

Third Party Liability

Reports

2009 - 2010

2.10.4 (15) TPL Subsystem

Responsible Manager: Systems Manager

6246	# of Claims w/ TPL Volume*	Claims w/ TPL* \$ Amount Cost Avoided	Submitted to Medicare Retroactive Recovery	# Incident / Accident Reports	# of Tapes Shipped to TPL Subcontractor
Jan-09	2,593	\$2,089,162.92		2,593	1
Feb-09	15,453	\$2,465,780.79		2,672	1
Mar-09	21,840	\$3,403,422.88		3,593	1
Apr-09	16,431	\$2,744,172.70		3,121	1
May-09	15,954	\$2,161,220.04		3,310	1
Jun-09	19,838	\$3,302,276.99		4,077	1
Jul-09	12,433	\$1,650,255.06		2,907	1
Aug-09	16,055	\$2,492,143.70		2,911	1
Sep-09	16,204	\$2,576,033.40		3,633	1
Oct-09	16,219	\$2,560,101.60		2,918	1
Nov-09	18,446	\$2,506,130.23		2,819	1
Dec-09	16,359	\$2,110,995.06		3,308	1
TOTAL	187,825	30,061,695.37		37,862	12

* Data gathered from CP-O-47 which reports private insurance only.

**Includes qtrly. Medicare recovery tape & recip., prov., TPL recovery, TPL carrier files

Volume & Dollar Amount of Claims Cost Avoided by Claim Type

Claim Type	Description	First Quarter		Second Quarter	
		Volume Avoided*	\$ Amount Avoided*	Volume Avoided	\$ Amount Avoided
1	Inpatient	2,263	\$9,715,763.66	2,144	\$10,537,124.60
2	LTC, SNF	0	\$0.00	0	\$0.00
3	Outpatient Hospital Services	42,750	\$2,633,088.40	45,900	\$2,925,903.50
4	Physician & Professional Svcs	94,058	\$4,996,795.05	98,131	\$5,110,060.29
5	Rehab Center Svcs	316	\$7,882.06	193	\$4,305.52
6	Home Health	680	\$60,842.73	1,210	\$171,957.10
7	Ambulance Trans.	7,187	\$749,059.15	4,363	\$462,207.43
8	Non-Ambulance Trans.	0	\$0.00	0	\$0.00
9	DME	2,616	\$444,408.04	2,702	\$393,385.55
10	Dental EPSDT	1,875	\$108,395.73	1,830	\$102,540.86
11	Dental Adult	84	\$6,826.39	80	\$5,571.00
12	Pharmacy	105,287	\$8,839,305.35	97,558	\$8,372,034.50
13	EPSDT Screening	1	(\$1.80)	0	\$0.00
14	Medicare Xovers (Part A)	194,610	\$4,591,349.57	199,002	\$3,076,191.96
15	Medicare Xovers (Part B)	1,726,244	\$2,051,532.05	1,764,664	\$1,254,378.51
16	Adult Daycare	0	\$0.00	0	\$0.00
TOTAL		2,177,971	\$34,205,246.38	2,217,777	\$32,415,660.82

* Data gathered from the MR-0-68 includes Medicare and CMS formulas. It also accounts for denied claims.

Volume & Dollar Amount of Claims Cost Avoided by Claim Type

Claim Type	Description	Third Quarter		Fourth Quarter	
		Volume Avoided	\$ Amount Avoided	Volume Avoided	\$ Amount Avoided
1	Inpatient	2,201	\$9,654,459.99	2,168	\$10,027,049.56
2	LTC, SNF	0	\$0.00	0	\$0.00
3	Outpatient Hospital Services	48,384	\$2,924,782.79	49,296	\$2,932,637.51
4	Physician & Professional Svcs	93,342	\$5,085,478.90	104,334	\$5,544,247.99
5	Rehab Center Svcs	221	\$5,731.08	436	\$11,421.24
6	Home Health	602	\$43,248.70	462	\$30,092.69
7	Ambulance Trans.	8,437	\$848,397.07	8,506	\$929,807.66
8	Non-Ambulance Trans.	1	\$16.02	0	\$0.00
9	DME	2,756	\$395,313.49	2,708	\$461,010.05
10	Dental EPSTD	2,295	\$133,022.09	2,110	\$126,368.09
11	Dental Adult	111	\$5,749.96	122	\$7,480.12
12	Pharmacy	112,220	\$8,562,503.64	116,329	\$9,175,519.85
13	EPSTD Screening	0	\$0.00	0	\$0.00
14	Medicare Xovers (Part A)	196,629	\$4,215,556.36	196,370	\$3,119,988.16
15	Medicare Xovers (Part B)	1,743,698	\$1,200,575.33	1,747,950	\$1,037,549.70
16	Adult Daycare	0	\$0.00	0	\$0.00
TOTAL		2,210,897	\$33,074,835.42	2,230,791	\$33,403,172.62

