

Manatee Choice Health Plan

Run: 04/06/2011 9:50 AM

Explanation Code Ineligible Report

Clerk of the Court(655/2)

Paid: 1/ 1/2009 - 12/31/2009

Number Of

Number	Work Sheet Message	Charges	Total Charges
0		1,625	227,307.20
1	Applied to Deductible	96	5,964.14
2	Co-Insurance Applied	188	30,421.41
3	Applied to Deduct & Co-Insurance	10	4,420.49
4	Expense Not Covered by Plan	108	4,661.12
7	Exceeds Maximum Plan Allowance	142	6,737.00
8	Charge Exceeds UCR	53	34,484.55
9	Exceeds Filing Time Limit	52	83,643.31
10	Exceeds Visit Limit	7	353.00
13	PPO Benefits Applied	14,742	4,275,963.02
15	Co-Pay Applied	822	113,602.34
16	Stop Loss Met This Line	1	310.00
22	Fund Limit Reached	140	43,941.99
24	Duplicate Charge	1,541	469,702.25
27	Claim Adjustment	108	1,919.85
37	COB APPLIED	46	12,327.28
47	EYE REFRACTION IS NOT COVERED	2	86.00
52	BENEFITS COORDINATED W/ MEDICARE	1	239.60
53	BENEFITS REDUCED-PRECERT REQD	8	1,519.00
54	MEDICARE IS PRIMARY-PLEASE FILE	1	20,718.70
59	MEDICAL COVERAGE ONLY	4	140.00
61	CORRECTION TO PREVIOUSLY PAID CL	16	16,406.30
63	ACCIDENT DETAILS REQUEST FROM EE	138	33,834.11
64	ADDT'L INFO HAS BEEN REQUESTED	13	59,535.94
66	OTHER INSURANCE IS INDICATED	72	7,012.84

Manatee Choice Health Plan

Run: 04/06/2011 9:50 AM

Explanation Code Ineligible Report

Clerk of the Court(655/2)

Paid: 1/ 1/2009 - 12/31/2009

Number Of

Number	Work Sheet Message	Charges	Total Charges
67	NEGOTIATED RATE	21	25,652.02
88	EVOLUTIONS DISC IS NOT PT RESP	394	150,593.51
104	ALL BENEFITS PAID BY OTHER PAYOR	21	2,088.02
106	BUNDLED PROCEDURE	135	10,777.49
111	RECONSIDERED CLAIM	2	555.00
121	PATIENT NOT ELIGIBLE	82	8,476.70
125	OTH INS PYMT GREATER THAN MHN.	3	1,794.00
130	CORRECTED EXPLANATION OF BENEFIT	2	156.00
131	ANESTHESIA RATE PAID ON PRIOR CL	13	15,986.60
133	INCLUSIVE OF RATE PREVIOUSLY PD	30	49,356.00
140	DME PURCHASE PRICE ALREADY PAID.	4	483.00
142	INCLUDED IN PER DIEM RATE	93	4,111.80
Totals :		20,736	5,725,281.58

Manatee Choice Health Plan
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Explanation Code Ineligible Report

Housing Authority(655/3)
Paid: 1/ 1/2009 - 12/31/2009
Number Of

Number	Work Sheet Message	Charges	Total Charges
0		130	24,072.23
1	Applied to Deductible	1	12.00
2	Co-Insurance Applied	6	338.15
4	Expense Not Covered by Plan	4	131.00
7	Exceeds Maximum Plan Allowance	27	4,587.00

8	Charge Exceeds UCR	2	235.00
9	Exceeds Filing Time Limit	2	224.00
10	Exceeds Visit Limit	1	115.00
13	PPO Benefits Applied	669	294,014.56
15	Co-Pay Applied	51	3,590.76
22	Fund Limit Reached	1	269.00
24	Duplicate Charge	64	84,736.08
63	ACCIDENT DETAILS REQUEST FROM EE	2	285.00
64	ADDT'L INFO HAS BEEN REQUESTED	1	30.00
88	EVOLUTIONS DISC IS NOT PT RESP	23	2,406.00
106	BUNDLED PROCEDURE	1	26.00
121	PATIENT NOT ELIGIBLE	1	75.00
133	INCLUSIVE OF RATE PREVIOUSLY PD	3	4,745.00
140	DME PURCHASE PRICE ALREADY PAID.	1	1,800.00
Totals :		990	421,691.78

Manatee Choice Health Plan
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Explanation Code Ineligible Report

Property Appraiser(655/4)
Paid: 1/ 1/2009 - 12/31/2009
Number Of
Charges Total Charges

0		484	52,210.49
1	Applied to Deductible	20	1,395.51
2	Co-Insurance Applied	37	4,503.18
3	Applied to Deduct & Co-Insurance	1	560.00
4	Expense Not Covered by Plan	35	1,197.00
7	Exceeds Maximum Plan Allowance	171	23,302.00
8	Charge Exceeds UCR	35	5,306.69
10	Exceeds Visit Limit	12	717.00
13	PPO Benefits Applied	3,284	1,019,947.73
15	Co-Pay Applied	149	37,076.19
22	Fund Limit Reached	5	4,884.29

