ID	NAME	DESCRIPTION
		reimbursement rules.
4367	ASC Pricing for Physician	Add ASC pricing logic for Physician claims.
4474	Benefit Classification Recursion	In order for KY to enter rules using different benefits classifications based on the standard benefit classification, an update to the rules engine needs to be made.
5381	KY Default Pricing II	Many KY programs operate in the following manner. If no procedure rate is found, they take the billed amount and multiply it by a percentage for the Medicaid reimbursement. See additional information under Tech Specs.
5503	Medicare CO--No Comp XIX Alld Am	ASC ICN--1007005001023--This claim has a deductible of $100.00 and coins-amount of $10.00. The 1st, 2nd, and 4th details have a billed amount of --$25.00 and the 3rd is for $50.00. This claim should have applied $25.00 to the first and 2nd details and the last $50 of the deductible to the 3rd detail. The claim is in paid status with a paid amount of $0.00. More examples of ICNs-- 1007022001256 1007022001259 1007022001704
6153	Incorr pricing for PT29,45 w/PA	Provider Type 29 and 45 claims that use the Prior Auth record to price are not pricing correctly Provider type 29 (Impact Plus) and 45 (EPSDT Special Services) claims use the authorized amount from the prior authorization record to price. These are not pricing correctly. See attached model office claim examples (ICNs 2007027003586 & 2007027003280). Although just a guess, it looks like authorized amount is being divided twice by the authorized units.
6593	Audit Cutback Logic Bypass	At the current time, the Commonwealth does not want to cutback services on claims when a limitation audit is failed and some of the services on the detail would be allowed while others would not. Instead, the detail should be denied with the audit and the provider should rebill the claim with the number of units covered.
6883	Claims not pricing correctly	Claims not pricing correctly for DME-unable to test copay/coins A PT90 claim was entered without a PA number, there was a PA in the system for that member/prov/DOS. The system processes that claim against that PA. However for DME (PT

ID	NAME	DESCRIPTION
		90) and EPSDT services (EPSDT Related Services - PT 45) the claim should not pay if the PA is not on the claim. Please include Beth Jennings also in any discussion. Data file is ../MOclaims/Sandeep_test/Coins/PT90.xml
7267	Coins shouldn't apply for bypass	The bypass rules for copays should also apply to coinsurance. I was trying to process a claim with V22 diag and the system took the coinsurance. I suspect the bypass rules coded in the copay configuration are not used in the coinsurance logic. This includes PT, claim type, diagnosis and benefit plans for bypassing the coinsurance logic.
7513	Additive copay not working	The EOB shows that a there was a additive copay, but the copay panel does not show any copay. It shows the same on a different icn (see attached).
7569	Misc Audit Changes	During the review of the mapping of legacy audits to interChange, several items that would require hard coded changes to the claims engine auditing process were identified. These changes are needed in order to correctly apply Kentucky policy.
7940	Primary Care/RHC on ADA Form	Effective 2007/04/01, primary care centers (PT 31) and rural health clinics (PT35) are required to submit dental services on ADA dental claim forms. The system needs to be updated to accept, edit, audit, and price claims for these provider type on dental claim forms.
8173	Coins - only accumulate - outpt	Only accumulate coinsurance for the emergency room service (proc code 99281).
8269	Claims Location 01	Suspended claims are being routed to location 01. According to the Error Status Codes these claims are suspending for, they are being routed to location 01 in error.
8277	Claims Engine RTI	Task to be used for the promotion of claims engine changes that do not affect any of the outputs of claims processing and have no effect on the overall error status, payment or disposition of claims but are needed to inprove the throughput of claims, prevent claims from processing to the 'bad' files or to otherwise optimize the performance of claims processing.
8306	I3345	Set audit 490 to check history for same date of service, different modifier, to override the audit.
8359	pat liab - billing and case mgr	Phase I Pat liab is being deducted from ABI waiver when the

ID	NAME	DESCRIPTION
		billing provider is not the case manager. Phase II Pat liab deductions overall fixes.
8363	I3351	To require detail listing of HCPCS codes for provider type 34
8416	ESC 5001 Posting Incorrectly	ESC 5001 is the duplicate audit. The issue with the claim example is that error 5001 dupe audit currently does not include in the audit criteria to bypass if different quadrant/arch code. The error 5001 needs to be modified to add criteria to look for same quadrant/arch code for those procedure codes that require quadrant/arch. (Legacy Audit 482) It also looks like this claim possibly stopped auditing after detail #2. I am saying this because of the current logic, details 3 and 4 should have failed for duplicate as well against line 1. (claim #2207166001216 - FFS) FFS providers submit quadrant number in TOOTH field, encounters quadrant number populated in quadrant field so encounters are failing as exact dupes. Edit logic will need to be changed for dental encounters only. See Claim #7007166001497 (encounter).
8431	Edit 2077 fail with mem eligible	Claims are failing edit 2077 (Member not eligible on all dates of service) even though the member is eligible for all dates of service. See the following ICNs (copies of these claims are attached): 2007151068749 2007151068799 2207233004581
8451	Audit 5001 one detail at a time	The system is only applying audits 5001 and 5010 to one detail at a time, this consumes time from reso and severe delay in payment to providers on any details that are not failing. When one of the details is force denied - and then the next detail suspends for 5001 the related history segment for the first detail disappears. The change covered for MO 150 addresses only the auditing of details after a detail causes the claim header to suspend (as in 5001). Libclmcomm.so, clmsProgram.sc, process_program() function only.
8491	Internet Claims Submission Error	Internet Claims submission error

ID	NAME	DESCRIPTION
8493	Change order execution NPI	If the NPI and Medicaid Provider ID are both present in a claim we are supposed to use the Medicaid provider ID. This change is needed because the providers are not finished setting up their NPI's. Eventually this change has to be undone in the future when NPI rules are enforced.
8537	Error code 5030 - Fin error rpt	Claims are being flushed from the financial cycle with error 5030 due to the claim header paid amount not matching the amount paid on the claim program xref. There are several situations causing this to occur: 1. Physician crossover claims are not deducting the TPL amount at the detail level. Since these claims are detail paid, the TPL amount should be deducted at the detail. 2. Some UB claims are paid at the detail level. In these cases, the TPL and patient liability amounts are not being deducted correctly on the claim program xref table. 3. Some physician (CT M) and dental claims do not have a header paid amount but do have paid amounts on the health plan panel.
8573	T_CLM_PATLIAB_X Data Issues	The t_clm_patliab_x table has some incorrect data as a result of claims engine issues. A recent change to place the correct detail number on the table for physician patient liability waiver services resulted in an incorrect detail number for physician spenddown tracking. The code and table need to be updated. Prior to this fix, physician patient liability waiver services were being loaded to the table with a detail number that was 1 less than the actual detail number. As a result, the claims panels and 835 generation process are not displaying/reporting waiver patient liability for the correct details.
8634	Conflict & Neg Contra Audit prob	Claim 2007179102902 is a Part B Nursing Facility claims that is failing 3 suspect duplicate audits (5614, 5615, 5619) against a non-crossover Nursing Facility claim. A Part B claim on the same dates as a non-

ID	NAME	DESCRIPTION
		crossover Nursing Facility claim is OK so it shouldn't be failing any of these suspect dupe audits. This claim is also failing negative contra audit 5254 when it should not be. Also, all of these audits are failing at the detail and I think they should fail at the header for these claim types (A & L). See additional info below:
8648	CE -- Mass Adj Processing	Mass Adjustment processing is not working correctly. Claims are not suspending AFTER processing through the claims engine when the "suspend after" option is selected.
8721	LandW reso fix	find and fix where the ind_rpt on t_claim_error is being set to 'Y' or 'N'. The only valid values are ' ', 'L' or 'W'. Where clmsDisp.sc is currently setting a 'Y', it should be set to 'L'. Where clmsDisp.sc is currently setting a 'N', it should be set to a space. According to Bob Carter: Yes, it is the cde_print_type that populates ind_rpt on t_claim_error. Also there are a couple of instances in clmsDisp.sc that hard code a value of 'Y' or 'N'. Yes, if we want to use 'L' and 'W' we would need to have those values on in cde_print_type on t_err_disp_line or we could translate the values in clmsDisp.
8728	Pat liab deduction exclusions	SCL, HCB, and Adult Day Care CDO providers should be excluded from the patient liability deduction. This logic is in the claims engine but appears to not be functioning correctly. See claim 2207170003417. These providers have specific contracts that indicate they are CDO.
8802	Problems when processing EDI Adj	When processing an encounter batch file we found several adjustment files that were failing because the sak_claim numbers assigned to the claims were duping against numbers assigned to regular claims. Also several core dumps were found when executing this claims.
8834	I3453	For provider type 33 do not take patient liability out of listed procedure codes
8845	I3465	Per 907 KAR 1:170E, change reimbursement of ADHC Basic Service for provider type 43 (Adult Day Health Care) to fifteen (15) minute increments.
9107	Calculating thres Error % Encoun	Calculating Encounter Threshold Percentage. Threshold percent errors should be a percentage of the encounter count and not the total encounter count. Batch change.
9155	Hospice Pat Liab Claims Bad	Hospice claims are currently going to the bad file when attempting to deduct patient liability from claims. They are going bad because the claims engine is attempting to insert duplicate rows into the

ID	NAME	DESCRIPTION
		data base causing a fatal data base error. As a result, these claims are not written to the data base and are not paid to the providers.

2.6.168 libclmcomm_st.so -- KY Claim Engine Common Library

Technical Name:	libclmcomm_st.so
Program Title:	KY Claim Engine Common Library
Programming Language:	C
Description:	The executable that contains Kentucky specific modules that have call-out functions related to the edit and audit functions which are common to all claim types, such as provider eligibility and member eligibility edits. The programs also interface with Claimcheck to audit claims. Claim disposition is also done in this library. libclmcomm.so is an executable and not a program. No program documentation exist for this executable.

2.6.168.1 Change Orders

ID	NAME	DESCRIPTION
2300	KY Pct of Charge Pricing Method	Some institutional claims are priced using a provider specific percentage of billed charges for specific revenue codes.
2302	KY UB92 Rev Code Rates	Some institutional claims are priced using a provider specific per unit rate for specific revenue codes.
2303	KY UB92 Single Unit Flat Rate	Some institutional claims are priced using a flat unit rate for specific revenue codes. Sometimes, the flat rate is all that will be paid for a service. At other times, the flat rate times the units of service on the detail will be paid.
8416	ESC 5001 Posting Incorrectly	ESC 5001 is the duplicate audit. The issue with the claim example is that error 5001 dupe audit currently does not include in the audit criteria to bypass if different quadrant/arch code. The error 5001 needs to be modified to add criteria to look for same quadrant/arch code for those procedure codes that require quadrant/arch. (Legacy Audit 482) It also looks like this claim possibly stopped auditing after detail #2. I am saying this because of the current logic, details 3 and 4 should have failed for duplicate as well against line 1. (claim #2207166001216 - FFS) FFS providers submit quadrant number in TOOTH field, encounters quadrant number populated in quadrant field so encounters are failing as exact dupes.

ID	NAME	DESCRIPTION
		Edit logic will need to be changed for dental encounters only. See Claim #7007166001497 (encounter).
8632	Duplicate DME Payments	For non-crossovers, we appear to have a problem: We are checking same provider, same procedure code, same or overlapping DOS. Then, if both the current and history claims have either an RR modifier or not we check to see if the procedure is E1399 and if the prior auth numbers match. Then, and only then, will we post the dupe audit. Addtionally, we are not posting the audit for E1399 when the pa numbers are the same.

2.6.169 libclmdntl.so -- Dental Claim Library

Technical Name:	libclmdntl.so
Program Title:	Dental Claim Library
Programming Language:	C
Description:	The executable that contains the logic for Dental claims. It handles the following media types: • Paper • Internet • Bulletin Board The following transaction types are supported by this program: • New Day Claims • Claim corrections • Claim Adjustments - including voids, reversals, etc. • Claim status inquiry During the processing of a Dental claim, this program will run the Edit, Audit and Pricing logic required by the combination of media and transaction type. Refer to the resolutions manual for detailed information about the Edits, Audits, Pricing Algorithms. libclmdntl.so is an executable and not a program. No program documentation exist for this executable.

2.6.169.1 Change Orders

ID	NAME	DESCRIPTION
1476	Core 8816 Benefit Adj Factor 7	See Core CO 8816 all documentation will be updated on this CO Provide the infrastructure to allow modifications to all pricing methodologies that have a variance or incentive from the regular pricing methodology.
3668	CORE 13861 - EBP Dx Changes	CORE Change Order 8738 required several different diagnosis for coverage, billing and reimbursement rules. Not all were implemented and definitions of the roles were not clear. Definitions of the diagnosis types/roles:

ID	NAME	DESCRIPTION
		Header Primary: First position of the diagnosis at the header. **Header Secondary:** Second position of the diagnosis at the header. **Admit Diagnosis:** Diagnosis indicated as the Admit diagnosis. **Emergency Diagnosis:** Diagnosis indicated as the Emergency diagnosis. **Header Other:** Any diagnosis at the header that is not the Header Primary, Header Secondary, Admit or Emergency diagnosis. **Header Any:** Any of the Header, Secondary, Admit, Emergency, Other diagnosis. **Detail Primary:** Diagnosis pointed to from the first detail diagnosis pointer. **Detail Secondary:** Diagnosis pointed to from the second detail diagnosis pointer. **Detail Other:** Diagnosis pointed to from other than the first and second detail diagnosis pointers. **Detail Any** : Any of the diagnosis pointed to by the detail.
3843	Copay Processing - CE	Deduct copay based on rule parameters when processing a claim.
7940	Primary Care/RHC on ADA Form	Effective 2007/04/01, primary care centers (PT 31) and rural health clinics (PT35) are required to submit dental services on ADA dental claim forms. The system needs to be updated to accept, edit, audit, and price claims for these provider type on dental claim forms.
8416	ESC 5001 Posting Incorrectly	ESC 5001 is the duplicate audit. The issue with the claim example is that error 5001 dupe audit currently does not include in the audit criteria to bypass if different quadrant/arch code. The error 5001 needs to be modified to add criteria to look for same quadrant/arch code for those procedure codes that require quadrant/arch. (Legacy Audit 482) It also looks like this claim possibly stopped auditing after detail #2. I am saying this because of the current logic, details 3 and 4 should have failed for duplicate as well against line 1. (claim #2207166001216 - FFS) FFS providers submit quadrant number in TOOTH field, encounters quadrant number populated in quadrant field so encounters are failing as exact dupes. Edit logic will need to be changed for dental encounters only. See Claim #7007166001497

ID	NAME	DESCRIPTION
		(encounter).
8648	CE -- Mass Adj Processing	Mass Adjustment processing is not working correctly. Claims are not suspending AFTER processing through the claims engine when the "suspend after" option is selected.

2.6.170 libclmdrvr.so -- Claim Driver

Technical Name:	libclmdrvr.so
Program Title:	Claim Driver
Programming Language:	C
Description:	The executable that contains all of the logic necessary to assign ICN/SAK and to record statistics for the claims engine. libclmdrvr.so is an executable and not a program. No program documentation exist for this executable.

2.6.170.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.171 libclmphrm.so -- Pharmacy Claim Library

Technical Name:	libclmphrm.so
Program Title:	Pharmacy Claim Library
Programming Language:	C
Description:	The executable that contains the logic for Pharmacy claims. It handles the following media types: • Paper • Point of Sale • Internet • Bulletin Board The following transaction types are supported by this program: • New Day Claims • Claim corrections • Claim Adjustments - including voids, reversals, etc. • Claim status inquiry During the processing of a pharmacy claim, this program will run the Edit, Audit, Pricing and ProDUR logic required by the combination of media and transaction type. Refer to the resolutions manual for detailed information about the Edits, Audits, Pricing Algorithms, and ProDUR alerts. libclmphrm.so is an executable and not a program. No program documentation exist for this executable.

2.6.171.1 Change Orders

ID	NAME	DESCRIPTION
1476	Core 8816 Benefit Adj Factor 7	See Core CO 8816 all documentation will be updated on this CO Provide the infrastructure to allow modifications to all pricing methodologies that have a variance or incentive from the regular pricing methodology.

ID	NAME	DESCRIPTION
3668	CORE 13861 - EBP Dx Changes	CORE Change Order 8738 required several different diagnosis for coverage, billing and reimbursement rules. Not all were implemented and definitions of the roles were not clear. Definitions of the diagnosis types/roles: **Header Primary:** First position of the diagnosis at the header. **Header Secondary:** Second position of the diagnosis at the header. **Admit Diagnosis:** Diagnosis indicated as the Admit diagnosis. **Emergency Diagnosis:** Diagnosis indicated as the Emergency diagnosis. **Header Other:** Any diagnosis at the header that is not the Header Primary, Header Secondary, Admit or Emergency diagnosis. **Header Any:** Any of the Header, Secondary, Admit, Emergency, Other diagnosis. **Detail Primary:** Diagnosis pointed to from the first detail diagnosis pointer. **Detail Secondary:** Diagnosis pointed to from the second detail diagnosis pointer. **Detail Other:** Diagnosis pointed to from other than the first and second detail diagnosis pointers. **Detail Any** : Any of the diagnosis pointed to by the detail.
3843	Copay Processing - CE	Deduct copay based on rule parameters when processing a claim.
6882	Claims not pricing correctly	Claims not pricing correctly for DME-unable to test copay/coins The claim has 1 detail lines, the claim has a PA with 500 aut amt with 2 units. Claim billed 1 unit but the paid amount was 125 which seems like is autamt/autunit/autunit.The xml is in UAT ttg under automated txn\moclaims\sandeep_test\coins\PT90.xml
8648	CE -- Mass Adj Processing	Mass Adjustment processing is not working correctly. Claims are not suspending AFTER processing through the claims engine when the "suspend after" option is selected.

2.6.172 libclmphys.so -- Physician Claim Library

Technical Name:	libclmphys.so
Program Title:	Physician Claim Library
Programming Language:	C
Description:	The executable that contains the logic for Physician claims. It handles the following media types: • Paper • Internet • Bulletin Board The following transaction types are supported by this program: • New Day Claims • Claim corrections • Claim Adjustments - including voids, reversals, etc. • Claim status inquiry During the processing of a Physician claim, this program will run the Edit, Audit and Pricing logic required by the combination of media and transaction type. Refer to the resolutions manual for detailed information about the Edits, Audits, Pricing Algorithms. libclmphys.so is an executable and not a program. No program documentation exist for this executable.

2.6.172.1 Change Orders

ID	NAME	DESCRIPTION
1476	Core 8816 Benefit Adj Factor 7	See Core CO 8816 all documentation will be updated on this CO Provide the infrastructure to allow modifications to all pricing methodologies that have a variance or incentive from the regular pricing methodology.
2277	KY Pricing - MAXFLT	In some current KY programs, some procedure codes (benefits) price on a flat fee (not multiplied by the units on the claim).

ID	NAME	DESCRIPTION
2280	KY School Based Group Pricing	The system needs to determine the allowable cost per person when a group session is submitted on a claim. The allowed amount will be a per person rate. This is a new pricing methodology that is KY specific.
2291	KY DME Pricing PA Purchases	For KY, some DME purchases require prior authorization (a PA indicator is found on the procedure master file). In the current KY system, the rate for purchases that not rentals (RR modifier) are on the PDD file - MCAID-1. Rentals are also priced in the same manner as DME purchases that require PA. Rentals are identified by the use of the RR modifier. In the current KY system, the rate for rentals come from the PR (Procedure Rate) file (Outpatient - pricing specialty - 9).
2292	KY Adult/Child Case Pricing	For KY programs Adult & Children Targeted Case from dates of service (DOS) from 1/1/2003 to current date price by taking the lesser of the Average Unit Cost or the rate from the PDD file. PDD - MCAID-1 rate for Children Targeted Case (PT 28). PDD - MCAID-2 rate for Adult Targeted Case (PT 27). In either case, the rate is not multiplied by units on the claim and the amount is not compared to the claims billed amount. On 12/31/2002 and all dates prior, for Adult & Children Targeted Case price by taking the lesser of the rate from the PDD file or the claim detail billed amount. PDD - MCAID-1 rate for Children Targeted Case (PT 28). PDD - MCAID-2 rate for Adult Targeted Case (PT 27). In either case, the rate is not multiplied by units on the claim. See CO 2277 - pricing by MAXFLT pricing methodology.
2446	KY UCC Flat Rate Pricing	Create new pricing methods to support the pricing methods currently used. This KY CO is duplicated in the Core PWB. See Core CO 12482 - all documentation will be updated on this CO.
2459	Add KY edit 122 - iC 3317	Add KY specific edit in interChange to match KY policy for existing edit 122 for services not approved by Medicare
2567	Add KY Edit 912 - iC 3331	Add KY specific edit in interChange to match KY policy for

ID	NAME	DESCRIPTION
		existing edit 912 where the Medicare paid amount greater than $250.00.
2777	Add KY Edit 011 - iC 3345	Add KY specific edit in interChange to match KY policy for existing edit 011.
3668	CORE 13861 - EBP Dx Changes	CORE Change Order 8738 required several different diagnosis for coverage, billing and reimbursement rules. Not all were implemented and definitions of the roles were not clear. Definitions of the diagnosis types/roles: **Header Primary:** First position of the diagnosis at the header. **Header Secondary:** Second position of the diagnosis at the header. **Admit Diagnosis:** Diagnosis indicated as the Admit diagnosis. **Emergency Diagnosis:** Diagnosis indicated as the Emergency diagnosis. **Header Other:** Any diagnosis at the header that is not the Header Primary, Header Secondary, Admit or Emergency diagnosis. **Header Any:** Any of the Header, Secondary, Admit, Emergency, Other diagnosis. **Detail Primary:** Diagnosis pointed to from the first detail diagnosis pointer. **Detail Secondary:** Diagnosis pointed to from the second detail diagnosis pointer. **Detail Other:** Diagnosis pointed to from other than the first and second detail diagnosis pointers. **Detail Any** : Any of the diagnosis pointed to by the detail.
3843	Copay Processing - CE	Deduct copay based on rule parameters when processing a claim.
4367	ASC Pricing for Physician	Add ASC pricing logic for Physician claims.
7940	Primary Care/RHC on ADA Form	Effective 2007/04/01, primary care centers (PT 31) and rural health clinics (PT35) are required to submit dental services on ADA dental claim forms. The system needs to be updated to accept, edit, audit, and price claims for these provider type on dental claim forms.
8306	I3345	Set audit 5001 to check history for same date of service, different modifier, to override the audit.
8453	Valid values for PT 30 edit 3304	Edit 3304 fails if employee ID is missing or invalid. The valid employee ID values for provider type 30 (Community Mental Health) are 0001 - 9999 rather than 1111 - 9999, as

ID	NAME	DESCRIPTION
		is currently coded in the edit.
8537	Error code 5030 - Fin error rpt	Claims are being flushed from the financial cycle with error 5030 due to the claim header paid amount not matching the amount paid on the claim program xref. There are several situations causing this to occur: 1. Physician crossover claims are not deducting the TPL amount at the detail level. Since these claims are detail paid, the TPL amount should be deducted at the detail. 2. Some UB claims are paid at the detail level. In these cases, the TPL and patient liability amounts are not being deducted correctly on the claim program xref table. 3. Some physician (CT M) and dental claims do not have a header paid amount but do have paid amounts on the health plan panel.
8562	Prov IDs on Phys Internet Claims	Currently, internet claims are not calling the correct function to retrieve the provider rendering and referring ids. As a result, claims may not be processing with the correct provider ids.
8632	Duplicate DME Payments	For non-crossovers, we appear to have a problem: We are checking same provider, same procedure code, same or overlapping DOS. Then, if both the current and history claims have either an RR modifier or not we check to see if the procedure is E1399 and if the prior auth numbers match. Then, and only then, will we post the dupe audit. Addtionally, we are not posting the audit for E1399 when the pa numbers are the same.
8648	CE -- Mass Adj Processing	Mass Adjustment processing is not working correctly. Claims are not suspending AFTER processing through the claims engine when the "suspend after" option is selected.

2.6.173 libclmphys_st.so -- KY PHYS Claim Library

Technical Name:	libclmphys_st.so
Program Title:	KY PHYS Claim Library
Programming Language:	C
Description:	The executable that contains Kentucky specific modules that have call-out functions related to the logic for Physician Claims.

2.6.173.1 Change Orders

ID	NAME	DESCRIPTION
2250	Decision Form Rule Getter-EE 163	KY specific CO Add getter for miscellaneous code Employer ID when the qualifier is = EI
2280	KY School Based Group Pricing	The system needs to determine the allowable cost per person when a group session is submitted on a claim. The allowed amount will be a per person rate. This is a new pricing methodology that is KY specific.
2292	KY Adult/Child Case Pricing	For KY programs Adult & Children Targeted Case from dates of service (DOS) from 1/1/2003 to current date price by taking the lesser of the Average Unit Cost or the rate from the PDD file. PDD - MCAID-1 rate for Children Targeted Case (PT 28). PDD - MCAID-2 rate for Adult Targeted Case (PT 27). In either case, the rate is not multiplied by units on the claim and the amount is not compared to the claims billed amount. On 12/31/2002 and all dates prior, for Adult & Children Targeted Case price by taking the lesser of the rate from the PDD file or the claim detail billed amount. PDD - MCAID-1 rate for Children Targeted Case (PT 28). PDD - MCAID-2 rate for Adult Targeted Case (PT 27). In either case, the rate is not multiplied by units on the claim. See CO 2277 - pricing by MAXFLT pricing methodology.

2.6.174 libclmsys.so -- Database Connection Utility

Technical Name:	libclmsys.so
Program Title:	Database Connection Utility
Programming Language:	C
Description:	The executable that contains all of the logic necessary to make multiple connections to databases. libclmsys.so is an executable and not a program. No program documentation exist for this executable.

2.6.174.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.175 libclmub92.so -- UB92 Claim Library

Technical Name:	libclmub92.so
Program Title:	UB92 Claim Library
Programming Language:	C
Description:	The executable that contains the logic for UB claims. It handles the following media types: • Paper • Internet • Bulletin Board The following transaction types are supported by this program: • New Day Claims • Claim corrections • Claim Adjustments - including voids, reversals, etc. • Claim status inquiry During the processing of an UB claim, this program will run the Edit, Audit and Pricing logic required by the combination of media and transaction type. Refer to the resolutions manual for detailed information about the Edits, Audits, Pricing Algorithms. libclmub92.so is an executable and not a program. No program documentation exist for this executable.

2.6.175.1 Change Orders

ID	NAME	DESCRIPTION
1476	Core 8816 Benefit Adj Factor 7	See Core CO 8816 all documentation will be updated on this CO Provide the infrastructure to allow modifications to all pricing methodologies that have a variance or incentive from the regular pricing methodology.
2080	Add KY Edit 054 - iC 3300	Add KY specific edit in interChange to match KY policy for existing edit 054.

ID	NAME	DESCRIPTION
2084	Add KY Edit 056 - iC 3301	Add KY specific edit in interChange to match KY policy for existing edit 056.
2277	KY Pricing - MAXFLT	In some current KY programs, some procedure codes (benefits) price on a flat fee (not multiplied by the units on the claim).
2298	KY Non DRG Inpatient Pricing	Claims submitted by psychiatric hospitals, as well as many inpatient services are not priced using the DRG pricing method. There are several different methods used based on the providers out of state status, disproportionate share status, and the age of the member at the time the services are rendered. Changes need to be made to inpatient pricing to perform these additional pricing methods, as well as to be able to identify when to use the various pricing methods.
2300	KY Pct of Charge Pricing Method	Some institutional claims are priced using a provider specific percentage of billed charges for specific revenue codes.
2301	KY Hospice Uses LTC Rates	Respite care services billed on hospice claims are priced using a percentage of the per diem rate for the facility that the member is placed in. The LTC facility ID is submitted on the claim that contains the respite care services in a local use field.
2302	KY UB92 Rev Code Rates	Some institutional claims are priced using a provider specific per unit rate for specific revenue codes.
2303	KY UB92 Single Unit Flat Rate	Some institutional claims are priced using a flat unit rate for specific revenue codes. Sometimes, the flat rate is all that will be paid for a service. At other times, the flat rate times the units of service on the detail will be paid.
2304	KY Rev Code Pricing Xwalk	Hospice claims submitted with services for inpatient respite care and general inpatient care are priced using the provider procedure rate on file up to a certain number of units. In the case of inpatient respite care, the last unit billed on a detail is priced using the routine home care rate. If more than four units are billed, all units after the fourth unit are priced using the routine home care rate. The only exception to this additional unit pricing is if the patient status is 41 and the claim header TDOS is equal to the detail TDOS. In this case, all units price using the inpatient respite care rate. In the case of general inpatient care, the last unit billed on a detail is priced using the routine home care rate. The exceptions to this additional unit pricing are: 1) If the patient status is 41 and the claim date of

ID	NAME	DESCRIPTION
		discharge is equal to the detail TDOS. In this case, all units price using the inpatient respite care rate. 2) If the patient status is 30 and the last digit of the type of bill is a 2 or 3. In this case, all units price using the inpatient respite care rate.
2429	KY Pct of Per Diem Pricing	Leave days submitted on nursing facility claims are paid at a provider specific percentage of the provider's per diem rate on file. There are also some inpatient claims that price using a percentage of the provider's per diem rate.
2452	Add KY Edit 051 - iC 3361	Add KY specific edit in interChange to match KY policy for existing edit 051 for claim type L, provider types 11 and 12, and claim type A, provider types 01, 02, 11, and 12.
2458	Add KY Edit 123 - iC 3372	Add KY specific edit in interChange to match KY policy for existing edit 123 for claim may not span a member's 1st birthday.
2502	Modify iC edit 368 (KY edit 083)	Modify interchange edit 368 to match KY policy for existing edit 083. See exclusion criteria under technical specifications.
2503	Modify iC edit 365 (KY edit 084)	Modify interchange edit 365 to match KY policy for existing edit 084. See exclusion criteria under technical specifications.
2606	Add Ky Edit 942 - iC 3334	Add KY specific edit in interChange to match KY policy for existing edit 942 where the revenue code 129 is not valid with any other accommodation revenue code.
2777	Add KY Edit 011 - iC 3345	Add KY specific edit in interChange to match KY policy for existing edit 011.
3149	Add Ky Edit 310 - iC 3360	Add KY specific edit in interChange to match KY policy for existing edit 310 where a new admissions not payable because of provider non-compliance.
3668	CORE 13861 - EBP Dx Changes	CORE Change Order 8738 required several different diagnosis for coverage, billing and reimbursement rules. Not all were implemented and definitions of the roles were not clear. Definitions of the diagnosis types/roles: **Header Primary:** First position of the diagnosis at the header. **Header Secondary:** Second position of the diagnosis at the header. **Admit Diagnosis:** Diagnosis indicated as the Admit diagnosis. **Emergency Diagnosis:** Diagnosis indicated as

ID	NAME	DESCRIPTION
		the Emergency diagnosis. **Header Other:** Any diagnosis at the header that is not the Header Primary, Header Secondary, Admit or Emergency diagnosis. **Header Any:** Any of the Header, Secondary, Admit, Emergency, Other diagnosis. **Detail Primary:** Diagnosis pointed to from the first detail diagnosis pointer. **Detail Secondary:** Diagnosis pointed to from the second detail diagnosis pointer. **Detail Other:** Diagnosis pointed to from other than the first and second detail diagnosis pointers. **Detail Any** : Any of the diagnosis pointed to by the detail.
3843	Copay Processing - CE	Deduct copay based on rule parameters when processing a claim.
4360	UB92 Reimbursement Rule Priority	UB claims contain multiple types of services that may be used for pricing. Outpatient, Home Health, and LTC claims contain both procedure codes and revenue codes. In KY, the procedure code is never used for setting up reimbursement rules on these claim types. Inpatient claims use ICD9 procedure codes, DRG codes, and revenue codes. This is the order in which reimbursement rules should be evaluated and once one has been set, there is not need to continue looking for pricing methods on reimbursement rules.
6029	IP Clm Pays Incrrct Per Diem	ICN 2007015001962--paid the incorrect per diem--the claims paid 357.13 and it should have paid 324.66.
7641	PAYMENT FOR 360 REVENUE CODES	FOR REVENUE CODE 360 THE CLAIMS SHOULD ONLY PAY THE HIGHEST LINE ITEM 360 REVENUE CODE EXCEPT FOR DENTAL PROCEDURE CODES.
8031	835 balancing - PHYS claim	Balancing issue (835) with some Physician claims in the UAT environment.
8306	I3345	Set audit 5001 to check history for same date of service, different modifier, to override the audit.
8363	I3351	To require detail listing of HCPCS codes for provider type 34
8648	CE -- Mass Adj Processing	Mass Adjustment processing is not working correctly. Claims are not suspending AFTER processing through the claims engine when the "suspend after" option is selected.

ID	NAME	DESCRIPTION
8955	Inst Crossover Dupe Audit	Institutional crossover claims are duping against details on the same claim. Example ICN: 1107186000425.
9110	Fix Prov Contract Rate Pricing	The PAPCTB pricing method is not including the claim type as part of the selection criteria from the provider contract rate table. As a result, the selection is returning multiple rows and causing claims to go to the bad file.
9128	PAPCTB Pricing Incorrect	The PAPCTB pricing method is supposed to pay the provider contract rate on file times the amount billed on the claim (less any non-covered charges). Currently, this amount is being compared to $75,000 and paid at the lesser of the two amounts. This should not be part of the pricing method. This pricing method is not being performed when edit 4381 (no reimbursement rule) is posted.

2.6.176 libclmub92_st.so -- KY UB92 Claim Library

Technical Name:	libclmub92_st.so
Program Title:	KY UB92 Claim Library
Programming Language:	C
Description:	The executable that contains Kentucky specific modules that have call-out functions related to the logic for UB claims. It handles the following media types: • Paper • Internet • Bulletin Board The following transaction types are supported by this program: • New Day Claims • Claim corrections • Claim Adjustments - including voids, reversals, etc. • Claim status inquiry During the processing of an UB claim, this program will run the Edit, Audit and Pricing logic required by the combination of media and transaction type. Refer to the resolutions manual for detailed information about the Edits, Audits, Pricing Algorithms. libclmub92.so is an executable and not a program. No program documentation exist for this executable.

2.6.176.1 Change Orders

ID	NAME	DESCRIPTION
2300	KY Pct of Charge Pricing Method	Some institutional claims are priced using a provider specific percentage of billed charges for specific revenue codes.
2301	KY Hospice Uses LTC Rates	Respite care services billed on hospice claims are priced using a percentage of the per diem rate for the facility that the member is placed in. The LTC facility ID is submitted on the claim that contains the respite care services in a local use field.

ID	NAME	DESCRIPTION
2302	KY UB92 Rev Code Rates	Some institutional claims are priced using a provider specific per unit rate for specific revenue codes.
2303	KY UB92 Single Unit Flat Rate	Some institutional claims are priced using a flat unit rate for specific revenue codes. Sometimes, the flat rate is all that will be paid for a service. At other times, the flat rate times the units of service on the detail will be paid.
2304	KY Rev Code Pricing Xwalk	Hospice claims submitted with services for inpatient respite care and general inpatient care are priced using the provider procedure rate on file up to a certain number of units. In the case of inpatient respite care, the last unit billed on a detail is priced using the routine home care rate. If more than four units are billed, all units after the fourth unit are priced using the routine home care rate. The only exception to this additional unit pricing is if the patient status is 41 and the claim header TDOS is equal to the detail TDOS. In this case, all units price using the inpatient respite care rate. In the case of general inpatient care, the last unit billed on a detail is priced using the routine home care rate. The exceptions to this additional unit pricing are: 1) If the patient status is 41 and the claim date of discharge is equal to the detail TDOS. In this case, all units price using the inpatient respite care rate. 2) If the patient status is 30 and the last digit of the type of bill is a 2 or 3. In this case, all units price using the inpatient respite care rate.
2429	KY Pct of Per Diem Pricing	Leave days submitted on nursing facility claims are paid at a provider specific percentage of the provider's per diem rate on file. There are also some inpatient claims that price using a percentage of the provider's per diem rate.
7940	Primary Care/RHC on ADA Form	Effective 2007/04/01, primary care centers (PT 31) and rural health clinics (PT35) are required to submit dental services on ADA dental claim forms. The system needs to be updated to accept, edit, audit, and price claims for these provider type on dental claim forms.

2.6.177 libclmwrite.so -- Claims Engine Database Updater

Technical Name:	libclmwrite.so
Program Title:	Claims Engine Database Updater
Programming Language:	C
Description:	The executable that contains all of the logic necessary to write claims to the data base once they have been processed by the claims engine. libclmwrite.so is an executable and not a program. No program documentation exist for this executable.

2.6.177.1 Change Orders

ID	NAME	DESCRIPTION
3843	Copay Processing - CE	Deduct copay based on rule parameters when processing a claim.
6042	Update Dental Mepol Tbl	Currently, data written to the dental medpol table (T_MPHX_DENTAL_DTL) if the claim has both a billing and performing provider. The dental medpol table gets the performing provider sak on both the prov_billing (sak of the billing provider) and the sak_prov_perf (sak of the performing provider). ICN - 2007024003929 - No performing provider - prov_billing & sak_prov_perf gets the billing provider sak. select SAK_CLAIM, NUM_DTL, SAK_RECIP, PROV_BILLING, SAK_PROV_PERF, SAK_PROV_LOC_BILL, SAK_PROV_LOC_PERF from t_mphx_dental_dtl where sak_claim = 400333338; SAK_CLAIM NUM_DTL SAK_RECIP PROV_BILLING SAK_PROV_PERF SAK_PROV_LOC_BILL SAK_PROV_LOC_PERF ---------- ---------- ---------- ---------- ---------- ---------- ---------- 400333338 1 1120521 500013859 500013859 -1 26363 400333338 2 1120521 500013859 500013859 -1

ID	NAME	DESCRIPTION
		26363 400333338 3 1120521 500013859 500013859 -1 26363 3 rows selected ICN - 2007024001600 - Billing and performing provider. prov_billing & sak_prov_perf gets the performing provider sak. select SAK_CLAIM, NUM_DTL, SAK_RECIP, PROV_BILLING, SAK_PROV_PERF, SAK_PROV_LOC_BILL, SAK_PROV_LOC_PERF from t_mphx_dental_dtl where sak_claim = 400330346; SAK_CLAIM NUM_DTL SAK_RECIP PROV_BILLING SAK_PROV_PERF SAK_PROV_LOC_BILL ---------- ---------- ---------- ---------- ---------- ---------- ---------- SAK_PROV_LOC_PERF ---------- 400330346 1 1123993 500045106 500045106 -1 62666 1 row selected.
7084	Dtl not writing T_CLM_PGM_XREF	The DSS loads of claim data (denied claims) in the Parallel environment were not writing the first detail of the claim to the T_CLM_PGM_XREF table. Additionally, many claims do not contain the claim type on the t_clm_pgm_xref table. See attached email under supplemental documentation for more information.
8277	Claims Engine RTI	Task to be used for the promotion of claims engine changes that do not affect any of the outputs of claims processing and have no effect on the overall error status, payment or disposition of claims but are needed to inprove the throughput of claims, prevent claims from processing to the 'bad' files or to otherwise optimize the performance of claims processing.
8359	pat liab - billing and case mgr	Phase I Pat liab is being deducted from ABI waiver when the billing provider is not the case manager. Phase II Pat liab deductions overall fixes.
8491	Internet Claims Submission Error	Internet Claims submission error

ID	NAME	DESCRIPTION
8573	T_CLM_PATLIAB_X Data Issues	The t_clm_patliab_x table has some incorrect data as a result of claims engine issues. A recent change to place the correct detail number on the table for physician patient liability waiver services resulted in an incorrect detail number for physician spenddown tracking. The code and table need to be updated. Prior to this fix, physician patient liability waiver services were being loaded to the table with a detail number that was 1 less than the actual detail number. As a result, the claims panels and 835 generation process are not displaying/reporting waiver patient liability for the correct details.
8648	CE -- Mass Adj Processing	Mass Adjustment processing is not working correctly. Claims are not suspending AFTER processing through the claims engine when the "suspend after" option is selected.
8728	Pat liab deduction exclusions	SCL, HCB, and Adult Day Care CDO providers should be excluded from the patient liability deduction. This logic is in the claims engine but appears to not be functioning correctly. See claim 2207170003417. These providers have specific contracts that indicate they are CDO.
8806	Int adjustment failing valid EOB	All internet adjustments are failing for a valid EOB is required. This information is not being populated from the internet provider initiated adjustments. There is no User ID or adjustment EOB being populated to the claims. An EOB code can be created and it can be used for internet adjustments only. If it needs to be a default value, then this can be done on the batch side. Perhaps a default Analyst ID can also be plugged in the id_clerk field as well.
8899	Root Node Error Message	Some providers are receiving a Root Node Error Message when trying to submit claims via the internet.
8964	Amt wrong on T_CLM-PGM_XREF	Table T_CLM_PGM_XREF, column AMT_ENCOUNTER has incorrect amounts. AMT_ALWD is correct but AMT_ENCOUNTER is wrong. AMT_ENCOUNTER should be the amount that the MCO paid. I don't know if AMT_ENCOUNTER is getting overlaid when the claim is priced or if it's never had the right amount in it. UAT Example: ICN 700114001012, SAK 400311365 T_CLM_PGM_XREF NUM_DTL AMT_ENCOUNTER AMT_ALWD 1 12.03 12.03 2

ID	NAME	DESCRIPTION
		49.04 49.04 3 49.04 49.04 Since amt_alwd is what we priced, amt_encounter should be what the MCO Paid It should be ? NUM_DTL AMT_ENCOUNTER AMT_ALWD 1 10.12 12.03 2 41.23 49.04 3 41.23 49.04
9155	Hospice Pat Liab Claims Bad	Hospice claims are currently going to the bad file when attempting to deduct patient liability from claims. They are going bad because the claims engine is attempting to insert duplicate rows into the data base causing a fatal data base error. As a result, these claims are not written to the data base and are not paid to the providers.
9239	Prov Ids Not on DB	The physician and dental rendering provider ids are not being stored in the claim header when claims are written to the data base tables. Additionally, the first and second other provider ids are not being written to the data base for UB claims. This needs to be corrected to store this data. Existing claims that are missing this data also need to be updated with a one time fix to history.

2.6.178 libclmwrite_st.so -- Claims engine database update - for state specific tables

Technical Name:	libclmwrite_st.so
Program Title:	Claims engine database update - for state specific tables
Programming Language:	C
Description:	Contains functions used to insert data onto claims tables that were created for KY specific processing. libclmwrite_st.so is an executable and not a program. No Program documentation exist for this executable.

2.6.178.1 Change Orders

ID	NAME	DESCRIPTION
8397	Time of Pick Up field	Claims failing error for time of Pick up missing/invalid

2.6.179 libsoapClaim.so -- Soap Claim Shared Library

Technical Name:	libsoapClaim.so
Program Title:	Soap Claim Shared Library
Programming Language:	C
Description:	The soap server to invoke xxxxMain by claim type. libsoapClaim.so is an executable and not a program. No program documentation exist for this executable.

2.6.179.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.180 list -- Linked List Functions

Technical Name:	list
Program Title:	Linked List Functions
Programming Language:	C
Description:	This program contains the functions needed for building and manipulating linked lists. **Input Parameters:** None **Exit Values:** None **Input Files:** None **Output Files:** None **Input Tables:** None **Output Tables:** None **Sort Criteria:** None **Switches:** None at this time. **Link Procedure:** None **Special Logic Notes:** None

2.6.180.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.181 log -- Error Logging

Technical Name:	log
Program Title:	Error Logging
Programming Language:	C
Description:	This program contains the functions needed for error logging. **Input Parameters:** None **Exit Values:** None **Input Files:** None **Output Files:** None **Input Tables:** None **Output Tables:** None **Sort Criteria:** None **Switches:** None at this time. **Link Procedure:** None **Special Logic Notes:** None

2.6.181.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.182 mailfcst.sh -- Mail forecast reports to cycle monitor team

Technical Name:	mailfcst.sh
Program Title:	Mail forecast reports to cycle monitor team
Programming Language:	UNIX Script
Description:	Mail Forecast Reports to Cycle Monitor Team. Mailfcst.sh is a UNIX script and not a program. No program documentation exist for this UNIX script.

2.6.182.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.183 rdist.customer.ksh -- rdist.customer.ksh

Technical Name:	rdist.customer.ksh
Program Title:	rdist.customer.ksh
Programming Language:	UNIX Script
Description:	This script will rdist the application code for the source master to the production servers. rdist.customer is a UNIX script and not a program. No program documentation exist for this UNIX script

2.6.183.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.184 sendclmd -- Reads a configuration file to start or shutdown claim engine

Technical Name:	sendclmd
Program Title:	Reads a configuration file to start or shutdown claim engine
Programming Language:	C
Description:	This program boots the sendclms daemon based on configuration file. Calls sendclms. **Input Parameters:** • c - the name of the config file • p - the polling interval • m - the number of allowable process errors • M - the number of child processes allowed to run at one time • s - the start time for this program • f - the length of time this program runs • e - edit the configuration file by writing the current configuration settings to the file **Exit Values:** EXIT_SUCCESS - normal termination EXIT_FAILURE - abnormal termination due to open, read, allocation, or input errors **Input Files:** • sendclmd.cfg • claims processes as executable files **Output Files:** • sendclmd.cfg • log files **Input Tables:** None **Output Tables:** None

	Sort Criteria: None **Switches:** None at this time **Link procedure:** None **Special Logic Notes:** Do not edit the file sendclmd.cfg using a text editor. Use this program to write changes to the configuration file.

2.6.184.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.185 sendclms -- Claim Driver

Technical Name:	sendclms
Program Title:	Claim Driver
Programming Language:	C
Description:	This program defines a client process whose purpose is to server as pass-through for various claims which originate from other sources. The program reads a input claim file and send to appropriate claim drivers according to its form type (CMS, UB92, Dental or Pharmacy). The program also has restart logic to handle reprocess of a claim file if claim process was terminated before the file was completely processed. Called by sendclmd. **Input Parameters:** • D - Directory where the claims are. • x - Turn on debug mode. • S - Sets the input file suffix (default is ALL). • v- Turn on verbose mode. • C - Set the configuration filename. **Exit Values:** • EXIT_SUCCESS - normal termination. • EXIT_FAILURE - abnormal termination. **Input Files:** • Claims **Output Files:** • Claims with responses. **Input Tables:** None **Output Tables:**

	None **Sort Criteria:** None **Switches:** None **Link Procedure:** -lxmlmrge -lgutils -lxml -lclmdrvr -lclmbtch -lmemhash -lclmcomm -lclmwrite -lclmdntl -lclmphys -lclmub92 -lclmphrm -ladjcomm -ladjxml -ldrg -ldrg14 -lsoapClaim - leutil **Special Logic Notes:** None

2.6.185.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.186 soapClaim -- soapClaim

Technical Name:	soapClaim
Program Title:	soapClaim
Programming Language:	C
Description:	Assigns ICN and SAK. Using claim type, the appropriate XXXMain is invoked. These routines are used to interface with the claim engine via the soap server. **Input Parameters:** None **Exit Values:** None **Input Files:** None **Output Files:** None **Input Tables:** None **Output Tables:** None **Sort Criteria:** None **Switches:** None at this time. **Link Procedure:** None **Special Logic Notes:** None

2.6.186.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.187 tools -- Common Functions

Technical Name:	tools
Program Title:	Common Functions
Programming Language:	C
Description:	This program contains a collection of handy C functions that are commonly used throughout the system. **Input Parameters:** None **Exit Values:** None **Input Files:** None **Output Files:** None **Input Tables:** None **Output Tables:** None **Sort Criteria:** None **Switches:** None at this time. **Link Procedure:** None **Special Logic Notes:** None

2.6.187.1 Change Orders

ID	NAME	DESCRIPTION
8397	Time of Pick Up field	Claims failing error for time of Pick up missing/invalid

2.6.188 value -- Dynamic Type-Casting

Technical Name:	value
Program Title:	Dynamic Type-Casting
Programming Language:	C
Description:	This program contains the functions needed to perform dynamic type-casting. These are used by the programs performing hashing and linked list processes. **Input Parameters:** None **Exit Values:** None **Input Files:** None **Output Files:** None **Input Tables:** None **Output Tables:** None **Sort Criteria:** None **Switches:** None at this time. **Link Procedure:** None **Special Logic Notes:** None

2.6.188.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.189 webdrvr -- Web Driver

Technical Name:	webdrvr
Program Title:	Web Driver
Programming Language:	C
Description:	This module facilitates WEB claim calls. The WEB driver invoked the soap server which deciding the path of processing library. **Input Parameters:** None **Exit Values:** • EXIT_SUCCESS - normal termination • EXIT_FAILURE - abnormal termination due to open, read, allocation, or input errors **Input Files:** • T_DRG_GROUPER • T_SYSTEM_PARMS **Output Files:** None **Input Tables:** None **Output Tables:** None **Sort Criteria:** None **Switches:** None at this time. **Link Procedure:** None **Special Logic Notes:** None

2.6.189.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.190 xmlsmrge -- SQL Unload And Merge

Technical Name:	xmlsmrge
Program Title:	SQL Unload And Merge
Programming Language:	C
Description:	A sql unloader that will take a heirarchical query and run a merge style operation on all of the child nodes. Data can be unloaded in a xml or binary data format. **Input Parameters:** None **Exit Values:** None **Input Files:** None **Output Files:** None **Input Tables:** None **Output Tables:** None **Sort Criteria:** None **Switches:** None at this time. **Link Procedure:** None **Special Logic Notes:** None

2.6.190.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.7 Internal Web Pages

The Pages/Panels section is set up to display first the Page then all associated Panels. If a panel is accessible through more than one page, it displays multiple times in the document.

Some information in this section is represented in table format. In order to fit information on the page, some data field information may wrap to the next line.

2.7.1 PAGE: Claims Adjustment Information Page

2.7.1.1 Description

Use the Adjustment Information Page for the Claims Subsystem to display or create adjustment requests.

2.7.1.2 Technical Name

Clm.AdjustmentInformationPage.ascx

2.7.1.3 Web Page Name

Adjustment Information Page

For readability, the layout displays on the next page.

2.7.1.4 Claims Adjustment Information Page Layout

Friday, September 22, 200

Kentucky UNBRIDLED SPIRIT — KyHealth Choices

Home | Claims | Reference | Provider | Member | Financial | EPSDT | TPL | Managed Care | MAR | Prior Authorization | CTMS | Security | Site | Admin | Host

search | information | adjustments | data corrections | assignments | encounter data | related data

Next Search By: Request Number [ ] search | clear | adv search

Adjustment Information

Request Number	5006265099	Claim Count	1	Original Amount	$0.00
Entry Status		Entry Date	09/22/2006	Adjustment Amount	$0.00
User ID				Net Amount	$0.00

Claim Adjustment — Select an area to add or modify — Prefs | Top | Bot | ? | ^

Adjustments

Net Verification

save | cancel | new mass

Adjustment Request — Top | Nav | ? | A | ^ | X

Request Number	5006265099	Batch Number*	099
Region Code	50 Non-Check Related	Adjustments in Request*	1

Complete the request then select Save to add the new Adjustments

*** No rows found ***

Click Add button for new record; Click Adjust Claim button to adjust the claim

Adjustment ICN	5006265099001	History Only TPL Amt	
Original ICN	[Search]	Provider ID*	
Action Code	A - Reprocess entire claim	CCN	[Search]
Verify	Immediately	EOB Reason Code	[Search]
		Reason Code Description	

add | adj claim

2.7.2 PANEL: Claim Adjustment Navigation

2.7.2.1 Description

Use the Claim Adjustment Navigation panel to navigate to the Net Verification panel.

Navigation Path: [Claims -Adjustments] - [Enter Criteria] - [Click Search] - [Select a request]

Table: N/A

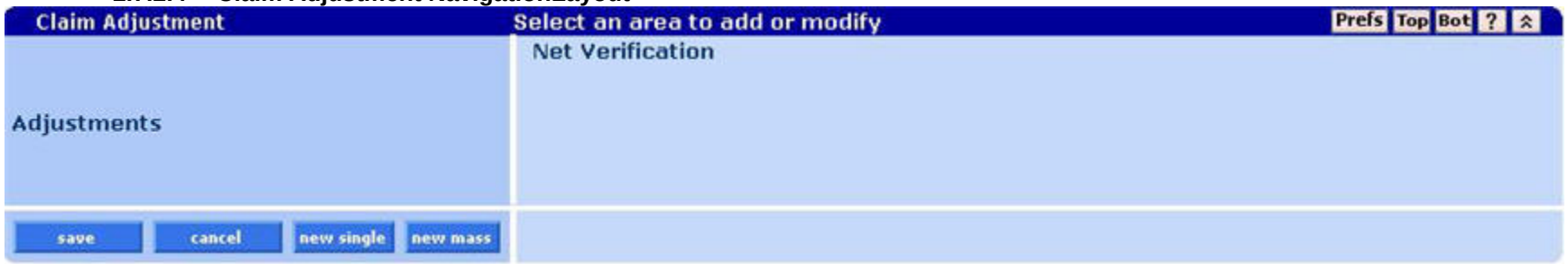
2.7.2.2 Technical Name

Clm.ClaimAdjustmentBase.ascx - NavGroup

2.7.2.3 Panel Name

Claim Adjustment Navigation

2.7.2.4 Claim Adjustment NavigationLayout



2.7.2.5 Extra Features

This panel has no extra features.

2.7.2.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Save	Saves any changes made to panels on this page.	Button	N/A	0	N/A	N/A
Cancel	Cancels any changes made to panels on this page.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
New Single	If the user is currently viewing a single adjustment request, this button will appear. It allows the user to create a new single adjustment. If the user is currently creating a single adjustment, this button will not appear.	Button	N/A	0	N/A	N/A
New Mass	Create a new mass adjustment	Button	N/A	0	N/A	N/A
Net Verification	Link to the Net Verification panel, which is used to verify and update the financial changes made to adjusted claims	Hyperlink	N/A	0	N/A	N/A

2.7.2.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.2.8 Associated Requirements

ID
30.090.009.002.17

2.7.2.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.3 PANEL: Adjustment Request

2.7.3.1 Description

The Adjustment Request panel permits entry or update to single adjustment requests. To create a new single adjustment, go to the Adjustments page and click the New Single button. This opens the Adjustment Request panel. Enter the batch number and a value into the Adjustments in Request field. (You may have more than one adjustment listed within a single adjustment request). Select the region code from the dropdown. This determines the type of request being created. Click the Save button when this is complete. The second half of the Adjustment Request panel displays. Click the Add button and enter the information for the adjustment.

The provider number must be the same provider number that was submitted on the original claim. This is a crosscheck to verify the correct ICN to be adjusted is entered. When the request information is complete, click the Adj Claim button. This creates the new adjustment claim and displays it for the user to view. Depending on the action code and the region code values, the user may or may not be able to data correct the claim before it is reprocessed in the system.

Navigation Path: [Claims - Adjustments] - [Select an adjustment request]

Tables: T_ADJ_MASS_RQST, T_ADJ_MASS_CLAIM

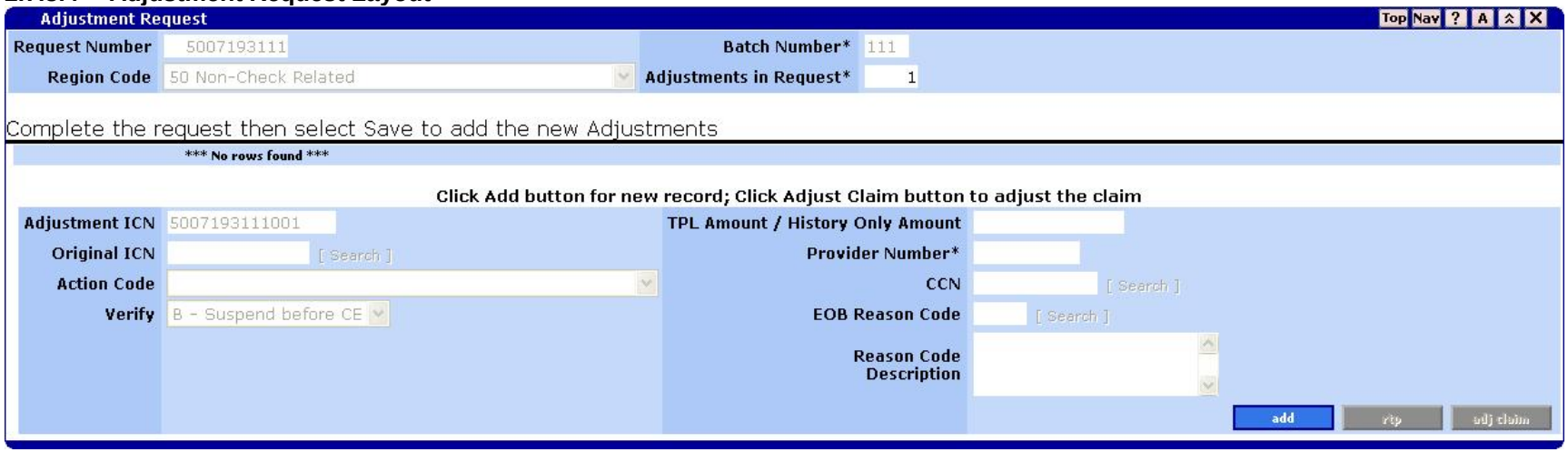
2.7.3.2 Technical Name

Clm.AdjustmentRequestClaimsPanel.ascx

2.7.3.3 Panel Name

Adjustment Request

2.7.3.4 Adjustment Request Layout



2.7.3.5 Extra Features

Set the Verify field to 'Immediately' if the claim should immediately be set to resubmit status and sent back through the system to be reprocessed. Set the Verify field to 'A - Suspend after CE' if the claim should suspend after it has been reprocessed so that the changes to the adjustment claim can be reviewed. Set the Verify field to 'B - Suspend before CE' if the claim needs to be set to Suspend status right away because it needs to have manual adjustments made to the claim.

Region code 66 or 67 is used to create TPL/History Only claim adjustments. Set the action code to 'T - TPL History Only' if the adjustment is needed to set a TPL amount on the claim. Set the action code to 'H - Non- TPL History Only' if the amount being entered in the TPL Amount/History Only Amount is not related to a TPL payment. Otherwise the action code should be set to 'A - Reprocess Entire Claim'.

If the claim adjustment being created is related to a check or cash payment, a CCN must be entered.

An existing claim with 66 or 67 region code can only be adjusted if the adjustment claim is going to be a region 66 OR 67.

2.7.3.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Request Number	A 10-byte unique number that identifies the mass adjustment request. Format: RRYYJJJBBB. (RR - Region, YYJJJ - Julian date, BBB - Batch number). It is user-entered for manually entered adjustment requests, and system-assigned for system-generated adjustments.	Field	Character	10	T_ADJ_MASS_RQST	NUM_MASS_RQST
Region Code	The adjustment request category.	Field	Drop Down List Box	25	T_ADJ_MASS_RQST	NUM_MASS_RQST
Batch Number	The batch number of the record that was subject to the adjustment request.	Field	Character	3	T_ADJ_MASS_RQST	NUM_MASS_RQST

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adjustments in Request	The number of adjustments contained in the adjustment request.	Field	Character	3	T_ADJ_MASS_RQST	NUM_COUNT
Adjustment ICN	This field is calculated based on the value of the request number and the sequence number if the record is being added. If this is an existing request, the adjustment ICN is obtained from one of the following tables depending on claim type: T_ADJ_UB92_XREF, T_ADJ_PHRM_XREF, T_ADJ_PHYS_XREF or T_ADJ_DENT_XREF.	Field	Character	13	SEE FIELD DESCRIPTION	NUM_ICN
Original ICN	The original ICN of the claim being adjusted.	Field	Character	13	T_ADJ_MASS_CLAIM	NUM_ICN
Action Code	The action that the claims engine needs to take on this adjustment. (See Extra Features for more information.)	Field	Drop Down List Box	30	T_ADJ_MASS_CLAIM	CDE_ADJ_ACTION
Verify	Force adjustment to suspend indicator. Values: A -suspend after CE (claims engine) processing, B -suspend before CE processing, space - ignore suspense and mark claim available for CE processing.	Field	Drop Down List Box	20	T_ADJ_MASS_RQST	IND_SUSPEND

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
TPL Amount / History Only Amount	Field to enter third party liability amount or history only amount for an adjusted claim.	Field	Number	10	T_ADJ_MASS_CLAIM	AMT_PAID
Provider Number	The provider identification number that uniquely identifies the pay-to provider. The user must enter the provider number that matches the provider number on the original claim as a cross-check to make sure the correct ICN is being adjusted.	Field	Character	9	T_ADJ_MASS_CLAIM	SAK_PROV
CCN	Cash control number used to assign cash to the adjustment.	Field	Character	13	T_ADJ_MASS_RQST	CASH_CTL_NO
EOB Reason Code	EOB code that identifies the reason for the adjustment.	Field	Numeric	4	T_EOB	CDE_EOB
EOB Reason Code Descripti on	The description for the EOB reason code.	Field	Character	30	T_ADJ_MASS_CLAIM	SAK_EOB
Add	Add a new record.	Button	N/A	0	N/A	N/A
RTP	This will increment the sequence by one within a batch	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adj Claim	Adjusts the selected claim	Button	N/A	0	N/A	N/A

2.7.3.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Action Code	Field	1	Action code is required	For single adjustments, action code is required.
Adjustment ICN	Field	1	Adjustment ICN cannot be found.	Adjustment ICN is not valid.
Adjustments in Request	Field	1	Adjustment in Request can not be zero.	Enter a numeric value greater then 0.
Batch Number	Field	1	Batch Number is required	Enter a numeric batch number between 001 and 999.
CCN	Field	1	The Selected CCN number does not have a valid Payee Type and Payee ID!	CCN number entered should have a valid payee type and payee ID.
EOB Reason Code	Field	1	The Selected EOB Reason Code is not a valid Cash Disposition Reason Code.	For void check-related adjustment, enter a valid cash disposition reason code.
Original ICN	Field	1	Cannot adjust a non-Paid claim.	Only paid claims can be adjusted.
Request Number	Field	1	The request number must be in the format of RRYYDDDBBB.	Enter information for the request before clicking the Save button.
TPL Amount / History Only Amount	Field	1	Enter a valid value	Enter a numeric value in the History Only TPL Amt field.

