DEPARTMENT OF COMMUNITY HEALTH

GEORGIA FAMILIES

REPORT #20: EMERGENCY ROOM MONITORING

CARE MANAGEMENT ORGANIZATION COMPLIANCE WITH THE MEDICAID CARE MANAGEMENT ORGANIZATIONS ACT

FINAL
JUNE 27, 2012

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REPORT GLOSSARY

The following listing of terminology and references may be used throughout this report:

- **Adjudicate** – A determination by the Care Management Organization of the outcome of a health care claim submitted by a health care provider. Claims may pay, deny, or in some cases have an alternative adjudication outcome.

- **Appeal** – A formal process whereby a health care provider requests that a payor review the outcome of a claim previously submitted to the payor for reimbursement. This term is typically reserved for claims that were originally denied for payment or paid at a lower amount by the payor, and the provider believes a payment should be made or paid at a higher amount.

- **Care Management Organization (CMO)** – An organization that has entered into a risk-based contractual arrangement with the Department to obtain and finance care for enrolled Medicaid and PeachCare for Kids® members. CMOs receive a per capita or capitation claim payment from the Department for each enrolled member. Three Care Management Organizations currently operate in Georgia. These organizations include AMERIGROUP Community Care (AMERIGROUP), Peach State Health Plan (PSHP), and WellCare of Georgia (WellCare).

- **Claims Processing System** – A computer system or set of systems that determine the reimbursement amount for services billed by the health care provider.

- **Current Procedural Terminology (CPT) Codes** – A listing of five character alphanumeric codes for use in reporting medical services and procedures performed by health care providers. CPT codes generally begin with a numeric character.

- **Department of Community Health (DCH or Department)** – The Department within the state of Georgia that oversees and administers the Medicaid and PeachCare for Kids® programs.

- **Denied Claim** – A claim submitted by a health care provider for reimbursement that is deemed by the payor to be ineligible for payment under the terms of the contract between the health care provider and payor.

- **Emergency Services (ES)** – Covered inpatient and outpatient services furnished by a qualified Provider that are needed to evaluate or stabilize an Emergency Medical Condition that is found to exist using the prudent layperson standard.

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- **Encounter Data** – Health Care Encounter Data include: (i) All data captured during the course of a single Health Care encounter that specify the diagnoses, co-morbidities, procedures (therapeutic, rehabilitative, maintenance, or palliative), pharmaceuticals, medical devices and equipment associated with the Member receiving services during the Encounter; (ii) The identification of the Member receiving and the Provider(s) delivering the Health Care services during the single Encounter; and, (iii) A unique, i.e. unduplicated, identifier for the single Encounter.

- **Georgia Families –** The risk-based managed care delivery program for Medicaid and PeachCare for Kids® where the Department contracts with Care Management Organizations to manage and finance the care of eligible members.

- **Health Care** – Health Care means care, services, or supplies related to the health of an individual. Health Care includes, but is not limited to, the following: (i) Preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of the body; and (ii) Sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.

- **Health Care Professional** – A physician or other Health Care Professional, including but not limited to podiatrists, optometrists, chiropractors, psychologists, dentists, physician's assistants, physical or occupational therapists and therapists assistants, speech-language pathologists, audiologists, registered or licensed practical nurses (including nurse practitioners, clinical nurse specialist, certified registered nurse anesthetists, and certified nurse midwives), licensed certified social workers, registered respiratory therapists, and certified respiratory therapy technicians licensed in the State of Georgia.

- **ICD-9-CM (ICD-9) Codes** – The International Classification of Diseases, Clinical Modification, 9th Revision is used to code and classify morbidity data from the inpatient and outpatient records, physician offices, and hospitals onto claims to submit to a health plan. Codes are classified as either diagnosis-specific or procedure-specific.

- **In-Network Provider** – A Provider that has entered into a Provider Contract with the Contractor to provide services.

- **Inpatient Facility** – Hospital or clinic for treatment that requires at least one overnight stay.

- **Medicaid Care Management Organizations Act** – O.C.G.A. 33-21-1, et seq MEDICAID CARE MANAGEMENT ORGANIZATIONS ACT. A bill passed by the Georgia General Assembly, signed into law by the Governor, and effective July 1,

2008 which speaks to several administrative requirements for the contractors of the Medicaid Managed Care plan, Georgia Families, to comply. Some of the requirements include provider networks, emergency room claims payment requirements, eligibility verification, and others.

- **Medical Records** – The complete, comprehensive records of a Member including, but not limited to, x-rays, laboratory tests, results, examinations and notes, accessible at the site of the Member's participating Primary Care physician or Provider, that document all medical services received by the Member, including inpatient, ambulatory, ancillary, and emergency care, prepared in accordance with all applicable DCH rules and regulations, and signed by the medical professional rendering the services.

- **Medically Necessary Services** – Definition is from Section 4.5 of the Amended and Restated Contract between the Georgia Department of Community Health and the Care Management Companies. Based upon generally accepted medical practices in light of Conditions at the time of treatment, Medically Necessary services are those that are:
  o Appropriate and consistent with the diagnosis of the treating Provider and the omission of which could adversely affect the eligible Member's medical Condition;
  o Compatible with the standards of acceptable medical practice in the community;
  o Provided in a safe, appropriate, and cost-effective setting given the nature of the diagnosis and the severity of the symptoms;
  o Not provided solely for the convenience of the Member or the convenience of the Health Care Provider or hospital;
  o Not primarily custodial care unless custodial care is a covered service or benefit under the Members evidence of coverage.

- **Out-of-Network Provider** – A Provider of services that does not have a Provider contract with the Contractor. Also referred to in the report as a "non-participating provider".

- **Paid Claim** – A claim submitted by a health care provider for reimbursement that is deemed by the payor to be eligible for payment under the terms of the contract between the health care provider and payor.

- **PeachCare for Kids®Program (PCK)** – The Children's Health Insurance Program (CHIP) funded by Title XXI of the Social Security Act, as amended.

- **Professional Services Claim (Professional Claim)** – A health care claim for reimbursement of services provided by a physician or other non-institutional provider.

- **Provider** – Any physician, hospital, facility, or other Health Care Professional who is licensed or otherwise authorized to provide Health Care services in the State or

jurisdiction in which they are furnished.

- ***Provider Contract*** – Any written contract between the Contractor and a Provider that requires the Provider to perform specific parts of the Contractor's obligations for the provision of Health Care services under this Contract.

- ***Provider Number (or Provider Billing Number)*** – An alphanumeric code utilized by health care payors to identify providers for billing, payment, and reporting purposes.

- ***Revenue Codes*** – A listing of three digit numeric codes utilized by institutional health care providers to report a specific room (e.g. emergency room), service (e.g. therapy), or location of a service (e.g. clinic).

- ***Triage*** – The process of reviewing a patient's condition to determine the medical priority and the need for emergency treatment.

- ***Triage Rate*** – The reimbursement rate paid to a provider when a patient enters the emergency room but is deemed to not be in need of emergency care.

- ***Uniform Billing (UB or UB 92 or UB 04) Claim Form*** – Document most often required by payors to be utilized by hospitals and other institutional providers for submission of a claim request for reimbursement to the health care payor. The UB-92 version of the claim form was replaced by the UB04 version in 2007. CMS refers to the UB-92/UB 04 claim form as the CMS 1450 claim form.

Project Background and Objective

The Medicaid Care Management Organizations Act ("the Act") was signed into law in May 2008 and effective July 1, 2008. In response to the implementation of the Act, Myers and Stauffer developed and provided to the Department in June 2008 a draft Emergency Room (ER) monitoring report tool template. This tool was designed to assist DCH in monitoring each CMO's compliance with the provisions of the Act. This template consists of a total of eight reports (Report 1a, Report 1b, Report 2, Report 3, Report 4a, Report 4b, Report 4c and Report 5). This completed report template is to be sent to DCH by each CMO on a monthly basis recording data from the previous month. A copy of the current report template can be found in Exhibit A.

Section 33-21A-4 of the Act states:

(a) In particular, but without limitation, a care management organization shall not:

(1) Deny or inappropriately reduce payment to a provider of emergency healthcare services for any evaluation, diagnostic testing, or treatment provided to a recipient of medical assistance for an emergency condition; or

(2) Make payment for emergency health care services contingent on the recipient or provider of emergency health care services providing any notification, either before or after receiving emergency health care services.

(b) In processing claims for emergency health care services, a care management organization shall consider, at the time that a claim is submitted, at least the following criteria:

(1) The age of the patient;

(2) The time and day of the week the patient presented for services;

(3) The severity and nature of the presenting symptoms;

(4) The patient's initial and final diagnosis; and

(5) Any other criteria prescribed by the Department of Community Health, including criteria specific to patients under 18 years of age.

A care management organization shall configure or program its automated claims processing system to consider at least the conditions and criteria described in this subsection for claims presented for emergency health care services. The Department of Community Health may develop and publish a list of additional standards to be used by care management organizations to maximize the identification and accurate payment of claims for emergency health care services.

(c) If a provider that has not entered into a contract with a care management organization provides emergency health care services or post-stabilization services to that care management organization's member, the care management organization shall reimburse the non-contracted provider for such emergency health care services and post-stabilization services at a rate equal to the rate

paid by the Department of Community Health for Medicaid claims that it reimburses directly.

The objective of this task was to evaluate a sample of the completed ER Monitoring reports submitted by the CMOs and report any findings, as well as, give applicable recommendations as to any revisions to the tool that could enhance the value of the report to the Department. Enhancements may also include the incorporation of any relevant findings from Report #19 "Emergency Room Claim Payment Processes Analysis and Medicaid Care Management Organizations Act Compliance Monitoring" and requests from the Department, as applicable.

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METHODOLOGY

This section of the report provides a description of the analysis performed, including a comprehensive list of the data and documentation utilized, as well as any relevant limitations, notes, or assumptions.

Each month, the CMOs provide the Department with a completed ER Monitoring report. This report is in the form of a spreadsheet document which contains a total of eight worksheets. Seven of the worksheets record the CMO's ER claims data from the preceding month. For example, data from September is summarized and sent to the Department in October. The remaining worksheet provides a summary of ER claims activity from the start of the state fiscal year (SFY) which is July 1st to the end of the preceding month (e.g. July 1st through the end of September).

In consultation with the Department, we analyzed the data and documentation received from the CMOs, and we did not independently validate or verify the information. Each CMO attested and warranted that the information they provided was "accurate, complete, and truthful, and consistent with the ethics statements and policies of DCH."

Myers and Stauffer selected and evaluated three ER monitoring reports submitted to DCH by each CMO, including the reporting months of September 2008, September 2009 and September 2010, in an effort to achieve the following:

- Identify data elements currently captured in reports,
- Determine usefulness of the data being reported,
- Identify data elements/fields or individual reports requiring modification,
- Identify additional data fields or reports needed in order to effectively monitor compliance with the Act.

Based on the results of our evaluation, Myers and Stauffer developed, for DCH approval, an updated ER Monitoring report template incorporating any requested changes from the Department, as well as, findings from Report #19. In an effort to improve the ease of use of this report, Myers and Stauffer created a summary worksheet or "dashboard" to accompany the report. This dashboard is a new worksheet within the spreadsheet template which provides a synopsis of each of the eight ER monitoring reports focusing on the highlights from each report. Quality assurance measures and internal testing were performed to ensure data is being transferred correctly and accurately to the dashboard.

Additional Data and Documentation Requirements
- Amended and Restated DCH CMO Model Contract effective July 10, 2010

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Assumptions, Limitations and Notes

1. The data provided by the CMOs is presumed to be complete and accurate based on the attestation from each CMO.
2. All reports are based on information from claims submitted on a UB 04 claim form.
3. We assumed the claims information included in the ER monitoring reports is based on the final adjudication of the claim.
4. Applicable to *Reports 4a-c*, holidays are defined as any holiday recognized by either the State or Federal government that occurs on a weekday (Monday through Friday). Claims for services performed on a holiday are excluded from the day of the week summary and are instead included in the holiday portion of these reports.
5. In regards to suspended claims, the CMOs have been instructed to include claims pending or suspended as of the last calendar day of the report month.
6. Myers and Stauffer analyzed data from three distinct reporting months: September 2008, September 2009 and September 2010. It is assumed that the information provided and the method in which it was determined is representative of the information and methods for all reports which have been submitted by the CMOs.

