Indian Health Service

Third Party Billing Reports (for the end user)

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- Report examples provided in this presentation were taken from a test system and do not reflect real patient information.

Report Schedules and Storage

- Identify a schedule for running reports
  - Daily
  - Monthly
  - Quarterly
  - Yearly

- Generation and Storage
  - Printed
  - Session log saved as a document or file
  - Exported to Host File Server and imported to Excel

Listing of Patient Eligibility Counts
(3PB > ELTP > RPEL > PORP)

- Lists entries by patient for visits within a user-defined period and may identify potential third-party eligibility
  - CHS Status
  - VA Eligibility Status
  - Third Party Eligibility

- Displays counts for Billable and Unbillable visits
  - Billable Service Categories: Ambulatory, Hospitalization, Day Surgery, In-Hospital, Telemedicine
  - Unbillable Service Categories: Not Found, Chart Review, Nursing Home, Event, Other

Listing of Patient Eligibility Counts
Exported to HFS and Imported to Excel

```
===============================================================
PATIENT ELIGIBILITY STATUS REPORT            AUG 20,2022@15:22:12
For Visit Dates from 06/01/2021 to 06/30/2022
Billing Location(s): 2017 DEMO HOSPITAL
                        * - AGE AS OF REPORT DATE
===============================================================
```

REG LOC	HRN	NAME DEC	BIRTH DATE	SEX	AGE*	BEN	MCR	MCD	PVT	VET	CHS	RESIDENCE	VET Y/N	DATE OF LAST UPD	EMPL STATUS	BILL VISIT	UNBILL VISIT
MHS	135951	LAST NAME,FIRST NAME J	9/8/1951	M	70	33	A		A		C	ALBUQUERQUE		4/20/2022	FULL-TIME	6	1
MHS	102462	MASON,CAMERON JAMES	1/7/1946	M	76	1	A	A			C	LAS VEGAS		10/15/2021	FULL-TIME	1	
MHS	113001	LAST NAME,FIRST NAME	1/12/1973	F	49	1	T	A	A		C	ALBUQUERQUE		8/5/2022	FULL-TIME	9	4
MHS	136546	THOMAS,ANDY	7/1/1956	M	66	1			A		D	RENO	Y	5/25/2022	FULL-TIME	1	
MHS	136679	LAST NAME,FIRST NAME D	8/17/1966	F	56	1		A	A		C	ALBUQUERQUE		1/18/2022	FULL-TIME	3	1
MHS	112233	LAST NAME,DEMO PT	5/28/1982	F	40	1			A		C	MARKLEEVILLE		1/19/2022	FULL-TIME	5	1
MHS	137806	TEEWEE,SEAN	9/10/2008	M	13	1					D	RENO		4/13/2021		6	
MHS	111102	LAST NAME,FIRST NAME M	2/24/1987	M	35	1			A		C	ALBUQUERQUE		12/17/2021	FULL-TIME	2	
MHS	138638	LAST NAME,FIRST NAME B	9/1/1970	F	51	1	A		A	T	D	DUCKWATER		4/29/2022	FULL-TIME	14	7
MHS	138724	LASHURE,BILLY SCOTT	7/30/1933	M	89	18	A				I	OWYHEE		7/31/2022	RETIRED	2	
MHS	120147	EWING,DEBRA A	12/12/1952	F	69	33					I	LAS VEGAS		6/17/2021	FULL-TIME	5	
MHS	125689	LAST NAME,FIRST NAME T	3/7/1996	F	26	33	A	A			C	MOAPA	N	12/10/2021	UNEMPLOYED	5	1
MHS	13569	WEATHERS,STORMY	2/12/1970	F	52	1	A	A	A		C	ALBUQUERQUE	N	12/28/2018		8	2
MHS	116258	JALAPENO,ARIEL	3/4/1950	F	72	1		A	A		C	ALBUQUERQUE	N	7/16/2021		2	
MHS	113116	COFFEE,LEON	3/17/1936	M	86	1	A		A		C	ALBUQUERQUE	N	9/1/2020		1	
MHS	126963	AIRMAN,SHELBY	5/30/1990	F	32	1				A	C	ALBUQUERQUE	Y	8/29/2019		3	
MHS	144781	LAST NAME,FIRST NAME	5/12/1950	M	72	33			A	T	I	ALBUQUERQUE	N	6/23/2022	FULL-TIME	13	3
MHS	521185	REACHER,JACK	1/1/1960	M	62	1	A				P	BAD NATION	N	6/24/2021		2	
MHS	133556	DEMO,MEDICAL	12/2/1960	M	61	1	T		A		C	ALBUQUERQUE	N	9/20/2021		1	1
MHS	15948	LAST NAME,FIRST NAME	9/8/1940	M	81	1	A	A			C	ALBUQUERQUE	Y	4/29/2022	RETIRED	2	1
MHS	18622	DEMO,UFT G	12/12/1980	F	41	1			A		C	ALBUQUERQUE	N	8/8/2022		1	

```
     PATIENT COUNT: 21

     VISIT COUNT: 83
```

Visit Counts by Veterans

(3PB > ELTP > RPEL > VTRP)

- Provides a list of patient names identified as veterans from page 6 of Patient Registration

- May be used to capture VAMB eligibility

- Locked with a security key: ABMDZ VET VISITS

Visit Counts by Veterans

```
================================================================
VET LISTING of VISITS                  AUG 18,2022@09:43:35   Page 1
For VISIT DATES: 01/01/2022 thru 06/30/2022
Billing Location: DEMO HOSP

================================================================
PATIENT NAME                      HRN      DOB              VISIT CNT
================================================================
DEMO,JANE                         12543    02/16/1945 111111111     1
DEMO,JOHN                         12356    01/01/1950 222222222     2
DEMO,PATIENT                      12233    06/03/2003 333333333    11
DEMO,TEST                         17631    01/09/1947 444444444     1
PATIENT,ONE                       15531    09/06/1945 555555555     1
PATIENT,THREE                     12345    08/02/1967 666666666     1
PATIENT,TWO                       17649    12/14/1964 777777777     1
VETERAN,PATIENT                   15161    04/01/1945 888888888     2

        DEMO HOSPITAL   18 visits       7 registered
        AMBULANCE       2 visits        0 registered

(REPORT COMPLETE):
```

Visits by Commissioned Officers and Dependents
(PCC > MANG > BILL > VIS)

- Located in the Billing Reports section of the PCC Management Reports option, this report provides a list of visits for commissioned officers and their dependents seen within a user-specified date range
  - Generated by Inpatient, Outpatient or Dental

- Classification/Beneficiary Status = Commissioned Officer or Dependents of Comm Officer

- A list is generated and submitted to the Beneficiary Medical Program. Visit is processed and paid at the Medicaid All-Inclusive Rate.

