HA240-001 TRICARE MANAGEMENT ACTIVITY
RUN DATE: 27 MAR 2003 HCSR AUDIT LISTING
RUN TIME: 10.38.42
CONTR: CONTRACT NBR: AUDIT PERIOD: OCT 02 - DEC 02
COMBINED PAYMENT SAMPLE

** HCSR INDICATOR ** ST	JUL DT	SEQ NO	SFX	PTC DATE	PRG IND	TYPE SUB	RSN ADJ	# PROCESS ERRORS	# DOC ERRORS	# PAY ERRORS	TOTAL AMT BILLED	UNDER/OVER PAYMENT
02	2002011	05116	A	20021114	I	A	B	00	00	00	15,748.96	.00
02	2002032	05098	B	20021015	I	F	B	00	00	00	22,518.83	.00
02	2002174	X057W	A	20021115	N	C	D	00	00	00	.00	.00
02	2002225	05211	A	20020906	I	R		00	00	00	201,174.97 DRG	.00
02	2002241	X0VXL	A	20021001	I	I		00	00	00	10,121.07	.00
02	2002246	32199	A	20021018	I	D		00	00	00	35,113.71 DRG	.00
02	2002246	73270	A	20020926	N	I		00	00	00	45,130.00	.00
02	2002256	X01HY	A	20021004	I	A	B	00	00	00	17,047.47	.00
02	2002262	X0WR2	A	20020920	I	R		00	00	00	12,828.97	.00
02	2002267	56209	A	20021014	N	I		00	00	00	952.00	.00
02	2002270	09012	A	20021014	I	O		00	00	00	49,758.24	.00
02	2002272	X05P4	A	20020930	N	D		00	00	00	185.00	.00
02	2002275	55913	A	20021011	N	D		00	00	00	244.56	.00
02	2002281	09084	A	20021028	I	I		00	00	00	106,228.21	.00
02	2002287	X00WV	A	20021015	N	I		00	00	00	659.00	.00
02	2002290	X0CCC	A	20021017	D	I		00	00	00	62.81	.00
02	2002293	X05PQ	A	20021021	N	D		00	00	01	385.00	46.64-
02	2002295	09262	A	20021024	N	I		00	00	00	9,470.45	.00
02	2002295	70970	A	20021031	N	D		00	00	00	1,299.17	.00
02	2002297	X0CTW	A	20021024	D	I		00	00	00	7.99	.00
02	2002300	X002P	A	20021028	N	D		00	01	01	2,350.00	145.52-
02	2002300	X003X	A	20021028	N	I		00	00	00	2,690.08	.00
02	2002301	10680	A	20021115	I	I		00	00	00	36,555.98	.00
02	2002301	73965	A	20021105	N	I		00	00	00	130.00	.00
02	2002302	09128	A	20021209	I	I		00	00	00	115,240.10	.00
02	2002304	X0WVN	A	20021115	I	I		00	00	00	174,859.13	.00
02	2002307	X000M	A	20021107	I	D		00	00	00	35,491.79 DRG	.00
02	2002307	X03VM	A	20021104	N	I		00	00	01	117.00	11.28
02	2002311	72666	A	20021115	I	I		00	00	00	5,250.00	.00
02	2002312	X01ZB	A	20021111	N	I		00	00	00	1,148.23	.00
02	2002319	X0208	A	20021118	N	I		00	00	00	827.56	.00
02	2002319	41000	A	20021115	I	D		00	00	00	2,250.00	.00
02	2002322	X0DBQ	A	20021118	D	I		00	00	00	76.81	.00
02	2002322	14997	A	20021122	I	I		00	00	00	7,862.10	.00
02	2002322	59442	A	20021125	N	D		00	00	00	1,265.25	.00
02	2002324	X0BK1	A	20021126	I	I		00	00	00	11,327.45 DRG	.00
02	2002333	X0003	A	20021204	I	D		00	00	00	73,288.72 DRG	.00
02	2002333	X05SF	A	20021129	N	I		00	00	00	56.00	.00
02	2002336	15325	A	20021209	N	I		00	00	00	5,675.00	.00
02	2002339	X19LZ	A	20021219	I	I		00	00	00	7,088.28	.00
02	2002346	32510	A	20021223	I	I		00	00	00	5,989.70	.00
02	2002353	X89R4	A	20021220	N	I		00	00	00	29,757.00	.00
04	2002259	14284	A	20021001	N	D		00	00	00	703.00	.00
04	2002259	73700	A	20021001	N	O		00	00	00	110.00	.00
04	2002267	70271	A	20021015	N	O		00	00	00	660.00	.00
04	2002273	59780	A	20021021	N	I		00	00	01	6,473.00	304.16
04	2002280	X0FQK	A	20021007	D	I		00	00	00	79.25	.00

04 2002283 55848 A 20021121 N A B 00 00 01 8,005.00 974.30-

HA240-001 O C H A M P U S PAGE: 2
RUN DATE: 27 MAR 2003 HCSR AUDIT LISTING
RUN TIME: 10.38.42
CONTR: [redacted] CONTRACT NBR: [redacted] AUDIT PERIOD: OCT 02 - DEC 02
COMBINED PAYMENT SAMPLE

** HCSR INDICATOR ** ST JUL DT SEQ NO SFX	PTC DATE	PRG IND	TYPE SUB	RSN ADJ	# PROCESS ERRORS	# DOC ERRORS	# PAY ERRORS	TOTAL AMT BILLED	UNDER/OVER PAYMENT
15 2002350 41185 A	20021224	I	D		00	00	00	1,949.88	.00
15 2002352 X08Y3 A	20021220	I	I		00	00	00	4,564.87	.00
15 2002354 03749 A	20021224	N	D		00	00	01	12,854.65	516.91-
17 2002273 09235 A	20021018	I	I		00	00	00	201,451.60 DRG	.00
17 2002343 77695 B	20021216	N	I		00	01	00	308.84	.00
18 2002301 15997 A	20021031	I	I		00	00	00	6,038.72	.00
24 2002273 82781 A	20021015	I	R		00	00	01	1,430.62	1,405.62
26 2002345 71972 A	20021219	N	D		00	00	00	1,575.00	.00
27 2002297 41776 A	20021024	N	I		01	00	01	16,780.00	12,687.90
27 2002319 72597 A	20021205	N	I		00	00	00	1,060.00	.00
27 2002326 14333 A	20021210	N	I		00	00	00	13,687.68	.00
32 2000333 05315 A	20020926	I	A	D	01	00	01	7,563.50	7,563.50
34 2002262 70293 A	20021001	N	I		00	00	01	4,895.00	1,558.50
36 2002274 14744 A	20021014	N	D		00	00	00	191.00	.00
37 2002240 32057 A	20021010	N	I		00	00	00	2,205.00	.00
41 2002309 72779 A	20021216	I	I		00	00	00	17,979.85 DRG	.00
41 2002343 41719 A	20021209	N	I		00	00	01	708.00	708.00
42 2002270 09544 A	20021007	D	I		00	00	01	13,951.38	1,448.64
42 2002280 X0009 A	20021007	D	I		00	00	00	2,585.90	.00
42 2002329 X003N A	20021125	D	I		00	00	00	2,585.90	.00
42 2002360 X1LJR A	20021226	D	I		00	00	00	2,727.28	.00
48 2002277 42151 A	20021014	I	I		00	00	01	5,460.00	10,957.80
48 2002303 41108 A	20021031	I	R		00	00	00	10,964.75	.00
48 2002337 41579 A	20021203	I	I		00	00	01	1,244.95	15.62
49 2002288 62173 A	20021024	N	I		00	00	00	17,932.50	.00
53 2001330 12193 A	20021202	I	A	B	00	00	00	29,487.65	.00
53 2002260 14051 B	20020926	N	R		00	01	00	1,166.91	.00
53 2002277 14254 A	20021010	N	I		00	00	00	3,643.45	.00
55 2002301 72027 A	20021107	I	I		00	00	00	38,355.00	.00

END OF REPORT (HA240-001)

CONTRACTOR: CONTRACT NO: AUDIT PERIOD: OCT 02 - DEC 02
COMBINED PAYMENT SAMPLE

K. INCORRECT PAYMENT ERRORS

01K AUTHORIZATION/PREAUTH NEEDED	4	15K PAYEE WRONG - SPONSOR/PATIENT	0
02K UNSUPPORTED BENEFIT DETERMINATION	0	16K PAYEE WRONG - PROVIDER	1
03K BILLED AMOUNT INCORRECT	1	17K PARTICIPATING/NON-PAR ERROR	0
04K COST-SHARE/DEDUCTIBLE ERROR	23	18K PRICING INCORRECT	45
05K DEVELOPMENT CLAIM DENIED PREMATURELY	2	19K PROCEDURE CODE INCORRECT	0
06K DEVELOPMENT REQUIRED	3	20K SIGNATURE ERROR	0
07K DUPLICATE SERVICES PAID	8	21K TIMELY FILING ERROR	0
08K ELIGIBILITY DETERMINATION - PATIENT	1	22K DRG REIMBURSEMENT ERROR	6
09K ELIGIBILITY DETERMINATION - PROVIDER	2	23K CONTRACT JURISDICTION ERROR	1
10K MEDICAL EMERGENCY NOT SUBSTANTIATED	0	24K INCORRECT BENEFIT DETERMINATION	19
11K MEDICAL NECESSITY NOT EVIDENT	1	25K CLAIM NOT PROVIDED	1
12K NONAVAILABILITY STATEMENT ERROR	0	26K CLAIM NOT AUDITABLE	1
13K OHI/TPL - GOVT PAY MISCALCULATED	14	27K INCORRECT CRI SYSTEM	0
14K OHI/TPL PAYMENT OMITTED	49	99K OTHER - SEE REMARKS	7

K TOTAL 189

L. DOCUMENT/INCORRECT PROCEDURE ERRORS

01L AUDIT DOCUMENTATION INCOMPLETE	2	07L ADMIN CLAIM COUNT ERROR (FI ONLY)	0
02L AUDIT DOCUMENTATION ILLEGIBLE	0	08L ERRONEOUS CLAIM SPLIT	1
03L DOCUMENTATION SUBMITTED LATE	0	09L ERRONEOUS HCSR SPLIT	62
04L CEOB INCORRECT	8	10L ADJUSTMENT-NO AUTHORIZING OFFICIAL	0
05L NAS QUESTIONABLE	0	11L CONTRACT JURISDICTION ERROR	0
06L ERROR IN CLAIM HISTORY	4		

L TOTAL 77

P. PROCESS ERRORS

01P AUTHORIZATION/PREAUTHORIZATION NEEDED	4	11P MEDICAL NECESSITY/REVIEW NOT EVIDENT	1
02P UNSUPPORTED BENEFIT DETERMINATION	0	21P TIMELY FILING ERROR	0
05P DEVELOPMENT CLAIM DENIED PREMATURELY	2	23P CONTRACT JURISDICTION ERROR	0
06P DEVELOPMENT REQUIRED	3	99P OTHER	7
10P MEDICAL EMERGENCY NOT SUBSTANTIATED	0		

P TOTAL 17

END OF REPORT - HA260-001

HA280-001 TRICARE MANAGEMENT ACTIVITY PAGE: 1
DATE: 27 MAR 2003 CONTRACTOR HCSR AUDIT SUMMARY REPORT
TIME: 10.38.40

CONTRACTOR: CONTRACT NO: 8 AUDIT PERIOD: OCT 02 - DEC 02
COMBINED PAYMENT SAMPLE

RECORD TYPE	NUMBER HCSRS AUDITED	TOTAL AMT BILLED	UNDER PAYMENT	OVER PAYMENT	ABSOLUTE PAYMENT ERROR AMOUNT
INSTITUTIONAL:	584	$25,173,361.07	$79,866.55	$256,529.68	$336,396.23
NON INSTITUTIONAL:	1209	$3,891,217.18	$20,304.50	$80,733.81	$101,038.31
TOTALS	1793	$29,064,578.25	$100,171.05	$337,263.49	$437,434.54

PAYMENT ERROR RATES:

TOTAL: $437,434.54 PYMT ERROR AMOUNT / $29,064,578.25 BILLED AMOUNT X 100 = 1.51%

END OF REPORT - HA280-001

HA340-001 TRICARE MANAGEMENT ACTIVITY PAGE 1

RUN DATE: 27 MAR 2003 HCSR AUDIT ERROR CODE ANALYSIS: COMBINED PAYMENT SAMPLE

RUN TIME: 10:22:18 CONTRACT NUMBER: REPORT PERIOD: OCT 02 - DEC 02

ERROR CODE	E R R O R N A M E	HEALTH CARE SERVICE RECORDS					
		CURRENT QTR			HISTORICAL		
		#	ERRORS	%	#	ERRORS	%
99P	OTHER	1,793	7	0.39	30,901	31	0.10
01P	AUTHORIZATION/PREAUTH NEEDED	1,793	4	0.22	30,901	96	0.31
06P	DEVELOPMENT REQUIRED	1,793	3	0.17	30,901	157	0.51
05P	DEVELOPMENT CLAIM DENIED PREMATURELY ...	1,793	2	0.11	30,901	39	0.13
11P	MEDICAL NECESSITY/REVIEW NOT EVIDENT....	1,793	1	0.06	30,901	21	0.07
02P	UNSUPPORTED BENEFIT DETERMINATION	1,793	0	0.00	30,901	25	0.08
10P	MEDICAL EMERGENCY NOT SUBSTANTIATED	1,793	0	0.00	30,901	8	0.03
21P	TIMELY FILING ERROR	1,793	0	0.00	30,901	4	0.01
23P	CONTRACT JURISDICTION ERROR	1,793	0	0.00	30,901	0	0.00
14K	OHI/TPL PAYMENT OMITTED	1,793	49	2.73	30,901	201	0.65
18K	PRICING INCORRECT	1,793	45	2.51	30,901	1,195	3.87
04K	COST-SHARE/DEDUCTIBLE ERROR	1,793	23	1.28	30,901	680	2.20
24K	INCORRECT BENEFIT DETERMINATION	1,793	19	1.06	30,901	400	1.29
13K	OHI/TPL - GOVT PAY MISCALCULATED	1,793	14	0.78	30,901	204	0.66
07K	DUPLICATE SERVICES PAID	1,793	8	0.45	30,901	92	0.30
99K	OTHER - SEE REMARKS	1,793	7	0.39	30,901	31	0.10
22K	DRG REIMBURSEMENT ERROR	1,793	6	0.33	30,901	359	1.16
01K	AUTHORIZATION/PREAUTH NEEDED	1,793	4	0.22	30,901	96	0.31
06K	DEVELOPMENT REQUIRED	1,793	3	0.17	30,901	124	0.40
05K	DEVELOPMENT CLAIM DENIED PREMATURELY ...	1,793	2	0.11	30,901	39	0.13
09K	ELIGIBILITY DETERMINATION - PROVIDER ...	1,793	2	0.11	30,901	52	0.17
03K	BILLED AMOUNT INCORRECT	1,793	1	0.06	30,901	66	0.21

RUN DATE: 27 MAR 2003 HCSR AUDIT ERROR CODE ANALYSIS: COMBINED PAYMENT SAMPLE
RUN TIME: 10:22:18 CONTRACT NUMBER: REPORT PERIOD: OCT 02 - DEC 02

ERROR CODE	E R R O R N A M E	HEALTH CARE SERVICE RECORDS					
		CURRENT QTR			HISTORICAL		
		#	ERRORS	%	#	ERRORS	%
08K	ELIGIBILITY DETERMINATION - PATIENT	1,793	1	0.06	30,901	28	0.09
11K	MEDICAL NECESSITY NOT EVIDENT	1,793	1	0.06	30,901	20	0.06
16K	PAYEE WRONG - PROVIDER	1,793	1	0.06	30,901	2	0.01
23K	CONTRACT JURISDICTION ERROR	1,793	1	0.06	30,901	0	0.00
25K	CLAIM NOT PROVIDED	1,793	1	0.06	30,901	20	0.06
26K	CLAIM NOT AUDITABLE	1,793	1	0.06	30,901	23	0.07
02K	UNSUPPORTED BENEFIT DETERMINATION	1,793	0	0.00	30,901	24	0.08
10K	MEDICAL EMERGENCY NOT SUBSTANTIATED	1,793	0	0.00	30,901	8	0.03
12K	NONAVAILABILTY STATEMENT ERROR	1,793	0	0.00	30,901	37	0.12
15K	PAYEE WRONG - SPONSOR/PATIENT	1,793	0	0.00	30,901	5	0.02
17K	PARTICIPATING/NON-PAR ERROR	1,793	0	0.00	30,901	2	0.01
19K	PROCEDURE CODE INCORRECT	1,793	0	0.00	30,901	14	0.05
20K	SIGNATURE ERROR	1,793	0	0.00	30,901	0	0.00
21K	TIMELY FILING ERROR	1,793	0	0.00	30,901	5	0.02
27K	INCORRECT CRI SYSTEM	1,793	0	0.00	30,901	0	0.00
09L	ERRONEOUS HCSR SPLIT	1,793	62	3.46	30,901	821	2.66
04L	CEOB INCORRECT	1,793	8	0.45	30,901	128	0.41
06L	ERROR IN CLAIM HISTORY	1,793	4	0.22	30,901	45	0.15
01L	AUDIT DOCUMENTATION INCOMPLETE	1,793	2	0.11	30,901	47	0.15
08L	ERRONEOUS CLAIM SPLIT	1,793	1	0.06	30,901	13	0.04
02L	AUDIT DOCUMENTATION ILLEGIBLE	1,793	0	0.00	30,901	0	0.00
03L	DOCUMENTATION SUBMITTED LATE	1,793	0	0.00	30,901	1,483	4.80
05L	NAS QUESTIONABLE	1,793	0	0.00	30,901	0	0.00

RUN DATE: 27 MAR 2003 HCSR AUDIT ERROR CODE ANALYSIS: COMBINED PAYMENT SAMPLE
RUN TIME: 10:22:18 CONTRACT NUMBER: REPORT PERIOD: OCT 02 - DEC 02

ERROR CODE	E R R O R N A M E	HEALTH CARE SERVICE RECORDS					
		CURRENT QTR			HISTORICAL		
		#	ERRORS	%	#	ERRORS	%
07L	ADMIN CLAIM COUNT ERROR (FI ONLY)	1,793	0	0.00	30,901	0	0.00
10L	ADJUSTMENT-NO AUTHORIZING OFFICIAL	1,793	0	0.00	30,901	0	0.00
11L	CONTRACT JURISDICTION ERROR	1,793	0	0.00	30,901	0	0.00

END OF REPORT - HA340-001

HA240-001 O C H A M P U S PAGE: 1
RUN DATE: 26 MAR 2003 HCSR AUDIT LISTING
RUN TIME: 11.35.18
CONTR: CONTRACT NBR: AUDIT PERIOD: OCT 02 - DEC 02
OCCURRENCE SAMPLE

** HCSR INDICATOR ** ST	JUL DT	SEQ NO	SFX	PTC DATE	PRG IND	TYPE SUB	RSN ADJ	# DATA FIELDS	# FLDS IN ERR	# DOC ERRORS
02	2002211	21719	A	20021210	N	C	D	68	00	00
02	2002259	80454	A	20021003	I	I		87	02	00
02	2002273	X0CX3	A	20021001	D	I		68	00	00
02	2002273	72228	A	20021014	N	I		68	04	00
02	2002288	X2NW1	A	20021017	N	D		68	00	00
02	2002291	41196	A	20021107	N	I		68	04	00
02	2002294	56899	A	20021029	N	D		68	01	00
02	2002296	X0291	A	20021101	N	I		68	00	00
02	2002296	41773	A	20021024	N	I		68	00	00
02	2002336	X0CQ5	A	20021202	D	I		68	03	00
02	2002360	X1XLT	A	20021226	D	I		68	00	00
04	2002304	X07VD	A	20021031	D	I		68	00	00
04	2002343	82835	A	20021219	N	I		68	00	00
04	2002357	X37TG	A	20021223	D	I		68	00	00
06	2001307	X04B8	A	20021009	N	C	E	68	02	00
06	2001311	X0CZQ	A	20021125	N	C	E	81	01	00
06	2001317	14473	A	20020925	I	A	E	146	04	01
06	2001317	37339	A	20021219	N	A	A	68	00	00
06	2001347	X0W1P	A	20021029	N	C	E	81	01	00
06	2002037	X038Q	A	20021125	N	C	E	68	02	00
06	2002056	16959	B	20021101	N	F	B	107	01	00
06	2002085	X0MQS	A	20021007	N	C	E	68	01	00
06	2002106	X17M8	A	20021125	N	C	E	68	01	00
06	2002113	X0ZNQ	A	20021220	N	C	D	68	01	00
06	2002130	12085	A	20021115	N	C	D	68	01	00
06	2002158	31984	A	20021107	N	A	B	68	00	00
06	2002162	X0VV9	A	20021115	N	C	D	81	01	00
06	2002168	24957	A	20021014	N	C	E	68	00	00
06	2002206	X040C	B	20021024	D	C	D	68	00	00
06	2002210	16756	B	20021125	N	A	B	81	12	01
06	2002237	42154	A	20021007	N	C	D	120	00	00
06	2002252	X0SYD	A	20020916	D	C	E	68	02	00
06	2002252	X0XXG	A	20020916	D	C	E	68	00	00
06	2002252	X0YN3	A	20020916	D	C	E	68	02	00
06	2002256	76722	A	20020927	N	D		224	00	00
06	2002259	80520	A	20020924	N	R		68	00	00
06	2002263	14183	A	20021001	N	R		94	02	00
06	2002263	71447	A	20021003	N	I		68	00	00
06	2002266	X0LK5	A	20020923	D	I		68	00	00
06	2002266	X10QK	A	20020923	D	I		68	00	00
06	2002266	35074	A	20021003	N	I		81	04	00
06	2002266	74030	A	20021004	N	I		68	00	00
06	2002266	78537	A	20021010	N	I		94	01	00
06	2002268	41727	A	20021001	N	R		94	10	00
06	2002269	X0CP4	A	20020926	D	I		68	00	00
06	2002269	X0SDT	A	20021001	D	I		68	00	00
06	2002269	41196	A	20020926	N	I		68	00	00

** HCSR INDICATOR ** ST	JUL DT	SEQ NO	SFX	PTC DATE	PRG IND	TYPE SUB	RSN ADJ	# DATA FIELDS	# FLDS IN ERR	# DOC ERRORS
06	2002350	57189	A	20021224	N	I		68	00	00
06	2002351	X1ZSX	A	20021217	N	I		68	00	00
06	2002351	X23GG	A	20021217	N	I		68	00	00
06	2002352	X2177	A	20021218	N	I		68	00	00
06	2002352	X22Q6	A	20021218	N	D		68	02	00
06	2002352	X26BC	A	20021218	N	D		94	02	00
06	2002353	X2CF6	A	20021219	N	I		68	00	00
06	2002353	X2DR3	A	20021219	N	I		68	00	00
06	2002353	X24ZS	A	20021219	N	I		94	07	00
06	2002353	X32YG	A	20021219	D	I		68	00	00
06	2002354	X1BF8	A	20021220	N	I		68	00	00
06	2002357	X3BXZ	A	20021223	D	I		68	00	00
06	2002357	X3H9Z	A	20021223	D	I		68	00	00
06	2002357	X3L19	A	20021223	D	I		68	01	00
06	2002357	X3MBQ	A	20021223	D	I		68	00	00
06	2002357	X3QT6	A	20021223	D	I		68	00	00
06	2002357	X3Y33	A	20021223	D	I		68	00	00
06	2002357	X42QC	A	20021223	D	I		68	00	00
06	2002358	X2F49	A	20021226	N	I		81	00	00
06	2002358	X2GHF	A	20021224	N	I		94	09	00
06	2002359	X0K7G	A	20021226	N	I		68	00	00
06	2002360	X1SYF	A	20021226	D	I		68	00	00
06	2002360	X1Z5N	A	20021226	D	I		68	00	00
06	2002360	X2CKX	A	20021226	D	I		68	00	00
06	2002360	X295N	A	20021226	D	I		68	00	00
12	2002312	33583	A	20021220	N	D		120	10	01
15	2002209	X04DM	A	20021115	N	C	D	81	00	00
15	2002248	55077	A	20021017	N	A	B	68	00	00
15	2002272	X03L1	A	20020930	N	I		68	01	00
15	2002273	X0JY2	A	20021001	D	I		68	00	00
15	2002280	04565	A	20021009	N	D		68	00	00
15	2002283	01516	A	20021018	N	D		68	02	00
15	2002283	55779	A	20021016	N	I		120	08	00
15	2002286	X027Q	A	20021014	N	D		68	02	00
15	2002288	77303	A	20021028	N	D		81	00	00
15	2002304	X0VS3	A	20021031	D	I		68	00	00
15	2002307	X03L5	A	20021104	N	I		68	00	00
15	2002310	X01YH	A	20021107	N	I		81	05	00
15	2002311	X0F42	A	20021108	D	I		68	00	00
15	2002314	X03HJ	A	20021111	N	I		81	01	00
15	2002322	X0QLJ	A	20021118	D	I		68	03	00
15	2002324	X0BS6	A	20021121	N	I		81	14	01
15	2002328	X047P	A	20021125	N	I		81	06	00
15	2002329	X0KXG	A	20021125	D	I		68	00	00
15	2002330	72541	A	20021206	N	I		68	04	00
15	2002333	X056H	A	20021129	I	I		68	00	00

RUN DATE: 26 MAR 2003
RUN TIME: 11.35.18
CONTR:

HCSR AUDIT LISTING

CONTRACT NBR:

AUDIT PERIOD: OCT 02 - DEC 02

OCCURRENCE SAMPLE

** HCSR INDICATOR **			PTC	PRG	TYPE	RSN	# DATA	# FLDS	# DOC
ST	JUL DT SEQ NO	SFX	DATE	IND	SUB	ADJ	FIELDS	IN ERR	ERRORS
15	2002351 X26VV	A	20021217	N	D		68	00	00
15	2002360 X215Y	A	20021226	D	I		68	00	00
23	2002343 32877	A	20021219	N	D		68	00	00
24	2002305 70221	A	20021107	N	I		68	00	00
25	2002255 32194	A	20021017	D	A	B	81	00	00
32	2002256 52545	A	20020926	N	R		237	00	00
51	2002305 72831	A	20021108	N	I		68	00	00

END OF REPORT (HA240-001)

CONTRACTOR: CONTRACT NO: AUDIT PERIOD: OCT 02 - DEC 02
OCCURRENCE SAMPLE

A. CLAIM INFORMATION

01A FILING DATE	0	14A NONAVAILABILITY STATEMENT NUMBER	0
02A FILING STATE/COUNTRY	0	15A OVERRIDE CODE	0
03A SEQUENCE NUMBER	0	16A DIAGNOSIS EDITION IDENTIFIER	0
04A HCSR SUFFIX	5	17A PROCEDURE TEXT IDENTIFIER	0
05A PROGRAM INDICATOR	0	18A DRG GROUPER REVISION	0
06A TYPE OF SUBMISSION	12	19A DRG PRICER REVISION	0
07A REASON FOR ADJUSTMENT	0	20A OCCURRENCE COUNT	9
08A DATE ADJUSTMENT IDENTIFIED	0	21A RECORD TYPE	0
09A DATE HCSR PROCESSED TO COMPLETION	0	23A MAJOR DIAGNOSTIC CATEGORY	0
10A HEALTH CARE PLAN CODE	0	24A REASON FOR ISSUANCE	0
11A SPECIAL PROCESSING CODE	4	25A CLAIM FORM TYPE	0
12A SPECIAL RATE CODE	4	26A REASON FOR PAYMENT REDUCTION	0
13A NAS EXCEPTION REASON	0	27A NUMBER OF PAYMENT REDUCTION DAYS/SERVICES	0

A TOTAL 34

B. PATIENT/SPONSOR INFORMATION

01B PATIENT NAME	0	07B SPONSOR SOCIAL SECURITY NUMBER	0
02B PATIENT SSN	0	08B SPONSOR PAY GRADE	6
03B PATIENT DATE OF BIRTH	2	09B SPONSOR BRANCH OF SERVICE	0
04B DEERS DEPENDENT SUFFIX	0	10B SPONSOR STATUS	1
05B PATIENT SEX	1	11B PATIENT RELATIONSHIP TO SPONSOR	0
06B PATIENT ZIP CODE	3	12B ENROLLMENT STATUS	4

B TOTAL 17

C. PROVIDER INFORMATION

01C PROVIDER TAXPAYER NUMBER	1	06C TYPE OF INSTITUTION	0
02C PROVIDER SUB-IDENTIFIER	1	07C PROVIDER MAJOR SPECIALTY	0
03C PROVIDER CONTRACT AFFILIATION	1	08C PROVIDER PARTICIPATION INDICATOR	0
04C PROVIDER STATE OR COUNTRY CODE	0	09C PRICING LOCALITY CODE	2
05C PROVIDER ZIP CODE	2	10C MTF CODE	1

C TOTAL 8

D. ADMISSION/DISCHARGE INFORMATION

01D ADMISSION DATE	0	07D FREQUENCY CODE	0
02D TYPE OF ADMISSION	1	08D BILL CLASSIFICATION CODE	0
03D SOURCE OF ADMISSION	1	09D TOTAL BED DAYS	0
04D DISCHARGE STATUS	0	10D GOVERNMENT AUTHORIZED BED DAYS	0
05D BEGIN DATE OF CARE	0	11D NUMBER OF BIRTHS	0
06D END DATE OF CARE	0		

D TOTAL 2

CONTRACTOR: CONTRACT NO: AUDIT PERIOD: OCT 02 - DEC 02
OCCURRENCE SAMPLE

E. DIAGNOSIS/TREATMENT INFORMATION

01E ADMISSION DIAGNOSIS	0	10E DRG NUMBER	0
02E PRINCIPAL TREATMENT DIAGNOSIS	0	11E SECONDARY TREATMENT DIAGNOSIS-5	1
03E SECONDARY TREATMENT DIAGNOSIS-1	0	12E SECONDARY TREATMENT DIAGNOSIS-6	1
04E SECONDARY TREATMENT DIAGNOSIS-2	0	13E SECONDARY TREATMENT DIAGNOSIS-7	0
05E SECONDARY TREATMENT DIAGNOSIS-3	0	14E SECONDARY TREATMENT DIAGNOSIS-8	1
06E SECONDARY TREATMENT DIAGNOSIS-4	0	15E SECONDARY OPERATION/NONSURGICAL PROCEDURE	0
07E PRINCIPAL OPERATION/NONSURGICAL PROCEDURE	1	16E SECONDARY OPERATION/NONSURGICAL PROCEDURE	0
08E SECONDARY OPERATION/NONSURGICAL PROCEDURE	0	17E SECONDARY OPERATION/NONSURGICAL PROCEDURE	0
09E SECONDARY OPERATION/NONSURGICAL PROCEDURE	0		
		E TOTAL	4

F. DIAGNOSIS INFORMATION

01F PRINCIPAL TREATMENT DIAGNOSIS	5	04F SECONDARY TREATMENT DIAGNOSIS-3	0
02F SECONDARY TREATMENT DIAGNOSIS-1	2	05F SECONDARY TREATMENT DIAGNOSIS-4	0
03F SECONDARY TREATMENT DIAGNOSIS-2	0		
		F TOTAL	7

G. FINANCIAL INFORMATION

01G AMOUNT BILLED	8	06G AMOUNT APPLIED TOWARD DEDUCTIBLE	2
02G AMOUNT ALLOWED	47	07G PATIENT COPAYMENT	1
03G AMOUNT OF OTHER HEALTH INSURANCE	37	08G AMOUNT PAID BY GOVERNMENT CONTRACTOR	35
04G AMOUNT OF THIRD PARTY LIABILITY	0	09G AMOUNT OF PAYMENT REDUCTION	0
05G PATIENT COINSURANCE	3	10G AMOUNT ALLOWED BY OTHER HEALTH INSURANCE	29
		G TOTAL	162

H. INSTITUTIONAL REVENUE DATA

01H REVENUE CODE	0	04H DENIAL REASON CODE	20
02H UNITS OF SERVICE BY REVENUE CODE	0	05H OCCURRENCE COUNTER	0
03H TOTAL CHARGE BY REVENUE CODE	0		
		H TOTAL	20

I. NON/INSTITUTIONAL UTILIZATION DATA

01I PROCEDURE CODE	1	08I PLACE OF SERVICE	6
02I NUMBER OF SERVICES	0	09I TYPE OF SERVICE	1
03I TOTAL CHARGES BY PROCEDURE CODE	0	10I DENIAL REASON CODE	44
04I AMOUNT ALLOWED BY PROCEDURE CODE	69	11I OCCURRENCE COUNTER	0
05I PRICING CODE	52	12I PRICING PROFILE	0
06I BEGIN DATE OF CARE	0	13I CPT-4 MODIFIER	10
07I END DATE OF CARE	2		
		I TOTAL	185

CONTRACTOR: CONTRACT NO: AUDIT PERIOD: OCT 02 - DEC 02
OCCURRENCE SAMPLE

J. INCORRECT/UNSUPPORTED RECORD ERRORS

01J UNLIKE PROCEDURES COMBINED (NON-INSTITUTI	0	07J EXTRA INSTITUTIONAL REVENUE CODE SET	0
02J UNLIKE REVENUE CODES COMBINED (INSTITUTIO	0	08J INCORRECT RECORD TYPE	0
03J SERVICES SHOULD BE COMBINED	0	09J SEPARATE HCSR S REQUIRED	0
04J MISSING NON-INSTITUTIONAL UTILIZATION DAT	84	10J CLAIM NOT PROVIDED FOR AUDIT	0
05J EXTRA NON-INSTITUTIONAL UTILIZATION DATA	0	11J CLAIM NOT AUDITABLE	0
06J MISSING INSTITUTIONAL REVENUE CODE SET	0	12J UNSUPPORTED HCSR TRANSACTION	4

J TOTAL 88

L. DOCUMENT/INCORRECT PROCEDURE ERRORS

01L AUDIT DOCUMENTATION INCOMPLETE	3	07L ADMIN CLAIM COUNT ERROR (FI ONLY)	0
02L AUDIT DOCUMENTATION ILLEGIBLE	0	08L ERRONEOUS CLAIM SPLIT	0
03L DOCUMENTATION SUBMITTED LATE	0	09L ERRONEOUS HCSR SPLIT	9
04L CEOB INCORRECT	1	10L ADJUSTMENT-NO AUTHORIZING OFFICIAL	0
05L NAS QUESTIONABLE	0	11L CONTRACT JURISDICTION ERROR	0
06L ERROR IN CLAIM HISTORY	0		

L TOTAL 13

END OF REPORT - HA260-001

HA280-001 TRICARE MANAGEMENT ACTIVITY PAGE: 1
DATE: 26 MAR 2003 CONTRACTOR HCSR AUDIT SUMMARY REPORT
TIME: 11.35.17

CONTRACTOR: CONTRACT NO: AUDIT PERIOD: OCT 02 - DEC 02
OCCURRENCE SAMPLE

RECORD TYPE	NUMBER HCSRS AUDITED	NUMBER DATA FIELDS	NUMBER FIELDS IN ERROR
INSTITUTIONAL:	5	685	31
NON INSTITUTIONAL:	345	26489	496
TOTALS	350	27174	527

OCCURRENCE ERROR RATES:

TOTAL: 527 FIELDS IN ERROR/ 27174 NO. OF DATA FIELDS X 100 = 1.94%

END OF REPORT - HA280-001

ERROR CODE	E R R O R N A M E	HEALTH CARE SERVICE RECORDS						FIELDS					
		CURRENT QTR			HISTORICAL			CURRENT QTR			HISTORICAL		
		#	ERRORS	%	#	ERRORS	%	#	ERRORS	%	#	ERRORS	%
02G	AMOUNT ALLOWED	350	47	13.43	9,100	756	8.31	350	47	13.43	9,100	756	8.31
03G	AMOUNT OF OTHER HEALTH INSURANCE	350	37	10.57	9,100	188	2.07	350	37	10.57	9,100	188	2.07
08G	AMOUNT PAID BY GOVERNMENT CONTRACTOR ...	350	35	10.00	9,100	882	9.69	350	35	10.00	9,100	882	9.69
01G	AMOUNT BILLED	350	8	2.29	9,100	285	3.13	350	8	2.29	9,100	285	3.13
05G	PATIENT COINSURANCE	350	3	0.86	9,100	263	2.89	350	3	0.86	9,100	263	2.89
06G	AMOUNT APPLIED TOWARD DEDUCTIBLE	345	2	0.58	9,046	124	1.37	345	2	0.58	9,046	124	1.37
07G	PATIENT COPAYMENT	350	1	0.29	9,100	269	2.96	350	1	0.29	9,100	269	2.96
04G	AMOUNT OF THIRD PARTY LIABILITY	350	0	0.00	9,100	1	0.01	350	0	0.00	9,100	1	0.01
04I	AMOUNT ALLOWED BY PROCEDURE CODE	345	37	10.72	9,046	553	6.11	578	69	11.94	13,957	832	5.96
05I	PRICING CODE	345	26	7.54	9,046	321	3.55	578	52	9.00	13,957	508	3.64
10I	DENIAL REASON CODE	345	21	6.09	9,046	297	3.28	578	44	7.61	13,957	487	3.49
04H	DENIAL REASON CODE	5	1	20.00	54	3	5.56	60	20	33.33	539	32	5.94
06A	TYPE OF SUBMISSION	350	12	3.43	9,100	201	2.21	350	12	3.43	9,100	201	2.21
13I	CPT-4 MODIFIER	345	8	2.32	9,046	47	0.52	578	10	1.73	13,957	59	0.42
20A	DATA OCCURRENCE COUNT	350	9	2.57	9,100	304	3.34	350	9	2.57	9,100	304	3.34
08B	SPONSOR PAY GRADE	350	6	1.71	9,100	204	2.24	350	6	1.71	9,100	204	2.24
08I	PLACE OF SERVICE	345	4	1.16	9,046	63	0.70	578	6	1.04	13,957	140	1.00
04A	HCSR SUFFIX	350	5	1.43	9,100	98	1.08	350	5	1.43	9,100	98	1.08
01F	PRINCIPAL TREATMENT DIAGNOSIS	345	5	1.45	9,046	72	0.80	345	5	1.45	9,046	72	0.80
11A	SPECIAL PROCESSING CODE	350	4	1.14	9,100	145	1.59	350	4	1.14	9,100	145	1.59
12A	SPECIAL RATE CODE	350	4	1.14	9,100	61	0.67	350	4	1.14	9,100	61	0.67
12B	ENROLLMENT STATUS	350	4	1.14	9,100	33	0.36	350	4	1.14	9,100	33	0.36
06B	PATIENT ZIP CODE	350	3	0.86	9,100	87	0.96	350	3	0.86	9,100	87	0.96