2.7.3.8 Associated Requirements

ID
30.050.009.002.8
30.090.009.002.10
30.090.009.002.12
30.090.009.002.17

2.7.3.9 CO / Defects

ID	Type	Name	Description	Current Status
1230	Change Order	Adj Rqst panel add reason desc	Modify the adjustment request panel to populate the adjustment reason description based on the EOB associated with the adjustment request. The description is currently being populated on the Mass Adjustment Entry panel and the Adjustment Request panel should be modified to populate the description in the same manner.	Prod Implemented
1239	Change Order	Adj rqst panel require prov id	Modify the adjustment request panel to require the billing provider ID when entering an original ICN for adjustment. The panel will perform an edit to ensure that the provider ID entered matches the billing provider ID on the claim being adjusted. The panel should not allow the claim to be adjusted where an ICN/provider mismatch exists.	Prod Implemented

ID	Type	Name	Description	Current Status
1253	Change Order	Adjustment - lock criteria	Modify claims adjustment/mass adjustment processing where partial refunds have been applied to prevent subsequent adjustment of those claims if the adjustment has been entered in the (to be created) adjustment region defined as 'check related adjustments, no further adjustment allowed'.	Prod Implemented
3541	Change Order	Change Provider ID to Number	To meet KY requirements, every panel and error message that shows a heading as 'Provider ID' needs to be replaced with 'Provider Number'. CO 2037 has been created to cover all changes, however this CO is specifically for Claims	Prod Implemented
3990	Change Order	New region for history only adj	When adding a history only adjustment, assign the new adjustment region 68. (This was going to be '61' but it has been changed to '68' as of 10/09/06.) NOTE: It turns out we do not need to add a new region code to this panel after all. The existing codes 66 and 67 are actually history only adjustments. The code needed to be changed to move the history only logic from region 58 to 66 and 67. (Enable History Only TPL Amount if this is a History Only Adjustment.)	Prod Implemented

2.7.4 PANEL: Net Verification

2.7.4.1 Description

The Net Verification panel permits the user to verify and update the financial changes made to adjusted claims. The following rules apply to changing the adjustment status of the claim:

- The New Claim Status must not be in a Paid or Denied status;
- The user cannot change the Adjustment Status if the current adjusted status is Finalized, Processed, Deleted;
- The user can change the Adjustment Status to Release only if the current adjusted status is Suspended or Delete; and,
- The user can change the Adjustment Status to delete if the current adjusted status is Suspended or Release.

Navigation Path: [Claims -Adjustments] - [Enter Criteria] - [Click Search] - [Select a request] - [Net Verification]

Tables: T_ADJ_MASS_CLAIM, T_HIST_DIRECTORY

2.7.4.2 Technical Name

Clm.AdjustmentNetVerificationPanel.ascx

2.7.4.3 Panel Name

Net Verification

2.7.4.4 Net Verification Layout

2.7.4.5 Extra Features

This panel has no extra features.

2.7.4.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Action Code	The action code determining how the adjustment will be processed in batch. Values: A - reprocess entire claim, H - Update History only, do not edit, audit, or re-price, T - TPL History only, do not edit, audit, or re-price.	Field	Character	5	T_ADJ_MASS_CLAIM	CDE_ADJ_ACTION
Original ICN	Displays the original Internal Control Number of an adjusted claim.	Field	Character	13	T_ADJ_MASS_CLAIM	NUM_ICN
Adjustment ICN	Displays the new Internal Control Number for an adjusted claim.	Field	Character	13	T_HIST_DIRECTORY	NUM_ICN_FL
Original Amount	The original amount of the claim. This is a calculated value obtained by adding the Paid Amount and the State Share amount from the original Claim (from the T_CLM_PGM_XREF table). Format 99999999.99.	Field	Number	9	N/A	N/A
Adjusted Amount	The adjusted amount of the claim. This is a calculated value obtained by adding the Paid Amount and the State Share amount from the adjusted claim (from the T_CLM_PGM_XREF table). Format 99999999.99.	Field	Number	9	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Net Amount	The amount by which the Original Amount was adjusted. This is a calculated value determined by subtracting the Adjustment Amount from the Original Amount. Format 99999999.99.	Field	Number	9	N/A	N/A
Adjusted Status	Indicates the status of the adjustment. Valid values are 'D - Deleted', 'R - Release', 'F - Finalized', 'P - Processing'.	Field	Character	10	T_ADJ_MASS_ADJ	CDE_STATUS1
New Claim Status	The status of the adjusted claim.	Field	Character	10	T_HIST_DIRECTORY	CDE_CLM_STATUS
CCN	Cash or check receipt control number used in the disposition of the adjustment with the cash received.	Field	Character	11	T_ADJ_MASS_ADJ	CASH_CTRL_NO
EOB	Explanation of Benefits Code, reason for the adjustment.	Field	Number	4	T_EOB	CDE_EOB
Adjustment Status	Field to add or update the adjustment status of a claim being adjusted. This is not the status of the claim, but the status of the adjustment process for the claim. Valid values are 'D - Delete' or 'R - Release'.	Field	Drop Down List Box	10	T_ADJ_MASS_CLAIM	CDE_STATUS1

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Resubmit All	Sets the Adjustment Status field to R for all records. All new adjustment claims will be resubmitted through the system to be processed.	Button	N/A	0	N/A	N/A
Delete All	Sets the Adjustment Status field to D for all records. The new adjustment claims will be removed from the adjustment request and they will not become adjustment claims.	Button	N/A	0	N/A	N/A
Data Correct	Opens up the Corrections panel for the selected claim. This button will also display a new adjustment claim if it is already in a resubmit status and cannot be data corrected any further.	Button	N/A	0	N/A	N/A

Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Adjusted Status	Field	1	Cannot change the Status	The status cannot be changed based on the value of the current status.

2.7.4.7 Associated Requirements

ID
30.090.009.002.17
30.090.009.002.32

2.7.4.8 CO / Defects

ID	Type	Name	Description	Current Status
8871	Change Order	I3470	Modify the Net Amount on the Mass Net Verification adjustment panel in iCe so the panel displays the true net effect on the adjustment	Completed

2.7.5 PANEL: Adjustment Mini-Search

2.7.5.1 Description

The Adjustment Mini-Search panel permits new searches from both the Adjustment Information and the Mass Adjustment Information panels without having to return to the Adjustment Search panel.

Navigation Path: [Claims - Adjustments] - [Click Search] - [select an adjustment request]

Table: T_ADJ_MASS_RQST

2.7.5.2 Technical Name

Clm.ClaimsAdjustmentMiniSearchPanel.ascx

2.7.5.3 Panel Name

Adjustment Mini Search

2.7.5.4 Adjustment Mini-Search Layout

2.7.5.5 Extra Features

This panel has no extra features.

2.7.5.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Request Number	A unique number that identifies the mass adjustment request. Format: RRYYJJJBBB (RR - Region, YYJJJ - Julian date, BBB - Batch number). It is user-entered for manually entered adjustment requests, and system-assigned for system-generated adjustments.	Field	Number	10	T_ADJ_MASS_RQST	NUM_MASS_RQST
Search	Returns the information for the entered request number.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Clear	Clears the previous adjustment request number from the search field.	Button	N/A	0	N/A	N/A
Adv Search	Returns the full Adjustment Search panel.	Button	N/A	0	N/A	N/A

2.7.5.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Request Number	Field	1	Enter a valid value	Enter a numeric value in the Request Number field.
Request Number	Field	2	Record cannot be found for Request Number	The number entered is not a valid request number. Enter an existing request number.

2.7.5.8 Associated Requirements

ID
30.090.009.002.17
30.090.009.002.20
30.090.009.002.21

2.7.5.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.6 PANEL: Adjustment Information

2.7.6.1 Description

The Adjustment Information panel displays information for a selected adjustment record.

Navigation Path: [Claims - Adjustments] - [select an adjustment request for a single claim]

Tables: T_ADJ_MASS_RQST, T_ADJ_MASS_CLAIM

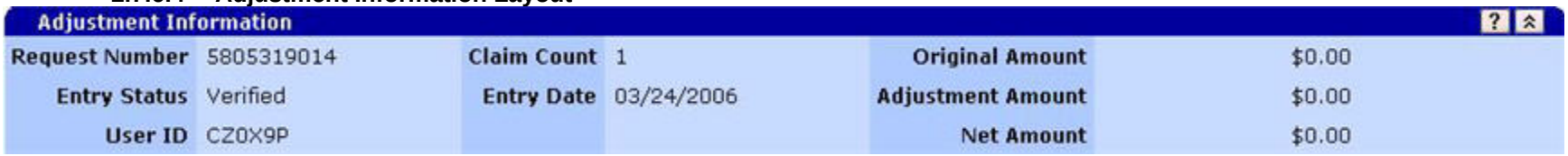
2.7.6.2 Technical Name

Clm.ClaimAdjustmentBase.ascx

2.7.6.3 Panel Name

Adjustment Information

2.7.6.4 Adjustment Information Layout



2.7.6.5 Extra Features

This panel has no extra features.

2.7.6.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Request Number	A 10-byte unique number that identifies the mass adjustment request. Format: RRYYJJJBBB. It is user-entered for manually entered adjustment requests, and system-assigned for system generated adjustments.	Field	Number	10	T_ADJ_MASS_RQST	NUM_MASS_RQST

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Count	The number of claims found for the adjustment request.	Field	Number	9	T_ADJ_MASS_RQST	NUM_COUNT
Original Amount	The original amount of the claim.	Field	Number	10	N/A	N/A
Entry Status	Indicates whether adjustment request is 'S' - submitted, 'I' - Claims Identified, 'P' - Processing, 'D' - Deleted, 'V' - Verified, or 'F' - Finalized	Field	Character	20	T_ADJ_MASS_RQST	CDE_STATUS1
Entry Date	Adjustment request entry date.	Field	Date (MM/DD/CCYY)	8	T_ADJ_MASS_RQST	DTE_REQUEST
Adjusted Amount	The adjusted amount of the claim.	Field	Number	10	N/A	N/A
User ID	Indicates a specific user of the system and can be used to identify who entered or last updated the adjustment request.	Field	Character	8	T_ADJ_MASS_RQST	ID_CLERK
Net Amount	The amount by which the original amount was adjusted. This field is calculated by subtracting the adjusted amount from the original amount.	Field	Number	10	N/A	N/A

2.7.6.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.6.8 Associated Requirements

ID
30.090.009.002.17

2.7.6.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.7 PAGE: Claims Adjustment Search Page

2.7.7.1 Description

The Claims Adjustments Search Page contains panels that are used to search for and view adjustments requests.

2.7.7.2 Technical Name

Clm.AdjustmentSearchPage.ascx

2.7.7.3 Web Page Name

Claims Adjustment Search Page

For readability, the layout displays on the next page.

2.7.7.4 Claims Adjustment Search Page Layout

Friday, September 22, 20

KyHealth Choices

Home Claims Reference Provider Member Financial EPSDT TPL Managed Care MAR Prior Authorization CTMS Security Site Admin Host

home search information adjustments data corrections assignments encounter data related data

Adjustment Search

Request Number | Entry Status | search

Date | User ID | clear

Records 20 | new mass | new single

Search Results

Request Number	Status	Date	User ID	EOB	Claims Found	Claims Adjusted	Claims Removed
5005098100	Submitted	04/08/2005			1	0	0
5105104101	Processing	04/14/2005			1	1	0
5105104014	Submitted	04/14/2005			1	0	0
5005115001	Submitted	04/25/2005			1	0	0
5505116002	Submitted	04/26/2005	1	8242	0	0	0
5205119001	Claim Identified	04/29/2005	ADJFXCLM	8000	27	27	0
5205121001	Claim Identified	05/01/2005	ADJFXCLM	8000	27	27	0
5005122001	Processing	05/02/2005			1	1	0
5005125103	Submitted	05/05/2005			1	0	0
5005125115	Submitted	05/05/2005			1	0	0
5005125121	Processing	05/05/2005			1	1	0
5105125124	Processing	05/05/2005			1	1	0
5105125130	Processing	05/05/2005			1	1	0
5205130002	Submitted	05/10/2005	ADJFXCLM	8232	1	1	0
5005139500	Submitted	05/19/2005			1	0	0
5005165000	Submitted	06/14/2005			1	0	0
5505166001	Submitted	06/15/2005	#MASQUER	8242	0	0	0
5705168000	Submitted	06/17/2005			10	0	0
5005173989	Submitted	06/22/2005			10	0	0
5005174103	Submitted	06/23/2005			1	0	0

1 2 3 4 5 6 Next >

2.7.8 PANEL: Adjustment Search

2.7.8.1 Description

Use the Adjustment Search panel to search for claim adjustments.

Navigation Path: [Claims - Adjustments]

Table: T_ADJ_MASS_RQST, T_EOB, T_ADJ_MASS_CLAIM

2.7.8.2 Technical Name

Clm.AdjustmentSearchPanel.ascx

2.7.8.3 Panel Name

Adjustment Search

2.7.8.4 Adjustment Search Layout

2.7.8.5 Extra Features

This panel has no extra features.

2.7.8.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Request Number	The request number to be associated with the adjustments for this batch. Format is RRYYDDDBBB; RR region, YYDDD Julian year and day, BBB batch number.	Field	Number	10	T_ADJ_MASS_RQST	NUM_MASS_RQST
Entry Status	The status of the claim when adjustment request was made.	Field	Drop Down List Box	20	T_EOB	CDE_EOB

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Date	The date of the adjustment request.	Field	Date (MM/DD /CCYY)	8	T_ADJ_MASS_RQS T	NUM_COUNT
User ID	ID of the user who made the request.	Field	Charact er	8	T_ADJ_MASS_CLAI M	CASH_CTL_NO
Records	The number of records to be displayed.	Field	Drop Down List Box	3	T_ADJ_MASS_CLAI M	NUM_ICN
Search	Returns the information for the entered search criteria.	Button	N/A	0	N/A	N/A
New Single	Creates a new single adjustment.	Button	N/A	0	N/A	N/A
New Mass	Creates a new mass adjustment.	Button	N/A	0	N/A	N/A
Clear	Clears data in the search fields.	Button	N/A	0	N/A	N/A

2.7.8.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Date	Field	1	Invalid Date. Format MM/DD/CCYY.	Enter a valid date in MM/DD/CCYY format.

2.7.8.8 Associated Requirements

ID
30.090.009.002.17
30.090.009.002.32

2.7.8.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.9 PANEL: Adjustment Search Results

2.7.9.1 Description

The Adjustment Search Results panel displays the claims adjustment search records returned by the search criteria.

Navigation Path: [Claims - Adjustments] - [Click Search]

Table: T_ADJ_MASS_RQST, T_EOB

2.7.9.2 Technical Name

Clm.AdjustmentSearchPanel.ascx - Search Results

2.7.9.3 Panel Name

Adjustment Search Results

2.7.9.4 Adjustment Search Results Layout

Search Results

Request Number	Status	Date	User ID	EOB	Claims Found	Claims Adjusted	Claims Removed
5004240001	Claim Identified	08/27/2004	HZGZ6S		2	0	0
5004243100	Claim Identified	08/30/2004	VZSXM8		1	0	0
5004243200	Claim Identified	08/30/2004	VZSXM8		1	0	0
5104243200	Submitted	08/30/2004	VZSXM8		1	0	0
5604243002	Claim Identified	08/30/2004	VZSXM8		1	0	0
5704243001	Submitted	08/30/2004	VZSXM8		1	0	0
5004243008	Claim Identified	08/30/2004	VZSXM8		1	0	0
5104243009	Submitted	08/30/2004	VZSXM8		1	0	0
5004243088	Claim Identified	08/30/2004	VZSXM8		1	0	0
5004243009	Claim Identified	08/30/2004	VZSXM8		1	0	0

1 2 3 4 5 6 7 8 9 10 ... Next ≥

2.7.9.5 Extra Features

This panel has no extra features.

2.7.9.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Request Number	The request number to be associated with the adjustments for this batch. Format is RRYYDDDBBB; RR region, YYDDD Julian year and day, BBB batch number.	Field	Numeric	10	T_ADJ_MASS_RQST	NUM_MASS_RQST
Status	Status of the adjustment request.	Field	Character	10	T_ADJ_MASS_RQST	CDE_STATUS1
Date	Adjustment request entry date.	Field	Date (MM/DD/CCYY)	8	T_ADJ_MASS_RQST	DTE_REQUEST
User ID	Clerk who entered the adjustment request.	Field	Character	8	T_ADJ_MASS_RQST	ID_CLERK
EOB	Explanation of Benefits code, reason for the adjustment.	Field	Character	4	T_EOB	CDE_EOB
Claims Found	Total number of claims retrieved in this adjustment request.	Field	Numeric	9	T_ADJ_MASS_RQST	NUM_COUNT
Claims Adjusted	Total number of claims adjusted in this adjustment request.	Field	Numeric	9	T_ADJ_MASS_RQST	NUM_COUNT_ADJ
Claims Removed	Total number of claims removed from this adjustment request.	Field	Numeric	9	T_ADJ_MASS_RQST	NUM_COUNT_DEL

2.7.9.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.9.8 Associated Requirements

ID
30.090.009.002.17
30.090.009.002.32

2.7.9.9 CO / Defects

ID	Type	Name	Description	Current Status
3506	Change Order	No navigation to return to Adj's	The user must have the ability to return to the adjustment request he was working on before navigating to the data corrections panel or claim information panel. Currently the user is forced to start over from the adjustments panel and search on the request number.	Prod Implemented

2.7.10 PAGE: Claims Assignment Page

2.7.10.1 Description

The Claims Assignment Page contains panels that are used to assign claims to data correction analysts.

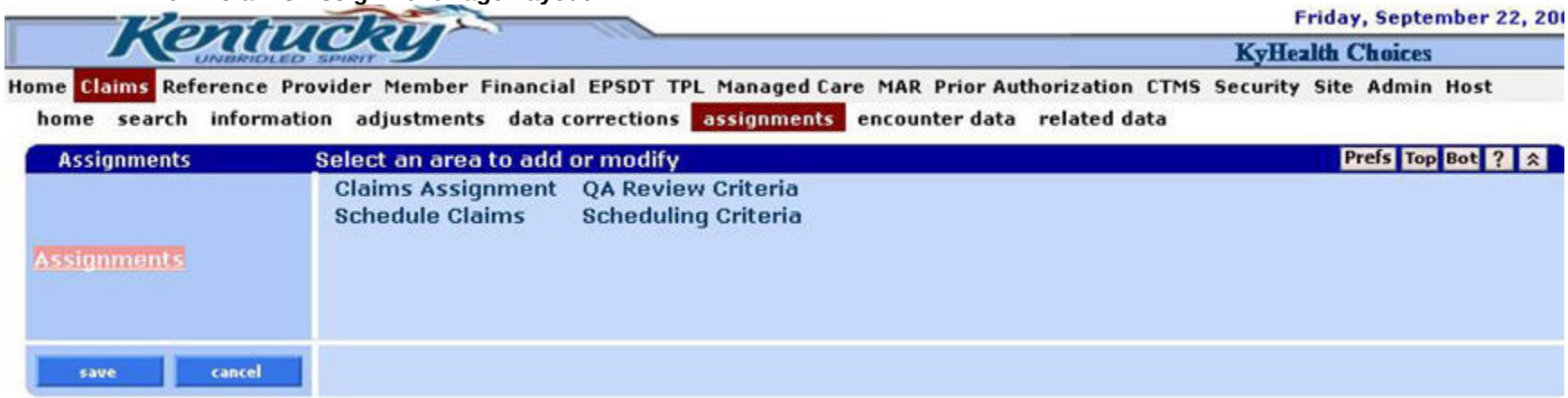
2.7.10.2 Technical Name

Clm.ClaimsAssignmentPage.ascx

2.7.10.3 Web Page Name

Claims Assignment Page

2.7.10.4 Claims Assignment Page Layout



2.7.11 PANEL: Scheduling Criteria

2.7.11.1 Description

2.7.11.2 The manager or lead uses the Scheduling Criteria panel to distribute claims for the users on a daily basis. Required criteria fields are User ID and Claim Type. Optional fields are Location Range, Batch Range, Beginning Region, Rendering Provider, Provider License and Member ID. Claims can be assigned by claim type or all claim types can be assigned at once.

Navigation Path: [Claims - Assignments] - [Scheduling Criteria]

Tables: T_DCOR_SCHEDULE, T_PR_PROV, T_RE_BASE

2.7.11.3 Technical Name

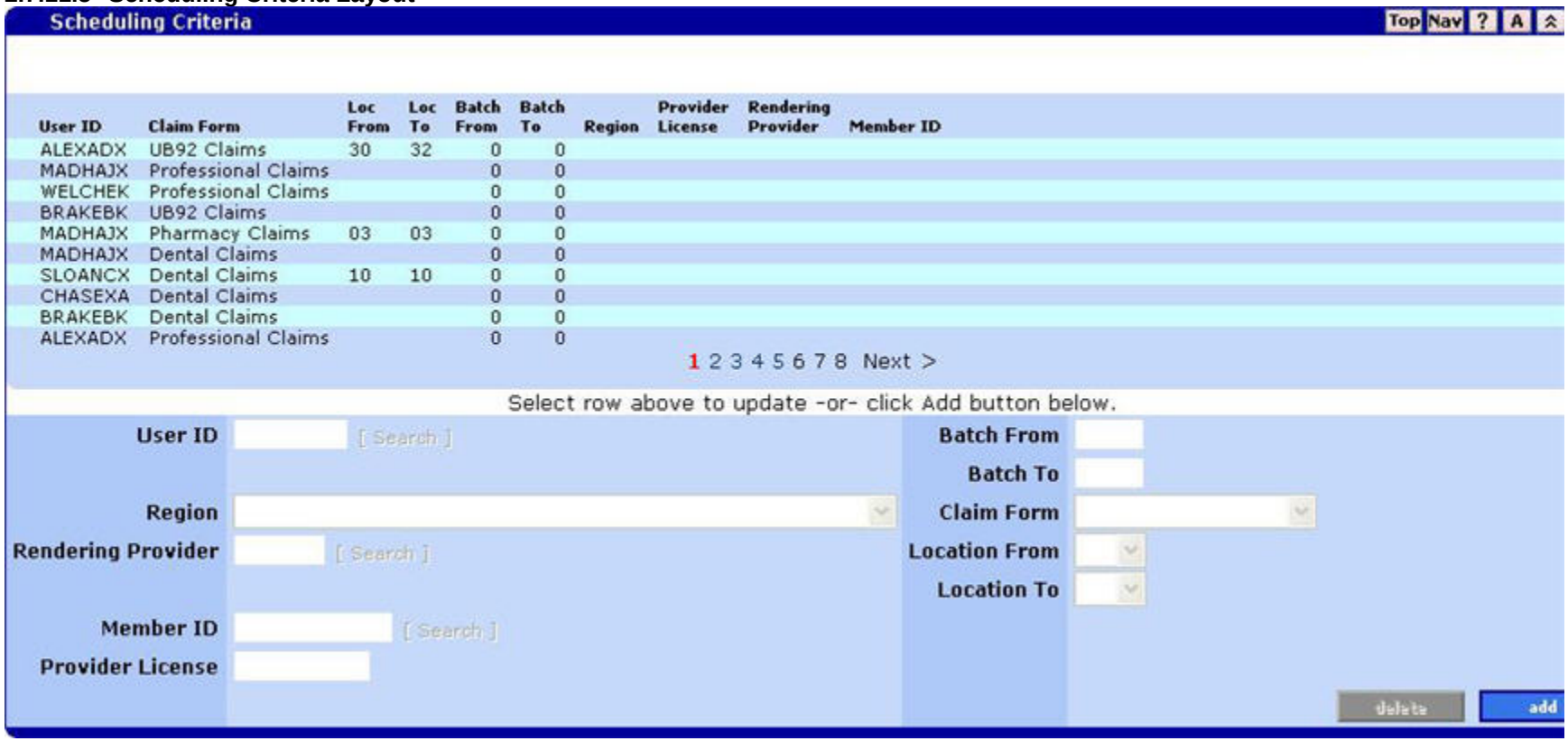
Clm.ClaimSchedulingCriteria.ascx

2.7.11.4 Panel Name

Scheduling Criteria

For readability, the layout displays on the next page.

2.7.11.5 Scheduling Criteria Layout



2.7.11.6 Extra Features

This panel has no extra features.

2.7.11.7 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Type	Indicates the type of claim assigned to the user for review.	Field	Drop Down List Box	0	T_DCOR_SCHEDULE	CDE_CLM_TYPE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Number of Claims	Total number of claims assigned to the user.	Field	Number	9	N/A	N/A
User ID	Indicates the user the claims are assigned to. Select a valid user ID from the [Search] panel.	Field	N/A	0	T_DCOR_SCHEDULE	ID_CLERK
Batch From	The beginning batch number used to identify the grouping of the claims.	Field	Number	3	T_DCOR_SCHEDULE	NUM_BATCH_FROM
Batch To	The ending batch number used to identify the grouping of the claims.	Field	Number	3	T_DCOR_SCHEDULE	NUM_BATCH_TO
Region	The beginning region code of the claims assigned to the user.	Field	Drop Down List Box	0	T_DCOR_SCHEDULE	CDE_CLM_REGION
Rendering Provider	The provider identification number that uniquely identifies the provider and provider's service location. Select a valid provider ID from the [Search] panel.	Field	N/A	0	T_PR_PROV	ID_PROVIDER
Location From	The beginning location of the claims assigned to the user.	Field	Drop Down List Box	0	T_DCOR_SCHEDULE	CDE_L0C_FROM
Location To	The ending location of the claims assigned to the user.	Field	Drop Down List Box	0	T_DCOR_SCHEDULE	CDE_LOC_TO

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Member ID	A system-assigned number that uniquely identifies a member. Claims for a specific member ID may be assigned to a selected user. Select a valid member ID from the [Search] panel.	Field	N/A	0	T_RE_BASE	ID_MEDICAID
Provider License	License number of the provider of services.	Field	Character	10	T_DCOR_SCHEDULE	CDE_PROV_ATT_ID
Delete	Deletes a record.	Button	N/A	0	N/A	N/A
Add	Adds a new record.	Button	N/A	0	N/A	N/A

2.7.11.8 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Batch From	Field	1	Enter a valid value.	Only numeric values are accepted in this field.
Batch From	Field	2	From Batch Number must be less than or equal to 999	Enter a value between 001and 999.
Batch From	Field	102	Must enter valid From and To Batch numbers.	If a From value is entered, a To value must also be entered.
Batch From	Field	103	Batch From number must be less than or equal to Batch To number.	Enter a To date that is equal to or greater than the From value.

Field	Field Type	Error Code	Error Message	To Correct
Batch To	Field	1	Enter a valid value	Only numeric values are accepted in this field.
Batch To	Field	2	To Batch Number must be less than or equal to 999.	Enter a value between 001 and 999.
Batch To	Field	102	Must enter valid From and To Batch numbers.	If a To value is entered, a From value must also be entered.
Claim Type	Field	100	Claim Form Type must be M, D, U, or P.	Select a valid claim form type.
Location From	Field	101	Must enter valid From and To Claim Locations.	If a From location is entered, a To location must also be entered.
Location From	Field	104	Location From must be less than or equal to Location To.	Enter a Location From code which is not greater than the Location To code.
Location To	Field	101	Must enter valid From and To Claim Locations.	If a To value is entered, a valid From value must also be entered.
Location To	Field	104	Location From must be less than or equal to Location To.	The Location To must be greater than or equal to the Location From.
Provider License	Field	106	Provider License is only valid for UB Claims.	If the claim type is not UB92, a license number cannot be entered.
Rendering Provider	Field	105	Rendering Provider is only valid for CMS and Dental Claims.	Do not enter provider criteria for pharmacy claims. Pharmacy claims do not have rendering providers.

2.7.11.9 Associated Requirements

ID
30.050.001F
30.090.007.002.55

2.7.11.10 CO / Defects

ID	Type	Name	Description	Current Status
162	Change Order	Change "Recipient" - online	Change every instance of "Recipient, 'MID", "RID" or "Current ID" to "Member ID" on claim pages and panels. In addition, update any related error messages that may include the name of the field. Update corresponding documentation.	Prod Implemented

2.7.12 PANEL: QA Review Criteria

2.7.12.1 Description

The manager or lead uses the QA Review Criteria panel to set the number of claims for each user for quality review. These claims can be set by claim type. The percent and maximum number of claims needed for review can also be set. Once the supervisor sets up the QA Review criteria, a certain amount of claims data corrected by a user will be set to 'Q' status right after the clerk changes the status to 'R - Resubmit'. The supervisor can go to the Data Correction page and enter the clerk's ID and click on the Quality Review radio button, then click Search. From here the supervisor checks the clerk's work and manually changes the claims to 'Resubmit' status. If the supervisor does not want to manually change the status to resubmit, then there is an option on the QA Review Criteria panel to have a batch program reset everything for a particular clerk that is in 'Q' status to 'R'.

Navigation Path: [Claims - Assignments] - [QA Review Criteria]

Table: T_DCOR_QLTY_CTL

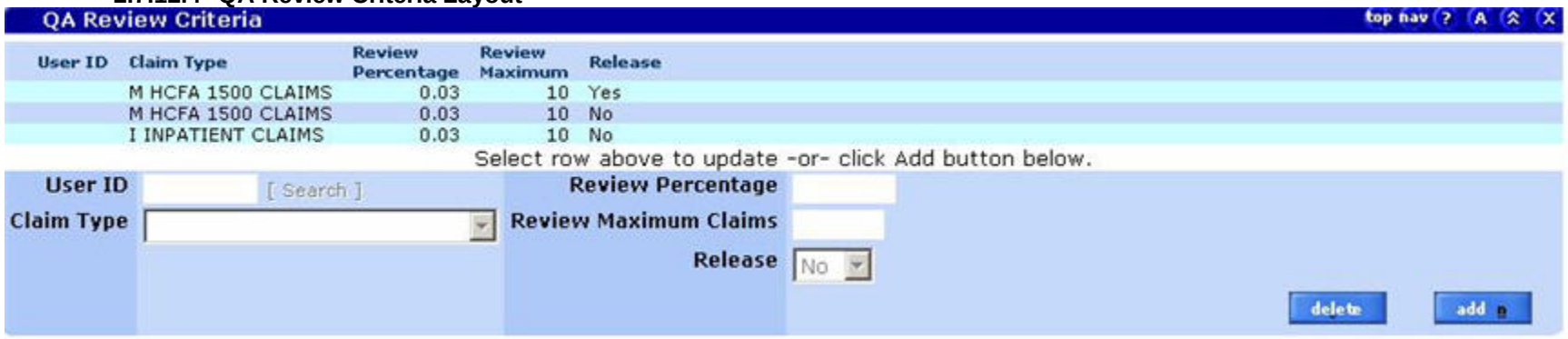
2.7.12.2 Technical Name

Clm.QAReviewCriteriaPanel.ascx

2.7.12.3 Panel Name

QA Review Criteria

2.7.12.4 QA Review Criteria Layout



2.7.12.5 Extra Features

This panel has no extra features.

2.7.12.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
User ID	Indicates the User ID that has assigned claims.	Field	N/A	0	T_DCOR_QLTY_CTL	ID_CLERK
Review Percentage	The percent of the user's claims per day to be quality checked.	Field	Number	3	T_DCOR_QLTY_CTL	NUM_DCOR_PCT
Claim Type	Indicates the type of claim assigned to the user for review.	Field	Drop Down List Box	0	T_DCOR_QLTY_CTL	CDE_CLM_TYPE
Review Maximum Claims	Maximum number of claims needed from the percentage to be checked for quality.	Field	Number	5	T_DCOR_QLTY_CTL	QTY_DCOR_MAX
Release	Indicates if the claims assigned to the user are to be released at the end of the day or held until reviewed by the manager or lead.	Field	Drop Down List Box	0	T_DCOR_QLTY_CTL	IND_DCOR_RELEASE
Delete	Deletes a record.	Button	N/A	0	N/A	N/A
Add	Adds a new record.	Button	N/A	0	N/A	N/A

2.7.12.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Claim Type	Field	1	A valid Claim Type is required	Select a value from the drop down box.

Field	Field Type	Error Code	Error Message	To Correct
Release	Field	1	Release Indicator is required	Select a value from the drop down box.
Review Maximum Claims	Field	1	Enter a valid value	Enter a numeric value.
Review Maximum Claims	Field	2	Quantity must be less than or equal to 99999	Enter a value between 1 and 99999.
Review Percentage	Field	1	Enter a valid value	Enter a numeric value.
Review Percentage	Field	2	Percentage must be less than or equal to 99.99	Enter a value between .01 and 99.99.
User ID	Field	1	A valid Clerk ID is required	Select a User ID from the [Search] panel.

2.7.12.8 Associated Requirements

ID
30.090.007.002.55

2.7.12.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.13 PANEL: Schedule Claims

2.7.13.1 Description

The manager or lead uses the Schedule Claims panel to distribute claims for the users on a daily basis. Claims can be assigned by claim type.

Navigation Path: [Claims - Assignments] - [Schedule Claims]

Table: T_DCOR_SCHEDULE, T_PR_PROV, T_RE_BASE, T_LOCATION

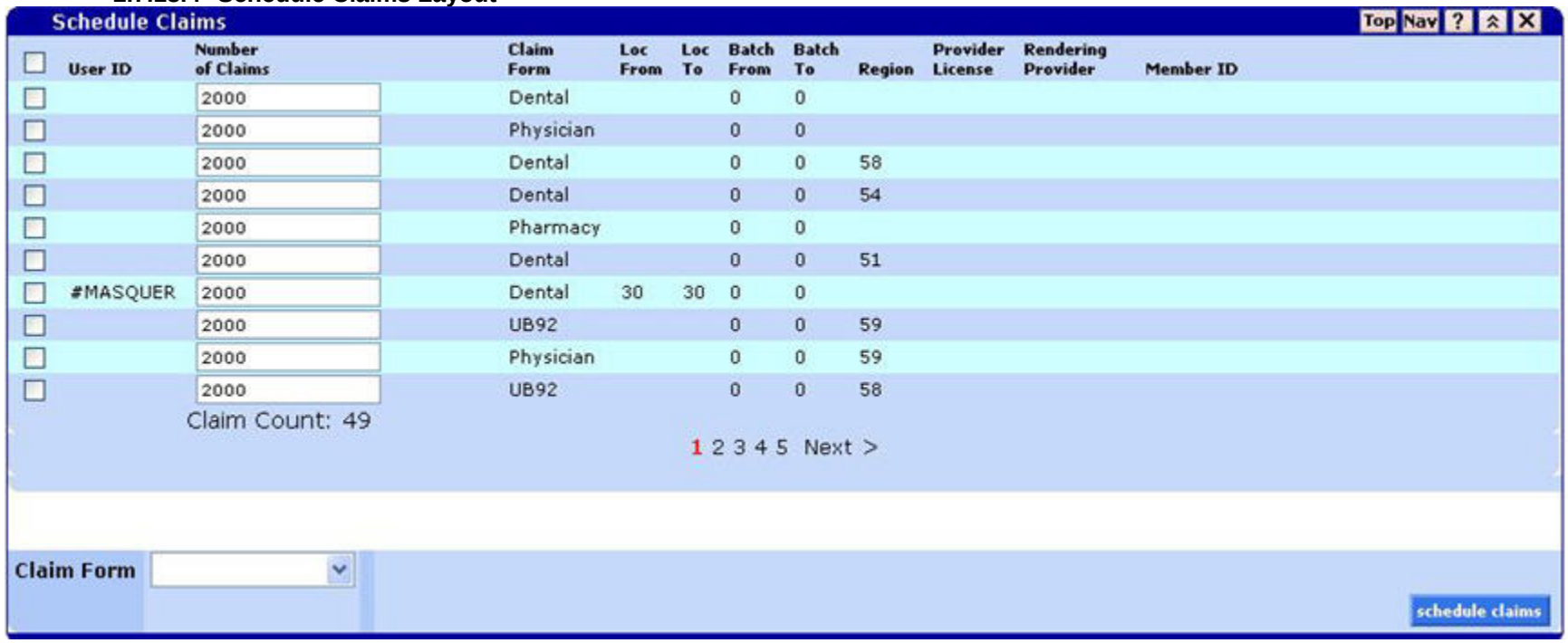
2.7.13.2 Technical Name

Clm.ScheduleClaimsPanel.ascx

2.7.13.3 Panel Name

Schedule Claims

2.7.13.4 Schedule Claims Layout



2.7.13.5 Extra Features

This panel has no extra features.

2.7.13.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Update	Updates the schedule claims information.	Button	N/A	0	N/A	N/A
Claim Type	Indicates the type of claim assigned to the user for review.	Field	Drop Down List Box	0	T_DCOR_SCHEDULE	CDE_CLM_TYPE
Location	Allows the manager to limit the selection of claims to a specific location.	Field	Drop Down List Box	0	T_LOCATION	CDE_LOCATION
User ID	Indicates the user the claims are assigned to.	Field	Character	8	T_DCOR_SCHEDULE	ID_CLERK
Number of Claims	This is the total number of claims found for the user.	Field	Number	5	N/A	N/A
Claim Form						
Location From	The beginning location of the claims assigned to the user.	Field	Character	2	T_DCOR_SCHEDULE	CDE_LOC_FROM
Location To	The ending location of the claims assigned to the user.	Field	Character	2	T_DCOR_SCHEDULE	CDE_LOC_TO

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Batch From	The beginning batch number used to identify the grouping of the claims.	Field	Number	3	T_DCOR_SCHEDULE	NUM_BATCH_FROM
Batch To	The ending batch number used to identify the grouping of the claims.	Field	Number	3	T_DCOR_SCHEDULE	NUM_BATCH_TO
Region	The beginning region code of the claims assigned to the user.	Field	Character	2	T_DCOR_SCHEDULE	CDE_CLM_REGION
Provider License	License number of the provider of services.	Field	Character	10	T_DCOR_SCHEDULE	CDE_PROV_ATT_ID
Rendering Provider	The provider identification number that uniquely identifies the rendering provider.	Field	Character	9	T_PR_PROV	ID_PROVIDER
Member ID	A system-assigned number which uniquely identifies a member. Claims for a specific Member ID may be assigned to a selected user.	Field	Character	12	T_RE_BASE	ID_MEDICAID
Schedule Claims		Button				

2.7.13.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
None.				

2.7.13.8 Associated Requirements

ID
30.050.001F
30.090.007.002.55
30.090.007.002.75

2.7.13.9 CO / Defects

ID	Type	Name	Description	Current Status
162	Change Order	Change "Recipient" - online	Change every instance of "Recipient, 'MID", "RID" or "Current ID" to "Member ID" on claim pages and panels. In addition, update any related error messages that may include the name of the field. Update corresponding documentation.	Prod Implemented

2.7.14 PANEL: Claims Assignment

2.7.14.1 Description

The manager or lead uses the Claim Assignment panel to reassign claims to a user by changing the user ID associated with a claim. To view a list of claims that can be reassigned, claim type and claim status must be entered. Additional search criteria can be viewed by clicking the Adv Search button. Click the Search button to display the list of claims. To select all claims, click the checkbox at the top of the panel to the left of the ICN column heading. Individual claims may be selected by clicking the checkbox to the left of each ICN. To reassign claims to a specific User ID, enter the User ID and click the Update button.

Navigation Path: [Claims - Assignments] - [Claims Assignment]

Tables: T_DCOR_SCHEDULE, T_CLAIM_LOCAT, T_HIST_DIRECTORY

2.7.14.2 Technical Name

Clm.ClaimsAssignmentPanel.ascx

2.7.14.3 Panel Name

Claims Assignment

For readability, the layout displays on the next page.

2.7.14.4 Claims Assignment Layout

Claims Assignment

Top Nav ? ✕

Claim Type* PHYSICIAN

Status* All

Rendering Provider [Search]

User ID [Search]

ICN

Member ID [Search]

Location

Cycle Date

Region

Batch Range From

Batch Range To

search clear adv search

☐	ICN	Claim Type	User ID	Status
☐	2005315016064	HCFA 1500 XOVER CLAIMS	WZW7NZ	RESUBMIT
☐	2005318016072	HCFA 1500 XOVER CLAIMS	WZW7NZ	RESUBMIT
☐	2005318016095	HCFA 1500 XOVER CLAIMS		RESUBMIT
☐	2005318016137	HCFA 1500 XOVER CLAIMS		RESUBMIT
☐	2005319016002	HCFA 1500 XOVER CLAIMS		RESUBMIT
☐	2005318600259	HCFA 1500 CLAIMS		RESUBMIT
☐	2005321016005	HCFA 1500 XOVER CLAIMS		RESUBMIT
☐	2005314016127	HCFA 1500 XOVER CLAIMS		RESUBMIT
☐	2005320016052	HCFA 1500 XOVER CLAIMS		RESUBMIT
☐	2005313016048	HCFA 1500 XOVER CLAIMS		RESUBMIT

Claim Count: 1688

1 2 3 4 5 6 7 8 9 10 ... Next >

Type user ID for update below. All selected rows will be updated.

User ID

update

2.7.14.5 Extra Features

This panel has no extra features.

2.7.14.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Type	Indicates the claim type assigned to the user.	Field	Drop Down List Box	0	T_DCOR_SCHEDULE	CDE_CLM_TYPE
Status	Displays the claims selected by the user depending on the status selected	Field	Drop Down List Box	0	T_HIST_DIRECTORY	CDE_CLM_STATUS
Rendering Provider	Allows the manager to limit the selection of claims to the individual provider number from the claims.	Field	Character	9	T_PR_PROV	ID_PROVIDER
User ID	Indicates the user ID assigned to the claims.	Field	Character	8	T_DCOR_SCHEDULE	ID_CLERK
ICN	Internal control number that uniquely identifies a claim.	Field	Character	13	T_CLAIM_LOCAT	NUM_ICN
Member ID	Allows the manager to limit the selection to a specific member ID number.	Field	Character	12	T_DCOR_SCHEDULE	SAK_RECIP
Location	Allows the manager to limit the selection of claims to a specific location.	Field	Drop Down List Box	0	T_CLAIM_LOCAT	CDE_LOCATION
Cycle Date	Allows the manager to limit the selection to a specific cycle date.	Field	Date (MM/DD/CCYY)	8	T_CLAIM_LOCAT	DTE_CLM_LOCAT

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Region	Allows the manager to limit the selection of claims to a specific region.	Field	Drop Down List Box	0	T_DCOR_SCHEDULE	CDE_CLM_REGION
Batch Range From	Batch Range From value that allows the manager to limit the selection of claims to a specific batch range.	Field	Character	3	T_DCOR_SCHEDULE	NUM_BATCH_FROM
Batch Range To	Batch Range To value that allows the manager to limit the selection of claims to a specific batch range.	Field	Character	3	T_DCOR_SCHEDULE	NUM_BATCH_TO
Search	Performs a query on the database and returns the data for the entered search criteria.	Button	N/A	0	N/A	N/A
Clear	Clears the previous search criteria from the search fields.	Button	N/A	0	N/A	N/A
Adv Search	The Advanced Search button opens a panel with additional search criteria fields.	Button	N/A	0	N/A	N/A
Update	Assigns the user ID entered to the selected claims.	Button	N/A	0	N/A	N/A

2.7.14.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct

Field	Field Type	Error Code	Error Message	To Correct
Batch Range From	Field	1	Batch Entry Must be Numeric	Enter a numeric value.
Batch Range From	Field	2	Batch To Must Be Less Then or Equal to Batch From	Enter a value which is less than or equal to Batch Range To.
Batch Range To	Field	1	Batch Entry Must be Numeric	Enter a numeric value.
Batch Range To	Field	2	Batch To Must Be Less Then or Equal to Batch From	Enter a value which is greater than or equal to Batch Range From.
Claim Type	Field	1	Must select a Claim Type and Status	Select a value for claim type.
Cycle Date	Field	1	Invalid Date. Format is MM/DD/CCYY	Verify format and re-enter.
ICN	Field	1	ICN must be numeric	Enter a numeric value.
Status	Field	1	Must select a Claim Type and Status	Select a valid status from the drop down box.

2.7.14.8 Associated Requirements

ID
30.050.001F
30.090.007.002.55

2.7.14.9 CO / Defects

ID	Type	Name	Description	Current Status
162	Change Order	Change "Recipient" - online	Change every instance of "Recipient, 'MID", "RID" or "Current ID" to "Member ID" on claim pages and panels. In addition, update any related error messages that may include the name of the field. Update corresponding documentation.	Prod Implemented

2.7.15 PANEL: Assignments Navigation

2.7.15.1 Description

The Assignments Navigation panel contains links to the panels for the Claims Assignment area.

Navigation Path: [Claims - Assignments]

Table: N/A

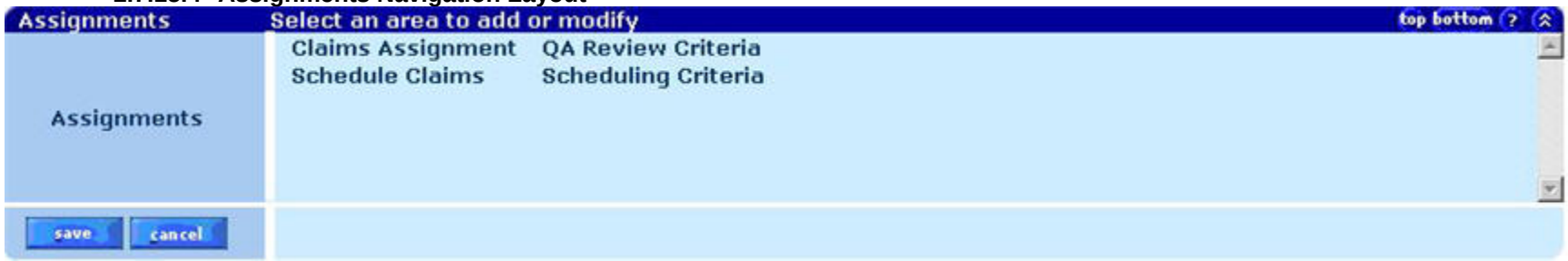
2.7.15.2 Technical Name

Clm.Assignments.ascx

2.7.15.3 Panel Name

Assignments Navigation

2.7.15.4 Assignments Navigation Layout



2.7.15.5 Extra Features

This panel has no extra features.

2.7.15.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claims Assignment	A link to "Claims Assignment" panel.	Hyperlink	N/A	0	N/A	N/A
QA Review Criteria	A link to "QA Review Criteria" panel.	Hyperlink	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Schedule Claims	A link to "Schedule Claims" panel.	Hyperlink	N/A	0	N/A	N/A
Scheduling Criteria	A link to "Scheduling Criteria" panel.	Hyperlink	N/A	0	N/A	N/A
Save	Saves any changes made to panels on this page.	Button	N/A	0	N/A	N/A
Cancel	Cancels any changes made to panels on this page.	Button	N/A	0	N/A	N/A

2.7.15.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.15.8 Associated Requirements

ID
30.090.007.002.55

2.7.15.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.16 PAGE: Claims Data Correction Page

2.7.16.1 Description

The Claims Data Correction Page provides access to suspended claim header and detail information. A navigation panel displays that contains links to related claim information. Use the panels on this page to update or resubmit claims information.

2.7.16.2 Technical Name

Clm.DataCorrectionPage.ascx

2.7.16.3 Web Page Name

Claims Data Correction Page

For readability, the layout displays on the next page.

2.7.16.4 Claims Data Correction Page Layout

Select a row below to Data Correct.

ICN	Claim Type	Status
2205073130006	OUTPATIENT CLAIMS	SUSPENDED
2205074130002	OUTPATIENT CLAIMS	SUSPENDED
2205074130008	OUTPATIENT CLAIMS	SUSPENDED
5006303103001	HCFA 1500 XOVER CLAIMS	SUSPENDED
5006334101001	INPATIENT CLAIMS	SUSPENDED
5007037641001	OUTPATIENT CLAIMS	SUSPENDED

Claim Count: 36

< Previous 1 2 3 4

Physician Claim Top Nav ? A

ICN	5006303103001	Claim Type	HCFA 1500 XOVER CLAIMS	Status	Suspend
Prev ICN		FDOS*	05/01/2004	Details	1
Member ID	000001346 [Search]	TDOS*	05/01/2004	Billed	$100.00
Last Name	MARTIN	Date Billed*	04/21/2005	Net Billed	$0.00
First Name	ZELDA	Date Paid		Spenddown	$0.00
DOB	01/01/1969	Provider Number	100000369A MCD [Search]	Reimbursed	$0.00
Claim Diagnosis	1 - 07882	Referring Provider 1	100000369 [Search]	Paid	$0.00
Submitter ID		Referring Provider 2	[Search]	TPL	$5.00
RA Number		Hospital FDOS		Total TPL	$0.00
Signature	Not Sure	Hospital TDOS		TPL Recovered Amt	$0.00
Accident	Not Sure	Attachment	No	Total Copay	$0.00
Accident Date		Certification Nbr.		Total Patient Liability	$0.00
PAN	PR X PAID SD	MRN			

Physician Claim — **Select an area to add or modify** Prefs Top Bot ?

Physician Claim
└ Detail Information

Additional Claim Information	Adjustment Information	Attachment	CAS Inquiry
Cash Disposition	Check	Data Correction Note	Decision Rules
Diagnosis	Display TCN	EOB	Error
Expecting Date	Health Program	Location	MCO Data
Medicare Information	Member Coinsurance	Member Copay	Misc Information
Prior Authorization	Related History	Submitted Data	

save cancel

Claim Detail Top Nav ? A

Detail Number	1	Status	SUSPENDED	FDOS	05/01/2004	Billed Amt	$100.00
Procedure	99271	Diagnosis Ind		TDOS	05/01/2004	Allowed Amt	$0.00
Modifier 1		POS	21	Units Billed	1.00	TPL Amt	$0.00
Modifier 2		Rendering Prov		Units Allowed	0.00	System	No
Modifier 3		Referring Prov 1		Emergency		EPSDT/Fam Plan	
Modifier 4		Referring Prov 2		EPSDT Ref		Patient Liability	0

Select row above to update -or- click Add button below. goto

Detail Number		Status		FDOS		Billed Amt	
Procedure	[Search]	Diagnosis Ind		TDOS		Allowed Amt	
Modifier 1	[Search]	POS	[Search]	Units Billed		TPL Amt	
Modifier 2	[Search]	Rendering Prov	[Search]	Units Allowed		System	No
Modifier 3	[Search]	Referring Prov 1	[Search]	Emergency	No	EPSDT/ Fam Plan	
Modifier 4	[Search]	Referring Prov 2	[Search]	EPSDT Ref	AT - abno	Patient Liability	

delete add

2.7.17 PANEL: Diagnosis

2.7.17.1 Description

The Diagnosis panel displays the diagnosis codes applicable to the claim.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select Diagnosis link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [[Select a claim] - [Select Diagnosis link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select Diagnosis link from the displayed panel]

Table: T_CLM_DIAG_XREF, T_DIAGNOSIS

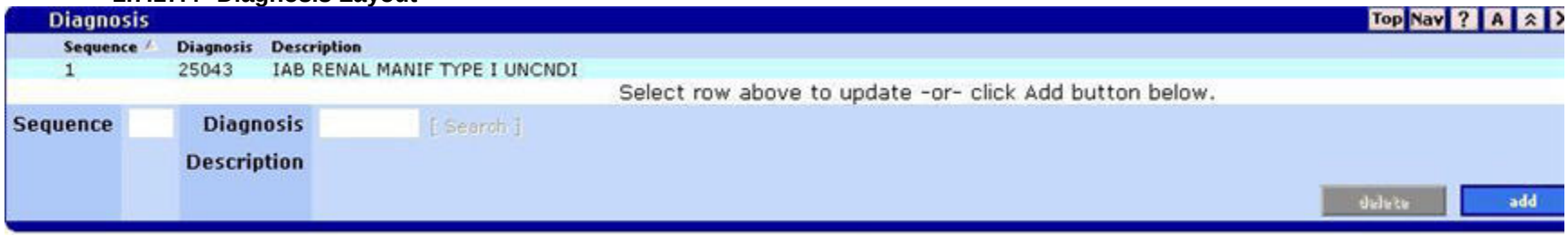
2.7.17.2 Technical Name

Clm.ClaimDiagnosisPanel.ascx

2.7.17.3 Panel Name

Diagnosis

2.7.17.4 Diagnosis Layout



2.7.17.5 Extra Features

This panel has no extra features.

2.7.17.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Description of the diagnosis code.	Field	Character	50	T_DIAGNOSIS	DSC_25

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Diagnosis	Indicates the diagnosis codes applicable to the claim. Diagnosis code is a code for the condition requiring medical attention.	Field	Character	7	T_DIAGNOSIS	CDE_DIAG
Sequence	Sequence numbers for the diagnosis codes. For UB claims, the admitting diagnosis will have a value of 'A' in the Sequence column and emergency diagnosis will have an 'E' in the Sequence column. For all claim types, primary diagnosis will have a value of '1'. Other diagnosis codes will have a value of '2' through '24'.	Field	Character	2	T_CLM_DIAG_XREF	CDE_DIAG_SEQ

2.7.17.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Diagnosis	Field	1	Invalid Diagnosis Code.	Enter a valid diagnosis code or select a code from the [Search] panel.
Diagnosis	Field	100	Exceed maximum number of diagnosis codes.	The maximum number of diagnosis codes for this claim type has been exceeded.
Sequence	Field	100	Diagnosis Sequence must be A, E or numeric.	For UB claims, enter an 'A', 'E' or a numeric value in the Sequence field.
Sequence	Field	101	Diagnosis Sequence must be numeric.	For claim types other than UB92, enter a numeric value in the Sequence field.

2.7.17.8 Associated Requirements

ID
30.090.007.002.71
30.090.017.002.12

2.7.17.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.18 PANEL: EOB

2.7.18.1 Description

The EOB panel is in view-only mode when accessed through Claims Inquiry. The panel is editable when accessed through Data Corrections. The Claim EOB Codes panel displays the EOB codes and messages applicable to the claim that is in suspense. These codes and messages are generated to explain to the provider the reason that the claim is in suspense. In most cases, the same codes are generated to explain the denial of a claim. Records may be added or deleted from this panel. The EOB code and detail number may not be changed. Only current records added by a user may be deleted Due to the data-relationship between EOB code and the HIPAA Adj Reason and Remarks Code fields, the latter two fields cannot be changed. Instead, when the EOB code is changed, those other two fields will be updated (they derive their value from the EOB code and its effective date). If there are no corresponding HIPAA adjustment reasons or remarks codes for a given EOB code, the panel will make those fields blank. The Adjustment Amount and Adjustment Units fields are updated in batch and are non-editable in the panel.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select EOB link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - [Select EOB link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select EOB link from the displayed panel]

Tables: T_CLM_EOB_XREF, T_EOB, T_CDE_HIPAA_ADJRSN, T_CDE_HIPAA_REMRKS

2.7.18.2 Technical Name

Clm.ClaimEobHdrPanel.ascx

2.7.18.3 Panel Name

EOB

For readability, the layout displays on the next page.

2.7.18.4 EOB Layout

EOB

View ◉ All ○ Current ○ Historical

Detail Number	EOB Code	EOB Description	Financial Payer	Benefit Plan	Status	Origin	Hipaa Adj Reason Code	Remark Code	Adjustment Amount	Adjusted Units
0	2362	MEDICARE DEDUCTIBLE GREATER TH			Current	System Generated	AD		$0.00	0.000
1	0007	TOTAL DAYS DO NOT EQUAL THE DI	333T	09	Current	User Added	A1	M53	$0.00	0.000
1	2147	DIAGNOSIS NOT COVERED FOR THIS	DEF	TXIX	Current	System Generated			$0.00	0.000
1	2265	CLAIM HAS THIRD-PARTY PAYMENT	DEF	TXIX	Current	System Generated	100		$0.00	0.000
2	0003	PLEASE VERIFY THE DATES OF SER	333T	08	Current	User Added	A1	M59	$0.00	0.000
2	0005	EACH PROVIDER IS LIMITED TO BI			Current	User Added	B14	N20	$0.00	0.000

Type changes below.

Detail Number	2		
EOB Code	0005 [Search]	HIPAA Adj Reason Code	B14
EOB Description	EACH PROVIDER IS LIMITED TO BILLING ONLY 1 OF THE FOLLOWING PROCEDURES	Adj Reason Description	Payment denied because only one visit or consultation per physician per day is covered.
Financial Payer	[Search]	Remark Code	N20
Benefit Plan	[Search]	Remark Description	Service not payable with other service rendered on the same date.
Status	Current	Adjustment Amount	$0.00
Origin	User Added	Adjusted Units	0.000

2.7.18.5 Extra Features

This panel has no extra features.

2.7.18.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Adds a new record. This button will only display when the panel is on the Data Correction page.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Delete	Deletes a record. This button will only display when the panel is on the Data Correction page.	Button	N/A	0	N/A	N/A
Detail Number	The detail number to which the EOB message is attached.	Field	Number	4	T_CLM_EOB_XREF	NUM_DTL
EOB Code	Code number attached to an EOB message.	Field	Character	4	T_EOB	CDE_EOB
HIPAA Adjustment Reason	The HIPAA reason for the adjustment.	Field	Drop Down List Box	0	T_CDE_HIPAA_ADJRSN	CDE_ADJ_RSN
EOB Description	First line of text description for EOB code.	Field	Character	79	T_EOB	DSC_EOB
Adj Reason Description	Description of HIPAA adjustment reason code.	Field	Character	0	T_CDE_HIPAA_ADJRSN	DSC_ADJ_RSN
Financial Payer	A value that identifies a unique payer within interChange.	Field	Drop Down List Box	0	T_CLM_EOB_XREF	SAK_FIN_PAYER
Remark Code	The code for the remarks.	Field	Drop Down List Box	0	T_CDE_HIPAA_REMRKS	CDE_REMARK

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Benefit Plan	Identifies the medical assistance program that is supported in the system.	Field	Drop Down List Box	0	T_CLM_EOB_XREF	SAK_PUB_HLTH
Remark Descriptio n	Description of Remark code.	Field	Charact er	0	T_CDE_HIPAA_REMRKS	DSC_REMARK
Status	Indicates whether the EOB is current or history.	Field	Drop Down List Box	7	T_CLM_EOB_XREF	CDE_STAT_ERROR
Adjustmen t Amount	The dollar amount adjusted on the detail. Format 9999999.99.	Field	Number	9	T_CLM_EOB_XREF	AMT_ADJUSTED
Origin	Indicates who generated the EOB code and message.	Field	Drop Down List Box	6	T_CLM_EOB_XREF	CDE_STATUS1
Adjusted Units	The quantity adjusted on the detail. Format 9999999.999.	Field	Number	10	T_CLM_EOB_XREF	QTY_ADJUSTED

2.7.18.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Benefit Plan	Field	1	Invalid Benefit Plan	Enter a valid benefit plan or select one from the [Search] panel.
EOB Code	Field	1	Invalid EOB	Enter a valid EOB code or select a valid code from the [Search] panel.

Field	Field Type	Error Code	Error Message	To Correct
Financial Payer	Field	1	Invalid Financial Payer	Enter a valid financial payer of select one from the [Search] panel.

2.7.18.8 Associated Requirements

ID
30.090.007.002.29
30.090.007.002.32
30.090.007.002.33
30.090.007.002.71
30.090.008.003.6

2.7.18.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.19 PANEL: Occurrence

2.7.19.1 Description

The Occurrence Codes panel displays the occurrence codes applicable to the claim. This panel includes the code and dates the event took place. Entries can be added and deleted from this panel. Field edits are for data correction only.

Navigation Path: [Claims -Information] - [Enter an ICN for a UB claim] - [Select Occurrence link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a UB claim] - [Select Occurrence link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a UB claim from the list] - [Select Occurrence link from the displayed panel]

Tables: T_UB92_HDR_OCC, T_OCCURANCE

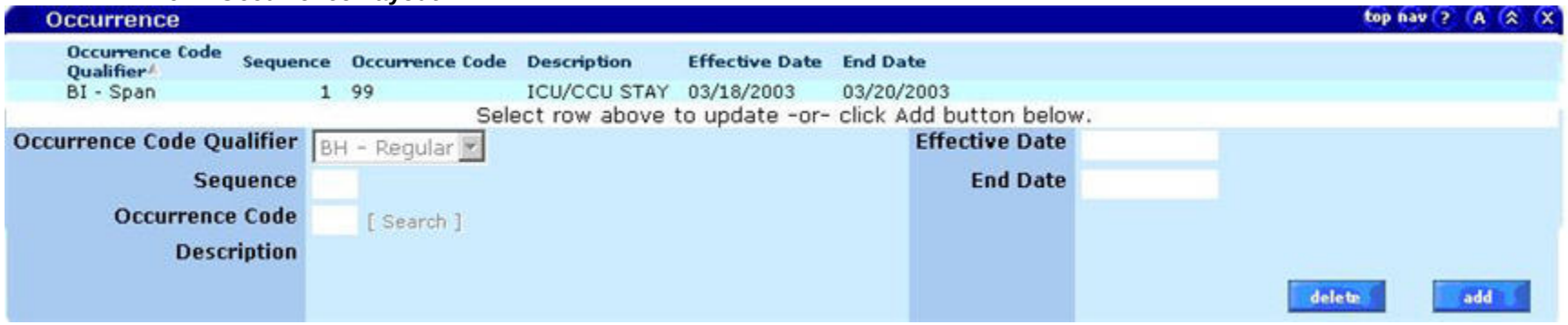
2.7.19.2 Technical Name

Clm.ClaimOccurrencePanel.ascx

2.7.19.3 Panel Name

Occurrence

2.7.19.4 Occurrence Layout



2.7.19.5 Extra Features

This panel has no extra features.

