

Manatee Choice Health Plan

Run: 04/06/2011 9:52 AM

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
10	Exceeds Visit Limit
11	Employee/Provider Split Payment
13	PPO Benefits Applied
15	Co-Pay Applied
22	Fund Limit Reached
24	Duplicate Charge
27	Claim Adjustment
37	COB APPLIED
47	EYE REFRACTION IS NOT COVERED
53	BENEFITS REDUCED-PRECERT REQD
60	PATIENT NOT RESP. FOR MHN DISCOU
61	CORRECTION TO PREVIOUSLY PAID CL
63	ACCIDENT DETAILS REQUEST FROM EE
64	ADDT'L INFO HAS BEEN REQUESTED
66	OTHER INSURANCE IS INDICATED
67	NEGOTIATED RATE
88	EVOLUTIONS DISC IS NOT PT RESP

Explanation Code Ineligible Report

Clerk of the Court(655/2)

Paid: 1/ 1/2010 - 12/31/2010

Number Of

Charges

Total Charges

1,631

233,967.02

107	6,508.40
158	23,328.62
9	3,018.38
80	9,518.00
38	2,247.00
93	73,917.13
22	7,943.02
9	257.00
5	505.89
12,899	4,675,110.77
720	81,313.89
100	26,764.34
1,055	570,824.42
123	0.00
236	112,855.29
2	49.00
8	5,875.00
6	404.00
3	3,769.46
265	57,335.14
51	227,006.05
57	38,051.65
102	114,732.00
265	56,419.88

Manatee Choice Health Plan

Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

Clerk of the Court(655/2)

Paid: 1/ 1/2010 - 12/31/2010

Number Of

Number	Work Sheet Message	Charges	Total Charges
106	BUNDLED PROCEDURE	171	16,606.52
111	RECONSIDERED CLAIM	17	6,110.08
121	PATIENT NOT ELIGIBLE	200	31,058.41
124	PLEASE RESUBMIT WITH TIME UNITS	2	1,695.00
125	OTH INS PYMT GREATER THAN MHN.	3	7,800.00
131	ANESTHESIA RATE PAID ON PRIOR CL	27	41,565.00
132	FULL BENEFIT PAID ON A PRIOR CLM	2	12,259.00
133	INCLUSIVE OF RATE PREVIOUSLY PD	8	8,695.00
139	PLEASE BILL AUTO CARRIER PRIMARY	6	960.44
140	DME PURCHASE PRICE ALREADY PAID.	6	383.00
142	INCLUDED IN PER DIEM RATE	232	13,122.76
151	REFUND RECEIVED/POSTED	4	-1,701.32
Totals :		18,722	6,470,275.24

Manatee Choice Health Plan
Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

Housing Authority(655/3)
Paid: 1/ 1/2010 - 12/31/2010
Number Of

Number	Work Sheet Message	Charges	Total Charges
0		153	9,562.07
1	Applied to Deductible	1	69.00
2	Co-Insurance Applied	2	142.05
4	Expense Not Covered by Plan	5	274.00
7	Exceeds Maximum Plan Allowance	62	10,323.00

13	PPO Benefits Applied	730	206,365.76
15	Co-Pay Applied	27	2,422.58
22	Fund Limit Reached	1	602.88
24	Duplicate Charge	60	7,325.17
27	Claim Adjustment	3	0.00
63	ACCIDENT DETAILS REQUEST FROM EE	3	1,582.00
64	ADDT'L INFO HAS BEEN REQUESTED	1	60.00
73	INVALID CODE, PLEASE RESUBMIT W/	1	15.00
88	EVOLUTIONS DISC IS NOT PT RESP	4	2,038.38
106	BUNDLED PROCEDURE	7	322.00

Totals :

1,060 241,103.89

Manatee Choice Health Plan

Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

Property Appraiser(655/4)

Paid: 1/ 1/2010 - 12/31/2010

Number Of

Number Work Sheet Message

Charges

Total Charges

0

647

66,928.44

1

Applied to Deductible

13

1,321.30

2

Co-Insurance Applied

15

1,599.29

4

Expense Not Covered by Plan

35

1,734.00

7

Exceeds Maximum Plan Allowance

201

37,606.21

8

Charge Exceeds UCR

18

1,825.15

9

Exceeds Filing Time Limit

1

600.00

10

Exceeds Visit Limit

16

641.00

11

Employee/Provider Split Payment

3

403.79

13

PPO Benefits Applied

3,178

1,117,259.90

15

Co-Pay Applied

161

12,329.37

16	Stop Loss Met This Line	1	2,310.00
22	Fund Limit Reached	9	2,400.43
24	Duplicate Charge	439	173,786.07
27	Claim Adjustment	27	0.00
37	COB APPLIED	1	45.00
60	PATIENT NOT RESP. FOR MHN DISCOU	1	0.00
61	CORRECTION TO PREVIOUSLY PAID CL	3	6,367.85
63	ACCIDENT DETAILS REQUEST FROM EE	34	10,824.65
64	ADDT'L INFO HAS BEEN REQUESTED	2	48.00
67	NEGOTIATED RATE	19	20,175.00
73	INVALID CODE, PLEASE RESUBMIT W/	1	16.00
88	EVOLUTIONS DISC IS NOT PT RESP	58	7,733.55
106	BUNDLED PROCEDURE	34	3,094.40
111	RECONSIDERED CLAIM	5	44,762.00

Manatee Choice Health Plan

Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

Property Appraiser(655/4)

