



September 28, 2022

FINAL HEALTHCARE CLAIMS AUDIT REPORT
Targeted Audit

STATE OF TENNESSEE – Optum

AUDIT PERIOD: JANUARY 1, 2020 – DECEMBER 31, 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 Optum, an administrator of its employee behavioral health benefit plan, for claims incurred January through December 2020 and paid through June 2021. Healthcare Horizons received \$30,175,883 in paid claims data from Optum 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 Optum as potential errors (based on mining of the data) or higher-dollar items in need of review. A virtual site visit was not necessary as Optum provided responses to our specific inquiries on each claim including follow-up questions. All Optum responses were received by September 13, 2022.

Healthcare Horizons identified an agreed recoverable amount of \$25,931.36 from the sample claims, with the majority of findings related to duplicates, eligibility, and ambulance services. 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 97 additional out-of-sample claims in the categories of eligibility, maximum allowable charge, ambulance services, and duplicates with a total estimated overpayment of \$14,813.72. We request for Optum to 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. Optum is in general agreement with the findings as presented in the draft audit report and no additional response was submitted for inclusion in the final report.

Our findings for the audit are summarized as follows.

Issue	Agreed Amount	Out-of-Sample Recovery Potential	Total Audit Potential (Excluding Disputed Amount)
Duplicates	\$9,827.26	\$516.63	\$10,343.89
Eligibility	\$7,976.65	\$5,950.13	\$13,926.78
Ambulance Services	\$6,504.95	\$5,101.96	\$11,606.91
Maximum Allowable Charge	\$1,622.50	\$3,245.00	\$4,867.50
Totals	\$25,931.36	\$14,813.72	\$40,745.08

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 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 our 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 audit.

Issue	Audit Items	Recovery	
		Items	Amount
Duplicates - Claim Level	50	18	\$5,622.29
Duplicates - Line Level	88	30	\$2,287.17
Medicaid Reclamation	62	31	\$1,917.80
Other Insurance	10	0	\$0.00
Eligibility	30	30	\$7,976.65
Eligibility per Medical TPA	10	0	\$0.00
Outpatient During Inpatient	2	0	\$0.00
INN Facility Pricing	10	0	\$0.00
OON Pricing	10	0	\$0.00
Maximum Allowable Charge	11	1	\$1,622.50
Inpatient Authorization	7	0	\$0.00
Incidental	5	0	\$0.00
Ambulance Services	5	5	\$6,504.95
Totals	300	115	\$25,931.36

Recoverable Findings

- 1. Likely manual processor error resulted in the identification of several 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 Medicaid reclamation categories, Optum agreed with seventy-nine overpayments totaling \$9,827.26 (audit items 2, 4, 6, 8, 10, 12, 14, 18, 20, 24, 30, 38, 40, 42, 44, 46, 48, 50, 52, 54, 56, 60, 62, 72, 74, 78, 80, 90, 94, 96, 98, 100, 104, 106, 108, 110, 112, 114, 116, 122, 124, 126, 128, 130, 132, 134, 136, 138, 140, 142, 144, 146, 148, 150, 152, 154, 156, 158, 160, 162, 164, 166, 168, 170, 172, 174, 176, 178, 180, 182, 184, 186, 188, 190, 192, 194, 196, 198, and 200). In most instances, Optum cited manual processor error as the root cause. We recommend that Optum provide additional training to the processors regarding these types of processing errors in order to reduce their occurrence in the future. In terms of out-of-sample potential, thirty-eight claims were delivered to Optum with an additional recovery potential of \$516.63.
- 2. Healthcare Horizons identified recoverable claims due to retroactive eligibility terminations.** The eligibility file from Optum 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. Healthcare Horizons submitted 40 claims in which the service date appeared to be past the eligibility termination date, and thirty of the claims were found to be recoverable totaling \$7,976.65 (audit items 211 – 240). Optum agreed that the claims are recoverable due to the retroactive eligibility terminations. In considering out-of-sample impact, Healthcare Horizons submitted 48 additional claims totaling \$5,950.13 to Optum for review. We request for Optum to review these claims and adjust where appropriate. Moving forward, Optum and the State should ensure procedures are in place to identify and recover claims impacted by retroactive eligibility terminations.
- 3. Healthcare Horizons identified one claim that missed applying an out-of-network rate in the reviewed category of Maximum Allowable Charge (MAC).** Healthcare Horizons submitted eleven claims in order to review pricing and contract terms. One claim, (audit item 282) was found to have been processed at full billed charges instead of being processed at the agreed out-of-network rate. According to the contract, the payment amount should have been 45% of the billed charges which resulted in an overpayment of \$1,622.50. Optum agreed with the finding and will adjust the claim. Due to this finding, we submitted two additional out-of-sample claims totaling \$3,245.00 for recovery.
- 4. Payments were identified for non-covered ambulance services.** Per Optum's Mixed Services Protocol, the medical plan, and not the behavioral health plan, is liable for any ambulance services. In reviewing the entire claims dataset, five claims for ambulance services were identified and Optum agreed with overpayments totaling \$6,504.95 (audit items 296, 297, 298, 299, and 300). Based on this finding, Healthcare Horizons provided nine additional out-of-sample claims totaling \$5,101.96 to Optum for their review.

Conclusion

Healthcare Horizons appreciates the opportunity to perform this claims audit on behalf of the State of Tennessee. We appreciate the efforts of the Optum team during the review and throughout the entire process.

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

- Optum should initiate recovery on all agreed overpayments and report any negative potential member impact to the State of Tennessee prior to any collections activity.
- Optum and the State should ensure that procedures are in place to identify and recover claims impacted by retroactive eligibility terminations.
- Optum should review the out-of-sample claims provided by Healthcare Horizons or produce its own impact reports.
- Optum 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.

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.
- **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.

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.

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	Comment
1	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
2	Duplicates - Claim Level	\$104.11	Agreed - duplicate with claim 1, manually adjusted
3	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
4	Duplicates - Claim Level	\$1,912.50	Agreed - duplicate with claim 3, manually adjusted
5	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
6	Duplicates - Claim Level	\$100.00	Agreed - duplicate with claim 5, corrected claim
7	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
8	Duplicates - Claim Level	\$205.40	Agreed - duplicate with claim 7, manually adjusted
9	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
10	Duplicates - Claim Level	\$200.48	Agreed - duplicate with claim 9, manually adjusted
11	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
12	Duplicates - Claim Level	\$143.25	Agreed - duplicate with claim 11, manually adjusted
13	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
14	Duplicates - Claim Level	\$135.58	Agreed - duplicate with claim 13, manually adjusted
15	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
16	Duplicates - Claim Level	\$0.00	Per Optum, per the Medically Unlikely Edits (MUE) for this procedure, the member is allowed to have a telehealth visit and an office visit on the same day
17	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
18	Duplicates - Claim Level	\$199.85	Agreed - duplicate with claim 17, corrected claim
19	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
20	Duplicates - Claim Level	\$135.58	Agreed - duplicate with claim 19, corrected claim
21	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
22	Duplicates - Claim Level	\$0.00	Per Optum, per the Medically Unlikely Edits (MUE) for this procedure, the member is allowed to have a telehealth visit and an office visit on the same day
23	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
24	Duplicates - Claim Level	\$1,080.00	Agreed - duplicate claim, should adjust, same partial hospitalization billed with revcodes 0900 and 0912
25	Duplicates - Claim Level	\$0.00	Adjusted on 3/2/22 due to duplication
26	Duplicates - Claim Level	\$0.00	Correct claim for pair
27	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
28	Duplicates - Claim Level	\$0.00	Procedure is a part of Applied Behavior Analysis (ABA) services and is prior authorized
29	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
30	Duplicates - Claim Level	\$220.96	Agreed - duplicate with claim 29, manually adjusted
31	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
32	Duplicates - Claim Level	\$0.00	Per the Medically Unlikely Edits (MUE) for this procedure, the member is allowed to have a telehealth visit and an office visit on the same day
33	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
34	Duplicates - Claim Level	\$0.00	Per Optum, per the Medically Unlikely Edits (MUE) for this procedure, the member is allowed to have a telehealth visit and an office visit on the same day
35	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
36	Duplicates - Claim Level	\$0.00	Per Optum, per the Medically Unlikely Edits (MUE) for this procedure, the member is allowed to have a telehealth visit and an office visit on the same day
37	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
38	Duplicates - Claim Level	\$100.00	Agreed - duplicate with claim 37, manually adjusted
39	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
40	Duplicates - Claim Level	\$100.00	Agreed - duplicate with claim 39, manually adjusted
41	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
42	Duplicates - Claim Level	\$190.48	Agreed - duplicate with claim 41, manually adjusted
43	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
44	Duplicates - Claim Level	\$277.64	Agreed - duplicate with claim 43, procedures not allowable on same day
45	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
46	Duplicates - Claim Level	\$138.82	Agreed - duplicate with claim 45, corrected claim
47	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
48	Duplicates - Claim Level	\$100.00	Agreed - duplicate with claim 47, manually adjusted
49	Duplicates - Claim Level	\$0.00	Info only, original claim for pair
50	Duplicates - Claim Level	\$277.64	Agreed - duplicate with claim 49, manually adjusted
51	Duplicates - Line Level	\$0.00	Info only, original claim
52	Duplicates - Line Level	\$77.50	Agreed - duplicate with claim 51, corrected claim
53	Duplicates - Line Level	\$0.00	Info only, original claim
54	Duplicates - Line Level	\$70.00	Agreed - duplicate claim with 53, provider rebilled claim with different identification number