Visits by Commissioned Officers and Dependents

```
                         2017 DEMO HOSPITAL                          Page 1
           POTENTIALLY BILLABLE VISITS FOR:  Commissioned Officers/Dependents
                    Visit Dates:  JAN 1,2023 and AUG 7,2023
              SERVICE CATEGORY OF VISIT:  ALL VISIT SERVICE CATEGORIES


   HRCN   Patient Name                        Date of Birth
---------------------------------------------------------------------------


123456   DEMO,MISTER                         DEC 20, 1950
         PHS COMMISSIONED OFFICER
         Visit Date    Category         PRV ICD DX      PROVIDER NARRATIVE
         ------------------------------------------------------------------
         MAR 05, 2023 AMBULATORY        52  K02.3       Arrested Dental Cari
         APR 11, 2023 AMBULATORY        00  J45.998     ASTHMA

654321   PATIENT,DEMO                        JAN 10, 1971
         PHS COMMISSIONED OFFICER
         Visit Date    Category         PRV ICD DX      PROVIDER NARRATIVE
         ------------------------------------------------------------------
         JAN 16, 2023 AMBULATORY        21  523.9       Gum pain, bilateral
         JAN 28, 2023 AMBULATORY        09  V68.1       Dispensing medicatio

Total Number of Visits for Commissioned Officers/Dependents:  4


RUN TIME (H.M.S): 0.0.4
End of report.  HIT RETURN:
```

Claims Reports

Brief (single-line) Claim Listing
(3PB > RPTP > BRRP)

- Also known as the "Flagged as Billable" or BRRP report

- Worksheet of active claims ready to be billed (billable status)
  - Payer
  - Service

- Identifies claims that have been 'rolled' from Accounts Receivable to be billed to the next payer

- Claims on the report represent potential revenue

- Summarized listing generated at month end to display open claims ready to be billed

Brief (single-line) Claim Listing

Brief Listing

```
===================================================================
BRIEF LISTING of CLAIMS Flagged as Billable    AUG 21,2022@11:31:14    Page 1
for ALL BILLING SOURCES with VISIT DATES from 01/01/2022 to 08/21/2022
Billing Location: DEMO HOSP
===================================================================
                                        Claim       Visit
ST Patient              HRN   Active Insurer      Number     Date      Clinic
-------------------------------------------------------------------
    Visit Location: DEMO HOSPITAL
        Visit Type: INPATIENT
FAB  PATIENT,ONE      1502   LIGHTING INSURANCE C  31705     01/07/2022 GENERAL
                                                   --------
                                        Subtotal:1

        Visit Type: OUTPATIENT
EDT  PATIENT,TWO      654210 NEVERPAY INSURANCE    31713     03/28/2022 GENERAL
EDT  DEMO,PATIENT     2      BS OF MASSACHUSETTS    31714     04/04/2022 IMMUNIZAT
EDT  DEMO,PATIENT     2      BS OF MASSACHUSETTS    31717     07/05/2022 GENERAL
EDT  DEMO,PATIENT     2      BS OF MASSACHUSETTS    31722     07/03/2022 GENERAL
FAB  PATIENT,THREE    99090  MEDICARE               31718     06/08/2022 HYPERTENS
                                                   --------
                                        Subtotal:5

        Visit Type: PROFESSIONAL COMPONENT
EDT  PATIENT,FIVE     1122   BCBS OF NEW MEXICO     31709     01/09/2022 EMERGENCY
EDT  PATIENT,SIX      99090  MEDICARE               31719     06/08/2022 HYPERTENS
                                                   --------
                                        Subtotal:2
                                          ======
                                        Total:8

(REPORT COMPLETE):
```

Brief (single-line) Claim Listing

Statistical Summary

```
================================================================================
BRIEF LISTING of CLAIMS Flagged as Billable    JUL 31,2022@11:36:09    Page 1
for ALL BILLING SOURCES
Billing Location: DEMO HOSP
================================================================================
                              Visit                         Number of
Location                      Type                          Claims
--------------------------------------------------------------------------------

DEMO HOSPITAL                 INPATIENT                         14
                              OUTPATIENT                       140
                              MENTAL HEALTH                      2
                              OBSERVATION                        2
                              PHYSICAL THERAPY                   2
                              EMERGENCY ROOM                     3
                              TELEMED ORIGINATING                1
                              CHIROPRATIC                        1
                              VIRTUAL CHECK-IN                   2
                              E-VISIT                            1
                              TELEMED DISTANT                    1
                              AMBULATORY SURGERY                 9
                              NON-EMERG TRANSPORT                1
                              RADIOLOGY                          1
                              LABORATORY                         2
                              PHARMACY                           3
                              DENTAL                             7
                              PROFESSIONAL COMPONENT            49
                                                              -----
                                              Total:           242

(REPORT COMPLETE):
```

Cancelled Claims Report

(3P > RPTP > CCRP)

- Counts the number of claims that have been cancelled
  - Cancelling official's name
  - Cancellation reason

- Claim is permanently deleted

- Indicates potential system issues

- Indicates additional training might be needed for staff

- May also indicate potential performance issues

- Recommended to run weekly and at month end

Cancelled Claims Report

Brief Listing

```
================================================================================
CANCELLED CLAIMS LISTING for ALL BILLING SOURCES AUG 21,2022@16:22:38    Page 1
with CANCELLATION DATES from 08/01/2022 to 08/21/2022
Billing Location: DEMO HOSP
================================================================================
                              Active                    Claim   Visit
  Patient           HRN       Insurer                   Number  Date          Rsn
--------------------------------------------------------------------------------
Cancelling Official: BILLER,SUPER
    Visit Location: DEMO HOSPITAL
        Visit Type: INPATIENT
PATIENT,ONE         3049    MINNESOTA MEDICAID          30933   04/12/2021    14
                              ------
                  Subcount:  1

        Visit Type: OUTPATIENT
PATIENT,TWO         5194    BC/BS OF MICHIGAN           31627   01/17/2021    33
PATIENT,THREE       99095   MUTUAL OF OMAHA             31555   03/27/2020    11
PATIENT,FOUR        1501    PRUDENTIAL HEALTHCARE       31703   12/11/2021     2
PATIENT,FIVE        81021   MEDICARE                    30665   08/22/2018     3
PATIENT,SIX         7653    EXTERNA                     31585   07/07/2020     1
                              ------
                  Subcount:  6
                              ------
                    Count:  7

    Reasons on report:
        Rsn Description                              #times on report
        1    ORPHAN CLAIM CREATED IN ERROR          1
        2    DUPLICATE CLAIM CREATED                2
        3    ELIGIBILITY NOT FOUND                  1
        11   OTHER                                  1
        14   LEFT WITHOUT BEING SEEN                1
        33   CANCELLED DUE TO MERGED CLAIM          1

(REPORT COMPLETE):
```