24	Duplicate Charge	323	234,882.13
27	Claim Adjustment	6	0.00
53	BENEFITS REDUCED-PRECERT REQD	3	1,690.00
59	MEDICAL COVERAGE ONLY	2	90.00
60	PATIENT NOT RESP. FOR MHN DISCOU	6	455.00
63	ACCIDENT DETAILS REQUEST FROM EE	16	9,189.36
64	ADDT'L INFO HAS BEEN REQUESTED	3	25,342.81
73	INVALID CODE, PLEASE RESUBMIT W/	1	0.10
88	EVOLUTIONS DISC IS NOT PT RESP	88	100,714.36
106	BUNDLED PROCEDURE	23	4,467.93
121	PATIENT NOT ELIGIBLE	2	90.00
131	ANESTHESIA RATE PAID ON PRIOR CL	1	2,310.00
133	INCLUSIVE OF RATE PREVIOUSLY PD	5	4,845.00
140	DME PURCHASE PRICE ALREADY PAID.	8	790.00

Manatee Choice Health Plan
Run: 04/06/2011 9:50 AM

Explanation Code Ineligible Report

Property Appraiser(655/4)
Paid: 1/ 1/2009 - 12/31/2009
Number Of
Charges Total Charges
14 609.00

Number Work Sheet Message
142 INCLUDED IN PER DIEM RATE

Totals :

4,734 1,536,575.77

Manatee Choice Health Plan
Run: 04/06/2011 9:50 AM

Explanation Code Ineligible Report

Sheriff's Office(655/6)
Paid: 1/ 1/2009 - 12/31/2009
Number Of

Number	Work Sheet Message	Charges	Total Charges
0		8,978	1,275,262.29
1	Applied to Deductible	405	35,142.63
2	Co-Insurance Applied	631	108,427.97
3	Applied to Deduct & Co-Insurance	49	17,877.38
4	Expense Not Covered by Plan	620	119,510.12
7	Exceeds Maximum Plan Allowance	2,901	352,997.78
8	Charge Exceeds UCR	1,094	307,633.39
9	Exceeds Filing Time Limit	119	61,938.16
10	Exceeds Visit Limit	131	8,093.78
11	Employee/Provider Split Payment	13	998.94
13	PPO Benefits Applied	53,150	16,942,056.86
15	Co-Pay Applied	2,196	215,710.90
16	Stop Loss Met This Line	4	31,944.43
21	Denied Amt Pending Addtl Fnding	1	2,590.00
22	Fund Limit Reached	110	50,279.71
24	Duplicate Charge	7,040	2,845,437.41
27	Claim Adjustment	449	81,397.86
37	COB APPLIED	148	144,014.08
40	Work related injuries not coverd	31	117,552.61
47	EYE REFRACTION IS NOT COVERED	5	204.00
49	DIAGNOSIS IS NOT COVRD FOR CHILD	2	270.00
52	BENEFITS COORDINATED W/ MEDICARE	11	6,259.00
53	BENEFITS REDUCED-PRECERT REQD	54	20,951.94
59	MEDICAL COVERAGE ONLY	9	773.00

60	PATIENT NOT RESP. FOR MHN DISCOU	17	1,158.00
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Explanation Code Ineligible Report

Sheriff's Office(655/6)
 Paid: 1/ 1/2009 - 12/31/2009
 Number Of

Number	Work Sheet Message	Charges	Total Charges
61	CORRECTION TO PREVIOUSLY PAID CL	74	86,630.29
63	ACCIDENT DETAILS REQUEST FROM EE	535	168,349.32
64	ADDT'L INFO HAS BEEN REQUESTED	81	308,947.98
65	WE ARE UNABLE TO PROCESS FROM A	1	530.00
66	OTHER INSURANCE IS INDICATED	125	65,837.75
67	NEGOTIATED RATE	218	108,533.95
88	EVOLUTIONS DISC IS NOT PT RESP	3,000	1,005,752.33
94	PROCEDURE NOT CONSISTENT WITH	2	50.00
104	ALL BENEFITS PAID BY OTHER PAYOR	17	19,468.16
105	PLEASE SUBMIT PRIMARY EOB	2	47.38
106	BUNDLED PROCEDURE	516	42,395.70
111	RECONSIDERED CLAIM	7	6,295.22
114	PLEASE RESUBMIT WITH VALID PROCED	16	1,020.00
119	WORKMAN'S COMP CLAIMS NOT COVERD	7	143,319.38
121	PATIENT NOT ELIGIBLE	388	47,200.72
124	PLEASE RESUBMIT WITH TIME UNITS	8	5,450.60
125	OTH INS PYMT GREATER THAN MHN.	4	348.00
127	IMPACTIONS PAID UNDER MEDICAL	12	3,048.00
129	ORIGINAL CLAIM DECISION UPHELD	1	0.00
130	CORRECTED EXPLANATION OF BENEFIT	35	75,814.11
131	ANESTHESIA RATE PAID ON PRIOR CL	41	49,040.60
132	FULL BENEFIT PAID ON A PRIOR CLM	1	4.00
133	INCLUSIVE OF RATE PREVIOUSLY PD	90	141,683.00
139	PLEASE BILL AUTO CARRIER PRIMARY	10	660.00
140	DME PURCHASE PRICE ALREADY PAID.	36	2,771.00

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Sheriff's Office(655/6)

Paid: 1/ 1/2009 - 12/31/2009

Number Of

Number	Work Sheet Message
142	INCLUDED IN PER DIEM RATE
150	CLAIM REDUCED BY PRIOR PAYMENT

Charges	Total Charges
151	9,295.58
2	598.00

Totals :

83,548

25,041,573.31

Manatee Choice Health Plan

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Explanation Code Ineligible Report

Tax Collector(655/9)