FINDINGS, RECOMMENDATIONS AND PROPOSED CHANGES

This section contains the findings of our analysis of the current ER Monitoring Reports and our proposed changes and recommendations.

As stated in the Methodology section of this report, each CMO sends a monthly Microsoft Excel file to the Department containing eight different worksheets describing the claims and appeal activities for ER claims submitted to that CMO. These worksheets are entitled *Reports 1a-b, Report 2, Report 3, Reports 4a-c* and *Report 5*. The findings from our analysis are included below.

General Findings

Key Finding: No provisions relating to the reporting of the ER Monitoring Report were located within the current model contract between the Department and the CMOs.
>   **Recommendation:** The Department may wish to add the ER Monitoring Report as a monthly reporting requirement in their model contract with the CMOs.
>   **Recommendation:** The Department may also wish to include a provision that requires that the CMOs not change or alter, in any form or function, the ER monitoring report template without the Department's written consent.

Key Finding: Multiple data issues such as incorrect, inconsistent or absent data were noted on the sample ER Monitoring Reports.
>   **Recommendation:** For instances where there is no data to report for a specified time period, DCH may wish to require that the CMOs affirm the absence of data with an explanation within the report worksheet.
>   **Recommendation:** DCH may wish to require each CMO to implement documented quality assurance measures to review reported data for accuracy and completeness before it is submitted to DCH.
>   **Recommendation:** DCH may wish to require PSHP to adjust their methodology for day of the week worksheet to be in compliance with the reporting requirements of Reports 4a-c, which states that if an ER visit occurred on a weekday (Monday-Friday) and the day is recognized as a state or federal holiday, it should be counted as a holiday on these reports.

Key Finding: The information being reported by each CMO on the various worksheets was frequently incorrect and/or inconsistent.
>   **Action:** Myers and Stauffer drafted for DCH approval new instructions for each worksheet in order to provide additional detail and clarification to assist in the reporting of correct and consistent data.

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Key Finding: The existing ER Monitoring Report tool lacked an efficient means of communicating key data and trends to DCH.

> **Action:** Myers and Stauffer created for DCH approval a "dashboard" which will encompass all of the worksheets in this report. This dashboard is a new worksheet within the template which will provide a summary of key data elements included in the other worksheets in the report. The updated reports and proposed dashboard, utilizing sample data, are included in their entirety in Exhibit B.

Findings by Worksheet

Below are our findings for each worksheet. It should be noted that some worksheets are combined (e.g. *Report 1a* and *1b*) as these worksheets provide similar data, but either from varying time periods or reimbursement levels.

Report 1a- Summary of ER Claims Billed by Current Month
Report 1b- Summary of ER Claims Billed - SFY to Date

Report 1a includes data for claims received by the CMO between the first and last calendar day of the reported month. *Report 1b* lists the data for claims received by the CMO beginning July 1st of the current state fiscal year and ending with the last calendar day of the reporting month.

These reports provide a summary of the number of ER claims submitted, total number of distinct providers submitting ER claims, total payments made for ER claims, number of claims paid at either the full rate or at a rate other than the full rate (i.e., at a triage rate) and the number of claims that were auto adjudicated. Claims are categorized based on the adjudication status of paid, denied or suspended claims. *Report 1a* and *1b* are currently arranged as shown on Table 1 below.

Table 1: Current Field Names in *Report 1a* and *Report 1b*

Number of ER Claims Submitted by Providers in *[Time period]*	Total Number of Distinct Providers Submitting ER Claims	Total Payments for Claims Submitted as ER	Number of Claims Paid at Full ER Rate[1]	Number of ER Claims Paid at Rate Other Than Full ER (e.g. Triage Rate)[2]	Number of ER Claims Auto Adjudicated	Claim Status of ER Claim:
						Claims Paid
						Claims Denied
						Claims Suspended

1- 'Full ER Rate' indicates that, absent coordination of benefits, third party liability, or any similar payment, the claim paid the emergency room (ER) rate.

2- 'Less Than the Full ER Rate' indicates that, absent coordination of benefits, third party liability, or any similar payment, the claim paid at a rate that constitutes a triage or non-emergent rate.

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Key Findings: These reports do not contain totals for each category. Additionally, there are no percentages to denote findings such as the total number of claims paid or the total number of claims denied for either *Report 1a* or *Report 1b*.

> **Proposed Changes:**
> We would propose adding the following detail to *Reports 1a* and *1b*:
> - Totals for each Column
> - Percentage of claims paid at full ER rate
> - Percentage of claims paid at other than full ER Rate
> - Percentage of claims suspended
> - Percentage of claims denied
> - Percentage of ER claims auto adjudicated
> - Percentage of non-participating providers who submitted claims within the reported time period(s)

Table 2 contains the field names for *Report 1a and 1b* which will appear on the dashboard.

Table 2: Proposed Elements from *Reports 1a and 1b* to include on Dashboard

Report 1a(b) - Summary of Emergency Room Claims Billed on Uniform Bill 04 (UB 04) Form - Current Month (SFY To Date)							
Status of ER Claim	Number of ER Claims Submitted	Percent of Claims Paid at the Full ER Rate	Percent of Claims Paid at Other Than Full ER Rate	Percent of Total Claims Denied	Percent of Total Claims Suspended	Percent of Claims Auto Adjudicated	Percent of Claims billed by a Non-Participating Provider
Paid:							
Denied:							
Suspended:							
Total:							

Report 2 - Summary of ER Claims by Billing Provider

This report was designed to provide a listing of every provider who submitted a UB04 claim between the first and last calendar day of the report month. The worksheet provides identifying information about the provider including, provider name, National Provider Identification (NPI) number and Tax Identification number. The number of claims submitted by the provider and the payment status and adjudication status of these claims are also captured. Table 3 below provides a listing of the data elements included in Report 2.

Table 3: Current Field Names in *Report 2*

National Provider ID	Tax ID #	Location Code	Provider Name	# of ER Claims Submitted by Providers in [Month]	Total Payments for Claims Submitted as ER	# of Claims Paid at Full ER Rate	# of ER Claims Paid at Rate Other Than Full ER	# of ER Claims Auto Adjudicated	Claim Status of ER Claim:
									Claims Paid
									Claims Denied
									Claims Suspended

Key Findings: Myers and Stauffer found that AMERIGRIOUP and Peach State Health Plan (PSHP) each included non-facility providers. For example, on an AMERIGROUP report, Myers and Stauffer found a practitioner listed on the report. Some of the PSHP reports reviewed also contained practitioners, as well as what appeared to be a dialysis center, drug store, and a laboratory. As stated above in the "Methodology" section, reports are based on information from claims submitted on a UB 04 claim form. Therefore, there should not be practitioner claims included within this report. Also noted on these reports, were incomplete names such as "CARDIOVASCULAR" or "GA DEPARTMENT".

Proposed Changes: We would propose adding a column to denote if a provider is participating or non-participating. This information would then be used as a percentage on the dashboard to show the percentage of non-participating providers who are submitting ER claims on a monthly basis.

We would also propose including on the dashboard a listing of the top ten hospital providers, by volume of claims submitted, and an indication of the percentage of their claims paid at the full rate and percentage of the claims paid at the less than the full rate.

Table 4: Proposed Fields from *Report 2* to be included on the Dashboard

Report #2 - Summary of Emergency Room Claims By Top 10 Billing Providers (For Claims Submitted on UB 04 Form)									
Claims Paid by Provider			Total Payments for ER Claims			Total Number of ER Claims submitted by a Non-Participating Provider			
Rank	Hospital	Number of Claims	Rank	Hospital	Payment Amount	Rank	Hospital	Total Number of Claims Submitted	Total Payments for ER Claims

Report 3 - Summary of Top 100 ER Claim Criteria Combinations
This report contains the total number of ER Claims submitted by providers in the month, which are categorized by ICD-9-CM Diagnosis codes (admit, diagnosis code fields 1-3) and corresponding description, evaluation and management CPT code, average age of recipients, number of claims paid at full rate and other than full rate, number of claims denied and number of claims suspended.

The ranking of the diagnosis codes is based on the total number of ER claims submitted by providers within the month that have the same combination of diagnosis and procedure codes, ordered descending.

Currently, *Report 3* ICD-9-CM diagnosis codes are grouped by the first three characters of the code (excluding decimals). This is problematic as in many cases the code requires a 4th digit for the code to be valid and the corresponding code description to be accurate.

Key Findings: Myers and Stauffer found the CMOs differed in how the data was reported in *Report 3*. We found that AMERIGROUP consistently provided the Top 100 ER Claim Criteria Combinations, however, instances were noted in the "Evaluation and Management CPT® Code" column where there were other CPT codes included that were not Evaluation and Management (E&M) codes.

The September 2008 Peach State Health Plan *Report 3* differed significantly from the 2009 and 2010 September reports as it contains over 30,000 lines of data. It appeared that PSHP may have supplied the claims data detail for each claim in the top 100 on this report. However, the September 2009 and 2010 reports each only contained 100 lines, appearing to indicate Peach State changed how they were reporting the information. Similar to AMERIGROUP, we noted that the "Evaluation and Management CPT® Code" column contained Revenue codes and non-E&M CPT® codes.

We noted that WellCare consistently did not provide any Evaluation and Management CPT® Codes, but instead the field contained either a Revenue code or the following: "SYSOUTER" or "SYSTRIGE". This issue was found on a previous report as well and WellCare responded that "SYSOUTER" or "SYSTRIGE" is the claim line in their system which contains all the payment information.

> **Proposed Changes:** We would propose revising the report to rank the top 100 ER claims submitted by providers in a month using only the "*diagnosis code 1"* or the primary diagnosis, and *ER Evaluation and Management Code,* in descending order. We recommend this change in order to simplify the findings and improve the overall readability and usefulness of this analysis. For example, grouping all the Otitis media and 99212 claims together would provide the reader with a clearer picture of what diagnoses are being treated in the ER. Additional proposed report modifications and requirements are as follows:

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- Requirement that the CMOs provide the complete diagnosis code, including decimal point and 4th or 5th digit, as applicable.
- Removal of the admit diagnosis and its corresponding description fields as these fields are not always populated on the UB 04 claim form for outpatient claims.
- Removal of diagnoses 2 and 3 along with their corresponding descriptions as these fields will no longer be utilized.
- Requirement that each of the CMOs provide the Evaluation and Management CPT® Code in the 'Evaluation and Management CPT® Code' Column as required for *Report 3*.

Table 5 below shows the proposed data elements to be included on the dashboard for *Report #3*. The top ten ranking diagnosis codes, including their corresponding description and the E&M code will be included on the dashboard.

Table 5: Proposed Fields from *Report #3* to be included on the Dashboard

Report #3 - Top 10 Emergency Room Claim Criteria Combinations (For Claims Billed on UB 04 Form)				
Rank	Total Number of ER Claims Submitted	Diagnosis Code Field 1	Diagnosis Code Field 1 Description	Evaluation and Management CPT® Code

Reports 4a-c Age of Patient, Day of the Week, and Time of Day - ER Claims Statistics

Reports 4a-c each contains data for age of the patient, the day of the week, and time of day. *Report 4a* includes those claims reimbursed at a 'Full ER Rate' indicating that, in the absent coordination of benefits, third party liability, or any similar payment the claim paid the ER rate. *Report 4b* includes only claims that paid less than the full ER rate. 'Less Than the Full ER Rate' indicates that, absent coordination of benefits, third party liability, or any similar payment, the claim paid at a rate that constitutes a triage or non-emergent rate. *Report 4c* data relates only to 'Denied' or 'Pended/Suspended' claims.

