InfoPort℠

Report Samples

V2.12

UMR℠

A UnitedHealthcare Company

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UMR's InfoPort reporting tool supports business intelligence in a web-based application for delivery of data to run reports in a secure environment. Create and customize reports with an on-demand or schedule feature and view data at a summary or detail level based on activity administered by UMR.

Information in this document provides a summary of report content available within InfoPort. Hyperlinks are accessible in the electronic version of the document, providing an option to go to a specific report view. This document is also posted within InfoPort's Information Center. *Note:* Availability of specific reports within InfoPort may vary based on a client's line(s) of coverage with UMR; the client's plan representative authorizes report access levels.

Report Type	Description
Admission Summary	The Admission Summary Report, available in a standard or expanded format, summarizes medical claim dollars by inpatient hospital admissions. Report data includes the number of patients/admissions, length of stay, and average length of stay, with the option to filter by plan account structure and summarize by admission type.
Adult Screening	The Adult Screening Report displays members age 18 and over based on service/report date with medical claims by preventive care activity (e.g. cholesterol, colorectal cancer screen, breast cancer screen, cervical cancer screen, prostate cancer screen, and flu vaccination).
Adult Wellness Exam	The Adult Wellness Exam Report displays members age 18 and over based on service/report date with medical claims by standard preventive care visits (e.g. annual well visit/preventive visit/well visit/routine visit).
CARE Savings Summary [3]	The CARE Savings Summary Report provides an overview of potential savings for Utilization Management (pre-certification/concurrent and retrospective review of patient services) and Case Management (support of catastrophic or complex condition patients) when services are administered by UMR.
Claim Comparison	The Claim Comparison Report compares financial and enrollment data for multiple periods of time, provides a paid PMPM, and can be run with a user defined date range for time period comparison, including options to filter data and display activity by claim expenses or benefit type.
Claim Detail	The Claim Detail Report is a claim-by-claim list displaying a summary of paid claims activity and claim-level dollar totals. By setting the report criteria, report data can be narrowed down to claims expenses required for analysis, with the option to suppress PHI.
Claim Distribution	The Claim Distribution Report provides a view of patient and claim totals for a select time period, categorized by a user selection of financial ranges distributed by claims or by patients.
Claim Lag [1]	The Claim Lag Report displays the lag time between when services are performed and when the claim is paid over the course of a 12-month period.
Claim Summary [1]	The Claim Summary Report displays claim counts and dollars summarized by the dimensions selected (up to four filters). Choose from a myriad of summary fields (including account structure, claim category, network designation and patient attributes) to customize the report's claims data output view.

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Report Type	Description
Claim Summary by Member	The Claim Summary by Member Report summarizes claim information by patient or family. This report can be used to answer member questions on claim payment, determine utilization, or identify patients/families with the highest paid costs in claims.
Claim Summary by Network	The Claim Summary by Network Report assists with evaluating the financial benefit of the plan's network arrangements. The report displays summary claim information and discount percent by network.
Claim Summary by Provider	The Claim Summary by Provider Report summarizes claim information by the individual provider or by the provider's Tax Identification Number and displays key provider data on paid claims activity.
Claim Summary Service Level	The Claim Summary Service Level Report, like the Claim Summary Report, displays claim counts and dollars summarized by dimensions (filters) selected, with a focus on the claim service line-level attributes such as procedure and diagnosis. Report data can be run to view patient utilization of services and includes the option to filter or summarize the report by a Telehealth or Telemedicine vendor indicator (if applicable to the plan).
Claims and Enrollment by Month	The Claims and Enrollment by Month Report provides totals by month for the patient's paid claims activity, including a summary of billed, covered, allowed, and paid amounts, and paid PMPM.
Enrollment Census	The Enrollment Census Report is a listing of plan membership, displaying both demographic and enrollment information. It can be used to audit active plan enrollment at various points in time, or to identify new or terminating enrollees and under/over age dependent children.
Enrollment Summary[1]	The Enrollment Summary Report displays counts of enrollees summarized by the dimensions (filters) selected on the report. Choose from enrollment fields and account structure to summarize the report to assist with analyzing the plan's enrollment data.
Enrollment Summary by Month	The Enrollment Summary by Month Report provides counts of members by month summarized by the dimensions (filters) selected. Choose enrollment fields and plan account structure cuts of data to assist with analyzing the plan's enrollment data.
Extract – Claim Level	The Extract – Claim Level Report provides unformatted claim-level data suitable for downloading into a local application such as MS Excel; the paid claims layout contains a volume of data elements and can be used for claim analysis.
Extract – Claim Service Level	The Extract – Claim Service Level Report provides unformatted claim service line-level data suitable for download; the paid claims layout contains a volume of data elements including a Telehealth or Telemedicine vendor indicator (if applicable to the plan). Report data can be used for claim analysis at a service line-level.

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Report Type	Description
Extract – Enrollment Census	The Extract – Enrollment Census provides unformatted member demographic and enrollment data suitable for download; layout contains a volume of data elements and can be used for review of the plan's enrollment activity.
HRA Utilization Detail [3]	The HRA Utilization Detail Report provides a view of the member's contribution based on reporting month and can be filtered by account structure and subscriber to customize data. The report includes rollover dollars, incentive contribution (if applicable), initial balance, remaining balance, and payment year-to-date. The report provides data each month based on the prior month activity.
HRA Utilization Summary [3]	The HRA Utilization Summary Report provides member count and payment year-to-date based on reporting month and can be filtered by account structure and subscriber to customize data. The summary report offers an option to run in two separate formats to include the initial and remaining HRA dollars balance, with additional fields including new contributions, rollover, and incentive contributions (if applicable). The report provides data each month based on the prior month activity.
Incurred But Not Reported (IBNR) [1]	The IBNR Report provides an estimate (based on UMR's book of business completion factors, non-certified) of the amount a group may want to have on reserve to budget for claims incurred but not yet reported and paid. The report uses claims for the last 24 rolling months (if available) of incurred/paid claims split by benefit type applicable to the plan.
Plan Cost Summary [1]	The Plan Cost Summary Report provides a 12-service month view of plan payments (medical, dental, vision), plan expenses (including stop loss premiums, and various fees), and plan recoveries (stop loss reimbursements-if applicable) for benefits and services administered by UMR. Also included are enrollment counts and a claim summary comparison of billed, not covered, covered, discount, allowed, deductible, patient out of pocket, and plan paid amounts.
Rx Extract	The Rx Extract Report provides a volume of data fields in an unformatted file that can be downloaded. Based on detail reporting, *UMR clients must have pharmacy claim detail data sent by their PBM vendor to UMR for reporting to view data on this report.*
Rx Summary	The Rx Summary Report provides an option to filter and summarize data. The report provides a count of PBM paid claims, prescription count, generic count, patient responsibility, and plan paid amount. *UMR clients must have pharmacy claim detail data sent by their PBM vendor to UMR for reporting to view data on this report.*

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Report Type	Description
Stop Loss 50 Percent [2]	The Stop Loss 50 Percent Report displays members who have reached 50 percent or more of their specific stop loss deductible during the current stop loss period for the plan. Report data is refreshed on a monthly basis, based on year-to-date activity. The data provides current contract terms and is specific to each individual stop loss contract supported by UMR. This is a static report.
Stop Loss Aggregate [2]	The Stop Loss Aggregate Report displays a year-to-date view of paid claims and contract adjustments that relate to the aggregate stop loss contract. The report is based on the S/L plan year and contract type for benefits covered under the aggregate contract. The summary and detail report provides updates on year-to-date Aggregate Stop Loss Contract results. This is a static report.
Stop Loss Member Monitor (PHI and Non-PHI Versions) [2]	The Stop Loss Member Monitor Report displays an inventory of members who have hit criteria based on plan set up for stop loss monitoring. Report activity is based on date parameters aligned with the stop loss contract period for the plan. Criteria can include a trigger diagnosis and/or clinical note entered by a UMR clinical staff member (PHI version). This is a static report.
Stop Loss Reimbursement [2]	The Stop Loss Reimbursement Report displays member claims for a specific group submitted to the Stop Loss Carrier for reimbursement after stop loss plan criteria has been met based on paid claims administered by UMR. This is a static report.

[1] Available to InfoPort's restricted users without PHI or drill-in; can include limited selection of filters.
[2] This report is generated and placed within InfoPort's My Files section by UMR for eligible users.
[3] This report is only available to UMR clients with activity administered by UMR.

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Admission Summary

The Admission Summary Report is available in either a standard or expanded version and summarizes medical claim dollars by inpatient hospital admissions.

Inpatient hospital admissions are defined as episodes of care involving an overnight stay in a hospital or other inpatient facility with room and board charges. The admissions capture all services associated with the hospitalization (inpatient facility, physician charges, lab, radiology, ancillary).

Admission Types available on this report:

- Inpatient Hospital
- Inpatient Skilled Nursing Unit (SNF)
- Inpatient Detoxification
- Inpatient Maternity
- Inpatient Rehab Facility– Med/Physical
- Inpatient Psychiatric Facility
- Facility Special Charges

Report Parameters/Customization (available options):

- Date Range
- Filters
- Summarize by
- Display Options
- Schedule Options
- Report Format

The summary dimension report parameter fields available for selection provide the option to filter data (up to four filters). The following data elements are provided under a standard or expanded report format:

Standard Report Content

- (Number of) Patients
- Admits (hyperlink; drills into claim profile)
- (Length of Stay) LOS
- Billed
- Allowed
- Paid

Expanded Report Content

- (Number of) Patients
- (Number of) Services
- Admits (hyperlink; drills into claim profile)
- (Length of Stay) LOS
- (Average Length of Stay) Avg. LOS
- Inpatient Billed Amount
- Inpatient Allowed Amount
- Inpatient Paid Amount
- Billed
- Allowed
- Paid

The Inpatient Billed, Inpatient Allowed, and Inpatient Paid Amounts represent facility charges.

The Billed, Allowed, and Paid Amounts represent all services associated with the hospitalization.

View next page for report samples.

Return to Report Content

Standard Format

ABC COMPANY (76888888)
Admission Summary

Admission Dates: All
Paid Dates: 09/01/20xx - 10/01/20xx

Click hyperlink to drill into inpatient claim profile

		Patients	Admits	LOS	Billed	Allowed	Paid
ABC COMPANY		9	9	33	$128,964.80	$30,488.03	$24,041.04
REPORT TOTALS:	**1 Distinct Group:**	**9**	**9**	**33**	**$128,964.80**	**$30,488.03**	**$24,041.04**

CRITERIA: Admission Summary (Standard) **Group:** ABC Company
Date Range: Admission Dates: All; Paid Dates: 09/01/20xx - 10/01/20xx
Filters: None
Summarize By: None

Admission data valued as of 10/16/20xx.

Drill in Profile

ABC COMPANY (76888888)
Admission Summary
Drilled into Admission Detail

Admit Type	Member Id	Patient Name	Facility Name	Admission Date	Facility Date Paid	LOS	Tot Billed	Tot Allowed	Tot Paid
INPATIENT HOSPITAL	XXXXXXXXXX	XXXX, XXXX	Facility	08/30/20XX	10/15/20XX	2	$20,203.63	$4,681.16	$3,744.89
INPATIENT MATERNITY	XXXXXXXXXX	XXXX, XXXX	Facility	10/16/20XX	01/10/20XX	1	$17,883.00	$6,964.23	$5,764.23
INPATIENT HOSPITAL	XXXXXXXXXX	XXXX, XXXX	Facility	07/28/20XX	10/15/20XX	1	$8,511.45	$5,151.27	$5,151.27
INPATIENT REHAB	XXXXXXXXXX	XXXX, XXXX	Facility	02/08/20XX	08/27/20XX	2	$50,665.88	$41,654.88	$4,839.03
INPATIENT FACILITY	XXXXXXXXXX	XXXX, XXXX	Facility	07/09/20XX	08/27/20XX	14	$86,856.04	$18,380.76	$16,704.05
REPORT TOTALS:					9 Admits:	33	$1,018,332.90	$240,197.61	$187,984.85

Expanded Format

ABC COMPANY (76888888)
Admission Summary by Admission Type

Admission Dates: All
Paid Dates: 09/01/20xx - 10/01/20xx

Click hyperlink to drill into inpatient claim profile

Admission Type	Patients	Services	Admits	LOS	Avg. LOS	Inp Billed	Inp Allowed	Inp Paid	Billed	Allowed	Paid
Admission Type: ### - INPATIENT HOSPITAL	4	88	4	14	3.50	$738,863.32	$132,488.77	$129,328.73	$100,803.55	$21,466.47	$16,868.59
Admission Type: ### - INPATIENT MATERNITY	5	75	5	6	1.20	$103,569.28	$60,167.91	$24,320.22	$49,462.40	$8,083.06	$6,040.43
Admission Type: ### - INPATIENT FACILITY	1	7	1	14	14.00	$72,420.04	$14,105.00	$14,105.00	$3,426.00	$938.50	$1,132.02
REPORT TOTALS: 3 Distinct Groups:	**10**	**170**	**10**	**34**	**3.40**	**$914,852.64**	**$206,761.68**	**$167,753.95**	**$153,691.95**	**$30,488.03**	**$24,041.04**

CRITERIA: Admission Summary (Expanded) **Group:** ABC Company
Date Range: Admission Dates: All; Paid Dates: 09/01/20xx - 10/01/20xx
Filters: None
Summarize By: 1. Admission Type

Admission data valued as of 10/23/20xx.

Return to Report Content

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Adult Screening

The Adult Screening Report displays paid medical claim dollars by preventive care activity for employees, spouses, domestic partners, and qualifying dependents (age 18 or older at the time of visit) based on service dates. Additional age parameters are used for the screenings as noted below:

- Cholesterol– members age 40 to 75
- Diabetes – members age 18 and over
- Colorectal cancer screening – members age 18 and over
- Prostate cancer screening – members age 40 and over, gender specific
- Breast cancer screening – members age 18 and over
- Cervical cancer screening – members age 18 and over, gender specific
- Flu Vaccinations – members age 18 and over

With this report, there are options for summarizing by the plan's account structure and screening type, including suppression of PHI.

Report Parameters/ Customization (available options)

- Benefit Type *[Medical only]*
- Date Range
- Filters
- Subtotals
- Display Options
- Schedule Options
- Report Format

Standard Report Content

- Member Card ID
- Member Name
- Relationship
- Date of Birth (DOB)
- Cont Covg Date Beg*
- Benefit Date Beg**
- Screening
- Service Date
- Allowed
- Paid

** Continuous Coverage Date Begin: Beginning date of uninterrupted health insurance coverage.*
*** Benefit Date Begin: Date the reported benefits began for a member.*

Report

UMR

ABC Company (76888888)
Adult Screening Report

Service Dates: 09/01/20xx - 09/30/20xx
Benefit Type: Medical

Member Card ID	Member Name	Relationship	DOB	Cont Covg Date Beg	Benefit Date Beg	Screening	Service Date	Allowed	Paid
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	12/01/20XX	01/01/20XX	CHOLESTEROL	09/01/20XX	$10.02	$0.00
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	12/01/20XX	01/01/20XX	PROSTATE CANCER	09/01/20XX	$13.76	$0.00
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	01/01/20XX	01/01/20XX	CHOLESTEROL	09/01/20XX	$162.16	$162.16
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	01/01/20XX	01/01/20XX	DIABETES	09/01/20XX	$95.63	$95.63
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	01/01/20XX	01/01/20XX	PROSTATE CANCER	09/01/20XX	$138.60	$138.60
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	03/01/20XX	08/28/20XX	CHOLESTEROL	09/01/20XX	$7.66	$7.66
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	01/01/20XX	01/01/20XX	DIABETES	09/01/20XX	$18.42	$18.42
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	12/01/20XX	01/01/20XX	CHOLESTEROL	09/02/20XX	$7.15	$0.00
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	11/01/20XX	01/01/20XX	CHOLESTEROL	09/02/20XX	$9.55	$9.55
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	11/01/20XX	01/01/20XX	DIABETES	09/02/20XX	$2.81	$2.81
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	03/01/20XX	03/01/20XX	CHOLESTEROL	09/02/20XX	$9.55	$7.64
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	03/01/20XX	03/01/20XX	DIABETES	09/02/20XX	$6.93	$5.54
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	03/01/20XX	03/01/20XX	PROSTATE CANCER	09/02/20XX	$13.12	$10.49
#########	XXXXXXXX, XXXXXX	Spouse	XX/XX/XXXX	12/01/20XX	07/01/20XX	BREAST CANCER	09/03/20XX	$170.00	$170.00
#########	XXXXXXXX, XXXXXX	Spouse	XX/XX/XXXX	12/01/20XX	12/01/20XX	COLORECTAL CANC	09/03/20XX	$894.10	$894.10
#########	XXXXXXXX, XXXXXX	Spouse	XX/XX/XXXX	03/01/20XX	07/17/20XX	CERVICAL CANCER	09/03/20XX	$0.00	$0.00
#########	XXXXXXXX, XXXXXX	Spouse	XX/XX/XXXX	03/01/20XX	07/17/20XX	DIABETES	09/03/20XX	$2.55	$2.55

REPORT TOTALS: 28 Services: $18,499.79 $16,562.98

CRITERIA: Claim Detail (Standard) **Group:** ABC Company **Benefit Type:** Medical
Date Range: Service Dates: 09/01/20xx - 09/30/20xx
Filters: None
Subtotals: None

**** Standard coding for these services are subject to change as new recommendations and guidelines for preventive services are issued. UMR will implement the required changes to standard coding across our reports, including industry code effective dates.*

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Adult Wellness Exam

The Adult Wellness Exam Report displays paid medical claim dollars by standard preventive care visits for employees, spouses, domestic partners, and qualifying dependents (age 18 or older at the time of visit) based on service dates. The report includes services and examinations available through paid claims data (by procedure code): Annual routine visit, wellness visit, preventive visit, and routine visit.

With this report, there are options for summarizing by the plan's account structure, including suppression of PHI.