Audit Item	Issue	Recovery	Comment
55	Duplicates - Line Level	\$0.00	Info only, original claim
56	Duplicates - Line Level	\$114.36	Agreed - duplicate with claim 55, manually adjusted
57	Duplicates - Line Level	\$0.00	Info only, original claim
58	Duplicates - Line Level	\$0.00	Per Optum, per the Medically Unlikely Edits (MUE) for this procedure, the member is allowed to have a telehealth visit and an office visit on the same day
59	Duplicates - Line Level	\$0.00	Info only, original claim
60	Duplicates - Line Level	\$69.41	Agreed - duplicate with claim 59, corrected claim
61	Duplicates - Line Level	\$0.00	Info only, original claim
62	Duplicates - Line Level	\$69.41	Agreed - duplicate with claim 61, corrected claim
63	Duplicates - Line Level	\$0.00	Info only, original claim
64	Duplicates - Line Level	\$0.00	Procedure is a part of Applied Behavior Analysis (ABA) services and is prior authorized
65	Duplicates - Line Level	\$0.00	Info only, original claim
66	Duplicates - Line Level	\$0.00	Procedure is a part of Applied Behavior Analysis (ABA) services and is prior authorized
67	Duplicates - Line Level	\$0.00	Info only, original claim
68	Duplicates - Line Level	\$0.00	Per Optum, per the Medically Unlikely Edits (MUE) for this procedure, the member is allowed to have a telehealth visit and an office visit on the same day
69	Duplicates - Line Level	\$0.00	Info only, original claim
70	Duplicates - Line Level	\$0.00	Per Optum, per the Medically Unlikely Edits (MUE) for this procedure, the member is allowed to have a telehealth visit and an office visit on the same day
71	Duplicates - Line Level	\$0.00	Info only, original claim
72	Duplicates - Line Level	\$51.92	Agreed - duplicate with claim 71, manually adjusted
73	Duplicates - Line Level	\$0.00	Info only, original claim
74	Duplicates - Line Level	\$51.92	Agreed - duplicate with claim 73, manually adjusted
75	Duplicates - Line Level	\$0.00	Info only, original claim
76	Duplicates - Line Level	\$0.00	Per Optum, per the Medically Unlikely Edits (MUE) for this procedure, the member is allowed to have a telehealth visit and an office visit on the same day
77	Duplicates - Line Level	\$0.00	Info only, original claim
78	Duplicates - Line Level	\$48.66	Agreed - duplicate with claim 77, manually adjusted
79	Duplicates - Line Level	\$0.00	Info only, original claim
80	Duplicates - Line Level	\$114.36	Agreed - duplicate with claim 79, manually adjusted
81	Duplicates - Line Level	\$0.00	Info only, original claim
82	Duplicates - Line Level	\$0.00	Procedure is a part of Applied Behavior Analysis (ABA) services and is prior authorized
83	Duplicates - Line Level	\$0.00	Info only, original claim
84	Duplicates - Line Level	\$0.00	Per Optum, per the Medically Unlikely Edits (MUE) for this procedure, the member is allowed to have a telehealth visit and an office visit on the same day
85	Duplicates - Line Level	\$0.00	Info only, original claim
86	Duplicates - Line Level	\$0.00	Per Optum, per the Medically Unlikely Edits (MUE) for this procedure, the member is allowed to have a telehealth visit and an office visit on the same day
87	Duplicates - Line Level	\$0.00	Info only, original claim
88	Duplicates - Line Level	\$0.00	Per Optum, per the Medically Unlikely Edits (MUE) for this procedure, the member is allowed to have a telehealth visit and an office visit on the same day
89	Duplicates - Line Level	\$0.00	Info only, original claim
90	Duplicates - Line Level	\$200.48	Agreed - duplicate with claim 89, manually adjusted
91	Duplicates - Line Level	\$0.00	Info only, original claim
92	Duplicates - Line Level	\$0.00	Per Optum, per the Medically Unlikely Edits (MUE) for this procedure, the member is allowed to have a telehealth visit and an office visit on the same day
93	Duplicates - Line Level	\$0.00	Info only, original claim
94	Duplicates - Line Level	\$65.87	Agreed - duplicate with claim 93, manually adjusted
95	Duplicates - Line Level	\$0.00	Info only, original claim
96	Duplicates - Line Level	\$114.36	Agreed - duplicate with claim 95, corrected claim
97	Duplicates - Line Level	\$0.00	Info only, original claim
98	Duplicates - Line Level	\$69.41	Agreed - duplicate with claim 97, corrected claim
99	Duplicates - Line Level	\$0.00	Info only, original claim
100	Duplicates - Line Level	\$104.11	Agreed - duplicate with claim 99, manually adjusted
101	Duplicates - Line Level	\$0.00	Info only, original claim
102	Duplicates - Line Level	\$0.00	Per Optum, per the Medically Unlikely Edits (MUE) for this procedure, the member is allowed to have a telehealth visit and an office visit on the same day

Audit Item	Issue	Recovery	Comment
103	Duplicates - Line Level	\$0.00	Info only, original claim
104	Duplicates - Line Level	\$32.87	Agreed - duplicate with claim 103, corrected claim
105	Duplicates - Line Level	\$0.00	Info only, original claim
106	Duplicates - Line Level	\$60.00	Agreed - duplicate with claim 105, manually adjusted
107	Duplicates - Line Level	\$0.00	Info only, original claim
108	Duplicates - Line Level	\$60.00	Agreed - duplicate with claim 107, manually adjusted
109	Duplicates - Line Level	\$0.00	Info only, original claim
110	Duplicates - Line Level	\$43.66	Agreed - duplicate with claim 109, manually adjusted
111	Duplicates - Line Level	\$0.00	Info only, original claim
112	Duplicates - Line Level	\$75.36	Agreed - duplicate with claim 111, manually adjusted
113	Duplicates - Line Level	\$0.00	Info only, original claim
114	Duplicates - Line Level	\$69.41	Agreed - duplicate with claim 113, manually adjusted
115	Duplicates - Line Level	\$0.00	Info only, original claim
116	Duplicates - Line Level	\$47.50	Agreed - duplicate with claim 115, corrected claim
117	Duplicates - Line Level	\$0.00	Info only, original claim
118	Duplicates - Line Level	\$0.00	Per Optum, per the Medically Unlikely Edits (MUE) for this procedure, the member is allowed to have a telehealth visit and an office visit on the same day
119	Duplicates - Line Level	\$0.00	Info only, original claim
120	Duplicates - Line Level	\$0.00	Per Optum, per the Medically Unlikely Edits (MUE) for this procedure, the member is allowed to have a telehealth visit and an office visit on the same day
121	Duplicates - Line Level	\$0.00	Info only, original claim
122	Duplicates - Line Level	\$69.41	Agreed - duplicate with claim 121, corrected claim
123	Duplicates - Line Level	\$0.00	Info only, original claim
124	Duplicates - Line Level	\$69.41	Agreed - duplicate with claim 123, corrected claim
125	Duplicates - Line Level	\$0.00	Info only, original claim
126	Duplicates - Line Level	\$69.41	Agreed - duplicate with claim 125, corrected claim
127	Duplicates - Line Level	\$0.00	Info only, original claim
128	Duplicates - Line Level	\$69.41	Agreed - duplicate with claim 127 corrected claim
129	Duplicates - Line Level	\$0.00	Info only, original claim
130	Duplicates - Line Level	\$69.41	Agreed - duplicate with claim 129, corrected claim
131	Duplicates - Line Level	\$0.00	Info only, original claim
132	Duplicates - Line Level	\$69.41	Agreed - duplicate with claim 131, manually adjusted
133	Duplicates - Line Level	\$0.00	Info only, original claim
134	Duplicates - Line Level	\$104.11	Agreed - duplicate with claim 133, manually adjusted
135	Duplicates - Line Level	\$0.00	Info only, original claim
136	Duplicates - Line Level	\$104.11	Agreed - duplicate with claim 135, manually adjusted
137	Duplicates - Line Level	\$0.00	Info only, original claim
138	Duplicates - Line Level	\$51.92	Agreed - duplicate with claim 137, manually adjusted
139	Medicaid Reclamation	\$0.00	Info Only, original provider payment
140	Medicaid Reclamation	\$26.24	Agreed - duplicate payment with 139, paid to provider already, should not pay Medicaid
141	Medicaid Reclamation	\$0.00	Info Only, original provider payment
142	Medicaid Reclamation	\$26.24	Agreed, duplicate payment with 141, paid to provider already, should not pay Medicaid
143	Medicaid Reclamation	\$0.00	Info Only, original provider payment
144	Medicaid Reclamation	\$60.00	Agreed, duplicate payment with 143, paid to provider already, should not pay Medicaid
145	Medicaid Reclamation	\$0.00	Info Only, original provider payment
146	Medicaid Reclamation	\$60.00	Agreed, Duplicate payment with 145, paid to provider already, should not pay Medicaid
147	Medicaid Reclamation	\$0.00	Info Only, original provider payment
148	Medicaid Reclamation	\$39.41	Agreed, duplicate payment with 147, paid to provider already, should not pay Medicaid
149	Medicaid Reclamation	\$0.00	Info Only, original provider payment
150	Medicaid Reclamation	\$51.06	Agreed, duplicate payment with 149, paid to provider already, should not pay Medicaid
151	Medicaid Reclamation	\$0.00	Info Only, original provider payment
152	Medicaid Reclamation	\$39.00	Agreed, duplicate payment with 151, paid to provider already, should not pay Medicaid
153	Medicaid Reclamation	\$0.00	Info Only, original provider payment
154	Medicaid Reclamation	\$39.00	Agreed, duplicate payment with 153, paid to provider already, should not pay Medicaid
155	Medicaid Reclamation	\$0.00	Info Only, original provider payment
156	Medicaid Reclamation	\$39.00	Agreed, duplicate payment with 155, paid to provider already, should not pay Medicaid
157	Medicaid Reclamation	\$0.00	Info Only, original provider payment
158	Medicaid Reclamation	\$69.41	Agreed, duplicate payment with 157, paid to provider already, should not pay Medicaid
159	Medicaid Reclamation	\$0.00	Info Only, original provider payment
160	Medicaid Reclamation	\$43.42	Agreed, duplicate payment with 159, paid to provider already, should not pay Medicaid
161	Medicaid Reclamation	\$0.00	Info Only, original provider payment
162	Medicaid Reclamation	\$30.00	Agreed, duplicate payment with 161, paid to provider already, should not pay Medicaid
163	Medicaid Reclamation	\$0.00	Info Only, original provider payment
164	Medicaid Reclamation	\$35.00	Agreed, duplicate payment with 163, paid to provider already, should not pay Medicaid

