



June 30, 2022

FINAL HEALTHCARE CLAIMS AUDIT REPORT

Targeted Audit

STATE OF TENNESSEE – BCBST

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 BCBS of Tennessee (BCBST), an administrator of its employee health benefit plan, for claims incurred January through December 2020 and paid through June 2021. Healthcare Horizons received \$758,983,517.33 in paid claims data from BCBST 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 BCBST 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 BCBST provided responses to our specific inquiries on each claim including follow-up questions. All BCBST responses were received by March 22, 2022.

Healthcare Horizons identified an agreed recoverable amount of \$128,387.77 from the sample claims, with the majority of findings related to eligibility, inpatient readmissions, duplicates, and payments secondary to Medicare. In addition, Healthcare Horizons is citing \$115,180.01 in disputed findings from the sample claims with the majority related to the maximum allowable charge limitation and Medicare coordination for COBRA participants over 65. 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 312 additional out-of-sample claims in the categories of eligibility, multiple procedure reductions, and non-covered administrative exams with a total estimated overpayment of \$23,862.72. BCBST reviewed the out-of-sample claims resulting in an additional agreed recovery amount of \$21,517.73. Also, BCBST produced a full impact report related to the secondary payments issue resulting in the identification of \$3,685.53 in additional overpayments. These additional out-of-sample claims are detailed in Appendix B. Based on the out-of-sample impact review by BCBST, and their additional impact reports, the final out-of-sample impact total is \$25,203.26.

The BCBST response has been incorporated into this final audit report. Where appropriate, Healthcare Horizons has included final comments to address the responses.

Our findings for the audit are summarized as follows.

Issue	Agreed Amount	Disputed / Plan Intent Amount	Out-of-Sample Amount	Total Audit Recoverable Amount (Excluding Disputed / Plan Intent)
Readmissions	\$53,883.12	\$0.00	\$0.00	\$53,883.12
Eligibility	\$18,911.98	\$0.00	\$16,293.28	\$35,205.26
Secondary to Medicare ¹	\$15,664.67	\$0.00	\$3,685.53	\$19,350.20
Duplicates	\$16,714.59	\$0.00	\$0.00	\$16,714.59
Assistant Surgeon Reduction	\$6,207.61	\$0.00	\$0.00	\$6,207.61
Maximum Allowable Charge	\$5,609.05	\$99,634.51	\$0.00	\$5,609.05
Benefit Exclusion - Administrative Exams	\$460.14	\$0.00	\$4,385.65	\$4,845.79
Multiple Procedure Reductions	\$3,873.74	\$0.00	\$838.80	\$4,712.54
Benefit Exclusion - DME	\$4,102.32	\$0.00	\$0.00	\$4,102.32
Medicaid Reclamation	\$2,893.76	\$0.00	\$0.00	\$2,893.76
Benefit Exclusion - Foot Orthotics	\$66.79	\$0.00	\$0.00	\$66.79
COBRA Over 65	\$0.00	\$10,322.02	\$0.00	\$0.00
Benefit Exclusion - Surgery	\$0.00	\$4,538.60	\$0.00	\$0.00
Benefit Exclusion - Treatment	\$0.00	\$684.88	\$0.00	\$0.00
Pre-Surgical Testing	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$128,387.77	\$115,180.01	\$25,203.26	\$153,591.03

¹The out-of-sample amount reflects an impact report generated by BCBST.

Process Overview

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

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

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

Sample Selection

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

Issue	Audit Items	Agreed		Disputed / Plan Intent	
		Items	Amount	Items	Amount
Contract Review (TN)	30	0	\$0.00	0	\$0.00
Host Pricing	5	0	\$0.00	0	\$0.00
Professional Pricing	1	0	\$0.00	0	\$0.00
Transfers	2	0	\$0.00	0	\$0.00
Anesthesia Pricing	10	0	\$0.00	0	\$0.00
Maximum Allowable Charge	13	0	\$0.00	4	\$50,352.47
Maximum Allowable Charge (Host)	7	1	\$5,609.05	6	\$49,282.04
Duplicates - Claim Level	20	9	\$8,163.60	0	\$0.00
Duplicates - Line Level	24	9	\$8,550.99	0	\$0.00
Overlapping Inpatient	2	0	\$0.00	0	\$0.00
Medicaid Reclamation	10	5	\$2,893.76	0	\$0.00
Eligibility - After Termination	20	20	\$18,736.98	0	\$0.00
Eligibility - Gap in Coverage	5	1	\$175.00	0	\$0.00
Eligibility - Not on File	5	0	\$0.00	0	\$0.00
Other Insurance	15	0	\$0.00	0	\$0.00
Retirees Over 65	10	0	\$0.00	0	\$0.00
COBRA Over 65	3	0	\$0.00	3	\$10,322.02
ESRD	5	0	\$0.00	0	\$0.00
Secondary to Medicare	5	4	\$15,664.67	0	\$0.00
Secondary to Other Commercial	5	0	\$0.00	0	\$0.00
Readmissions	44	5	\$53,883.12	0	\$0.00
Assistant Surgeon Reduction	4	3	\$6,207.61	0	\$0.00
Multiple Procedure Reductions	12	6	\$3,873.74	0	\$0.00
Pre-Surgical Testing	8	0	\$0.00	0	\$0.00
Benefit Exclusion - Elastic Stockings	7	0	\$0.00	0	\$0.00
Benefit Exclusion - Treatment	7	0	\$0.00	5	\$684.88
Benefit Exclusion - Surgery	3	0	\$0.00	3	\$4,538.60
Benefit Exclusion - DME	5	3	\$4,102.32	0	\$0.00
Benefit Exclusion - Administrative Exams	10	9	\$460.14	0	\$0.00
Benefit Exclusion - Foot Orthotics	3	1	\$66.79	0	\$0.00
Totals	300	76	\$128,387.77	21	\$115,180.01

Recoverable Findings

1. **A single agreed overpayment was identified based on the non-emergent out-of-network maximum allowable charge (MAC) limitation.** Per the plan documents, non-emergent out-of-network claims are to be limited to the maximum allowable charge (as determined by BCBST), versus full billed charges. In these instances, the member may have to pay the difference between the provider's billed charges and MAC. In testing this limitation, BCBST agreed to a manual error of \$5,864.00 on audit item 66. Note that we have cited the entire paid amount as the overpayment, however, we request for BCBST to provide the actual amount once adjustment has occurred to account for MAC and the appropriate benefit level. Note that a number of MAC items will be discussed later in this report as part of our disputed findings.

***BCBST Response:** We agree that the claim payment reviewed in the audit exceeded the maximum allowable for non-emergent out-of-network services, resulting in a \$5,609.05 overpayment to the provider. A manual processing error caused this overpayment, and efforts to adjust the claim are underway. The correct benefit on the claim should have been limited to \$254.95. We will ensure necessary training is provided to applicable parties to reduce the likelihood of this type of error in the future.*

Healthcare Horizons' Final Comment: We have adjusted all charts to reflect an overpayment of \$5,609.05 for audit item 66.

2. **Manual or one-off errors resulted in the identification of minimal duplicate payments.** Healthcare Horizons performs several iterations of duplicate payment testing with varied matching requirements to identify claims paid in error. Including both claim-level and line level duplicates as well as the Medicaid reclamation categories, BCBST agreed with 23 overpayments totaling \$19,608.35 (audit items 72, 74, 76, 78, 80, 82, 84, 86, 88, 90, 94, 96, 98, 99, 102, 104, 106, 108, 115, 118, 120, 122, 124). Claims that were closed as correct in this category were found to be recovered prior to the audit (such as audit item 109 recouped on 12/2/21 for \$38,320.00). As all material potential duplicate payments were submitted in the targeted sample selection, no additional out-of-sample review is necessary. Note that audit items 80, 82, 90, 94, 96, and 102 totaling \$5,092.09 were cited as past the 18-month recovery timeframe by BCBST. We suggest that BCBST consider a direct credit to the State to settle these claims.

***BCBST Response:** We agree that the claims reviewed in the audit resulted in duplicate processing/payments that caused \$19,608.35 in overpayments to the providers. All but seven of the duplicate payments were the result of a manual processing error. We have recovered and credited to the State \$7,697.06 from providers for nine sample claims and will reimburse the State \$11,911.29 for the remaining 14 sample claims. We will ensure necessary training is provided to applicable parties to reduce the likelihood of this type of error in the future.*

Healthcare Horizons' Final Comment: We appreciate the willingness of BCBST to reimburse the State for the uncollected duplicate payments totaling \$11,911.29. Additionally, we agree that manual error was the root cause for most overpayments with no cause for systemic concern.

3. **Healthcare Horizons identified recoverable claims due to retroactive eligibility terminations.** The eligibility file from BCBST 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 twenty claims in which the service date appeared to be past the eligibility termination date, and all were found to be recoverable totaling \$18,736.98. While BCBST disputes an error as the claims were correct at the time of processing, the claims are now recoverable due to the retroactive eligibility terminations. Healthcare Horizons also submitted five claims that appeared to be during a gap in coverage, and one claim was found to be recoverable for \$175.00 (audit item 146). The remaining claims submitted for gap in coverage as well as all five sample items for members not present in the eligibility file were closed as correct based on a review of eligibility on file at BCBST. In terms of additional out-of-sample impact, we have provided BCBST with a full report of 201 additional claims identified as after the termination date totaling \$18,638.27. We request for BCBST to review these claims and adjust where appropriate.

BCBST Response: We properly adjudicated all 21 claims identified as recoverable during the audit, as well as the 201 out of sample claims, according to the information the State had provided to BCBST at the time the claim was adjudicated; in every instance, the State of Tennessee had not provided notice of the member's eligibility termination prior to the claim being adjudicated. Therefore, our total payment of \$37,550.25 was correct.

Pursuant to the audit, we reviewed each claim to evaluate the date of adjudication and payment relative to the date that we received updated eligibility information from the State. We have the contractual right with providers, and it is our standard procedure, to recover monies paid to a provider within 90 days of a member's retroactive change in eligibility; we do not recover monies paid beyond 90 days out of fairness to providers who rendered services in good faith based on the coverage information provided at the time. For the 222 claims reviewed, we determined the status as follows:

- *172 claims with a total payment of \$17,280.69 are **not recoverable**:*
 - *158 claims with a total payment of \$14,935.70 are **not recoverable** due to the claims' paid dates being more than 90 days prior to the State's notice of retro-termination. (This includes sample claim 146.)*
 - *14 claims with a total payment of \$2,344.99 do not reflect any overpayment. Each of these members had a change in coverage and received a new member ID effective for the date of service on the applicable claim. We processed these claims under the member IDs we had at the time of processing and confirmed that the members were entitled to the same benefits- and the benefits paid correctly - under the terms of the new coverage, so both the State and the member paid the correct amounts.*

- *50 claims with a total payment of \$20,269.56 are **recoverable** because these claims were paid within 90 days of the State providing notice of retro termination:*
 - *\$134.41 for 4 claims has been recovered and returned to the State*
 - *\$2,303.29 for 13 claims is in the process of being recovered from providers (pending completion of claim adjustments) and will be returned to the State*
 - ***\$17,831.86** for 33 claims will be reimbursed to the State that BCBST is unable to recover for provider contract reasons.*

Healthcare Horizons' Final Comment: Based on the out-of-sample review conducted by BCBST, we have removed 14 claims as findings (\$2,344.99) as the members were eligible for services. After this correction, we are citing \$35,205.26 (sample and out-of-sample) in overpayments for eligibility. Of this amount, BCBST states \$14,935.70 as unrecoverable as the notification of the retroactive termination date was greater than 90 days from the paid date of the claim. BCBST notes that the 90-day recovery window is included in its provider contracts. The remaining \$20,269.56 is recoverable as the claims were paid within 90 days of the subsequent eligibility notification. Of this amount, BCBST is providing a direct credit of \$17,831.86 to the State as the claims cannot be recovered for other reasons per the provider contracts. The remaining \$2,437.70 was placed into normal recovery by BCBST.

4. Payments secondary to Medicare primary coverage were paid incorrectly due to manual processor error. As secondary claim payments often require manual processor intervention, Healthcare Horizons tests high-dollar payments for accurate coordination based on rules for both Medicare and commercial primary coverage. In general, payments secondary to Medicare are limited to the remaining patient responsibility (PR) amount on the Medicare explanation of benefits. Healthcare Horizons submitted five claims for payments secondary to Medicare and all were agreed as errors by BCBST. Audit items 188, 189, 190, and 192 were agreed as overpaid totaling \$15,664.67. The remaining item submitted in this category was found to be recovered prior to the audit based on a subrogation investigation (audit item 191 recouped for \$3,508.90). For audit items 188 and 189, BCBST commented that a change to Maintenance of Benefits COB methodology by the State as of 1/1/2021 may have contributed to the errors as the incorrect COB methodology was applied to the claims (2020 service date processed in 2021). If feasible, we recommend for BCBST to create a full impact report of claims processed as secondary to Medicare with incorrect methodology after 1/1/2021. Note that audit item 192 (\$1,201.17) was cited as past the 18-month recovery timeframe by BCBST. We suggest that BCBST consider a direct credit to the State to settle this claim.

BCBST Response: *We agree that manual processing errors in applying secondary coverage resulted in \$15,664.67 in overpayments on the claims reviewed in the audit. Adjustments to correct the secondary coverage payments for audit items 188-190 were completed on April 27, 2022. We will reimburse the State \$1,201.17, since our provider contract does not permit recovery for sample claim 192. As requested, we completed review of an additional 3238 claims paid after 1/1/2021 and noted 78 had processed*

incorrectly with a total overpayment amount of \$3,685.53. We will ensure necessary training is provided to applicable parties to reduce the likelihood of this type of error in the future.

Healthcare Horizons' Final Comment: We appreciate the additional impact report provided by BCBST and have updated all charts to reflect these out-of-sample dollars (\$3,685.53). Note that BCBST has agreed to reimburse the State directly for audit item 192 (\$1,201.17) since the recovery window has passed.

5. **Healthcare Horizons identified related inpatient readmissions allowed in error.** The publicly available BCBST Provider Administration Manual contains language that related readmissions within 14 days may not be allowed for multiple DRG case rate payments. Healthcare Horizons submitted a number of readmission cases for review per this policy and audit items 201 and 233 totaling \$29,327.78 were agreed as recoverable per this policy by BCBST. Note that many claims in this category are listed as outstanding for resolution in the informational findings section of this report. In terms of the agreed findings, BCBST should detail policies in place to identify inappropriate readmissions on either a pre-payment or post-payment basis. Note that audit item 233 (\$19,440.35) was cited as past the 18-month recovery timeframe by BCBST. We suggest that BCBST consider a direct credit to the State to settle this claim.

***BCBST Response:** We agree that the allowance of inpatient readmissions within 14 days for related services caused \$29,327.78 in overpayments to the providers on sample claims 201 and 233. We recovered \$9,887.43 from the provider for audit item 201 on March 9, 2022, and we will reimburse the State \$19,440.35 for audit item 233, since our provider contract does not permit recovery of the monies more than 18 months after payment. We have provided additional details related to the 14-day readmission policy in the Informational Finding 2 section below.*

Healthcare Horizons' Final Comment: We appreciate the willingness of BCBST to reimburse the State for the uncollected readmission for \$19,440.43.

6. **A single assistant surgeon pricing overpayment was confirmed with an out-of-state host plan.** Healthcare Horizons analyzed all assistant surgeon claims to identify potential missed reductions from the full fee schedule rate. In general, assistant surgeons are allowed 16-25% of the full schedule rate dependent on carrier policy. Healthcare Horizons identified a single overpayment of \$2,039.62 on audit item 243 as the BCBS of Alabama plan confirmed the pricing error. Note that an underpayment of \$207.45 was also identified on the associated primary surgeon claim (audit item 242). We appreciate the willingness of BCBST to verify the pricing for the out-of-state claim.

***BCBST Response:** Per the audit agreement, this audit is limited to evaluating adjudication consistent with the agreed-upon benefit documents and does not include pricing for BlueCard claims since we do not determine the pricing for those claims. We were happy to assist in verifying the pricing and are pleased*

that this enabled correction of an overpayment, but this Host Plan manual pricing error should not be included in the BCBST audit results since we administered the benefits correctly.

Healthcare Horizons' Final Comment: While BCBST disputes an error, a net overpayment of \$1,832.17 was identified for the case.

7. Healthcare Horizons identified overpayments due to missed multiple procedure reductions caused by fragmented billing. When multiple surgical procedures are performed in the same operative session, it is industry standard to allow the primary procedure at the full fee schedule rate and secondary procedures at a reduced rate (usually 50% of the full fee). These reductions are taken since the primary procedure payment accounts for patient preparation and other services. Healthcare Horizons often finds that payers fail to implement systems to combine procedures across claims when payments are processed on different claims for the same surgical case. Audit items 247, 249, 251, 253, 255, and 257 were agreed as overpaid for a total of \$3,873.74 due to fragmented billing by the providers. Based on the in-sample findings, an additional twelve claims were delivered to BCBST for review with an estimated recovery potential of \$838.80. We suspect that fragmented billing contributed to these recoverable claims but request for BCBST to address root cause for the overpayments. Note that all agreed in-sample overpayments totaling \$3,873.74 were cited as past the 18-month recovery timeframe by BCBST. We suggest that BCBST consider a direct credit to the State to settle these claims.

BCBST Response: We agree that the providers submitting these claims inappropriately split them, resulting in \$4,712.54 in overpayments to the providers on the audited and out of sample claims. While the splitting of the claims did cause the claims to miss the system edits that would apply the multiple procedure reduction, we use provider audits to combat this inappropriate provider practice. We will reimburse the State \$4,712.54 since our provider contract does not permit recovery of monies more than 18 months after payment.

Healthcare Horizons' Final Comment: We appreciate the willingness of BCBST to reimburse the State for the uncollectible overpayments totaling \$4,712.54. In addition, BCBST should consider system enhancements to apply multiple procedure reductions across multiple claim submissions for the same episode of care.

8. A minimal number of non-covered DME items were identified including bath / shower chairs. Healthcare Horizons tested the entire dataset for non-covered DME items as defined in the plan document and BCBST agreed with three overpayments (audit items 285, 286, and 287) totaling \$4,102.32 for HCPCS code E0240 (bath/shower chair). No additional out-of-sample claims were identified for this non-covered item. We suggest that BCBST ensure appropriate system configuration to automatically deny this code. Other claims closed as correct in this category included HCPCS E0560 (humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery) which is covered, and HCPCS E0627 (seat lift mech, electric any) which was allowed per a member grievance.

BCBST Response: *We agree that a minimal number of claims for non-covered DME items were paid due to manual processing errors, which resulted in \$4,102.32 in overpayments to the providers for the claims reviewed in the audit. Adjustments to deny these services were completed as of April 21, 2022. We're currently reviewing our claims payment system to see if it can be configured to automatically deny specific DME items. In addition, we will ensure necessary training is provided to applicable parties to reduce the likelihood of this type of error in the future.*

Healthcare Horizons' Final Comment: The State should ensure that recovery efforts are approved as adverse member impact (balance billing) will likely occur if collection is successful from the providers.