Paid: 1/ 1/2010 - 12/31/2010

Number Of

Number	Work Sheet Message	Charges	Total Charges
121	PATIENT NOT ELIGIBLE	10	885.65
131	ANESTHESIA RATE PAID ON PRIOR CL	5	15,085.00
140	DME PURCHASE PRICE ALREADY PAID.	2	48.00
142	INCLUDED IN PER DIEM RATE	60	3,724.00
151	REFUND RECEIVED/POSTED	1	-308.04

Totals :

5,000 1,533,246.01

Manatee Choice Health Plan
 Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

Sheriff's Office(655/6)
 Paid: 1/ 1/2010 - 12/31/2010
 Number Of

Number	Work Sheet Message	Charges	Total Charges
0		10,387	1,491,243.47
1	Applied to Deductible	366	28,983.45
2	Co-Insurance Applied	537	77,414.32
3	Applied to Deduct & Co-Insurance	42	13,240.14
4	Expense Not Covered by Plan	634	61,774.31
7	Exceeds Maximum Plan Allowance	3,051	465,637.44
8	Charge Exceeds UCR	1,010	236,287.51
9	Exceeds Filing Time Limit	132	33,258.58
10	Exceeds Visit Limit	189	8,544.24
11	Employee/Provider Split Payment	5	693.32
13	PPO Benefits Applied	57,898	19,851,329.82
14	Exceeds Plan Payment Limit	3	420.00
15	Co-Pay Applied	2,389	245,850.12
16	Stop Loss Met This Line	3	44,051.30
21	Denied Amt Pending Addtl Fnding	2	3,252.00
22	Fund Limit Reached	79	35,462.19
24	Duplicate Charge	6,872	2,974,078.28
27	Claim Adjustment	576	-804.59
37	COB APPLIED	172	73,609.08
40	Work related injuries not coverd	46	11,460.69
42	IMMUNIZATIONS NOT COVERED ADULTS	4	0.00
47	EYE REFRACTION IS NOT COVERED	11	475.00
52	BENEFITS COORDINATED W/ MEDICARE	5	2,592.00
53	BENEFITS REDUCED-PRECERT REQD	16	19,784.63

59 MEDICAL COVERAGE ONLY 10 400.00

Manatee Choice Health Plan
Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

Sheriff's Office(655/6)
Paid: 1/ 1/2010 - 12/31/2010
Number Of

Number	Work Sheet Message	Charges	Total Charges
60	PATIENT NOT RESP. FOR MHN DISCOU	38	1,034.00
61	CORRECTION TO PREVIOUSLY PAID CL	7	35,433.03
62	PLEASE REVIEW PLAN LIMITATIONS	2	290.00
63	ACCIDENT DETAILS REQUEST FROM EE	1,248	449,681.68
64	ADDT'L INFO HAS BEEN REQUESTED	125	194,620.06
65	WE ARE UNABLE TO PROCESS FROM A	2	5,250.00
66	OTHER INSURANCE IS INDICATED	67	25,505.94
67	NEGOTIATED RATE	327	251,982.50
79	PLEASE SUBMIT A VALID DIAGNOSIS	1	100.00
87	BENEFITS FOR THE REQUESTED	5	401.00
88	EVOLUTIONS DISC IS NOT PT RESP	1,992	569,064.10
94	PROCEDURE NOT CONSISTENT WITH	6	663.00
102	THESE SERVICES ARE NOT COVERED	1	7,467.50
104	ALL BENEFITS PAID BY OTHER PAYOR	1	530.00
105	PLEASE SUBMIT PRIMARY EOB	14	2,312.88
106	BUNDLED PROCEDURE	854	59,972.22
111	RECONSIDERED CLAIM	51	51,094.63
114	PLEASE RESUBMIT WITH VALID PROCED	3	1,170.00
119	WORKMAN'S COMP CLAIMS NOT COVERD	17	9,379.00
121	PATIENT NOT ELIGIBLE	463	91,454.96
124	PLEASE RESUBMIT WITH TIME UNITS	9	10,318.00
125	OTH INS PYMT GREATER THAN MHN.	12	1,788.15
127	IMPACTIONS PAID UNDER MEDICAL	5	1,451.00
131	ANESTHESIA RATE PAID ON PRIOR CL	104	167,198.61
133	INCLUSIVE OF RATE PREVIOUSLY PD	35	36,954.00

Manatee Choice Health Plan
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Explanation Code Ineligible Report

Sheriff's Office(655/6)
Paid: 1/ 1/2010 - 12/31/2010
Number Of

Number	Work Sheet Message	Charges	Total Charges
139	PLEASE BILL AUTO CARRIER PRIMARY	35	7,587.63
140	DME PURCHASE PRICE ALREADY PAID.	21	1,119.80
142	INCLUDED IN PER DIEM RATE	581	29,377.21
151	REFUND RECEIVED/POSTED	4	-6,274.96

Totals :

90,469 27,685,963.24

Manatee Choice Health Plan

Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

Tax Collector(655/9)