Paid: 1/ 1/2009 - 12/31/2009

Number Of

Number	Work Sheet Message	Charges	Total Charges
0		552	63,314.92
1	Applied to Deductible	14	1,339.33
2	Co-Insurance Applied	3	986.00
4	Expense Not Covered by Plan	43	2,325.24
7	Exceeds Maximum Plan Allowance	169	32,648.00
8	Charge Exceeds UCR	21	3,329.66
9	Exceeds Filing Time Limit	4	226.37
10	Exceeds Visit Limit	8	431.00
13	PPO Benefits Applied	3,317	1,017,688.56
15	Co-Pay Applied	115	10,643.96
22	Fund Limit Reached	13	6,384.05
24	Duplicate Charge	425	107,903.50
27	Claim Adjustment	23	65.00
43	COSMETIC SERVICES NOT COVERED	2	11,132.56
52	BENEFITS COORDINATED W/ MEDICARE	1	88.27
53	BENEFITS REDUCED-PRECERT REQD	5	2,220.00
59	MEDICAL COVERAGE ONLY	2	90.00
61	CORRECTION TO PREVIOUSLY PAID CL	8	127,462.34
63	ACCIDENT DETAILS REQUEST FROM EE	23	11,345.26
64	ADDT'L INFO HAS BEEN REQUESTED	5	861.00
65	WE ARE UNABLE TO PROCESS FROM A	1	25.00
66	OTHER INSURANCE IS INDICATED	4	2,745.00
88	EVOLUTIONS DISC IS NOT PT RESP	63	26,684.19
104	ALL BENEFITS PAID BY OTHER PAYOR	1	4.43
106	BUNDLED PROCEDURE	33	2,114.29

Manatee Choice Health Plan
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Explanation Code Ineligible Report

Tax Collector(655/9)
Paid: 1/ 1/2009 - 12/31/2009

Number	Work Sheet Message	Number Of Charges	Total Charges
121	PATIENT NOT ELIGIBLE	3	238.00
130	CORRECTED EXPLANATION OF BENEFIT	1	68.00
131	ANESTHESIA RATE PAID ON PRIOR CL	4	6,624.60
133	INCLUSIVE OF RATE PREVIOUSLY PD	7	11,365.00
140	DME PURCHASE PRICE ALREADY PAID.	5	745.00
150	CLAIM REDUCED BY PRIOR PAYMENT	1	65.00

Totals :

4,876 1,451,163.53

Manatee Choice Health Plan
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Explanation Code Ineligible Report

(655/99)
Paid: 1/ 1/2009 - 12/31/2009

Number	Work Sheet Message	Number Of Charges	Total Charges
0		254	5,519,126.01

Totals :

254

5,519,126.01

Manatee Choice Health Plan

Run: 04/06/2011 9:50 AM

Explanation Code Ineligible Report

Board of County Commissioners(655/100)

Paid: 1/ 1/2009 - 12/31/2009

Number Of

Number Work Sheet Message

Charges

Total Charges

0

13,084

2,082,633.21

1 Applied to Deductible

692

56,386.61

2 Co-Insurance Applied

1,136

179,300.05

3 Applied to Deduct & Co-Insurance

73

29,883.72

4 Expense Not Covered by Plan

986

80,053.14

6 Patient Not Eligible

11

788.00

7 Exceeds Maximum Plan Allowance

4,285

652,473.73

8 Charge Exceeds UCR

1,469

477,937.59

9	Exceeds Filing Time Limit	193	51,926.72
10	Exceeds Visit Limit	159	8,418.00
11	Employee/Provider Split Payment	6	529.00
13	PPO Benefits Applied	87,390	29,401,084.14
14	Exceeds Plan Payment Limit	6	9,255.00
15	Co-Pay Applied	3,398	296,787.90
16	Stop Loss Met This Line	5	9,029.00
21	Denied Amt Pending Addtl Fnding	18	14,990.00
22	Fund Limit Reached	353	152,658.18
24	Duplicate Charge	13,520	5,522,784.08
27	Claim Adjustment	727	65,147.74
37	COB APPLIED	327	107,525.48
40	Work related injuries not coverd	31	7,081.35
47	EYE REFRACTION IS NOT COVERED	17	682.00
52	BENEFITS COORDINATED W/ MEDICARE	38	12,096.00
53	BENEFITS REDUCED-PRECERT REQD	58	25,059.59
54	MEDICARE IS PRIMARY-PLEASE FILE	4	1,594.00

Manatee Choice Health Plan

Run: 04/06/2011 9:50 AM

Explanation Code Ineligible Report

Board of County Commissioners(655/100)

Paid: 1/ 1/2009 - 12/31/2009

Number Of

Charges

Total Charges

Number	Work Sheet Message	Number Of Charges	Total Charges
59	MEDICAL COVERAGE ONLY	7	322.00
60	PATIENT NOT RESP. FOR MHN DISCOU	35	13,544.67
61	CORRECTION TO PREVIOUSLY PAID CL	121	64,085.38
63	ACCIDENT DETAILS REQUEST FROM EE	917	420,807.31
64	ADDT'L INFO HAS BEEN REQUESTED	69	444,483.11
66	OTHER INSURANCE IS INDICATED	198	129,060.76
67	NEGOTIATED RATE	102	130,362.98
68	CLAIM HAS BEEN RECONSIDERED	4	7,091.00
73	INVALID CODE, PLEASE RESUBMIT W/	1	748.75
76	CHARGES EXCEED DENTAL SCHED/PT	3	128.00
81	BENEFITS FOR ALTERNATE PROCEDURE	2	1,930.00
88	EVOLUTIONS DISC IS NOT PT RESP	2,621	619,935.03
94	PROCEDURE NOT CONSISTENT WITH	1	25.00
104	ALL BENEFITS PAID BY OTHER PAYOR	55	5,295.04