Report Parameters/ Customization (available options)

- Benefit Type *[Medical only]*
- Date Range
- Filters
- Subtotals
- Display Options
- Schedule Options

Standard Report Content

- Member Card ID
- Member Name
- Relationship
- Date of Birth (DOB)
- Cont Covg Date Beg*
- Benefit Date Beg **
- Exam Type
- Service Date
- Allowed
- Paid

Report

UMR

ABC Company (76888888)
Adult Wellness Exams

Service Dates: 09/01/20xx - 09/30/20xx
Benefit Type: Medical

Member Card ID	Member Name	Rel	DOB	Cont Covg Date Beg	Benefit Date Beg	Exam Type	Service Date	Allowed	Paid
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	01/01/20XX	01/01/20XX	Preventive / Wellness Visit	09/24/20XX	$171.12	$171.12
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	04/01/20XX	04/01/20XX	Preventive / Wellness Visit	09/18/20XX	$219.76	$219.76
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	05/01/20XX	01/01/20XX	Preventive / Wellness Visit	09/10/20XX	$137.82	$137.82
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	08/01/20XX	08/01/20XX	Preventive / Wellness Visit	09/14/20XX	$145.37	$145.37
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	02/01/20XX	02/01/20XX	Preventive / Wellness Visit	09/10/20XX	$101.30	$101.30
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	03/01/20XX	03/01/20XX	Preventive / Wellness Visit	09/22/20XX	$94.80	$94.80
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	09/01/20XX	09/01/20XX	Preventive / Wellness Visit	09/10/20XX	$127.89	$127.89
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	01/01/20XX	01/01/20XX	Preventive / Wellness Visit	09/15/20XX	$138.06	$138.06
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	02/01/20XX	02/01/20XX	Preventive / Wellness Visit	09/03/20XX	$126.96	$126.96
#########	XXXXXXXX, XXXXXX	Subscriber	XX/XX/XXXX	05/01/20XX	05/01/20XX	Preventive / Wellness Visit	09/17/20XX	$150.00	$150.00
REPORT TOTALS:							30 Services:	$6,407.76	$6,407.76

CRITERIA: Claim Detail (Standard) **Group:** ABC Company **Benefit Type:** Medical
Date Range: Service Dates: 09/01/20xx - 09/30/20xx
Filters: None
Subtotals: None

** Continuous Coverage Date Begin: Beginning date of uninterrupted health insurance coverage.*
*** Benefit Date Begin: Date the reported benefits began for a member.*

**** Standard coding for these services are subject to change as new recommendations and guidelines for preventive services are issued. UMR will implement the required changes to standard coding across our reports, including industry code effective dates.*

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CARE Savings Summary*

The CARE Savings Summary Report provides an overview of potential savings for Utilization Management (pre-certification/concurrent and retrospective review of patient services) and Case Management (support of catastrophic or complex condition patients throughout treatment) when services are administered by UMR. The report provides a summary of activity by program and includes the number of units saved compared to the requested/approved units. There is an option to filter and subtotal data by plan account structure and schedule the report. The report provides data updated each month, based on the plan's current and prior year (previous 12 months of activity if available), and is available in a standard format.

Report Parameters/ Customization (available options)

- Benefit Type *[Medical only]*
- Date Range
- Filters
- Subtotals
- Schedule Options

Standard Report Content

- Program
- Participants
- Units Requested
- Units Approved
- Units Saved
- Savings Percentage
- Savings

Report

UMR

ABC COMPANY (76888888)
CARE Savings Summary
Subtotal by: None

Savings Period: 10/20py - 09/20cy

Program	Participants	Units Requested	Units Approved	Units Saved	Savings Percentage	Savings
Specialty Drug	186	241	212	29	11.27	$1,044,275.90
Skilled Nursing Facility	18	529	527	2	0.01	$1,140.00
Outpatient	4298	21913	20913	1000	15.92	$1,474,880.00
Inpatient	1060	6610	6397	213	5.03	$465,990.00
DME - Home Health Care	210	4375	3930	445	1.68	$155,750.00
BH Day Treatment	32	869	824	45	0.91	$84,690.00
Case Management	300	- NA-	- NA-	- NA-	65.16	$6,035,778.43
TOTAL SAVINGS:						**$9,262,504.33**

CRITERIA: CARE Savings Summary (Standard)
Date Ranges: Input Savings Period: 10/20py - 09/20cy
Filter: None
Subtotal: None

Group: ABC Company
Savings Period: 10/20py - 09/20cy

This report is available to UMR clients with CARE Utilization and Case Management activity administered by UMR.

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Claim Comparison

The Claim Comparison Report, available in standard and expanded version, compares financial and enrollment data for multiple periods of time and can be run with various date ranges, filters, summarize by, and display options.

Report Parameters/Customization (available options):

- Benefit Type
- Date Range
- Filters
- Summarize By
- Display Options
- Schedule Options
- Report Format

Standard Report Content:

- (Average Enrollment) Avg Enroll
- (Number of) Claims
- Billed
- Covered
- Discount
- Disc %
- Allowed
- Paid
- Paid PMPM

Expanded Report Content:

- (Average Enrollment) Avg Enroll
- (Number of Patients) Pats
- Visits
- (Number of) Claims
- (Number of Services) Svcs
- Billed
- Covered
- Discount
- Disc %
- Allowed
- Patient Amt
- (Coordination of Benefits) COB
- Paid
- Paid PMPM

Standard Format

ABC Company (76888888)
Claim Comparison
Based on Paid Dates

Period 1: 09/01/20cy - 09/30/20cy
Period 2: 09/01/20py - 09/30/20py
Benefit Type: Medical

	Avg Enroll	Claims	Billed	Covered	Discount	Disc %	Allowed	Paid	Paid PMPM
Period 2: 09/01/20py - 09/30/20py	1,003	1,063	$781,402.27	$591,423.11	$360,373.84	60.93%	$231,049.27	$173,913.68	$175.82
Period 1: 09/01/20cy - 09/30/20cy	915	1,016	$1,092,183.25	$933,768.27	$592,922.32	63.50%	$340,845.95	$284,481.63	$315.30
% Change Period 2 to 1	-8.78%	-4.42%	39.77%	57.88%	64.53%	2.56%	47.52%	63.58%	79.33%

CRITERIA: Claim Comparison (Standard) **Group:** ABC Company **Benefit Type:** Medical
Date Range: Paid Dates 1: 09/01/20cy - 09/30/20cy; Paid Dates 2: 09/01/20py - 09/30/20py
Filters: None
Summarize By: None
Display Options: - Claim Expenses Included in Dollar Totals

Expanded Format

ABC Company (76888888)
Claim Comparison
Based on Paid Dates

Period 1: 09/01/20cy - 09/30/20cy
Period 2: 09/01/20py - 09/30/20py
Benefit Type: Medical

	Avg Enroll	Pats	Visits	Claims	Svcs	Billed	Covered	Discount	Disc %	Allowed	Patient Amt	COB	Paid	Paid PMPM
Period 2:	1,003	436	985	1,063	4,386	$781,402.27	$591,423.11	$360,373.84	60.93%	$231,049.27	$56,800.27	$286.25	$173,913.68	$175.82
Period 1:	915	377	953	1,016	4,315	$1,092,183.25	$933,768.27	$592,922.32	63.50%	$340,845.95	$56,364.11	$0.00	$284,481.63	$315.30
% Change	-8.78%	-13.53%	-3.25%	-4.42%	-1.62%	39.77%	57.88%	64.53%	2.56%	47.52%	-0.77%	-100.00%	63.58%	79.33%

CRITERIA: Claim Comparison (Expanded) **Group:** ABC Company **Benefit Type:** Medical
Date Range: Paid Dates 1: 09/01/202cy- 09/30/20cy; Paid Dates 2: 09/01/20py - 09/30/20py
Filters: None
Summarize By: None
Display Options: - Claim Expenses Included in Dollar Totals

Return to Report Content

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Claim Detail

The Claim Detail Report is a claim-by-claim list that can be used to narrow down to a specific set of paid claims for review. The report displays key information common to the entire claim (service dates, patient, and provider) and claim-level dollars, providing a summarization of services on a paid claim. The online report provides an option to drill into each claim number to view the service line detail and adjustment history, providing data to quickly pinpoint information and answer member questions related to claim payment.

Another common use of this report is to review large dollar claims paid by the plan. Apply report thresholds to generate a Top10 Claims report or to identify all claims above an allowed, billed, or paid dollar value.

The report illustrates key elements associated with the claim paid date or dates of service for a user specified time period. The report is a high-level summary of claims at the claim header level. InfoPort will search for the paid claims data at the claim level versus the service line level.

The report has the capacity to display up to 2,500 claims. It is recommended that report criteria is considered when filtering data, including limiting the report's time frame to just those claims that are required for review. If analysis involves a large volume of claims, consider running one of InfoPort's claim summary reports and drilling into the detail using a report's hyperlink as required. The Extract-Claim Level report also provides an option to generate an unformatted detail of paid claims and download the report's results.

Report Parameters/Customization (available options)

- Benefit Type
- Date Range
- Filters
- Subtotals
- Thresholds
- Display Options
- Schedule Options
- Report Format

Standard Report Content:

- Claim ID (hyperlink drills into claim profile)
- Member ID
- Patient Name
- Provider Name
- Date Serv (Service) From
- Date Paid Through
- Services
- Billed
- Paid

Expanded Report Content

- Claim ID (hyperlink; drills into claim profile)
- Member ID
- Patient Name
- Relationship (Patient)
- DOB (Date of Birth)
- Gender (Patient)
- Contract
- Benefit Plan
- Class
- Location
- Provider Name
- Provider TIN
- Network Indicator
- Service Dates
- Paid Initial
- Paid Thru
- Services
- Billed
- Paid

View next page for report samples.

Return to Report Content

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Standard Format

Click hyperlink to drill into claim profile

ABC COMPANY (76888888)
Claim Detail

Service Dates: All
Paid Dates: 09/01/20xx - 09/30/20xx
Benefit Type: Medical

Claim ID	Member ID	Patient Name	Provider Name	Date Serv From	Date Paid Through	Services	Billed	Paid
XXXXXXXXX	###########	Xxxxxxx, Xxxxxx	XYZ Provider	05/22/20xx	09/18/20xx	10	$3000.00	$2,997.00
XXXXXXXXX	###########	Xxxxxxx, Xxxxxx	XYZ Provider	05/21/20xx	09/18/20xx	1	$0.00	$0.00
XXXXXXXXX	###########	Xxxxxxx, Xxxxxx	XYZ Provider	05/23/20xx	09/18/20xx	1	$0.00	$0.00
XXXXXXXXX	###########	Xxxxxxx, Xxxxxx	XYZ Provider	06/10/20xx	09/18/20xx	1	$15.00	$8.01
XXXXXXXXX	###########	Xxxxxxx, Xxxxxx	XYZ Provider	06/11/20xx	09/18/20xx	1	$0.00	$0.00
XXXXXXXXX	###########	Xxxxxxx, Xxxxxx	XYZ Provider	06/15/20xx	09/25/20xx	1	$500.00	$358.95
XXXXXXXXX	###########	Xxxxxxx, Xxxxxx	XYZ Provider	05/30/20xx	09/18/20xx	1	$0.00	$0.00
XXXXXXXXX	###########	Xxxxxxx, Xxxxxx	XYZ Provider	06/01/20xx	09/18/20xx	1	$0.00	$0.00
XXXXXXXXX	###########	Xxxxxxx, Xxxxxx	XYZ Provider	05/05/20xx	09/04/20xx	1	$0.00	-$88.00
XXXXXXXXX	###########	Xxxxxxx, Xxxxxx	XYZ Provider	06/15/20xx	09/25/20xx	1	$400.00	$354.84
XXXXXXXXX	###########	Xxxxxxx, Xxxxxx	XYZ Provider	06/15/20xx	09/25/20xx	1	$200.00	$132.00
XXXXXXXXX	###########	Xxxxxxx, Xxxxxx	XYZ Provider	07/07/20xx	09/18/20xx	1	$70.00	$68.59
						Services	**Billed**	**Paid**
REPORT TOTALS:					**273 Claims:**	**148**	**$5,772.95**	**$4,825.93**

CRITERIA: Claim Detail (Standard) **Group:** ABC Company **Benefit Type:** Medical
Date Range: Service Dates: All; Paid Dates: 09/01/20xx - 09/30/20xx
Filters: None
Subtotals: None
Thresholds: None
Display Options: - Claim Expenses Included in Dollar Totals

Message when report exceeds 2,500 claims

Warning: Report Exceeds Limit. Displaying: First 2,500 Claims (by Claim ID) out of 8,292 claims.

ABC Company
Claim Detail
First 2,500 Claims (by Claim ID)

ABC COMPANY (76888888)
Claim Profile of Master Claim ID: XXXXXXXXX

Page 1 of 1
Data as of: 10/19/20xx

Drill in Profile

Line 1 Services: 07/30/20xx - 07/30/20xx — Service Count: 1
Procedure: XXXX – ABC PROCEDURE
Hospital Revenue Code: XXXX - AMBULATORY - GENERAL CLASSIFICATION

Billed	Not Covered	Covered	Discount	Allowed	Deduct	Coins	Copay	COB	Paid
$1,948.00	$0.00	$1,948.00	$1,948.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Line 2 Services: 07/30/20xx - 07/30/20xx — Service Count: 1
Procedure: XXXXX – XYZ PROCEDURE
Hospital Revenue Code: XXXX - AMBULATORY - GENERAL CLASSIFICATION

Billed	Not Covered	Covered	Discount	Allowed	Deduct	Coins	Copay	COB	Paid
$1,948.00	$0.00	$1,948.00	$1,948.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Totals for Claim ID: XXXXXXXXX, Segment: 03 — Service Count: 2

Billed	Not Covered	Covered	Discount	Allowed	Deduct	Coins	Copay	COB	Paid
$3,896.00	**$0.00**	**$3,896.00**	**$3,896.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

Expanded Format

Click hyperlink to drill into claim profile

ABC COMPANY (76888888)
Claim Detail

Service Dates: All
Paid Dates: 09/01/20xx - 09/30/20xx
Benefit Type: Medical

Claim ID	Member ID / Provider Name	Patient Name	Relationship / Provider TIN	Network IND	DOB / Service Dates	Gender	Contract / Paid Initial	Paid Thru	Ben Plan / Services	Class / Billed	Location / Paid
XXXXXXXXX	########### / XYZ Provider	Xxxxxxx, Xxxxxx	Spouse / XXXXXXXXX	Y	##/##/#### / 3/9/xx - 3/9/xx	F	XXXXXXXXXXXX / 09/18/20xx	09/18/20xx	001 / 2	001 / $800.00	ABC / $500.00
XXXXXXXXX	########### / XYZ Provider	Xxxxxxx, Xxxxxx	Spouse / XXXXXXXXX	Y	##/##/#### / 3/9/xx - 3/9/xx	F	XXXXXXXXXXXX / 09/18/20xx	09/18/20xx	001 / 2	001 / $50.00	ABC / $0.00
XXXXXXXXX	########### / XYZ Provider	Xxxxxxx, Xxxxxx	Child / XXXXXXXXX	Y	##/##/#### / 2/7/xx - 2/7/xx	F	XXXXXXXXXXXX / 09/18/20xx	09/18/20xx	001 / 2	001 / $100.00	ABC / $75.00
XXXXXXXXX	########### / XYZ Provider	Xxxxxxx, Xxxxxx	Subscriber / XXXXXXXXX	Y	##/##/#### / 9/4/xx - 9/4/xx	M	XXXXXXXXXXXX / 09/11/20xx	09/11/20xx	018 / 1	018 / $4,500.00	ABC / $3,000.00
XXXXXXXXX	########### / XYZ Provider	Xxxxxxx, Xxxxxx	Spouse / XXXXXXXXX	Y	##/##/#### / 9/10/xx - 9/10/xx	F	XXXXXXXXXXXX / 09/25/20xx	09/25/20xx	001 / 2	001 / $0.00	ABC / $0.00
REPORT TOTALS:									**273 Claims:**	**748 $ $5,772.95**	**$4,825.93**

CRITERIA: Claim Detail (Expanded) **Group:** ABC Company **Benefit Type:** Medical
Date Range: Service Dates: All; Paid Dates: 09/01/20xx- 09/30/20xx
Filters: None
Subtotals: None
Thresholds: None
Display Options: - Claim Expenses Included in Dollar Totals

Return to Report Content

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Claim Distribution

The Claim Distribution Report provides a view of patient and claim totals for a selected period of time, broken down into various financial ranges. With this report, there are options to filter by the plan's account structure. The report also offers the option to summarize data by a selection, suppress PHI, and show the distribution of paid claims dollars based on billed, allowed, covered, paid amount, or specific dollar ranges.

Report Parameters/Customization (available options)

- Benefit Type
- Date Range
- Filters
- Summarize By
- Distribution
- Display Options
- Schedule Options

Standard Report Content

- Claim Amount Range (user select distribution by: Billed, Allowed, Covered, or Paid)
- Patients
- Claims (hyperlink drills into Claim profile)
- Services
- Avg per Claim (by Billed, Allowed, Covered, or Paid)
- Amount (by Billed, Allowed, Covered, or Paid)
- % Amt Range v. Total ((by Billed, Allowed, Covered, or Paid)

Additional Information based on Distribution Selected

For Reports distributed by Claims:

- Avg * per Claim (* = Per selection can be Billed, Allowed, Covered, or Paid)
- % * Amt Range v. Total (* = Per selection can be Billed, Allowed, Covered, or Paid)

For Reports distributed by Patients:

- Avg * per Patient (* = Per selection can be Billed, Allowed, Covered, or Paid)
- % * Amt Range v. Total (* = Per selection can be Billed, Allowed, Covered, or Paid)

Report

UMR

ABC Company (76888888)
Claim Distribution (of Claims by Paid Amount)

Click hyperlink to drill into claim profile

Service Dates: All
Paid Dates: 09/01/20xx - 09/30/20xx
Benefit Type: Medical

Claim Paid Amount Range	Patients	Claims	Services	Avg Paid per Claim	Paid Amount	% Paid Amt Range v. Total
<$0	1	1	0	-$78.57	-$78.57	-0.03%
$0	166	368	1,981	$0.00	$0.00	0.00%
$.01 - $499.99	271	595	1,876	$108.06	$64,293.41	22.60%
$500 - $999.99	18	20	141	$723.46	$14,469.12	5.09%
$1,000 - $4,999.99	16	24	183	$1,924.12	$46,178.80	16.23%
$5,000 - $9,999.99	1	1	12	$9,953.08	$9,953.08	3.50%
$10,000 - $24,999.99	5	5	122	$15,103.78	$75,518.89	26.55%
$25,000 - $49,999.99	1	2	0	$37,073.45	$74,146.90	26.06%
$50,000 - $74,999.99	0	0	0	$0.00	$0.00	0.00%
$75,000 - $99,999.99	0	0	0	$0.00	$0.00	0.00%
$100,000 - $199,999.99	0	0	0	$0.00	$0.00	0.00%
>= $200,000	0	0	0	$0.00	$0.00	0.00%
REPORT TOTALS:	**377**	**1,016**	**4,315**	**$280.00**	**$284,481.63**	**100.00%**

CRITERIA: Claim Distribution (Standard) **Group:** ABC Company **Benefit Type:** Medical
Date Range: Service Dates: All; Paid Dates: 09/01/20xx - 09/30/20xx
Filters: None
Summarize By: None
Distribution: Distribute: Claims; Based On: Paid Amount; Using: Distribution Set 1
Display Options: - Claim Expenses Included in Dollar Totals

Drill in Profile

UMR

ABC Company (76888888)
Claim Distribution (of Claims by Paid Amount)
Drilled into Claim Detail

Service Dates: All
Paid Dates: 09/01/20xx - 09/30/20xx
Benefit Type: Medical

	Claim ID	Member Id	Patient Name	Provider Name	Date Serv From	Date Paid Through	Services	Billed	Paid
Med	XXXXXXXXXX	XXXXXXXXXXX	XXXXX XXX X	ABC Provider	08/27/20xx	09/17/20xx	0	$0.00	-$78.57
REPORT TOTALS:						**1 Claim:**	**0**	**$0.00**	**-$78.57**

Source Report: Claim Distribution 10/21/20xx **Benefit Type:** Medical
Date Range: Service Dates: All; Paid Dates: 09/01/20xx - 09/30/20xx
Filters: None
Display Options: - Claim Expenses Included in Dollar Totals
Drilled into: - Claim Paid Amount: <$0

Return to Report Content

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Claim Lag[1]

The Claim Lag Report displays the lag time between when services are performed and when the claim is paid over the course of a 12-month period. The results are presented in a grid, typically forming a triangular pattern. This report can present results in one of two formats, Paid Lag Months or Paid Calendar Months:

- Paid Lag Months: This format displays the Service Month (YYYY-MM) as the Y (vertical) axis and the Lag Months (0-11) as the X (horizontal) axis. Each row represents the paid dollar amount for the given service month, where each column is the number of months removed from the service month (0 lag months equal dollars paid the same month as the service month; 1 lag month equals dollars paid one month after the service month, etc.).