Audit Item	Issue	Recovery	Comment
165	Medicaid Reclamation	\$0.00	Info Only, original provider payment
166	Medicaid Reclamation	\$30.00	Agreed, duplicate payment with 165, paid to provider already, should not pay Medicaid
167	Medicaid Reclamation	\$0.00	Info Only, original provider payment
168	Medicaid Reclamation	\$35.00	Agreed, duplicate payment with 167, paid to provider already, should not pay Medicaid
169	Medicaid Reclamation	\$0.00	Info Only, original provider payment
170	Medicaid Reclamation	\$69.41	Agreed, duplicate payment with 169, paid to provider already, should not pay Medicaid
171	Medicaid Reclamation	\$0.00	Info Only, original provider payment
172	Medicaid Reclamation	\$26.92	Agreed, duplicate payment with 171, paid to provider already, should not pay Medicaid
173	Medicaid Reclamation	\$0.00	Info Only, original provider payment
174	Medicaid Reclamation	\$75.23	Agreed, duplicate payment with 173, paid to provider already, should not pay Medicaid
175	Medicaid Reclamation	\$0.00	Info Only, original provider payment
176	Medicaid Reclamation	\$112.95	Agreed, duplicate payment with 175, paid to provider already, should not pay Medicaid
177	Medicaid Reclamation	\$0.00	Info Only, original provider payment
178	Medicaid Reclamation	\$96.65	Agreed, duplicate payment with 177, paid to provider already, should not pay Medicaid
179	Medicaid Reclamation	\$0.00	Info Only, original provider payment
180	Medicaid Reclamation	\$96.65	Agreed, duplicate payment with 179, paid to provider already, should not pay Medicaid
181	Medicaid Reclamation	\$0.00	Info Only, original provider payment
182	Medicaid Reclamation	\$40.00	Agreed, duplicate payment with 181, paid to provider already, should not pay Medicaid
183	Medicaid Reclamation	\$0.00	Info Only, original provider payment
184	Medicaid Reclamation	\$104.11	Agreed, duplicate payment with 183, paid to provider already, should not pay Medicaid
185	Medicaid Reclamation	\$0.00	Info Only, original provider payment
186	Medicaid Reclamation	\$135.58	Agreed, duplicate payment with 185, paid to provider already, should not pay Medicaid
187	Medicaid Reclamation	\$0.00	Info Only, original provider payment
188	Medicaid Reclamation	\$45.23	Agreed, duplicate payment with 187, paid to provider already, should not pay Medicaid
189	Medicaid Reclamation	\$0.00	Info Only, original provider payment
190	Medicaid Reclamation	\$44.41	Agreed, duplicate payment with 189, paid to provider already, should not pay Medicaid
191	Medicaid Reclamation	\$0.00	Info Only, original provider payment
192	Medicaid Reclamation	\$69.41	Agreed, duplicate payment with 191, paid to provider already, should not pay Medicaid
193	Medicaid Reclamation	\$0.00	Info Only, original provider payment
194	Medicaid Reclamation	\$75.23	Agreed, duplicate payment with 193, paid to provider already, should not pay Medicaid
195	Medicaid Reclamation	\$0.00	Info Only, original provider payment
196	Medicaid Reclamation	\$69.41	Agreed, duplicate payment with 195, paid to provider already, should not pay Medicaid
197	Medicaid Reclamation	\$0.00	Info Only, original provider payment
198	Medicaid Reclamation	\$98.25	Agreed, duplicate payment with 197, paid to provider already, should not pay Medicaid
199	Medicaid Reclamation	\$0.00	Info Only, original provider payment
200	Medicaid Reclamation	\$135.58	Agreed, duplicate payment with 199, paid to provider already, should not pay Medicaid
201	Other Insurance	\$0.00	Member does not have any other insurance
202	Other Insurance	\$0.00	Member does not have any other insurance
203	Other Insurance	\$0.00	Medicare is primary 1/1/20, paid patient portion
204	Other Insurance	\$0.00	Medicare secondary, correctly paid as primary
205	Other Insurance	\$0.00	Member does not have any other insurance
206	Other Insurance	\$0.00	Member does not have any other insurance
207	Other Insurance	\$0.00	At time of processing Medicare was secondary, this claim has been sent to be reviewed and adjusted if necessary
208	Other Insurance	\$0.00	Member does not have any other insurance
209	Other Insurance	\$0.00	Member does not have any other insurance
210	Other Insurance	\$0.00	Member does not have any other insurance
211	Eligibility	\$52.50	Agreed, retro term 4/30/20, notified on 6/9/20 after processing
212	Eligibility	\$72.21	Agreed, retro term 6/30/20, notified on 7/21/20 after processing
213	Eligibility	\$74.11	Agreed, retro term 10/31/20, notified on 2/2/21 after processing
214	Eligibility	\$1,102.50	Agreed, retro term 5/31/20, notified on 2/10/21 after processing
215	Eligibility	\$60.00	Agreed, retro term 9/30/20, notified on 11/17/20 after processing
216	Eligibility	\$1,260.00	Agreed, retro term 8/31/20, notified on 9/2/20, paid line 2 on 11/12/20 after notification
217	Eligibility	\$53.66	Agreed, retro term 2/29/20, notified on 3/25/20 after processing
218	Eligibility	\$67.21	Agreed, retro term 2/29/20, notified on 3/25/20 after processing
219	Eligibility	\$67.21	Agreed, retro term 2/29/20, notified on 3/25/20 after processing
220	Eligibility	\$75.00	Agreed, retro term 6/30/20, notified on 5/4/21 after processing
221	Eligibility	\$77.50	Agreed, retro term 10/31/20, notified on 11/25/20 after processing
222	Eligibility	\$79.36	Agreed, retro term 5/31/20, notified on 12/8/21 after processing
223	Eligibility	\$74.59	Agreed, retro term 10/31/20, notified on 12/29/20 after processing
224	Eligibility	\$1,068.93	Agreed, retro term 7/31/20, notified on 10/9/20 after processing
225	Eligibility	\$89.36	Agreed, retro term 9/30/20, notified on 12/16/20 after processing

Audit Item	Issue	Recovery	Comment
226	Eligibility	\$75.00	Agreed, retro term 9/30/20, notified on 12/1/20 after processing
227	Eligibility	\$74.11	Agreed, retro term 6/30/20, notified on 7/28/20 after processing
228	Eligibility	\$1,480.74	Agreed, retro term 8/31/20, notified on 9/22/20 after processing
229	Eligibility	\$105.00	Agreed, retro term 10/31/20, notified on 2/2/21 after processing
230	Eligibility	\$100.58	Agreed, retro term 1/31/20, notified on 6/16/20 after processing
231	Eligibility	\$97.21	Agreed, retro term 6/30/20, notified on 8/4/20 after processing
232	Eligibility	\$65.87	Agreed, retro term 6/30/20, notified on 8/4/20 after processing
233	Eligibility	\$62.21	Agreed, retro term 11/30/20, notified on 12/16/20 after processing
234	Eligibility	\$81.93	Agreed, retro term 1/31/20, notified on 4/7/20 after processing
235	Eligibility	\$55.24	Agreed, retro term 9/30/20, notified on 10/20/20 after processing
236	Eligibility	\$945.00	Agreed, retro term 10/31/20, notified on 2/2/21 after processing
237	Eligibility	\$61.40	Agreed, retro term 5/31/20, notified on 8/11/20 after processing
238	Eligibility	\$145.00	Agreed, retro term 5/31/20, notified on 6/30/20 after processing
239	Eligibility	\$208.22	Agreed, retro term 7/31/20, notified after processing
240	Eligibility	\$145.00	Agreed, retro term 5/31/20, notified on 6/23/20 after processing
241	Eligibility per Medical TPA	\$0.00	Member changed to a different plan and was covered for DOS until 5/31/20
242	Eligibility per Medical TPA	\$0.00	Member changed to a different plan and was covered for DOS until 9/30/20
243	Eligibility per Medical TPA	\$0.00	Member changed to a different plan and was covered for DOS until 4/30/20
244	Eligibility per Medical TPA	\$0.00	Member changed to a different plan and was covered for DOS until 10/31/20
245	Eligibility per Medical TPA	\$0.00	Member is active until 4/30/20, eligible for DOS
246	Eligibility per Medical TPA	\$0.00	Member is active until 4/30/20, eligible for DOS
247	Eligibility per Medical TPA	\$0.00	Member is active until 4/30/20, eligible for DOS
248	Eligibility per Medical TPA	\$0.00	Member changed to a different plan and was covered for DOS until 3/31/20
249	Eligibility per Medical TPA	\$0.00	Member changed to a different plan and was covered for DOS until 3/31/20
250	Eligibility per Medical TPA	\$0.00	Member changed to a different plan and was covered for DOS until 7/31/20
251	Outpatient During Inpatient	\$0.00	Authorized 10/10-10/25, rest of dates denied for residential services
252	Outpatient During Inpatient	\$0.00	Services 10/26-10/31 were allowed as partial hospitalization, no overlap
253	INN Facility Pricing	\$0.00	Priced correctly - per diem plus treatment per unit charge
254	INN Facility Pricing	\$0.00	Priced correctly - per diem rate, authorized
255	INN Facility Pricing	\$0.00	Priced correctly - per diem rate, authorized
256	INN Facility Pricing	\$0.00	Priced correctly - per diem rate, authorized
257	INN Facility Pricing	\$0.00	Priced correctly - per diem plus treatment per unit charge
258	INN Facility Pricing	\$0.00	Priced correctly - per diem rate, authorized
259	INN Facility Pricing	\$0.00	Priced correctly - per diem rate, authorized
260	INN Facility Pricing	\$0.00	Priced correctly - per diem rate, authorized
261	INN Facility Pricing	\$0.00	Priced correctly - per diem rate, authorized
262	INN Facility Pricing	\$0.00	Priced correctly - per diem rate, authorized
263	OON Pricing	\$0.00	Priced correctly - negotiated per diem, authorized
264	OON Pricing	\$0.00	Priced correctly - UCR @ billed charges for allowed lines, authorized
265	OON Pricing	\$0.00	Priced correctly - negotiated per diem, authorized
266	OON Pricing	\$0.00	Priced correctly - negotiated per diem, authorized
267	OON Pricing	\$0.00	Priced correctly - negotiated per diem, authorized
268	OON Pricing	\$0.00	Priced correctly - negotiated per diem, authorized
269	OON Pricing	\$0.00	Priced correctly - negotiated per diem, authorized
270	OON Pricing	\$0.00	Priced correctly - negotiated per diem, authorized
271	OON Pricing	\$0.00	Priced correctly - negotiated per diem, authorized
272	OON Pricing	\$0.00	Priced correctly - negotiated per diem, authorized
273	Maximum Allowable Charge	\$0.00	Priced correctly - State of TN OON reimbursement model (MNRP)
274	Maximum Allowable Charge	\$0.00	Priced correctly - UCR @ billed charges for allowed lines, authorized
275	Maximum Allowable Charge	\$0.00	Priced correctly - UCR @ billed charges for allowed lines, authorized
276	Maximum Allowable Charge	\$0.00	Priced correctly - State of TN OON reimbursement model (MNRP)
277	Maximum Allowable Charge	\$0.00	Priced correctly - State of TN OON reimbursement model (MNRP)
278	Maximum Allowable Charge	\$0.00	Priced correctly - State of TN OON reimbursement model (MNRP)
279	Maximum Allowable Charge	\$0.00	Priced correctly - State of TN OON reimbursement model (MNRP)
280	Maximum Allowable Charge	\$0.00	Priced correctly - State of TN OON reimbursement model (MNRP)
281	Maximum Allowable Charge	\$0.00	Priced correctly - UCR @ billed charges for allowed lines, authorized
282	Maximum Allowable Charge	\$1,622.50	Agreed, missed 45% of billed charge pricing, will be adjusted
283	Maximum Allowable Charge	\$0.00	Priced correctly - UCR @ billed charges for allowed lines, authorized
284	Inpatient Authorization	\$0.00	Authorization on file for entire stay