Paid: 1/ 1/2010 - 12/31/2010

Number Of

Number	Work Sheet Message	Charges	Total Charges
0		648	65,138.26
1	Applied to Deductible	21	2,294.20
2	Co-Insurance Applied	10	3,053.00
3	Applied to Deduct & Co-Insurance	1	225.00
4	Expense Not Covered by Plan	40	1,208.00
7	Exceeds Maximum Plan Allowance	205	41,572.50
8	Charge Exceeds UCR	86	9,365.66
10	Exceeds Visit Limit	12	444.00
11	Employee/Provider Split Payment	1	141.13
13	PPO Benefits Applied	3,434	904,049.54
15	Co-Pay Applied	131	13,189.68
22	Fund Limit Reached	12	4,431.48
24	Duplicate Charge	556	176,572.93
27	Claim Adjustment	47	0.00
47	EYE REFRACTION IS NOT COVERED	3	99.00
53	BENEFITS REDUCED-PRECERT REQD	1	230.00
60	PATIENT NOT RESP. FOR MHN DISCOU	2	161.00
61	CORRECTION TO PREVIOUSLY PAID CL	1	1,519.36
63	ACCIDENT DETAILS REQUEST FROM EE	60	17,665.46
64	ADDT'L INFO HAS BEEN REQUESTED	2	225.00
66	OTHER INSURANCE IS INDICATED	15	1,644.00
88	EVOLUTIONS DISC IS NOT PT RESP	103	29,822.59
106	BUNDLED PROCEDURE	45	2,551.88
111	RECONSIDERED CLAIM	4	498.00
121	PATIENT NOT ELIGIBLE	16	1,459.00

Manatee Choice Health Plan
Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

Tax Collector(655/9)
Paid: 1/ 1/2010 - 12/31/2010

Number	Work Sheet Message	Number Of Charges	Total Charges
127	IMPACTIONS PAID UNDER MEDICAL	4	1,400.00
131	ANESTHESIA RATE PAID ON PRIOR CL	4	6,195.00
133	INCLUSIVE OF RATE PREVIOUSLY PD	3	5,250.00
139	PLEASE BILL AUTO CARRIER PRIMARY	12	2,894.73
142	INCLUDED IN PER DIEM RATE	69	3,452.00
151	REFUND RECEIVED/POSTED	4	-108.00

Totals :

5,552 1,296,644.40

Manatee Choice Health Plan
Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

(655/99)
Paid: 1/ 1/2010 - 12/31/2010

Number	Work Sheet Message	Number Of Charges	Total Charges
0		325	5,605,755.15

Totals :

325

5,605,755.15

Manatee Choice Health Plan

Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

Board of County Commissioners(655/100)

Paid: 1/ 1/2010 - 12/31/2010

Number Of

Number Work Sheet Message

Charges

Total Charges

0

15,269

2,312,431.14

1 Applied to Deductible

722

49,963.82

2 Co-Insurance Applied

967

180,924.54

3 Applied to Deduct & Co-Insurance

74

32,217.20

4 Expense Not Covered by Plan

1,092

168,435.91

6 Patient Not Eligible

1

685.00

7 Exceeds Maximum Plan Allowance

4,488

781,662.82

8 Charge Exceeds UCR

1,300

395,502.51

9	Exceeds Filing Time Limit	90	42,292.91
10	Exceeds Visit Limit	259	10,928.00
11	Employee/Provider Split Payment	6	838.83
13	PPO Benefits Applied	89,529	30,331,670.36
15	Co-Pay Applied	4,038	358,783.23
16	Stop Loss Met This Line	5	88,285.02
20	Editor Denial	13	1,023.00
21	Denied Amt Pending Addtl Fnding	27	14,870.00
22	Fund Limit Reached	324	134,472.62
24	Duplicate Charge	12,517	4,478,442.90
27	Claim Adjustment	707	-4,160.39
35	Exceeds Contracted Per Diem Rate	8	416.92
37	COB APPLIED	264	85,074.12
40	Work related injuries not coverd	51	26,382.02
47	EYE REFRACTION IS NOT COVERED	18	693.00
52	BENEFITS COORDINATED W/ MEDICARE	13	1,101.75
53	BENEFITS REDUCED-PRECERT REQD	22	9,931.51

Manatee Choice Health Plan

Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

Board of County Commissioners(655/100)

Paid: 1/ 1/2010 - 12/31/2010

Number Of

Number	Work Sheet Message	Charges	Total Charges
54	MEDICARE IS PRIMARY-PLEASE FILE	11	6,584.96
60	PATIENT NOT RESP. FOR MHN DISCOU	63	5,292.34
61	CORRECTION TO PREVIOUSLY PAID CL	33	18,618.47
62	PLEASE REVIEW PLAN LIMITATIONS	4	1,621.76
63	ACCIDENT DETAILS REQUEST FROM EE	1,802	632,323.20
64	ADDT'L INFO HAS BEEN REQUESTED	134	56,584.07
65	WE ARE UNABLE TO PROCESS FROM A	1	64.00
66	OTHER INSURANCE IS INDICATED	176	43,304.87
67	NEGOTIATED RATE	472	638,024.60
68	CLAIM HAS BEEN RECONSIDERED	3	510.00
73	INVALID CODE, PLEASE RESUBMIT W/	1	4.50
87	BENEFITS FOR THE REQUESTED	9	1,664.93
88	EVOLUTIONS DISC IS NOT PT RESP	2,394	722,713.20
90	SERVICES INCLUDED AS PART OF	1	41.00

92	ADDT'L INFO IS NEEDED TO PROCESS	13	9,366.00
94	PROCEDURE NOT CONSISTENT WITH	15	1,559.75
105	PLEASE SUBMIT PRIMARY EOB	10	746.00
106	BUNDLED PROCEDURE	988	80,463.74
111	RECONSIDERED CLAIM	54	258,201.84
119	WORKMAN'S COMP CLAIMS NOT COVERD	2	814.00
121	PATIENT NOT ELIGIBLE	834	183,237.60
124	PLEASE RESUBMIT WITH TIME UNITS	1	1,050.00
125	OTH INS PYMT GREATER THAN MHN.	17	4,242.00
126	OTHER INSURANCE PRIMARY	4	494.24
130	CORRECTED EXPLANATION OF BENEFIT	5	2,396.92