- Paid Calendar Months: This format displays the Service Month (YYYY-MM) as the Y (vertical) axis and the Paid Month (YYYY-MM) as the X (horizontal) axis. Each row represents the paid dollar amount for the given service month, and each column represents the paid dollar amount for the given paid month.

This type of report can be viewed to determine lag factors used for calculating the volume of claims incurred but not yet submitted and processed for payment.

Report Parameters/Customization (available options)

- Benefit Type
- Date Range
- Filters
- Display Options
- Schedule Options

Report Content

Claim Lag-Paid Months are Calendar Months
- Service Month: The month in which a service was performed, in the format YYYY-MM
- Paid Months (Paid Lag Months format): The 12 paid months for each service month
- Total: The total paid dollars are provided for each column.

– Or –

Claim Lag-Paid Months are Lag Months
- Service Month: The month in which a service was performed, in the format YYYY-MM
- Lag Months: The number of months (0 – 11) between the service month and the paid month
- Total: The total paid dollars for both rows and columns.
- Average: The average paid dollars for each Lag Month period.
- Average Percent: The percent of average dollars paid for each Lag Month Period to the entire report period, i.e. indicates what % of claims are paid in the same month, within one month, etc.

Note: This report is available to InfoPort's restricted users.

Return to Report Content

View next page for report samples.

Paid Lag Months

ABC COMPANY (99999999)
Claim Lag Report

Service Months: 07/20XX - 06/20YY
Lag Months (Service Month to Paid Month): 0 - 11*
Benefit Type: Medical

** Report displays whole months only*

Service Month	Lag Months: 0	1	2	3	4	5	6	7	8	9	10	11	Total
20XX-07	$11,679.25	$9,931.01	$5,912.36	$3,555.18	$1,912.15	$132.00	$63.81	$6,760.10	$0.00	$676.93	$0.00	$0.00	**$40,622.79**
20XX-08	$7,318.58	$19,487.19	$4,067.31	$2,284.49	$528.78	$57.08	$0.00	$283.60	$316.42	$0.00	$133.92		**$34,477.37**
20XX-09	$5,500.32	$64,585.88	$17,213.93	$9,705.29	$3,546.01	$0.00	$276.27	$43.14	$0.00	$0.00			**$100,870.84**
20XX-10	$21,919.47	$112,654.54	$9,903.72	$20,438.51	$2,281.81	$4,425.73	$4,234.99	$0.00	$2,056.81				**$177,915.58**
20XX-11	$2,331.31	$35,277.81	$4,744.28	$533.96	$606.14	$2,080.88	$0.00	$0.00					**$45,574.38**
20XX-12	$8,108.74	$14,273.76	$21,919.90	$393.23	$164.61	$205.82	$34.02						**$45,100.08**
20YY-01	$10,634.22	$58,514.26	$11,547.68	$775.06	$1,513.10	$1,238.01							**$84,222.33**
20YY-02	$26,163.06	$26,335.01	$29,132.72	$278.74	$5,744.09								**$87,653.62**
20YY-03	$22,472.60	$37,665.19	$89,014.08	$1,026.86									**$150,178.73**
20YY-04	$11,880.00	$18,134.82	$3,956.95										**$33,971.77**
20YY-05	$4,337.17	$38,386.36											**$42,723.53**
20YY-06	$5,770.74												**$5,770.74**
Total:	**$138,115.46**	**$435,245.83**	**$197,412.93**	**$38,991.32**	**$16,296.69**	**$8,139.52**	**$4,609.09**	**$7,086.84**	**$2,373.23**	**$676.93**	**$133.92**	**$0.00**	**$849,081.76**
Avg:	**$11,509.62**	**$39,567.80**	**$19,741.29**	**$4,332.37**	**$2,037.09**	**$1,162.79**	**$768.18**	**$1,417.37**	**$593.31**	**$225.64**	**$66.96**	**$0.00**	**$70,756.81**
Avg %:	**16.27%**	**55.92%**	**27.90%**	**6.12%**	**2.88%**	**1.64%**	**1.09%**	**2.00%**	**0.84%**	**0.32%**	**0.09%**	**0.00%**	**100.00%**

CRITERIA: **Claim Lag** **Group:** ABC Company **Benefit Type:** Medical
Date Range: Service Months: 07/20XX - 06/20YY (07/20XX - 06/20YY); Lag Months (Service Month to Paid Month): 0 - 11
Filters: None
Display Options: - Claim Expenses Included in Dollar Totals

Paid Calendar Months

ABC COMPANY (99999999)
Claim Lag Report

Service Months: 07/20XX - 06/20YY
Paid Months: 07/20XX - 06/20YY
Benefit Type: Medical

Service Month	Paid Months: 20XX-07	20XX-08	20XX-09	20XX-10	20XX-11	20XX-12	20YY-01	20YY-02	20YY-03	20YY-04	20YY-05	20YY-06	Total
20XX-07	$11,679.25	$9,931.01	$5,912.36	$3,555.18	$1,912.15	$132.00	$63.81	$6,760.10	$0.00	$676.93	$0.00	$0.00	**$40,622.79**
20XX-08		$7,318.58	$19,487.19	$4,067.31	$2,284.49	$528.78	$57.08	$0.00	$283.60	$316.42	$0.00	$133.92	**$34,477.37**
20XX-09			$5,500.32	$64,585.88	$17,213.93	$9,705.29	$3,546.01	$0.00	$276.27	$43.14	$0.00	$0.00	**$100,870.84**
20XX-10				$21,919.47	$112,654.54	$9,903.72	$20,438.51	$2,281.81	$4,425.73	$4,234.99	$0.00	$2,056.81	**$177,915.58**
20XX-11					$2,331.31	$35,277.81	$4,744.28	$533.96	$606.14	$2,080.88	$0.00	$0.00	**$45,574.38**
20XX-12						$8,108.74	$14,273.76	$21,919.90	$393.23	$164.61	$205.82	$34.02	**$45,100.08**
20YY-01							$10,634.22	$58,514.26	$11,547.68	$775.06	$1,513.10	$1,238.01	**$84,222.33**
20YY-02								$26,163.06	$26,335.01	$29,132.72	$278.74	$5,744.09	**$87,653.62**
20YY-03									$22,472.60	$37,665.19	$89,014.08	$1,026.86	**$150,178.73**
20YY-04										$11,880.00	$18,134.82	$3,956.95	**$33,971.77**
20YY-05											$4,337.17	$38,386.36	**$42,723.53**
20YY-06												$5,770.74	**$5,770.74**
Total:	**$11,679.25**	**$17,249.59**	**$30,899.87**	**$94,127.84**	**$136,396.42**	**$63,656.34**	**$53,757.67**	**$116,173.09**	**$66,340.26**	**$86,969.94**	**$113,483.73**	**$58,347.76**	**$849,081.76**

CRITERIA: **Claim Lag** **Group:** ABC Company **Benefit Type:** Medical
Date Range: Service Months: 07/20XX - 06/20YY (07/20XX - 06/20YY); Paid Months: 07/20XX - 06/20YY (Paid Months: 07/20XX - 06/20YY)
Filters: None
Display Options: - Claim Expenses Included in Dollar Totals

Return to Report Content

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Claim Summary[1]

The Claim Summary Report is one of the most flexible reports in the InfoPort suite. This report is ideal for analyzing large volumes of paid claims data; the online report provides the ability to drill into the claim profile using a report hyperlink. Data can be summarized by claim count and claim dollars, with up to four dimensions available. The report provides an option to analyze paid claims to desired data specifications and create a customized summary report. The available summary fields cover attributes of a variety of categories, including:

- Plan Account Structure
- Claim Category (inpatient, outpatient, physician, dental, etc.)
- Patient name, age, gender, relationship, gender, network
- Subscriber ID, name, state

Report Parameters/Customization (available options):

- BenefitType
- DateRange
- Filters
- Summarize by
- Thresholds
- Display Options
- Schedule Options
- Report Format

Standard Report Content

- Patients
- Claims (hyperlink; drills into claim profile)
- Services
- Billed
- Allowed
- Paid

Expanded Report Content

- Patients
- Visits
- Claims (hyperlink; drills into claim profile)
- Services
- Billed
- Allowed
- Deductible
- Coinsurance
- Copay
- COB (Coordination of Benefits)
- Paid

Note: This report is available to restricted users; no drill-in capability. Restricted users will have limited filter and summarize by options.

Return to Report Content

Standard Format

UMR

ABC COMPANY (76888888)
Claim Summary

Service Dates: All
Paid Dates: 09/01/20xx - 09/30/20xx
Benefit Type: Medical

Click hyperlink to drill into claim profile

	Patients	Claims	Services	Billed	Allowed	Paid
ABC COMPANY	708	2,273	8,748	$1,303,772.95	$445,362.04	$354,825.93
REPORT TOTALS: 1 Distinct Group:	**708**	**2,273**	**8,748**	**$1,303,772.95**	**$445,362.04**	**$354,825.93**

CRITERIA: Claim Summary (Standard) **Group:** ABC Company **Benefit Type:** Medical
Date Range: Service Dates: All; Paid Dates: 09/01/20xx - 09/30/20xx
Filters: None
Summarize By: None
Thresholds: None
Display Options: - Claim Expenses Included in Dollar Totals

Drill in profile

	Claim ID	Member Id	Patient Name	Provider Name	Date Serv From	Date Paid Through	Services	Billed	Paid
Med	XXXXXXXXX	###########	Xxxxxxx, Xxxxxx	ABC Provider	09/10/20xx	09/25/20xx	1	$86.00	$0.00
Med	XXXXXXXXX	###########	Xxxxxxx, Xxxxxx	ABC Provider	09/18/20xx	09/25/20xx	5	$507.00	$219.76
Med	XXXXXXXXX	###########	Xxxxxxx, Xxxxxx	ABC Provider	09/14/20xx	09/25/20xx	1	$641.50	$0.00
Med	XXXXXXXXX	###########	Xxxxxxx, Xxxxxx	ABC Provider	09/21/20xx	09/25/20xx	2	$838.20	$414.07
Med	XXXXXXXXX	###########	Xxxxxxx, Xxxxxx	ABC Provider	09/10/20xx	09/25/20xx	1	$2,055.00	$633.74
REPORT TOTALS:						2,273 Claims:	8,748	$1,303,772.95	$354,825.93

Expanded Format

UMR

ABC COMPANY (76888888)
Claim Summary

Service Dates: All
Paid Dates: 09/01/20xx - 09/30/20xx
Benefit Type: Medical

Click hyperlink to drill into claim profile

	Patients	Visits	Claims	Services	Billed	Allowed	Deductible	Coins	Copay	COB	Paid
All Claims: ABC COMPANY	708	1,923	2,273	8,748	$1,303,772.95	$445,362.04	$41,346.11	$27,876.83	$18,767.22	$1,806.33	$354,825.93
REPORT TOTALS: 1 Distinct Group:	**708**	**1,923**	**2,273**	**8,748**	**$1,303,772.95**	**$445,362.04**	**$41,346.11**	**$27,876.83**	**$18,767.22**	**$1,806.33**	**$354,825.93**

CRITERIA: Claim Summary (Expanded) **Group:** ABC Company **Benefit Type:** Medical
Date Range: Service Dates: All; Paid Dates: 09/01/20xx - 09/30/20xx
Filters: None
Summarize By: None
Thresholds: None
Display Options: - Claim Expenses Included in Dollar Totals

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Claim Summary by Member

The Claim Summary by Member Report provides summary claim information displayed by individual patient or grouped by the patient's family and displays key demographic information. The report can be used to answer member questions regarding claim payment, determine utilization, or identify patients/families with the highest claim costs based on a user defined dollar threshold. To complete analysis, the online report provides a hyperlink to drill into the claim detail. The standard format displays basic member data and costs. The expanded format increases financial fields. When the Family display option is selected, the data and dimensions are at the subscriber level.

Report Parameters/Customization (available options):

- Benefit Type
- Date Range
- Filters
- Subtotals
- Thresholds
- Display Options
- Schedule Options
- Report Format

Standard Report Content

Patient Level:

- Member Name
- Member ID
- Relationship
- Sex
- Age
- Claims (hyperlink)
- Services
- Billed
- Covered
- Allowed
- Paid

Family Level

- Subscriber Name
- Subscriber ID (hyperlink)
- Coverage Tier
- Patients
- Claims (hyperlink)
- Services
- Billed
- Covered
- Allowed
- Paid

Expanded Report Content

Patient Level:

- Member Name
- Member ID
- Relationship
- Sex / Age / State / Zip
- Patients / Visits
- Claims (hyperlink)
- Svcs (Services)
- Billed
- Not Covered / Covered
- Discount / Allowed
- Deductible / Coins
- Copayment / COB
- Paid

Family Level

- Subscriber Name
- Subscriber ID (hyperlink)
- Coverage Tier
- State / Zip
- Patients / Visits
- Claims (hyperlink)
- Svcs (Services)
- Billed
- Not Covered / Covered
- Discount / Allowed
- Deductible / Coins
- Copayment / COB
- Paid

Return to Report Content

Standard Format – Patient Level

UMR

ABC COMPANY (76888888)

Claim Summary by Member - Patient Level

Click hyperlink to drill into claim profile

Service Dates: All
Paid Dates: 09/01/20xx - 09/30/20xx
Benefit Type: Medical

Member Name	Member ID	Relationship	Sex	Age	Claims	Services	Billed	Covered	Allowed	Paid
Xxxxx, Xxxxxxx	XXXXXXXXX	Child	F	26	12	24	$2,741.72	$4,776.73	$3,168.31	$3,168.31
Xxxxx, Xxxxxxx	XXXXXXXXX	Subscriber	M	58	10	26	$1,876.62	$1,876.62	$530.06	$530.06
Xxxxx, Xxxxxxx	XXXXXXXXX	Child	F	23	3	3	$409.60	$409.60	$246.30	$196.30
Xxxxx, Xxxxxxx	XXXXXXXXX	Spouse	F	58	11	125	$15,458.08	$15,458.08	$4,629.26	$4,629.26
Xxxxx, Xxxxxxx	XXXXXXXXX	Child	M	18	1	0	$0.00	$0.00	-$78.10	$0.00
Xxxxx, Xxxxxxx	XXXXXXXXX	Subscriber	F	48	2	2	$230.00	$230.00	$196.34	$196.34
Xxxxx, Xxxxxxx	XXXXXXXXX	Subscriber	F	43	2	15	$30,808.94	$30,808.94	$21,288.63	$19,956.95
REPORT TOTALS:					377 Patients: 1,016	4,315	$1,092,183.25	$933,768.27	$340,845.95	$284,481.63

CRITERIA: Claim Summary by Member (Standard) Group: ABC Company Benefit Type: Medical
Date Range: Service Dates: All; Paid Dates: 09/01/20xx - 09/30/20xx
Filters: None
Subtotals: None
Thresholds: None
Display Options: - Member Display/Detail Level: Patient - Claim Expenses Included in Dollar Totals

Drill in profile – subscriber ID

UMR

ABC COMPANY (76888888)
Member History for Member ID: XXXXXXXXXXX

Page 1 of 1
Data as of: 10/19/20xx

Member: XXXXXXX (dependent of XXXXXX XXXXXX)
ID Card: ##########

Subscriber Location & Address History

Location	Dept	Address	City	State	ZIP	Effective Dates
001		XXXXXXXXXX	XXXXXXX	XX	XXXXX	Through 10/19/20xx
001		XXXXXXXXXX	XXXXXXXXXXX	XX	XXXXX	10/20/20xx - Current

Member Change & Benefit Enrollment History

Member 00: XXXXXX
XXXXXX XXXXXXXXX

Relationship	DOB	Age	Sex
Subscriber	##/##/####	xx	x

Benefit	Coverage Tier	Contract	Ben Plan	Class	Network	Special Eligibility	Effective Dates
MED	Sub and Family	XXXXXXXXXXXX	000	A00	00		01/01/20xx - 09/30/20xx
	Sub and Spouse	XXXXXXXXXXXX	000	A00	00		10/01/20xx - 12/31/20xx

Expanded Format – Family Level

UMR

ABC COMPANY (76888888)

Claim Summary by Member - Family Level

Click hyperlink to drill into claim or subscriber profile

Service Dates: All
Paid Dates: 09/01/20xx - 09/30/20xx
Benefit Type: Medical

Subscriber Name / Patients	Visits	Clms	Svcs	Billed	Not Cov	Covered	Discount	Allowed	Deductible	Coins	Copay	COB	Paid
XXXXX. XXXXXX					Subscriber ID:	XXXXXXXXXX		Coverage Tier:	SUBFAM - Sub and Family		State:	WI	ZIP: 89106
2	4	5	18	$869.96	$0.00	$869.96	$409.27	$460.69	$0.00	$3.00	$120.00	$0.00	$337.69
XXXXX, XXXXXXXX					Subscriber ID:	XXXXXXXXXX		Coverage Tier:	SUBSPS - Sub and Spouse		State:	CO	ZIP: 72000
2	3	3	5	$746.00	$0.00	$746.00	$232.70	$513.30	$178.79	$0.00	$0.00	$0.00	$334.51
XXXXX, XXXXXX					Subscriber ID:	XXXXXXXXXX		Coverage Tier:	SUBOLY - Sub Only		State:	CI	ZIP: 23416
1	2	2	4	$332.58	$0.00	$332.58	$222.94	$109.64	$0.00	$0.00	$0.00	$0.00	$109.64
REPORT TOTALS:													273 Families:
377	953	1,016	4,315	$1,092,183.25	$158,414.98	$933,768.27	$592,922.32	$340,845.95	$43,569.85	$7,640.47	$5,153.79	$0.00	$284,481.63

CRITERIA: Claim Summary by Member (Expanded) Group: ABC Company Benefit Type: Medical
Date Range: Service Dates: All; Paid Dates: 09/01/20xx - 09/30/20xx
Filters: None
Subtotals: None
Thresholds: None
Display Options: - Member Display/Detail Level: Family - Claim Expenses Included in Dollar Totals

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Claim Summary by Network

The Claim Summary by Network Report assists with evaluating financial benefit of the plan's network arrangements. The report displays summary claim information by network. By applying filters, subtotals, and thresholds, custom data analysis can occur. The online report provides a hyperlink to drill into the claim profile. Report data can be split on separate reports in two different views:

- Claim Network: This method summarizes paid claims based on the specific network that applied the discount, including travel and wrap networks. The report provides information on savings the plan is receiving by network and assists with analyzing network utilization.
- Member Network: This method summarizes paid claims based on the primary network of the individual member. If the plan offers multiple network arrangements, using this option can assist with evaluating overall network strategy.