Audit Item	Issue	Recovery	Comment
285	Inpatient Authorization	\$0.00	Authorization on file for entire stay
286	Inpatient Authorization	\$0.00	Authorization on file for entire stay
287	Inpatient Authorization	\$0.00	Authorization on file for entire stay
288	Inpatient Authorization	\$0.00	Authorization on file for entire stay
289	Inpatient Authorization	\$0.00	Authorization on file for entire stay
290	Inpatient Authorization	\$0.00	Authorization on file for entire stay
291	Incidental	\$0.00	Per Optum, Q3014 can be reimbursed separately if the provider is contracted or a negotiated accommodation is made
292	Incidental	\$0.00	Per Optum, Q3014 can be reimbursed separately if the provider is contracted or a negotiated accommodation is made
293	Incidental	\$0.00	Per Optum, Q3014 can be reimbursed separately if the provider is contracted or a negotiated accommodation is made
294	Incidental	\$0.00	Per Optum, Q3014 can be reimbursed separately if the provider is contracted or a negotiated accommodation is made
295	Incidental	\$0.00	Per Optum, Q3014 can be reimbursed separately if the provider is contracted or a negotiated accommodation is made
296	Ambulance Services	\$922.85	Agreed, per the Optum Mixed Services Protocol, the medical plan is liable for all ambulance services no matter the diagnosis or facility type
297	Ambulance Services	\$775.30	Agreed, per the Optum Mixed Services Protocol, the medical plan is liable for all ambulance services no matter the diagnosis or facility type
298	Ambulance Services	\$1,087.00	Agreed, per the Optum Mixed Services Protocol, the medical plan is liable for all ambulance services no matter the diagnosis or facility type
299	Ambulance Services	\$2,996.87	Agreed, per the Optum Mixed Services Protocol, the medical plan is liable for all ambulance services no matter the diagnosis or facility type
300	Ambulance Services	\$722.93	Agreed, per the Optum Mixed Services Protocol, the medical plan is liable for all ambulance services no matter the diagnosis or facility type
		\$25,931.36	

Appendix B – Out-of-Sample Detail

Audit Item	Issue	Recovery	Comment
301	Medicaid Reclamation	\$0.00	Info Only, original provider payment
302	Medicaid Reclamation	\$10.00	Paid to provider already, should not pay Medicaid?
303	Medicaid Reclamation	\$0.00	Info Only, original provider payment
304	Medicaid Reclamation	\$23.18	Paid to provider already, should not pay Medicaid?
305	Medicaid Reclamation	\$0.00	Info Only, original provider payment
306	Medicaid Reclamation	\$20.86	Paid to provider already, should not pay Medicaid?
307	Medicaid Reclamation	\$0.00	Info Only, original provider payment
308	Medicaid Reclamation	\$14.00	Paid to provider already, should not pay Medicaid?
309	Medicaid Reclamation	\$0.00	Info Only, original provider payment
310	Medicaid Reclamation	\$20.07	Paid to provider already, should not pay Medicaid?
311	Medicaid Reclamation	\$0.00	Info Only, original provider payment
312	Medicaid Reclamation	\$23.11	Paid to provider already, should not pay Medicaid?
313	Medicaid Reclamation	\$0.00	Info Only, original provider payment
314	Medicaid Reclamation	\$15.87	Paid to provider already, should not pay Medicaid?
315	Medicaid Reclamation	\$0.00	Info Only, original provider payment
316	Medicaid Reclamation	\$10.00	Paid to provider already, should not pay Medicaid?
317	Medicaid Reclamation	\$0.00	Info Only, original provider payment
318	Medicaid Reclamation	\$26.92	Paid to provider already, should not pay Medicaid?
319	Medicaid Reclamation	\$0.00	Info Only, original provider payment
320	Medicaid Reclamation	\$21.34	Paid to provider already, should not pay Medicaid?
321	Medicaid Reclamation	\$0.00	Info Only, original provider payment
322	Medicaid Reclamation	\$8.58	Paid to provider already, should not pay Medicaid?
323	Medicaid Reclamation	\$0.00	Info Only, original provider payment
324	Medicaid Reclamation	\$25.00	Paid to provider already, should not pay Medicaid?
325	Medicaid Reclamation	\$0.00	Info Only, original provider payment
326	Medicaid Reclamation	\$25.00	Paid to provider already, should not pay Medicaid?
327	Medicaid Reclamation	\$0.00	Info Only, original provider payment
328	Medicaid Reclamation	\$23.93	Paid to provider already, should not pay Medicaid?
329	Medicaid Reclamation	\$0.00	Info Only, original provider payment
330	Medicaid Reclamation	\$135.58	Paid to provider already, should not pay Medicaid?
331	Medicaid Reclamation	\$0.00	Info Only, original provider payment
332	Medicaid Reclamation	\$28.56	Paid to provider already, should not pay Medicaid?
333	Medicaid Reclamation	\$0.00	Info Only, original provider payment
334	Medicaid Reclamation	\$25.00	Paid to provider already, should not pay Medicaid?
335	Medicaid Reclamation	\$0.00	Info Only, original provider payment
336	Medicaid Reclamation	\$40.87	Paid to provider already, should not pay Medicaid?
337	Medicaid Reclamation	\$0.00	Info Only, original provider payment
338	Medicaid Reclamation	\$18.76	Paid to provider already, should not pay Medicaid?
339	Eligibility	\$74.11	After termination - recoverable retroactive termination?
340	Eligibility	\$74.11	After termination - recoverable retroactive termination?
341	Eligibility	\$74.11	After termination - recoverable retroactive termination?
342	Eligibility	\$39.41	After termination - recoverable retroactive termination?
343	Eligibility	\$60.00	After termination - recoverable retroactive termination?
344	Eligibility	\$79.36	After termination - recoverable retroactive termination?
345	Eligibility	\$65.00	After termination - recoverable retroactive termination?
346	Eligibility	\$74.59	After termination - recoverable retroactive termination?
347	Eligibility	\$74.59	After termination - recoverable retroactive termination?
348	Eligibility	\$468.93	After termination - recoverable retroactive termination?
349	Eligibility	\$213.31	After termination - recoverable retroactive termination?