9. **Healthcare Horizons identified claims allowed in error for non-covered administrative examinations.** Per the plan documents, examinations and services provided for employment, licensing, insurance, school, camp, sports, adoption or other non-medically necessary and/or clinically necessary purposes are non-covered. Based on this exclusion, we submitted ten items for review and nine (audit items 288, 289, 291, 292, 293, 294, 295, 296, and 297) were agreed as overpayments by BCBST totaling \$460.14. The diagnosis codes for these examinations included encounters for pre-employment exams, participation in sports, adoption services, and other administrative examinations. The single claim closed as correct (audit item 290) had a secondary diagnosis code indicative of a covered illness. In terms of out-of-sample impact, we have provided BCBST with 99 claims with a total paid of \$4,385.65 for pre-employment and other administrative exams with no secondary diagnosis. Note that sample audit items 288, 289, 291, 293, 294, 295, and 297 totaling \$370.42 were cited as past the 18-month recovery timeframe by BCBST. We suggest that BCBST consider a direct credit to the State to settle these claims. Finally, BCBST should speak to any necessary system enhancements to correctly administer this benefit exclusion moving forward.

BCBST Response: *We agree that \$4,745.79 in overpayments were made due to non-covered administrative examinations for the claims reviewed in the audit. We have enhanced the system to exclude these exams moving forward. For the audited claims noted above, we will reimburse the State \$370.42. The adjustments to deny the services for audit claims 292 and 297 were completed on April 21, 2022. We have initiated recovery efforts for the 99 out-of-sample claims.*

Healthcare Horizons' Final Comment: Per the BCBST response, system configuration changes have been made to deny these services moving forward. In addition, the State should ensure that recovery efforts are approved since adverse member impact (balance billing) will likely occur if collection is successful from the providers.

10. **Minimal payments were identified for non-covered foot orthotics.** Per the plan documents, arch supports, corn pads, foot padding, orthotic or orthopedic shoes and other foot orthoses (including inner soles or inserts) are non-covered. In reviewing the entire claims dataset, three foot inserts were identified and BCBST agreed with an

overpayment of \$66.79 on audit item 300. Audit item 298 was closed with no error due to a benefits misquote (BCBST funded the claim) and audit item 299 was allowed due to a member grievance.

***BCBST Response:** We agree that a minimal number of claims were paid for non-covered foot orthotics, resulting in a \$66.79 overpayment to the provider for the audit claim. We will reimburse the State the overpayment amount.*

Healthcare Horizons' Final Comment: We appreciate the willingness of BCBST to reimburse the State for the uncollected overpayment totaling \$66.79.

Disputed Findings

1. **Healthcare Horizons requests clarification on the absence of lesser-of billed charges application for professional anesthesia claims.** In reviewing the claims data for pricing outliers, we identified in-network anesthesia claims that were allowed more than billed charges. Further analysis revealed that a single physician group accounted for the vast majority of these findings. As it is rare in the industry to allow more than billed charges for a professional provider, we submitted ten claims (audit items 39-48) for review by BCBST (different individual CRNAs with the same tax ID). In each instance, BCBST responded that the provider does not have lesser of language in the contract (payment limited to billed charge even if fee schedule is higher). We request a second review of this provider to ensure that lesser of cannot be applied. Pending additional information, we are disputing the claims for a total of \$76,081.12 (difference between higher allowed and billed). In addition, we have identified 110 additional out-of-sample claims with an allowed amount of \$130,208.82 over billed. These additional out-of-sample claims are available upon request – we did not submit to BCBST given the current disputed status.

***BCBST Response:** Audit claims 39-48 all are from the same provider group and all reflect an Obstetrics (OB)/Maternity diagnosis. The provider contract with this group contains “lesser of” language but the contract is drafted such that the lesser-of language does not apply to OB services. The claims were paid correctly according to the provider contract.*

Healthcare Horizons’ Final Comment: Given the additional information supplied by BCBST, we are removing this finding as disputed and consider the issue as informational only. All charts have been updated to reflect no disputed dollars. However, we urge BCBST to consider removing the lesser of exclusion for OB services as payment above billed charges is non-standard in the industry.

2. **Healthcare Horizons requests a second pass review on the emergent determination resulting in payment at full billed charges for out-of-network anesthesia.** Per the plan documents, non-emergent out-of-network claims are to be limited to the maximum allowable charge (as determined by BCBST), versus full billed charges. In these instances, the member may have to pay the difference between the provider’s billed charges and MAC. Healthcare Horizons submitted a number of out-of-network claims allowed at full billed charges in order to test for the correct application MAC. For the following cases, BCBST responded that the “diagnosis was considered a medical emergency; therefore, the claim processed correctly.” Our impression is that MAC should have applied to these anesthesia claims.

Audit Item	Disputed Paid Amount	Description of Care
54	\$17,033.00	Services involved a knee arthroplasty due to osteoarthritis performed at an ambulatory surgical center
55	\$12,729.05	Services involved a shoulder arthroscopy due to a rotator cuff tear performed at an ambulatory surgical center
56	\$10,509.84	Services involved removal of ovaries due to noninflammatory disorder of ovary performed in an outpatient facility setting
58	\$10,080.58	Services involved a shoulder arthroscopy due to pain in shoulder performed in an outpatient facility setting

BCBST Response: *The State has chosen to pay billed charges to out of network radiology, anesthesia, and pathology (RAP) providers in emergency situations. These claims contained diagnoses that are included on our standard out of network emergency care diagnosis list and the services were performed by RAP providers. Therefore, the claims correctly paid billed charges.*

Healthcare Horizons' Final Comment: We recommend follow-up between the State and BCBST to ensure plan intent is administered correctly as our position is that services performed in an outpatient surgery center are generally non-emergent. Based on the outcome of these discussions, a full impact report may be necessary to determine the financial impact to the State.

3. Plan intent clarification is requested for out-of-state host plan claims for out-of-network providers allowed at full billed charges for non-emergency services. Per the plan documents, non-emergent out-of-network claims are to be limited to the maximum allowable charge (as determined by BCBST), versus full billed charges. In these instances, the member may have to pay the difference between the provider's billed charges and MAC. Healthcare Horizons submitted a number of out-of-network claims allowed at full billed charges in order to test for the correct application MAC. Healthcare Horizons requests verification of plan intent for the following cases as our position is that MAC should apply.

Audit Item	Disputed Paid Amount	BCBST Response
62	\$14,235.00	Non-emergent anesthesia allowed at charges per BCBST due to hospital-based physician performing at in-network facility
63	\$12,150.00	Non-emergent anesthesia allowed at charges per BCBST due to hospital-based physician performing at in-network facility
64	\$7,020.00	Non-emergent anesthesia allowed at charges per BCBST due to hospital-based physician performing at in-network facility
65	\$5,914.04	Non-emergent lab allowed at charges per BCBST as no in-network provider in close proximity
67	\$5,220.00	BCBST states allowed at charges as unlisted genetic testing only available at specific provider
68	\$4,743.00	Non-emergent anesthesia allowed at charges per BCBST due to hospital-based physician performing at in-network facility

BCBST Response: *We feel these claims paid in accordance with the State’s plan intent and look forward to learning from the State if any changes should be made going forward.*

Healthcare Horizons’ Final Comment: We recommend follow-up between the State and BCBST to ensure plan intent is administered correctly as our position is that services were not emergent in nature, therefore, BCBST should have applied an out-of-network rate versus billed charges submitted by the out-of-state host plans. Based on the outcome of these discussions, a full impact report may be necessary to determine the financial impact to the State.

4. **Healthcare Horizons requests plan intent clarification to determine if Medicare estimation applies to the plan.** Medicare estimation (usually applicable to Part B as Part A is free) requires the carrier to make a payment equal to what would be due based on Medicare primary coverage even if the entitled participant does not enroll in Medicare. In testing claims for possible missed coordination of benefits, we submitted sample claims processed as primary for both Retirees and COBRA members aged 65 and up. For audit items 170, 172, 173, 174, 175, 176, 177, and 180, BCBST responded that Medicare Part B estimation does not apply and that the State is responsible for transmitting Medicare information. Based on our review of the plan documents, Medicare Part B estimation does apply. For audit items 171, 178, 179, 181, and 182, BCBST replied that no type of Medicare coverage existed and again pointed to the absence of estimation and the position that the State provides Medicare information. We are glad to provide the member information to the State to research these members as needed. Pending additional information, we are disputing the total paid amount on these claims (\$81,804.40 for Retirees Over 65 and \$10,322.02 for COBRA Over 65) based on the absence of coordination. If it is determined that Medicare estimation is applicable to the plan, we recommend for BCBST to produce a full impact report on behalf of the State.

BCBST Response: *We feel these claims paid in accordance with the State's plan intent and look forward to learning from the State if any changes should be made going forward.*

Healthcare Horizons' Final Comment: Based on feedback obtained from the State, it was determined that audit items 170, 171, 172, 173, 174, 175, 176, 177, 178 and 179 were processed correctly with no Medicare estimation. In these instances, for retirees that had reached the age of 65, the State confirmed that estimation would not apply based on (1) the member was a non-contributor to the Social Security Administration and not Medicare eligible or (2) per TCA 8-27-208, a retiree from the General Assembly may elect to retain health benefits. We have updated all charts to reflect no error for these items. For audit items 180, 181, and 182 paid at \$10,322.02 (COBRA Over 65), the State did not have any information excluding the members from Medicare estimation. We recommend additional follow-up by BCBST and the State to determine appropriate processing for these members.

5. **Healthcare Horizons is disputing claims for non-covered surgeries or treatments.** In testing this exclusion, we submitted five claims and, in each instance, BCBST responded that the service is considered as diagnostic. We request clarification of plan intent for coverage. Pending further information, we are disputing audit items 273-277 for \$684.88.

BCBST Response: *We feel these claims paid in accordance with the State's plan intent and look forward to learning from the State if any changes should be made going forward.*

Healthcare Horizons' Final Comment: We are glad to participate in follow-up discussions to determine plan intent for these items.

6. **Healthcare Horizons requests a second review for services likely related to non-covered surgery.** In testing this exclusion, a single case was identified with total payments of \$4,538.60 (audit items 280, 281, and 282). For this case, BCBST responded that the procedures were allowed per medical policy. We request a second review of these claims.

BCBST Response: *We feel these claims paid in accordance with the State's plan intent and look forward to learning from the State if any changes should be made going forward.*

Healthcare Horizons' Final Comment: We are glad to participate in follow-up discussions to determine plan intent for these items.

Informational Findings

1. **A readmission case is pending a response from BCBS of North Carolina.** In profiling the data for the related readmissions with a likely DRG case rate payment, audit items 198/199 were submitted as a readmission occurring within 3 days for the same DRG (\$53,079.06). While the audit scope does not include BlueCard pricing, we appreciate the willingness of BCBST to initiate outreach to the host plan given the significant paid amount on both claims.

***BCBST Response:** The Host Blue Plan allows readmissions within 14 days, so these audit claims were adjudicated correctly.*

Healthcare Horizons' Final Comment: We appreciate the willingness of BCBST to follow-up on this case. Based on the additional information, both admissions were allowed correctly.

2. **Healthcare Horizons considers a number of readmissions as pending resolution.** The publicly available BCBST Provider Administration Manual contains the following language regarding readmissions:

j. Readmissions (Does not apply to MedAdvantage)

A readmission is defined as a preventable, unplanned admission occurring within fourteen (14) days after a hospital discharge to the same facility for a condition related to, or complication of the original hospital stay or admission resulting from a modifiable cause. The following conditions are eligible for 14-day readmission review: CHF, COPD, and Class I surgeries. (These are considered clean wounds, which show no signs of infection or inflammation. They often involve the eye, skin, or vascular system). Claims for patients at either a DRG or Per Diem facility that are re-admitted under these circumstances are not eligible for multiple payments. Only a single payment will be made by BCBST. These guidelines are subject to the Provider's contract.

In the instance where more than one payment has been made, BCBST reserves the right to re-coup the overpayment.

Some examples of readmissions that MAY NOT be authorized:

- respiratory admissions, e.g., COPD;
- complications from surgical procedures; or
- congestive heart failure (CHF).

Some examples of readmissions that MAY be authorized are:

- NICU admissions;
- planned admissions;
- cancer diagnoses for chemotherapy;
- complications of pregnancy;
- admissions for coronary artery bypass surgery following an admission for chest pain;
- children 18 years and under admitted to any facility; or
- admissions for complication due to rejection of transplant/implant surgery.

Note: The Member cannot be held liable for payment of services received when not authorized.

We submitted a number of readmissions within 14 days for the same DRG and BCBST responded that the readmission diagnosis was not one of the three readmission review conditions as cited in the BCBST Provider Administration Manual. We requested clarification as the three conditions appear to be examples of readmissions that may not be authorized as opposed to an exhaustive list. In addition, the policy goes on to provide more examples of readmissions that are more likely to be authorized and paid which leads us to believe that all types of readmissions are eligible for authorization review if they are within 14 days and related to, or a complication of, the original admission. Finally, as it is likely the guideline is superseded by any language in the provider's contract, we requested contract language. The response to our follow-up question was as follows:

The readmission policy paragraph prior to the examples states the policy pertains to CHF, COPD and Class I surgeries. The intent of the examples is to illustrate the main three conditions that meet the criteria. The reason for the wording of some examples are to allow for exceptions to these rules. For example, someone who has COPD may have contracted Covid after discharge. In this scenario, although the patient has COPD the new condition of Covid warrants additional payment. The examples listed that may be authorized are examples of conditions that are unrelated to the three conditions within the policy (CHF, COPD and Class I surgeries).

We request that BCBST consider providing the facility contract language for audit items (202/203, 204/205, 206/207, 208/209, 210/211, 212/213, 214/215, 216/217, 220/221, 222/223, 224/225, 226/227, 228/ 229, 230/231, 234/235, 236/237, 238/239, 240/241) to help confirm the validity of the readmission payments. Note that the items in question are all for the same DRG on readmission with the exception of audit item 237 (closely related DRG) and 241 (post procedural infection).

BCBST Response: *We appreciate the feedback on the readmission language in our Provider Administration Manual (PAM) and will consider whether revisions might be appropriate. Under the PAM, respiratory admissions (COPD), complications from class 1 surgeries, and congestive heart failure (CHF) are the only three circumstances that are not eligible for readmission, however we may be obligated to apply a different approach, such as if a provider's contract differs from the policy set forth in the PAM and the provider's contract governs in the event of a conflict with the PAM. We have evaluated the three audited claims (215, 217, and 223) and concluded that the provider contract language did specify we should not have paid for the services. We will reimburse the State the total paid amount of \$24,555.34 since the provider contract prohibits recovering monies more than 18 months after payment.*

Healthcare Horizons' Final Comment: We appreciate the willingness of BCBST to review the cases submitted against the facility contract which yielded three additional overpayments totaling \$24,555.34. All charts have been updated to reflect these agreed overpayments. Note that BCBST has agreed to a direct settlement credit on these items as they are past the recovery window. We recommend for BCBST to ensure that applicable readmission policies from all facility contracts are considered along with the provider administration manual's guidelines.

3. **A single assistant surgeon claim is pending a response to determine if the appropriate reduction was taken.** Audit item 245, priced by BCBS of Georgia, is pending a response from the host plan. As the assistant surgeon allowed the same amount as the primary surgeon, it is likely that an overpayment of \$5,250.44 exists. We appreciate the outreach to the host plan by BCBST.

***BCBST Response:** The Host Plan, BCBS of Georgia, confirmed the correct allowance for the claim is \$875.07 and the adjustment to recover the \$4,375.44 overpayment was completed on March 10, 2022.*

Healthcare Horizons' Final Comment: We appreciate the outreach to BCBS of Georgia by BCBST to confirm an overpayment of \$4,375.55. All charts have been updated to reflect the amount as recoverable.

Conclusion

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

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

- BCBST should initiate recovery on all agreed overpayments **and report any negative potential member impact to the State of Tennessee prior to any collections activity**. Any overpayments past the recovery timeframe should be considered for direct settlement credit.
- BCBST and the State of Tennessee should clarify plan intent for the disputed items including maximum allowable charge and Medicare estimation for COBRA members age 65 and higher.
- BCBST should report collections for agreed overpayments to both Healthcare Horizons and the State of Tennessee until completion.

***BCBST Response:** We're pleased that in an audit of \$758 million in paid claims, Healthcare Horizons is challenging less than a tenth of a percent of the payments made. We strive to support the State and its members in the administration of benefits through a timely and efficient process with a high degree of accuracy, and this report indicates we were successful during the 18 months reviewed by the auditors. We've added comments below to clarify a few points about our standard procedures to help give context to the audit findings.*

Definitions - Areas of Testing

Duplicate Claims

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

Eligibility

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

Contract Audit

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

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

- Readmissions - If provider contracts have Diagnosis-Related Group (DRG) case rate reimbursement, readmissions to treat the same illness may not be allowed if the patient is readmitted within a certain number of days. This prevents facilities from being compensated a greater amount for an inappropriate discharge.
- Outpatient Services on Day of Admission - If a patient receives outpatient services such as an emergency room visit, and is later admitted on the same day, these charges should be combined with the inpatient claim

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

- Pre-admission Testing - If a patient undergoes tests related to a scheduled admission within 24 to 72 hours, these services may be included with the inpatient claim and not paid in addition to the inpatient stay for per diem or DRG case rate reimbursement. Examples of these tests include lab work and a baseline chest x-ray.
- Timely Filing - Provider contracts often state that claims must be submitted to the administrator within a certain time period (such as one year) to be eligible for payment. Otherwise, the claim should be denied and the patient is held harmless.
- Transfers - Provider contracts based on DRG case rate inpatient reimbursement often contain special pricing if the patient is transferred to another acute care hospital for treatment. Since the patient was transferred, the initial hospital is not due the full case rate amount to treat the illness. Transfer payments are often based on a specific per diem rate in the contract.

