
CMS Manual System

Pub. 100-05 Medicare Secondary Payer

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 20

Date: October 29, 2004

CHANGE REQUEST 3181

SUBJECT: Medicare Secondary Payer (MSP) Savings Report Redesign

I. SUMMARY OF CHANGES: Several sections of the MSP online manual are being revised to include instructions regarding the changes made to the Medicare Secondary Payer (MSP) savings reports. After renumbering several sections, a new section 60.1.3.2.6. was created. Any Part B or carrier language pertaining to the changes to calculation or determination of MSP savings is purely informational. Carriers and DMERCs will not be required to implement changes to their processes for calculating and determining MSP savings and will not be required to implement the new CMS-1564 MSP Savings Report until a future instruction is issued.

NEW/REVISED MATERIAL - EFFECTIVE DATE: April 1, 2005

***IMPLEMENTATION DATE: April 4, 2005**

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS:

(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	5/ Table of Contents
R	5/60.1/Monthly Intermediary Report (Form CMS-1563) and Monthly Carrier Report (Form CMS-1564) on Medicare Secondary Payer Savings
R	5/60.1.2/ Savings Calculations
R	5/60.1.3.1/ Source of Savings
R	5/60.1.3.2/ Type of Savings
R	5/60.1.3.2.1/ Pre-payment Savings – Cost Avoid (Unpaid MSP Claims)
R	5/60.1.3.2.2/ Pre-payment Savings – Full Recoveries
R	5/60.1.3.2.3/ Pre-payment Savings – Partial Recoveries
R	5/60.1.3.2.4/ Post-payment Savings – Full Recoveries
R	5/60.1.3.2.5/ Post-payment Savings – Partial Recoveries
N	5/60.1.3.2.6/ Total Post-payment Savings
R	5/60.1.3.3/ Electronic Submission
R	5/60.1.3.3.1/ Data Entry of the Forms CMS-1563 and CMS-1564
R	5/60.1.3.3.2/ System Calculations for Forms CMS-1563 and CMS-1564

***III. FUNDING:**

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

***Medicare contractors only**

Attachment - Business Requirements

Pub. 100-05	Transmittal: 20	Date: October 29, 2004	Change Request 3181
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SUBJECT: Medicare Secondary Payer (MSP) Savings Report Redesign

I. GENERAL INFORMATION

A. Background: Change Request (CR) 3181 is being implemented over two releases. Intermediaries will implement this change in the April 2005 release. Carriers will be instructed to implement the CR in a future instruction.

Each month contractors submit a report of MSP savings to CMS. Intermediaries submit this information on the CMS-1563 report, while Carriers submit this information on the CMS-1564 report. The reports are due to CMS as soon as possible after the end of the month being reported, but no later than the 15th of the following month. Currently, the existing savings report format does not clearly identify each section of the savings reports, nor does the format accurately distinguish between pre-payment savings and post-payment savings. Also, the contractors manually calculate “total savings” from numerous individual system savings reports. In an effort to remedy these problems, CMS deemed it necessary to make formatting changes to the existing CMS-1563 and CMS-1564 reports. [See Exhibit 1 for the layout of the new CMS-1563 and CMS-1564 reports. **Note:** The changes to CMS-1564 are not effective until the issuance of a future instruction.] The identification labels of each special project section of the reports will include (1) the title of the special project; and (2) the special project number for that particular special project. Pre-payment savings will be clearly separated from post-payment savings. (4) the shared systems will automatically total all of the individual system savings reports, into one total savings report. (5) all savings related to the recovery of MSP debts are to be obtained from HIGLAS and manually added to the report before the contractor submits the report to CMS. Exhibit 2 is being provided for additional information. Exhibit 2 is a comprehensive table of all of the special projects, including reserved special project numbers, and their associated codes. Pre-payment savings occur in situations where Medicare does not make a payment since there is evidence of another primary payer. Post-payment savings occur in situations where Medicare has made a payment and later discovers evidence of another primary payer, subsequently resulting in recovery efforts to recoup monies paid in error. There are three categories of savings shown on the reports: (1) cost avoided (CA) savings, (2) full recovery (FR) savings, and (3) partial recovery (PR) savings. The layout for the new CMS-1563 & CMS-1564 reports segments each savings category by the following MSP types: workers’ compensation (including black lung)(codes 15 & 41), working aged (code 12), end stage renal disease (code 13), auto medical/no-fault (code 14), disabled (code 43), liability (including FTCA)(code 47), and VA/other federal (codes 42 & 16). Previously, the workers’ compensation column also included VA savings. A new column has been created which combines VA savings (code 42) and Other Federal savings (code 16). “other federal” means that another Federal program is primary to Medicare. The liability column will include, in addition to regular liability savings, savings attributable to Federal Tort Claims Act (FTCA) cases. CA savings are counted when claims are returned without payment because strong evidence exists that another insurer is the primary payer, and there is no indication that

payment has been requested from that payer. The CA savings are always classified as pre-payment savings. The FR savings are either pre-payment or post-payment in nature. A pre-payment FR occurs when a primary payer makes full payment up to the Medicare allowed amount before Medicare makes any payment. A post-payment FR occurs when a primary payer makes full payment on the Medicare allowed amount after Medicare has made payment, resulting in an overpayment situation. The PR savings are counted when a primary payer makes a payment that covers only a portion of the Medicare allowed amount, leaving Medicare with a balance to pay or recoup. PR savings are either pre-payment or post-payment in nature. A pre-payment PR occurs when Medicare makes a secondary payment and the savings are calculated as the difference between the Medicare allowed amount if primary and the amount Medicare paid as secondary. A post-payment PR occurs when Medicare has made a primary payment on a claim that should have otherwise been paid by another payer, and, subsequently, Medicare only recoups the portion of the claim that should have been paid by the other payer. These savings are calculated as the difference between the Medicare allowed amount if primary and the amount Medicare paid as secondary.

B. Policy: In order to clearly identify each section of the savings reports, to accurately distinguish between pre-payment savings and post-payment savings, and to relieve contractors of the need to manually calculate total savings from numerous individual system savings reports, CMS has decided to redesign the CMS-1563 and CMS-1564 MSP savings reports. This redesign will include: (1) clearly identifying each section of the savings reports by using appropriate labels, (2) separating all pre-payment and post-payment reporting within each section of the savings reports, (3) creating separate savings columns for “Workers’ Compensation (including black lung)” and “VA and Other Federal,” (4) adding “FTCA” savings to the liability column of the reports, (5) making shared system changes to automatically calculate total savings from the various individual system savings reports with the exception of MSP debt recoveries which will be added manually, and (6) making CROWD changes to accept and display the totals report, generated by the shared systems, and submitted by the contractors.

