

APPENDIX B
Encounter Data/Financial Summary Reconciliation Report
Instruction Sheet

The following are instructions for accumulating claim data and financial information that will allow DHS and their actuaries to duplicate the process using the submitted encounter data. It will also confirm the completeness of the encounter data through the reconciliation to the financial statements.

Form A summarizes the submitted encounter data. Because of claim lag issues and in an attempt to be consistent with sources for the financial statements, encounter data is to be reported on a paid claim basis for each quarter.

1. The grouping of claims by category of service should be consistent with the approach used to complete the financial statements.
2. When counting records and utilization statistics, a claim with a negative billed amount (e.g. reversals) should be counted as negative. A claim with \$0 paid (e.g. denials) would count as zero.
3. Paid amounts should be reported net of third party liability recoveries.
4. Capitated expenses may not be available at the level of detail identified on the summary report. However, these amounts should be provided on the subtotal line for each major type of service (e.g. physician/other). Capitated records should be summarized at the procedure code grouping level.

Form B provides general guidelines for the reconciliation of the paid claim information to the incurred claims reported on the financial statements. Additional line items should be added as necessary.

1. Form B should include all items not reported in the encounter data.
2. Several specific items have been requested to clarify the extent to which health plans are reporting these items as administrative expenses or claim costs, such as case management expenses.

Health Plan
Reporting Period
Contact Name
Contact Phone Number
Contact Email Address

**Hawaii QUEST, QUEST-Net and QUEST-ACE
Encounter Data/Financial Summary Reconciliation Form A**

Type of Service	Requested Data Elements						Total Expenses	
	Non-Capitated			Capitated				
	Admits	Days	Billed	Paid	Days	Expenses	TPL	
Inpatient Hospital	xxx	x,xxx	\$x,xxx,xxx	\$x,xxx,xxx	xxx	\$xxx,xxx	\$xx,xxx	\$x,xxx,xxx
All Inpatient Facility Claims								
Outpatient Hospital								
Emergency Hospital	xxx	x,xxx	\$x,xxx,xxx	\$x,xxx,xxx	xxx	\$xxx,xxx	\$xx,xxx	\$x,xxx,xxx
Other Outpatient Hospital	xxx	x,xxx	\$x,xxx,xxx	\$x,xxx,xxx	xxx	\$xxx,xxx	\$xx,xxx	\$x,xxx,xxx
Outpatient Hospital Total	xxx	x,xxx	\$x,xxx,xxx	\$x,xxx,xxx	xxx	\$xxx,xxx	\$xx,xxx	\$x,xxx,xxx
Physician/Other								
Anesthesia	xxx	x,xxx	\$x,xxx,xxx	\$x,xxx,xxx	xxx	\$xxx,xxx	\$xx,xxx	\$x,xxx,xxx
Surgery	xxx	x,xxx	\$x,xxx,xxx	\$x,xxx,xxx	xxx	\$xxx,xxx	\$xx,xxx	\$x,xxx,xxx
Maternity	xxx	x,xxx	\$x,xxx,xxx	\$x,xxx,xxx	xxx	\$xxx,xxx	\$xx,xxx	\$x,xxx,xxx
Rad Assistant	xxx	x,xxx	\$x,xxx,xxx	\$x,xxx,xxx	xxx	\$xxx,xxx	\$xx,xxx	\$x,xxx,xxx
Pathology	xxx	x,xxx	\$x,xxx,xxx	\$x,xxx,xxx	xxx	\$xxx,xxx	\$xx,xxx	\$x,xxx,xxx
Medical	xxx	x,xxx	\$x,xxx,xxx	\$x,xxx,xxx	xxx	\$xxx,xxx	\$xx,xxx	\$x,xxx,xxx
Evaluation/Management	xxx	x,xxx	\$x,xxx,xxx	\$x,xxx,xxx	xxx	\$xxx,xxx	\$xx,xxx	\$x,xxx,xxx
Home Health Care	xxx	x,xxx	\$x,xxx,xxx	\$x,xxx,xxx	xxx	\$xxx,xxx	\$xx,xxx	\$x,xxx,xxx
Ambulance	xxx	x,xxx	\$x,xxx,xxx	\$x,xxx,xxx	xxx	\$xxx,xxx	\$xx,xxx	\$x,xxx,xxx
Outpatient PPS	xxx	x,xxx	\$x,xxx,xxx	\$x,xxx,xxx	xxx	\$xxx,xxx	\$xx,xxx	\$x,xxx,xxx
DME/Prosthetics	xxx	x,xxx	\$x,xxx,xxx	\$x,xxx,xxx	xxx	\$xxx,xxx	\$xx,xxx	\$x,xxx,xxx
Drugs	xxx	x,xxx	\$x,xxx,xxx	\$x,xxx,xxx	xxx	\$xxx,xxx	\$xx,xxx	\$x,xxx,xxx
Other	xxx	x,xxx	\$x,xxx,xxx	\$x,xxx,xxx	xxx	\$xxx,xxx	\$xx,xxx	\$x,xxx,xxx
Physician/Other Total	xxx	x,xxx	\$x,xxx,xxx	\$x,xxx,xxx	xxx	\$xxx,xxx	\$xx,xxx	\$x,xxx,xxx
Prescription Drugs								
	xxx	x,xxx	\$x,xxx,xxx	\$x,xxx,xxx	xxx	\$xxx,xxx	\$xx,xxx	\$x,xxx,xxx
Total Claim Expenses								\$x,xxx,xxx

<i>Health Plan</i>	
<i>Reporting Period</i>	
<i>Contact Name</i>	
<i>Contact Phone Number</i>	
<i>Contact Email Address</i>	

***Hawaii QUEST, QUEST-Net and QUEST-ACE
Encounter Data/Financial Summary Reconciliation Form B***

Total Claim Expenses Reported on Form A	_____
Beginning Reported Reserves	_____
Ending Reported Reserves	_____
Claim offsets not included on Form A	
Pharmacy Rebates	_____
Reinsurance Recoveries Collected	_____
Beginning Reinsurance Reserves	_____
Ending Reinsurance Reserves	_____
Third Party Recoveries	_____
Other _____	_____
Other _____	_____
Claim expenses not included on Form A	
Case Management	_____
24-Hour Nurseline	_____
Provider Risk Pool Payments	_____
Network Access Fees	_____
Other _____	_____
Other _____	_____
Adjusted Encounter Data Total	_____
Incurred Claims in Financial Statement	_____
Difference between adjusted encounter data and financial statement	_____
Pharmacy Management Expense (Pharmacy claims paid by the health plan net of rebates less payments made to the pharmacies)	_____