Assistant Surgeon

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

Multiple Procedure Reductions

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

Benefits

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

Pricing

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

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

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

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

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

Other Insurance

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

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

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

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

Fraud

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

High Units

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

Medical Edits

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

Overlapping Inpatient

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

Subrogation

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

Hospital Mistakes

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

Cosmetic Surgery

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

Reinsurance

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

Appendix A – Sample Detail

Audit Item	Issue	Recovery	Disputed / Plan Intent	Comment
1	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - DRG case rate (lesser of)
2	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - DRG case rate plus outlier per diem
3	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - DRG case rate
4	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - DRG case rate
5	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - DRG case rate (lesser of)
6	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - DRG case rate (lesser of)
7	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - per diem
8	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - stop loss percent of charges
9	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - stop loss percent of charges
10	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - DRG case rate
11	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - DRG case rate
12	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - DRG case rate
13	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - DRG case rate
14	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - percent of charges and per diem (lesser of)
15	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - percent of charges
16	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - percent of charges and per diem (lesser of)
17	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - DRG case rate plus stop loss percent of charges
18	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - DRG case rate
19	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - DRG case rate
20	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - per diem
21	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - per diem
22	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - percent of charges
23	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - DRG case rate
24	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - DRG case rate
25	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - DRG case rate (lesser of)
26	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - DRG case rate
27	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - DRG case rate
28	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - DRG case rate (lesser of)
29	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - transplant contract
30	Contract Review (TN)	\$0.00	\$0.00	Priced correctly - DRG case rate (lesser of)
31	Host Pricing	\$0.00	\$0.00	Priced correctly - DRG case rate
32	Host Pricing	\$0.00	\$0.00	Priced correctly - percent of charges
33	Host Pricing	\$0.00	\$0.00	Priced correctly - DRG case rate
34	Host Pricing	\$0.00	\$0.00	Priced correctly - DRG case rate
35	Host Pricing	\$0.00	\$0.00	Priced correctly per host plan
36	Professional Pricing	\$0.00	\$0.00	Manually priced per review of invoice - lower extremity prosthesis, not otherwise specified
37	Transfers	\$0.00	\$0.00	Transfer rate not applicable to DRG
38	Transfers	\$0.00	\$0.00	Transfer rate not applicable to stop loss
39	Anesthesia Pricing	\$0.00	\$0.00	In-network CRNA allowed more than billed charges - BCBST states lesser of carved out for OB services in contract - highly uncommon to allow more than billed for a professional provider
40	Anesthesia Pricing	\$0.00	\$0.00	In-network CRNA allowed more than billed charges - BCBST states lesser of carved out for OB services in contract - highly uncommon to allow more than billed for a professional provider
41	Anesthesia Pricing	\$0.00	\$0.00	In-network CRNA allowed more than billed charges - BCBST states lesser of carved out for OB services in contract - highly uncommon to allow more than billed for a professional provider
42	Anesthesia Pricing	\$0.00	\$0.00	In-network CRNA allowed more than billed charges - BCBST states lesser of carved out for OB services in contract - highly uncommon to allow more than billed for a professional provider
43	Anesthesia Pricing	\$0.00	\$0.00	In-network CRNA allowed more than billed charges - BCBST states lesser of carved out for OB services in contract - highly uncommon to allow more than billed for a professional provider
44	Anesthesia Pricing	\$0.00	\$0.00	In-network CRNA allowed more than billed charges - BCBST states lesser of carved out for OB services in contract - highly uncommon to allow more than billed for a professional provider
45	Anesthesia Pricing	\$0.00	\$0.00	In-network CRNA allowed more than billed charges - BCBST states lesser of carved out for OB services in contract - highly uncommon to allow more than billed for a professional provider
46	Anesthesia Pricing	\$0.00	\$0.00	In-network CRNA allowed more than billed charges - BCBST states lesser of carved out for OB services in contract - highly uncommon to allow more than billed for a professional provider

Audit Item	Issue	Recovery	Disputed / Plan Intent	Comment
47	Anesthesia Pricing	\$0.00	\$0.00	In-network CRNA allowed more than billed charges - BCBST states lesser of carved out for OB services in contract - highly uncommon to allow more than billed for a professional provider
48	Anesthesia Pricing	\$0.00	\$0.00	In-network CRNA allowed more than billed charges - BCBST states lesser of carved out for OB services in contract - highly uncommon to allow more than billed for a professional provider
49	Maximum Allowable Charge	\$0.00	\$0.00	Authorized as emergent - billed charges correct per plan design
50	Maximum Allowable Charge	\$0.00	\$0.00	Authorized as emergent - billed charges correct per plan design
51	Maximum Allowable Charge	\$0.00	\$0.00	Authorized as emergent - billed charges correct per plan design
52	Maximum Allowable Charge	\$0.00	\$0.00	Allowed at billed per grievance decision
53	Maximum Allowable Charge	\$0.00	\$0.00	Air fluidized bed paid at invoice price
54	Maximum Allowable Charge	\$0.00	\$17,033.00	BCBST states OON anesthesia allowed at billed due to emergent diagnosis - services involved a knee arthroplasty due to osteoarthritis performed at an ambulatory surgical center
55	Maximum Allowable Charge	\$0.00	\$12,729.05	BCBST states OON anesthesia allowed at billed due to emergent diagnosis - services involved a shoulder arthroscopy due to a rotator cuff tear performed at an ambulatory surgical center
56	Maximum Allowable Charge	\$0.00	\$10,509.84	BCBST states OON anesthesia allowed at billed due to emergent diagnosis - services involved removal of ovaries due to noninflammatory disorder of ovary performed in an outpatient facility
57	Maximum Allowable Charge	\$0.00	\$0.00	Authorized as emergent - billed charges correct per plan design
58	Maximum Allowable Charge	\$0.00	\$10,080.58	BCBST states OON anesthesia allowed at billed due to emergent diagnosis - services involved a shoulder arthroscopy due to pain in shoulder performed in an outpatient facility setting
59	Maximum Allowable Charge	\$0.00	\$0.00	Allowed at charges due to benefits misquote - funds from BCBST, not the State
60	Maximum Allowable Charge	\$0.00	\$0.00	Allowed at charges due to benefits misquote - funds from BCBST, not the State
61	Maximum Allowable Charge	\$0.00	\$0.00	Authorized as emergent - billed charges correct per plan design
62	Maximum Allowable Charge (Host)	\$0.00	\$14,235.00	Nonemergent anesthesia allowed at charges per BCBST due to hospital based physician performing at in-network facility - host plan claim - need plan intent
63	Maximum Allowable Charge (Host)	\$0.00	\$12,150.00	Nonemergent anesthesia allowed at charges per BCBST due to hospital based physician performing at in-network facility - host plan claim - need plan intent
64	Maximum Allowable Charge (Host)	\$0.00	\$7,020.00	Nonemergent anesthesia allowed at charges per BCBST due to hospital based physician performing at in-network facility - host plan claim - need plan intent
65	Maximum Allowable Charge (Host)	\$0.00	\$5,914.04	Nonemergent lab allowed at charges per BCBST as no in-network provider in close proximity - need plan intent
66	Maximum Allowable Charge (Host)	\$5,609.05	\$0.00	Manual error - billed charges and in-network benefit incorrect
67	Maximum Allowable Charge (Host)	\$0.00	\$5,220.00	BCBST states allowed at charges as unlisted genetic testing only available at specific provider - need plan intent
68	Maximum Allowable Charge (Host)	\$0.00	\$4,743.00	Nonemergent anesthesia allowed at charges per BCBST due to hospital based physician performing at in-network facility - host plan claim - need plan intent
69	Duplicates - Claim Level	\$0.00	\$0.00	Informational specialty pharmacy claims for reporting purposes only - no dollars paid
70	Duplicates - Claim Level	\$0.00	\$0.00	Informational specialty pharmacy claims for reporting purposes only - no dollars paid
71	Duplicates - Claim Level	\$0.00	\$0.00	Correct claim for 71/72 combo
72	Duplicates - Claim Level	\$2,369.00	\$0.00	Agreed manual error
73	Duplicates - Claim Level	\$0.00	\$0.00	Correct claim for 73/74 combo
74	Duplicates - Claim Level	\$548.35	\$0.00	Agreed manual error (corrected claim)
75	Duplicates - Claim Level	\$0.00	\$0.00	Correct claim for 75/76 combo
76	Duplicates - Claim Level	\$1,272.60	\$0.00	Agreed manual error (corrected claim)
77	Duplicates - Claim Level	\$0.00	\$0.00	Correct claim for 77/78 combo
78	Duplicates - Claim Level	\$795.60	\$0.00	Agreed manual error
79	Duplicates - Claim Level	\$0.00	\$0.00	Correct claim for 79/80 combo
80	Duplicates - Claim Level	\$585.00	\$0.00	Agreed manual error (corrected claim) - past recovery timeframe
81	Duplicates - Claim Level	\$0.00	\$0.00	Correct claim for 81/82 combo
82	Duplicates - Claim Level	\$455.00	\$0.00	Agreed manual error (corrected claim) - past recovery timeframe

Audit Item	Issue	Recovery	Disputed / Plan Intent	Comment
83	Duplicates - Claim Level	\$0.00	\$0.00	Correct claim for 83/84 combo
84	Duplicates - Claim Level	\$544.18	\$0.00	Agreed manual error (corrected claim)
85	Duplicates - Claim Level	\$0.00	\$0.00	Correct claim for 85/86 combo
86	Duplicates - Claim Level	\$616.98	\$0.00	Agreed manual error (corrected claim)
87	Duplicates - Claim Level	\$0.00	\$0.00	Correct claim for 87/88 combo
88	Duplicates - Claim Level	\$976.89	\$0.00	Agreed manual error (corrected claim)
89	Duplicates - Line Level	\$0.00	\$0.00	Correct claim for 89/90 combo
90	Duplicates - Line Level	\$1,044.00	\$0.00	Agreed manual error (corrected claim) - past recovery timeframe
91	Duplicates - Line Level	\$0.00	\$0.00	Two ground transports on same day per BCBST
92	Duplicates - Line Level	\$0.00	\$0.00	Two ground transports on same day per BCBST
93	Duplicates - Line Level	\$0.00	\$0.00	Correct claim for 93/94 combo
94	Duplicates - Line Level	\$1,044.00	\$0.00	Agreed manual error (corrected claim) - past recovery timeframe
95	Duplicates - Line Level	\$0.00	\$0.00	Correct claim for 95/96 combo
96	Duplicates - Line Level	\$1,044.00	\$0.00	Agreed manual error (corrected claim) - past recovery timeframe
97	Duplicates - Line Level	\$0.00	\$0.00	Correct claim for 97/98 combo
98	Duplicates - Line Level	\$282.34	\$0.00	Agreed manual error (paid by two separate host plans)
99	Duplicates - Line Level	\$1,111.50	\$0.00	Agreed manual error (corrected claim)
100	Duplicates - Line Level	\$0.00	\$0.00	Correct claim for 99/100 combo
101	Duplicates - Line Level	\$0.00	\$0.00	Correct claim for 101/102 combo
102	Duplicates - Line Level	\$920.09	\$0.00	Agreed manual error - past recovery timeframe
103	Duplicates - Line Level	\$0.00	\$0.00	Correct claim for 103/104 combo
104	Duplicates - Line Level	\$298.12	\$0.00	Agreed manual error (corrected claim)
105	Duplicates - Line Level	\$0.00	\$0.00	Correct claim for 105/106 combo
106	Duplicates - Line Level	\$921.29	\$0.00	Agreed manual error (paid by home and host)
107	Duplicates - Line Level	\$0.00	\$0.00	Correct claim for 107/108 combo
108	Duplicates - Line Level	\$1,885.65	\$0.00	Agreed manual error (paid by home and host)
109	Duplicates - Line Level	\$0.00	\$0.00	Recovered prior to audit (\$38,320.00 on 12/2/21)
110	Duplicates - Line Level	\$0.00	\$0.00	Correct claim for 109/110 combo
111	Duplicates - Line Level	\$0.00	\$0.00	Correct claim for 111/112 combo
112	Duplicates - Line Level	\$0.00	\$0.00	Recovered prior to audit (\$3,866.99 on 12/29/21)
113	Overlapping Inpatient	\$0.00	\$0.00	Different service dates
114	Overlapping Inpatient	\$0.00	\$0.00	Different service dates
115	Medicaid Reclamation	\$662.40	\$0.00	Agreed manual error
116	Medicaid Reclamation	\$0.00	\$0.00	Correct claim for 115/116 combo
117	Medicaid Reclamation	\$0.00	\$0.00	Correct claim for 117/118 combo
118	Medicaid Reclamation	\$768.55	\$0.00	Agreed manual error
119	Medicaid Reclamation	\$0.00	\$0.00	Correct claim for 119/120 combo
120	Medicaid Reclamation	\$400.32	\$0.00	Agreed manual error
121	Medicaid Reclamation	\$0.00	\$0.00	Correct claim for 121/122 combo
122	Medicaid Reclamation	\$782.49	\$0.00	Agreed manual error
123	Medicaid Reclamation	\$0.00	\$0.00	Correct claim for 123/124 combo
124	Medicaid Reclamation	\$280.00	\$0.00	Agreed manual error
125	Eligibility - After Termination	\$310.71	\$0.00	Recoverable retroactive eligibility termination
126	Eligibility - After Termination	\$540.00	\$0.00	Recoverable retroactive eligibility termination
127	Eligibility - After Termination	\$653.40	\$0.00	Recoverable retroactive eligibility termination
128	Eligibility - After Termination	\$259.90	\$0.00	Recoverable retroactive eligibility termination
129	Eligibility - After Termination	\$59.50	\$0.00	Recoverable retroactive eligibility termination
130	Eligibility - After Termination	\$273.31	\$0.00	Recoverable retroactive eligibility termination
131	Eligibility - After Termination	\$801.00	\$0.00	Recoverable retroactive eligibility termination
132	Eligibility - After Termination	\$285.54	\$0.00	Recoverable retroactive eligibility termination
133	Eligibility - After Termination	\$842.00	\$0.00	Recoverable retroactive eligibility termination
134	Eligibility - After Termination	\$4,514.89	\$0.00	Recoverable retroactive eligibility termination
135	Eligibility - After Termination	\$163.70	\$0.00	Recoverable retroactive eligibility termination
136	Eligibility - After Termination	\$850.00	\$0.00	Recoverable retroactive eligibility termination
137	Eligibility - After Termination	\$168.69	\$0.00	Recoverable retroactive eligibility termination
138	Eligibility - After Termination	\$783.27	\$0.00	Recoverable retroactive eligibility termination
139	Eligibility - After Termination	\$2,616.00	\$0.00	Recoverable retroactive eligibility termination
140	Eligibility - After Termination	\$1,771.00	\$0.00	Recoverable retroactive eligibility termination
141	Eligibility - After Termination	\$233.75	\$0.00	Recoverable retroactive eligibility termination
142	Eligibility - After Termination	\$2,039.42	\$0.00	Recoverable retroactive eligibility termination
143	Eligibility - After Termination	\$354.90	\$0.00	Recoverable retroactive eligibility termination
144	Eligibility - After Termination	\$1,216.00	\$0.00	Recoverable retroactive eligibility termination

Audit Item	Issue	Recovery	Disputed / Plan Intent	Comment
145	Eligibility - Gap in Coverage	\$0.00	\$0.00	Member eligible per BCBST records
146	Eligibility - Gap in Coverage	\$175.00	\$0.00	Recoverable retroactive eligibility termination
147	Eligibility - Gap in Coverage	\$0.00	\$0.00	Member eligible per BCBST records
148	Eligibility - Gap in Coverage	\$0.00	\$0.00	Member eligible per BCBST records
149	Eligibility - Gap in Coverage	\$0.00	\$0.00	Member eligible per BCBST records
150	Eligibility - Not on File	\$0.00	\$0.00	Member eligible per BCBST records
151	Eligibility - Not on File	\$0.00	\$0.00	Member eligible per BCBST records
152	Eligibility - Not on File	\$0.00	\$0.00	Member eligible per BCBST records
153	Eligibility - Not on File	\$0.00	\$0.00	Member eligible per BCBST records
154	Eligibility - Not on File	\$0.00	\$0.00	Member eligible per BCBST records
155	Other Insurance	\$0.00	\$0.00	Other coverage is secondary
156	Other Insurance	\$0.00	\$0.00	Other coverage is secondary
157	Other Insurance	\$0.00	\$0.00	No other insurance
158	Other Insurance	\$0.00	\$0.00	Other coverage is secondary
159	Other Insurance	\$0.00	\$0.00	Other coverage is secondary
160	Other Insurance	\$0.00	\$0.00	Other coverage is secondary
161	Other Insurance	\$0.00	\$0.00	No other insurance
162	Other Insurance	\$0.00	\$0.00	Other coverage is secondary
163	Other Insurance	\$0.00	\$0.00	No other insurance
164	Other Insurance	\$0.00	\$0.00	Other coverage is secondary
165	Other Insurance	\$0.00	\$0.00	Other coverage is secondary
166	Other Insurance	\$0.00	\$0.00	Other coverage is secondary
167	Other Insurance	\$0.00	\$0.00	Other coverage is secondary
168	Other Insurance	\$0.00	\$0.00	Other coverage is secondary
169	Other Insurance	\$0.00	\$0.00	Medicare primary however paid \$0.00 as benefits exhausted
170	Retirees Over 65	\$0.00	\$0.00	No Medicare estimation applicable for member per the State
171	Retirees Over 65	\$0.00	\$0.00	No Medicare estimation applicable for member per the State
172	Retirees Over 65	\$0.00	\$0.00	No Medicare estimation applicable for member per the State
173	Retirees Over 65	\$0.00	\$0.00	No Medicare estimation applicable for member per the State
174	Retirees Over 65	\$0.00	\$0.00	No Medicare estimation applicable for member per the State
175	Retirees Over 65	\$0.00	\$0.00	No Medicare estimation applicable for member per the State
176	Retirees Over 65	\$0.00	\$0.00	No Medicare estimation applicable for member per the State
177	Retirees Over 65	\$0.00	\$0.00	No Medicare estimation applicable for member per the State
178	Retirees Over 65	\$0.00	\$0.00	No Medicare estimation applicable for member per the State
179	Retirees Over 65	\$0.00	\$0.00	No Medicare estimation applicable for member per the State
180	COBRA Over 65	\$0.00	\$560.56	Per the State, Medicare estimation should apply
181	COBRA Over 65	\$0.00	\$7,386.81	Per the State, Medicare estimation should apply
182	COBRA Over 65	\$0.00	\$2,374.65	Per the State, Medicare estimation should apply
183	ESRD	\$0.00	\$0.00	Medicare primary 12/1/21 (DOS prior)
184	ESRD	\$0.00	\$0.00	Medicare primary 7/1/21 (DOS prior)
185	ESRD	\$0.00	\$0.00	Medicare secondary on DOS
186	ESRD	\$0.00	\$0.00	Medicare primary 9/1/22 (DOS prior)
187	ESRD	\$0.00	\$0.00	No record of Medicare
188	Secondary to Medicare	\$5,838.92	\$0.00	Manual error - maintenance of benefits methodology used
189	Secondary to Medicare	\$4,624.58	\$0.00	Manual error - maintenance of benefits methodology used
190	Secondary to Medicare	\$4,000.00	\$0.00	Manual error - maintenance of benefits methodology used
191	Secondary to Medicare	\$0.00	\$0.00	Recovered prior to audit on subrogation case (\$3,508.90)
192	Secondary to Medicare	\$1,201.17	\$0.00	Manual error - maintenance of benefits methodology used (past recovery timeframe)
193	Secondary to Other Commercial	\$0.00	\$0.00	Coordinated correctly
194	Secondary to Other Commercial	\$0.00	\$0.00	Coordinated correctly
195	Secondary to Other Commercial	\$0.00	\$0.00	Coordinated correctly
196	Secondary to Other Commercial	\$0.00	\$0.00	Coordinated correctly
197	Secondary to Other Commercial	\$0.00	\$0.00	Coordinated correctly
198	Readmissions	\$0.00	\$0.00	Initial admission for 198/199 combo
199	Readmissions	\$0.00	\$0.00	Readmission allowed per provider manual and contract
200	Readmissions	\$0.00	\$0.00	Initial admission for 200/201 combo
201	Readmissions	\$9,887.43	\$0.00	Recoverable readmission
202	Readmissions	\$0.00	\$0.00	Initial admission for 202/203 combo
203	Readmissions	\$0.00	\$0.00	Readmission allowed per provider manual and contract
204	Readmissions	\$0.00	\$0.00	Initial admission for 204/205 combo
205	Readmissions	\$0.00	\$0.00	Readmission allowed per provider manual and contract
206	Readmissions	\$0.00	\$0.00	Initial admission for 206/207 combo
207	Readmissions	\$0.00	\$0.00	Readmission allowed per provider manual and contract