The age and time ranges utilized are shown on Figure 1 below. The days include each day of the week, Monday through Sunday. Days recognized as holidays by either the state or federal government occurring on a weekday (Monday through Friday) should be counted as a "Holiday" on these reports.

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Figure 1: Age and Time Ranges used for *Reports 4a-c*

Age Range	Time Range
0 to 3 Months	12 AM - 5 AM
>3 Months to 6 Months	5:01 AM - 8 AM
>6 Months to 1 Year	8:01 AM - 12 PM
>1 Year to 3 Years	12:01 PM - 5 PM
>3 Years to 5 Years	5:01 PM - 8 PM
>5 Years to 12 Years	8:01 PM - 11:59 PM
>12 Years to 18 Years	No Hour Submitted
>18 Years to 35 Years	
>35 Years to 64 Years	
>64 Years	

Key Finding: Claims grouped to the "No Hour Submitted" time range were substantial. According to Medicare Guidelines, the hour of the day is not a required field. Therefore, the monitoring results will be limited to the claims in which the hour of day is voluntarily submitted on the claim by the provider.

> **Recommendation:** DCH may wish to require that the CMOs request that the providers submit the hour on outpatient claims, which would allow for a more correct assessment of the time of day provisions included in the Act.

Key Findings: We found that the AMERIGROUP September 2008 *Report 4b* was not populated with data. It was not clear if this was due to an omission or AMERIGROUP's payment policies.

We also noted that PSHP did not record any data for ER visits that occurred on a weekday (Monday-Friday) where the day is recognized as a state or federal holiday. When we requested clarification from PSHP, we received the following response from Donna McIntosh:

> "… *please be advised that the coding that supports the ER Monitoring report does not exclude holidays. As such if services were rendered on a holiday, it would be reflected on the report.*"

We noted in the sample of *Reports 4a-c* for WellCare an incorrect reporting period listed for the September 2009 report which was listed as July 2009. WellCare confirmed these reports contained September 2009 data and the date, as stated on the report, was incorrect.

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Proposed Changes:

While no changes are proposed to these three reports, we do propose that the dashboard capture the following items:

- Highest occurrence of ER visits by age range, day of service and time of service,
- Second highest occurrence of ER visits by age range, day of service and time of service, and
- Most frequent overall day and time of all ages

Table 6: Proposed Fields from *Report #4a* to be included on the Dashboard

Report #4a - Age/Day/Time - Emergency Room Statistics for Claims Paid Full ER Rate (Based on Claims Billed on UB 04 Form)				
Rank	**Total Number of ER Visits**	**Day of Service**	**Time of Service**	**Age Range**
1				
2				
Most Frequent Overall Time of All Ages:				

Report 5 - Summary of Emergency Room Claim Appeals

This report was designed to present, by *National Provider Identification number* and *location* (if applicable), the number of ER claims appealed, the number of the appealed claims which were paid originally at 'Less than the Full ER Rate', and of those claims, the number for which the outcome of the appeal changed (overturned) the original payment amount resulting in payment at the 'Full ER Rate'.

Table 7: Current Fields on *Report 5*

National Provider ID	Tax ID Number	Location Code	Provider Name	Number of ER Claim Appeals	Number of Appealed Claims Originally Paid at Rate Other Than Full ER (e.g. Triage Rate)	Number of Appealed Claims Originally Paid at Rate Other Than Full ER (e.g. Triage Rate) Overturned and Paid Full ER Rate After Appeal

Key Findings: The Act states the CMOs must allow providers to consolidate complaints and appeals of multiple claims that involve similar issues as a bundled appeal. It is not possible to identify on the current reports if a bundled appeal was counted as one appeal or multiple appeals based on each individual issue.

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AMERIGROUP reported a total of three appeals in September 2008, 72 for September 2009 and 18 for September 2010. For PSHP, the number of appeals reported for September 2009, 13 in total, varied greatly from the 556 reported for September 2010. The number of ER appeals reported by WellCare also seemed to fluctuate significantly as they reported 4,693 for September 2008, 8,080 for September 2009 and 1,220 for September 2010.

We also noted that PSHP did not include *Report 5* in the September 2008 report. When questioned, PSHP indicated that they determined that no appeals existed for September 2008.

We noted an incorrect reporting period listed on the WellCare September 2009 *Report 5* of July 2009. WellCare confirmed these reports contained September 2009 data and the date indicated on the report was incorrect.

> **Proposed Changes:** We propose changing the "number of ER Claim Appeals" column to read "number of individual ER Claim Appeals" to clarify that the data presented is the number of individual appeals rather than the number of batch appeals. Additionally, we propose changing the reporting period from including data from the first and last day of the prior month to capturing data from July 1st of the current SFY to the end of the current report month. This change would take into account claims appeals which can take up to 45 days to be resolved and provide a more comprehensive accounting of the overall amount of appeals being submitted by providers. We believe this change could assist the Department in the identification of ER claims appeals trends and potential provider ER claims issues.

The dashboard, as seen on Table 8 below, would include the individual number of ER Claims Appeals, the number of appealed claims originally paid at a rate "Other Than Full ER Rate (e.g. Triage Rate)", and the number of overturned appeals paid at the full ER rate, including the percent overturned. The top ten providers, based on percentage of appealed claims overturned and paid at the full rate, will be ordered descending.

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Table 8: Proposed Fields from *Report #5* to be included on the Dashboard

Report #5 - Summary of Emergency Room Claim Appeals (For claims submitted on UB 04 form)-SFY* To Current Month					
Rank	Hospital	Individual Number of ER Claim Appeals	Number of Appealed Claims Originally Paid at Rate Other Than Full ER (e.g. Triage Rate)	Number of Appealed Claims Overturned and Paid at the Full Rate	Percent Overturned

*The start of the current state fiscal year to current reporting month.

Instructions

In addition to evaluating the ER Monitoring report and making recommended changes to improve the readability and usefulness of those reports, we also reviewed the instructions that provide guidance to the CMOs on completion of the reports in order to propose changes to 1) incorporate the report revisions and 2) provide clarifications when it appears there is confusion about the data requested. The revised instructions on included for DCH approval on the second worksheet of Exhibit B.

Myers and Stauffer LC

Certified Public Accountants

EXHIBITS

Myers and Stauffer LC

Certified Public Accountants

Georgia Department of Community Health   Exhibit A

Georgia Families
Emergency Room Summary Reports - *Outline*
CMO: [CMO Name]
Report Period: [Month Year]
Date Prepared: [Month Year]

Outline of Reports

Report 1a   *Summary of Emergency Room Claims Billed on Uniform Bill 04 (UB 04) Form - Current Month*

Report 1b   *Summary of Emergency Room Claims Billed on Uniform Bill 04 (UB 04) Form - SFY to Date*

Report 2   *Summary of Emergency Room Claims By Billing Provider (For Claims Submitted on UB 04 Form)*

Report 3   *Summary of Top 100 Emergency Room Claim Criteria Combinations (For Claims Billed on UB 04 Form)*

Report 4a   *Age/Day/Time - Emergency Room Statistics for Claims Paid Full ER Rate (Based on Claims Billed on UB 04 Form)*

Report 4b   *Age/Day/Time - Emergency Room Statistics for Claims Paid at Rate Less than Full ER Rate (Based on Claims Billed on UB 04 Form)*

Report 4c   *Age/Day/Time - Emergency Room Statistics for Denied or Suspended Claims (Based on Claims Billed on UB 04 Form)*

Report 5   *Summary of Emergency Room Claim Appeals (For Claims Submitted on UB 04 Form)*

Georgia Department of Community Health   Exhibit A
Georgia Families
Emergency Room Summary Reports - *Instructions*
CMO: [CMO Name]
Report Period: [Month Year]
Date Prepared: [Month Year]

<u>**Instructions for Each Report**</u>

All Reports   *All Reports*

Information in these reports applies to providers in the CMO network on the date of service.

These reports are based on information from claims submitted on the Uniform Bill 04 (UB 04) claim form.

The CMO should complete the header information (including CMO name, Report Period, and Date Prepared) on the 'Outline' page, only.

The CMO is not to change the format or function of these reports without the written consent of the Georgia Department of Community

The CMO has separately attested to the completeness and accuracy of the information contained in these reports.

*'**Full ER Rate**' indicates that, absent coordination of benefits, third party liability, or any similar payment, the claim paid the emergency room (ER) rate.*

*'**Less Than the Full ER Rate**' indicates that, absent coordination of benefits, third party liability, or any similar payment, the claim paid at a rate that constitutes a triage or non-emergent rate.*

Claims information should be based on the final claim, net of adjustments

Suspended claims information should include claims pending or suspended as of the last calendar day of the report month.

The age of a recipient is based on the difference between the date of service and the date of birth. If the number is a partial amount greater than or equal to point five (.5), round up; otherwise, round down.

Report 1a   *Summary of Emergency Room Claims Billed on Uniform Bill 04 (UB 04) Form - Current Month*

This report should present data for claims received by the CMO between the first and last calendar day of the current month of the report.

Report 1b   *Summary of Emergency Room Claims Billed on Uniform Bill 04 (UB 04) Form - SFY to Date*

This report should present data for claims received by the CMO between July 1 of the current state fiscal year and the last calendar day of the current month of the report.

Report 2   *Summary of Emergency Room Claims By Billing Provider (For Claims Submitted on UB 04 Form)*

This report should present data, by National Provider Identification number and location (if applicable), for claims received by the CMO between the first and last calendar day of the current month of the report.

Report 3   *Summary of Top 100 Emergency Room Claim Criteria Combinations (For Claims Billed on UB 04 Form)*

This report should present data for claims received by the CMO between the first and last calendar day of the current month of the report.

Georgia Department of Community Health   Exhibit A
Georgia Families
Emergency Room Summary Reports - *Instructions*
CMO: [CMO Name]
Report Period: [Month Year]
Date Prepared: [Month Year]

Instructions for Each Report

Diagnosis codes are ICD-9-CM diagnosis codes and should be grouped by the first three characters of the code (excluding decimals). Ranking is based on the 'Total Number of ER Claims Submitted by Providers in [Month]' having the same combination of diagnosis and procedure codes, ordered descending.
DCH understands that the 'Admit' diagnosis is not always available on an emergency room claim.

Report 4a   **Age/Day/Time - Emergency Room Statistics for Claims Paid Full ER Rate (Based on Claims Billed on UB 04 Form)**
This report should present ER claims information that includes the recipients age, the day the service was provided, and the time the service was provided. Information on this report pertains only to claims paid the **'Full ER Rate'.**
Holidays are defined as any holiday recognized by either the State or Federal government that occurs on a weekday (Monday through Friday). Claims for services performed on a holiday should be excluded from the day of the week summary and should instead be included in the holiday portion of the report.

Report 4b   **Age/Day/Time - Emergency Room Statistics for Claims Paid at Rate Less than Full ER Rate (Based on Claims Billed on UB 04 Form)**
This report should present ER claims information that includes the recipients age, the day the service was provided, and the time the service was provided. Information on this report pertains only to claims paid **'Less Than the Full ER Rate'** *.*
Holidays are defined as any holiday recognized by either the State or Federal government that occurs on a weekday (Monday through Friday). Claims for services performed on a holiday should be excluded from the day of the week summary and should instead be included in the holiday portion of the report.

Report 4c   **Age/Day/Time - Emergency Room Statistics for Denied or Suspended Claims (Based on Claims Billed on UB 04 Form)**
This report should present ER claims information that includes the recipients age, the day the service was provided, and the time the service was provided. Information on this report pertains only to **'Denied'** *or* **'Pended/Suspended'** *.*
Holidays are defined as any holiday recognized by either the State or Federal government that occurs on a weekday (Monday through Friday). Claims for services performed on a holiday should be excluded from the day of the week summary and should instead be included in the holiday portion of the report.

