

Manatee Choice Health Plan

Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

Clerk of the Court(655/2)

Paid: 1/ 1/2008 - 12/31/2008

Number Of

Number	Work Sheet Message	Charges	Total Charges
0		1,882	329,561.98
1	Applied to Deductible	136	13,664.46
2	Co-Insurance Applied	287	35,232.77
3	Applied to Deduct & Co-Insurance	17	5,755.37
4	Expense Not Covered by Plan	101	18,799.45
6	Patient Not Eligible	1	250.00
7	Exceeds Maximum Plan Allowance	90	7,319.90
8	Charge Exceeds UCR	12	964.70
9	Exceeds Filing Time Limit	85	14,439.95
10	Exceeds Visit Limit	16	659.00
11	Employee/Provider Split Payment	1	150.00
13	PPO Benefits Applied	11,401	3,626,011.93
15	Co-Pay Applied	1,128	83,338.08
16	Stop Loss Met This Line	2	1,065.39
20	Editor Denial	27	2,828.49
22	Fund Limit Reached	117	37,054.54
24	Duplicate Charge	1,624	1,138,093.15
27	Claim Adjustment	153	70,952.27
37	COB APPLIED	24	16,115.53
47	EYE REFRACTION IS NOT COVERED	9	305.00
52	BENEFITS COORDINATED W/ MEDICARE	1	30.00
53	BENEFITS REDUCED-PRECERT REQD	20	3,747.00
59	MEDICAL COVERAGE ONLY	2	154.00
60	PATIENT NOT RESP. FOR MHN DISCOU	1,153	260,058.18
64	ADDT'L INFO HAS BEEN REQUESTED	15	101,844.84

Manatee Choice Health Plan

Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

Clerk of the Court(655/2)

Paid: 1/ 1/2008 - 12/31/2008

Number Of

Number	Work Sheet Message	Charges	Total Charges
66	OTHER INSURANCE IS INDICATED	21	1,820.99
67	NEGOTIATED RATE	1	10,700.00
73	INVALID CODE, PLEASE RESUBMIT W/	1	20.00
88	EVOLUTIONS DISC IS NOT PT RESP	219	29,779.01
92	ADDT'L INFO IS NEEDED TO PROCESS	1	7,836.30
95	PLEASE SUBMIT THE INVOICE FOR	1	5,021.00
104	ALL BENEFITS PAID BY OTHER PAYOR	13	480.00
105	PLEASE SUBMIT PRIMARY EOB	2	800.00
106	BUNDLED PROCEDURE	53	3,359.38
111	RECONSIDERED CLAIM	16	7,476.25
114	PLEASE RESUBMIT WITH VALID PROCED	21	2,545.00
121	PATIENT NOT ELIGIBLE	158	38,784.15
Totals :		18,811	5,877,018.06

Manatee Choice Health Plan
Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

Housing Authority(655/3)
Paid: 1/ 1/2008 - 12/31/2008
Number Of

Number	Work Sheet Message	Charges	Total Charges
0		129	90,690.75
1	Applied to Deductible	7	883.00
2	Co-Insurance Applied	8	2,185.39
3	Applied to Deduct & Co-Insurance	3	1,273.52
4	Expense Not Covered by Plan	5	165.00

7	Exceeds Maximum Plan Allowance	7	803.00
8	Charge Exceeds UCR	16	3,956.00
9	Exceeds Filing Time Limit	5	5,176.00
10	Exceeds Visit Limit	3	298.00
13	PPO Benefits Applied	542	168,962.33
15	Co-Pay Applied	49	5,555.25
22	Fund Limit Reached	1	659.00
24	Duplicate Charge	67	19,193.69
27	Claim Adjustment	6	0.00
47	EYE REFRACTION IS NOT COVERED	1	30.00
60	PATIENT NOT RESP. FOR MHN DISCOU	54	5,182.87
88	EVOLUTIONS DISC IS NOT PT RESP	6	804.26
106	BUNDLED PROCEDURE	3	225.00
121	PATIENT NOT ELIGIBLE	8	245.00
Totals :		920	306,288.06

Manatee Choice Health Plan
Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

Property Appraiser(655/4)
Paid: 1/ 1/2008 - 12/31/2008
Number Of
Charges Total Charges
457 51,723.71

Number	Work Sheet Message	Number Of Charges	Total Charges
0		457	51,723.71
1	Applied to Deductible	21	1,883.00
2	Co-Insurance Applied	47	3,405.60
3	Applied to Deduct & Co-Insurance	3	1,007.00
4	Expense Not Covered by Plan	10	939.00
7	Exceeds Maximum Plan Allowance	107	11,591.76
8	Charge Exceeds UCR	65	10,434.29
9	Exceeds Filing Time Limit	6	717.00
10	Exceeds Visit Limit	3	170.00
13	PPO Benefits Applied	2,492	576,416.33
15	Co-Pay Applied	144	11,265.79

20	Editor Denial	10	353.66
22	Fund Limit Reached	4	1,137.04
24	Duplicate Charge	333	69,764.11
27	Claim Adjustment	31	0.00
47	EYE REFRACTION IS NOT COVERED	7	189.00
52	BENEFITS COORDINATED W/ MEDICARE	1	150.00
60	PATIENT NOT RESP. FOR MHN DISCOU	199	52,360.20
64	ADDT'L INFO HAS BEEN REQUESTED	5	2,775.00
67	NEGOTIATED RATE	5	5,995.00
79	PLEASE SUBMIT A VALID DIAGNOSIS	2	1,253.00
88	EVOLUTIONS DISC IS NOT PT RESP	36	7,915.00
106	BUNDLED PROCEDURE	10	470.00
111	RECONSIDERED CLAIM	3	1,278.66
121	PATIENT NOT ELIGIBLE	19	1,246.63