Cancelled Claims Report

Statistical Summary

```
========================================================================
CANCELLED CLAIMS LISTING for ALL BILLING SOURCES AUG 21,2022@16:26:16    Page 1
with CANCELLATION DATES from 01/01/2020 to 08/21/2022
Billing Location: DEMO HOSP
========================================================================
                                                      Number of
Location                          Visit Type            Claims
------------------------------------------------------------------------
      Cancelling Official: BILLER,SUPER

DEMO HOSPITAL                     OUTPATIENT                2
                                                         ------
              Subtotal:                                     2

      Cancelling Official: USER,ONE

DEMO HOSPITAL                     INPATIENT                 3
                                  PROFESSIONAL COMPONENT    1
                                                         ------
              Subtotal:                                     4

      Cancelling Official: BILLER,FAST

DEMO HOSPITAL                     OUTPATIENT                3
                                  DENTAL                    1
                                                         ------
              Subtotal:                                     4
                                                         ------
                 Total:                                    10

E N D   O F   R E P O R T
```

Closed Claims Report

(3PB > RPTP > CLRP)

- Counts the number of claims that have been closed
  - Closing official's name
  - Closed reason

- Indicates potential system issues

- Indicates additional training might be needed for staff

- May also indicate potential performance issues

Closed Claims Report

Brief Listing

```
================================================================================
BRIEF LISTING of CLAIMS Closed Claims Report    AUG 25,2022@10:48:13    Page 1
for ALL BILLING SOURCES with CLOSED DATES from 01/01/2020 to 08/25/2022
Billing Location: 2017 DEMO HO
================================================================================
An "*" beside the claim number means the claim has been closed multiple times
                         Active        Claim      Visit
  Patient        HRN     Insurer       Number     Date         Reason
--------------------------------------------------------------------------------

Closing Official: BILLER,SUPER
    Visit Location: 2017 DEMO HOSPITAL
        Visit Type: INPATIENT
LAST NAME,FIRST   144781 VA MEDICAL B  402560* 10/11/2021  UNBILLABLE DUE TO
LAST NAME,FIRST   144781 AETNA HEALTH  402609* 04/19/2022  UNBILLABLE VISIT T
                         ------
              Subcount:  2


        Visit Type: OUTPATIENT
DEMO, 139614 R/S MEDI-CAL  402258* 12/22/2018  ORPHAN CLAIM CREAT
LAST NAME,FIRST   138638 DENTAL PLAN   402434* 06/30/2020  ORPHAN CLAIM CREAT
LAST NAME,FIRST   136679 NEW MEXICO M  402509* 06/19/2021  UNBILLABLE DUE TO
                         ------
              Subcount:  3
                         ------
                 Count:  5


(REPORT COMPLETE):
```

Pending Claims Status Report
(3PB > RPTP > PCRP)

- Counts the number of claims that have been placed into a Pending status
  - Pended claims are waiting to be billed
  - Missing data
  - Pending provider applications

- Identifies coding or data entry backlogs

- Identifies administrative backlogs

Pending Claims Status Report

```
========================================================================
PENDING CLAIMS STATUS LISTING                   AUG 25,2022@10:59:25    Page 1
for ALL BILLING SOURCES with PENDED DATES from 01/01/2020 to 08/25/2022
Billing Location: 2017 DEMO HO
========================================================================
                       Claim   Visit
  Patient         HRN   Number  Date      Clinic        Reason
------------------------------------------------------------------------
  Visit Location: 2017 DEMO HOSPITAL

     Status Updater: BILLER,SUPER
     Visit Type: OUTPATIENT

          Active Insurer: BLUE CROSS/BLUE SHIELD
LAST NAME,FIRST   138638  402421  05/01/2020  GENERAL      8-PIN# License Missi
LAST NAME,FIRST   138638  402422  05/28/2020  GENERAL      8-PIN# License Missi
LAST NAME,FIRST   113001  402261  12/28/2018  GENERAL      14-Missing Referring

          Active Insurer: MEDICARE
LAST NAME,FIRST   113001  402424  06/01/2020  GENERAL      5-Missing POV
                              ------
             Subtotal:  4
                              ------
                Total:  4

REASONS:
    5-Missing POV
    8-PIN# License Missing
    14-Missing Referring Provider information

E N D   O F   R E P O R T
```

Claim Generator Productivity Report
(3P > TMTP > TMRP > CGTM)

- Released in 3PB Patch 35, provides information on the visits that the claim generator has reviewed
  - Total visit count
  - How many claims were generated
  - Count of visits that were rechecked – rechecked visits are visits that were initially checked but never generated a claim and will continue to be checked until a claim is generated or designated unbillable

- Indicates whether the claim generator ran automatically (AUTO) or if it was run manually (CG1P)

- Identifies dates that the claim generator did not run

- Provides information on Initiate Back Billing Check option (MGTP > BKMG)
  - Who ran it, when, date entered for backbilling check

- Allows for viewing detailed claim generator activity and identifying issues with claims not being generated
  - May also compare to the coding backlog

Claim Generator
Productivity Report

Printer

```
==============================================================================
CLAIM GENERATOR PRODUCTIVITY REPORT              AUG 7,2023@14:24:51   Page 1
GENERATED BY: BILLER,SUPER
    for Claim Generator Run Dates 07/01/2023 to 07/10/2023
Parent Location: 2017 DEMO HOSP
For Visit Locations: 2017 DEMO HOSP
==============================================================================


 CG Run                   Backbill             # Claims # Visits
  Date    Loc   Type      Check?    # Visits   Generatd Recheckd
---------- ---   ----     --------   --------   -------- -------
07/01/2023  DHSP  AUTO                   426       387      128
07/02/2023  DHSP  AUTO                  2878       186     2314
07/03/2023  DHSP  AUTO                   123       101        0
07/04/2023  DHSP  AUTO                   226       214        0
07/04/2023  DHSP  CG1P                    73        64       22
07/05/2023  DHSP  AUTO                    96        85        0
07/06/2023  DHSP  AUTO                    43        38        9
07/07/2023  DHSP  AUTO                    87        81        0
07/08/2023  <<CLAIM GENERATOR NOT RUN - NO DATA TO PRINT>>
07/09/2023  DHSP  AUTO                   214       206        0
07/10/2023  DHSP  AUTO                    92        87        4
            ------------------------------------------------------------------
Totals for 2017 DEMO                     276        31      244
            ------------------------------------------------------------------
GRAND TOTAL                              276        31      244


            ------------------------------------------------------------------
                             BACKBILLING CHECKS

                  Queued From                                       Backbill
  Date             Location      Initiated By                         Date
07/01/2023@08:08:54  2017 DEMO     BILLER,SUPER                     06/01/2023

End of report
```