Report 5   **Summary of Emergency Room Claim Appeals (For Claims Submitted on UB 04 Form)**

Georgia Department of Community Health   Exhibit A
Georgia Families
Emergency Room Summary Reports - *Instructions*
CMO: [CMO Name]
Report Period: [Month Year]
Date Prepared: [Month Year]

Instructions for Each Report

*This report should present, by National Provider Identification number and location (if applicable), the number of ER claims appealed, the number of those claims that were originally paid '**Less than the Full ER Rate'**, and of those claims, the number for which the outcome of the appeal changed (overturned) the original payment amount resulting in payment at the '**Full ER Rate'**.*
The term appeal applies to any process whereby a provider submits information to the CMO requesting that the outcome of a claim adjudication be reevaluated. Appeals include situations that a CMO may term a 'reconsideration'.

Georgia Department of Community Health　　　　　　　Exhibit A

Georgia Families

Emergency Room Summary Report #1a - *Summary of Emergency Room Claims Billed on Uniform Bill 04 (UB 04) Form - Current Month*

CMO:　　　　　　　[CMO Name]

Report Period:　　　[Month Year]

Date Prepared:　　　[Month Year]

Number of ER Claims Submitted by Providers in *[Month]*	Total Number of Distinct Providers Submitting ER Claims	Total Payments for Claims Submitted as ER	Number of Claims Paid at Full ER Rate	Number of ER Claims Paid at Rate Other Than Full ER (e.g. Triage Rate)	Number of ER Claims Auto Adjudicated	*Claim Status of ER Claim:*
						Claims Paid **Claims Denied** **Claims Suspended**

Georgia Department of Community Health   Exhibit A

Georgia Families

Emergency Room Summary Report #1b - *Summary of Emergency Room Claims Billed on Uniform Bill 04 (UB 04) Form - SFY to Date*

CMO: [CMO Name]
Report Period: [Month Year]
Date Prepared: [Month Year]

Number of ER Claims Submitted by Providers in [*SFY*] *to Date*	Total Number of Distinct Providers Submitting ER Claims	Total Payments for Claims Submitted as ER	Number of Claims Paid at Full ER Rate	Number of ER Claims Paid at Rate Other Than Full ER (e.g. Triage Rate)	Number of ER Claims Auto Adjudicated	*Claim Status of ER Claim:*
						Claims Paid **Claims Denied** **Claims Suspended**

Georgia Department of Community Health   Exhibit A

Georgia Families
Emergency Room Summary Report #2 - *Summary of Emergency Room Claims By Billing Provider (For Claims Submitted on UB 04 Form)*
CMO: [CMO Name]
Report Period: [Month Year]
Date Prepared: [Month Year]

National Provider ID	Tax ID Number	Location Code	Provider Name	Number of ER Claims Submitted by Provider in *[Month]*	Total Payments for Claims Submitted as ER	Number of Claims Paid at Full ER Rate	Number of ER Claims Paid at Rate Other Than Full ER (e.g. Triage Rate)	Number of ER Claims Auto Adjudicated	*Claim Status of ER Claim:*
									Claims Paid **Claims Denied** **Claims Suspended**
									Claims Paid **Claims Denied** **Claims Suspended**

Georgia Families
Emergency Room Summary Report #3 - *Summary of Top 100 Emergency Room Claim Criteria Combinations (For Claims Billed on UB 04 Form)*
CMO: [CMO Name]
Report Period: [Month Year]
Date Prepared: [Month Year]

Rank	Total Number of ER Claims Submitted by Providers in *[Month]*	Admit Diagnosis Code	Admit Diagnosis Code Description	Diagnosis Code Field 1	Diagnosis Code Field 1 Description	Diagnosis Code Field 2	Diagnosis Code Field 2 Description	Diagnosis Code Field 3	Diagnosis Code Field 3 Description	Evaluation and Management CPT® Code	Average Age of Recipients	# Paid at Full ER Rate	# Paid at Rate Other Than Full ER (e.g. Triage Rate)	# Claims Denied	# Claims Suspended	# Auto Adjudicated
1																
2																
3																
4																
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Georgia Department of Community Health   Exhibit A
Georgia Families
Emergency Room Summary Report #3 - *Summary of Top 100 Emergency Room Claim Criteria Combinations (For Claims Billed on UB 04 Form)*
CMO: [CMO Name]
Report Period: [Month Year]
Date Prepared: [Month Year]

Rank	Total Number of ER Claims Submitted by Providers in *[Month]*	Admit Diagnosis Code	Admit Diagnosis Code Description	Diagnosis Code Field 1	Diagnosis Code Field 1 Description	Diagnosis Code Field 2	Diagnosis Code Field 2 Description	Diagnosis Code Field 3	Diagnosis Code Field 3 Description	Evaluation and Management CPT® Code	Average Age of Recipients	# Paid at Full ER Rate	# Paid at Rate Other Than Full ER (e.g. Triage Rate)	# Claims Denied	# Claims Suspended	# Auto Adjudicated
59																
60																
61																
62																
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67																
68																
69																
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91																
92																
93																
94																
95																
96																
97																
98																
99																
100																
All Other		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a						
TOTAL																

Georgia Department of Community Health   Exhibit A

Georgia Families
Emergency Room Summary Report #4a - *Age/Day/Time - Emergency Room Statistics for Claims Paid Full ER Rate (Based on Claims Billed on UB 04 Form)*
CMO: [CMO Name]
Report Period: [Month Year]
Date Prepared: [Month Year]

Day of ER Service	Hour Admitted to Emergency Room	0 to 3 Months	>3 Months to 6 Months	>6 Months to 1 Year	>1 Year to 3 years	>3 Years to 5 years	>5 Years to 12 years	>12 Years to 18 years	>18 Years to 35 years	>35 Years to 64 years	>64 Years
					Age of Patient on Date of Service						
Sunday	12 AM - 5 AM										
Sunday	5:01 AM - 8 AM										
Sunday	8:01 AM - 12 PM										
Sunday	12:01 PM - 5 PM										
Sunday	5:01 PM - 8 PM										
Sunday	8:01 PM - 11:59 PM										
Sunday	No Hour Submitted										
Monday	12 AM - 5 AM										
Monday	5:01 AM - 8 AM										
Monday	8:01 AM - 12 PM										
Monday	12:01 PM - 5 PM										
Monday	5:01 PM - 8 PM										
Monday	8:01 PM - 11:59 PM										
Monday	No Hour Submitted										
Tuesday	12 AM - 5 AM										
Tuesday	5:01 AM - 8 AM										
Tuesday	8:01 AM - 12 PM										
Tuesday	12:01 PM - 5 PM										
Tuesday	5:01 PM - 8 PM										
Tuesday	8:01 PM - 11:59 PM										
Tuesday	No Hour Submitted										
Wednesday	12 AM - 5 AM										
Wednesday	5:01 AM - 8 AM										
Wednesday	8:01 AM - 12 PM										
Wednesday	12:01 PM - 5 PM										
Wednesday	5:01 PM - 8 PM										
Wednesday	8:01 PM - 11:59 PM										
Wednesday	No Hour Submitted										
Thursday	12 AM - 5 AM										
Thursday	5:01 AM - 8 AM										
Thursday	8:01 AM - 12 PM										
Thursday	12:01 PM - 5 PM										
Thursday	5:01 PM - 8 PM										
Thursday	8:01 PM - 11:59 PM										
Thursday	No Hour Submitted										
Friday	12 AM - 5 AM										
Friday	5:01 AM - 8 AM										

Georgia Department of Community Health　　　　　　　　Exhibit A

Georgia Families
Emergency Room Summary Report #4a - *Age/Day/Time - Emergency Room Statistics for Claims Paid Full ER Rate (Based on Claims Billed on UB 04 Form)*
CMO:　　　　　　　　[CMO Name]
Report Period:　　　　[Month Year]
Date Prepared:　　　　[Month Year]

					Age of Patient on Date of Service						
Day of ER Service	*Hour Admitted to Emergency Room*	0 to 3 Months	>3 Months to 6 Months	>6 Months to 1 Year	>1 Year to 3 years	>3 Years to 5 years	>5 Years to 12 years	>12 Years to 18 years	>18 Years to 35 years	>35 Years to 64 years	>64 Years
Friday	**8:01 AM - 12 PM**										
Friday	**12:01 PM - 5 PM**										
Friday	**5:01 PM - 8 PM**										
Friday	**8:01 PM - 11:59 PM**										
Friday	**No Hour Submitted**										
Saturday	**12 AM - 5 AM**										
Saturday	**5:01 AM - 8 AM**										
Saturday	**8:01 AM - 12 PM**										
Saturday	**12:01 PM - 5 PM**										
Saturday	**5:01 PM - 8 PM**										
Saturday	**8:01 PM - 11:59 PM**										
Saturday	**No Hour Submitted**										
Holiday if Weekday	*12 AM - 5 AM*										
Holiday if Weekday	*5:01 AM - 8 AM*										
Holiday if Weekday	*8:01 AM - 12 PM*										
Holiday if Weekday	*12:01 PM - 5 PM*										
Holiday if Weekday	*5:01 PM - 8 PM*										
Holiday if Weekday	*8:01 PM - 11:59 PM*										
Holiday if Weekday	*No Hour Submitted*										

Georgia Department of Community Health   Exhibit A

Georgia Families
Emergency Room Summary Report #4b - *Age/Day/Time - Emergency Room Statistics for Claims Paid at Rate Less than Full ER Rate (Based on Claims Billed on UB 04 Form)*
CMO: [CMO Name]
Report Period: [Month Year]
Date Prepared: [Month Year]

Day of ER Service	*Hour Admitted to Emergency Room*	0 to 3 Months	>3 Months to 6 Months	>6 Months to 1 Year	>1 Year to 3 years	>3 Years to 5 years	>5 Years to 12 years	>12 Years to 18 years	>18 Years to 35 years	>35 Years to 64 years	>64 Years
Sunday	12 AM - 5 AM										
Sunday	5:01 AM - 8 AM										
Sunday	8:01 AM - 12 PM										
Sunday	12:01 PM - 5 PM										
Sunday	5:01 PM - 8 PM										
Sunday	8:01 PM - 11:59 PM										
Sunday	No Hour Submitted										
Monday	12 AM - 5 AM										
Monday	5:01 AM - 8 AM										
Monday	8:01 AM - 12 PM										
Monday	12:01 PM - 5 PM										
Monday	5:01 PM - 8 PM										
Monday	8:01 PM - 11:59 PM										
Monday	No Hour Submitted										
Tuesday	12 AM - 5 AM										
Tuesday	5:01 AM - 8 AM										
Tuesday	8:01 AM - 12 PM										
Tuesday	12:01 PM - 5 PM										
Tuesday	5:01 PM - 8 PM										
Tuesday	8:01 PM - 11:59 PM										
Tuesday	No Hour Submitted										
Wednesday	12 AM - 5 AM										
Wednesday	5:01 AM - 8 AM										
Wednesday	8:01 AM - 12 PM										
Wednesday	12:01 PM - 5 PM										
Wednesday	5:01 PM - 8 PM										
Wednesday	8:01 PM - 11:59 PM										
Wednesday	No Hour Submitted										
Thursday	12 AM - 5 AM										
Thursday	5:01 AM - 8 AM										
Thursday	8:01 AM - 12 PM										
Thursday	12:01 PM - 5 PM										
Thursday	5:01 PM - 8 PM										
Thursday	8:01 PM - 11:59 PM										
Thursday	No Hour Submitted										
Friday	12 AM - 5 AM										
Friday	5:01 AM - 8 AM										

Georgia Department of Community Health   Exhibit A

Georgia Families
Emergency Room Summary Report #4b - *Age/Day/Time - Emergency Room Statistics for Claims Paid at Rate Less than Full ER Rate (Based on Claims Billed on UB 04 Form)*
CMO: [CMO Name]
Report Period: [Month Year]
Date Prepared: [Month Year]