Manatee Choice Health Plan
Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

Property Appraiser(655/4)
Paid: 1/ 1/2008 - 12/31/2008
Number Of

Number Work Sheet Message

Charges Total Charges

Totals :

4,020 814,440.78

Manatee Choice Health Plan
Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

Sheriff's Office(655/6)
Paid: 1/ 1/2008 - 12/31/2008
Number Of

Number	Work Sheet Message	Charges	Total Charges
0		9,680	1,430,747.28
1	Applied to Deductible	567	53,536.20
2	Co-Insurance Applied	855	129,760.70
3	Applied to Deduct & Co-Insurance	62	43,890.23
4	Expense Not Covered by Plan	673	62,046.90
6	Patient Not Eligible	18	6,378.87
7	Exceeds Maximum Plan Allowance	1,946	226,835.56
8	Charge Exceeds UCR	1,803	447,078.06
9	Exceeds Filing Time Limit	223	109,661.63
10	Exceeds Visit Limit	66	4,097.24
11	Employee/Provider Split Payment	34	2,591.35
13	PPO Benefits Applied	46,237	14,823,242.37
14	Exceeds Plan Payment Limit	2	90.26
15	Co-Pay Applied	3,695	378,090.98
16	Stop Loss Met This Line	1	2,757.00
20	Editor Denial	324	27,166.00
21	Denied Amt Pending Addtl Fnding	4	7,495.00
22	Fund Limit Reached	84	42,591.75
24	Duplicate Charge	7,143	3,251,896.96
26	Over-age Dependent	1	116.00
27	Claim Adjustment	705	44,664.94
37	COB APPLIED	81	84,841.80
44	ROUTINE SERVICES NOT COVERED	4	228.00
47	EYE REFRACTION IS NOT COVERED	20	706.00

52 BENEFITS COORDINATED W/ MEDICARE 13 1,471.28

Manatee Choice Health Plan
Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

Sheriff's Office(655/6)
Paid: 1/ 1/2008 - 12/31/2008
Number Of

Number	Work Sheet Message	Charges	Total Charges
53	BENEFITS REDUCED-PRECERT REQD	40	33,711.99
54	MEDICARE IS PRIMARY-PLEASE FILE	1	75,835.45
57	NON PARTICIPATING PROVIDER	5	139.50
60	PATIENT NOT RESP. FOR MHN DISCOU	2,560	975,790.51
61	CORRECTION TO PREVIOUSLY PAID CL	5	2,135.00
62	PLEASE REVIEW PLAN LIMITATIONS	1	15.00
63	ACCIDENT DETAILS REQUEST FROM EE	1	176.88
64	ADDT'L INFO HAS BEEN REQUESTED	37	234,772.58
65	WE ARE UNABLE TO PROCESS FROM A	1	490.00
66	OTHER INSURANCE IS INDICATED	27	9,450.75
67	NEGOTIATED RATE	21	16,620.64
73	INVALID CODE, PLEASE RESUBMIT W/	1	250.00
76	CHARGES EXCEED DENTAL SCHED/PT	1	40.00
79	PLEASE SUBMIT A VALID DIAGNOSIS	2	121.25
83	PLEASE SUBMIT THE LETTER OF MEDI	1	190.00
88	EVOLUTIONS DISC IS NOT PT RESP	1,296	284,537.05
90	SERVICES INCLUDED AS PART OF	1	103.00
104	ALL BENEFITS PAID BY OTHER PAYOR	5	420.83
106	BUNDLED PROCEDURE	308	12,704.44
111	RECONSIDERED CLAIM	118	33,340.44
114	PLEASE RESUBMIT WITH VALID PROCED	14	11,574.00
116	PLEASE SUBMIT VALID TIN	1	39.00
119	WORKMAN'S COMP CLAIMS NOT COVERD	1	27,233.49
121	PATIENT NOT ELIGIBLE	730	282,640.56
122	PLEASE RESUBMIT WITH VALID DESCR	12	368.00

Manatee Choice Health Plan

Run: 04/06/2011 9:43 AM

Number	Work Sheet Message
127	IMPACTIONS PAID UNDER MEDICAL

Totals :

Explanation Code Ineligible Report

Sheriff's Office(655/6)

Paid: 1/ 1/2008 - 12/31/2008

Number Of

Charges	Total Charges
6	1,149.00

79,437

23,185,831.72

Manatee Choice Health Plan

Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

Tax Collector(655/9)