C. Provider Education: None.

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

Requirement #	Requirements	Responsibility
3181.1	The Part A shared system shall automatically total all of its individual system savings reports into one total savings report with the exception of recoveries of MSP debt reported through HIGLAS. This report shall model the format shown in Exhibit 1. [CMS’s understanding is that there are numerous individual system savings reports that need to be manually totaled by the contractors in order to submit the monthly CMS-1563 report. Having the Part A	FISS

	shared systems automatically total the individual reports will eliminate the need for contractor staff to manually total these reports with the exception of recoveries of MSP debt reported through HIGLAS.	
3181.2	Intermediaries shall submit the new total savings report to CMS by the end of the month being reported, but no later than the 15 th of the following month.	Intermediaries
3181.3	Intermediaries shall report all pre-payment and post-payment savings, including manual savings on MSP claims when necessary, in the appropriate individual systems savings report.	Intermediaries
3181.4	CMS's CROWD system shall accept the new format of the savings reports from each contractor and display the CMS-1563 using the format shown in Exhibit 1. [Note: The CROWD system is being instructed to use the same format that the shared systems are being instructed to use, the format in Exhibit 1.]	CMS CROWD staff
3181.4.1	CMS's CROWD system shall display the CMS-1563 so that the entire report can be viewed and/or printed as shown in the format in Exhibit 1. [The existing mainframe display forces users to toggle back and forth and up and down to view the reports.]	CMS CROWD staff
3181.5	Intermediaries shall report all cost-avoided savings under the pre-payment savings section of the CMS-1563 report.	Intermediaries
3181.6	Intermediaries shall report pre-payment partial recovery savings under the pre-payment section of the CMS-1563 report.	Intermediaries
3181.6.1	Part A pre-payment partial recoveries are defined by the type of bill submitted. If a claim submitted to an intermediary has a bill type code with a third digit of 1,2,3,4 or 5, the intermediary shall classify this claim as pre-payment savings.	Intermediaries
3181.7	Intermediaries shall report post-payment partial recovery savings under the post-payment section of the CMS-1563 report. [Partial recoveries are those savings realized when a primary payer makes a payment which covers only a part of Medicare's payment for the services at issue.] This includes situations where Medicare compromises its recovery claim or waives recovery of part of its claim. All savings related to the recovery of MSP debts are to be reported by the lead contractor manually, that is, other than through a claims adjustment.	Intermediaries
3181.7.1	Part A post-payment partial recoveries are recorded by the type of bill submitted. If a claim submitted to an intermediary has a bill type code with a third digit of 7, 8, or F - P, the adjustment is classified as post-payment	Intermediaries

	savings.	
3181.8	Intermediaries shall report pre-payment full recovery savings under the pre-payment section of the CMS-1563 report.	Intermediaries
3181.8.1	Part A pre-payment full recoveries are defined by the type of bill submitted. If a claim submitted to an intermediary has a bill type code with a third digit of 0,1,2,3,4 or 5, the intermediary shall classify this claim as pre-payment savings.	Intermediaries
3181.9	Intermediaries shall report post-payment full recovery savings under the post-payment section of the CMS-1563 report. [Post-payment full recoveries are recorded when Medicare recovers the full amount minus any adjustments. Part A savings are sometimes recorded manually without a claims adjustment.]	Intermediaries
3181.9.1	Part A post-payment full recoveries are recorded by the type of bill submitted. If a claim submitted to an intermediary has a bill type code with a third digit of 7, 8, or F - P, the adjustment is classified as post-payment savings.	Intermediaries
3181.10	Intermediaries shall report all activities that are defined as Special Projects (i.e., IRS/SSA/CMS Data Match, Initial Enrollment Questionnaire, Litigation Settlement, Employer Voluntary Reporting) under the appropriate pre-payment or post-payment section of the CMS-1563 report.	Intermediaries
3181.11	Intermediaries shall report all other MSP activities and their respective savings, which are not defined as special projects, under the new section titled “Intermediary/Carrier Contractor Savings.” These activities have previously been included in the “Totals” section of the savings report.	Intermediaries
3181.12	Intermediaries shall report all VA (code 42) and Other Federal (code 16) savings in the “VA/Other Federal” column. [“Other Federal” means that another Federal program is primary to Medicare.]	Intermediaries
3181.13	Intermediaries shall report savings for workers’ compensation (code 15) and Black Lung [BL] (code 41) in the “Workers’ Compensation (including BL)” column.	Intermediaries
3181.14	Intermediaries shall report savings for “FTCA” in the Liability column. FTCA shall be reported under code 47.	Intermediaries

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions
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B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: FISS and the CROWD system must interface.

D. Contractor Financial Reporting /Workload Impact: CROWD and FISS

E. Dependencies: None.

F. Testing Considerations: The Part A shared system (FISS) must test to ensure that the individual system savings reports correctly total. The only manual effort should be for post-pay recoveries obtained from HIGLAS. The CROWD system must test to ensure that the “total savings report” is accepted from each contractor and displayed in the CROWD system in the format provided in Exhibit 1.

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: April 1, 2005</p> <p>Implementation Date: April 4, 2005</p> <p>Pre-Implementation Contact(s): Susan Oken (Soken@cms.hhs.gov)</p> <p>Post-Implementation Contact(s): Your regional office MSP coordinator</p>	<p>These instructions shall be implemented within your current operating budget.</p>
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Attachments

Medicare Secondary Payer (MSP) Manual

Chapter 5 - Contractor Prepayment Processing Requirements

Table of Contents *(Rev.20, 10-29-04)*

<i>MSP Claims)</i>	<i>60.1.3.2.1 – Pre-payment Savings – Cost Avoid (Unpaid</i>
	<i>60.1.3.2.2 – Pre-payment Savings – Full Recoveries</i>
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	<i>60.1.3.2.4 – Post-payment Savings – Full Recoveries</i>
	<i>60.1.3.2.5 – Post-payment Savings – Partial Recoveries</i>
	<i>60.1.3.2.6 – Total Post-payment Savings</i>
<i>CMS-1564</i>	<i>60.1.3.3.2 – System Calculations for Forms CMS-1563 and</i>

60.1 - Monthly Intermediary Report (Form CMS-1563) and Monthly Carrier Report (Form CMS-1564) on Medicare Secondary Payer Savings

(Rev.20, Issued: 10-29-04, Effective: 04-01-05, Implementation: 04-04-05)

Each month contractors must electronically transmit to CMS central office a monthly intermediary report (Form CMS-1563) and a monthly carrier report (Form CMS-1564) on Medicare Secondary Payer Savings via the IBM PC. *To submit forms K and L, the FI or carrier must connect to the CMS Data Center (CDC).* (See [§60.1.3.3.](#)) Hard-copy reports are not required. Contractors transmit a separate report for each office assigned a separate contractor number.