Audit Item	Issue	Recovery	Disputed / Plan Intent	Comment
208	Readmissions	\$0.00	\$0.00	Initial admission for 208/209 combo
209	Readmissions	\$0.00	\$0.00	Readmission allowed per provider manual and contract
210	Readmissions	\$0.00	\$0.00	Initial admission for 210/211 combo
211	Readmissions	\$0.00	\$0.00	Readmission allowed per provider manual and contract
212	Readmissions	\$0.00	\$0.00	Initial admission for 212/213 combo
213	Readmissions	\$0.00	\$0.00	Readmission allowed per provider manual and contract
214	Readmissions	\$0.00	\$0.00	Initial admission for 214/215 combo
215	Readmissions	\$4,745.55	\$0.00	Recoverable readmission
216	Readmissions	\$0.00	\$0.00	Initial admission for 216/217 combo
217	Readmissions	\$9,921.04	\$0.00	Recoverable readmission
218	Readmissions	\$0.00	\$0.00	Initial admission for 218/219 combo
219	Readmissions	\$0.00	\$0.00	Recovered prior to audit (\$12,154.39 on 1/5/22)
220	Readmissions	\$0.00	\$0.00	Initial admission for 220/221 combo
221	Readmissions	\$0.00	\$0.00	Readmission allowed per provider manual and contract
222	Readmissions	\$0.00	\$0.00	Initial admission for 222/223 combo
223	Readmissions	\$9,888.75	\$0.00	Recoverable readmission
224	Readmissions	\$0.00	\$0.00	Initial admission for 224/225 combo
225	Readmissions	\$0.00	\$0.00	Readmission allowed per provider manual and contract
226	Readmissions	\$0.00	\$0.00	Initial admission for 226/227 combo
227	Readmissions	\$0.00	\$0.00	Readmission allowed per provider manual and contract
228	Readmissions	\$0.00	\$0.00	Initial admission for 228/229 combo
229	Readmissions	\$0.00	\$0.00	Readmission allowed per provider manual and contract
230	Readmissions	\$0.00	\$0.00	Initial admission for 230/231 combo
231	Readmissions	\$0.00	\$0.00	Readmission allowed per provider manual and contract
232	Readmissions	\$0.00	\$0.00	Correct claim for 232/233 combo
233	Readmissions	\$19,440.35	\$0.00	Should deny per guidelines (past recovery timeframe)
234	Readmissions	\$0.00	\$0.00	Initial admission for 234/235 combo
235	Readmissions	\$0.00	\$0.00	Readmission allowed per provider manual and contract
236	Readmissions	\$0.00	\$0.00	Initial admission for 236/237 combo
237	Readmissions	\$0.00	\$0.00	Readmission allowed per provider manual and contract
238	Readmissions	\$0.00	\$0.00	Initial admission for 238/239 combo
239	Readmissions	\$0.00	\$0.00	Readmission allowed per provider manual and contract
240	Readmissions	\$0.00	\$0.00	Initial admission for 240/241 combo
241	Readmissions	\$0.00	\$0.00	Readmission allowed per provider manual and contract
242	Assistant Surgeon Reduction	-\$207.45	\$0.00	Pricing incorrect per host plan review (underpayment)
243	Assistant Surgeon Reduction	\$2,039.62	\$0.00	Pricing incorrect per host plan review
244	Assistant Surgeon Reduction	\$0.00	\$0.00	Informational primary surgeon claim
245	Assistant Surgeon Reduction	\$4,375.44	\$0.00	Agreed as recoverable by host plan
246	Multiple Procedure Reductions	\$0.00	\$0.00	Primary surgeon - informational only
247	Multiple Procedure Reductions	\$687.14	\$0.00	Agreed error for missed reduction (past recovery timeframe)
248	Multiple Procedure Reductions	\$0.00	\$0.00	Primary surgeon - informational only
249	Multiple Procedure Reductions	\$398.19	\$0.00	Agreed error for missed reduction (past recovery timeframe)
250	Multiple Procedure Reductions	\$0.00	\$0.00	Primary surgeon - informational only
251	Multiple Procedure Reductions	\$505.55	\$0.00	Agreed error for missed reduction (past recovery timeframe)
252	Multiple Procedure Reductions	\$0.00	\$0.00	Primary surgeon - informational only
253	Multiple Procedure Reductions	\$393.05	\$0.00	Agreed error for missed reduction (past recovery timeframe)
254	Multiple Procedure Reductions	\$0.00	\$0.00	Primary surgeon - informational only
255	Multiple Procedure Reductions	\$515.29	\$0.00	Agreed error for missed reduction (past recovery timeframe)
256	Multiple Procedure Reductions	\$0.00	\$0.00	Primary surgeon - informational only
257	Multiple Procedure Reductions	\$1,374.52	\$0.00	Agreed error for missed reduction (past recovery timeframe)
258	Pre-Surgical Testing	\$0.00	\$0.00	Services prior to three days from outpatient surgery
259	Pre-Surgical Testing	\$0.00	\$0.00	Informational only - outpatient surgery (with date span)
260	Pre-Surgical Testing	\$0.00	\$0.00	Services prior to three days from outpatient surgery
261	Pre-Surgical Testing	\$0.00	\$0.00	Informational only - outpatient surgery (with date span)
262	Pre-Surgical Testing	\$0.00	\$0.00	Services prior to three days from outpatient surgery
263	Pre-Surgical Testing	\$0.00	\$0.00	Informational only - outpatient surgery (with date span)
264	Pre-Surgical Testing	\$0.00	\$0.00	Services prior to three days from outpatient surgery
265	Pre-Surgical Testing	\$0.00	\$0.00	Informational only - outpatient surgery (with date span)
266	Benefit Exclusion - Elastic Stockings	\$0.00	\$0.00	BCBST deemed as medically necessary
267	Benefit Exclusion - Elastic Stockings	\$0.00	\$0.00	BCBST deemed as medically necessary
268	Benefit Exclusion - Elastic Stockings	\$0.00	\$0.00	BCBST deemed as medically necessary
269	Benefit Exclusion - Elastic Stockings	\$0.00	\$0.00	BCBST deemed as medically necessary
270	Benefit Exclusion - Elastic Stockings	\$0.00	\$0.00	BCBST deemed as medically necessary
271	Benefit Exclusion - Elastic Stockings	\$0.00	\$0.00	BCBST deemed as medically necessary
272	Benefit Exclusion - Elastic Stockings	\$0.00	\$0.00	BCBST deemed as medically necessary

Audit Item	Issue	Recovery	Disputed / Plan Intent	Comment
273	Benefit Exclusion - Treatment	\$0.00	\$177.12	BCBST states procedure is diagnostic
274	Benefit Exclusion - Treatment	\$0.00	\$114.65	BCBST states procedure is diagnostic
275	Benefit Exclusion - Treatment	\$0.00	\$152.12	BCBST states procedure is diagnostic
276	Benefit Exclusion - Treatment	\$0.00	\$115.17	BCBST states procedure is diagnostic
277	Benefit Exclusion - Treatment	\$0.00	\$125.82	BCBST states procedure is diagnostic
278	Benefit Exclusion - Treatment	\$0.00	\$0.00	Covered due to prior medical condition
279	Benefit Exclusion - Treatment	\$0.00	\$0.00	Approved by medical director
280	Benefit Exclusion - Surgery	\$0.00	\$677.60	BCBST states procedure is covered
281	Benefit Exclusion - Surgery	\$0.00	\$691.20	BCBST states procedure is covered
282	Benefit Exclusion - Surgery	\$0.00	\$3,169.80	BCBST states procedure is covered
283	Benefit Exclusion - DME	\$0.00	\$0.00	Humidifier for CPAP is covered
284	Benefit Exclusion - DME	\$0.00	\$0.00	Paid per member grievance
285	Benefit Exclusion - DME	\$2,485.00	\$0.00	Agreed manual error
286	Benefit Exclusion - DME	\$1,600.00	\$0.00	Agreed manual error
287	Benefit Exclusion - DME	\$17.32	\$0.00	Agreed manual error
288	Benefit Exclusion - Administrative Exams	\$120.00	\$0.00	Agreed error (past recovery timeframe)
289	Benefit Exclusion - Administrative Exams	\$14.84	\$0.00	Agreed error (past recovery timeframe)
290	Benefit Exclusion - Administrative Exams	\$0.00	\$0.00	Allowed due to secondary medical diagnosis
291	Benefit Exclusion - Administrative Exams	\$80.00	\$0.00	Agreed error (past recovery timeframe)
292	Benefit Exclusion - Administrative Exams	\$59.72	\$0.00	Agreed error
293	Benefit Exclusion - Administrative Exams	\$66.19	\$0.00	Agreed error (past recovery timeframe)
294	Benefit Exclusion - Administrative Exams	\$28.55	\$0.00	Agreed error (past recovery timeframe)
295	Benefit Exclusion - Administrative Exams	\$21.06	\$0.00	Agreed error (past recovery timeframe)
296	Benefit Exclusion - Administrative Exams	\$30.00	\$0.00	Agreed error
297	Benefit Exclusion - Administrative Exams	\$39.78	\$0.00	Agreed error (past recovery timeframe)
298	Benefit Exclusion - Foot Orthotics	\$0.00	\$0.00	Allowed at charges due to benefits misquote - funds from BCBST, not the State
299	Benefit Exclusion - Foot Orthotics	\$0.00	\$0.00	Allowed due to member grievance
300	Benefit Exclusion - Foot Orthotics	\$66.79	\$0.00	Agreed error
		\$128,387.77	\$115,180.01	

Appendix B – Out-of-Sample Detail

Audit Item	Issue	Estimated Recovery	Comment
301	Eligibility	\$88.02	Recoverable retroactive termination
302	Eligibility	\$88.02	Recoverable retroactive termination
303	Eligibility	\$72.83	Recoverable retroactive termination
304	Eligibility	\$87.16	Recoverable retroactive termination
305	Eligibility	\$86.12	Recoverable retroactive termination
306	Eligibility	\$86.12	Recoverable retroactive termination
307	Eligibility	\$75.76	Recoverable retroactive termination
308	Eligibility	\$32.35	Recoverable retroactive termination
309	Eligibility	\$30.27	Recoverable retroactive termination
310	Eligibility	\$155.62	Recoverable retroactive termination
311	Eligibility	\$13.08	Recoverable retroactive termination
312	Eligibility	\$57.71	Recoverable retroactive termination
313	Eligibility	\$75.74	Recoverable retroactive termination
314	Eligibility	\$216.00	Recoverable retroactive termination
315	Eligibility	\$84.65	Recoverable retroactive termination
316	Eligibility	\$0.00	Member eligible
317	Eligibility	\$71.36	Recoverable retroactive termination
318	Eligibility	\$51.47	Recoverable retroactive termination
319	Eligibility	\$0.00	Member eligible
320	Eligibility	\$0.00	Member eligible
321	Eligibility	\$158.51	Recoverable retroactive termination
322	Eligibility	\$21.59	Recoverable retroactive termination
323	Eligibility	\$77.24	Recoverable retroactive termination
324	Eligibility	\$34.49	Recoverable retroactive termination
325	Eligibility	\$47.62	Recoverable retroactive termination
326	Eligibility	\$39.24	Recoverable retroactive termination
327	Eligibility	\$0.00	Member eligible
328	Eligibility	\$0.00	Member eligible
329	Eligibility	\$59.50	Recoverable retroactive termination
330	Eligibility	\$32.31	Recoverable retroactive termination
331	Eligibility	\$59.50	Recoverable retroactive termination
332	Eligibility	\$32.31	Recoverable retroactive termination
333	Eligibility	\$59.50	Recoverable retroactive termination
334	Eligibility	\$135.04	Recoverable retroactive termination
335	Eligibility	\$135.04	Recoverable retroactive termination
336	Eligibility	\$483.87	Recoverable retroactive termination
337	Eligibility	\$28.82	Recoverable retroactive termination
338	Eligibility	\$135.04	Recoverable retroactive termination
339	Eligibility	\$135.04	Recoverable retroactive termination
340	Eligibility	\$135.04	Recoverable retroactive termination
341	Eligibility	\$109.86	Recoverable retroactive termination
342	Eligibility	\$122.06	Recoverable retroactive termination
343	Eligibility	\$122.06	Recoverable retroactive termination
344	Eligibility	\$122.06	Recoverable retroactive termination
345	Eligibility	\$122.06	Recoverable retroactive termination
346	Eligibility	\$122.06	Recoverable retroactive termination
347	Eligibility	\$122.06	Recoverable retroactive termination
348	Eligibility	\$122.06	Recoverable retroactive termination
349	Eligibility	\$122.06	Recoverable retroactive termination
350	Eligibility	\$150.04	Recoverable retroactive termination
351	Eligibility	\$128.40	Recoverable retroactive termination
352	Eligibility	\$68.49	Recoverable retroactive termination
353	Eligibility	\$59.50	Recoverable retroactive termination

Audit Item	Issue	Estimated Recovery	Comment
354	Eligibility	\$32.31	Recoverable retroactive termination
355	Eligibility	\$59.50	Recoverable retroactive termination
356	Eligibility	\$32.31	Recoverable retroactive termination
357	Eligibility	\$68.49	Recoverable retroactive termination
358	Eligibility	\$59.50	Recoverable retroactive termination
359	Eligibility	\$32.31	Recoverable retroactive termination
360	Eligibility	\$59.50	Recoverable retroactive termination
361	Eligibility	\$32.31	Recoverable retroactive termination
362	Eligibility	\$59.50	Recoverable retroactive termination
363	Eligibility	\$32.31	Recoverable retroactive termination
364	Eligibility	\$59.50	Recoverable retroactive termination
365	Eligibility	\$32.31	Recoverable retroactive termination
366	Eligibility	\$59.50	Recoverable retroactive termination
367	Eligibility	\$32.31	Recoverable retroactive termination
368	Eligibility	\$59.50	Recoverable retroactive termination
369	Eligibility	\$32.31	Recoverable retroactive termination
370	Eligibility	\$59.50	Recoverable retroactive termination
371	Eligibility	\$32.31	Recoverable retroactive termination
372	Eligibility	\$59.50	Recoverable retroactive termination
373	Eligibility	\$32.31	Recoverable retroactive termination
374	Eligibility	\$59.50	Recoverable retroactive termination
375	Eligibility	\$32.31	Recoverable retroactive termination
376	Eligibility	\$59.50	Recoverable retroactive termination
377	Eligibility	\$32.31	Recoverable retroactive termination
378	Eligibility	\$59.50	Recoverable retroactive termination
379	Eligibility	\$32.31	Recoverable retroactive termination
380	Eligibility	\$59.50	Recoverable retroactive termination
381	Eligibility	\$32.31	Recoverable retroactive termination
382	Eligibility	\$59.50	Recoverable retroactive termination
383	Eligibility	\$32.31	Recoverable retroactive termination
384	Eligibility	\$59.50	Recoverable retroactive termination
385	Eligibility	\$32.31	Recoverable retroactive termination
386	Eligibility	\$59.50	Recoverable retroactive termination
387	Eligibility	\$32.31	Recoverable retroactive termination
388	Eligibility	\$59.50	Recoverable retroactive termination
389	Eligibility	\$32.31	Recoverable retroactive termination
390	Eligibility	\$59.50	Recoverable retroactive termination
391	Eligibility	\$32.31	Recoverable retroactive termination
392	Eligibility	\$59.50	Recoverable retroactive termination
393	Eligibility	\$32.31	Recoverable retroactive termination
394	Eligibility	\$59.50	Recoverable retroactive termination
395	Eligibility	\$32.31	Recoverable retroactive termination
396	Eligibility	\$59.50	Recoverable retroactive termination
397	Eligibility	\$32.31	Recoverable retroactive termination
398	Eligibility	\$32.31	Recoverable retroactive termination
399	Eligibility	\$44.40	Recoverable retroactive termination
400	Eligibility	\$130.83	Recoverable retroactive termination
401	Eligibility	\$82.72	Recoverable retroactive termination
402	Eligibility	\$19.88	Recoverable retroactive termination
403	Eligibility	\$14.89	Recoverable retroactive termination
404	Eligibility	\$46.21	Recoverable retroactive termination
405	Eligibility	\$81.40	Recoverable retroactive termination
406	Eligibility	\$66.19	Recoverable retroactive termination
407	Eligibility	\$17.89	Recoverable retroactive termination
408	Eligibility	\$108.48	Recoverable retroactive termination
409	Eligibility	\$37.74	Recoverable retroactive termination
410	Eligibility	\$58.33	Recoverable retroactive termination
411	Eligibility	\$39.72	Recoverable retroactive termination
412	Eligibility	\$34.24	Recoverable retroactive termination
413	Eligibility	\$204.41	Recoverable retroactive termination

Audit Item	Issue	Estimated Recovery	Comment
414	Eligibility	\$30.00	Recoverable retroactive termination
415	Eligibility	\$0.00	Member eligible
416	Eligibility	\$84.25	Recoverable retroactive termination
417	Eligibility	\$65.76	Recoverable retroactive termination
418	Eligibility	\$115.24	Recoverable retroactive termination
419	Eligibility	\$115.24	Recoverable retroactive termination
420	Eligibility	\$152.96	Recoverable retroactive termination
421	Eligibility	\$103.85	Recoverable retroactive termination
422	Eligibility	\$75.44	Recoverable retroactive termination
423	Eligibility	\$146.76	Recoverable retroactive termination
424	Eligibility	\$146.76	Recoverable retroactive termination
425	Eligibility	\$97.12	Recoverable retroactive termination
426	Eligibility	\$94.51	Recoverable retroactive termination
427	Eligibility	\$38.03	Recoverable retroactive termination
428	Eligibility	\$100.00	Recoverable retroactive termination
429	Eligibility	\$41.32	Recoverable retroactive termination
430	Eligibility	\$17.54	Recoverable retroactive termination
431	Eligibility	\$165.56	Recoverable retroactive termination
432	Eligibility	\$35.00	Recoverable retroactive termination
433	Eligibility	\$35.00	Recoverable retroactive termination
434	Eligibility	\$35.00	Recoverable retroactive termination
435	Eligibility	\$35.00	Recoverable retroactive termination
436	Eligibility	\$54.48	Recoverable retroactive termination
437	Eligibility	\$96.75	Recoverable retroactive termination
438	Eligibility	\$788.33	Recoverable retroactive termination
439	Eligibility	\$140.99	Recoverable retroactive termination
440	Eligibility	\$0.00	Member eligible
441	Eligibility	\$118.69	Recoverable retroactive termination
442	Eligibility	\$30.78	Recoverable retroactive termination
443	Eligibility	\$68.95	Recoverable retroactive termination
444	Eligibility	\$131.55	Recoverable retroactive termination
445	Eligibility	\$168.69	Recoverable retroactive termination
446	Eligibility	\$147.76	Recoverable retroactive termination
447	Eligibility	\$81.85	Recoverable retroactive termination
448	Eligibility	\$143.90	Recoverable retroactive termination
449	Eligibility	\$94.40	Recoverable retroactive termination
450	Eligibility	\$163.77	Recoverable retroactive termination
451	Eligibility	\$65.68	Recoverable retroactive termination
452	Eligibility	\$65.68	Recoverable retroactive termination
453	Eligibility	\$94.51	Recoverable retroactive termination
454	Eligibility	\$0.00	Member eligible
455	Eligibility	\$0.00	Member eligible
456	Eligibility	\$0.00	Member eligible
457	Eligibility	\$0.00	Member eligible
458	Eligibility	\$0.00	Member eligible
459	Eligibility	\$102.11	Recoverable retroactive termination
460	Eligibility	\$85.66	Recoverable retroactive termination
461	Eligibility	\$33.52	Recoverable retroactive termination
462	Eligibility	\$100.76	Recoverable retroactive termination
463	Eligibility	\$72.79	Recoverable retroactive termination
464	Eligibility	\$120.83	Recoverable retroactive termination
465	Eligibility	\$29.41	Recoverable retroactive termination
466	Eligibility	\$102.66	Recoverable retroactive termination
467	Eligibility	\$233.39	Recoverable retroactive termination
468	Eligibility	\$71.10	Recoverable retroactive termination
469	Eligibility	\$71.10	Recoverable retroactive termination
470	Eligibility	\$83.81	Recoverable retroactive termination
471	Eligibility	\$60.66	Recoverable retroactive termination
472	Eligibility	\$130.86	Recoverable retroactive termination