Audit Item	Issue	Recovery	Comment
350	Eligibility	\$182.82	After termination - recoverable retroactive termination?
351	Eligibility	\$16.92	After termination - recoverable retroactive termination?
352	Eligibility	\$16.92	After termination - recoverable retroactive termination?
353	Eligibility	\$51.92	After termination - recoverable retroactive termination?
354	Eligibility	\$69.41	After termination - recoverable retroactive termination?
355	Eligibility	\$69.41	After termination - recoverable retroactive termination?
356	Eligibility	\$44.41	After termination - recoverable retroactive termination?
357	Eligibility	\$787.50	After termination - recoverable retroactive termination?
358	Eligibility	\$145.00	After termination - recoverable retroactive termination?
359	Eligibility	\$104.11	After termination - recoverable retroactive termination?
360	Eligibility	\$104.11	After termination - recoverable retroactive termination?
361	Eligibility	\$104.11	After termination - recoverable retroactive termination?
362	Eligibility	\$104.11	After termination - recoverable retroactive termination?
363	Eligibility	\$104.11	After termination - recoverable retroactive termination?
364	Eligibility	\$104.11	After termination - recoverable retroactive termination?
365	Eligibility	\$104.11	After termination - recoverable retroactive termination?
366	Eligibility	\$104.11	After termination - recoverable retroactive termination?
367	Eligibility	\$104.11	After termination - recoverable retroactive termination?
368	Eligibility	\$104.11	After termination - recoverable retroactive termination?
369	Eligibility	\$104.11	After termination - recoverable retroactive termination?
370	Eligibility	\$104.11	After termination - recoverable retroactive termination?
371	Eligibility	\$104.11	After termination - recoverable retroactive termination?
372	Eligibility	\$104.11	After termination - recoverable retroactive termination?
373	Eligibility	\$104.11	After termination - recoverable retroactive termination?
374	Eligibility	\$208.22	After termination - recoverable retroactive termination?
375	Eligibility	\$208.22	After termination - recoverable retroactive termination?
376	Eligibility	\$104.11	After termination - recoverable retroactive termination?
377	Eligibility	\$208.22	After termination - recoverable retroactive termination?
378	Eligibility	\$104.11	After termination - recoverable retroactive termination?
379	Eligibility	\$104.11	After termination - recoverable retroactive termination?
380	Eligibility	\$104.11	After termination - recoverable retroactive termination?
381	Eligibility	\$104.11	After termination - recoverable retroactive termination?
382	Eligibility	\$104.11	After termination - recoverable retroactive termination?
383	Eligibility	\$104.11	After termination - recoverable retroactive termination?
384	Eligibility	\$104.11	After termination - recoverable retroactive termination?
385	Eligibility	\$104.11	After termination - recoverable retroactive termination?
386	Eligibility	\$145.00	After termination - recoverable retroactive termination?
387	Maximum Allowable Charge	\$1,622.50	Missed % of billed charge pricing, should be adjusted?
388	Maximum Allowable Charge	\$1,622.50	Missed % of billed charge pricing, should be adjusted?
389	Ambulance Services	\$682.05	Per Optum Mixed Services Protocol, the medical plan is liable for all ambulance services? Should be adjusted?
390	Ambulance Services	\$0.00	Per Optum Mixed Services Protocol, the medical plan is liable for all ambulance services? Should be adjusted?
391	Ambulance Services	\$331.14	Per Optum Mixed Services Protocol, the medical plan is liable for all ambulance services? Should be adjusted?
392	Ambulance Services	\$0.00	Per Optum Mixed Services Protocol, the medical plan is liable for all ambulance services? Should be adjusted?
393	Ambulance Services	\$400.38	Per Optum Mixed Services Protocol, the medical plan is liable for all ambulance services? Should be adjusted?

Audit Item	Issue	Recovery	Comment
394	Ambulance Services	\$2,429.99	Per Optum Mixed Services Protocol, the medical plan is liable for all ambulance services? Should be adjusted?
395	Ambulance Services	\$586.40	Per Optum Mixed Services Protocol, the medical plan is liable for all ambulance services? Should be adjusted?
396	Ambulance Services	\$672.00	Per Optum Mixed Services Protocol, the medical plan is liable for all ambulance services? Should be adjusted?
397	Ambulance Services	\$0.00	Per Optum Mixed Services Protocol, the medical plan is liable for all ambulance services? Should be adjusted?
		\$14,813.72	



September 28, 2022

FINAL HEALTHCARE CLAIMS AUDIT REPORT
Random Sample
State of Tennessee Health Plan – Optum
AUDIT PERIOD: 2020 Incurred Dates

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Executive Summary

The State of Tennessee engaged Healthcare Horizons to conduct a random sample claims audit of Optum, 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 Optum 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 $\pm 2.53\%$ margin of error given 3% expected error rate (response distribution). A virtual site visit was not necessary as Optum provided responses to our specific inquiries on each claim including follow-up questions. All Optum responses were received by August 9, 2022. Optum is in general agreement with the findings as presented in the draft audit report and no additional response was submitted for inclusion in the final report.

The overall findings are presented below:

	Stratified Sample	Weighted to Full Population
Processing Accuracy ¹	99.33%	99.97%
Payment Accuracy ²	99.33%	99.97%
Financial Accuracy ³	99.85%	99.88%

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.

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 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
- High dollar sign-off requirements
- Other general claims processing standards

Audit Findings

- Audit Item 123 (Observation)** – In reviewing the 2020 in-network out-of-pocket accumulators for the local education standard PPO member, it was observed that the member was over the individual out-of-pocket maximum of \$4,500 by \$36.03. Optum noted that the State’s medical carrier, Blue Cross Blue Shield of Tennessee (BCBST), sends Optum their accumulator information for each member. This drop and replace process runs Monday through Friday. Optum stated that the timing of the accumulator feed and the timing of the claims processing caused the overage. As no patient portion was taken on the sample inpatient rehabilitation claim, it was deemed correct and therefore cited as an observation only. BCBST has not yet corrected the out-of-pocket accumulator for the member.
- Audit Item 161 (Observation)** – In reviewing the 2020 in-network out-of-pocket accumulators for the local education standard PPO member, it was observed that the member, who was on COBRA, was over the individual out-of-pocket maximum of \$4,000 by \$225.55. Optum noted that member’s behavioral claims accumulators were under the member’s mother’s identification number. The overages were applied on the medical claims and therefore the overages would need to be resolved by the BCBST. As no patient portion was taken on the sample outpatient treatment claim, it was deemed correct and therefore cited as an observation only. BCBST has not yet corrected the member’s out-of-pocket accumulator.
- Audit Item 214 (Agreed)** – Healthcare Horizons is citing a procedural and financial error (\$1,341.56 underpayment) as the state premier PPO individual out-of-network out-of-pocket maximum of \$4,000 was overapplied. Optum stated that the drop and replace accumulator process from BCBST runs Monday through Friday and that the timing of the accumulator feed and the claims processing caused the overage. Optum has not yet corrected this claim. Our position is that Optum and BCBST should have processes in place to true-up out-of-pocket amounts including the comingling of medical, pharmacy, and behavioral health claims.
- Audit Item 229 (Agreed)** – Healthcare Horizons is citing a procedural and financial error (\$43.80 underpayment) as the state premier PPO individual out-of-network out-of-pocket maximum of \$4,000 was overapplied. Optum stated that the drop and replace accumulator process from BCBST runs Monday through Friday and that the timing of the accumulator feed and the claims processing caused the overage. Optum has not yet corrected this claim. Our position is that Optum and BCBST should have processes in place to true-up out-of-pocket amounts including the comingling of medical, pharmacy, and behavioral health claims.
- Audit Item 236 (Observation)** – In reviewing the 2020 in-network out-of-pocket accumulators for the state standard PPO member, it was observed that the member was over the individual out-of-pocket maximum of \$4,500 by \$1,355.58. Optum noted that the State’s medical carrier, Blue Cross Blue Shield of Tennessee (BCBST), sends Optum their accumulator information for each member. This drop and replace process runs Monday through Friday. Optum stated that the timing of the accumulator feed and the timing of the claims processing caused the overage. When Optum processed the claim on 2/1/2020, the out-of-pocket maximum

had not been met. On 2/11/2020, BCBST sent over the accumulator total of \$5,855.58 and applied an overage. The accumulator has not been corrected at this time and would need to be resolved on the medical side with BCBST. As no patient portion was taken on the sample behavioral claim, it was deemed correct and therefore cited as an observation only.

6. **Audit Item 239 (Observation)** – In reviewing the 2020 in-network out-of-pocket accumulators for the state premier PPO member, it was observed that the member was over the individual out-of-pocket maximum of \$4,000 by \$504.00. Optum noted that when a behavioral health claim was processed on 02/17/2020, the out-of-pocket accumulator was only \$2,391.00. When the accumulators were updated via the drop and replace process on 02/18/2020 by BCBST, they revealed that the member had exceeded their out-of-pocket maximum. Optum stated that BCBST needs to resolve the overage on the medical side. As no patient portion was taken on the sample outpatient treatment claim, it was deemed correct and therefore cited as an observation only. BCBST has not yet corrected the member’s out-of-pocket accumulator.

7. **Audit Item 250 (Observation)** – In reviewing the 2020 in-network out-of-pocket accumulators for the state premier PPO member, it was observed that the member was over the individual out-of-pocket maximum of \$4,000 by \$30.91. Optum noted that the State’s medical carrier, Blue Cross Blue Shield of Tennessee (BCBST), sends Optum their accumulator information for each member. This drop and replace process runs Monday through Friday. Optum stated that the timing of the accumulator feed and the timing of the claims processing caused the overage, and it would need to be resolved by BCBST. As no patient portion was taken on the residential treatment claim, it was deemed correct and therefore cited as an observation only. BCBST has not yet corrected the member’s out-of-pocket accumulator.

Conclusion

Healthcare Horizons has performed a thorough and effective random sample audit on behalf of the State of Tennessee. We encourage the State and Optum 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	\$84.59	\$6,035,137.27	140,016	\$2,509.02	60	0	0	\$0.00
2	\$84.59	\$465.00	\$6,034,821.91	39,060	\$9,423.48	60	0	0	\$0.00
3	\$465.00	\$2,429.99	\$6,035,487.82	5,485	\$68,074.13	60	0	0	\$0.00
4	\$2,430.00	\$6,375.00	\$6,031,033.41	1,524	\$231,662.28	60	2	2	\$1,385.36
5	\$6,390.00	\$44,419.59	\$6,039,403.42	575	\$585,585.34	60	0	0	\$0.00
Totals			\$30,175,883.83	186,660	\$897,254.25	300	2	2	\$1,385.36
Percent Error							0.67%	0.67%	0.15%
Accuracy Rates							99.33%	99.33%	99.85%

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	\$84.59	\$6,035,137.27	140,016	\$2,509.02	60	0	0	\$0.00
2	\$84.59	\$465.00	\$6,034,821.91	39,060	\$9,423.48	60	0	0	\$0.00
3	\$465.00	\$2,429.99	\$6,035,487.82	5,485	\$68,074.13	60	0	0	\$0.00
4	\$2,430.00	\$6,375.00	\$6,031,033.41	1,524	\$231,662.28	60	51	51	\$36,066.09
5	\$6,390.00	\$44,419.59	\$6,039,403.42	575	\$585,585.34	60	0	0	\$0.00
Totals			\$30,175,883.83	186,660	\$897,254.25	300	51	51	\$36,066.09
Percent Error							0.03%	0.03%	0.12%
Accuracy Rates							99.97%	99.97%	99.88%