2.10.4 (15) TPL Subsystem

Responsible Manager: Systems Manager

	# of Claims w/ TPL Volume*	Claims w/ TPL* \$ Amount Cost Avoided	Submitted to Medicare Retroactive Recovery	# Incident / Accident Reports	# of Tapes Shipped to TPL Subcontractor
6246					
Jan-10	2,724	\$1,570,803.77		2,724	1
Feb-10	8,933	\$795,359.06		2,896	1
Mar-10	13,446	\$1,053,678.70		3,706	1
Apr-10	13,719	\$599,145.11		3,110	1
May-10	19,223	\$2,665,529.26		3,172	1
Jun-10	28,460	\$4,004,773.02		3,782	1
Jul-10	10,975	\$1,578,993.71		0	0
Aug-10	0	\$0.00		0	0
Sep-10	0	\$0.00		0	0
Oct-10	0	\$0.00		0	0
Nov-10	0	\$0.00		0	0
Dec-10					
TOTAL	97,480	12,268,282.63		19,390	6

* Data gathered from CP-O-47 which reports private insurance only.

**Includes dirty. Medicare recovery tape & recip., prov., TPL recovery, TPL carrier files

Volume & Dollar Amount of Claims Cost Avoided by Claim Type

Claim Type	Description	First Quarter		Second Quarter	
		Volume Avoided*	\$ Amount Avoided*	Volume Avoided	\$ Amount Avoided
1	Inpatient	2,311	\$9,937,606.17	2,562	\$12,282,750.11
2	LTC, SNF	0	\$0.00	0	\$0.00
3	Outpatient Hospital Services	43,097	\$2,661,094.17	53,711	\$3,231,165.18
4	Physician & Professional Svcs	107,055	\$5,843,963.90	115,809	\$6,255,093.66
5	Rehab Center Svcs	133	\$4,262.22	728	\$13,097.76
6	Home Health	470	\$22,978.48	1,417	\$33,923.84
7	Ambulance Trans.	5,542	\$543,276.45	5,510	\$542,383.62
8	Non-Ambulance Trans.	0	\$0.00	4	\$83.17
9	DME	3,343	\$532,249.34	3,073	\$648,972.07
10	Dental EPSDT	2,619	\$152,939.22	2,673	\$161,362.38
11	Dental Adult	76	\$6,489.77	80	\$6,800.42
12	Pharmacy	116,162	\$9,370,352.45	113,211	\$9,486,005.31
13	EPSDT Screening	0	\$0.00	0	\$0.00
14	Medicare Xovers (Part A)	191,279	\$3,154,406.05	212,649	\$4,483,791.69
15	Medicare Xovers (Part B)	1,800,083	\$1,537,459.13	2,083,912	\$1,006,038.85
16	Adult Daycare	0	\$0.00	0	\$0.00
TOTAL		2,272,170	\$33,767,077.35	2,595,339	\$38,151,468.06

* Data gathered from the MR-0-68 includes Medicare and CMS formulas. It also accounts for denied claims.

Volume & Dollar Amount of Claims Cost Avoided by Claim Type

Claim Type	Description	Third Quarter		Fourth Quarter	
		Volume Avoided	\$ Amount Avoided	Volume Avoided	\$ Amount Avoided
1	Inpatient	0	\$0.00	0	\$0.00
2	LTC, SNF	0	\$0.00	0	\$0.00
3	Outpatient Hospital Services	0	\$0.00	0	\$0.00
4	Physician & Professional Svcs	0	\$0.00	0	\$0.00
5	Rehab Center Svcs	0	\$0.00	0	\$0.00
6	Home Health	0	\$0.00	0	\$0.00
7	Ambulance Trans.	0	\$0.00	0	\$0.00
8	Non-Ambulance Trans.	0	\$0.00	0	\$0.00
9	DME	0	\$0.00	0	\$0.00
10	Dental EPSDT	0	\$0.00	0	\$0.00
11	Dental Adult	0	\$0.00	0	\$0.00
12	Pharmacy	0	\$0.00	0	\$0.00
13	EPSDT Screening	0	\$0.00	0	\$0.00
14	Medicare Xovers (Part A)	0	\$0.00	0	\$0.00
15	Medicare Xovers (Part B)	0	\$0.00	0	\$0.00
16	Adult Daycare	0	\$0.00	0	\$0.00
TOTAL		0	\$0.00	0	\$0.00