Claim Generator Productivity Report
Delimited Detail Imported to Excel
Columns A - L

```
================================================================
CLAIM GENERATOR PRODUCTIVITY REPORT          AUG 1,2023@09:46:22   Page 1
GENERATED BY: CARLTON,GINA
   for Claim Generator Run Dates 07/30/2021 to 08/01/2023
Parent Location: 2017 DEMO
For Visit Locations: 2017 DEMO, DSAT
================================================================
```

CG Run Date	Visit Location	Type	Who Ran Option	Visit IEN	Visit Date/Time	Patient	HRN	BKMG'd Visit	Rechecked Visit	Hospital Location	Clinic
10/12/2021@15:30:44	8241-2017 DEMO	CG1P	BILLER,SUPER	1507197	08/12/2021@09:00:00	DEMO,BCBS AUTOSPLIT	143220	N	N		GENERAL
12/27/2022@08:45:01	8241-2017 DEMO	AUTO	BILLER,SUPER	1506972	03/31/2021@12:20:00	DEMO,MEDICAL	143225	N	Y	DEMO CLINIC	
05/18/2023@09:45:00	8241-2017 DEMO	AUTO	BILLER,SUPER	1507322	02/12/2023@09:00:00	DEMO,MMC PATIENT	148915	N	Y		GENERAL
05/18/2023@09:45:00	8241-2017 DEMO	AUTO	BILLER,SUPER	1507323	03/10/2023@09:00:00	DEMO,MMC PATIENT	148915	N	Y		GENERAL
05/18/2023@11:56:21	8241-2017 DEMO	CG1P	BILLER,SUPER	1507326	05/01/2023@09:00:00	DEMO,NARRY	13578	N	N		GENERAL

Claim Generator Productivity Report
Delimited Detail Imported to Excel
Columns M - T

Service Category	Claim Status (THIRD PARTY BILLED)	Claims	Active Insurer	Primary Provider	DXs	Review/Chart Audit Status Date	Review/Chart Audit Status
AMBULATORY	24-CLAIM CREATED	402860	NEW MEXICO BC/BS INC	COOPER,STEVEN	G43.111/I15.9/R11.2	10/12/2021@10:59:13	R
HOSPITALIZATION	60-VISIT IN REVIEW STATUS	NO CLAIM					
AMBULATORY	25-EXISTING CLAIM MODIFIED	NO CLAIM		COOPER,STEVEN	I15.9	05/15/2023@09:47:28	R
AMBULATORY	25-EXISTING CLAIM MODIFIED	NO CLAIM		COOPER,STEVEN	I15.9	05/15/2023@12:04:26	R
IN HOSPITAL	24-CLAIM CREATED	403091	NARRATIVE INSURANCE	COOPER,STEVEN	I15.9	05/18/2023@11:56:08	R

Productivity

Employee Productivity Report
(3PB > RPTP > PRRP)

- Provides counts on all billing activity for each billing and/or Point of Sale technician including
  - The number of claims approved
  - The number of bills exported
  - The number of claims cancelled
  - The number of bills cancelled
  - The number of claims that have been pended
  - The number of claims that have been opened and closed

- Security key ABMDZ EMP PROD REPORT allows user to run report for other employees
  - Without the security key assigned, users can only run for themselves

- Aids in monitoring biller performance
  - Medicare/Medicaid vs Private Insurance
  - Inpatient vs Outpatient

- May provide justification for additional positions

- Monitors performance improvement

Employee Productivity Report

Statistical Summary

```
 WARNING: Confidential Patient Information, Privacy Act Applies
===============================================================================
EMP PRODUCTIVITY REPORT run by SUPERVISOR,SUSIE      JUNE 03,2022@12:40:49    Page 1
for ALL BILLING SOURCES with ACTIVITY DATES from 06/01/2022 to 06/02/2022
for Both Billing and POS staff
Billing Location: 2017 DEMO HO
===============================================================================
                          APPRV EXPORT CXL'D  CXL'D   PEND   OPEN  CLOSE
      BILLING TECHNICIAN   BILLS BILLS CLAIMS  BILLS  CLAIMS CLAIMS CLAIMS
      ---------------------------------------------------------------------

2017 DEMO HOSPITAL
    BILLER,ONE                 0     0     0      0      0      1      0
    BILLER,TWO                 2     1     0      0      0      0      0
    BILLER,THREE               2     2     0      0      0      0      0
    BILLER,FOUR               32    15     1      0      0      1      1
                          ------ ------ ------ ------ ------ ------ ------
2017 DEMO HOSPITAL totals:    36    18     1      0      0      2      1


ALL LOCATIONS GRAND TOTAL
    BILLER,ONE                 0     0     0      0      0      1      0
    BILLER,TWO                 2     1     0      0      0      0      0
    BILLER,THREE               2     2     0      0      0      0      0
    BILLER,FOUR               32    15     1      0      0      1      1
                          ====== ====== ====== ====== ====== ====== ======
ALL LOCATIONS totals:         36    18     1      0      0      2      1

(REPORT COMPLETE):
```

Employee Productivity Report

Brief Listing

```
 WARNING: Confidential Patient Information, Privacy Act Applies
============================================================================
EMP PRODUCTIVITY REPORT run by SUPERVISOR,SUSIE    JUN 03,2022@12:42:58    Page 1
for ALL BILLING SOURCES with ACTIVITY DATES from 06/01/2022 to 06/02/2022
for Both Billing and POS staff
Billing Location: 2017 DEMO HO
============================================================================
```

BILLING TECHNICIAN	APPRV BILLS	EXPORT BILLS	CXL'D CLAIMS	CXL'D BILLS	PEND CLAIMS	OPEN CLAIMS	CLOSE CLAIMS
BILLER,ONE	0	0	0	0	0	1	0
BILLER,ONE							
06/01/2022 MHS	0	0	0	0	0	1	0
BILLER,TWO	2	1	0	0	0	0	0
BILLER,TWO							
06/01/2022 MHS	2	1	0	0	0	0	0
BILLER,THREE	2	2	0	0	0	0	0
BILLER,THREE							
06/02/2022 MHS	2	2	0	0	0	0	0
BILLER,FOUR	32	15	1	0	0	1	1
BILLER,FOUR							
06/01/2022 MHS	1	0	0	0	0	0	0
06/02/2022 MHS	31	15	1	0	0	1	1

```
(REPORT COMPLETE):
```

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EMP PRODUCTIVITY REPORT run by LUJAN,ADRIAN   AUG 20,2022@12:25:36 Page 1
for ALL BILLING SOURCES with ACTIVITY DATES from 06/01/2021 to 06/30/2021
for Both Billing and POS staff
Billing Location: 2017 DEMO HO

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Employee Productivity Report - Validator