Appendix B – Site Visit Detail

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Group Desc	Paid
1	Strata 1	N	N	\$0.00	Eligible, No other insurance, Claim denied due to provider billing error, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$0.00
2	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$79.11
3	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$81.93
4	Strata 1	N	N	\$0.00	Eligible, Other coverage information unknown at time of processing - updated to no COB, Correct deductible taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN CDHP/HSA FAMILY	\$0.00
5	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$55.24
6	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE ONLY	\$30.00
7	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE ONLY	\$39.41
8	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA STANDARD PPO FAMILY	\$3.00
9	Strata 1	N	N	\$0.00	Eligible, No other coverage, Claim denied for proccode/dx mismatch	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$0.00
10	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$35.00
11	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$84.59
12	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$79.11
13	Strata 1	N	N	\$0.00	Not eligible, Lapse in coverage - not covered, No other insurance, Claim denied - medical submit to correct plan	BH/EAP/WL BCBSTN STANDARD PPO EE ONLY	\$0.00
14	Strata 1	N	N	\$0.00	Eligible, No other insurance, EAP claim - no cost share applied, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$69.41
15	Strata 1	N	N	\$0.00	Eligible, No other insurance, Claim denied - primary/secondary dx's = medical - submit to correct plan	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$0.00
16	Strata 1	N	N	\$0.00	Eligible, No other insurance, Claim denied - primary/secondary dx's = medical - submit to correct plan	BH/EAP/WL BCBSTN PREMIER PPO EE+SP	\$0.00
17	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO FAMILY	\$48.66
18	Strata 1	N	N	\$0.00	Eligible, No other insurance, EAP claim - no cost share applied, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$69.41
19	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Correct pricing applied	BH/EAP/WL CIGNA STANDARD PPO FAMILY	\$84.36
20	Strata 1	N	N	\$0.00	Eligible, Other insurance (Medicare) primary - retiree plan, correct COB calc applied, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$13.67
21	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$32.87
22	Strata 1	N	N	\$0.00	Eligible, Other coverage information unknown, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA STANDARD PPO FAMILY	\$80.00
23	Strata 1	N	N	\$0.00	Eligible, Other coverage information unknown, No copay applied - medical OOP met, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$69.41
24	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$79.11
25	Strata 1	N	N	\$0.00	Eligible, Other coverage information unknown, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE+CHILDREN	\$50.24
26	Strata 1	N	N	\$0.00	Eligible, No other coverage, Claim denied - provider not credentialed	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$0.00
27	Strata 1	N	N	\$0.00	Eligible, Other insurance unknown, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE ONLY	\$44.41
28	Strata 1	N	N	\$0.00	Eligible, No other coverage, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE+SP	\$78.07
29	Strata 1	N	N	\$0.00	Eligible, No other insurance info on file, EAP claim, Cost share not applied, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE ONLY	\$69.41
30	Strata 1	N	N	\$0.00	Eligible, COB info unknown, Claim denied - non-covered service, Authorized, Procedure = preventive screening - denial should have been to submit to correct plan	BH/EAP/WL BCBSTN CDHP/HSA FAMILY	\$0.00
31	Strata 1	N	N	\$0.00	Eligible, No other insurance, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$35.00
32	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$26.92
33	Strata 1	N	N	\$0.00	Eligible, No other insurance, Claim denied - plan does not cover this service, 9 days Community psychiatric support treatment program, Not Authorized	BH/EAP/WL CIGNA STANDARD PPO EE+CHILDREN	\$0.00

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Group Desc	Paid
34	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$44.41
35	Strata 1	N	N	\$0.00	Eligible, No other insurance, no cost share applied - EAP claim, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE ONLY	\$69.41
36	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$62.18
37	Strata 1	N	N	\$0.00	Eligible, No other insurance, Claim denied as incidental service	BH/EAP/WL CIGNA STANDARD PPO EE+CHILDREN	\$0.00
38	Strata 1	N	N	\$0.00	Eligible, No other insurance, Denied as non-covered service (T1007 - treatment plan development OON non-residential substance abuse treatment facility)	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$0.00
39	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN LIMITED PPO EE+CHILDREN	\$25.00
40	Strata 1	N	N	\$0.00	Eligible, Denied due to medical proc/dx - forwarded to correct carrier	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$0.00
41	Strata 1	N	N	\$0.00	Eligible, No other insurance, No cost share applied - OOP met prior, Authorized, Correct pricing applied	BH/EAP/WL CIGNA STANDARD PPO FAMILY	\$35.00
42	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA LIMITED PPO FAMILY	\$35.00
43	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$75.00
44	Strata 1	N	N	\$0.00	Eligible, No other insurance, Claim denied - medical services not covered , Not authorized	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$0.00
45	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE ONLY	\$39.41
46	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copayment taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$8.00
47	Strata 1	N	N	\$0.00	Eligible, Medicare secondary - ee active, OOP met, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE+SP	\$65.36
48	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$79.11
49	Strata 1	N	N	\$0.00	Eligible, Other insurance secondary to Optum, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA STANDARD PPO FAMILY	\$63.40
50	Strata 1	N	N	\$0.00	Eligible, No other insurance, EAP - no cost share applicable, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$78.66
51	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+SP	\$44.41
52	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$44.41
53	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO FAMILY	\$78.82
54	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE+CHILDREN	\$47.50
55	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE ONLY	\$59.46
56	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$44.41
57	Strata 1	N	N	\$0.00	Eligible, No other insurance, EAP - no cost share applicable, Authorized, Correct pricing applied	BH/EAP/WL CIGNA LOCAL CDHP/HSA FAMILY	\$69.41
58	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO FAMILY	\$48.66
59	Strata 1	N	N	\$0.00	Eligible, No other insurance, Services denied - Not authorized	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$0.00
60	Strata 1	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$53.66
61	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$93.00
62	Strata 2	N	N	\$0.00	Eligible, No other insurance, OOP met - no cost share applied, Authorized, Correct pricing applied	BH/EAP/WL CIGNA STANDARD PPO EE+CHILDREN	\$236.00
63	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE ONLY	\$275.00
64	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO FAMILY	\$88.00
65	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$133.61
66	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE ONLY	\$110.58
67	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+SP	\$93.00

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Group Desc	Paid
68	Strata 2	N	N	\$0.00	Eligible, No other insurance, No cost share applied - OOP met, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN CDHP/HSA FAMILY	\$300.24
69	Strata 2	N	N	\$0.00	Eligible, No other insurance, No cost share applied - OOP met, Authorized, Correct pricing applied	BH/EAP/WL CIGNA CDHP/HSA FAMILY	\$106.93
70	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$89.36
71	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE+CHILDREN	\$141.28
72	Strata 2	N	N	\$0.00	Eligible, Other coverage status unknown, Correct copay applied, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$190.00
73	Strata 2	N	N	\$0.00	Eligible, Medicare primary - retiree, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE ONLY	\$180.12
74	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$125.41
75	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$96.77
76	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$149.59
77	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$325.32
78	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$93.00
79	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+SP	\$201.47
80	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE+CHILDREN	\$87.00
81	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$321.96
82	Strata 2	N	N	\$0.00	Eligible, No other insurance, EAP - no cost share applicable, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$120.00
83	Strata 2	N	N	\$0.00	Eligible, No other insurance, EAP - no cost share applicable, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN LIMITED PPO FAMILY	\$87.18
84	Strata 2	N	N	\$0.00	Eligible, No other insurance, No cost share applied - OOP met, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$151.25
85	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+SP	\$107.32
86	Strata 2	N	N	\$0.00	Eligible, No other insurance, No cost share applied - OOP met, Authorized, Correct pricing applied	BH/EAP/WL CIGNA LIMITED PPO EE ONLY	\$104.11
87	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$102.27
88	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$90.68
89	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$133.61
90	Strata 2	N	N	\$0.00	Eligible, No other insurance, EAP - no cost share applicable, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$110.58
91	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE ONLY	\$112.50
92	Strata 2	N	N	\$0.00	Eligible, No other insurance, EAP - no cost share applicable, Authorized, Correct pricing applied	EAP/WL STANDALONE	\$138.82
93	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$89.36
94	Strata 2	N	N	\$0.00	Eligible, No other insurance, No cost share applied - OOP met, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$109.74
95	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$150.00
96	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE ONLY	\$97.27
97	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+SP	\$161.59
98	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$118.25
99	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN LIMITED PPO EE+CHILDREN	\$137.23
100	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$110.48
101	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN LIMITED PPO FAMILY	\$108.50
102	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$331.44
103	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$360.00

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Group Desc	Paid
104	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN LOCAL CDHP/HSA FAMILY	\$122.50
105	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO FAMILY	\$381.12
106	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+SP	\$149.59
107	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$90.68
108	Strata 2	N	N	\$0.00	Eligible, No other insurance, EAP - no cost share applicable, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+SP	\$116.80
109	Strata 2	N	N	\$0.00	Eligible, No other insurance, EAP - no cost share applicable, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$133.61
110	Strata 2	N	N	\$0.00	Eligible, COB unknown at time of processing, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$159.36
111	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$109.08
112	Strata 2	N	N	\$0.00	Eligible, No other insurance information, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$93.00
113	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$88.82
114	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$160.98
115	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$397.26
116	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO FAMILY	\$358.83
117	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$227.64
118	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA STANDARD PPO EE ONLY	\$145.00
119	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$124.39
120	Strata 2	N	N	\$0.00	Eligible, No other insurance, Correct copay applied, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO FAMILY	\$95.00
121	Strata 3	N	N	\$0.00	Eligible, No other insurance, No cost share applied - OOP met, Authorized, Correct pricing applied	BH/EAP/WL CIGNA CDHP/HSA FAMILY	\$1,938.00
122	Strata 3	N	N	\$0.00	Eligible, No other insurance, No cost share applied - OOP met, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$729.00
123	Strata 3	N	N	\$0.00	Eligible, No other coverage, Member went over the OON OOP - no cost share applied, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE+CHILDREN	\$1,935.00
124	Strata 3	N	N	\$0.00	Eligible, No Other insurance, Correct copay applied, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$1,215.00
125	Strata 3	N	N	\$0.00	Eligible, No other insurance, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$904.50
126	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$1,782.00
127	Strata 3	N	N	\$0.00	Eligible, No other coverage, No cost share applied - OOP Met, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN LIMITED PPO FAMILY	\$467.49
128	Strata 3	N	N	\$0.00	Eligible, No other insurance, No cost share applied - OOP met, Authorized, Correct pricing applied, Originally denied and adjustment was made per Webtrax Appeal and auth was loaded	BH/EAP/WL BCBSTN STANDARD PPO EE+SP	\$689.00
129	Strata 3	N	N	\$0.00	Eligible, No other insurance, no cost share applied - OOP met, Authorized, Correct Pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE+CHILDREN	\$1,588.77
130	Strata 3	N	N	\$0.00	Eligible, No other insurance, no cost share applied - OOP met, Authorized, Correct Pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$810.00
131	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$558.00
132	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$1,465.00
133	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$956.00
134	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$563.03
135	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$476.25