60.1.2 - Savings Calculations

(Rev.20, Issued: 10-29-04, Effective: 04-01-05, Implementation: 04-04-05)

Savings on the Forms CMS-1563 and CMS-1564 can be recorded only for the actual amount of savings realized, plus Medicare's share of the procurement costs. Under no circumstances can more savings be claimed than actually paid in benefits. Each contractor may claim the savings for the benefits it paid out. *Non-lead contractors no longer need to update the claims history except when the re-establishment of exhaustible benefits is required as a result of a recovery. The lead recovery contractor will be responsible for reporting all savings manually. Contractors will also report any additional manual savings if directed to do so by CO, via the RO.*

A. Savings Priority

The savings priority *order is as follows: (1) exhaustible Part A benefits, (2) exhaustible Part B benefits, (3) the remaining (non-exhaustible) Part A benefits, and (4) the remaining (non-exhaustible) Part B benefits.*

B. Reporting Dollar Values

The FI and carrier rounds all values to the nearest whole dollar.

C. Checking Reports

- *Line 7 must equal the sum of lines 1 + 3 + 5 for all columns;*
- *Line 8 must equal the sum of lines 2 + 4 + 6 for all columns;*
- *Line 13 must equal the sum of lines 9 + 11 for all columns;*
- *Line 14 must equal the sum of lines 10 + 12 for all columns;*
- *Line 15 equals line 1 for all columns;*
- *Line 16 equals line 2 for all columns;*
- *Line 17 equals the sum of lines 3 + 9 for all columns;*
- *Line 18 equals the sum of lines 4 + 10 for all columns;*
- *Line 19 equals the sum of lines 5 + 11 for all columns;*
- *Line 20 equals the sum of lines 6 + 12 for all columns;*
- *Line 21 equals the sum of lines 15 + 17 + 19 for all columns;*
- *Line 22 equals the sum of lines 16 + 18 + 20 for all columns.*

60.1.3.1 - Source of Savings

(Rev.20, Issued: 10-29-04, Effective: 04-01-05, Implementation: 04-04-05)

The FI or carrier reports data by total and by source as shown below:

Total Column

All MSP savings regardless of source.

Workers' compensation (WC) column (including black lung (BL)) (codes 15 & 41)

The FI or carrier includes data related to all MSP savings resulting from medical benefits provided by the WC Plans of the 50 States, the District of Columbia, Guam and Puerto Rico. In addition, it includes Federal WC provided under the Federal Employee's Compensation Act, the U. S. Longshoremen's and Harbor Workers' Compensation Act and its extensions, *and* the Federal Coal Mine Health and Safety Act of 1969 as amended (the Federal BL Program). It keeps separate records for each distinct category (WC *and* BL).

NOTE: VA savings are now counted under the column titled "VA/Other Federal."

Working Aged Column (code 12)

The FI or carrier includes data related to all MSP savings resulting from benefits payable under a GHP for beneficiaries aged 65 and older that are covered by reason of their own employment or the employment of a spouse of any age. *Under section 1862(b) of Title XVIII of the Social Security Act, Medicare is the secondary payer for individuals age 65 or over who are covered under a GHP by virtue of current employment status of the individual or the individual's spouse. The individual, or spouse, who is covered under the GHP must be employed by an employer that has 20 or more employees. Section 1862(b)(1)(A)(ii) of the Social Security Act permits small employer GHPs an exclusion from the MSP provisions, if the employer employs less than 20 employees and the employer makes the exclusion.*

End Stage Renal Disease (ESRD) Column (code 13)

The FI or carrier includes data related to all MSP savings resulting from benefits payable under a GHP for individuals who are entitled to Medicare benefits on the basis of ESRD during a period of up to 30 *months*. The period during which Medicare pays secondary benefits is defined in Chapter 2, [§20.2](#).

Auto Medical/No-Fault Column (code 14)

The FI or carrier includes data related to all MSP savings resulting from:

Automobile Medical/ No-Fault Insurance – Include data related to all MSP savings resulting from insurance coverage (including a self-insured plan) that pays for medical expenses for injuries sustained on the property or premises of the insured, or in the use, occupancy or operation of an automobile, regardless of who may have been responsible for causing the accident. This insurance includes, but is not limited to automobile, homeowners, and commercial plans. It is sometimes called “medical payments coverage,” “personal injury protection,” or “medical expense coverage.”

***NOTE:** Auto medical/ no-fault is captured under this column. auto liability is captured under the Liability column.*

Disabled Column (code 43)

The FI or carrier includes data related to all MSP savings resulting from situations where Medicare is the secondary payer for disabled beneficiaries under age 65 (except ESRD beneficiaries) who elect to be covered by a large group health plan (LGHP) based on their current employment or a family member's current employment. An LGHP is any health plan that covers employees of at least one employer who normally employs 100 or more employees.

Liability Column (code 47)

*The FI or carrier includes data related to all MSP savings resulting from liability insurance -- Insurance (including a self-insured plan) that provides payment based on legal liability for injury, illness, or damage to property. It includes, but is not limited to, automobile liability insurance, uninsured motorist insurance, homeowners' liability insurance, malpractice insurance, product liability insurance, and general casualty insurance. (**Note:** Where the beneficiary receives medical payment under his or her own homeowners' insurance, it should be reported under auto medical/ no fault).*

Medicare contractors shall report the savings for Federal Tort Claim Act (FTCA) cases in the Liability column. The FTCA shall be reported under code 47. FTCA cases arise when a person is injured on Federal property, in or by a Federal vehicle, via medical malpractice at a Veterans Administration (VA) hospital or at any government sponsored hospital setting and Medicare pays conditionally. In an FTCA case, the other Federal agency has the responsibility to refund Medicare as any other third party payer refunds Medicare. FTCA cases are classified as a self-insured entity. These recoveries are liability recoveries. The responsibility of a lead contractor for FTCA cases shall be to identify Medicare's recovery claim amount and to coordinate/facilitate communications with other intermediaries and carriers, as required by the Centers for Medicare & Medicaid Services (CMS) central office. For FTCA cases, the lead contractor shall be the same as the lead contractor would be for a liability or no-fault case. However, although a lead contractor is being designated for FTCA cases, these recoveries will continue to be under the specific direction of CMS staff.