106	BUNDLED PROCEDURE	656	69,076.43
109	ROUTINE PROCEDURE COVERED FOR	1	20.00
111	RECONSIDERED CLAIM	15	4,909.50
114	PLEASE RESUBMIT WITH VALID PROCED	2	1,155.00
119	WORKMAN'S COMP CLAIMS NOT COVERD	1	49.95
121	PATIENT NOT ELIGIBLE	747	150,717.76
124	PLEASE RESUBMIT WITH TIME UNITS	27	28,786.40
125	OTH INS PYMT GREATER THAN MHN.	27	33,964.00
126	OTHER INSURANCE PRIMARY	1	200.00
127	IMPACTIONS PAID UNDER MEDICAL	25	5,227.00
128	CLAIM APPEAL RECONSIDERATION	1	175.00

Manatee Choice Health Plan
Run: 04/06/2011 9:50 AM

Explanation Code Ineligible Report

Board of County Commissioners(655/100)
Paid: 1/ 1/2009 - 12/31/2009

Number	Work Sheet Message	Number Of Charges	Total Charges
129	ORIGINAL CLAIM DECISION UPHELD	4	665.00
130	CORRECTED EXPLANATION OF BENEFIT	25	24,125.32
131	ANESTHESIA RATE PAID ON PRIOR CL	48	77,634.60
132	FULL BENEFIT PAID ON A PRIOR CLM	1	21,492.33
133	INCLUSIVE OF RATE PREVIOUSLY PD	201	310,125.56
136	PROCEDURE DENIED/DENTAL REVIEW	6	4,318.00
138	INCLUDED IN ALTERNATE BENEFIT	1	955.00
139	PLEASE BILL AUTO CARRIER PRIMARY	23	17,133.00
140	DME PURCHASE PRICE ALREADY PAID.	67	6,330.00
141	CLAIM PENDING DENTAL REVIEW	6	3,895.00
142	INCLUDED IN PER DIEM RATE	407	27,456.44
143	INTERLINK CONTRACTED RATE	4	1,397.00
150	CLAIM REDUCED BY PRIOR PAYMENT	2	1,938.00

Totals :

134,420

41,875,669.55

Manatee Choice Health Plan

Run: 04/06/2011 9:50 AM

Explanation Code Ineligible Report

Manatee County Retirees(655/51000)

Paid: 1/ 1/2009 - 12/31/2009

Number	Work Sheet Message
24	Duplicate Charge
121	PATIENT NOT ELIGIBLE

Number Of Charges	Total Charges
2	509.00
19	3,762.94

Totals :

21	4,271.94
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Manatee Choice Health Plan
 Run: 04/06/2011 9:50 AM

Explanation Code Ineligible Report

CCC - Retirees(655/51001)
 Paid: 1/ 1/2009 - 12/31/2009
 Number Of

Number	Work Sheet Message	Charges	Total Charges
0		181	107,471.32
1	Applied to Deductible	1	93.00
2	Co-Insurance Applied	18	1,274.04
4	Expense Not Covered by Plan	4	163.00
8	Charge Exceeds UCR	27	1,313.82
13	PPO Benefits Applied	1,157	321,636.15
15	Co-Pay Applied	55	3,304.29
24	Duplicate Charge	225	88,076.32
27	Claim Adjustment	4	400.00
37	COB APPLIED	16	15,735.42
52	BENEFITS COORDINATED W/ MEDICARE	285	308,528.36
54	MEDICARE IS PRIMARY-PLEASE FILE	45	46,423.65
61	CORRECTION TO PREVIOUSLY PAID CL	2	6,267.85
63	ACCIDENT DETAILS REQUEST FROM EE	3	848.00
64	ADDT'L INFO HAS BEEN REQUESTED	2	5,443.00
66	OTHER INSURANCE IS INDICATED	4	4,443.00
67	NEGOTIATED RATE	25	19,050.00
88	EVOLUTIONS DISC IS NOT PT RESP	23	18,199.80
104	ALL BENEFITS PAID BY OTHER PAYOR	1	15.00
106	BUNDLED PROCEDURE	1	85.00
121	PATIENT NOT ELIGIBLE	5	516.45
131	ANESTHESIA RATE PAID ON PRIOR CL	1	1,890.00
133	INCLUSIVE OF RATE PREVIOUSLY PD	3	3,591.50
Totals :		2,088	954,768.97

Manatee Choice Health Plan

Run: 04/06/2011 9:50 AM

Explanation Code Ineligible Report

BCC - Retirees(655/51003)

Paid: 1/ 1/2009 - 12/31/2009

Number	Work Sheet Message	Number Of Charges	Total Charges
0		791	157,997.58
1	Applied to Deductible	80	5,265.03
2	Co-Insurance Applied	198	33,121.70
3	Applied to Deduct & Co-Insurance	6	6,323.92
4	Expense Not Covered by Plan	115	12,455.50
5	Reserved For Future Use	1	44.00
7	Exceeds Maximum Plan Allowance	427	85,825.50
8	Charge Exceeds UCR	252	46,479.13
9	Exceeds Filing Time Limit	11	2,246.03
10	Exceeds Visit Limit	7	382.00
13	PPO Benefits Applied	5,165	2,076,562.30
15	Co-Pay Applied	202	19,413.21
16	Stop Loss Met This Line	1	10,331.76
20	Editor Denial	1	52.00
24	Duplicate Charge	1,583	1,141,360.27
27	Claim Adjustment	108	1,199.53
37	COB APPLIED	140	195,605.53
47	EYE REFRACTION IS NOT COVERED	1	43.00
51	CHARGES IN EXCESS OF MAXIMUM ALL	1	11,952.00
52	BENEFITS COORDINATED W/ MEDICARE	6,099	2,858,316.35
53	BENEFITS REDUCED-PRECERT REQD	3	285.00
54	MEDICARE IS PRIMARY-PLEASE FILE	501	174,159.55
55	CHIRO SERVICES ARE NOT COVERED	1	66.00
60	PATIENT NOT RESP. FOR MHN DISCOU	8	1,960.00
61	CORRECTION TO PREVIOUSLY PAID CL	42	8,435.03

