

| Qualification code | Reason | 01/01/2019-12/31/2019 | 01/01/2020-12/31/2020 | 01/01/2021-08/31/2021 | |
|--------------------|--------------------------------|-----------------------|-----------------------|-----------------------|--|
| 101 | Eligibility | 56389 | 14931 | 9080 | |
| 102 | Claim-medical | 26171 | 18615 | 13966 | |
| 103 | Claim-dental | 563 | 500 | 1412 | |
| 104 | Claim-institutional | 1287 | 1320 | 1164 | |
| 105 | Claim-Pharmacy | 2555 | 2282 | 1324 | |
| 106 | Check amount | 130 | 137 | 97 | |
| 107 | Other insurance | 199 | 207 | 163 | |
| 108 | Procedure code | 8134 | 7257 | 5815 | |
| 109 | PES Assistance | 9 | 14 | 2 | |
| 110 | Managed care | 237 | 8 | 12 | |
| 111 | Recipient Call | 47 | 86 | 219 | |
| 112 | Provider Enrollment transfer | 360 | 190 | 172 | |
| 113 | Provider Rep Transfer | 91 | 118 | 156 | |
| 114 | Provider call back | 158 | 290 | 225 | |
| 115 | NDC Information | 99 | 74 | 63 | |
| 116 | Other | 716 | 1020 | 713 | |
| 117 | Drug Pricing info | 63 | 21 | 8 | |
| 118 | Ra Question | 1601 | 331 | 191 | |
| 119 | Pharmacy reversals | 31 | 3 | 2 | |
| 120 | Billing Form-institutional | 46 | 21 | 14 | |
| 121 | Billing form-medical | 260 | 326 | 105 | |
| 122 | Billing form-pharmacy | 239 | 619 | 19 | |
| 123 | Billing form-Crossover | 80 | 16 | 26 | |
| 124 | AVRS Education | 11 | 6 | 2 | |
| 125 | ProDur | 58 | 2 | 1 | |
| 127 | Provider Npi Verification/Info | 2979 | 2401 | 1824 | |
| 128 | Prior Authorization | 5819 | 3769 | 2936 | |
| 129 | Order claim Forms | 1460 | 31 | 23 | |
| 130 | Billing form-Dental | 45 | 22 | 11 | |

| | | | | | |
|--------|---------------------------|--------|-------|-------|--|
| 131 | Transfer to Re-enrollment | 121 | 96 | 134 | |
| 132 | O/P/R Related | 1 | 0 | 2 | |
| 133 | Net Call | 10 | 9 | 20 | |
| 134 | ACHN Related | 618 | 104 | 5 | |
| 135 | Transfer to EMC | 375 | 234 | 110 | |
| 136 | THIRD PARTY BILLING | 4848 | 3802 | 2370 | |
| 137 | Dental HX | 1930 | 2046 | 1505 | |
| 138 | DME HX | 2626 | 2609 | 2082 | |
| 139 | IUD HX | 904 | 1018 | 831 | |
| 140 | Referral questions | 104 | 164 | 100 | |
| 141 | Vision HX | 150 | 170 | 170 | |
| 142 | Consent form questions | 224 | 227 | 88 | |
| 143 | Written Correspondence | 189 | 111 | 9 | |
| 144 | Psychological Eval HX | 2 | 100 | 152 | |
| 145 | COVID-19 Related | 1 | 102 | 29 | |
| Totals | | 121956 | 65409 | 47352 | |