Intake Reports - Week Ending 5/21/2010

Fax Date	Total
5/17/2010	28
5/18/2010	158
5/19/2010	138
5/20/2010	133
5/21/2010	141
TOTAL	598

Call Date	Total
5/17/2010	23
5/18/2010	65
5/19/2010	74
5/20/2010	98
5/21/2010	77
TOTAL	337

Upload Reports - Week Ending 5/21/2010

Emergency Upload Date	Total
5/17/2010	15
5/18/2010	5
5/19/2010	22
5/20/2010	27
5/21/2010	25
TOTAL	94

Upload Date	Total
5/17/2010	398
5/18/2010	54
5/19/2010	196
5/20/2010	156
5/21/2010	255
TOTAL	1,059

Transaction Type	Sum	5/17/2010	5/18/2010	5/19/2010	5/20/2010	5/21/2010
Add	712	278	29	138	98	169
Update	347	120	25	58	58	86
Emergency	94	15	5	22	27	25
TOTAL	1,153	413	59	218	183	280

Top 20 Lead Source Request Report - Week Ending 5/21/2010

Lead Source Name	Count
LA DHH	484
WOMENS AND CHILDRENS	28
ACADIANA PEDIATRIC GROUP	28
WILLIS KNIGHTON	27
TOURO INFIRMARY	21
RAPIDES	11
TULANE	11
CENTRAL LA IMAGING	7
BATON ROUGE GENERAL	7
NRMC	5
ST FRANCIS MED CTR	5
CHRISTUS	4
CARDIOVASCULAR INSTITUTE	4
ACADIAN AMBULANCE	4
JENNINGS HOSPITAL	4
BAYOU PEDIATRICS	3
CHILDRENS CLINIC	3
RAINBOW PEDIATRICS	3
OSCHNER BAPTIST	3
DAUTERIVE	3

Operational Staffing Report - Week Ending 5/21/2010

Duty	# Staff	Time %
File Maintenance	7	93%
Verification	3	96%

TPL Resource Unique Active Member Count - Week Ending 5/21/2010

Unique Active Member Count	42,896
Unique Active Member Count (All Cov Types)	67,297

TPL Subsystem Activity Report - Week Ending 5/21/2010

Transaction Type	Count
Update	35

INVOICE/CLAIM TYPE
 UNDEPLICATED CLAIMS PROVIDER SUM OF UNDEPLICATED CLAIMS
 RECIPIENTS SUBMITTED COUNT PAYMENTS RECIPIENTS MATCHED COUNT COLLECTIONS DENIED CLAIMS PAYMENTS & COLLECTIONS
 TPL/RECOVERIES FISCAL INTERMEDIARY VERIFICATION
 DIFFERENCE BETWEEN PAYMENTS & COLLECTIONS

INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	REHAB SERVICES	HOME HEALTH	TRANSPORTATION - AMBULANCE	TRANSPORTATION - NON-AMBULANCE	DME	DENTAL EPSDT	DENTAL ADULT	PHARMACY	EPSDT	TITLE 18 - INSTITUTION	TITLE 18 - PROFESSIONAL	ADULT DAY CARE	TOTAL
2,761	6,277	599	330,597.81	2,608	5,588	536	299,161.70	689	31,436.11						
10	28	4	974.73	9	24	3	680.73	4	294.00						
19	81	1	9,235.94	10	29	3	3,389.66	52	5,846.28						
48	83	31	6,439.63	47	82	30	6,426.74	1	12.89						
6	24	3	1,438.13	6	24	3	1,438.13								
5,504	16,986	952	768,647.83	5,397	15,959	886	711,224.41	1,027	57,423.42						
1	1	1	11.50	1	1	1	11.50								
8,369	23,380	1,591	1,117,345.57	8,078	21,607	1,459	1,022,332.87	1,773	95,012.70						

ERROR CODE	ERROR DESCRIPTION	AMOUNT
615	REBIL W/APP PRIM CDE	299.51
797	DUP ADJ. RECORD	40,307.50
796	HIST ALREADY ADJUSTED	26,404.57
799	NO ADJ HISTORY	28,001.12
	TOTAL	95,012.70

TOTAL DIFFERENCE 95,012.70
 TOTAL DENIED 95,012.70

INVOICE/CLAIM TYPE

UNDUPLICATED CLAIMS PROVIDER SUM OF UNDUPLICATED CLAIMS PAYMENTS RECIPIENTS MATCHED PROVIDER SUM OF DENIED CLAIMS BETWEEN
 RECIPIENTS SUBMITTED COUNT PAYMENTS RECIPIENTS MATCHED COUNT COLLECTIONS CLAIMS PAYMENTS &
 MATCH COLLECTIONS