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Group Desc	Paid
136	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+SP	\$475.31
137	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$474.66
138	Strata 3	N	N	\$0.00	Eligible, No other insurance, No cost share applied - OOP met, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$1,361.00
139	Strata 3	N	N	\$0.00	Eligible, No other insurance, Ded met, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+SP	\$1,260.00
140	Strata 3	N	N	\$0.00	Eligible, No other insurance, Ded met, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+SP	\$1,773.90
141	Strata 3	N	N	\$0.00	Eligible, No other insurance, Ded met, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE ONLY	\$2,025.00
142	Strata 3	N	N	\$0.00	Eligible, No other insurance, Ded met, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$1,336.29
143	Strata 3	N	N	\$0.00	Eligible, No other insurance, Ded met, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA LIMITED PPO EE ONLY	\$2,200.00
144	Strata 3	N	N	\$0.00	Eligible, No other insurance, Ded met, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA LIMITED PPO EE+SP	\$1,364.85
145	Strata 3	N	N	\$0.00	Eligible, No other insurance, Ded met, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$945.00
146	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct copay applied, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$1,021.50
147	Strata 3	N	N	\$0.00	Eligible, No other insurance, Ded met, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$1,122.75
148	Strata 3	N	N	\$0.00	Eligible, No other insurance, Ded met, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA STANDARD PPO FAMILY	\$944.00
149	Strata 3	N	N	\$0.00	Eligible, No other insurance, Ded met, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$2,025.00
150	Strata 3	N	N	\$0.00	Eligible, No other insurance, Ded met, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$1,327.50
151	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct copay applied, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$850.00
152	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct copay applied, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$500.48
153	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct copay applied, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO FAMILY	\$1,530.00
154	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct copay applied, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$807.97
155	Strata 3	N	N	\$0.00	Eligible, No other insurance, Ded met, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$1,032.75
156	Strata 3	N	N	\$0.00	Eligible, No other insurance, Ded met, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE ONLY	\$2,160.00
157	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct copay applied, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE ONLY	\$583.80
158	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct copay applied, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$796.50
159	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct copay applied, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$1,271.60
160	Strata 3	N	N	\$0.00	Eligible, Medicare Advantage secondary, OOP met, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$700.00
161	Strata 3	N	N	\$0.00	Eligible, No other insurance, OOP met - no cost share applied, Authorized, Correct Pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE ONLY	\$1,122.75
162	Strata 3	N	N	\$0.00	Eligible, OI comm secondary, OOP met, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+SP	\$1,260.00
163	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct copay applied, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$775.00
164	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct Pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$853.00
165	Strata 3	N	N	\$0.00	Eligible, No other insurance, Ded met, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN LIMITED PPO EE ONLY	\$676.00
166	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct Pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$956.98
167	Strata 3	N	N	\$0.00	Eligible, No other insurance, Family OOP Met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN CDHP/HSA FAMILY	\$2,380.00
168	Strata 3	N	N	\$0.00	Eligible, No other insurance, Family OOP Met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN LOCAL CDHP/HSA FAMILY	\$684.00
169	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$1,397.72

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Group Desc	Paid
170	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA STANDARD PPO EE+CHILDREN	\$690.00
171	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$594.00
172	Strata 3	N	N	\$0.00	Eligible, Other insurance primary, IN OOP met - no cost share applied, Not authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$550.00
173	Strata 3	N	N	\$0.00	Eligible, No other insurance, OON OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$1,810.98
174	Strata 3	N	N	\$0.00	Eligible, No other insurance, OON OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$1,260.00
175	Strata 3	N	N	\$0.00	Eligible, Other insurance primary, IN OOP met - no cost share applied, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$1,440.00
176	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct coins applied, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$756.00
177	Strata 3	N	N	\$0.00	Eligible, No other insurance, OON OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$1,440.00
178	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO FAMILY	\$1,468.80
179	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$1,380.00
180	Strata 3	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA STANDARD PPO FAMILY	\$612.00
181	Strata 4	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$2,477.12
182	Strata 4	N	N	\$0.00	Eligible, No other insurance, No cost share applied - OOP met, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$2,875.50
183	Strata 4	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$4,706.10
184	Strata 4	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$3,569.40
185	Strata 4	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$6,187.50
186	Strata 4	N	N	\$0.00	Eligible, Other insurance secondary, Ded met on this claim, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$3,712.12
187	Strata 4	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$5,342.40
188	Strata 4	N	N	\$0.00	Eligible, No other insurance, Ded met, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE ONLY	\$5,040.00
189	Strata 4	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$3,445.00
190	Strata 4	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$5,140.80
191	Strata 4	N	N	\$0.00	Eligible, No other insurance, Ded met, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$2,500.40
192	Strata 4	N	N	\$0.00	Eligible, No other insurance, Ded met, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE ONLY	\$3,200.00
193	Strata 4	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$3,159.00
194	Strata 4	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE ONLY	\$4,667.47
195	Strata 4	N	N	\$0.00	Eligible, other insurance secondary, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE+CHILDREN	\$3,711.26
196	Strata 4	N	N	\$0.00	Eligible, No other insurance, Ded met, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$2,500.00
197	Strata 4	N	N	\$0.00	Eligible, No other insurance, Ded met, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$3,375.00
198	Strata 4	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$3,607.20
199	Strata 4	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$4,340.70
200	Strata 4	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$3,521.16
201	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met OON Ded and OOP max, Authorized, Priced correctly - UCR allowed for Non-Par IP stay	BH/EAP/WL BCBSTN STANDARD PPO EE+CHILDREN	\$2,592.00
202	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met Ded max, Took coins up to OOP max, Authorized, Adjusted due to COB information received, Priced correctly - per diem rate	BH/EAP/WL BCBSTN PREMIER PPO EE+SP	\$4,110.88

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Group Desc	Paid
203	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met Ded max, Took coins up to OOP max, Authorized, Priced correctly - per diem rate	BH/EAP/WL BCBSTN STANDARD PPO FAMILY	\$3,900.00
204	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met OON Ded and OOP max, Authorized, Priced correctly - UCR allowed for non-par IP stay	BH/EAP/WL BCBSTN PREMIER PPO EE+SP	\$3,048.30
205	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met Ded and OOP max, Authorized, Priced correctly - per diem rate	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$5,100.00
206	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met OON Ded and OOP max, Authorized, Priced correctly - UCR per diem allowed for non-par	BH/EAP/WL BCBSTN STANDARD PPO FAMILY	\$3,450.00
207	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met OON Ded and OOP max, Authorized, Priced correctly - UCR per diem allowed for non-par	BH/EAP/WL BCBSTN STANDARD PPO EE+SP	\$5,625.00
208	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met OON Ded and OOP max, Authorized, Priced correctly - UCR per diem allowed for non-par	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$2,875.50
209	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met INN Ded and took 20% coins, Authorized, Priced correctly - per diem rate	BH/EAP/WL BCBSTN STANDARD PPO FAMILY	\$2,768.46
210	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met INN Ded and took coins up to OOP max, Authorized, Priced correctly - per diem rate	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$5,559.93
211	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met INN Ded and took 10% coins, Authorized, Adj due to COB info received (no other coverage), Priced correctly - per diem rate	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$4,379.40
212	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met INN Ded and took 10% coins, Authorized, Priced correctly - per diem rate	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$3,685.50
213	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met OON Ded and took 10% coins, Authorized for partial stay, Denied one day for excessive units, Priced correctly - UCR per diem rate for non-par	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$3,510.00
214	Strata 4	Y	Y	\$1,341.56	Eligible, No other insurance, Went over their OON OOP max - Error, Authorized, Priced correctly - UCR per diem allowed for non-par	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$4,320.00
215	Strata 4	N	N	\$0.00	Eligible, No other insurance, No cost share needed - SUD preferred facility, Authorized, Priced correctly - per diem rate	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$3,500.00
216	Strata 4	N	N	\$0.00	Eligible, No other insurance, Took Ded and 30% coins, Authorized, Adj due to receiving COB info (no COB), Priced correctly - per diem rate	BH/EAP/WL BCBSTN LIMITED PPO EE+CHILDREN	\$3,150.00
217	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met INN Ded and took 10% coins, Authorized, Priced correctly - per diem rate	BH/EAP/WL CIGNA PREMIER PPO EE+SP	\$6,178.50
218	Strata 4	N	N	\$0.00	Eligible, No other insurance, No cost share needed - SUD preferred facility, Authorized, Priced correctly - per diem rate	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$4,000.00
219	Strata 4	N	N	\$0.00	Eligible, OI secondary, Took Ded and 30% coins, Authorized, Priced correctly - per diem rate	BH/EAP/WL BCBSTN LOCAL CDHP/HSA FAMILY	\$3,784.33
220	Strata 4	N	N	\$0.00	Eligible, No other insurance, No cost share needed - SUD preferred facility, Authorized, Priced correctly - per diem rate	BH/EAP/WL CIGNA PREMIER PPO EE+SP	\$3,000.00
221	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met OON Ded and OOP max, Authorized, Priced correctly - UCR per diem allowed for non-par	BH/EAP/WL CIGNA STANDARD PPO EE ONLY	\$5,400.00
222	Strata 4	N	N	\$0.00	Eligible, No other insurance, Took Ded and 10% coins, Authorized, Priced correctly - per diem rate	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$3,119.40
223	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met OON Ded and OOP max, Authorized, Priced correctly - UCR per diem allowed for non-par	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$4,311.00
224	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met OON Ded and OOP max, Authorized, Priced correctly - UCR per diem allowed for non-par	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$3,712.50
225	Strata 4	N	N	\$0.00	Eligible, No other insurance, Took Ded and 10% coins, Authorized, Priced correctly - per diem rate	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$5,922.00
226	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met OON Ded and OOP max, Authorized, Priced correctly - UCR per diem allowed for non-par	BH/EAP/WL CIGNA LIMITED PPO EE+SP	\$2,558.25
227	Strata 4	N	N	\$0.00	Eligible, OI secondary, Met Ded max and took 10% coins, Authorized, Priced correctly - per diem rate	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$2,700.00
228	Strata 4	N	N	\$0.00	Eligible, No other insurance, No patient portion needed, Authorized, Priced correctly - per diem rate	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$3,105.00
229	Strata 4	Y	Y	\$43.80	Eligible, No other insurance, Went over the INN OOP by \$43.80 - Error, Authorized, Priced correctly - per diem rate	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$5,130.00
230	Strata 4	N	N	\$0.00	Eligible, OI secondary, Met Family ded max and took 10% coins, Authorized, Priced correctly - per diem rate	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$4,379.40
231	Strata 4	N	N	\$0.00	Eligible, No other insurance, Took Ded and 10% coins, Authorized, Priced correctly - per diem rate	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$4,066.20

