied correctly	PREMIER LOCAL PLUS - EE + FAMILY	$0.00
2	Strata 1	N	N	$0.00	Eligible, No other insurance, Covid exception no cost share, Priced correctly	LIMITED LOCAL PLUS - EE ONLY & EE+SP	$17.17
3	Strata 1	N	N	$0.00	Eligible, OI effective 1/1/21 is secondary, Coins taken correctly, PT - no max, Priced correctly	OAP PREMIER - EE + FAMILY	$76.51
4	Strata 1	N	N	$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE+CHILD(REN)	$10.05
5	Strata 1	N	N	$0.00	Eligible, No other insurance, Preventive care - no cost share needed, Priced correctly	OAP PREMIER - EE ONLY AND EE + SP	$151.57
6	Strata 1	N	N	$0.00	Eligible, No other insurance, Priced correctly - Denied correctly	PREMIER LOCAL PLUS - EE+CHILD(REN)	$0.00
7	Strata 1	N	N	$0.00	Eligible, No other insurance, Priced correctly	LIMITED LOCAL PLUS - EE + FAMILY	$44.39
8	Strata 1	N	N	$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$31.60
9	Strata 1	N	N	$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$101.78
10	Strata 1	N	N	$0.00	Eligible, No other insurance, Allergy - no cost share needed, Priced correctly	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$9.19
11	Strata 1	N	N	$0.00	Eligible, No other insurance, Copay taken correctly, Priced correctly	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$73.88
12	Strata 1	N	N	$0.00	Eligible, No other insurance, COVID related - no cost share, Priced correctly	STANDARD LOCAL PLUS - EE + FAMILY	$100.00
13	Strata 1	N	N	$0.00	Eligible, No other insurance, Retired, OOP max met - no cost share needed, Priced correctly	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$173.22
14	Strata 1	N	N	$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$49.67
15	Strata 1	N	N	$0.00	Eligible, No other insurance, Copay taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$42.39
16	Strata 1	N	N	$0.00	Eligible, No other insurance, Priced correctly	PREMIER LOCAL PLUS - EE+CHILD(REN)	$8.91
17	Strata 1	N	N	$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$108.07
18	Strata 1	N	N	$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly	LIMITED LOCAL PLUS - EE + CHILD(REN)	$40.89
19	Strata 1	N	N	$0.00	Eligible, No other insurance, COVID related - no cost share, Priced correctly	STANDARD LOCAL PLUS - EE + FAMILY	$100.00
20	Strata 1	N	N	$0.00	Eligible, No other insurance - Medicare primary after DOS, IN PCP Copay = $30, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$101.47
21	Strata 1	N	N	$0.00	Denied as duplicate correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$0.00
22	Strata 1	N	N	$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$85.50
23	Strata 1	N	N	$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly	OAP PREMIER - EE + CHILD(REN)	$90.00
24	Strata 1	N	N	$0.00	Other insurance coverage, Denied as duplicate	OAP PREMIER - EE ONLY AND EE + SP	$0.00
25	Strata 1	N	N	$0.00	Eligible, No other insurance, COVID related - no cost share, Priced correctly	PREMIER LOCAL PLUS - EE+CHILD(REN)	$148.60
26	Strata 1	N	N	$0.00	Eligible, No other insurance, Preventive care - no cost share needed, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$12.57
27	Strata 1	N	N	$0.00	Eligible, No other insurance, Copay taken correctly, Priced correctly	STANDARD LOCAL PLUS - EE + FAMILY	$60.83
28	Strata 1	N	N	$0.00	Eligible, No other insurance, Priced correctly	PREMIER LOCAL PLUS - EE+CHILD(REN)	$98.77
29	Strata 1	N	N	$0.00	Eligible, No other insurance, Preventive care - no cost share needed, Priced correctly	PREMIER LOCAL PLUS - EE+CHILD(REN)	$62.50
30	Strata 1	N	N	$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$58.99
31	Strata 1	N	N	$0.00	Eligible, No other insurance, Correctly applied to ded, Priced correctly	LP HEALTHSAVINGS HDHPQ FOR LOCAL - EE	$0.00
32	Strata 1	N	N	$0.00	Eligible, OI primary, Priced correctly - coordinated correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$18.93
33	Strata 1	N	N	$0.00	Eligible, No other insurance, 10% coins correct, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$155.03
34	Strata 1	N	N	$0.00	Eligible, No other insurance, Preventive care - no cost share needed, Priced correctly	STANDARD LOCAL PLUS - EE + FAMILY	$128.50
35	**Strata 1**	**Y**	**Y**	**$71.61**	**Eligible, No other insurance, Agreed duplicate**	**PREMIER LOCAL PLUS - EE ONLY & EE+SP**	**$71.61**
36	Strata 1	N	N	$0.00	Eligible, No other insurance, Copay taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$178.82
37	Strata 1	N	N	$0.00	Eligible, No other insurance, Copay taken correctly, Priced correctly	STANDARD LOCAL PLUS - EE + FAMILY	$40.73
38	Strata 1	N	N	$0.00	Eligible, No other insurance, Copay taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$78.88
39	Strata 1	N	N	$0.00	Eligible, OI secondary, Correctly applied to ded, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$0.00
40	Strata 1	N	N	$0.00	Eligible, No other insurance, Denied correctly, no clinic fees for E&M codes	OAP PREMIER - EE ONLY AND EE + SP	$0.00
41	Strata 1	N	N	$0.00	Eligible, No other insurance, Radiology to ded, Priced correctly	LP HEALTHSAVINGS HDHPQ FOR STATE - FAMILY	$0.00
42	Strata 1	N	N	$0.00	Eligible, No other insurance, Radiology, 10% coins taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$27.69
43	Strata 1	N	N	$0.00	Eligible, No other insurance, Copay correct - PCP, Priced correctly	STANDARD LOCAL PLUS - EE + FAMILY	$44.17