TPL/RECOVERIES FISCAL INTERMEDIARY VERIFICATION

INPATIENT HOSPITAL	96	102	38	269,369.35	84	89	32	203,353.32	13	66,016.03
NURSING HOME	1	1	1	7,696.14					1	7,696.14
OUTPATIENT HOSPITAL	532	1,338	84	67,761.06	442	1,070	69	49,113.56	268	18,647.50
PHYSICIAN	4,754	10,683	892	453,266.65	4,525	9,709	805	418,584.12	974	34,682.53
REHAB SERVICES	2	6	2	102.50	2	6	2	102.50		
HOME HEALTH	26	277	20	35,665.01	22	266	17	35,112.72	11	552.29
TRANSPORTATION - AMBULANCE	3	6	1	380.88	3	6	1	380.88		
TRANSPORTATION - NON-AMBULANCE										
DME	23	51	21	5,495.64	22	47	19	4,741.49	4	754.15
DENTAL EPSDT	11	45	4	1,725.88	11	45	4	1,725.88		
DENTAL ADULT										
PHARMACY										
EPSDT										
TITLE 18 - INSTITUTION	7		7	1,744.76	6	8	6	1,707.84	1	36.92
TITLE 18 - PROFESSIONAL										
ADULT DAY CARE										
TOTAL	5,455	12,518	1,070	843,207.87	5,117	11,246	955	714,822.31	1,272	128,385.56

ERROR CODE	ERROR DESCRIPTION	AMOUNT
615	REBIL W/APP PRIM CDE	244.36
797	DUP ADJ. RECORD	145.82
798	HIST ALREADY ADJUSTED	99,429.91
799	NO ADJ HISTORY	28,565.47
	TOTAL	128,385.56

TOTAL DIFFERENCE 128,385.56
 TOTAL DENIED 128,385.56

INVOICE/CLAIM TYPE
 UNDUPLICATED CLAIMS PROVIDER SUM OF UNDUPLICATED CLAIMS PAYMENTS RECIPIENTS MATCHED COUNT COLLECTIONS
 RECIPIENTS SUBMITTED COUNT

INPATIENT HOSPITAL 32 38 13 48,702.53 30 33 13 45,079.59 5 3,622.94
 NURSING HOME
 OUTPATIENT HOSPITAL 96 208 20 18,970.47 80 181 13 16,230.36 27 2,740.11
 PHYSICIAN 3,957 9,041 465 402,798.22 3,687 7,846 416 350,814.96 1,195 51,983.26
 REHAB SERVICES
 HOME HEALTH
 TRANSPORTATION - AMBULANCE
 TRANSPORTATION - NON-AMBULANCE

DME 10 19 9 4,404.86 8 15 7 3,270.78 4 1,134.08
 DENTAL EPSDT 942 3,865 265 192,066.74 929 3,812 259 189,519.72 53 2,547.02
 DENTAL ADULT 23 92 21 5,014.65 21 87 20 4,773.91 5 240.74
 PHARMACY
 EPSDT
 TITLE 18 - INSTITUTION 2 6 2 424.12 2 6 2 424.12
 TITLE 18 - PROFESSIONAL
 ADULT DAY CARE

TOTAL 5,062 13,269 795 672,381.59 4,757 11,980 730 610,113.44 1,289 62,268.15
 ERROR CODE ERROR DESCRIPTION AMOUNT

615 REBTL W/APP PRIM CDE 117.35
 677 RESTORATIVE/SURG REQ 219.53
 797 DUP ADJ. RECORD 1,086.26
 798 HIST ALREADY ADJUSTED 30,542.70
 799 NO ADJ HISTORY 30,302.31
 TOTAL 62,268.15

TOTAL DIFFERENCE 62,268.15
 TOTAL DENIED 62,268.15

LAM1R020
 RUN: 06/01/10 10:40:46
 CYCLE: 06/01/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS
 DEPARTMENT OF HEALTH AND HOSPITALS - MEDICAL (BHSF)

