

Timeliness of Claims Adjudication Report: INSTRUCTIONS

- Do NOT include adjusted claims.
- Report both CLEAN and UNCLEAR claims. We had previously limited this to Clean claims only, but that has been changed – we need both clean and unclear claims. But only include INITIAL unclear claims, not adjusted ones.
- Do NOT include claims processed outside of the designated quarter, even if they were processed prior to preparing your dataset for submission. (For example, if you prepare your dataset on April 10 for the Jan-Mar quarter, do NOT include claims that were processed from April 1-10)
- Counts/costs reported for CLEAN claims should be for claims PROCESSED in the designated quarter, and NOT necessarily for services PROVIDED in that quarter.
- SUB VENDOR – If no subvendor, please enter “NA”. (Previously you were directed to leave blank.)
- Use the following hierarchy to sort claims into the specified 'ClaimType' categories:
 - o 1 Unclean
 - o 2 Ambulance
 - o 3 Dental
 - o 4 Vision
 - o 5 Home Health
 - o 6 FQHC
 - o 7 RHC
 - o 8 Inpatient Hosp
 - o 9 Outpatient Hosp
 - o 10 Medical

So, using the above hierarchy, any claim that falls into multiple categories gets sorted into the category that has the highest rank in this hierarchy ("1" being the highest).

- For Unclean claims, report only the following fields:
 - CalYear
 - CalQuarter
 - HealthPlanName
 - HealthPlanRegion
 - HealthPlanVendor (if any)
 - ClaimType (select “Unclean”)
 - TotalClaimsCount (the total count of Unclean claims)
- For Unclean claims, SKIP the following fields:
 - ClaimsAdjudicated0-15Days
 - ClaimsAdjudicated16-30Days
 - ClaimsAdjudicated31-45Days
 - ClaimsAdjudicated46-60Days
 - ClaimsAdjudicated61-90Days
 - ClaimsAdjudicated91+Days
 - AverageDaysRequiredForAdjudication
 - TotalAmountBilled
 - TotalAmountPaid
 - TotalClaimsPaid
 - TotalClaimsDenied
- For fields with an Acceptable Values list, include ONLY items from that list. Be sure they are spelled EXACTLY as given in the specifications. Even minor deviations in spelling may result in your submission being rejected.
- Submit report in a pipe-delimited file format.
- The first row of the pipe-delimited file MUST contain the field names, EXACTLY as indicated in the specifications. Do NOT change spelling or add spaces to field names.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
CalYear	Number		Report the 4-digit calendar year.
CalQuarter	Text	Jan-Mar Apr-Jun Jul-Sep Oct-Dec	Report the Quarter using only the Acceptable Values List.
HealthPlanName	Text	HealthyBlue HomeState UnitedHealthcare	Report the HealthPlanName using only the Acceptable Values List. NOTE that there are NO SPACES in the plan names in the Acceptable Values List list.
HealthPlanRegion	Text	Central Eastern Southwestern Western Unknown	Report the HealthPlanRegion using only the Acceptable Values List.
HealthPlanVendor	Text	[Vendor Name] NA	The name of the vendor whose claims are being reported. Enter "NA" if claims are from the Health Plan itself and not a vendor.
ClaimType	Text	Ambulance Dental FQHC Home Health Inpatient Hospital Medical Outpatient Hospital RHC Vision Unclean	Report the ClaimType using only the Acceptable Values List. See instructions for a hierarchy of these claim types, to assist with sorting claims that fall into more than one type.
TotalClaimsCount	Number		Total count of claims for designated claim type. This should be the count of ADJUDICATED claims for all ClaimTypes except 'Unclean'. For Unclean claims, report the total count of unclean claims.
ClaimsAdjudicated0-15Days	Number		Total count of CLEAN claims adjudicated between 0-15 days for the designated quarter.
ClaimsAdjudicated16-30Days	Number		Total count of CLEAN claims adjudicated between 16-30 days for the designated quarter.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
ClaimsAdjudicated31-45Days	Number		Total count of CLEAN claims adjudicated between 31-45 days for the designated quarter.
ClaimsAdjudicated46-60Days	Number		Total count of CLEAN claims adjudicated between 46-60 days for the designated quarter.
ClaimsAdjudicated61-90Days	Number		Total count of CLEAN claims adjudicated between 61-90 days for the designated quarter.
ClaimsAdjudicated91+Days	Number		Total count of CLEAN claims that required 91 or more days to be adjudicated for the designated quarter.
AverageDaysRequiredForAdjudication	Number		The average number of days for adjudication of CLEAN claims.
TotalAmountBilled	Number		The total amount billed for CLEAN claims during the quarter.
TotalAmountPaid	Number		The total amount paid for CLEAN claims during the quarter.
TotalClaimsPaid	Number		The total number of CLEAN claims that were PAID during the quarter.
TotalClaimsDenied	Number		The total number of CLEAN claims that were DENIED during the quarter. Denied claims are those that are actually denied. Claims that are allowed but with a paid amount of Zero are considered "Paid" claims and NOT "Denied" claims.