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Benefit Package	Paid
44	Strata 1	N	N	$0.00	Eligible, No other insurance, Specialist copay taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE+CHILD(REN)	$93.97
45	Strata 1	N	N	$0.00	Eligible, No other insurance, elig updated 11/21 (prior termed 2/10/20), Orig denied for OC, then obtained and processed correctly	OAP STANDARD - EE + FAMILY	$0.00
46	Strata 1	N	N	$0.00	Eligible, No other insurance, Copay taken correctly, Priced correctly	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$118.92
47	Strata 1	N	N	$0.00	Eligible, No other insurance, Priced correctly	STANDARD LOCAL PLUS - EE + CHILD(REN)	$0.00
48	Strata 1	N	N	$0.00	Eligible, OI secondary, Correctly applied to ded, Priced correctly	OAP LIMITED - EE + FAMILY	$0.00
49	Strata 1	N	N	$0.00	Eligible, No other insurance, Preventive - no patient portion needed, OOP met, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$72.00
50	Strata 1	N	N	$0.00	Eligible, No other insurance, Family OOP max met, Priced correctly	OAP PREMIER - EE ONLY AND EE + SP	$136.29
51	Strata 1	N	N	$0.00	Eligible, No other insurance, Copay taken correctly, Priced correctly	OAP LIMITED - EE + FAMILY	$138.01
52	Strata 1	N	N	$0.00	Eligible, No other insurance, Denied correctly unbundling	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$0.00
53	Strata 1	N	N	$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$222.66
54	Strata 1	N	N	$0.00	Eligible, No other insurance, Copay taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$25.73
55	Strata 1	N	N	$0.00	Eligible, No other insurance, Specialist copay taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$36.14
56	Strata 1	N	N	$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly	STANDARD LOCAL PLUS - EE + FAMILY	$6.19
57	Strata 1	N	N	$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly	OAP PREMIER - EE ONLY AND EE + SP	$5.37
58	Strata 1	N	N	$0.00	Eligible, No other insurance, OOP met, Priced correctly	STANDARD LOCAL PLUS - EE + CHILD(REN)	$88.86
59	Strata 1	N	N	$0.00	Eligible, OI prior until 3/2019 then primary, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$219.69
60	Strata 1	N	N	$0.00	Eligible, No other insurance, COVID related - no cost share, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$114.75
61	Strata 2	N	N	$0.00	Eligible, No other insurance, Spec copay taken, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$276.71
62	Strata 2	N	N	$0.00	Eligible, No other insurance, Preventive - no patient portion needed, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$294.20
63	Strata 2	N	N	$0.00	Eligible, No other insurance, No patient portion needed, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$328.21
64	Strata 2	N	N	$0.00	Eligible, No other insurance, Took ER copay up to allowed on ER line, other lines took coins correctly, Priced correctly	PREMIER LOCAL PLUS - EE+CHILD(REN)	$413.00
65	Strata 2	N	N	$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly	LIMITED LOCAL PLUS - EE + FAMILY	$383.87
66	Strata 2	N	N	$0.00	Eligible, No other insurance, Copay taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$346.63
67	Strata 2	N	N	$0.00	Eligible, No other insurance, Priced correctly	STANDARD LOCAL PLUS - EE + FAMILY	$473.33
68	Strata 2	N	N	$0.00	Eligible, Medicare secondary due to ESRD, Primary on plan for DOS, Priced correctly	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$507.59
69	Strata 2	N	N	$0.00	Eligible, Medicare primary due to ESRD, Coordinated correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$538.26
70	Strata 2	N	N	$0.00	Eligible, No other insurance, 10% coins taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$626.40
71	Strata 2	N	N	$0.00	Eligible, No other insurance, OOP met, Priced correctly	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$1,055.81
72	Strata 2	N	N	$0.00	Eligible, No other insurance, 20% coins taken correctly, Priced correctly	STANDARD LOCAL PLUS - EE + CHILD(REN)	$1,159.99
73	Strata 2	N	N	$0.00	Eligible, No other insurance, ER Copay applied correctly, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$290.00
74	Strata 2	N	N	$0.00	Eligible, No other insurance, OOP met, Priced correctly	OAP PREMIER - EE ONLY AND EE + SP	$522.36
75	Strata 2	N	N	$0.00	Eligible, No other insurance, OOP met, Priced correctly	OAP PREMIER - EE ONLY AND EE + SP	$400.00
76	Strata 2	N	N	$0.00	Eligible, No other insurance, Not a duplicate, Priced correctly	PREMIER LOCAL PLUS - EE+CHILD(REN)	$380.57
77	Strata 2	N	N	$0.00	Eligible, No other insurance, OOP met, Not a duplicate, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$374.23
78	Strata 2	N	N	$0.00	Eligible, No other insurance, Preventive - no patient portion needed, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$282.24
79	Strata 2	N	N	$0.00	Eligible, No other insurance, 10% coins taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$384.35
80	Strata 2	N	N	$0.00	Eligible, No other insurance, OOP met, Priced correctly	PREMIER LOCAL PLUS - EE+CHILD(REN)	$267.27
81	Strata 2	N	N	$0.00	Eligible, No other insurance, Allergy - no cost share needed, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$351.00
82	Strata 2	N	N	$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly	LP HEALTHSAVINGS HDHPQ FOR STATE - FAMILY	$333.80
83	Strata 2	N	N	$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly	STANDARD LOCAL PLUS - EE + FAMILY	$1,375.60
84	Strata 2	N	N	$0.00	Eligible, No other insurance, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$1,294.17
85	Strata 2	N	N	$0.00	Eligible, No other insurance, ER copay applied correctly, OOP met on this claim, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$313.36
86	Strata 2	N	N	$0.00	Eligible, No other insurance, Copay and coins correct, Priced correctly	OAP PREMIER - EE ONLY AND EE + SP	$272.97
87	Strata 2	N	N	$0.00	Eligible, No other insurance, Coins taken on correct lines, Priced correctly	OAP PREMIER - EE ONLY AND EE + SP	$393.44
88	Strata 2	N	N	$0.00	Eligible, OI secondary, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$289.77
89	Strata 2	N	N	$0.00	Eligible, No other insurance, 20% coins taken correctly, Priced correctly	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$484.00
90	Strata 2	N	N	$0.00	Eligible, No other insurance, 10% coins taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$727.50