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BCC - Retirees(655/51003)

Paid: 1/ 1/2009 - 12/31/2009

Number	Work Sheet Message	Number Of Charges	Total Charges
63	ACCIDENT DETAILS REQUEST FROM EE	35	12,064.73
64	ADDT'L INFO HAS BEEN REQUESTED	36	8,822.19
66	OTHER INSURANCE IS INDICATED	60	15,140.96
67	NEGOTIATED RATE	6	0.00
88	EVOLUTIONS DISC IS NOT PT RESP	184	82,859.30
101	NO MEDICAL COVERAGE UNDER PLAN	1	375.94
104	ALL BENEFITS PAID BY OTHER PAYOR	28	414.11
106	BUNDLED PROCEDURE	29	3,698.85
111	RECONSIDERED CLAIM	5	11,918.42
114	PLEASE RESUBMIT WITH VALID PROCED	15	1,605.00
121	PATIENT NOT ELIGIBLE	160	45,717.99
124	PLEASE RESUBMIT WITH TIME UNITS	2	2,634.60
130	CORRECTED EXPLANATION OF BENEFIT	8	505.15
131	ANESTHESIA RATE PAID ON PRIOR CL	4	7,610.00
133	INCLUSIVE OF RATE PREVIOUSLY PD	14	26,927.50
136	PROCEDURE DENIED/DENTAL REVIEW	3	1,846.00
138	INCLUDED IN ALTERNATE BENEFIT	1	650.00
140	DME PURCHASE PRICE ALREADY PAID.	9	2,826.67
142	INCLUDED IN PER DIEM RATE	32	1,661.00

Totals :

16,376

7,077,160.33

Manatee Choice Health Plan

Explanation Code Ineligible Report

Run: 04/06/2011 9:50 AM

PA - Retirees(655/51004)

Paid: 1/ 1/2009 - 12/31/2009

Number	Work Sheet Message	Number Of Charges	Total Charges
0		7	255.00
2	Co-Insurance Applied	1	199.28
4	Expense Not Covered by Plan	1	30.00
7	Exceeds Maximum Plan Allowance	5	1,254.00
13	PPO Benefits Applied	2	285.00
24	Duplicate Charge	9	72,926.71
37	COB APPLIED	2	255.00
52	BENEFITS COORDINATED W/ MEDICARE	93	99,364.29
54	MEDICARE IS PRIMARY-PLEASE FILE	2	1,610.59
61	CORRECTION TO PREVIOUSLY PAID CL	1	123.84
121	PATIENT NOT ELIGIBLE	11	3,334.45
Totals :		134	179,638.16

Manatee Choice Health Plan

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Explanation Code Ineligible Report

TCO - Retirees(655/51005)

Paid: 1/ 1/2009 - 12/31/2009

Number	Work Sheet Message	Number Of Charges	Total Charges
0		96	109,730.71

4	Expense Not Covered by Plan	6	261.00
7	Exceeds Maximum Plan Allowance	39	12,269.00
8	Charge Exceeds UCR	5	1,467.00
9	Exceeds Filing Time Limit	2	527.66
13	PPO Benefits Applied	149	29,945.84
15	Co-Pay Applied	6	1,250.60
24	Duplicate Charge	140	88,770.89
27	Claim Adjustment	10	0.00
37	COB APPLIED	12	4,320.29
52	BENEFITS COORDINATED W/ MEDICARE	1,263	733,819.79
54	MEDICARE IS PRIMARY-PLEASE FILE	84	18,843.88
60	PATIENT NOT RESP. FOR MHN DISCOU	2	24.62
61	CORRECTION TO PREVIOUSLY PAID CL	2	552.50
63	ACCIDENT DETAILS REQUEST FROM EE	2	702.00
66	OTHER INSURANCE IS INDICATED	1	1,250.00
88	EVOLUTIONS DISC IS NOT PT RESP	1	556.00
104	ALL BENEFITS PAID BY OTHER PAYOR	15	1,144.33
106	BUNDLED PROCEDURE	1	113.00
121	PATIENT NOT ELIGIBLE	3	179.00
Totals :		1,839	1,005,728.11

Manatee Choice Health Plan
Run: 04/06/2011 9:50 AM

Explanation Code Ineligible Report

MSO - Retirees(655/51006)
Paid: 1/ 1/2009 - 12/31/2009
Number Of
Charges Total Charges

0		555	74,925.35
1	Applied to Deductible	50	3,387.91
2	Co-Insurance Applied	127	26,711.66
3	Applied to Deduct & Co-Insurance	4	499.80
4	Expense Not Covered by Plan	52	6,383.52
7	Exceeds Maximum Plan Allowance	308	46,206.00
8	Charge Exceeds UCR	144	39,893.56

Number	Work Sheet Message
0	
1	Applied to Deductible
2	Co-Insurance Applied
3	Applied to Deduct & Co-Insurance
4	Expense Not Covered by Plan
7	Exceeds Maximum Plan Allowance
8	Charge Exceeds UCR