Audit Item	Issue	Estimated Recovery	Comment
473	Eligibility	\$39.44	Recoverable retroactive termination
474	Eligibility	\$154.00	Recoverable retroactive termination
475	Eligibility	\$163.20	Recoverable retroactive termination
476	Eligibility	\$245.77	Recoverable retroactive termination
477	Eligibility	\$556.77	Recoverable retroactive termination
478	Eligibility	\$114.25	Recoverable retroactive termination
479	Eligibility	\$23.10	Recoverable retroactive termination
480	Eligibility	\$44.24	Recoverable retroactive termination
481	Eligibility	\$52.65	Recoverable retroactive termination
482	Eligibility	\$55.27	Recoverable retroactive termination
483	Eligibility	\$26.38	Recoverable retroactive termination
484	Eligibility	\$26.38	Recoverable retroactive termination
485	Eligibility	\$26.38	Recoverable retroactive termination
486	Eligibility	\$0.00	Member eligible
487	Eligibility	\$35.00	Recoverable retroactive termination
488	Eligibility	\$123.91	Recoverable retroactive termination
489	Eligibility	\$33.69	Recoverable retroactive termination
490	Eligibility	\$71.71	Recoverable retroactive termination
491	Eligibility	\$74.36	Recoverable retroactive termination
492	Eligibility	\$0.00	Member eligible
493	Eligibility	\$46.84	Recoverable retroactive termination
494	Eligibility	\$377.54	Recoverable retroactive termination
495	Eligibility	\$241.03	Recoverable retroactive termination
496	Eligibility	\$36.32	Recoverable retroactive termination
497	Eligibility	\$208.53	Recoverable retroactive termination
498	Eligibility	\$11.41	Recoverable retroactive termination
499	Eligibility	\$125.29	Recoverable retroactive termination
500	Eligibility	\$43.23	Recoverable retroactive termination
501	Eligibility	\$127.63	Recoverable retroactive termination
502	Multiple Procedure Reductions	\$0.00	Primary procedure - informational only
503	Multiple Procedure Reductions	\$153.06	Agreed error - missed 50% reduction
504	Multiple Procedure Reductions	\$0.00	Primary procedure - informational only
505	Multiple Procedure Reductions	\$102.77	Agreed error - missed 50% reduction
506	Multiple Procedure Reductions	\$0.00	Primary procedure - informational only
507	Multiple Procedure Reductions	\$109.67	Agreed error - missed 50% reduction
508	Multiple Procedure Reductions	\$0.00	Primary procedure - informational only
509	Multiple Procedure Reductions	\$102.59	Agreed error - missed 50% reduction
510	Multiple Procedure Reductions	\$0.00	Primary procedure - informational only
511	Multiple Procedure Reductions	\$124.02	Agreed error - missed 50% reduction
512	Multiple Procedure Reductions	\$0.00	Primary procedure - informational only
513	Multiple Procedure Reductions	\$246.69	Agreed error - missed 50% reduction
514	Benefit Exclusion - Administrative Exams	\$42.19	Agreed error - exams provided for employment are non-covered
515	Benefit Exclusion - Administrative Exams	\$372.96	Agreed error - exams provided for employment are non-covered
516	Benefit Exclusion - Administrative Exams	\$73.93	Agreed error - exams provided for employment are non-covered
517	Benefit Exclusion - Administrative Exams	\$49.81	Agreed error - exams provided for employment are non-covered
518	Benefit Exclusion - Administrative Exams	\$41.32	Agreed error - exams provided for employment are non-covered
519	Benefit Exclusion - Administrative Exams	\$34.78	Agreed error - exams provided for employment are non-covered
520	Benefit Exclusion - Administrative Exams	\$96.58	Agreed error - exams provided for employment are non-covered
521	Benefit Exclusion - Administrative Exams	\$1.63	Agreed error - exams provided for employment are non-covered
522	Benefit Exclusion - Administrative Exams	\$15.46	Agreed error - exams provided for employment are non-covered
523	Benefit Exclusion - Administrative Exams	\$49.61	Agreed error - exams provided for employment are non-covered
524	Benefit Exclusion - Administrative Exams	\$102.72	Agreed error - exams provided for employment are non-covered
525	Benefit Exclusion - Administrative Exams	\$41.50	Agreed error - exams provided for employment are non-covered
526	Benefit Exclusion - Administrative Exams	\$14.88	Agreed error - exams provided for employment are non-covered
527	Benefit Exclusion - Administrative Exams	\$29.72	Agreed error - exams provided for employment are non-covered
528	Benefit Exclusion - Administrative Exams	\$35.00	Agreed error - exams provided for employment are non-covered
529	Benefit Exclusion - Administrative Exams	\$33.61	Agreed error - exams provided for employment are non-covered
530	Benefit Exclusion - Administrative Exams	\$18.76	Agreed error - exams provided for employment are non-covered
531	Benefit Exclusion - Administrative Exams	\$33.61	Agreed error - exams provided for employment are non-covered
532	Benefit Exclusion - Administrative Exams	\$9.59	Agreed error - exams provided for employment are non-covered

Audit Item	Issue	Estimated Recovery	Comment
588	Benefit Exclusion - Administrative Exams	\$122.09	Agreed error - exams provided for other administrative purposes are non-covered
589	Benefit Exclusion - Administrative Exams	\$2.03	Agreed error - exams provided for other administrative purposes are non-covered
590	Benefit Exclusion - Administrative Exams	\$6.30	Agreed error - exams provided for other administrative purposes are non-covered
591	Benefit Exclusion - Administrative Exams	\$5.08	Agreed error - exams provided for other administrative purposes are non-covered
592	Benefit Exclusion - Administrative Exams	\$12.06	Agreed error - exams provided for other administrative purposes are non-covered
593	Benefit Exclusion - Administrative Exams	\$2.03	Agreed error - exams provided for other administrative purposes are non-covered
594	Benefit Exclusion - Administrative Exams	\$8.27	Agreed error - exams provided for other administrative purposes are non-covered
595	Benefit Exclusion - Administrative Exams	\$40.00	Agreed error - exams provided for other administrative purposes are non-covered
596	Benefit Exclusion - Administrative Exams	\$3.41	Agreed error - exams provided for other administrative purposes are non-covered
597	Benefit Exclusion - Administrative Exams	\$122.09	Agreed error - exams provided for other administrative purposes are non-covered
598	Benefit Exclusion - Administrative Exams	\$42.19	Agreed error - exams provided for other administrative purposes are non-covered
599	Benefit Exclusion - Administrative Exams	\$42.19	Agreed error - exams provided for other administrative purposes are non-covered
600	Benefit Exclusion - Administrative Exams	\$57.90	Agreed error - exams provided for other administrative purposes are non-covered
601	Benefit Exclusion - Administrative Exams	\$92.41	Agreed error - exams provided for other administrative purposes are non-covered
602	Benefit Exclusion - Administrative Exams	\$37.35	Agreed error - exams provided for other administrative purposes are non-covered
603	Benefit Exclusion - Administrative Exams	\$3.88	Agreed error - exams provided for other administrative purposes are non-covered
604	Benefit Exclusion - Administrative Exams	\$46.07	Agreed error - exams provided for other administrative purposes are non-covered
605	Benefit Exclusion - Administrative Exams	\$86.29	Agreed error - exams provided for other administrative purposes are non-covered
606	Benefit Exclusion - Administrative Exams	\$15.49	Agreed error - exams provided for other administrative purposes are non-covered
607	Benefit Exclusion - Administrative Exams	\$43.72	Agreed error - exams provided for other administrative purposes are non-covered
608	Benefit Exclusion - Administrative Exams	\$86.64	Agreed error - exams provided for other administrative purposes are non-covered
609	Benefit Exclusion - Administrative Exams	\$40.00	Agreed error - exams provided for other administrative purposes are non-covered
610	Benefit Exclusion - Administrative Exams	\$91.72	Agreed error - exams provided for other administrative purposes are non-covered
611	Benefit Exclusion - Administrative Exams	\$1.65	Agreed error - exams provided for other administrative purposes are non-covered
612	Benefit Exclusion - Administrative Exams	\$40.00	Agreed error - exams provided for other administrative purposes are non-covered
OOS	Secondary to Medicare	\$3,685.53	Out-of-sample impact report by BCBST
		\$25,203.26	



June 30, 2022

FINAL HEALTHCARE CLAIMS AUDIT REPORT
Random Sample
State of Tennessee Health Plan – BCBST
AUDIT PERIOD: January 2020 – June 2021 Incurred Dates

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Executive Summary

The State of Tennessee engaged Healthcare Horizons to conduct a random sample claims audit of BCBS of Tennessee (BCBST), an administrator of its employee health benefit plan, for claims incurred January 2020 through June 2021. The goal of the audit was to assess the accuracy of payments by BCBST 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 $\pm 2.54\%$ margin of error given a 3% expected error rate (response distribution). The sample claims were audited during a virtual site visit with BCBST the week of February 7, 2022.

The overall findings are presented below:

	Stratified Sample	Weighted to Full Population
Processing Accuracy ¹	97.00%	99.91%
Payment Accuracy ²	97.00%	99.91%
Financial Accuracy ³	99.94%	99.93%

¹ Percent of claims processed with no error

² Percent of claims processed with no financial error

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

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

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

The BCBST response has been incorporated into the final audit report. Where appropriate, Healthcare Horizons has included final comments to address the response.

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. To test claims processing and financial payment accuracy, the following categories were examined for each claim where applicable:

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

Audit Findings

1. **Audit Item 141 (Disputed)** – Healthcare Horizons is citing a procedural and financial error (\$290.58 overpayment) due to missed 10% in-network coinsurance as the out-of-pocket maximum was not met for the 2020 state premier PPO option for dialysis services. While the out-of-pocket was met at the time of processing, other claims for the member were since adjusted resulting in additional coinsurance due in order to meet the individual in-network out-of-pocket maximum (\$3,600). BCBST responded that the sample claim will be adjusted to take the appropriate coinsurance. Our position is that BCBST should have processes in place to true-up out-of-pocket amounts including the comingling of medical, pharmacy, and behavioral health claims.

***BCBST Response:** We've looked into this and found that correct benefits were applied at the time of processing and standard adjustment procedures were followed afterward, so we disagree that the \$290.58 overpayment was an error. We process claims in the order they're received. When we processed the claim reviewed in the audit, the member's maximum out-of-pocket had already been met by previously processed claims. Afterward, some of those claims were adjusted, reducing the member's liability so that their maximum out-of-pocket was no longer met. As part of our standard procedure, we don't go back and adjust completed claims for the sole purpose of truing up the accumulators. Doing so creates confusion, frustration and billing complications for the member, who, as a result, may owe more on claims they thought were settled. Instead, we allow future claims to apply to the member's accumulators. In this instance, an adjustment to recover the \$290.58 relating to the claim reviewed in the audit was completed on April 13, 2022. We believe our standard process provides a much better member experience, but we're open to discussions with the State of Tennessee if they prefer another procedure.*

Healthcare Horizons' Final Comment: We recommend for the State to provide direction to BCBST on this issue. Our concern is that if sufficient future claims are not received to perform the true-up, patient cost share will not be applied correctly for the plan year. Pending any additional direction from the State, our position is that the sample claim is processing in error without applicable coinsurance.

2. **Audit Item 175 (Observation)** – In reviewing the 2020 in-network out-of-pocket accumulators for the local education limited PPO member, it was observed that the member was over the individual out-of-pocket maximum of \$6,800 by \$74.00. As no patient portion was taken on the sample emergency room claim, it was deemed as correct and therefore cited as an observation only. BCBST indicated that another claim (out-of-sample) will be adjusted to correct the \$74.00 underpayment.

***BCBST Response:** We agree that the claim reviewed in the audit resulted in an accumulator overage in the amount of \$74.00. As noted above, we process claims in the order they're received. Accumulator overages sometimes happen when claims are processed by pharmacy and/or behavioral health vendors and there's a delay in receiving accumulator information for those claims, which can lead to overages on medical claims adjudicated in the interim. Also as noted above, when overages occur, BCBST's process is*

to apply such overages to future claims. In this instance, the adjustment to correct the accumulator overage was completed on an out-of-sample medical claim on March 3, 2022.

Healthcare Horizons' Final Comment: Per the BCBST response, an out-of-sample claim has been adjusted to correct the out-of-pocket overage.

3. **Audit Item 179 (Agreed)** – Healthcare Horizons is citing a procedural and financial error (\$40.92 underpayment) as the local government standard PPO individual in-network out-of-pocket maximum of \$4,000 was overapplied. BCBST responded that the sample emergency claim will be adjusted to correct the patient cost share overage. Note that this was an out-of-network provider processed at an in-network benefit due to an emergency. Our position is that BCBST should have processes in place to true-up out-of-pocket amounts including the comingling of medical, pharmacy, and behavioral health claims.

***BCBST Response:** We agree that the claim reviewed in the audit resulted in an accumulator overage associated with the specific member that caused a \$40.92 underpayment to the provider on the claim reviewed in the audit. As noted above, we process claims in the order they're received. Accumulator overages sometimes happen when claims are processed by pharmacy and/or behavioral health vendors and there's a delay in receiving accumulator information for those claims. The adjustment to correct the overage was completed on March 9, 2022.*

Healthcare Horizons' Final Comment: Per the BCBST response, the claim has been adjusted to correct the out-of-pocket overage.

4. **Audit Item 183 (Disputed)** – Healthcare Horizons is citing a procedural and financial error (\$509.18 overpayment) as an implant was incorrectly reimbursed on initial processing. Based on a post-payment audit process, BCBST determined that the implant (C1760 - closure device, vascular) did not meet coverage requirements per the provider contract. This determination resulted in an avoidable adjustment as the implant should have been denied on original processing.

***BCBST Response:** Our Claims Payment Integrity audit team identified and corrected the overpayment prior to the audit as part of our standard post-payment audit process. The adjustment was completed on December 8, 2021. We therefore disagree that this is an error under the audit. However, we are evaluating potential future implementation of a prepay edit to identify implants that do not meet the coverage definition.*

Healthcare Horizons' Final Comment: While we agree the overpayment was corrected prior to the audit, our position is that a procedural and financial error occurred on original processing as the implant was allowed incorrectly resulting in an avoidable adjustment to correct the claim. BCBST should explore pre-payment edits to deny implants that do not meet coverage requirements.

5. **Audit Item 200 (Observation)** – Healthcare Horizons is citing a procedural and financial error (\$152.30 overpayment) as an implant was incorrectly reimbursed on initial processing. Based on a post-payment audit process, BCBST determined that the implant (L8613 - ossicula implant) did not meet coverage requirements per the provider contract. This determination resulted in an avoidable adjustment as the implant should have been denied on original processing.

BCBST Response: Our Claims Integrity audit team adjusted this claim on November 9, 2021 – before the audit. Therefore, we disagree that this is an error under the audit. We also disagree that this claim reflects an “avoidable adjustment.” The contract with the provider that furnished this specific service states that payment is based on the provider’s costs, as supported by documentation submitted by the provider. Therefore, BCBST cannot configure its system prospectively to pay claims for these services accurately on first pass. Rather, as happened here, BCBST pays an initial amount to the provider and then adjusts the payment after the provider’s documentation is submitted and reviewed.

Healthcare Horizons’ Final Comment: Based on the updated response from BCBST, we are removing this item as a finding and citing as an observation only. All applicable charts have been adjusted to reflect no dollar error. Per this particular contract arrangement, it is apparent that an estimated payment is made initially with a planned future adjustment after a review of provider cost documentation is received at a later date. As these adjustments may create member confusion, BCBST and the providers should look for opportunities to complete an accurate payment on the first pass.

6. **Audit Item 204 (Agreed)** – Healthcare Horizons is citing a procedural and financial error (\$1.44 underpayment) as the state premier PPO individual in-network out-of-pocket maximum of \$3,600 was overapplied. BCBST responded that the sample inpatient facility claim will be adjusted to correct the patient cost share overage. Our position is that BCBST should have processes in place to true-up out-of-pocket amounts including the comingling of medical, pharmacy, and behavioral health claims.

BCBST Response: We agree that the claim reviewed in the audit resulted in an accumulator overage associated with the specific member that caused a \$1.44 underpayment to the provider on the claim reviewed in the audit. As noted above, we process claims in the order they’re received. Accumulator overages sometimes happen when claims are processed by pharmacy and/or behavioral health vendors and there’s a delay in receiving accumulator information for those claims. The adjustment to correct the overage was completed on the sample claim on March 9, 2022.

Healthcare Horizons’ Final Comment: Per the BCBST response, the claim has been adjusted to correct the out-of-pocket overage.

7. **Audit Item 206 (Agreed)** – Healthcare Horizons is citing a procedural and financial error (\$64.00 underpayment) as the state standard PPO family in-network out-of-pocket maximum of \$10,000 was overapplied. BCBST responded that the sample inpatient facility claim will be adjusted to correct the patient cost share overage. Our position is that BCBST should have processes in place to true-up out-of-pocket amounts including the comingling of medical, pharmacy, and behavioral health claims.

***BCBST Response:** We agree that the claim reviewed in the audit resulted in an accumulator overage associated with the specific member that caused a \$64.00 underpayment to the provider on the claim reviewed in the audit. As noted above, we process claims in the order they're received. Accumulator overages sometimes happen when claims are processed by pharmacy and/or behavioral health vendors and there's a delay in receiving accumulator information for those claims. The adjustment to correct the overage was completed on March 9, 2022.*

Healthcare Horizons' Final Comment: Per the BCBST response, the claim has been adjusted to correct the out-of-pocket overage.

8. **Audit Item 226 (Observation)** – In reviewing the 2020 out-of-pocket accumulators for the local government standard PPO member, it was observed that the member was over the individual in-network out-of-pocket maximum of \$4,000 by \$1.89. As no patient portion was taken on the sample inpatient facility claim, it was deemed as correct and therefore cited as an observation only. BCBST indicated that another claim (out-of-sample) will be adjusted to correct the \$1.89 underpayment.

***BCBST Response:** We agree that the claim reviewed in the audit resulted in an accumulator overage associated with the specific member that caused a \$1.89 underpayment to the provider on the claim reviewed in the audit. As noted above, we process claims in the order they're received. Accumulator overages sometimes happen when claims are processed by pharmacy and/or behavioral health vendors and there's a delay in receiving accumulator information for those claims. The adjustment to correct the overage was completed on an out-of-sample medical claim on March 9, 2022.*

Healthcare Horizons' Final Comment: Per the BCBST response, an out-of-sample claim has been adjusted to correct the out-of-pocket overage.

9. **Audit Item 251 (Agreed)** – Healthcare Horizons is citing a procedural and financial error (\$13.82 underpayment) as the local education premier PPO individual in-network out-of-pocket maximum of \$3,600 was overapplied. BCBST responded that the sample inpatient facility claim will be adjusted to correct the patient cost share overage. Our position is that BCBST should have processes in place to true-up out-of-pocket amounts including the comingling of medical, pharmacy, and behavioral health claims.

BCBST Response: *We agree that the claim reviewed in the audit resulted in an accumulator overage associated with the specific member that caused a \$13.82 underpayment to the provider on the claim reviewed in the audit. As noted above, we process claims in the order they're received. Accumulator overages sometimes happen when claims are processed by pharmacy and/or behavioral health vendors and there's a delay in receiving accumulator information for those claims. The adjustment to correct the overage was completed on March 9, 2022.*

Healthcare Horizons' Final Comment: Per the BCBST response, the claim has been adjusted to correct the out-of-pocket overage.

