

Paid Claims by Diagnosis. Intended as a reference tool for staff to determine which report to print when, the Reporting Services manual had surprising effectiveness as a marketing tool. The report descriptions and samples enabled prospective customers to realize how informative their reports could be. Team writer of new manual. This excerpt is from the Reporting Services manual from Pacific Heritage Assurance, a health care insurance carrier.

Paid Claims by Diagnosis - Detail (CFRP115P)

Description

Presents the diagnoses and amounts for medical claims paid or for claims incurred within the selected date range. This report identifies the conditions employees and dependents are submitting claims for, and lists the amounts paid for those conditions. In addition, this report can select all claims per covered person whose cumulative total exceeds a specified amount. For PSF groups this report option is useful in examining claims for individuals who are nearing their individual stop loss limit.

Contents

Shows the diagnosis code, description, and the amount paid or incurred for each diagnosis. Vision and prescription drug claims are included; dental claims are excluded. Depending on the selection criteria, this report prints all claims within the selected date range, or the report prints all claims within the selected date range for individuals whose cumulative total exceeds a specified cumulative amount. The report indicates whether each claim is for an employee or for a dependent; selection criteria determine whether the report sorts and totals by division.

Sort Order

Sorts by division, employee ID, and diagnosis code.

Totals

Calculates totals for each diagnosis per patient, claims per patient, claims for all employees, and claims for all dependents. Finally, the report prints a grand total of claims for the division (if a division break is selected) and for the group.