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HMV064

INVOICE/CLAIM TYPE TPL/RECOVERIES FISCAL INTERMEDIARY VERIFICATION DIFFERENCE BETWEEN PAYMENTS & COLLECTIONS

INVOICE/CLAIM TYPE	UNDUPLICATED CLAIMS RECIPIENTS SUBMITTED	PROVIDER SUM OF PAYMENTS	UNDUPLICATED CLAIMS MATCHED	PROVIDER SUM OF COLLECTIONS	DENIED CLAIMS MATCH	DIFFERENCE BETWEEN PAYMENTS & COLLECTIONS				
INPATIENT HOSPITAL	330	371	56	1,134,522.73	308	345	53	1,073,168.60	26	61,354.13
NURSING HOME										
OUTPATIENT HOSPITAL										
PHYSICIAN										
REHAB SERVICES										
HOME HEALTH										
TRANSPORTATION - AMBULANCE										
TRANSPORTATION - NON-AMBULANCE										
DME										
DENTAL EPSDT										
DENTAL ADULT										
PHARMACY										
EPSDT										
TITLE 18 - INSTITUTION										
TITLE 18 - PROFESSIONAL										
ADULT DAY CARE										
TOTAL	330	371	56	1,134,522.73	308	345	53	1,073,168.60	26	61,354.13

797 DUP ADJ. RECORD 5,034.60
 798 HIST ALREADY ADJUSTED 56,319.53
 TOTAL 61,354.13

TOTAL DIFFERENCE 61,354.13
 TOTAL DENIED 61,354.13
 Overage .00

TPL/RECOVERIES FISCAL INTERMEDIARY VERIFICATION DIFFERENCE

INVOICE/CLAIM TYPE	UNDULPLICATED CLAIMS RECIPIENTS SUBMITTED	CLAIMS COUNT	PROVIDER SUM OF PAYMENTS	UNDULPLICATED RECIPIENTS	CLAIMS COUNT	MATCHED	PROVIDER SUM OF COLLECTIONS	DENIED CLAIMS MATCH	SUM OF COLLECTIONS	DIFFERENCE BETWEEN PAYMENTS & COLLECTIONS
INPATIENT HOSPITAL	3,752	4,744	153	1,838,946.16	3,671	4,548	149	1,753,953.52	196	84,992.64
NURSING HOME										
OUTPATIENT HOSPITAL	12,250	51,378	185	496,617.52	8,167	35,956	103	282,083.24	15,422	214,534.28
PHYSICIAN	30,379	7,428	3,875	3,201,443.53	22,707	77,827	1,891	1,810,749.28	70,399	1390,694.25
REHAB SERVICES	94	742	22	3,853.33	59	436	14	2,216.81	306	1,636.52
HOME HEALTH	249	8,160	79	208,584.51	138	4,292	36	111,574.73	3,868	97,009.78
TRANSPORTATION - AMBULANCE	502	1,329	35	38,624.62	223	595	14	17,790.84	734	20,833.78
TRANSPORTATION - NON-AMBULANCE										
DME	1,125	4,303	238	153,855.81	622	2,540	119	84,264.11	1,763	69,591.70
DENTAL EPSDT										
DENTAL ADULT										
PHARMACY	3	5	3	40.52					5	40.52
EPSDT										
TITLE 18 - INSTITUTION										
TITLE 18 - PROFESSIONAL										
ADULT DAY CARE										
TOTAL	48,354	78,089	4,590	5,941,966.00	35,587	26,194	2,326	4,062,632.53	51,895	1879,333.47

ERROR CODE	ERROR DESCRIPTION	AMOUNT
540	FPW OVER MAX	5.38
615	REBIL W/APP PRIM CODE	3,175.09
797	DUP ADJ. RECORD	19,950.22
798	HIST ALREADY ADJUSTED	260,057.20
799	NO ADJ HISTORY	1,593,066.56
	TOTAL	1,876,254.45

TOTAL DIFFERENCE 1,879,333.47
 TOTAL DENIED 1,876,254.45

LAMIR020
 RUN: 06/07/10 11:55:49
 CYCLE: 06/07/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS
 DEPARTMENT OF HEALTH AND HOSPITALS - MEDICAL (BHSF)
 HMV065

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INVOICE/CLAIM TYPE UNDUPLICATED CLAIMS PROVIDER SUM OF UNDUPLICATED CLAIMS PROVIDER SUM OF DENIED CLAIMS DIFFERENCE BETWEEN PAYMENTS & COLLECTIONS
 RECIPIENTS SUBMITTED COUNT PAYMENTS RECIPIENTS MATCHED COUNT COLLECTIONS MATCH

INPATIENT HOSPITAL	1	3	1	72,174.08	1	3	1	72,174.08
NURSING HOME								
OUTPATIENT HOSPITAL								
PHYSICIAN								
REHAB SERVICES								
HOME HEALTH								
TRANSPORTATION - AMBULANCE								
TRANSPORTATION - NON-AMBULANCE								
DME								
DENTAL EPSDT								
DENTAL ADULT								
PHARMACY								
EPSDT								
TITLE 18 - INSTITUTION								
TITLE 18 - PROFESSIONAL								
ADULT DAY CARE								