ERROR CODE	E R R O R N A M E	HEALTH CARE SERVICE RECORDS						FIELDS					
		CURRENT QTR			HISTORICAL			CURRENT QTR			HISTORICAL		
		#	ERRORS	%	#	ERRORS	%	#	ERRORS	%	#	ERRORS	%
03B	PATIENT DATE OF BIRTH	350	2	0.57	9,100	5	0.05	350	2	0.57	9,100	5	0.05
05C	PROVIDER ZIP CODE	350	2	0.57	9,100	18	0.20	350	2	0.57	9,100	18	0.20
09C	PRICING LOCALITY CODE.....	345	2	0.58	9,046	54	0.60	345	2	0.58	9,046	54	0.60
02F	SECONDARY TREATMENT DIAGNOSIS-1	345	2	0.58	9,046	81	0.90	345	2	0.58	9,046	81	0.90
07I	END DATE OF CARE	345	1	0.29	9,046	16	0.18	578	2	0.35	13,957	19	0.14
05B	PATIENT SEX	350	1	0.29	9,100	6	0.07	350	1	0.29	9,100	6	0.07
10B	SPONSOR STATUS	350	1	0.29	9,100	25	0.27	350	1	0.29	9,100	25	0.27
01C	PROVIDER TAXPAYER NUMBER	350	1	0.29	9,100	10	0.11	350	1	0.29	9,100	10	0.11
02C	PROVIDER SUB IDENTIFIER	350	1	0.29	9,100	8	0.09	350	1	0.29	9,100	8	0.09
03C	PROVIDER CONTRACT AFFILIATION	350	1	0.29	9,100	84	0.92	350	1	0.29	9,100	84	0.92
02D	TYPE OF ADMISSION	5	1	20.00	54	2	3.70	5	1	20.00	54	2	3.70
03D	SOURCE OF ADMISSION	5	1	20.00	54	2	3.70	5	1	20.00	54	2	3.70
07E	PRIN. OPERATN/NONSURGICAL PROCED. CODE .	5	1	20.00	54	0	0.00	5	1	20.00	54	0	0.00
11E	SECONDARY TREATMENT DIAGNOSIS-5	5	1	20.00	54	1	1.85	5	1	20.00	54	1	1.85
12E	SECONDARY TREATMENT DIAGNOSIS-6	5	1	20.00	54	1	1.85	5	1	20.00	54	1	1.85
14E	SECONDARY TREATMENT DIAGNOSIS-8	5	1	20.00	54	3	5.56	5	1	20.00	54	3	5.56
01I	PROCEDURE CODE	345	1	0.29	9,046	80	0.88	578	1	0.17	13,957	89	0.64
09I	TYPE OF SERVICE	345	1	0.29	9,046	9	0.10	578	1	0.17	13,957	11	0.08
01A	FILING DATE	350	0	0.00	9,100	5	0.05	350	0	0.00	9,100	5	0.05
02A	FILING STATE/COUNTRY	350	0	0.00	9,100	0	0.00	350	0	0.00	9,100	0	0.00
03A	SEQUENCE NUMBER	350	0	0.00	9,100	5	0.05	350	0	0.00	9,100	5	0.05
05A	PROGRAM INDICATOR	350	0	0.00	9,100	1	0.01	350	0	0.00	9,100	1	0.01
07A	REASON FOR ADJUSTMENT	350	0	0.00	9,100	5	0.05	350	0	0.00	9,100	5	0.05
08A	DATE ADJUSTMENT IDENTIFIED	350	0	0.00	9,100	18	0.20	350	0	0.00	9,100	18	0.20

ERROR CODE	E R R O R N A M E	HEALTH CARE SERVICE RECORDS						FIELDS					
		CURRENT QTR			HISTORICAL			CURRENT QTR			HISTORICAL		
		#	ERRORS	%	#	ERRORS	%	#	ERRORS	%	#	ERRORS	%
09A	DATE HCSR PROCESSED TO COMPLETION	350	0	0.00	9,100	5	0.05	350	0	0.00	9,100	5	0.05
10A	HEALTH CARE PLAN CODE	350	0	0.00	9,100	0	0.00	350	0	0.00	9,100	0	0.00
13A	NAS EXCEPTION REASON	350	0	0.00	9,100	2	0.02	350	0	0.00	9,100	2	0.02
14A	NONAVAILABILITY STATEMENT NUMBER	350	0	0.00	9,100	1	0.01	350	0	0.00	9,100	1	0.01
15A	OVERRIDE CODE	350	0	0.00	9,100	7	0.08	350	0	0.00	9,100	7	0.08
16A	DIAGNOSIS EDITION IDENTIFIER	350	0	0.00	9,100	0	0.00	350	0	0.00	9,100	0	0.00
17A	PROCEDURE TEXT IDENTIFIER	345	0	0.00	9,046	0	0.00	345	0	0.00	9,046	0	0.00
18A	DRG GROUPER REVISION	5	0	0.00	54	1	1.85	5	0	0.00	54	1	1.85
19A	DRG PRICER REVISION	5	0	0.00	54	1	1.85	5	0	0.00	54	1	1.85
21A	CODE TO INDICATE TYPE OF RECORD	350	0	0.00	9,100	0	0.00	350	0	0.00	9,100	0	0.00
23A	MAJOR DIAGNOSTIC CATEGORY	350	0	0.00	9,100	0	0.00	350	0	0.00	9,100	0	0.00
24A	CLAIM FORM TYPE	350	0	0.00	9,100	0	0.00	350	0	0.00	9,100	0	0.00
24A	REASON FOR ISSUANCE	350	0	0.00	9,100	0	0.00	350	0	0.00	9,100	0	0.00
01B	PATIENT NAME	350	0	0.00	9,100	2	0.02	350	0	0.00	9,100	2	0.02
02B	PATIENT SSN	350	0	0.00	9,100	1	0.01	350	0	0.00	9,100	1	0.01
04B	DEERS DEPENDENT SUFFIX	350	0	0.00	9,100	16	0.18	350	0	0.00	9,100	16	0.18
07B	SPONSOR SOCIAL SECURITY NUMBER	350	0	0.00	9,100	0	0.00	350	0	0.00	9,100	0	0.00
09B	SPONSOR BRANCH OF SERVICE	350	0	0.00	9,100	11	0.12	350	0	0.00	9,100	11	0.12
11B	PATIENT RELATIONSHIP TO SPONSOR	350	0	0.00	9,100	18	0.20	350	0	0.00	9,100	18	0.20
04C	PROVIDER STATE OR COUNTRY CODE	350	0	0.00	9,100	1	0.01	350	0	0.00	9,100	1	0.01
06C	TYPE OF INSTITUTION	5	0	0.00	54	1	1.85	5	0	0.00	54	1	1.85
07C	PROVIDER MAJOR SPECIALTY	345	0	0.00	9,046	15	0.17	345	0	0.00	9,046	15	0.17
08C	PROVIDER PARTICIPATION INDICATOR	350	0	0.00	9,100	5	0.05	350	0	0.00	9,100	5	0.05
01D	ADMISSION DATE	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00

ERROR CODE	E R R O R N A M E	HEALTH CARE SERVICE RECORDS						FIELDS					
		CURRENT QTR			HISTORICAL			CURRENT QTR			HISTORICAL		
		#	ERRORS	%	#	ERRORS	%	#	ERRORS	%	#	ERRORS	%
04D	DISCHARGE STATUS	5	0	0.00	54	1	1.85	5	0	0.00	54	1	1.85
05D	BEGIN DATE OF CARE	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
06D	END DATE OF CARE	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
07D	FREQUENCY CODE	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
08D	BILL CLASSIFICATION CODE	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
09D	TOTAL BED DAYS	5	0	0.00	54	1	1.85	5	0	0.00	54	1	1.85
10D	GOVERNMENT AUTHORIZED BED DAYS	5	0	0.00	54	1	1.85	5	0	0.00	54	1	1.85
11D	NUMBER OF BIRTHS	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
01E	ADMISSION DIAGNOSIS	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
02E	PRINCIPAL TREATMENT DIAGNOSIS	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
03E	SECONDARY TREATMENT DIAGNOSIS-1	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
04E	SECONDARY TREATMENT DIAGNOSIS-2	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
05E	SECONDARY TREATMENT DIAGNOSIS-3	5	0	0.00	54	1	1.85	5	0	0.00	54	1	1.85
06E	SECONDARY TREATMENT DIAGNOSIS-4	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
08E	SECO. OPERATN/NONSURGICAL PROCED. CODE-1	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
09E	SECO. OPERATN/NONSURGICAL PROCED. CODE-2	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
10E	DRG NUMBER	5	0	0.00	54	8	14.81	5	0	0.00	54	8	14.81
13E	SECONDARY TREATMENT DIAGNOSIS-7	5	0	0.00	54	3	5.56	5	0	0.00	54	3	5.56
15E	SECO. OPERATN/NONSURGICAL PROCED. CODE-3	5	0	0.00	54	1	1.85	5	0	0.00	54	1	1.85
16E	SECO. OPERATN/NONSURGICAL PROCED. CODE-4	5	0	0.00	54	1	1.85	5	0	0.00	54	1	1.85
17E	SECO. OPERATN/NONSURGICAL PROCED. CODE-5	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
03F	SECONDARY TREATMENT DIAGNOSIS-2	345	0	0.00	9,046	42	0.46	345	0	0.00	9,046	42	0.46
04F	SECONDARY TREATMENT DIAGNOSIS-3	345	0	0.00	9,046	15	0.17	345	0	0.00	9,046	15	0.17
05F	SECONDARY TREATMENT DIAGNOSIS-4	345	0	0.00	9,046	6	0.07	345	0	0.00	9,046	6	0.07

ERROR CODE	E R R O R N A M E	HEALTH CARE SERVICE RECORDS						FIELDS					
		CURRENT QTR			HISTORICAL			CURRENT QTR			HISTORICAL		
		#	ERRORS	%	#	ERRORS	%	#	ERRORS	%	#	ERRORS	%
01H	REVENUE CODE	5	0	0.00	54	1	1.85	60	0	0.00	539	1	0.19
02H	UNITS OF SERVICE BY REVENUE CODE	5	0	0.00	54	0	0.00	60	0	0.00	539	0	0.00
03H	TOTAL CHARGE BY REVENUE CODE	5	0	0.00	54	0	0.00	60	0	0.00	539	0	0.00
05H	OCCURRENCE COUNTER	5	0	0.00	54	0	0.00	60	0	0.00	539	0	0.00
02I	NUMBER OF SERVICES	345	0	0.00	9,046	32	0.35	578	0	0.00	13,957	35	0.25
03I	TOTAL CHARGES BY PROCEDURE CODE	345	0	0.00	9,046	26	0.29	578	0	0.00	13,957	32	0.23
06I	BEGINING DATE OF CARE	345	0	0.00	9,046	8	0.09	578	0	0.00	13,957	10	0.07
11I	OCCURRENCE COUNTER	345	0	0.00	9,046	0	0.00	578	0	0.00	13,957	0	0.00
12I	PRICING PROFILE YEAR	345	0	0.00	9,046	90	0.99	578	0	0.00	13,957	118	0.85
04J	MISSING NON-INSTITU UTILIZATION DATA SET	345	10	2.90	9,046	285	3.15		84			2,814	
12J	UNSUPPORTED HCSR TRANSACTION	350	2	0.57	9,100	12	0.13		4			39	
01J	UNLIKE PROC.S COMBINED (NON-INSTITUTION)	345	0	0.00	9,046	6	0.07		0			42	
02J	UNLIKE REVENUE CODES COMBINED (INSTITUT)	5	0	0.00	54	0	0.00		0			0	
03J	SERVICES SHOULD BE COMBINED	350	0	0.00	9,100	0	0.00		0			0	
05J	EXTRA NON-INSTITU UTILIZATION DATA SET .	345	0	0.00	9,046	28	0.31		0			364	
06J	MISSING INSTITUTIONAL REVENUE CODE SET .	5	0	0.00	54	0	0.00		0			0	
07J	EXTRA INSTITUTIONAL REVENUE CODE SET ...	5	0	0.00	54	0	0.00		0			0	
08J	INCORRECT RECORD TYPE	350	0	0.00	9,100	0	0.00		0			0	
09J	SEPARATE HCSRS REQUIRED	350	0	0.00	9,100	0	0.00		0			0	
10J	CLAIM NOT PROVIDED FOR AUDIT	350	0	0.00	9,100	16	0.18		0			50	
11J	CLAIM NOT AUDITABLE	350	0	0.00	9,100	27	0.30		0			61	
09L	ERRONEOUS HCSR SPLIT	350	9	2.57	9,100	251	2.76						