Manatee Choice Health Plan
Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

Board of County Commissioners(655/100)
Paid: 1/ 1/2010 - 12/31/2010

Number	Work Sheet Message	Number Of Charges	Total Charges
131	ANESTHESIA RATE PAID ON PRIOR CL	158	241,629.60
133	INCLUSIVE OF RATE PREVIOUSLY PD	48	53,786.00
134	PROCEDURE OR CPT NOT AUTHORIZED.	1	950.00
135	ITEM NOT IN PROVIDERS CONTRACT.	1	95.00
138	INCLUDED IN ALTERNATE BENEFIT	1	240.00
139	PLEASE BILL AUTO CARRIER PRIMARY	118	89,620.29
140	DME PURCHASE PRICE ALREADY PAID.	14	3,009.49
141	CLAIM PENDING DENTAL REVIEW	1	75.00
142	INCLUDED IN PER DIEM RATE	1,050	56,663.75
144	OTH INS PYMT GREATER THAN EVOLUT	4	1,381.00
147	CROWNS,BRIDGES DENTURE 12MO WAIT	2	1,352.00
150	CLAIM REDUCED BY PRIOR PAYMENT	4	2,126.00
151	REFUND RECEIVED/POSTED	18	-21,290.67

Totals :

140,271

42,602,430.19

Manatee Choice Health Plan

Run: 04/06/2011 9:52 AM

Number	Work Sheet Message
121	PATIENT NOT ELIGIBLE

Totals :

Explanation Code Ineligible Report

Manatee County Retirees(655/51000)

Paid: 1/ 1/2010 - 12/31/2010

Number Of

Charges	Total Charges
1	65.00

1 65.00

Manatee Choice Health Plan

Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

CCC - Retirees(655/51001)

Paid: 1/ 1/2010 - 12/31/2010

Number Of

Number	Work Sheet Message	Charges	Total Charges
0		374	481,090.35
1	Applied to Deductible	9	520.92
2	Co-Insurance Applied	24	2,511.96
3	Applied to Deduct & Co-Insurance	2	735.12
4	Expense Not Covered by Plan	8	913.00
7	Exceeds Maximum Plan Allowance	10	604.72
8	Charge Exceeds UCR	16	981.28
9	Exceeds Filing Time Limit	1	30.00
13	PPO Benefits Applied	1,310	438,493.41
15	Co-Pay Applied	148	6,947.65
24	Duplicate Charge	332	308,170.90
27	Claim Adjustment	5	-0.01
52	BENEFITS COORDINATED W/ MEDICARE	479	388,753.09
54	MEDICARE IS PRIMARY-PLEASE FILE	34	4,297.84
60	PATIENT NOT RESP. FOR MHN DISCOU	1	85.00
61	CORRECTION TO PREVIOUSLY PAID CL	1	95.00
63	ACCIDENT DETAILS REQUEST FROM EE	16	7,765.42
64	ADDT'L INFO HAS BEEN REQUESTED	7	3,330.00
88	EVOLUTIONS DISC IS NOT PT RESP	17	1,977.00
92	ADDT'L INFO IS NEEDED TO PROCESS	1	1,050.00
105	PLEASE SUBMIT PRIMARY EOB	4	677.00
106	BUNDLED PROCEDURE	8	576.30
111	RECONSIDERED CLAIM	6	600.00
121	PATIENT NOT ELIGIBLE	3	305.00
131	ANESTHESIA RATE PAID ON PRIOR CL	9	14,635.00

Manatee Choice Health Plan

Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

CCC - Retirees(655/51001)

Paid: 1/ 1/2010 - 12/31/2010

Number	Work Sheet Message	Number Of Charges	Total Charges
133	INCLUSIVE OF RATE PREVIOUSLY PD	2	3,335.00
141	CLAIM PENDING DENTAL REVIEW	1	54.00
142	INCLUDED IN PER DIEM RATE	45	3,905.00
151	REFUND RECEIVED/POSTED	2	-712.99
Totals :		2,875	1,671,726.96

Manatee Choice Health Plan

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Explanation Code Ineligible Report

BCC - Retirees(655/51003)

Paid: 1/ 1/2010 - 12/31/2010

Number Of

Number	Work Sheet Message	Charges	Total Charges
0		1,599	641,646.31
1	Applied to Deductible	158	6,767.25
2	Co-Insurance Applied	178	45,759.39
3	Applied to Deduct & Co-Insurance	7	4,705.42
4	Expense Not Covered by Plan	77	7,724.12
7	Exceeds Maximum Plan Allowance	459	71,656.75
8	Charge Exceeds UCR	130	34,261.24
9	Exceeds Filing Time Limit	7	17,968.00
10	Exceeds Visit Limit	42	1,702.25
13	PPO Benefits Applied	5,555	2,061,081.96
15	Co-Pay Applied	184	29,817.96
16	Stop Loss Met This Line	3	13,440.88
20	Editor Denial	2	178.00
24	Duplicate Charge	1,406	623,226.32
27	Claim Adjustment	41	0.00
37	COB APPLIED	26	4,145.61
47	EYE REFRACTION IS NOT COVERED	2	88.00
51	CHARGES IN EXCESS OF MAXIMUM ALL	11	719.33
52	BENEFITS COORDINATED W/ MEDICARE	5,535	2,005,843.89
54	MEDICARE IS PRIMARY-PLEASE FILE	491	132,222.44
60	PATIENT NOT RESP. FOR MHN DISCOU	7	133.00
61	CORRECTION TO PREVIOUSLY PAID CL	7	239.19
63	ACCIDENT DETAILS REQUEST FROM EE	37	16,868.81
64	ADDT'L INFO HAS BEEN REQUESTED	7	492.00
66	OTHER INSURANCE IS INDICATED	71	10,222.73