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Benefit Package	Paid
91	Strata 2	N	N	$0.00	Eligible, No other insurance, 10% coins taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$286.59
92	Strata 2	N	N	$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE+CHILD(REN)	$327.24
93	Strata 2	N	N	$0.00	Eligible, No other insurance, ER copay taken, Priced correctly	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$617.75
94	**Strata 2**	**Y**	**Y**	**$40.00**	**Eligible, No other insurance, Agreed to missing 20% coinsurance, Priced correctly**	**LP HEALTHSAVINGS HDHPQ FOR STATE - FAMILY**	**$319.94**
95	Strata 2	N	N	$0.00	Eligible, No other insurance, OOP met, Priced correctly	LIMITED LOCAL PLUS - EE ONLY & EE+SP	$529.48
96	Strata 2	N	N	$0.00	Eligible, No other insurance, OOP met, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$375.23
97	Strata 2	N	N	$0.00	Eligible, No other insurance, Preventive - no patient portion needed, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$318.94
98	Strata 2	N	N	$0.00	Eligible, No other insurance, ER copay taken, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$270.43
99	Strata 2	N	N	$0.00	Eligible, No other insurance, Pt admitted copay waived, Coins taken, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$321.86
100	Strata 2	N	N	$0.00	Eligible, No other insurance, Allergy - no cost share needed, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$351.00
101	Strata 2	N	N	$0.00	Eligible, No other insurance, Preventive - no patient portion needed, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$714.00
102	Strata 2	N	N	$0.00	Eligible, No other insurance, 10% coins taken correctly and ded met on this claim, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$370.80
103	Strata 2	N	N	$0.00	Eligible, No other insurance, 30% coins taken correctly, Priced correctly	LIMITED LOCAL PLUS - EE ONLY & EE+SP	$358.05
104	Strata 2	N	N	$0.00	Eligible, No other insurance, 10% coins taken correctly, Priced correctly	OAP PREMIER - EE + CHILD(REN)	$536.07
105	Strata 2	N	N	$0.00	Eligible, No other insurance, Preventive - no patient portion needed, Priced correctly	PREMIER LOCAL PLUS - EE+CHILD(REN)	$482.80
106	Strata 2	N	N	$0.00	Not eligible - termed 9/30/20, received 11/17/20 after processing, recovery initiated on 11/6/2021 - money not back	PREMIER LOCAL PLUS - EE + FAMILY	$271.74
107	Strata 2	N	N	$0.00	Eligible, Medicare secondary due to ESRD, Primary on plan for DOS, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$273.94
108	Strata 2	N	N	$0.00	Eligible, No other insurance, Preventive - no patient portion needed, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$267.30
109	Strata 2	N	N	$0.00	Eligible, OI secondary, $30 copay taken correctly, Coins taken, Priced correctly	STANDARD LOCAL PLUS - EE + FAMILY	$281.17
110	Strata 2	N	N	$0.00	Eligible, No other insurance, DME, OOP met, Priced correctly	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$383.97
111	Strata 2	N	N	$0.00	Eligible, No other insurance, $45 copay taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$269.98
112	Strata 2	N	N	$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE+CHILD(REN)	$855.90
113	Strata 2	N	N	$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$1,206.00
114	Strata 2	N	N	$0.00	Eligible, No other insurance, 10% coins taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE+CHILD(REN)	$509.71
115	Strata 2	N	N	$0.00	Eligible, No other insurance, $45 copay taken, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$359.86
116	Strata 2	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly	PREMIER LOCAL PLUS - EE+CHILD(REN)	$330.00
117	Strata 2	N	N	$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$585.00
118	Strata 2	N	N	$0.00	Eligible, No other insurance, Preventive - no patient portion needed, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$532.00
119	Strata 2	N	N	$0.00	Eligible, No other insurance, 20% coins taken correctly, Priced correctly	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$456.00
120	Strata 2	N	N	$0.00	Eligible, No other insurance, Took ER copay and coins on appropriate lines, Priced correctly	STANDARD LOCAL PLUS - EE + FAMILY	$747.89
121	Strata 3	N	N	$0.00	Eligible, No other insurance, Priced correctly - some lines denied for bundling	LP HEALTHSAVINGS HDHPQ FOR STATE - FAMILY	$1,707.20
122	Strata 3	N	N	$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$3,694.57
123	Strata 3	N	N	$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$1,954.37
124	Strata 3	N	N	$0.00	Eligible, No other insurance, Ded and coins taken correctly, Priced correctly	LIMITED LOCAL PLUS - EE ONLY & EE+SP	$4,775.06
125	Strata 3	N	N	$0.00	Eligible, No other insurance, OOP met, Priced correctly	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$4,465.58
126	Strata 3	N	N	$0.00	Eligible, No other insurance, OOP met, Priced correctly	OAP PREMIER - EE ONLY AND EE + SP	$1,977.99
127	Strata 3	N	N	$0.00	Retired assoc w ESRD - need to verify when dialysis began & if MBR has Medicare. OP dialysis at Hospital. Peritoneal dialysis . MDC elig 2022	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$3,792.62
128	Strata 3	N	N	$0.00	Eligible, No other insurance, Preventive - no patient portion needed, Priced correctly	OAP PREMIER - EE + CHILD(REN)	$5,131.33
129	Strata 3	N	N	$0.00	Eligible, No other insurance, 10% coins taken correctly, Priced correctly	OAP PREMIER - EE ONLY AND EE + SP	$1,791.69
130	Strata 3	N	N	$0.00	Eligible, No other insurance, Ded met, Coins applied, Priced correctly	STANDARD LOCAL PLUS - EE + FAMILY	$2,551.20
131	Strata 3	N	N	$0.00	Eligible, No other insurance, OOP met, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$1,803.00
132	Strata 3	N	N	$0.00	Eligible, No other insurance, Copay correct, Priced correctly	OAP PREMIER - EE + FAMILY	$1,684.00
133	Strata 3	N	N	$0.00	Eligible, No other insurance, Coins correct, Priced correctly	OAP PREMIER - EE ONLY AND EE + SP	$4,346.10
134	Strata 3	N	N	$0.00	Eligible, No other insurance, Ded met, Coins applied, Priced correctly	OAP PREMIER - EE + CHILD(REN)	$2,136.18