ERROR CODE	E R R O R N A M E	HEALTH CARE SERVICE RECORDS						FIELDS					
		CURRENT QTR			HISTORICAL			CURRENT QTR			HISTORICAL		
		#	ERRORS	%	#	ERRORS	%	#	ERRORS	%	#	ERRORS	%
01L	AUDIT DOCUMENTATION INCOMPLETE	350	3	0.86	9,100	7	0.08						
04L	CEOB INCORRECT	350	1	0.29	9,100	25	0.27						
02L	AUDIT DOCUMENTATION ILLEGIBLE	350	0	0.00	9,100	0	0.00						
03L	DOCUMENTATION SUBMITTED LATE	350	0	0.00	9,100	424	4.66						
05L	NAS QUESTIONABLE	350	0	0.00	9,100	0	0.00						
06L	ERROR IN CLAIM HISTORY	350	0	0.00	9,100	10	0.11						
07L	ADMIN CLAIM COUNT ERROR (FI ONLY)	350	0	0.00	9,100	0	0.00						
08L	ERRONEOUS CLAIM SPLIT	350	0	0.00	9,100	4	0.04						
10L	ADJUSTMENT-NO AUTHORIZING OFFICIAL	350	0	0.00	9,100	0	0.00						
11L	CONTRACT JURISDICTION ERROR	350	0	0.00	9,100	1	0.01						

END OF REPORT - HA340-001

TA240-001 TRICARE MANAGEMENT ACTIBITY PAGE: 1
RUN DATE: 27 MAR 2003 TED AUDIT LISTING
RUN TIME: 10.38.42 CONTRACT NBR: AUDIT PERIOD: OCT 02 - DEC 02
CONTR:

COMBINED PAYMENT SAMPLE

** TED INDICATOR ** ST	JUL DT	SEQ NO	SFX	PTC DATE	PRG IND	TYPE SUB	RSN ADJ	# PROCESS ERRORS	# DOC ERRORS	# PAY ERRORS	TOTAL AMT BILLED	UNDER/OVER PAYMENT
02	2002011	05116	A	20021114	I	A	B	00	00	00	15,748.96	.00
02	2002032	05098	B	20021015	I	F	B	00	00	00	22,518.83	.00
02	2002174	X057W	A	20021115	N	C	D	00	00	00	.00	.00
02	2002225	05211	A	20020906	I	R		00	00	00	201,174.97 DRG	.00
02	2002241	X0VXL	A	20021001	I	I		00	00	00	10,121.07	.00
02	2002246	32199	A	20021018	I	D		00	00	00	35,113.71 DRG	.00
02	2002246	73270	A	20020926	N	I		00	00	00	45,130.00	.00
02	2002256	X01HY	A	20021004	I	A	B	00	00	00	17,047.47	.00
02	2002262	X0WR2	A	20020920	I	R		00	00	00	12,828.97	.00
02	2002267	56209	A	20021014	N	I		00	00	00	952.00	.00
02	2002270	09012	A	20021014	I	O		00	00	00	49,758.24	.00
02	2002272	X05P4	A	20020930	N	D		00	00	00	185.00	.00
02	2002275	55913	A	20021011	N	D		00	00	00	244.56	.00
02	2002281	09084	A	20021028	I	I		00	00	00	106,228.21	.00
02	2002287	X00WV	A	20021015	N	I		00	00	00	659.00	.00
02	2002290	X0CCC	A	20021017	D	I		00	00	00	62.81	.00
02	2002293	X05PQ	A	20021021	N	D		00	00	01	385.00	46.64-
02	2002295	09262	A	20021024	N	I		00	00	00	9,470.45	.00
02	2002295	70970	A	20021031	N	D		00	00	00	1,299.17	.00
02	2002297	X0CTW	A	20021024	D	I		00	00	00	7.99	.00
02	2002300	X002P	A	20021028	N	D		00	01	01	2,350.00	145.52-
02	2002300	X003X	A	20021028	N	I		00	00	00	2,690.08	.00
02	2002301	10680	A	20021115	I	I		00	00	00	36,555.98	.00
02	2002301	73965	A	20021105	N	I		00	00	00	130.00	.00
02	2002302	09128	A	20021209	I	I		00	00	00	115,240.10	.00
02	2002304	X0WVN	A	20021115	I	I		00	00	00	174,859.13	.00
02	2002307	X000M	A	20021107	I	D		00	00	00	35,491.79 DRG	.00
02	2002307	X03VM	A	20021104	N	I		00	00	01	117.00	11.28
02	2002311	72666	A	20021115	I	I		00	00	00	5,250.00	.00
02	2002312	X01ZB	A	20021111	N	I		00	00	00	1,148.23	.00
02	2002319	X0208	A	20021118	N	I		00	00	00	827.56	.00
02	2002319	41000	A	20021115	I	D		00	00	00	2,250.00	.00
02	2002322	X0DBQ	A	20021118	D	I		00	00	00	76.81	.00
02	2002322	14997	A	20021122	I	I		00	00	00	7,862.10	.00
02	2002322	59442	A	20021125	N	D		00	00	00	1,265.25	.00
02	2002324	X0BK1	A	20021126	I	I		00	00	00	11,327.45 DRG	.00
02	2002333	X0003	A	20021204	I	D		00	00	00	73,288.72 DRG	.00
02	2002333	X05SF	A	20021129	N	I		00	00	00	56.00	.00
02	2002336	15325	A	20021209	N	I		00	00	00	5,675.00	.00
02	2002339	X19LZ	A	20021219	I	I		00	00	00	7,088.28	.00
02	2002346	32510	A	20021223	I	I		00	00	00	5,989.70	.00
02	2002353	X89R4	A	20021220	N	I		00	00	00	29,757.00	.00
04	2002259	14284	A	20021001	N	D		00	00	00	703.00	.00
04	2002259	73700	A	20021001	N	O		00	00	00	110.00	.00
04	2002267	70271	A	20021015	N	O		00	00	00	660.00	.00
04	2002273	59780	A	20021021	N	I		00	00	01	6,473.00	304.16
04	2002280	X0FQK	A	20021007	D	I		00	00	00	79.25	.00
04	2002283	55848	A	20021121	N	A	B	00	00	01	8,005.00	974.30-

TA240-001 TRICARE MANAGEMENT ACTIVITY
RUN DATE: 27 MAR 2003 TED AUDIT LISTING
RUN TIME: 10.38.42
CONTR: CONTRACT NBR: AUDIT PERIOD: OCT 02 - DEC 02
COMBINED PAYMENT SAMPLE

** TED INDICATOR ** ST	JUL DT	SEQ NO	SFX	PTC DATE	PRG IND	TYPE SUB	RSN ADJ	# PROCESS ERRORS	# DOC ERRORS	# PAY ERRORS	TOTAL AMT BILLED	UNDER/OVER PAYMENT
15	2002350	41185	A	20021224	I	D		00	00	00	1,949.88	.00
15	2002352	X08Y3	A	20021220	I	I		00	00	00	4,564.87	.00
15	2002354	03749	A	20021224	N	D		00	00	01	12,854.65	516.91-
17	2002273	09235	A	20021018	I	I		00	00	00	201,451.60 DRG	.00
17	2002343	77695	B	20021216	N	I		00	01	00	308.84	.00
18	2002301	15997	A	20021031	I	I		00	00	00	6,038.72	.00
24	2002273	82781	A	20021015	I	R		00	00	01	1,430.62	1,405.62
26	2002345	71972	A	20021219	N	D		00	00	00	1,575.00	.00
27	2002297	41776	A	20021024	N	I		01	00	01	16,780.00	12,687.90
27	2002319	72597	A	20021205	N	I		00	00	00	1,060.00	.00
27	2002326	14333	A	20021210	N	I		00	00	00	13,687.68	.00
32	2000333	05315	A	20020926	I	A	D	01	00	01	7,563.50	7,563.50
34	2002262	70293	A	20021001	N	I		00	00	01	4,895.00	1,558.50
36	2002274	14744	A	20021014	N	D		00	00	00	191.00	.00
37	2002240	32057	A	20021010	N	I		00	00	00	2,205.00	.00
41	2002309	72779	A	20021216	I	I		00	00	00	17,979.85 DRG	.00
41	2002343	41719	A	20021209	N	I		00	00	01	708.00	708.00
42	2002270	09544	A	20021007	D	I		00	00	01	13,951.38	1,448.64
42	2002280	X0009	A	20021007	D	I		00	00	00	2,585.90	.00
42	2002329	X003N	A	20021125	D	I		00	00	00	2,585.90	.00
42	2002360	X1LJR	A	20021226	D	I		00	00	00	2,727.28	.00
48	2002277	42151	A	20021014	I	I		00	00	01	5,460.00	10,957.80
48	2002303	41108	A	20021031	I	R		00	00	00	10,964.75	.00
48	2002337	41579	A	20021203	I	I		00	00	01	1,244.95	15.62
49	2002288	62173	A	20021024	N	I		00	00	00	17,932.50	.00
53	2001330	12193	A	20021202	I	A	B	00	00	00	29,487.65	.00
53	2002260	14051	B	20020926	N	R		00	01	00	1,166.91	.00
53	2002277	14254	A	20021010	N	I		00	00	00	3,643.45	.00
55	2002301	72027	A	20021107	I	I		00	00	00	38,355.00	.00

END OF REPORT (TA240-001)

CONTRACTOR: CONTRACT NO: AUDIT PERIOD: OCT 02 - DEC 02
COMBINED PAYMENT SAMPLE

K. INCORRECT PAYMENT ERRORS

01K AUTHORIZATION/PREAUTH NEEDED	4	15K PAYEE WRONG - SPONSOR/PATIENT	0
02K UNSUPPORTED BENEFIT DETERMINATION	0	16K PAYEE WRONG - PROVIDER	1
03K BILLED AMOUNT INCORRECT	1	17K PARTICIPATING/NON-PAR ERROR	0
04K COST-SHARE/DEDUCTIBLE ERROR	23	18K PRICING INCORRECT	45
05K DEVELOPMENT CLAIM DENIED PREMATURELY	2	19K PROCEDURE CODE INCORRECT	0
06K DEVELOPMENT REQUIRED	3	20K SIGNATURE ERROR	0
07K DUPLICATE SERVICES PAID	8	21K TIMELY FILING ERROR	0
08K ELIGIBILITY DETERMINATION - PATIENT	1	22K DRG REIMBURSEMENT ERROR	6
09K ELIGIBILITY DETERMINATION - PROVIDER	2	23K CONTRACT JURISDICTION ERROR	1
10K MEDICAL EMERGENCY NOT SUBSTANTIATED	0	24K INCORRECT BENEFIT DETERMINATION	19
11K MEDICAL NECESSITY NOT EVIDENT	1	25K CLAIM NOT PROVIDED	1
12K NONAVAILABILITY STATEMENT ERROR	0	26K CLAIM NOT AUDITABLE	1
13K OHI/TPL - GOVT PAY MISCALCULATED	14	27K INCORRECT CRI SYSTEM	0
14K OHI/TPL PAYMENT OMITTED	49	99K OTHER - SEE REMARKS	7

K TOTAL 189

L. DOCUMENT/INCORRECT PROCEDURE ERRORS

01L AUDIT DOCUMENTATION INCOMPLETE	2	07L ADMIN CLAIM COUNT ERROR (FI ONLY)	0
02L AUDIT DOCUMENTATION ILLEGIBLE	0	08L ERRONEOUS CLAIM SPLIT	1
03L DOCUMENTATION SUBMITTED LATE	0	09L ERRONEOUS HCSR SPLIT	62
04L CEOB INCORRECT	8	10L ADJUSTMENT-NO AUTHORIZING OFFICIAL	0
05L NAS QUESTIONABLE	0	11L CONTRACT JURISDICTION ERROR	0
06L ERROR IN CLAIM HISTORY	4		

L TOTAL 77

P. PROCESS ERRORS

01P AUTHORIZATION/PREAUTHORIZATION NEEDED	4	11P MEDICAL NECESSITY/REVIEW NOT EVIDENT	1
02P UNSUPPORTED BENEFIT DETERMINATION	0	21P TIMELY FILING ERROR	0
05P DEVELOPMENT CLAIM DENIED PREMATURELY	2	23P CONTRACT JURISDICTION ERROR	0
06P DEVELOPMENT REQUIRED	3	99P OTHER	7
10P MEDICAL EMERGENCY NOT SUBSTANTIATED	0		