Report Parameters/ Customization (available options):

- Benefit Type
- Date Range
- Filters
- Subtotals
- Thresholds
- Display Options
- Schedule Options
- Report Format

Standard Report Content

- Network Code
- Network Name
- Claims (hyperlink; drills into claim profile)
- Svcs (Services)
- Billed
- Covered
- Discount
- Discount Percent
- Allowed
- Paid

Expanded Report Content

- Network Code
- Network Name
- Patients
- Visits
- Claims (hyperlink)
- Svcs (Services)
- Billed
- Not Covered
- Covered
- Discount
- Allowed
- Deductible
- Coins
- Copay
- Discount Percent
- COB (Coordination of Benefits)
- Paid

Return to Report Content

Standard Format

UMR

ABC COMPANY (76888888)
Claim Summary by Network - Claim Network Level

Service Dates: All
Paid Dates: 09/01/20xx - 09/30/20xx
Benefit Type: Medical

Click hyperlink to drill into claim profile

Network Code	Network Name	Claims	Svcs	Billed	Covered	Discount	Disc %	Allowed	Paid
- None -	N/A	84	762	$51,021.58	$2,978.63	$0.00	0.00%	$2,978.63	$565.00
ABC2	ABC Network Secondary	12	34	$10,966.02	$9,292.37	$3,949.21	42.50%	$5,343.16	$1,538.45
XYZ	XYZ Network	5	326	$16,793.94	$16,412.16	$1,819.21	11.08%	$14,592.95	$14,530.95
CCC	CCC Care	22	54	$38,546.70	$30,385.07	$3,883.71	12.78%	$26,501.36	$23,173.40
ABH	ABC HealthCare	893	3,139	$974,855.01	$874,700.04	$583,270.19	66.68%	$291,429.85	$244,673.83
REPORT TOTALS:	5 Networks:	1,016	4,315	$1,092,183.25	$933,768.27	$592,922.32	63.50%	$340,845.95	$284,481.63

CRITERIA: Claim Summary by Network (Standard) **Group:** ABC Company **Benefit Type:** Medical
Date Range: Service Dates: All; Paid Dates: 09/01/20xx - 09/30/20xx
Filters: None
Subtotals: None
Thresholds: None
Display Options: - Network Display/Detail Level: Claim - Claim Expenses Included in Dollar Totals

Drill in profile – claim network

UMR

ABC COMPANY (76888888)
Claim Summary by Network - Claim Network Level
Drilled into Claim Detail

Service Dates: All
Paid Dates: 09/01/20xx - 09/30/20xx
Benefit Type: Medical

	Claim ID	Member Id	Patient Name	Provider Name	Date Serv From	Date Paid Through	Services	Billed	Paid
Med	XXXXXXXXX	##########	XXXXXX, XXXXX	ABC Provider	08/21/20xx	09/11/20xx	1	$100.00	$0.00
Med	XXXXXXXXX	##########	XXXXXXXX, XXXXXX	Emergency Facility	08/06/20xx	09/02/20xx	23	$14,291.41	$12,862.27
REPORT TOTALS:						5 Claims:	24	$14,391.41	$12,862.27

Expanded Format

UMR

ABC COMPANY (76888888)
Claim Summary by Network - Claim Network Level

Service Dates: All
Paid Dates: 09/01/20xx - 09/30/20xx
Benefit Type: Medical

Click hyperlink to drill into claim profile

Network Code / Patients	Network Name / Visits	Clms	Svcs	Billed	Not Cov	Covered	Discount	Allowed	Deductible	Coins	Copay	Discount % COB	Discount % Paid
Network Code: - None -	Network Name: N/A											Discount %:	0.00%
20	90	84	762	$51,021.58	$48,042.95	$2,978.63	$0.00	$2,978.63	$2,378.63	$0.00	$35.00	$0.00	$565.00
Network Code: ABC2	Network Name: ABC Network Secondary											Discount %:	42.50%
11	12	12	34	$10,966.02	$1,673.65	$9,292.37	$3,949.21	$5,343.16	$3,450.09	$354.61	$0.00	$0.00	$1,538.45
Network Code: XYZ	Network Name: XYZ Network											Discount %:	11.08%
4	5	5	326	$16,793.94	$381.78	$16,412.16	$1,819.21	$14,592.95	$62.00	$0.00	$0.00	$0.00	$14,530.95
Network Code: CCC	Network Name: CCC Care											Discount %:	12.78%
11	21	22	54	$38,546.70	$8,161.63	$30,385.07	$3,883.71	$26,501.36	$2,154.00	$1,073.95	$100.00	$0.00	$23,173.40
Network Code: ABH	Network Name: ABC HealthCare											Discount %:	66.68%
356	825	893	3,139	$974,855.01	$100,154.97	$874,700.04	$583,270.19	$291,429.85	$35,525.13	$6,211.91	$5,018.79	$0.00	$244,673.83
REPORT TOTALS:											5 Networks:	Discount %:	63.50%
377	953	1,016	4,315	$1,092,183.25	$158,414.98	$933,768.27	$592,922.32	$340,845.95	$43,569.85	$7,640.47	$5,153.79	$0.00	$284,481.63

CRITERIA: Claim Summary by Network (Expanded) **Group:** ABC Company **Benefit Type:** Medical
Date Range: Service Dates: All; Paid Dates: 09/01/20xx - 09/30/20xx
Filters: None
Subtotals: None
Thresholds: None
Display Options: - Network Display/Detail Level: Claim - Claim Expenses Included in Dollar Totals

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Claim Summary by Provider

The Claim Summary by Provider Report provides a summary of claim information by the provider to display at two levels on separate reports: **Individual Provider Level**, or by **Provider Tax Identification Number** (providers with the same TIN are grouped together). Report data can be used to answer member questions regarding claim payment, determine which providers/facilities are the frequently utilized, and analyze provider utilization patterns. The report format provides basic provider and cost information. The online report also supports a hyperlink to drill into the claim profile.

Report Parameters/ Customization (available options):

- Benefit Type
- Date Range
- Filters
- Subtotals
- Thresholds
- Display Options
- Schedule Options
- Report Format

Report Content

By provider:

- TIN (Provider Tax Identification Number)
- Provider Name
- Address (Provider Full Address)
- Patients
- Visits
- Claims (hyperlink; drills into claim profile)
- Services
- Billed
- Paid

By TIN:

- TIN (Provider Tax Identification Number)
- Provider Name
- Patients
- Visits
- Claims (hyperlink; drills into claim profile)
- Services
- Billed
- Paid

Report

Provider Level

UMR

ABC COMPANY (76888888)
Claim Summary by Provider - Provider Level

Click hyperlink to drill into claim profile

Service Dates: All
Paid Dates: 09/01/20xx - 09/30/20xx
Benefit Type: Medical

TIN	Provider Name	Address	Patients	Visits	Clms	Services	Billed	Paid
XXXXXXXX	ABC PROVIDER	12345 N First St, City, ST, Zip	1	2	2	2	$250.00	$0.00
XXXXXXXX	LABORATORY	1234 N First St, City, ST, Zip	1	1	1	4	$150.95	$0.00
XXXXXXXX	XYZ PROVIDER	123 N First St, City, ST, Zip	3	3	3	9	$979.00	$485.56
XXXXXXXX	FACILITY	4561 N First St, City, ST, Zip	1	1	2	2	$8,040.00	$1,368.66
XXXXXXXX	ER FACILITY	456 N First St, City, ST, Zip	1	1	1	1	$745.00	$0.00
REPORT TOTALS:			5 Providers: 7	8	9	18	$9219.95	$1,854.22

CRITERIA: Claim Summary by Provider **Group:** ABC Company **Benefit Type:** Medical
Date Range: Service Dates: All; Paid Dates: 09/01/20xx - 09/30/20xx
Filters: None
Subtotals: None
Thresholds: None
Display Options: - Provider Display/Detail Level: Provider - Claim Expenses Included in Dollar Totals

Drill in profile

UMR

ABC COMPANY (76888888)
Claim Summary by Provider - Provider Level
Drilled into Claim Detail

Service Dates: All
Paid Dates: 09/01/20xx - 09/30/20xx
Benefit Type: Medical

	Claim ID	Member Id	Patient Name	Provider Name	Date Serv From	Date Paid Through	Services	Billed	Paid
Med	XXXXXXXXXX	##########	XXXXX, XXX	ABC Provider	09/14/20xx	09/24/20xx	4	$410.02	$166.06
REPORT TOTALS:						1 Claim:	4	$410.02	$166.06

Source Report: Claim Summary by Provider 10/20/20xx **Benefit Type:** Medical
Date Range: Service Dates: All; Paid Dates: 09/01/20xx - 09/30/20xx
Filters: None
Display Options: - Claim Expenses Included in Dollar Totals
Drilled into: - Provider = ABC Provider (TIN: XXXXXXXX)

TIN Level

UMR

ABC COMPANY (76888888)
Claim Summary by Provider – TIN Level

Click hyperlink to drill into claim profile

Service Dates: All
Paid Dates: 09/01/20xx - 09/30/20xx
Benefit Type: Medical

TIN	Provider Name	Patients	Visits	Clms	Services	Billed	Paid
XXXXXXXX	1 Provider: ABC PROVIDER	1	2	2	2	$250.00	$0.00
XXXXXXXX	1 Providers: LABORATORY	1	1	1	4	$150.95	$0.00
XXXXXXXX	3 Providers: XYZ PROVIDER	3	1	3	9	$979.00	$485.56
XXXXXXXX	1 Provider: FACILITY	1	2	2	2	$8,040.00	$1,368.66
XXXXXXXX	1 Provider: ER FACILITY	1	1	1	1	$745.00	$0.00
REPORT TOTALS:		350 TINs: 377	953	1,016	4,315	$92,183.25	$84,481.63

CRITERIA: Claim Summary by Provider **Group:** ABC Company **Benefit Type:** Medical
Date Range: Service Dates: All; Paid Dates: 09/01/20xx - 09/30/20xx
Filters: None
Subtotals: None
Thresholds: None
Display Options: - Provider Display/Detail Level: Provider TIN - Claim Expenses Included in Dollar Totals

Return to Report Content

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Claim Summary Service Level

Similar to the Claim Summary Report, the Claim Summary Service Level Report provides an option to summarize claim counts and claim dollars by up to four dimensions. The report's focus, however, is on the claim service line attributes, which are not available on the Claim Summary Report. This report provides an option to filter on and produce report summaries by type of service, diagnosis, procedure, telehealth/telemedicine indicator (if applicable), claim category, etc., providing a source to analyze member utilization and cost by condition or treatment. Summarize report data by *service category sub 2* to view patient utilization by services.

Note: The Claim Summary Service Level Report does not have all claim-level field options as the Claim Summary Report; this report does not provide claim drill-in. The Claim Summary Report can be utilized for analysis of the plan above the service line level.

Report Parameters/ Customization (available options)

- Benefit Type
- Date Range
- Filters
- Summarize by
- Thresholds
- Display Options
- Schedule Options
- Report Format

Report Content

- Patients
- Visits
- Claims
- Services
- Billed
- Paid

Report

ABC COMPANY (76888888)
Claim Summary Service Level

Service Dates: All
Paid Dates: 09/01/20xx - 09/30/20xx
Benefit Type: Medical

		Patients	Visits	Claims	Services	Billed	Paid
ABC COMPANY		708	1,923	2,273	8,748	$1,303,772.95	$354,825.93
REPORT TOTALS:	**1 Distinct Group:**	**708**	**1,923**	**2,273**	**8,748**	**$1,303,772.95**	**$354,825.93**

CRITERIA: Claim Summary Service Level **Group:** ABC Company **Benefit Type:** Medical
Date Range: Service Dates: All; Paid Dates: 09/01/20xx - 09/30/20xx
Filters: None
Summarize By: None
Thresholds: None
Display Options: - Claim Expenses Included in Dollar Totals

Report summarized by Service Category Sub 2

ABC COMPANY (76888888)
Claim Summary Service Level by Service Category Sub 2

Service Dates: All
Paid Dates: 09/01/20xx - 09/30/20xx
Benefit Type: Medical

Serv Category Sub 2		Patients	Visits	Claims	Services	Billed	Paid
### - EYEGLASSES		2	2	3	4	$157.00	$0.00
### - PRESCRIPTION ITEMS		36	48	49	125	$23,467.60	$7,086.88
### - INPATIENT FACILITY		1	1	3	3	$13,608.45	$0.00
### - INPATIENT PHYSICIAN		1	1	3	3	$300.00	$59.00
### - ER FACILITY		3	13	22	88	$1,889.34	$0.00
### - SUPPLIES		1	1	1	180	$2,052.00	$613.44
XXX - OTHER		75	88	90	234	$14,922.75	$5,062.84
REPORT TOTALS:	**43 Distinct Groups:**	**708**	**1,923**	**2,273**	**8,748**	**$1,303,772.95**	**$354,825.93**

CRITERIA: Claim Summary Service Level **Group:** ABC Company **Benefit Type:** Medical
Date Range: Service Dates: All; Paid Dates: 09/01/20xx - 09/30/20xx
Filters: None
Summarize By: 1. Service Category Sub 2
Thresholds: None
Display Options: - Claim Expenses Included in Dollar Totals

Return to Report Content

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Claims and Enrollment by Month

The Claims and Enrollment by Month Report provides totals by month for member and claim information, including a comparison of billed, covered, allowed, and paid amounts including a paid PMPM. This report offers hyperlinks for drill in on member detail or claims profile which provide corresponding details. The report is available in a standard or expanded version.

Report Parameters/ Customization (available options)

- Benefit Type
- Date Range
- Filters
- Summarize By
- Display Options
- Schedule Options
- Report Format

Standard Report Content

- Month
- Client Name
- Subscribers
- Members (hyperlink; drills into member demographics)
- Claims (hyperlink; drills into claim profile)
- Billed
- Covered
- Allowed
- Paid
- Paid PMPM

Expanded Report Content

- Month
- Subs (Subscribers)
- Mems (Members-hyperlink)
- Claims (hyperlink)
- Billed
- Not Cov
- Covered
- Discount
- Allowed
- Patient Amt
- COB (Coord of Bnfts)
- Paid
- Paid PMPM

Standard Format

UMR

ABC Company
Claims & Enrollment by Month

Paid Months: 07/20XX - 12/20XX
Benefit Type: Medical

Click hyperlink to drill into member demographics or claim profile

Month		Subscribers	Members	Claims	Billed	Covered	Allowed	Paid	Paid PMPM
20XX-07	ABC Company	6,288	10,974	7,960	$8,167,037.69	$6,191,397.89	$2,870,392.88	$2,290,047.83	$208.68
20XX-08	ABC Company	6,271	10,977	9,116	$8,431,611.55	$6,835,656.53	$3,364,544.28	$2,845,683.00	$259.24
20XX-09	ABC Company	6,252	10,955	7,988	$7,451,843.72	$6,320,090.95	$2,844,394.45	$2,199,502.71	$200.78
20XX-10	ABC Company	6,208	10,911	9,428	$9,887,399.61	$8,010,930.94	$3,761,652.28	$3,046,205.94	$279.19
20XX-11	ABC Company	6,145	10,845	7,233	$7,826,542.28	$6,121,462.00	$2,748,839.64	$2,242,073.41	$206.74
20XX-12	ABC Company	6,099	10,793	9,827	$11,656,125.95	$8,848,291.22	$4,087,331.63	$3,164,743.35	$293.22
REPORT TOTALS (6 Months):		6,211	10,909	49,300	$53,420,560.80	$42,327,829.53	$19,677,155.16	$15,788,256.24	$241.21

CRITERIA: Claims & Enrollment by Month (Standard) **Group:** ABC Company **Benefit Type:** Medical
Date Range: Paid Months: 07/20XX - 12/20XX; Monthly Enrollment counted on: the First Day of the month
Filters: None
Summarize By: None
Display Options: - Claim Expenses Included in Dollar Totals

Drill in profile

ID Card	Member ID	Member Name	Relationship	DOB	Age	Sex	Ben Beg	Ben End	Coverage Tier	Ntwk Code
XXXXXXX	#########	XXXXX, XXXXX X	Subscriber	09/30/19XX	##	F	05/01/20XX		Sub and Children	00
XXXXXXX	#########	XXXXX, XXXXX X	Child	01/01/20XX	##	M	01/01/20XX		Sub and Family	00
XXXXXXX	#########	XXXXX, XXXXX X	Subscriber	03/26/19XX	##	F	01/01/20XX		Sub Only	AL
XXXXXXX	#########	XXXXX, XXXXX X	Subscriber	08/13/19XX	##	M	01/01/20XX		Sub Only	LL
XXXXXXX	#########	XXXXX, XXXXXX	Child	10/23/19XX	##	M	01/01/20XX		Sub and Family	LL

REPORT TOTALS: Subscribers: 46 Dependents: 45 Total Members: 91

Expanded Format

UMR

ABC Company
Claims & Enrollment by Month

Paid Months: 10/20XX - 12/20XX
Benefit Type: Medical

Click hyperlink to drill into member demographics or claim profile

Month	Subs	Mems	Pats	Visits	Claims	Billed	Not Cov	Covered	Discount	Allowed	Patient Amt	COB	Paid	Paid PMPM
20XX-10	6,208	10,911	3,604	9,445	9,428	$9,887,399.61	$1,876,468.67	$8,010,930.94	$4,249,278.66	$3,761,652.28	$548,327.41	$143,597.68	$3,046,205.94	$279.19
20XX-11	6,145	10,845	3,066	7,251	7,233	$7,826,542.28	$1,705,080.28	$6,121,462.00	$3,372,622.36	$2,748,839.64	$411,731.33	$119,758.94	$2,242,073.41	$206.74
20XX-12	6,099	10,793	3,523	9,883	9,827	$11,656,125.95	$2,807,834.73	$8,848,291.22	$4,760,959.59	$4,087,331.63	$434,593.16	$373,150.66	$3,164,743.35	$293.22
REPORT TOTALS:														
3 Months	6,151	10,850	5,917	24,763	25,912	$29,370,067.84	$6,389,383.68	$22,980,684.16	$12,382,860.61	$10,597,823.55	$1,394,651.90	$636,507.28	$8,453,022.70	$259.70

CRITERIA: Claims & Enrollment by Month (Expanded) **Group:** ABC Company **Benefit Type:** Medical
Date Range: Paid Months: Prior 3 Months (10/20XX - 12/20XX); Monthly Enrollment counted on: the First Day of the month
Filters: None
Summarize By: None
Display Options: - Claim Expenses Included in Dollar Totals

Return to Report Content

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Enrollment Census

The Enrollment Census Report provides a list of members enrolled in the plan. The report contains information about each subscriber and dependent (including name, relationship, age, and benefit begin date) as well as data related to coverage (coverage tier and primary network code). The report can be filtered by a selection of demographic and plan-related dimensions, providing a report view of plan membership in several different cuts of data.