Manatee Choice Health Plan

Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

BCC - Retirees(655/51003)

Paid: 1/ 1/2010 - 12/31/2010			
Number	Work Sheet Message	Number Of Charges	Total Charges
67	NEGOTIATED RATE	18	2,340.00
73	INVALID CODE, PLEASE RESUBMIT W/	2	665.00
88	EVOLUTIONS DISC IS NOT PT RESP	282	110,013.16
105	PLEASE SUBMIT PRIMARY EOB	210	26,764.86
106	BUNDLED PROCEDURE	31	3,866.60
110	CLAIM MUST BE RESUBMITTED DUE TO	1	188.46
111	RECONSIDERED CLAIM	8	4,156.17
114	PLEASE RESUBMIT WITH VALID PROCED	2	980.00
121	PATIENT NOT ELIGIBLE	198	41,599.44
130	CORRECTED EXPLANATION OF BENEFIT	1	26,728.21
139	PLEASE BILL AUTO CARRIER PRIMARY	37	5,452.20
142	INCLUDED IN PER DIEM RATE	84	3,268.00
151	REFUND RECEIVED/POSTED	2	-138.30
Totals :		16,918	5,956,794.65

Manatee Choice Health Plan
Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

PA - Retirees(655/51004)			
Paid: 1/ 1/2010 - 12/31/2010			
Number	Work Sheet Message	Number Of Charges	Total Charges
0		29	30,387.00
7	Exceeds Maximum Plan Allowance	4	416.00
13	PPO Benefits Applied	2	200.00

24	Duplicate Charge	1	175.79
51	CHARGES IN EXCESS OF MAXIMUM ALL	1	10.00
52	BENEFITS COORDINATED W/ MEDICARE	59	8,844.84
54	MEDICARE IS PRIMARY-PLEASE FILE	1	37.00
105	PLEASE SUBMIT PRIMARY EOB	1	41.00
121	PATIENT NOT ELIGIBLE	2	154.78

Totals :

100 40,266.41

Manatee Choice Health Plan

Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

TCO - Retirees(655/51005)

Paid: 1/ 1/2010 - 12/31/2010

Number Of

Number	Work Sheet Message	Charges	Total Charges
0		156	189,729.89
1	Applied to Deductible	1	78.00
4	Expense Not Covered by Plan	3	70.00
7	Exceeds Maximum Plan Allowance	23	7,622.00
13	PPO Benefits Applied	179	23,197.61
15	Co-Pay Applied	5	451.99
24	Duplicate Charge	84	19,616.88
37	COB APPLIED	1	30.00
47	EYE REFRACTION IS NOT COVERED	1	33.00
52	BENEFITS COORDINATED W/ MEDICARE	751	461,318.02

54	MEDICARE IS PRIMARY-PLEASE FILE	49	5,447.47
92	ADDT'L INFO IS NEEDED TO PROCESS	1	235.00
105	PLEASE SUBMIT PRIMARY EOB	2	235.27
106	BUNDLED PROCEDURE	1	35.00
121	PATIENT NOT ELIGIBLE	7	1,000.00
151	REFUND RECEIVED/POSTED	1	-17.32

Totals :

1,265 709,082.81

Manatee Choice Health Plan
Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

MSO - Retirees(655/51006)
Paid: 1/ 1/2010 - 12/31/2010
Number Of

Number	Work Sheet Message	Charges	Total Charges
0		1,151	375,431.03
1	Applied to Deductible	49	3,819.36
2	Co-Insurance Applied	142	19,425.46
3	Applied to Deduct & Co-Insurance	6	2,324.18
4	Expense Not Covered by Plan	41	4,708.90
7	Exceeds Maximum Plan Allowance	388	77,000.00
8	Charge Exceeds UCR	117	26,643.18
10	Exceeds Visit Limit	8	428.00
11	Employee/Provider Split Payment	1	141.13
13	PPO Benefits Applied	4,852	1,855,055.43
15	Co-Pay Applied	200	18,432.53
16	Stop Loss Met This Line	1	10,195.00
24	Duplicate Charge	1,026	380,852.24
27	Claim Adjustment	40	0.00
37	COB APPLIED	4	13,173.00
40	Work related injuries not covered	7	635.00

47	EYE REFRACTION IS NOT COVERED	4	172.16
51	CHARGES IN EXCESS OF MAXIMUM ALL	1	23.44
52	BENEFITS COORDINATED W/ MEDICARE	2,434	1,143,348.99
54	MEDICARE IS PRIMARY-PLEASE FILE	290	36,474.35
60	PATIENT NOT RESP. FOR MHN DISCOU	1	0.00
63	ACCIDENT DETAILS REQUEST FROM EE	57	18,743.17
64	ADDT'L INFO HAS BEEN REQUESTED	6	2,387.75
66	OTHER INSURANCE IS INDICATED	33	7,976.77
67	NEGOTIATED RATE	126	104,185.00