Paid: 1/ 1/2008 - 12/31/2008

Number Of

Number	Work Sheet Message	Charges	Total Charges
0		609	61,581.07
1	Applied to Deductible	30	2,369.22
2	Co-Insurance Applied	42	3,726.13
3	Applied to Deduct & Co-Insurance	2	1,535.07
4	Expense Not Covered by Plan	39	1,440.72
7	Exceeds Maximum Plan Allowance	127	21,676.00
8	Charge Exceeds UCR	57	17,877.57
9	Exceeds Filing Time Limit	1	137.00
10	Exceeds Visit Limit	3	342.00
13	PPO Benefits Applied	2,982	633,059.70
15	Co-Pay Applied	405	30,043.16
20	Editor Denial	41	10,263.80
22	Fund Limit Reached	6	2,939.21
24	Duplicate Charge	478	98,281.92
27	Claim Adjustment	18	0.00
53	BENEFITS REDUCED-PRECERT REQD	10	12,092.04
60	PATIENT NOT RESP. FOR MHN DISCOU	167	65,608.22
64	ADDT'L INFO HAS BEEN REQUESTED	4	39,756.25
66	OTHER INSURANCE IS INDICATED	5	2,900.00
73	INVALID CODE, PLEASE RESUBMIT W/	4	198.00
88	EVOLUTIONS DISC IS NOT PT RESP	95	67,227.05
106	BUNDLED PROCEDURE	17	648.69
111	RECONSIDERED CLAIM	5	1,275.00
121	PATIENT NOT ELIGIBLE	15	1,723.98
122	PLEASE RESUBMIT WITH VALID DESCR	3	60.00

Manatee Choice Health Plan
Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

Tax Collector(655/9)
Paid: 1/ 1/2008 - 12/31/2008
Number Of
Charges Total Charges

Number Work Sheet Message

Totals :

5,165 1,076,761.80

Manatee Choice Health Plan
Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

(655/99)
Paid: 1/ 1/2008 - 12/31/2008
Number Of
Charges Total Charges
187 5,746,661.87

Number Work Sheet Message
0

Totals :

187

5,746,661.87

Manatee Choice Health Plan

Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

Board of County Commissioners(655/100)

Paid: 1/ 1/2008 - 12/31/2008

Number Of

Number Work Sheet Message

0

Charges

Total Charges

14,288

2,363,530.00

1 Applied to Deductible

1,244

110,973.14

2 Co-Insurance Applied

1,846

299,476.84

3 Applied to Deduct & Co-Insurance

127

74,951.03

4 Expense Not Covered by Plan

1,038

78,992.47

6 Patient Not Eligible

18

11,467.10

7 Exceeds Maximum Plan Allowance

3,594

511,741.23

8 Charge Exceeds UCR

1,299

361,030.04

9 Exceeds Filing Time Limit

339

115,677.29

10	Exceeds Visit Limit	105	6,717.54
11	Employee/Provider Split Payment	24	2,005.38
12	COB Savings Applied	2	1,300.00
13	PPO Benefits Applied	73,021	25,756,123.83
14	Exceeds Plan Payment Limit	10	5,085.00
15	Co-Pay Applied	4,438	434,555.29
16	Stop Loss Met This Line	11	122,609.02
17	Discount On Payment	1	321.30
20	Editor Denial	685	62,503.20
21	Denied Amt Pending Addtl Fnding	20	28,003.50
22	Fund Limit Reached	275	117,335.87
24	Duplicate Charge	14,158	5,329,602.24
25	Repriced by Coaliation America	1	120.00
26	Over-age Dependent	2	108.50
27	Claim Adjustment	1,331	26,005.78
28	Claim to be Refunded	1	0.00

Manatee Choice Health Plan

Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

Board of County Commissioners(655/100)

Paid: 1/ 1/2008 - 12/31/2008

Number	Work Sheet Message	Number Of Charges	Total Charges
37	COB APPLIED	119	244,007.78
43	COSMETIC SERVICES NOT COVERED	2	1,260.00
47	EYE REFRACTION IS NOT COVERED	39	1,151.04
48	TREATMENT NOT CONSISTENT W/DX	1	129.00
50	ANNUAL MAX HAS BEEN MET	4	2,400.00
52	BENEFITS COORDINATED W/ MEDICARE	10	28,487.34
53	BENEFITS REDUCED-PRECERT REQD	91	29,306.20
54	MEDICARE IS PRIMARY-PLEASE FILE	8	119,476.00
57	NON PARTICIPATING PROVIDER	2	175.00
59	MEDICAL COVERAGE ONLY	8	455.00
60	PATIENT NOT RESP. FOR MHN DISCOU	5,031	1,446,487.20
61	CORRECTION TO PREVIOUSLY PAID CL	17	74,613.43
62	PLEASE REVIEW PLAN LIMITATIONS	1	73.00
64	ADDT'L INFO HAS BEEN REQUESTED	83	627,477.07
66	OTHER INSURANCE IS INDICATED	126	168,706.57

67	NEGOTIATED RATE	18	74,891.70
68	CLAIM HAS BEEN RECONSIDERED	2	685.00
69	DENTAL CLEANINGS ARE LMTD TO 2	1	65.00
70	DENTAL EXAMS/CLEANINGS LIMIT 1 E	1	65.00
73	INVALID CODE, PLEASE RESUBMIT W/	7	837.00
79	PLEASE SUBMIT A VALID DIAGNOSIS	1	68.00
80	THIS SERVICE IS NOT COVERED AS	2	0.00
84	DENTAL PROCEDURE IS NOT COVERED	1	45.00
87	BENEFITS FOR THE REQUESTED	3	1,065.00
88	EVOLUTIONS DISC IS NOT PT RESP	1,758	670,613.09