9	Exceeds Filing Time Limit	4	354.50
10	Exceeds Visit Limit	4	228.00
13	PPO Benefits Applied	3,825	1,723,362.36
15	Co-Pay Applied	174	16,382.26
16	Stop Loss Met This Line	1	10,759.07
24	Duplicate Charge	946	552,428.13
27	Claim Adjustment	88	720.00
37	COB APPLIED	21	16,598.64
40	Work related injuries not coverd	7	617.02
52	BENEFITS COORDINATED W/ MEDICARE	1,811	793,119.23
53	BENEFITS REDUCED-PRECERT REQD	8	1,131.22
54	MEDICARE IS PRIMARY-PLEASE FILE	195	49,270.72
60	PATIENT NOT RESP. FOR MHN DISCOU	2	75.00
61	CORRECTION TO PREVIOUSLY PAID CL	14	10,337.46
62	PLEASE REVIEW PLAN LIMITATIONS	1	3,192.00
63	ACCIDENT DETAILS REQUEST FROM EE	20	6,513.15
64	ADDT'L INFO HAS BEEN REQUESTED	4	9,069.00
66	OTHER INSURANCE IS INDICATED	7	1,077.90

Manatee Choice Health Plan

Run: 04/06/2011 9:50 AM

Explanation Code Ineligible Report

MSO - Retirees(655/51006)

Paid: 1/ 1/2009 - 12/31/2009

Number Of

Number	Work Sheet Message	Charges	Total Charges
67	NEGOTIATED RATE	322	331,051.00
88	EVOLUTIONS DISC IS NOT PT RESP	201	66,472.35
104	ALL BENEFITS PAID BY OTHER PAYOR	11	113.55
106	BUNDLED PROCEDURE	10	3,563.00
111	RECONSIDERED CLAIM	15	4,004.12
114	PLEASE RESUBMIT WITH VALID PROCED	1	86.00
121	PATIENT NOT ELIGIBLE	104	28,088.27
123	CONTRACTED RATES APPLIED	1	1,149.00
124	PLEASE RESUBMIT WITH TIME UNITS	1	205.00
131	ANESTHESIA RATE PAID ON PRIOR CL	4	7,835.00
133	INCLUSIVE OF RATE PREVIOUSLY PD	14	27,415.00
135	ITEM NOT IN PROVIDERS CONTRACT.	1	90.00
136	PROCEDURE DENIED/DENTAL REVIEW	3	1,570.00

140	DME PURCHASE PRICE ALREADY PAID.	4	276.00
142	INCLUDED IN PER DIEM RATE	19	857.00
150	CLAIM REDUCED BY PRIOR PAYMENT	1	418.00

Totals :

9,084 3,866,436.75

Manatee Choice Health Plan
Run: 04/06/2011 9:50 AM

Explanation Code Ineligible Report

HA - Retirees(655/51105)
Paid: 1/ 1/2009 - 12/31/2009
Number Of

Number	Work Sheet Message	Charges	Total Charges
0		30	4,164.04
1	Applied to Deductible	1	60.00
2	Co-Insurance Applied	6	581.00
3	Applied to Deduct & Co-Insurance	1	478.00
4	Expense Not Covered by Plan	1	43.00
8	Charge Exceeds UCR	1	212.00
13	PPO Benefits Applied	123	15,642.67
15	Co-Pay Applied	2	204.00
24	Duplicate Charge	34	16,971.00
27	Claim Adjustment	1	0.00
63	ACCIDENT DETAILS REQUEST FROM EE	6	1,254.00
88	EVOLUTIONS DISC IS NOT PT RESP	53	68,385.77
106	BUNDLED PROCEDURE	1	10.00

Totals :

260 108,005.48

Manatee Choice Health Plan

Run: 04/06/2011 9:50 AM

Explanation Code Ineligible Report

Manatee County COBRA Employees(655/60000)

Paid: 1/ 1/2009 - 12/31/2009

Number	Work Sheet Message	Number Of Charges	Total Charges
0		146	44,866.55
1	Applied to Deductible	3	104.01
2	Co-Insurance Applied	4	33.38
4	Expense Not Covered by Plan	11	708.00
7	Exceeds Maximum Plan Allowance	45	8,341.00
8	Charge Exceeds UCR	5	554.00
13	PPO Benefits Applied	1,089	285,673.83
15	Co-Pay Applied	48	3,757.13
24	Duplicate Charge	185	184,030.56
27	Claim Adjustment	17	6,469.35
52	BENEFITS COORDINATED W/ MEDICARE	1	309.00
53	BENEFITS REDUCED-PRECERT REQD	2	825.00
61	CORRECTION TO PREVIOUSLY PAID CL	2	279.00
63	ACCIDENT DETAILS REQUEST FROM EE	1	711.00
88	EVOLUTIONS DISC IS NOT PT RESP	35	4,904.38
106	BUNDLED PROCEDURE	3	1,729.60
111	RECONSIDERED CLAIM	2	48.00
114	PLEASE RESUBMIT WITH VALID PROCED	17	3,400.00
121	PATIENT NOT ELIGIBLE	84	9,440.46
133	INCLUSIVE OF RATE PREVIOUSLY PD	6	7,970.00
142	INCLUDED IN PER DIEM RATE	10	635.00
149	COBRA Premium not paid.	1	90.00

Totals :

1,717 564,879.25
****End of Report****

Manatee Choice Health Plan
Run: 04/06/2011 9:50 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="1/1/2009"/> <input type="button" value="v"/>	Thru: <input type="text" value="12/31/2009"/>