Active members can be included on the report as of a specific census date; the report also provides an option to include enrollment activity within a user-defined date range. Report data can be used to identify members who either began or terminated coverage over the prior month or view a dependent child over or under a specific age. By setting the report's Valuation Date, member data can be viewed as of a specific point in time in history to track and monitor changes.

Report Parameters/ Customization (available options)

- Benefit Type
- Date Range
- Filters
- Subtotals
- Schedule Options
- Report Format

Standard Report Content

- ID Card (hyperlink; drills into subscriber profile)
- Member ID (hyperlink; drills into member profile)
- Member Name
- Relationship
- DOB (Member Date of Birth)
- Age (Member)
- Sex (Member)
- Date Benefit Begin
- Date Benefit End
- Coverage Tier
- Class Code

Expanded Report Content

- Member ID (hyperlink)
- Member Name
- Relationship
- ID Card (hyperlink)
- Subscriber Name
- Coverage Tier
- Date Benefit Begin
- Date Benefit End
- DOB (Member)
- Age (Member)
- Sex (Member)
- Primary Network
- City
- State
- Zip
- Benefit Plan
- Class
- Location

Return to Report Content

Standard Format

UMR

ABC Company (76888888)

Click hyperlink to drill into subscriber or member profile

Census Date: 09/30/20xx
Data Valued as of: 10/19/20xx
Benefit Type: Medical

ID Card	Member ID	Member Name	Relationship	DOB	Age	Sex	Date Ben Beg	Date Ben End	Coverage Tier	Class Code
XXXXXXXXX	#########	XXXXXX, XXXXXX	Child	08/04/20xx	6	F	08/19/20xx		Sub and Family	000
XXXXXXXXX	#########	XXXXXX, XXXXXX	Child	08/29/20xx	20	M	09/13/20xx		Sub and Family	000
XXXXXXXXX	#########	XXXXXX, XXXX	Child	08/13/20xx	0	F	08/28/20xx		Sub and Family	000
XXXXXXXXX	#########	XXXXX,XXXXXXXXX	Child	08/12/20xx	15	F	08/27/20xx		Sub and Family	000
XXXXXXXXX	#########	XXXXXX, XXXXXX	Child	09/07/20xx	11	M	09/03/20xx		Sub and Family	000
XXXXXXXXX	#########	XXXXX, XXX X	Child	09/09/20xx	3	F	09/24/20xx		Sub and Family	000

REPORT TOTALS: Subscribers: 860 Dependents: 922 Total Members: 1,782

CRITERIA: Enrollment Census (Standard) Group: ABC Company Benefit Type: Medical
Date Range: Census Date: 09/30/20xx; Valuation Date: Most Recent (10/19/20xx)
Filters: None
Subtotals: None

Expanded Format

UMR

ABC Company (76888888)
Enrollment Census

Click hyperlink to drill into member or subscriber profile

Census Date: 09/30/20xx
Data Valued as of: 10/19/20xx
Benefit Type: Medical

Member ID	Member Name / DOB	Age	Sex	Relation / Primary Network	ID Card	Subscriber Name / City	State	ZIP	Coverage Tier / Ben Plan	Class	Ben Beg / Loc	Ben End / Dept
#########	XXXXX, XXX			Child	XXXXXXXXXXX	XXXXXXX, XXXXXXXXX			Sub and Family		08/19/20XX	12/31/20XX
	08/04/20xx	0	F	ABC – ABC NETWORK		CITY	ST	11111	001	001	ABC	
#########	XXXXXX, XXXXX			Child	XXXXXXXXXXX	XXXXXX, XXXXXX			Sub and Family		09/13/20xx	12/31/20xx
	08/29/20xx	0	M	ABC – ABC NETWORK		CITY	ST	11111	002	002	ABC	
#########	XXXXXXXX, XXXXX X			Child	XXXXXXXXXXX	XXXXXXXX, XXXXX			Sub and Family		08/28/20XX	12/31/20XX
	08/13/20xx	0	F	ABC – ABC NETWORK		CITY	ST	11111	003	003	ABC	

REPORT TOTALS: Subscribers: 860 Dependents: 922 Total Members: 1,782

CRITERIA: Enrollment Census (Expanded) Group: ABC Company Benefit Type: Medical
Date Range: Census Date: 09/30/20xx; Valuation Date: Most Recent (10/19/20xx)
Filters: None
Subtotals: None

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Enrollment Summary[1]

The Enrollment Summary Report provides an option to analyze or track plan enrollment without the full detail that is included in the Enrollment Census Report. This report provides an option to summarize enrollment counts by up to four dimensions. There are a variety of plan account structure and member summary fields to select, providing the flexibility to stratify plan membership in a variety of cuts of data, and to answer common enrollment questions. The online report also provides the option to drill in from the summary into the member detail. View plan membership as of a specific census date, or view enrollment activity within a date range (benefit begin and/or end date, continuous enrollment, coverage tier, network code).

Report Parameters/ Customization (available options)

- Benefit Type
- Date Range
- Filters
- Summarize By
- Schedule Options

Report Content

- Company Name
- Subscribers (Number)
- Dependents (Number)
- Members (total membership-hyperlink; drills into member profile)

Note: This report is available to restricted users; without PHI access or drill-in capability.

Restricted users will have limited filter and summarize by options to select.

Report

UMR

ABC Company (76888888)
Enrollment Summary

Click hyperlink to drill into member profile

Census Date: 09/30/20xx
Data Valued as of: 10/19/20xx
Benefit Type: Medical

	Subscribers	Depndnts	Members
ABC Company	860	922	1,782
REPORT TOTALS:	860	922	1,782

CRITERIA: Enrollment Summary **Group:** ABC Company **Benefit Type:** Medical
Date Range: Census Date: 09/30/20xx; Valuation Date: Most Recent (10/19/20xx)
Filters: None
Summarize By: None

Drill in profile

ID Card	Member ID	Member Name	Relationship	DOB	Age	Sex	Ben Beg	Ben End	Coverage Tier	Ntwk Code
XXXXXXX	#########	XXXXXXX, XXXXXXX	Child	09/13/20xx	0	M	09/13/20xx		Sub and Family	00
XXXXXXX	#########	XXXXXXX, XXXXXXX	Subscriber	08/07/19xx	45	M	12/01/20xx		Sub and Family	00
XXXXXXX	#########	XXXXXXXX, XXXXXXX	Spouse	03/22/19xx	43	F	01/01/20xx		Sub and Family	00
XXXXXXX	#########	XXXXXXXX, XXXXXXX	Subscriber	02/17/19xx	40	M	09/01/20xx		Sub Only	00
XXXXXXX	#########	XXXXXXXX, XXXXXXX	Subscriber	02/14/19xx	48	M	09/01/20xx		Sub and Family	00
XXXXXXX	#########	XXXXXXXX, XXXXXXX	Child	03/31/19xx	25	F	09/01/20xx		Sub and Family	00
XXXXXXX	#########	XXXXXXXX, XXXXXXX	Child	03/26/19xx	22	F	09/01/20xx		Sub and Family	00

REPORT TOTALS: Subscribers: 860 Dependents: 922 Total Members: 1,782

Return to Report Content

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Enrollment Summary by Month

The Enrollment Summary by Month Report provides counts of members by month summarized by the dimensions selected (up to four). There are a variety of fields to summarize data by, providing the flexibility to stratify plan membership using different cuts of data to answer enrollment questions. This report offers a hyperlink to member fields which provide the ability to drill into the corresponding member profile. The report can also be summarized by different member age bands.

Report Parameters/ Customization (available options)

- Benefit Type
- Date Range
- Filters
- Summarize By
- Schedule Options

Report Content

- Month
- Subscribers (Number)
- Dependents (Number)
- Members (Number) (hyperlink; drills into member profile)

Report

UMR

ABC COMPANY (76888888)

Enrollment Summary by Month

Census Dates: 09/20py - 09/20cy

Benefit Type: Medical

Click hyperlink to drill into member profile

Month	Subscribers	Depndnts	Members
20py-09	541	462	1,003
20py-10	539	469	1,008
20py-11	531	462	993
20py-12	528	458	986
20cy-01	545	482	1,027
20cy-02	525	477	1,002
20cy-03	522	466	988
20cy-04	523	469	992
20cy-05	494	461	955
20cy-06	485	450	935
20cy-07	477	455	932
20cy-08	465	453	918
20cy-09	460	454	914
REPORT TOTALS:	510	463	973

CRITERIA: Enrollment Summary **Group:** ABC Company **Benefit Type:** Medical

Date Range: Census Dates: 09/20py - 09/20cy; Monthly Enrollment counted on: the First Day of the month

Filters: None

Drill in profile

ID Card	Member ID	Member Name	Relationship	DOB	Age	Sex	Ben Beg	Ben End	Coverage Tier	Ntwk Code
XXXXXX	###########	XXX, XXXXX	Subscriber	XX/XX/XXXX	35	F	05/01/20XX		Sub and Children	00
XXXXXX	###########	XXXXXX, XXX	Child	XX/XX/XXXX	15	M	01/01/20XX		Sub and Family	00
XXXXXX	###########	XXXXX, XXXXX	Subscriber	XX/XX/XXXX	58	F	01/01/20XX		Sub Only	00
XXXXXX	###########	XXX,XXXXX	Subscriber	XX/XX/XXXX	35	M	01/01/20XX		Sub Only	00
XXXXXX	###########	XXXXXXXX, XXXXX	Child	XX/XX/XXXX	22	M	01/01/20XX		Sub and Family	00

REPORT TOTALS: Subscribers: 60 Dependents: 44 Total Members: 104

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Extract – Claim Level

While all the reports in InfoPort have the option to export the report data, the extract reports are specifically designed for this purpose. Each extract report provides a volume of data fields in an unformatted file that can be downloaded locally for plan analysis. The downloaded data can be utilized to create pivots and graphs or merge with other data.

The Extract – Claim Level Report provides claim-level data elements. Each row represents a claim, and the data includes dimension fields applicable to the entire claim (service dates, plan account structure data, patient and provider data, in or out of network benefit level). The report includes a range of claim-level dollar fields that summarize the services on a paid claim.

The extract reports have the capacity to support a large volume of data; download times are dependent on the user's internet browser connection. Contact the plan's designated UMR Strategic Account Executive or InfoPort Solutions if a data file with additional fields or on a frequent basis is required outside of InfoPort. The extract reports are specifically set up for data-only exporting; it is highly recommended that you do not print the report based on file size.

Report Parameters/ Customization (available options)

- Benefit Type
- Date Range
- Filters
- Schedule

Extract – Claim Level Data Elements listed alphabetically):

1	Adjusted Ind (Y or N)	16	Date Paid Through	31	Patient Acct Nbr	46	Sbscr Addr 1
2	Ben Level Code (In or Out)	17	Date Recvd	32	Patient Age	47	Sbscr Addr 2
3	Ben Plan Code	18	Date Serv From	33	Patient Last Name	48	Sbscr City
4	Ben Plan Desc	19	Date Serv Through	34	Patient Name	49	Sbscr Last Name
5	Ben Type	20	Location Code	35	Patient Sex	50	Sbscr State
6	Billed Amt	21	Location Desc	36	Provider Name	51	Sbscr ZIP
7	Claim ID	22	Mem Network 1 Code	37	Provider TIN	52	Self Pay Ind
8	Class Code	23	Mem Network 1 Desc	38	Prvd Addr1	53	Serv Category
9	Class Desc	24	Member Card ID	39	Prvd Addr2	54	Service Count
10	COB Type	25	Member ID	40	Prvd City	55	Subscriber ID
11	Contract	26	Network Code	41	Prvd Specialty	56	Subscriber Name
12	Coverage Tier	27	Network Desc	42	Prvd State		
13	Customer	28	Network Ind	43	Prvd Type		
14	Customer ID	29	Network Tier	44	Prvd ZIP		
15	Date Paid Initial	30	Paid Amt	45	Relationship		

View next page for report extract sample.

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InfoPort's Data Extract Reports can be exported onto the user's local drive, providing the option to customize the report view, filter, sort and organize the data, create a pivot table or graphs, and review any data field based on individual requirements.

The image below provides an example of how data exported from InfoPort's extract reports are viewed on a spreadsheet (not an all-inclusive field list).

This report is specifically formatted for **Data-Only Exporting**. It is not recommended for other export formats.
It is highly recommended that you do not print this report.

Customer	Customer ID	Contract	Class Code	Class Code Descr	Ben Type	Subscriber ID	Coverage Tier	Subscriber Last	Patient Name	Relation	Provider Name	Date Serv From	Date Serv To	Date Paid Through	Billed Amt	Paid Amt	Ben Level
ABC COMPANY	########	XXXXXXXXXXXX	A00	ACT EES	MED	XXXXXXXXX	SUBFAM	XXXXXX	XXXXXX	SUB	ABC PROVIDER	5/8/20XX	5/8/20XX	9/17/20XX	125.00	0.00	In
ABC COMPANY	########	XXXXXXXXXXXX	A01	ACT EES	MED	XXXXXXXXX	SUBOLY	XXXXXX	XXXXXX	SUB	ABC PROVIDER	9/23/20XX	9/23/20XX	9/30/20XX	165.00	103.77	In
ABC COMPANY	########	XXXXXXXXXXXX	A02	ACT EES W HDHP	MED	XXXXXXXXX	SUBFAM	XXXXXX	XXXXXX	SUB	ABC PROVIDER	9/10/20XX	9/10/20XX	9/24/20XX	200.00	0.00	Out
ABC COMPANY	########	XXXXXXXXXXXX	A03	ACT EES PPO	MED	XXXXXXXXX	SUBOLY	XXXXXX	XXXXXX	SUB	ABC PROVIDER	9/3/20XX	9/3/20XX	9/17/20XX	150.00	25.92	In
ABC COMPANY	########	XXXXXXXXXXXX	A04	ACT EES PPO	MED	XXXXXXXXX	SUBFAM	XXXXXX	XXXXXX	SUB	ABC PROVIDER	9/9/20XX	9/9/20XX	9/24/20XX	230.00	51.29	In
ABC COMPANY	########	XXXXXXXXXXXX	A05	ACT EES PPO	MED	XXXXXXXXX	SUBOLY	XXXXXX	XXXXXX	SUB	ABC PROVIDER	7/29/20XX	7/29/20XX	9/30/20XX	7,185.21	1,581.34	In
ABC COMPANY	########	XXXXXXXXXXXX	A06	ACT EES W HDHP	MED	XXXXXXXXX	SUBOLY	XXXXXX	XXXXXX	SUB	ABC PROVIDER	8/25/20XX	8/25/20XX	9/3/20XX	222.00	120.43	In
ABC COMPANY	########	XXXXXXXXXXXX	A07	ACT EES W HDHP	MED	XXXXXXXXX	SUBFAM	XXXXXX	XXXXXX	SPS	ABC PROVIDER	8/5/20XX	8/5/20XX	9/17/20XX	1,316.28	1,184.65	In
ABC COMPANY	########	XXXXXXXXXXXX	A08	ACT EES PPO	MED	XXXXXXXXX	SUBOLY	XXXXXX	XXXXXX	SUB	ABC PROVIDER	4/20/20XX	4/20/20XX	9/17/20XX	107.00	64.06	In
ABC COMPANY	########	XXXXXXXXXXXX	A09	ACT EES PPO	MED	XXXXXXXXX	SUBOLY	XXXXXX	XXXXXX	SUB	ABC PROVIDER	8/21/20XX	8/21/20XX	9/3/20XX	193.00	152.10	In

[Return to Report Content]

Extract – Claim Service Level

While all the reports in InfoPort have the option to export the report data, the extract reports are specifically designed for this purpose. Each extract report provides a volume of data fields in an unformatted file that can be downloaded locally for plan analysis. The downloaded data can be utilized to create pivots and graphs or merge with other data.

The Extract – Claim Service Level Report provides claim service line-level data elements. Each row represents paid claim line-level dollar amounts. The data includes dimension fields applicable to a claim service line (service dates, plan account structure data, patient and provider data, in or out of network indicator, type of service, place of service, procedure, diagnosis codes 1 and 2). The report includes a Telehealth/Telemedicine vendor indicator (if applicable), and a wide range of claim service line dollar fields that display services on a paid claim.

The extract reports have the capacity to support a large volume of data; download times are dependent on the user's internet browser connection. Contact the plan's designated UMR Strategic Account Executive or InfoPort Solutions if a data file with additional fields or on a frequent basis is required outside of InfoPort. The extract reports are specifically set up for data-only exporting; it is highly recommended that you do not print the report based on file size.

Report Parameters/ Customization (available options)

- Benefit Type
- Date Range
- Filters
- Schedule Options

Terms of Use Agreement

Due to the level of detail contained in this extract report, generating report data requires the individual authorized user to acknowledge an ***Agreement To Term of Use***.

When an InfoPort user agrees to the Terms of Use, the user is indicating that they will abide by the content outlined within the Agreement To Term of Use.

When the Extract– Claim Service Level Report is selected, the user will be prompted with the dialog box displayed at the right.

- Click the **Terms of Use hyperlink** within the message for a detailed review.
- Select 'I Agree' to proceed with setting options and generating the extract report.
- Select Cancel to return to InfoPort's Home screen.

View next page for report data elements.