Manatee Choice Health Plan
Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

Board of County Commissioners(655/100)
Paid: 1/ 1/2008 - 12/31/2008

Number	Work Sheet Message	Number Of Charges	Total Charges
90	SERVICES INCLUDED AS PART OF	2	55.00
94	PROCEDURE NOT CONSISTENT WITH	1	25.00
97	PLEASE RESUBMIT ALONG WITH THE	1	621.26
101	NO MEDICAL COVERAGE UNDER PLAN	1	49.57
104	ALL BENEFITS PAID BY OTHER PAYOR	49	125,721.69
105	PLEASE SUBMIT PRIMARY EOB	3	5,566.00
106	BUNDLED PROCEDURE	360	20,394.28
111	RECONSIDERED CLAIM	192	42,597.02
112	BILLING ERROR-INVALID DOS	2	400.00
114	PLEASE RESUBMIT WITH VALID PROCED	24	15,200.14
121	PATIENT NOT ELIGIBLE	1,005	231,498.59
122	PLEASE RESUBMIT WITH VALID DESCR	17	443.00
123	CONTRACTED RATES APPLIED	1	16.00
124	PLEASE RESUBMIT WITH TIME UNITS	2	3,182.50
128	CLAIM APPEAL RECONSIDERATION	1	157.00

Totals :

126,875

39,758,702.06

Manatee Choice Health Plan
Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

Manatee County Retirees(655/51000)
Paid: 1/ 1/2008 - 12/31/2008

Number	Work Sheet Message	Number Of Charges	Total Charges
0		6	-1,544.00
4	Expense Not Covered by Plan	1	118.67
9	Exceeds Filing Time Limit	1	118.67
24	Duplicate Charge	2	189.60
37	COB APPLIED	3	69.20
121	PATIENT NOT ELIGIBLE	42	8,486.52
Totals :		55	7,438.66

Manatee Choice Health Plan

Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

CCC - Retirees(655/51001)

Paid: 1/ 1/2008 - 12/31/2008

Number	Work Sheet Message	Number Of Charges	Total Charges
0		212	203,477.96
1	Applied to Deductible	43	3,281.77
2	Co-Insurance Applied	52	12,386.79
3	Applied to Deduct & Co-Insurance	5	9,269.82
4	Expense Not Covered by Plan	11	969.56
8	Charge Exceeds UCR	13	10,184.14
10	Exceeds Visit Limit	3	150.00
11	Employee/Provider Split Payment	1	23.69
13	PPO Benefits Applied	848	348,039.15
15	Co-Pay Applied	68	4,845.62
24	Duplicate Charge	264	117,049.68
27	Claim Adjustment	42	55.00
37	COB APPLIED	28	29,186.59
52	BENEFITS COORDINATED W/ MEDICARE	214	163,763.05
54	MEDICARE IS PRIMARY-PLEASE FILE	44	11,634.82
60	PATIENT NOT RESP. FOR MHN DISCOU	76	34,878.16
64	ADDT'L INFO HAS BEEN REQUESTED	1	5,004.49
66	OTHER INSURANCE IS INDICATED	5	622.82
88	EVOLUTIONS DISC IS NOT PT RESP	42	3,664.60
104	ALL BENEFITS PAID BY OTHER PAYOR	5	0.05
106	BUNDLED PROCEDURE	1	75.00
111	RECONSIDERED CLAIM	2	125.00
121	PATIENT NOT ELIGIBLE	30	9,396.51
Totals :		2,010	968,084.27

Manatee Choice Health Plan

Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

BCC - Retirees(655/51003)

Paid: 1/ 1/2008 - 12/31/2008

Number	Work Sheet Message	Number Of Charges	Total Charges
0		1,600	385,704.34
1	Applied to Deductible	246	17,157.61
2	Co-Insurance Applied	300	40,592.04
3	Applied to Deduct & Co-Insurance	25	21,929.25
4	Expense Not Covered by Plan	134	21,538.43
6	Patient Not Eligible	7	299.76
7	Exceeds Maximum Plan Allowance	289	47,496.75
8	Charge Exceeds UCR	62	41,670.12
9	Exceeds Filing Time Limit	33	11,199.63
10	Exceeds Visit Limit	23	1,850.97
11	Employee/Provider Split Payment	3	370.00
13	PPO Benefits Applied	5,466	2,356,682.51
14	Exceeds Plan Payment Limit	2	222.00
15	Co-Pay Applied	504	49,306.32
16	Stop Loss Met This Line	1	10,340.00
20	Editor Denial	37	3,280.00
24	Duplicate Charge	2,440	1,113,087.58
27	Claim Adjustment	210	0.00
36	HSA Benefits Exhausted	1	22.00
37	COB APPLIED	966	728,678.47
47	EYE REFRACTION IS NOT COVERED	6	168.00
52	BENEFITS COORDINATED W/ MEDICARE	3,966	1,486,441.00
53	BENEFITS REDUCED-PRECERT REQD	25	18,970.42
54	MEDICARE IS PRIMARY-PLEASE FILE	977	325,857.20
60	PATIENT NOT RESP. FOR MHN DISCOU	302	151,589.71

Manatee Choice Health Plan

Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

BCC - Retirees(655/51003)