TOTAL	1	3	1	72,174.08	1	3	1	72,174.08
ERROR CODE	ERROR DESCRIPTION	AMOUNT						
TOTAL				.00				

TOTAL DIFFERENCE .00
 TOTAL DENIED .00
 AVERAGE .00

INVOICE/CLAIM TYPE UNDUPLICATED CLAIMS PROVIDER SUM OF UNDUPLICATED CLAIMS PAYMENTS RECIPIENTS MATCHED COUNT COLLECTIONS DENIED BETWEEN PAYMENTS & MATCH COLLECTIONS

INPATIENT HOSPITAL	NURSING HOME	OUTPATIENT HOSPITAL	PHYSICIAN	REHAB SERVICES	HOME HEALTH	TRANSPORTATION - AMBULANCE	TRANSPORTATION - NON-AMBULANCE	DME	DENTAL EPSDT	DENTAL ADULT	PHARMACY	EPSDT	TITLE 18 - INSTITUTION	TITLE 18 - PROFESSIONAL	ADULT DAY CARE	TOTAL
4,321	9,723	879	4	1,199,21	9,368,06	17	120	82	836	335,915.96	451	15,922.79	10	30.00		
10	83	4	14	20,203.74	3,448.09	13	40	48	20,144.94	1	58.80					
18	121	5	974	658,672.05	4,642	15,534	921	648,200.93	386	10,471.12						
77	214	48	20,203.74	77	213	48	20,144.94	1	58.80							
13	40	5	3,448.09	13	40	5	3,448.09									
4,736	15,920	974	658,672.05	4,642	15,534	921	648,200.93	386	10,471.12							
9,175	26,101	1,924	1,044,729.90	8,952	25,261	1,826	1,018,247.19	840	26,482.71							

615 REBIL W/APP PRIM CDE 295.87
 797 DUP ADJ. RECORD 1,743.64
 798 HIST ALREADY ADJUSTED 15,580.62
 799 NO ADJ HISTORY 8,862.58
 TOTAL 26,482.71

TOTAL DIFFERENCE 26,482.71
 TOTAL DENIED 26,482.71

AMOUNT

TPL/RECOVERIES FISCAL INTERMEDIARY VERIFICATION DIFFERENCE BETWEEN PAYMENTS & COLLECTIONS

INVOICE/CLAIM TYPE	UNDUPLICATED CLAIMS RECIPIENTS	PROVIDER COUNT	SUM OF PAYMENTS	UNDUPLICATED RECIPIENTS	MATCHED	PROVIDER COUNT	SUM OF COLLECTIONS	DENIED CLAIMS	DIFFERENCE BETWEEN PAYMENTS & COLLECTIONS	
INPATIENT HOSPITAL	87	95	212,146.12	79	86	40	196,731.06	9	15,415.06	
NURSING HOME	1	1	8,303.35	1	1	1	8,303.35			
OUTPATIENT HOSPITAL	196	501	22,336.23	155	395	52	16,768.60	106	5,567.63	
PHYSICIAN	5,005	11,754	382,619.55	4,779	10,915	793	356,071.04	839	26,548.51	
REHAB SERVICES	3	9	63.00	3	9	2	63.00			
HOME HEALTH										
TRANSPORTATION - AMBULANCE										
TRANSPORTATION - NON-AMBULANCE										
DME	34	76	21,794.38	34	76	22	21,794.38			
DENTAL EPSDT	372	1,103	49,338.42	362	1,079	158	47,994.71	24	1,343.71	
DENTAL ADULT	6	20	1,191.18	6	17	5	1,110.65	3	80.53	
PHARMACY										
EPSDT										
TITLE 18 - INSTITUTION	3	10	1,155.97	3	8	4	986.60	2	169.37	
TITLE 18 - PROFESSIONAL										
ADULT DAY CARE										
TOTAL	5,707	13,569	1,162	698,948.20	5,422	12,586	1,077	649,823.39	983	49,124.81

ERROR CODE	ERROR DESCRIPTION	AMOUNT
615	REBIL W/APP PRIM CDE	31.90
677	RESTORATIVE/SURG REQ	199.57
797	DUP ADJ. RECORD	692.55
798	HIST ALREADY ADJUSTED	38,820.77
799	NO ADJ HISTORY	9,225.02
	TOTAL	48,969.81