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Group Desc	Paid
232	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met OON Ded and OOP max, Authorized, Adj due to updated COB info, Priced correctly - UCR per diem allowed for non-par	BH/EAP/WL CIGNA STANDARD PPO EE ONLY	\$2,950.00
233	Strata 4	N	N	\$0.00	Eligible, No other insurance, Took full ded and 40% coins, Authorized, Priced correctly - UCR per diem allowed for non-par	BH/EAP/WL BCBSTN STANDARD PPO EE+SP	\$2,633.73
234	Strata 4	N	N	\$0.00	Eligible, No other insurance, Ded taken up to Family Ded max, Took 10% coins, Authorized, Priced correctly - per diem rate	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$3,986.00
235	Strata 4	N	N	\$0.00	Eligible, No other insurance, Ded taken and 10% coins, Authorized, Priced correctly - per diem rate	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$4,410.00
236	Strata 4	N	N	\$0.00	Eligible, No other insurance, OOP met, no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE+CHILDREN	\$5,512.50
237	Strata 4	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN LIMITED PPO EE ONLY	\$2,431.80
238	Strata 4	N	N	\$0.00	Eligible, No other insurance, OOP met - no cost share taken, OON - negotiated accomodated rate	BH/EAP/WL BCBSTN STANDARD PPO FAMILY	\$3,300.00
239	Strata 4	N	N	\$0.00	Eligible, No other insurance, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$2,790.00
240	Strata 4	N	N	\$0.00	Eligible, No other insurance, Correct ded and coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$3,628.57
241	Strata 5	N	N	\$0.00	Eligible, No other insurance, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO FAMILY	\$7,200.00
242	Strata 5	N	N	\$0.00	Eligible, No other insurance, OOP met - no cost share taken, Authorized, Correct Pricing applied	BH/EAP/WL CIGNA STANDARD PPO EE ONLY	\$6,500.00
243	Strata 5	N	N	\$0.00	Eligible, No other insurance, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA STANDARD PPO FAMILY	\$10,048.26
244	Strata 5	N	N	\$0.00	Eligible, No other insurance, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$9,558.90
245	Strata 5	N	N	\$0.00	Eligible, No other insurance, Took Ded and coins up to OOP max, Authorized, Priced correctly - per diem rate	BH/EAP/WL BCBSTN STANDARD PPO EE+CHILDREN	\$15,696.88
246	Strata 5	N	N	\$0.00	Eligible, No other insurance, Took Ded and 10% coins, Authorized, Priced correctly - per diem rate	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$8,370.00
247	Strata 5	N	N	\$0.00	Eligible, No other insurance, Met INN Ded, Took coins up to OOP max, Authorized, Priced correctly - per diem rate	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$6,391.00
248	Strata 5	N	N	\$0.00	Eligible, No other insurance, Met INN Ded and Coins, Authorized, Priced correctly - per diem rate	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$10,621.00
249	Strata 5	N	N	\$0.00	Eligible, No other insurance, Met OON Ded and OOP max, Authorized, Priced correctly - UCR per diem allowed for non-par	BH/EAP/WL BCBSTN PREMIER PPO EE+SP	\$20,655.00
250	Strata 5	N	N	\$0.00	Eligible, No other insurance, Met OON Ded and OOP max, Authorized, Priced correctly - UCR per diem allowed for non-par	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$12,600.00
251	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$9,141.30
252	Strata 5	N	N	\$0.00	Eligible, No other insurance, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA LIMITED PPO FAMILY	\$11,000.00
253	Strata 5	N	N	\$0.00	Eligible, No other insurance, Ded and Coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE ONLY	\$11,155.84
254	Strata 5	N	N	\$0.00	Eligible, No other insurance, Ded and Coins taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA STANDARD PPO FAMILY	\$6,702.24
255	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct ded and coins taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA STANDARD PPO EE ONLY	\$7,933.86
256	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct ded and coins taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$7,142.54
257	Strata 5	N	N	\$0.00	Eligible, No other insurance, Ded met, OOP met - no cost share taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO FAMILY	\$9,750.00
258	Strata 5	N	N	\$0.00	Eligible, No other insurance, OOP met, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE ONLY	\$6,600.00
259	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct ded and coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$9,093.76
260	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct coinsurance taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE+CHILDREN	\$6,600.00
261	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct coinsurance taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$9,317.70
262	Strata 5	N	N	\$0.00	Eligible, No other insurance, OOP met, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$7,830.00
263	Strata 5	N	N	\$0.00	Eligible, No other insurance, OOP met, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE+CHILDREN	\$11,970.00

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Group Desc	Paid
264	Strata 5	N	N	\$0.00	Eligible, No other insurance, OOP met, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$7,020.00
265	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$15,129.94
266	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA STANDARD PPO FAMILY	\$9,427.89
267	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA STANDARD PPO FAMILY	\$7,793.74
268	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$9,891.00
269	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$8,662.50
270	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA CDHP/HSA FAMILY	\$13,576.65
271	Strata 5	N	N	\$0.00	Eligible, No other insurance, OOP met, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE+CHILDREN	\$9,292.50
272	Strata 5	N	N	\$0.00	Eligible, No other insurance, OOP met, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$10,796.00
273	Strata 5	N	N	\$0.00	Eligible, Other insurance secondary, OOP met, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN LOCAL CDHP/HSA FAMILY	\$7,125.00
274	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct ded and coins taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$10,682.95
275	Strata 5	N	N	\$0.00	Eligible, No other insurance, OOP met - no cost share applied, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$7,425.00
276	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct ded and coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE+CHILDREN	\$12,243.19
277	Strata 5	N	N	\$0.00	Eligible, No other insurance, OOP met, Authorized, Correct pricing applied	BH/EAP/WL CIGNA CDHP/HSA EE ONLY	\$6,750.00
278	Strata 5	N	N	\$0.00	Eligible, other insurance secondary, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$8,662.50
279	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct ded and coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN LIMITED PPO EE ONLY	\$7,104.35
280	Strata 5	N	N	\$0.00	Eligible, No other insurance, OOP met - no cost share applied, Authorized, Correct pricing applied	BH/EAP/WL CIGNA STANDARD PPO EE ONLY	\$20,600.00
281	Strata 5	N	N	\$0.00	Eligible, No other insurance, OOP met, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE+SP	\$8,100.00
282	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct ded and coins taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$12,102.16
283	Strata 5	N	N	\$0.00	Eligible, No other insurance, OOP met, Authorized, Correct pricing applied	BH/EAP/WL CIGNA LIMITED PPO FAMILY	\$8,944.00
284	Strata 5	N	N	\$0.00	Eligible, No other insurance, OOP met, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN STANDARD PPO EE+CHILDREN	\$10,246.50
285	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$8,649.90
286	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$10,016.78
287	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$6,569.10
288	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$8,328.60
289	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct ded and coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$8,036.66
290	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$7,020.00
291	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct ded and coins taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$21,677.00
292	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE+CHILDREN	\$10,708.20
293	Strata 5	N	N	\$0.00	Eligible, No other insurance, OOP met - no cost share taken, OON - negotiated accomodated rate	BH/EAP/WL BCBSTN LIMITED PPO FAMILY	\$8,400.00
294	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$7,009.20
295	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA STANDARD PPO EE ONLY	\$8,396.98
296	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct ded and coins taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$7,456.37
297	Strata 5	N	N	\$0.00	Eligible, No other coverage, Correct coins taken, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO FAMILY	\$8,823.60
298	Strata 5	N	N	\$0.00	Eligible, No other insurance, No cost share needed - SUD preferred facility, Authorized, Correct pricing applied	BH/EAP/WL CIGNA PREMIER PPO EE+CHILDREN	\$7,000.00
299	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct ded and coins taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO EE ONLY	\$12,358.80
300	Strata 5	N	N	\$0.00	Eligible, No other insurance, Correct copay taken, Authorized, Correct pricing applied	BH/EAP/WL BCBSTN PREMIER PPO FAMILY	\$11,680.00