Location	Billing Technician	Activity Date	Claim/Bill Number	Visit Type	Clinic	Service Date	Active Insurer	Record Type	Amount Billed	Patient	Insurer Type	Eligibility Status
2017 DEMO HOSPITAL	CARLTON,GINA	06/01/2021@10:45:28	402241	111-INPATIENT	1-GENERAL	11/1/2018	O/P MEDI-CAL 9	Open	0	WEATHERS,STORMY	MEDICAID FI	CHS & DIRECT
2017 DEMO HOSPITAL	LUJAN,ADRIAN	06/17/2021@11:19:51	402500A	131-OUTPATIENT	1-GENERAL	5/18/2021	MUTUAL OF OMAHA	Approved	295.73	EWING,DEBRA A	PRIVATE	INELIGIBILE
2017 DEMO HOSPITAL	LUJAN,ADRIAN	06/17/2021@11:21:40	402500A	131-OUTPATIENT	1-GENERAL	5/18/2021	MUTUAL OF OMAHA	Exported	295.73	EWING,DEBRA A	PRIVATE	INELIGIBILE
2017 DEMO HOSPITAL	LUJAN,ADRIAN	06/17/2021@11:36:35	402501A	131-OUTPATIENT	1-GENERAL	5/18/2021	MEDICARE	Approved	414	LASHURE,BILLY SCOTT	MEDICARE FI	INELIGIBILE
2017 DEMO HOSPITAL	PINTO-YAZZIE,ANGELA	06/30/2021@10:24:52	402505A	131-OUTPATIENT	102-AMBULANCE	6/9/2021	NEW MEXICO BC/BS INC	Approved	500	JALAPENO,ARIEL	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	PINTO-YAZZIE,ANGELA	06/30/2021@10:24:53	402505B	131-OUTPATIENT	102-AMBULANCE	6/9/2021	NEW MEXICO BC/BS INC	Approved	25	JALAPENO,ARIEL	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	PINTO-YAZZIE,ANGELA	06/30/2021@10:25:08	402505A	131-OUTPATIENT	102-AMBULANCE	6/9/2021	NEW MEXICO BC/BS INC	Exported	500	JALAPENO,ARIEL	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	PINTO-YAZZIE,ANGELA	06/30/2021@10:28:02	402505B	131-OUTPATIENT	102-AMBULANCE	6/9/2021	NEW MEXICO BC/BS INC	Exported	25	JALAPENO,ARIEL	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/11/2021@12:23:11	402478A	111-INPATIENT	1-GENERAL	4/19/2021	MEDICARE	Approved	25,417.00	LAST NAME,FIRST NAME	MEDICARE FI	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/15/2021@10:43:58	402431B	100-SECONDARY PAYOR (OUTPT)	1-GENERAL	6/29/2020	MEDICARE	Approved	103.5	LAST NAME,FIRST NAME J	MEDICARE FI	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/15/2021@10:44:33	402431B	100-SECONDARY PAYOR (OUTPT)	1-GENERAL	6/29/2020	MEDICARE	Exported	103.5	LAST NAME,FIRST NAME J	MEDICARE FI	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/15/2021@10:44:37	402478A	111-INPATIENT	1-GENERAL	4/19/2021	MEDICARE	Exported	25,417.00	LAST NAME,FIRST NAME	MEDICARE FI	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/15/2021@10:46:42	402489A	131-OUTPATIENT	1-GENERAL	6/5/2021	TRIBAL INSURANCE	Approved	263.02	LAST NAME,FIRST NAME J	TRIBAL SELF INSURED	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/15/2021@10:49:14	402490A	131-OUTPATIENT	1-GENERAL	6/5/2021	TRIBAL INSURANCE	Approved	263.02	LAST NAME,FIRST NAME J	TRIBAL SELF INSURED	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/15/2021@10:49:34	402489A	131-OUTPATIENT	1-GENERAL	6/5/2021	TRIBAL INSURANCE	Exported	263.02	LAST NAME,FIRST NAME J	TRIBAL SELF INSURED	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/15/2021@10:49:59	402490A	131-OUTPATIENT	1-GENERAL	6/5/2021	TRIBAL INSURANCE	Exported	263.02	LAST NAME,FIRST NAME J	TRIBAL SELF INSURED	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/15/2021@10:55:39	402489B	131-OUTPATIENT	1-GENERAL	6/5/2021	MEDICARE	Approved	475	LAST NAME,FIRST NAME	MEDICARE FI	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/15/2021@11:00:17	402490B	131-OUTPATIENT	1-GENERAL	6/5/2021	MEDICARE	Approved	475	LAST NAME,FIRST NAME J	MEDICARE FI	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/15/2021@11:00:52	402489B	131-OUTPATIENT	1-GENERAL	6/5/2021	MEDICARE	Exported	475	LAST NAME,FIRST NAME	MEDICARE FI	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/15/2021@11:01:20	402490B	131-OUTPATIENT	1-GENERAL	6/5/2021	MEDICARE	Exported	475	LAST NAME,FIRST NAME J	MEDICARE FI	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	6/16/2021	402491A	131-OUTPATIENT	1-GENERAL	6/7/2021	TRIBAL INSURANCE	Exported	285.31	LAST NAME,FIRST NAME J	TRIBAL SELF INSURED	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/16/2021@15:40:33	402491A	131-OUTPATIENT	1-GENERAL	6/7/2021	TRIBAL INSURANCE	Approved	285.31	LAST NAME,FIRST NAME J	TRIBAL SELF INSURED	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/16/2021@15:40:54	402492A	131-OUTPATIENT	1-GENERAL	6/12/2021	TRIBAL INSURANCE	Approved	263.02	LAST NAME,FIRST NAME J	TRIBAL SELF INSURED	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/16/2021@15:41:27	402493A	131-OUTPATIENT	1-GENERAL	6/2/2021	BLUE CROSS/BLUE SHIELD	Approved	263.02	LAST NAME,FIRST NAME B	PRIVATE	DIRECT ONLY
2017 DEMO HOSPITAL	STOUT,CINDY	06/16/2021@15:41:49	402494A	131-OUTPATIENT	1-GENERAL	6/14/2021	BLUE CROSS/BLUE SHIELD	Approved	179	LAST NAME,FIRST NAME B	PRIVATE	DIRECT ONLY
2017 DEMO HOSPITAL	STOUT,CINDY	06/16/2021@15:42:12	402495A	131-OUTPATIENT	1-GENERAL	6/2/2021	UNITED HEALTHCARE	Approved	183.02	LAST NAME,DEMO PT	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/16/2021@15:42:23	402496A	131-OUTPATIENT	1-GENERAL	6/7/2021	UNITED HEALTHCARE	Approved	263.02	LAST NAME,DEMO PT	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/16/2021@15:42:31	402497A	131-OUTPATIENT	1-GENERAL	6/11/2021	UNITED HEALTHCARE	Approved	183.02	LAST NAME,DEMO PT	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/16/2021@15:43:32	402493A	131-OUTPATIENT	1-GENERAL	6/2/2021	BLUE CROSS/BLUE SHIELD	Exported	263.02	LAST NAME,FIRST NAME B	PRIVATE	DIRECT ONLY
2017 DEMO HOSPITAL	STOUT,CINDY	06/16/2021@15:43:43	402494A	131-OUTPATIENT	1-GENERAL	6/14/2021	BLUE CROSS/BLUE SHIELD	Exported	179	LAST NAME,FIRST NAME B	PRIVATE	DIRECT ONLY
2017 DEMO HOSPITAL	STOUT,CINDY	06/16/2021@15:43:46	402492A	131-OUTPATIENT	1-GENERAL	6/12/2021	TRIBAL INSURANCE	Exported	263.02	LAST NAME,FIRST NAME J	TRIBAL SELF INSURED	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/16/2021@15:43:50	402495A	131-OUTPATIENT	1-GENERAL	6/2/2021	UNITED HEALTHCARE	Exported	183.02	LAST NAME,DEMO PT	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/16/2021@15:43:50	402496A	131-OUTPATIENT	1-GENERAL	6/7/2021	UNITED HEALTHCARE	Exported	263.02	LAST NAME,DEMO PT	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/16/2021@15:43:50	402497A	131-OUTPATIENT	1-GENERAL	6/11/2021	UNITED HEALTHCARE	Exported	183.02	LAST NAME,DEMO PT	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/16/2021@15:48:46	402498A	131-OUTPATIENT	1-GENERAL	6/7/2021	TRIBAL INSURANCE	Approved	285.31	LAST NAME,FIRST NAME J	TRIBAL SELF INSURED	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/16/2021@15:49:04	402499A	131-OUTPATIENT	1-GENERAL	6/12/2021	TRIBAL INSURANCE	Approved	263.02	LAST NAME,FIRST NAME J	TRIBAL SELF INSURED	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/16/2021@15:49:17	402498A	131-OUTPATIENT	1-GENERAL	6/7/2021	TRIBAL INSURANCE	Exported	285.31	LAST NAME,FIRST NAME J	TRIBAL SELF INSURED	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/16/2021@15:49:17	402499A	131-OUTPATIENT	1-GENERAL	6/12/2021	TRIBAL INSURANCE	Exported	263.02	LAST NAME,FIRST NAME J	TRIBAL SELF INSURED	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/17/2021@10:55:56	402497B	131-OUTPATIENT	1-GENERAL	6/11/2021	AETNA HEALTH PLANS	Approved	94	LAST NAME,DEMO PT	HMO	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/17/2021@11:10:59	402495B	131-OUTPATIENT	1-GENERAL	6/2/2021	AETNA HEALTH PLANS	Approved	50	LAST NAME,DEMO PT	HMO	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/17/2021@11:51:56	402491	131-OUTPATIENT	1-GENERAL	6/7/2021	MEDICARE	Closed	0	LAST NAME,FIRST NAME J	MEDICARE FI	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/17/2021@11:53:01	402491	131-OUTPATIENT	1-GENERAL	6/7/2021	MEDICARE	Open	0	LAST NAME,FIRST NAME J	MEDICARE FI	CHS & DIRECT
2017 DEMO HOSPITAL	STOUT,CINDY	06/28/2021@11:07:09	402506	131-OUTPATIENT	1-GENERAL	6/1/2021	BENEFICIARY PATIENT (INDIAN)	CxlClaim	0	DEMO,PATIENT B	INDIAN PATIENT	CHS & DIRECT