Paid: 1/ 1/2008 - 12/31/2008

Number	Work Sheet Message	Number Of Charges	Total Charges
64	ADDT'L INFO HAS BEEN REQUESTED	58	228,967.86
65	WE ARE UNABLE TO PROCESS FROM A	1	23.76
66	OTHER INSURANCE IS INDICATED	99	15,490.15
67	NEGOTIATED RATE	5	3,817.50
69	DENTAL CLEANINGS ARE LMTD TO 2	1	83.00
70	DENTAL EXAMS/CLEANINGS LIMIT 1 E	1	80.00
73	INVALID CODE, PLEASE RESUBMIT W/	2	28.00
88	EVOLUTIONS DISC IS NOT PT RESP	101	29,766.83
101	NO MEDICAL COVERAGE UNDER PLAN	2	143.70
104	ALL BENEFITS PAID BY OTHER PAYOR	57	1,018.19
105	PLEASE SUBMIT PRIMARY EOB	1	34.00
106	BUNDLED PROCEDURE	11	732.00
111	RECONSIDERED CLAIM	46	66,083.74
114	PLEASE RESUBMIT WITH VALID PROCED	3	890.13
121	PATIENT NOT ELIGIBLE	288	37,576.76
122	PLEASE RESUBMIT WITH VALID DESCR	8	297.00

Totals :

18,309

7,219,486.73

Manatee Choice Health Plan

Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

		PA - Retirees(655/51004)	
		Paid: 1/ 1/2008 - 12/31/2008	
Number	Work Sheet Message	Number Of Charges	Total Charges
0		13	992.90
4	Expense Not Covered by Plan	2	120.00
7	Exceeds Maximum Plan Allowance	2	208.00
10	Exceeds Visit Limit	10	364.70
13	PPO Benefits Applied	103	100,133.25
15	Co-Pay Applied	6	390.32
24	Duplicate Charge	47	77,331.98
27	Claim Adjustment	2	0.00
37	COB APPLIED	1	0.00
47	EYE REFRACTION IS NOT COVERED	1	30.00
52	BENEFITS COORDINATED W/ MEDICARE	106	10,896.99
53	BENEFITS REDUCED-PRECERT REQD	2	800.00
54	MEDICARE IS PRIMARY-PLEASE FILE	19	1,868.03
60	PATIENT NOT RESP. FOR MHN DISCOU	38	7,646.90
64	ADDT'L INFO HAS BEEN REQUESTED	1	182.00
66	OTHER INSURANCE IS INDICATED	2	231.07
88	EVOLUTIONS DISC IS NOT PT RESP	1	22.00
106	BUNDLED PROCEDURE	2	150.00
Totals :		358	201,368.14

Manatee Choice Health Plan
Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

		TCO - Retirees(655/51005)	
		Paid: 1/ 1/2008 - 12/31/2008	
Number	Work Sheet Message	Number Of Charges	Total Charges
0		100	44,756.29

1	Applied to Deductible	1	61.07
2	Co-Insurance Applied	5	350.38
3	Applied to Deduct & Co-Insurance	1	280.00
4	Expense Not Covered by Plan	4	202.30
7	Exceeds Maximum Plan Allowance	9	2,649.00
8	Charge Exceeds UCR	11	1,187.00
10	Exceeds Visit Limit	1	39.00
13	PPO Benefits Applied	147	55,102.60
15	Co-Pay Applied	28	2,242.75
24	Duplicate Charge	204	96,908.33
27	Claim Adjustment	7	0.00
37	COB APPLIED	34	7,993.05
52	BENEFITS COORDINATED W/ MEDICARE	547	289,084.58
54	MEDICARE IS PRIMARY-PLEASE FILE	94	104,752.34
60	PATIENT NOT RESP. FOR MHN DISCOU	13	2,233.18
64	ADDT'L INFO HAS BEEN REQUESTED	4	2,060.00
66	OTHER INSURANCE IS INDICATED	10	984.12
88	EVOLUTIONS DISC IS NOT PT RESP	3	645.00
104	ALL BENEFITS PAID BY OTHER PAYOR	13	99.82
106	BUNDLED PROCEDURE	2	160.00
111	RECONSIDERED CLAIM	3	0.00
114	PLEASE RESUBMIT WITH VALID PROCED	1	36.56
121	PATIENT NOT ELIGIBLE	34	5,655.01

Totals :

1,276 617,482.38

Manatee Choice Health Plan

Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

MSO - Retirees(655/51006)

Paid: 1/ 1/2008 - 12/31/2008

Number Of

Number	Work Sheet Message	Charges	Total Charges
0		862	156,771.48
1	Applied to Deductible	136	9,910.21
2	Co-Insurance Applied	175	20,093.56
3	Applied to Deduct & Co-Insurance	12	3,276.47
4	Expense Not Covered by Plan	70	6,222.24
7	Exceeds Maximum Plan Allowance	208	39,461.00

8	Charge Exceeds UCR	198	33,489.48
9	Exceeds Filing Time Limit	3	3,826.00
10	Exceeds Visit Limit	7	623.68
13	PPO Benefits Applied	3,608	2,252,279.98
15	Co-Pay Applied	231	45,833.36
20	Editor Denial	35	2,874.40
21	Denied Amt Pending Addtl Fnding	1	191.57
24	Duplicate Charge	1,228	584,562.38
27	Claim Adjustment	222	131.12
37	COB APPLIED	233	244,209.48
47	EYE REFRACTION IS NOT COVERED	3	82.00
52	BENEFITS COORDINATED W/ MEDICARE	1,467	542,540.14
53	BENEFITS REDUCED-PRECERT REQD	20	6,533.27
54	MEDICARE IS PRIMARY-PLEASE FILE	384	99,783.52
60	PATIENT NOT RESP. FOR MHN DISCOU	137	136,472.28
64	ADDT'L INFO HAS BEEN REQUESTED	25	147,347.86
66	OTHER INSURANCE IS INDICATED	28	10,852.82
67	NEGOTIATED RATE	8	36,958.00
68	CLAIM HAS BEEN RECONSIDERED	1	19,155.00