2.7.19.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Sequence	The sequence number as they appeared on the claim.	Field	Number	4	T_UB92_HDR_OCC	NUM_SEQ
Effective Date	The date when the occurrence code began.	Field	Date (MM/DD/CCYY)	8	T_UB92_HDR_OCC	DTE_OCCURENCE
Occurrence Code Qualifier	BH indicates Regular Occurrence code; BI indicates Occurrence Span code. The field is now a drop down with a choice between Regular (BH) and Span (BI).	Field	Drop Down List Box	0	T_UB92_HDR_OCC	QLF_CODE_LIST
End Date	The date when the occurrence code ended.	Field	Date (MM/DD/CCYY)	8	T_UB92_HDR_OCC	DTE_OCC_TO
Occurrence Code	The code identifying a significant event relating to this bill that may affect payer processing.	Field	Character	2	T_UB92_HDR_OCC	CDE_OCCURRENCE
Description	Description of the occurrence code.	Field	Character	50	T_OCCURRENCE	DSC_OCCURRENCE
Delete	Deletes a record.	Button	N/A	0	N/A	N/A
Add	Adds a new record.	Button	N/A	0	N/A	N/A

2.7.19.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	From Date is required.	Enter a valid effective date.
Effective Date	Field	2	Invalid Date. Format is MM/DD/CCYY.	Enter the date in MM/DD/CCYY format.
End Date	Field	1	Invalid Date. Format is MM/DD/CCYY.	Enter the date in MM/DD/CCYY format.
Occurrence Code	Field	1	A valid Occurrence is required.	Enter a valid occurrence code.
Occurrence Code	Field	107	Exceed maximum number of occurrence codes.	The maximum number of occurrence codes allowed is 24.
Occurrence Code Qualifier	Field	1	Qualifier Code List is required.	Select an occurrence code qualifier from the drop down box.
Sequence	Field	1	Enter a Valid Value.	Enter a numeric value.
Sequence	Field	100	Sequence number can not exceed number of occurrence codes.	Verify value and re-enter.

2.7.19.8 Associated Requirements

ID
30.090.007.002.71

2.7.19.9 CO / Defects

ID	Type	Name	Description	Current Status

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.20 PANEL: Value

2.7.20.1 Description

The Claim Value Codes panel displays the Value Codes applicable to the claim. This panel includes the value code and the amount of the value.

Field Edits are for Data correction only.

Navigation Path: [Claims -Information] - [Enter an ICN for a UB claim] - [Select Value link from the displayed panel] - OR - [Claims - Search] - [Enter Criteria] - [Select a UB claim] - [Select Value link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a UB claim from the list] - [Select Value link from the displayed panel]

Table: T_UB92_HDR_VALUE

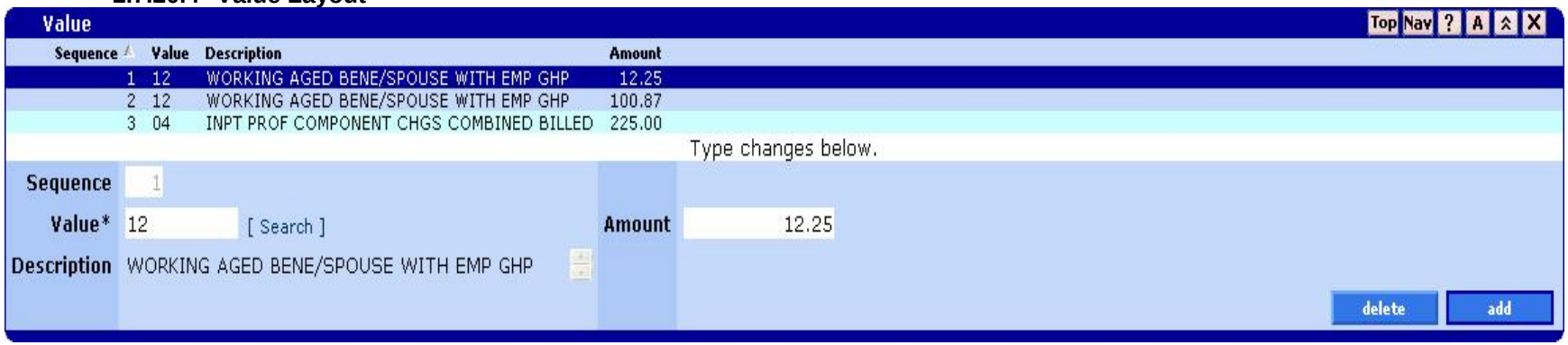
2.7.20.2 Technical Name

Clm.ClaimsValuePanel.ascx

2.7.20.3 Panel Name

Value

2.7.20.4 Value Layout



2.7.20.5 Extra Features

This panel has no extra features.

2.7.20.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Sequence	Sequence numbers as they appeared on the claim.	Field	Number	4	T_UB92_HDR_VALUE _VALUE	NUM_SEQ
Value	A code that relates the value used to identify data elements that is necessary to process the claim.	Field	Character	2	T_UB92_HDR_VALUE	CDE_VALUE
Amount	The amount of the value code used to identify data elements that are necessary to process the claim. Format 99999999.99.	Field	Number	9	T_UB92_HDR_VALUE	AMT_VALUE
Descriptio n	Description of the value.	Field	Character	50	T_VALUE	DSC_VALUE
Delete	Deletes a record.	Button	N/A	0	N/A	N/A
Add	Adds a new record.	Button	N/A	0	N/A	N/A

2.7.20.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Amount	Field	1	Enter a Valid Value.	Enter a numeric value in the Amount field.
Value	Field	1	Invalid Value Code.	Enter a valid value code or select a code from the [Search] panel.

Field	Field Type	Error Code	Error Message	To Correct
Value	Field	105	Exceed maximum number of value codes.	The number of value codes must not exceed more then 24.

2.7.20.8 Associated Requirements

ID
30.090.007.002.71

2.7.20.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.21 PANEL: Dental Claim Correction

2.7.21.1 Description

Access the Dental Data Correction panel by selecting suspended dental claims from the Claim Suspense Listing panel. Dental claim corrections are accomplished by changing the data in any of the updateable fields. However, when an adjustment claim is data corrected no updates to the provider and member ID fields are allowed. After data correction is complete, the examiner can resubmit the claim. Claim resubmission allows the claim to go through the claims processing cycle, subjecting it again to the edits and audits. The claim enters the processing cycle as soon as it is resubmitted.

Navigation Path: [Claims - Data Correction] - [Enter Clerk ID, search then select a Dental claim from the list]

Table: T_SUSP_DENTAL_HDR, T_DENTAL_HDR_KEYS

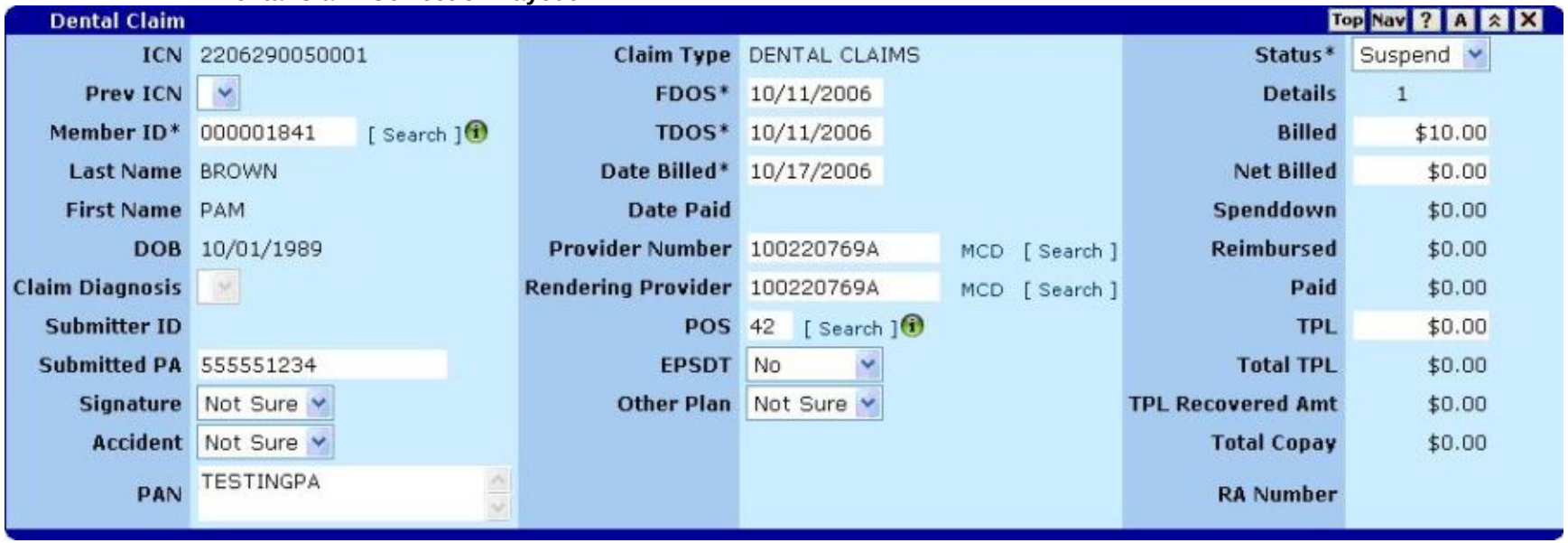
2.7.21.2 Technical Name

Clm.DentalClaimPanel.ascx - Data Correction

2.7.21.3 Panel Name

Dental Claim

2.7.21.4 Dental Claim Correction Layout



2.7.21.5 Extra Features

This panel has no extra features.

2.7.21.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Image	To view the claim image from the OnBase system. This button is visible only for paper claims.	Button	N/A	0	N/A	N/A
ICN	Internal control number that uniquely identifies a claim.	Field	Character	13	T_SUSP_DENTAL_HDR	NUM_ICN
Prev ICN	This field allows the user to select any of the other previous ICNs for the claim and view that information.	Field	Drop Down List Box	0	T_SUSP_DENTAL_HDR	NUM_ICN
Member ID	A system-assigned number that uniquely identifies a member.	Field	Character	12	T_DENTAL_HDR_KEYS	ID_MEDICAID
Last Name	The last name of the member associated with the member ID number. If there is no association between the last name and the member ID number, the first three characters of the last name that was entered will be displayed.	Field	Character	15	T_DENTAL_HDR_KEYS	CLM_LST_NAM_RECIP

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
First Name	The first name of the member associated with the member ID number. If there is no association between the first name and the RID number, the first character of the first name that was entered will be displayed.	Field	Character	15	T_DENTAL_HDR_KEYS	CLM_RECIP_FST_NAM
DOB	Member date of birth.	Field	Date (MM/DD/CCYY)	8	T_DENTAL_HDR_KEYS	DTE_SUBSCRIBER_DOB
Claim Diagnosis	A code for the condition requiring medical attention.	Field	Drop Down List Box	0	T_DIAGNOSIS	CDE_DIAG
Submitter ID	Submitter of electronically submitted claims.	Field	Character	12	T_SUSP_DENTAL_HDR	ID_SUBMITTER
Submitted PA		Field				
Signature	Indicates whether the claim was signed by the provider or representative.	Field	Drop Down List Box	0	T_SUSP_DENTAL_HDR	IND_PROV_SIGN
Accident	Indicates the accident reason. It draws its drop down values from the T_ACCIDENT_TYPE table.	Field	Drop Down List Box	0	T_SUSP_DENTAL_HDR	IND_ACCIDENT

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
PAN	Identification for a member assigned by a provider. (Patient account number).	Field	Character	38	T_SUSP_DENTAL_HDR	NUM_PAT_ACCT
Claim Type	Indicates the type of claim.	Field	Character	50	T_SUSP_DENTAL_HDR	CDE_CLM_TYPE
FDOS	Date of first service on the claim.	Field	Date (MM/DD/CCYY)	8	T_SUSP_DENTAL_HDR	DTE_FIRST_SVC
TDOS	Date of last service on the claim.	Field	Date (MM/DD/CCYY)	8	T_SUSP_DENTAL_HDR	DTE_LAST_SVC
Date Billed	Date on which claim was submitted for processing.	Field	Date (MM/DD/CCYY)	8	T_SUSP_DENTAL_HDR	DTE_BILLED
Date Paid	For paid claims, this is the date on which the claim was paid. For suspended claims, this field is not populated.	Field	Date (MM/DD/CCYY)	8	N/A	N/A
Provider Number	The provider identification number and location that uniquely identify the provider of services.	Field	Character	10	T_DENTAL_HDR_KEYS	ID_PROVIDER
Rendering Provider	The rendering provider identification number and location that uniquely identifies the provider of services.	Field	Character	10	T_SUSP_DENTAL_HDR	CDE_SVC_LOC_REF_1

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
POS	Location where service was rendered.	Field	Character	2	T_SUSP_DENTAL_HDR	CDE_POS
EPSDT	Indicates whether claim is EPSDT.	Field	Drop Down List Box	0	T_SUSP_DENTAL_HDR	CDE_EPSDT_FP
Other Plan	Indicates if another form of insurance was used.	Field	Drop Down List Box	0	T_SUSP_DENTAL_HDR	IND_ANOTHER_PLAN
Status	This field will display the status of the claim.	Field	Drop Down List Box	6	T_SUSP_DENTAL_HDR	CDE_CLM_STATUS
Details	Indicates the number of detail service lines on the claim.	Field	Number	9	T_SUSP_DENTAL_HDR	NUM_DTL_TOTAL
Billed	Amount of money requested for payment by a provider for services rendered. Format 999999.99.	Field	Number	8	T_SUSP_DENTAL_HDR	AMT_BILLED
Net Billed	Amount remaining on a claim after payment has been made by all other sources (co-pay, TPL, and so on). Format 999999.99	Field	Number	8	T_SUSP_DENTAL_HDR	AMT_NET_BILLED
Spenddown	Amount of money that the member is responsible for paying for services. Format 9999999.99.	Field	Number	9	T_SUSP_DENTAL_HDR	AMT_PATNT_LIAB

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Reimbursed	Total amount the provider receives. Format 9999999.99. This value is not displayed for suspended claims.	Field	Number	9	N/A	N/A
Paid	Amount paid on claim. This value is computed by adding up all the AMT_PAID values on the related details. Format 999999.99. This field is not displayed for suspended claims.	Field	Number	9	N/A	N/A
TPL	Amount paid by third party for services. Format 999999.99.	Field	Number	8	T_SUSP_DENTAL_HDR	TPL_AMT
Total TPL	This is the sum of the copay amounts from Health Program panel records (T_CLM_PGM_XREF table). Format 9999999.99	Field	Number	8	T_CLM_PGM_XREF	AMT_CO_PAY
TPL Recovered Amt	The casualty case recovery amount populated from the Settlement panel. Format 9999999.99	Field	Number	9	T_TPL_AR_CLM_XREF	AMT
Total Copay	This is the sum of the copay amounts from Health Program panel records (T_CLM_PGM_XREF table). Format 9999999.99.	Field	Number	9	T_SUSP_DENTAL_DTL	AMT_CO_PAY

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
RA Number	For paid claims, this is the remittance advice number that uniquely identifies remittance advice sent to providers during payment cycles. For suspended claims, this field is not populated.	Field	Number	12	N/A	N/A

2.7.21.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Billed	Field	1	Enter a Valid Value	Billed amount must be numeric.
Date Billed	Field	1	Invalid Date. Format is MM/DD/CCYY	Enter a valid date in MM/DD/CCYY format.
Details	Field	101	Exceed maximum number of details.	The maximum number of details has been exceeded for this claims type.
FDOS	Field	1	Invalid Date. Format is MM/DD/CCYY.	Enter a valid date in MM/DD/CCYY format.
FDOS	Field	2	First date of service must be less than or equal to the last date of service.	Verify dates and re-enter.
Member ID	Field	1	Invalid Member ID.	Enter a valid member ID or select a value from the [Search] panel
Net Billed	Field	1	Enter a valid value.	Net billed amount must be numeric.
POS	Field	1	Invalid Place of Service.	Enter a valid place of service or select a value from the [Search] panel.

Field	Field Type	Error Code	Error Message	To Correct
Prov ID / Loc	Field	1	Invalid Billing Provider.	Enter a valid provider or select a value from the [Search] panel.
Prov ID / Loc	Field	2	Provider ID and service location are required.	Enter a valid ID and service location or select a value from the [Search] panel.
Rend Prov ID / Loc	Field	1	Invalid Rendering Provider	Enter a valid rendering provider or select a value from the [Search] panel.
Rend Prov ID / Loc	Field	2	Rendering ID and service location are required.	Enter a valid provider ID or select a value from the [Search] panel.
TDOS	Field	1	Invalid Date. Format is MM/DD/CCYY	Enter a valid date in MM/DD/CCYY format.
TPL	Field	1	Enter a valid Value.	TPL amount must be numeric.

2.7.21.8 Associated Requirements

ID
30.090.007.002.55
30.090.007.003.8

2.7.21.9 CO / Defects

ID	Type	Name	Description	Current Status
1376	Change Order	Add Fields Display - Panels	Add Display of following fields: Submitter ID - Submitter of Electronically submitted claims at the header level. This change applies to all claim forms; and, RA number - Header level. This change applies to all claim forms. Add display and allow data correction for the following fields: Time of Pick Up - time of pick-up on Emergency Transportation (prov type 55) claims. Applies to Physician header panels only; Discharge Hour - UB header panels; and, Life Time Reserve Days - UB header panels. Other additional changes will include "creative" fields currently billed in non standard fields that have multiple uses, and other requested fields. These will be specified in detail once solution is approved.	Prod Implemented
3736	Change Order	Adjustment Region	On adjustment claims, the user is not allowed to change the Member ID or the Provider ID. At this time the code is checking for ICNs that start with '5' to identify Adjustment claims. Two new regions for adjustments have been created, so we need to add '6' to the code where it is currently checking for ICNs that start with '5'. Therefore ICNs that start with '5' or '6' will not be allowed to have the Member ID or Provider ID changed.	Prod Implemented

2.7.22 PANEL: Physician Claim Detail

2.7.22.1 Description

Use the Physician Claim Detail panel to view the data entered on the detail portion of a physician claim. When this panel is displayed in Data Correction mode, an Add button and a Delete button allow the user to add or remove details.

Navigation Path: [Claims -Information] - [Enter an ICN for a physician claim] - [Select Claim Detail link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a physician claim] - [Select Claim Detail link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a physician claim from the list] - [Select Claim Detail link from the displayed panel]

This panel is populated from the following tables depending on the status of the claim: T_PD_PHYS_DTL, T_DENY_PHYS_DTL, and T_SUSP_PHYS_DTL

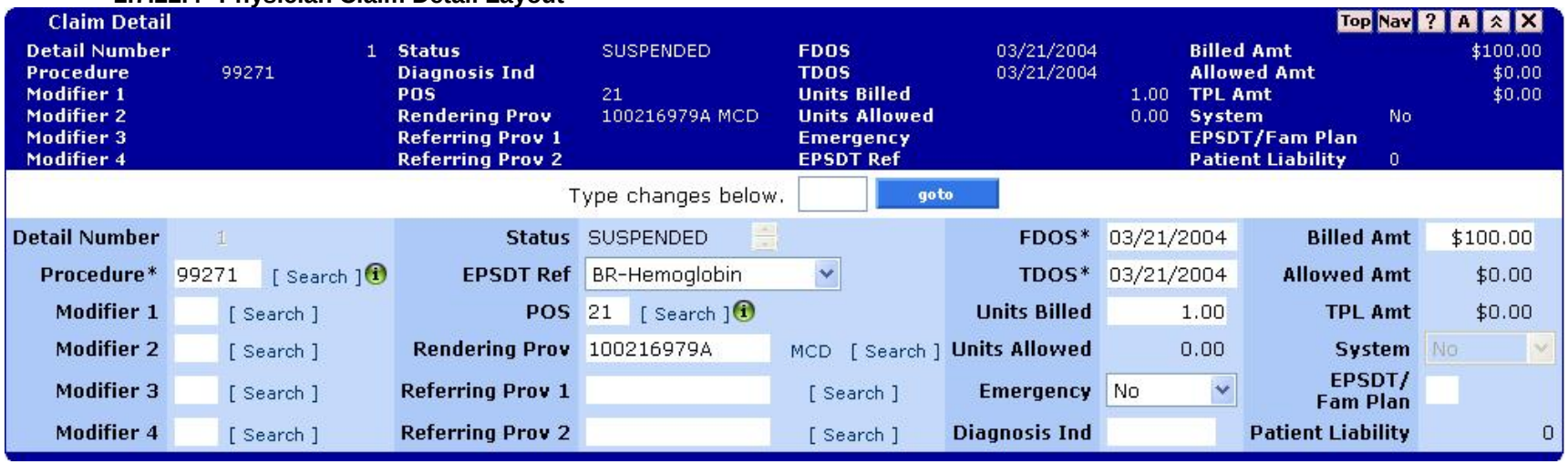
2.7.22.2 Technical Name

Clm.PhysicianDetailPanel.ascx

2.7.22.3 Panel Name

Claim Detail

2.7.22.4 Physician Claim Detail Layout



2.7.22.5 Extra Features

This panel has no extra features.

2.7.22.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Detail Number	The number of the detail on a claim record.	Field	Number	4	SEE NARRATIVE SECTION	NUM_DTL
Procedure	System-assigned key for a procedure code on a detail which indicates the service that was provided.	Field	Character	6	SEE NARRATIVE SECTION	CDE_PROC
Modifier 1	Code used to identify the modifiers connected to the procedure code.	Field	Character	2	SEE NARRATIVE SECTION	CDE_PROC_MOD
Modifier 2	Code used to identify the modifiers connected to the procedure code.	Field	Character	2	SEE NARRATIVE SECTION	CDE_MODIFIER_2
Modifier 3	Code used to identify the modifiers connected to the procedure code.	Field	Character	2	SEE NARRATIVE SECTION	CDE_MODIFIER_3
Modifier 4	Code used to identify the modifiers connected to the procedure code.	Field	Character	2	SEE NARRATIVE SECTION	CDE_MODIFIER_4
Status	Detail adjudication status.	Field	Character	1	SEE NARRATIVE SECTION	CDE_CLM_STATUS
EPSDT Ref	EPSDT referral/treatment information.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	IND_EPSDT_REF
POS	Place of service where service was rendered.	Field	Character	2	SEE NARRATIVE SECTION	CDE_POS

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Rendering Prov	The rendering provider identification number and location that uniquely identifies the provider of services. SAK_PROV_PERF, CDE_SVC_LOC_REND	Field	Number	10	SEE NARRATIVE SECTION	SEE DESCRIPTION
Referring Prov 1	Provider Identification number that uniquely identifies the referring provider and location that uniquely identifies the provider of services. SAK_PROV_REFERRING, CDE_SVC_LOC_REF_1	Field	Number	10	SEE NARRATIVE SECTION	SEE DESCRIPTION
Referring Prov 2	Provider Identification number that uniquely identifies the referring provider and location that uniquely identifies the provider of services. SAK_PROV_REFERRING_2, CDE_SVC_LOC_REF_2	Field	Number	10	SEE NARRATIVE SECTION	SEE DESCRIPTION
FDOS	Date on which service was first provided.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_FIRST_SVC
TDOS	Last service date.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_LAST_SVC

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Units Billed	The number of units billed by the provider.	Field	Number	6	SEE NARRATIVE SECTION	QTY BILLED
Units Allowed	Number of units of service that will be paid for.	Field	Number	6	SEE NARRATIVE SECTION	QTY_ALLOWED
Emergency	Indicates whether the service was provided as result of emergency situation.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	IND_EMERGENCY
Diagnosis Ind	Indicates diagnosis (or diagnoses) for which services were provided. Valid values are 1,2,3,4 for paper claims and 1-8 for electronic claims.	Field	Number	8	SEE NARRATIVE SECTION	CDE_DIAG_TREAT_IND
Billed Amt	Amount of money requested for payment by a provider for services rendered. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_BILLED
Allowed Amt	Amount allowed that will be paid. Format 9999999.99.	Field	Number	9	SEE NARRATIVE SECTION	AMT_ALWD
TPL Amt	Amount paid by third party for services, at the claim header level. Format 999999.99.	Field	Number	9	SEE NARRATIVE SECTION	AMT_DETAIL_TPL
System	Indicates whether detail was added by system during claim's processing.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	IND_SYS_GENERATE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
EPSDT/Fam Plan	A code from the CMS 1500 claim form block 24 H indicating EPSDT or Family Planning.	Field	Character	1	SEE NARRATIVE SECTION	CDE_EPSDT_FP
Patient Liability	The amount of patient liability applied to this claim.	Field	Number	12	T_CLM_PATILIAB_X	AMT_PD_PAT_UB92
goto	Allows user to view a specific detail.	Button	N/A	0	N/A	N/A

2.7.22.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Billed Amt	Field	1	Enter a Valid Value.	Enter a numeric value.
Diagnosis Ind	Field	1	Diagnosis indicator must be less than number of diagnosis on the claim.	Verify the value and re-enter.
FDOS	Field	1	Invalid Date. Format is MM/DD/CCYY.	Verify format and re-enter.
FDOS	Field	2	FDOS must be less than or equal to TDOS.	Ensure the FDOS is less than or equal to the TDOS.
Modifier 1	Field	1	Invalid Modifier 1 Code.	Enter a valid modifier code or select a valid value from the [Search] panel.
Modifier 2	Field	1	Invalid Modifier 2 Code.	Enter a valid modifier code or select a valid value from the [Search] panel.

Field	Field Type	Error Code	Error Message	To Correct
Modifier 3	Field	1	Invalid Modifier 3 Code.	Enter a valid modifier code or select a valid value from the [Search] panel.
Modifier 4	Field	1	Invalid Modifier 4 Code.	Enter a valid modifier code or select a valid value from the [Search] panel.
POS	Field	1	Invalid Place of Service.	Enter a valid code or select a valid POS from the [Search} panel.
Procedure	Field	1	Invalid Procedure Code.	Enter a valid code or select a code from the [Search] panel.
Referring Prov 1	Field	1	Invalid Referring Provider 1.	Enter a valid code or select a valid provider from the [Search] panel.
Referring Prov 1	Field	2	Referring Provider 1 ID and service location are required.	If the referring provider 1 value is entered, a location must also be entered. If the provider location is entered, then the provider ID must be entered.
Referring Prov 2	Field	1	Invalid Referring Provider 2.	Enter a valid code or select a provider from the [Search] panel.
Referring Prov 2	Field	2	Referring Provider 2 ID and service location are required.	If the referring provider 2 value is entered, a location must also be entered. If the provider location is entered, the provider ID must be entered.
Renderring Prov	Field	1	Invalid Rendering Provider.	Enter a valid provider or select a provider from the [Search] panel.

Field	Field Type	Error Code	Error Message	To Correct
Renderring Prov	Field	2	Rendering provider ID and service location are required.	If a rendering provider value is entered, a location must also be entered. If the provider location is entered, the provider ID must be entered.
TDOS	Field	1	Invalid Date. Format is MM/DD/CCYY	Verify format and re-enter
Units Billed	Field	1	Enter a Valid Value.	Enter a numeric value.

2.7.22.8 Associated Requirements

ID
30.090.007.002.47
30.090.007.002.66
30.090.007.002.71

2.7.22.9 CO / Defects

ID	Type	Name	Description	Current Status

ID	Type	Name	Description	Current Status
1375	Change Order	Add Display Of Patient Liability	Add Display of Patient Liability Amount applied to the claim and/or claim detail. Patient liability in KY applies to claims bill end in UB and CMS1500 format. Patient liability amount is applied at the detail level when the claim is billed CMS1500 for some programs such as Adult Day Care Waivers. Patient liability amount is applied at the detail level when the claim is billed UB for some programs such as Hospice claims. Other claims deduct patient liability at the header level.	Prod Implemented
1390	Change Order	Change Fields - Panels	Change the following fields labels: All instances of OI Amt to TPL Amt; All instances of Prescrib Prov to Prescriber Prov, Orig Prescrib to Orig Prescriber; Prescrib Num to RX Num; Days Supplys to Days Supply; Can field positions on the different claims panels be consistent? For example, PAN is in a different position on the Dental Claim than on the Physician Claim; Make sure that when in the Cash Disposition Panel if the user double clicks on the CCN, the financial FCRI Cash Receipt Information panel displays; and, Make sure that when in the Prior Authorization Panel if the user double clicks on the PA Number, the PA Prior Authorization panel displays. SEE CLARIFICATIONS SECTION. REQUIREMENTS FOR THIS CO HAVE BEEN MODIFIED.	Prod Implemented

ID	Type	Name	Description	Current Status
3481	Change Order	Redesign Claim Detail Panels	In order to meet the customer requirements for the Claims Detail panels, we need to display more than one detail at a time. We need to display at least four details. This will make the panel look more like the prototype that the customer was promised. In addition, the bottom editable portion of the panel (data panel) only needs to be displayed if the user is allowed to data correct claims and they are in Data Correct Mode. If more than four details are on the claim, when the user clicks on the fifth detail and the detail information is populated on the bottom portion of the panel, make sure the top portion of the panel scrolls back to the fifth detail so that the user will see the same detail in the upper portion of the panel (data list) and the bottom portion of the panel (data panel).	Prod Implemented

2.7.23 PANEL: Detail Error

2.7.23.1 Description

Access the Detail Error panel from the paid, denied, or suspended claim panels. The Detail Error panel is in view-only mode when accessed through Claims Inquiry or Data Corrections.

Changes can be made to header and detail Error Panel records on the Error panel. This panel displays the detail errors applicable to the claim detail being viewed.

To view information on this panel, select one detail record on the Claim Detail panel. Page forward to find the detail to select or enter the detail number in the 'go to' field.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Click Search] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - THEN - [Click on a detail record in the Claim Detail panel] - [Click on the Detail Information nav bar item link on the Navigation Panel] - [Detail Error]

Tables: T_CLAIM_ERROR, T_ERROR_DISP, T_EOB

2.7.23.2 Technical Name

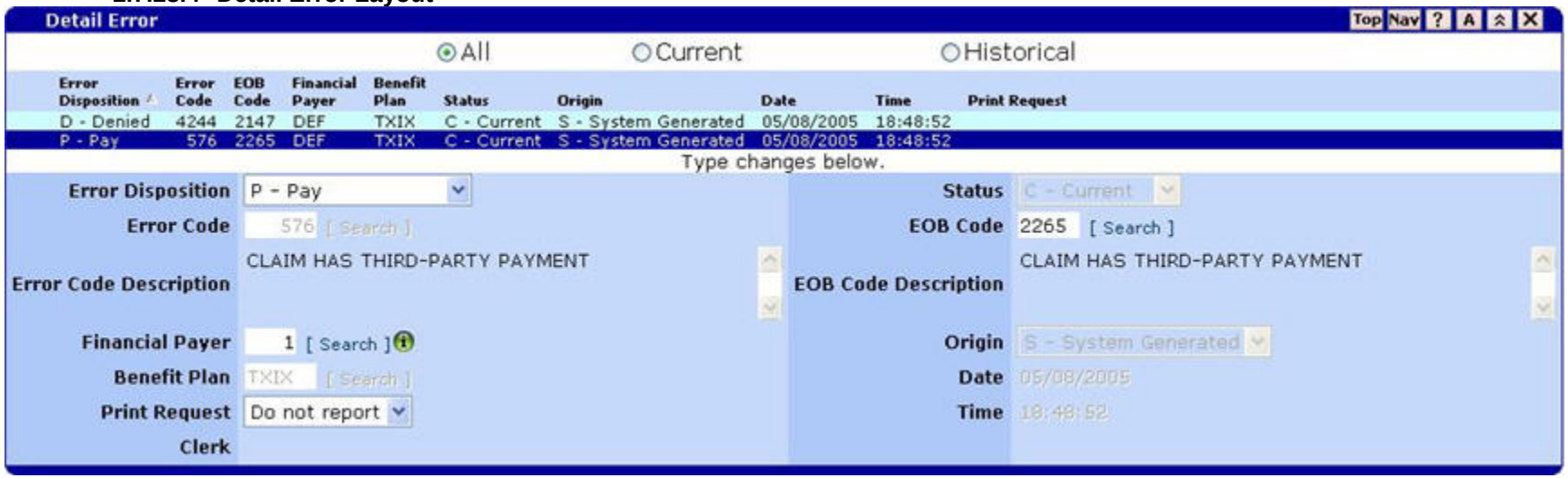
Clm.DetailError.ascx

2.7.23.3 Panel Name

Detail Error

For readability, the layout displays on the next page.

2.7.23.4 Detail Error Layout



2.7.23.5 Extra Features

This panel has no extra features.

2.7.23.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Error Disposition	Disposition of the error.	Field	Drop Down List Box	0	T_ERROR_DISP	DSC_ERROR_STAT
Status	Indicates if the EOB is current or history.	Field	Character	7	T_CLAIM_ERROR	CDE_DISP_STATUS
Error Code	Code used to indicate an error was discovered on a claim during processing in the base system. This can be either and edit or an audit.	Field	Character	4	T_ERROR_DISP	CDE_ESC

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
EOB Code	This is the number assigned to an explanation of benefits description to uniquely identify it.	Field	Number	4	T_EOB	CDE_EOB
Error Code Description	Description of the error code.	Field	Character	50	T_ERROR_DISP	DSC_ERROR_STAT
EOB Code Description	Description of the EOB code.	Field	Character	79	T_EOB	DSC_EOB
Financial Payer	A value that identifies a unique payer within interChange.	Field	Character	4	T_CLAIM_ERROR	SAK_FIN_PAYER
Origin	Indicates how the EOB Code and message were generated: Valid values are 'S - System Generated' or 'U - User Assigned'.	Field	Drop Down List Box	0	T_CLAIM_ERROR	CDE_STATUS1
Benefit Plan	Identifies the medical assistance program that is supported in the system. Use the [Search] panel to select a valid plan.	Field	Character	5	T_CLAIM_ERROR	SAK_PUB_HLTH
Date	Date of the error code.	Field	Date (MM/DD/CCYY)	0	T_CLAIM_ERROR	DTE_GENERIC

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Print Request	The valid values for this indicator are Space - do not select claims with this error to report; L - Report the claims at a summary level on the CLM-0024-D report; W - Report the claims on a general paper worksheet which is the CLM-0023-D report.	Field	Drop Down List Box	0	T_CLAIM_ERROR	IND_RPT
Time	Time of the error code.	Field	Number	8	T_CLAIM_ERROR	TME_STAMP
Clerk	Number used to identify the user who last updated the error record.	Field	Character	8	T_CLAIM_ERROR	ID_CLERK

2.7.23.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Benefit Plan	Field	1	Invalid Benefit plan.	Enter a valid benefit plan or select a valid benefit plan from the [Search] panel.
EOB Code	Field	1	Invalid EOB.	Enter a valid EOB code or select a valid code from the [Search] panel.
Error Code	Field	1	Invalid error code	Enter a valid error code or select a valid code from the [Search] panel.
Error Code	Field	2	Error Code XXXX cannot be overridden.	The error code entered is a critical error or it cannot be overridden. The error disposition cannot be 'F - Force'.

Field	Field Type	Error Code	Error Message	To Correct
Error Code	Field	3	Error Code XXXX cannot have the Error Disposition set to 'Deny'.	The error code entered has an allow deny indicator set to 'No', therefore the error disposition cannot be set to deny.
Financial Payer	Field	1	Invalid Financial Payer	Enter a valid Financial Payer or select one from the [Search] panel.

2.7.23.8 Associated Requirements

ID
30.090.007.002.71

2.7.23.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.24 PANEL: Detail Health Program

2.7.24.1 Description

Access the Detail Health Program panel from the paid, denied, or suspended claim panels. The Detail Health Program panel is in view-only mode when accessed through Claims Inquiry or Data Corrections.

This panel displays the health program applicable to the claim detail being viewed. Changes can be made to header and detail Health Program records on the Health Program panel.

To view information on this panel, select one detail record on the Claim Detail panel. Page forward to find the detail to select or enter the detail number in the 'go to' field.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Click Search] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - THEN - [Click on a detail record in the Claim Detail panel] - [Click on the Detail Information nav bar item link on the Navigation Panel] - [Detail Health Program]

Tables: T_CLM_PGM_XREF, T_CDE_AID, T_FINANCIAL_PAYER, T_PUB_HLTH_PGM

2.7.24.2 Technical Name

Clm.PaymentInfoPanel.ascx

2.7.24.3 Panel Name

Detail Health Program

For readability, the layout displays on the next page.

2.7.24.4 Detail Health Program Layout

» Detail Health Program

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Health Program	Fund Source	Paid Amount	State Share Amount	Federal Share Amount	Encounter Amount	MMIS Allowed Amount	Allowed Quantity	CoPay Amount	Aid Category	Rate Type	Pricing Indicator
GCMNC	A	$0.00	$0.00	$0.00	$0.00	$0.00	1.00	$0.00	D	PSI	REVMXF

Select row above to update.

		Pricing Indicator	
Paid Amount			
State Share Amount		Funding Source	
Federal Share Amount		Member Assignment	
Encounter Amount		Financial Payer	
MMIS Allowed Amount		Health Program	
Allowed Quantity		Payable Benefit	
Copay Amount		Covered Benefit	
Aid Category		Benefit Hierarchy	
Finalized Date		Assignment Hierarchy	
Rate Type		Payer Hierarchy	

2.7.24.5 Extra Features

This panel has no extra features.

2.7.24.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Pricing Indicator	Pricing indicator which dictates the method by which a procedure must be priced or indicates how a claim detail was priced.	Field	Character	1	T_CLM_PGM_XREF	IND_PRICING
Paid Amount	This is the amount that will be applied toward the check amount. Format 99999999.99.	Field	Number	10	T_CLM_PGM_XREF	AMT_PAID

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Managed Care Indicator	Managed care indicator identifies claims and other transactions as to how they affect the managed care program.	Field	Drop Down List Box	1	T_CLM_PGM_XREF	IND_MC
State Share Amount	This is the amount of state share for this payment. The state share amount plus the amount Paid = Reimbursement amount. Format 99999999.99.	Field	Number	10	T_CLM_PGM_XREF	AMT_STATE_SHARE
Fund Source	Indicates the budget category that the funds used to pay this claim/detail came from.	Field	Number	9	T_FIN_FUND_CODE	T_FIN_FUND_CODE
Federal Share Amount	This is the amount of federal share for this payment.	Field	Number	10	T_CLM_PGM_XREF	AMT_FEDERAL_SHARE
Member Assignment	A group of covered services (benefits) where the member is assigned to a provider or provider organization in order to receive covered services (benefits).	Field	Number	9	T_PUB_HLTH_PGM	CDE_PGM_HEALTH
Encounter Amount	Contains the amount for encounter services on the claim detail indicated by the detail number on table. Format 9999999.99.	Field	Number	10	T_CLM_PGM_XREF	AMT_ENCOUNTER

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Financial Payer	The system-assigned value that identifies a unique payer within interChange.	Field	Number	9	T_FINANCIAL_PAYER	CDE_FIN_PAYER
Allowed Amount	Allowed amount that will be paid. Format 9999999.99.	Field	Number	9	T_CLM_PGM_XREF	AMT_ALWD
Health Program	Identifies the medical assistance program that is supported in the system.	Field	Character	5	T_PUB_HLTH_PGM	CDE_PGM_HEALTH
Allowed Quantity	Number of units of service that will be paid under a financial payer/benefit plan. Format 9999.99.	Field	Number	6	T_CLM_PGM_XREF	QTY_ALLOWED
Payable Benefit	Unique system-assigned that identifies each row on this table.	Field	Number	9	T_CLM_PGM_XREF	SAK_PAYABLE_BNFT
Copay Amount	Amount paid by member for services rendered. Format 99999.99.	Field	Number	7	T_CLM_PGM_XREF	AMT_CO_PAY
Covered Benefit	System-assigned key used to identify a unique row for a benefit covered by a member plan.	Field	Number	9	T_CLM_PGM_XREF	SAK_COVERED_BNFT
Aid Category	Aid category for Medicaid coverage.	Field	Number	9	T_CDE_AID	CDE_AID_CATEGORY

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Benefit Hierarchy	Specifies the order in which to process multiple benefit plans for a member.	Field	Number	9	T_CLM_PGM_XREF	SAK_THREAD
Finalized Date	Date that financial finalizes the claim for this payer.	Field	Date (MM/DD/CCYY)	8	T_CLM_PGM_XREF	DTE_FINAL
Assignment Hierarchy	An assignment hierarchy is an ordered set of assignment plans for which a member/beneficiary may be assigned concurrently. For example, a beneficiary may be assigned to a PCP and to a Home Community Based Services agency at overlapping periods of time.	Field	Number	9	T_CLM_PGM_XREF	SAK_THREAD_ASSIGNMENT
Rate Type	Code used to identify the rate type to use in determining provider reimbursement.	Field	Character	3	T_CLM_PGM_XREF	CDE_RATE_TYPE
Payer Hierarchy	Payer hierarchy is used to identify the order of processing of financial payers, benefit plans, or assignment plans for beneficiaries who are enrolled in multiple entities of any of these types.	Field	Number	9	T_CLM_PGM_XREF	SAK_THREAD_PAYER

2.7.24.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct

Field	Field Type	Error Code	Error Message	To Correct
Financial Payer	Field	1	Enter a valid value	Enter a valid financial payer or select a valid value from the [Search] panel.
Health Program	Field	1	Invalid Benefit Plan	Enter a valid benefit plan or select a value from the [Search] panel.
MMIS Allowed Amount	Field	1	Enter a Valid Value	Enter only a numeric value in the Allowed Amount field.

2.7.24.8 Associated Requirements

ID
30.050.001F
30.090.007.002.66
30.090.007.002.71

2.7.24.9 CO / Defects

ID	Type	Name	Description	Current Status
1391	Change Order	Health Program Panels	Add display of Federal Share Amount Health Program and Detail Health Program panels. This is a calculated amount. Reorganize results of Health Program panels to show additional fields without having to click on a row. At a minimum Allowed Amount, Pricing indicator and Rate type.	Prod Implemented

ID	Type	Name	Description	Current Status
162	Change Order	Change "Recipient" - online	Change every instance of "Recipient, 'MID", "RID" or "Current ID" to "Member ID" on claim pages and panels. In addition, update any related error messages that may include the name of the field. Update corresponding documentation.	Prod Implemented

2.7.25 PANEL: Medicare Information - Physician

2.7.25.1 Description

The Medicare Information panel displays the Medicare information applicable to the claim.

Navigation Path: [Claims -Information] - [Enter an ICN for a Physician claim] - [Select Medicare Information link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a Physician claim] - [Select Medicare Information link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a Physician claim from the list] - [Select Medicare Information link from the displayed panel]

This panel is populated from the following tables depending on Claim Type Tables: T_SUSP_PHYS_DTL, T_FINAL_PHYS_DTL (At this time the fields are still on T_SUSP_PHYS_XOVER, T_FINAL_PHYS_XOVER.

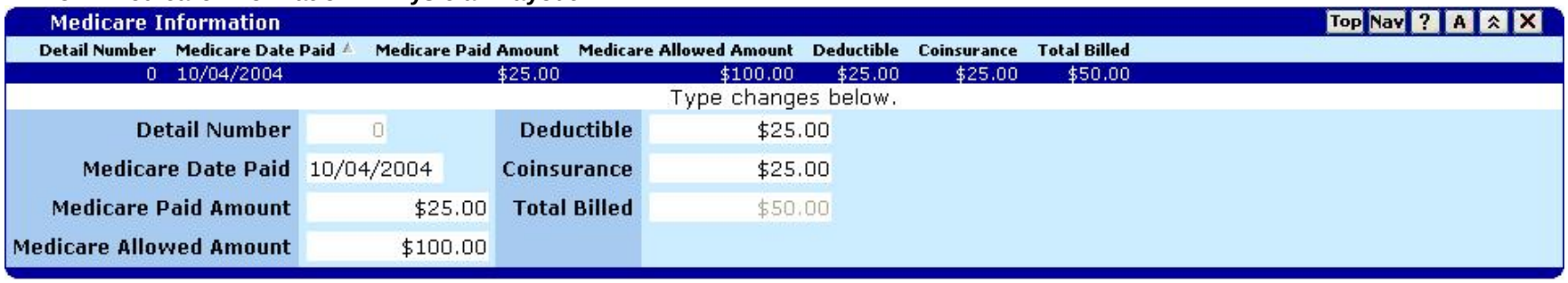
2.7.25.2 Technical Name

Clm.PhysXoverPanel.ascx

2.7.25.3 Panel Name

Medicare Information

2.7.25.4 Medicare Information – Physician Layout



2.7.25.5 Extra Features

This panel has no extra features.

2.7.25.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Detail Number	The number of the detail on a claim record.	Field	Number	8	SEE NARRATIVE SECTION.	NUM_DTL
Deductible	The amount the member must pay before Medicare. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_DEDUCT
Medicare Date Paid						
Coinsurance	Amount that represents the member's coinsurance payment. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_COINSURANCE
Medicare Paid Amount	The dollar amount paid by Medicare for the services. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_PAID_MCARE
Total Billed	The amount Medicare has determined that a member must pay. (Sum of coinsurance + deductible). Format 999999.99.	Field	Number	8	N/A	N/A
Medicare Allowed Amount	The dollar amount allowed by Medicare for the services. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_ALWD_MCARE

2.7.25.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Coinsurance	Field	1	Enter a valid value	Enter a numeric value. Format 999999.99.
Deductible	Field	1	Enter a valid value.	Enter a numeric value. Format 999999.99.
Medicare Allowed Amount	Field	1	Enter a Valid Value	Enter a numeric value. Format 999999.99.
Medicare Paid Amount	Field	1	Enter a Valid Value	Enter a numeric value. Format 999999.99.
Total Billed	Field	1	Enter a Valid Value	Enter a numeric value. Format 999999.99.

2.7.25.8 Associated Requirements

ID
30.090.007.002.43
30.090.007.002.71

2.7.25.9 CO / Defects

ID	Type	Name	Description	Current Status
1347	Change Order	Change Cross Over Panels	Change Cross over Panels to include necessary fields to support KY policy. Professional cross over's will also have to display information at the detail level. Medicare Information - Physician Medicare information for Physician cross over's will be at the header and detail level. Current panel can be used for Header information. New detail level fields will need to be added to the panel. Add Tot Billed - header level - calculated field equals the sum of coinsurance + deductible; Add Medicare Allowed Amount - detail level- updatable during data corrections; Add Medicare Paid Amount - detail level- updatable during data corrections; Add Coinsurance - detail level- updatable during data corrections; and, Add Deductible - detail level- updatable during data corrections. (Continued below)	Prod Implemented

ID	Type	Name	Description	Current Status
1347	Change Order	Change Cross Over Panels	**Medicare Information - UB92** Add Tot Billed - calculated field equals the sum of coinsurance + deductible; Add Medicare Paid Amount- updatable during data corrections; Add Medicare Allowed Amount- updatable during data corrections; and, Add Coinsurance Days - updatable during data corrections.	Prod Implemented
6536	Change Order	Add Medicare paid date	Add the Medicare Paid Date to the Medicare Information panel for Physician X-over claims. The date is already on the table. Change the order of the fields in the first column on the data panel to Detail Number, Medicare Paid Date, Medicare Paid Amount, and Medicare Allowed Amount. The order of the fields in the second column are ok is. Change the order of the fields in the data list to be Detail Number, Medicare Paid Date, Medicare Paid Amount, Medicare Allowed Amount, etc.	Prod Implemented

2.7.26 PANEL: Adjustment Information - Daughter or Mother

2.7.26.1 Description

The Adjustment Information panel displays the daughter claim if the claim being displayed has been adjusted. It displays the mother claim if the claim being displayed is an adjustment claim.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select Adjustment Information link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - [Select Adjustment Information link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select Adjustment Information link from the displayed panel]

This panel is populated from the following tables depending on claim type: T_ADJ_PHYS_XREF, T_ADJ_PHRM_XREF, T_ADJ_UB92_XREF, T_ADJ_DNTL_XREF, and T_SUSP_ADJ_XREF

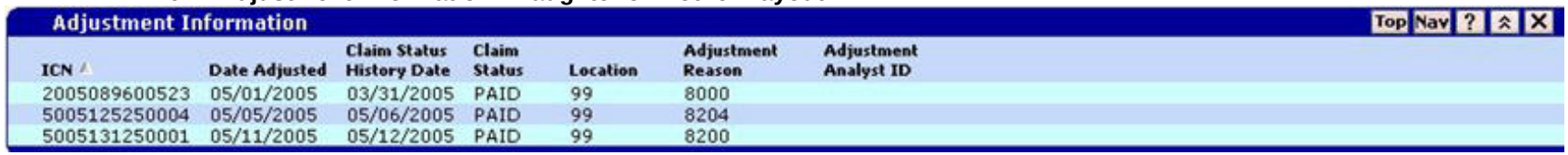
2.7.26.2 Technical Name

Clm.AdjustmentInformation-DaughterorMother.ascx

2.7.26.3 Panel Name

Adjustment Information

2.7.26.4 Adjustment Information - Daughter or Mother Layout



Adjustment Information

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ICN	Date Adjusted	Claim Status History Date	Claim Status	Location	Adjustment Reason	Adjustment Analyst ID
2005089600523	05/01/2005	03/31/2005	PAID	99	8000	
5005125250004	05/05/2005	05/06/2005	PAID	99	8204	
5005131250001	05/11/2005	05/12/2005	PAID	99	8200	

2.7.26.5 Extra Features

This panel has no extra features.

2.7.26.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
ICN	Internal control number which uniquely identifies a claim.	Field	Character	13	SEE NARRATIVE SECTION	NUM_ICN_FL

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Date Adjusted	Date on which adjustment request was initiated.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_ADJUSTED
Claims Status History Date	Date on which a claim was processed.	Field	Date (MM/DD/CCYY)	8	T_HIST_DIRECTOY	DTE_PAID
Claim Status	The status of the claim, example "PAID".	Field	Character	10	T_HIST_DIRECTORY	CDE_CLM_STATUS
Location	Location code of the claim.	Field	Character	2	T_CLAIM_LOCAT	CDE_LOCATION
Adjustment Reason	Code identifying the detailed reason the adjustment was made.	Field	Character	4	SEE NARRATIVE SECTION	CDE_EOB
Adjustment Analyst ID	Identification of the clerk that generated the adjustment request.	Field	Character	8	SEE NARRATIVE SECTION	ID_CLERK

2.7.26.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.26.8 Associated Requirements

ID
30.090.007.002.71

2.7.26.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.27 PANEL: Pharmacy Claim Detail Navigation

2.7.27.1 Description

The Pharmacy Claim Detail Navigation panel provides access to the various panels through which pharmacy claims detail information can be viewed.

Navigation Path: [Claims -Information] - [Enter an ICN for a Pharmacy claim] - OR - [Claims -Search] - [Enter Criteria] - [Select a Pharmacy claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a pharmacy claim from the list] -THEN - [Click on Detail Information on the Navigation Panel]

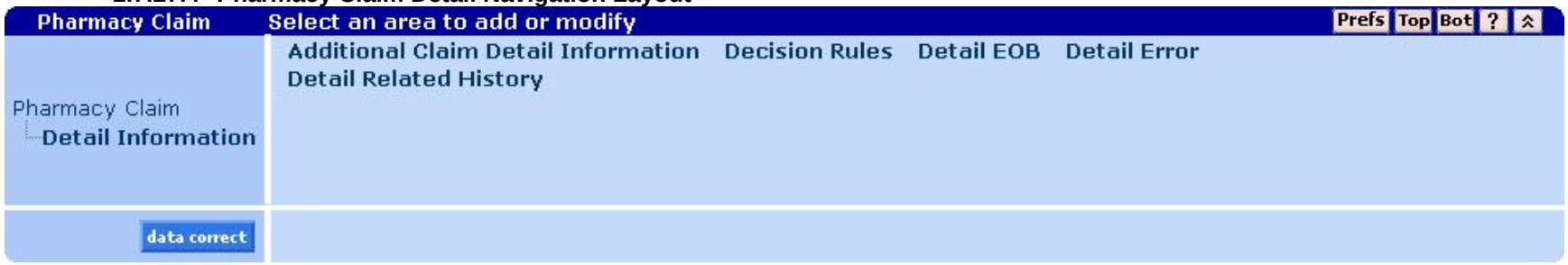
2.7.27.2 Technical Name

Clm.PharmacyClaimPage.ascx - Detail NavGroup

2.7.27.3 Panel Name

Pharmacy Claim Detail Navigation

2.7.27.4 Pharmacy Claim Detail Navigation Layout



2.7.27.5 Extra Features

This panel has no extra features.

2.7.27.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Additional Claim Detail Information	Links to "Additional Claim Detail Information" panel.	Hyperlink	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Decision Rules	Links to "Decision Rules" panel.	Hyperlink	N/A	0		
Detail EOB	Links to "Detail EOB" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Error	Links to "Detail Error" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Related History	Links to "Detail Related History" panel.	Hyperlink	N/A	0	N/A	N/A
Data Correct	This button will display for claims in Suspended status that are being viewed on the Claim Information page. Clicking the Data Correct button opens the displayed suspended claim in Data Correction mode. Changes can be made and the claim can be resubmitted.	Button	N/A	0	N/A	N/A

2.7.27.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.27.8 Associated Requirements

ID
30.090.007.002.71

2.7.27.9 CO / Defects

ID	Type	Name	Description	Current Status

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.28 PANEL: Submitted Data - UB92

2.7.28.1 Description

Access the Submitted Data panel from the paid, denied, or suspended claim panels. This panel displays the submitted data applicable to the UB claim header being viewed.

Navigation Path: [Claims -Information] - [Enter an ICN for a UB claim] - [Select Submitted Data link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a UB claim] - [Select Submitted Data link from the displayed panel] - OR - [Claims - Data Correction] - [Enter clerk ID, search then select a UB claim from the list] - [Select Submitted Data link from the displayed panel]

Table: T_UB92_HDR_EXT_KEY

2.7.28.2 Technical Name

Clm.UB92ClaimKeyPanel.ascx

2.7.28.3 Panel Name

Submitted Data

2.7.28.4 Submitted Data - UB92 Layout

2.7.28.5 Extra Features

This panel has no extra features.

2.7.28.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Submitted Type of Bill	Submitted type of Bill for HIPAA 837I.	Field	Character	3	T_UB92_HDR_EXT_KEY	TOB_SUB
Submitted Patient Account Number	Identification for a member assigned by a provider and used in their system.	Field	Character	38	T_UB92_HDR_EXT_KEY	NUM_PAT_ACCT_SUB

2.7.28.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.28.8 Associated Requirements

ID
30.090.007.002.71

2.7.28.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.29 PANEL: CAS Inquiry

2.7.29.1 Description

The CAS Inquiry panel displays the claim level adjustment segments (CAS) information applicable to the claim or encounter.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select CAS Inquiry link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - [Select CAS Inquiry link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select CAS Inquiry link from the displayed panel]

Table: T_CLM_CAS

2.7.29.2 Technical Name

Clm.CAS Inquiry (Design)

2.7.29.3 Panel Name

CAS Inquiry

2.7.29.4 CAS Inquiry Layout

CAS Inquiry

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Detail Number	SVD Detail	CAS Seq	Claim Adjustment Reason	Claim Adjustment Group	Adjustment Quantity	Adjustment Amount	Party Identifier
4	1	3	75	PR	1.00	$120.00	28350
5	1	1	55	CO	1.00	$50.00	28350
3	1	2	45	0	8.00	$80.00	28367
1	1	1	65	CO	1.00	$100.00	28350
2	1	1	55	PR	3.00	$130.00	30790

2.7.29.5 Extra Features

This panel has no extra features.

2.7.29.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Detail Number	The number of the detail on the claim record.	Field	Number	4	T_CLM_CAS	NUM_DTL

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
SVD Detail	This is the sequence number of the SVD segment with a claim detail. Up to 25 SVD segments may be related to a detail.	Field	Number	4	T_CLM_CAS	NUM_DTL_SVD
CAS Seq	This identifies the iteration number for the CAS segment. A maximum of 99 CAS segments are allowed for a claim detail. For the claim header, the maximum is five.	Field	Number	4	T_CLM_CAS	NUM_CAS_SEQ
Claim Adjustment Reason	This code identifies the detailed reason the adjustment was made.	Field	Character	5	T_CLM_CAS	CDE_CLM_ADJ_REASON
Claim Adjustment Group	This code identifies the general category of a payment adjustment.	Field	Character	2	T_CLM_CAS	CDE_CLM_ADJ_GROUP
Adjustment Quantity	Number of units of service being adjusted. Format 999999.99.	Field	Number	8	T_CLM_CAS	QTY_ADJUSTMENT
Adjustment Amount	Monetary amount of the adjustment. Format $9999999.99.	Field	Number	9	T_CLM_CAS	AMT_ADJUSTMENT
Party Identifier	Unique identifier for a payer.	Field	Character	80	T_PARTY_IDENTIFIER	CDE_PARTY_ID

2.7.29.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.29.8 Associated Requirements

ID
30.090.008.002.11

2.7.29.9 CO / Defects

ID	Type	Name	Description	Current Status
1288	Change Order	Add CAS Inquiry Panel	Add new CAS Inquiry Panel. See CORE CO 12115 - for all the reference on this CO	Prod Implemented

2.7.30 PANEL: Misc Information

2.7.30.1 Description

The Misc Information panel displays miscellaneous information for the claim. The type of information being displayed is identified in the Type Qualifier field. The value of the information is displayed in the Miscellaneous Code field.

Navigation Path: [Claims -Information] - [Enter an ICN for a Physician claim] - [Select Misc Information from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a Physician claim] - [Select Misc Information from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a Physician claim from the list] - [Select Misc Information from the displayed panel]

Table: T_CLM_MISC

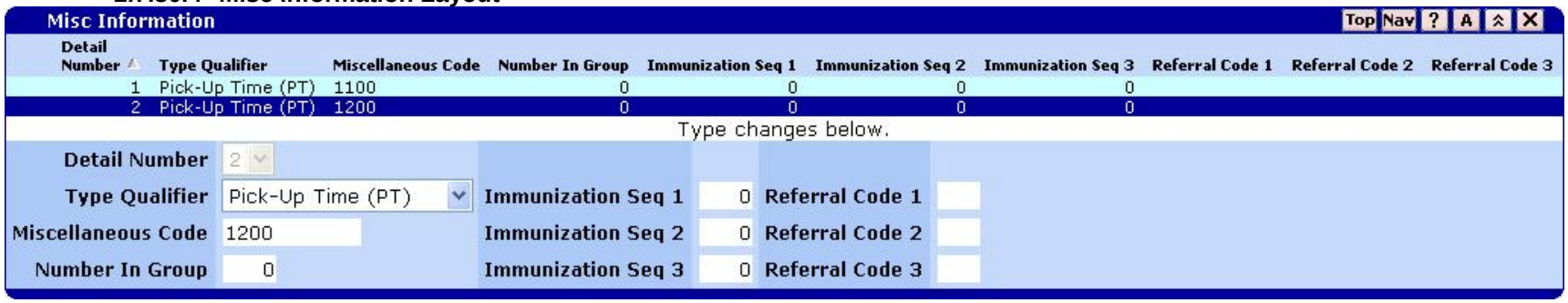
2.7.30.2 Technical Name

Clm.ClaimMiscInfoHdrPnl.ascx

2.7.30.3 Panel Name

Misc Information

2.7.30.4 Misc Information Layout



2.7.30.5 Extra Features

This panel has no extra features.

