

THE CLAIMS LIST:
 This document identifies the claim details, including: recipient(s), dates of service, the number of units billed by the Provider, the number of units identified with a finding, and the specific finding(s).

CLAIMS INFORMATION										
RECIPIENT_NAME	RECIP_ID	FROM_DTE	THRU_DTE	BILLD_AMT	PAID_AMT	ICN	REMIT_DATE	PROGRAM_TYPE	UNITS	PROC_CD_MOD
RECIPIENT A	975008276375	10/1/20##	10/31/20##	\$ 1,581.00	\$ 1,581.00	2017283215294002	11/17/##	Waiver Type	100	T1019
RECIPIENT A Total				\$ 1,581.00	\$ 1,581.00					
Grand Total				\$ 1,581.00	\$ 1,581.00					

Preliminary Discrepancy			
RATE PER UNIT	TOTAL UNITS IN DISCREPANCY	TOTAL DISCREPANCY	Discrepancy Codes
\$ 15.81	36	\$ 569.16	901, 911

Overpayments			
RATE PER UNIT	TOTAL UNITS IN ERROR	TOTAL OVERPAYMENT	ERROR CODES
\$ 15.81	36	\$ 569.16	901, 911

Total Claims Count: 1

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The claim dates of the claim period. Refer to the supplemental information in the Service Log to determine the specific dates in the claim period in discrepancy/error.

The number of units identified in discrepancy/error. Refer to the supplemental information in the Service Log to determine the units in discrepancy/error associated with specific dates of service within the claim period.

The discrepancy/error code that contains the basis for the finding. This code is explained in further detail in your letter. Also, refer to the supplemental information in the Service Log to determine the units in discrepancy/error associated with specific dates of service for each discrepancy/error code.

EXAMPLE: For demonstration purposes only, each Claims List will contain specific information to each provider.