P TOTAL 17

END OF REPORT - TA260-001

TA280-001 TRICARE MANAGEMENT ACTIVITY PAGE: 1
DATE: 27 MAR 2003 CONTRACTOR TED AUDIT SUMMARY REPORT
TIME: 10.38.40

CONTRACTOR: CONTRACT NO: AUDIT PERIOD: OCT 02 - DEC 02
COMBINED PAYMENT SAMPLE

RECORD TYPE	NUMBER HCSRS AUDITED	TOTAL AMT BILLED	UNDER PAYMENT	OVER PAYMENT	ABSOLUTE PAYMENT ERROR AMOUNT
INSTITUTIONAL:	584	$25,173,361.07	$79,866.55	$256,529.68	$336,396.23
NON INSTITUTIONAL:	1209	$3,891,217.18	$20,304.50	$80,733.81	$101,038.31
TOTALS	1793	$29,064,578.25	$100,171.05	$337,263.49	$437,434.54

PAYMENT ERROR RATES:

TOTAL: $437,434.54 PYMT ERROR AMOUNT / $29,064,578.25 BILLED AMOUNT X 100 = 1.51%

END OF REPORT - HA280-001

ERROR CODE	E R R O R N A M E	HEALTH CARE SERVICE RECORDS					
		CURRENT QTR			HISTORICAL		
		#	ERRORS	%	#	ERRORS	%
99P	OTHER	1,793	7	0.39	30,901	31	0.10
01P	AUTHORIZATION/PREAUTH NEEDED	1,793	4	0.22	30,901	96	0.31
06P	DEVELOPMENT REQUIRED	1,793	3	0.17	30,901	157	0.51
05P	DEVELOPMENT CLAIM DENIED PREMATURELY ...	1,793	2	0.11	30,901	39	0.13
11P	MEDICAL NECESSITY/REVIEW NOT EVIDENT....	1,793	1	0.06	30,901	21	0.07
02P	UNSUPPORTED BENEFIT DETERMINATION	1,793	0	0.00	30,901	25	0.08
10P	MEDICAL EMERGENCY NOT SUBSTANTIATED	1,793	0	0.00	30,901	8	0.03
21P	TIMELY FILING ERROR	1,793	0	0.00	30,901	4	0.01
23P	CONTRACT JURISDICTION ERROR	1,793	0	0.00	30,901	0	0.00
14K	OHI/TPL PAYMENT OMITTED	1,793	49	2.73	30,901	201	0.65
18K	PRICING INCORRECT	1,793	45	2.51	30,901	1,195	3.87
04K	COST-SHARE/DEDUCTIBLE ERROR	1,793	23	1.28	30,901	680	2.20
24K	INCORRECT BENEFIT DETERMINATION	1,793	19	1.06	30,901	400	1.29
13K	OHI/TPL - GOVT PAY MISCALCULATED	1,793	14	0.78	30,901	204	0.66
07K	DUPLICATE SERVICES PAID	1,793	8	0.45	30,901	92	0.30
99K	OTHER - SEE REMARKS	1,793	7	0.39	30,901	31	0.10
22K	DRG REIMBURSEMENT ERROR	1,793	6	0.33	30,901	359	1.16
01K	AUTHORIZATION/PREAUTH NEEDED	1,793	4	0.22	30,901	96	0.31
06K	DEVELOPMENT REQUIRED	1,793	3	0.17	30,901	124	0.40
05K	DEVELOPMENT CLAIM DENIED PREMATURELY ...	1,793	2	0.11	30,901	39	0.13
09K	ELIGIBILITY DETERMINATION - PROVIDER ...	1,793	2	0.11	30,901	52	0.17
03K	BILLED AMOUNT INCORRECT	1,793	1	0.06	30,901	66	0.21

ERROR CODE	E R R O R N A M E	HEALTH CARE SERVICE RECORDS					
		CURRENT QTR			HISTORICAL		
		#	ERRORS	%	#	ERRORS	%
08K	ELIGIBILITY DETERMINATION - PATIENT	1,793	1	0.06	30,901	28	0.09
11K	MEDICAL NECESSITY NOT EVIDENT	1,793	1	0.06	30,901	20	0.06
16K	PAYEE WRONG - PROVIDER	1,793	1	0.06	30,901	2	0.01
23K	CONTRACT JURISDICTION ERROR	1,793	1	0.06	30,901	0	0.00
25K	CLAIM NOT PROVIDED	1,793	1	0.06	30,901	20	0.06
26K	CLAIM NOT AUDITABLE	1,793	1	0.06	30,901	23	0.07
02K	UNSUPPORTED BENEFIT DETERMINATION	1,793	0	0.00	30,901	24	0.08
10K	MEDICAL EMERGENCY NOT SUBSTANTIATED	1,793	0	0.00	30,901	8	0.03
12K	NONAVAILABILTY STATEMENT ERROR	1,793	0	0.00	30,901	37	0.12
15K	PAYEE WRONG - SPONSOR/PATIENT	1,793	0	0.00	30,901	5	0.02
17K	PARTICIPATING/NON-PAR ERROR	1,793	0	0.00	30,901	2	0.01
19K	PROCEDURE CODE INCORRECT	1,793	0	0.00	30,901	14	0.05
20K	SIGNATURE ERROR	1,793	0	0.00	30,901	0	0.00
21K	TIMELY FILING ERROR	1,793	0	0.00	30,901	5	0.02
27K	INCORRECT CRI SYSTEM	1,793	0	0.00	30,901	0	0.00
09L	ERRONEOUS HCSR SPLIT	1,793	62	3.46	30,901	821	2.66
04L	CEOB INCORRECT	1,793	8	0.45	30,901	128	0.41
06L	ERROR IN CLAIM HISTORY	1,793	4	0.22	30,901	45	0.15
01L	AUDIT DOCUMENTATION INCOMPLETE	1,793	2	0.11	30,901	47	0.15
08L	ERRONEOUS CLAIM SPLIT	1,793	1	0.06	30,901	13	0.04
02L	AUDIT DOCUMENTATION ILLEGIBLE	1,793	0	0.00	30,901	0	0.00
03L	DOCUMENTATION SUBMITTED LATE	1,793	0	0.00	30,901	1,483	4.80
05L	NAS QUESTIONABLE	1,793	0	0.00	30,901	0	0.00

ERROR CODE	E R R O R N A M E	HEALTH CARE SERVICE RECORDS					
		CURRENT QTR			HISTORICAL		
		#	ERRORS	%	#	ERRORS	%
07L	ADMIN CLAIM COUNT ERROR (FI ONLY)	1,793	0	0.00	30,901	0	0.00
10L	ADJUSTMENT-NO AUTHORIZING OFFICIAL	1,793	0	0.00	30,901	0	0.00
11L	CONTRACT JURISDICTION ERROR	1,793	0	0.00	30,901	0	0.00

END OF REPORT - TA340-001

** TED INDICATOR ** ST	JUL DT	SEQ NO	SFX	PTC DATE	PRG IND	TYPE SUB	RSN ADJ	# DATA FIELDS	# FLDS IN ERR	# DOC ERRORS
02	2002211	21719	A	20021210	N	C	D	68	00	00
02	2002259	80454	A	20021003	I	I		87	02	00
02	2002273	X0CX3	A	20021001	D	I		68	00	00
02	2002273	72228	A	20021014	N	I		68	04	00
02	2002288	X2NW1	A	20021017	N	D		68	00	00
02	2002291	41196	A	20021107	N	I		68	04	00
02	2002294	56899	A	20021029	N	D		68	01	00
02	2002296	X0291	A	20021101	N	I		68	00	00
02	2002296	41773	A	20021024	N	I		68	00	00
02	2002336	X0CQ5	A	20021202	D	I		68	03	00
02	2002360	X1XLT	A	20021226	D	I		68	00	00
04	2002304	X07VD	A	20021031	D	I		68	00	00
04	2002343	82835	A	20021219	N	I		68	00	00
04	2002357	X37TG	A	20021223	D	I		68	00	00
06	2001307	X04B8	A	20021009	N	C	E	68	02	00
06	2001311	X0CZQ	A	20021125	N	C	E	81	01	00
06	2001317	14473	A	20020925	I	A	E	146	04	01
06	2001317	37339	A	20021219	N	A	A	68	00	00
06	2001347	X0W1P	A	20021029	N	C	E	81	01	00
06	2002037	X038Q	A	20021125	N	C	E	68	02	00
06	2002056	16959	B	20021101	N	F	B	107	01	00
06	2002085	X0MQS	A	20021007	N	C	E	68	01	00
06	2002106	X17M8	A	20021125	N	C	E	68	01	00
06	2002113	X0ZNQ	A	20021220	N	C	D	68	01	00
06	2002130	12085	A	20021115	N	C	D	68	01	00
06	2002158	31984	A	20021107	N	A	B	68	00	00
06	2002162	X0VV9	A	20021115	N	C	D	81	01	00
06	2002168	24957	A	20021014	N	C	E	68	00	00
06	2002206	X040C	B	20021024	D	C	D	68	00	00
06	2002210	16756	B	20021125	N	A	B	81	12	01
06	2002237	42154	A	20021007	N	C	D	120	00	00
06	2002252	X0SYD	A	20020916	D	C	E	68	02	00
06	2002252	X0XXG	A	20020916	D	C	E	68	00	00
06	2002252	X0YN3	A	20020916	D	C	E	68	02	00
06	2002256	76722	A	20020927	N	D		224	00	00
06	2002259	80520	A	20020924	N	R		68	00	00
06	2002263	14183	A	20021001	N	R		94	02	00
06	2002263	71447	A	20021003	N	I		68	00	00
06	2002266	X0LK5	A	20020923	D	I		68	00	00
06	2002266	X10QK	A	20020923	D	I		68	00	00
06	2002266	35074	A	20021003	N	I		81	04	00
06	2002266	74030	A	20021004	N	I		68	00	00
06	2002266	78537	A	20021010	N	I		94	01	00
06	2002268	41727	A	20021001	N	R		94	10	00
06	2002269	X0CP4	A	20020926	D	I		68	00	00
06	2002269	X0SDT	A	20021001	D	I		68	00	00
06	2002269	41196	A	20020926	N	I		68	00	00

TA240-001 TRICARE MANAGEMENT ACTIVITY PAGE: 7
RUN DATE: 26 MAR 2003 TED AUDIT LISTING
RUN TIME: 11.35.18
CONTR: [redacted] CONTRACT NBR: [redacted] AUDIT PERIOD: OCT 02 - DEC 02
OCCURRENCE SAMPLE

** TED INDICATOR ** ST	JUL DT	SEQ NO	SFX	PTC DATE	PRG IND	TYPE SUB	RSN ADJ	# DATA FIELDS	# FLDS IN ERR	# DOC ERRORS
06	2002350	57189	A	20021224	N	I		68	00	00
06	2002351	X1ZSX	A	20021217	N	I		68	00	00
06	2002351	X23GG	A	20021217	N	I		68	00	00
06	2002352	X2177	A	20021218	N	I		68	00	00
06	2002352	X22Q6	A	20021218	N	D		68	02	00
06	2002352	X26BC	A	20021218	N	D		94	02	00
06	2002353	X2CF6	A	20021219	N	I		68	00	00
06	2002353	X2DR3	A	20021219	N	I		68	00	00
06	2002353	X24ZS	A	20021219	N	I		94	07	00
06	2002353	X32YG	A	20021219	D	I		68	00	00
06	2002354	X1BF8	A	20021220	N	I		68	00	00
06	2002357	X3BXZ	A	20021223	D	I		68	00	00
06	2002357	X3H9Z	A	20021223	D	I		68	00	00
06	2002357	X3L19	A	20021223	D	I		68	01	00
06	2002357	X3MBQ	A	20021223	D	I		68	00	00
06	2002357	X3QT6	A	20021223	D	I		68	00	00
06	2002357	X3Y33	A	20021223	D	I		68	00	00
06	2002357	X42QC	A	20021223	D	I		68	00	00
06	2002358	X2F49	A	20021226	N	I		81	00	00
06	2002358	X2GHF	A	20021224	N	I		94	09	00
06	2002359	X0K7G	A	20021226	N	I		68	00	00
06	2002360	X1SYF	A	20021226	D	I		68	00	00
06	2002360	X1Z5N	A	20021226	D	I		68	00	00
06	2002360	X2CKX	A	20021226	D	I		68	00	00
06	2002360	X295N	A	20021226	D	I		68	00	00
12	2002312	33583	A	20021220	N	D		120	10	01
15	2002209	X04DM	A	20021115	N	C	D	81	00	00
15	2002248	55077	A	20021017	N	A	B	68	00	00
15	2002272	X03L1	A	20020930	N	I		68	01	00
15	2002273	X0JY2	A	20021001	D	I		68	00	00
15	2002280	04565	A	20021009	N	D		68	00	00
15	2002283	01516	A	20021018	N	D		68	02	00
15	2002283	55779	A	20021016	N	I		120	08	00
15	2002286	X027Q	A	20021014	N	D		68	02	00
15	2002288	77303	A	20021028	N	D		81	00	00
15	2002304	X0VS3	A	20021031	D	I		68	00	00
15	2002307	X03L5	A	20021104	N	I		68	00	00
15	2002310	X01YH	A	20021107	N	I		81	05	00
15	2002311	X0F42	A	20021108	D	I		68	00	00
15	2002314	X03HJ	A	20021111	N	I		81	01	00
15	2002322	X0QLJ	A	20021118	D	I		68	03	00
15	2002324	X0BS6	A	20021121	N	I		81	14	01
15	2002328	X047P	A	20021125	N	I		81	06	00
15	2002329	X0KXG	A	20021125	D	I		68	00	00
15	2002330	72541	A	20021206	N	I		68	04	00
15	2002333	X056H	A	20021129	I	I		68	00	00