Manatee Choice Health Plan

Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

MSO - Retirees(655/51006)

Paid: 1/ 1/2008 - 12/31/2008

Number Of

Number	Work Sheet Message	Charges	Total Charges
88	EVOLUTIONS DISC IS NOT PT RESP	231	24,961.38
104	ALL BENEFITS PAID BY OTHER PAYOR	24	266.67
106	BUNDLED PROCEDURE	4	250.69
111	RECONSIDERED CLAIM	11	65.00
114	PLEASE RESUBMIT WITH VALID PROCED	2	669.50
121	PATIENT NOT ELIGIBLE	234	184,386.59
122	PLEASE RESUBMIT WITH VALID DESCR	3	127.00

Totals :

9,811

4,614,208.13

Manatee Choice Health Plan
Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

HA - Retirees(655/51105)
Paid: 1/ 1/2008 - 12/31/2008
Number Of

Number	Work Sheet Message	Charges	Total Charges
0		50	5,145.10
4	Expense Not Covered by Plan	1	25.00
10	Exceeds Visit Limit	1	117.00
13	PPO Benefits Applied	106	83,483.28
15	Co-Pay Applied	5	510.00
24	Duplicate Charge	20	32,689.36
27	Claim Adjustment	2	0.00
47	EYE REFRACTION IS NOT COVERED	1	39.00
53	BENEFITS REDUCED-PRECERT REQD	2	40.00
60	PATIENT NOT RESP. FOR MHN DISCOU	12	12,616.69
Totals :		200	134,665.43

Manatee Choice Health Plan
 Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

Manatee County COBRA Employees(655/60000)
 Paid: 1/ 1/2008 - 12/31/2008

Number	Work Sheet Message	Number Of Charges	Total Charges
0		196	56,505.43
1	Applied to Deductible	21	1,244.74
2	Co-Insurance Applied	20	2,538.00
3	Applied to Deduct & Co-Insurance	3	2,150.87
4	Expense Not Covered by Plan	5	152.00
6	Patient Not Eligible	2	79.01
7	Exceeds Maximum Plan Allowance	36	8,776.00
8	Charge Exceeds UCR	38	15,372.00
10	Exceeds Visit Limit	1	82.00
13	PPO Benefits Applied	528	372,600.44
15	Co-Pay Applied	14	1,531.40
22	Fund Limit Reached	1	761.00
24	Duplicate Charge	199	65,367.64
27	Claim Adjustment	16	0.00
53	BENEFITS REDUCED-PRECERT REQD	2	143.75
59	MEDICAL COVERAGE ONLY	4	100.00
60	PATIENT NOT RESP. FOR MHN DISCOU	25	5,531.00
88	EVOLUTIONS DISC IS NOT PT RESP	69	19,204.00
106	BUNDLED PROCEDURE	2	132.00
111	RECONSIDERED CLAIM	1	0.00
121	PATIENT NOT ELIGIBLE	158	130,334.62
Totals :		1,341	682,605.90

****End of Report****

Manatee Choice Health Plan
Run: 04/06/2011 9:43 AM

Explanation Code Ineligible Report

Report Selection Criteria

Selection

<input type="radio"/> All Groups	<input checked="" type="radio"/> Group No.	<input type="radio"/> Group Range
<input checked="" type="checkbox"/> Master Group	Group: <input type="text" value="655"/>	Thru: <input type="text"/>
<input type="checkbox"/> Individual Location	<input type="text"/>	
<input type="checkbox"/> Individual Message:	<input type="text"/>	
<input checked="" type="checkbox"/> Paid Date Range	From: <input type="text" value="1/1/2008"/> <input type="button" value="v"/>	Thru: <input type="text" value="12/31/2008"/>

Print

Total Ineligible	Total Benefit
188.00	246,593.33
13,320.73	343.73
10,262.04	24,970.73
4,036.66	1,718.71
17,565.45	1,197.00
0.00	250.00
5,185.46	2,134.44
863.26	101.44
715.00	13,724.95
659.00	0.00
0.00	150.00
106,715.95	3,461,836.82
25,383.02	57,909.93
43.96	1,021.43
2,828.49	0.00
16,175.54	20,879.00
43,520.27	1,094,550.88
574.18	15,900.90
0.00	16,115.53
305.00	0.00
0.00	30.00
100.00	3,647.00
154.00	0.00
9,660.36	238,301.79
0.00	101,844.84

Total Ineligible	Total Benefit
346.24	1,321.75
0.00	10,700.00
20.00	0.00
966.50	27,967.51
0.00	7,836.30
0.00	5,021.00
0.00	480.00
800.00	0.00
305.05	1,780.33
1,684.91	5,791.34
0.00	2,545.00
8,913.15	29,871.00

271,292.22	5,396,536.68
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WSMGRP Oper No:046

Page: 3

Total Ineligible	Total Benefit
0.00	90,600.49
726.75	156.25
271.64	1,913.75
504.06	769.46
165.00	0.00