Print

Total Ineligible	Total Benefit
1,438.50	225,557.70
5,764.11	200.03
8,068.07	22,353.34
2,748.04	1,672.45
4,513.50	147.62
5,458.18	1,278.82
24,929.18	9,555.37
0.00	83,643.31
327.00	26.00
130,043.29	4,142,755.70
21,016.50	92,585.84
33.66	276.34
17,366.93	26,575.06
33.00	469,574.25
456.35	1,463.50
45.00	11,576.28
86.00	0.00
0.00	0.00
68.25	1,450.75
0.00	20,718.70
140.00	0.00
12.60	16,393.70
30,822.62	3,011.49
24,117.95	35,417.99
0.00	7,012.84

Total Ineligible	Total Benefit
0.00	25,652.02
3,775.85	146,817.66
0.00	2,088.02
383.60	10,393.89
0.00	555.00
8,476.70	0.00
0.00	1,794.00
101.00	55.00
0.00	15,986.60
0.00	49,356.00
0.93	482.07
0.00	4,111.80

290,226.81

5,430,539.14

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Total Ineligible	Total Benefit
0.00	24,072.23
12.00	0.00
96.54	241.61
131.00	0.00
2,181.00	2,406.00

109.00	126.00
0.00	224.00
115.00	0.00
5,024.95	288,989.61
1,241.40	2,349.36
50.00	219.00
0.00	84,736.08
156.22	128.78
0.00	30.00
255.60	2,150.40
0.00	26.00
75.00	0.00
0.00	4,745.00
0.00	1,800.00
9,447.71	412,244.07

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Total Ineligible	Total Benefit
0.00	48,588.49
1,346.51	49.00
1,576.77	2,926.41
174.18	385.82
1,197.00	0.00
10,432.08	12,827.92
3,678.81	1,627.88
717.00	0.00
36,718.80	978,127.67
8,914.69	28,161.50
938.67	3,945.62

162.00	234,720.13
25.00	-25.00
118.31	1,571.69
90.00	0.00
25.00	430.00
689.89	8,499.47
0.00	25,342.81
0.00	0.10
444.68	100,269.68
0.00	4,467.93
90.00	0.00
0.00	2,310.00
0.00	4,845.00
0.00	790.00

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Total Ineligible
0.00

Total Benefit
609.00

67,339.39

1,460,471.12

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Total Ineligible	Total Benefit
16,935.81	1,256,900.18
32,091.01	3,051.62
27,225.04	81,202.93
9,925.88	7,951.50
113,917.12	5,423.00
146,994.85	203,449.93
190,699.45	116,933.94
0.00	61,938.16
7,945.78	148.00
0.00	998.94
513,118.47	16,423,153.75
61,909.68	153,640.22
6,577.98	25,366.45
715.03	1,874.97
21,864.12	28,415.59
8,025.18	2,836,477.23
-6,108.69	82,682.55
1,924.85	141,512.23
56,910.00	60,642.61
204.00	0.00
0.00	270.00
50.00	6,209.00
6,763.78	14,188.16
773.00	0.00

75.00

1,083.00

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Total Ineligible	Total Benefit
325.00	86,253.29
141,451.94	26,897.38
8,156.71	300,761.27
0.00	530.00
33,751.36	32,055.39
364.50	107,365.45
25,805.81	978,896.52
0.00	50.00
0.00	19,468.16
0.00	47.38
138.00	42,257.70
0.00	6,210.22
0.00	1,020.00
142,873.86	445.52
46,825.53	375.19
0.00	5,450.60
0.00	348.00
0.00	3,048.00
0.00	0.00
691.79	75,090.32
0.00	49,040.60
0.00	4.00
0.00	141,683.00
608.00	52.00
0.42	2,770.58

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Total Ineligible

0.00

234.00

Total Benefit

9,295.58

364.00

1,619,764.26

23,403,294.11

Total Ineligible	Total Benefit
182.03	63,132.89
1,279.33	60.00
433.00	553.00
2,325.24	0.00
15,363.00	17,285.00
2,487.48	842.18
0.00	226.37
431.00	0.00
26,469.31	991,015.99
2,729.71	7,914.25
1,491.22	4,892.83
0.00	107,903.50
-500.02	565.02
9,350.60	1,781.96
0.00	88.27
1,311.28	908.72
52.00	38.00
0.00	127,462.34
10,028.90	1,316.36
0.00	861.00
0.00	25.00
2,745.00	0.00
209.60	26,474.59
0.00	4.43
0.00	2,114.29

Total Ineligible	Total Benefit
238.00	0.00
0.00	68.00
0.00	6,624.60
0.00	11,365.00
0.00	745.00
15.00	50.00

76,641.68

1,374,318.59

Total Ineligible	Total Benefit
0.00	5,519,126.01

0.00

5,519,126.01

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Total Ineligible
11,968.77

Total Benefit
2,068,298.99

52,697.25

3,689.36

45,803.94

133,496.11

16,752.08

13,131.64

71,643.68

8,409.46

788.00

0.00

299,176.24

351,431.49

323,081.82

154,855.77

0.00	51,926.72
8,378.00	40.00
0.00	529.00
965,517.81	28,419,202.65
3.00	9,252.00
88,448.43	208,339.47
1,635.94	7,393.06
9,690.00	5,300.00
60,613.12	92,045.06
7,492.23	5,514,497.78
-6,872.16	59,739.76
3,806.77	102,839.39
2,153.00	4,928.35
682.00	0.00
91.61	11,641.39
5,188.55	19,871.04
0.00	1,594.00

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Total Ineligible	Total Benefit
322.00	0.00
75.35	13,469.32
312.03	63,773.35
338,132.86	82,674.45
18,086.56	426,396.55
170.00	128,890.76
25.00	130,337.98
0.00	7,091.00
0.00	748.75
18.00	110.00
950.00	980.00
26,256.10	593,628.93
0.00	25.00
0.00	5,295.04