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Benefit Package	Paid
135	Strata 3	N	N	$0.00	Eligible, OI secondary, Coins correct, Priced correctly	OAP STANDARD - EE + FAMILY	$1,984.76
136	Strata 3	N	N	$0.00	Eligible, No other insurance, OOP met, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$4,610.02
137	Strata 3	N	N	$0.00	Eligible, No other insurance - subro correct, No patient portion needed, Priced correctly	OAP HEALTHSAVINGS HDHPQ STATE - FAMILY	$3,690.60
138	Strata 3	N	N	$0.00	Eligible, No other insurance, OOP met, Priced correctly	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$1,538.50
139	Strata 3	N	N	$0.00	Eligible, No other insurance, OOP met, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$2,551.08
140	Strata 3	N	N	$0.00	Eligible, No other insurance, Preventive - no patient portion needed, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$2,059.02
141	Strata 3	N	N	$0.00	Eligible, No other insurance, Coins taken, Priced correctly	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$2,080.49
142	Strata 3	N	N	$0.00	Eligible, No other insurance, Ded and Coins taken, Priced correctly	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$4,112.54
143	Strata 3	N	N	$0.00	Eligible, No other insurance, OOP met, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$3,226.31
144	Strata 3	N	N	$0.00	Eligible, No other insurance, Preventive - no patient portion needed, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$2,205.60
145	Strata 3	N	N	$0.00	Eligible, No other insurance, Ded met, Coins applied, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$1,533.60
146	Strata 3	N	N	$0.00	Eligible, No other insurance, Coins taken, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$1,555.43
147	Strata 3	N	N	$0.00	Eligible, No other insurance, Copay taken, Priced correctly	OAP PREMIER - EE ONLY AND EE + SP	$1,495.88
148	Strata 3	N	N	$0.00	Eligible, No other insurance, ER copay taken and coins taken on correct lines, Priced correctly	OAP PREMIER - EE ONLY AND EE + SP	$2,450.12
149	Strata 3	N	N	$0.00	Eligible, Medicare primary 3/2021 after DOS, OOP met, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$6,010.00
150	Strata 3	N	N	$0.00	Eligible, No other insurance, Copay taken, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$3,287.40
151	Strata 3	N	N	$0.00	Eligible, No other insurance, Took coins, Priced correctly - fee schedule surgery	OAP PREMIER - EE ONLY AND EE + SP	$3,415.50
152	Strata 3	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - fee schedule and J code calculation	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$5,814.27
153	Strata 3	N	N	$0.00	Eligible, No other insurance, Took $30 office copay, Priced correctly - fee schedule and J code calculation	STANDARD LOCAL PLUS - EE + FAMILY	$6,311.22
154	Strata 3	N	N	$0.00	Eligible, No other insurance, Took $150 ER copay and coins on lab lines, Priced correctly - ER grouper rate	OAP PREMIER - EE ONLY AND EE + SP	$1,996.27
155	Strata 3	N	N	$0.00	Eligible, OI secondary, Met OOP, No ER copay due to COVID, Priced correctly - ER grouper rate	STANDARD LOCAL PLUS - EE + CHILD(REN)	$1,500.00
156	Strata 3	N	N	$0.00	Eligible, No other insurance, Took ded and coins, Priced correctly - grouper rate	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$1,686.29
157	Strata 3	N	N	$0.00	Eligible, No other insurance, Took ded and coins, Priced correctly - fee schedule	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$3,487.92
158	Strata 3	N	N	$0.00	Eligible, No other insurance, Took $45 copay, Priced correctly - fee schedule and J code calculation	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$3,105.08
159	Strata 3	N	N	$0.00	Eligible, No other insurance, Took ded and coins, Priced correctly - POC	PREMIER LOCAL PLUS - EE + FAMILY	$1,821.83
160	Strata 3	N	N	$0.00	Eligible, No other insurance, Took $175 ER copay, Priced correctly - grouper rate	STANDARD LOCAL PLUS - EE + FAMILY	$4,266.15
161	Strata 3	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - home DME allowed at 100%	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$1,598.94
162	Strata 3	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - fee schedule and anesthesia calculation	LP HEALTHSAVINGS HDHPQ FOR STATE - FAMILY	$2,481.02
163	Strata 3	N	N	$0.00	Eligible, No other insurance, Took coins, Priced correctly - surgery grouper	OAP PREMIER - EE ONLY AND EE + SP	$2,789.99
164	Strata 3	N	N	$0.00	Eligible, No other insurance, Took coins, Priced correctly - anesthesia calculation	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$2,740.61
165	Strata 3	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - ER POC	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$2,035.91
166	Strata 3	N	N	$0.00	Eligible, No other insurance, Took $175 ER copay and coins, Priced correctly - cardiac rate	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$5,296.60
167	Strata 3	N	N	$0.00	Eligible, No other insurance, Took coins, Priced correctly - POC	STANDARD LOCAL PLUS - EE + CHILD(REN)	$1,573.43
168	Strata 3	N	N	$0.00	Eligible, No other insurance, Took ded and coins, Priced correctly - fee schedule	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$1,544.48
169	Strata 3	N	N	$0.00	Eligible, No other insurance, Took $45 office copay, Priced correctly - fee schedule and J code calculation	OAP PREMIER - EE ONLY AND EE + SP	$1,545.73
170	Strata 3	N	N	$0.00	Eligible, No other insurance, Took $45 office surgery copay, Priced correctly - fee schedule and J code calculation	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$1,959.13
171	Strata 3	N	N	$0.00	Eligible, Medicare primary on 1/2022, Took $45 office copay, Priced correctly - grouper rate	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$1,655.00
172	Strata 3	N	N	$0.00	Eligible, No other insurance, Took coins, Priced correctly - fee schedule	OAP PREMIER - EE + FAMILY	$1,764.00
173	Strata 3	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - Home infusion therapy allowed at 100%	OAP PREMIER - EE ONLY AND EE + SP	$1,977.99
174	Strata 3	N	N	$0.00	Eligible, No other insurance, Took Ded and Coins, Priced correctly - surgery groupers with MPR applied	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$3,782.96
175	Strata 3	N	N	$0.00	Eligible, No other insurance, Took $50 office copay, Priced correctly - fee schedule x units	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$2,332.06
176	Strata 3	N	N	$0.00	Eligible, No other insurance, Took coins, Priced correctly - split claim	OAP STANDARD - EE ONLY AND EE + SP	$4,217.12
177	Strata 3	N	N	$0.00	Eligible, OI secondary, Preventive screening - no patient portion needed, Priced correctly - POC discount	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$2,468.76
178	Strata 3	N	N	$0.00	Eligible, No other insurance, Took coins and ded, Priced correctly - POC discount	OAP PREMIER - EE + FAMILY	$4,464.21