Bills Awaiting Export Report
(3PB > PRTP > AWPR)

- Number of bills by export mode or by payer that have been approved but not exported (printed)

- Detail will print a list of bills not yet printed with the oldest bill listed first

- Affects aging

Bills Awaiting Export Report
Summarized Report by EXPORT MODE

```
================================================================================
================================================================================
BILLS AWAITING EXPORT for ALL BILLING SOURCES    AUG 17,2023@14:35:52    Page 1
Billing Location: 2017 DEMO
================================================================================

                                            Avg Days
                                 Number     Awaiting         Total
   Export Mode                   Bills       Export         Charges
--------------------------------------------------------------------------------
   CMS-1500 (08/05)                1           63            100.00
   837I (UB) 5010                  5           21          2,337.00
   837P (HCFA) 5010                5           43            760.00
   837D (ADA) 5010                 3           16            188.00
   ADA-2012                        1          123             95.00
   CMS-1500 (02/12)                8           11          2,643.72
                                 =====                    ===========
                                   23                       6,123.72


(REPORT COMPLETE):
```

Bills Awaiting Export Report
Summarized Report by INSURER

```
================================================================
BILLS AWAITING EXPORT for ALL BILLING SOURCES    NOV 3,2021@10:34:05    Page 1
Billing Location: INDIAN HOSP
================================================================

                                              Avg Days
                                 Number       Awaiting        Total
Insurer                          Bills         Export        Charges
----------------------------------------------------------------

  BC/BS OF KC                      1            31             61.00
  NEW MEXICO BC/BS INC             1            71            138.00
  NEW MEXICO MEDICAID              1            82            256.00
  WASHINGTON MEDICAID              1             6            488.00
  CONCORD GENERAL GRP              5             1            720.30
  NON-BENEFICIARY PATIENT          6             8          3,864.14
  MAIL HANDLERS BENEFIT PLAN       3            72         34,511.00
  TIME INSURANCE                   1            31             61.00
  BC/BS OF OKLAHOMA                2            74             34.00
  BC/BS ON NM (2)                  1             9             62.00
  BCBS OF NEW MEXICO              15             7            998.25
  UNITED HEALTHCARE [ATL]          2            65            139.00
  REVOLVING SQUARE INSURANCE CO    1            31             61.00
  NEVERHAPPY INSURANCE CO.         1            31             61.00
  CARPENTER'S FOUNDATION           1            31             61.00
  THE PEOPLES HEALTH PLAN          1            31             61.00
  SUN INSURANCE PLANS              1            31             61.00
  WORKITOUT AGENCY                17            39          2,346.00
  DIAMOND SIGN HEALTH PLAN         1            17            138.00
                                 =====                     ===========
                                  62                        44,121.69
```