2.7.30.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Detail Number	The number of the detail on a claim record.	Field	Number	4	T_CLM_MISC	NUM_DTL
Type Qualifier	This qualifier identifies the type of information under CDE_MISC.	Field	Character	5	T_CLM_MISC	QLF_MISC_TYPE
Miscellaneous Code	A code used in claims processing	Field	Character	11	T_CLM_MISC	CDE_MISC
Number In Group	Number of individuals in a group. Used for group therapy services.	Field	Number	2	T_CLM_MISC	NUM_INDV_GROUP
Immunization Seq 1	Immunization sequence on a series of vaccinations.	Field	Number	2	T_CLM_MISC	SEQ_NUM_IMMUN
Immunization Seq 2	Immunization sequence on a series of vaccinations.	Field	Number	2	T_CLM_MISC	SEQ_NUM_IMMUN_2
Immunization Seq 3	Immunization sequence on a series of vaccinations.	Field	Number	2	T_CLM_MISC	SEQ_NUM_IMMUN_3
Referral Code 1	The referral code identifies the type/reason for a referral.	Field	Number	2	T_CLM_MISC	CDE_REFERRAL_1
Referral Code 2	The referral code identifies the type/reason for a referral.	Field	Number	2	T_CLM_MISC	CDE_REFERRAL_2
Referral Code 3	The referral code identifies the type/reason for a referral.	Field	Number	2	T_CLM_MISC	CDE_REFERRAL_3

2.7.30.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.30.8 Associated Requirements

ID
30.050.001F

2.7.30.9 CO / Defects

ID	Type	Name	Description	Current Status
3347	Change Order	Claim Misc Info Config Change	A Data Model Change being made for the T_CLM_MISC table requires the corresponding configuration and business entity files in Claims UI to be modified. This is required so that the Claims Misc Information panel will continue to work correctly when new records are added to the database.	Prod Implemented

ID	Type	Name	Description	Current Status
3775	Change Order	Add fields to Misc Info Panel	Remove the code to enable/disable the Misc Information nav bar link if the provider type is or isn't 55. Add three EPSDT referral codes and three immunization sequence numbers to the panel. Remove the code to always set the qualifier to field to 'PT'. Add the following values to the Qualifier drop down: SI = school identifier EI = employee ID PT = time of pickup Add all of the following fields to the panel. Allow update, Add and Delete of rows. NUM_INDV_GROUP - 'Number in Group' SEQ_NUM_IMMUN - 'Immunization Seq. 1' SEQ_NUM_IMMUN_2 - 'Immunization Seq. 2' SEQ_NUM_IMMUN_3 - 'Immunization Seq. 3' CDE_REFERRAL_1 - 'Referral Code 1' CDE_REFERRAL_2 - 'Referral Code 2' CDE_REFERRAL_3 - 'Referral Code 3'	Prod Implemented

2.7.31 PANEL: Check

2.7.31.1 Description

Use the Check panel to view the total amount paid from the RA for a specific claim. To view the detail of the check, click on the row to display the Payment Information panel.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select Check link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - [Select Check link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select Check link from the displayed panel]

Table: T_CHCK_CLM_XREF, T_CHECK

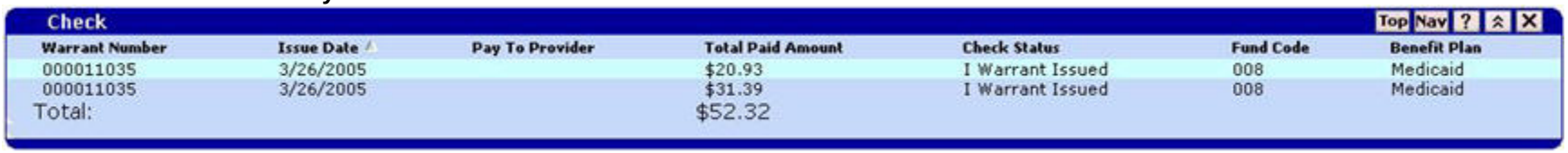
2.7.31.2 Technical Name

Clm.ClaimCheckPanel.ascx

2.7.31.3 Panel Name

Check

2.7.31.4 Check Layout



Check

Warrant Number	Issue Date	Pay To Provider	Total Paid Amount	Check Status	Fund Code	Benefit Plan
000011035	3/26/2005		$20.93	I Warrant Issued	008	Medicaid
000011035	3/26/2005		$31.39	I Warrant Issued	008	Medicaid
Total:			$52.32			

2.7.31.5 Extra Features

This panel has no extra features.

2.7.31.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Warrant Number	This field will display the number of the check that the provider received, or the number of the electronic funds transfer.	Field	Number	9	T_CHECK	NUM_CHECK

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Issue Date	The date when the check was issued or the EFT was sent.	Field	Date (MM/DD/CCYY)	8	T_CHECK	DTE_ISSUE
Pay To Provider	The provider ID who received the check or EFT.	Field	Character	9	T_PR_PROV	ID_PROVIDER
Total Paid Amount	The total amount that was issued to the provider.	Field	Number	11	T_CHECK	TOTAL_AMT_PAID
Check Status	The status of the check. Examples are: An 'I' would indicate the check has been issued, a 'V' indicates a VOID, an 'R' indicates the check was reissued, a 'C' indicates a check has CLEARED the bank; an 'S' indicates Stopped and an 'X' for Cancelled by Statute.	Field	Character	30	T_CHECK	CDE_STATUS1
Fund Code	The fund code assigned to the check or EFT.	Field	Character	3	T_CHCK_CLM_XREF	SAK_FUND_CODE
Benefit Plan	The benefit plan associated with the check or EFT.	Field	Character	30	T_CHCK_CLM_XREF	SAK_PUB_HLTH
Total	This field displays the sum of total paid amounts.	Field	Number	11	N/A	N/A

2.7.31.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.31.8 Associated Requirements

ID
30.090.007.002.71

2.7.31.9 CO / Defects

ID	Type	Name	Description	Current Status
2214	Change Order	Check panel - add totals	Background: The check panel has the capability to display separate payment amounts per funding code for a given check. If more than one fund code is paid under a claim the total paid amount would only display the paid amount for the displayed fund code. Desired solution: Add a total line on the panel to display the total paid amount for the claim for all fund codes.	Prod Implemented

2.7.32 PANEL: Submitted Data - Dental

2.7.32.1 Description

The Dental Submitted Data panel displays the submitted information applicable to a dental claim.

Navigation Path: [Claims -Information] - [Enter an ICN for a dental claim] - [Select Submitted Data link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a dental claim] - [Select Submitted Data link from the displayed panel] - OR - [Claims - Data Correction] - [Enter clerk ID, search then select a dental claim from the list] - [Select Submitted Data link from the displayed panel]

Table: T_DENTAL_HDR_KEYS

2.7.32.2 Technical Name

Clm.DentalClaimKeyPanel.ascx

2.7.32.3 Panel Name

Submitted Data

2.7.32.4 Submitted Data – Dental Layout

2.7.32.5 Extra Features

This panel has no extra features.

2.7.32.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Submitted POS	The place of service code representing the location where the dental treatment was rendered.	Field	Character	2	T_DENTAL_HDR_KEYS	CDE_POS_SUB
Submitted Patient Account Number	Submitted Identification for a member, assigned by a provider and used in their system.	Field	Character	38	T_DENTAL_HDR_KEYS	NUM_PAT_ACCT_SUB

2.7.32.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.32.8 Associated Requirements

ID
30.090.007.002.71

2.7.32.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.33 PANEL: Pharmacy Data Correction (this panel is not currently used)

2.7.33.1 Description

Access the Pharmacy Data Correction panel by selecting Suspended Pharmacy Claims from the Claim Suspense Listing panel.

Claim corrections are accomplished by changing the data in any off the updateable fields. However, when an adjustment claim is data corrected no updates to the Provider and Member ID fields are allowed. After data correction is complete, the examiner can resubmit the claim. Claim resubmission allows the claim to go through the claims processing cycle, subjecting it again to the edits and audits. The claim enters the processing cycle as soon as it is resubmitted.

Navigation Path: [Claims - Data Correction] - [Enter Clerk ID, search then select a Pharmacy claim from the list]

Table: T_SUSP_PHRM_HDR, T_PHRM_HDR_KEYS

2.7.33.2 Technical Name

Clm.PharmacyClaimPanel.ascx - Data Correction

2.7.33.3 Panel Name

Pharmacy Claim Information

For readability the layout displays on the next page.

2.7.33.4 Pharmacy Data Correction Layout

Pharmacy Claim Top Nav ? A

ICN	2003217300003	Claim Type	PHARMACY CLAIMS	Status*	Suspend
Member ID*	000001833 [Search]	RX Date	04/30/2003	Details	1
Last Name	DEARMOND	Disp Date*	04/30/2003	Billed	$25.00
First Name	ANDY	Date Billed*	08/05/2003	Net Billed	$0.00
DOB	07/31/1962	Provider Number	200307329A MCD [Search]	Spenddown	$0.00
Claim Diagnosis		Rendering Provider	200307329A MCD [Search]	Reimbursed	$0.00
Submitter ID		Prescribing Provider	9999995	Paid	$0.00
RA Number		Original Prescription		TPL	$0.00
Signature	Yes	Prescription Nbr.	8413215	TPL Recovered Amt	$0.00
Emergency	No	Brand Required		Copay	$0.00
Nursing Home	No	Days Supply	10	Dispensing Fee	$0.00
Pregnancy	N - Not Pregnant	Refill Quantity	00		
DUR Outcome		DUR Intervention			

2.7.33.5 Extra Features

This panel has no extra features.

2.7.33.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
ICN	Internal control number which uniquely identifies a claim.	Field	Character	13	T_SUSP_PHRM_HDR	NUM_ICN
Member ID	A system-assigned number that uniquely identifies a member.	Field	Character	12	T_SUSP_PHRM_HDR	SAK_RECIP

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
First Name	The first name of the member associated with the member ID number.	Field	Character	15	T_PHRM_HDR_KEYS	CLM_RECIP_FST_NAM
Last Name	The last name of the member associated with the member ID number. If there is no association between the last name and the member ID number, the first three characters of the last name that was entered will be displayed.	Field	Character	15	T_PHRM_HDR_KEYS	CLM_LST_NAM_RECIP
DOB	Member's date of birth.	Field	Date (MM/DD/CCYY)	8	T_RE_BASE	DTE_BIRTH
Claim Diagnosis	Indicates the diagnosis codes applicable to the claim.	Field	Character	7	T_DIAGNOSIS	CDE_DIAG
Submitter ID						
RA Number						
Signature	Indicates whether the claim was signed by the provider or representative.	Field	Drop Down List Box	0	T_SUSP_PHRM_HDR	IND_PROV_SIGN
Emergency	Indicates whether service was provided as a result of an emergency situation.	Field	Drop Down List Box	0	T_SUSP_PHRM_HDR	IND_EMERGENCY

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Nursing Home	Indicates whether the member is in a nursing home.	Field	Drop Down List Box	0	T_SUSP_PHRM_HDR	IND_NURSE_HOME
Pregnancy	Pregnancy indicator.	Field	Drop Down List Box	0	T_SUSP_PHRM_HDR	IND_PREGNANCY
DUR Outcome	The response of the pharmacist to the DUR message.	Field	Character	2	T_SUSP_PHRM_HDR	CDE_DUR_OUTCOME
Claim Type	Indicates the type of claim.	Field	Drop Down List Box	0	T_SUSP_PHRM_HDR	CDE_CLM_TYPE
RX Date	The date the drug prescription (Rx) was either filled or written.	Field	Date (CCYYMMDD)	8	T_SUSP_PHRM_HDR	DTE_PRESCRIBE
Disp Date	Date pharmacy dispensed the drug to the member.	Field	Date (MM/DD/CCYY)	8	T_SUSP_PHRM_HDR	DTE_DISPENSE
Date Billed	The date on which a claim was submitted for processing.	Field	Date (MM/DD/CCYY)	8	T_SUSP_PHRM_HDR	DTE_BILLED

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Provider Number	The provider identification number and location that uniquely identifies the provider of services. TABLES: T_SUSP_PHRM_HDR/T_PHRM_HDR_KEYS.	Field	Character	10	T_PR_PROV	ID_PROVIDER/CDE_SERVICE_LOC
Renderring Provider	Rendering provider identification and service location of the provider rendering the service.	Field	Character	10	T_PHRM_HDR_KEYS	ID_PROV_RENDERING
Prescribing Provider	Number of provider who prescribed the drugs to the member. This does not have to be an enrolled provider.	Field	Character	10	T_SUSP_PHRM_HDR	IN_PROV_PRESCRB
Orig Prescriber	Original provider who prescribed the drugs administered to the member.	Field	Character	10	T_PHRM_HDR_KEYS	ID_PROVIDER
Prescription Number	Prescription number. Number assigned by a pharmacy to identify the drug dispensed to a member.	Field	Character	7	T_SUSP_PHRM_HDR	NUM_PRSCRIP
Brand Required	Indicates the reason, if any, that a brand name drug was dispensed.	Field	Character	1	T_SUSP_PHRM_HDR	IND_BRAND_MED_NEC NEC
Days Supply	Number of days a prescribed drug should last a member.	Field	Number	9	T_SUSP_PHRM_HDR	NUM_DAY_SUPPLY
Refill Quantity	Number of refills on the prescription billed	Field	Character	2	T_SUSP_PHRM_HDR	QTY REFILL

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
DUR Intervention	The response of the pharmacist to the DUR message.	Field	Character	2	T_SUSP_PHRM_HDR	CDE_DUR_INTRVNTN
Status	Identifies the status of the claim in the system.	Field	Drop Down List Box	0	T_SUSP_PHRM_HDR	CDE_CLM_STATUS
Details	The number of detail service lines on the claim.	Field	Number	9	T_SUSP_PHRM_HDR	NUM_DTL_TOTAL
Billed	Amount of money requested for payment by a provider for services rendered. Format 999999.99.	Field	Number	8	T_SUSP_PHRM_HDR	AMT_BILLED
Net Billed	Amount remaining on a claim after payment has been made by all other sources (co-pay, TPL, and so on.). Format 999999.99.	Field	Number	8	T_SUSP_PHRM_HDR	AMT_NET_BILLED
Spenddown	Amount of money that member is responsible for paying for services rendered. Format 99999999.99.	Field	Number	9	T_SUSP_PHRM_HDR	AMT_PATNT_LIAB
Reimbursed	Total amount the provider receives. Format 99999999.99. This field is not populated on Suspended claims.	Field	Number	10	N/A	N/A
Paid	Amount paid on claim. This value is computed by adding up all the AMT_PAID values on the related details. Format 999999.99.	Field	Number	8	T_CLM_PGM_XREF	AMT_PAID

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
TPL	Amount paid by third party for services. Format 999999.99.	Field	Number	8	T_SUSP_PHRM_HDR	TPL_AMT
TPL Recovered Amt	The casualty case recovery amount populated from the Settlement panel. Format 9999999.99.	Field	Number	9	T_PD_PHARM_HDR	AMT_TPL_RECOVERY
Copay	Amount paid by member for services rendered. Format 99999.99.	Field	Number	7	T_SUSP_PHRM_HDR	AMT_CO_PAY
Dispencing Fee	Amount of dispensing fee, if paid. Format 99999.99.	Field	Number	7	T_SUSP_PHRM_HDR	AMT_NDC_PROFEE

2.7.33.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Date Billed	Field	1	Invalid Date. Format is MM/DD/CCYY	Enter a valid date in MM/DD/CCYY format.
Days Supply	Field	1	Enter a valid value.	Days supplies must be numeric.
Details	Field	101	Exceed maximum number of details.	The maximum number of details has been exceeded.
Disp Date	Field	1	Invalid Date. Format is MM/DD/CCYY	Enter a valid date in MM/DD/CCYY format.
Disp Date	Field	103	Dispense date must be prior to or equal to date billed.	Enter a valid dispense date.

Field	Field Type	Error Code	Error Message	To Correct
Member ID	Field	1	Invalid Member ID.	Enter a valid Member ID or select a value from the [Search] panel.
Net Billed	Field	103	Net billed amount must be less than or equal to billed amount.	Verify value of Net Billed amount and re-enter.
Prov ID/Loc	Field	1	Invalid Billing Provider	Enter a valid provider ID/location or select a value from the [Search] panel.
Prov ID/Loc	Field	2	Provider ID and service location are required.	Enter a valid provider ID/location or select a value from the [Search] panel.
RX Date	Field	1	Invalid Date. Format is MM/DD/CCYY	Enter a valid date in MM/DD/CCYY format
Refill Qty	Field	102	Refill Quantity must be numeric.	Enter a numeric value.
Rend Prov ID/Loc	Field	1	Invalid Rendering Provider	Enter a valid rendering provider ID or select a value from the [Search] panel.
Rend Prov ID/Loc	Field	2	Rendering ID and service location are required.	Enter a valid rendering provider ID and service location or select a value from the [Search] panel.

2.7.33.8 Associated Requirements

ID
30.050.001F
30.090.007.002.55

ID
30.090.007.002.66

2.7.33.9 CO / Defects

ID	Type	Name	Description	Current Status
1390	Change Order	Change Fields - Panels	Change the following fields labels: All instances of OI Amt to TPL Amt; All instances of Prescrib Prov to Prescriber Prov, Orig Prescrib to Orig Prescriber; Prescrib Num to RX Num; Days Supplys to Days Supply; Can field positions on the different claims panels be consistent? For example, PAN is in a different position on the Dental Claim than on the Physician Claim; Make sure that when in the Cash Disposition Panel if the user double clicks on the CCN, the financial FCRI Cash Receipt Information panel displays; and, Make sure that when in the Prior Authorization Panel if the user double clicks on the PA Number, the PA Prior Authorization panel displays. SEE CLARIFICATIONS SECTION. REQUIREMENTS FOR THIS CO HAVE BEEN MODIFIED.	Prod Implemented
162	Change Order	Change "Recipient" - online	Change every instance of "Recipient, 'MID", "RID" or "Current ID" to "Member ID" on claim pages and panels. In addition, update any related error messages that may include the name of the field. Update corresponding documentation.	Prod Implemented

ID	Type	Name	Description	Current Status
3736	Change Order	Adjustment Region	On adjustment claims, the user is not allowed to change the Member ID or the Provider ID. At this time the code is checking for ICNs that start with '5' to identify Adjustment claims. Two new regions for adjustments have been created, so we need to add '6' to the code where it is currently checking for ICNs that start with '5'. Therefore ICNs that start with '5' or '6' will not be allowed to have the Member ID or Provider ID changed.	Prod Implemented

2.7.34 PANEL: Decision Rules

2.7.34.1 Description

The Decision Rules panel displays rules written to the T_CLM_RU_MATCHED table.

Navigation Path: [Claims - Search] - [Enter Criteria] - [Select a Claim] - [Decision Rules]

Table: T_CLM_RU_MATCHED

2.7.34.2 Technical Name

Clm.ClaimRulesPanel.ascx

2.7.34.3 Panel Name

Decision Rules

2.7.34.4 Decision Rules Layout

Decision Rules

Top Nav ? ⌃ ✕

Sequence	Decision	Rule #	Benefit Plan/Contract for which the rule applies	Benefit	Status
1	Recipient Plan - Drug	339	Medicaid	00054352763	Current
2	Provider Contract - Drug	587	Medicaid	00054352763	Current
3	Reimbursement Agreement - Drug	803		00054352763	Current

2.7.34.5 Extra Features

This panel has no extra features.

2.7.34.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Sequence	The order in which the rule was applied for the claim detail.	Field	Number	4	T_CLM_RU_MATCHED	NUM_SEQ
Decision	A short identifier for the decision. Examples, BP (member benefit plan - procedure), BD (member benefit plan - diagnosis).	Field	Character	4	T_CLM_RU_MATCHED	CDE_DECISION
Rule #	Primary-Key for this table	Field	Number	9	T_CLM_RU_MATCHED	SAK_RULE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Benefit Plan/Contract for which the rule applies	Benefit plan/contract for which the rule applies	Field	Character	0	N/A	N/A
Benefit	System assigned key used to uniquely identify a benefit (procedure, diagnosis, etc).	Field	Character	0	T_CLM_RU_MATCHED	SAK_BENEFIT
Status	Code used to indicate if a rule on the claim is a current rule ('C') - a rule that was used in the most recent processing of the claim, or an historical rule ('H') - a rule that was previously used when the claim previously processed.	Field	Character	0	T_CLM_RU_MATCHED	CDE_STAT_RULE

2.7.34.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.34.8 Associated Requirements

ID
30.090.007.002.71

2.7.34.9 CO / Defects

ID	Type	Name	Description	Current Status
1475	Change Order	UI for Claim Rules Matched	See Core CO 8815 all documentation will be updated on this CO. Need to be able to store all rules used to process a claim (coverage, billing, reimbursement, etc) and user needs to be able to see the rule numbers. Also since we will now be storing all the rules on the new claims rule table, we need to remove the coverage rule and payable benefit from the current claim Health Program panels.	Prod Implemented
3363	Change Order	Re-write Decision Rules panel	At this time the Decision Rules panel has been created as one panel. When accessed from the Claim header level nav bar, the panel is designed to retrieve and display all records from T_CLM_RU_MATCHED table that have a detail number = 0. When the panel is accessed from the claim detail level nav bar, it is supposed to display all records from T_CLM_RU_MATCHED that have a detail number > 0. This is how the panel is supposed to work, but currently the data is not being populated into the T_CLM_RU_MATCHED table correctly. Batch CO 3360 is in place to correct the data problem with the table. However, the panel should behave the way the rest of the header/detail panel's work. For example, when the user clicks on the EOB panel at the header level, it shows all records for the claim. When the user clicks on the panel at the detail level, it only displays records related to the claim detail selected at that time. Modify the Decision Rules panel to behave the way the EOB and other similar claim child panels display information. NOTE: This may need to change to a defect and be addressed sooner rather than later. The followed error was produced on the Core MO site when the user attempted to access both panels on the same page: A critical error has occurred. Multiple controls with the same ID 'iC_MMIS_Clm_WebUI_UB92ClaimPage__Decision_RulesChevron' were found. FindControl requires that controls have unique IDs.	Prod Implemented

2.7.35 PANEL: Claim Member Coinsurance

2.7.35.1 Description

Use the Claim Member Coinsurance Panel to examine the coinsurance accumulation for a member.

Navigation Path: [Claims - Search] - [Enter Criteria] - [Select Member Coinsurance]

Table: T_CLM_COINS_X

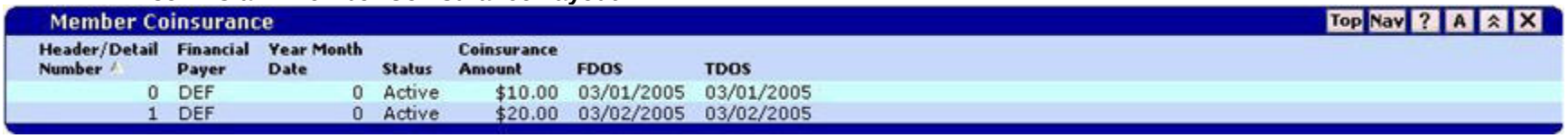
2.7.35.2 Technical Name

Clm.ClaimMemberCoinsuranceHdrPanel.ascx

2.7.35.3 Panel Name

Claim Member Coinsurance

2.7.35.4 Claim Member Coinsurance Layout



Header/Detail Number	Financial Payer	Year Month Date	Status	Coinsurance Amount	FDOS	TDOS
0	DEF	0	Active	$10.00	03/01/2005	03/01/2005
1	DEF	0	Active	$20.00	03/02/2005	03/02/2005

2.7.35.5 Extra Features

This panel has no extra features.

2.7.35.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Header/Detail Number	The number of the detail on the claim record. A zero represents the header.	Field	Number	4	T_CLM_COINS_X	NUM_DTL
Financial Payer	The system-assigned value that identifies a unique payer within interChange.	Field	Number	9	T_CLM_COINS_X	SAK_FIN_PAYER

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Year Month Date	This is the year and month of the date of service of the claim that used coinsurance.	Field	Number	9	T_CLM_COINS_X	DTE_YEAR_MTH
Status	Indicates if the record/row is active or inactive. The row becomes inactive only after an adjustment to the claim is released. Only use active ('A') to accumulate coinsurance. Values are: 'A' - Active; 'I' - Inactive.	Field	Character	1	T_CLM_COINS_X	CDE_STATUS1
Coinsurance Amount	The coinsurance amount paid by the member for services rendered.	Field	Number	9	T_CLM_COINS_X	AMT_COINSURANCE
FDOS	The beginning date of service for the claim.	Field	Number	8	T_CLM_COINS_X	DTE_FIRST_SVC
TDOS	The last date of service for the claim.	Field	Number	8	T_CLM_COINS_X	DTE_LAST_SVC

2.7.35.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.35.8 Associated Requirements

ID
No associated requirements found.

2.7.35.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.36 PANEL: Attachment

2.7.36.1 Description

The Attachment panel displays the attachment control numbers that are applicable to the claim.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select Attachments link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - [Select Attachments link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select Attachments link from the displayed panel]

Table: T_ATTACHMENT_XREF

2.7.36.2 Technical Name

Clm.Attachment.ascx

2.7.36.3 Panel Name

Attachment

2.7.36.4 Attachment Layout

2.7.36.5 Extra Features

This panel has no extra features.

2.7.36.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Detail Number	The detail number of a claim record.	Field	Number	4	T_ATTACHMENT_XREF	NUM_DTL

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
ACN	The control number associated with an attachment that is being sent by the provider for an electronically submitted claim.	Field	Character	80	T_ATTACHMENT_XREF	CDE_ATTACHMENT_CONTROL
Attachment Indicator	Indicates if the attachment has been received.	Field	Character	3	T_ATTACHMENT_XREF	IND_ATTACH_RECEIVED

2.7.36.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.36.8 Associated Requirements

ID
30.090.007.002.71

2.7.36.9 CO / Defects

ID	Type	Name	Description	Current Status

ID	Type	Name	Description	Current Status
5952	Change Order	Access Image Paper Attachments	Electronic Claims occasionally have paper attachments that are mailed. Once these attachments are scanned and in OnBase, add a button to the Claim Attachments panel to access the scanned Image. This will be similar to the button that is on the TCN panel. There may be multiple attachments, so the attachments should be listed on the top portion of the panel, then when the user clicks on a row it will be displayed on the bottom portion of the panel. The button should go on the data panel so that one image can be viewed at a time.	Deferred

2.7.37 PANEL: Detail EOB

2.7.37.1 Description

This panel displays the EOB codes and messages applicable to the claim for a particular claim detail that is in suspense. These codes and messages are generated to explain to the provider the reason that the claim is in suspense. In most cases, the same codes are generated to explain the denial of a claim.

The Detail EOB panel is in view-only mode when accessed through Claims Inquiry or Data Corrections. (Changes can be made to header and detail EOB records on the EOB panel.)

To view information on this panel, select one detail record on the Claim Detail panel. Page forward to find the desired detail or enter the detail number in the 'go to' field.

Use the All, Current, and Historical radio buttons on the panel to select which EOBs to view based on the EOB status. The EOB on the claim is either a current EOB ('C' - one that failed in the current cycle) or an historical EOB ('H' - one that previously failed).

Navigation Path: [Claims -Information] - [Enter an ICN] - [Click Search] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - THEN - [Click on a detail record in the Claim Detail panel] - [Click on the Detail Information nav bar item link on the Navigation Panel] - [Detail EOB]

Table: T_CLM_EOB_XREF, T_CDE_HIPAA_ADJRSN, T_CDE_HIPAA_REMRKS

2.7.37.2 Technical Name

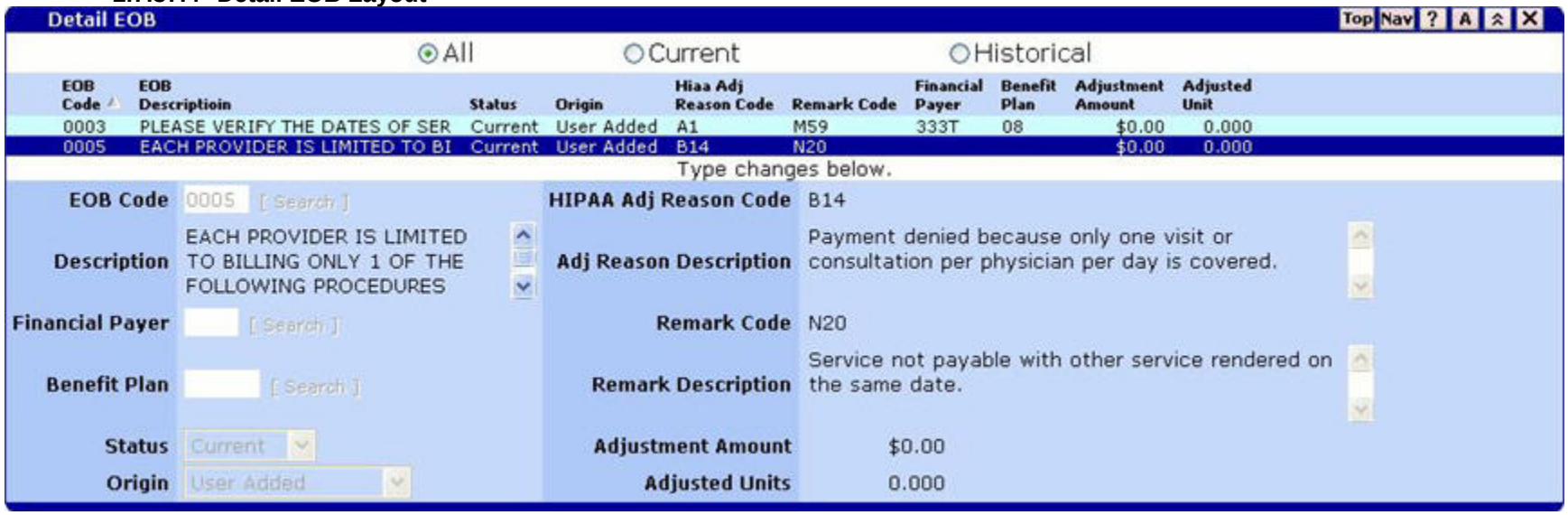
Clm.ClaimEobPanel.ascx

2.7.37.3 Panel Name

Detail EOB

For readability the layout displays on the next page.

2.7.37.4 Detail EOB Layout



2.7.37.5 Extra Features

This panel has no extra features.

2.7.37.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
EOB Code	This is the number assigned to an explanation of benefits description to uniquely identify it.	Field	Number	4	T_EOB	CDE_EOB
Description	First line of text description for EOB code.	Field	Character	79	T_EOB	DSC_EOB
Financial Payer	A value that identifies a unique payer within interChange.	Field	Drop Down List Box	0	T_CLM_EOB_XREF	SAK_FIN_PAYER

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Benefit Plan	Identifies the medical assistance program that is supported in the system.	Field	Drop Down List Box	0	T_CLM_EOB_XREF	SAK_PUB_HLTH
Status	Code used to indicate whether the EOB on the claim is a current EOB ('C'), one that failed in the current cycle, or a historical EOB ('H'), one that previously failed.	Field	Drop Down List Box	0	T_CLM_EOB_XREF	CDE_STAT_ERROR
Origin	Indicates who generated the EOB code and message.	Field	Character	6	T_CLM_EOB_XREF	CDE_STATUS1
HIPAA Adjustment Reason	This is the managed care eligibility reason codes for HIPAA.	Field	Character	2	T_CDE_HIPAA_ADJRSN	CDE_ADJ_RSN
Adj Reason Description	Description of Adj Reason Code.	Field	Character	0	T_CDE_HIPAA_ADJRSN	DSC_ADJ_RSN
Remark Code	HIPAA Remarks code.	Field	Character	5	T_CDE_HIPAA_REMRKS	CDE_REMARK
Remark Description	Description of remark code.	Field	Character	0	T_CDE_HIPAA_REMRKS	DSC_REMARK
Adjustment Amount	The dollar amount adjusted on the detail. Format 9999999.99.	Field	Number	9	T_CLM_EOB_XREF	AMT_ADJUSTED

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adjusted Units	The quantity adjusted on the detail. Format 9999999.999.	Field	Number	10	T_CLM_EOB_XREF	QTY_ADJUSTED

2.7.37.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Benefit Plan	Field	1	Invalid Benefit Plan	Enter a valid benefit plan or select one from the [Search] panel.
EOB Code	Field	1	Invalid EOB	Enter a valid EOB code or select a valid code from the [Search] panel.
Financial Payer	Field	1	Invalid Financial Payer	Enter a valid financial payer of select one from the [Search] panel.

2.7.37.8 Associated Requirements

ID
30.090.007.002.71

2.7.37.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.38 PANEL: Physician Claim Navigation

2.7.38.1 Description

The Physician Claim Navigation panel provides access to the various panels through which physician claims data can be viewed and/or corrected.

Navigation Path: [Claims -Information] - [Enter an ICN for a physician claim] - OR - [Claims -Search] - [Enter Criteria] - [Select a physician claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a physician claim from the list]

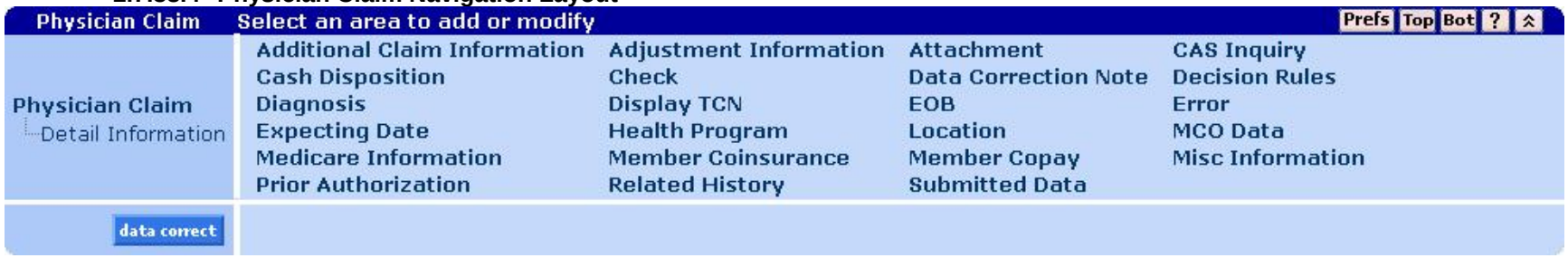
2.7.38.2 Technical Name

Clm.PhysicianClaimPage.ascx - NavGroup

2.7.38.3 Panel Name

Physician Claim Navigation

2.7.38.4 Physician Claim Navigation Layout



2.7.38.5 Extra Features

This panel has no extra features.

2.7.38.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Additional Claim Information	Link to “Additional Claim Information” panel.	Hyperlink	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Cash Disposition	Link to "Cash Disposition" panel.	Hyperlink	N/A	0	N/A	N/A
Diagnosis	Link to "Diagnosis" panel.	Hyperlink	N/A	0	N/A	N/A
Expecting Date	Link to "Expecting Date" Panel.	Hyperlink	N/A	0	N/A	N/A
Medicare Information	Link to "Medicare Information" Panel.	Hyperlink	N/A	0	N/A	N/A
Prior Authorization	Link to "Prior Authorization" panel.	Hyperlink	N/A	0	N/A	N/A
Adjustment Information	Link to "Adjustment Information" panel.	Hyperlink	N/A	0	N/A	N/A
Check	Link to "Check" panel.	Hyperlink	N/A	0	N/A	N/A
Display TCN	Link to "TCN" panel.	Hyperlink	N/A	0	N/A	N/A
Health Program	Link to "Health Program" panel.	Hyperlink	N/A	0	N/A	N/A
Related History	Link to "Related History" panel.	Hyperlink	N/A	0	N/A	N/A
Attachment	Link to "Attachment" panel.	Hyperlink	N/A	0	N/A	N/A
Data Correction Note	Link to "Data Correction Note" Panel.	Hyperlink	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
EOB	Link to "EOB" panel.	Hyperlink	N/A	0	N/A	N/A
Location	Link to "Location" panel.	Hyperlink	N/A	0	N/A	N/A
Member Copay						
Submitted Data	Link to "Submitted Data" panel.	Hyperlink	N/A	0	N/A	N/A
CAS Inquiry	Link to "CAS Inquiry" panel.	Hyperlink	N/A	0	N/A	N/A
Decision Rules						
Error	Link to "Error" panel.	Hyperlink	N/A	0	N/A	N/A
MCO Data	Link to "MCO Data" panel.	Hyperlink	N/A	0	N/A	N/A
Misc Information	Link to "Misc Information" panel.	Hyperlink	N/A	0	N/A	N/A
Data Correct	The Data Correct button appears if this is a suspended claim being viewed on the Claim Information page.	Button	N/A	0	N/A	N/A

2.7.38.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.38.8 Associated Requirements

ID
30.090.007.002.71
30.090.008.002.11
30.090.008.002.33

2.7.38.9 CO / Defects

ID	Type	Name	Description	Current Status
1288	Change Order	Add CAS Inquiry Panel	Add new CAS Inquiry Panel. See CORE CO 12115 - for all the reference on this CO	Prod Implemented
159	Change Order	Display Encounter Data Elements	Add a new panel to display encounter related data: MCO(s) unique encounter number; Partnership paid amounts; MCO receipt date; MCO adjudication payment date; Encounter receipt date; Encounter adjudication date; Medicaid adjudication status (The result of interChange. editing the encounters). The actual encounter status will be mapped to claim status; Encounter Type; and, MCO Contract Type (1 = Fee for Service, 2 = Capitated Fee).	Prod Implemented

2.7.39 PANEL: Dental Claim Navigation

2.7.39.1 Description

The Dental Claim Navigation panel provides access to the various panels through which dental claims data can be viewed and/or corrected.

Navigation Path: [Claims -Information] - [Enter an ICN for a Dental claim] - OR - [Claims -Search] - [Enter Criteria] - [Select a Dental claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a dental claim from the list]

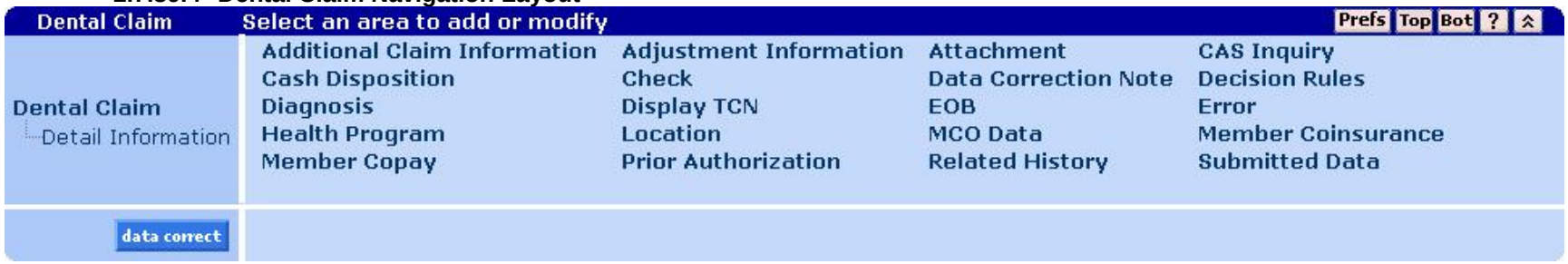
2.7.39.2 Technical Name

Clm.DentalClaimPage.ascx - NavGroup

2.7.39.3 Panel Name

Dental Claim Navigation

2.7.39.4 Dental Claim Navigation Layout



2.7.39.5 Extra Features

This panel has no extra features.

2.7.39.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Additional Claim Information	Link to “Additional Claim Information” panel.	Hyperlink	N/A	0	N/A	N/A
Cash Disposition	Link to "Cash Disposition" panel.	Hyperlink	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Diagnosis	Link to "Diagnosis" panel.	Hyperlink	N/A	0	N/A	N/A
Health Program	Link to "Health Program" panel.	Hyperlink	N/A	0	N/A	N/A
Adjustment Information	Link to "Adjustment Information" panel.	Hyperlink	N/A	0	N/A	N/A
Check	Link to "Check" panel.	Hyperlink	N/A	0	N/A	N/A
Display TCN	Link to "Display TCN" panel.	Hyperlink	N/A	0	N/A	N/A
Location	Link to "Location" panel.	Hyperlink	N/A	0	N/A	N/A
Prior Authorization	Link to "Prior Authorization" panel.	Hyperlink	N/A	0	N/A	N/A
Attachment	Link to "Attachment" panel.	Hyperlink	N/A	0	N/A	N/A
Data Correction Note	Link to "Data Correction Note".	Hyperlink	N/A	0	N/A	N/A
EOB	Link to "EOB" panel.	Hyperlink	N/A	0	N/A	N/A
MCO Data	Link to "MCO Data".	Hyperlink	N/A	0	N/A	N/A
Related History	Link to "Related History" panel.	Hyperlink	N/A	0	N/A	N/A
CAS Inquiry	Link to "CAS Inquiry".	Hyperlink	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Decision Rules						
Error	Link to "Error" panel.	Hyperlink	N/A	0	N/A	N/A
Member Coinsurance						
Submitted Data	Link to "Submitted Data" panel.	Hyperlink	N/A	0	N/A	N/A
Data Correct	This button displays for claims in a suspended status that are being viewed on the Claim Information page. Clicking this button takes the user to the Data Correction page.	Button	N/A	0	N/A	N/A

2.7.39.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.39.8 Associated Requirements

ID
30.090.007.002.71
30.090.008.002.11
30.090.008.002.33

2.7.39.9 CO / Defects

ID	Type	Name	Description	Current Status
1288	Change Order	Add CAS Inquiry Panel	Add new CAS Inquiry Panel. See CORE CO 12115 - for all the reference on this CO	Prod Implemented
159	Change Order	Display Encounter Data Elements	Add a new panel to display encounter related data: MCO(s) unique encounter number; Partnership paid amounts; MCO receipt date; MCO adjudication payment date; Encounter receipt date; Encounter adjudication date; Medicaid adjudication status (The result of interChange. editing the encounters). The actual encounter status will be mapped to claim status; Encounter Type; and, MCO Contract Type (1 = Fee for Service, 2 = Capitated Fee).	Prod Implemented

2.7.40 PANEL: Additional Claim Information

2.7.40.1 Description

Use the Additional Claim Information panel to examine additional information submitted on the claim, including the information that is used to determine the correct service location to assign to a claim.

Navigation Path: [Claims - Search] - [Enter Criteria] - [Select a Claim] - [Select Additional Claim Information]

Tables: T_CLM_ENTITY, T_PARTY_IDENTIFIER, T_CLM_NAME_N1, T_CLM_ADR_N3_N4

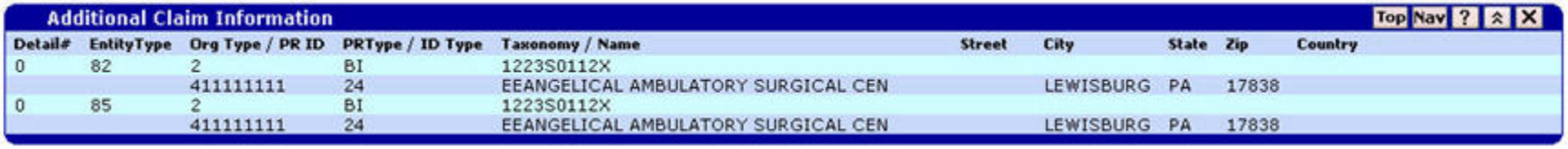
2.7.40.2 Technical Name

Clm.AdditionalClaimInformationPanel.ascx

2.7.40.3 Panel Name

Additional Claim Information

2.7.40.4 Additional Claim Information Layout



Additional Claim Information

Detail#	EntityType	Org Type / PR ID	PRType / ID Type	Taxonomy / Name	Street	City	State	Zip	Country
0	82	2	BI	1223S0112X					
		411111111	24	EEANGELICAL AMBULATORY SURGICAL CEN		LEWISBURG	PA	17838	
0	85	2	BI	1223S0112X					
		411111111	24	EEANGELICAL AMBULATORY SURGICAL CEN		LEWISBURG	PA	17838	

2.7.40.5 Extra Features

This panel has no extra features.

2.7.40.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Detail Number	The number of the detail on the claim record.	Field	Number	4	T_CLM_ENTITY	NUM_DTL
Entity Type	Indicates the type of the party entity.	Field	Character	3	T_CLM_ENTITY	QLF_ENTITY_TYPE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Org Type	Indicates whether the entity is a person or a non-person.	Field	Character	2	T_CLM_ENTITY	QLF_TYPE_ORG
PR ID	The unique identifier for the entity type specified by the qualifier.	Field	Character	80	T_PARTY_IDENTIFIER	CDE_PARTY_ID
PR Type	The type of practice for a provider.	Field	Character	3	T_CLM_ENTITY	CDE_PROVIDER_TYPE
ID Type	Indicates the identification code qualifier.	Field	Character	2	T_PARTY_IDENTIFIER	QLF_ID_TYPE
Name	The last, first, middle & suffix name of the member/provider or the name of the organization.	Field	Character	65	T_CLM_NAME_N1	NAM_LAST, NAM_FIRST, NAM_MIDDLE
Taxonomy	The referring provider taxonomy or provider specialty.	Field	Character	30	T_CLM_ENTITY	CDE_PROV_TAXONOMY
Street	The address of the recipient/provider.	Field	Character	55	T_CLM_ADR_N3_N4	ADR_STREET_1, ADR_STREET_2
City	The city associated with the address for the member/provider.	Field	Character	30	T_CLM_ADR_N3_N4	ADR_CITY
State	The state associated with the address for the member/provider.	Field	Character	2	T_CLM_ADR_N3_N4	ADR_STATE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Zip	The zip code associated with the address for the member/provider.	Field	Character	15	T_CLM_ADR_N3_N4	ADR_ZIP_CODE
Country	The country associated with the address for the member/provider.	Field	Character	3	T_CLM_ADR_N3_N4	ADR_COUNTRY

2.7.40.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.40.8 Associated Requirements

ID
No associated requirements found.

2.7.40.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.41 PANEL: Location

2.7.41.1 Description

The Location panel displays claim location information. When opened from an inquiry panel, the Claim Location panel is not updateable. However, when opened from a data correction panel, the new and save buttons are displayed allowing the user to add a location. The user can route the claim to another department for correction. This panel is shared by all claim types.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select Location link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - [Select Location link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select Location link from the displayed panel]

Tables: T_CLAIM_LOCAT, T_FINANCIAL_PAYER

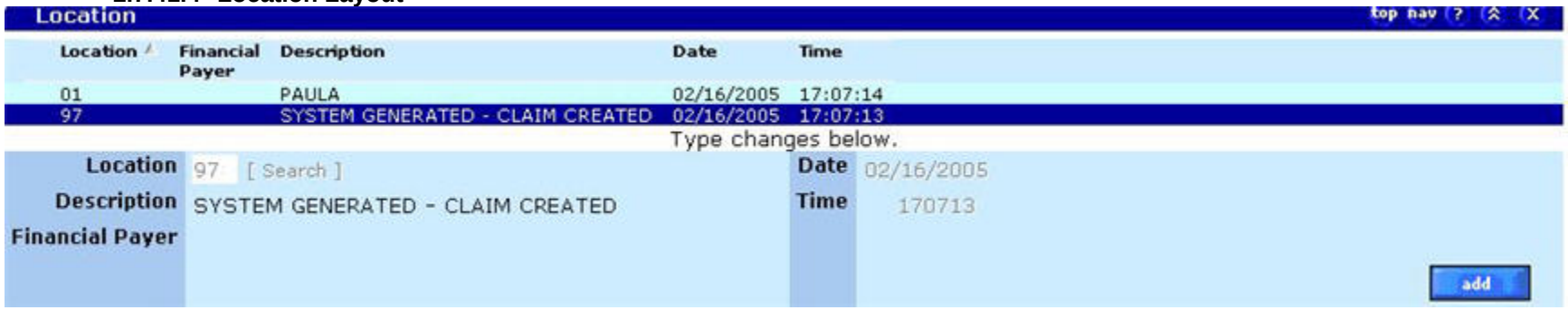
2.7.41.2 Technical Name

Clm.ClaimLocationPanel.ascx

2.7.41.3 Panel Name

Location

2.7.41.4 Location Layout



2.7.41.5 Extra Features

This panel has no extra features.

2.7.41.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Location	Indicates claim location within the claims processing system.	Field	Character	2	T_CLAIM_LOCAT	CDE_LOCATION
Description	Description of the location from that financial payer.	Field	Character	50	T_CLAIM_LOCAT	CDE_CLM_TYPE
Financial Payer	The financial payer information.	Field	Character	10	T_FINANCIAL_PAYER	CDE_FIN_PAYER
Date	The date that the claim went to this location.	Field	Date (MM/DD/CCYY)	8	T_CLAIM_LOCAT	DTE_CLM_LOCAT
Time	The time that the claim went to this location.	Field	Number	8	T_CLAIM_LOCAT	TIME_SYSTEM
Add	Add a location record.	Button	N/A	0	N/A	N/A

2.7.41.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Location	Field	1	Invalid Location Code	Enter a valid location code or select a code from the [Search] panel.

2.7.41.8 Associated Requirements

ID
30.090.007.002.29

ID
30.090.007.002.32
30.090.007.002.33
30.090.007.002.71
30.090.008.003.6

2.7.41.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.42 PANEL: Pharmacy Claim Detail

2.7.42.1 Description

Use the Pharmacy Claim Detail panel to view the data entered on the detail portion of a pharmacy claim. When this panel is displayed in Data Correction mode, use the Add button or Delete button to add or remove details.

Navigation Path: [Claims -Information] - [Enter an ICN for a pharmacy claim] - [Select Claim Detail link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a Pharmacy claim] - [Select Claim Detail link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a Pharmacy claim from the list] - [Select Claim Detail link from the displayed panel]

This panel is populated from the following tables depending on the status of the claim: T_PD_PHRM_DTL, T_DENY_PHRM_DTL, T_SUSP_PHRM_DTL, T_PHRM_DTL_KEYS, and T_PA_PAUTH

2.7.42.2 Technical Name

Clm.PharmacyDetailPanel.ascx

2.7.42.3 Panel Name

Claim Detail

For readability the layout displays on the next page.

2.7.42.4 Pharmacy Claim Detail Layout

Claim Detail

Top Nav ? A

Detail Number		1	NDC Status		Billed Amt	$0.00	AWP	0.000000
NDC	54868128501		SuperPA	No	Allowed Amt	$0.00	EAC	0.000000
Sub NDC					Dispense Qty	5.00	MAC	0.000000
Drug Form	EA				Sub Disp Qty	0.00		
Detail Number		2	NDC Status	R	Billed Amt	$0.00	AWP	0.000000
NDC	52544038501		SuperPA	No	Allowed Amt	($100.00)	EAC	0.000000
Sub NDC					Dispense Qty	3.00	MAC	0.000000
Drug Form	EA				Sub Disp Qty	0.00		
Detail Number		3	NDC Status		Billed Amt	$0.00	AWP	0.000000
NDC			SuperPA	No	Allowed Amt	($100.00)	EAC	0.000000
Sub NDC					Dispense Qty	3.00	MAC	0.000000
Drug Form					Sub Disp Qty	0.00		

Select row above to update -or- click Add button below. goto

Detail Number			NDC Status		Billed Amt		AWP
NDC	[Search]		SuperPA		Allowed Amt		EAC
Sub NDC					Dispense Qty		MAC
Drug Form					Sub Disp Qty		

delete add

2.7.42.5 Extra Features

This panel has no extra features.

2.7.42.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Detail Number	The number of the detail on a claim record.	Field	Number	4	SEE NARRATIVE SECTION	NUM_DTL
NDC	National Drug Code is comprised of a five-byte numeric labeler code, a four-byte numeric product code, and a two-byte numeric package code. It is used to uniquely identify a drug, its labeler, package size of a product for pricing, DUR, and prior authorization.	Field	Character	11	T_PHRM_DTL_KEYS	CDE_NDC
Sub NDC	Submitted NDC Code on NCPDP Ver. 5.1.	Field	Character	11	T_PHRM_DTL_KEYS	CDE_NDC_SUB
Drug Form	The basic drug measurement unit (each, milliliter, or grams) for performing price calculations.	Field	Character	2	SEE NARRATIVE SECTION	CDE_DRUG_FORM
NDC Status	Identifies the status of the National Drug Code in the system.	Field	Character	1	SEE NARRATIVE SECTION	CDE_NDC_STATUS
Super PA	Indicates if a super PA was used to approve payment of this detail.	Field	Character	1	T_PA_PAUTH	PRIOR_AUTH_NUM
Billed Amt	Amount of money requested for payment by a provider for services rendered. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_BILLED

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Allowed Amt	Indicates the computed allowable amount for the drug dispensed. Format 9999999.99.	Field	Number	9	SEE NARRATIVE SECTION	AMT_ALWD
Dispense Qty	Number of units of a drug dispensed to a member. The type of unit is expressed in DRUG FORM CODE. Format 99999999.99.	Field	Number	10	SEE NARRATIVE SECTION	QTY_DISPENSE
Sub Disp Qty	Submitted units billed on NCPDP Ver. 5.1.	Field	Number	9	T_PHRM_DTL_KEYS	QTY_DISPENSE_SUB
AWP	Average wholesale price for drug. Format 9999.99999.	Field	Number	9	T_PD_PHARM_DTL	AMT_AWP
EAC	Estimated acquisition cost for drug. Format 9999.99999.	Field	Number	9	T_PD_PHARM_DTL	AMT_EAC
MAC	The unit price for a drug under either Federal MAC regulation or state MAC, whichever is lesser or applicable to the NDC on the claim. Format 9999.99999.	Field	Number	9	T_PD_PHARM_DTL	AMT_MAC
goto	Allows user to view a specific detail.	Button	N/A	0	N/A	N/A
Delete	Adds a new record.	Button	N/A	0	N/A	N/A
Add	Deletes a record.	Button	N/A	0	N/A	N/A

2.7.42.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Dispense Qty	Field	1	Enter a valid Value.	Dispense quantity must be numeric.
NDC	Field	1	Invalid NDC.	Enter a valid NDC or select a value from the [Search] field.

2.7.42.8 Associated Requirements

ID
30.090.007.002.66
30.090.007.002.71

2.7.42.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.43 PANEL: Display TCN

2.7.43.1 Description

The Display TCN panel shows the transaction control number associated with the claim.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select Display TCN link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - [Select Display TCN link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select Display TCN link from the displayed panel]

Table: T_TCN_XREF

2.7.43.2 Technical Name

Clm.TCNPanel.ascx

2.7.43.3 Panel Name

Display TCN

2.7.43.4 Display TCN Layout

2.7.43.5 Extra Features

This panel has no extra features.

2.7.43.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
TCN Number	The transaction control number used to uniquely identify claims on the previous MMIS.	Field	Character	17	T_TCN_XREF	NUM_TCN
TCN Image	To view the TCN image from the OnBase system.	Button	N/A	0	N/A	N/A

2.7.43.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.43.8 Associated Requirements

ID
30.090.007.002.71

2.7.43.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.44 PANEL: ICD-9-CM

2.7.44.1 Description

The ICD-9-CM Procedure Codes panel displays the ICD-9-CM procedure codes applicable to the claim. This panel includes both the principal and other ICD-9-CM procedure codes. The principal procedure code is the ICD-9-CM code that identifies the procedure performed during the period covered by this bill and the date on which the principal procedure was performed. The other procedure codes are the ICD-9-CM codes that identify all significant procedures other than the principal procedure and the dates on which they were performed.

Navigation Path: [Claims -Information] - [Enter an ICN for a UB claim] - [Select ICD-9-CM link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a UB claim] - [Select ICD-9-CM link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a UB claim from the list] - [Select ICD-9-CM link from the displayed panel]

Table: T_UB92_HDR_ICD9CM, T_PROC_ICD9

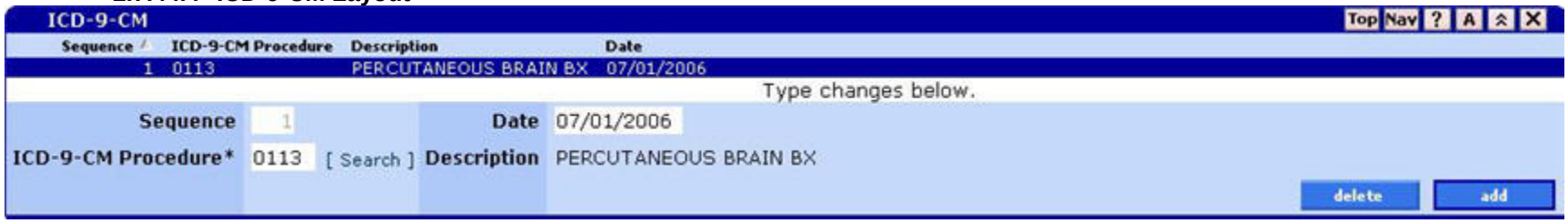
2.7.44.2 Technical Name

Clm.ClaimICD9Panel.ascx

2.7.44.3 Panel Name

ICD-9-CM

2.7.44.4 ICD-9-CM Layout



2.7.44.5 Extra Features

This panel has no extra features.

2.7.44.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Sequence	This column contains the sequence number of the surgical procedure code. The principal procedure will always be sequence 1.	Field	Number	4	T_UB92_HDR_ICD9CM	NUM_SEQ
ICD-9-CM Procedure	Code used to identify the surgical procedure code principle or other.	Field	Number	4	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9
Date	Date the ICD-9-CM procedure was performed.	Field	Date (MM/DD/CCYY)	8	T_UB92_HDR_ICD9CM	DTE_CDE_9_CM_PROC
Description	Description of the surgical procedure code.	Field	Character	50	T_PROC_ICD9	DSC_PROCEDURE
Delete	Deletes a record.	Button	N/A	0	N/A	N/A
Add	Adds a new record.	Button	N/A	0	N/A	N/A

2.7.44.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Date	Field	1	Invalid Date. Format MM/DD/CCYY.	Enter the date in the correct format, MM/DD/CCYY.
ICD-9-CM Procedure	Field	1	Invalid Procedure Icd9 Code.	Enter a valid ICD-9-CM procedure code or select a code from the [Search] panel.

Field	Field Type	Error Code	Error Message	To Correct
ICD-9-CM Procedure	Field	104	Exceed maximum number of ICD9 codes.	The maximum number of ICD9 codes is 24.

2.7.44.8 Associated Requirements

ID
30.090.007.002.71

2.7.44.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.45 PANEL: Related History

2.7.45.1 Description

The Related History panel lists other claims that are related to the current claim. The panel is non-updateable and is shared by all claim types. Use this panel to validate medical policy audits, duplicate payment audits, umbrella audits, limitation audits, bundling and unbundling audits.

Navigation Path: [Claims -Information] - [Enter an ICN] then Click [Search] then Select [Related History] from the panel

Tables T_SUSP_RLHX, T_HIST_DIRECTORY, T_PUB_HLTH_PGM, T_FINANCIAL_PAYER

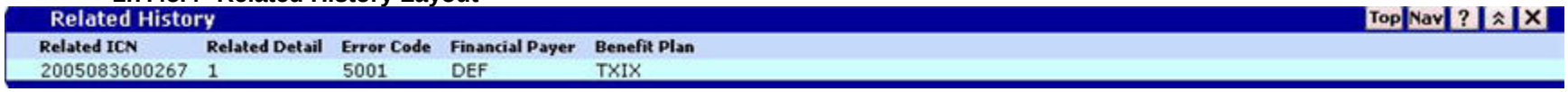
2.7.45.2 Technical Name

Clm.RelatedHistoryPanel.ascx - Header

2.7.45.3 Panel Name

Related History

2.7.45.4 Related History Layout



2.7.45.5 Extra Features

This panel has no extra features.

2.7.45.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Related ICN	Internal control number which uniquely identifies a claim.	Field	Character	13	T_HIST_DIRECTORY	NUM_ICN_FL
Related Detail	Related detail information to the history claim displayed.	Field	Number	3	T_HIST_DIRECTORY	NUM_DTL_RELATED

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Error Code	Code used to indicate an error was discovered on a claim during processing in the base system.	Field	Number	4	T_ERROR_DISP	CDE_ESC
Financial Payer	The description used to identify the financial payer for the related ICN.	Field	Character	30	T_FINANCIAL_PAYER	CDE_FIN_PAYER
Benefit Plan	The medical assistance program associated with the related ICN.	Field	Character	5	T_PUB_HLTH_PGM	SAK_PUB_HLTH

2.7.45.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.45.8 Associated Requirements

ID
30.090.007.002.59
30.090.007.002.71

2.7.45.9 CO / Defects

ID	Type	Name	Description	Current Status

ID	Type	Name	Description	Current Status
1241	Change Order	Related history - add error code	See CORE CO 10260 - for all the reference on this CO. Modify the related history and detail related history panels to add the error code associated to the audit which failed due to the related history being displayed. Some claims/details may fail more than one audit and providing the associated error code will help users determine why a claim has set a particular error.	Prod Implemented

2.7.46 PANEL: Detail Quadrant Cavity

2.7.46.1 Description

The Detail Quadrant Cavity panel displays the oral cavity codes for a claim.

To view information on this panel, select one detail record on the Claim Detail panel. Page forward to find the detail to select or enter the detail number in the 'go to' field.

Navigation Path: [Claims -Information] - [Enter a Dental ICN] - [Click Search] - OR - [Claims -Search] - [Enter Criteria] - [Select a Dental claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a Dental claim from the list] - THEN - [Click on a detail record in the Claim Detail panel] - [Click on the Detail Information nav bar item link on the Navigation Panel] - [Detail Quadrant Cavity]

Table: T_DENTAL_DTL_KEYS

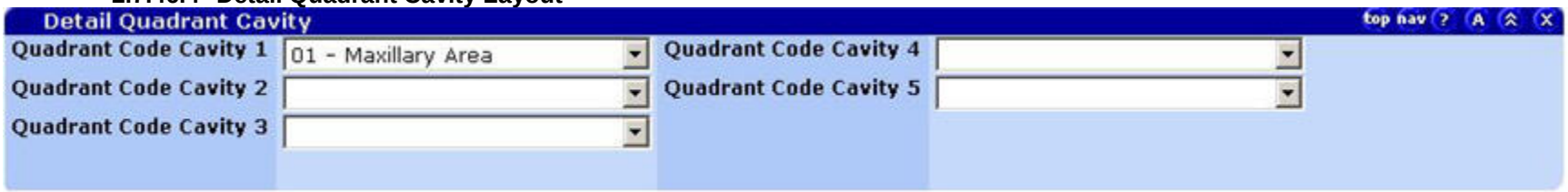
2.7.46.2 Technical Name

Clm.ToothCavityPanel.ascx

2.7.46.3 Panel Name

Detail Quadrant Cavity

2.7.46.4 Detail Quadrant Cavity Layout



2.7.46.5 Extra Features

This panel has no extra features.

2.7.46.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Quadrant Code Cavity 1	First code identifying the area of the oral cavity in which service was rendered.	Field	Drop Down List Box	0	T_DENTAL_DTL_KEYS	CDE_CAVITY_DESIG_1
Quadrant Code Cavity 2	Second code identifying the area of the oral cavity in which service was rendered.	Field	Drop Down List Box	0	T_DENTAL_DTL_KEYS	CDE_CAVITY_DESIG_2
Quadrant Code Cavity 3	Third code identifying the area of the oral cavity in which service was rendered.	Field	Drop Down List Box	0	T_DENTAL_DTL_KEYS	CDE_CAVITY_DESIG_3
Quadrant Code Cavity 4	Fourth code identifying the area of the oral cavity in which service was rendered.	Field	Drop Down List Box	0	T_DENTAL_DTL_KEYS	CDE_CAVITY_DESIG_4
Quadrant Code Cavity 5	Fifth code identifying the area of the oral cavity in which service was rendered.	Field	Drop Down List Box	0	T_DENTAL_DTL_KEYS	CDE_CAVITY_DESIG_5

2.7.46.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.46.8 Associated Requirements

ID
30.090.007.002.71

2.7.46.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.47 PANEL: Dental Claim Detail

2.7.47.1 Description

Use the Dental Claim Detail panel to view the data entered on the detail portion of a dental claim. When this panel is displayed in Data Correction mode, an Add button and a Delete button allow the user to add or remove details.