234.00	569.00
2,659.62	1,296.38
0.00	5,176.00
298.00	0.00
5,220.41	163,741.92
1,030.00	4,525.25
38.50	620.50
543.40	18,650.29
0.00	0.00
30.00	0.00
595.23	4,587.64
0.00	804.26
0.00	225.00
0.00	245.00

12,316.61

293,881.19

WSMGRP Oper No:046

Page: 4

Total Ineligible
681.00

Total Benefit
50,260.71

1,728.00
718.50
520.28
939.00
4,947.71
6,056.89
0.00
170.00
16,190.15
3,295.26

155.00
2,687.10
486.72
0.00
6,574.05
4,377.40
717.00
0.00
560,090.79
7,970.53

353.66	0.00
562.56	574.48
14,511.01	55,188.10
50.00	-50.00
189.00	0.00
0.00	150.00
2,100.77	49,299.43
795.00	1,980.00
0.00	0.00
1,253.00	0.00
200.00	7,445.00
0.00	470.00
120.64	1,158.02
711.68	534.95

WSMGRP Oper No:046

Page: 5

Total Ineligible

Total Benefit

56,094.11

750,069.28

WSMGRP Oper No:046

Page: 6

Total Ineligible	Total Benefit
8,979.61	1,406,426.74
49,293.36	4,242.84
27,601.21	102,159.49
20,408.23	23,482.00
58,403.88	3,643.02
3,776.62	2,602.25
97,783.15	128,722.41
270,099.64	176,978.42
1,538.00	108,123.63
3,980.12	117.12
0.00	2,591.35
458,968.36	14,117,995.61
30.00	60.26
88,334.40	289,129.89
1,321.14	1,435.86
27,166.00	0.00
3,221.00	4,274.00
18,171.56	24,420.19
186,743.82	3,063,646.03
116.00	0.00
5,341.03	37,812.91
481.42	84,351.39
0.00	228.00
694.35	11.65

0.00

1,346.28

WSMGRP Oper No:046

Page: 7

Total Ineligible	Total Benefit
813.75	32,898.24
0.00	75,835.45
70.54	68.96
29,175.74	926,219.20
0.00	2,135.00
0.00	15.00
0.00	176.88
464.00	234,308.58
0.00	490.00
75.00	9,375.75
188.84	12,356.40
250.00	0.00
3.00	37.00
121.25	0.00
190.00	0.00
12,506.77	269,241.03
25.00	78.00
0.00	420.83
1,488.00	11,216.44
1,812.24	27,201.20
1,550.00	10,024.00
39.00	0.00
27,233.49	0.00
38,388.35	244,252.21
367.52	0.48

WSMGRP Oper No:046

Page: 8

Total Ineligible
0.00

Total Benefit
1,149.00

1,447,215.39

21,441,300.99

Total Ineligible	Total Benefit
130.00	59,799.82
2,024.22	345.00
1,163.16	2,562.97
1,107.01	428.06
1,408.72	22.00
9,170.56	12,505.44
14,442.83	3,434.74
0.00	137.00
342.00	0.00
32,828.81	596,623.85
7,584.00	22,368.90
10,263.80	0.00
554.60	2,384.61
27,882.82	70,399.10
0.00	0.00
5,208.92	6,883.12
1,588.46	35,870.34
0.00	39,756.25
26.78	2,873.22
198.00	0.00
828.56	66,120.59
0.00	648.69
0.00	1,275.00
1,483.98	240.00
60.00	0.00

Total Ineligible

Total Benefit

118,297.23

924,678.70

Total Ineligible
0.00

Total Benefit
5,746,661.87

0.00

5,746,661.87

WSMGRP Oper No:046

Page: 12

Total Ineligible
4,382.07

Total Benefit
2,313,687.63

100,826.84
61,030.56
34,592.12
72,693.05
11,467.10
239,288.44
216,504.03
45.00

8,643.53
238,446.28
40,253.48
6,274.42
0.00
272,195.79
144,526.01
115,632.29

6,703.54	14.00
0.00	2,005.38
0.00	1,300.00
800,562.76	23,938,292.78
3,197.25	1,887.75
111,888.54	322,441.10
8,731.37	113,877.65
25.00	296.30
62,395.83	107.37
8,114.13	19,889.37
41,932.27	75,403.60
227,880.66	5,087,125.67
0.00	120.00
108.50	0.00
13,003.74	-4,865.09
0.00	0.00

WSMGRP Oper No:046

Page: 13

Total Ineligible	Total Benefit
149.19	221,781.65
0.00	1,260.00
1,151.04	0.00
0.00	129.00
2,100.00	300.00
0.00	28,436.08
1,892.70	27,413.50
1.20	119,474.80
40.89	134.11
240.00	215.00
55,612.30	1,333,800.21
25.00	74,588.43
25.00	48.00
539.28	626,190.79
4,367.14	163,759.70

40.30	54,446.40
22.00	663.00
65.00	0.00
65.00	0.00
757.00	80.00
68.00	0.00
0.00	0.00
0.00	45.00
21.02	1,043.98
23,342.29	601,045.91

WSMGRP Oper No:046

Page: 14

Total Ineligible	Total Benefit
0.00	55.00
0.00	25.00
0.00	621.26
49.57	0.00
0.00	125,721.69
5,566.00	0.00
2,277.56	18,116.72
1,933.50	35,970.42
400.00	0.00
1,250.00	13,940.14
121,839.99	109,658.60
403.00	40.00
0.00	16.00
3,182.50	0.00
0.00	157.00
2,252,799.27	36,256,732.70