Veterans Administration (VA)/Other Federal Column (codes 42 & 16)

The FI or carrier includes data related to all MSP savings resulting from situations where the VA pays for fee-for-service medical care received by Medicare beneficiaries. "Other Federal" means another Federal program is primary to Medicare. The FI or carrier includes data related to all MSP savings resulting from situations where another Federal program pays for fee-for-service medical care received by Medicare beneficiaries.

NOTE: Workers' compensation cases are reported under the column titled "Workers' Compensation column."

60.1.3.2 - Type of Savings

(Rev.20, Issued: 10-29-04, Effective: 04-01-05, Implementation: 04-04-05)

The FI or carrier includes data by type of savings as shown below. *There are two categories of savings on the savings reports, one for pre-payment savings and one for post-payment savings. There are three types of savings shown on the reports: (1) cost avoided savings, (2) full recovery savings, and (3) partial recovery savings.*

60.1.3.2.1 – Pre-payment Savings – Cost Avoided (Unpaid MSP Claims)

(Rev.20, Issued: 10-29-04, Effective: 04-01-05, Implementation: 04-04-05)

A. Cost Avoidance Savings

*Cost avoided (unpaid MSP claims) savings, reported in lines 1 and 2, are those that the contractor has returned without payment because there is strong evidence that another insurer is the primary payer and there is no indication that payment has been requested from that payer. **Cost avoided savings are always classified as pre-payment savings.** The information indicating MSP involvement may be contained in FI or carrier files, on the CWF Auxiliary file, or on the claim itself. In addition, any information obtained from a non-Medicare source and used as the basis for claiming cost avoidance savings must meet the criteria in [§60.1.3.B](#).*

Information considered adequate for claiming cost avoidance savings includes statements on the claim noting "automobile accident," "collision," or the name of the automobile insurer. Another example would be previous information obtained that shows that GHP coverage exists. The FI or carrier does not count claims it develops as "possible" MSP situations based on routine edits as cost avoidance savings unless there is previous information that another payer has primary responsibility. For example, "trauma code" edits are not, by themselves, considered strong evidence that Medicare is the secondary payer.

Line	Description	Instruction
Line 1	<i>Cost Avoid (# of claims)</i>	The number of cost avoided claims from which savings is recorded on the report.
Line 2	<i>Cost Avoid (\$)</i>	The dollar value of the potential Medicare payments calculated for the claims on Line 1 that will be saved if the primary payer makes a payment that relieves Medicare of all payment liability.

The amount of cost avoided is **what Medicare would have paid**. The FI or carrier **must not count total charges as cost avoided savings**.

For intermediaries the cost avoided amount is the "Medicare payment rate" or the "current Medicare interim reimbursement amount" less any coinsurance amount applicable. It reduces Part B services subject to coinsurance for the coinsurance amount or uses a "coinsurance reduction factor" of 19 percent to calculate coinsurance charges for **all** Part B services. It may assume that the deductible has been met.

Carriers reduce the cost avoided amount based upon reasonable charge and coinsurance calculations:

- **Reasonable Charge Reductions** - The reasonable charge amount may be calculated through the actual reasonable charge methodology or through a "reasonable charge reduction factor" which is the percentage derived from the most current Forms CMS-1565A by dividing line 3 (Total Amount of reduction) by Line 1 (Total Covered Charges for All Claims). (See the Medicare Financial Management Manual, Chapter 6, §240.2.)
- **Coinsurance** - The *intermediary and* carrier reduce line items subject to the Part B coinsurance by that amount **or** apply a "coinsurance reduction factor" of 19 percent to all charges.

B. Tracking/Adjusting Cost Avoidance Savings

Cost avoidance savings may not duplicate savings reported as full or partial recoveries and may not be shown where Medicare ultimately makes primary payment. To prevent duplicate counting, the FI or carrier suspends all claims returned unpaid. It sets up a control on the claim when it is returned for development. It maintains this control for 75 days, unless further information is received before that time which allows processing the claim. If no further information on the claim is received, the claim may be denied after 75 days. Contractors are required to continue tracking the claim, but retain the key identifying information on the claim, as described in [§60.1.3.A](#).

The CMS prefers cost avoidance savings only **after** 75 days have elapsed. However, contractors do have the option of counting the savings when the claim is initially suspended or at any time during the suspension period. If the latter alternative is

selected, the FI or carrier adjusts cost avoidance savings if the claim is resubmitted during the suspension period with information showing it is not a legitimate cost avoidance.

NOTE: The carrier may not return a *non-assigned* claim to a *beneficiary*, but must control it as described above when the claim is being developed for MSP involvement and counted as cost avoidance savings.

The following situations require special consideration if cost avoidance savings are counted before the 75 day suspense period has ended:

- A claim returned (and counted as cost avoided) is paid **in part** by another payer and the provider resubmits it for secondary payment.
- A claim returned (and counted as cost avoided) is denied by the other payer and the provider resubmits it for primary payment.
- A claim returned (and counted as cost avoided) is paid **in full** by the other payer and the provider submits a no-payment bill. The FI or carrier shows "*pre-payment* full recovery" savings and not cost avoidance.

In these situations, the FI or carrier adjusts the cost avoidance savings figures by deducting or "backing out" the applicable amounts. It makes the adjustments in the reporting month in which a final determination is rendered. The following chart outlines the correct reporting of savings in each situation.