10. Audit Item 258 (Disputed) – Healthcare Horizons is citing a procedural and financial error (\$1,653.24 overpayment) due to missed 20% in-network coinsurance as the out-of-pocket maximum was not met for the 2020 state CDHP option for inpatient facility services. While the out-of-pocket was met at the time of processing, other claims were since adjusted resulting in additional coinsurance due to meet the family out-of-pocket maximum (\$5,000). Note that this was an out-of-network provider processed at an in-network benefit due to an emergency. BCBST responded that the sample claim will be adjusted to take the appropriate coinsurance. Our position is that BCBST should have processes in place to true-up out-of-pocket amounts including the comingling of medical, pharmacy, and behavioral health claims.

BCBST Response: *We've looked into this and found that correct benefits were applied at the time of processing and standard adjustment procedures were followed afterward, so we disagree that the \$1,653.24 overpayment was an error. We process claims in the order they're received. When we processed the sample claim, the member's maximum out-of-pocket had already been met by previously processed claims. Afterward, some of those claims were adjusted, reducing the member's liability so that their maximum out-of-pocket was no longer met. As part of our standard procedure, we don't go back and adjust completed claims for the sole purpose of truing up the accumulators. We feel doing so creates confusion, frustration and billing complications for the member who may now owe more on claims they thought were settled. Instead, we allow future claims to apply to the member's accumulators. We believe this is a much better member experience, but we're open to discussions with the State of Tennessee if this procedure is not preferred. Recovery efforts are underway.*

Healthcare Horizons' Final Comment: We recommend for the State to provide direction to BCBST on this issue. Our concern is that if sufficient future claims are not received to perform the true-up, patient cost share will not be applied correctly for the plan year. Pending any additional direction from the State, our position is that the sample claim is processing in error without applicable coinsurance.

11. Audit Item 267 (Disputed) – Healthcare Horizons is citing a procedural and financial error (\$81.49 overpayment) due to missed 10% in-network coinsurance as the out-of-pocket maximum was not met for the 2020 state premier PPO option for inpatient facility services. While the out-of-pocket was met at the time of

processing, other claims were since adjusted resulting in additional coinsurance due to meet the individual out-of-pocket maximum (\$3,600). BCBST responded that the sample claim will be adjusted to take the appropriate coinsurance. Our position is that BCBST should have processes in place to true-up out-of-pocket amounts including the comingling of medical, pharmacy, and behavioral health claims.

***BCBST Response:** We've looked into this and found that correct benefits were applied at the time of processing and standard adjustment procedures were followed afterward, so we disagree that the \$81.49 overpayment is an error. We process claims in the order they're received. When we processed the claim reviewed in the audit, the member's maximum out-of-pocket had already been met by previously processed claims. Afterward, some of those claims were adjusted, reducing the member's liability so that their maximum out-of-pocket was no longer met. As part of our standard procedure, we don't go back and adjust completed claims for the sole purpose of truing up the accumulators. We feel doing so creates confusion, frustration and billing complications for the member, who, as a result, may owe more on claims they thought were settled. Instead, we allow future claims to apply to the member's accumulators. We believe this is a much better member experience, but we're open to discussions with the State of Tennessee if this procedure is not preferred.*

Healthcare Horizons' Final Comment: We recommend for the State to provide direction to BCBST on this issue. Our concern is that if sufficient future claims are not received to perform the true-up, patient cost share will not be applied correctly for the plan year. Pending any additional direction from the State, our position is that the sample claim is processing in error without applicable coinsurance.

12. Audit Item 269 (Agreed) – Healthcare Horizons is citing a procedural and financial error (\$5.01 underpayment) as the state premier PPO individual in-network out-of-pocket maximum of \$3,600 was overapplied. BCBST responded that the sample inpatient facility claim will be adjusted to correct the patient cost share overage. Our position is that BCBST should have processes in place to true-up out-of-pocket amounts including the comingling of medical, pharmacy, and behavioral health claims.

***BCBST Response:** We agree that the claim reviewed in the audit resulted in an accumulator overage associated with the specific member that caused a \$5.01 underpayment to the provider on the claim reviewed in the audit. As noted above, we process claims in the order they're received. Accumulator overages sometimes happen when claims are processed by pharmacy and/or behavioral health vendors and there's a delay in receiving accumulator information for those claims. The adjustment to correct the overage was completed on March 9, 2022.*

Healthcare Horizons' Final Comment: Per the BCBST response, the claim has been adjusted to correct the out-of-pocket overage.

Conclusion

Healthcare Horizons has performed a thorough and effective random sample audit on behalf of the State of Tennessee. We encourage the State and BCBST 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.

***BCBST Response:** We're pleased with the findings of this audit. We believe they show that we manage the State of Tennessee's claims properly while also looking out for the best interest of the State's – and our - members. We've added comments to clarify a few points about our standard procedures to help give context to these findings.*

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	\$217.44	\$214,420,837.48	3,860,271	\$4,608.96	60	0	0	\$0.00
2	\$217.44	\$1,194.62	\$214,420,854.20	478,636	\$27,356.04	60	0	0	\$0.00
3	\$1,194.66	\$5,852.74	\$214,416,448.70	88,898	\$154,555.64	60	2	2	\$331.50
4	\$5,852.74	\$24,455.08	\$214,414,725.92	20,182	\$691,137.91	60	3	3	\$574.62
5	\$24,455.08	\$3,830,776.45	\$214,431,962.68	3,746	\$3,443,354.70	60	4	4	\$1,753.56
Totals			\$1,072,104,828.98	4,451,733	\$4,321,013.25	300	9	9	\$2,659.68
Percent Error							3.00%	3.00%	0.06%
Accuracy Rates							97.00%	97.00%	99.94%

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	\$217.44	\$214,420,837.48	3,860,271	\$4,608.96	60	0	0	\$0.00
2	\$217.44	\$1,194.62	\$214,420,854.20	478,636	\$27,356.04	60	0	0	\$0.00
3	\$1,194.66	\$5,852.74	\$214,416,448.70	88,898	\$154,555.64	60	2,963	2,963	\$459,892.97
4	\$5,852.74	\$24,455.08	\$214,414,725.92	20,182	\$691,137.91	60	1,009	1,009	\$178,266.87
5	\$24,455.08	\$3,830,776.45	\$214,431,962.68	3,746	\$3,443,354.70	60	250	250	\$109,201.45
Totals			\$1,072,104,828.98	4,451,733	\$4,321,013.25	300	4,222	4,222	\$747,361.29
Percent Error							0.09%	0.09%	0.07%
Accuracy Rates							99.91%	99.91%	99.93%

Appendix B – Site Visit Detail

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Benefit Package	Paid
1	Strata 1	N	N	\$0.00	Eligible, No other insurance, Took 10% coins correctly, Priced correctly - fee schedule	State Active Employees, Premier PPO, East	\$106.67
2	Strata 1	N	N	\$0.00	Member not elig on date of service, No other insurance, Correctly denied claim for eligibility	Teachers Active Employees, Limited PPO, East	\$0.00
3	Strata 1	N	N	\$0.00	Eligible, No other insurance, Took 10% coins, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$91.25
4	Strata 1	N	N	\$0.00	Eligible, No other insurance, Took \$45 copay correctly, Priced correctly - fee schedule	State Active Employees, Premier PPO, East	\$97.67
5	Strata 1	N	N	\$0.00	Eligible, No other insurance, 20% coins correctly applied, Priced correctly - fee schedule	State Active Employees, Standard PPO, Middle	\$1.34
6	Strata 1	N	N	\$0.00	Eligible, No other coverage, No cost share applied correctly, Priced correctly - fee schedule	State Active Employees, Standard PPO, East	\$10.42
7	Strata 1	N	N	\$0.00	Eligible, No other coverage, No cost share applied correctly, Priced correctly - fee schedule	State Active Employees, Standard PPO, Middle	\$130.10
8	Strata 1	N	N	\$0.00	Eligible, No other coverage, No cost share applied correctly, Priced correctly - fee schedule	State Retired Employees, Premier PPO, Middle	\$169.00
9	Strata 1	N	N	\$0.00	Eligible, No other coverage, 10% coins correctly applied, Priced correctly - fee schedule	State Active Employees, Premier PPO, East	\$2.52
10	Strata 1	N	N	\$0.00	Eligible, No other coverage, OOP met, No cost share applied correct, Priced correctly - fee schedule	Local Governments Active Employees, Premier PPO, Middle	\$179.31
11	Strata 1	N	N	\$0.00	Eligible, No other insurance, Took \$25 copay correctly, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$35.00
12	Strata 1	N	N	\$0.00	Eligible, No other insurance, No cost share correct - preventive, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, East	\$163.20
13	Strata 1	N	N	\$0.00	Eligible, No other insurance, 20% coins taken correctly, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, Middle	\$159.32
14	Strata 1	N	N	\$0.00	Eligible, No other insurance, OOP not met, 10% coins taken, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$131.48
15	Strata 1	N	N	\$0.00	Eligible, No patient portion needed - preventive, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, Middle	\$70.90
16	Strata 1	N	N	\$0.00	Eligible, OI secondary, No patient portion needed - preventive, Priced correctly - fee schedule	State Active Employees, Standard PPO, Middle	\$42.76
17	Strata 1	N	N	\$0.00	Eligible, No other insurance, Claim denied correctly as a duplicate	State Active Employees, Premier PPO, West	\$0.00
18	Strata 1	N	N	\$0.00	Eligible, No other insurance, 10% coins taken correctly, Priced correctly - fee schedule	State Active Employees, Premier PPO, East	\$87.08
19	Strata 1	N	N	\$0.00	Eligible, No other insurance, Claim denied correctly as a duplicate	State Active Employees, Premier PPO, Middle	\$0.00
20	Strata 1	N	N	\$0.00	Eligible, Medicare secondary - ESRD Medicare part A only - member in coordination period, Took 10% coins correct, Priced correctly - fee schedule	State Active Employees, Premier PPO, East	\$175.40
21	Strata 1	N	N	\$0.00	Eligible, No other insurance, 10% coins correctly applied, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$3.96
22	Strata 1	N	N	\$0.00	Eligible, No response on COB letter sent in November, No coins taken - correctly = preventive, Priced correctly - fee schedule	State Active Employees, Standard PPO, Middle	\$109.79
23	Strata 1	N	N	\$0.00	Eligible, No other insurance, Took \$30 copay and 20% coins correctly, Priced correctly - fee schedule	Teachers Active Employees, Standard PPO, East	\$161.10
24	Strata 1	N	N	\$0.00	Eligible, No other insurance, Took \$25 copay correctly, Priced correctly - fee schedule	Teachers Retired Employees, Premier PPO, East	\$35.00
25	Strata 1	N	N	\$0.00	Eligible, Took \$25 copay correctly, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$35.00
26	Strata 1	N	N	\$0.00	Eligible, No other insurance, Took \$45 copay correctly, Priced correctly - fee schedule	State Active Employees, Premier PPO, West	\$60.65
27	Strata 1	N	N	\$0.00	Eligible, No other coverage, OOP met with rx, Priced correctly - fee schedule	Teachers Active Employees, Standard PPO, Middle	\$10.76
28	Strata 1	N	N	\$0.00	Eligible, No other insurance, No cost share applied - preventive, Priced correctly - fee schedule	State Retired Employees, Standard PPO, Middle	\$105.18
29	Strata 1	N	N	\$0.00	Eligible, OOP not met - 10% coins correctly applied, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$179.58
30	Strata 1	N	N	\$0.00	Eligible, No other coverage, Cost share waived for COVID, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, East	\$197.92
31	Strata 1	N	N	\$0.00	Eligible, No other insurance, Priced correctly - fee schedule	Teachers Active Employees, Standard PPO, East	\$1.00
32	Strata 1	N	N	\$0.00	Eligible, No other coverage, Copay and coins applied correctly, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$51.87
33	Strata 1	N	N	\$0.00	Eligible, No other coverage in system, Denied to obtain COB information	State Active Employees, Standard PPO, Middle	\$0.00
34	Strata 1	N	N	\$0.00	Eligible, No other insurance, Cost share waived - COVID, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, East	\$207.31
35	Strata 1	N	N	\$0.00	Eligible, Other coverage primary, Paid as secondary, Priced correctly - fee schedule	State Active Employees, Standard PPO, East	\$175.07
36	Strata 1	N	N	\$0.00	Eligible, No other insurance, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, East	\$184.43

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Benefit Package	Paid
37	Strata 1	N	N	\$0.00	Eligible, Charges denied in full - not billable on UB	State Active Employees, Standard PPO, East	\$0.00
38	Strata 1	N	N	\$0.00	Eligible, No other coverage, No patient portion needed - Preventive, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, West	\$65.18
39	Strata 1	N	N	\$0.00	Eligible, No other coverage, No patient portion needed, Priced correctly - monthly coordination fee	State Active Employees, Standard PPO, East	\$1.00
40	Strata 1	N	N	\$0.00	Eligible, Medicaid secondary, Took 10% coins correct, Priced correctly - fee schedule	State Active Employees, Premier PPO, East	\$139.22
41	Strata 1	N	N	\$0.00	Eligible, No other coverage, No patient portion needed, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$1.00
42	Strata 1	N	N	\$0.00	Eligible, No other insurance, 10% coins correctly applied, Priced correctly - fee schedule	State Retired Employees, Premier PPO, East	\$43.67
43	Strata 1	N	N	\$0.00	Eligible, No other insurance, Took 10% coins correctly, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$9.49
44	Strata 1	N	N	\$0.00	Eligible, No other insurance, No patient portion needed, Priced correctly - fee schedule	State Active Employees, Premier PPO, East	\$12.18
45	Strata 1	N	N	\$0.00	Eligible, No other insurance, Met OOP, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, Middle	\$25.39
46	Strata 1	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - preventive, Priced correctly - fee schedule	State Active Employees, Standard PPO, Middle	\$109.18
47	Strata 1	N	N	\$0.00	Eligible, No other insurance, Priced correctly - monthly admin fee	State Active Employees, Premier PPO, Middle	\$1.00
48	Strata 1	N	N	\$0.00	Eligible, No other insurance, Took \$50 copay correctly, Priced correctly - fee schedule	State Active Employees, Standard PPO, East	\$57.06
49	Strata 1	N	N	\$0.00	Eligible, No other insurance, 10% coins correct, Priced correctly - fee schedule	State Active Employees, Premier PPO, East	\$8.60
50	Strata 1	N	N	\$0.00	Eligible, No other insurance, Took \$25 copay, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$114.62
51	Strata 1	N	N	\$0.00	Eligible, No patient portion needed = preventive, Priced correctly - fee schedule	State Active Employees, CDHP/HSA Middle	\$157.05
52	Strata 1	N	N	\$0.00	Eligible, No other insurance, Priced correctly - monthly admin fee	State Active Employees, Premier PPO, Middle	\$1.00
53	Strata 1	N	N	\$0.00	Eligible, No other insurance, Denied as a duplicate correctly	Teachers Active Employees, Premier PPO, West	\$0.00
54	Strata 1	N	N	\$0.00	Eligible, No other insurance, \$25 copay correct, 10% coins correct, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$119.31
55	Strata 1	N	N	\$0.00	Eligible, \$25 copay correct, 10% coins correct, Priced correctly - fee schedule	State Active Employees, Premier PPO, East	\$67.79
56	Strata 1	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - preventive, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$87.99
57	Strata 1	N	N	\$0.00	Eligible, No other insurance, \$35 copay taken, Coins correct, Priced correctly - fee schedule	Teachers Active Employees, Limited PPO, Middle	\$78.45
58	Strata 1	N	N	\$0.00	Eligible, No other insurance, Priced correctly - monthly admin fee	State Active Employees, Standard PPO, East	\$1.00
59	Strata 1	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - preventive, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, Middle	\$181.03
60	Strata 1	N	N	\$0.00	Eligible, No other insurance, \$30 copay taken and 20% coins, Priced correctly - fee schedule	State Active Employees, Standard PPO, West	\$155.71
61	Strata 2	N	N	\$0.00	Eligible, No other insurance, Took \$500 ded and 10% coins correctly, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, East	\$532.28
62	Strata 2	N	N	\$0.00	Eligible, No other insurance, Took 10% coins correctly, Priced correctly - fee schedule	State Retired Employees, Premier PPO, East	\$1,075.05
63	Strata 2	N	N	\$0.00	Eligible, No other insurance, Took 10% coins correct, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, East	\$1,179.04
64	Strata 2	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - preventive, Priced correctly - fee schedule	Local Governments Active Employees, Standard PPO, Middle	\$348.01
65	Strata 2	N	N	\$0.00	Eligible, No other insurance, Took 10% coins, Priced correctly - fee schedule	Local Governments Active Employees, Limited PPO, Middle	\$546.02
66	Strata 2	N	N	\$0.00	Eligible, No other insurance, Took 10% coins, Authorized, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$1,008.87
67	Strata 2	N	N	\$0.00	Eligible, No other insurance, Took 10% coins, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, Middle	\$1,119.77
68	Strata 2	N	N	\$0.00	Eligible, No other insurance, Took 20% coins, Priced correctly - fee schedule	State Active Employees, Standard PPO, East	\$240.00
69	Strata 2	N	N	\$0.00	Eligible, No other insurance, Took coins on correct line, balance is preventive, Priced correctly - fee schedule	Local Governments Active Employees, Premier PPO, East	\$267.20
70	Strata 2	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - copay taken on facility claim, Priced correctly - fee schedule	State Active Employees, Standard PPO, East	\$332.83
71	Strata 2	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - preventive, Priced correctly - fee schedule	Teachers Active Employees, Local CDHP/HSA, East	\$283.92
72	Strata 2	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - copay taken on facility claim, Priced correctly - fee schedule	State Active Employees, Standard PPO, Middle	\$220.71
73	Strata 2	N	N	\$0.00	Eligible, No other insurance, \$50 copay taken, Priced correctly - fee schedule	Local Governments Active Employees, Standard PPO, Middle	\$225.04
74	Strata 2	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - preventive, Priced correctly - fee schedule	State Active Employees, Standard PPO, Middle	\$459.21