TOTAL DIFFERENCE 49,124.81
 TOTAL DENIED 48,969.81

HMV063

TPL/RECOVERIES FISCAL INTERMEDIARY VERIFICATION

INVOICE/CLAIM TYPE	UNDUPLICATED CLAIMS RECIPIENTS SUBMITTED	PROVIDER COUNT	SUM OF PAYMENTS	SUM OF UNDUPLICATED CLAIMS RECIPIENTS	MATCHED	PROVIDER COUNT	SUM OF COLLECTIONS	DENIED CLAIMS MATCH	DIFFERENCE BETWEEN PAYMENTS & COLLECTIONS
INPATIENT HOSPITAL	1	1	3,699.81	50	156	11	8,311.20	163	3,699.81
NURSING HOME	84	319	6,607.86	7	7	5	449.72	5	11,296.66
OUTPATIENT HOSPITAL	12	12	672.43	17	25	11	5,689.79	3	222.71
PHYSICIAN	9	9	50.83	3	3	6	14.78	6	1,063.48
REHAB SERVICES	13	26	5,060.80	13	26	1	5,060.80	2	36.05
HOME HEALTH									
TRANSPORTATION - AMBULANCE									
TRANSPORTATION - NON-AMBULANCE									
DME									
DENTAL EPSDT									
DENTAL ADULT									
PHARMACY									
EPSDT	2	2	836.75	17	25	11	5,689.79	3	836.75
TITLE 18 - INSTITUTION	20	28	6,753.27	17	25	11	5,689.79	3	1,063.48
TITLE 18 - PROFESSIONAL	9	9	50.83	3	3	6	14.78	6	36.05
ADULT DAY CARE									
TOTAL	141	397	36,681.75	90	217	28	19,526.29	180	17,155.46

ERROR CODE	ERROR DESCRIPTION	AMOUNT
212	PROV MUST BE INDIV	5.89
798	HIST ALREADY ADJUSTED	16,208.94
799	NO ADJ HISTORY	103.88
980	INVALID ADJ REASON	836.75
	TOTAL	17,155.46

TOTAL DIFFERENCE	17,155.46
TOTAL DENIED	17,155.46
OVERAGE	.00

INPATIENT HOSPITAL
 NURSING HOME
 OUTPATIENT HOSPITAL
 PHYSICIAN
 REHAB SERVICES
 HOME HEALTH
 TRANSPORTATION - AMBULANCE
 TRANSPORTATION - NON-AMBUANC
 DME
 DENTAL EPSDT
 DENTAL ADULT
 PHARMACY
 EPSDT
 TITLE 18 - INSTITUTION
 TITLE 18 - PROFESSIONAL
 ADULT DAY CARE

UNDUPLICATED RECIPIENTS	CLAIMS SUBMITTED	PROVIDER COUNT	SUM OF PAYMENTS	UNDUPLICATED RECIPIENTS MATCHED	PROVIDER COUNT	SUM OF COLLECTIONS	DENIED CLAIMS PAYMENTS & MATCH COLLECTIONS	DIFFERENCE BETWEEN CLAIMS PAYMENTS & MATCH COLLECTIONS		
4,052	9,145	889	357,054.77	3,785	8,099	760	309,428.08	1,046	47,626.69	
11	117	6	1,385.90	11	117	6	1,385.90			
28	320	19	60,113.51	28	320	19	60,113.51			
2	6	1	1,313.29					6	1,313.29	
82	203	47	19,379.19	81	201	46	19,286.80	2	92.39	
16	42	5	3,012.39	15	41	5	2,989.99	1	22.40	
2,956	8,399	781	394,874.87	2,911	8,278	764	390,264.86	121	4,610.01	
TOTAL	7,147	18,232	1,748	837,133.92	6,831	17,056	1,600	783,469.14	1,176	53,664.78

ERROR CODE ERROR DESCRIPTION AMOUNT

540 FPW OVER MAX 11.13
 615 REBIL W/APP PRIM CDE 155.25
 677 RESTORATIVE/SURG REQ 22.40
 797 DUP ADJ. RECORD 1,098.81
 798 HIST ALREADY ADJUSTED 32,563.53
 799 NO ADJ HISTORY 19,813.66
 TOTAL 53,664.78