ADJUSTMENTS TO REPORTED MSP COST AVOIDANCE SAVINGS

CLAIMS PROCESSING ACTIONS	MSP SAVINGS REPORTED		
	Cost Avoidance	<i>Pre-payment</i> Partial Recoveries	<i>Pre-payment</i> Full Recoveries
I. <i>Pre-payment</i> Partial Recovery Adjustment – Intermediary			
<ul style="list-style-type: none"> • MSP situation indicated. Intermediary calculated the Medicare payment to be \$1200 if Medicare was primary payer. Claim is returned to submitter. 	\$1,200		
<ul style="list-style-type: none"> • Provider resubmits the claim to the intermediary showing \$900 paid by the other insurer. Medicare secondary payment of \$300 is made. 	\$(1,200)*	\$900	
II. <i>Pre-payment</i> Partial Recovery Adjustment – Carrier			
<ul style="list-style-type: none"> • MSP situation indicated. Carrier calculated the Medicare payment to be \$50 if 	\$50		

CLAIMS PROCESSING ACTIONS	MSP SAVINGS REPORTED		
	Cost Avoidance	<i>Pre-payment Partial Recoveries</i>	<i>Pre-payment Full Recoveries</i>
Medicare was primary payer. Claim is returned to submitter.			
<ul style="list-style-type: none"> Claim is resubmitted to the carrier showing \$30 paid by the other insurer. Medicare secondary payment of \$20 is made. 	\$(50)*	\$30	
III. "Other Payer Denial" Adjustment – Intermediary			
<ul style="list-style-type: none"> MSP situation indicated; Medicare "primary" payment by the intermediary is, \$2,000. Claim is returned to providers. 	\$2,000		
<ul style="list-style-type: none"> Other payer denies claim. Medicare found to be primary and Medicare payment of \$2,000 is made. 	\$(2,000) *		
IV. "Other Payer Denial" Adjustment – Carrier			
<ul style="list-style-type: none"> MSP situation indicated; Medicare's "primary" payment by the carrier is calculated to be \$75. Claim is returned to submitter. 	\$75		
<ul style="list-style-type: none"> Other payer denies claim; Medicare found to be primary and Medicare payment of \$75 is made. 	\$(75)*		
V. Full Recovery Adjustment - Intermediary			
<ul style="list-style-type: none"> MSP situation indicated - Medicare "primary" payment, \$900. Claim is returned to provider. 	\$ 900		
<ul style="list-style-type: none"> Provider submits a "no-payment" bill showing full payment by the other payer. 	\$(900) *		\$ 900
VI. Full Recovery Adjustment – Carrier			
<ul style="list-style-type: none"> MSP situation indicated: Medicare's "primary" payment calculated to be \$80. Claim is returned to submitter. 	\$ 80		
<ul style="list-style-type: none"> Submitter or other source informs carrier that full payment was made by the other payer. 	\$(80)*		\$ 80

*Amounts "backed out" of cost avoidance savings figures.

60.1.3.2.2 – Pre-payment Savings – Full Recoveries

(Rev.20, Issued: 10-29-04, Effective: 04-01-05, Implementation: 04-04-05)

Pre-payment full recoveries occur when a primary payer makes full payment up to the Medicare allowed amount before Medicare makes any payment, relieving Medicare of all payment liability.

Line	Description	Instruction
Line 3	<i>Full Recovery (# of claims)</i>	Report the number of full recoveries made during the month.
Line 4	<i>Full Recovery (\$)</i>	Report the dollar value of full recoveries made during the month.

Part A Pre-payment Full Recoveries

Part A pre-payment full recoveries is defined by the type of bill submitted. If a claim submitted to an intermediary has a bill type code with a third digit of 0,1,2,3,4 or 5, the intermediary shall classify this claim as pre-payment savings.

Intermediary Example

A hospital identifies a GHP as the primary payer, submits its charge to that insurer, and the GHP pays the hospital's full cost. The intermediary subsequently receives a "no pay" bill. It determines what Medicare would have paid if the GHP had not made payment and records that total as a *pre-payment* full recovery savings.

Part B Pre-payment Full Recoveries

Part B pre-payment full recoveries include those claims that are processed as MSP-involved and occur when the standard system determines that another insurer's paid amount exceeds Medicare's allowed amount.

Carrier Example

A physician identifies a GHP as the primary payer, submits the bill to that insurer, and the GHP pays the charges in full. The beneficiary informs the carrier of this and submits a copy of the GHP explanation of benefits. The carrier determines what would have been paid if the GHP had not made payment and records that total as full recovery savings.

60.1.3.2.3 – Pre-payment Savings – Partial Recoveries

(Rev.20, Issued: 10-29-04, Effective: 04-01-05, Implementation: 04-04-05)

Pre-payment Partial Recoveries occur when Medicare makes a secondary payment and the savings are calculated as the difference between the Medicare allowed amount if primary and the amount Medicare paid as secondary.

Intermediary Example

A hospital identifies a GHP as the primary payer, submits its charge to that insurer, and the GHP makes primary payment, but it does not cover the full cost. The intermediary calculates the difference between what Medicare would have paid, if primary, and the amount Medicare paid as secondary. This amount is recorded as a prepayment partial recovery.

Carrier Example

A physician identifies a GHP as the primary payer, submits the bill to that insurer, and the GHP makes primary payment, but it does not cover the full cost. The beneficiary informs the carrier of this and submits a copy of the GHP explanation of benefits. The carrier calculates the difference between what Medicare would have paid, if primary, and the amount Medicare paid as secondary. This amount is recorded as a prepayment partial recovery.

Line	Description	Instruction
Line 5	<i>Partial Recovery</i> (# of claims)	Report the number of <i>pre-payment</i> partial recoveries made during the month.
Line 6	<i>Partial Recovery</i> (\$)	Report the dollar value of <i>pre-payment</i> partial recoveries made during the month.

Part A pre-payment partial recoveries are defined by the type of bill submitted. If a claim submitted to an intermediary has a bill type code with a third digit of 0,1,2,3,4 or 5, the intermediary shall classify this claim as pre-payment savings.

Part B pre-payment partial recovery savings occur when the other insurer's payment is less than the Medicare allowed amount, causing a Medicare secondary payment. The carrier shall calculate these savings by determining the difference between the Medicare allowed amount if primary and the amount Medicare paid as secondary.

Line 7 is the sum of lines 1, 3 and 5. It represents total pre-payment savings (# of claims). Line 8 is the sum of lines 2, 4 and 6. It represents total pre-payment savings (\$). Lines 7 and 8 are automatically calculated.

60.1.3.2.4 – Post-payment Savings – Full Recoveries

(Rev.20, Issued: 10-29-04, Effective: 04-01-05, Implementation: 04-04-05)

Post-payment full recoveries are recorded when Medicare recovers the full amount demanded minus any adjustments. Part A and Part B savings are sometimes recorded manually without a claims adjustment.

Line	Description	Instruction
Line 9	<i>Full Recovery (# of claims)</i>	Report the number of <i>post-payment full</i> recoveries made during the month.
Line 10	<i>Full Recovery (\$)</i>	Report the dollar value of <i>post-payment full</i> recoveries made during the month.

Part A post-payment full recoveries are recorded by the type of bill submitted. If a claim adjustment has a bill type code with a third digit of 7, 8, or F - P, the adjustment is classified as post-payment savings.