Navigation Path: [Claims -Information] - [Enter an ICN for a Dental claim] - OR - [Claims -Search] - [Enter Criteria] - [Select a Dental claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a Dental claim from the list]

This panel is populated from the following tables depending on claim type:
T_PD_DNTL_DTL, T_DENY_DNTL_DTL, and T_SUSP_DNTL_DTL

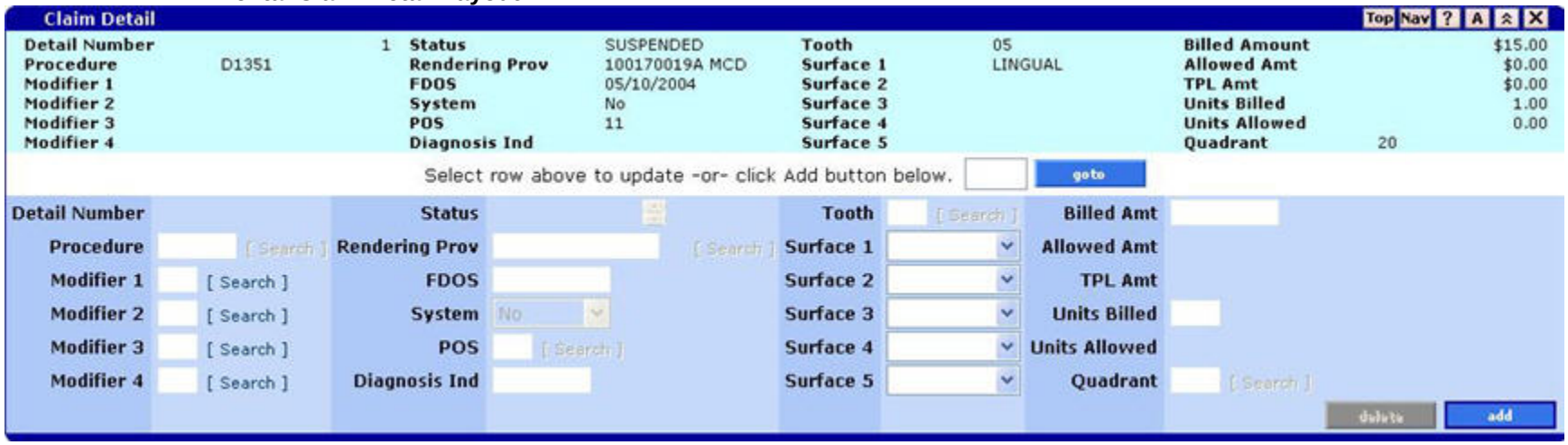
2.7.47.2 Technical Name

Clm.DentalDetailPanel.ascx

2.7.47.3 Panel Name

Claim Detail

2.7.47.4 Dental Claim Detail Layout



2.7.47.5 Extra Features

This panel has no extra features.

2.7.47.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Detail Number	The number of the detail on a claim record.	Field	Number	4	SEE NARRATIVE SECTION	NUM_DTL
Procedure	Code used to identify a dental procedure.	Field	Character	6	SEE NARRATIVE SECTION	SAK_PROCEDURE
Modifier 1	Code used to identify the modifiers connected to the procedure code.	Field	Character	2	SEE NARRATIVE SECTION	CDE_MODIFIER
Modifier 2	Code used to identify the modifiers connected to the procedure code.	Field	Character	2	SEE NARRATIVE SECTION	CDE_MODIFIER
Modifier 3	Code used to identify the modifiers connected to the procedure code.	Field	Character	2	SEE NARRATIVE SECTION	CDE_MODIFIER
Modifier 4	Code used to identify the modifiers connected to the procedure code.	Field	Character	2	SEE NARRATIVE SECTION	CDE_MODIFIER
Status	This field will display the status of the claim.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	CDE_CLM_STATUS
Rendering Provider	The identifier and service location for the performing provider.	Field	Character	10	SEE NARRATIVE SECTION	CDE_SVC_LOC_PERF
FDOS	Date of first service on the claim.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_FIRST_SVC

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
System	Indicates whether detail was added by system during claim's processing. Valid values Y - yes or N - no are generated.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	IND_SYS_GENERATE
POS	Code which indicates the location where service was rendered.	Field	Character	2	SEE NARRATIVE SECTION	CDE_PLACE_OF_SERVICE
Diagnosis Ind	Indicates which diagnosis (or diagnoses) for which services were provided. Valid values are 1,2,3,4,5,6,7,8. One detail can be associated with a minimum of one diagnosis in the header or maximum of eight diagnoses in the header for non-transportation claims only.	Field	Number	8	SEE NARRATIVE SECTION	CDE_DIAG_TREAT_IND
Tooth	The tooth number that identifies the tooth the provider rendered services on. An alpha indicates temporary teeth and numerics indicate permanent teeth.	Field	Character	2	SEE NARRATIVE SECTION	CDE_TOOTH_NBR
Surface 1	Code that indicates the tooth surface of a particular tooth.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	CDE_TOOTH_NBR
Surface 2	Code that indicates the tooth surface of a particular tooth.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	CDE_TOOTH_NBR
Surface 3	Code that indicates the tooth surface of a particular tooth.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	CDE_TOOTH_NBR

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Surface 4	Code that indicates the tooth surface of a particular tooth.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	CDE_TOOTH_NBR
Surface 5	Code that indicates the tooth surface of a particular tooth.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	CDE_TOOTH_NBR
Billed Amt	Total billed amount. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_BILLED
Allowed Amt	Amount allowed by the specific program (Medicaid, 590, and so on.) for the procedure. Format 9999999.99.	Field	Number	9	SEE NARRATIVE SECTION	AMT_ALWD
TPL Amt	Amount paid by third party for services, at the claim header level.Format 999999.99.	Field	Number	9	SEE NARRATIVE SECTION	AMT_DETAIL_TPL
Units Billed	The number of units billed by the provider.	Field	Number	6	SEE NARRATIVE SECTION	QTY_BILLED
Units Allowed	The number of units allowed to the provider.	Field	Number	6	SEE NARRATIVE SECTION	QTY_ALLOWED
Quadrant	The quadrant of the mouth that the procedure on the claim is related to.	Field	Character	2	SEE NARRATIVE SECTION	CDE_QUADRANT
goto	Allows the user to view a specific detail.	Button	N/A	0	N/A	N/A
Delete	Deletes a record.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Adds a new record.	Button	N/A	0	N/A	N/A

2.7.47.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Diagnosis Ind	Field	1	Enter a valid value.	Diagnosis Indicator must be numeric.
Diagnosis Ind	Field	102	Diagnosis indicator must be less than number of diagnosis on the claim.	Verify value and re-enter.
FDOS	Field	1	Invalid Date. Format is MM/DD/CCYY.	Enter a valid date in MM/DD/CCYY format.
Modifier 1	Field	1	Invalid Modifier 1 code.	Enter a valid Modifier 1 code or select a value from the search [Search] panel.
Modifier 2	Field	1	Invalid Modifier 2 Code.	Enter a valid Modifier 2 Code or select a value from the [Search] panel.
Modifier 3	Field	1	Invalid Modifier 3 Code.	Enter a valid Modifier 3 Code or select a value from the [Search] panel.
Modifier 4	Field	1	Invalid Modifier 4 Code.	Enter a valid Modifier 4 Code or select a value from the [Search] panel.
POS	Field	1	Invalid Place of Service.	Enter a Valid Place of Service or select a value from the [Search] panel.
Procedure	Field	1	Invalid Procedure code.	Enter a valid procedure code or select a value from the [Search] field.
Quadrant	Field	1	Invalid Tooth Quadrant.	Enter a valid tooth quadrant or select a value from the [Search] panel.
Rendering Provider	Field	1	Invalid Rendering Provider.	Enter a valid rendering provider ID or select a value from the [Search] panel.

Field	Field Type	Error Code	Error Message	To Correct
Rendering Provider	Field	2	Rendering Provider ID and Service Location are required.	Enter a valid rendering provider ID/LOC or select a value from the [Search] panel.
Surface 1	Field	1	Invalid Tooth Surface 1 code.	Enter a valid tooth surface 1 code or select a value from the list.
Surface 2	Field	1	Invalid Tooth Surface 2 code.	Enter a valid tooth surface 2 code or enter a value from the list.
Surface 3	Field	1	Invalid Tooth Surface 3 code.	Enter a valid tooth surface code or enter a value from the list.
Surface 4	Field	1	Invalid tooth surface 4 code.	Enter a valid tooth surface 4 code or enter a value from the list.
Surface 5	Field	1	Invalid Tooth Surface 5 code.	Enter a valid tooth surface 5 code or select a value from the list.
Tooth	Field	1	Invalid Tooth.	Enter a valid tooth or select a value from the [Search] field.

2.7.47.8 Associated Requirements

ID
30.090.007.002.14
30.090.007.002.66
30.090.007.002.71

2.7.47.9 CO / Defects

ID	Type	Name	Description	Current Status
1390	Change Order	Change Fields - Panels	Change the following fields labels: All instances of OI Amt to TPL Amt; All instances of Prescrib Prov to Prescriber Prov, Orig Prescrib to Orig Prescriber; Prescrib Num to RX Num; Days Supplys to Days Supply; Can field positions on the different claims panels be consistent? For example, PAN is in a different position on the Dental Claim than on the Physician Claim; Make sure that when in the Cash Disposition Panel if the user double clicks on the CCN, the financial FCRI Cash Receipt Information panel displays; and, Make sure that when in the Prior Authorization Panel if the user double clicks on the PA Number, the PA Prior Authorization panel displays. SEE CLARIFICATIONS SECTION. REQUIREMENTS FOR THIS CO HAVE BEEN MODIFIED.	Prod Implemented
3481	Change Order	Redesign Claim Detail Panels	In order to meet the customer requirements for the Claims Detail panels, we need to display more than one detail at a time. We need to display at least four details. This will make the panel look more like the prototype that the customer was promised. In addition, the bottom editable portion of the panel (data panel) only needs to be displayed if the user is allowed to data correct claims and they are in Data Correct Mode. If more than four details are on the claim, when the user clicks on the fifth detail and the detail information is populated on the bottom portion of the panel, make sure the top portion of the panel scrolls back to the fifth detail so that the user will see the same detail in the upper portion of the panel (data list) and the bottom portion of the panel (data panel).	Prod Implemented

2.7.48 PANEL: UB92 Claim Navigation

2.7.48.1 Description

The UB Claim Navigation panel provides access to the various panels through which UB Claims data can be viewed and/or corrected.

Navigation Path: [Claims -Information] - [Enter an ICN for a UB claim] - OR - [Claims -Search] - [Enter Criteria] - [Select a UB claim] - OR - [Claims - Data Correction] - [Enter clerk ID, search then select a UB claim from the list]

2.7.48.2 Technical Name

Clm.UB92ClaimPage.ascx - NavGroup

2.7.48.3 Panel Name

UB92 Claim Navigation

2.7.48.4 UB92 Claim Navigation Layout

2.7.48.5 Extra Features

This panel has no extra features.

2.7.48.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Detail	Link to "Claim Detail" panel.	Hyperlink	N/A	0	N/A	N/A
Additional Claim Information	Link to “Additional Claim Information” panel.	Hyperlink	N/A	0	N/A	N/A
Cash Disposition	Link to "Cash Disposition" panel.	Hyperlink	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Decision Rules						
EOB	Link to "EOB" panel.	Hyperlink	N/A	0	N/A	N/A
Location	Link to "Location" panel.	Hyperlink	N/A	0	N/A	N/A
Member Copay	Link to "Member Copay" panel.	Hyperlink	N/A	0	N/A	N/A
Related History	Link to "Related History" panel.	Hyperlink	N/A	0	N/A	N/A
Adjustment Information	Link to "Adjustment Information" panel.	Hyperlink	N/A	0	N/A	N/A
Check	Link to "Check" panel.	Hyperlink	N/A	0	N/A	N/A
Diagnosis	Link to "Diagnosis" panel.	Hyperlink	N/A	0	N/A	N/A
Error	Link to "Error" Panel.	Hyperlink	N/A	0	N/A	N/A
MCO Data	Link to "MCO Data" panel	Hyperlink	N/A	0	N/A	N/A
Occurrence	Link to "Occurrence" panel.	Hyperlink	N/A	0	N/A	N/A
Submitted Data	Link to "Submitted Data" panel.	Hyperlink	N/A	0	N/A	N/A
Attachment	Link to "Attachment" panel.	Hyperlink	N/A	0	N/A	N/A
Condition	Link to "Condition" panel.	Hyperlink	N/A	0	N/A	N/A
Display TCN	Link to "Display TCN" panel.	Hyperlink	N/A	0	N/A	N/A
Health Program	Link to "Health Program" panel.	Hyperlink	N/A	0	N/A	N/A
Medicare Information	Link to "Medicare Information".	Hyperlink	N/A	0	N/A	N/A
Payer	Link to "Payer" panel.	Hyperlink	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Value	Link to "Value" panel.	Hyperlink	N/A	0	N/A	N/A
CAS Inquiry	Link to "CAS Inquiry" panel.	Hyperlink	N/A	0	N/A	N/A
Data Correction Note	Link to "Data Correction Note" panel.	Hyperlink	N/A	0	N/A	N/A
DRG	Link to 'DRG' panel.	Hyperlink	N/A	0	N/A	N/A
ICD-9-CM	Link to "ICD-9-CM" panel.	Hyperlink	N/A	0	N/A	N/A
Member Coinsurance	Link to "Member Coinsurance" panel.	Hyperlink	N/A	0	N/A	N/A
Prior Authorization	Link to "Prior Authorization" panel.	Hyperlink	N/A	0	N/A	N/A
Data Correct	The Data Correct button appears if this is a suspended claim being viewed on the Claim Information page.	Button	N/A	0	N/A	N/A

2.7.48.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.48.8 Associated Requirements

ID
30.090.007.002.71
30.090.008.002.11
30.090.008.002.33

2.7.48.9 CO / Defects

ID	Type	Name	Description	Current Status
1288	Change Order	Add CAS Inquiry Panel	Add new CAS Inquiry Panel. See CORE CO 12115 - for all the reference on this CO	Prod Implemented
159	Change Order	Display Encounter Data Elements	Add a new panel to display encounter related data: MCO(s) unique encounter number; Partnership paid amounts; MCO receipt date; MCO adjudication payment date; Encounter receipt date; Encounter adjudication date; Medicaid adjudication status (The result of interChange. editing the encounters). The actual encounter status will be mapped to claim status; Encounter Type; and, MCO Contract Type (1 = Fee for Service, 2 = Capitated Fee).	Prod Implemented

2.7.49 PANEL: Prior Authorization

2.7.49.1 Description

The Prior Authorization panel displays the prior authorization applicable to the claim. This panel includes the amount and units used in the claim.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select Prior Authorization link from the displayed panel] - OR - [Claims - Search] - [Enter Criteria] - [Select a claim] - [Select Prior Authorization link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select Prior Authorization link from the displayed panel]

Tables: T_PA_ITEM_DTL_XREF, T_PA_PAUTH, T_FINANCIAL_PAYER

2.7.49.2 Technical Name

Clm.ClaimPriorAuth.ascx

2.7.49.3 Panel Name

Prior Authorization

2.7.49.4 Prior Authorization Layout

Prior Authorization

Top Nav ? X

Detail Number	PA Number	Line Item	Financial Payer	Units Used	Amount Used	Status
1	1006025002	01	DEF	20	0	A

2.7.49.5 Extra Features

This panel has no extra features.

2.7.49.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Detail Number	Detail to which prior authorization has been applied.	Field	Number	9	T_PA_ITEM_DTL_XREF	NUM_DTL
PA Number	This is the number assigned by the PA unit to a prior authorization request.	Field	Number	10	T_PA_PAUTH	PRIOR_AUTH_NUM
Line Item	Prior authorization line item number.	Field	Number	3	T_PA_ITEM_DTL_XREF	NUM_PA_LINE_ITEM
Financial Payer	A code used to identify the financial payer.	Field	Number	9	T_FINANCIAL_PAYER	CDE_FIN_PAYER

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Units Used	Prior authorization units applied to the claim.	Field	Number	6	T_PA_ITEM_DTL_XREF	QTY_UNT_SVC_USD
Amount Used	Prior authorization amount applied to the claim. Format 99999999.99.	Field	Number	9	T_PA_ITEM_DTL_XREF	AMT_PA_USED
Status	Indicates the status of the PA within the system.	Field	Character	1	T_PA_ITEM_DTL_XREF	CDE_STATUS1

2.7.49.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.49.8 Associated Requirements

ID
30.090.007.002.66
30.090.007.002.71

2.7.49.9 CO / Defects

ID	Type	Name	Description	Current Status
1390	Change Order	Change Fields - Panels	Change the following fields labels: All instances of OI Amt to TPL Amt; All instances of Prescrib Prov to Prescriber Prov, Orig Prescrib to Orig Prescriber; Prescrib Num to RX Num; Days Supplys to Days Supply; Can field positions on the different claims panels be consistent? For example, PAN is in a different position on the Dental Claim than on the Physician Claim; Make sure that when in the Cash Disposition Panel if the user double clicks on the CCN, the financial FCRI Cash Receipt Information panel displays; and, Make sure that when in the Prior Authorization Panel if the user double clicks on the PA Number, the PA Prior Authorization panel displays. SEE CLARIFICATIONS SECTION. REQUIREMENTS FOR THIS CO HAVE BEEN MODIFIED.	Prod Implemented

2.7.50 PANEL: Dental Claim Detail Navigation

2.7.50.1 Description

The Dental Claim Detail Navigation panel provides access to the various panels through which dental claims detail information can be viewed.

Navigation Path: [Claims -Information] - [Enter an ICN for a Dental claim] - OR - [Claims -Search] - [Enter Criteria] - [Select a Dental claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a dental claim from the list] -THEN - [Click on Detail Information on the Navigation Panel]

2.7.50.2 Technical Name

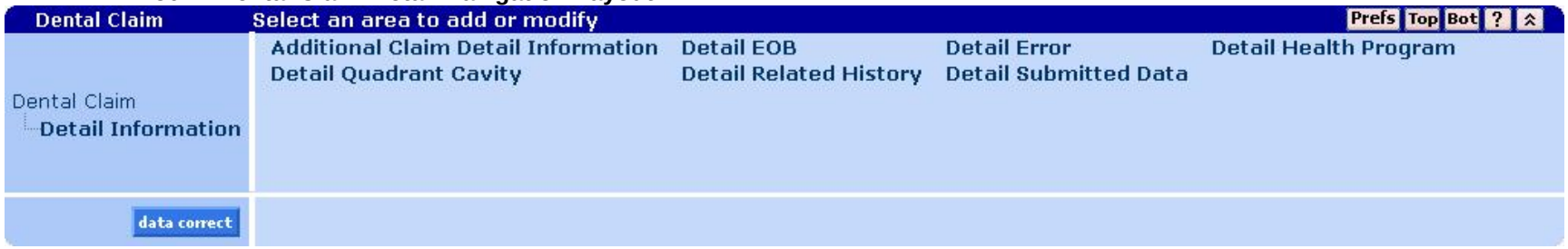
Clm.DentalClaimPage.ascx - Detail NavGroup

2.7.50.3 Panel Name

Dental Claim Detail Navigation

For readability the layout displays on the next page.

2.7.50.4 Dental Claim Detail Navigation Layout



2.7.50.5 Extra Features

This panel has no extra features.

2.7.50.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Additional Claim Detail Information	Link to “Additional Claim Information” panel.	Hyperlink	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Detail Quadrant Cavity	Link to "Detail Quadrant Cavity" panel.	Hyperlink	N/A	0	N/A	N/A
Detail EOB	Link to "Detail EOB" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Related History	Link to "Detail Related History" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Error	Link to "Detail Error" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Submitted Data	Link to "Detail Submitted Data" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Health Program	Link to "Detail Health Program" panel.	Hyperlink	N/A	0	N/A	N/A
Data Correct	This button displays for claims in suspended status. Clicking the Data Correct button opens the displayed suspended claim in Data Correction mode. Changes can be made and the claim can be resubmitted.	Button	N/A	0	N/A	N/A

2.7.50.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.50.8 Associated Requirements

ID
30.090.007.002.71

2.7.50.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.51 PANEL: Audit History Panel

2.7.51.1 Description

Access the Audit History panel from any panel that displays an 'A' icon in the top right corner. Click on this icon to display an Audit Search panel that contains the fields on the current panel. Select individual fields to display in the search results or choose to view all fields. Click Search to return one record for each time the current record has been modified.

Navigation Path: [Click 'A' on the top right of any panel] - [Select criteria to display] - [Click Search]

NOTE: The layout shown below is an example of an Audit History panel. The fields on each Audit History panel will correspond to its related table (panel). The common fields are listed below.

2.7.51.2 Technical Name

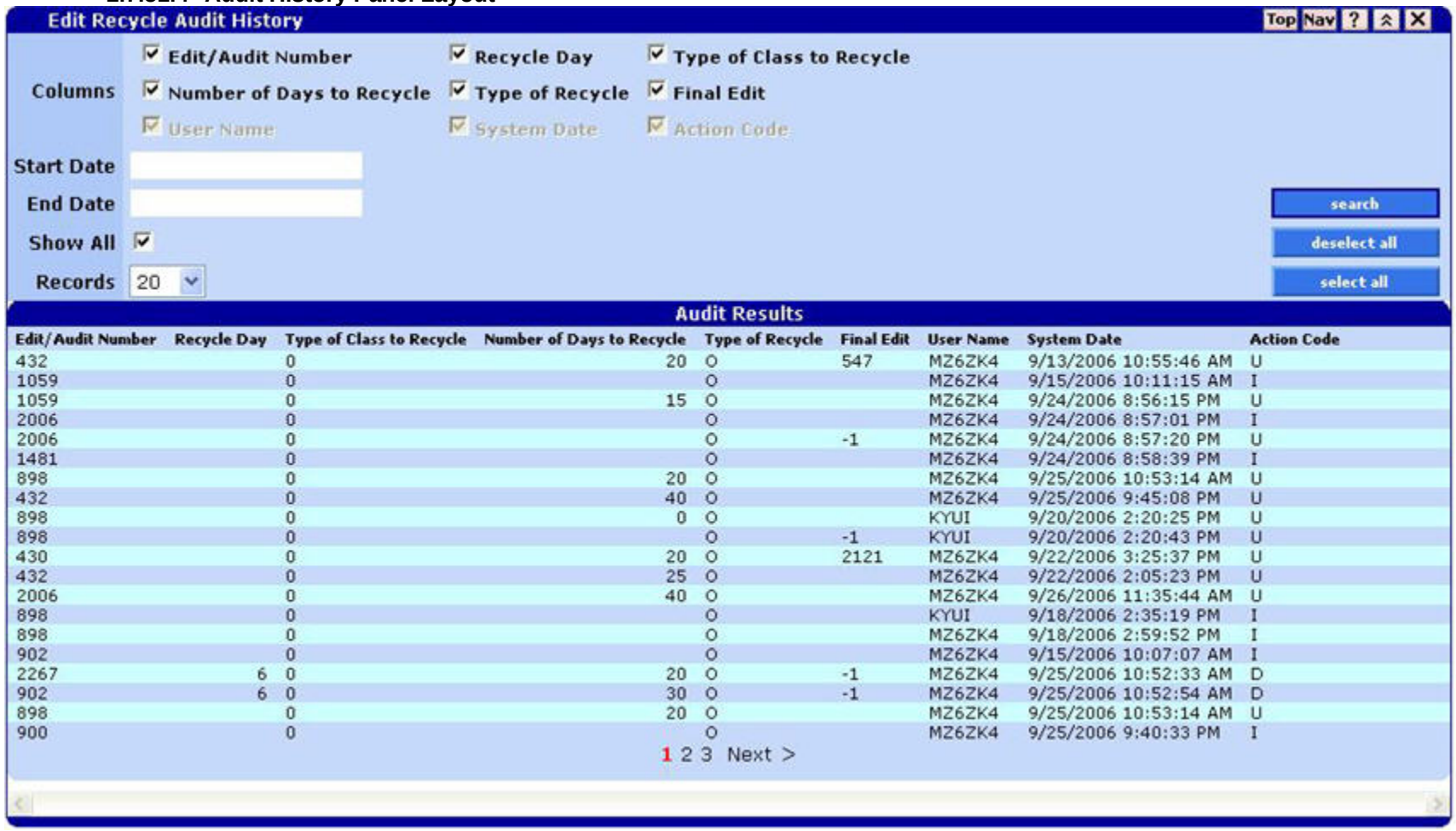
Clm.Audit History Panel

2.7.51.3 Panel Name

XXXX Audit History

For readability the layout displays on the next page.

2.7.51.4 Audit History Panel Layout



Edit/Audit Number	Recycle Day	Type of Class to Recycle	Number of Days to Recycle	Type of Recycle	Final Edit	User Name	System Date	Action Code
432		0	20	O	547	MZ6ZK4	9/13/2006 10:55:46 AM	U
1059		0		O		MZ6ZK4	9/15/2006 10:11:15 AM	I
1059		0	15	O		MZ6ZK4	9/24/2006 8:56:15 PM	U
2006		0		O		MZ6ZK4	9/24/2006 8:57:01 PM	I
2006		0		O	-1	MZ6ZK4	9/24/2006 8:57:20 PM	U
1481		0		O		MZ6ZK4	9/24/2006 8:58:39 PM	I
898		0	20	O		MZ6ZK4	9/25/2006 10:53:14 AM	U
432		0	40	O		MZ6ZK4	9/25/2006 9:45:08 PM	U
898		0	0	O		KYUI	9/20/2006 2:20:25 PM	U
898		0		O	-1	KYUI	9/20/2006 2:20:43 PM	U
430		0	20	O	2121	MZ6ZK4	9/22/2006 3:25:37 PM	U
432		0	25	O		MZ6ZK4	9/22/2006 2:05:23 PM	U
2006		0	40	O		MZ6ZK4	9/26/2006 11:35:44 AM	U
898		0		O		KYUI	9/18/2006 2:35:19 PM	I
898		0		O		MZ6ZK4	9/18/2006 2:59:52 PM	I
902		0		O		MZ6ZK4	9/15/2006 10:07:07 AM	I
2267	6	0	20	O	-1	MZ6ZK4	9/25/2006 10:52:33 AM	D
902	6	0	30	O	-1	MZ6ZK4	9/25/2006 10:52:54 AM	D
898		0	20	O		MZ6ZK4	9/25/2006 10:53:14 AM	U
900		0		O		MZ6ZK4	9/25/2006 9:40:33 PM	I

2.7.51.5 Extra Features

This panel has no extra features.

2.7.51.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Start Date	The start date used to search audit trail records.	Field	Date (MM/DD/CCYY)	8	N/A	N/A
End Date	The end date used to search audit trail records.	Field	Date (MM/DD/CCYY)	8	N/A	N/A
Show All	Checking this column will select all records to display on the Audit Results panel.	Check Box	Check Box	0	N/A	N/A
Records	Number of records to be displayed on the Audit Results panel.	Field	Drop Down List Box	0	N/A	N/A
Edit/Audit Number						
Recycle Day						
Type of Class to Recycle						
Number of Days to Recycle						
Type of Recycle						
Final Edit						
Final Audit	If User Name is checked, the clerk ID of the user who changed the data will be displayed on the Audit Results panel.	Field	Character	20	N/A	N/A
System Date	If System Date is checked, the system date that the data was added or modified will be displayed on the Audit Results panel.	Field	Date (MM/DD/CCYY)	8	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Action Code	If Action Code is checked, the action code (I - Insert, D - Delete, U - Update) will be displayed on the Audit Results panel.	Field	Character	1	N/A	N/A
Search	Search button to start the search and return results to the Audit Results panel.	Button	N/A	0	N/A	N/A
Deselect All		Button				
Select All	Clicking this button will automatically select all fields to display on the Audit Results panel.	Button	N/A	0	N/A	N/A

2.7.51.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.51.8 Associated Requirements

ID
No associated requirements found.

2.7.51.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.52 PANEL: Claim Member Copay

2.7.52.1 Description

Use the Claim Member Copay panel to examine the copay accumulation for a member.

Navigation Path: [Claims - Search] - [Enter Criteria] - [Select Member Copay]

Table: T_CLM_COPAY_X

2.7.52.2 Technical Name

Clm.ClaimMemberCopayHdrPanel.ascx

2.7.52.3 Panel Name

Claim Member Copay

2.7.52.4 Claim Member Copay Layout

Member Copay

Header/Detail Number	Financial Payer	Year Month Date	Status	Copay Value	Copay Amount	FDOS	TDOS
0	DEF	0	Active	Deduct and Accumulate	$15.00	03/01/2005	03/01/2005
1	DEF	0	Active	Deduct and Accumulate	$30.00	03/02/2005	03/02/2005

2.7.52.5 Extra Features

This panel has no extra features.

2.7.52.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Header/ Detail Number	The number of the detail on the claim record. A zero represents the header	Field	Number	4	T_CLM_COPAY_X	NUM_DTL
Financial Payer	The system-assigned value that identifies a unique payer within interChange.	Field	Number	9	T_CLM_COPAY_X	SAK_FIN_PAYER
Year Month Date	This is the year and month of the date of service of the claim that used copay.	Field	Number	9	T_CLM_COPAY_X	DTE_YEAR_MTH

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Status	Indicates if the record/row is active or inactive. The row becomes inactive only after an adjustment to the claim is released. Only use active ('A') to accumulate copay. Values are: 'A' - Active; 'I' - Inactive.	Field	Character	1	T_CLM_COPAY_X	CDE_STATUS1
Copay Value	Determines if the row has actual copay deducted from the claim or if the copay was just added and not deducted from the claim. Values are: 'DA' - Deduct and accumulate copay 'OA' - Only accumulate copay	Field	Character	2	T_CLM_COPAY_X	CDE_DEDUCT_ACCUM_COPAY
Copay Amount	The copay amount paid by the member for services rendered	Field	Number	9	T_CLM_COPAY_X	AMT_COPAY
FDOS	The beginning date of service for the claim	Field	Number	8	T_CLM_COPAY_X	DTE_FIRST_SVC
TDOS	The last date of service for the claim.	Field	Number	8	T_CLM_COPAY_X	DTE_LAST_SVC

2.7.52.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.52.8 Associated Requirements

ID
No associated requirements found.

2.7.52.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.53 PANEL: Condition

2.7.53.1 Description

The UB Condition Codes panel displays the condition codes applicable to the claim. These codes are generated to identify conditions relating to this bill that may affect payer processing.

Navigation Path: [Claims -Information] - [Enter an ICN for a UB claim] - [Select Condition link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a UB claim] - [Select Condition link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a UB claim from the list] - [Select Condition link from the displayed panel]

Table: T_UB92_HDR_COND_X

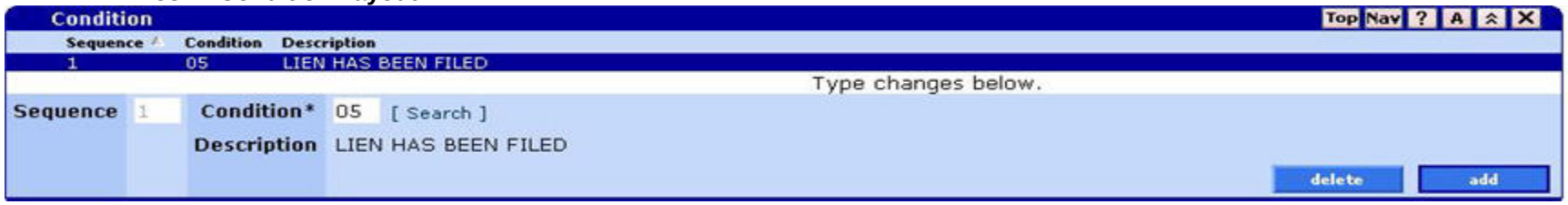
2.7.53.2 Technical Name

Clm.ClaimConditionPanel.ascx

2.7.53.3 Panel Name

Condition

2.7.53.4 Condition Layout



2.7.53.5 Extra Features

This panel has no extra features.

2.7.53.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Sequence	Sequence numbers as they appeared on the claim.	Field	Number	2	T_UB92_HDR_COND_X	CDE_COND_SEQ
Condition	A code used to identify conditions relating to this bill that may affect payer processing.	Field	Number	2	T_UB92_HDR_COND_X	CDE_COND

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Description of the condition.	Field	Character	50	T_UB92_HDR_COND_X	QLF_CODE_LIST
Delete	Deletes a record.	Button	N/A	0	N/A	N/A
Add	Adds a new record.	Button	N/A	0	N/A	N/A

2.7.53.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Condition	Field	107	Exceed maximum number of condition codes.	The maximum number of condition codes is 24.

2.7.53.8 Associated Requirements

ID
30.090.007.002.71

2.7.53.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.54 PANEL: Health Program

2.7.54.1 Description

Use the Health Program panel to display the program information for a claim.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select Health Program link from the displayed panel] - OR - [Claims - Search] - [Enter Criteria] - [Select a claim] - [Select Health Program link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select Health Program link from the displayed panel]

Tables: T_CLM_PGM_XREF, T_CDE_AID, T_FINANCIAL_PAYER, T_PUB_HLTH_PGM

2.7.54.2 Technical Name

Clm.PaymentInfoHdrPanel.ascx

2.7.54.3 Panel Name

Health Program

2.7.54.4 Health Program Layout

2.7.54.5 Extra Features

This panel has no extra features.

2.7.54.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Header/Detail Number	Indicates if the row pertains to the claim header or a claim detail line. The claim header is denoted by a zero.	Field	Number	3	T_CLM_PGM_XREF	NUM_DTL
Detail Number	Indicates if the row pertains to the claim header or a claim detail line. The claim header is denoted by a zero.	Field	Drop Down List Box	0	T_CLM_PGM_XREF	NUM_DTL
Paid Amount	This is the amount that will be applied toward the check amount. Format 99999999.99.	Field	Number	10	T_CLM_PGM_XREF	AMT_PAID
State Share Amount	This is the amount that will be applied toward the check amount. Format 99999999.99.	Field	Number	10	T_CLM_PGM_XREF	AMT_STATE_SHARE
Federal Share Amount	This is the amount of federal share for this payment. Format 99999999.99.	Field	Number	10	T_CLM_PGM_XREF	AMT_FEDERAL_SHARE
Encounter Amount	This contains the amount for encounter services on the claim detail indicated by the detail number on the table. Format 99999999.99.	Field	Number	10	T_CLM_PGM_XREF	AMT_ENCOUNTER
Allowed Amount	Amount approved to pay for services provided. Format 9999999.99.	Field	Number	9	T_CLM_PGM_XREF	AMT_ALWD

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Allowed Quantity	Number of units of service that will be paid under a financial payer/benefit plan. Format 9999.99.	Field	Number	6	T_CLM_PGM_XREF	QTY_ALLOWED
Copay Amount	This is the amount of copay that will be subtracted from the allowed amount. Format 99999.99.	Field	Number	7	T_CLM_PGM_XREF	AMT_CO_PAY
Aid Category	Aid category for Medicaid coverage.	Field	Number	9	T_CDE_AID	CDE_AID_CATEGORY
Finalized Date	Date the financial finalizes the claim for this payer.	Field	Date (MM/DD/CCYY)	8	T_CLM_PGM_XREF	DTE_FINAL
Rate Type	Code used to identify the rate type to use in determining provider reimbursement.	Field	Character	3	T_CLM_PGM_XREF	CDE_RATE_TYPE
Pricing Indicator	Pricing indicator which dictates the method by which a procedure must be priced or indicates how a claim detail was priced.	Field	Character	1	T_CLM_PGM_XREF	IND_PRICING
Managed Care Indicator	Managed care indicator identifies claims and other transactions based on how they affect the managed care program.	Field	Drop Down List Box	1	T_CLM_PGM_XREF	IND_MC
Fund Code	Indicates the budget category that the funds used to pay this claim/detail came from.	Field	Number	9	T_FIN_FUND_CODE	CDE_FUND_CODE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Member Assignment	A group of covered services (benefits) where the member is assigned to a provider or provider organization in order to receive covered services (benefits).	Field	Number	9	T_PUB_HLTH_PGM	CDE_PGM_HEALTH
Financial Payer	The financial payer description.	Field	Number	9	T_FINANCIAL_PAYER	CDE_FIN_PAYER
Health Program	Name of program the header/detail was processed and/or paid under.	Field	Character	50	T_PUB_HLTH_PGM	CDE_PGM_HEALTH
Payable Benefit	This is the unique system-assigned value that identifies each row on this table.	Field	Number	9	T_CLM_PGM_XREF	SAK_PAYABLE_BNFT
Covered Benefit	Value used to identify a unique row for a benefit covered by a member plan.	Field	Number	9	T_CLM_PGM_XREF	SAK_COVERED_BNFT
Benefit Hierarchy	An assignment hierarchy is an ordered set of assignment plans for which a member/beneficiary may be assigned concurrently. For example, a beneficiary may be assigned to a PCP and to a waiver program at overlapping periods of time.	Field	Number	9	T_CLM_PGM_XREF	SAK_THREAD
Assignment Hierarchy	A set of assignment plans for which a member/beneficiary may be assigned concurrently.	Field	Number	9	T_CLM_PGM_XREF	SAK_THREAD_ASSIG NMENT

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Payer Hierarchy	Payer hierarchy is used to identify the order of processing of financial payers, benefit plans, or assignment plans for beneficiaries who are enrolled in multiple entities of any of these types.	Field	Number	9	T_CLM_PGM_XREF	SAK_THREAD_PAYER

2.7.54.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Covered Benefit	Field	1	Invalid Benefit Plan.	Enter a valid benefit plan or select a value form the [Search] panel.
Financial Payer	Field	1	Invalid Financial Payer.	Enter a valid financial payer or select a value from the [Search] panel.
MMIS Allowed Amount	Field	1	Enter a valid Value.	Allowed amount must be numeric.

2.7.54.8 Associated Requirements

ID
30.050.001F
30.090.007.002.66
30.090.007.002.71
30.090.007.002.76

2.7.54.9 CO / Defects

ID	Type	Name	Description	Current Status
1391	Change Order	Health Program Panels	Add display of Federal Share Amount Health Program and Detail Health Program panels. This is a calculated amount. Reorganize results of Health Program panels to show additional fields without having to click on a row. At a minimum Allowed Amount, Pricing indicator and Rate type.	Prod Implemented
162	Change Order	Change "Recipient" - online	Change every instance of "Recipient, 'MID", "RID" or "Current ID" to "Member ID" on claim pages and panels. In addition, update any related error messages that may include the name of the field. Update corresponding documentation.	Prod Implemented
2463	Change Order	Add KY Edit 354 - iC 3321	Add KY specific edit in interChange to match KY policy for existing edit 354 where the Manual Price is invalid or not accompanied by a Manual Price EOB.	Prod Implemented

2.7.55 PANEL: DRG

2.7.55.1 Description

Use the DRG panel to view the Diagnosis Related Group (DRG) data for a UB claim.

Navigation Path: [Claims - Search] - [select a UB claim] - [DRG] - OR - [Claims - Data Correction] - [enter a clerk ID] - [select a UB claim from the search result] - [DRG] - OR - [Claims - Information] - [enter ICN for a UB claim] - [DRG] - OR - [Claims - Data Correction] - [Enter Clerk ID, then select a UB claim from the list] - [Select DRG link from the displayed panel]

Table: T_UB92_HDR_INP, T_DRG, T_MDC

2.7.55.2 Technical Name

Clm.ClaimDrgPanel.ascx

2.7.55.3 Panel Name

DRG

2.7.55.4 DRGLayout

DRG

Top Nav ? A X

DRG	Enhanced DRG	MDC	DRG Version	Base Payment Amount	Cost Outlier	Total	1st DRG Diagnosis	2nd DRG Diagnosis	3rd DRG Diagnosis	1st DRG Procedure	2nd DRG Procedure
467	0	10	HAF	$1.00	$14.11	$15.11	ASD	ZXC	QWEF	0	0

2.7.55.5 Extra Features

This panel has no extra features.

2.7.55.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
DRG	Diagnosis Related Group. A code identifying the classification of diagnoses in which patients demonstrate similar resource consumption and length of stay patterns.	Field	Character	4	T_DRG	CDE_DRG
Enhanced DRG	Value of the enhanced DRG code utilized during the DRG pricing process.	Field	Number	9	T_UB92_HDR_INP	SAK_DRG_ENHANCED

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
MDC	Major diagnosis category. A broad classification of diagnoses which group DRGs into one of the mutually exclusive MDCs.	Field	Character	2	T_MDC	CDE_MDC
DRG Version	Grouper version in use.	Field	Character	20	T_UB92_HDR_INP	NUM_VERSION_DRG
Base Payment Amount	Base payment amount for an inpatient claim prior to any payment adjustments such as outliers or medical education costs.	Field	Number	9	T_UB92_HDR_INP	AMT_BASE_DRG
Cost Outlier	Costs associated with the capital costs of the facility. Capital costs include depreciation, interest, property taxes, and other costs. Format 9999999.99.	Field	Number	9	T_UB92_HDR_INP	AMT_COST_OUTLIER
Total	Sum of the base payment amount and cost outlier. Format 9999999.99.	Field	Number	9	N/A	N/A
1st DRG Diagnosis	First diagnosis code that influenced DRG assignment.	Field	Character	7	T_UB92_HDR_INP	CDE_DIAG1
2nd DRG Diagnosis	Secondary diagnosis code that influenced DRG assignment.	Field	Character	7	T_UB92_HDR_INP	CDE_DIAG2
3rd DRG Diagnosis	Third diagnosis code that influenced DRG assignment.	Field	Character	7	T_UB92_HDR_INP	CDE_DIAG_CC
1st DRG Procedure	First operating room procedure that influenced DRG assignment.	Field	Character	7	T_UB92_HDR_INP	CDE_PROC1

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
2nd DRG Procedure	Second operating room procedure that influenced DRG assignment. This field will be blank if no operating room procedure influenced DRG assignment.	Field	Character	6	T_UB92_HDR_INP	CDE_PROC1

2.7.55.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.55.8 Associated Requirements

ID
30.090.007.002.71

2.7.55.9 CO / Defects

ID	Type	Name	Description	Current Status
1681	Change Order	Core 10355 WI 1466 - DRG 8	See Core CO 10355 all documentation will be updated on this CO. See WI CO 1466. Additional information was added to the DRG claims pricing methodology. The panel that displays the DRG information should be updated to include all the pertinent information from the claim, and the provider rate file. The information includes the enhancement DRG code utilized during pricing.	Prod Implemented
3246	Change Order	KY DRG Claims Panel Updates	The DRG claim related data panel should represent KY DRG payment information only. The current panel displays the DSH payment, which is not a field used by KY. The panel is also missing the Base Payment Amount.	Prod Implemented

2.7.56 PANEL: Expecting Date

2.7.56.1 Description

The Expecting Date panel displays the expected pregnancy end date.

Navigation Path: [Claims -Information] - [Enter an ICN for a Physician claim] - [Select Expecting Date link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a Physician claim] - [Select Expecting Date link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a Physician claim from the list] - [Select Expecting Date link from the displayed panel]

Table: T_CLM_HDR_DELIVERY

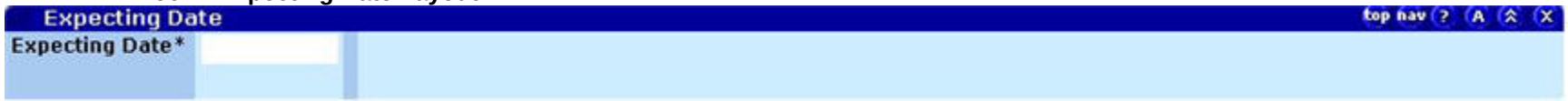
2.7.56.2 Technical Name

Clm.ClaimDeliveryPanel.ascx

2.7.56.3 Panel Name

Expecting Date

2.7.56.4 Expecting Date Layout



2.7.56.5 Extra Features

This panel has no extra features.

2.7.56.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Expecting Date	The expected pregnancy end date.	Field	Date (MM/DD/CCYY)	8	T_CLM_HDR _DELIVERY	DTE_DELIVERY

2.7.56.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Expecting Date	Field	1	Invalid Date. Format is MM/DD/CCYY.	Enter the date in the correct format.
Expecting Date	Field	2	Expecting Date is required.	Enter a valid date.

2.7.56.8 Associated Requirements

ID
30.090.007.002.71
30.090.012.003.3A

2.7.56.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.57 PANEL: Physician Claim Detail Navigation

2.7.57.1 Description

The Physician Claim Detail Navigation panel provides access to the various panels through which physician claims detail information can be viewed.

Navigation Path: [Claims -Information] - [Enter an ICN for a physician claim] - OR - [Claims -Search] - [Enter Criteria] - [Select a physician claim] - OR - [Claims - Data Correction] - [Enter clerk ID, search then select a physician claim from the list] -THEN - [Click on Detail Information on the Navigation Panel]

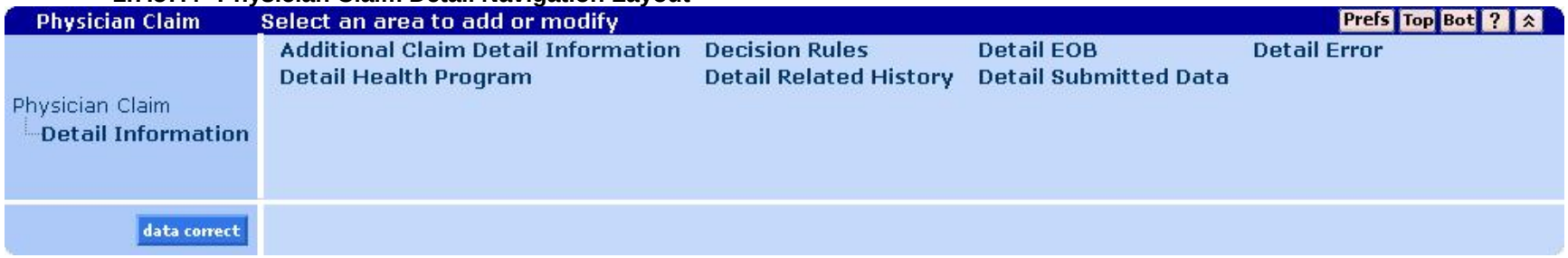
2.7.57.2 Technical Name

Clm.PhysicianClaimPage.ascx - Detail NavGroup

2.7.57.3 Panel Name

Physician Claim Detail Navigation

2.7.57.4 Physician Claim Detail Navigation Layout



2.7.57.5 Extra Features

This panel has no extra features.

2.7.57.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Additional Claim Detail Information						
Decision Rules						
Detail EOB	Link to "Detail EOB" panel.	Hyperlink	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Detail Error	Link to "Detail Error" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Health Program	Link to "Health Program" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Related History	Link to "Detail Related History" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Submitted Data	Link to "Detail Submitted Data" panel.	Hyperlink	N/A	0	N/A	N/A
Data Correct	This button displays for claims in suspended status that are displayed on the Claim Information page. Clicking the Data Correct button opens the displayed suspended claim in Data Correction mode. Changes can be made and the claim can be resubmitted.	Button	N/A	0	N/A	N/A

2.7.57.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.57.8 Associated Requirements

ID
30.090.007.002.71

2.7.57.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.58 PANEL: Detail Related History

2.7.58.1 Description

Access the Detail Related History panel from the Paid, Denied, or Suspended Claim panels. This panel displays the related history applicable to the claim detail being viewed.

To view information on this panel, select one detail record on the Claim Detail panel. Page forward to find the detail to select or enter the detail number in the 'go to' field. Since the related history is tied to information on the Detail Error panel, the user must also open the Detail Error panel and select a row. Then click on the Detail Related History panel.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Click Search] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - THEN - [Click on a detail record in the Claim Detail panel] - [Click on the Detail Information nav bar item link on the Navigation Panel] - [Detail Error Panel] - [Select a detail error] -[Detail Related History]

Table: T_SUSP_RLHX

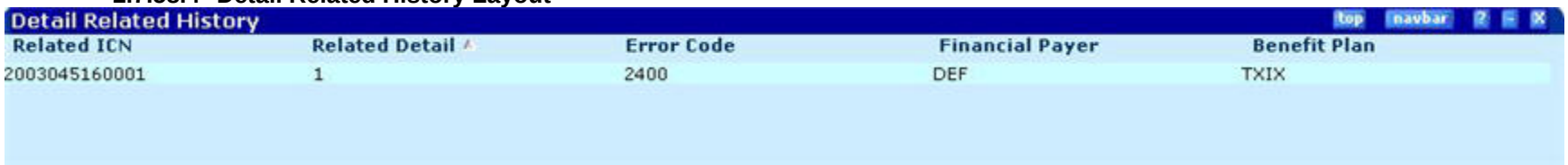
2.7.58.2 Technical Name

Clm.RelatedHistoryPanel.ascx

2.7.58.3 Panel Name

Detail Related History

2.7.58.4 Detail Related History Layout



2.7.58.5 Extra Features

This panel has no extra features.

2.7.58.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Related ICN	Internal control number of the related claim.	Field	Number	13	T_SUSP_RLHX	SAK_RELATED_HX
Related Detail	Related detail number on the history claim displayed.	Field	Number	4	T_SUSP_RLHX	NUM_DTL_RELATED
Error Code	Code used to indicate an error was discovered on a claim during processing in the base system.	Field	Number	4	T_SUSP_RLHX	SAK_ESC
Financial Payer	The description used to identify the financial payer for the related ICN.	Field	Character	30	T_SUSP_RLHX	SAK_FIN_PAYER
Benefit Plan	The medical assistance program associated with the related ICN.	Field	Character	5	T_SUSP_RLHX	SAK_PUB_HLTH

2.7.58.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.58.8 Associated Requirements

ID
30.050.001F
30.090.007.002.57
30.090.007.002.71

2.7.58.9 CO / Defects

ID	Type	Name	Description	Current Status
1241	Change Order	Related history - add error code	See CORE CO 10260 - for all the reference on this CO. Modify the related history and detail related history panels to add the error code associated to the audit which failed due to the related history being displayed. Some claims/details may fail more than one audit and providing the associated error code will help users determine why a claim has set a particular error.	Prod Implemented
162	Change Order	Change "Recipient" - online	Change every instance of "Recipient, 'MID", "RID" or "Current ID" to "Member ID" on claim pages and panels. In addition, update any related error messages that may include the name of the field. Update corresponding documentation.	Prod Implemented

2.7.59 PANEL: Pharmacy Claim Navigation

2.7.59.1 Description

The Pharmacy Claim Navigation panel provides access to the various panels through which pharmacy claims data can be viewed.

Navigation Path: [Claims -Information] - [Enter an ICN for a Pharmacy claim] - - OR - [Claims -Search] - [Enter Criteria] - [Select a Pharmacy claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a pharmacy claim from the list]

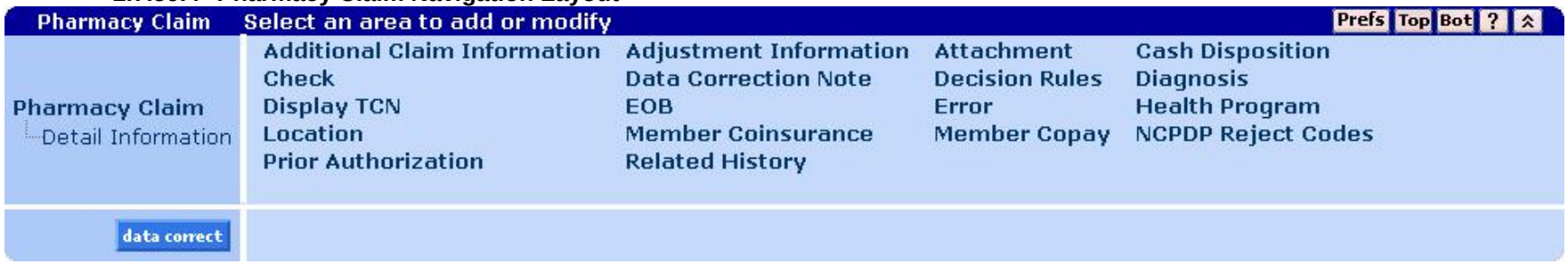
2.7.59.2 Technical Name

Clm.PharmacyClaimPage.ascx - NavGroup

2.7.59.3 Panel Name

Pharmacy Claim Navigation

2.7.59.4 Pharmacy Claim Navigation Layout



2.7.59.5 Extra Features

This panel has no extra features.

2.7.59.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Additional Claim Information						
Check	Link to "Check" panel.	Hyperlink	N/A	0	N/A	N/A
Display TCN	Link to "Display TCN" panel.	Hyperlink	N/A	0	N/A	N/A
Location	Link to "Location" panel.	Hyperlink	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Prior Authorization	Link to "Prior Authorization" panel.	Hyperlink	N/A	0	N/A	N/A
Adjustment Information	Link to "Adjustment Information" panel.	Hyperlink	N/A	0	N/A	N/A
Data Correction Note	Link to "Data Correction Note" panel.	Hyperlink	N/A	0	N/A	N/A
EOB	Link to "EOB" panel.	Hyperlink	N/A	0	N/A	N/A
Member Coinsurance	Link to the "Member Coinsurance" panel.	Hyperlink	N/A	0		
Related History	Link to "Related History" panel.	Hyperlink	N/A	0	N/A	N/A
Attachment	Link to "Attachment" panel.	Hyperlink	N/A	0	N/A	N/A
Decision Rules	Link to the "Decision Rules" panel.	Hyperlink	N/A	0		
Error	Link to "Error" panel.	Hyperlink	N/A	0	N/A	N/A
Member Copay	Link to the "Member Copay" panel.	Hyperlink	N/A	0		
Cash Disposition	Link to "Cash Disposition" panel.	Hyperlink	N/A	0	N/A	N/A
Diagnosis	Link to "Diagnosis" panel.	Hyperlink	N/A	0	N/A	N/A
Health Program	Link to "Health Program" panel.	Hyperlink	N/A	0	N/A	N/A
NCPDP Reject Codes	Link to "NCPDP Reject Codes" panel.	Hyperlink	N/A	0	N/A	N/A
Data Correct	The Data Correct button will appear if this is a Suspended claim being viewed on the Claim Information page.	Button	N/A	0	N/A	N/A

2.7.59.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.59.8 Associated Requirements

ID
30.090.007.002.71
30.090.008.002.11
30.090.008.002.33

2.7.59.9 CO / Defects

ID	Type	Name	Description	Current Status
1289	Change Order	Add NCPDP Reject Codes	Add new NCPDP Reject Codes inquiry panel.	Prod Implemented

2.7.60 PANEL: Detail Submitted Data - Dental

2.7.60.1 Description

The Detail Submitted Data panel displays the dental submitted information applicable to the claim at the detail level.

To view information on this panel, select one detail record on the Claim Detail panel. Page forward to find the detail to select or enter the detail number in the 'go to' field.

Navigation Path: [Claims -Information] - [Enter a Dental ICN] - [Click Search] - OR - [Claims -Search] - [Enter Criteria] - [Select a Dental claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a dental claim from the list] - THEN - [Click on a detail record in the Claim Detail panel] - [Click on the Detail Information nav bar item link on the Navigation Panel] - [Detail Submitted Data]

Table: T_DENTAL_DTL_KEYS

2.7.60.2 Technical Name

Clm.DentalDetailKeyPanel

2.7.60.3 Panel Name

Detail Submitted Data

2.7.60.4 Detail Submitted Data – Dental Layout

2.7.60.5 Extra Features

This panel has no extra features.

2.7.60.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Original Modifier 1	Original/submitted procedure modifier 1 for HIPAA 837D.	Field	Character	2	T_DENTAL_DTL_KEYS	CDE_PROC_MOD1_SUB
Original Modifier 2	Original/submitted procedure modifier 2 for HIPAA 837D.	Field	Character	2	T_DENTAL_DTL_KEYS	CDE_PROC_MOD2_SUB
Original Modifier 3	Original/submitted procedure modifier 3 for HIPAA 837D.	Field	Character	2	T_DENTAL_DTL_KEYS	CDE_PROC_MOD3_SUB
Original Modifier 4	Original/submitted procedure modifier 4 for HIPAA 837D.	Field	Character	2	T_DENTAL_DTL_KEYS	CDE_PROC_MOD4_SUB
Proc Replaced	Original/submitted procedure code for HIPAA 837D.	Field	Character	6	T_DENTAL_DTL_KEYS	CDE_PROC_SUB
Ref Dtl Line	A sequence number that points to the original detail.	Field	Number	4	T_DENTAL_DTL_KEYS	NUM_DTL
Sub Units Billed	Original/submitted units billed for HIPAA 837D. Format 9999.99.	Field	Number	6	T_DENTAL_DTL_KEYS	QTY_BILLED_SUB

2.7.60.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.60.8 Associated Requirements

ID
30.090.007.002.71

2.7.60.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.61 PANEL: Detail Submitted Data - UB92

2.7.61.1 Description

Access the Detail Submitted Data panel from the paid, denied, or suspended claim panels. This panel displays the submitted data applicable to the UB claim detail being viewed.

To view information on this panel, select one detail record on the Claim Detail panel. Page forward to find the detail to select or enter the detail number in the 'go to' field.

Navigation Path: [Claims -Information] - [Enter a UB ICN] - [Click Search] - OR - [Claims -Search] - [Enter Criteria] - [Select a UB claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a UB claim from the list] - THEN - [Click on a detail record in the Claim Detail panel] - [Click on the Detail Information nav bar item link on the Navigation Panel] - [Detail Submitted Data]

Table: T_UB92_DTL_EXT_KEY

2.7.61.2 Technical Name

Clm.UB92DetailKeyPanel.ascx

2.7.61.3 Panel Name

Detail Submitted Data

2.7.61.4 Detail Submitted Data - UB92 Layout

Detail Submitted Data Top Nav ? A

Ref Dtl Line	0	Submitted Modifier 1	2	Attending Provider License	100058399
Proc Replaced	720002	Submitted Modifier 2	3	Other Provider 1 License	
Sub-Revenue Code	345	Submitted Modifier 3	4	Non-Covered Amount	$0.00
Sub Units Billed	0.00	Submitted Modifier 4	5		
Original Billed Amount	$0.00	Original Modifier 1			
Submitted Billed Quantity	0.00	Original Modifier 2			
		Original Modifier 3			
		Original Modifier 4			

2.7.61.5 Extra Features

This panel has no extra features.

2.7.61.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Attending Provider License	The number of the licensed physician who would be expected to certify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment.	Field	Character	11	T_UB92_DTL_EXT_KEY	ID_PROV_ATTEND
Original Billed Amount	Original billed amount on the claim detail.	Field	Number	8	T_UB92_DTL_EXT_KEY	AMT_BILLED_ORIG
Original Modifier 1	Original procedure modifier 1 for HIPAA 835.	Field	Character	2	T_UB92_DTL_EXT_KEY	CDE_PROC_MOD1_ORIG
Original Modifier 2	Original procedure modifier 2 for HIPAA 835.	Field	Character	2	T_UB92_DTL_EXT_KEY	CDE_PROC_MOD2_ORIG
Original Modifier 3	Original procedure modifier 3 for HIPAA 835.	Field	Character	2	T_UB92_DTL_EXT_KEY	CDE_PROC_MOD3_ORIG
Original Modifier 4	Original procedure modifier 4 for HIPAA 835.	Field	Character	2	T_UB92_DTL_EXT_KEY	CDE_PROC_MOD4_ORIG
Other Provider 1 License	License number of the physician who performed the procedure.	Field	Character	11	T_UB92_DTL_EXT_KEY	ID_PROV_OTHER
Proc Replaced	Submitted procedure code for HIPAA 835.	Field	Character	6	T_UB92_DTL_EXT_KEY	CDE_PROC_SUB
Ref Dtl Line	A sequence number that points to the original detail.	Field	Number	4	T_UB92_DTL_EXT_KEY	NUM_DTL
Sub Units Billed	Submitted units billed for HIPAA 835. Format 9999999.99.	Field	Number	9	T_UB92_DTL_EXT_KEY	QTY_BILLED_SUB

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Sub-Revenue Code	Submitted revenue code for HIPAA 835.	Field	Character	4	T_UB92_DTL_EXT_KEY	CDE_REV_SUB
Submitted Billed Quantity	Submitted billed quantity on the claim detail.	Field	Number	6	T_UB92_DTL_EXT_KEY	QTY_BILLED_ORIG
Submitted Modifier 1	Submitted procedure modifier 1 for HIPAA 835.	Field	Character	2	T_UB92_DTL_EXT_KEY	CDE_PROC_MOD1_SUB
Submitted Modifier 2	Submitted procedure modifier 2 for HIPAA 835.	Field	Character	2	T_UB92_DTL_EXT_KEY	CDE_PROC_MOD2_SUB
Submitted Modifier 3	Submitted procedure modifier 3 for HIPAA 835.	Field	Character	2	T_UB92_DTL_EXT_KEY	CDE_PROC_MOD3_SUB
Submitted Modifier 4	Submitted procedure modifier 4 for HIPAA 835.	Field	Character	2	T_UB92_DTL_EXT_KEY	CDE_PROC_MOD4_SUB

2.7.61.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.61.8 Associated Requirements

ID
30.090.007.002.71

2.7.61.9 CO / Defects

ID	Type	Name	Description	Current Status
2610	Change Order	Update UB92 Submitted Data	Add the following fields to the Detail Submitted	Prod Implemented

ID	Type	Name	Description	Current Status
			Data - UB panel. Name Type: • AMT_BILLED_ORIG NUMBER(8,2); • QTY_BILLED_ORIG NUMBER(6,2); • CDE_PROC_MOD1_ORIG CHAR(2); • CDE_PROC_MOD2_ORIG CHAR(2); • CDE_PROC_MOD3_ORIG CHAR(2); and, • CDE_PROC_MOD4_ORIG CHAR (2).	
2611	Change Order	Encounter Panel table change	The T_UPLOAD table used in the Encounter Batch Summary panel has been replaced with T_FILE_TRACKING table. The Encounter Batch Summary and related panels need to be modified to use the T_FILE_TRACKING table instead of the T_UPLOAD table.	Prod Implemented
3531	Change Order	Add Submitted Non Cov Amount UI	In order to be HIPAA compliant, the non-covered amount submitted on each claim detail needs to be stored in a field separate from the non-covered amount which can be updated during claims processing, based on criteria established by the Commonwealth.	Prod Implemented

2.7.62 PANEL: MCO Data

2.7.62.1 Description

The MCO Data panel displays managed care organization (MCO) data related to encounter claims.