Bills Awaiting Export Report
Listing of UNPRINTED BILLS

```
================================================================
BILLS AWAITING EXPORT for ALL BILLING SOURCES    AUG 7,2023@16:54:23    Page 1
Billing Location: 2017 DEMO HO
================================================================
 Bill                                  Export
Number        Patient                  Mode         Billing Source
----------------------------------------------------------------
 29054A    JONES,CHIPPER               HCFA-1500B  UNITED HEALTHCARE [ATL]
 29055A    JONES,CHIPPER               HCFA-1500B  UNITED HEALTHCARE [ATL]
 29345A    BUDGET,BEN                  HCFA-1500 Y2KREVOLVING SQUARE INSURANCE
 29355A    POWER,MAX                   HCFA-1500 Y2KTIME INSURANCE
 29356A    SHARK,MAUREEN               HCFA-1500B  THE PEOPLES HEALTH PLAN
402485A    LAST NAME,DEMO PT           837I (UB) 5010AETNA HEALTH PLANS
402631A    LAST NAME,FIRST NAME        837I (UB) 5010AETNA HEALTH PLANS
402632A    LAST NAME,FIRST NAME        837I (UB) 5010AETNA HEALTH PLANS
402633A    LAST NAME,FIRST NAME        837D (ADA) 5010AETNA HEALTH PLANS
402551A    WEATHERS,STORMY             837P (HCFA) 5010NEW MEXICO BC/BS INC
395018C    TILDEN,THERESA ANN          837P (HCFA) 5010MEDICARE
402579B    WEATHERS,STORMY             837P (HCFA) 5010MEDICARE
402404B    DEMO,HALEY KELIS            CMS-1500 (02/12)MAILHANDERS BENEFIT PLAN

(REPORT COMPLETE):
```

CPT Charge Report
(3PB > RPTP > CPRP)

- Prints a list of bills along with the billed CPT or ADA codes, the charge amount and the total amount billed

- Paid and denied amounts will also print, if rolled back from A/R

- May be printed by payer or provider

CPT Charge Report
Printer Output

```
=================================================================
Bill Status Report for ALL BILLING SOURCES     MAY 30,2022@09:40:29    Page 1
with VISIT DATES from 04/12/2022 to 04/12/2022 provided by WELBY,MARCUS
Billing Location: INDIAN HOSP
=================================================================
Bill#        DOS          CPT    Active Insurer    Billed    Paid      Denied    SAR
-----------------------------------------------------------------

   Provider: WELBY,MARCUS
31296A       04/12/2022  99203    MEDICARE          106.00    48.20     36.80 2
                                                                        21.00 42
                                                    ---------  --------- ---------
                    Total for Bill: 31296A          106.00    48.20     57.80

31296B       04/12/2022  99203    MONTANA MEDI      106.00    0.00      0.00
                                                    ---------  --------- ---------
                    Total for Bill: 31296B          106.00    0.00      0.00

                                                              ======
                                                    Total:2

(REPORT COMPLETE):
```

CPT Charge Report
Delimited to HFS file and Imported to Excel

```
===================================================================
Bill Status Report for ALL BILLING SOURCES      AUG 18,2022@15:27:03    Page 1
with VISIT DATES from 01/01/2022 to 08/18/2022
Billing Location: 2017 DEMO HO
===================================================================
```

Visit Location	Bill#	Bill Status	HRN	Patient	Date of Service	Visit Type#	Visit Type	Clinic#	Clinic	Insurer Type	Active Insurer	Provider	Billed	Bill Type	Export Mode	Primary DX	CPT/HCPCS/ADA	Revenue Code	NDC	CPT Amount	Payment	Denied/SAR~
DEMO HOSP	402580A	COMPLETED	163412	DEMO,NONBEN	1/3/2022	131	OUTPATIENT	01	GENERAL	PRIVATE	NEW MEXICO BC/BS INC	COOPER,STEVEN	521	131	CMS-1500 (02/12)	I15.9	99244	0		521	400	50/;71/
DEMO HOSP	402580B	COMPLETED	163412	DEMO,NONBEN	1/3/2022	131	OUTPATIENT	01	GENERAL	NON-BEN (NON-INDIAN)	NON-BENEFICIARY PATIENT	COOPER,STEVEN	50	131	CMS-1500 (02/12)	I15.9	99244	0		521	50	
DEMO HOSP	402366C	BILLED	13569	WEATHERS,STORMY	1/3/2022	131	OUTPATIENT	01	GENERAL	PRIVATE	NEW MEXICO BC/BS INC	COOPER,STEVEN	226	131	UB-04	I15.9	99214	510		226	0	
DEMO HOSP	402607A	BILLED	13569	WEATHERS,STORMY	1/20/2022	131	OUTPATIENT	01	GENERAL	PRIVATE	NEW MEXICO BC/BS INC	COOPER,STEVEN	693	131	837P (HCFA) 5010	I15.9	10061	0		593	0	
DEMO HOSP	402607A	BILLED	13569	WEATHERS,STORMY	1/20/2022	131	OUTPATIENT	01	GENERAL	PRIVATE	NEW MEXICO BC/BS INC	COOPER,STEVEN	693	131	837P (HCFA) 5010	I15.9	00162	0		100	0	
DEMO HOSP	402583A	BILLED	112233	LASTNAME,DEMO	4/15/2022	131	OUTPATIENT	01	GENERAL	PRIVATE	UNITED HEALTHCARE	MATTHEWS,LINDA E	6,143.40	131	837P (HCFA) 5010	I95.9	99214	0				
DEMO HOSP	402583A	BILLED	112233	LASTNAME,DEMO	4/15/2022	131	OUTPATIENT	01	GENERAL	PRIVATE	UNITED HEALTHCARE	MATTHEWS,LINDA E	6,143.40	131	837P (HCFA) 5010	I95.9	A0431	540				
DEMO HOSP	402583A	BILLED	112233	LASTNAME,DEMO	4/15/2022	131	OUTPATIENT	01	GENERAL	PRIVATE	UNITED HEALTHCARE	MATTHEWS,LINDA E	6,143.40	131	837P (HCFA) 5010	I95.9	A0436	540				
DEMO HOSP	402583A	BILLED	112233	LASTNAME,DEMO	4/15/2022	131	OUTPATIENT	01	GENERAL	PRIVATE	UNITED HEALTHCARE	MATTHEWS,LINDA E	6,143.40	131	837P (HCFA) 5010	I95.9	A0398	540				
DEMO HOSP	402583A	BILLED	112233	LASTNAME,DEMO	4/15/2022	131	OUTPATIENT	01	GENERAL	PRIVATE	UNITED HEALTHCARE	MATTHEWS,LINDA E	6,143.40	131	837P (HCFA) 5010	I95.9	A0394	540				
DEMO HOSP	402583A	BILLED	112233	LASTNAME,DEMO	4/15/2022	131	OUTPATIENT	01	GENERAL	PRIVATE	UNITED HEALTHCARE	MATTHEWS,LINDA E	6,143.40	131	837P (HCFA) 5010	I95.9	A0422	540				
DEMO HOSP	402610A	BILLED	138638	LASTN,FIRSTN	4/5/2022	131	OUTPATIENT	01	GENERAL	PRIVATE	DEMO INSURANCE ONE	MATTHEWS,LINDA E	474.02	131	837I (UB) 5010	J00.	J3490	250	00045-0513-60	11.9	0	
DEMO HOSP	402610A	BILLED	138638	LASTN,FIRSTN	4/5/2022	131	OUTPATIENT	01	GENERAL	PRIVATE	DEMO INSURANCE ONE	MATTHEWS,LINDA E	474.02	131	837I (UB) 5010	J00.	J3490	250	00121-0419-04	5.02	0	
DEMO HOSP	402610A	BILLED	138638	LASTN,FIRSTN	4/5/2022	131	OUTPATIENT	01	GENERAL	PRIVATE	DEMO INSURANCE ONE	MATTHEWS,LINDA E	474.02	131	837I (UB) 5010	J00.	99213	510		179	0	
DEMO HOSP	402610A	BILLED	138638	LASTN,FIRSTN	4/5/2022	131	OUTPATIENT	01	GENERAL	PRIVATE	DEMO INSURANCE ONE	MATTHEWS,LINDA E	474.02	131	837I (UB) 5010	J00.	71010	324		250	0	
DEMO HOSP	402610A	BILLED	138638	LASTN,FIRSTN	4/5/2022	131	OUTPATIENT	01	GENERAL	PRIVATE	DEMO INSURANCE ONE	MATTHEWS,LINDA E	474.02	131	837I (UB) 5010	J00.	81000	300		20.02	0	
DEMO HOSP	402610A	BILLED	138638	LASTN,FIRSTN	4/5/2022	131	OUTPATIENT	01	GENERAL	PRIVATE	DEMO INSURANCE ONE	MATTHEWS,LINDA E	474.02	131	837I (UB) 5010	J00.	86588	300		25	0	
DEMO HOSP	402592A	COMPLETED	138638	LASTN,FIRSTN	6/11/2022	131	OUTPATIENT	01	GENERAL	PRIVATE	DEMO INSURANCE ONE	MATTHEWS,LINDA E	299.27	131	CMS-1500 (02/12)	I95.9	99212	0		140	182.32	25/;91.95/
DEMO HOSP	402592A	COMPLETED	138638	LASTN,FIRSTN	6/11/2022	131	OUTPATIENT	01	GENERAL	PRIVATE	DEMO INSURANCE ONE	MATTHEWS,LINDA E	299.27	131	CMS-1500 (02/12)	I95.9	71045	0		114	182.32	25/;91.95/
DEMO HOSP	402592A	COMPLETED	138638	LASTN,FIRSTN	6/11/2022	131	OUTPATIENT	01	GENERAL	PRIVATE	DEMO INSURANCE ONE	MATTHEWS,LINDA E	299.27	131	CMS-1500 (02/12)	I95.9	J2001	0		45.27	182.32	25/;91.95/