TA240-001 TRICARE MANAGEMENT ACTIVITY
RUN DATE: 26 MAR 2003 TED AUDIT LISTING
RUN TIME: 11.35.18
CONTR: CONTRACT NBR: AUDIT PERIOD: OCT 02 - DEC 02
OCCURRENCE SAMPLE

** TED INDICATOR ** ST	JUL DT	SEQ NO	SFX	PTC DATE	PRG IND	TYPE SUB	RSN ADJ	# DATA FIELDS	# FLDS IN ERR	# DOC ERRORS
15	2002351	X26VV	A	20021217	N	D		68	00	00
15	2002360	X215Y	A	20021226	D	I		68	00	00
23	2002343	32877	A	20021219	N	D		68	00	00
24	2002305	70221	A	20021107	N	I		68	00	00
25	2002255	32194	A	20021017	D	A	B	81	00	00
32	2002256	52545	A	20020926	N	R		237	00	00
51	2002305	72831	A	20021108	N	I		68	00	00

END OF REPORT (TA240-001)

CONTRACTOR: [redacted] CONTRACT NO: [redacted] AUDIT PERIOD: OCT 02 - DEC 02
OCCURRENCE SAMPLE

A. CLAIM INFORMATION

01A FILING DATE	0	14A NONAVAILABILITY STATEMENT NUMBER	0
02A FILING STATE/COUNTRY	0	15A OVERRIDE CODE	0
03A SEQUENCE NUMBER	0	16A DIAGNOSIS EDITION IDENTIFIER	0
04A HCSR SUFFIX	5	17A PROCEDURE TEXT IDENTIFIER	0
05A PROGRAM INDICATOR	0	18A DRG GROUPER REVISION	0
06A TYPE OF SUBMISSION	12	19A DRG PRICER REVISION	0
07A REASON FOR ADJUSTMENT	0	20A OCCURRENCE COUNT	9
08A DATE ADJUSTMENT IDENTIFIED	0	21A RECORD TYPE	0
09A DATE HCSR PROCESSED TO COMPLETION	0	23A MAJOR DIAGNOSTIC CATEGORY	0
10A HEALTH CARE PLAN CODE	0	24A REASON FOR ISSUANCE	0
11A SPECIAL PROCESSING CODE	4	25A CLAIM FORM TYPE	0
12A SPECIAL RATE CODE	4	26A REASON FOR PAYMENT REDUCTION	0
13A NAS EXCEPTION REASON	0	27A NUMBER OF PAYMENT REDUCTION DAYS/SERVICES	0

A TOTAL 34

B. PATIENT/SPONSOR INFORMATION

01B PATIENT NAME	0	07B SPONSOR SOCIAL SECURITY NUMBER	0
02B PATIENT SSN	0	08B SPONSOR PAY GRADE	6
03B PATIENT DATE OF BIRTH	2	09B SPONSOR BRANCH OF SERVICE	0
04B DEERS DEPENDENT SUFFIX	0	10B SPONSOR STATUS	1
05B PATIENT SEX	1	11B PATIENT RELATIONSHIP TO SPONSOR	0
06B PATIENT ZIP CODE	3	12B ENROLLMENT STATUS	4

B TOTAL 17

C. PROVIDER INFORMATION

01C PROVIDER TAXPAYER NUMBER	1	06C TYPE OF INSTITUTION	0
02C PROVIDER SUB-IDENTIFIER	1	07C PROVIDER MAJOR SPECIALTY	0
03C PROVIDER CONTRACT AFFILIATION	1	08C PROVIDER PARTICIPATION INDICATOR	0
04C PROVIDER STATE OR COUNTRY CODE	0	09C PRICING LOCALITY CODE	2
05C PROVIDER ZIP CODE	2	10C MTF CODE	1

C TOTAL 8

D. ADMISSION/DISCHARGE INFORMATION

01D ADMISSION DATE	0	07D FREQUENCY CODE	0
02D TYPE OF ADMISSION	1	08D BILL CLASSIFICATION CODE	0
03D SOURCE OF ADMISSION	1	09D TOTAL BED DAYS	0
04D DISCHARGE STATUS	0	10D GOVERNMENT AUTHORIZED BED DAYS	0
05D BEGIN DATE OF CARE	0	11D NUMBER OF BIRTHS	0
06D END DATE OF CARE	0		

D TOTAL 2

CONTRACTOR: [redacted] CONTRACT NO: [redacted] AUDIT PERIOD: OCT 02 - DEC 02
OCCURRENCE SAMPLE

E. DIAGNOSIS/TREATMENT INFORMATION

01E ADMISSION DIAGNOSIS	0	10E DRG NUMBER	0
02E PRINCIPAL TREATMENT DIAGNOSIS	0	11E SECONDARY TREATMENT DIAGNOSIS-5	1
03E SECONDARY TREATMENT DIAGNOSIS-1	0	12E SECONDARY TREATMENT DIAGNOSIS-6	1
04E SECONDARY TREATMENT DIAGNOSIS-2	0	13E SECONDARY TREATMENT DIAGNOSIS-7	0
05E SECONDARY TREATMENT DIAGNOSIS-3	0	14E SECONDARY TREATMENT DIAGNOSIS-8	1
06E SECONDARY TREATMENT DIAGNOSIS-4	0	15E SECONDARY OPERATION/NONSURGICAL PROCEDURE	0
07E PRINCIPAL OPERATION/NONSURGICAL PROCEDURE	1	16E SECONDARY OPERATION/NONSURGICAL PROCEDURE	0
08E SECONDARY OPERATION/NONSURGICAL PROCEDURE	0	17E SECONDARY OPERATION/NONSURGICAL PROCEDURE	0
09E SECONDARY OPERATION/NONSURGICAL PROCEDURE	0		

E TOTAL 4

F. DIAGNOSIS INFORMATION

01F PRINCIPAL TREATMENT DIAGNOSIS	5	04F SECONDARY TREATMENT DIAGNOSIS-3	0
02F SECONDARY TREATMENT DIAGNOSIS-1	2	05F SECONDARY TREATMENT DIAGNOSIS-4	0
03F SECONDARY TREATMENT DIAGNOSIS-2	0		

F TOTAL 7

G. FINANCIAL INFORMATION

01G AMOUNT BILLED	8	06G AMOUNT APPLIED TOWARD DEDUCTIBLE	2
02G AMOUNT ALLOWED	47	07G PATIENT COPAYMENT	1
03G AMOUNT OF OTHER HEALTH INSURANCE	37	08G AMOUNT PAID BY GOVERNMENT CONTRACTOR	35
04G AMOUNT OF THIRD PARTY LIABILITY	0	09G AMOUNT OF PAYMENT REDUCTION	0
05G PATIENT COINSURANCE	3	10G AMOUNT ALLOWED BY OTHER HEALTH INSURANCE	29

G TOTAL 162

H. INSTITUTIONAL REVENUE DATA

01H REVENUE CODE	0	04H DENIAL REASON CODE	20
02H UNITS OF SERVICE BY REVENUE CODE	0	05H OCCURRENCE COUNTER	0
03H TOTAL CHARGE BY REVENUE CODE	0		

H TOTAL 20

I. NON/INSTITUTIONAL UTILIZATION DATA

01I PROCEDURE CODE	1	08I PLACE OF SERVICE	6
02I NUMBER OF SERVICES	0	09I TYPE OF SERVICE	1
03I TOTAL CHARGES BY PROCEDURE CODE	0	10I DENIAL REASON CODE	44
04I AMOUNT ALLOWED BY PROCEDURE CODE	69	11I OCCURRENCE COUNTER	0
05I PRICING CODE	52	12I PRICING PROFILE	0
06I BEGIN DATE OF CARE	0	13I CPT-4 MODIFIER	10
07I END DATE OF CARE	2		

I TOTAL 185

CONTRACTOR: [redacted] CONTRACT NO: [redacted] AUDIT PERIOD: OCT 02 - DEC 02
OCCURRENCE SAMPLE

J. INCORRECT/UNSUPPORTED RECORD ERRORS

01J UNLIKE PROCEDURES COMBINED (NON-INSTITUTI	0	07J EXTRA INSTITUTIONAL REVENUE CODE SET	0
02J UNLIKE REVENUE CODES COMBINED (INSTITUTIO	0	08J INCORRECT RECORD TYPE	0
03J SERVICES SHOULD BE COMBINED	0	09J SEPARATE HCSR S REQUIRED	0
04J MISSING NON-INSTITUTIONAL UTILIZATION DAT	84	10J CLAIM NOT PROVIDED FOR AUDIT	0
05J EXTRA NON-INSTITUTIONAL UTILIZATION DATA	0	11J CLAIM NOT AUDITABLE	0
06J MISSING INSTITUTIONAL REVENUE CODE SET	0	12J UNSUPPORTED HCSR TRANSACTION	4

J TOTAL 88

L. DOCUMENT/INCORRECT PROCEDURE ERRORS

01L AUDIT DOCUMENTATION INCOMPLETE	3	07L ADMIN CLAIM COUNT ERROR (FI ONLY)	0
02L AUDIT DOCUMENTATION ILLEGIBLE	0	08L ERRONEOUS CLAIM SPLIT	0
03L DOCUMENTATION SUBMITTED LATE	0	09L ERRONEOUS HCSR SPLIT	9
04L CEOB INCORRECT	1	10L ADJUSTMENT-NO AUTHORIZING OFFICIAL	0
05L NAS QUESTIONABLE	0	11L CONTRACT JURISDICTION ERROR	0
06L ERROR IN CLAIM HISTORY	0		

L TOTAL 13

END OF REPORT - TA260-001

TA280-001
DATE: 26 MAR 2003
TIME: 11.35.17

TRICARE MANAGEMENT ACTIVITY
CONTRACTOR TED AUDIT SUMMARY REPORT

CONTRACTOR: [redacted]

CONTRACT NO: [redacted]
OCCURRENCE SAMPLE

AUDIT PERIOD: OCT 02 - DEC 02

RECORD TYPE	NUMBER TEDs AUDITED	NUMBER DATA FIELDS	NUMBER FIELDS IN ERROR
INSTITUTIONAL:	5	685	31
NON INSTITUTIONAL:	345	26489	496
TOTALS	350	27174	527

OCCURRENCE ERROR RATES:

TOTAL: 527 FIELDS IN ERROR/ 27174 NO. OF DATA FIELDS X 100 = 1.94%

END OF REPORT - tA280-001

ERROR CODE	E R R O R N A M E	HEALTH CARE SERVICE RECORDS						FIELDS					
		CURRENT QTR			HISTORICAL			CURRENT QTR			HISTORICAL		
		#	ERRORS	%	#	ERRORS	%	#	ERRORS	%	#	ERRORS	%
02G	AMOUNT ALLOWED TOT.....	350	47	13.43	9,100	756	8.31	350	47	13.43	9,100	756	8.31
03G	AMOUNT OF OTHER HEALTH INSURANCE	350	37	10.57	9,100	188	2.07	350	37	10.57	9,100	188	2.07
05G	AMOUNT PAID BY GOVERNMENT CONTRACTOR ...	350	35	10.00	9,100	882	9.69	350	35	10.00	9,100	882	9.69
01G	AMOUNT BILLED	350	8	2.29	9,100	285	3.13	350	8	2.29	9,100	285	3.13
04G	PATIENT COINSURANCE	350	3	0.86	9,100	263	2.89	350	3	0.86	9,100	263	2.89
17I	AMOUNT ALLOWED BY PROCEDURE CODE	345	37	10.72	9,046	553	6.11	578	69	11.94	13,957	832	5.96
26I	ADJ/DENIAL REASON CODE	345	21	6.09	9,046	297	3.28	578	44	7.61	13,957	487	3.49
04H	ADJ/DENIAL REASON CODE	5	1	20.00	54	3	5.56	60	20	33.33	539	32	5.94
04A	TYPE OF SUBMISSION	350	12	3.43	9,100	201	2.21	350	12	3.43	9,100	201	2.21
26I	CPT-4 MODIFIER	345	8	2.32	9,046	47	0.52	578	10	1.73	13,957	59	0.42
28A	OCCURRENCE COUNT	350	9	2.57	9,100	304	3.34	350	9	2.57	9,100	304	3.34
07B	PAY GRADE ….....	350	6	1.71	9,100	204	2.24	350	6	1.71	9,100	204	2.24
24I	PLACE OF SERVICE	345	4	1.16	9,046	63	0.70	578	6	1.04	13,957	140	1.00
01F	PRINCIPAL TREATMENT DIAGNOSIS	345	5	1.45	9,046	72	0.80	345	5	1.45	9,046	72	0.80
09A	SPECIAL PROCESSING CODE	350	4	1.14	9,100	145	1.59	350	4	1.14	9,100	145	1.59
10A	PRICING RATE CODE	350	4	1.14	9,100	61	0.67	350	4	1.14	9,100	61	0.67
11B	ENROLLMENT PLAN	350	4	1.14	9,100	33	0.36	350	4	1.14	9,100	33	0.36
05B	PATIENT ZIP CODE	350	3	0.86	9,100	87	0.96	350	3	0.86	9,100	87	0.96