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Benefit Package	Paid
75	Strata 2	N	N	\$0.00	Eligible, No other insurance, 20% coins taken, Priced correctly - fee schedule	State Active Employees, CDHP/HSA East	\$276.00
76	Strata 2	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - ER physician, Priced correctly - fee schedule	State Retired Employees, Premier PPO, East	\$288.99
77	Strata 2	N	N	\$0.00	Eligible, No other insurance, \$50 copay correct, Priced correctly - fee schedule	Teachers Active Employees, Standard PPO, Middle	\$294.72
78	Strata 2	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - preventive, Priced correctly - fee schedule	State Active Employees, Standard PPO, East	\$237.25
79	Strata 2	N	N	\$0.00	Eligible, No other insurance, 20% coins taken, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, East	\$228.71
80	Strata 2	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - OOP met, Priced correctly - fee schedule	State Retired Employees, Premier PPO, Middle	\$234.32
81	Strata 2	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Authorized, Priced correctly - fee schedule	State Retired Employees, Premier PPO, East	\$381.13
82	Strata 2	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - preventive, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, Middle	\$530.06
83	Strata 2	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - preventive, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, Middle	\$236.60
84	Strata 2	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, Middle	\$781.86
85	Strata 2	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, East	\$306.95
86	Strata 2	N	N	\$0.00	Eligible, OI primary, Primary payment applied to ded, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$278.10
87	Strata 2	N	N	\$0.00	Eligible, Other coverage secondary (TennCare), No patient portion needed - ER physician, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, East	\$306.22
88	Strata 2	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Authorized, Priced correctly - fee schedule	State Active Employees, Premier PPO, East	\$1,043.87
89	Strata 2	N	N	\$0.00	Eligible, No other insurance, Ded correctly met with this claim, \$45 copay and 10% coins taken, Priced correctly - fee schedule	Local Governments Active Employees, Premier PPO, Middle	\$739.32
90	Strata 2	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - preventive, Priced correctly - fee schedule	Local Governments Active Employees, Premier PPO, East	\$659.16
91	Strata 2	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, East	\$270.00
92	Strata 2	N	N	\$0.00	Eligible, No other insurance, \$55 copay and 30% coins taken, Priced correctly - fee schedule	Teachers Active Employees, Limited PPO, East	\$297.73
93	Strata 2	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, Middle	\$279.49
94	Strata 2	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - ER Physician, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, East	\$524.73
95	Strata 2	N	N	\$0.00	Eligible, No other insurance, \$45 copay and 10% coins taken correctly, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$240.54
96	Strata 2	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	Local Governments Active Employees, Premier PPO, East	\$407.15
97	Strata 2	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	State Retired Employees, Premier PPO, West	\$1,075.67
98	Strata 2	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	Teachers Active Employees, Standard PPO, Middle	\$557.99
99	Strata 2	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, Middle	\$328.98
100	Strata 2	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - ER physician, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, Middle	\$540.64
101	Strata 2	N	N	\$0.00	Eligible, Other insurance secondary, 10% coins taken, Ded max met, Priced correctly - fee schedule	State Active Employees, Premier PPO, East	\$447.49
102	Strata 2	N	N	\$0.00	Eligible, No other insurance, \$200 ER copay, ded and 30% coins taken, Priced correctly - fee schedule	Local Governments Active Employees, Limited PPO, East	\$423.00
103	Strata 2	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - preventive, Priced correctly - fee schedule	State Active Employees, Premier PPO, East	\$491.63
104	Strata 2	N	N	\$0.00	Eligible, No other insurance, \$150 ER copay taken, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$542.00
105	Strata 2	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - preventive, Priced correctly - fee schedule	State Active Employees, Premier PPO, East	\$670.26
106	Strata 2	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, Middle	\$323.92
107	Strata 2	N	N	\$0.00	Eligible, No other insurance, Met OOP, Priced correctly - fee schedule	State Active Employees, CDHP/HSA East	\$302.00
108	Strata 2	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	Local Governments Active Employees, Premier PPO, Middle	\$227.40
109	Strata 2	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - preventive, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$664.02
110	Strata 2	N	N	\$0.00	Eligible, No other insurance, COVID - no patient portion needed, Priced correctly - fee schedule	Teachers Active Employees, Standard PPO, Middle	\$271.07

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Benefit Package	Paid
111	Strata 2	N	N	\$0.00	Eligible, Medicare Part A secondary, OOP met at the time of processing - OOP re-met after adjustment, Priced correctly - fee schedule	State Active Employees, Standard PPO, Middle	\$231.34
112	Strata 2	N	N	\$0.00	Eligible, No other insurance, 20% coins taken, Priced correctly - fee schedule	State Active Employees, Standard PPO, East	\$377.26
113	Strata 2	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	Local Governments Active Employees, Premier PPO, Middle	\$358.93
114	Strata 2	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - ER physician, copay taken on facility claim, Priced correctly - fee schedule	State Active Employees, Standard PPO, East	\$524.73
115	Strata 2	N	N	\$0.00	Eligible, TennCare secondary, Family OOP met, Priced correctly - fee schedule	State Active Employees, CDHP/HSA Middle	\$345.80
116	Strata 2	N	N	\$0.00	Eligible, Other insurance secondary, 10% coins taken, Priced correctly - fee schedule	Local Governments Active Employees, Premier PPO, Middle	\$417.63
117	Strata 2	N	N	\$0.00	Eligible, No other insurance, Ded and 10% coins taken, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, Middle	\$489.04
118	Strata 2	N	N	\$0.00	Eligible, No other insurance, OOP met, Priced correctly - fee schedule	State Retired Employees, Premier PPO, Middle	\$410.74
119	Strata 2	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - preventive, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$351.67
120	Strata 2	N	N	\$0.00	Eligible, No other insurance, Coins taken correctly, Priced correctly - fee schedule	State Retired Employees, Standard PPO, Middle	\$301.98
121	Strata 3	N	N	\$0.00	Eligible, No other insurance, \$45 copay taken, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, West	\$2,045.77
122	Strata 3	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	State Retired Employees, Premier PPO, East	\$2,016.94
123	Strata 3	N	N	\$0.00	Eligible, No other insurance, Specialty pharmacy, no money went out in Medical - placeholder for Pharmacy	State Active Employees, Premier PPO, Middle	\$1,731.24
124	Strata 3	N	N	\$0.00	Eligible, No other insurance, \$175 copay taken, Priced correctly - fee schedule	Teachers Active Employees, Standard PPO, Middle	\$1,470.98
125	Strata 3	N	N	\$0.00	Eligible, No other insurance, Copay taken up to OOP max, Priced correctly - host plan schedule	State Active Employees, Premier PPO, Middle	\$1,336.17
126	Strata 3	N	N	\$0.00	Eligible, No other insurance, OOP met, Priced correctly - fee schedule	State Retired Employees, Standard PPO, East	\$2,065.89
127	Strata 3	N	N	\$0.00	Eligible, No other insurance, Specialty pharmacy, no money went out in Medical - placeholder for Pharmacy	Teachers Active Employees, Premier PPO, East	\$2,437.52
128	Strata 3	N	N	\$0.00	Eligible, No other insurance, \$500 ded taken, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, East	\$2,431.80
129	Strata 3	N	N	\$0.00	Eligible, No other coverage, Ded, coins and \$175 ER copay taken, Priced correctly - fee schedule	State Active Employees, Standard PPO, East	\$4,994.10
130	Strata 3	N	N	\$0.00	Eligible, Medicare secondary - active employee, 10% coins taken, Priced correctly - fee schedule	State Active Employees, Premier PPO, East	\$3,476.70
131	Strata 3	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	State Active Employees, Premier PPO, East	\$2,015.80
132	Strata 3	N	N	\$0.00	Eligible, No other coverage, \$500 ded and 10% coins taken, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, West	\$1,306.33
133	Strata 3	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$1,451.45
134	Strata 3	N	N	\$0.00	Eligible, No other insurance, 30% coins taken, Priced correctly - fee schedule	Teachers Active Employees, Limited PPO, Middle	\$3,968.30
135	Strata 3	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$1,198.80
136	Strata 3	N	N	\$0.00	Eligible, No other insurance, Specialty pharmacy, no money went out in Medical - placeholder for Pharmacy	State Active Employees, Premier PPO, West	\$2,587.38
137	Strata 3	N	N	\$0.00	Eligible, No other insurance, \$150 ER copay taken, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, West	\$2,039.68
138	Strata 3	N	N	\$0.00	Eligible, No other insurance, \$500 deductible and ER copay and coins applied to meet OOP, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, Middle	\$2,626.24
139	Strata 3	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, East	\$1,667.51
140	Strata 3	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, Middle	\$1,550.00
141	Strata 3	Y	Y	\$290.58	Eligible, No other insurance, Priced correctly - fee schedule, OOP met at time of processing, now OOP has not been met and claim will be adjusted for ded and 10% coins, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$2,905.80
142	Strata 3	N	N	\$0.00	Eligible, No other insurance, Coins taken correctly, Met OOP, Priced correctly - fee schedule	Teachers Active Employees, Standard PPO, East	\$2,011.15
143	Strata 3	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, Middle	\$2,178.93
144	Strata 3	N	N	\$0.00	Eligible, No other insurance, No cost shared taken - OOP met, Priced correctly - fee schedule	Teachers Active Employees, Standard PPO, Middle	\$1,233.96
145	Strata 3	N	N	\$0.00	Eligible, No other insurance, No cost shared taken - OOP met, Authorized, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$1,665.00

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Benefit Package	Paid
146	Strata 3	N	N	\$0.00	Eligible, TennCare coverage secondary, No patient portion needed, Priced correctly - fee schedule	State Active Employees, Standard PPO, East	\$1,424.35
147	Strata 3	N	N	\$0.00	Eligible, No other insurance, OOP met with RX, Priced correctly - fee schedule	Teachers Active Employees, Standard PPO, East	\$3,040.00
148	Strata 3	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$1,332.05
149	Strata 3	N	N	\$0.00	Eligible, No other insurance, COVID - no patient portion needed, Priced correctly - fee schedule	State Retired Employees, Premier PPO, East	\$1,484.10
150	Strata 3	N	N	\$0.00	Eligible, No other insurance, 30% coins taken, Priced correctly - fee schedule	Teachers Active Employees, Limited PPO, Middle	\$1,204.62
151	Strata 3	N	N	\$0.00	Eligible, No other insurance, Ded met with claim and 20% coins taken, Priced correctly - fee schedule	State Active Employees, Standard PPO, Middle	\$4,051.61
152	Strata 3	N	N	\$0.00	Eligible, No other insurance, Met OOP, Priced correctly - fee schedule	State Active Employees, Standard PPO, East	\$1,710.43
153	Strata 3	N	N	\$0.00	Eligible, Other insurance primary, Coins taken correctly, Priced correctly - coordinated correctly	State Active Employees, Premier PPO, Middle	\$2,530.29
154	Strata 3	N	N	\$0.00	Eligible, No other insurance, 10% coins taken on non-preventive lines, Priced correctly - fee schedule	State Active Employees, Premier PPO, East	\$1,383.99
155	Strata 3	N	N	\$0.00	Eligible, OC TennCare secondary, \$500 ded and 10% coin taken, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$4,980.18
156	Strata 3	N	N	\$0.00	Eligible, No other insurance, OOP met, Priced correctly - fee schedule	State Active Employees, Standard PPO, East	\$4,537.24
157	Strata 3	N	N	\$0.00	Eligible, No other insurance, No patient portion needed, Priced correctly - fee schedule	State Active Employees, Standard PPO, East	\$4,009.75
158	Strata 3	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	Teachers Retired Employees, Premier PPO, Middle	\$2,183.60
159	Strata 3	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - allergies, Priced correctly - fee schedule	State Active Employees, Standard PPO, Middle	\$2,714.17
160	Strata 3	N	N	\$0.00	Eligible, No other insurance, No patient portion needed - allergies, Priced correctly - fee schedule	Local Governments Active Employees, Limited PPO, West	\$2,322.41
161	Strata 3	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, East	\$2,874.01
162	Strata 3	N	N	\$0.00	Eligible, No other insurance, \$150 copay, ded, and coins taken, Priced correctly - fee schedule	Teachers Retired Employees, Premier PPO, East	\$1,413.58
163	Strata 3	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$3,166.22
164	Strata 3	N	N	\$0.00	Eligible, No other insurance, \$175 ER copay and 20% coins on observation taken, Priced correctly - fee schedule	Teachers Active Employees, Standard PPO, East	\$3,687.77
165	Strata 3	N	N	\$0.00	Eligible, Medicare secondary - active employee, 10% coins taken, Authorized, Priced correctly - fee schedule	State Active Employees, Premier PPO, East	\$4,737.15
166	Strata 3	N	N	\$0.00	Eligible, No other coverage, OOP met w rx oop, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, East	\$4,886.28
167	Strata 3	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	State Retired Employees, Premier PPO, East	\$2,462.97
168	Strata 3	N	N	\$0.00	Eligible, No other insurance, COVID - no patient portion needed, Priced correctly - fee schedule	Local Governments Active Employees, Premier PPO, East	\$3,437.66
169	Strata 3	N	N	\$0.00	Eligible, No other insurance, OOP met, Priced correctly - fee schedule	State Active Employees, Standard PPO, Middle	\$3,692.82
170	Strata 3	N	N	\$0.00	Eligible, Medicare secondary, 10% coins taken, Authorized, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$4,165.64
171	Strata 3	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - fee schedule	State Active Employees, Premier PPO, East	\$2,575.75
172	Strata 3	N	N	\$0.00	Eligible, No other insurance, COVID screening in ER - no patient portion needed, Priced correctly - full amount billed - OON ER physician, Host plan verified	Teachers Active Employees, Premier PPO, West	\$3,591.98
173	Strata 3	N	N	\$0.00	Eligible, No other insurance, Specialty pharmacy, no money went out in Medical - placeholder for Pharmacy	Teachers Active Employees, Premier PPO, East	\$1,298.16
174	Strata 3	N	N	\$0.00	Eligible, No other insurance, Ded and coins taken, Met OOP for year, Adjusted but paid same, Authorized, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, East	\$2,578.83
175	Strata 3	N	N	\$0.00	Eligible, No other insurance, Member is over \$74 in OOP due to timing of pharmacy and MH claims, No patient portion taken on this claim, Priced correctly - ER rate, \$74 adjustment will take place on OOS claim	Teachers Active Employees, Limited PPO, Middle	\$1,410.00
176	Strata 3	N	N	\$0.00	Eligible, No other insurance, Specialty pharmacy, no money went out in Medical - placeholder for Pharmacy	State Active Employees, Standard PPO, Middle	\$1,298.16
177	Strata 3	N	N	\$0.00	Eligible, No other insurance, COVID - no patient portion needed, Priced correctly - ER and observation rates and fee schedule	Teachers Active Employees, Premier PPO, East	\$4,027.13
178	Strata 3	N	N	\$0.00	Eligible, No other insurance, Met OOP, Priced correctly - fee schedule	Teachers Active Employees, Standard PPO, East	\$1,619.91
179	Strata 3	Y	Y	\$40.92	Eligible, No other insurance, Over the OOP by \$40.92 due to timing of pharmacy claims, Took ER copay, Priced correctly - ER rate, This claim will adjust for OOP (underpayment)	Local Governments Active Employees, Standard PPO, East	\$3,428.95
180	Strata 3	N	N	\$0.00	Eligible, Medicare secondary, Met OOP, Authorized, Priced correctly - BlueCard verified pricing	Teachers Active Employees, Premier PPO, East	\$4,880.44

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Benefit Package	Paid
181	Strata 4	N	N	\$0.00	Eligible, No other insurance, Allowed as COVID-related due to test - no patient portion needed, Priced correctly - fee schedule and surgery and ER grouper rates	State Active Employees, Standard PPO, Middle	\$6,502.64
182	Strata 4	N	N	\$0.00	Eligible, No other insurance, Took ded and coins on CT line, No ER copay due to hitting INN OOP max, OON Emergent allowed at full billed charges	Teachers Active Employees, Local CDHP/HSA, Middle	\$11,662.37
183	Strata 4	Y	Y	\$509.18	Eligible, Medicare secondary, Adjusted due to medical review to deny implant after claim processed - avoidable adjustment, OOP met, Priced correctly - fee schedule	State Active Employees, Premier PPO, Middle	\$8,878.14
184	Strata 4	N	N	\$0.00	Eligible, Medicare secondary, Met OOP, Priced correctly - observation and ER and cardiology rates	Teachers Active Employees, Standard PPO, East	\$10,046.00
185	Strata 4	N	N	\$0.00	Eligible, No other insurance, Took coins on non-COVID lines, Priced correctly - observation and ASC grouper and lab rate	Teachers Active Employees, Premier PPO, Middle	\$9,556.63
186	Strata 4	N	N	\$0.00	Eligible, Medicare secondary, Took ER copay, Ded and Coins, Priced correctly - Bluecard verified	State Active Employees, Standard PPO, East	\$9,050.67
187	Strata 4	N	N	\$0.00	Eligible, Medicare due to disability secondary, Medicaid tertiary, ER copay taken and 10% coins, Met OOP for year, Priced correctly - POC	Teachers Active Employees, Premier PPO, East	\$10,889.50
188	Strata 4	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Authorized, Priced correctly - DRG	Teachers Retired Employees, Premier PPO, Middle	\$13,373.59
189	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met family OOP, Priced correctly - fee schedule	State Active Employees, CDHP/HSA East	\$6,345.29
190	Strata 4	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - cardiac rate and observation x units	State Active Employees, Premier PPO, Middle	\$7,770.60
191	Strata 4	N	N	\$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized, Priced correctly - POC	Local Governments Active Employees, Premier PPO, Middle	\$6,546.16
192	Strata 4	N	N	\$0.00	Eligible, Medicare secondary, Met OOP, Authorized, Priced correctly - per diem	State Active Employees, Standard PPO, Middle	\$13,923.00
193	Strata 4	N	N	\$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized, Priced correctly - per diem	Teachers Active Employees, Standard PPO, West	\$13,566.35
194	Strata 4	N	N	\$0.00	Eligible, No other insurance, Took ded, ER copay and 10% coins on correct lines, Priced correctly - fee schedule	Teachers Active Employees, Premier PPO, Middle	\$23,984.38
195	Strata 4	N	N	\$0.00	Eligible, No other insurance, Took ded up to max and 10% coins, Authorized, Priced correctly - DRG	Teachers Active Employees, Premier PPO, West	\$6,460.30
196	Strata 4	N	N	\$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized, Priced correctly - lesser of DRG	Local Governments Active Employees, Limited PPO, Middle	\$21,039.59
197	Strata 4	N	N	\$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized for reconstruction surgery following cancer, Priced correctly - fee schedule	Local Governments Active Employees, Limited PPO, Middle	\$6,612.48
198	Strata 4	N	N	\$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized for diagnostic test, Priced correctly - fee schedule	State Active Employees, Standard PPO, East	\$8,311.67
199	Strata 4	N	N	\$0.00	Eligible, OI commercial secondary, Injections are allowed at 100% and did not bill an office visit, Adjusted due to getting an auth for the injection, Priced correctly - fee schedule x units	State Active Employees, Premier PPO, East	\$8,476.36
200	Strata 4	\$0.00	\$0.00	\$0.00	Eligible, No other insurance, Adjusted to reimburse based on provider cost documentation correct, Took ded and coins on allowed lines, Priced correctly - fee schedule and MPR applied	Teachers Active Employees, Premier PPO, Middle	\$7,848.19
201	Strata 4	N	N	\$0.00	Eligible, Medicare secondary until 10/31/20, primary on DOS, Met OOP, Authorized, Priced correctly - DRG	Local Governments Active Employees, Limited PPO, Middle	\$23,855.02
202	Strata 4	N	N	\$0.00	Eligible, No other insurance, Specialty pharmacy, no money went out in Medical - placeholder for Pharmacy	State Active Employees, Premier PPO, Middle	\$6,936.83
203	Strata 4	N	N	\$0.00	Eligible, Medicare secondary, Took 20% coins on most lines up to the OOP max, Priced correctly - fee schedule	State Active Employees, Standard PPO, East	\$8,927.50
204	Strata 4	Y	Y	\$1.44	Eligible, No other insurance, Took 10% coins, Over the member OOP limit by \$1.44 due to Pharmacy and MH claim timing, Authorized, Priced correctly - DRG, first admission for readmit, This claim will be adjusted for OOP (underpayment)	State Retired Employees, Premier PPO, East	\$16,149.49
205	Strata 4	N	N	\$0.00	Eligible, No other insurance, Took ded and coins up to max, Met OOP for year, Priced correctly - surgery grouper rate and observation x units rate	State Active Employees, Premier PPO, East	\$7,873.60
206	Strata 4	Y	Y	\$64.00	Eligible, No other insurance, Took coins, Family is over their OOP limit by \$64 for the year due to Pharmacy and MH claim timing, Authorized, Priced correctly - DRG, This claim will be adjusted for OOP (underpayment)	State Active Employees, Standard PPO, East	\$14,646.32
207	Strata 4	N	N	\$0.00	Eligible, Medicare secondary, Took ded and coins, Met OOP for year, Authorized, Priced correctly - DRG	State Active Employees, Premier PPO, East	\$24,034.94
208	Strata 4	N	N	\$0.00	Eligible, Medicare secondary, Took ded and coins up to OOP max, Priced correctly - surgery grouper rate	Teachers Active Employees, Standard PPO, East	\$12,440.14
209	Strata 4	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Priced correctly - surgery grouper rate with observation x unit rate	State Active Employees, Premier PPO, East	\$8,872.20
210	Strata 4	N	N	\$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized, Priced correctly - lesser of DRG	Teachers Active Employees, Premier PPO, West	\$20,411.52
211	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met OOP, Priced correctly - ASC grouper rate	Teachers Retired Employees, Premier PPO, Middle	\$6,518.00