Manatee Choice Health Plan
Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

MSO - Retirees(655/51006)
Paid: 1/ 1/2010 - 12/31/2010
Number Of

Number	Work Sheet Message	Charges	Total Charges
87	BENEFITS FOR THE REQUESTED	1	80.00
88	EVOLUTIONS DISC IS NOT PT RESP	321	172,276.06
105	PLEASE SUBMIT PRIMARY EOB	136	8,352.68
106	BUNDLED PROCEDURE	30	3,714.28
111	RECONSIDERED CLAIM	2	481.88
121	PATIENT NOT ELIGIBLE	70	14,611.04
131	ANESTHESIA RATE PAID ON PRIOR CL	19	33,798.00
133	INCLUSIVE OF RATE PREVIOUSLY PD	5	4,491.00
139	PLEASE BILL AUTO CARRIER PRIMARY	6	950.86
140	DME PURCHASE PRICE ALREADY PAID.	1	180.00
142	INCLUDED IN PER DIEM RATE	51	2,678.94
151	REFUND RECEIVED/POSTED	2	-2,164.71

Totals :

11,629 4,341,026.10

Manatee Choice Health Plan
Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

HA - Retirees(655/51105)
Paid: 1/ 1/2010 - 12/31/2010
Number Of

Number	Work Sheet Message	Charges	Total Charges
0		53	43,391.68
1	Applied to Deductible	3	455.66
2	Co-Insurance Applied	9	13,377.77
3	Applied to Deduct & Co-Insurance	1	2,185.74
8	Charge Exceeds UCR	3	2,250.00
13	PPO Benefits Applied	255	154,064.59
15	Co-Pay Applied	1	4,378.00
16	Stop Loss Met This Line	1	10,332.00
24	Duplicate Charge	49	105,485.38
27	Claim Adjustment	16	0.00
52	BENEFITS COORDINATED W/ MEDICARE	1	400.00
63	ACCIDENT DETAILS REQUEST FROM EE	1	85.00
77	DENTAL BITEWING XRAY LIMIT 1	1	144.00
87	BENEFITS FOR THE REQUESTED	1	122.00
88	EVOLUTIONS DISC IS NOT PT RESP	63	9,757.95
106	BUNDLED PROCEDURE	3	80.00
Totals :		461	346,509.77

Manatee Choice Health Plan

Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

Manatee County COBRA Employees(655/60000)

Paid: 1/ 1/2010 - 12/31/2010

Number	Work Sheet Message	Number Of Charges	Total Charges
0		453	163,028.48
1	Applied to Deductible	20	1,598.00
2	Co-Insurance Applied	202	20,155.14
3	Applied to Deduct & Co-Insurance	3	1,913.00
4	Expense Not Covered by Plan	14	787.72
7	Exceeds Maximum Plan Allowance	60	13,670.00
8	Charge Exceeds UCR	142	38,312.45
9	Exceeds Filing Time Limit	2	170.00
10	Exceeds Visit Limit	1	72.00
13	PPO Benefits Applied	3,368	1,304,368.63
15	Co-Pay Applied	93	138,152.99
16	Stop Loss Met This Line	1	12,274.00
24	Duplicate Charge	515	274,932.69
27	Claim Adjustment	42	0.00
40	Work related injuries not coverd	97	4,661.00
47	EYE REFRACTION IS NOT COVERED	2	90.00
61	CORRECTION TO PREVIOUSLY PAID CL	1	2,554.00
63	ACCIDENT DETAILS REQUEST FROM EE	104	24,472.21
64	ADDT'L INFO HAS BEEN REQUESTED	9	2,316.75
67	NEGOTIATED RATE	37	43,768.07
88	EVOLUTIONS DISC IS NOT PT RESP	73	32,850.67
106	BUNDLED PROCEDURE	55	4,846.82
111	RECONSIDERED CLAIM	5	126,224.76
121	PATIENT NOT ELIGIBLE	135	15,210.24
131	ANESTHESIA RATE PAID ON PRIOR CL	8	14,254.60

Manatee Choice Health Plan

Run: 04/06/2011 9:52 AM

Explanation Code Ineligible Report

Manatee County COBRA Employees(655/60000)

Paid: 1/ 1/2010 - 12/31/2010

Number	Work Sheet Message	Number Of Charges	Total Charges
139	PLEASE BILL AUTO CARRIER PRIMARY	19	8,939.26
142	INCLUDED IN PER DIEM RATE	19	2,411.00
151	REFUND RECEIVED/POSTED	1	-25.00

Totals :

5,481 2,252,009.48

****End of Report****

Manatee Choice Health Plan
Run: 04/06/2011 9:52 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="1/1/2010"/> <input type="button" value="v"/>	Thru: <input type="text" value="12/31/2010"/>

Total Ineligible	Total Benefit
470.84	233,458.15
6,640.19	-131.79
6,789.19	16,539.43
1,686.99	1,331.39
9,518.00	0.00
885.00	1,362.00
49,528.35	24,388.78
0.00	7,943.02
257.00	0.00
0.00	505.89
112,773.05	4,561,886.42
28,301.38	52,974.48
8,416.62	18,347.72
4,458.20	566,366.22
-3,525.58	3,525.58
3,358.04	109,497.25
38.20	10.80
5,341.57	533.43
100.00	304.00
0.00	3,769.46
42,985.88	14,349.26
0.00	227,006.05
0.00	38,051.65
40.00	114,692.00
2,044.25	54,375.63