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Benefit Package	Paid
179	Strata 3	N	N	$0.00	Eligible, No other insurance, Took coins, Priced correctly - fee schedule	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$1,830.18
180	**Strata 3**	**Y**	**Y**	**$50.00**	**Eligible, No other insurance, Agreed - Missing $50 copay, Priced correctly - fee schedule**	**OAP STANDARD - EE ONLY AND EE + SP**	**$1,540.88**
181	Strata 4	N	N	$0.00	Eligible, No other insurance, Took ded and coins up to OOP max, Priced correctly - POC discount and J codes	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$18,888.39
182	Strata 4	N	N	$0.00	Eligible, No other insurance, Met OOP, Need Auth, Priced correctly - DRG	LP HEALTHSAVINGS HDHPQ FOR STATE - FAMILY	$21,853.56
183	Strata 4	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - home health injections at 100%	STANDARD LOCAL PLUS - EE + FAMILY	$9,556.26
184	Strata 4	N	N	$0.00	Eligible, No other insurance, Took $150 ER copay and coins on lab lines, Priced correctly - Observation rate	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$7,260.65
185	Strata 4	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - ER and CT scan rates	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$8,244.70
186	Strata 4	N	N	$0.00	Eligible, No other insurance, Took coins, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$11,414.14
187	Strata 4	N	N	$0.00	Eligible, Medicare secondary - ESRD Medicare primary 3/1/22, Met OOP, Priced correctly - per diem dialysis	PREMIER LOCAL PLUS - EE + FAMILY	$7,735.00
188	Strata 4	N	N	$0.00	Eligible, No other insurance, Took Coins up to OOP max, Authorized, Priced correctly - DRG	OAP PREMIER - EE ONLY AND EE + SP	$20,274.40
189	Strata 4	N	N	$0.00	Eligible, No other insurance, Took Coins and Ded, Priced correctly - POC and J code calculation	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$14,228.15
190	Strata 4	N	N	$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - per diem	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$6,600.00
191	Strata 4	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - fee schedule	PREMIER LOCAL PLUS - EE + FAMILY	$8,966.10
192	Strata 4	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - fee schedule	OAP STANDARD - EE ONLY AND EE + SP	$20,249.67
193	Strata 4	N	N	$0.00	Eligible, OI secondary, Coins taken, Priced correctly - surgery fee schedule with MPR applied to secondary procedure	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$9,672.40
194	Strata 4	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - POC discount and J code calc	PREMIER LOCAL PLUS - EE + FAMILY	$15,565.41
195	Strata 4	N	N	$0.00	Eligible, No other insurance, Took $50 office copay, Priced correctly - fee schedule and J code calc	STANDARD LOCAL PLUS - EE + CHILD(REN)	$6,914.00
196	Strata 4	N	N	$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - per diem	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$12,662.00
197	Strata 4	N	N	$0.00	Eligible, Medicare primary in 2022 due to ESRD, Met OOP, Priced correctly - transplant POC	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$14,483.17
198	Strata 4	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - POC discount	LIMITED LOCAL PLUS - EE ONLY & EE+SP	$10,504.19
199	Strata 4	N	N	$0.00	Eligible, No other insurance, Took $50 office copay and coins on lab line, Priced correctly - fee schedule	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$13,027.75
200	Strata 4	N	N	$0.00	Eligible, No other insurance, Coins taken up to OOP max, Priced correctly - POC discount	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$8,543.70
201	Strata 4	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - Non par home health allowed 100%	PREMIER LOCAL PLUS - EE + FAMILY	$6,720.00
202	Strata 4	N	N	$0.00	Eligible, No other insurance, Took ded and coins, NonPar Air Ambulance allowed at billed correctly	OAP STANDARD - EE ONLY AND EE + SP	$24,655.48
203	Strata 4	N	N	$0.00	Eligible, No other insurance, Took $150 ER copay but priced at OP surgery rate due to hierarchy	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$10,097.99
204	Strata 4	N	N	$0.00	Eligible, No other insurance, No patient portion required, Priced correctly - transplant POC	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$10,756.20
205	Strata 4	N	N	$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized, Priced correctly - per diem plus carve out POC	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$11,828.67
206	Strata 4	N	N	$0.00	Eligible, No other insurance, Met family OOP, NonPar allowed at 100% - authorized	PREMIER LOCAL PLUS - EE+CHILD(REN)	$8,676.52
207	**Strata 4**	**Y**	**Y**	**$455.99**	**Eligible, No other insurance, Took partial coins but did not hit OOP - Agreed - missing coins, Authorized, Priced correctly - case rate**	**PREMIER LOCAL PLUS - EE + FAMILY**	**$16,306.70**
208	Strata 4	N	N	$0.00	Eligible, No other insurance, Took coins, Authorized, Not a dup, split claim, Priced correctly - DRG	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$11,952.84
209	Strata 4	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - OP grouper rates plus carve out	OAP PREMIER - EE + CHILD(REN)	$12,853.86
210	Strata 4	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly	OAP PREMIER - EE + FAMILY	$16,994.95
211	Strata 4	N	N	$0.00	Eligible, No other insurance, Took $45 office surgery copay, Priced correctly - fee schedule	PREMIER LOCAL PLUS - EE + FAMILY	$6,594.93
212	Strata 4	N	N	$0.00	Eligible, Medicare primary due to ESRD on 8/1/21, Met OOP, Priced correctly - POC discount	STANDARD LOCAL PLUS - EE + CHILD(REN)	$12,278.52
213	Strata 4	N	N	$0.00	Eligible, No other insurance, Coins taken, Authorized, Priced correctly - Non Par negotiation	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$9,425.50
214	Strata 4	N	N	$0.00	Eligible, No other insurance, Coins taken, Priced correctly - POC per code	PREMIER LOCAL PLUS - EE+CHILD(REN)	$7,379.16
215	Strata 4	N	N	$0.00	Eligible, OI secondary, Ded and Coins taken, Priced correctly - fee schedule and POC for chemo	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$12,092.18
216	Strata 4	N	N	$0.00	Eligible, No other insurance, OOP met, Priced correctly - fee schedule	LP HEALTHSAVINGS HDHPQ FOR STATE - FAMILY	$8,179.15