Tribal Payment Report
(3PB > RPTP > TPRP)

- Provides bill numbers, amount billed, and amount paid sorted by patient's Tribe
  - Insurer or Insurer Type
  - User-Specified Tribe, or all
  - User-Specified Visit Date Range

- Patient's Tribal information is pulled from Patient Registration

- Data is dependent on payments being rolled back from A/R

Tribal Payment Report

```
TRIBAL PAYMENT REPORT                      MAY 12,2023@09:30:48    Page 1
for Visit Dates from 01/01/2023 to 01/31/2023
Billing Location: DEMO HOSPITAL

===============================================================================
PATIENT                      CLAIM    DOS       AMOUNT BILLED AMOUNT PAID
===============================================================================
Location: DEMO HOSPITAL
   Tribe: BLACKFEET TRIBE, MT
     Visit Type: OUTPATIENT
       Insurer Type: MEDICAID FI
PATIENT,ONE                  12345A   01/22/2023        36.80         36.80
                                                  ===========   ===========
                            Visit Type Totals           36.80         36.80
                                                  ===========   ===========
                            Tribe Totals               36.80         36.80
   Tribe: NAVAJO TRIBE, AZ NM AND UT
     Visit Type: MEDICAL SOCIAL SVCS
       Insurer Type: MEDICAID FI
PATIENT,TWO                  67890A   01/12/2023       368.00        368.00
                                                  ===========   ===========
                            Visit Type Totals          368.00        368.00
                                                  ===========   ===========
                            Tribe Totals              368.00        368.00
   Tribe: PASCUA YAQUI TRIBE, AZ
     Visit Type: PHARMACY
       Insurer Type: MEDICAID FI
PATIENT,THREE                54321A   01/26/2023        25.00         25.00
                                                  ===========   ===========
                            Visit Type Totals           25.00         25.00
                                                  ===========   ===========
                            Tribe Totals               25.00         25.00
                                                  ===========   ===========
                            Report Totals             429.80        429.80


(REPORT COMPLETE):
```

Security

Table Maintenance Site Parameters Report
(3PB > TMTP > TMRP > AUTM)

- Tracks and reports changes made to the following fields
  - 3P Parameters
    - Printable Name of Payment Site
    - Facility to Receive Payment
  - Location
    - Mailing Address Street, City, State, and Zip
  - 3P Insurer
    - Form Locator Override Data Value

- Consider running the report quarterly

- Locked with a security key: ABMZ SITE SETUP

- Historically part of the 3P Internal Control Policy Online Self-Assessment Tool

Table Maintenance
Site Parameters Report

```
==========================================================================
LISTING of Audited fields                      AUG 9,2023   Page 1
==========================================================================
Date/Time         User            Old Value            New Value
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    3P INSURER  Fld: FORM LOCATOR OVERRIDE
08/28/2019@17:53 BILLER,SUPER                          CMSOVERRIDE

    3P PARAMETERS  Fld: FACILITY TO RECEIVE PAYMENT
11/06/2018@11:08 MANAGER,SITE      OLD 2011 DEMO HOSPITAL 2017 DEMO HOSPITAL (AB
09/13/2021@15:48 BILLER,ONE        ZZ 2017 DEMO HOSPITAL  2017 DEMO HOSPITAL

    3P PARAMETERS  Fld: PRINTABLE NAME OF PAYMENT SITE
08/31/2017@12:27 MANAGER,SITE                          2011 DEMO HOSPITAL
11/06/2020@11:08 MANAGER,SUSIE     2011 DEMO HOSPITAL   2017 DEMO HOSPITAL

    LOCATION  Fld: MAILING ADDRESS-STREET
09/06/2017@14:28 MANAGER,SITE      5300 HOMESTEAD RD NE
10/10/2017@15:41 MANAGER,SITE      RT. 1, BOX 12        5300 HOMESTEAD NE

    LOCATION  Fld: MAILING ADDRESS-CITY
09/06/2017@14:28 MANAGER,SITE      ALBUQUERQUE
10/10/2017@15:41 MANAGER,SITE      PARKER               ALBUQUERQUE

    LOCATION  Fld: MAILING ADDRESS-STATE
09/06/2017@14:28 MANAGER,SITE      NEW MEXICO
10/10/2017@15:41 MANAGER,SITE      ARIZONA              NEW MEXICO

    LOCATION  Fld: MAILING ADDRESS-ZIP
09/06/2017@14:28 MANAGER,SITE      87110
10/10/2017@15:41 MANAGER,SITE         85344                87110

(REPORT COMPLETE):
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