Navigation Path: [Claims -Information] - [Enter an ICN for an Encounter Claim] - [Select MCO Data link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select an Encounter Claim claim] - [Select MCO Data link from the displayed panel]

Table: DB Table Name T_PD_XXXX_HDR or T_DENY_XXXX_HDR, T_XXXX_OTH_PYR_HDR, T_CLM_REF, T_CLM_AMT

2.7.62.2 Technical Name

Clm.MCO Data

2.7.62.3 Panel Name

MCO Data

2.7.62.4 MCO DataLayout

» MCO Data

MCO ICN	MCO Original ICN	MCO Payment Date	MCO Receipt Date	Encounter Receipt Date	Adjudicated Status	MCO Paid Amount	MMIS Allowed Amount	MCO Capitation
IX000000000000000-000	0	09/21/2006		12/20/2006		$66.66	$0.00	N

2.7.62.5 Extra Features

This panel has no extra features.

2.7.62.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adjudicated Status	Code that indicates the status of the encounter in the system as a result of interChange editing. The values are T - Threshold, I - Informational or P - paid.	Field	Character	1	T_PD_XXXX_HDR OR T_DENY_XXXX_HDR	CDE_ENC_STATUS

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Encounter Receipt Date	Date the encounter file was received by the interChange system. This is obtained by extracting the Julian date from the ICN on the claim header.	Field	N/A	0	N/A	N/A
MCO Capitation	Capitation indicator. Valid values are 'Y' or 'N'.	Field	Character	1	T_CLM_CN1	CDE_CONTRACT_TYPE
MCO ICN	Internal control number of the MCO claim. If available, this field is obtained from the T_CLM_REF table (when qlf_reference_id ='D9' and num_dtl = 0), however if it is not available, the MCO ICN is obtained from the PAN field on the claim header record.	Field	Number	13	T_CLM_REF	CDE_REF_ID
MCO Original ICN	Original MCO internal control number for voids and adjustments. (When qlf_reference_id ='F8' and num_dtl = 0).	Field	Number	13	T_CLM_REF	CDE_REF_ID
MCO Paid Amount	MCO paid amount (when qlf_amount='D' and num_dtl = 0) for all claim types except institutional claims. For Institutional claims, MCO paid amount (when qlf_amount='C4' and num_dtl = 0)	Field	Number	9	T_CLM_AMT	AMT_MONETARY

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
MCO Payment Date	Date the MCO paid encounter claim.	Field	Date (MM/DD/CCYY)	8	T_XXXX_OTH_PYR_HDR	DTE_CLM_ADJUDICATION
MCO Receipt Date	Date the MCO received the claim into their system for processing.	Field	Number	8	T_CLM_K3	DSC_FILE_INFO
MMIS Allowed Amount	Medicaid allowed amount, the result of re-pricing the encounter claim. (When qlf_amount='B6' and num_dtl = 0).	Field	Number	9	T_MPHX_XXX_DTL or T_MEDPOL_UB92	AMT_ALWD (SUM)

2.7.62.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.62.8 Associated Requirements

ID
30.090.008.002.11
30.090.008.002.33

2.7.62.9 CO / Defects

ID	Type	Name	Description	Current Status
159	Change Order	Display Encounter Data Elements	Add a new panel to display encounter related data: MCO(s) unique encounter number; Partnership paid amounts; MCO receipt date; MCO adjudication payment date; Encounter receipt date; Encounter adjudication date; Medicaid adjudication status (The result of interChange. editing the encounters). The actual encounter status will be mapped to claim status; Encounter Type; and, MCO Contract Type (1 = Fee for Service, 2 = Capitated Fee).	Prod Implemented
7850	Change Order	Get MCO ICN from PAN	If T_CLM_REF table, cde_ref_id field where the qlf_reference_id = 'D9' is empty, put the PAN (on the claim header, num_pat_acct) in the MCO data panel ICN field. (However, the field is not available on the pharmacy header.) That way, the panel will display the PAN in the MCO ICN field if it is not sent in the REF*D9 field. Technically, the MCO ICN can be in either place. It is most accurate for it to be in REF*D9 but the IG says it can be in CLM segment (PAN). It should always be displayed in the PAN field either way.	Prod Implemented

2.7.63 PANEL: Claims Suspense List

2.7.63.1 Description

The Claim Suspense panel lists all claims for the clerk currently logged into the system that are in a suspended or quality control status.

For status, "All" lists all claims in both suspended and quality control status; "Suspended" lists only suspended claims; "Quality Control" lists only quality control claims for the clerk. The user can make data corrections to a claim by selecting it from this listing.

Navigation Path: [Claims - Data Correction]

Table: T_DCOR_SCHEDULE, T_HIST_DIRECTORY

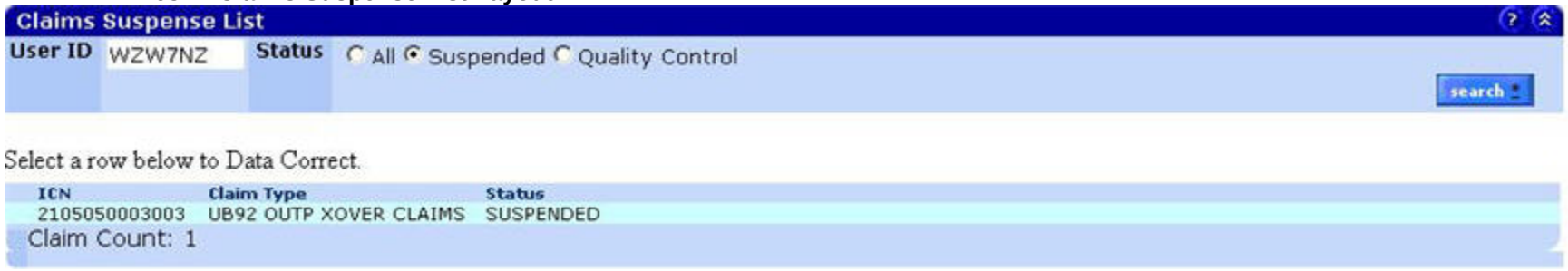
2.7.63.2 Technical Name

Clm.DataCorrectionListingPanel.ascx

2.7.63.3 Panel Name

Claims Suspense List

2.7.63.4 Claims Suspense List Layout



2.7.63.5 Extra Features

This panel has no extra features.

2.7.63.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Search	Performs a query on the database and returns the data for the entered search criteria.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Count	Number of claims displayed on the Suspense list.	Field	Number	9	N/A	N/A
Claim Type	Description of the type of claim.	Field	Character	50	T_DCOR_SCHEDULE	CDE_CLM_TYPE
ICN	Internal control number (ICN) which uniquely identifies a claim.	Field	Character	13	T_HIST_DIRECTORY	NUM_ICN_FL
Provider ID	The provider number from the claim.	Field	Character	9	T_DCOR_SCHEDULE	SAK_PROV
Status	The status of the claim within the system.	Field	Character	9	T_HIST_DIRECTORY	CDE_CLM_STATUS
User ID	The ID of the user to whom the claims have been assigned.	Field	Character	8	T_DCOR_SCHEDULE	ID_CLERK

2.7.63.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.63.8 Associated Requirements

ID
30.090.007.002.55

2.7.63.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.64 PANEL: UB92 Claim Detail

2.7.64.1 Description

Use the UB Claim Detail panel to view the data entered on the detail portion of a UB claim. When this panel is displayed in Data Correction mode, use the Add button or Delete button to add or remove details.

Navigation Path: [Claims -Information] - [Enter an ICN for a UB claim] - - OR - [Claims -Search] - [Enter Criteria] - [Select a UB claim] - - OR - [Claims - Data Correction] - [Enter clerk ID, search then select a UB claim from the list]

This panel is populated from the following tables depending on the status of the claim: T_PD_UB92_DTL, T_DENY_UB92_DTL, T_SUSP_UB92_DTL, T_CLM_MODIFIER, and T_CLM_PATLIAB_X

2.7.64.2 Technical Name

Clm.UB92DetailPanel.ascx

2.7.64.3 Panel Name

Claim Detail

2.7.64.4 UB92 Claim Detail Layout

2.7.64.5 Extra Features

This panel has no extra features.

2.7.64.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
goto	Allows user to view a specific detail.	Button	N/A	0	N/A	N/A
Allowed Amt	Amount allowed that will be paid for. Format 9999999.99.	Field	Number	9	SEE NARRATIVE SECTION	AMT_REIMBURSEMENT
Billed Amt	Amount of money requested for payment by a provider for services rendered. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_BILLED_UB92
Detail Number	The detail number of a claim record.	Field	Number	4	SEE NARRATIVE SECTION	NUM_DTL
FDOS	Date on which service was first provided.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_FIRST_SVC
LOC Pricing Code	The level of care used to price the detail allowed amount.	Field	Character	3	SEE NARRATIVE SECTION	CDE_LOC_PRICING
Modifier 1	Original/Submitted Procedure Modifier 1 for HIPAA 837I.	Field	Character	2	T_CLM_MODIFIER	CDE_MODIFIER
Modifier 2	Original/Submitted Procedure Modifier 2 for HIPAA 837I.	Field	Character	2	T_CLM_MODIFIER	CDE_MODIFIER
Modifier 3	Original/Submitted Procedure Modifier 3 for HIPAA 837I.	Field	Character	2	T_CLM_MODIFIER	CDE_MODIFIER
Modifier 4	Original/Submitted Procedure Modifier 4 for HIPAA 837I.	Field	Character	2	T_CLM_MODIFIER	CDE_MODIFIER
Non-Covered Charge	Service line non-covered charge amount, line item denied charge or non-covered charge amount.	Field	Number	9	T_UB92_DTL_EXT_KEY	AMT_NON_COVERED

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Other Provider 2	Other Provider2 and location. LOC=location that uniquely identifies the provider of services.	Field	Character	10	T_UB92_DTL_EXT_KEY	ID_PROV_OTHER_2
Patient Liability	The amount of patient liability applied to this claim.	Field	Number	12	T_CLM_PATLIAB_X	AMT_PD_PAT_UB92
Procedure Code	System-assigned key for a procedure code on a detail that indicates the service that was provided.	Field	Character	6	T_UB92_HDR_EXT_KEY	CDE_PROC
Revenue Code	System-assigned key used to uniquely identify a revenue code.	Field	Number	4	SEE NARRATIVE SECTION	CDE_REVENUE
Status	Identifies the status of the claim within the system.	Field	Character	1	SEE NARRATIVE SECTION	CDE_CLM_STATUS
System	Indicates whether detail was added by system during claim's processing.	Field	Drop Down List Box	1	SEE NARRATIVE SECTION	IND_SYS_GENERATE
TDOS	Date on which service was last provided.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_LAST_SVC
TPL Amt	Amount paid by third party for services, at the claim header level. Format 999999.99.	Field	Number	9	SEE NARRATIVE SECTION	AMT_DETAIL_TPL
Units Allowed	Number of units of service that will be paid for.	Field	Number	6	SEE NARRATIVE SECTION	QTY_UNITS_ALWD
Units Billed	Units billed that was serviced.	Field	Number	6	SEE NARRATIVE SECTION	QTY_UNITS_BILLED

2.7.64.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Billed Amt	Field	1	Enter a Valid Value.	Billed amount must be numeric.
FDOS	Field	1	Invalid Date. Format is MM/DD/CCYY.	Enter a valid date in the MM/DD/CCYY format.
Modifier 1	Field	1	Invalid Modifier 1 Code.	Enter a valid Modifier 1 code or select a value from the [Search] panel.
Modifier 2	Field	1	Invalid Modifier 2 Code.	Enter a valid Modifier 2 code or select a value from the [Search] panel.
Modifier 3	Field	1	Invalid Modifier 3 Code.	Enter a valid Modifier 3 code or select a value from the [Search] panel.
Modifier 4	Field	1	Invalid Modifier 4 Code.	Enter a valid Modifier 4 code or select a value from the [Search] panel.
Other Provider 2	Field	1	Invalid Rendering Provider.	Enter a valid rendering provider or select a value from the [Search] panel.
Other Provider 2	Field	2	Rendering Provider ID and service location are required.	Enter a valid ID/service location or select a value from the [Search] panel.
Procedure Code	Field	1	Invalid Procedure.	Enter a valid procedure or select a value from the [Search] panel.
Revenue Code	Field	1	Enter a valid value	Revenue code must be numeric.
Revenue Code	Field	2	Invalid Revenue Code.	Enter a valid revenue code or select a value from the [Search] panel.
TDOS	Field	1	Invalid Date. Format is MM/DD/CCYY.	Enter a valid Date in the MM/DD/CCYY format.
Units Billed	Field	1	Enter a valid value.	Units billed must be numeric.

2.7.64.8 Associated Requirements

ID
30.090.007.002.47
30.090.007.002.55
30.090.007.002.66
30.090.007.002.71

2.7.64.9 CO / Defects

ID	Type	Name	Description	Current Status
1375	Change Order	Add Display Of Patient Liability	Add Display of Patient Liability Amount applied to the claim and/or claim detail. Patient liability in KY applies to claims bill end in UB and CMS1500 format. Patient liability amount is applied at the detail level when the claim is billed CMS1500 for some programs such as Adult Day Care Waivers. Patient liability amount is applied at the detail level when the claim is billed UB for some programs such as Hospice claims. Other claims deduct patient liability at the header level.	Prod Implemented

ID	Type	Name	Description	Current Status
1390	Change Order	Change Fields - Panels	Change the following fields labels: All instances of OI Amt to TPL Amt; All instances of Prescrib Prov to Prescriber Prov, Orig Prescrib to Orig Prescriber; Prescrib Num to RX Num; Days Supplys to Days Supply; Can field positions on the different claims panels be consistent? For example, PAN is in a different position on the Dental Claim than on the Physician Claim; Make sure that when in the Cash Disposition Panel if the user double clicks on the CCN, the financial FCRI Cash Receipt Information panel displays; and, Make sure that when in the Prior Authorization Panel if the user double clicks on the PA Number, the PA Prior Authorization panel displays. SEE CLARIFICATIONS SECTION. REQUIREMENTS FOR THIS CO HAVE BEEN MODIFIED.	Prod Implemented
2238	Change Order	Add Non-Covered Charges	DMS has requested to add Non-Covered Charges to the UB Claim Detail panel. (Related Core CO is 12164.)	Prod Implemented

ID	Type	Name	Description	Current Status
3481	Change Order	Redesign Claim Detail Panels	In order to meet the customer requirements for the Claims Detail panels, we need to display more than one detail at a time. We need to display at least four details. This will make the panel look more like the prototype that the customer was promised. In addition, the bottom editable portion of the panel (data panel) only needs to be displayed if the user is allowed to data correct claims and they are in Data Correct Mode. If more than four details are on the claim, when the user clicks on the fifth detail and the detail information is populated on the bottom portion of the panel, make sure the top portion of the panel scrolls back to the fifth detail so that the user will see the same detail in the upper portion of the panel (data list) and the bottom portion of the panel (data panel).	Prod Implemented

2.7.65 PANEL: UB92 Claim Correction

2.7.65.1 Description

Access the UB Data Correction panel by selecting suspended inpatient claims from the Claim Suspense Listing panel.

UB Claim corrections are accomplished by changing the data in any of the updateable fields. However, when an adjustment claim is data corrected no updates to the provider and member ID fields are allowed. After data correction is complete, the examiner can resubmit the claim. Claim resubmission allows the claim to go through the claims processing cycle, subjecting it again to the edits and audits. The claim enters the processing cycle as soon as it is resubmitted.

Navigation Path: [Claims - Data Correction] - [Enter clerk ID, search then select a UB claim from the list]

Table: T_SUSP_UB92_HDR, T_UB92_HDR_EXT_KEY

2.7.65.2 Technical Name

Clm.UB92ClaimPanel.ascx - Data Correction

2.7.65.3 Panel Name

UB92 Claim

For readability the layout displays on the next page.

2.7.65.4 UB92 Claim Correction Layout

UB92 Claim

ICN	2005272000024	Claim Type	INST XOVER CLAIMS	Status*	Suspend
Prev ICN		FDOS*	01/29/2005	Details	2
Member ID*	000001346 [Search]	TDOS*	01/30/2005	Billed	$1,050.00
Last Name	MARTIN	Date Billed*	04/21/2005	Spenddown	$0.00
First Name	ZELDA	Date Paid		Reimbursed	$0.00
DOB	01/01/1969	Provider Number	100195369B MCD [Search]	Paid	$1,050.00
Claim Diagnosis	1 - 95901	Attending Provider	100058399	TPL	$25.00
Submitter ID		Other Provider 1		Total TPL	$0.00
Submitted PA	55556666	Other Provider 2	[Search]	TPL Recovered Amt	$0.00
Signature	Yes	Facility ID	100195369B MCD [Search]	Total Copay	$0.00
Admit Source	1 [Search]	Admit Date	01/29/2005	Total Patient Liability	$0.00
Admit Type*	3 [Search]	Admit Time	08:00	Total Days	1
Discharge Hour	00:00	Patient Status	01 [Search]	Covered Days	1
Type Of Bill*	111 [Search]	Certification Nbr.		Days Not Covered	0
PAN	INPT SUS	MRN		RA Number	

2.7.65.5 Extra Features

This panel has no extra features.

2.7.65.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Image	To view the claim image from the OnBase system. This button is visible only for paper claims.	Button	N/A	0	N/A	N/A
Admit Date	The date the patient was admitted to the facility for care.	Field	Date (MM/DD/CCYY)	8	T_SUSP_UB92_HDR	DTE_ADMISSION

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Admit Source	Indicates the source of admission.	Field	Character	1	T_SUSP_UB92_HDR	CDE_ADMIT_SOURCE
Admit Time	The time that the member was admitted to the facility for care.	Field	Character	4	T_SUSP_UB92_HDR	CDE_ADMIT_HOUR
Admit Type	Code indicating the type of this admission.	Field	Character	1	T_SUSP_UB92_HDR	CDE_ADMIT_TYPE
Attend Prov	Attending physician's prescribing number.	Field	Character	10	T_SUSP_UB92_HDR	ID_PROV_ATTEND
Billed	Amount requested by the provider for services rendered. Format 999999.99.	Field	Number	8	T_SUSP_UB92_HDR	AMT_BILLED
Cert #	Code used to identify the certification of the member.	Field	Character	2	T_SUSP_UB92_HDR	CDE_CERTIFICATE
Claim Type	Indicates the type of claim.	Field	Character	1	T_SUSP_UB92_HDR	CDE_CLM_TYPE
Cvd Days	Number of days covered by the primary payer.	Field	Number	4	T_SUSP_UB92_HDR	NUM_DAYS_COVD - NUM_DAYS_NCOVD
DOB	Member date of birth.	Field	Date (MM/DD/CCYY)	8	T_UB92_HDR_EXT_KEY	DTE_SUBSCRIBER_DOB
Date Billed	Date on which claim was submitted for processing	Field	Date (MM/DD/CCYY)	8	T_SUSP_UB92_HDR	DTE_BILLED
Date Paid	Date on which the claim was paid. This field is not populated on suspended claims.	Field	Date (MM/DD/CCYY)	8	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Details	The number of detail service lines on the claim	Field	Number	9	T_SUSP_UB92_HDR	NUM_DTL_TOTAL
Diagnosis	Code used to identify the primary or other diagnoses.	Field	Drop Down List Box	0	T_UB91_HDR_DIAG_X	CDE_DIAG
Discharge Hour	Time that the member is released from the hospital or facility.	Field	Number	8	T_SUSP_UB92_HDR	CDE_TME_DISCHARGE
FDOS	Beginning date of service on the claim	Field	Date (MM/DD/CCYY)	8	T_SUSP_UB92_HDR	DTE_FIRST_SVC
Facility ID / Loc	Identification number assigned to the facility provider.	Field	Character	11	T_UB92_HDR_EXT_KEY	ID_PR_FACILITY
First Name	The first name of the member associated with the member ID. If there is no association between the first name and the member ID number, the first character of the first name that was entered will be displayed.	Field	Character	15	T_UB92_HDR_EXT_KEY	CLM_RECIP_FST_NAM
ICN	Internal Control number that uniquely identifies a claim.	Field	Character	13	T_SUSP_UB92_HDR	NUM_ICN
Last Name	The last name of the member associated with the member ID. If there is no association between the last name and the member ID number, the first three characters of the last name that was entered will be displayed.	Field	Character	15	T_UB92_HDR_EXT_KEY	CLM_LST_NAM_RECIP

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Life Time Reserve Days	The number of lifetime reserve days being billed.	Field	Number	8	T_SUSP_UB92_HDR	TBD - CO IN PROGRESS
MRN	Code representing the Medical Record Number.	Field	Character	20	T_SUSP_UB92_HDR	CDE_MED_REC_NUM
Member ID	An assigned number which uniquely identifies a member.	Field	Character	12	T_UB92_HDR_EXT_KEY	ID_MEDICAID
NCvd Days	The number of days that were not covered.	Field	Number	4	T_SUSP_UB92_HDR	NUM_DAYS_N_COVD
Other Prov 1	The license number of the physician other than the attending physician.	Field	Character	10	T_SUSP_UB92_HDR	ID_PROV_OTHER
Other Prov 2	The license number of the physician other than the attending physician.	Field	Character	10	T_SUSP_UB92_HDR	ID_PROV_OTHER_2
PAN	Patient's unique identification number assigned by the provider to track the patient's financial records.	Field	Character	38	T_SUSP_UB92_HDR	NUM_PAT_ACCT
Paid	Amount paid on claim. Format 999999.99. This field is not populated on Suspended claims.	Field	Number	8	N/A	N/A
Pat Status	Codes indicating the patient's status as of the ending service date of the period covered on the claim.	Field	Character	2	T_SUSP_UB92_HDR	CDE_PATIENT_STATUS

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Prev ICN	This field will allow the user to select any of the claim's prior ICNs and obtain information on them.	Field	Drop Down List Box	0	T_SUSP_UB92_HDR	NUM_ICN
Prov ID / Loc	The provider identification number and location that uniquely identifies the provider of services. Suffix added to the provider number: CDE_SVC_LOC_OTHER_2	Field	Character	10	T_SUSP_UB92_HDR	ID_PROV_ATTEND
RA Number	Remittance Advice number, uniquely identifies remittance advice sent to providers during payment cycles.	Field	Number	12	T_FIN_REMIT_TXN_XREF	SAK_REMIT
Reimbursed	Total amount the provider receives. Format 99999999.99. This field is not populated for Suspended claims.	Field	Number	9	N/A	N/A
Signature	Indicates whether the claim was signed by the provider or representative.	Field	Drop Down List Box	0	T_SUSP_UB92_HDR	IND_PROV_SIGN
Spenddown	Amount allowed to the provider. Format 9999999.99	Field	Number	9	T_SUSP_UB92_HDR	AMT_PATNT_LIAB
Status	Identifies the status of the claim within the system.	Field	Drop Down List Box	0	T_SUSP_UB92_HDR	CDE_CLM_STATUS
Submitter ID	Submitter of electronically submitted claims.	Field	Character	12	T_EDI_INTERCHANGE	CDE_SENDER_ID

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
TDOS	Ending date of service on the claim.	Field	Date (MM/DD/CCYY)	8	T_SUSP_UB92_HDR	DTE_LAST_SVC
TPL	Amount paid by third party for services, at the claim header level. Format 999999.99.	Field	Number	8	T_SUSP_UB92_HDR	TPL_AMT
TPL Rec Amt	The casualty case recovery amount populated from the Settlement panel. Format 9999999.99	Field	Number	9	T_TPL_AR_DISPS	AMT
Total Copay	This is the sum of the copay amounts from Health Program panel records (T_CLM_PGM_XREF table). Format 9999999.99.	Field	Number	7	T_CLM_PGM_XREF	AMT_CO_PAY
Total Days	The total number of days that were billed on the claim.	Field	Number	4	T_SUSP_UB92_HDR	NUM_DAYS_COVD
Total Patient Liability	The amount of patient liability applied to this claim.	Field	Number	12	T_CLM_PATLIAB_X	AMT_PD_PAT_UB92
Total TPL	This is the sum of the copay amounts from Health Program panel records (T_CLM_PGM_XREF table). Format 9999999.99.	Field	Number	8	T_CLM_PGM_XREF	AMT_CO_PAY
Type Of Bill	A code indicating the specific type of bill.	Field	Character	3	T_SUSP_UB92_HDR	CDE_TYPE_OF_BILL

2.7.65.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Admit Date	Field	1	Invalid Date. Format is MM/DD/CCYY	Enter a valid date in MM/DD/CCYY format.
Admit Source	Field	1	Invalid Admit Source	Enter a valid source or select a value from the [Search] panel.
Admit Type	Field	1	Invalid Admit Type	Enter a valid admit type or select a value from the [Search] field.
Billed	Field	1	Enter a valid value.	Billed amount must be numeric.
Cvd Days	Field	1	Enter a valid value.	Covered days must be numeric.
Date Billed	Field	1	Invalid Date. Format is MM/DD/CCYY	Enter a valid date in MM/DD/CCYY format.
Details	Field	101	Exceed maximum number of details.	The maximum number of details exceeds 999.
FDOS	Field	1	Invalid Date. Format is MM/DD/CCYY	Enter a valid date in MM/DD/CCYY format.
FDOS	Field	102	First date of service must be prior to or equal to the last date of service	Verify dates and re-enter.
Facility ID / Loc	Field	1	Invalid Facility Provider.	Enter a valid facility provider or select a value from the [Search] panel.
Facility ID / Loc	Field	2	Facility Provider ID and service location are required...	Enter a valid facility provider ID/service location or select a value from the [Search] panel.
Facility ID / Loc	Field	3	Facility Provider is required.	Enter a valid facility provider. Or select a value from the [Search] panel.
Member ID	Field	1	Invalid Member ID	Enter a valid member ID or select a value from the [Search] panel.
NCvd Days	Field	1	Enter a valid value.	Non covered days must be numeric.

Field	Field Type	Error Code	Error Message	To Correct
Other Prov 2	Field	1	Invalid other Provider 2.	Enter a valid provider 2 ID/location or select a value from the [Search] panel.
Other Prov 2	Field	2	Other Provider 2 ID and service location are required.	Enter a valid provider 2 ID/location or select a value from the [Search] panel.
Pat Status	Field	1	Invalid Patient Status.	Enter a valid Patient Status or select a value from the [Search] panel.
Prov ID / Loc	Field	1	Invalid Billing Provider.	Enter a valid Provider or select a value from the [Search] panel.
Prov ID / Loc	Field	2	Provider ID and service location are required.	Enter a valid Provider ID/service Location or select a value from the [Search] Panel.
TDOS	Field	1	Invalid Date. Format is MM/DD/CCYY	Enter a valid date in MM/DD/CCYY format.
Total Days	Field	1	Enter a valid value.	Total days must be numeric.
Type Of Bill	Field	1	Invalid Type of Bill	Enter a valid type of bill or select a value from the [Search] panel.

2.7.65.8 Associated Requirements

ID
30.050.001F
30.090.007.002.47
30.090.007.002.55
30.090.007.002.71
30.090.007.003.8

2.7.65.9 CO / Defects

ID	Type	Name	Description	Current Status
1375	Change Order	Add Display Of Patient Liability	Add Display of Patient Liability Amount applied to the claim and/or claim detail. Patient liability in KY applies to claims bill end in UB and CMS1500 format. Patient liability amount is applied at the detail level when the claim is billed CMS1500 for some programs such as Adult Day Care Waivers. Patient liability amount is applied at the detail level when the claim is billed UB for some programs such as Hospice claims. Other claims deduct patient liability at the header level.	Prod Implemented

ID	Type	Name	Description	Current Status
1376	Change Order	Add Fields Display - Panels	Add Display of following fields: Submitter ID - Submitter of Electronically submitted claims at the header level. This change applies to all claim forms; and, RA number - Header level. This change applies to all claim forms. Add display and allow data correction for the following fields: Time of Pick Up - time of pick-up on Emergency Transportation (prov type 55) claims. Applies to Physician header panels only; Discharge Hour - UB header panels; and, Life Time Reserve Days - UB header panels. Other additional changes will include "creative" fields currently billed in non standard fields that have multiple uses, and other requested fields. These will be specified in detail once solution is approved.	Prod Implemented
162	Change Order	Change "Recipient" - online	Change every instance of "Recipient, 'MID", "RID" or "Current ID" to "Member ID" on claim pages and panels. In addition, update any related error messages that may include the name of the field. Update corresponding documentation.	Prod Implemented

ID	Type	Name	Description	Current Status
3736	Change Order	Adjustment Region	On adjustment claims, the user is not allowed to change the Member ID or the Provider ID. At this time the code is checking for ICNs that start with '5' to identify Adjustment claims. Two new regions for adjustments have been created, so we need to add '6' to the code where it is currently checking for ICNs that start with '5'. Therefore ICNs that start with '5' or '6' will not be allowed to have the Member ID or Provider ID changed.	Prod Implemented

2.7.66 PANEL: Physician Claim Correction

2.7.66.1 Description

Access the Physician Data Correction panel by selecting Suspended Physician Claims from the Claim Suspense Listing panel.

Claim corrections can be accomplished by changing the data in any of the updateable fields. However, when an adjustment claim is data-corrected, no updates to the Provider and Member ID fields are allowed. After data correction is completed, the user can resubmit the claim. Claim resubmission allows the claim to go through the claims processing cycle, subjecting it again to the edits and audits. The claim enters the processing cycle as soon as it is resubmitted.

Navigation Path: [Claims - Data Correction] - [Enter Clerk ID, search then select a physician claim from the list]

Table: T_SUSP_PHYS_HDR, T_PHYS_HDR_KEY

2.7.66.2 Technical Name

Clm.PhysicianClaimPanel.ascx - Data Correction

2.7.66.3 Panel Name

Physician Claim

For readability the layout displays on the next page.

2.7.66.4 Physician Claim Correction Layout

Physician Claim

ICN	2206290600006	Claim Type	PROFESSIONAL CLAIMS	Status*	Suspend
Prev ICN		FDOS*	10/16/2006	Details	1
Member ID*	000001841 [Search]	TDOS*	10/16/2006	Billed	$10.00
Last Name	BROWN	Date Billed*	10/17/2006	Net Billed	$0.00
First Name	PAM	Date Paid		Spenddown	$0.00
DOB	10/01/1989	Provider Number	100000009A MCD [Search]	Reimbursed	$0.00
Claim Diagnosis	1 - 00800	Referring Provider 1	[Search]	Paid	$0.00
Submitter ID		Referring Provider 2	[Search]	TPL	$0.00
Submitted PA	0004071333	Hospital FDOS		Total TPL	$0.00
Signature	Not Sure	Hospital TDOS		TPL Recovered Amt	$0.00
Accident	No	Attachment	No	Total Copay	$0.00
Accident Date		Certification Nbr.		Total Patient Liability	$0.00
PAN	TESTINGPA2	MRN		RA Number	

2.7.66.5 Extra Features

This panel has no extra features.

2.7.66.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Image	To view the claim image from the OnBase system. This button will be visible only for paper claims.	Button	N/A	0	N/A	N/A
Accident	Indicates the accident reason. It draws its drop down values from the T_ACCIDENT_TYPE table.	Field	Drop Down List Box	0	T_SUSP_PHYS_HDR	IND_ACCIDENT
Accident Dt	Date of accident.	Field	Date (MM/DD/CCYY)	8	T_SUSP_PHYS_HDR	DTE_ACCIDENT

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Attachment	Indicates whether an attachment is present.	Field	DropDownListBox	0	T_SUSP_PHYS_HDR	IND_ATTACHMENT
Billed	Amount requested by the provider for services rendered. Format 999999.99.	Field	Number	8	T_SUSP_PHYS_HDR	AMT_BILLED
Cert #	Code used to identify the certification of the member.	Field	Character	2	T_SUSP_PHYS_HDR	CDE_CERTIFICATE
Claim Type	Indicates the type of claim.	Field	Character	50	T_SUSP_PHYS_HDR	CDE_CLM_TYPE
DOB	Member date of birth.	Field	Date (MM/DD/CCYY)	8	T_PHYS_HDR_KEY	DTE_SUBSCRIBER_DOB
Date Billed	Date on which claim was submitted for processing.	Field	Date (MM/DD/CCYY)	8	T_SUSP_PHYS_HDR	DTE_BILLED
Date Paid	Date on which the claim was paid. This will not be populated for suspended claims.	Field	Date (MM/DD/CCYY)	8	N/A	N/A
Details	The number of detail service lines on the claim.	Field	Number	4	T_SUSP_PHYS_HDR	NUM_DTL_TOTAL
Diagnosis	Code used to identify the primary or other diagnoses.	Field	Drop Down List Box	0	T_SUSP_PHYS_HDR	CDE_DIAG_TREAT_ IND
FDOS	Beginning date of service on the claim.	Field	Date (MM/DD/CCYY)	8	T_SUSP_PHYS_HDR	DTE_FIRST_SVC

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
First Name	The first name of the member associated with the member ID. If there is no association between the first name and the member ID number, the first character of the first name that was entered will be displayed.	Field	Character	15	T_PHYS_HDR_KEY	CLM_RECIP_FST_NAM
Hosp FDOS	First date hospitalized.	Field	Date (MM/DD/CCYY)	8	T_SUSP_PHYS_HDR	DTE_FROM_HOSP
Hosp TDOS	Last date hospitalized.	Field	Date (MM/DD/CCYY)	8	T_SUSP_PHYS_HDR	DTE_TO_HOSP
ICN	Internal control number which uniquely identifies a claim.	Field	Character	13	T_SUSP_PHYS_HDR	NUM_ICN
Last Name	The last name of the member associated with the member ID. If there is no association between the last name and the member ID number, the first three characters of the last name that was entered will be displayed.	Field	Character	15	T_PHYS_HDR_KEY	CLM_LST_NAM_RECIP
MRN	Code representing the medical record number.	Field	Character	30	T_SUSP_PHYS_HDR	NUM_PAT_ACCT
Member ID	A system-assigned number which uniquely identifies a member.	Field	Character	12	T_PHYS_HDR_KEY	ID_MEDICAID

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Net Billed	Amount remaining on a claim after payment has been made by all other sources (co-pay, TPL, and so on). Format 999999.99	Field	Number	8	T_SUSP_PHYS_HDR	AMT_NET_BILLED
PAN	Patient's unique identification number assigned by the provider to track the patient's financial records.	Field	Character	38	T_SUSP_PHYS_HDR	NUM_PAT_ACCT
Paid	Amount paid on claim. This value is computed by adding up all the AMT_PAID values for the related details. Format 999999.99.	Field	Number	8	T_CLM_PGM_XREF	AMT_PAID
Prev ICN	This field will allow the user to select any of the claim's prior Internal Control numbers and obtain information on them.	Field	Drop Down List Box	0	T_PD_PHYS_HDR	NUM_ICN
Prov ID/ Loc	The pay-to provider identification number and location that uniquely identify the provider of services.	Field	Character	10	T_PHYS_HDR_KEY	ID_PROVIDER, CDE_SERVICE_LOC
RA Number	The Remittance Advice number uniquely identifies remittance advice sent to providers during payment cycles. This field is not populated for suspended claims.	Field	Number	12	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Ref Prov 1 ID/Loc	The license number of the referring physician other than the attending physician.	Field	Character	10	T_PHYS_HDR_KEY/T_DENY_PHYS_HDR	ID_PROV_REFER, CDE_SVC_LOC_REF_1
Ref Prov 2 ID/Loc	The license number of the second referring physician other than the attending physician. The unique provider number of the provider who referred the patient for this service. Value is ID_PROV_REFERRING_2, CDE_SVC_LOC_REF_2.	Field	Character	10	T_PHYS_HDR_KEY/T_SUSP_PHYS_HDR	SEE DESCRIPTION
Reimbursed	Total amount the provider receives. Format 9999999.99. This field is not populated for suspended claims.	Field	Number	9	N/A	N/A
Signature	Indicates whether the claim was signed by the provider or representative.	Field	Drop Down List Box	0	T_SUSP_PHYS_HDR	IND_PROV_SIGN
Spenddown	Amount of money that the member is responsible for paying for services. Format 9999999.99	Field	Number	9	T_SUSP_PHYS_HDR	AMT_PATNT_LIAB
Status	This field displays the status of the claim.	Field	Drop Down List Box	0	T_SUSP_PHYS_HDR	CDE_CLM_STATUS
Submitter ID	Submitter of electronically submitted claims.	Field	Character	12	T_SUSP_PHYS_HDR	ID_SUBMITTER
TDOS	Ending date of service on the claim	Field	Date (MM/DD/CCYY)	8	T_SUSP_PHYS_HDR	DTE_LAST_SVC

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
TPL	Amount paid by third party for services at the claim header level. Format 999999.99	Field	Number	8	T_SUSP_PHYS_HDR	TPL_AMT
TPL Rec Amt	The casualty case recovery amount populated from the Settlement panel. Format 9999999.99. This field is not populated for suspended claims.	Field	Number	9	N/A	N/A
Total Copay	This is the sum of the copay amounts from Health Program panel records (T_CLM_PGM_XREF table). Format 9999999.99.	Field	Number	7	T_SUSP_PHYS_HDR	AMT_CO_PAY
Total Patient Liability	The amount of patient liability applied to this claim.	Field	Number	12	T_CLM_PATLIAB_X	AMT_PD_PAT_UB92
Total TPL	This is the sum of the copay amounts from Health Program panel records (T_CLM_PGM_XREF table). Format 9999999.99	Field	Number	8	T_CLM_PGM_XREF	AMT_CO_PAY

2.7.66.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Accident Dt	Field	1	Invalid Date. Format is MM/DD/CCYY.	Enter valid date in MM/DD/CCYY format.
Accident Dt	Field	2	Date cannot be greater than Today's Date	Enter valid date.

Field	Field Type	Error Code	Error Message	To Correct
Billed	Field	1	Enter a Valid Value	Enter a numeric value.
Date Billed	Field	1	Invalid Date. Format is MM/DD/CCYY	Verify format and re-enter.
Date Billed	Field	2	TDOS must be less than or equal to Billed Date	The billed date must be greater than or equal to the FDOS and the TDOS.
Details	Field	101	Exceed maximum number of details.	The maximum number of details has been exceeded.
FDOS	Field	1	Invalid Date. Format is MM/DD/CCYY.	Verify date and format and re-enter.
FDOS	Field	2	FDOS cannot be greater than today's date	Enter a value in the FDOS that is equal to or less then the TDOS.
FDOS	Field	3	First Service Date is required.	Enter a valid in the FDOS field.
FDOS	Field	4	FDOS must be less than or equal to TDOS.	Enter a value in the FDOS that is equal to or less then the TDOS.
Hosp FDOS	Field	1	Invalid Date. Format is MM/DD/CCYY.	Verify date and format and re-enter
Hosp FDOS	Field	2	From Hospital Date can not be greater than today's date.	Verify date and re-enter
Hosp TDOS	Field	1	Invalid Date. Format is MM/DD/CCYY.	Verify date and format and re-enter
Hosp TDOS	Field	2	TDOS must be less than or equal to Billed Date.	Verify date and format and re-enter
Hosp TDOS	Field	3	To Hospital Date can not be greater than today's date.	Verify date and format and re-enter
Member ID	Field	1	Member ID is Required	Enter a valid value or select an ID from the [Search]

Field	Field Type	Error Code	Error Message	To Correct
				panel.
Member ID	Field	2	Member ID is invalid	Enter a valid value.
Net Billed	Field	1	Net billed amount must be less or equal to billed amount.	Enter a value in the Net Billed Amount field that is less then the billed amount.
Net Billed	Field	2	Enter a Valid Value	Enter a numeric value.
Net Billed	Field	102	Net billed amount must be less or equal to billed amount.	Enter a valid net billed amount that is less than or equal to the billed amount.
PAN	Field	1	Patient Account Number must be Alphanumeric.	Verify entry and re-enter. There must be no spaces or special characters in the PAN.
Prov ID/ Loc	Field	1	Invalid Billing Provider	Enter a valid billing provider or select a value from the [Search] panel.
Prov ID/ Loc	Field	2	Provider ID and service location are required	Enter a valid billing provider and location.
Prov ID/ Loc	Field	3	A valid Billing Provider is required	Enter a valid billing provider and location.
Ref Prov 1 ID/Loc	Field	1	Ref Prov 1 / Loc is invalid	Enter a valid referring provider 1/location or select an ID from the [Search] panel.
Ref Prov 1 ID/Loc	Field	2	Referring Provider 1 ID and service location are required	If a referring provider 1 is entered, a location must also be entered.
Ref Prov 2 ID/Loc	Field	1	Ref Prov 2 / Loc is invalid	Enter a valid referring provider 2/location or select an ID from the [Search] panel.
Ref Prov 2 ID/Loc	Field	2	Referring Provider 2 ID and service location are required	If a referring provider 2 is entered, a location must also be entered.
TDOS	Field	1	Invalid Date. Format is MM/DD/CCYY	Enter a valid date.

Field	Field Type	Error Code	Error Message	To Correct
TDOS	Field	2	TDOS can not be greater than today's date.	Verify date and re-enter.
TPL	Field	1	Enter a Valid Value	Enter a numeric value.

2.7.66.8 Associated Requirements

ID
30.050.001F
30.090.007.002.47
30.090.007.002.55
30.090.007.002.71
30.090.007.003.8

2.7.66.9 CO / Defects

ID	Type	Name	Description	Current Status
1375	Change Order	Add Display Of Patient Liability	Add Display of Patient Liability Amount applied to the claim and/or claim detail. Patient liability in KY applies to claims bill end in UB and CMS1500 format. Patient liability amount is applied at the detail level when the claim is billed CMS1500 for some programs such as Adult Day Care Waivers. Patient liability amount is applied at the detail level when the claim is billed UB for some programs such as Hospice claims. Other claims deduct patient liability at the header level.	Prod Implemented

ID	Type	Name	Description	Current Status
1376	Change Order	Add Fields Display - Panels	Add Display of following fields: Submitter ID - Submitter of Electronically submitted claims at the header level. This change applies to all claim forms; and, RA number - Header level. This change applies to all claim forms. Add display and allow data correction for the following fields: Time of Pick Up - time of pick-up on Emergency Transportation (prov type 55) claims. Applies to Physician header panels only; Discharge Hour - UB header panels; and, Life Time Reserve Days - UB header panels. Other additional changes will include "creative" fields currently billed in non standard fields that have multiple uses, and other requested fields. These will be specified in detail once solution is approved.	Prod Implemented
162	Change Order	Change "Recipient" - online	Change every instance of "Recipient, 'MID", "RID" or "Current ID" to "Member ID" on claim pages and panels. In addition, update any related error messages that may include the name of the field. Update corresponding documentation.	Prod Implemented
3736	Change Order	Adjustment Region	On adjustment claims, the user is not allowed to change the Member ID or the Provider ID. At this time the code is checking for ICNs that start with '5' to identify Adjustment claims. Two new regions for adjustments have been created, so we need to add '6' to the code where it is currently checking for ICNs that start with '5'. Therefore ICNs that start with '5' or '6' will not be allowed to have the Member ID or Provider ID changed.	Prod Implemented

2.7.67 PANEL: Medicare Information - UB92

2.7.67.1 Description

The Medicare Information panel displays the Medicare information applicable to the UB crossover claim. Field edits are for data correction only.

Navigation Path: [Claims -Information] - [Enter an ICN for a UB Crossover claim] - [Select Medicare Information link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a UB Crossover claim] - [Select Medicare Information link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a UB Crossover claim from the list] - [Select Medicare Information link from the displayed panel]

Tables: T_SUSP_UB92_XOVER, T_FINAL_UB92_XOVER

2.7.67.2 Technical Name

Clm.UB92XoverPanel.ascx

2.7.67.3 Panel Name

Medicare Information

2.7.67.4 Medicare Information - UB92 Layout

2.7.67.5 Extra Features

This panel has no extra features.

2.7.67.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Blood Deductible	The amount Medicare has determined that a member must pay for blood procedures performed. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_DEDUCT_BLOOD

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Coinsurance	Dollar amount that represents the member's coinsurance payment. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_COINSURANCE
Coinsurance Days	The number of coinsurance days billed on the claim.	Field	Number	8	SEE NARRATIVE SECTION	COINSURANCE_DAYS
Deductible	The amount the member must pay before Medicare. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_DEDUCT
Medicare Allowed Amount	The dollar amount allowed by Medicare for the services. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_ALWD_MCARE
Medicare Date Paid	The date Medicare pays for the services.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_MCARE_PAID
Medicare Paid Amount	The dollar amount paid by Medicare for the services. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_PAID_MCARE
Total Billed	The amount Medicare has determined that a member must pay. This is a calculated value (sum of coinsurance + deductible). Format 999999.99.	Field	Number	8	N/A	N/A

2.7.67.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Blood Deductible	Field	1	Enter a valid value.	Enter a numeric value. Format 999999.99.
Coinsurance	Field	1	Enter a valid value.	Enter a numeric value. Format 999999.99.

Field	Field Type	Error Code	Error Message	To Correct
Deductible	Field	1	Enter a valid value.	Enter a numeric value. Format 999999.99.
Medicare Date Paid	Field	1	Invalid Date. Format is MM/DD/CCYY	Enter a valid date in MM/DD/CCYY format.

2.7.67.8 Associated Requirements

ID
30.090.007.002.43
30.090.007.002.71

2.7.67.9 CO / Defects

ID	Type	Name	Description	Current Status
1347	Change Order	Change Cross Over Panels	Change Cross over Panels to include necessary fields to support KY policy. Professional cross over's will also have to display information at the detail level. Medicare Information - Physician Medicare information for Physician crossovers will be at the header and detail level. Current panel can be used for Header information. New detail level fields will need to be added to the panel. Add Tot Billed - header level - calculated field equals the sum of coinsurance + deductible; Add Medicare Allowed Amount - detail level- updatable during data corrections; Add Medicare Paid Amount - detail level- updatable during data corrections; Add Coinsurance - detail level- updatable during data corrections; and, Adds Deductible - detail level- updatable during data corrections. **Medicare Information - UB92** Add Tot Billed - calculated field equals the sum of coinsurance + deductible; Add Medicare Paid Amount- updatable during data corrections; Add Medicare Allowed Amount- updatable during data corrections; and, Add Coinsurance Days - updatable during data corrections.	Prod Implemented

2.7.68 PANEL: Cash Disposition

2.7.68.1 Description

Use the Cash Disposition panel to access cash-related information related to a particular adjustment. It displays the CCN, sequence number, and the refund (disposition) amount of the adjustment claim.

Navigation Path: [Claims -Information] – [Enter an ICN] - [Select Cash Disposition link from the displayed panel] - OR - [Claims - Search] - [Enter Criteria] - [Select a claim] - [Select Cash Disposition link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select Cash Disposition link from the displayed panel]

Table: T_CASH_RCPT_XREF

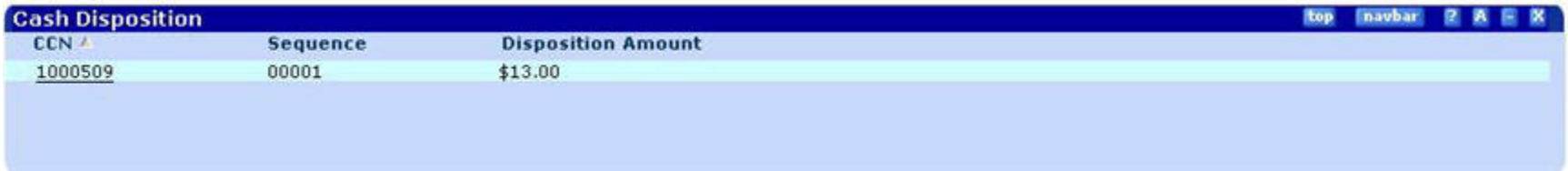
2.7.68.2 Technical Name

Clm.ClaimCashDispPanel.ascx

2.7.68.3 Panel Name

Cash Disposition

2.7.68.4 Cash Disposition Layout



2.7.68.5 Extra Features

This panel has no extra features.

2.7.68.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
CCN	The cash control number (CCN) associated with the adjustment transaction.	Field	Character	11	T_EXPENDITURE	SAK_CASH_RECEIPT
Disposition Amount	The refund (disposition) amount for the line.	Field	Number	10	T_CASH_RCPT_XREF	AMT_DISPOSITION

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Sequence	The disposition sequence number associated with the line. Each individual disposition to a check is given its own sequence number.	Field	Number	4	T_CASH_RCPT_XREF	NUM_SEQ_BATCH

2.7.68.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.68.8 Associated Requirements

ID
30.090.007.002.66
30.090.007.002.71

2.7.68.9 CO / Defects

ID	Type	Name	Description	Current Status
1390	Change Order	Change Fields - Panels	Change the following fields labels: All instances of OI Amt to TPL Amt; All instances of Prescrib Prov to Prescriber Prov, Orig Prescrib to Orig Prescriber; Prescrib Num to RX Num; Days Supplys to Days Supply; Can field positions on the different claims panels be; consistent? For example, PAN is in a different position on the Dental Claim than on the Physician Claim; Make sure that when in the Cash Disposition Panel if the user double clicks on the CCN, the financial FCRI Cash Receipt Information panel displays; and, Make sure that when in the Prior Authorization Panel if the user double clicks on the PA Number, the PA Prior Authorization panel displays. SEE CLARIFICATIONS SECTION. REQUIREMENTS FOR THIS CO HAVE BEEN MODIFIED.	Prod Implemented

2.7.69 PANEL: Error

2.7.69.1 Description

Access the Claim Errors panel from the Paid, Denied, or Suspended Claim panels. This panel displays the header and/or detail errors applicable to the claim being viewed. Field edits and the Add/Delete buttons are for data correction only. See the 'Extra Features' section for more information about this panel.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select Error link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - [Select Error link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select Error link from the displayed panel]

Tables: T_CLAIM_ERROR, T_ERROR_DISP, T_EOB

2.7.69.2 Technical Name

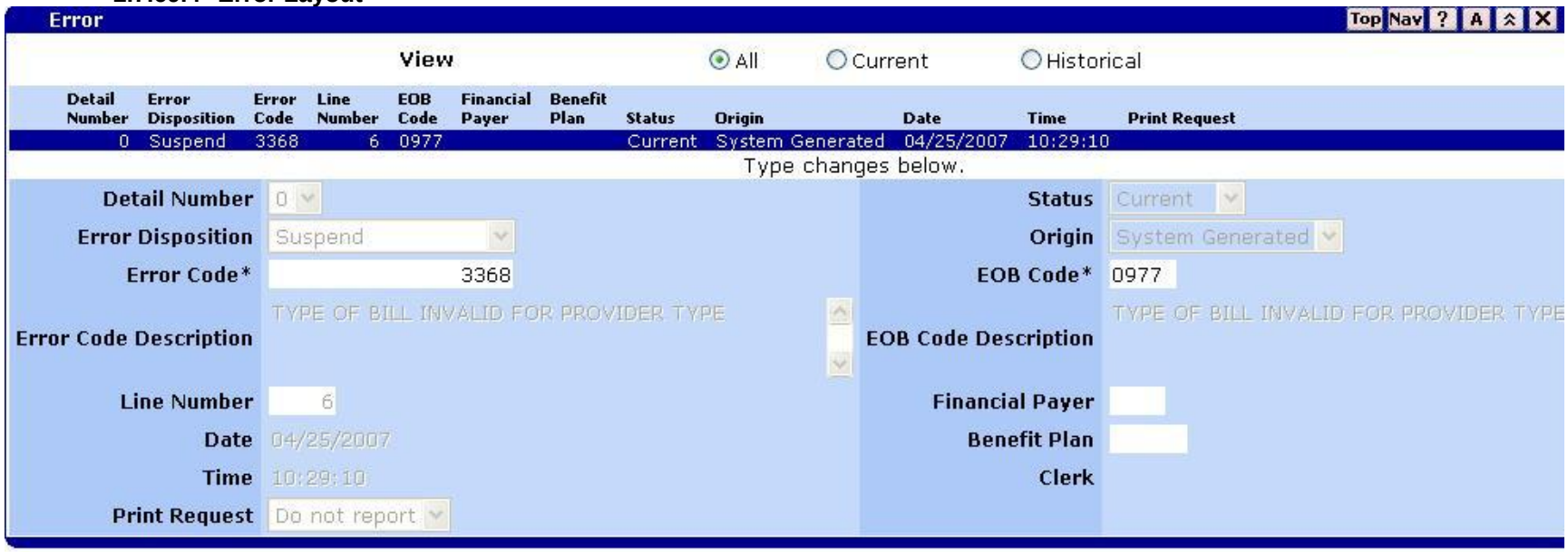
Clm.ClaimErrorHdrPanel.ascx

2.7.69.3 Panel Name

Error

For readability the layout displays on the next page.

2.7.69.4 Error Layout



2.7.69.5 Extra Features

During data correction, when a row on the Error panel is selected, the user is only allowed to update the EOB, financial payer, benefit plan or print request. This is because if anything else is changed; it would overwrite what previously happened during the claims process. Therefore if the user needs to change an error to have a disposition of F-Forced Override or D-Forced Denied, then a new row should be added. The error disposition can only be modified when adding a new row. The same detail number and error number would be entered, along with a new error disposition. The status of the claim on the header needs to be changed to resubmit and then the record should be saved. This will send the claim back through the system to be processed again. The errors that were on the claim the first time would be marked as 'History' in the Status column. If the claim suspends again for other errors, the new errors would be marked as 'Current' in the Status column.

If the claim was originally entered into the system with invalid data, the user will not be able to add or change data on the panel and save the claim. In this case, the Force Deny button may be used to force deny the claim at the header level. To do this, the user should click on the Add button and create a new error record. (The Force Deny button will only appear after the Add button is clicked.) The detail number needs to be set to '0' (when using the Force Deny button, the claim can only be denied at the claim header level) and the error disposition should be set to 'D - Force Deny'. When the Force Deny button is clicked, the new error record will be saved and the status will be changed to resubmit automatically.

2.7.69.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Adds a new record. This button will only display if the panel is displayed on the Data Correction page.	Button	N/A	0	N/A	N/A
Delete	Deletes a record. This button will only display if the panel is displayed on the Data Correction page.	Button	N/A	0	N/A	N/A
Force Deny	This button inserts a forced denial header record in the claim error table and updates claim header and history table with claim status as 'R - Resubmit'. This button is only displayed and enabled if the panel is displayed on the Data Correction page and Add button is clicked.	Button	N/A	0	N/A	N/A
Benefit Plan	Identifies the medical assistance program that is supported in the system. Use the [Search] panel to select a valid plan.	Field	Check Box	5	T_PUB_HLTH_PGM	CDE_PGM_HEALTH
Clerk	Number used to identify the user who last updated the error record.	Field	Character	8	T_CLAIM_ERROR	ID_CLERK
Date	Date of the error code.	Field	Date (MM/DD/CCYY)	8	T_CLAIM_ERROR	DTE_GENERIC
Detail Number	The number of the header or detail that contains an edit or an audit failure.	Field	Number	4	T_CLAIM_ERROR	NUM_DTL
EOB Code	This is the number assigned to an explanation of benefits description to uniquely identify it.	Field	Number	4	T_EOB	CDE_EOB

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
EOB Code Description	Description of the EOB.	Field	Character	79	T_EOB	DSC_EOB
Error Code	Code used to indicate an error was discovered on a claim during processing in the base system. This can be either an edit or an audit.	Field	Number	4	T_ERROR_DISP	CDE_ESC
Error Code Description	Description of the error.	Field	Character	50	T_ERROR_DISP	DSC_ERROR_STAT
Error Disposition	Code that represents the action that is taken on a claim at disposition time: pay (P), deny (D), suspend (S), force override (F), reject (J), or batch suspend (B).	Field	Drop Down List Box	0	T_CLAIM_ERROR	CDE_DISP_STATUS
Financial Payer	A value that identifies a unique payer within interChange.	Field	Character	4	T_CLAIM_ERROR	SAK_FIN_PAYER
Line Number	Number that indicates the detail of the error disposition line item from which the error disposition was assigned.	Field	Number	3	T_CLAIM_ERROR	SAK_ERROR_DISP
Origin	Indicates who generated the error code and message.	Field	Drop Down List Box	6	T_CLAIM_ERROR	CDE_STATUS1
Print Request	The valid values are: Space - do not select claims with this error to report; L - Report the claims at a summary level on the CLM-0024-D report; W - Report the claims on a general paper worksheet which is the CLM-0023-D report.	Field	Drop Down List Box	1	T_CLAIM_ERROR	IND_RPT
Status	Indicates whether the errors are current or history.	Field	Drop Down List Box	7	T_CLAIM_ERROR	CDE_STAT_ERROR

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Time	Time of the error code. Format HH:MM:SS.	Field	Number	6	T_CLAIM_ERROR	TME_STAMP

2.7.69.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Force Deny	Button	1	EOB Code is required.	EOB code is required to force deny a claim.
Force Deny	Button	2	Error Code is required.	Error code is required to force deny a claim.
Force Deny	Button	3	Error Disposition status should be 'D - Forced Denied' with a Detail Number equal to zero to Force Deny.	Error disposition status should be 'D - Forced Denied' with a detail number equal to zero to force deny a claim.
Force Deny	Button	4	Cannot Force Deny a Claim with more than one new record on the Error Panel.	Cannot force deny a claim with more than one new record on the Error panel.
Benefit Plan	Field	1	Invalid Benefit Plan.	Enter a valid benefit plan or select a valid benefit plan from the [Search] panel.
EOB Code	Field	1	Invalid EOB.	Enter a valid EOB code or select a valid code from the [Search] panel.
Error Code	Field	1	Invalid Error Code.	Enter a valid error code or select a valid code from the [Search] panel.
Error Code	Field	2	Error Code XXXX cannot be overridden.	The error code entered is a critical error or it cannot be overridden. The error disposition cannot be 'F - Force'.
Error Code	Field	3	Error Code XXXX cannot have the Error Disposition set to 'Deny'.	The error code entered has an allow deny indicator set to 'No', therefore the error disposition cannot be set to "Deny."
Financial Payer	Field	1	Invalid Financial Payer	Enter a valid financial payer or select one from the [Search] panel.

2.7.69.8 Associated Requirements

ID
30.090.007.001.5
30.090.007.002.13
30.090.007.002.14
30.090.007.002.29
30.090.007.002.32
30.090.007.002.33
30.090.007.002.65
30.090.007.002.71
30.090.008.002.24
30.090.008.003.6

2.7.69.9 CO / Defects

ID	Type	Name	Description	Current Status
7933	Change Order	Create Force Deny button	Add a 'Force Deny' button to the Data Correction page header navigation panel. When the user clicks this button, do not validate the claim at all. Update the Status field on the Header record and T_HIST_DIRECTORY to 'R - Resubmit'. Look for a 'Force Deny' record at the header level on the Error panel. Save this record to the database. The claim will not be validated and no other field on the claim will be saved. Notes: 1) Pop-up a message that warns the user that the 'Force Deny' record will be saved, but no other change on the claim will be saved to the database due to invalid data. 2) This button will only force deny at the header level. A record on the Error panel must be saved with an error disposition of 'Force Deny' and a Detail Number equal to zero. This button cannot be used to Force Deny at the detail level. This button should only be used if the claim contains invalid data and the claim cannot saved to the database by clicking the Save button. (We do not have to put in an edit to check for invalid data on the claim. Technically they will be allowed to click the Force Deny button even if the claim does not contain invalid data. That is OK.) Put in an edit that tells the user if they have clicked the 'Force Deny' button without entering a record on the Error panel. 3) Disable or hide the buttons after the 'Force Deny' is clicked so the user does not try to save or force deny a second time. They will have to exit out of the claim the same way they do today after they resubmit a claim.	Prod Implemented

2.7.70 PANEL: Payer

2.7.70.1 Description

The Claims Payer Information panel displays the payer information applicable to the claim. This panel includes the payer's code, prior payment amount, and the estimated amount due. Field edits are for data correction only.

Navigation Path: [Claims -Information] - [Enter an ICN for a UB claim] - [Select Payer link from the displayed panel] - OR - [Claims - Search] - [Enter Criteria] - [Select a UB claim] - [Select Payer link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a UB claim from the list] - [Select Payer link from the displayed panel]

Table: T_UB92_HDR_PAYER

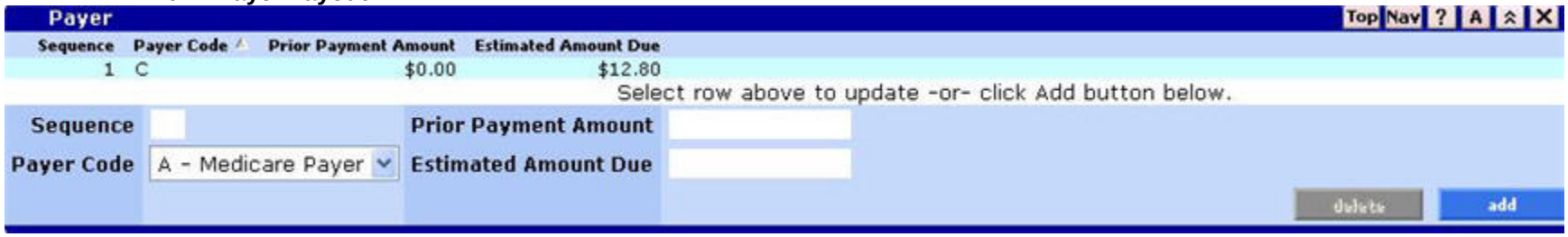
2.7.70.2 Technical Name

Clm.ClaimPayerPanel.ascx

2.7.70.3 Panel Name

Payer

2.7.70.4 Payer Layout



2.7.70.5 Extra Features

This panel has no extra features.