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Extract – Claim Service Level (continued)

Extract - Claim Service Level Data Elements (listed alphabetically):

1 Adjust Reason Code
2 Adjust Reason Desc
3 Ben Level Code
4 Ben Plan Code
5 Ben Type
6 Billed Amt
7 Claim ID
8 Claim Segment
9 Claim Service Number
10 Class Code
11 COB Type
12 Contract
13 Coverage Tier
14 Customer
15 Customer ID
16 Date Paid
17 Date Recvd
18 Date Serv From
19 Date Serv Through
20 Diagnosis 1 Code
21 Diagnosis 1 Desc
22 Diagnosis 2 Code
23 Diagnosis 2 Desc
24 Hospital Rev Code
25 Hospital Rev Description
26 Location Code
27 MDC Code
28 MDC Desc
29 Mem Network 1 Code
30 Mem Network 1 Desc
31 Member Card ID
32 Member ID
33 Network Code
34 Network Desc
35 Network Ind
36 Network Tier
37 Not Covered Code
38 Not Covered Desc
39 Paid Amt
40 Patient Age
41 Patient Last Name
42 Patient Name (full)
43 Patient Sex
44 Place of Service Code
45 Place of Service Desc
46 Procedure Code
47 Procedure Desc
48 Provider Name
49 Provider TIN
50 Provider City
51 Provider Specialty
52 Provider State
53 Provider Type
54 Provider ZIP
55 Relationship
56 Reversal Reason Code
57 Reversal Reason Desc
58 Subscriber City
59 Subscriber Last Name
60 Subscriber State
61 Subscriber ZIP
62 Self Pay Ind
63 Service Category
64 Service Count
65 Subscriber ID
66 Subscriber Name
67 Telehealth Indicator
68 Telemedicine Ven Ind
69 Type of Service Code
70 Type of Service Desc

Click here to view an example of the InfoPort data view when exported into a spreadsheet (refer to page 27)

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Extract – Enrollment Census

While all the reports in InfoPort have the option to export the report data, the extract reports are specifically designed for this purpose. Each extract report provides a volume of data fields in an unformatted file that can be downloaded locally for plan analysis. The downloaded data can be utilized to create pivots and graphs or merge with other data.

The Extract – Enrollment Census Report provides plan enrollment data elements. Each row of data includes subscriber and member demographic information, as well as data related to their coverage. The report includes an option to view the plan's active enrollment as of a specific day, or report on enrollment activity within a user defined date range.

The extract reports have the capacity to support a large volume of data; download times are dependent on the user's internet browser connection. Contact the plan's designated UMR Strategic Account Executive or InfoPort Solutions if a data file with additional fields or on a frequent basis is required outside of InfoPort. The extract reports are specifically set up for data-only exporting; it is highly recommended that you do not print the report based on file size.

Report Parameters/ Customization (available options)

- Benefit Type
- Date Range
- Filters
- Schedule Options

Extract – Enrollment Census Content (listed alphabetically):

1	Ben Plan Code	16	Continuous Covg Date Beg	31	Member Card ID	46	Subscriber Addr 1
2	Ben Plan Desc	17	Continuous Covg Date End	32	Member Cust ID	47	Subscriber Addr 2
3	Ben Status From	18	Contract	33	Member DOB	48	Subscriber City
4	Ben Status Through	19	Coverage Tier	34	Member ID	49	Subscriber First Name
5	Ben Type	20	Customer	35	Member Name	50	Subscriber Hire Date
6	Class Code	21	Customer ID	36	Member Seq	51	Subscriber Last Name
7	Class Desc	22	Disabled Ind	37	Member Sex	52	Subscriber Marital Status
8	Class Grp 1 Code	23	Location Code	38	Relationship	53	Subscriber Work State
9	Class Grp 1 Desc	24	Location Desc	39	Rpt Group 1	54	Subscriber ZIP
10	Class Grp 2 Code	25	Mem First Name	40	Rpt Group 2	55	Subscriber ZIP Ext
11	Class Grp 2 Desc	26	Mem Last Name	41	Rpt Group 3	56	Student Date End
12	Class Grp 3 Code	27	Mem Network 1 Code	42	Rpt Group 4	57	Student Ind
13	Class Grp 3 Desc	28	Mem Network 1 Desc	43	Rpt Group 5	58	Subscriber ID
14	Cobra Date Beg	29	Mem Network 2 Code	44	Rpt Group 6	59	Subscriber Name
15	Cobra Ind	30	Mem Network 2 Desc	45	Rpt Group 7	60	Valuation Date

Click here to view an example of the InfoPort data view when exported into a spreadsheet (refer to page 27)

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HRA Utilization Detail *

The HRA Utilization Detail Report provides a view of subscribers who have contributed to the plan's HRA account in a year-to-date period by reporting month. The report can be produced utilizing up to four different dimensions by the plan's account structure or subscriber. There is an option to subtotal data by different dimensions, providing the flexibility to view HRA activity by the plan's account structure or subscribers to answer HRA dollar questions. The report provides data each month based on the prior month activity.

Report Parameters/Customization (available options)

- Filters
- Subtotals
- Display Options
- Schedule Options

Report Content

- ID Card
- Member Name
- Rate ID - HRA
- New Contribution
- Rollover
- Incentive Contribution
- Initial Balance
- YTD Paid
- Remaining Balance

Report

UMR

ABC Company (76888888)
HRA Utilization Detail

Reporting Month: September 20xx
Benefit Type: HRA

ID Card	Member Name	Rate ID- HRA	New Contr	Rollover	Incentive Contr	Initial Bal	YTD Paid	Remaining Bal
######	XXXXXXX, XXXXX X	Sub Only	$500.00	$2,125.70	$300.00	$2,925.70	$62.70	$2,863.00
######	XXXXXXX, XXXXX X	Sub Only	$250.00	$500.00	$500.00	$1,250.00	$0.00	$1,250.00
######	XXXXXXX, XXXXX X	Sub Only	$250.00	$450.00	$150.00	$850.00	$750.00	$100.00
######	XXXXXXX, XXXXX X	Sub Only	$250.00	$857.91	$250.00	$1,357.91	$126.27	$1,231.64
######	XXXXXXX, XXXXX X	Sub Only	$250.00	$0.00	$100.00	$350.00	$228.55	$121.45
######	XXXXXXX, XXXXX X	Sub Only	$250.00	$571.04	$200.00	$1,021.04	$836.53	$184.51
######	XXXXXXX, XXXXX X	Sub and Children	$500.00	$0.00	$200.00	$700.00	$700.00	$0.00
######	XXXXXXX, XXXXX X	Sub Only	$500.00	$478.29	$500.00	$1,478.29	$1,478.29	$0.00
######	XXXXXXX, XXXXX X	Sub Only	$500.00	$500.00	$0.00	$1,000.00	$1,000.00	$0.00
######	XXXXXXX, XXXXX X	Sub and One	$500.00	$0.00	$500.00	$1,000.00	$233.98	$766.02
######	XXXXXXX, XXXXX X	Sub Only	$250.00	$16.15	$200.00	$466.15	$67.18	$398.97
######	XXXXXXX, XXXXX X	Sub Only	$250.00	$20.83	$0.00	$270.83	$65.43	$205.40
######	XXXXXXX, XXXXX X	Sub and Spouse	$500.00	$0.00	$0.00	$500.00	$500.00	$0.00
######	XXXXXXX, XXXXX X	Sub and Spouse	$500.00	$0.00	$0.00	$500.00	$500.00	$0.00
######	XXXXXXX, XXXXX X	Sub Only	$250.00	$229.17	$0.00	$479.17	$479.17	$0.00
REPORT TOTALS:		83 Members	$56,000.00	$69,622.21	$38,122.21	$163,744.42	$72,808.81	$90,935.61

CRITERIA: HRA Utilization Detail
Reporting Month: September 20xx
Filters: None
Subtotals: None

Group: ABC Company

Benefit Type: HRA

This report is available to UMR clients with HRA activity administered on the UMR processing platform.

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HRA Utilization Summary*

The HRA Utilization Summary Report provides a count of the number of subscribers who have contributed to the plan's HRA account in a year-to-date period by reporting month. The report can be produced utilizing up to four different dimensions by the plan's account structure or subscriber. There is an option to subtotal data by different dimensions, providing the flexibility to view HRA activity by the plan's account structure or individual subscriber to answer HRA dollar questions at a summary level. The report provides data each month based on the prior month activity and is available in a standard or expanded format.

Report Parameters/ Customization (available options)

- Filters
- Summarize By
- Display Options
- Schedule Options

Standard Report Content

- Member Count
- Initial Bal
- YTD Paid
- Remaining Balance

Expanded Report Content

- Member Count
- New Contribution
- Rollover
- Incentive Contribution
- Initial Bal
- YTD Paid
- Remaining Balance

This report is available to UMR clients with HRA activity administered on the UMR processing platform.

Standard Format

ABC Company (76888888)
HRA Utilization Summary

Reporting Month: September 20xx
Benefit Type: HRA

		Member Count	Initial Bal	YTD Paid	Remaining Bal
ABC Company		83	$163,744.42	$72,808.81	$90,935.61
REPORT TOTALS:	1 Distinct Group:	83	$163,744.42	$72,808.81	$90,935.61

CRITERIA: HRA Summary (Standard) Group: ABC Company Benefit Type: HRA
Reporting Month: September 20xx
Filters: None
Summarize By: None

Expanded Format

ABC Company (76888888)
HRA Utilization Summary

Reporting Month: September 20xx
Benefit Type: HRA

		Member Count	New Contr	Rollover	Incentive Contr	Initial Bal	YTD Paid	Remaining Bal
All Members: ABC Company		83	$56,000.00	$69,622.21	$38,122.21	$163,744.42	$72,808.81	$90,935.61
REPORT TOTALS:	1 Distinct Group:	83	$56,000.00	$69,622.21	$38,122.21	$163,744.42	$72,808.81	$90,935.61

CRITERIA: HRA Summary (Expanded) Group: ABC Company Benefit Type: HRA
Reporting Month: September 20xx
Filters: None
Summarize By: None

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Incurred But Not Reported (IBNR) [1]

The Incurred but not Reported (IBNR) Report provides an estimate (based on UMR's book of business completion factors) of the amount a group may want to have on reserve to budget for claims incurred but not yet reported and paid. The **non-certified** report is available in a standard format.

Clients with 24 months (or more) of UMR paid claims activity:
The IBNR Report uses paid claims activity for the last 24 rolling months of incurred and paid claims, split by benefit type, to estimate the liability based on the UMR book of business completion factors. While this report has not been actuarially certified, it is calculated using typical actuarial principles. Please note that administration fees and pended claims are excluded from this report; the report has not been adjusted for high-cost claimants.

Clients with Less Than 24 months of UMR paid claims:
The IBNR Report uses paid claims activity for the last 24 rolling months of incurred and paid claims, split by benefit type, to estimate the liability based on the UMR book of business completion factors. While this report has not been actuarially certified, it is calculated using typical actuarial principles. Report results can vary if immature claim experience (less than 24 months) is used. Please note that administration fees and pended claims are excluded from this report; the report has not been adjusted for high-cost claimants. When less than 24 months of data is available for reporting, the IBNR Report will display the following warning message: ***Report results can vary if immature claim experience (less than 24 months) is used.***

The report provides an option to filter by one of the following dimensions: Claim category, benefit plan, class, contract, or location.

Report Formula
The IBNR Report utilizes the following formula for each service month:

- Total Paid (IBNR Adjusted) = IBNR Factor x Total Payment Amount
- Reserve Estimate = Total Paid (IBNR Adjusted) – Total Payment Amount

IBNR factors used for this report *are **updated monthly** by the 10th workday*. If scheduling: Recommendation is to schedule this report to run post the monthly update-use a frequency of Monthly *or* Quarterly and select "…***as soon as the data has been updated for the month***".
***Running this report before the IBNR factors have been updated will result in an incomplete display of claims paid through last month.*

Report Parameters/ Customization (available options)
- Date Range
- Filters
- Schedule

Report Content
- Service Month
- IBNR Factor
- Total Payment Amount
- Total Paid (IBNR Adjusted)
- Reserve Estimate

The Service Month includes healthcare claims incurred within the listed service month, and paid from the service month through the report's paid time frame.

Note: This report is available to InfoPort's restricted users.

View next page for report samples.

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Report: ***Group with at least 24 months of UMR paid claims***

ABC COMPANY
Incurred But Not Reported

Service Months: 02/20XX - 01/20ZZ
Paid Months: 02/20XX - 01/20ZZ
Benefit Type: Medical

Service Month	IBNR Factor	Total Payment Amount	Total Paid (IBNR Adjusted)	Reserve Estimate
20XX-02	0.99999248	$42,992.40	$42,992.08	-$0.32
20XX-03	0.99991697	$75,590.96	$75,584.68	-$6.28
20XX-04	0.99978780	$127,345.74	$127,318.72	-$27.02
20XX-05	0.99983160	$49,063.88	$49,055.62	-$8.26
20XX-06	0.99990232	$40,627.57	$40,623.60	-$3.97
20XX-07	0.99990065	$245,816.01	$245,791.59	-$24.42
20XX-08	1.00021352	$73,465.19	$73,480.88	$15.69
20XX-09	1.00045148	$20,387.93	$20,397.13	$9.20
20XX-10	1.00094949	$77,294.47	$77,367.86	$73.39
20XX-11	1.00141294	$17,419.30	$17,443.91	$24.61
20XX-12	1.00208060	$114,404.97	$114,643.00	$238.03
20YY-01	1.00321245	$112,395.93	$112,757.00	$361.07
20YY-02	1.00501110	$44,953.37	$45,178.64	$225.27
20YY-03	1.00730762	$47,570.62	$47,918.25	$347.63
20YY-04	1.01091462	$77,028.72	$77,869.46	$840.74
20YY-05	1.01557883	$94,295.27	$95,764.28	$1,469.01
20YY-06	1.02123158	$43,153.58	$44,069.80	$916.22
20YY-07	1.03063556	$68,311.92	$70,404.69	$2,092.77
20YY-08	1.04540046	$38,841.55	$40,604.97	$1,763.42
20YY-09	1.06980623	$62,454.24	$66,813.94	$4,359.70
20YY-10	1.11578568	$73,098.27	$81,562.00	$8,463.73
20YY-11	1.21909576	$40,175.66	$48,977.98	$8,802.32
20YY-12	1.57398432	$96,671.73	$152,159.79	$55,488.06
20ZZ-01	6.29067819	$17,756.07	$111,697.72	$93,941.65
	Total:	**$1,701,115.35**	**$1,880,477.59**	**$179,362.24**

The IBNR report uses claim activity for the last 24 rolling months of incurred and paid claims, split by benefit type, to estimate the liability based on UMR book of business completion factors. While this report has not been actuarially certified, it has been calculated using typica actuarial principles. Please note that admin fees and pended claims are excluded from this report, and the report has not been adjusted fo high cost claimants.

CRITERIA: **Incurred But Not Reported** **Group:** ABC Company **Benefit Type:** Medical
Date Range: Service Months: Prior 24 Months (02/20XX - 01/20ZZ) Paid Months: Prior 24 Months (02/20XX - 01/20ZZ)
Filters: None

Report: ***Group with less than 24 months of UMR paid claims***

ABC COMPANY
Incurred But Not Reported

Service Months: 03/20XX - 02/20ZZ
Paid Months: 03/20XX - 02/20ZZ
Benefit Type: Medical

Service Month	IBNR Factor	Total Payment Amount	Total Paid (IBNR Adjusted)	Reserve Estimate
20XX-03	0.99982112	$0.00	$0.00	$0.00
20XX-04	0.99967025	$0.00	$0.00	$0.00
20XX-05	1.00001348	$0.00	$0.00	$0.00
20XX-06	1.00039557	$0.00	$0.00	$0.00
20XX-07	1.00082285	$46,415.68	$46,453.87	$38.19
20XX-08	1.00152351	$60,468.46	$60,560.58	$92.12
20YY-12	1.22224954	$44,302.40	$54,148.59	$9,846.19
20ZZ-01	1.57414618	$69,148.48	$108,849.82	$39,701.34
20ZZ-02	6.84832034	$26,163.06	$179,173.02	$153,009.96
	Total:	**$911,860.28**	**$1,139,956.50**	**$228,096.22**

Report results can vary if immature claim experience (less than 24 months) is used.

The IBNR report uses claim activity for the last 24 rolling months of incurred and paid claims, split by benefit type, to estimate the liability based on UMR book of business completion factors. While this report has not been actuarially certified, it has been calculated using typica actuarial principles. Please note that admin fees and pended claims are excluded from this report, and the report has not been adjusted fo high cost claimants.

CRITERIA: **Incurred But Not Reported** **Group:** ABC Company **Benefit Type:** Medical
Date Range: Service Months: Prior 24 Months (03/20XX - 02/20ZZ) Paid Months: Prior 24 Months (03/20XX - 02/20ZZ)
Filters: None

[Return to Report Content]

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Plan Cost Summary[1]

The Plan Cost Summary Report available in Standard format, provides a 12-month view of plan *payments* (medical, dental, vision), plan *expenses* (including stop loss premiums, and various fees), and plan *recoveries* (stop loss reimbursements) for benefits and services administered by UMR. Additional data includes enrollment counts and a comparison of billed, not covered, covered, discount, allowed, patient out of pocket dollars, and paid amount. Note that the report is not suitable for budgeting or other financial controls reporting due to the many variables that can impact the monthly displayed dollar amounts.

Report Parameters/ Customization (available options): Date Range and Schedule Option

Report Content

- Paid 12 Months
- Average Total
- Billed
- Not Covered
- Covered
- Discount Amt
- Allowed
- Deductible
- Coinsurance
- Copay
- COB
- Claims paid by Employee, Spouse, Dep
- Total Paid
- Paid % of Charges
- Stop Loss Reimburse
- Net Paid
- Enrollment Count
- Claims Cost
- Other Fees
- Rx Invoice (if avail)
- Admin Fees
- SL Premium
- Opt Fees
- Ancillary Costs
- Total Plan Cost
- Plan Cost Per Employee
- Plan Cost Per Member

Fees used for the report are *updated monthly by the 5th workday*. Schedule: Recommend using a *Frequency* of Monthly *or* Quarterly, and "…*as soon as the data has been updated for the month*".

Notes:

- Dollars within the Claim Summary section are also found on the expanded view of InfoPort's claim summary reports.
- Enrollment counts represent the total number of active unique members across medical, dental, and vision plans as of the beginning of the month.
- *Payment* totals from the monthly financial reports available on umr.com will match the *Total Paid*, *Rx Invoices* (Rx amounts invoiced by UMR), and *Admin Fees* amounts on this report.
- UMR administered Stop Loss: *SL Reimb* reflects reimbursements issued by carrier for report month.
- Monthly total balance due on Invoice Inquiry (umr.com) will match a combination of stop loss premiums, admin/optional fees, ancillary fees on this report.