Part B post-payment full recovery savings are recorded when a claims adjustment is taken to completely adjust off Medicare's payment.

NOTE: *Part A savings are always taken first before Part B savings.*

NOTE: *The amount of savings taken/recorded for group health plan's (GHP) is equal to the amount of principal recovered. The amount of savings taken/recorded for liability, no-fault, and WC is always equal to the actual amount of repayment of principal received plus, where applicable, the amount of pro-rata reduction for attorney fees and costs associated with the actual recovery amount. Remember that interest shall not be counted as savings.*

Savings may be recorded only after receipt of payment. The contractor does not count recovery cases for CPE purposes until final resolution of the entire case (by adjustment, repayment, waiver of recovery, write-off – closed, or otherwise). Contractors count recovery savings in the month they are received. Please note that full recoveries pursuant to an extended repayment plan (i.e., formal installment/repayment request) are an exception and are not counted until all monies have been received.

NOTE: *For GHP debt, full recoveries are counted on a claim-by-claim basis. Count the full recovery of each individual claim in a GHP debt as a full recovery. For liability/no-fault/WC debt, full recoveries are counted on a debt-by-debt basis. Do not count a recovery as a full recovery unless the full principal for the entire debt is recovered.*

Part B post-payment full recoveries savings occur when the adjustment is taken to completely adjust off Medicare's primary payment, since the claim should have been fully paid by the primary insurer.

60.1.3.2.5 – Post-payment Savings – Partial Recoveries

(Rev.20, Issued: 10-29-04, Effective: 04-01-05, Implementation: 04-04-05)

Post-payment partial recoveries are those savings realized when a primary payer makes a payment which covers only a part of Medicare's payment for the services at issue. This includes situations where Medicare compromises its recovery claim or waives recovery of part of its claim. Part A and Part B recovery savings are sometimes recorded manually without a claims adjustment.

Line	Description	Instruction
Line 11	<i>Partial Recovery (# of claims)</i>	Report the number of <i>post-payment partial</i> recoveries made during the month.
Line 12	<i>Partial Recovery (\$)</i>	Report the dollar value of <i>post-payment partial</i> recoveries made during the month.

Part A post-payment partial recoveries are recorded by the type of bill submitted. If a claims adjustment has a bill type code with a third digit of 7, 8, or F - P, the adjustment is classified as a post-payment savings.

Part B post-payment partial recovery savings are recorded when a claims adjustment is done for less than Medicare's original payment. The amount adjusted is classified as a post-payment savings.

NOTE: *Part A savings are always taken first before Part B savings.*

NOTE: *The amount of savings taken/recorded for group health plan's is equal to the amount of principal recovered. The amount of savings taken/recorded for liability, no-fault, and WC is always equal to the actual amount of repayment of principal received plus, where applicable, the amount of pro-rata reduction for attorney fees and costs associated with the actual recovery amount. Remember that interest shall not be counted as savings.*

Savings may be recorded only after receipt of payment. The contractor does not count recovery cases for CPE purposes until final resolution of the entire case (by adjustment, repayment, waiver of recovery, write-off – closed, or otherwise). Contractors count recovery savings in the month they are received. Please note that partial recoveries pursuant to an extended repayment plan (i.e., formal installment/repayment request) are an exception and are not counted until all monies have been received.

NOTE: *For GHP debt, full recoveries are counted on a claim-by-claim basis. Count the full recovery of each individual claim in a GHP debt as a full recovery. For liability/no-fault/WC debt, full recoveries are counted on a debt-by-debt basis. Do not count a recovery as a full recovery unless the full principal for the entire debt is recovered.*

60.1.3.2.6 – Total Post-payment Savings

(Rev.20, Issued: 10-29-04, Effective: 04-01-05, Implementation: 04-04-05)

In this part of the report, lines 13 and 14 are automatically calculated to reflect the total number of claims (debts) and the total dollar value of full and partial recoveries realized during the month.

Line	Description	Instruction
<i>Line 13</i>	<i>Total Post-pay Savings (# of claims)</i>	<i>The system will automatically report the total post-payment savings (number) realized during the month. [Line 13 is the sum of lines 9 and 11.]</i>
<i>Line 14</i>	<i>Total Post-pay Savings (\$ - dollars)</i>	<i>The system will automatically report the total post-payment savings (dollar value) realized during the month. [Line 14 is the sum of lines 10 and 12.]</i>

60.1.3.3 - Electronic Submission

(Rev.20, Issued: 10-29-04, Effective: 04-01-05, Implementation: 04-04-05)

To submit forms K and L, the FI or carrier must connect to the CMS Data Center (CDC). The preferred method is to use the IBM Host On-Demand software that is issued to every registered CDC user. While the FI or carrier can connect to the CDC using software of their own choosing, CMS will not provide support for any problems or issues that arise from the employment of this software.

60.1.3.3.1 - Data Entry of the Forms CMS-1563 and CMS-1564

(Rev.20, Issued: 10-29-04, Effective: 04-01-05, Implementation: 04-04-05)

Data entry on the CROWD system can be accomplished via two methods, keying or uploading. For data entry instructions, please reference the CROWD User Guide. Upload instructions are also available on the CDC ... just click on the “Tips and Hints” icon on the Microsoft Internet Explorer screen (the first screen that is displayed when Host On-Demand is initiated).

60.1.3.3.2 – System Calculations for Forms CMS-1563 and CMS-1564

(Rev.20, Issued: 10-29-04, Effective: 04-01-05, Implementation: 04-04-05)

The following *system calculations* are performed on the Forms CMS-1563 and CMS 1564;

- A valid 5-digit intermediary number is required on the Form CMS-1563 or;
- A valid 5-digit carrier number is required on the Form CMS-1564; and;
- The default value for areas not keyed is zero;
- Appropriate reporting period (MMYYYY) is required;
- Enter the 2-position alpha State code;
- *Line 7 must equal the sum of lines 1 + 3 + 5 for all columns;*
- *Line 8 must equal the sum of lines 2 + 4 + 6 for all columns;*
- *Line 13 must equal the sum of lines 9 + 11 for all columns;*
- *Line 14 must equal the sum of lines 10 + 12 for all columns;*
- *Line 15 equals line 1 for all columns;*
- *Line 16 equals line 2 for all columns;*
- *Line 17 equals the sum of lines 3 + 9 for all columns;*
- *Line 18 equals the sum of lines 4 + 10 for all columns;*
- *Line 19 equals the sum of lines 5 + 11 for all columns;*
- *Line 20 equals the sum of lines 6 + 12 for all columns;*
- *Line 21 equals the sum of lines 15 + 17 + 19 for all columns;*
- *Line 22 equals the sum of lines 16 + 18 + 20 for all columns.*