TOTAL DIFFERENCE 53,664.78
 TOTAL DENIED 53,664.78

HMA981

TPL/RECOVERIES FISCAL INTERMEDIARY VERIFICATION

INVOICE/CLAIM TYPE	UNDUPLICATED RECIPIENTS	CLAIMS SUBMITTED	PROVIDER COUNT	SUM OF PAYMENTS	UNDUPLICATED RECIPIENTS	MATCHED CLAIMS	PROVIDER COUNT	SUM OF COLLECTIONS	DENIED CLAIMS	DIFFERENCE BETWEEN PAYMENTS & COLLECTIONS
INPATIENT HOSPITAL	92	104	46	387,945.97	79	89	39	360,529.50	15	27,416.47
NURSING HOME	1	1	1	4,412.97					1	4,412.97
OUTPATIENT HOSPITAL	163	439	63	28,120.41	126	348	48	17,321.97	91	10,798.44
PHYSICIAN	4,841	11,737	919	389,802.92	4,428	10,077	761	336,462.97	1,660	53,339.95
REHAB SERVICES	5	14	4	317.60	5	14	4	317.60		
HOME HEALTH										
TRANSPORTATION - AMBULANCE	1	1	1	178.26	1	1	1	178.26		
TRANSPORTATION - NON-AMBULANC										
DME	30	59	22	13,863.08	29	55	21	13,304.09	4	558.99
DENTAL EPSDT	651	2,076	222	100,038.81	638	2,037	215	99,048.93	39	989.88
DENTAL ADULT	16	56	15	3,012.66	16	56	15	3,012.66		
PHARMACY										
EPSDT										
TITLE 18 - INSTITUTION										
TITLE 18 - PROFESSIONAL										
ADULT DAY CARE										
TOTAL	5,800	14,487	1,293	927,692.68	5,322	12,677	1,104	830,175.98	1,810	97,516.70

ERROR CODE	ERROR DESCRIPTION	AMOUNT
615	REBIL W/APP PRIM CDE	241.70
677	RESTORATIVE/SURG REQ	269.90
797	DUP ADJ. RECORD	2,029.14
798	HIST ALREADY ADJUSTED	68,655.34
799	NO ADJ HISTORY	26,320.62
	TOTAL	97,516.70

TOTAL DIFFERENCE	97,516.70
TOTAL DENIED	97,516.70

HMV066

INVOICE/CLAIM TYPE UNDUPLICATED CLAIMS PROVIDER SUM OF UNDUPLICATED CLAIMS PROVIDER SUM OF DENIED BETWEEN
 RECIPIENTS SUBMITTED COUNT PAYMENTS RECIPIENTS MATCHED COUNT COLLECTIONS CLAIMS PAYMENTS &
 MATCH COLLECTIONS

INPATIENT HOSPITAL	11	11	6	20,387.13	8	8	4	15,351.92	3	5,035.21
NURSING HOME										
OUTPATIENT HOSPITAL										
PHYSICIAN										
REHAB SERVICES										
HOME HEALTH										
TRANSPORTATION - AMBULANCE										
TRANSPORTATION - NON-AMBULANCE										
DME										
DENTAL EPSDT										
DENTAL ADULT										
PHARMACY										
EPSDT										
TITLE 18 - INSTITUTION										
TITLE 18 - PROFESSIONAL										
ADULT DAY CARE										
TOTAL	11	11	6	20,387.13	8	8	4	15,351.92	3	5,035.21

ERROR CODE	ERROR DESCRIPTION	AMOUNT
798	HIST ALREADY ADJUSTED	5,035.21
	TOTAL	5,035.21

TOTAL DIFFERENCE 5,035.21
 TOTAL DENIED 5,035.21
 AVERAGE .00

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS
 DEPARTMENT OF HEALTH AND HOSPITALS - MEDICAL (BHSEF)

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HMV067

INVOICE/CLAIM TYPE

UNDUPLICATED CLAIMS PROVIDER SUM OF UNDUPLICATED CLAIMS PROVIDER SUM OF DENIED
 RECIPIENTS SUBMITTED COUNT PAYMENTS RECIPIENTS MATCHED COUNT COLLECTIONS CLAIMS
 MATCH COLLECTIONS

INPATIENT HOSPITAL 37 38 11 157,219.44 36 37 11 151,811.04 1 5,408.40

NURSING HOME
 OUTPATIENT HOSPITAL
 PHYSICIAN
 REHAB SERVICES
 HOME HEALTH
 TRANSPORTATION - AMBUANCE
 TRANSPORTATION - NON-AMBUANCE
 DME

DENTAL EPSDT
 DENTAL ADULT
 PHARMACY

EPSDT
 TITLE 18 - INSTITUTION
 TITLE 18 - PROFESSIONAL
 ADULT DAY CARE

ERROR CODE	ERROR DESCRIPTION	AMOUNT
798	HIST ALREADY ADJUSTED	5,408.40
	TOTAL	5,408.40

TOTAL DIFFERENCE 5,408.40
 TOTAL DENIED 5,408.40
 AVERAGE .00