Day of ER Service	*Hour Admitted to Emergency Room*	0 to 3 Months	>3 Months to 6 Months	>6 Months to 1 Year	>1 Year to 3 years	>3 Years to 5 years	>5 Years to 12 years	>12 Years to 18 years	>18 Years to 35 years	>35 Years to 64 years	>64 Years
Friday	8:01 AM - 12 PM										
Friday	12:01 PM - 5 PM										
Friday	5:01 PM - 8 PM										
Friday	8:01 PM - 11:59 PM										
Friday	No Hour Submitted										
Saturday	12 AM - 5 AM										
Saturday	5:01 AM - 8 AM										
Saturday	8:01 AM - 12 PM										
Saturday	12:01 PM - 5 PM										
Saturday	5:01 PM - 8 PM										
Saturday	8:01 PM - 11:59 PM										
Saturday	No Hour Submitted										
Holiday if Weekday	*12 AM - 5 AM*										
Holiday if Weekday	*5:01 AM - 8 AM*										
Holiday if Weekday	*8:01 AM - 12 PM*										
Holiday if Weekday	*12:01 PM - 5 PM*										
Holiday if Weekday	*5:01 PM - 8 PM*										
Holiday if Weekday	*8:01 PM - 11:59 PM*										
Holiday if Weekday	*No Hour Submitted*										

Age of Patient on Date of Service

Georgia Department of Community Health   Exhibit A

Georgia Families
Emergency Room Summary Report #4c - *Age/Day/Time - Emergency Room Statistics for Denied or Suspended Claims (Based on Claims Billed on UB 04 Form)*
CMO: [CMO Name]
Report Period: [Month Year]
Date Prepared: [Month Year]

					Age of Patient on Date of Service						
Day of ER Service	*Hour Admitted to Emergency Room*	0 to 3 Months	>3 Months to 6 Months	>6 Months to 1 Year	>1 Year to 3 years	>3 Years to 5 years	>5 Years to 12 years	>12 Years to 18 years	>18 Years to 35 years	>35 Years to 64 years	>64 Years
Sunday	12 AM - 5 AM										
Sunday	5:01 AM - 8 AM										
Sunday	8:01 AM - 12 PM										
Sunday	12:01 PM - 5 PM										
Sunday	5:01 PM - 8 PM										
Sunday	8:01 PM - 11:59 PM										
Sunday	No Hour Submitted										
Monday	12 AM - 5 AM										
Monday	5:01 AM - 8 AM										
Monday	8:01 AM - 12 PM										
Monday	12:01 PM - 5 PM										
Monday	5:01 PM - 8 PM										
Monday	8:01 PM - 11:59 PM										
Monday	No Hour Submitted										
Tuesday	12 AM - 5 AM										
Tuesday	5:01 AM - 8 AM										
Tuesday	8:01 AM - 12 PM										
Tuesday	12:01 PM - 5 PM										
Tuesday	5:01 PM - 8 PM										
Tuesday	8:01 PM - 11:59 PM										
Tuesday	No Hour Submitted										
Wednesday	12 AM - 5 AM										
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Wednesday	No Hour Submitted										
Thursday	12 AM - 5 AM										
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Thursday	8:01 AM - 12 PM										
Thursday	12:01 PM - 5 PM										
Thursday	5:01 PM - 8 PM										
Thursday	8:01 PM - 11:59 PM										
Thursday	No Hour Submitted										
Friday	12 AM - 5 AM										
Friday	5:01 AM - 8 AM										

Georgia Department of Community Health   Exhibit A

Georgia Families
Emergency Room Summary Report #4c - *Age/Day/Time - Emergency Room Statistics for Denied or Suspended Claims (Based on Claims Billed on UB 04 Form)*
CMO: [CMO Name]
Report Period: [Month Year]
Date Prepared: [Month Year]

Day of ER Service	Hour Admitted to Emergency Room	0 to 3 Months	>3 Months to 6 Months	>6 Months to 1 Year	>1 Year to 3 years	>3 Years to 5 years	>5 Years to 12 years	>12 Years to 18 years	>18 Years to 35 years	>35 Years to 64 years	>64 Years
					Age of Patient on Date of Service						
Friday	8:01 AM - 12 PM										
Friday	12:01 PM - 5 PM										
Friday	5:01 PM - 8 PM										
Friday	8:01 PM - 11:59 PM										
Friday	No Hour Submitted										
Saturday	12 AM - 5 AM										
Saturday	5:01 AM - 8 AM										
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Saturday	8:01 PM - 11:59 PM										
Saturday	No Hour Submitted										
Holiday if Weekday	*12 AM - 5 AM*										
Holiday if Weekday	*5:01 AM - 8 AM*										
Holiday if Weekday	*8:01 AM - 12 PM*										
Holiday if Weekday	*12:01 PM - 5 PM*										
Holiday if Weekday	*5:01 PM - 8 PM*										
Holiday if Weekday	*8:01 PM - 11:59 PM*										
Holiday if Weekday	*No Hour Submitted*										

Georgia Department of Community Health   Exhibit A

Georgia Families
Emergency Room Summary Report #5 - *Summary of Emergency Room Claim Appeals (For Claims Submitted on UB 04 Form)*
CMO: [CMO Name]
Report Period: [Month Year]
Date Prepared: [Month Year]

National Provider ID	Tax ID Number	Location Code	Provider Name	# of ER Claim Appeals	# of Appealed Claims Originally Paid at Rate Other Than Full ER (e.g. Triage Rate)	# of Appealed Claims Originally Paid at Rate Other Than Full ER (e.g. Triage Rate) Overturned and Paid Full ER Rate After Appeal

Georgia Department of Community Health
Georgia Families
Emergency Room Summary Reports - *Outline*
CMO: [CMO Name]
Report Period: [MMM-YY]
Date Prepared: [MMM-YY]

Outline of Reports

Report 1a   **Summary of Emergency Room Claims Billed on Uniform Bill 04 (UB 04) Form - Current Month**

Report 1b   **Summary of Emergency Room Claims Billed on Uniform Bill 04 (UB 04) Form - SFY* to Current Month**

Report 2   **Summary of Emergency Room Claims By Billing Provider (For Claims Submitted on UB 04 Form)**

Report 3   **Summary of Top 100 Emergency Room Claim Criteria Combinations (For Claims Billed on UB 04 Form)**

Report 4a   **Age/Day/Time - Emergency Room Statistics for Claims Paid Full ER Rate (Based on Claims Billed on UB 04 Form)**

Report 4b   **Age/Day/Time - Emergency Room Statistics for Claims Paid at Rate Less than Full ER Rate (Based on Claims Billed on UB 04 Form)**

Report 4c   **Age/Day/Time - Emergency Room Statistics for Denied or Suspended Claims (Based on Claims Billed on UB 04 Form)**

Report 5   **Summary of Emergency Room Claim Appeals (For Claims Submitted on UB 04 Form)- SFY to Current Month***

*The start of the current state fiscal year to current reporting month.

Georgia Department of Community Health
Georgia Families
Emergency Room Summary Reports - *Quality Assurance*
CMO: [CMO Name]
Report Period: [MMM-YY]
Date Prepared: [MMM-YY]

This report was reviewed for quality assurance and accuracy by:
Reviewer's Name: [Reviewer's Name]
Review Date: [MMM-YY]

Georgia Department of Community Health
Georgia Families
Emergency Room Summary Reports - *Instructions*
CMO: [CMO Name]
Report Period: [MMM-YY]
Date Prepared: [MMM-YY]

<u>**Instructions for Each Report**</u>

All Reports   ***All Reports***
                Information in these reports applies to providers in the CMO network on the date of service.
                These reports are based on information from claims submitted on the Uniform Bill 04 (UB 04) claim form.
                The CMO is not to change the format or function of these reports without the written consent of the Georgia Department of Community Health.
                The CMO has separately attested to the completeness and accuracy of the information contained in these reports.
                The data on the dashboard is populated from Reports 1a-5 and therefore the CMOs are not required to add any data to the dashboard.
                *'**Full ER Rate**' indicates that, absent coordination of benefits, third party liability, or any similar payment, the claim was paid at the emergency room (ER) rate.*
                *'**Less Than the Full ER Rate**' indicates that, absent coordination of benefits, third party liability, or any similar payment, the claim paid at a rate that constitutes a triage or non-emergent rate.*
                Claims information should be based on the final claim, net of adjustments.
                Suspended claims information should include claims pending or suspended as of the last calendar day of the report month.
                The age of a recipient is based on the difference between the date of service and the date of birth. If the number is a fractional amount greater than or equal to point five (.5), round up; otherwise, round down.Example: 20.4 years rounds down to 20 years and 20.5 years rounds up to 21 years.
                The CMO should complete the header information (including CMO name, Report Period, and Date Prepared).

Report 1a   **Summary of Emergency Room Claims Billed on Uniform Bill 04 (UB 04) Form - Current Month**
                This report should present data for claims received by the CMO between the first and last calendar day of the current month of the report. This report contains the same data with the addition of the following fields : Column Totals, Percentage of claims paid at either the full rate, rate other than full rate, suspended or denied; Percentage of total claims auto adjudicated and percentage of non-participating providers who submitted claim within reporting time period. **CMOs must complete the following data fields : CMO, Report Period, Date Prepared in the heading and all blank fields within the table.**

Report 1b   **Summary of Emergency Room Claims Billed on Uniform Bill 04 (UB 04) Form - SFY to Current Month**

This report should present data for claims received by the CMO between July 1 of the current state fiscal year and the last calendar day of the current month of the report. This report contains the same fields as before with the additional fields as follows : Column Totals, Percentage of claims paid at either the full rate, rate other than full rate, suspended or denied; Percentage of total claims auto adjudicated and percentage of non-participating providers who submitted claim within reporting time period. **CMOs must complete the following data fields : CMO, Report Period, Date Prepared in the heading and all blank fields within the table.**

Report 2   **Summary of Emergency Room Claims By Billing Provider (For Claims Submitted on UB 04 Form) - Current Month**
This report should present data by *National Provider Identification number* and *location* (if applicable), for claims received by the CMO between the first and last calendar day of the current month of the report. New data required for this report is *Provider's Participating Status* which is to be denoted with an "Y" or "N". **CMOs must complete the following data fields : CMO, Report Period, Date Prepared in the heading and all blank fields within the table.**

Report 3   **Summary of Top 100 Emergency Room Claim Criteria Combinations (For Claims Billed on UB 04 Form) - Current Month**
This report should present data for claims received by the CMO between the first and last calendar day of the current month of the report.
Diagnosis codes are ICD-9-CM diagnosis codes and should be grouped by the characters of the code (**decimal points including a 4th or 5th digit SHOULD be included as applicable**).
Ranking is based on the 'Total Number of ER Claims Submitted by Providers in [Month]' having the same combination of the ER claims submitted by providers in a month using the same combination of diagnosis code 1 and Evaluation and Management CPT® Code, ordered descending. Only the Top 100 should be recorded. The Evaluation and Management CPT® Code field should only contain an Emergency Room Evaluation and Management(E&M) Code (e.g. 99281, 99282 etc.) Revenue codes or non-ER E&M CPT® codes should not be recorded in this field. **CMOs must complete the following data fields : CMO, Report Period, Date Prepared in the heading and all blank fields within the table.**

Report 4a   **Age/Day/Time - Emergency Room Statistics for Claims Paid Full ER Rate (Based on Claims Billed on UB 04 Form) - Current Month**
This report should present ER claims information that includes the recipients age, the day of the week the service was provided (Sunday-Saturday or Holiday if Weekday), and the time of day range the service was provided. Information on this report pertains only to claims paid the **'Full ER Rate'.**
Holidays are defined as any holiday recognized by either the State or Federal government that occurs on a weekday (Monday through Friday). **Claims for services performed on a holiday should be excluded from the day of the week summary and should instead be included in the holiday portion of the report**. **CMOs must complete the following data fields : CMO, Report Period, Date Prepared in the heading and all blank fields within the table.**

Report 4b   **Age/Day/Time - Emergency Room Statistics for Claims Paid at Rate Less than Full ER Rate (Based on Claims Billed on UB 04 Form)-Current Month**

This report should present ER claims information that includes the recipients age, the day of the week the service was provided (Sunday-Saturday or Holiday if Weekday) and the time of day range the service was provided. Information on this report pertains only to claims paid **'Less Than the Full ER Rate'**.