2.7.70.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Adds a new record.	Button	N/A	0	N/A	N/A
Delete	Deletes a record.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Estimated Amount Due	The amount estimated by the hospital that is due from the payer. Format 99999999.99.	Field	Number	9	T_UB92_HDR_PAYER	AMT_DUE_EST
Payer Code	The code that identifies each organization from which the provider might expect some payment for the bill.	Field	Drop Down List Box	0	T_UB92_HDR_PAYER	CDE
Prior Payment Amount	The amount the hospital has received toward payment of this bill prior to the billing date by the payer. Format 99999999.99.	Field	Number	9	T_UB92_HDR_PAYER	AMT_PRIOR_PAYMENT
Sequence	The sequence of the payer information as it appeared on the claim.	Field	Number	4	T_UB92_HDR_PAYER	NUM_SEQ

2.7.70.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Estimated Amount Due	Field	1	Enter a valid value.	Enter a numeric value.
Payer Code	Field	1	Payer Code is a required field.	Select a payer code from the drop down box.
Payer Code	Field	108	Exceed maximum number of payer codes.	The maximum number of payers allowed is three.
Prior Payment Amount	Field	1	Enter a Valid Value	Enter a numeric value.

2.7.70.8 Associated Requirements

ID
30.090.007.002.71

2.7.70.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.71 PANEL: Submitted Data - Physician

2.7.71.1 Description

The Physician Submitted Data panel displays the submitted information applicable to a physician claim.

Navigation Path: [Claims -Information] - [Enter an ICN for a physician claim] - [Select Submitted Data link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a physician claim] - [Select Submitted Data link from the displayed panel] - OR - [Claims - Data Correction] - [Enter clerk ID, search then select a Physician claim from the list] - [Select Submitted Data link from the displayed panel]

Table: T_PHYS_HDR_KEY

2.7.71.2 Technical Name

Clm.PhysicianClaimKeyPanel.ascx

2.7.71.3 Panel Name

Submitted Data

2.7.71.4 Submitted Data – Physician Layout

2.7.71.5 Extra Features

This panel has no extra features.

2.7.71.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Submitted Patient Account Number	Submitted Identification for a member assigned by a provider and used in their system. This number is not required for processing (information only).	Field	Character	38	T_PHYS_HDR_KEY	NUM_PAT_ACCT_SUB

2.7.71.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.71.8 Associated Requirements

ID
30.090.007.002.71

2.7.71.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.72 PANEL: Data Correction Note

2.7.72.1 Description

Resolutions staff use the Data Correction Note panel to forward questions to other clerks or to a supervisor. Each time a new note is created, the claim is assigned to the recipient of the note as defined by the Reviewer Sent To user ID.

To send a note, the first user enters a location code, types in a note, and specifies the user ID of the recipient in the Reviewer Sent To field. When a note is sent, the claim is assigned to the new location code and the claim shows up in the second user's Data Correction Suspense list.

The newly assigned user displays the note and responds. This user can either send the claim back to the originator by creating a new note or can keep the claim assigned to themselves by replying to the first note. Note: if the second user replies but does not create a new note, the claim remains assigned to the second user.

If necessary, the second user can send a new note to a third user and reassign the claim. There is no limit to how many notes can be created.

Navigation Path: [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select Data Correction Note link from the displayed panel]

Table: T_LOCATION_NOTE

2.7.72.2 Technical Name

Clm.DataCorrectionNotePanel.ascx

2.7.72.3 Panel Name

Data Correction Note

For readability the layout displays on the next page.

2.7.72.4 Data Correction Note Layout

Data Correction Note

Top Nav ? X

*** No rows found ***

Select row above to update -or- click Add button below.

User ID

Location Sent From

Date Sent

Location Sent To [Search]

Time Sent

Note

Reviewer Sent To [Search]

Date Replied

Time Of Reply

Reply

add

2.7.72.5 Extra Features

This panel has no extra features.

2.7.72.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Add a new location note.	Button	N/A	0	N/A	N/A
Date Replied	The date the reply is sent.	Field	Date (MM/DD/CCYY)	8	T_LOCATION_NOTE	DTE_REPLY
Date Sent	The date the note is sent.	Field	Date (MM/DD/CCYY)	8	T_LOCATION_NOTE	DTE_SENT
Location Sent From	The location that the note originates from.	Field	N/A	0	T_LOCATION_NOTE	CDE_LOC_FROM
Location Sent To	The location that the note is being sent to. The user is required to use the [Search] to select a value.	Field	N/A	0	T_LOCATION_NOTE	CDE_LOC_TO
Note	The note that is sent.	Field	Character	256	T_LOCATION_NOTE	DSC_NOTE
Reply	The note containing the reply.	Field	Character	256	T_LOCATION_NOTE	DSC_REPLY
Reviewer Sent To	The ID of the person who reviews the note. The user is required to use the [Search] to select a value.	Field	N/A	0	T_LOCATION_NOTE	ID_REVIEWER
Time Of Reply	The time that the reply is sent.	Field	Character	6	T_LOCATION_NOTE	TME_REPLY
Time Sent	The time that the note is sent.	Field	Character	6	T_LOCATION_NOTE	TME_SENT
User ID	The ID of the User (clerk) who originates the note.	Field	Character	8	T_LOCATION_NOTE	ID_CLERK

2.7.72.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Date Replied	Field	1	Invalid Date. Format is MM/DD/CCYY	Enter the date in MM/DD/CCYY format.
Location Sent To	Field	1	Location Sent To is required.	Select a value for the location from the [Search] panel.
Note	Field	1	Note is required	Enter text for the note description.
Reviewer Sent To	Field	1	Reviewer Sent to is required	Select a User ID from the [Search] panel.

2.7.72.8 Associated Requirements

ID
30.090.007.002.55

2.7.72.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.73 PANEL: Detail Submitted Data - Physician

2.7.73.1 Description

Access the Detail Submitted Data panel from the Paid, Denied, or Suspended Claim panels. This panel displays the submitted data applicable to the physician claim detail being viewed.

To view information on this panel, select one detail record on the Claim Detail panel. Page forward to find the detail to select or enter the detail number in the 'go to' field.

Navigation Path: [Claims -Information] - [Enter a Physician ICN] - [Click Search] - OR - [Claims -Search] - [Enter Criteria] - [Select a Physician claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a physician claim from the list] - THEN - [Click on a detail record in the Claim Detail panel] - [Click on the Detail Information nav bar item link on the Navigation Panel] - [Detail Submitted Data]

Table: T_PHYS_DEXT_KEY

2.7.73.2 Technical Name

Clm.PhysicianDetailKeyPanel.ascx

2.7.73.3 Panel Name

Detail Submitted Data

2.7.73.4 Detail Submitted Data – Physician Layout

2.7.73.5 Extra Features

This panel has no extra features.

2.7.73.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim check	Indicates whether or not the detail has been through the Claim Check program.	Field	Character	1	T_DENY_PHYS_DTL	IND_CLAIM_CHECK
Original Modifier 1	Original procedure modifier 1. Will be NULL if the original modifier was not changed. If the original modifier was changed, this column will retain the value of the original modifier before it was changed.	Field	Character	2	T_PHYS_DEXT_KEY	CDE_PROC_MOD1_ORIG
Original Modifier 2	Original procedure modifier 2. Will be NULL if the original modifier was not changed. If the original modifier was changed, this column will retain the value of the original modifier before it was changed.	Field	Character	2	T_PHYS_DEXT_KEY	CDE_PROC_MOD2_ORIG
Original Modifier 3	Original procedure modifier 3. Will be NULL if the original modifier was not changed. If the original modifier was changed, this column will retain the value of the original modifier before it was changed.	Field	Character	2	T_PHYS_DEXT_KEY	CDE_PROC_MOD3_ORIG
Original Modifier 4	Original procedure modifier 4. Will be NULL if the original modifier was not changed. If the original modifier was changed, this column will retain the value of the original modifier before it was changed.	Field	Character	2	T_PHYS_DEXT_KEY	CDE_PROC_MOD4_ORIG
Proc Replaced	Procedure code.	Field	Character	6	T_PHYS_DEXT_KEY	CDE_PROC
Ref Dtl Line	A sequence number that points to the original detail.	Field	Number	4	T_PHYS_DEXT_KEY	NUM_DTL

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Sub POS	Original/submitted place of service for HIPAA 835.	Field	Character	2	T_PHYS_DEXT_KEY	CDE_POS_SUB
Sub Units Billed	Original billed quantity on the claim detail. Format 9999.99.	Field	Number	6	T_PHYS_DEXT_KEY	QTY_BILLED_ORIG
Sub-Proc Code	Submitted procedure code for HIPAA 835.	Field	Character	6	T_PHYS_DEXT_KEY	CDE_PROC_SUB
Submitted Modifier 1	Submitted procedure modifier 1 for HIPAA 835.	Field	Character	2	T_PHYS_DEXT_KEY	CDE_PROC_MOD1_SUB
Submitted Modifier 2	Submitted procedure modifier 2 for HIPAA 835.	Field	Character	2	T_PHYS_DEXT_KEY	CDE_PROC_MOD2_SUB
Submitted Modifier 3	Submitted procedure modifier 3 for HIPAA 835.	Field	Character	2	T_PHYS_DEXT_KEY	CDE_PROC_MOD3_SUB
Submitted Modifier 4	Submitted procedure modifier 4 for HIPAA 835.	Field	Character	2	T_PHYS_DEXT_KEY	CDE_PROC_MOD4_SUB

2.7.73.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.73.8 Associated Requirements

ID
30.090.007.002.71

2.7.73.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.74 PANEL: UB92 Claim Detail Navigation

2.7.74.1 Description

The UB Claim Detail Navigation panel provides access to the various panels through which UB Claims detail information can be viewed. Panels accessed from the Detail Navigation panel are not updateable.

Navigation Path: [Claims -Information] - [Enter an ICN for a UB claim] - OR - [Claims -Search] - [Enter Criteria] - [Select a UB claim] - OR - [Claims - Data Correction] - [Enter clerk ID, search then select a UB claim from the list] -THEN - [Click on the Plus Sign (+) to the left of 'UB Claim' on the Navigation Panel]

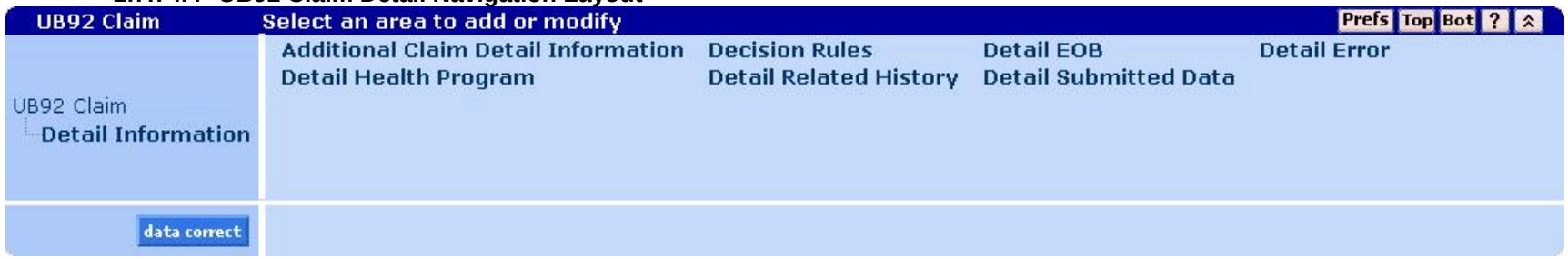
2.7.74.2 Technical Name

Clm.UB92ClaimPage.ascx - Detail NavGroup

2.7.74.3 Panel Name

UB92 Claim Detail Navigation

2.7.74.4 UB92 Claim Detail Navigation Layout



2.7.74.5 Extra Features

This panel has no extra features.

2.7.74.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adjust	This button displays for claims in a paid status if the claim is being viewed on the Claim Information page. Clicking the Adjust button opens the Adjustment Request panel. When the initial request information is entered, the ICN of the displayed claim appears in the Original ICN field and a new ICN number will appear in the Adjustment ICN field.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Cancel	The Cancel button will appear if the claim data is being viewed on the Data Correction page.	Button	N/A	0	N/A	N/A
Data Correct	This button will display for claims in suspended status if the claim is being viewed on the Claim Information page. Clicking this button opens the displayed suspended claim in Data Correction mode. Changes can be made and the claim can be resubmitted.	Button	N/A	0	N/A	N/A
Save	The Save button appears if the claim data is being viewed on the Data Correction page.	Button	N/A	0	N/A	N/A
Detail EOB	Links to "Detail EOB" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Error	Links to "Detail Error" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Health Program	Links to "Detail Health Program" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Related History	Links to "Detail Related History" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Submitted Data	Links to "Detail Submitted Data" panel.	Hyperlink	N/A	0	N/A	N/A

2.7.74.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.74.8 Associated Requirements

ID
30.090.007.002.71

2.7.74.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.75 PAGE: Claims Encounter Page

2.7.75.1 Description

The Claims Encounter page contains the Encounter Navigation panel. From here the user can access two main search panels, the EDI Batch Status and the Encounter Batch Summary. Both search panels may be opened and results can be viewed on the same page. Managed care organization is available as part of the search criteria for both search panels allowing users to easily distinguish encounter batches submitted by different managed care entities.

When a row is selected on the Encounter Batch Summary search results panel, the user may click on links to the Encounter Errors panel and the Encounter Claim Related panel. The error data displayed in the Encounter Errors panel relates to the selected row on the Encounter Batch Summary. The data in the Encounter Claim Related panel is associated with the error code selected on the Encounter Errors panel. As the user selects a different row on either the Encounter Batch Summary panel or the Encounter Errors panel, the data in the panels below will automatically be updated to reflect the selected batch file or error.

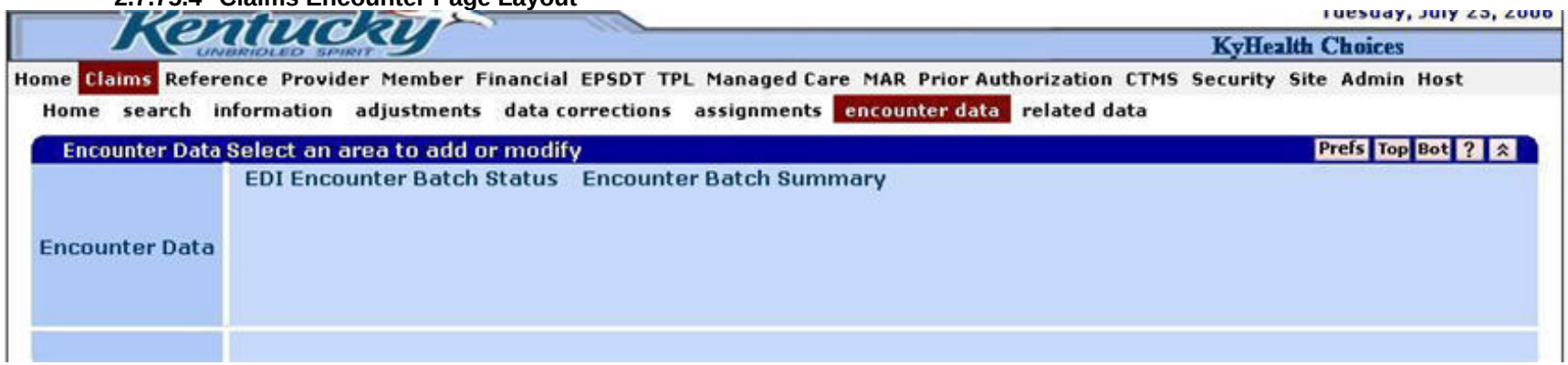
2.7.75.2 Technical Name

Clm.EncounterDataPage.ascx

2.7.75.3 Web Page Name

Encounter Data

2.7.75.4 Claims Encounter Page Layout



2.7.76 PANEL Encounter Data Navigation

2.7.76.1 Description

The Encounter Data panel contains a link to the Encounter Data related panels. Use the EDI Encounter Batch Status panel and the Encounter Batch Summary panel to search for batch files. The menu items to the Encounter Errors panel and the Encounter Claim Related Data panel are enabled when the user selects a row in the Encounter Batch Summary search results.

Navigation Path: [Claims - Encounter Data]

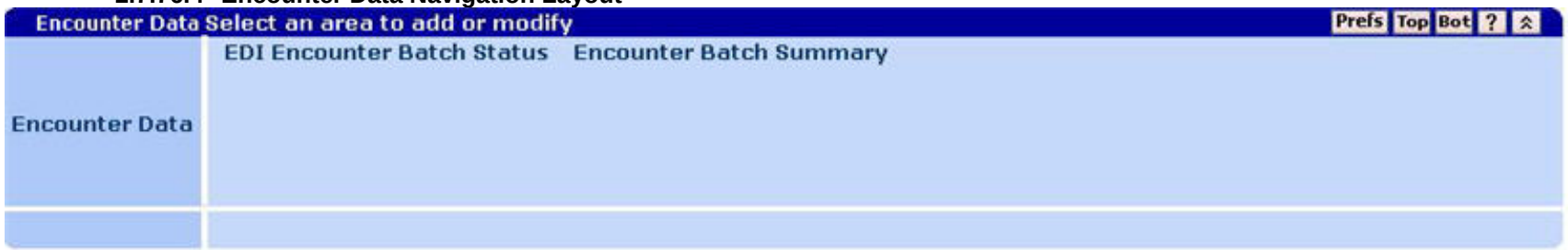
2.7.76.2 Technical Name

Clm.EncounterDataPage.ascx - NavGroup

2.7.76.3 Panel Name

Encounter Data Navigation

2.7.76.4 Encounter Data Navigation Layout



2.7.76.5 Extra Features

This panel has no extra features.

2.7.76.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
EDI Encounter Batch Status	A link to "EDI Encounter Batch Status" panel.	Hyperlink	N/A	0	N/A	N/A
Encounter Batch Errors	A link to "Encounter Batch Summary" panel.	Hyperlink	N/A	0	N/A	N/A

2.7.76.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.76.8 Associated Requirements

ID
30.090.008.002.11

2.7.76.9 CO / Defects

ID	Type	Name	Description	Current Status
2064	Change Order	Encounter Threshold - new panel	See CORE CO 11857 - for all the reference on this CO Add new panel to maintain Encounter Threshold. This will be implemented in Core.	Prod Implemented

2.7.77 PANEL: Encounter Batch Summary Search Results

2.7.77.1 Description

The Encounter Batch Summary Search Results panel displays batch files for a managed care organization by received dates or pay cycle dates.

Navigation Path: [Claims - Encounter Data] - [click on Encounter Batch Summary] - [Enter search criteria and click Search]

Table: T_ENC_BATCH_PROCESS, T_FILE_TRACK, T_DOCUMENT_TRACK T_CDE_FILE_STATUS

2.7.77.2 Technical Name

Clm.EncounterBatchSearchPanel.ascx - Search Results

2.7.77.3 Panel Name

Encounter Batch Results

For readability the layout displays on the next page.

2.7.77.4 Encounter Batch Summary Search Results Layout

Received Date	Pay Cycle Date	Batch File	Threshold Count	Percent Errors	Informational Count	Total Encounter Count	Encounter Count	Enc Bad Cou
06/23/2002	02/22/2006	/export/customer/dsok/mod/data/upld/x12/F.60.1000000002.txn	99,999,999	100%	99,999,999	99,999,999	99,999,999	99,9
03/27/2006	03/27/2006	/export/customer/dsok/mod/data/upld/x12/F.72.1000000002.txn	99,999,999	100%	99,999,999	99,999,999	99,999,999	99,9
06/23/2002	03/27/2006	/export/customer/dsok/mod/data/upld/x12/F.74.1000000002.txn	99,999,999	100%	99,999,999	99,999,999	99,999,999	99,9
06/23/2002	03/27/2006	/export/customer/dsok/mod/data/upld/x12/F.76.1000000002.txn	99,999,999	100%	99,999,999	99,999,999	99,999,999	99,9
06/23/2002	03/27/2006	/export/customer/dsok/mod/data/upld/x12/F.77.1000000002.txn	99,999,999	100%	99,999,999	99,999,999	99,999,999	99,9
06/23/2002	03/27/2006	/export/customer/dsok/mod/data/upld/x12/F.75.1000000002.txn	99,999,999	100%	99,999,999	99,999,999	99,999,999	99,9
03/27/2006	03/27/2006	/export/customer/dsok/mod/data/upld/x12/F.73.1000000002.txn	99,999,999	100%	99,999,999	99,999,999	99,999,999	99,9
06/23/2002	03/27/2006	/export/customer/dsok/mod/data/upld/x12/F.68.1000000002.txn	99,999,999	100%	99,999,999	99,999,999	99,999,999	99,9
06/23/2002	03/27/2006	/export/customer/dsok/mod/data/upld/x12/F.69.1000000002.txn	99,999,999	100%	99,999,999	99,999,999	99,999,999	99,9
06/23/2002	02/22/2006	/export/customer/dsok/mod/data/upld/x12/F.61.1000000002.txn	33,333,333	33%	66,666,666	99,999,999	99,999,999	2,9

rcent ors	Informational Count	Total Encounter Count	Encounter Count	Encounter Bad Count	Billed Amount	Paid Amount	Batch Status	Bad Status	Origin	Action Date	Action Time	Sak Batch
.00%	99,999,999	99,999,999	99,999,999	99,999,999	$9,999,999.99	$9,999,999.99	Accepted	Yes	WZW7NZ	02/22/2006	05:02:21	60
.00%	99,999,999	99,999,999	99,999,999	99,999,999	$9,999,999.99	$9,999,999.99	Accepted	Yes	WZW7NZ	03/27/2006	11:03:13	72
.00%	99,999,999	99,999,999	99,999,999	99,999,999	$9,999,999.99	$9,999,999.99	Accepted	Yes	WZW7NZ	03/27/2006	11:03:37	74
.00%	99,999,999	99,999,999	99,999,999	99,999,999	$9,999,999.99	$9,999,999.99	Accepted	Yes	WZW7NZ	03/27/2006	11:03:00	76
.00%	99,999,999	99,999,999	99,999,999	99,999,999	$9,999,999.99	$9,999,999.99	Accepted	Yes	WZW7NZ	03/27/2006	11:03:08	77
.00%	99,999,999	99,999,999	99,999,999	99,999,999	$9,999,999.99	$9,999,999.99	Accepted	Yes	WZW7NZ	03/27/2006	11:03:48	75
.00%	99,999,999	99,999,999	99,999,999	99,999,999	$9,999,999.99	$9,999,999.99	Accepted	Yes	WZW7NZ	03/27/2006	11:03:27	73
.00%	99,999,999	99,999,999	99,999,999	99,999,999	$9,999,999.99	$9,999,999.99	Accepted	No	WZW7NZ	03/27/2006	09:03:23	68
.00%	99,999,999	99,999,999	99,999,999	99,999,999	$9,999,999.99	$9,999,999.99	Rejected	No	WZW7NZ	03/27/2006	09:03:36	69
33%	66,666,666	99,999,999	99,999,999	2,979,422	$9,999,999.99	$9,999,999.99	Processing	Yes	WZW7NZ	02/22/2006	05:02:12	61

2.7.77.5 Extra Features

This panel has no extra features.

2.7.77.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Action Date	Date of the last update.	Field	Date (MM/DD/CCYY)	8	T_ENC_BATCH_PROCESS	DTE_UPDATE
Action Time	Time of the last update. Format HH:MM:SS.	Field	Number	6	T_ENC_BATCH_PROCESS	DTE_UPDATE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Bad Status	Indicator updated when bad claims have been manually resolved.	Field	Character	1	T_ENC_BATCH_PROCESS	IND_BAD_STATUS
Batch File	Name of the batch file received from a managed care organization.	Field	Character	255	T_FILE_TRACK	NAM_FILE
Batch Status	The status of the batch.	Field	Character	1	T_ENC_BATCH_PROCESS	CDE_BATCH_STATUS
Billed Amount	The total amount billed for the batch. Format $99999999999.99.	Field	Number	13	T_ENC_BATCH_PROCESS	AMT_BILLED
Encounter Bad Count	The number of claims not processed due to internal errors.	Field	Number	9	T_ENC_BATCH_PROCESS	BAD_CLM_CNT
Encounter Count	The number of new day claims processed.	Field	Number	9	T_ENC_BATCH_PROCESS	ORIG_CLM_CNT
Informational Count	The count of informational errors in the batch.	Field	Number	9	T_ENC_BATCH_PROCESS	CNT_INFORMATIONAL
Origin	The ID of the last update user or process.	Field	Character	8	T_ENC_BATCH_PROCESS	ID_UPDATE
Paid Amount	The total amount paid for the batch. Format $99999999999.99.	Field	Number	13	T_ENC_BATCH_PROCESS	AMT_PAID
Pay Cycle Date	Date that the batch file was processed in pay cycle.	Field	Date (MM/DD/CCYY)	8	T_ENC_BATCH_PROCESS	DTE_PAY_CYCLE
Percent Errors	The percent of errors in the batch file. This is a calculated field based on the number of claims not processed. Format 999.99%.	Field	Number	5	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Received Date	Date that the batch file was received by the system.	Field	Date (MM/DD/CCYY)	8	T_FILE_TRACK	DTE_CREATED
Sak Batch	System-assigned key that identifies the batch processed.	Field	Number	9	T_ENC_BATCH_PROCESS	SAK_BATCH
Threshold Count	The count of threshold errors in the batch.	Field	Number	9	T_ENC_BATCH_PROCESS	CNT_TRESHOLD
Total Encounter Count	The total count of new day claims.	Field	Number	9	T_ENC_BATCH_PROCESS	ORIG_CLAIM_TOT

2.7.77.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.77.8 Associated Requirements

ID
30.090.008.002.11

2.7.77.9 CO / Defects

ID	Type	Name	Description	Current Status
1284	Change Order	Add Encounter Batch Summary	Add new Encounter Batch Summary Search / Encounter Batch Summary Results panels.	Prod Implemented

2.7.78 PANEL: Encounter Errors

2.7.78.1 Description

The Encounter Errors panel displays errors for a batch file selected on the Encounter Batch Summary search results. This panel can open automatically or by clicking on the menu item. This is determined by user preferences.

Navigation Path: [Claims - Encounter Data] - [click on Encounter Batch Summary] - [Enter search criteria and click Search] - [Select a row on the Encounter Batch Summary search results] - [Click Encounter Errors]

Tables: T_BATCH_ERR_SUM, T_ERROR_DISP

2.7.78.2 Technical Name

Clm.EncounterBatchSearchPanel.ascx (EncounterErrors)

2.7.78.3 Panel Name

Encounter Errors

2.7.78.4 Encounter Errors Layout

Encounter Errors

top navbar ? A - X

View ◉ All ○ Threshold Errors ○ Informational Errors

Error Code	Error Code Disposition	Error Count	Percent of Total	Error Description
2502	Informational	293	3.45%	MCO/BHO ID Missing or Invalid
624	Informational	2	0.02%	Recip Date of Death if Before the Last Date of Service
2507	Informational	1	0.010%	This Patient Has Two Coverage Types
705	Threshold	22,093	35.45%	MCO/BHO Total Payment Amount Invalid
2022	Threshold	21,368	34.29%	Recipient Not Enrolled with MCO on Date of Service
1025	Threshold	14,998	24.07%	Billing Provider Ineligible to Bill Claims
1005	Threshold	2,221	3.55%	Recipient Covered by Medicare B (No Attachment)
5001	Threshold	2,159	3.46%	Exact Duplicate
4036	Threshold	2,068	3.32%	MCO/BHO Total Payment Amount Invalid
2077	Threshold	1	0.01%	Recipient Partially Eligible for DOS - No Attachment
Totals :		99,999	99,999%	

2.7.78.5 Extra Features

This panel has no extra features.

2.7.78.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
All, Threshold, Informational	Radio button control that allows the user to modify the view of rows by the error code disposition value.	Field	Radio Button	0	N/A	N/A
Error Code	Error code of a number of records in the batch file.	Field	Character	4	T_ERROR_DISP	CDE_ESC
Error Code Disposition	Specifies if the error is a threshold error or an informational error.	Field	Character	13	T_BATCH_ERR_SUM	CDE_DISP_STATUS
Error Count	Number of claims setting the error.	Field	Number	9	T_BATCH_ERR_SUM	CNT_ERROR
Error Description	Description of the error code.	Field	Character	50	T_ERROR_DISP	DSC_ERROR_STAT
Percent of Total	Percent of errors in the total number of records in the batch file. This is a calculated field based on the total number of errors in a batch file and the total number of claims in the file. Format 999.99%.	Field	Number	5	N/A	N/A

2.7.78.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.78.8 Associated Requirements

ID
30.090.008.002.11

2.7.78.9 CO / Defects

ID	Type	Name	Description	Current Status
1285	Change Order	Add Encounter Error Panel	Add new Encounter Errors Panel.	Prod Implemented

2.7.79 PANEL: EDI Encounter Batch Status Search

2.7.79.1 Description

The EDI Encounter Batch Status is used to search for EDI batch files by MCO and received dates.

Navigation Path: [Claims - Encounter Data] - [click on EDI Encounter Batch Status]

Table: T_FILE_TRACK

2.7.79.2 Technical Name

Clm.EDIBatchSearchPanel.ascx

2.7.79.3 Panel Name

EDI Encounter Batch Status

2.7.79.4 EDI Encounter Batch Status Search Layout

2.7.79.5 Extra Features

This panel has no extra features.

2.7.79.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Clear	Clears the previous search criteria from the search fields.	Button	N/A	0	N/A	N/A
Search	Performs a query on the database and returns the data for the entered search criteria.	Button	N/A	0	N/A	N/A
MCO ID	The managed care organization that sent a batch files to the system.	Field	Drop Down List Box	0	TBD	ID_PROVIDER,NAME

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Received Date From	The from date used to search for batch files received.	Field	Date (MM/DD/CCYY)	8	T_FILE_TRACK	DTE_CREATED
Received Date To	The end date used to search for batch files received.	Field	Date (MM/DD/CCYY)	8	T_FILE_TRACK	DTE_CREATED
Records	This is the number of records that will be displayed per page. This value is either set by the user or it defaults to 20.	Field	Drop Down List Box	0	N/A	N/A

2.7.79.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.79.8 Associated Requirements

ID
30.090.008.002.11

2.7.79.9 CO / Defects

ID	Type	Name	Description	Current Status
1287	Change Order	Add Encounter EDI Batch Search	Add new Encounter EDI Batch Status Search / EDI Batch Status Results panels.	Prod Implemented

2.7.80 PANEL: Encounter Batch Summary Search

2.7.80.1 Description

Use the Encounter Batch Summary Search panel to search for batch files by MCO ID and received dates or pay cycle dates. Users can select Accepted, Rejected, In Process, or All records by clicking on the appropriate radio button.

Navigation Path: [Claims - Encounter Data] - [click on Encounter Batch Summary]

Table: T_ENC_BATCH_PROCESS, T_FILE_TRACK

2.7.80.2 Technical Name

Clm.EncounterBatchSearchPanel.ascx

2.7.80.3 Panel Name

Encounter Batch Search

2.7.80.4 Encounter Batch Summary Search Layout

2.7.80.5 Extra Features

This panel has no extra features.

2.7.80.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Clear	Clears the previous search criteria from the search fields.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Search	Performs a query on the database and returns the data for the entered search criteria.	Button	N/A	0	N/A	N/A
All, Accepted, In-Process, Rejected	Radio buttons indicating the selection of record types to be displayed.	Field	Radio Button	0	T_ENC_BATCH_PROCESS	CDE_BATCH_STATUS
MCO ID	The ID of the managed care organization.	Field	Drop Down List Box	0	T_PR_PROV	ID_PROVIDER
Pay Cycle Dates (from)	The beginning pay cycle date range.	Field	Date (MM/DD/CCYY)	8	T_ENC_BATCH_PROCESS	DTE_PAY_CYCLE
Pay Cycle Dates (to)	The ending received date range.	Field	Date (MM/DD/CCYY)	8	T_ENC_BATCH_PROCESS	DTE_PAY_CYCLE
Received Dates (from)	The beginning received date range.	Field	Date (MM/DD/CCYY)	8	T_FILE_TRACK	DTE_CREATED
Received Dates (to)	The ending received date range.	Field	Date (MM/DD/CCYY)	8	T_FILE_TRACK	DTE_CREATED
Records	This is the number of records that will be displayed per page. This value is either set by the user or it defaults to 20.	Field	Drop Down List Box	0	N/A	N/A

2.7.80.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
MCO ID	Field	1	MCO ID is required	Select a valid MCO ID from the drop down box.

Field	Field Type	Error Code	Error Message	To Correct
Pay Cycle Dates (from)	Field	1	Pay Cycle Date From and To Must Be Entered.	Enter both a from and to date for the pay cycle dates.
Pay Cycle Dates (from)	Field	2	Invalid Date. Date must be MM/DD/CCYY.	Enter a valid date.
Pay Cycle Dates (to)	Field	1	From Pay Cycle Date must be less than or equal to To Pay Cycle Date.	Enter a to date that is greater than or equal to the from date.
Pay Cycle Dates (to)	Field	2	Invalid Date. Date must be MM/DD/CCYY.	Enter a valid date.
Received Dates (from)	Field	1	Received Date Range From or Pay Cycle Date Range Must Be Entered.	Enter both a from and to date for the received dates.
Received Dates (from)	Field	2	Invalid Date. Date must be MM/DD/CCYY.	Enter a valid date.
Received Dates (to)	Field	1	From Receive Date must be less than or equal to To Receive Date.	Enter a to date that is greater than or equal to the from date.
Received Dates (to)	Field	2	Invalid Date. Date must be MM/DD/CCYY.	Enter a valid date.

2.7.80.8 Associated Requirements

ID
30.090.008.002.11

2.7.80.9 CO / Defects

ID	Type	Name	Description	Current Status
1284	Change Order	Add Encounter Batch Summary	Add new Encounter Batch Summary Search / Encounter Batch Summary Results panels.	Prod Implemented

2.7.81 PANEL: EDI Encounter Batch Status Search Results

2.7.81.1 Description

The EDI Encounter Batch Status Search Results panel displays EDI batch files by MCO received dates.

Navigation Path: [Claims - Encounter Data] - [click on EDI Encounter Batch Status] - [Enter criteria, click on Search]

Table: T_FILE_TRACK, T_CDE_FILE_STATUS

2.7.81.2 Technical Name

Clm.EDIBatchSearchPanel.ascx - Search Results

2.7.81.3 Panel Name

EDI Search Results

2.7.81.4 EDI Encounter Batch Status Search Results Layout

Search Results

Received Date	Received Time	Batch Status	Batch File	Origin
09/10/2005	01:25:30	Released to Process Complete	i83700204091301.txt	DCE9070A
09/10/2005	01:15:15	Released to Process Complete	i83700204091349.txt	DCE9070A
09/10/2005	12:33:33	Non-Compliant	i83778665091301.txt	DCE9070C
09/10/2005	10:22:30	Released to Process Complete	i83700204091112.txt	DCE9070A
09/11/2005	02:25:22	Released to Process Complete	i83700204023301.txt	DCE9070B
09/11/2005	03:25:30	Loaded	i83700204091405.txt	DCE9070A
09/11/2005	03:52:30	Released to Process Complete	i83700204091555.txt	DCE9070A
09/11/2005	20:25:05	Released to Process Complete	i83700204091999.txt	DCE9070C
09/11/2005	08:25:12	Released to Process Complete	i83700204091330.txt	DCE9070B
09/12/2005	02:25:11	Loaded	i83700204091653.txt	DCE9070A
09/12/2005	10:25:30	Non-Compliant	i8370020409113.txt	DCE9070A
09/12/2005	10:23:23	Released to Process Complete	i83700204045601.txt	DCE9070A
09/12/2005	09:25:22	Released to Process Complete	i83700200098301.txt	DCE9070A

Prev > 1 2 > 3 4 > ... Next

2.7.81.5 Extra Features

This panel has no extra features.

2.7.81.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Batch File	The name of the EDI batch file received by the system.	Field	Character	255	T_FILE_TRACK	NAM_FILE
Batch Status	The status of the batch file received.	Field	Character	30	T_CDE_FILE_STATUS	DSC_FILE_STATUS
Origin	The ID of the last update user or process.	Field	Character	8	T_FILE_TRACK	NAM_ORGN_SERVER
Received Date	The date the EDI batch file was received by the system.	Field	Date (MM/DD/CCYY)	8	T_FILE_TRACK	DTE_CREATED
Received Time	The time the EDI batch file was received by the system. NOTE: This field may be combined with the Received Date field.	Field	Number	6	T_FILE_TRACK	DTE_CREATED

2.7.81.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.81.8 Associated Requirements

ID
30.090.008.002.11

2.7.81.9 CO / Defects

ID	Type	Name	Description	Current Status
1287	Change Order	Add Encounter EDI Batch Search	Add new Encounter EDI Batch Status Search / EDI Batch Status Results panels.	Prod Implemented

2.7.82 PANEL: Encounter Claims Related Data

2.7.82.1 Description

The Encounter Claims Related Data panel displays the ICNs for a particular error on a batch file. This panel can open automatically or by clicking on the menu item. This is determined by user preferences.

Navigation Path: [Claims - Encounter Data] - [click on Encounter Batch Summary] - [Enter search criteria and click Search] - [Select a row on the Encounter Batch Summary search results] - [Click Encounter Errors] - [Select a row on Encounter Errors] - [Click Encounter Claims Related Data]

Tables: T_HIST_DIRECTORY, T_CLM_REF, T_CLM_SUM_ERR_X (This table points to the claims on T_HIST_DIRECTORY)

2.7.82.2 Technical Name

Clm.EncounterBatchSearchPanel.ascx (EncounterClaims)

2.7.82.3 Panel Name

Encounter Claims Related Data

2.7.82.4 Encounter Claims Related Data Layout

Encounter Claims Related Data

ICN	MCO ICN	Member ID	Status	Claim Type	FDOS	TDOS	Paid Date	Amount Billed
2003149130004	2205088600007	000001864	PAID	COMPOUND DRUG CLAIMS	01/26/2003	01/26/2003	02/24/2005	$15.00
2003149300010	2003282600004	000001932	DENIED	PHARMACY CLAIMS	01/26/2003	01/26/2003	02/24/2005	$15.00

2.7.82.5 Extra Features

This panel has no extra features.

2.7.82.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Amount Billed	Amount billed for the claim. Format $9999999.99.	Field	Number	9	T_HIST_DIRECTORY	AMT_BILLED
Claim Type	Type of claim.	Field	Character	30	T_HIST_DIRECTORY	CDE_CLAIM_TYPE
Date Paid	Paid date on the claim header.	Field	Date (MM/DD/CCYY)	8	T_HIST_DIRECTORY	DATE_PAID

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
FDOS	From date of service on the claim header.	Field	Date (MM/DD/CCYY)	8	T_HIST_DIRECTORY	DTE_FIRST_SVC
ICN	Internal Control Number.	Field	Character	13	T_HIST_DIRECTORY	NUM_ICN_FL
MCO ICN	The ICN assigned by the managed care organization.	Field	Character	13	T_CLM_REF	CDE_REF_ID
Member ID	Member ID associated with the ICN.	Field	Character	11	T_RE_BASE	ID_MEDICAID
Status	Status of the claim.	Field	Character	10	T_HIST_DIRECTORY	CDE_CLM_STATUS
TDOS	To date of service on the claim header.	Field	Date (MM/DD/CCYY)	8	T_HIST_DIRECTORY	DTE_TO_DATE

2.7.82.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.82.8 Associated Requirements

ID
30.090.008.002.11

2.7.82.9 CO / Defects

ID	Type	Name	Description	Current Status
1286	Change Order	Add Encounter Claim Related Data	Add new Encounter Claim Related Data Panel.	Prod Implemented

2.7.83 PAGE: Claims Information Page

2.7.83.1 Description

The Claims Information page contains panels that display claim header and detail information. A navigation panel is displayed that contains links to related claim information.

2.7.83.2 Technical Name

Clm.ClaimInformationPage.ascx

2.7.83.3 Web Page Name

Claims Information Page

For readability the layout displays on the next page.

2.7.83.4 Claims Information Page Layout

anonymous user [window 2] Tuesday, December 04, 2007

Site 1 KyHealth Choices Click Here To Open New Window

Home Claims Reference Provider Member Financial EPSDT TPL Managed Care MAR Prior Authorization CTMS Security Site Admin Host

search information adjustments data corrections assignments encounter data related data

Next Search By: ICN search clear adv search

Physician Claim Top Nav ? A

ICN	2007006000000	Claim Type	HCFA 1500 CLAIMS	Status*	PAID
Prev ICN		FDOS	12/31/2006	Details	1
Member ID*	0000000000 [Search]	TDOS	12/31/2006	Billed	$777.00
Last Name	DOE	Date Billed	01/06/2007	Net Billed	$0.00
First Name	ARNOLD	Date Paid		Spenddown	$0.00
DOB	00/00/0000	Provider Number	00000000 MCD [Search]	Reimbursed	$505.05
Claim Diagnosis	1 - V422	Referring Provider 1	[Search]	Paid	$505.05
Submitter ID		Referring Provider 2	[Search]	TPL	$0.00
Submitted PA		Hospital FDOS		Total TPL	$0.00
Signature	Not Sure	Hospital TDOS		TPL Recovered Amt	$0.00
Accident	No	Attachment	No	Total Copay	$0.00
Accident Date		Certification Nbr.		Total Patient Liability	$0.00
PAN		MRN		RA Number	
				MCO Paid Amount	

Physician Claim Select an area to add or modify Prefs Top Bot ? A

Physician Claim
Detail Information

Additional Claim Information	Adjustment Information	Attachment	CAS Inquiry
Cash Disposition	Check	Data Correction Note	Decision Rules
Diagnosis	Display TCN	EOB	Error
Expecting Date	Health Program	Location	MCO Data
Medicare Information	Member Coinsurance	Member Copay	Misc Information
Prior Authorization	Related History	Submitted Data	

adjust

Claim Detail Top Nav ? A

Detail Number	1	Status	PAID	FDOS	12/31/2006	Billed Amt	$777.00
Procedure	K0606	Diagnosis Ind		TDOS	12/31/2006	Allowed Amt	$505.05
Modifier 1		POS	23	Units Billed	1.00	TPL Amt	$0.00
Modifier 2		Rendering Prov	00000000 MCD	Units Allowed	0.00	System	No
Modifier 3		Referring Prov 1		Emergency	No	EPSDT/Fam Plan	
Modifier 4		Referring Prov 2		EPSDT Ref		Patient Liability	0

Select row above to update. goto

Detail Number		Status		FDOS		Billed Amt	
Procedure	[Search]	EPSDT Ref		TDOS		Allowed Amt	
Modifier 1	[Search]	POS	[Search]	Units Billed		TPL Amt	
Modifier 2	[Search]	Rendering Prov	[Search]	Units Allowed		System	No
Modifier 3	[Search]	Referring Prov 1	[Search]	Emergency	No	EPSDT/ Fam Plan	
Modifier 4	[Search]	Referring Prov 2	[Search]	Diagnosis Ind		Patient Liability	

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2.7.84 PANEL: Diagnosis

2.7.84.1 Description

The Diagnosis panel displays the diagnosis codes applicable to the claim.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select Diagnosis link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [[Select a claim] - [Select Diagnosis link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select Diagnosis link from the displayed panel]

Table: T_CLM_DIAG_XREF, T_DIAGNOSIS

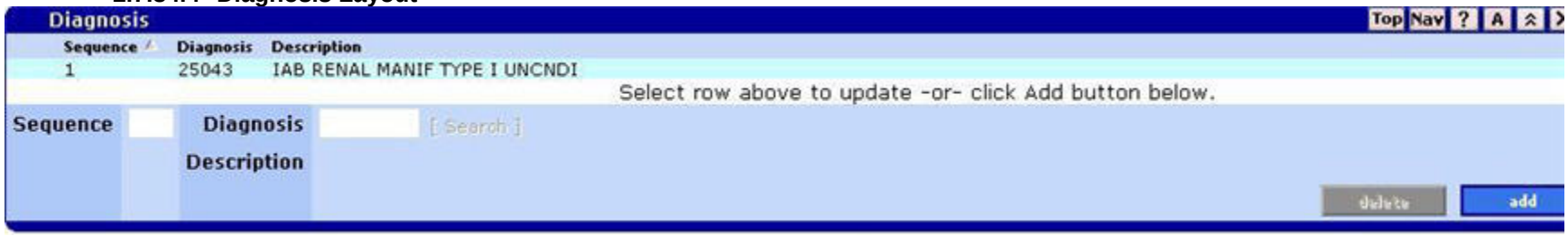
2.7.84.2 Technical Name

Clm.ClaimDiagnosisPanel.ascx

2.7.84.3 Panel Name

Diagnosis

2.7.84.4 Diagnosis Layout



2.7.84.5 Extra Features

This panel has no extra features.

2.7.84.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Description of the diagnosis code.	Field	Character	50	T_DIAGNOSIS	DSC_25
Diagnosis	Indicates the diagnosis codes applicable to the claim. Diagnosis code is a code for the condition requiring medical attention.	Field	Character	7	T_DIAGNOSIS	CDE_DIAG

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Sequence	Sequence numbers for the diagnosis codes. For UB claims, the admitting diagnosis will have a value of 'A' in the Sequence column and emergency diagnosis will have an 'E' in the Sequence column. For all claim types, primary diagnosis will have a value of '1'. Other diagnosis codes will have a value of '2' through '24'.	Field	Character	2	T_CLM_DIAG_XREF	CDE_DIAG_SEQ

2.7.84.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Diagnosis	Field	1	Invalid Diagnosis Code.	Enter a valid diagnosis code or select a code from the [Search] panel.
Diagnosis	Field	100	Exceed maximum number of diagnosis codes.	The maximum number of diagnosis codes for this claim type has been exceeded.
Sequence	Field	100	Diagnosis Sequence must be A, E or numeric.	For UB claims, enter an 'A', 'E' or a numeric value in the Sequence field.
Sequence	Field	101	Diagnosis Sequence must be numeric.	For claim types other than UB92, enter a numeric value in the Sequence field.

2.7.84.8 Associated Requirements

ID
30.090.007.002.71
30.090.017.002.12

2.7.84.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.85 PANEL: EOB

2.7.85.1 Description

The EOB panel is in view-only mode when accessed through Claims Inquiry. The panel is editable when accessed through Data Corrections. The Claim EOB Codes panel displays the EOB codes and messages applicable to the claim that is in suspense. These codes and messages are generated to explain to the provider the reason that the claim is in suspense. In most cases, the same codes are generated to explain the denial of a claim. Records may be added or deleted from this panel. The EOB code and detail number can be changed. Due to the data-relationship between EOB code and the HIPAA Adj Reason and Remarks Code fields, the latter two fields cannot be changed. Instead, when the EOB code is changed, those other two fields will be updated (they derive their value from the EOB code and its effective date). If there are no corresponding HIPAA adjustment reasons or remarks codes for a given EOB code, the panel will make those fields blank. The Adjustment Amount and Adjustment Units fields are updated in batch and are non-editable in the panel.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select EOB link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - [Select EOB link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select EOB link from the displayed panel]

Tables: T_CLM_EOB_XREF, T_EOB, T_CDE_HIPAA_ADJRSN, T_CDE_HIPAA_REMRKS

2.7.85.2 Technical Name

Clm.ClaimEobHdrPanel.ascx

2.7.85.3 Panel Name

EOB

For readability the layout displays on the next page.

2.7.85.4 EOB Layout

EOB

View ◉ All ○ Current ○ Historical

Detail Number	EOB Code	EOB Description	Financial Payer	Benefit Plan	Status	Origin	Hipaa Adj Reason Code	Remark Code	Adjustment Amount	Adjusted Units
0	2362	MEDICARE DEDUCTIBLE GREATER TH			Current	System Generated	AD		$0.00	0.000
1	0007	TOTAL DAYS DO NOT EQUAL THE DI	333T	09	Current	User Added	A1	M53	$0.00	0.000
1	2147	DIAGNOSIS NOT COVERED FOR THIS	DEF	TXIX	Current	System Generated			$0.00	0.000
1	2265	CLAIM HAS THIRD-PARTY PAYMENT	DEF	TXIX	Current	System Generated	100		$0.00	0.000
2	0003	PLEASE VERIFY THE DATES OF SER	333T	08	Current	User Added	A1	M59	$0.00	0.000
2	0005	EACH PROVIDER IS LIMITED TO BI			Current	User Added	B14	N20	$0.00	0.000

Type changes below.

Detail Number	2		
EOB Code	0005 [Search]	HIPAA Adj Reason Code	B14
EOB Description	EACH PROVIDER IS LIMITED TO BILLING ONLY 1 OF THE FOLLOWING PROCEDURES	Adj Reason Description	Payment denied because only one visit or consultation per physician per day is covered.
Financial Payer	[Search]	Remark Code	N20
Benefit Plan	[Search]	Remark Description	Service not payable with other service rendered on the same date.
Status	Current	Adjustment Amount	$0.00
Origin	User Added	Adjusted Units	0.000

2.7.85.5 Extra Features

This panel has no extra features.

2.7.85.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Adds a new record. This button will only display when the panel is on the Data Correction page.	Button	N/A	0	N/A	N/A
Delete	Deletes a record. This button will only display when the panel is on the Data Correction page.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adj Reason Description	Description of HIPAA adjustment reason code.	Field	Character	0	T_CDE_HIPAA_ADJRSN	DSC_ADJ_RSN
Adjusted Units	The quantity adjusted on the detail. Format 9999999.999.	Field	Number	10	T_CLM_EOB_XREF	QTY_ADJUSTED
Adjustment Amount	The dollar amount adjusted on the detail. Format 9999999.99.	Field	Number	9	T_CLM_EOB_XREF	AMT_ADJUSTED
Benefit Plan	Identifies the medical assistance program that is supported in the system.	Field	Drop Down List Box	0	T_CLM_EOB_XREF	SAK_PUB_HLTH
Detail Number	The detail number to which the EOB message is attached.	Field	Number	4	T_CLM_EOB_XREF	NUM_DTL
EOB Code	Code number attached to an EOB message.	Field	Character	4	T_EOB	CDE_EOB
EOB Description	First line of text description for EOB code.	Field	Character	79	T_EOB	DSC_EOB
Financial Payer	A value that identifies a unique payer within interChange.	Field	Drop Down List Box	0	T_CLM_EOB_XREF	SAK_FIN_PAYER
HIPAA Adjustment Reason	The HIPAA reason for the adjustment.	Field	Drop Down List Box	0	T_CDE_HIPAA_ADJRSN	CDE_ADJ_RSN
Origin	Indicates who generated the EOB code and message.	Field	Drop Down List Box	6	T_CLM_EOB_XREF	CDE_STATUS1
Remark Code	The code for the remarks.	Field	Drop Down List Box	0	T_CDE_HIPAA_REMRKS	CDE_REMARK

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Remark Description	Description of Remark code.	Field	Character	0	T_CDE_HIPAA_REMRKS	DSC_REMARK
Status	Indicates whether the EOB is current or history.	Field	Drop Down List Box	7	T_CLM_EOB_XREF	CDE_STAT_ERROR

2.7.85.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Benefit Plan	Field	1	Invalid Benefit Plan	Enter a valid benefit plan or select one from the [Search] panel.
EOB Code	Field	1	Invalid EOB	Enter a valid EOB code or select a valid code from the [Search] panel.
Financial Payer	Field	1	Invalid Financial Payer	Enter a valid financial payer of select one from the [Search] panel.

2.7.85.8 Associated Requirements

ID
30.090.007.002.29
30.090.007.002.32
30.090.007.002.33
30.090.007.002.71
30.090.008.003.6

2.7.85.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.86 PANEL: Value

2.7.86.1 Description

The Claim Value Codes panel displays the Value Codes applicable to the claim. This panel includes the value code and the amount of the value.

Field Edits are for Data correction only.

Navigation Path: [Claims -Information] - [Enter an ICN for a UB claim] - [Select Value link from the displayed panel] - OR - [Claims - Search] - [Enter Criteria] - [Select a UB claim] - [Select Value link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a UB claim from the list] - [Select Value link from the displayed panel]

Table: T_UB92_HDR_VALUE

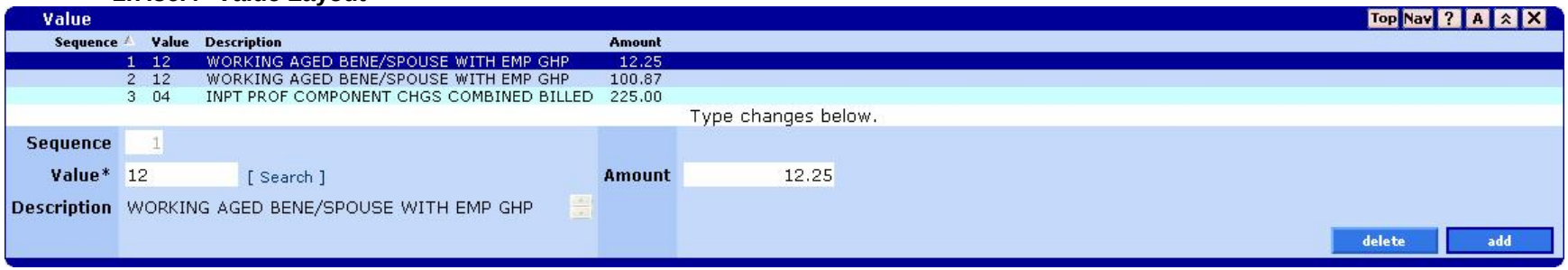
2.7.86.2 Technical Name

Clm.ClaimsValuePanel.ascx

2.7.86.3 Panel Name

Value

2.7.86.4 Value Layout



2.7.86.5 Extra Features

This panel has no extra features.

2.7.86.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Adds a new record.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Delete	Deletes a record.	Button	N/A	0	N/A	N/A
Amount	The amount of the value code used to identify data elements that are necessary to process the claim. Format 99999999.99.	Field	Number	9	T_UB92_HDR_VALUE	AMT_VALUE
Description	Description of the value.	Field	Character	50	T_VALUE	DSC_VALUE
Sequence	Sequence numbers as they appeared on the claim.	Field	Number	4	T_UB92_HDR_VALUE _VALUE	NUM_SEQ
Value	A code that relates the value used to identify data elements that is necessary to process the claim.	Field	Character	2	T_UB92_HDR_VALUE	CDE_VALUE

2.7.86.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Amount	Field	1	Enter a Valid Value.	Enter a numeric value in the Amount field.
Value	Field	1	Invalid Value Code.	Enter a valid value code or select a code from the [Search] panel.
Value	Field	105	Exceed maximum number of value codes.	The number of value codes must not exceed more then 24.

2.7.86.8 Associated Requirements

ID
30.090.007.002.71

2.7.86.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.87 PANEL: Physician Claim Detail

2.7.87.1 Description

Use the Physician Claim Detail panel to view the data entered on the detail portion of a physician claim. When this panel is displayed in Data Correction mode, an Add button and a Delete button allow the user to add or remove details.

Navigation Path: [Claims -Information] - [Enter an ICN for a physician claim] - [Select Claim Detail link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a physician claim] - [Select Claim Detail link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a physician claim from the list] - [Select Claim Detail link from the displayed panel]

This panel is populated from the following tables depending on the status of the claim: T_PD_PHYS_DTL, T_DENY_PHYS_DTL, and T_SUSP_PHYS_DTL

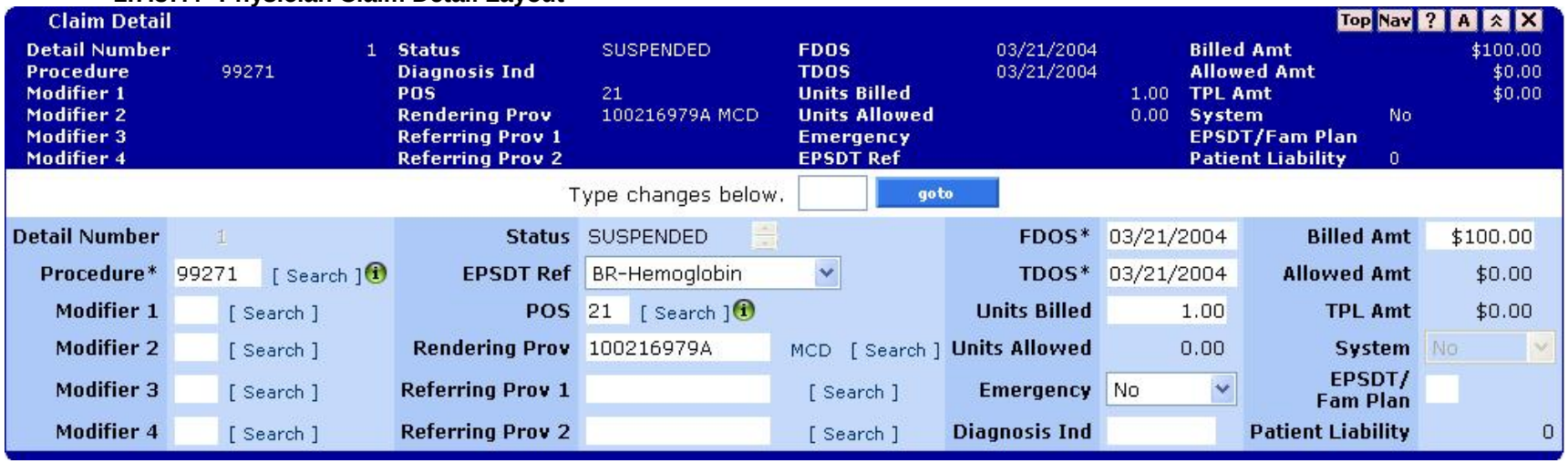
2.7.87.2 Technical Name

Clm.PhysicianDetailPanel.ascx

2.7.87.3 Panel Name

Claim Detail

2.7.87.4 Physician Claim Detail Layout



2.7.87.5 Extra Features

This panel has no extra features.

2.7.87.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
goto	Allows user to view a specific detail.	Button	N/A	0	N/A	N/A
Allowed Amt	Amount allowed that will be paid. Format 9999999.99.	Field	Number	9	SEE NARRATIVE SECTION	AMT_ALWD
Billed Amt	Amount of money requested for payment by a provider for services rendered. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_BILLED
Detail Number	The number of the detail on a claim record.	Field	Number	4	SEE NARRATIVE SECTION	NUM_DTL
Diagnosis Ind	Indicates diagnosis (or diagnoses) for which services were provided. Valid values are 1,2,3,4 for paper claims and 1-8 for electronic claims.	Field	Number	8	SEE NARRATIVE SECTION	CDE_DIAG_TREAT_IND
EPSDT Ref	EPSDT referral/treatment information.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	IND_EPSDT_REF
EPSDT/Fam Plan	A code from the CMS 1500 claim form blocks 24 H indicating EPSDT or Family Planning.	Field	Character	1	SEE NARRATIVE SECTION	CDE_EPSDT_FP
Emergency	Indicates whether the service was provided as result of emergency situation.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	IND_EMERGENCY
FDOS	Date on which service was first provided.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_FIRST_SVC
Modifier 1	Code used to identify the modifiers connected to the procedure code.	Field	Character	2	SEE NARRATIVE SECTION	CDE_PROC_MOD

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Modifier 2	Code used to identify the modifiers connected to the procedure code.	Field	Character	2	SEE NARRATIVE SECTION	CDE_MODIFIER_2
Modifier 3	Code used to identify the modifiers connected to the procedure code.	Field	Character	2	SEE NARRATIVE SECTION	CDE_MODIFIER_3
Modifier 4	Code used to identify the modifiers connected to the procedure code.	Field	Character	2	SEE NARRATIVE SECTION	CDE_MODIFIER_4
POS	Place of service where service was rendered.	Field	Character	2	SEE NARRATIVE SECTION	CDE_POS
Patient Liability	The amount of patient liability applied to this claim.	Field	Number	12	T_CLM_PATILIAB_X	AMT_PD_PAT_UB92
Procedure	System-assigned key for a procedure code on a detail which indicates the service that was provided.	Field	Character	6	SEE NARRATIVE SECTION	CDE_PROC
Refer Prov 1 / Loc	Provider Identification number that uniquely identifies the referring provider and location that uniquely identifies the provider of services. SAK_PROV_REFERRING, CDE_SVC_LOC_REF_1	Field	Number	10	SEE NARRATIVE SECTION	SEE DESCRIPTION
Refer Prov 2 / Loc	Provider Identification number that uniquely identifies the referring provider and location that uniquely identifies the provider of services. SAK_PROV_REFERRING_2, CDE_SVC_LOC_REF_2	Field	Number	10	SEE NARRATIVE SECTION	SEE DESCRIPTION

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Rend Prov ID / Loc	The rendering provider identification number and location that uniquely identifies the provider of services. SAK_PROV_PERF, CDE_SVC_LOC_REND	Field	Number	10	SEE NARRATIVE SECTION	SEE DESCRIPTION
Status	Detail adjudication status.	Field	Character	1	SEE NARRATIVE SECTION	CDE_CLM_STATUS
System	Indicates whether detail was added by system during claim's processing.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	IND_SYS_GENERATE
TDOS	Last service date.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_LAST_SVC
TPL Amt	Amount paid by third party for services, at the claim header level. Format 999999.99.	Field	Number	9	SEE NARRATIVE SECTION	AMT_DETAIL_TPL
Units Allowed	Number of units of service that will be paid for.	Field	Number	6	SEE NARRATIVE SECTION	QTY_ALLOWED
Units Billed	The number of units billed by the provider.	Field	Number	6	SEE NARRATIVE SECTION	QTY BILLED

2.7.87.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Billed Amt	Field	1	Enter a Valid Value.	Enter a numeric value.
Diagnosis Ind	Field	1	Diagnosis indicator must be less than number of diagnosis on the claim.	Verify the value and re-enter.