WSMGRP Oper No:046

Page: 15

Total Ineligible	Total Benefit
-104.86	-1,439.14
118.67	0.00
118.67	0.00
0.00	189.60
0.00	0.00
3,857.70	4,628.82
3,990.18	3,379.28

WSMGRP Oper No:046

Page: 16

Total Ineligible	Total Benefit
25.00	203,452.96
2,514.85	766.92
2,457.36	9,929.43
1,426.25	7,843.57
880.56	89.00
7,599.46	2,584.68
150.00	0.00
0.00	23.69
5,075.32	342,963.83
1,512.20	3,333.42
4,050.71	112,998.97
0.00	55.00
0.00	21,928.21
30.26	158,629.84
176.24	10,594.36
275.00	34,325.16
0.00	5,004.49
0.00	622.82
25.00	3,639.60
0.00	0.05
0.00	75.00
0.00	125.00
3,499.96	5,896.55
29,698.17	924,882.55

WSMGRP Oper No:046

Page: 17

Total Ineligible	Total Benefit
915.84	382,313.24
13,326.23	3,831.38
7,255.35	33,336.69
9,232.45	12,696.80
21,506.43	32.00
55.00	244.76
23,533.40	23,963.35
21,179.06	20,491.06
2,574.00	8,517.63
1,635.56	215.41
0.00	370.00
43,448.38	2,231,783.76
141.00	81.00
10,370.61	38,806.55
2,007.60	8,332.40
3,280.00	0.00
35,484.41	1,077,026.05
202.81	-202.81
0.00	22.00
1,910.11	585,926.13
153.00	15.00
928.63	1,335,940.57
10,540.00	8,350.42
4,621.76	305,679.13
2,346.56	146,606.01

Total Ineligible	Total Benefit
0.00	228,967.86
0.00	23.76
940.07	14,550.08
25.00	3,792.50
83.00	0.00
80.00	0.00
28.00	0.00
785.22	27,033.61
143.70	0.00
14.10	1,004.09
10.79	23.21
0.00	732.00
216.55	65,867.19
0.00	890.13
22,553.16	15,023.60
297.00	0.00
241,824.78	6,582,286.56

Total Ineligible	Total Benefit
0.00	992.90
120.00	0.00
102.00	106.00
111.27	253.43
462.41	99,670.84
78.39	245.93
6,295.00	71,036.98
0.00	0.00
0.00	0.00
30.00	0.00
0.00	9,822.75
0.00	800.00
0.00	1,848.90
50.00	7,596.90
0.00	182.00
0.00	231.07
0.00	22.00
0.00	150.00
7,249.07	192,959.70

WSMGRP Oper No:046

Page: 20

Total Ineligible	Total Benefit
0.00	44,445.08

12.21	48.86
11.66	338.72
195.59	84.41
202.30	0.00
1,055.00	1,594.00
664.00	523.00
0.00	39.00
8,360.37	46,742.23
350.00	1,892.75
1,601.88	91,013.94
0.00	0.00
0.00	6,985.25
75.43	275,997.71
285.22	102,811.65
50.00	2,183.18
0.00	2,060.00
0.00	984.12
75.00	570.00
0.00	99.82
0.00	160.00
0.00	0.00
0.00	36.56
4,587.41	1,067.60

17,526.07

579,677.88

WSMGRP Oper No:046

Page: 21

Total Ineligible
1,621.87

Total Benefit
155,061.34

7,289.56
4,149.47
1,767.41
6,001.00
17,761.64

2,620.65
15,944.09
1,509.06
221.24
19,401.36

24,377.83	9,111.65
0.00	3,826.00
565.39	58.29
27,330.93	2,208,907.34
6,751.85	39,081.51
2,874.40	0.00
0.00	191.57
23,658.92	558,759.26
175.00	-43.88
0.00	89,160.91
27.00	55.00
43.57	503,308.17
142.50	5,790.77
8,712.70	84,795.92
835.56	135,561.72
0.00	147,347.86
0.00	10,852.82
30.52	237.48
0.00	19,155.00

WSMGRP Oper No:046

Page: 22

Total Ineligible	Total Benefit
915.70	23,643.69
0.00	266.67
0.00	250.69
25.00	40.00
0.00	669.50
123,741.83	60,644.76
127.00	0.00
258,926.65	4,096,430.44

WSMGRP Oper No:046

Page: 23

Total Ineligible	Total Benefit
0.00	5,145.10
0.00	25.00
117.00	0.00
514.64	82,968.64
125.00	385.00
48.00	32,641.36
0.00	0.00
39.00	0.00
0.00	40.00
25.00	12,591.69
868.64	133,796.79

WSMGRP Oper No:046

Page: 24

Total Ineligible	Total Benefit
850.00	54,075.43
1,244.74	0.00
554.12	1,983.88
1,177.51	973.36
152.00	0.00
0.00	79.01
5,092.60	3,683.40
8,016.77	7,355.23
82.00	0.00
3,151.02	368,860.42
350.00	1,181.40
281.00	480.00
9,253.50	56,114.14
25.00	-25.00
143.75	0.00
100.00	0.00
225.00	5,261.00
50.00	19,154.00
0.00	132.00
25.00	-25.00
62,750.10	67,584.52
93,524.11	586,867.79

WSMGRP Oper No:046

Page: 25