Holidays are defined as any holiday recognized by either the State or Federal government that occurs on a weekday (Monday through Friday). **Claims for services performed on a holiday should be excluded from the day of the week summary and should instead be included in the holiday portion of the report. CMOs must complete the following data fields : CMO, Report Period, Date Prepared in the heading and all blank fields within the table.**

Report 4c **Age/Day/Time - Emergency Room Statistics for Denied or Suspended Claims (Based on Claims Billed on UB 04 Form)- Current Month**

This report should present ER claims information that includes the recipients age, the day of the week the service was provided (Sunday-Saturday or Holiday if Weekday), and the time of day range the service was provided. Information on this report pertains only to **'Denied'** or **'Pended/Suspended'**.

Holidays are defined as any holiday recognized by either the State or Federal government that occurs on a weekday (Monday through Friday). **Claims for services performed on a holiday should be excluded from the day of the week summary and should instead be included in the holiday portion of the report**.**CMOs must complete the following data fields : CMO, Report Period, Date Prepared in the heading and all blank fields within the table.**

Report 5 **Summary of Emergency Room Claim Appeals (For Claims Submitted on UB 04 Form) - SFY to Current Month**

This report should present, by *National Provider Identification number* and *location code* (if applicable), the number of individual claims that were appealed , the number of these individal claims that were originally paid '**Less than the Full ER Rate'**, and of those claims, the number for which the outcome of the appeal changed (overturned) the original payment amount resulting in payment at the **'Full ER Rate'**.

The term *appeal* applies to any process whereby a provider submits information to the CMO requesting that the outcome of a claim adjudication be re-evaluated. Appeals include situations that a CMO may term a 'reconsideration'. **CMOs must complete the following data fields : CMO, Report Period, Date Prepared in the heading and all blank fields within the table. *Please submit number of individual claims, rather number of batch claims. For example, if provider submits a batch appeal, each claim submitted within the batch should be considered one claim.**

CMO ER Monitoring Dashboard Report For: Dec-11

Report 1a - Summary of Emergency Room Claims Billed on Uniform Bill 04 (UB 04) Form - Current Month							
Status of ER Claim	Number of ER Claims Submitted by Providers	Percent of Claims Paid at the Full ER Rate	Percent of Claims Paid at Other Than Full ER Rate	Percent of Total Claims Denied	Percent of Claims Suspended	Percent of Claims Auto Adjudicated	Percent of Claims billed by a Non-Participating Provider
Paid:	35025	69%	31%			97%	
Denied:	2658			7%		23%	
Suspended:	2				0%		
Total:	37685					92%	16%

Report #1b - Summary of Emergency Room Claims Billed on Uniform Bill 04 (UB 04) Form - SFY* To Current Month						
Status of ER Claim	Number of ER Claims Submitted by Providers	Percent of Claims Paid at the Full ER Rate	Percent of Claims Paid at Other Than Full ER Rate	Percent of Claims Denied	Percent of Claims Suspended	Percent of Claims Auto Adjudicated
Paid:	252469	62%	38%			96%
Denied:	23373			8%		51%
Suspended:	1				0%	
Total	275843					92%

*The start of the current state fiscal year to current reporting month.

Report #2 - Summary of Emergency Room Claims By Billing Provider (For Claims Submitted on UB 04 Form)									
Most Claims Paid by ER Provider			Largest Total Payments for ER Claims			Largest Number of ER Claims submitted by a Non-Participating Provider			
Rank	Hospital	Number of Claims	Rank	Hospital	Payment Amount	Rank	Hospital	Total Number of Claims Submitted	Total Payments for ER Claims
1	Hospital C	1520	1	Hospital I	$223,436.58	1	Hospital I	1222	$223,436.58
2	Hospital I	1178	2	Hospital C	$81,726.52	2	Hospital K	65	$3,852.20
3	Hospital U	605	3	Hospital E	$81,726.52	3	Hospital G	62	$3,378.99
4	Hospital H	391	4	Hospital U	$71,705.24	4	Hospital R	43	$1,324.00
5	Hospital AB	355	5	Hospital H	$70,957.54	5			
6	Hospital D	314	6	Hospital D	$68,035.40	6			
7	Hospital B	302	7	Hospital B	$38,191.93	7			
8	Hospital N	283	8	Hospital AB	$37,708.28	8			
9	Hospital L	200	9	Hospital N	$27,714.08	9			
10	Hospital E	200	10	Hospital Y	$22,321.50	10			

Report #3 - Top 10 Emergency Room Claim Criteria Combinations (For Claims Billed on UB 04 Form)				
Rank	Total Number of ER Claims Submitted	Diagnosis Code Field 1	Diagnosis Code Field 1 Description	Evaluation and Management CPT® Code
1	302	787	Symptoms involving digestive system	99281
2	289	780	General Symptoms	99282
3	258	465	Acute upper respiratory infections of multiple or unspecified sites	99281
4	235	466	Acute bronchitis and bronchiolitis	99281
5	210	462	Acute pharyngitis	99281
6	199	460	Acute nasopharyngitis	99282
7	192	382	Suppurative and unspecified otitis media	99282
8	182	789	Other symptoms involving abdomen and pelvis	99281
9	180	382	Suppurative and unspecified otitis media	99281
10	179	465	Acute upper respiratory infections of multiple or unspecified sites	99282

Report #4a - Age/Day/Time - Emergency Room Statistics for Claims Paid Full ER Rate (Based on Claims Billed on UB 04 Form)				
Rank	Total Number of ER Visits	Day of Service	Time of Service	Age Range
1	2789	Sunday	12 AM - 5 AM	>18 Years to 35 years
2	1906	Wednesday	12 AM - 5 AM	>18 Years to 35 years
Most Frequent Overall Time of All Ages:	8283	Sunday	12 AM - 5 AM	

Report #4b - Age/Day/Time - Emergency Room Statistics for Claims Paid at Rate Less than Full ER Rate (Based on Claims Billed on UB 04 Form)				
Rank	Total Number of ER Visits	Day of Service	Time of Service	Age Range
1	238	Sunday	12:01 PM - 5 PM	>18 Years to 35 years
2	220	Monday	12:01 PM - 5 PM	>18 Years to 35 years
Most Frequent Overall Time of All Ages:	827	Sunday	12:01 PM - 5 PM	

Report #4c - Age/Day/Time - Emergency Room Statistics for Denied or Suspended Claims (Based on Claims Billed on UB 04 Form)				
Rank	Total Number of ER Visits	Day of Service	Time of Service	Age Range
1	169	Sunday	12 AM - 5 AM	>5 Years to 12 years
2	156	Tuesday	12:01 PM - 5 PM	>5 Years to 12 years
Most Frequent Overall Time of All Ages:	886	Sunday	12:01 PM - 5 PM	

Report #5 - Summary of Emergency Room Claim Appeals (For Claims Submitted on UB 04 Form) - SFY* To Current Month Ranked by Number of Overturned Appeals Paid Full ER Rate					
Rank	Hospital	Individual Number of ER Claim Appeals	Number of Appealed Claims Originally Paid at Rate Other Than Full ER (e.g. Triage Rate)	Number of Overturned Appeals Paid Full ER Rate	Percent Overturned
1	Hospital E	13	8	7	54%
2	Hospital C	5	3	2	40%
3	Hospital D	202	131	79	39%
4	Hospital X	91	59	35	38%
5	Hospital I	2087	1357	702	34%
6	Hospital S	60	39	19	32%
7	Hospital V	546	355	165	30%
8	Hospital Z	15	10	4	27%
9	Hospital K	99	64	26	26%
10	Hospital AA	76	49	19	25%

*The start of the current state fiscal year to current reporting month.

Georgia Department of Community Health
Georgia Families

Report #1a - Summary of Emergency Room Claims Billed on Uniform Bill 04 (UB 04) Form - Current Month
CMO:
Report Period: Dec-11
Date Prepared: Jan-12

Status of Claim	Number of Claims Submitted by Providers	Total Number of Distinct Providers Submitting ER Claims	Total Payments for Claims Submitted as ER	Number of Claims Paid at Full ER Rate	Percent of Claims Paid at the Full ER Rate	Number of ER Claims Paid at Rate Other Than Full ER (e.g. Triage Rate)	Percent of Claims Paid at Other Than Full ER Rate	Percent of Total Claims Denied	Percent of Total Claims Suspended	Number of Claims Auto Adjudicated	Percent of Claims Auto Adjudicated
Claims Paid:	35025	386	$48,123.06	23999	69%	11026	31%			34027	
Claims Denied:	2658	287						7%		620	
Claims Suspended:	2	1							0%	0	
Total:	37685	674	$48,123.06	23999		11026				34647	92%

Georgia Department of Community Health
Georgia Families

Report #1b - Summary of Emergency Room Claims Billed on Uniform Bill 04 (UB 04) Form - SFY to Date
CMO:

	From Date	To Date
Report Period:	Jul-11	Dec-11
Date Prepared:	Jan-12	

Status of ER Claim	Number of ER Claims Submitted by Providers	Total Number of Distinct Providers Submitting ER Claims	Total Payments for Claims Submitted as ER	Number of Claims Paid at Full ER Rate	Percent of Claims Paid at Full ER Rate	Number of ER Claims Paid at Rate Other Than Full ER (e.g. Triage Rate)	Percent of ER Claims Paid at Rate Other Than Full ER (e.g. Triage Rate)	Percent of Total Claims Denied	Percent of Total Claims Suspended	Number of ER Claims Auto Adjudicated	Percent of ER Claims Auto Adjudicated
Claims Paid:	252469	478	$38,001,770.08	157125	62%	95344	38%			241556	
Claims Denied:	23373	889						8%		12003	
Claims Suspended:	1	1							0%	0	
Total:	275843	1368	$38,001,770.08	157125		95344				253559	92%

Georgia Department of Community Health
Georgia Families
Report #2 - *Summary of Emergency Room Claims By Billing Provider (For Claims Submitted on UB 04 Form)*
CMO:
Report Period: Dec-11
Date Prepared Jan-12

Participating Provider? (Y/N)	National Provider ID	Tax ID Number	Provider Name	Number of ER Claims Paid by Providers in Dec-11	Number of ER Claims Denied by Providers in Dec-11	Number of ER Claims Suspended by Providers in Dec-11	Number of ER Claims Submitted by Providers in Dec-11	Total Payments for Claims Submitted as ER	Number of Claims Paid at Full ER Rate	Number of ER Claims Paid at Rate Other Than Full ER (e.g. Triage Rate)	Number of ER Claims Auto Adjudicated	Number of ER Claims Denied Auto Adjudicated
Y			Hospital A	165	4	0	169	$20,847.92	35	30	65	0
Y			Hospital B	302	4	1	307	$38,191.93	103	99	198	1
Y			Hospital C	1520	12	0	1532	$81,726.52	223	265	479	2
Y			Hospital E	200	11	0	211	$81,726.52	42	108	149	0
Y			Hospital L	200	38	0	238	$11,127.15	138	0	127	5
N			Hospital K	55	10	0	65	$3,852.20	2	0	2	0
Y			Hospital Z	50	4	3	57	$4,156.67	27	13	42	4
Y			Hospital H	391	21	0	412	$70,957.54	144	197	333	4
Y			Hospital P	51	2	0	53	$2,345.00	0	0	0	0
Y			Hospital W	179	25	0	204	$17,628.84	79	98	168	8
Y			Hospital U	605	14	0	619	$71,705.24	230	325	498	2
Y			Hospital N	283	19	0	302	$27,714.08	98	145	243	7
Y			Hospital Y	156	7	0	163	$22,321.50	106	0	105	0
Y			Hospital AA	50	7	1	58	$1,324.00	0	0	0	0
Y			Hospital M	0	8	1	9	$0.00	0	0	0	0
Y			Hospital Q	38	4	0	42	$0.00	0	0	0	0
Y			Hospital AB	355	52	0	407	$37,708.28	120	144	260	1
Y			Hospital F	41	4	0	45	$55.00	0	1	1	1
N			Hospital G	50	11	1	65	$3,378.99	30	8	12	6
N			Hospital I	1178	33	11	1222	$223,436.58	477	651	1039	3
Y			Hospital V	50	0	0	50	$1,276.24	0	0	0	1
Y			Hospital AC	50	3	1	54	$1,196.43	0	0	0	1
Y			Hospital O	8	2	0	10	$0.00	0	0	0	0
N			Hospital R	43	2	0	45	$1,324.00	2	3	2	1
Y			Hospital D	314	13	2	329	$68,035.40	112	152	254	4

