

Encounter Submission Report for:

Dates of Service: _____
 Paid Thru Date: _____
 Run Date: _____

LOB: ALL

Source	FINANCIAL INCURRED		SUBMITTED				ACCEPTED				REJECTED				SUSPENDED			
	# of Claims	\$ of Claims	# of Claims Submitted	% of Total (Claim Count)	\$ Submitted	% of Total (Dollar Amount)	# of Claims Accepted	% of Submitted (Claim Count)	\$ Accepted	% of Submitted (Dollar Amount)	# of Claims Outstanding	% of Submitted (Claim Count)	\$ Outstanding	% of Submitted (Dollar Amount)	# of Claims Suspended (E-I-M)	% of Incurred (Claim Count)	\$ Outstanding (G-K-O)	% of Incurred (Dollar Amount)
Medical																		
BHO																		
DME																		
Pharmacy																		
Total																		

LOB: RC

Source	FINANCIAL INCURRED		SUBMITTED				ACCEPTED				REJECTED				SUSPENDED			
	# of Claims	\$ of Claims	# of Claims Submitted	% of Total (Claim Count)	\$ Submitted	% of Total (Dollar Amount)	# of Claims Accepted	% of Submitted (Claim Count)	\$ Accepted	% of Submitted (Dollar Amount)	# of Claims Outstanding	% of Submitted (Claim Count)	\$ Outstanding	% of Submitted (Dollar Amount)	# of Claims Suspended (E-I-M)	% of Incurred (Claim Count)	\$ Outstanding (G-K-O)	% of Incurred (Dollar Amount)
Medical																		
BHO																		
DME																		
Pharmacy																		
Total																		

LOB: RHP

Source	FINANCIAL INCURRED		SUBMITTED				ACCEPTED				REJECTED				SUSPENDED			
	# of Claims	\$ of Claims	# of Claims Submitted	% of Total (Claim Count)	\$ Submitted	% of Total (Dollar Amount)	# of Claims Accepted	% of Submitted (Claim Count)	\$ Accepted	% of Submitted (Dollar Amount)	# of Claims Outstanding	% of Submitted (Claim Count)	\$ Outstanding	% of Submitted (Dollar Amount)	# of Claims Suspended (E-I-M)	% of Incurred (Claim Count)	\$ Outstanding (G-K-O)	% of Incurred (Dollar Amount)
Medical																		
BHO																		
DME																		
Pharmacy																		
Total																		

LOB: RHE

Source	FINANCIAL INCURRED		SUBMITTED				ACCEPTED				REJECTED				SUSPENDED			
	# of Claims	\$ of Claims	# of Claims Submitted	% of Total (Claim Count)	\$ Submitted	% of Total (Dollar Amount)	# of Claims Accepted	% of Submitted (Claim Count)	\$ Accepted	% of Submitted (Dollar Amount)	# of Claims Outstanding	% of Submitted (Claim Count)	\$ Outstanding	% of Submitted (Dollar Amount)	# of Claims Suspended (E-I-M)	% of Incurred (Claim Count)	\$ Outstanding (G-K-O)	% of Incurred (Dollar Amount)
Medical																		

DRAFT - Final templates to be provided to awarded Contractors.

BHO																	
DME																	
Pharmacy																	
<i>Total</i>																	

DRAFT - Final templates to be provided to awarded Contractors.

Table1: 227CA Header Rejections from Table 1- Medical- Header Errors

Claim Status	Description	Claim Count

Table2: 227CA Header Rejections from Table 1- BHO- Header Error

Claim Status	Description	Claim Count

Table3: 227CA Header Rejections from Table 1- DME- Header Error

Claim Status	Description	Claim Count

Table4: NCPDP Header Rejections from Table 1- Pharmacy- Header Error

Claim Status	Description	Claim Count

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