Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Claim Status: Open / Closed / External Agent

1. PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. SSN/EDIPN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ FMP: 20 / 30 / 98 / \_\_\_\_ PATCAT: \_\_\_\_\_
	+ Claim Type: TPCP / MSA / MAC Billable TPCP Patient? Y / N

1. INSURANCE CO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Was Other Health Insurance (OHI) shown in CHCS billed? Y / N
	* Policy Type: FEHBP / EGHP / Medigap / Rx / Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billable? Y / N
	* Is Billing Info on UB-04/837I /CMS 1500/837P Correct? Y / N
	* Is info correct in CHCS? Y / N
	* If No, has OHI in CHCS been corrected? Y / N
	* Date(s) Of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FY \_\_\_\_\_\_\_\_
	* Services: Inpatient / ER / APV / Observation / Ambulatory / Ancillary / Ambulance / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. OUTPT:
* Does Billed Dx And Procedure Code(s) Match Documentation? Y / N
	+ Is Encounter Coded Correctly? Y / N - Coding Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Proper Rates Charged? Y / N
	+ Appropriate Revenue Code(s) Used? Y / N
	+ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. INPT:
* Does Billed Dx And Procedure Codes Match Documentation? Y / N
	+ Is MS-DRG Correct? Y / N - Coding Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ MS-DRG RWP \_\_\_\_\_\_\_\_\_\_\_ ALOS \_\_\_\_\_\_\_\_ GMLOS \_\_\_\_\_\_\_\_\_ Short Stay Threshold \_\_\_\_\_\_\_\_\_ Long Stay Threshold \_\_\_\_\_\_\_\_\_ [FY\_\_] ASA \_\_\_\_\_\_\_\_\_\_\_ transfer date/location:\_\_\_\_\_\_\_\_\_\_
	+ Proper RWP Calculated? Y / N Proper Rate Charged?: Y / N
	+ Appropriate Revenue Code(s) Used? Y / N
	+ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. PAYMENT
* Amount Rec’d $\_\_\_\_\_\_\_\_\_\_\_\_\_ Reductions: CYD/ PAD / Co-Pay / Co-Ins / NC / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Policy Benefits Properly Applied? Y / N: PPO / INN / Non-PPO / OON / R&C / MSP / Carve out / R&B / Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Are Benefits Noted In The Appropriate Billing System? Y / N
	+ Is Payment Posted Properly? Y / N / NA
	+ Has the MTF adequately followed up on collections and remittance information from insurance provider(s)? Y / N
1. REQUIRED ACTION: None / Close / Re-bill / Obtain Records / Refund / Fwd to External Agent / Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Abbreviations: FEHBP=Federal Employee Health Benefit Plan, EGHP=Employer Group Health Plan, Rx=Pharmacy, Dx=Diagnosis, DRG=Diagnosis Related Group, RWP=Relative Weighted Product, ALOS=Arithmetic Mean Length of Stay, GMLOS=Geometric Mean Length of Stay, ASA=Adjusted Standardized Amount, CYD=Calendar Year Deductible, PAD=Per Admission Deductible, NC=Not Covered, PPO=Preferred Provider Organization, INN=In-Network, OON=Out-of-Network, R&C=Reasonable and Customary, MSP=Medicare Secondary Payer Provision, Carveout=Carved-out Medicare benefits on an actively employed patient, R&B=Room and Board.