Total Ineligible	Total Benefit
0.00	16,606.52
15.00	5,884.08
28,034.21	3,024.20
0.00	1,695.00
780.00	7,020.00
0.00	41,565.00
0.00	12,259.00
0.00	8,695.00
515.24	445.20
0.00	383.00
0.00	13,122.76
0.00	-1,701.32

309,451.62	6,160,085.26
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Total Ineligible	Total Benefit
0.00	9,562.07
15.00	54.00
14.20	127.85
274.00	0.00
3,437.00	6,886.00

7,175.12	199,190.64
625.00	1,797.58
80.79	522.09
0.00	7,325.17
0.00	0.00
1,582.00	0.00
0.00	60.00
0.00	15.00
25.00	2,013.38
0.00	322.00

13,228.11

227,875.78

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Total Ineligible
55.00

Total Benefit
66,873.44

1,021.30
601.26
1,734.00
17,556.65
1,334.12
0.00
641.00
0.00
35,383.10
3,661.79

300.00
998.03
0.00
19,890.56
491.03
600.00
0.00
403.79
1,081,457.28
8,667.58

150.13	2,159.87
613.52	1,786.91
0.00	173,786.07
-11,224.31	11,224.31
0.00	45.00
25.00	-25.00
0.00	6,367.85
10,500.68	323.97
0.00	48.00
0.00	20,175.00
16.00	0.00
189.02	7,544.53
0.00	3,089.40
50.00	44,712.00

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Total Ineligible	Total Benefit
858.65	27.00
0.00	15,085.00
0.00	48.00
0.00	3,724.00
0.00	-308.04

63,166.91	1,469,495.58
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Total Ineligible	Total Benefit
10,102.07	1,480,943.40
26,555.74	2,427.71
21,421.11	55,993.21
8,443.35	4,796.79
61,704.30	70.01
200,465.35	262,676.09
146,779.34	89,508.17
0.00	33,258.58
8,541.24	3.00
0.00	693.32
537,627.73	19,295,184.02
0.00	420.00
62,481.47	183,241.31
1,278.94	42,772.36
654.06	2,597.94
10,474.04	24,988.15
14,785.79	2,959,116.49
-2,615.16	1,810.57
3,599.38	69,541.70
4,750.86	6,709.83
0.00	0.00
475.00	0.00
0.00	2,592.00
8,109.36	11,675.27

400.00

0.00

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Total Ineligible

-265.70

0.00

290.00

393,902.36

508.66

0.00

388.00

337.12

0.00

0.00

17,570.83

240.00

0.00

0.00

0.00

255.69

108.49

1,170.00

9,089.00

91,290.20

0.00

50.00

0.00

0.00

0.00

Total Benefit

1,299.70

35,433.03

0.00

55,779.32

193,186.40

5,250.00

25,117.94

251,510.38

100.00

401.00

551,493.27

423.00

7,467.50

530.00

2,312.88

59,381.53

50,279.86

0.00

290.00

164.76

10,318.00

1,168.15

1,451.00

167,198.61

36,954.00

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Total Ineligible	Total Benefit
2,260.11	5,327.52
0.00	1,119.80
0.00	29,377.21
0.00	-6,274.96
1,643,228.73	26,018,079.82

Total Ineligible	Total Benefit
2.00	65,091.26
2,257.20	37.00
588.26	2,464.74
210.00	15.00
1,208.00	0.00
15,692.30	25,880.20
6,285.30	3,080.36
444.00	0.00
0.00	141.13
36,232.00	857,917.54
3,201.54	9,988.14
1,079.52	3,351.96
906.00	175,666.93
-493.81	493.81
99.00	0.00
25.00	205.00
25.00	136.00
0.00	1,519.36
13,056.47	4,608.99
0.00	225.00
0.00	1,644.00
1,435.02	28,387.57
0.00	2,551.88
25.00	473.00
1,459.00	0.00

Total Ineligible	Total Benefit
0.00	1,400.00
0.00	6,195.00
0.00	5,250.00
1,180.00	1,714.73
0.00	3,452.00
0.00	-108.00

84,916.80

1,201,782.60

Total Ineligible	Total Benefit
0.00	5,605,755.15

0.00

5,605,755.15

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Total Ineligible
8,484.12

Total Benefit
2,302,996.75

47,214.94

2,748.88

49,094.28

131,830.26

18,422.62

13,794.58

167,952.65

483.26

685.00

0.00

337,036.67

442,867.15

302,977.74

92,524.77

0.00	42,292.91
10,719.50	208.50
0.00	838.83
898,652.37	29,150,241.88
99,838.57	258,944.66
13,151.73	75,133.29
201.00	822.00
10,804.73	4,065.27
60,912.43	73,560.19
12,863.83	4,464,511.07
-8,456.31	4,295.92
334.42	82.50
2,630.44	76,965.68
2,138.17	24,243.85
633.00	60.00
307.50	794.25
8,158.21	1,773.30

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Total Ineligible	Total Benefit
0.00	6,584.96
400.00	4,892.34
327.32	18,291.15
1,022.87	598.89
560,412.40	71,910.80
14.20	56,569.87
0.00	64.00
1,402.54	41,902.33
3,467.20	633,128.40
0.00	510.00
4.50	0.00
25.00	1,639.93
20,696.08	700,385.12
0.00	41.00

0.00	9,366.00
60.00	1,499.75
0.00	746.00
230.90	80,137.84
200.00	258,001.84
0.00	814.00
182,878.81	358.79
0.00	1,050.00
0.00	4,242.00
0.00	494.24
447.79	1,949.13