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Benefit Package	Paid
212	Strata 4	N	N	\$0.00	Eligible, No other insurance, Ded and coins taken, Met OOP for year, Authorized, Priced correctly - surgical rate	Teachers Active Employees, Limited PPO, Middle	\$19,476.96
213	Strata 4	N	N	\$0.00	Eligible, No other insurance, Ded and coins taken, Auth not needed for maternity, Priced correctly - DRG	Teachers Active Employees, Premier PPO, East	\$10,692.92
214	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - DRG, readmit allowed for chemo	Teachers Active Employees, Premier PPO, Middle	\$21,319.17
215	Strata 4	N	N	\$0.00	Eligible, No other insurance, Adjusted due to provider corrected claim, Took daily copay for date range and coins for lab, Priced correctly - BlueCard verified	State Active Employees, Premier PPO, East	\$8,615.12
216	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met OOP, Priced correctly - fee schedule	State Retired Employees, Standard PPO, East	\$6,574.77
217	Strata 4	N	N	\$0.00	Eligible, No other insurance, Took \$50 specialist copay, Priced correctly - fee schedule	State Active Employees, Standard PPO, Middle	\$13,081.16
218	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met OOP, Authorized for rentals, reviewed as medically necessary, Priced correctly - negotiated rate for DME with POC discount	State Active Employees, Premier PPO, East	\$19,530.00
219	Strata 4	N	N	\$0.00	Eligible, No other insurance, Specialty pharmacy, no money went out in Medical - placeholder for Pharmacy	State Active Employees, Standard PPO, Middle	\$6,306.21
220	Strata 4	N	N	\$0.00	Eligible, No other insurance, billing address is GA but facility is in TN, Took ER copay, Priced correctly - ER rate	Teachers Active Employees, Premier PPO, Middle	\$6,483.09
221	Strata 4	N	N	\$0.00	Eligible, OI secondary, Met OOP, Priced correctly - POC	Teachers Active Employees, Standard PPO, East	\$6,627.87
222	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - BlueCard verified pricing	State Active Employees, Premier PPO, East	\$10,256.78
223	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met OOP, No auth needed, Priced correctly - POC and fee schedule	State Active Employees, Standard PPO, East	\$6,080.71
224	Strata 4	N	N	\$0.00	Eligible, Medicare secondary due to disability, Ded and Coins taken, Met OOP, Authorized, Priced correctly - DRG	Teachers Active Employees, Limited PPO, East	\$5,948.68
225	Strata 4	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Authorized, Priced correctly - DRG	Teachers Active Employees, Premier PPO, East	\$21,824.00
226	Strata 4	N	N	\$0.00	Eligible, No other insurance, \$1.89 over the OOP limit for year due to the timing of pharmacy and MH claims, Authorized, Priced correctly - DRG, OOS claim will be adjusted for OOP overage	Local Governments Active Employees, Standard PPO, West	\$22,433.40
227	Strata 4	N	N	\$0.00	Eligible, No other insurance, 20% coins taken, Met OOP for year, No pre-auth required for maternity, Priced correctly - BlueCard verified	State Active Employees, Standard PPO, East	\$8,998.49
228	Strata 4	N	N	\$0.00	Eligible, No other insurance, Specialty pharmacy, no money went out in Medical - placeholder for Pharmacy	State Active Employees, Premier PPO, East	\$9,374.69
229	Strata 4	N	N	\$0.00	Eligible, No other insurance, Ded and Coins taken correctly, Priced correctly - BlueCard verified	State Active Employees, Premier PPO, East	\$10,356.41
230	Strata 4	N	N	\$0.00	Eligible, No other insurance, Adj due to observation hours change, Ded and Coins taken, Met OOP, Priced correctly - fee schedule and grouper rates	State Active Employees, Premier PPO, Middle	\$17,612.70
231	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met OOP, Priced correctly - fee schedule and ER rate and cardiac cath rate	Teachers Active Employees, Limited PPO, Middle	\$8,406.17
232	Strata 4	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Met OOP max, Priced correctly - DRG	Local Governments Active Employees, Premier PPO, East	\$20,456.40
233	Strata 4	N	N	\$0.00	Eligible, No other insurance, 10% coins taken, Met OOP max, Priced correctly - grouper rate	State Active Employees, Premier PPO, Middle	\$8,288.40
234	Strata 4	N	N	\$0.00	Eligible, Medicare secondary, ER copay taken, Ded = Allowed, Priced correctly - ER and ASC rates	State Active Employees, Premier PPO, East	\$7,118.00
235	Strata 4	N	N	\$0.00	Eligible, No other insurance, Met OOP, Orig authorized for 2 days and then updated to 20, Claim adjusted accordingly, Priced correctly - per diem rate, orig paid 6/29 and then adj 7/10	Local Governments Retired Employees, Standard PPO, Middle	\$6,660.00
236	Strata 4	N	N	\$0.00	Eligible, No other insurance, Specialty pharmacy, no money went out in Medical - placeholder for Pharmacy	Teachers Active Employees, Standard PPO, Middle	\$6,458.54
237	Strata 4	N	N	\$0.00	Eligible, No other insurance, Took ded and coins, No auth needed for maternity, Priced correctly - DRG	State Active Employees, Premier PPO, Middle	\$13,280.45
238	Strata 4	N	N	\$0.00	Eligible, No other insurance, 30% coins taken, No auth needed, Priced correctly - ASC grouper rate	Local Governments Active Employees, Limited PPO, West	\$7,526.40
239	Strata 4	N	N	\$0.00	Eligible, Medicare primary 11/1/20 due to ESRD, Met OOP, Authorized, Priced correctly - DRG	Teachers Active Employees, Standard PPO, East	\$11,816.55
240	Strata 4	N	N	\$0.00	Eligible, No other insurance, Coins taken, No auth needed, Adjusted to deny one line - did not meet implant regulations, Priced correctly - surgery grouper	State Active Employees, Premier PPO, East	\$8,024.40

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Benefit Package	Paid
241	Strata 5	N	N	\$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized, Priced correctly - BlueCard verified	Teachers COBRA Employees, Premier PPO, West	\$25,577.22
242	Strata 5	N	N	\$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized, Priced correctly - POC	State Active Employees, Premier PPO, East	\$37,715.07
243	Strata 5	N	N	\$0.00	Eligible, No other insurance, Took ded and coins up to OOP max, Authorized, Priced correctly - lesser of DRG	State Active Employees, Premier PPO, Middle	\$28,623.82
244	Strata 5	N	N	\$0.00	Eligible, No other insurance, Met OOP, Authorized as emergent, Priced correctly - air ambulance discount and mileage	Teachers Active Employees, Standard PPO, Middle	\$32,843.00
245	Strata 5	N	N	\$0.00	Eligible, Medicare secondary, Met OOP, No auth needed, Priced correctly - BlueCard verified	State Active Employees, Standard PPO, East	\$32,993.27
246	Strata 5	N	N	\$0.00	Eligible, No other insurance, Coins taken up to OOP max, Adj due to auth for additional days, Authorized, Priced correctly - stop loss POC	State Active Employees, Premier PPO, East	\$185,707.64
247	Strata 5	N	N	\$0.00	Eligible, No other insurance, Coins taken correctly, No auth needed - OP, Priced correctly - BlueCard verified	State Active Employees, Premier PPO, East	\$37,913.54
248	Strata 5	N	N	\$0.00	Eligible, OI commercial secondary, Took coins up to OOP max, Authorized, Priced correct - DRG	Local Governments Active Employees, Standard PPO, West	\$67,773.25
249	Strata 5	N	N	\$0.00	Eligible, No other insurance, Took ded and coins up to OOP max, Authorized, Priced correctly - DRG	State Active Employees, Premier PPO, Middle	\$25,929.12
250	Strata 5	N	N	\$0.00	Eligible, No other insurance, Took coins up to OOP max, No auth needed, OON Emergent allowed at full billed charges	Local Governments Active Employees, Premier PPO, Middle	\$62,674.93
251	Strata 5	Y	Y	\$13.82	Eligible, Investigated ESRD member - no Medicare entitlement, Coins taken, went over the OOP limit by \$13.82 due to timing of pharmacy and MH claims, Authorized, Priced correctly - DRG, This claim will be adjusted for OOP (underpayment)	Teachers Active Employees, Premier PPO, Middle	\$56,408.10
252	Strata 5	N	N	\$0.00	Eligible, No other insurance, Coins taken up to OOP max, Authorized, Priced correctly - lesser of DRG	State Active Employees, Premier PPO, Middle	\$50,149.34
253	Strata 5	N	N	\$0.00	Eligible, No other insurance, Met OOP, No auth needed - OP, Priced correctly - BlueCard verified	State Active Employees, CDHP/HSA East	\$27,582.06
254	Strata 5	N	N	\$0.00	Eligible, No other insurance, Coins taken up to OOP max, Authorized, Priced correctly - DRG	Teachers Active Employees, Standard PPO, East	\$36,150.77
255	Strata 5	N	N	\$0.00	Eligible, No other insurance, Coins taken up to OOP max, Authorized, Priced correctly - DRG	State Active Employees, Premier PPO, East	\$50,501.49
256	Strata 5	N	N	\$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - DRG	State Retired Employees, Standard PPO, East	\$37,849.92
257	Strata 5	N	N	\$0.00	Eligible, No other insurance, Coins taken, Met OOP, Authorized, Priced correctly - DRG	Teachers Active Employees, Premier PPO, West	\$46,425.90
258	Strata 5	Y	Y	\$1,653.24	Eligible, No other insurance, Did not meet OOP or ded max due to adjustments - will adjust to take additional coins, Authorized, OON Emergent allowed at full charges	State Active Employees, CDHP/HSA Middle	\$30,905.02
259	Strata 5	N	N	\$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - DRG	Teachers Active Employees, Premier PPO, East	\$32,118.76
260	Strata 5	N	N	\$0.00	Eligible, Medicare secondary, Coins taken up to OOP max, Priced correctly - air ambulance discount and mileage calculation	State Active Employees, Premier PPO, East	\$30,088.76
261	Strata 5	N	N	\$0.00	Eligible, No other insurance, Coins taken, Met OOP, Authorized, Priced correctly - DRG	Teachers Active Employees, Premier PPO, Middle	\$39,333.97
262	Strata 5	N	N	\$0.00	Eligible, No other insurance, Coins taken, Met OOP, Authorized, Priced correctly - DRG	Teachers Active Employees, Premier PPO, Middle	\$24,971.80
263	Strata 5	N	N	\$0.00	Eligible, No other insurance, Met OOP, Adjusted due to getting a retro auth applied, Priced correctly - BlueCard verified	State Active Employees, Standard PPO, East	\$69,767.88
264	Strata 5	N	N	\$0.00	Eligible, Medicare secondary, COVID in 2020 - no patient portion, Met OOP, Authorized, Priced correctly - BlueCard verified	State Active Employees, Premier PPO, East	\$233,417.75
265	Strata 5	N	N	\$0.00	Eligible, No other insurance, Took coins up to OOP max, Adjusted due to missing information - reconsidered, No auth needed, Priced correctly - grouper rates	State Active Employees, Standard PPO, Middle	\$27,240.80
266	Strata 5	N	N	\$0.00	Eligible, Medicare A secondary, Met OOP, Authorized, OON Emergent allowed at full billed charges	State Active Employees, Standard PPO, Middle	\$26,750.32
267	Strata 5	Y	Y	\$81.49	Eligible, No other insurance, Coins taken - should have \$81.49 more in coins to meet OOP, met OOP at one time then adjustments caused them to not meet the OOP max, Authorized, Priced correctly - DRG, This claim will be adjusted for OOP	State Active Employees, Premier PPO, East	\$65,304.15
268	Strata 5	N	N	\$0.00	Eligible, No other insurance, Office copy taken correctly, No auth needed, Priced correctly - per unit fee schedule x multiplier	State Active Employees, Premier PPO, Middle	\$38,742.53
269	Strata 5	Y	Y	\$5.01	Eligible, No other insurance, Coins taken, Went over OOP max \$5.01 due to timing of pharmacy and MH claims, Authorized, Priced correctly - DRG, This claim will be adjusted for OOP (underpayment)	State Active Employees, Premier PPO, Middle	\$40,168.04
270	Strata 5	N	N	\$0.00	Eligible, No other insurance, Met OOP, No auth needed - OP, Priced correctly - BlueCard POC verified	State Retired Employees, Premier PPO, East	\$25,627.43
271	Strata 5	N	N	\$0.00	Eligible, No other insurance, Took ded and coins, Met OOP for year, Authorized, Priced correctly - DRG	Local Governments Active Employees, Limited PPO, East	\$28,360.74

Audit Item	Strata Level	Processing Error	Payment Error	Financial Error	Notes	Benefit Package	Paid
272	Strata 5	N	N	\$0.00	Eligible, No other insurance, Took ded and coins up to OOP max, Authorized, OON Emergent allowed at full billed charges	Teachers Active Employees, Standard PPO, Middle	\$74,980.22
273	Strata 5	N	N	\$0.00	Eligible, Medicare secondary, Took coins up to OOP max, Authorized, Priced correctly - DRG	State Active Employees, Premier PPO, East	\$52,293.55
274	Strata 5	N	N	\$0.00	Eligible, Medicare A secondary, OOP met, Authorized, Priced correctly - DRG	Teachers Active Employees, Standard PPO, Middle	\$82,890.45
275	Strata 5	N	N	\$0.00	Eligible, Medicare secondary due to age, OOP max met, Authorized, Priced correctly - DRG	Teachers Active Employees, Premier PPO, Middle	\$26,724.70
276	Strata 5	N	N	\$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized, Priced correctly - DRG	State Retired Employees, Standard PPO, West	\$28,590.10
277	Strata 5	N	N	\$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized, Priced correctly - DRG	State Active Employees, Premier PPO, West	\$35,190.79
278	Strata 5	N	N	\$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized, Priced correctly - DRG	State Active Employees, Standard PPO, Middle	\$27,312.00
279	Strata 5	N	N	\$0.00	Eligible, Medicare secondary due to age, Took coins up to OOP max, Authorized, Priced correctly - DRG	State Active Employees, Premier PPO, Middle	\$25,495.48
280	Strata 5	N	N	\$0.00	Eligible, Medicare A secondary, Took coins up to OOP max, Authorized, OON emergent allowed at full billed charges	State Active Employees, Premier PPO, West	\$221,641.00
281	Strata 5	N	N	\$0.00	Eligible, Medicare secondary due to disability, Took coins up to OOP max, Authorized, Priced correctly - DRG	Local Governments Active Employees, Limited PPO, East	\$29,593.36
282	Strata 5	N	N	\$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized, Priced correctly - DRG rate	State Active Employees, Standard PPO, East	\$49,705.04
283	Strata 5	N	N	\$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - DRG rate with stop loss threshold calculation	State Active Employees, CDHP/HSA Middle	\$101,336.84
284	Strata 5	N	N	\$0.00	Eligible, Medicare A secondary, Took coins up to OOP max, Authorized, Priced correctly - DRG rate	State Active Employees, Premier PPO, Middle	\$60,332.95
285	Strata 5	N	N	\$0.00	Eligible, Medicare A secondary, Took coins up to OOP max, Authorized, Priced correctly - DRG rate 3.6 table	State Active Employees, Standard PPO, East	\$33,142.25
286	Strata 5	N	N	\$0.00	Eligible, ESRD Medicare primary on 7/1/21, Secondary on DOS, Authorized, Priced correctly - lesser of DRG	State Retired Employees, Standard PPO, Middle	\$195,526.45
287	Strata 5	N	N	\$0.00	Eligible, TennCare secondary, Took coins up to OOP max, Authorized, Host Plan verified pricing	State Active Employees, Premier PPO, East	\$44,833.76
288	Strata 5	N	N	\$0.00	Eligible, OI BCBS secondary, Information only - specialty pharmacy, no payment went out from Medical system	Teachers Active Employees, Premier PPO, Middle	\$35,100.00
289	Strata 5	N	N	\$0.00	Eligible, OI BCBS secondary since 4/14/19, Met OOP, No auth required, Priced correctly - fee schedule and POC	State Active Employees, Premier PPO, East	\$103,990.60
290	Strata 5	N	N	\$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized, Priced correctly - BlueCard verified pricing	Teachers Retired Employees, Premier PPO, Middle	\$57,149.48
291	Strata 5	N	N	\$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized, Priced correctly - DRG rate	Teachers Active Employees, Local CDHP/HSA, Middle	\$49,991.19
292	Strata 5	N	N	\$0.00	Eligible, No other insurance, Took coins up to OOP max, No auth needed, Priced correctly - fee schedule	Teachers Active Employees, Standard PPO, Middle	\$60,902.07
293	Strata 5	N	N	\$0.00	Eligible, No other insurance, Took coins up to OOP max, Authorized, Priced correctly - DRG with threshold stop loss calculation	State Active Employees, Standard PPO, Middle	\$50,659.06
294	Strata 5	N	N	\$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - lesser of DRG rate	Teachers Active Employees, Premier PPO, West	\$57,960.65
295	Strata 5	N	N	\$0.00	Eligible, No other insurance, COVID, no patient portion needed, Authorized, Priced correctly - lesser of DRG rate	Teachers Active Employees, Standard PPO, Middle	\$199,958.35
296	Strata 5	N	N	\$0.00	Eligible, No other insurance, Met OOP, Authorized, Priced correctly - DRG rate	State Active Employees, Premier PPO, Middle	\$36,638.59
297	Strata 5	N	N	\$0.00	Eligible, No other insurance, Coins taken, OOP met for year, Authorized, Priced correctly - lesser of DRG rate	State Active Employees, Premier PPO, Middle	\$41,921.21
298	Strata 5	N	N	\$0.00	Eligible, No other insurance, Coins taken up to max, Authorized, Priced correctly - DRG rate	Teachers Active Employees, Premier PPO, West	\$52,020.15
299	Strata 5	N	N	\$0.00	Eligible, No other insurance, Coins taken correctly, OOP met for year, No auth needed, Priced correctly - Surgery rate plus carve out POC	Teachers Active Employees, Premier PPO, East	\$25,573.78
300	Strata 5	N	N	\$0.00	Eligible, No other insurance, Coins taken, OOP met for year, Authorized, Priced correctly - DRG rate	Teachers Active Employees, Premier PPO, East	\$26,284.24