1,893.70	67,132.73
0.00	20.00
0.00	4,836.00
0.00	1,155.00
0.00	49.95
150,717.76	0.00
0.00	28,786.40
299.50	19,664.50
0.00	200.00
787.00	4,440.00
0.00	175.00

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Total Ineligible	Total Benefit
0.00	665.00
1,807.50	22,317.82
0.00	77,634.60
0.00	21,492.33
1,319.00	308,806.56
2,388.00	1,930.00
0.00	955.00
0.00	17,133.00
0.00	6,330.00
0.00	3,895.00
205.00	27,251.44
0.00	1,397.00
589.00	1,349.00

2,513,094.44

39,313,489.95

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Total Ineligible	Total Benefit
509.00	0.00
3,762.94	0.00
4,271.94	0.00

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Total Ineligible	Total Benefit
0.00	107,471.32
93.00	0.00
243.34	1,030.70
163.00	0.00
1,023.21	290.61
4,798.72	316,747.17
1,229.20	2,075.09
0.00	87,937.42
0.00	400.00
0.00	15,469.07
0.01	307,467.68
0.00	46,423.65
0.00	6,267.85
595.00	253.00
0.00	5,443.00
0.00	4,443.00
0.00	19,050.00
25.00	18,174.80
0.00	15.00
0.00	85.00
516.45	0.00
0.00	1,890.00
0.00	3,591.50
8,686.93	944,525.86

Total Ineligible	Total Benefit
15.00	157,426.58
5,001.03	264.00
7,069.93	26,051.77
2,341.36	3,982.56
11,912.50	543.00
0.00	44.00
52,189.20	33,636.30
32,198.54	14,280.59
0.00	2,246.03
382.00	0.00
40,138.53	2,036,024.73
5,175.45	14,237.76
1,553.50	8,778.26
52.00	0.00
4,979.94	1,124,451.33
1,212.04	-238.00
64.65	191,682.07
43.00	0.00
0.00	11,952.00
446.50	2,801,611.57
109.28	175.72
291.83	173,700.72
0.00	66.00
100.00	1,860.00
155.54	8,279.49

Total Ineligible	Total Benefit
12,026.60	38.13
1,569.04	7,253.15
770.00	14,370.96
0.00	0.00
1,359.62	81,499.68
375.94	0.00
0.00	414.11
35.00	3,663.85
0.00	11,918.42
0.00	1,605.00
45,717.99	0.00
0.00	2,634.60
0.00	505.15
0.00	7,610.00
0.00	26,927.50
0.00	1,846.00
0.00	650.00
196.04	2,630.63
0.00	1,661.00
227,482.05	6,776,284.66

Total Ineligible	Total Benefit
0.00	255.00
0.00	199.28
30.00	0.00
545.00	709.00
25.00	260.00
0.00	72,926.71
0.00	255.00
0.00	99,100.99
0.00	1,610.59
0.00	123.84
1,954.45	1,380.00
2,554.45	176,820.41

Total Ineligible	Total Benefit
0.00	109,730.71

261.00	0.00
5,770.00	6,499.00
941.00	526.00
0.00	527.66
625.00	29,320.84
300.00	950.60
0.00	88,770.89
-521.10	521.10
0.00	4,320.29
51.68	730,322.99
0.00	18,843.88
0.00	24.62
0.00	552.50
457.52	244.48
0.00	1,250.00
0.00	556.00
0.00	1,144.33
52.27	60.73
179.00	0.00
8,116.37	994,166.62

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Total Ineligible	Total Benefit
3,915.00	70,570.67
3,251.91	136.00
5,756.78	20,954.88
391.35	108.45
5,908.52	475.00
22,907.39	23,298.61
30,279.96	9,613.60

0.00	354.50
228.00	0.00
32,731.15	1,685,996.21
4,781.32	11,535.94
1,757.94	9,001.13
1,362.56	551,065.57
81.25	118.75
0.00	16,116.87
525.02	92.00
126.02	785,527.51
369.46	761.76
0.00	49,270.72
-70.00	145.00
43.63	10,293.83
0.00	3,192.00
2,162.90	4,350.25
335.23	8,733.77
0.00	1,077.90

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Total Ineligible	Total Benefit
0.00	327,863.00
887.15	65,585.20
0.00	113.55
0.00	3,563.00
125.00	940.12
0.00	86.00
27,773.27	315.00
0.00	1,149.00
0.00	205.00
0.00	7,835.00
0.00	27,415.00
0.00	90.00
357.39	1,212.61

0.00	276.00
0.00	857.00
209.00	209.00

146,197.20	3,700,505.40
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Total Ineligible	Total Benefit
252.00	3,912.04
60.00	0.00
112.25	468.75
447.60	30.40
43.00	0.00
212.00	0.00
760.06	14,882.61
50.00	154.00
0.00	16,971.00
0.00	0.00
770.00	484.00
530.14	67,855.63
0.00	10.00
3,237.05	104,768.43

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Total Ineligible	Total Benefit
212.68	44,653.87
104.01	0.00
6.68	26.70
433.00	275.00
4,588.00	3,753.00
309.00	245.00
9,641.91	276,031.92
1,157.00	2,600.13
1,899.09	182,131.47
-438.48	6,907.83
0.00	309.00
72.65	752.35
0.00	279.00
130.41	580.59
75.00	4,829.38
0.00	1,729.60
0.00	48.00
0.00	3,400.00
9,440.46	0.00
0.00	7,970.00
0.00	635.00
90.00	0.00

27,721.41

537,157.84

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