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Benefit Package	Paid
217	Strata 4	N	N	$0.00	Eligible, No other insurance, OOP met, Priced correctly - Home injection allowed 100%	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$6,526.91
218	Strata 4	N	N	$0.00	Eligible, No other insurance, OOP met, Priced correctly - DME allowed 100%	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$6,844.69
219	Strata 4	N	N	$0.00	Eligible, No other insurance, $150 ER copay and coins taken, NonPar Pricing - OON pricing	PREMIER LOCAL PLUS - EE + FAMILY	$7,554.67
220	Strata 4	N	N	$0.00	Eligible, No other insurance, Only partial coins taken - did not meet OOP, Priced correctly - OP grouper rates with carve outs	LP HEALTHSAVINGS HDHPQ FOR LOCAL - EE	$11,452.84
221	Strata 4	N	N	$0.00	Eligible, No other insurance, Coins taken, Authorized, Priced correctly - DRG	OAP PREMIER - EE ONLY AND EE + SP	$14,444.68
222	Strata 4	N	N	$0.00	Eligible, No other insurance, Coins taken, Authorized, Priced correctly - DRG	PREMIER LOCAL PLUS - EE + FAMILY	$8,844.45
223	Strata 4	N	N	$0.00	Eligible, No other insurance, Coins taken, Priced correctly - fee schedule	OAP PREMIER - EE + CHILD(REN)	$8,529.81
224	Strata 4	N	N	$0.00	Eligible, No other insurance, No patient portion needed, Priced correctly - transplant rate	PREMIER LOCAL PLUS - EE + FAMILY	$9,717.73
225	Strata 4	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - Cardiac grouper rate plus carve out	OAP STANDARD - EE + CHILD(REN)	$8,585.77
226	Strata 4	N	N	$0.00	Eligible, No other insurance, Coins taken, Mandated stay (maternity), Priced correctly - DRG	PREMIER LOCAL PLUS - EE + FAMILY	$14,314.27
227	Strata 4	N	N	$0.00	Eligible, No other insurance, $45 office copay taken, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$17,440.44
228	Strata 4	N	N	$0.00	Eligible, No other insurance, Coins and Ded taken, Authorized, Priced correctly - DRG plus carve out	LP HEALTHSAVINGS HDHPQ FOR STATE - FAMILY	$6,676.68
229	Strata 4	N	N	$0.00	Eligible, No other insurance, Coins taken, Authorized, Priced correctly - DRG	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$22,013.80
230	Strata 4	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly	OAP PREMIER - EE ONLY AND EE + SP	$15,563.23
231	Strata 4	N	N	$0.00	Eligible, Medicare secondary, Met OOP, Authorized, Priced correctly - per diem	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$7,500.00
232	Strata 4	N	N	$0.00	Eligible, Medicare secondary, Coins taken, Authorized, Priced correctly - DRG	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$18,996.99
233	Strata 4	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - fee schedule per unit calculation	PREMIER LOCAL PLUS - EE + FAMILY	$12,341.04
234	Strata 4	N	N	$0.00	Eligible, No other insurance, $45 office copay taken, Priced correctly	PREMIER LOCAL PLUS - EE + FAMILY	$13,463.34
235	Strata 4	N	N	$0.00	Eligible, No other insurance, Coins taken, Authorized, Priced correctly - DRG	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$22,985.59
236	Strata 4	N	N	$0.00	Eligible, No other insurance, Coins taken up to OOP max, Authorized, Priced correctly - DRG	LIMITED LOCAL PLUS - EE ONLY & EE+SP	$7,512.42
237	Strata 4	N	N	$0.00	Eligible, No other insurance, Took $150 ER copay and coins on lab lines, Priced correctly - ER plus Obs plus surgery plus 0278 grouper rates	PREMIER LOCAL PLUS - EE+CHILD(REN)	$6,783.12
238	Strata 4	N	N	$0.00	Eligible, No other insurance, $45 office copay taken, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$8,895.89
239	Strata 4	N	N	$0.00	Eligible, No other insurance, No coins - COVID exception, Authorized, Priced correctly	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$19,330.62
240	Strata 4	N	N	$0.00	Eligible until 3/31/20, No other insurance, Met OOP, Priced correctly - per diem chemo plus POC carve out	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$8,415.28
241	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - DRG	OAP HEALTHSAVINGS HDHPQ STATE - FAMILY	$38,876.71
242	Strata 5	N	N	$0.00	Eligible, Medicare secondary, Met OOP, Priced correctly - POC and per unit chemo calculation	LIMITED LOCAL PLUS - EE ONLY & EE+SP	$38,434.63
243	Strata 5	N	N	$0.00	Eligible, OI primary, Coins taken, Coordinated correctly	PREMIER LOCAL PLUS - EE+CHILD(REN)	$65,567.32
244	Strata 5	N	N	$0.00	Eligible, Medicare secondary, Met OOP, Priced correctly - OP POC	LIMITED LOCAL PLUS - EE ONLY & EE+SP	$27,685.85
245	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - Transplant POC	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$28,864.37
246	Strata 5	N	N	$0.00	Eligible, No other insurance, Coins taken, Authorized, Priced correctly - DRG	OAP STANDARD - EE + CHILD(REN)	$32,449.25
247	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - POC	LP HEALTHSAVINGS HDHPQ FOR LOCAL - FAMILY	$36,437.13
248	Strata 5	N	N	$0.00	Eligible, No other insurance, Coins taken, Authorized, Priced correctly - DRG plus carve outs	OAP PREMIER - EE ONLY AND EE + SP	$49,017.18
249	Strata 5	N	N	$0.00	Eligible, No other insurance, Coins taken, Authorized, Priced correctly - DRG	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$44,276.16
250	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - DRG	LIMITED LOCAL PLUS - EE ONLY & EE+SP	$27,453.40
251	Strata 5	N	N	$0.00	Eligible, No other insurance, COVID - no patient portion needed, Authorized, Priced correctly - DRG plus carve outs	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$63,039.13
252	Strata 5	N	N	$0.00	Eligible, No other insurance, Took Coins, Authorized, Priced correctly - DRG plus carve outs	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$46,795.84
253	Strata 5	N	N	$0.00	Eligible, No other insurance, COVID - no patient portion needed, Authorized, Priced correctly - DRG plus per diem overage	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$65,308.00