Georgia Department of Community Health
Georgia Families
Report #3 - *Summary of Top 100 Emergency Room Claim Criteria Combinations (For Claims Billed on UB 04 Form)*
CMO:
Report Period: Dec-11
Date Prepared: Jan-12

Rank	Total Number of ER Claims Submitted by Providers in Dec-11	Diagnosis Code Field 1	Diagnosis Code Field 1 Description	Evaluation and Management CPT® Code	Average Age of Recipients	Number of Paid at Full ER Rate	Number of Paid at Rate Other Than Full ER (e.g. Triage Rate)	Number of Claims Denied	Number of Claims Suspended	Number of Claims Auto Adjudicated
1	302	787	Symptoms involving digestive system	99281	5	56	237	9	0	272
2	289	780	General Symptoms	99282	5	54	222	13	2	260
3	258	465	Acute upper respiratory infections of multiple or unspecified sites	99281	7	31	215	12	0	232
4	235	466	Acute bronchitis and bronchiolitis	99281	6	155	67	13	1	212
5	210	462	Acute pharyngitis	99281	11	4	201	5	0	189
6	199	460	Acute nasopharyngitis	99282	8	3	190	6	0	179
7	192	382	Suppurative and unspecified otitis media	99282	2	5	182	5	0	173
8	182	789	Other symptoms involving abdomen and pelvis	99281	14	4	167	11	0	164
9	180	382	Suppurative and unspecified otitis media	99281	7	4	172	4	0	162
10	179	465	Acute upper respiratory infections of multiple or unspecified sites	99282	5	7	167	5	0	161
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Exhibit B

Rank	Total Number of ER Claims Submitted by Providers in Dec-11	Diagnosis Code Field 1	Diagnosis Code Field 1 Description	Evaluation and Management CPT® Code	Average Age of Recipients	Number of Paid at Full ER Rate	Number of Paid at Rate Other Than Full ER (e.g. Triage Rate)	Number of Claims Denied	Number of Claims Suspended	Number of Claims Auto Adjudicated
25										
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Rank	Total Number of ER Claims Submitted by Providers in Dec-11	Diagnosis Code Field 1	Diagnosis Code Field 1 Description	Evaluation and Management CPT® Code	Average Age of Recipients	Number of Paid at Full ER Rate	Number of Paid at Rate Other Than Full ER (e.g. Triage Rate)	Number of Claims Denied	Number of Claims Suspended	Number of Claims Auto Adjudicated
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Georgia Department of Community Health
Georgia Families
Report #4a - *Age/Day/Time - Emergency Room Statistics for Claims Paid Full ER Rate (Based on Claims Billed on UB 04 Form)*
CMO:
Report Period: Dec-11
Date Prepared: Jan-12

Day of ER Service	Hour Admitted to Emergency Room	0 to 3 Months	>3 Months to 6 Months	>6 Months to 1 Year	>1 Year to 3 years	>3 Years to 5 years	>5 Years to 12 years	>12 Years to 18 year	>18 Years to 35 years	>35 Years to 64 years	>64 Years
Sunday	12 AM - 5 AM	338	373	721	1090	701	1119	809	2789	344	0
Sunday	5:01 AM - 8 AM	59	58	80	116	87	125	67	78	56	1
Sunday	8:01 AM - 12 PM	144	189	359	572	316	566	232	612	231	0
Sunday	12:01 PM - 5 PM	240	338	543	777	504	805	548	1064	609	0
Sunday	5:01 PM - 8 PM	144	174	364	531	310	689	358	651	156	1
Sunday	8:01 PM - 11:59 PM	151	185	304	437	265	567	345	567	127	0
Sunday	No Hour Submitted	31	49	64	103	54	123	80	120	45	0
Monday	12 AM - 5 AM	252	311	541	892	542	1049	880	1432	278	2
Monday	5:01 AM - 8 AM	24	30	77	105	105	129	121	365	43	0
Monday	8:01 AM - 12 PM	74	96	196	305	219	478	435	679	348	0
Monday	12:01 PM - 5 PM	158	161	333	561	336	709	643	564	456	2
Monday	5:01 PM - 8 PM	138	170	305	482	303	709	565	789	159	0
Monday	8:01 PM - 11:59 PM	114	128	244	381	197	340	313	390	112	0
Monday	No Hour Submitted	28	41	50	95	42	111	67	166	34	1
Tuesday	12 AM - 5 AM	229	271	517	852	542	1010	879	1547	562	0
Tuesday	5:01 AM - 8 AM	28	35	74	104	74	125	132	101	52	1
Tuesday	8:01 AM - 12 PM	86	100	185	289	179	45	489	698	264	0
Tuesday	12:01 PM - 5 PM	120	171	300	542	314	265	621	1001	258	2
Tuesday	5:01 PM - 8 PM	151	166	296	452	310	589	555	569	196	2
Tuesday	8:01 PM - 11:59 PM	138	177	292	378	240	562	410	457	147	0
Tuesday	No Hour Submitted	24	35	58	88	44	85	105	164	25	0
Wednesday	12 AM - 5 AM	254	262	552	832	507	800	888	1906	449	1
Wednesday	5:01 AM - 8 AM	37	46	91	100	63	155	125	239	70	2
Wednesday	8:01 AM - 12 PM	62	99	234	335	210	462	410	741	226	0
Wednesday	12:01 PM - 5 PM	151	151	312	500	307	147	165	1100	300	0
Wednesday	5:01 PM - 8 PM	155	181	334	488	274	965	538	582	188	1
Wednesday	8:01 PM - 11:59 PM	152	154	246	393	207	258	387	154	58	0
Wednesday	No Hour Submitted	23	30	47	74	44	165	99	146	36	0
Thursday	12 AM - 5 AM	235	262	513	788	493	876	580	1368	456	0
Thursday	5:01 AM - 8 AM	29	41	75	100	60	147	167	315	74	0
Thursday	8:01 AM - 12 PM	62	104	165	307	186	432	432	623	214	0
Thursday	12:01 PM - 5 PM	126	162	285	499	322	640	600	890	236	0

Day of ER Service	Hour Admitted to Emergency Room	0 to 3 Months	>3 Months to 6 Months	>6 Months to 1 Year	>1 Year to 3 years	>3 Years to 5 years	>5 Years to 12 years	>12 Years to 18 year	>18 Years to 35 years	>35 Years to 64 years	>64 Years
Thursday	5:01 PM - 8 PM	134	159	309	422	301	712	469	562	159	0
Thursday	8:01 PM - 11:59 PM	142	150	239	408	200	400	456	468	147	1
Thursday	No Hour Submitted	22	34	40	80	52	120	98	156	47	0
Friday	12 AM - 5 AM	269	244	494	820	444	898	789	1654	478	0
Friday	5:01 AM - 8 AM	25	27	64	116	72	157	169	236	69	0
Friday	8:01 AM - 12 PM	60	107	180	285	185	385	325	741	136	0
Friday	12:01 PM - 5 PM	143	146	285	439	309	64	568	963	258	1
Friday	5:01 PM - 8 PM	130	146	263	401	231	124	78	654	158	0
Friday	8:01 PM - 11:59 PM	132	128	262	417	202	164	321	456	126	0
Friday	No Hour Submitted	16	28	50	88	52	82	77	145	35	0
Saturday	12 AM - 5 AM	326	336	675	1065	558	1357	952	1730	488	1
Saturday	5:01 AM - 8 AM	41	55	105	110	75	258	73	174	153	1
Saturday	8:01 AM - 12 PM	143	143	316	434	248	159	357	687	321	1
Saturday	12:01 PM - 5 PM	247	269	501	716	432	683	546	164	405	1
Saturday	5:01 PM - 8 PM	163	185	329	514	301	951	417	852	168	1
Saturday	8:01 PM - 11:59 PM	158	200	262	450	279	147	253	783	154	1
Saturday	No Hour Submitted	35	27	59	104	57	132	189	174	72	1
Holiday if Weekday	12 AM - 5 AM	85	74	163	223	145	241	187	300	102	0
Holiday if Weekday	5:01 AM - 8 AM	8	12	21	33	21	23	50	63	28	1
Holiday if Weekday	8:01 AM - 12 PM	35	36	68	72	74	108	321	267	96	2
Holiday if Weekday	12:01 PM - 5 PM	41	55	96	144	77	147	144	114	106	0
Holiday if Weekday	5:01 PM - 8 PM	34	45	79	83	47	168	203	112	61	1
Holiday if Weekday	8:01 PM - 11:59 PM	30	45	70	64	49	112	59	99	79	0
Holiday if Weekday	No Hour Submitted	6	0	2	3	4	15	3	0	5	1

Georgia Department of Community Health
Georgia Families

Report #4b - *Age/Day/Time - Emergency Room Statistics for Claims Paid at Rate Less than Full ER Rate (Based on Claims Billed on UB 04 Form)*
CMO:
Report Period: Dec-11
Date Prepared: Jan-12

Day of ER Service	Hour Admitted to Emergency Room	Age of Patient on Date of Service									
		0 to 3 Months	>3 Months to 6 Months	>6 Months to 1 Year	>1 Year to 3 years	>3 Years to 5 years	>5 Years to 12 years	>12 Years to 18 year	>18 Years to 35 years	>35 Years to 64 years	>64 Years
Sunday	12 AM - 5 AM	12	34	59	133	98	122	95	214	40	0
Sunday	5:01 AM - 8 AM	1	13	18	33	15	25	7	56	21	0
Sunday	8:01 AM - 12 PM	3	25	61	98	62	128	45	143	38	1
Sunday	12:01 PM - 5 PM	22	44	72	124	68	169	36	238	52	3
Sunday	5:01 PM - 8 PM	13	19	43	96	44	116	59	126	36	0
Sunday	8:01 PM - 11:59 PM	4	13	37	59	34	33	59	109	35	0
Sunday	No Hour Submitted	0	3	3	15	14	29	14	20	29	0
Monday	12 AM - 5 AM	11	24	40	68	47	127	80	182	37	0
Monday	5:01 AM - 8 AM	3	14	11	32	0	36	13	46	28	0
Monday	8:01 AM - 12 PM	11	11	27	48	89	124	70	203	39	0
Monday	12:01 PM - 5 PM	17	35	21	62	59	117	112	220	49	4
Monday	5:01 PM - 8 PM	20	11	25	51	55	189	80	145	34	0
Monday	8:01 PM - 11:59 PM	6	23	21	66	32	88	58	98	30	3
Monday	No Hour Submitted	3	2	5	9	10	33	18	35	28	0
Tuesday	12 AM - 5 AM	9	25	45	80	54	102	88	145	40	0
Tuesday	5:01 AM - 8 AM	0	6	0	15	13	28	19	23	30	0
Tuesday	8:01 AM - 12 PM	4	10	30	41	12	89	63	183	35	0
Tuesday	12:01 PM - 5 PM	9	1	53	21	23	156	35	188	20	0
Tuesday	5:01 PM - 8 PM	12	25	42	61	0	119	75	132	35	0
Tuesday	8:01 PM - 11:59 PM	9	10	44	51	1	64	67	101	10	0
Tuesday	No Hour Submitted	1	5	1	11	18	29	19	27	21	0
Wednesday	12 AM - 5 AM	20	18	43	73	49	106	89	165	36	0
Wednesday	5:01 AM - 8 AM	5	6	1	17	12	26	24	48	29	0
Wednesday	8:01 AM - 12 PM	9	7	25	39	27	68	79	139	36	0
Wednesday	12:01 PM - 5 PM	15	10	56	55	51	132	85	176	44	0
Wednesday	5:01 PM - 8 PM	13	15	36	58	34	103	72	138	37	0
Wednesday	8:01 PM - 11:59 PM	21	7	23	59	35	66	50	99	31	0
Wednesday	No Hour Submitted	5	2	0	13	15	21	17	39	27	0
Thursday	12 AM - 5 AM	10	14	50	61	51	95	78	132	38	0
Thursday	5:01 AM - 8 AM	1	1	9	8	1	34	23	38	29	0
Thursday	8:01 AM - 12 PM	8	19	34	40	23	77	70	141	40	0