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Total Ineligible	Total Benefit
0.00	241,629.60
0.00	53,786.00
950.00	0.00
0.00	95.00
0.00	240.00
150.00	89,470.29
1.30	3,008.19
0.00	75.00
65.00	56,598.75
371.50	1,009.50
0.00	1,352.00
53.12	2,072.88
0.00	-21,290.67

2,817,938.14

39,489,304.67

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Total Ineligible
65.00

Total Benefit
0.00

65.00

0.00

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Total Ineligible	Total Benefit
96.61	480,993.74
356.92	164.00
483.95	2,028.01
42.72	692.40
153.00	760.00
532.86	71.86
626.15	355.13
0.00	30.00
7,867.52	430,625.89
3,129.39	3,818.26
0.00	302,800.90
0.00	-0.01
47.00	388,706.09
0.83	4,297.01
0.00	85.00
0.00	95.00
253.73	7,511.69
0.00	3,330.00
100.00	1,877.00
0.00	1,050.00
0.00	677.00
0.00	576.30
159.32	440.68
270.00	35.00
0.00	14,635.00

Total Ineligible	Total Benefit
0.00	3,335.00
0.00	54.00
25.00	3,880.00
0.00	-712.99
14,145.00	1,652,211.96

Total Ineligible	Total Benefit
2,810.13	633,149.91
6,216.67	550.58
13,746.11	32,013.28
2,643.20	2,062.22
7,724.12	0.00
29,695.75	41,961.00
24,215.08	10,046.16
0.00	17,968.00
1,677.25	25.00
41,146.70	2,019,935.26
7,492.54	22,325.42
7,258.77	6,182.11
178.00	0.00
5,141.71	617,828.61
-1,965.62	1,965.62
307.30	3,838.31
88.00	0.00
0.00	719.33
1,059.63	2,002,307.36
20.00	132,202.44
25.00	108.00
0.00	239.19
12,013.18	4,855.63
0.00	492.00
101.35	10,121.38

Total Ineligible	Total Benefit
417.98	1,922.02
0.00	665.00
1,642.68	108,370.48
0.00	26,764.86
0.00	3,866.60
0.00	188.46
0.00	4,156.17
0.00	980.00
41,537.56	61.88
7,000.00	19,728.21
0.00	5,452.20
0.00	3,268.00
0.00	-138.30

212,193.09	5,736,182.39
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Total Ineligible	Total Benefit
0.00	30,387.00
154.00	262.00
46.00	154.00

0.00	175.79
0.00	10.00
0.00	8,669.05
0.00	37.00
0.00	41.00
154.78	0.00

354.78	39,735.84
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Total Ineligible	Total Benefit
13.97	189,715.92
50.00	28.00
70.00	0.00
3,642.00	3,980.00
720.92	22,476.69
125.00	326.99
0.00	19,616.88
30.00	0.00
33.00	0.00
93.19	461,206.64

0.00	5,447.47
235.00	0.00
0.00	235.27
0.00	35.00
1,000.00	0.00
0.00	-17.32

6,013.08	703,051.54
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Total Ineligible	Total Benefit
530.05	374,900.98
3,555.66	263.70
4,537.36	14,888.10
1,101.39	1,222.79
4,708.90	0.00
39,894.00	37,106.00
18,538.89	8,104.29
428.00	0.00
0.00	141.13
36,747.76	1,813,357.67
4,934.01	13,498.52
2,800.00	7,395.00
1,163.14	379,689.10
-20.53	20.53
90.00	13,083.00
0.00	635.00

172.16	0.00
0.00	23.44
714.88	1,142,485.11
0.00	36,474.35
0.00	0.00
15,906.54	2,836.63
0.00	2,387.75
151.00	7,825.77
0.00	103,915.00

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Total Ineligible	Total Benefit
0.00	80.00
4,678.96	167,597.10
0.00	8,352.68
0.00	3,714.28
0.00	481.88
14,449.04	162.00
0.00	33,798.00
0.00	4,491.00
0.00	814.00
0.00	180.00
0.00	2,678.94
0.00	-2,164.71

155,081.21	4,180,439.03
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Total Ineligible	Total Benefit
0.00	43,391.68
455.66	0.00
1,944.70	11,433.07
608.62	1,577.12
1,404.90	845.10
430.00	153,634.59
1,275.60	3,102.40
2,024.40	8,307.60
0.00	105,485.38
-5,970.63	5,970.63
0.00	400.00
0.00	85.00
0.00	144.00
0.00	122.00
325.00	9,432.95
0.00	80.00
2,498.25	344,011.52

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Total Ineligible	Total Benefit
552.14	162,275.34
1,361.11	236.89
4,603.07	15,552.07
840.06	1,072.94
787.72	0.00
5,254.24	8,415.76
17,812.71	20,499.74
0.00	170.00
72.00	0.00
23,135.11	1,281,233.52
7,972.00	130,180.99
3,600.00	8,674.00
2,493.85	272,438.84
150.00	-150.00
4,291.76	369.24
90.00	0.00
0.00	2,554.00
22,296.66	2,175.55
0.00	2,316.75
0.00	43,768.07
625.00	32,225.67
345.08	4,471.74
25.00	126,199.76
15,210.24	0.00
0.00	14,254.60

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Total Ineligible	Total Benefit
1,172.00	7,767.26
0.00	2,411.00
0.00	-25.00
112,689.75	2,139,088.73