Exhibit 2

CWF Source Codes	MSP/COB Contractor Numbers	Non-payment/Payment Denial Codes	CROWD Special Project Numbers
B, D, T, U, V, or W	7777 = IRS/SSA/HCFA Data Match (I, II, III, IV, V, or VI)	Y	1000
O	99999 = Initial Enrollment Questionnaire (IEQ)	T	2000
P	55555 = HMO Rate Cell Adjustment	U	3000
	33333 = Litigation Settlement	V	4000
Q	88888 = Voluntary Agreements	Q	5000
0	11100 = COB Contractor	00	6000
1	11101 = Initial Enrollment Questionnaire (IEQ)	T	6010
2	11102 = IRS/SSA/CMS Data Match	Y	6020
3	11103 = HMO Rate Cell	U	6030
4	11104 = Litigation Settlement	V	6040
5	11105 = Employer Voluntary Reporting	Q	6050
6	11106 = Insurer Voluntary Reporting	K	6060
7	11107 = First Claim Development	E	6070
8	11108 = Trauma Development	F	6080
9	11109 = Secondary Claims Investigation	G	6090
10	11110 = Self Reports	H	7000
11	11111 = 411.25	J	7010
12	11112 = Blue Cross – Blue Shield Voluntary Agreements	12	7012
13	11113 = Office of Personnel Management (OPM) Data Match	13	7013
14	11114 = Workers' Compensation (WC) Data Match	14	7014
15	11115 = To be determined	15	7015
16	11116 = To be determined	16	7016
17	11117 = To be determined	17	7017
18	11118 = To be determined	18	7018
19	11119 = To be determined	19	7019
20	11120 = To be determined	20	7020
“”	“”	“”	“”
99	11199 = To be determined	99	7099

MEDICARE SECONDARY PAYER (MSP) SAVINGS REPORT
 FISCAL YEAR:
 NATIONAL SUMMARY

DESCRIPTION	NATIONAL TOTAL		TOTAL OF ALL SAVINGS (SUMMARY)						
	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes 15 & 41)	WORKING AGED (code 12)	ESRD (code 13)	AUTO MEDICAL / NO FAULT (code 14)	DISABLED (code 43)	Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)
Prepay Savings:									
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0
Postpay Savings:									
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

DESCRIPTION	NATIONAL TOTAL		INTERMEDIARY/CARRIER CONTRACTOR SAVINGS						
	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes 15 & 41)	WORKING AGED (code 12)	ESRD (code 13)	AUTO MEDICAL / NO FAULT (code 14)	DISABLED (code 43)	Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)
Prepay Savings:									
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0

MEDICARE SECONDARY PAYER (MSP) SAVINGS REPORT

FISCAL YEAR:
NATIONAL SUMMARY

Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0
Postpay Savings:									
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL

SPEC PROJ: IRS/SSA/CMS DATA MATCH (1000)

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes 15 & 41)			AUTO MEDICAL / NO FAULT / DISABLED (code 14) (code 43)		Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)
			WORKING AGED (code 12)	ESRD (code 13)					
Prepay Savings:									
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0
Postpay Savings:									
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0

MEDICARE SECONDARY PAYER (MSP) SAVINGS REPORT

FISCAL YEAR:
NATIONAL SUMMARY

Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL

SPECIAL PROJ: INITIAL ENROLLMENT QUESTIONNAIRE (2000)

DESCRIPTION	LINE NUMBER	WORKERS' COMP (including WORKING AGED (code 12) ESRD (code 13)				AUTO MEDICAL / NO FAULT (code 14) DISABLED (code 43)		Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)
		TOTAL	15 & 41)	12)	13)	NO FAULT (code 14)	DISABLED (code 43)	FTCA) (code 47)	FEDERAL (codes 42 & 16)
Prepay Savings:									
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0
Postpay Savings:									
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL

SPECIAL PROJ: HMO RATE CELL ADJUSTMENT (3000)

MEDICARE SECONDARY PAYER (MSP) SAVINGS REPORT
 FISCAL YEAR:
 NATIONAL SUMMARY

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes 15 & 41)			WORKING AGED (code 12)	ESRD (code 13)	AUTO MEDICAL / NO FAULT (code 14)		DISABLED (code 43)	Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)
Prepay Savings:												
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0	0	0	0
Postpay Savings:												
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0	0	0	0

NATIONAL TOTAL

SPECIAL PROJ: LITIGATION SETTLEMENT (4000)

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes 15 & 41)			WORKING AGED (code 12)	ESRD (code 13)	AUTO MEDICAL / NO FAULT (code 14)		DISABLED (code 43)	Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)
Prepay Savings:												
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0	0	0	0

MEDICARE SECONDARY PAYER (MSP) SAVINGS REPORT

FISCAL YEAR:
NATIONAL SUMMARY

Partial Recovery (\$)	6	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0
Postpay Savings:									
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL

SPECIAL PROJ: VOLUNTARY AGREEMENTS (5000)

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes 15 & 41)			WORKING AGED (code 12)	ESRD (code 13)	AUTO MEDICAL / NO FAULT (code 14)	DISABLED (code 43)	Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)
Prepay Savings:											
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0	0	0
Postpay Savings:											
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0	0	0

MEDICARE SECONDARY PAYER (MSP) SAVINGS REPORT

FISCAL YEAR:
NATIONAL SUMMARY

Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL

SPECIAL PROJ: COB CONTRACTOR (6000)

DESCRIPTION	LINE NUMBER	WORKERS' COMP (including BL) (codes				AUTO MEDICAL / NO FAULT (code14)		Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)
		15 & 41)	WORKING AGED (code 12)	ESRD (code 13)	DISABLED (code 43)				
Prepay Savings:									
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0
Postpay Savings:									
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL

SPECIAL PROJ: INITIAL ENROLLMENT QUESTIONNAIRE (6010)

MEDICARE SECONDARY PAYER (MSP) SAVINGS REPORT

FISCAL YEAR:
NATIONAL SUMMARY

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS'	WORKING AGED (code 12)	ESRD (code 13)	AUTO	DISABLED (code 43)	Liability	VA/OTHER
			COMP (including BL) (codes 15 & 41)			MEDICAL / NO FAULT (code14)		(including FTCA) (code 47)	FEDERAL (codes 42 & 16)
Prepay Savings:									
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0
Postpay Savings:									
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL

SPECIAL PROJ: IRS/SSA/CMS DATA MATCH (6020)

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS'	WORKING AGED (code 12)	ESRD (code 13)	AUTO	DISABLED (code 43)	Liability	VA/OTHER
			COMP (including BL) (codes 15 & 41)			MEDICAL / NO FAULT (code14)		(including FTCA) (code 47)	FEDERAL (codes 42 & 16)
Prepay Savings:									
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0

MEDICARE SECONDARY PAYER (MSP) SAVINGS REPORT

FISCAL YEAR:
NATIONAL SUMMARY

Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0
Postpay Savings:									
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL SPECIAL PROJ: HMO RATE CELL (6030)

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes 15 & 41)			WORKING AGED (code 12)	ESRD (code 13)	AUTO MEDICAL / NO FAULT (code14)	DISABLED (code 43)	Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)
Prepay Savings:											
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0	0	0
Postpay Savings:											
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0	0	0

MEDICARE SECONDARY PAYER (MSP) SAVINGS REPORT

FISCAL YEAR:
NATIONAL SUMMARY

Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL

SPECIAL PROJ: LITIGATION SETTLEMENT (6040)

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes 15 & 41)			AUTO MEDICAL / NO FAULT (code 14)	DISABLED (code 43)	Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)
			WORKING AGED (code 12)	ESRD (code 13)					
Prepay Savings:									
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0
Postpay Savings:									
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL

SPECIAL PROJ: EMPLOYER VOLUNTARY REPORTING (6050)

MEDICARE SECONDARY PAYER (MSP) SAVINGS REPORT

FISCAL YEAR:
NATIONAL SUMMARY

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS'	WORKING AGED (code 12)	ESRD (code 13)	AUTO	DISABLED (code 43)	Liability	VA/OTHER
			COMP (including BL) (codes 15 & 41)			MEDICAL / NO FAULT (code14)		(including FTCA) (code 47)	FEDERAL (codes 42 & 16)
Prepay Savings:									
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0
Postpay Savings:									
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL

SPECIAL PROJ: INSURER VOLUNTARY REPORTING (6060)

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS'	WORKING AGED (code 12)	ESRD (code 13)	AUTO	DISABLED (code 43)	Liability	VA/OTHER
			COMP (including BL) (codes 15 & 41)			MEDICAL / NO FAULT (code14)		(including FTCA) (code 47)	FEDERAL (codes 42 & 16)
Prepay Savings:									
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0

MEDICARE SECONDARY PAYER (MSP) SAVINGS REPORT

FISCAL YEAR:
NATIONAL SUMMARY

Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0
Postpay Savings:									
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL

SPECIAL PROJ: FIRST CLAIM DEVELOPMENT (6070)

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes 15 & 41)			AUTO MEDICAL / NO FAULT (code14)	DISABLED (code 43)	Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)
			WORKING AGED (code 12)	ESRD (code 13)					
Prepay Savings:									
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0
Postpay Savings:									
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0

MEDICARE SECONDARY PAYER (MSP) SAVINGS REPORT

FISCAL YEAR:
NATIONAL SUMMARY

Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL SPECIAL PROJ: TRAUMA CODE DEVELOPMENT (6080)

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes 15 & 41)			AUTO MEDICAL / NO FAULT (code 14)		Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)
			WORKING AGED (code 12)	ESRD (code 13)	DISABLED (code 43)	DISABLED (code 43)			
Prepay Savings:									
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0
Postpay Savings:									
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL SPECIAL PROJ: SECONDARY CLAIMS INVESTIGATION (6090)

MEDICARE SECONDARY PAYER (MSP) SAVINGS REPORT

FISCAL YEAR:
NATIONAL SUMMARY

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS'	WORKING AGED (code 12)	ESRD (code 13)	AUTO	DISABLED (code 43)	Liability	VA/OTHER
			COMP (including BL) (codes 15 & 41)			MEDICAL / NO FAULT (code14)		(including FTCA) (code 47)	FEDERAL (codes 42 & 16)
Prepay Savings:									
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0
Postpay Savings:									
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL

SPECIAL PROJ: SELF REPORTS (7000)

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS'	WORKING AGED (code 12)	ESRD (code 13)	AUTO	DISABLED (code 43)	Liability	VA/OTHER
			COMP (including BL) (codes 15 & 41)			MEDICAL / NO FAULT (code14)		(including FTCA) (code 47)	FEDERAL (codes 42 & 16)
Prepay Savings:									
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0

MEDICARE SECONDARY PAYER (MSP) SAVINGS REPORT

FISCAL YEAR:
NATIONAL SUMMARY

Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0
Postpay Savings:									
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL SPECIAL PROJ: 411.25 (7010)

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes 15 & 41)			WORKING AGED (code 12)	ESRD (code 13)	AUTO MEDICAL / NO FAULT (code14)	DISABLED (code 43)	Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)
Prepay Savings:											
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0	0	0
Postpay Savings:											
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0	0	0

MEDICARE SECONDARY PAYER (MSP) SAVINGS REPORT

FISCAL YEAR:
NATIONAL SUMMARY

Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL SPECIAL PROJ: BCBS VOLUNTARY AGREEMENTS (7012)

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes 15 & 41)			AUTO MEDICAL / NO FAULT (code 14) DISABLED (code 43)		Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)
			WORKING AGED (code 12)	ESRD (code 13)					
Prepay Savings:									
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0
Postpay Savings:									
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL SPECIAL PROJ: OPM DATA MATCH (7013)

MEDICARE SECONDARY PAYER (MSP) SAVINGS REPORT

FISCAL YEAR:
NATIONAL SUMMARY

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes 15 & 41)			WORKING AGED (code 12)	ESRD (code 13)	AUTO MEDICAL / NO FAULT (code 14)		DISABLED (code 43)	Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)
Prepay Savings:												
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0	0	0	0
Postpay Savings:												
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0	0	0	0

NATIONAL TOTAL

SPECIAL PROJ: WORKERS' COMPENSATION DATA MATCH (7014)

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes 15 & 41)			WORKING AGED (code 12)	ESRD (code 13)	AUTO MEDICAL / NO FAULT (code 14)		DISABLED (code 43)	Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)
Prepay Savings:												
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0	0	0	0

MEDICARE SECONDARY PAYER (MSP) SAVINGS REPORT
 FISCAL YEAR:
 NATIONAL SUMMARY

Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0
Postpay Savings:									
Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0