Day of ER Service	Hour Admitted to Emergency Room	Age of Patient on Date of Service									
		0 to 3 Months	>3 Months to 6 Months	>6 Months to 1 Year	>1 Year to 3 years	>3 Years to 5 years	>5 Years to 12 years	>12 Years to 18 year	>18 Years to 35 years	>35 Years to 64 years	>64 Years
Thursday	12:01 PM - 5 PM	13	1	44	58	51	97	98	87	43	0
Thursday	5:01 PM - 8 PM	5	10	28	48	59	103	85	150	34	0
Thursday	8:01 PM - 11:59 PM	5	17	33	40	21	83	70	113	35	0
Thursday	No Hour Submitted	0	5	5	8	11	28	22	21	28	0
Friday	12 AM - 5 AM	17	1	68	60	41	89	62	150	34	0
Friday	5:01 AM - 8 AM	5	2	6	8	17	29	6	68	28	0
Friday	8:01 AM - 12 PM	6	7	23	42	21	59	67	117	37	0
Friday	12:01 PM - 5 PM	13	4	39	54	55	114	89	183	22	0
Friday	5:01 PM - 8 PM	12	10	2	40	34	98	55	113	38	1
Friday	8:01 PM - 11:59 PM	12	13	20	31	37	65	58	101	28	1
Friday	No Hour Submitted	0	4	4	11	14	20	19	19	28	0
Saturday	12 AM - 5 AM	31	31	65	130	44	93	88	169	38	0
Saturday	5:01 AM - 8 AM	7	8	19	20	3	23	10	61	29	0
Saturday	8:01 AM - 12 PM	26	16	42	71	41	96	45	124	41	0
Saturday	12:01 PM - 5 PM	10	31	55	90	54	118	91	107	45	1
Saturday	5:01 PM - 8 PM	28	24	44	80	41	107	65	131	37	0
Saturday	8:01 PM - 11:59 PM	23	26	31	82	45	92	61	108	30	0
Saturday	No Hour Submitted	10	2	15	18	13	25	22	35	26	0
Holiday if Weekday	12 AM - 5 AM	1	8	10	39	23	22	21	37	27	0
Holiday if Weekday	5:01 AM - 8 AM	0	0	5	0	9	4	2	16	18	0
Holiday if Weekday	8:01 AM - 12 PM	3	2	16	5	12	30	5	44	28	0
Holiday if Weekday	12:01 PM - 5 PM	0	5	4	18	20	39	15	58	27	0
Holiday if Weekday	5:01 PM - 8 PM	0	3	3	13	9	23	11	26	13	1
Holiday if Weekday	8:01 PM - 11:59 PM	0	8	10	20	10	21	5	15	26	0
Holiday if Weekday	No Hour Submitted	0	0	3	0	4	0	0	11	1	0

Georgia Department of Community Health
Georgia Families

Report #4c - *Age/Day/Time - Emergency Room Statistics for Denied or Suspended Claims (Based on Claims Billed on UB 04 Form)*
CMO:
Report Period:　　Dec-11
Date Prepated:　　Jan-12

Day of ER Service	Hour Admitted to Emergency Room	0 to 3 Months	>3 Months to 6 Months	>6 Months to 1 Year	>1 Year to 3 years	>3 Years to 5 years	>5 Years to 12 years	>12 Years to 18 year	>18 Years to 35 years	>35 Years to 64 years	>64 Years
Sunday	12 AM - 5 AM	12	34	59	133	98	122	95	214	40	0
Sunday	5:01 AM - 8 AM	1	13	18	33	15	25	7	55	26	0
Sunday	8:01 AM - 12 PM	22	25	61	98	62	128	45	143	38	1
Sunday	12:01 PM - 5 PM	22	44	72	124	68	169	98	238	52	0
Sunday	5:01 PM - 8 PM	13	19	43	96	44	116	59	126	36	0
Sunday	8:01 PM - 11:59 PM	4	13	37	59	34	80	59	109	35	0
Sunday	No Hour Submitted	0	7	5	15	14	29	14	20	29	0
Monday	12 AM - 5 AM	11	24	40	68	47	116	80	182	37	0
Monday	5:01 AM - 8 AM	3	8	10	14	0	36	13	46	28	0
Monday	8:01 AM - 12 PM	11	11	27	48	47	124	70	174	39	0
Monday	12:01 PM - 5 PM	17	30	52	62	59	117	108	220	42	0
Monday	5:01 PM - 8 PM	20	17	25	51	43	135	80	145	34	0
Monday	8:01 PM - 11:59 PM	12	23	34	35	32	88	58	98	30	3
Monday	No Hour Submitted	3	2	5	9	10	33	18	35	28	0
Tuesday	12 AM - 5 AM	9	25	45	80	54	102	94	172	36	0
Tuesday	5:01 AM - 8 AM	0	6	0	15	13	28	19	23	30	0
Tuesday	8:01 AM - 12 PM	6	13	30	41	38	111	63	183	35	0
Tuesday	12:01 PM - 5 PM	9	30	53	72	38	156	105	213	43	0
Tuesday	5:01 PM - 8 PM	12	25	42	61	0	119	75	148	35	0
Tuesday	8:01 PM - 11:59 PM	9	10	44	51	26	73	67	126	32	1
Tuesday	No Hour Submitted	1	5	4	11	18	29	19	40	28	0
Wednesday	12 AM - 5 AM	20	18	43	85	49	106	89	165	36	0
Wednesday	5:01 AM - 8 AM	5	6	9	17	12	26	24	48	29	0
Wednesday	8:01 AM - 12 PM	14	7	25	39	27	68	79	139	36	1
Wednesday	12:01 PM - 5 PM	15	19	56	55	51	132	85	205	44	0
Wednesday	5:01 PM - 8 PM	13	15	36	58	34	103	72	138	37	0
Wednesday	8:01 PM - 11:59 PM	21	7	23	59	35	66	50	99	31	0
Wednesday	No Hour Submitted	5	2	0	13	15	21	17	39	27	0
Thursday	12 AM - 5 AM	10	14	50	61	51	95	78	132	38	0
Thursday	5:01 AM - 8 AM	1	1	9	8	16	34	23	38	29	0
Thursday	8:01 AM - 12 PM	8	19	34	40	23	77	70	141	40	0

Day of ER Service	Hour Admitted to Emergency Room	0 to 3 Months	>3 Months to 6 Months	>6 Months to 1 Year	>1 Year to 3 years	>3 Years to 5 years	>5 Years to 12 years	>12 Years to 18 year	>18 Years to 35 years	>35 Years to 64 years	>64 Years
Thursday	12:01 PM - 5 PM	13	19	44	58	51	97	98	188	43	1
Thursday	5:01 PM - 8 PM	7	10	28	48	59	103	85	150	34	0
Thursday	8:01 PM - 11:59 PM	5	17	33	40	21	83	70	113	35	0
Thursday	No Hour Submitted	0	5	5	8	11	28	22	42	28	0
Friday	12 AM - 5 AM	17	26	68	60	41	89	62	150	34	0
Friday	5:01 AM - 8 AM	5	2	6	8	17	29	6	68	28	1
Friday	8:01 AM - 12 PM	6	7	23	48	28	59	67	117	37	0
Friday	12:01 PM - 5 PM	13	13	39	54	55	130	89	183	44	0
Friday	5:01 PM - 8 PM	12	10	37	40	34	98	55	113	38	1
Friday	8:01 PM - 11:59 PM	12	13	20	31	37	65	58	101	28	0
Friday	No Hour Submitted	0	4	4	11	14	20	19	19	28	0
Saturday	12 AM - 5 AM	31	31	65	130	61	121	88	208	38	0
Saturday	5:01 AM - 8 AM	7	8	19	20	8	33	10	61	29	0
Saturday	8:01 AM - 12 PM	26	22	42	71	54	95	45	124	41	0
Saturday	12:01 PM - 5 PM	22	31	89	119	62	123	91	224	45	2
Saturday	5:01 PM - 8 PM	28	24	44	80	41	107	63	131	37	0
Saturday	8:01 PM - 11:59 PM	23	26	31	88	45	92	61	108	30	0
Saturday	No Hour Submitted	10	2	15	18	13	25	22	35	26	0
Holiday if Weekday	12 AM - 5 AM	1	8	10	39	23	22	21	37	27	0
Holiday if Weekday	5:01 AM - 8 AM	0	1	5	0	9	4	2	16	26	0
Holiday if Weekday	8:01 AM - 12 PM	6	2	16	11	12	30	11	44	28	0
Holiday if Weekday	12:01 PM - 5 PM	0	5	9	21	20	39	15	58	27	0
Holiday if Weekday	5:01 PM - 8 PM	0	11	17	13	9	23	11	26	27	2
Holiday if Weekday	8:01 PM - 11:59 PM	0	8	10	20	10	21	11	30	26	0
Holiday if Weekday	No Hour Submitted	0	0	3	0	4	0	0	11	25	0

Georgia Department of Community Health
Georgia Families
Report #5 - *Summary of Emergency Room Claim Appeals (For Claims Submitted on UB 04 Form) SFY to Current Month*
CMO:

	From Date	To Date
Report Period:	Jul-11	Dec-11
Date Prepared:	Jan-12	

National Provider ID	Tax ID Number	Location Code	Provider Name	Individual Number of ER Claim Appeals	Number of Appealed Claims Originally Paid at Rate Other Than Full ER (e.g. Triage Rate)	Number of Appealed Claims Overturned and Paid at the Full Rate	Percent Overturned
		23	Hospital AA	76	49	19	25%
		23	Hospital L	98	64	22	22%
		23	Hospital O	25	16	6	24%
		23	Hospital K	99	64	26	26%
		23	Hospital P	324	211	52	16%
		23	Hospital J	11	7	1	9%
		23	Hospital Q	1098	714	106	10%
		23	Hospital I	2087	1357	702	34%
		23	Hospital R	778	506	168	22%
		23	Hospital H	543	353	104	19%
		23	Hospital S	60	39	19	32%
		23	Hospital G	5	3	0	0%
		23	Hospital T	80	52	2	3%
		23	Hospital F	43	28	9	21%
		23	Hospital U	713	463	76	11%
		23	Hospital E	13	8	7	54%
		23	Hospital V	546	355	165	30%
		23	Hospital D	202	131	79	39%
		23	Hospital W	16	10	1	6%
		23	Hospital C	5	3	2	40%
		23	Hospital X	91	59	35	38%
		23	Hospital B	6	4	1	15%
		23	Hospital Y	20	13	2	10%
		23	Hospital A	98	64	13	13%
		23	Hospital Z	15	10	4	27%