Report

UMR

ABC Company (76888888)
Plan Cost Summary

Begin Date: October 20py
End Date: September 20cy

	20py-10	20py-11	20py-12	20cy-01	20cy-02	20cy-03	20cy-04	20cy-05	20cy-06	20cy-07	20cy-08	20cy-09	Average/Total
Claim Summary													
Billed	$1,320,691	$2,139,764	$2,560,877	$1,475,404	$1,454,545	$1,576,926	$1,585,764	$1,632,294	$1,050,521	$1,935,762	$1,197,668	$1,381,418	$19,311,635
Not Covered	$266,971	$427,310	$335,039	$234,646	$379,559	$163,590	$363,981	$436,480	$134,079	$366,546	$165,981	$290,228	$3,564,410
Covered	$1,053,720	$1,712,455	$2,225,839	$1,240,758	$1,074,986	$1,413,336	$1,221,783	$1,195,814	$916,442	$1,569,215	$1,031,687	$1,091,189	$15,747,224
Discnt Amt.	$533,060	$902,894	$1,054,084	$675,079	$497,207	$788,578	$625,540	$531,076	$547,392	$866,223	$548,290	$602,948	$7,972,369
Allowed	$520,660	$809,560	$1,171,755	$565,679	$577,780	$624,757	$596,244	$664,738	$369,050	$902,993	$483,398	$488,242	$7,774,855
Deductible	$34,439	$52,446	$37,635	$65,694	$100,960	$100,672	$41,012	$40,713	$43,589	$46,352	$37,045	$42,852	$643,409
Coinsurance	$36,988	$51,164	$48,043	$50,456	$61,979	$70,668	$55,448	$48,509	$41,994	$55,659	$39,102	$35,763	$595,773
Copay	$14,167	$16,586	$16,029	$18,499	$24,382	$20,940	$13,975	$14,526	$13,220	$16,400	$13,970	$18,767	$201,461
COB	$103,674	$128,911	$126,871	$16,519	$29,589	$13,433	$3,190	$6,748	$455	$334,093	$1,397	$2,036	$766,917
Claims Paid By Relationship													
Employee	$155,896	$348,105	$531,376	$157,130	$155,762	$130,921	$218,422	$243,857	$125,305	$239,199	$193,367	$174,289	$2,673,628
Spouse	$94,225	$111,195	$314,425	$142,986	$103,624	$176,672	$160,701	$251,988	$95,393	$116,961	$110,378	$134,301	$1,812,850
Dep / Chd	$66,186	$74,722	$94,810	$86,377	$85,976	$104,084	$94,423	$51,750	$43,886	$94,282	$84,503	$79,075	$960,076
Plan Payment													
Total Paid	$316,306	$534,022	$940,611	$386,494	$345,362	$411,677	$473,547	$547,595	$264,584	$450,443	$388,249	$387,665	$5,446,554
% of Chrgs	23.95%	24.96%	36.73%	26.20%	23.74%	26.11%	29.86%	33.55%	25.19%	23.27%	32.42%	28.06%	28.20%
SL Reimb.	$0	$0	$0	$364,150	$12,420	$14,548	$0	$0	$0	$0	$0	$0	$391,118
Net Paid	$316,306	$534,022	$940,611	$22,344	$332,942	$397,129	$473,547	$547,595	$264,584	$450,443	$388,249	$387,665	$5,055,437
Subscribers	798	811	813	875	867	880	875	883	880	884	879	874	860
Dependents	891	897	886	976	970	972	970	969	971	971	970	975	952
Members	1,689	1,708	1,699	1,851	1,837	1,852	1,845	1,852	1,851	1,855	1,849	1,849	1,811
Plan Cost Summary													
Claims	$316,306	$534,022	$940,611	$22,344	$332,942	$397,129	$473,547	$547,595	$264,584	$450,443	$388,249	$387,665	$5,055,437
Other Fees	$17,606	$20,875	$15,257	$17,028	$10,407	$8,553	$11,125	$10,306	$4,711	$9,821	$21,384	$4,651	$151,724
Rx Invoices	$150,407	$132,711	$186,132	$85,330	$120,632	$96,629	$153,338	$118,756	$123,154	$118,896	$111,956	$153,900	$1,551,840
Admin Fees	$34,079	$34,220	$35,282	$37,657	$38,163	$38,109	$35,834	$37,307	$38,077	$37,540	$37,885	$37,054	$441,206
SLPremium	$63,687	$63,824	$66,284	$63,361	$64,559	$63,718	$60,436	$63,001	$64,046	$63,638	$64,150	$62,570	$763,275
Optnl Fees	$0	$0	$0	$1,000	$0	$0	$0	$0	$0	$0	$0	$0	$1,000
Ancillary	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Plan Cost (Claims and Fees)													
Ttl Plan	$582,086	$785,653	$1,243,565	$226,720	$566,704	$604,138	$734,279	$776,965	$494,571	$680,337	$623,624	$645,840	$7,964,482
Per Emp.	$729.43	$968.75	$1,529.60	$259.11	$653.64	$686.52	$839.18	$879.92	$562.01	$769.61	$709.47	$738.95	$9,261.03
Per Member	$344.63	$459.98	$731.94	$122.49	$308.49	$326.21	$397.98	$419.53	$267.19	$366.76	$337.28	$349.29	$4,397.84

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Rx Extract

UMR clients must have pharmacy claim detail data sent by their PBM vendor to UMR for reporting to view data on this report.

While all the reports in InfoPort have the option to export the report data, the extract reports are specifically designed for this purpose. Each extract report provides a volume of data fields in an unformatted file that can be downloaded locally for plan analysis. The downloaded data can be utilized to create pivots and graphs or merge with other data.

The Rx Extract provides paid PBM activity at the claim-level. Each report row represents a prescription drug claim and data includes fields that are applicable to the Rx claim based on paid claims activity submitted by the PBM (service dates, drug name, days supply, additional pharmacy data and associated patient). The report includes a range of claim-level dollar fields which summarize all services on the PBM data claim.

The extract reports have the capacity to support a large volume of data; download times are dependent on the user's internet browser connection. Contact the plan's designated UMR Strategic Account Executive or InfoPort Solutions if a data file with additional fields or on a frequent basis is required outside of InfoPort. The extract reports are specifically set up for data-only exporting; it is highly recommended that you do not print the report based on file size.

Report Criteria Options / Customization (available options):

- Date Range
- Filters
- Schedule

Rx Extract - Data Elements (listed alphabetically):

1	Admin Expense	18	Date Recvd	35	Member Card ID	52	Rx Count
2	Allowed Amt	19	Date Serv From	36	Member ID	53	Sales Tax
3	Ben Plan Code	20	Date Serv Through	37	NDC Brand Name	54	Sbscr Add 1
4	Ben Plan Desc	21	DAW Code	38	NDC Code	55	Sbscr Add 2
5	Ben Type	22	DAW Desc	39	NDC Generic Name	56	Sbscr City
6	Billed Amt	23	Days Supply	40	Paid Amt	57	Sbscr Last Name
7	Claim ID	24	Deductible Amt	41	Patient Age	58	Sbscr State
8	Claim Status Code	25	Dispensing Fee	42	Patient Last Name	59	Sbscr ZIP
9	Claim Status Desc	26	Drug Name	43	Patient Name	60	Subscriber ID
10	Class Code	27	Formulary	44	Patient Resp	61	Subscriber Name
11	Class Desc	28	Generic	45	Patient Sex	62	Therapeutic Class Code - Spec
12	Contract	29	Ingredient Cost	46	PBM Code	63	Therapeutic Class Code - Std
13	Copay Amt	30	Location Code	47	PBM Name	64	Therapeutic Class Desc - Spec
14	Coverage Tier	31	Location Desc	48	Prescriber First Name	65	Therapeutic Class Desc - Std
15	Customer	32	Mail Order	49	Prescriber Last Name	66	Units Dispensed
16	Customer ID	33	Mem Network 1 Code	50	Refill Count		
17	Date Paid	34	Mem Network 1 Desc	51	Relationship		

Click here to view an example of the InfoPort data view when exported into a spreadsheet (refer to page 27)

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Rx Summary

UMR clients must have pharmacy claim detail data sent by their PBM vendor to UMR for reporting/to view data on this report.

The Rx Summary Report provides an option to summarize prescription drug claims by up to four dimensions. The report can aggregate paid pharmacy data based on user requirements, provide prescribed drug utilization, and display the plan paid amount at a summary level with an option to suppress PHI. The online report provides an option to drill into the PBM claim profile (if detail is available).

The available filters provide an option to summarize data by:

- Plan Account Structure
- Claim Data (Paid Month, Drug Name, Therapeutic Class, Generic, Brand)
- Patient (Patient Gender, Patient Age Range, Relationship)
- Pharmacy (Pharmacy Name, Pharmacy TIN, Pharmacy ZIP Code)
- Subscriber (Subscriber ID, Subscriber State/Zip Code)

Report Parameters/ Customization (available options)

- Date Range
- Filters
- Summarize by
- Thresholds
- Display Options
- Schedule Options

Report Content

- Claims (hyperlink; drills into claim profile)
- Rx Count
- Generic Count
- Allowed
- Patient Responsibility
- Paid

Report summarized by NDC

UMR

ABC Company (76888888)

Rx Summary by NDC Code, NDC Brand Name, NDC Generic Name

Service Dates: All
Paid Dates: 10/01/20xx - 10/31/20xx
Benefit Type: Prescription Drug

Click hyperlink to drill into claim profile

NDC Code	NDC Brand Name	NDC Generic Name	Claims	Rx Cnt	Gnrc Cnt	Allowed	Patient Resp	Paid
XXXXXXXXX	VIENVA	levonorgestrel-ethin estradiol	2	2	2	$91.21	$0.00	$91.21
XXXXXXXXX	ESTARYLLA	norgestimate-ethinyl estradiol	2	0	0	$0.00	$0.00	$0.00
XXXXXXXXX	TRI-ESTARYLLA	norgestimate-ethinyl estradiol	2	2	2	$22.24	$0.00	$22.24
XXXXXXXXX	DOXYCYCLINE MONOHYDRATE	doxycycline monohydrate	2	0	0	$0.00	$0.00	$0.00
XXXXXXXXX	FLUCONAZOLE	fluconazole	1	1	1	$10.09	$10.00	$0.09
XXXXXXXXX	OSELTAMIVIR PHOSPHATE	oseltamivir phosphate	1	1	1	$211.99	$53.00	$158.99
XXXXXXXXX	AMITRIPTYLINE HCL	amitriptyline HCl	2	0	0	$0.00	$0.00	$0.00
XXXXXXXXX	AMITRIPTYLINE HCL	amitriptyline HCl	5	1	1	$12.01	$10.00	$2.01
XXXXXXXXX	BETAMETHASONE DIPROPIONAT	betamethasone dipropionate	1	1	1	$71.40	$17.85	$53.55
XXXXXXXXX	AZITHROMYCIN	azithromycin	1	1	1	$27.52	$10.00	$17.52
XXXXXXXXX	LANSOPRAZOLE	lansoprazole	1	1	1	$39.99	$20.00	$19.99
XXXXXXXXX	PRAZOSIN HCL	prazosin HCl	1	1	1	$27.24	$0.00	$27.24
XXXXXXXXX	GABAPENTIN	gabapentin	1	1	1	$93.46	$23.37	$70.09
XXXXXXXXX	AMLODIPINE BESYLATE	amlodipine besylate	1	1	1	$11.03	$11.03	$0.00
XXXXXXXXX	AMLODIPINE BESYLATE	amlodipine besylate	1	1	1	$3.69	$3.69	$0.00
XXXXXXXXX	TIROSINT	levothyroxine sodium	1	1	0	$156.71	$64.18	$92.53
XXXXXXXXX	ROSUVASTATIN CALCIUM	rosuvastatin calcium	1	1	1	$44.40	$0.00	$44.40
XXXXXXXXX	ROSUVASTATIN CALCIUM	rosuvastatin calcium	1	1	1	$12.23	$10.00	$2.23
XXXXXXXXX	PREGABALIN	pregabalin	1	1	1	$35.62	$10.00	$25.62
XXXXXXXXX	ROSUVASTATIN CALCIUM	rosuvastatin calcium	3	3	3	$68.95	$20.00	$48.95
XXXXXXXXX	EUTHYROX	levothyroxine sodium	3	1	1	$10.55	$10.55	$0.00
XXXXXXXXX	REPATHA SURECLICK	evolocumab	7	3	0	$1,387.67	$200.00	$1,187.67
XXXXXXXXX	PHENAZOPYRIDINE HCL	phenazopyridine HCl	1	1	1	$24.88	$10.00	$14.88
XXXXXXXXX	TIZANIDINE HCL	tizanidine HCl	1	1	1	$31.64	$0.00	$31.64
XXXXXXXXX	ALBUTEROL SULFATE	albuterol sulfate	2	2	2	$28.26	$20.00	$8.26
XXXXXXXXX	SURE COMFORT	pen needle, diabetic	1	1	1	$33.50	$6.70	$26.80
REPORT TOTALS:		**998 Distinct Groups:**	**2,238**	**1,268**	**1,058.00**	**$137,149.18**	**$24,118.15**	**$113,031.03**

CRITERIA: Claim Summary (Standard) **Group:** ABC Company **Benefit Type:** Prescription Drug
Date Range: Service Dates: All; Paid Dates: 10/01/20xx - 10/31/20xx
Filters: None
Summarize By: 1. NDC Code, 2. NDC Brand Name, 3. NDC Generic Name
Thresholds: None

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Stop Loss 50 Percent [2]

The Stop Loss 50 Percent Report displays members who have reached 50 percent or more of their specific stop loss deductible during the current stop loss period. The static report is refreshed on a monthly basis and is based on year-to-date information. Information about the current stop loss contract is in the right-hand corner of the report. The data provides current contract terms and is specific to each individual stop loss contract.

Report Content

Member Number: The unique member ID from each member's plan ID card.

Rel Code: The relationship code of the member to the employee. Relationship codes include:

- CH (Child)
- EE (Employee)
- SP (Spouse)
- OT (Other)

Age: The age of the member.

Gender: The gender of the member.

Laser Ind: An L in this column indicates that the member has a different specific stop loss deductible than the other members. If no L exists, the member has the same specific stop loss deductible as referenced in the right-hand corner of the report, Specific Deductible.

Pct of Deduct: The ratio; a percent of total claims processed to the plan deductible amount.

Total Medical Paid: Total medical paid dollars for the member.

Total Rx Paid: Total Rx paid dollars for the member (if available).

Total Paid: The total medical and Rx paid dollars for the member.

Diagnosis for Highest Paid Claim: Diagnosis description associated with the single highest paid claim.

This report is available to UMR clients with Stop Loss services supported by UMR.

Clinical Status: Displays the values provided after UMR clinical case review (if applicable). Values can include:

- Guarded high incidence of relapse or disease progression: The member is at high-risk for future incidences.
- Stable, episodic, infrequent services-HHC or outpatient: The member's condition has improved but may need outpatient follow-up care.
- Plan Termed: The member is no longer covered under the plan.
- Patient Expired: The member is deceased.
- Stable, Long Term: The member's condition has improved and there is a low likelihood of relapse.
- Does not meet UMR Case Management criteria: Cases that have not been transferred for clinical review.

Report

UMR

ABC Company
Stop Loss 50 Percent Report

Group Number: 76888888
Stop Loss Carrier: A Stop Loss Carrier

Specific Deductible: $150,000
Incurred Between: 1/1/20XX- 1/1/20XX
Paid Between: 1/1/20XX 1/1/20XX
Policy Year: 1/1/20XX

Member Number	Rel Code	Age	Gender	Laser Ind	Pct of Deduct	Total Medical Paid	Total Rx Paid	Total Paid	Diagnosis for Highest Paid Claim	Clinical Status
11111111-02	CH	1	F		251%	$376,543.04	$205.08	$376,748.12	COMPS SPEC PROC	Guarded, incidence of disease progression
22222222-00	EE	62	M		182%	$272,955.77	$0.00	$272,955.77	NEO UNCERT BHV SITE	Guarded, incidence of progression
33333333-00	EE	53	M		166%	$248,302.80	$509.62	$248,812.42	ENCOUNTER OTH&UNSPEC PROC	Guarded, disease progression
							$146.25	$230,224.38	OTHER COMPLICATIONS PROCEDURES	Stable. Infrequent services-HHC or outpatient
44444444-00	EE	31	M		153%	$230,078.13	$5,626.02	$180,427.59	MALIG NEOPLASM TRACH	Guarded,disease progression
55555555-00	EE	70	M	L	75%	$174,801.57			BRONCHUS&LUNG	Plan Termed
							$2,853.28	$177,548.00	GASTRIC ULCER	Requires ongoing medical follow-up
66666666-01	SP	65	F		118%	$174,694.72				
77777777-00	EE	58	M		112%	$166,368.69	$1,489.84	$167,858.53	CARDIAC DYSRHYTHMIAS	Stable, long term. Requires ongoing medical follow-up
88888888-00	EE	53	M		102%	$152,953.65	$527.73	$153,481.38	ACUTE MYOCARDIAL INFARCTION	Medical follow up
99999999-00	EE	62	M		100%	$147,804.88	$2,183.32	$149,988.20	COMPS PECULIAR CERTAIN SPEC PROC	Infrequent services-HHC or outpatient

For details on specific claim reimbursements, please refer to the Stop Loss Reimbursement Report
This report is not to be used for Stop Loss Disclosure or Notification.

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Stop Loss Aggregate [2]

The Stop Loss Aggregate Report displays a year-to-date view of paid claims and contract adjustments that relate to the aggregate stop loss contract. The report is based on the S/L plan year and contract type for benefits covered under the aggregate contract (i.e. paid basis, 12/15 etc.). The purpose of the report is to provide updates on year-to-date Aggregate Stop Loss Contract results. **Note:** This report is audited only after the close of contract review and is not suitable for budgeting or other financial controls reporting due to the many Stop Loss contract variables that impact the displayed dollar amounts.

Summary Report Tab Information

- *Minimum Attachment Point Percent*: % used to calculate the minimum attachment point.
- *Aggregate Attachment Point*: Contracted aggregate liability. This is determined by the Stop Loss carrier's initial annual aggregate attachment.
- *Monthly Aggregate Attachment*: The number of covered units for that month times the applicable monthly factor(s). Aggregate Factors: Single, family. Aggregate factors are determined by the Stop Loss carrier. These factors, when multiplied by the monthly enrollment, will equal the Maximum Aggregate Liability for the group.
- *Coverages Included*: Lines of coverage under the aggregate stop loss contract (i.e. medical, Rx).
- *Single EE Count*: Number of employees that have single coverage based on census provided as of the 1st of the month.
- *Family EE Count*: Number of employees that have family coverage based on census provided as of the 1st of the month.

Note: Enrollment is restated based on late additions and terminations, limited to 6 months per administrative standard.