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Benefit Package	Paid
254	Strata 5	N	N	$0.00	Eligible, No other insurance, No patient portion needed, Priced correctly	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$71,680.00
255	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Authorized, Ask about pricing - split claim - allowed at stop loss POC	LIMITED LOCAL PLUS - EE ONLY & EE+SP	$72,674.18
256	Strata 5	N	N	$0.00	Eligible, No other insurance, Missed patient portion - did not meet OOP, Authorized, Priced correctly	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$29,039.11
257	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - DRG plus carve out	OAP PREMIER - EE + FAMILY	$28,190.72
258	Strata 5	N	N	$0.00	Eligible, No other insurance, No patient portion needed, Priced correctly - 100% injection rate	OAP PREMIER - EE ONLY AND EE + SP	$34,616.40
259	Strata 5	N	N	$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized, Priced correctly - lesser of DRG	STANDARD LOCAL PLUS - EE + FAMILY	$54,192.47
260	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - Zellis ambulance negotiation	PREMIER LOCAL PLUS - EE + FAMILY	$34,426.10
261	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - DRG plus carve out	OAP PREMIER - EE + FAMILY	$63,861.56
262	Strata 5	N	N	$0.00	Eligible, ESRD coordination started 2/1/21, Medicare primary 8/1/23, Adj due to receiving more information, Authorized, Priced correctly - DRG	OAP PREMIER - EE ONLY AND EE + SP	$39,164.20
263	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - stop loss	STANDARD LOCAL PLUS - EE + CHILD(REN)	$108,650.44
264	Strata 5	N	N	$0.00	Eligible, No other insurance, Took coins and copay on correct lines - in office chemo, Priced correctly - fee schedule and J code calculation	PREMIER LOCAL PLUS - EE + FAMILY	$96,701.65
265	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - DRG	STANDARD LOCAL PLUS - EE + FAMILY	$26,884.60
266	Strata 5	N	N	$0.00	Eligible, No other insurance, Coins taken up to OOP max, Priced correctly - home health 100% of charge for J code	LIMITED LOCAL PLUS - EE ONLY & EE+SP	$68,357.88
267	Strata 5	N	N	$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized, Priced correctly - DRG	LP HEALTHSAVINGS HDHPQ FOR STATE - FAMILY	$40,060.79
268	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - POC discount cosurgeon	OAP PREMIER - EE + FAMILY	$36,093.75
269	Strata 5	N	N	$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized, Priced correctly - DRG plus carve out	OAP LIMITED - EE + CHILD(REN)	$41,655.52
270	Strata 5	N	N	$0.00	Eligible, Medicare primary 11/20 after DOS, Took coins and ded, Authorized, Priced correctly - lesser of DRG	OAP PREMIER - EE ONLY AND EE + SP	$48,904.51
271	Strata 5	N	N	$0.00	Eligible, No other insurance, Took coins on correct lines, Priced correctly - fee schedule and J code calculation	OAP PREMIER - EE ONLY AND EE + SP	$39,747.22
272	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - fee schedule	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$70,445.32
273	Strata 5	N	N	$0.00	Eligible, No other insurance, Took coins on appropriate lines and $50 copay for office surgery, Priced correctly - fee schedule	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$35,807.58
274	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - Zellis ambulance negotiation	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$46,767.00
275	Strata 5	N	N	$0.00	Eligible, No other insurance, Ask about patient portion - did not meet OOP, Authorized, Priced correctly - split bill (3), MRC pricing - significant discount for nonpar provider	PREMIER LOCAL PLUS - EE + FAMILY	$231,739.79
276	Strata 5	N	N	$0.00	Eligible, Medicare secondary, Met OOP, Authorized, Priced correctly - DRG	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$32,932.54
277	Strata 5	N	N	$0.00	Eligible, No other insurance, OOP met, Authorized, Priced correctly - DRG	PREMIER LOCAL PLUS - EE+CHILD(REN)	$31,910.40
278	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Ask about pricing - 42.4% OP pricing but allowed at 60% - is this because it is related to a transplant?	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$28,867.38
279	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - fee schedule and high price drug	PREMIER LOCAL PLUS - EE + FAMILY	$30,948.37
280	Strata 5	N	N	$0.00	Eligible, No other insurance, Took $50 office copay and coins up to OOP max, Met yearly OOP, Priced correctly - fee schedule and J code calculation	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$26,496.54
281	Strata 5	N	N	$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized, Priced correctly - carve out plus surgery groupers	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$45,989.01
282	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - DRG	LP HEALTHSAVINGS HDHPQ FOR STATE - FAMILY	$39,148.14
283	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - MRC OON pricing	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$25,544.68
284	Strata 5	N	N	$0.00	Eligible, No other insurance, Paid $25 office copay, Priced correctly - high drug calculation and fee schedule	OAP PREMIER - EE ONLY AND EE + SP	$26,180.79
285	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - POC discount	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$29,104.41
286	Strata 5	N	N	$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized, Priced correctly - DRG plus carve outs	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$51,034.55
287	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - DRG plus carve out	OAP PREMIER - EE + FAMILY	$38,198.41
288	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - POC	LP HEALTHSAVINGS HDHPQ FOR LOCAL - FAMILY	$127,843.12

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Benefit Package	Paid
289	Strata 5	N	N	$0.00	Eligible, No other insurance, COVID - no patient portion needed, Authorized, Priced correctly - DRG	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$62,713.41
290	Strata 5	N	N	$0.00	Eligible, Two Cigna plans, Medicare secondary, Primary on this plan, Met OOP, Priced correctly - POC discount for air ambulance	PREMIER LOCAL PLUS - EE + FAMILY	$45,238.83
291	Strata 5	N	N	$0.00	Eligible, No other insurance, LifeSource - no patient portion needed, Priced correctly - Transplant LifeSource POC	STANDARD LOCAL PLUS - EE + CHILD(REN)	$101,791.32
292	Strata 5	N	N	$0.00	Eligible, No other insurance, OOP met, Priced correctly - POC discount	OAP PREMIER - EE ONLY AND EE + SP	$44,196.39
293	Strata 5	N	N	$0.00	Eligible, Medicare secondary, Met OOP, Authorized, Priced correctly - DRG plus carve outs	OAP PREMIER - EE ONLY AND EE + SP	$126,830.75
294	Strata 5	N	N	$0.00	Eligible, No other insurance, Coins taken up to OOP max, Authorized, Priced correctly - DRG	STANDARD LOCAL PLUS - EE ONLY & EE+SP	$28,330.16
295	Strata 5	N	N	$0.00	Eligible, No other insurance, COVID - no patient portion needed, Authorized, Priced correctly - per diem plus pharmacy carve out	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$35,466.96
296	Strata 5	N	N	$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized, Priced correctly - DRG	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$25,799.37
297	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Priced correctly - POC discount with J code pricing	PREMIER LOCAL PLUS - EE + FAMILY	$34,003.57
298	Strata 5	N	N	$0.00	Eligible, Medicare primary 4/1/20 after DOS, Met OOP, Authorized, Priced correctly - Lesser of DRG, Adj due to missing auth orig, reviewed and allowed after auth	PREMIER LOCAL PLUS - EE ONLY & EE+SP	$28,177.72
299	Strata 5	N	N	$0.00	Eligible, No other insurance, Took coins up to OOP max, Priced correctly - per diem OP plus carve outs 0636, Adj due to no orig auth - Authorized now	PREMIER LOCAL PLUS - EE + FAMILY	$81,557.59
300	Strata 5	N	N	$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - DRG	STANDARD LOCAL PLUS - EE + CHILD(REN)	$63,190.01

