

Sample Home Health Provider
 Provider Number 123456789
 02/10/2019 - 02/16/2019

Recipient ID	Name Last	Name First	Service Date	Proc Code	Procedure	Units	Paid Amount	over-payment	reason	ICN
Redacted	**Redacted**	**Redacted**	2/14/2019	G0300	HHS/HOSPICE OF LPN EA 15 MIN	3	\$40.65	\$40.65	note 1	**Redacted**
Redacted	**Redacted**	**Redacted**	2/15/2019	G0299	HHS/HOSPICE OF RN EA 15 MIN	3	\$47.40	\$47.40	note 1	**Redacted**
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Universe Size: \$1,844.02

Overpayment Amount: \$1,844.02

Overpayment reasons

Note 1- EVV Visit not verified. No EVV visit matched the billed claim in violation of OAC 5160-1-40(B) and 5160-44-31(C).