- *Actual Attachment Point Calc*: Calculated by adding the sum of the single attachment factor times the single ee count and the sum of the family attachment factor times the family ee count.
- *Other Eligible Claims*: Eligible fees, surcharges or other benefits included in the aggregate contract and are paid within the aggregate contract period
- *Total Monthly Claims*: The dollar sum of each coverage line included in the aggregate coverage (i.e. medical, pharmacy).
- *Total Exclusions*: Sum of any type of operating expenses or non-covered exception payments.
- *Specific Claims Requested*: Sum of all claims filed for reimbursement under specific stop loss coverage.
- *Monthly Eligible Stop Loss Claims*: Monthly eligible stop loss claims minus total exclusions and specific claims requested.
- *YTD Eligible Stop Loss Claims*: Running total of Monthly Eligible stop loss claims.
- *Specific Claims Received*: Amount of reimbursements received from the Stop Loss carrier.

Detail Report Tab Information

- *Trans Date*: Month in which data is represented.
- *Med EE Single / Med Family*: Number of employees that have single or family coverage based on census provided as of the 1st of the month.
- *Medical Claims*: Medical claim payments for benefits that apply to the stop loss contract. Claims paid outside of the stop loss contract will not be included in the aggregate report.
- *Medical Prior TPA*: Unaudited eligible medical paid claim data for services administered by prior administrator within aggregate contract period.
- *Pharmacy Claims*: Rx payments for benefits that apply to the stop loss contract based on the billed or invoice date. **Note**: Will not match the check register as services are based on the billed or invoice date. The check register is based on the paid date.
- *Fees*: Eligible fees, surcharges or other product lines included in the aggregate contract and are paid within the aggregate contract period. *Total Monthly Claims*: Sum of Medical Paid Claims, Drug Vendor Payments, and Access Fees.
- *Spec Reimb Req Amt*: Total specific dollars requested from the stop loss carrier within that month.
- *Exception Claims*: Medical claim payments excluded from the aggregate contract. (i.e. services administered outside of the plan provisions).
- *Spec Reimb Received*: Amount of reimbursement received from the stop loss carrier within that month.
- *Adjusted Claims*: Claim payment adjustment.

This report is available to UMR clients with Stop Loss services supported by UMR.

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View next page for report samples.

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Report Aggregate Summary:

Annual Aggregate Stop Loss Results

UMR

Plan Holder Name:	ABC Company		
Stop Loss Plan Number:	############		
Plan Number:	768888888888		
Contract Year:	1/1/20XX -12/31/20XX		
Contract Type:	1812		
Minimum Attachment Point Percent:			100.00%
Aggregate Attachment Point:			$1,206,459.00
Monthly Aggregate Attachment:		Single	$217.13
		Family	$1,210.99
Coverages Included;			Medical & RX
Carrier:			A Stop Loss Carrier

Month	Single EE Count	Family EE Count	Actual Attachment Point Calc	Medical Claims	Pharmacy Claims	Other Eligible Claims	Total Monthly Claims	Total Exclusions	Specific Claims Requested	Monthly Eligible Stop Loss Claims	YTD Eligible Stop Loss Claims	Specific Claims Received
January	54	45	$66,219.57	$39,872.77	$2,824.66	$0.60	$44,698.03	$0.00	$0.00	$44,698.03	$44,698.03	$0.00
February	54	44	$65,008.58	$58,190.42	$6,564.46	$0.00	$56,254.88	$0.00	$0.00	$56,254.88	$100,952.91	$0.00
March	52	44	$64,574.32	$17,963.02	$3,224.85	$0.00	$12,487.87	$0.00	$0.00	$12,487.87	$113,440.78	$0.00
April	53	44	$64,791.45	$27,909.21	$4,289.86	$6.90	$21,305.97	$0.00	$0.00	$21,305.97	$134,746.75	$0.00
May	53	45	$66,002.44	$16,293.43	$5,668.10	$359.91	$65,321.44	$0.00	$0.00	$65,321.44	$200,068.19	$0.00
June	54	45	$66,219.57	$54,382.90	$6,825.37	$21.60	$59,229.87	$0.00	$0.00	$59,229.87	$259,298.06	$0.00
July	53	48	$69,635.41	$45,085.79	$4,409.15	$213.69	$50,208.63	$0.00	$0.00	$50,208.63	$309,506.69	$0.00
August	54	49	$71,063.53	$114,075.48	$7,206.30	$0.00	$123,181.78	$0.00	$0.00	$123,181.78	$432,688.47	$0.00
September	53	48	$69,635.41	$25,422.80	$4,864.97	$0.00	$31,287.57	$0.00	$0.00	$31,287.57	$463,976.04	$0.00
October	54	48	$69,852.54	$49,226.41	$8,541.45	$0.00	$48,767.86	$0.00	$0.00	$48,767.86	$512,743.90	$0.00
Run In								$0.00		$0.00		
Laser								$ -		$0.00		
Totals	534	460	$673,002.82	$448,422.23	$54,419.17	$602.70	$512,743.90	$0.00	$0.00	$512,743.90	$512,743.90	$0.00

FINAL ELIGIBLE AGGREGATE STOP LOSS CLAIMS:	**$512,743.90**
Attachment Point is the Maximum of the following annual numbers:	
(1) Min attachment point amount: (100% of Min Agg Attachment point) x # months	$1,005,382.50
(2) Actual attachment point (each mo x factors):	$673,002.82
FINAL ATTACHMENT POINT	**$1,005,382.50**
Percentage of Attachment Point	**51.00%**

Report Aggregate Detail:

Annual Aggregate Stop Loss Results

ABC Company

AGGREGATE DETAIL

Stop Loss ID	SL Number	Trans Date	Med EE Single	Med Family	Dental EE Single	Dental Family	Medical Claims	Medical Prior TPA	Domestic Medical Discount	Pharmacy Claims	RX External	Domestic RX Discount	Dental Claims	Fees	Total Monthly Claims	Spec Reimb Req Amt	Exception Claims	Operating Expenses	Spec Reimb Received	Dental External	Adjusted Claims
#######	############	20XX01	54	45	0	0	$39,872.77	$0.00	$0.00	$2,824.66	$0.00	$0.00	$0.00	$0.60	$44,698.03	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
#######	############	20XX02	54	44	0	0	$58,190.42	$0.00	$0.00	$6,564.46	$0.00	$0.00	$0.00	$0.00	$56,254.88	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
#######	############	20XX03	52	44	0	0	$17,963.02	$0.00	$0.00	$3,224.85	$0.00	$0.00	$0.00	$0.00	$12,487.87	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
#######	############	20XX04	53	44	0	0	$27,909.21	$0.00	$0.00	$4,289.86	$0.00	$0.00	$0.00	$4.90	$21,305.97	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
#######	############	20XX05	53	45	0	0	$16,293.43	$0.00	$0.00	$5,668.10	$0.00	$0.00	$0.00	$375.88	$65,321.44	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
#######	############	20XX06	54	45	0	0	$54,382.90	$0.00	$0.00	$6,825.37	$0.00	$0.00	$0.00	$22.60	$59,229.87	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
#######	############	20XX07	53	48	0	0	$45,085.79	$0.00	$0.00	$4,409.15	$0.00	$0.00	$0.00	$215.69	$50,208.63	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
#######	############	20XX08	54	49	0	0	$114,075.48	$0.00	$0.00	$7,206.30	$0.00	$0.00	$0.00	$0.00	$123,181.78	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
#######	############	20XX09	53	48	0	0	$25,422.80	$0.00	$0.00	$4,864.97	$0.00	$0.00	$0.00	$0.00	$31,287.57	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
#######	############	20XX10	54	48	0	0	$49,226.41	$0.00	$0.00	$8,541.45	$0.00	$0.00	$0.00	$0.00	$48,767.86	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Totals			534	460	0	0	$448,422.23	$0.00	$0.00	$54,419.17	$0.00	$0.00	$0.00	$619.67	$512,743.90	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Run In	$0.00	$0.00	$0.00																		

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Stop Loss Member Monitor (PHI & Non-PHI Versions) [2]

The PHI Member Monitor Stop Loss Report displays an inventory of members who have hit criteria for stop loss monitoring. It is based on date parameters aligned with the stop loss contract period. Criteria can include a trigger diagnosis and/or clinical note entered by a UMR clinical staff member. Please note that updates can be prompted by the member beginning UMR Case Management, or a carrier/broker requested a clinical review.

The PHI Member Monitor Report display is limited to members that are at 25% or more of their specific stop loss deductible; no percent of specific stop loss deductible applies if members meet Case Management or clinical criteria.
Note: If Rx dollars are not available on this report, this means that UMR is not receiving paid pharmacy details from the client's pharmacy vendor. However, it does not imply that Rx claims are not part of the Stop Loss contract.

Member and Claim Information

Specific Deductible: Amount of specific deductible for the member based on S/L contract.
Member Name: The name of the member being reported in the data. (PHI version)
Member DOB: The date of birth of the member. (PHI version)
Gender: The gender of the member. (PHI version)
Relationship: The relationship of the member to the employee. (PHI version)
Member ID: The internal unique member ID. (PHI version)
Term Date: The date after which services incurred for this member, are no longer considered for payment.
Employee Name: The name of the employee enrolled in the plan. (PHI version)
UMR ID: The unique member ID from each member's plan and ID card. (PHI version)
Location: The location of the member as provided to UMR. (PHI version)
Class: The benefit class the member is enrolled in. (PHI version)
Last Svc Date: The most recent date of medical service processed for this member.
Pended Claims: The sum of the billed amounts on claims received that have not been processed. The actual amount that will be paid will depend on benefit plan provisions.
Medical Paid Claims: The total medical paid dollars for the member.
RX Paid Claims: The total Rx paid dollars for the member (if available).
Paid Claims: The total medical and Rx paid dollars for the member.
% of Ded: The ratio, expressed as a percent, of the total claims processed to the plan deductible amount.

Largest ICD: The diagnosis code and description with the largest amount of claims processed for the current year.
Largest ICD Pd Amt: The total amount processed in the current year for the diagnosis code with the largest amount of claims processed.

Clinical Note Information

Review Date: The date clinical review was completed.
Reviewed by: The clinician involved with the Case Management review.
Clinical Update: A free form text field available at the time of clinical review to state the condition of the claimant.
Other Comments: A free form text field available at the time of clinical review. For Case Management cases, the field will reflect case related questions and answers. For notes added by a nurse from a Stop Loss carrier/broker inquiry, the field will state any other relevant comments concerning the member or the claim.

This report is available to UMR clients with Stop Loss services supported by UMR.

View next page for report samples.

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PHI Version:

ABC Company
Member Monitor Report

Group Number: 76888888
Stop Loss Carrier: A Stop Loss Carrier
PBM Name: XX Pharmacy
Specific Deductible: $150,000
Incurred Between: 1/1/20xx - 1/1/20xx
Paid Between: 1/1/20xx-1/1/20xx
Policy Year: 1/1/20xx
Policy Terms: 24/12

Member Name:	Unique, Member 1	**Employee Name:**	Unique, Employee 1	**Pended Claims:**	$17,800.30
Member DOB:	XX/XX/XXXX	**Location:**	000	**Medical Paid Claims:**	$276,543.04
Gender:	Female	**Class:**	A00	**RX Paid Claims:**	$205.00
Relationship:	Child	**Last Svc Date:**	7/31/20XX	**Paid Claims:**	$276,748.12
UMR ID:	11111111-02			**% of Ded:**	151%
Term Date:				**Largest ICD:**	XX ABC CERTAIN SPEC PROC
				Largest ICD Pd Amt:	$215,246.00

Clinical Notes for: Unique, Member 1

Review Date:	Reviewed by:	Clinical Update:	Other Comments
12/11/20XX	UMR-RN	REVISIONS X 3. PT/OT NO OTHER HHC. SPECIALITY PROVIDERS: PEDS, NO ADD'L INPT STAYS.	SEEK SUPPORT WILL PARTICIPATE IN PT/OT AND SHOW PROGRESS
11/22/20XX	UMR-RN	REVISIONS X 3. PT/OT NO OTHER HHC. SPECIALITY PROVIDERS: PEDS, NO ADD'L INPT STAYS.	ADULT WILL ARRANGE FIRST STEP TO BEGIN PT/OT AND SHOW PROGRESS
10/19/20XX	UMR-RN	PATIENT REFERRRED TO COST MGMT FROM SUPPORT STAFF. ELIGIBILITY: DEPENDENT OF MEMBER/ACTIVE EFFECTIVE DATE: 4/1/XX. INPT ADMIT FOR SURGERY.	ADMITTED & STARTED ON MEDS. INPT ADMIT FROM 9/19- 9/25/XX FOR FEVER. REFERRED FOR CASE MANAGEMENT.

Member Name:	Unique, Member 2	**Employee Name:**	Unique, Employee 2	**Pended Claims:**	$98,197.42
Member DOB:	10/31/19XX	**Location:**	000	**Medical Paid Claims:**	$272,955.77
Gender:	Male	**Class:**	C00	**RX Paid Claims:**	$0.00
Relationship:	Employee	**Last Svc Date:**	7/26/20XX	**Paid Claims:**	$272,955.77
UMR ID:	22222222-00			**% of Ded:**	182%
Term Date:	8/31/20XX			**Largest ICD:**	XX ABC UNCERT SPEC
				Largest ICD Pd Amt:	$270,845.00

Non-PHI Version:

ABC COMPANY
Member Monitor Report

Group Number: 76888888
Stop Loss Carrier: A Stop Loss Carrier
PBM Name: AB Pharmacy (data not included)
Specific Deductible: $150,000
Incurred Between: 1/1/20XX-1/1/20XX
Paid Between: 1/1/20XX-1/1/20XX
Policy Year: 20XX
Policy Terms: 24/12

Term Date:		**Pended Claims:**	$17,800.30	**% of Ded:**	151%
		Medical Paid Claims:	$276,543.04	**Largest ICD:**	XX ABC CERTAIN SPEC PROC
		RX Paid Claims:	$205.00	**Largest ICD Pd Amt:**	$215,246.00
		Paid Claims:	$276,748.12	**Last Svc Date:**	7/31/20XX

Clinical Notes:

Review Date:	Reviewed by:	Clinical Update:	Other Comments:
12/11/20XX	UMR-RN	REVISIONS X 3. PT/OT NO OTHER HHC. SPECIALITY PROVIDERS: PEDS, NO ADD'L INPT STAYS.	SEEK SUPPORT WILL PARTICIPATE IN PT/OT AND SHOW PROGRESS
11/22/20XX	UMR-RN	REVISIONS X 3. PT/OT NO OTHER HHC. SPECIALITY PROVIDERS: PEDS, NO ADD'L INPT STAYS.	ADULT WILL ARRANGE FIRST STEP TO BEGIN PT/OT AND SHOW PROGRESS
10/19/20XX	UMR-RN	PATIENT REFERRRED TO COST MGMT FROM SUPPORT STAFF. ELIGIBILITY: DEPENDENT OF MEMBER/ACTIVE EFFECTIVE DATE: 4/1/XX. INPT ADMIT FOR SURGERY.	ADMITTED & STARTED ON MEDS. INPT ADMIT FROM 9/19- 9/25/XX FOR FEVER. REFERRED FOR CASE MANAGEMENT.

		Pended Claims:	$98,197.42	**% of Ded:**	182%
Term Date:	8/31/20XX	**Medical Paid Claims:**	$272,955.77	**Largest ICD:**	XX ABC UNCERT BHV
		RX Paid Claims:	$0.00	**Largest ICD Pd**	$270,845.00
		Paid Claims:	$272,955.77	**Amt: Last Svc Date:**	7/26/20XX

Clinical Notes: **Other Comments:**

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Stop Loss Reimbursement [2]

The Stop Loss Reimbursement Documentation displays all member claims, for a specific group, that have been submitted to the Stop Loss carrier for reimbursement. This display is refreshed on a monthly basis and is a cumulative report based on stop loss contract year-to-date information.

The Stop Loss report includes information about the current stop loss contract in the right-hand corner of the document. This information specifies the current contract terms and is specific to each individual stop loss contract.

Report Content

Location: The location of the member as provided to UMR.

Member Name: The name of the member being reported in the data.

Reimb Request Date: Date the claim was submitted to the Stop Loss carrier for reimbursement.

Reimb Request Amount: Dollar amount being requested.

Reimb Received Amount: Dollar amount that was received from the carrier.

Reimb Denial or Check Date: Date the reimbursement was denied or date the reimbursement check was received from the Stop Loss carrier.

Reimb Denied or Pended Amount: The reimbursement dollar amount that was denied or the reimbursement pended amount.

Notes: Specifies additional information about reimbursement requests that are denied or pended.

Plan Total: Total of the report's dollar columns.

Report

UMR

ABC Company
Stop Loss Reimbursement Documentation

Group Number: 76888888
Stop Loss Carrier: A Stop Loss Carrier

Specific Deductible: $75,000
Incurred Between: 1/1/20XX - 12/31/20XX
Paid Between: 1/1/20XX - 12/31/20XX
Plan Year: 1/1/20XX

Location	Member Name:	Reimb Request Date:	Reimb Request Amount:	Reimb Received Amount:	Reimb Denial or Check Date:	Reimb Denied or Pended Amount:	Notes:
000	Member 1	12/2/20XX	$32,800.13	$0.00	2/13/20XX	$31,432.71	$1,367.42 applied to agg deductible
000	Member 1	3/5/20XX	$247.61	$215.81	3/13/20XX	$31.80	
000	Member 1	3/16/20XX	$820.60	$820.60	3/26/20XX	$0.00	
Total for Member 1:			**$33,868.34**	**$1,036.41**		**$31,464.51**	
000	Member 2	12/2/20XX	$65,535.98	$65,535.98	2/27/20XX	$0.00	
000	Member 2	12/22/20XX	$1,340.20	$1,340.20	2/27/20XX	$0.00	
000	Member 2	3/5/20XX	$41.89	$41.89	3/14/20XX	$0.00	
Total for Member 2:			**$66,918.07**	**$66,918.07**		**$0.00**	
000	Member 3	12/2/20XX	$95,115.30	$95,115.30	2/21/20XX	$0.00	
000	Member 3	12/14/20XX	$4,361.09	$4,361.09	2/21/20XX	$0.00	
000	Member 3	12/28/20XX	$11,667.77	$11,667.77	2/21/20XX	$0.00	
000	Member 3	1/8/20XX	$2,393.32	$2,393.32	2/21/20XX	$0.00	
000	Member 3	3/5/20XX	$0.00	$0.00		$0.00	
Total for Member 3:			**$113,537.48**	**$113,537.48**		**$0.00**	
000	Member 4	12/2/20XX	$702,971.96	$702,971.96	2/24/20XX	$0.00	
000	Member 4	1/5/20XX	$1,855.14	$1,855.14	2/24/20XX	$0.00	
Total for Member 4:			**$704,827.10**	**$704,827.10**		**$0.00**	
Plan Total			**$919,150.99**	**$886,319.06**		**$31,464.51**	

Reimbursement check information is included above only when available.

The monthly report represents data at the time of report creation.

Authorized users can access My Stop Loss Center for the most current Stop Loss reimbursement information.

This report is available to UMR clients with Stop Loss services supported by UMR.

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