State of Tennessee Health Plan

Healthcare Claims Random Sample Audit of Cigna

April 2022

Together, all the way.®

Cigna®

Cigna Executive Summary Response to Healthcare Horizons Audit Findings

Cigna would like to thank for both the State of Tennessee and Healthcare Horizons for the opportunity to formally respond to the draft audit findings for the Random Sample audit conducted remotely by Healthcare Horizons during the week of December 6th, 2021.

The audit consisted of a statistically valid, random sample of 300 claims processed between January 1st, 2020 and December 31st, 2020. During this audit scope time period, a total of 1,128,446 claims were processed totaling $337,501,100.97 in claim payments on behalf of State of Tennessee employees and their dependents, with the claim sample representing benefit payments totaling $4,015,269.23.

Random Sample Results:

Quality Metrics	Quality Goals	Sample Results	Extrapolated Results
Financial Accuracy	99.3%	99.98%	99.58%
Payment Accuracy	97.5%	98.67%	98.34%
Processing Accuracy	96.0%	98.67%	98.34%

Cigna has reviewed the draft report submitted and appreciates the insights and recommendations made by Healthcare Horizons. We are committed to a continuous quality improvement approach to ensure corrective actions are implemented with each of the audit findings and Cigna's response is provided in the information that follows.

Audit Findings	Cigna Response / Corrective Actions
Audit Finding 1: Duplicate Payment **Sample Number:** 35 **Overpaid:** $71.61	Cigna is in agreement with the audit findings and overpayment ($71.61) confirmed for Sample # 35. The overpayment was referred to Cigna's recovery vendor – Cotiviti – in January 2022 and the refund was received in February 2022. This was a manual claim processor error, resulting in a duplicate payment. A corrected claim was received and the claim processor should have followed the system flags edits to ensure correct handling. This error was thoroughly reviewed with the individual claim processor and details also shared with the processing teams for further coaching opportunities in December 2021. Reviews included: • Full review of both original and corrected claim submissions • Duplicate and Corrected Claims Standard Operating Procedure (SOP) Articles • Claim Processing Checklist • Corkboard Macros focusing on potential duplicate claim line checks

Audit Findings	Cigna Response / Corrective Actions
Audit Finding 2: Coinsurance Application **Sample Number:** 94 **Overpaid:** $40.00	Upon further review, Cigna respectfully disagrees with the audit findings and overpayment ($40.00) on Sample # 94. Based on the non-standard benefit in place for the State of Tennessee relative to well-woman exams, the benefit is driven by the primary diagnosis. In the case of this sample claim submission, the primary diagnosis billed was preventive, therefore the services on this claim were processed as preventive services. Cigna is happy to review this claim and the overall benefit with the State of Tennessee to ensure the intent of the benefit is correct. Cigna notes that the non-standard benefit in place is that well woman exams are not included in, and are separate from the adult preventive care benefit.

Audit Findings	Cigna Response / Corrective Actions
Audit Finding 3: Observation; Retro-active Eligibility Termination **Sample Number:** 106 **Overpaid:** $271.74	Cigna is in agreement with the audit findings and overpayment ($271.74) confirmed for Sample # 106. It is important to note that at the time of claim processing (11/05/2020) the member was active based on the eligibility information Cigna received and had on file. On 11/17/2020 Cigna received a retro-active eligibility termination notification, which resulted in this claim being overpaid. Refund recovery was initiated on this overpayment with Cigna – Cotiviti – in November 2021, and this is currently in active recovery.

Audit Findings	Cigna Response / Corrective Actions
Audit Finding 4: Copayment Application **Sample Number:** 180 **Overpaid:** $50.00	Cigna is in agreement with the audit findings and overpayment ($50.00) confirmed for Sample # 180. The overpayment was referred to Cigna's recovery vendor – Cotiviti – in January 2022 and is currently in active recovery. This was a manual claim processor error in which a copayment should have been applied. This error was thoroughly reviewed with the individual claim processor and details also shared with the processing teams for further coaching opportunities in December 2021. Reviews included: • Full review of both original and corrected claim submissions • Accumulator screens and review of all benefits related to copayments, deductibles, coinsurance and out of pocket maximums • SOPs related to deductible, copayments and out of pocket application, including accumulator "rebuilds" • Claim adjustment guidelines • Claim Processing Checklist

Audit Findings	Cigna Response / Corrective Actions
Audit Finding 5: Coinsurance Application **Sample Number:** 207 **Overpaid:** $455.99	Cigna is in agreement with the audit findings and overpayment ($455.99) confirmed for Sample # 207. The overpayment was referred to Cigna's recovery vendor – Cotiviti – in January 2022 and the refund was received in April 2022. This was a manual claim processor error, resulting in the incorrect application of the full 10% coinsurance up to the member meeting their out of pocket limitations. The claim processor applied an override during claim processing, and in doing so should have fully ensured that the claim lines were correctly calculating appropriate coinsurance levels. This error was thoroughly reviewed with the individual claim processor and details also shared with the processing teams for further coaching opportunities in December 2021. Reviews included: • Full review claim submission • Override Codes SOP • Accumulator screens and details for this member • Claim Processing Checklist • Benefit Verifications steps