ERROR CODE	E R R O R N A M E	HEALTH CARE SERVICE RECORDS						FIELDS					
		CURRENT QTR			HISTORICAL			CURRENT QTR			HISTORICAL		
		#	ERRORS	%	#	ERRORS	%	#	ERRORS	%	#	ERRORS	%
05C	PROVIDER ZIP CODE	350	2	0.57	9,100	18	0.20	350	2	0.57	9,100	18	0.20
02F	SECONDARY TREATMENT DIAGNOSIS-1	345	2	0.58	9,046	81	0.90	345	2	0.58	9,046	81	0.90
23I	END DATE OF CARE	345	1	0.29	9,046	16	0.18	578	2	0.35	13,957	19	0.14
04B	PATIENT SEX	350	1	0.29	9,100	6	0.07	350	1	0.29	9,100	6	0.07
09B	HHC MBR CAT.....	350	1	0.29	9,100	25	0.27	350	1	0.29	9,100	25	0.27
01C	PROVIDER TAXPAYER NUMBER	350	1	0.29	9,100	10	0.11	350	1	0.29	9,100	10	0.11
02C	PROVIDER SUB IDENTIFIER	350	1	0.29	9,100	8	0.09	350	1	0.29	9,100	8	0.09
03C	PROVIDER NETWORK STATUS.....	350	1	0.29	9,100	84	0.92	350	1	0.29	9,100	84	0.92
02D	TYPE OF ADMISSION	5	1	20.00	54	2	3.70	5	1	20.00	54	2	3.70
03D	SOURCE OF ADMISSION	5	1	20.00	54	2	3.70	5	1	20.00	54	2	3.70
11E	PRIN. OPERATN/NONSURGICAL PROCED. CODE .	5	1	20.00	54	0	0.00	5	1	20.00	54	0	0.00
07E	SECONDARY TREATMENT DIAGNOSIS-5	5	1	20.00	54	1	1.85	5	1	20.00	54	1	1.85
08E	SECONDARY TREATMENT DIAGNOSIS-6	5	1	20.00	54	1	1.85	5	1	20.00	54	1	1.85
10E	SECONDARY TREATMENT DIAGNOSIS-8	5	1	20.00	54	3	5.56	5	1	20.00	54	3	5.56
14I	PROCEDURE CODE	345	1	0.29	9,046	80	0.88	578	1	0.17	13,957	89	0.64
25I	TYPE OF SERVICE	345	1	0.29	9,046	9	0.10	578	1	0.17	13,957	11	0.08
01A	FILING DATE	350	0	0.00	9,100	5	0.05	350	0	0.00	9,100	5	0.05
02A	FILING STATE/COUNTRY	350	0	0.00	9,100	0	0.00	350	0	0.00	9,100	0	0.00
03A	SEQUENCE NUMBER	350	0	0.00	9,100	5	0.05	350	0	0.00	9,100	5	0.05
04A	ADJ/DNL REASON CODE	350	0	0.00	9,100	5	0.05	350	0	0.00	9,100	5	0.05
05A	DATE ADJUSTMENT IDENTIFIED	350	0	0.00	9,100	18	0.20	350	0	0.00	9,100	18	0.20

ERROR CODE	E R R O R N A M E	HEALTH CARE SERVICE RECORDS						FIELDS					
		CURRENT QTR			HISTORICAL			CURRENT QTR			HISTORICAL		
		#	ERRORS	%	#	ERRORS	%	#	ERRORS	%	#	ERRORS	%
06A	DATE TED PROCESSED TO COMPLETION	350	0	0.00	9,100	5	0.05	350	0	0.00	9,100	5	0.05
11A	CA/NAS EXCEPTION REASON	350	0	0.00	9,100	2	0.02	350	0	0.00	9,100	2	0.02
12A	CA/NAS .....NUMBER	350	0	0.00	9,100	1	0.01	350	0	0.00	9,100	1	0.01
07A	OVERRIDE CODE	350	0	0.00	9,100	7	0.08	350	0	0.00	9,100	7	0.08
14A	CODE TO INDICATE TYPE OF RECORD	350	0	0.00	9,100	0	0.00	350	0	0.00	9,100	0	0.00
08A	CLAIM FORM TYPE	350	0	0.00	9,100	0	0.00	350	0	0.00	9,100	0	0.00
13A	CA/NAS REASON FOR ISSUANCE	350	0	0.00	9,100	0	0.00	350	0	0.00	9,100	0	0.00
01B	PERS NAME	350	0	0.00	9,100	2	0.02	350	0	0.00	9,100	2	0.02
02B	PERS ID	350	0	0.00	9,100	1	0.01	350	0	0.00	9,100	1	0.01
06B	PERSON ID SPONSOR	350	0	0.00	9,100	0	0.00	350	0	0.00	9,100	0	0.00
08B	SPONSOR BRANCH OF SERVICE	350	0	0.00	9,100	11	0.12	350	0	0.00	9,100	11	0.12
09B	HHC MBER RELATIONSHIP TO SPONSOR	350	0	0.00	9,100	18	0.20	350	0	0.00	9,100	18	0.20
04C	PROVIDER STATE OR COUNTRY CODE	350	0	0.00	9,100	1	0.01	350	0	0.00	9,100	1	0.01
06C	TYPE OF INSTITUTION	5	0	0.00	54	1	1.85	5	0	0.00	54	1	1.85
07C	PROVIDER SPECIALTY	345	0	0.00	9,046	15	0.17	345	0	0.00	9,046	15	0.17
08C	PROVIDER PARTICIPATION INDICATOR	350	0	0.00	9,100	5	0.05	350	0	0.00	9,100	5	0.05
01D	ADMISSION DATE	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00

ERROR CODE	E R R O R N A M E	HEALTH CARE SERVICE RECORDS						FIELDS					
		CURRENT QTR			HISTORICAL			CURRENT QTR			HISTORICAL		
		#	ERRORS	%	#	ERRORS	%	#	ERRORS	%	#	ERRORS	%
04D	PATIENT STATUS	5	0	0.00	54	1	1.85	5	0	0.00	54	1	1.85
05D	BEGIN DATE OF CARE	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
06D	END DATE OF CARE	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
07D	FREQUENCY CODE	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
08D	COVERED DAYS	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
01E	ADMISSION DIAGNOSIS	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
02E	PRINCIPAL TREATMENT DIAGNOSIS	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
03E	SECONDARY TREATMENT DIAGNOSIS-1	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
04E	SECONDARY TREATMENT DIAGNOSIS-2	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
05E	SECONDARY TREATMENT DIAGNOSIS-3	5	0	0.00	54	1	1.85	5	0	0.00	54	1	1.85
06E	SECONDARY TREATMENT DIAGNOSIS-4	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
12E	SECO. OPERATN/NONSURGICAL PROCED. CODE-1	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
13E	SECO. OPERATN/NONSURGICAL PROCED. CODE-2	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
17E	DRG NUMBER	5	0	0.00	54	8	14.81	5	0	0.00	54	8	14.81
09E	SECONDARY TREATMENT DIAGNOSIS-7	5	0	0.00	54	3	5.56	5	0	0.00	54	3	5.56
14E	SECO. OPERATN/NONSURGICAL PROCED. CODE-3	5	0	0.00	54	1	1.85	5	0	0.00	54	1	1.85
15E	SECO. OPERATN/NONSURGICAL PROCED. CODE-4	5	0	0.00	54	1	1.85	5	0	0.00	54	1	1.85
16E	SECO. OPERATN/NONSURGICAL PROCED. CODE-5	5	0	0.00	54	0	0.00	5	0	0.00	54	0	0.00
04F	SECONDARY TREATMENT DIAGNOSIS-2	345	0	0.00	9,046	42	0.46	345	0	0.00	9,046	42	0.46
05F	SECONDARY TREATMENT DIAGNOSIS-3	345	0	0.00	9,046	15	0.17	345	0	0.00	9,046	15	0.17
06F	SECONDARY TREATMENT DIAGNOSIS-4	345	0	0.00	9,046	6	0.07	345	0	0.00	9,046	6	0.07

ERROR CODE	E R R O R N A M E	HEALTH CARE SERVICE RECORDS						FIELDS					
		CURRENT QTR			HISTORICAL			CURRENT QTR			HISTORICAL		
		#	ERRORS	%	#	ERRORS	%	#	ERRORS	%	#	ERRORS	%
01H	REVENUE CODE	5	0	0.00	54	1	1.85	60	0	0.00	539	1	0.19
02H	UNITS OF SERVICE BY REVENUE CODE	5	0	0.00	54	0	0.00	60	0	0.00	539	0	0.00
03H	TOTAL CHARGE BY REVENUE CODE	5	0	0.00	54	0	0.00	60	0	0.00	539	0	0.00
05H	OCCURRENCE LINE ITEM.....	5	0	0.00	54	0	0.00	60	0	0.00	539	0	0.00
15I	NUMBER OF SERVICES	345	0	0.00	9,046	32	0.35	578	0	0.00	13,957	35	0.25
20I	AMNT PD GOV CONT BY PROC CODE	345	0	0.00	9,046	26	0.29	578	0	0.00	13,957	32	0.23
22I	BEGINING DATE OF CARE	345	0	0.00	9,046	8	0.09	578	0	0.00	13,957	10	0.07
28A	OCCURRENCE COUNTER	345	0	0.00	9,046	0	0.00	578	0	0.00	13,957	0	0.00
04J	MISSING NON-INSTITU UTILIZATION DATA SET	345	10	2.90	9,046	285	3.15		84			2,814	
12J	UNSUPPORTED HCSR TRANSACTION	350	2	0.57	9,100	12	0.13		4			39	
01J	UNLIKE PROC.S COMBINED (NON-INSTITUTION)	345	0	0.00	9,046	6	0.07		0			42	
02J	UNLIKE REVENUE CODES COMBINED (INSTITUT)	5	0	0.00	54	0	0.00		0			0	
03J	SERVICES SHOULD BE COMBINED	350	0	0.00	9,100	0	0.00		0			0	
05J	EXTRA NON-INSTITU UTILIZATION DATA SET .	345	0	0.00	9,046	28	0.31		0			364	
06J	MISSING INSTITUTIONAL REVENUE CODE SET .	5	0	0.00	54	0	0.00		0			0	
07J	EXTRA INSTITUTIONAL REVENUE CODE SET ...	5	0	0.00	54	0	0.00		0			0	
08J	INCORRECT RECORD TYPE	350	0	0.00	9,100	0	0.00		0			0	
09J	SEPARATE HCSRS REQUIRED	350	0	0.00	9,100	0	0.00		0			0	
10J	CLAIM NOT PROVIDED FOR AUDIT	350	0	0.00	9,100	16	0.18		0			50	
11J	CLAIM NOT AUDITABLE	350	0	0.00	9,100	27	0.30		0			61	
09L	ERRONEOUS TED SPLIT	350	9	2.57	9,100	251	2.76						

ERROR CODE	E R R O R N A M E	HEALTH CARE SERVICE RECORDS						FIELDS					
		CURRENT QTR			HISTORICAL			CURRENT QTR			HISTORICAL		
		#	ERRORS	%	#	ERRORS	%	#	ERRORS	%	#	ERRORS	%
01L	AUDIT DOCUMENTATION INCOMPLETE	350	3	0.86	9,100	7	0.08						
04L	CEOB INCORRECT	350	1	0.29	9,100	25	0.27						
02L	AUDIT DOCUMENTATION ILLEGIBLE	350	0	0.00	9,100	0	0.00						
03L	DOCUMENTATION SUBMITTED LATE	350	0	0.00	9,100	424	4.66						
05L	NAS QUESTIONABLE	350	0	0.00	9,100	0	0.00						
06L	ERROR IN CLAIM HISTORY	350	0	0.00	9,100	10	0.11						
07L	ADMIN CLAIM COUNT ERROR (FI ONLY)	350	0	0.00	9,100	0	0.00						
08L	ERRONEOUS CLAIM SPLIT	350	0	0.00	9,100	4	0.04						
10L	ADJUSTMENT-NO AUTHORIZING OFFICIAL	350	0	0.00	9,100	0	0.00						
11L	CONTRACT JURISDICTION ERROR	350	0	0.00	9,100	1	0.01						

END OF REPORT - TA340-001