Field	Field Type	Error Code	Error Message	To Correct
FDOS	Field	1	Invalid Date. Format is MM/DD/CCYY.	Verify format and re-enter.
FDOS	Field	2	FDOS must be less than or equal to TDOS.	Ensure the FDOS is less than or equal to the TDOS.
Modifier 1	Field	1	Invalid Modifier 1 Code.	Enter a valid modifier code or select a valid value from the [Search] panel.
Modifier 2	Field	1	Invalid Modifier 2 Code.	Enter a valid modifier code or select a valid value from the [Search] panel.
Modifier 3	Field	1	Invalid Modifier 3 Code.	Enter a valid modifier code or select a valid value from the [Search] panel.
Modifier 4	Field	1	Invalid Modifier 4 Code.	Enter a valid modifier code or select a valid value from the [Search] panel.
POS	Field	1	Invalid Place of Service.	Enter a valid code or select a valid POS from the [Search} panel.
Procedure	Field	1	Invalid Procedure Code.	Enter a valid code or select a code from the [Search] panel.
Refer Prov 1 / Loc	Field	1	Invalid Referring Provider 1.	Enter a valid code or select a valid provider from the [Search] panel.
Refer Prov 1 / Loc	Field	2	Referring Provider 1 ID and service location are required.	If the referring provider 1 value is entered, a location must also be entered. If the provider location is entered, then the provider ID must be entered.
Refer Prov 2 / Loc	Field	1	Invalid Referring Provider 2.	Enter a valid code or select a provider from the [Search] panel.

Field	Field Type	Error Code	Error Message	To Correct
Refer Prov 2 / Loc	Field	2	Referring Provider 2 ID and service location are required.	If the referring provider 2 value is entered, a location must also be entered. If the provider location is entered, the provider ID must be entered.
Rend Prov ID / Loc	Field	1	Invalid Rendering Provider.	Enter a valid provider or select a provider from the [Search] panel.
Rend Prov ID / Loc	Field	2	Rendering provider ID and service location are required.	If a rendering provider value is entered, a location must also be entered. If the provider location is entered, the provider ID must be entered.
TDOS	Field	1	Invalid Date. Format is MM/DD/CCYY	Verify format and re-enter
Units Billed	Field	1	Enter a Valid Value.	Enter a numeric value.

2.7.87.8 Associated Requirements

ID
30.090.007.002.47
30.090.007.002.66
30.090.007.002.71

2.7.87.9 CO / Defects

ID	Type	Name	Description	Current Status
1375	Change Order	Add Display Of Patient Liability	Add Display of Patient Liability Amount applied to the claim and/or claim detail. Patient liability in KY applies to claims bill end in UB and CMS1500 format Patient liability amount is applied at the detail level when the claim is billed CMS1500 for some programs such as Adult Day Care Waivers. Patient liability amount is applied at the detail level when the claim is billed UB for some programs such as Hospice claims. Other claims deduct patient liability at the header level.	Prod Implemented

ID	Type	Name	Description	Current Status
1390	Change Order	Change Fields - Panels	Change the following fields labels: All instances of OI Amt to TPL Amt; All instances of Prescrib Prov to Prescriber Prov, Orig Prescrib to Orig Prescriber; Prescrib Num to RX Num; Days Supplys to Days Supply; Can field positions on the different claims panels be consistent? For example, PAN is in a different position on the Dental Claim than on the Physician Claim; Make sure that when in the Cash Disposition Panel if the user double clicks on the CCN, the financial FCRI Cash Receipt Information panel displays; and, Make sure that when in the Prior Authorization Panel if the user double clicks on the PA Number, the PA Prior Authorization panel displays. SEE CLARIFICATIONS SECTION. REQUIREMENTS FOR THIS CO HAVE BEEN MODIFIED.	Prod Implemented

ID	Type	Name	Description	Current Status
3481	Change Order	Redesign Claim Detail Panels	In order to meet the customer requirements for the Claims Detail panels, we need to display more than one detail at a time. We need to display at least four details. This will make the panel look more like the prototype that the customer was promised. In addition, the bottom editable portion of the panel (data panel) only needs to be displayed if the user is allowed to data correct claims and they are in Data Correct Mode. If more than four details are on the claim, when the user clicks on the fifth detail and the detail information is populated on the bottom portion of the panel, make sure the top portion of the panel scrolls back to the fifth detail so that the user will see the same detail in the upper portion of the panel (data list) and the bottom portion of the panel (data panel).	Prod Implemented

2.7.88 PANEL: Detail Error

2.7.88.1 Description

Access the Detail Error panel from the paid, denied, or suspended claim panels. The Detail Error panel is in view-only mode when accessed through Claims Inquiry or Data Corrections.

Changes can be made to header and detail Error Panel records on the Error panel. This panel displays the detail errors applicable to the claim detail being viewed.

To view information on this panel, select one detail record on the Claim Detail panel. Page forward to find the detail to select or enter the detail number in the 'go to' field.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Click Search] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - THEN - [Click on a detail record in the Claim Detail panel] - [Click on the Detail Information nav bar item link on the Navigation Panel] - [Detail Error]

Tables: T_CLAIM_ERROR, T_ERROR_DISP, T_EOB

2.7.88.2 Technical Name

Clm.DetailError.ascx

2.7.88.3 Panel Name

Detail Error

For readability the layout displays on the next page.

2.7.88.4 Detail Error Layout

Detail Error

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All Current Historical

Error Disposition	Error Code	EOB Code	Financial Payer	Benefit Plan	Status	Origin	Date	Time	Print Request
D - Denied	4244	2147	DEF	TXIX	C - Current	S - System Generated	05/08/2005	18:48:52	
P - Pay	576	2265	DEF	TXIX	C - Current	S - System Generated	05/08/2005	18:48:52	

Type changes below.

Error Disposition: P - Pay
Error Code: 576 [Search]
Error Code Description: CLAIM HAS THIRD-PARTY PAYMENT
Financial Payer: 1 [Search]
Benefit Plan: TXIX [Search]
Print Request: Do not report
Clerk:

Status: C - Current
EOB Code: 2265 [Search]
EOB Code Description: CLAIM HAS THIRD-PARTY PAYMENT
Origin: S - System Generated
Date: 05/08/2005
Time: 18:48:52

2.7.88.5 Extra Features

This panel has no extra features.

2.7.88.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Benefit Plan	Identifies the medical assistance program that is supported in the system. Use the [Search] panel to select a valid plan.	Field	Character	5	T_CLAIM_ERROR	SAK_PUB_HLTH
Clerk	Number used to identify the user who last updated the error record.	Field	Character	8	T_CLAIM_ERROR	ID_CLERK
Date	Date of the error code.	Field	Date (MM/DD/CCYY)	0	T_CLAIM_ERROR	DTE_GENERIC
EOB Code	This is the number assigned to an explanation of benefits description to uniquely identify it.	Field	Number	4	T_EOB	CDE_EOB

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
EOB Code Description	Description of the EOB code.	Field	Character	79	T_EOB	DSC_EOB
Error Code	Code used to indicate an error was discovered on a claim during processing in the base system. This can be either and edit or an audit.	Field	Character	4	T_ERROR_DISP	CDE_ESC
Error Code Description	Description of the error code.	Field	Character	50	T_ERROR_DISP	DSC_ERROR_STAT
Error Disposition	Disposition of the error.	Field	Drop Down List Box	0	T_ERROR_DISP	DSC_ERROR_STAT
Financial Payer	A value that identifies a unique payer within interChange.	Field	Character	4	T_CLAIM_ERROR	SAK_FIN_PAYER
Origin	Indicates how the EOB Code and message were generated: Valid values are 'S - System Generated' or 'U - User Assigned'.	Field	Drop Down List Box	0	T_CLAIM_ERROR	CDE_STATUS1
Print Request	The valid values for this indicator are Space - do not select claims with this error to report; L - Report the claims at a summary level on the CLM-0024-D report; W - Report the claims on a general paper worksheet which is the CLM-0023-D report.	Field	Drop Down List Box	0	T_CLAIM_ERROR	IND_RPT
Status	Indicates if the EOB is current or history.	Field	Character	7	T_CLAIM_ERROR	CDE_DISP_STATUS
Time	Time of the error code.	Field	Number	8	T_CLAIM_ERROR	TME_STAMP

2.7.88.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Benefit Plan	Field	1	Invalid Benefit plan.	Enter a valid benefit plan or select a valid benefit plan from the [Search] panel.
EOB Code	Field	1	Invalid EOB.	Enter a valid EOB code or select a valid code from the [Search] panel.
Error Code	Field	1	Invalid error code	Enter a valid error code or select a valid code from the [Search] panel.
Error Code	Field	2	Error Code XXXX cannot be overridden.	The error code entered is a critical error or it cannot be overridden. The error disposition cannot be 'F - Force'.
Error Code	Field	3	Error Code XXXX cannot have the Error Disposition set to 'Deny'.	The error code entered has an allow deny indicator set to 'No', therefore the error disposition cannot be set to deny.
Financial Payer	Field	1	Invalid Financial Payer	Enter a valid Financial Payer or select one from the [Search] panel.

2.7.88.8 Associated Requirements

ID
30.090.007.002.71

2.7.88.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.89 PANEL: Detail Health Program

2.7.89.1 Description

Access the Detail Health Program panel from the paid, denied, or suspended claim panels. The Detail Health Program panel is in view-only mode when accessed through Claims Inquiry or Data Corrections.

This panel displays the health program applicable to the claim detail being viewed. Changes can be made to header and detail Health Program records on the Health Program panel.

To view information on this panel, select one detail record on the Claim Detail panel. Page forward to find the detail to select or enter the detail number in the 'go to' field.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Click Search] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - THEN - [Click on a detail record in the Claim Detail panel] - [Click on the Detail Information nav bar item link on the Navigation Panel] - [Detail Health Program]

Tables: T_CLM_PGM_XREF, T_CDE_AID, T_FINANCIAL_PAYER, T_PUB_HLTH_PGM

2.7.89.2 Technical Name

Clm.PaymentInfoPanel.ascx

2.7.89.3 Panel Name

Detail Health Program

For readability the layout displays on the next page.

2.7.89.4 Detail Health Program Layout

» Detail Health Program

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Health Program	Fund Source	Paid Amount	State Share Amount	Federal Share Amount	Encounter Amount	MMIS Allowed Amount	Allowed Quantity	CoPay Amount	Aid Category	Rate Type	Pricing Indicator
GCMNC	A	$0.00	$0.00	$0.00	$0.00	$0.00	1.00	$0.00	D	PSI	REVMXF

Select row above to update.

		Pricing Indicator	
Paid Amount			
State Share Amount		Funding Source	
Federal Share Amount		Member Assignment	
Encounter Amount		Financial Payer	
MMIS Allowed Amount		Health Program	
Allowed Quantity		Payable Benefit	
Copay Amount		Covered Benefit	
Aid Category		Benefit Hierarchy	
Finalized Date		Assignment Hierarchy	
Rate Type		Payer Hierarchy	

2.7.89.5 Extra Features

This panel has no extra features.

2.7.89.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Aid Category	Aid category for Medicaid coverage.	Field	Number	9	T_CDE_AID	CDE_AID_CATEGORY
Allowed Quantity	Number of units of service that will be paid under a financial payer/benefit plan. Format 9999.99.	Field	Number	6	T_CLM_PGM_XREF	QTY_ALLOWED

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Assignment Hierarchy	An assignment hierarchy is an ordered set of assignment plans for which a member/beneficiary may be assigned concurrently. For example, a beneficiary may be assigned to a PCP and to a Home Community Based Services agency at overlapping periods of time.	Field	Number	9	T_CLM_PGM_XREF	SAK_THREAD_ASSIGNMENT
Benefit Hierarchy	Specifies the order in which to process multiple benefit plans for a member.	Field	Number	9	T_CLM_PGM_XREF	SAK_THREAD
Copay Amount	Amount paid by member for services rendered. Format 99999.99.	Field	Number	7	T_CLM_PGM_XREF	AMT_CO_PAY
Covered Benefit	System-assigned key used to identify a unique row for a benefit covered by a member plan.	Field	Number	9	T_CLM_PGM_XREF	SAK_COVERED_BNFT
Encounter Amount	Contains the amount for encounter services on the claim detail indicated by the detail number on table. Format 9999999.99.	Field	Number	10	T_CLM_PGM_XREF	AMT_ENCOUNTER
Federal Share Amount	This is the amount of federal share for this payment.	Field	Number	10	T_CLM_PGM_XREF	AMT_FEDERAL_SHARE
Finalized Date	Date that financial finalizes the claim for this payer.	Field	Date (MM/DD/CCYY)	8	T_CLM_PGM_XREF	DTE_FINAL

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Financial Payer	The system-assigned value that identifies a unique payer within interChange.	Field	Number	9	T_FINANCIAL_PAYER	CDE_FIN_PAYER
Fund Source	Indicates the budget category that the funds used to pay this claim/detail came from.	Field	Number	9	T_FIN_FUND_CODE	T_FIN_FUND_CODE
Health Program	Identifies the medical assistance program that is supported in the system.	Field	Character	5	T_PUB_HLTH_PGM	CDE_PGM_HEALTH
MMIS Allowed Amount	Allowed amount that will be paid. Format 9999999.99.	Field	Number	9	T_CLM_PGM_XREF	AMT_ALWD
Managed Care Indicator	Managed care indicator identifies claims and other transactions as to how they affect the managed care program.	Field	Drop Down List Box	1	T_CLM_PGM_XREF	IND_MC
Member Assignment	A group of covered services (benefits) where the member is assigned to a provider or provider organization in order to receive covered services (benefits).	Field	Number	9	T_PUB_HLTH_PGM	CDE_PGM_HEALTH
Paid Amount	This is the amount that will be applied toward the check amount. Format 99999999.99.	Field	Number	10	T_CLM_PGM_XREF	AMT_PAID
Payable Benefit	Unique system-assigned that identifies each row on this table.	Field	Number	9	T_CLM_PGM_XREF	SAK_PAYABLE_BNFT

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Payer Hierarchy	Payer hierarchy is used to identify the order of processing of financial payers, benefit plans, or assignment plans for beneficiaries who are enrolled in multiple entities of any of these types.	Field	Number	9	T_CLM_PGM_XREF	SAK_THREAD_PAYER
Pricing Indicator	Pricing indicator which dictates the method by which a procedure must be priced or indicates how a claim detail was priced.	Field	Character	1	T_CLM_PGM_XREF	IND_PRICING
Rate Type	Code used to identify the rate type to use in determining provider reimbursement.	Field	Character	3	T_CLM_PGM_XREF	CDE_RATE_TYPE
State Share Amount	This is the amount of state share for this payment. The state share amount plus the amount Paid = Reimbursement amount. Format 99999999.99.	Field	Number	10	T_CLM_PGM_XREF	AMT_STATE_SHARE

2.7.89.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Financial Payer	Field	1	Enter a valid value	Enter a valid financial payer or select a valid value from the [Search] panel.
Health Program	Field	1	Invalid Benefit Plan	Enter a valid benefit plan or select a value from the [Search] panel.
MMIS Allowed Amount	Field	1	Enter a Valid Value	Enter only a numeric value in the Allowed Amount field.

2.7.89.8 Associated Requirements

ID
30.050.001F
30.090.007.002.66
30.090.007.002.71

2.7.89.9 CO / Defects

ID	Type	Name	Description	Current Status
1391	Change Order	Health Program Panels	Add display of Federal Share Amount Health Program and Detail Health Program panels. This is a calculated amount. Reorganize results of Health Program panels to show additional fields without having to click on a row. At a minimum Allowed Amount, Pricing indicator and Rate type.	Prod Implemented
162	Change Order	Change "Recipient" - online	Change every instance of "Recipient, 'MID", "RID" or "Current ID" to "Member ID" on claim pages and panels. In addition, update any related error messages that may include the name of the field. Update corresponding documentation.	Prod Implemented

2.7.90 PANEL: Medicare Information - Physician

2.7.90.1 Description

The Medicare Information panel displays the Medicare information applicable to the claim.

Navigation Path: [Claims -Information] - [Enter an ICN for a Physician claim] - [Select Medicare Information link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a Physician claim] - [Select Medicare Information link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a Physician claim from the list] - [Select Medicare Information link from the displayed panel]

This panel is populated from the following tables depending on Claim Type Tables: T_SUSP_PHYS_DTL, T_FINAL_PHYS_DTL (At this time the fields are still on T_SUSP_PHYS_XOVER, T_FINAL_PHYS_XOVER. A CO will be created to move these fields to the detail level.)

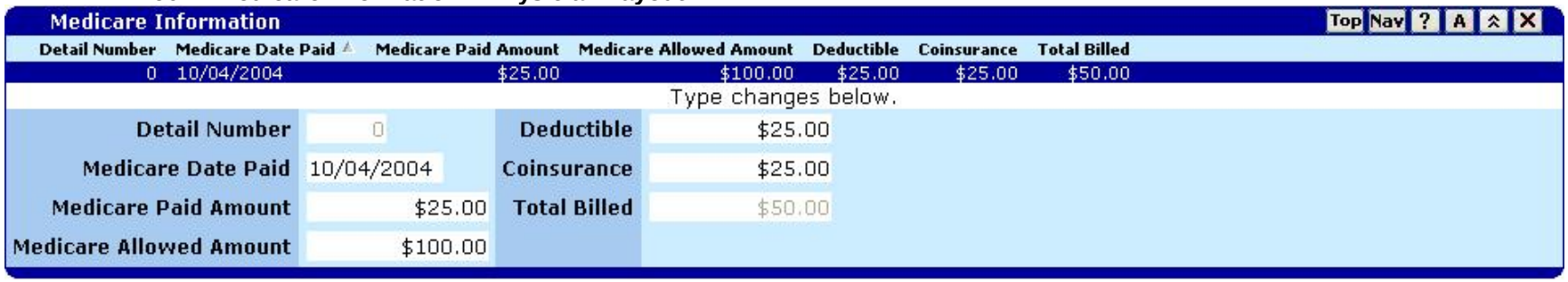
2.7.90.2 Technical Name

Clm.PhysXoverPanel.ascx

2.7.90.3 Panel Name

Medicare Information

2.7.90.4 Medicare Information – Physician Layout



2.7.90.5 Extra Features

This panel has no extra features.

2.7.90.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Coinsurance	Amount that represents the member's coinsurance payment. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_COINSURANCE
Deductible	The amount the member must pay before Medicare. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_DEDUCT
Detail Number	The number of the detail on a claim record.	Field	Number	8	SEE NARRATIVE SECTION.	NUM_DTL
Medicare Allowed Amount	The dollar amount allowed by Medicare for the services. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_ALWD_MCARE
Medicare Paid Amount	The dollar amount paid by Medicare for the services. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_PAID_MCARE
Total Billed	The amount Medicare has determined that a member must pay. (Sum of coinsurance + deductible). Format 999999.99.	Field	Number	8	N/A	N/A

2.7.90.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Coinsurance	Field	1	Enter a valid value	Enter a numeric value. Format 999999.99.
Deductible	Field	1	Enter a valid value.	Enter a numeric value. Format 999999.99.
Medicare Allowed Amount	Field	1	Enter a Valid Value	Enter a numeric value. Format 999999.99.
Medicare Paid Amount	Field	1	Enter a Valid Value	Enter a numeric value. Format 999999.99.
Total Billed	Field	1	Enter a Valid Value	Enter a numeric value. Format 999999.99.

2.7.90.8 Associated Requirements

ID
30.090.007.002.43
30.090.007.002.71

2.7.90.9 CO / Defects

ID	Type	Name	Description	Current Status
1347	Change Order	Change Cross Over Panels	Change Cross over Panels to include necessary fields to support KY policy. Professional cross over's will also have to display information at the detail level. Medicare Information - Physician Medicare information for Physician crossovers will be at the header and detail level. Current panel can be used for Header information. New detail level fields will need to be added to the panel. Add Tot Billed - header level - calculated field equals the sum of coinsurance + deductible; Add Medicare Allowed Amount - detail level- updatable during data corrections; Add Medicare Paid Amount - detail level- updatable during data corrections; Add Coinsurance - detail level- updatable during data corrections; and, Add Deductible - detail level- updatable during data corrections. Medicare Information - UB92 Add Tot Billed - calculated field equals the sum of coinsurance + deductible; Add Medicare Paid Amount- updatable during data corrections; Add Medicare Allowed Amount- updatable during data corrections; and, Add Coinsurance Days - updatable during data corrections.	Prod Implemented

ID	Type	Name	Description	Current Status
6536	Change Order	Add Medicare paid date	Add the Medicare Paid Date to the Medicare Information panel for Physician X-over claims. The date is already on the table. Change the order of the fields in the first column on the data panel to Detail Number, Medicare Paid Date, Medicare Paid Amount, and Medicare Allowed Amount. The order of the fields in the second column are ok is. Change the order of the fields in the data list to be Detail Number, Medicare Paid Date, Medicare Paid Amount, Medicare Allowed Amount, etc.	Prod Implemented

2.7.91 PANEL: Adjustment Information - Daughter or Mother

2.7.91.1 Description

The Adjustment Information panel displays the daughter claim if the claim being displayed has been adjusted. It displays the mother claim if the claim being displayed is an adjustment claim.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select Adjustment Information link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - [Select Adjustment Information link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select Adjustment Information link from the displayed panel]

This panel is populated from the following tables depending on claim type: T_ADJ_PHYS_XREF, T_ADJ_PHRM_XREF, T_ADJ_UB92_XREF, T_ADJ_DNTL_XREF, and T_SUSP_ADJ_XREF

2.7.91.2 Technical Name

Clm.AdjustmentInformation-DaughterorMother.ascx

2.7.91.3 Panel Name

Adjustment Information

2.7.91.4 Adjustment Information - Daughter or Mother Layout

Adjustment Information

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ICN	Date Adjusted	Claim Status History Date	Claim Status	Location	Adjustment Reason	Adjustment Analyst ID
2005089600523	05/01/2005	03/31/2005	PAID	99	8000	
5005125250004	05/05/2005	05/06/2005	PAID	99	8204	
5005131250001	05/11/2005	05/12/2005	PAID	99	8200	

2.7.91.5 Extra Features

This panel has no extra features.

2.7.91.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adjustment Analyst ID	Identification of the clerk that generated the adjustment request.	Field	Character	8	SEE NARRATIVE SECTION	ID_CLERK
Adjustment Reason	Code identifying the detailed reason the adjustment was made.	Field	Character	4	SEE NARRATIVE SECTION	CDE_EOB

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Status	The status of the claim, example "PAID".	Field	Character	10	T_HIST_DIRECTORY	CDE_CLM_STATUS
Claims Status History Date	Date on which a claim was processed.	Field	Date (MM/DD/CCYY)	8	T_HIST_DIRECTOY	DTE_PAID
Date Adjusted	Date on which adjustment request was initiated.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_ADJUSTED
ICN	Internal control number which uniquely identifies a claim.	Field	Character	13	SEE NARRATIVE SECTION	NUM_ICN_FL
Location	Location code of the claim.	Field	Character	2	T_CLAIM_LOCAT	CDE_LOCATION

2.7.91.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.91.8 Associated Requirements

ID
30.090.007.002.71

2.7.91.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.92 PANEL: Pharmacy Claim Detail Navigation

2.7.92.1 Description

The Pharmacy Claim Detail Navigation panel provides access to the various panels through which pharmacy claims detail information can be viewed.

Navigation Path: [Claims -Information] - [Enter an ICN for a Pharmacy claim] - - OR - [Claims -Search] - [Enter Criteria] - [Select a Pharmacy claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a pharmacy claim from the list] -THEN - [Click on Detail Information on the Navigation Panel]

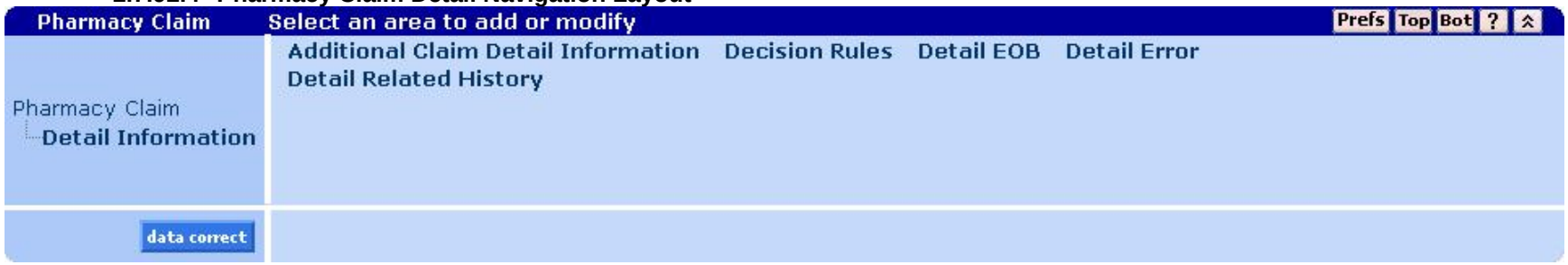
2.7.92.2 Technical Name

Clm.PharmacyClaimPage.ascx - Detail NavGroup

2.7.92.3 Panel Name

Pharmacy Claim Detail Navigation

2.7.92.4 Pharmacy Claim Detail Navigation Layout



2.7.92.5 Extra Features

This panel has no extra features.

2.7.92.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adjust	This button will display for claims in a paid status that are being viewed on the Claim Information page. Clicking the Adjust button will open up the Adjustment Request panel. When the initial request information is entered, the ICN of the displayed claim will appear in the Original ICN field and a new ICN number will appear in the Adjustment ICN field.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Cancel	The Cancel button will appear if the claim is being viewed on the Data Correction page.	Button	N/A	0	N/A	N/A
Data Correct	This button will display for claims in Suspended status that are being viewed on the Claim Information page. Clicking the Data Correct button opens the displayed suspended claim in Data Correction mode. Changes can be made and the claim can be resubmitted.	Button	N/A	0	N/A	N/A
Save	The Save button will appear if the claim is being viewed on the Data Correction page.	Button	N/A	0	N/A	N/A
Additional Claim Detail Information	Links to "Additional Claim Detail Information" panel.	Hyperlink	N/A	0		
Decision Rules	Links to "Decision Rules" panel.	Hyperlink	N/A	0		
Detail EOB	Links to "Detail EOB" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Error	Links to "Detail Error" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Related History	Links to "Detail Related History" panel.	Hyperlink	N/A	0	N/A	N/A

2.7.92.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.92.8 Associated Requirements

ID
30.090.007.002.71

2.7.92.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.93 PANEL: Submitted Data - UB92

2.7.93.1 Description

Access the Submitted Data panel from the paid, denied, or suspended claim panels. This panel displays the submitted data applicable to the UB claim header being viewed.

Navigation Path: [Claims -Information] - [Enter an ICN for a UB claim] - [Select Submitted Data link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a UB claim] - [Select Submitted Data link from the displayed panel] - OR - [Claims - Data Correction] - [Enter clerk ID, search then select a UB claim from the list] - [Select Submitted Data link from the displayed panel]

Table: T_UB92_HDR_EXT_KEY

2.7.93.2 Technical Name

Clm.UB92ClaimKeyPanel.ascx

2.7.93.3 Panel Name

Submitted Data

2.7.93.4 Submitted Data - UB92 Layout

2.7.93.5 Extra Features

This panel has no extra features.

2.7.93.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Submitted Patient Account Number	Identification for a member assigned by a provider and used in their system.	Field	Character	38	T_UB92_HDR_EXT_KEY	NUM_PAT_ACCT_SUB
Submitted Type of Bill	Submitted type of Bill for HIPAA 837I.	Field	Character	3	T_UB92_HDR_EXT_KEY	TOB_SUB

2.7.93.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.93.8 Associated Requirements

ID
30.090.007.002.71

2.7.93.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.94 PANEL: CAS Inquiry

2.7.94.1 Description

The CAS Inquiry panel displays the claim level adjustment segments (CAS) information applicable to the claim or encounter.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select CAS Inquiry link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - [Select CAS Inquiry link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select CAS Inquiry link from the displayed panel]

Table: T_CLM_CAS

2.7.94.2 Technical Name

Clm.CAS Inquiry (Design)

2.7.94.3 Panel Name

CAS Inquiry

2.7.94.4 CAS Inquiry Layout

CAS Inquiry

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Detail Number	SVD Detail	CAS Seq	Claim Adjustment Reason	Claim Adjustment Group	Adjustment Quantity	Adjustment Amount	Party Identifier
4	1	3	75	PR	1.00	$120.00	28350
5	1	1	55	CO	1.00	$50.00	28350
3	1	2	45	0	8.00	$80.00	28367
1	1	1	65	CO	1.00	$100.00	28350
2	1	1	55	PR	3.00	$130.00	30790

2.7.94.5 Extra Features

This panel has no extra features.

2.7.94.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adjustment Amount	Monetary amount of the adjustment. Format $9999999.99.	Field	Number	9	T_CLM_CAS	AMT_ADJUSTMENT
Adjustment Quantity	Number of units of service being adjusted. Format 999999.99.	Field	Number	8	T_CLM_CAS	QTY_ADJUSTMENT

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
CAS Seq	This identifies the iteration number for the CAS segment. A maximum of 99 CAS segments are allowed for a claim detail. For the claim header, the maximum is 5.	Field	Number	4	T_CLM_CAS	NUM_CAS_SEQ
Claim Adjustment Group	This code identifies the general category of a payment adjustment.	Field	Character	2	T_CLM_CAS	CDE_CLM_ADJ_GROUP
Claim Adjustment Reason	This code identifies the detailed reason the adjustment was made.	Field	Character	5	T_CLM_CAS	CDE_CLM_ADJ_REASON
Detail Number	The number of the detail on the claim record.	Field	Number	4	T_CLM_CAS	NUM_DTL
Party Identifier	Unique identifier for a payer.	Field	Character	80	T_PARTY_IDENTIFIER	CDE_PARTY_ID
SVD Detail	This is the sequence number of the SVD segment with a claim detail. Up to 25 SVD segments may be related to a detail.	Field	Number	4	T_CLM_CAS	NUM_DTL_SVD

2.7.94.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.94.8 Associated Requirements

ID
30.090.008.002.11

2.7.94.9 CO / Defects

ID	Type	Name	Description	Current Status
1288	Change Order	Add CAS Inquiry Panel	Add new CAS Inquiry Panel. See CORE CO 12115 - for all the reference on this CO	Prod Implemented

2.7.95 PANEL: Misc Information

2.7.95.1 Description

The Misc Information panel displays miscellaneous information for the claim. The type of information being displayed is identified in the Type Qualifier field. The value of the information is displayed in the Miscellaneous Code field.

Navigation Path: [Claims -Information] - [Enter an ICN for a Physician claim] - [Select Misc Information from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a Physician claim] - [Select Misc Information from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a Physician claim from the list] - [Select Misc Information from the displayed panel]

Table: T_CLM_MISC

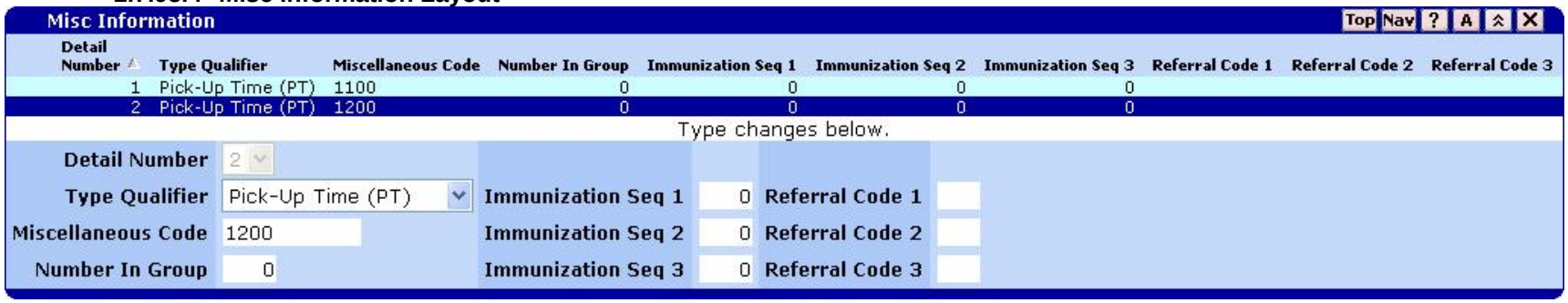
2.7.95.2 Technical Name

Clm.ClaimMiscInfoHdrPnl.ascx

2.7.95.3 Panel Name

Misc Information

2.7.95.4 Misc Information Layout



2.7.95.5 Extra Features

This panel has no extra features.

2.7.95.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Detail Number	The number of the detail on a claim record.	Field	Number	4	T_CLM_MISC	NUM_DTL

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Immunization Seq 1	Immunization sequence on a series of vaccinations.	Field	Number	2	T_CLM_MISC	SEQ_NUM_IMMUN
Immunization Seq 2	Immunization sequence on a series of vaccinations.	Field	Number	2	T_CLM_MISC	SEQ_NUM_IMMUN_2
Immunization Seq 3	Immunization sequence on a series of vaccinations.	Field	Number	2	T_CLM_MISC	SEQ_NUM_IMMUN_3
Miscellaneous Code	A code used in claims processing	Field	Character	11	T_CLM_MISC	CDE_MISC
Number In Group	Number of individuals in a group. Used for group therapy services.	Field	Number	2	T_CLM_MISC	NUM_INDV_GROUP
Referral Code 1	The referral code identifies the type/reason for a referral.	Field	Number	2	T_CLM_MISC	CDE_REFERRAL_1
Referral Code 2	The referral code identifies the type/reason for a referral.	Field	Number	2	T_CLM_MISC	CDE_REFERRAL_2
Referral Code 3	The referral code identifies the type/reason for a referral.	Field	Number	2	T_CLM_MISC	CDE_REFERRAL_3
Type Qualifier	This qualifier identifies the type of information under CDE_MISC.	Field	Character	5	T_CLM_MISC	QLF_MISC_TYPE

2.7.95.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.95.8 Associated Requirements

ID
30.050.001F

2.7.95.9 CO / Defects

ID	Type	Name	Description	Current Status
3347	Change Order	Claim Misc Info Config Change	A Data Model Change being made for the T_CLM_MISC table requires the corresponding configuration and business entity files in Claims UI to be modified. This is required so that the Claims Misc Information panel will continue to work correctly when new records are added to the database.	Prod Implemented
3775	Change Order	Add fields to Misc Info Panel	Remove the code to enable/disable the Misc Information nav bar link if the provider type is or isn't 55. Add three EPSDT referral codes and three immunization sequence numbers to the panel. Remove the code to always set the qualifier to field to 'PT'. Add the following values to the Qualifier drop down: SI = school identifier EI = employee ID PT = time of pickup Add all of the following fields to the panel. Allow update, Add and Delete of rows. NUM_INDV_GROUP - 'Number in Group' SEQ_NUM_IMMUN - 'Immunization Seq. 1' SEQ_NUM_IMMUN_2 - 'Immunization Seq. 2' SEQ_NUM_IMMUN_3 - 'Immunization Seq. 3' CDE_REFERRAL_1 - 'Referral Code 1' CDE_REFERRAL_2 - 'Referral Code 2' CDE_REFERRAL_3 - 'Referral Code 3'	Prod Implemented

2.7.96 PANEL: Check

2.7.96.1 Description

Use the Check panel to view the total amount paid from the RA for a specific claim. To view the detail of the check, click on the row to display the Payment Information panel.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select Check link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - [Select Check link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select Check link from the displayed panel]

Table: T_CHCK_CLM_XREF, T_CHECK

2.7.96.2 Technical Name

Clm.ClaimCheckPanel.ascx

2.7.96.3 Panel Name

Check

2.7.96.4 Check Layout

Check

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Warrant Number	Issue Date	Pay To Provider	Total Paid Amount	Check Status	Fund Code	Benefit Plan
000011035	3/26/2005		$20.93	I Warrant Issued	008	Medicaid
000011035	3/26/2005		$31.39	I Warrant Issued	008	Medicaid
Total:			$52.32			

2.7.96.5 Extra Features

This panel has no extra features.

2.7.96.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Benefit Plan	The benefit plan associated with the check or EFT.	Field	Character	30	T_CHCK_CLM_XREF	SAK_PUB_HLTH

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Check Status	The status of the check. Examples are: An 'I' would indicate the check has been issued, a 'V' indicates a VOID, an 'R' indicates the check was reissued, a 'C' indicates a check has CLEARED the bank; an 'S' indicates Stopped and an 'X' for Cancelled by Statute.	Field	Character	30	T_CHECK	CDE_STATUS1
Fund Code	The fund code assigned to the check or EFT.	Field	Character	3	T_CHCK_CLM_XREF	SAK_FUND_CODE
Issue Date	The date when the check was issued or the EFT was sent.	Field	Date (MM/DD/CCYY)	8	T_CHECK	DTE_ISSUE
Pay To Provider	The provider ID who received the check or EFT.	Field	Character	9	T_PR_PROV	ID_PROVIDER
Total	This field displays the sum of total paid amounts.	Field	Number	11	N/A	N/A
Total Paid Amount	The total amount that was issued to the provider.	Field	Number	11	T_CHECK	TOTAL_AMT_PAID
Warrant Number	This field will display the number of the check that the provider received, or the number of the electronic funds transfer.	Field	Number	9	T_CHECK	NUM_CHECK

2.7.96.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.96.8 Associated Requirements

ID
30.090.007.002.71

2.7.96.9 CO / Defects

ID	Type	Name	Description	Current Status
2214	Change Order	Check panel - add totals	Background: The check panel has the capability to display separate payment amounts per funding code for a given check. If more than one fund code is paid under a claim the total paid amount would only display the paid amount for the displayed fund code. Desired solution: Add a total line on the panel to display the total paid amount for the claim for all fund codes.	Prod Implemented

2.7.97 PANEL: Submitted Data - Dental

2.7.97.1 Description

The Dental Submitted Data panel displays the submitted information applicable to a dental claim.

Navigation Path: [Claims -Information] - [Enter an ICN for a dental claim] - [Select Submitted Data link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a dental claim] - [Select Submitted Data link from the displayed panel] - OR - [Claims - Data Correction] - [Enter clerk ID, search then select a dental claim from the list] - [Select Submitted Data link from the displayed panel]

Table: T_DENTAL_HDR_KEYS

2.7.97.2 Technical Name

Clm.DentalClaimKeyPanel.ascx

2.7.97.3 Panel Name

Submitted Data

2.7.97.4 Submitted Data – Dental Layout

2.7.97.5 Extra Features

This panel has no extra features.

2.7.97.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Submitted POS	The place of service code representing the location where the dental treatment was rendered.	Field	Character	2	T_DENTAL_HDR_KEYS	CDE_POS_SUB
Submitted Patient Account Number	Submitted Identification for a member, assigned by a provider and used in their system.	Field	Character	38	T_DENTAL_HDR_KEYS	NUM_PAT_ACCT_SUB

2.7.97.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.97.8 Associated Requirements

ID
30.090.007.002.71

2.7.97.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.98 PANEL: Decision Rules

2.7.98.1 Description

The Decision Rules panel displays rules written to the T_CLM_RU_MATCHED table.

Navigation Path: [Claims - Search] - [Enter Criteria] - [Select a Claim] - [Decision Rules]

Table: T_CLM_RU_MATCHED

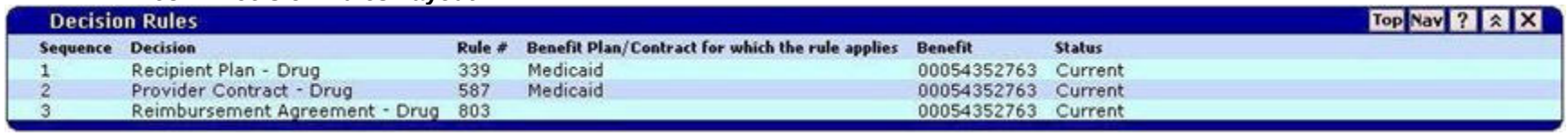
2.7.98.2 Technical Name

Clm.ClaimRulesPanel.ascx

2.7.98.3 Panel Name

Decision Rules

2.7.98.4 Decision Rules Layout



Decision Rules

Sequence	Decision	Rule #	Benefit Plan/Contract for which the rule applies	Benefit	Status
1	Recipient Plan - Drug	339	Medicaid	00054352763	Current
2	Provider Contract - Drug	587	Medicaid	00054352763	Current
3	Reimbursement Agreement - Drug	803		00054352763	Current

2.7.98.5 Extra Features

This panel has no extra features.

2.7.98.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Benefit	System assigned key used to uniquely identify a benefit (procedure, diagnosis, etc).	Field	Character	0	T_CLM_RU_MATCHED	SAK_BENEFIT
Benefit Plan/Contract for which the rule applies	Benefit plan/contract for which the rule applies	Field	Character	0	N/A	N/A
Decision	A short identifier for the decision. Examples, BP (member benefit plan - procedure), BD (member benefit plan - diagnosis).	Field	Character	4	T_CLM_RU_MATCHED	CDE_DECISION

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Rule #	Primary-Key for this table	Field	Number	9	T_CLM_RU_MATCHED	SAK_RULE
Sequence	The order in which the rule was applied for the claim detail.	Field	Number	4	T_CLM_RU_MATCHED	NUM_SEQ
Status	Code used to indicate if a rule on the claim is a current rule ('C') - a rule that was used in the most recent processing of the claim, or an historical rule ('H') - a rule that was previously used when the claim previously processed.	Field	Character	0	T_CLM_RU_MATCHED	CDE_STAT_RULE

2.7.98.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.98.8 Associated Requirements

ID
30.090.007.002.71

2.7.98.9 CO / Defects

ID	Type	Name	Description	Current Status
1475	Change Order	UI for Claim Rules Matched	See Core CO 8815 all documentation will be updated on this CO. Need to be able to store all rules used to process a claim (coverage, billing, reimbursement, etc) and user needs to be able to see the rule numbers. Also since we will now be storing all the rules on the new claims rule table, we need to remove the coverage rule and payable benefit from the current claim Health Program panels.	Prod Implemented

ID	Type	Name	Description	Current Status
3363	Change Order	Re-write Decision Rules panel	At this time the Decision Rules panel has been created as one panel. When accessed from the Claim header level nav bar, the panel is designed to retrieve and display all records from T_CLM_RU_MATCHED table that have a detail number = 0. When the panel is accessed from the claim detail level nav bar, it is supposed to display all records from T_CLM_RU_MATCHED that have a detail number > 0. This is how the panel is supposed to work, but currently the data is not being populated into the T_CLM_RU_MATCHED table correctly. Batch CO 3360 is in place to correct the data problem with the table. However, the panel should behave the way the rest of the header/detail panel's work. For example, when the user clicks on the EOB panel at the header level, it shows all records for the claim. When the user clicks on the panel at the detail level, it only displays records related to the claim detail selected at that time. Modify the Decision Rules panel to behave the way the EOB and other similar claim child panels display information. NOTE: This may need to change to a defect and be addressed sooner rather than later. The followed error was produced on the Core MO site when the user attempted to access both panels on the same page: A critical error has occurred. Multiple controls with the same ID 'iC_MMIS_Clm_WebUI_UB92ClaimPage__Decision_RulesChevron' were found. FindControl requires that controls have unique IDs.	Prod Implemented

2.7.99 PANEL: Claim Member Coinsurance

2.7.99.1 Description

Use the Claim Member Coinsurance Panel to examine the coinsurance accumulation for a member.

Navigation Path: [Claims - Search] - [Enter Criteria] - [Select Member Coinsurance]

Table: T_CLM_COINS_X

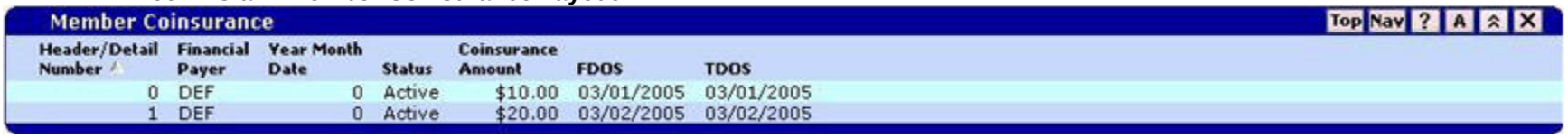
2.7.99.2 Technical Name

Clm.ClaimMemberCoinsuranceHdrPanel.ascx

2.7.99.3 Panel Name

Claim Member Coinsurance

2.7.99.4 Claim Member Coinsurance Layout



2.7.99.5 Extra Features

This panel has no extra features.

2.7.99.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Coinsurance Amount	The coinsurance amount paid by the member for services rendered.	Field	Number	9	T_CLM_COINS_X	AMT_COINSURANCE
FDOS	The beginning date of service for the claim.	Field	Number	8	T_CLM_COINS_X	DTE_FIRST_SVC
Financial Payer	The system-assigned value that identifies a unique payer within interChange.	Field	Number	9	T_CLM_COINS_X	SAK_FIN_PAYER
Header/Detail Number	The number of the detail on the claim record. A zero represents the header.	Field	Number	4	T_CLM_COINS_X	NUM_DTL

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Status	Indicates if the record/row is active or inactive. The row becomes inactive only after an adjustment to the claim is released. Only use active ('A') to accumulate coinsurance. Values are: 'A' - Active; 'I' - Inactive.	Field	Character	1	T_CLM_COINS_X	CDE_STATUS1
TDOS	The last date of service for the claim.	Field	Number	8	T_CLM_COINS_X	DTE_LAST_SVC
Year Month Date	This is the year and month of the date of service of the claim that used coinsurance.	Field	Number	9	T_CLM_COINS_X	DTE_YEAR_MTH

2.7.99.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.99.8 Associated Requirements

ID
No associated requirements found.

2.7.99.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.100 PANEL: Attachment

2.7.100.1 Description

The Attachment panel displays the attachment control numbers that are applicable to the claim.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select Attachments link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - [Select Attachments link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select Attachments link from the displayed panel]

Table: T_ATTACHMENT_XREF

2.7.100.2 Technical Name

Clm.Attachment.ascx

2.7.100.3 Panel Name

Attachment

2.7.100.4 Attachment Layout

2.7.100.5 Extra Features

This panel has no extra features.

2.7.100.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
ACN	The control number associated with an attachment that is being sent by the provider for an electronically submitted claim.	Field	Character	80	T_ATTACHMENT_XREF	CDE_ATTACHMENT_CONTROL
Attachment Indicator	Indicates if the attachment has been received.	Field	Character	3	T_ATTACHMENT_XREF	IND_ATTACH_RECEIVED
Detail Number	The detail number of a claim record.	Field	Number	4	T_ATTACHMENT_XREF	NUM_DTL

2.7.100.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.100.8 Associated Requirements

ID
30.090.007.002.71

2.7.100.9 CO / Defects

ID	Type	Name	Description	Current Status
5952	Change Order	Access Image Paper Attachments	Electronic Claims occasionally have paper attachments that are mailed. Once these attachments are scanned and in OnBase, add a button to the Claim Attachments panel to access the scanned Image. This will be similar to the button that is on the TCN panel. There may be multiple attachments, so the attachments should be listed on the top portion of the panel, then when the user clicks on a row it will be displayed on the bottom portion of the panel. The button should go on the data panel so that one image can be viewed at a time.	Deferred

2.7.101 PANEL: Detail EOB

2.7.101.1 Description

This panel displays the EOB codes and messages applicable to the claim for a particular claim detail that is in suspense. These codes and messages are generated to explain to the provider the reason that the claim is in suspense. In most cases, the same codes are generated to explain the denial of a claim.

The Detail EOB panel is in view-only mode when accessed through Claims Inquiry or Data Corrections. (Changes can be made to header and detail EOB records on the EOB panel.)

To view information on this panel, select one detail record on the Claim Detail panel. Page forward to find the desired detail or enter the detail number in the 'go to' field.

Use the All, Current, and Historical radio buttons on the panel to select which EOBs to view based on the EOB status. The EOB on the claim is either a current EOB ('C' - one that failed in the current cycle) or an historical EOB ('H' - one that previously failed).

Navigation Path: [Claims -Information] - [Enter an ICN] - [Click Search] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - THEN - [Click on a detail record in the Claim Detail panel] - [Click on the Detail Information nav bar item link on the Navigation Panel] - [Detail EOB]

Table: T_CLM_EOB_XREF, T_CDE_HIPAA_ADJRSN, T_CDE_HIPAA_REMRKS

2.7.101.2 Technical Name

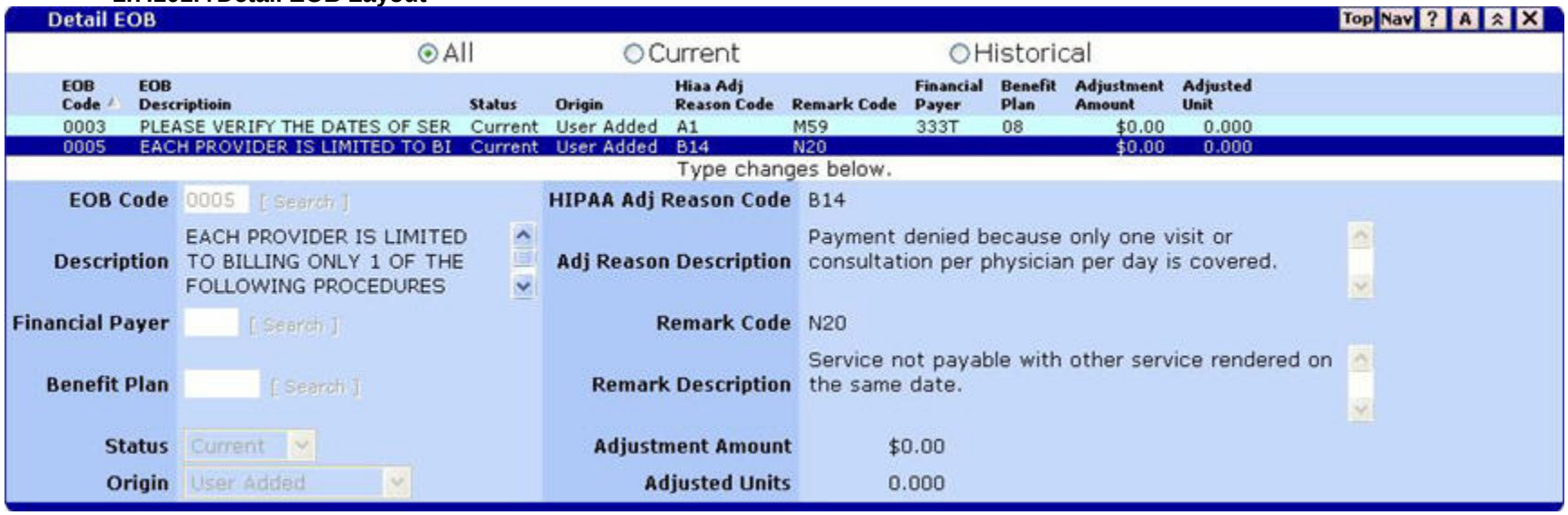
Clm.ClaimEobPanel.ascx

2.7.101.3 Panel Name

Detail EOB

For readability the layout displays on the next page.

2.7.101.4 Detail EOB Layout



2.7.101.5 Extra Features

This panel has no extra features.

2.7.101.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adj Reason Description	Description of Adj Reason Code.	Field	Character	0	T_CDE_HIPAA_ADJRSN	DSC_ADJ_RSN
Adjusted Units	The quantity adjusted on the detail. Format 9999999.999.	Field	Number	10	T_CLM_EOB_XREF	QTY_ADJUSTED
Adjustment Amount	The dollar amount adjusted on the detail. Format 9999999.99.	Field	Number	9	T_CLM_EOB_XREF	AMT_ADJUSTED
Benefit Plan	Identifies the medical assistance program that is supported in the system.	Field	Drop Down List Box	0	T_CLM_EOB_XREF	SAK_PUB_HLTH

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	First line of text description for EOB code.	Field	Character	79	T_EOB	DSC_EOB
EOB Code	This is the number assigned to an explanation of benefits description to uniquely identify it.	Field	Number	4	T_EOB	CDE_EOB
EOB Description	First 30 characters of text description for EOB code.	Field	Character	30	T_EOB	DSC_EOB
Financial Payer	A value that identifies a unique payer within interChange.	Field	Drop Down List Box	0	T_CLM_EOB_XREF	SAK_FIN_PAYER
HIPAA Adjustment Reason	This is the managed care eligibility reason codes for HIPAA.	Field	Character	2	T_CDE_HIPAA_ADJRSN	CDE_ADJ_RSN
Origin	Indicates who generated the EOB code and message.	Field	Character	6	T_CLM_EOB_XREF	CDE_STATUS1
Remark Code	HIPAA Remarks code.	Field	Character	5	T_CDE_HIPAA_REMRKS	CDE_REMARK
Remark Description	Description of remark code.	Field	Character	0	T_CDE_HIPAA_REMRKS	DSC_REMARK
Status	Code used to indicate whether the EOB on the claim is a current EOB ('C'), one that failed in the current cycle, or a historical EOB ('H'), one that previously failed.	Field	Drop Down List Box	0	T_CLM_EOB_XREF	CDE_STAT_ERROR

2.7.101.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Benefit Plan	Field	1	Invalid Benefit Plan	Enter a valid benefit plan or select one from the [Search] panel.
EOB Code	Field	1	Invalid EOB	Enter a valid EOB code or select a valid code from the [Search] panel.

Field	Field Type	Error Code	Error Message	To Correct
Financial Payer	Field	1	Invalid Financial Payer	Enter a valid financial payer of select one from the [Search] panel.

2.7.101.8 Associated Requirements

ID
30.090.007.002.71

2.7.101.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.102 PANEL: Physician Claim Navigation

2.7.102.1 Description

The Physician Claim Navigation panel provides access to the various panels through which physician claims data can be viewed and/or corrected.

Navigation Path: [Claims -Information] - [Enter an ICN for a physician claim] - OR - [Claims -Search] - [Enter Criteria] - [Select a physician claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a physician claim from the list]

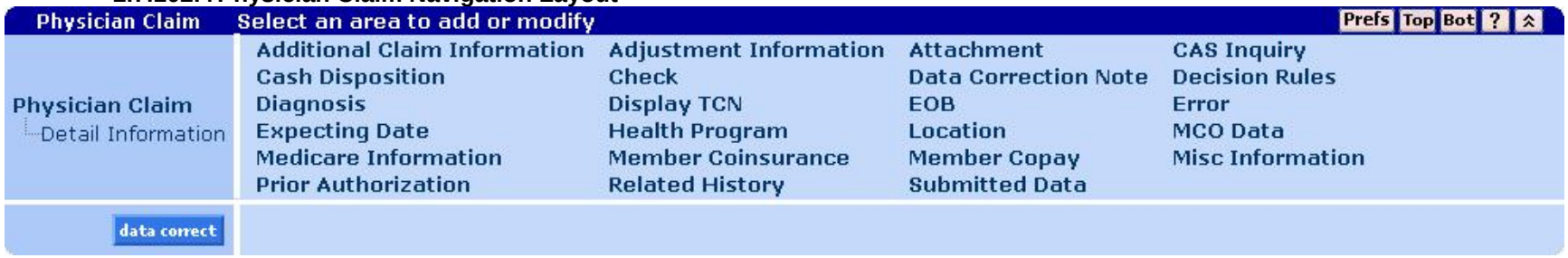
2.7.102.2 Technical Name

Clm.PhysicianClaimPage.ascx - NavGroup

2.7.102.3 Panel Name

Physician Claim Navigation

2.7.102.4 Physician Claim Navigation Layout



2.7.102.5 Extra Features

This panel has no extra features.

2.7.102.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adjust	The Adjust button appears if this is a paid claim being viewed on the Claim Information page.	Button	N/A	0	N/A	N/A
Cancel	The Cancel button appears if the claim is being viewed on the Data Correction page.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Data Correct	The Data Correct button appears if this is a suspended claim being viewed on the Claim Information page.	Button	N/A	0	N/A	N/A
Save	The Save button appears if the claim is being viewed on the Data Correction page.	Button	N/A	0	N/A	N/A
Adjustment Information	Link to "Adjustment Information" panel.	Hyperlink	N/A	0	N/A	N/A
Attachment	Link to "Attachment" panel.	Hyperlink	N/A	0	N/A	N/A
CAS Inquiry	Link to "CAS Inquiry" panel.	Hyperlink	N/A	0	N/A	N/A
Cash Disposition	Link to "Cash Disposition" panel.	Hyperlink	N/A	0	N/A	N/A
Check	Link to "Check" panel.	Hyperlink	N/A	0	N/A	N/A
Data Correction Note	Link to "Data Correction Note" Panel.	Hyperlink	N/A	0	N/A	N/A
Diagnosis	Link to "Diagnosis" panel.	Hyperlink	N/A	0	N/A	N/A
Display TCN	Link to "TCN" panel.	Hyperlink	N/A	0	N/A	N/A
EOB	Link to "EOB" panel.	Hyperlink	N/A	0	N/A	N/A
Error	Link to "Error" panel.	Hyperlink	N/A	0	N/A	N/A
Expecting Date	Link to "Expecting Date" Panel.	Hyperlink	N/A	0	N/A	N/A
Health Program	Link to "Health Program" panel.	Hyperlink	N/A	0	N/A	N/A
Location	Link to "Location" panel.	Hyperlink	N/A	0	N/A	N/A
MCO Data	Link to "MCO Data" panel.	Hyperlink	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Medicare Information	Link to "Medicare Information" Panel.	Hyperlink	N/A	0	N/A	N/A
Misc Information	Link to "Misc Information" panel.	Hyperlink	N/A	0	N/A	N/A
Related History	Link to "Related History" panel.	Hyperlink	N/A	0	N/A	N/A
Service/Prior Authorization	Link to "Service/Prior Authorization" panel.	Hyperlink	N/A	0	N/A	N/A
Submitted Data	Link to "Submitted Data" panel.	Hyperlink	N/A	0	N/A	N/A

2.7.102.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.102.8 Associated Requirements

ID
30.090.007.002.71
30.090.008.002.11
30.090.008.002.33

2.7.102.9 CO / Defects

ID	Type	Name	Description	Current Status
1288	Change Order	Add CAS Inquiry Panel	Add new CAS Inquiry Panel. See CORE CO 12115 - for all the reference on this CO	Prod Implemented

ID	Type	Name	Description	Current Status
159	Change Order	Display Encounter Data Elements	Add a new panel to display encounter related data: MCO(s) unique encounter number; Partnership paid amounts; MCO receipt date; MCO adjudication payment date; Encounter receipt date; Encounter adjudication date; Medicaid adjudication status (The result of interChange. editing the encounters). The actual encounter status will be mapped to claim status; Encounter Type; and, MCO Contract Type (1 = Fee for Service, 2 = Capitated Fee).	Prod Implemented

2.7.103 PANEL: Dental Claim Navigation

2.7.103.1 Description

The Dental Claim Navigation panel provides access to the various panels through which dental claims data can be viewed and/or corrected.

Navigation Path: [Claims -Information] - [Enter an ICN for a Dental claim] - OR - [Claims -Search] - [Enter Criteria] - [Select a Dental claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a dental claim from the list]

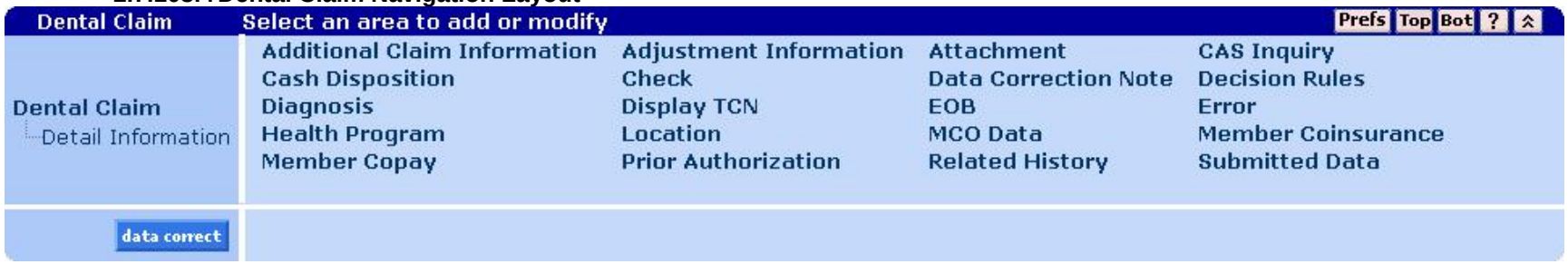
2.7.103.2 Technical Name

Clm.DentalClaimPage.ascx - NavGroup

2.7.103.3 Panel Name

Dental Claim Navigation

2.7.103.4 Dental Claim Navigation Layout



2.7.103.5 Extra Features

This panel has no extra features.

2.7.103.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adjust	This button displays for claims in a paid status that are being viewed on the Claim Information page. Clicking the Adjust button opens the Adjustment Request panel. When the initial request information is entered, the ICN of the displayed claim appears in the Original ICN field and a new ICN number appears in the Adjustment ICN field.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Cancel	The Cancel button appears if the claim is being viewed on the Data Correction page.	Button	N/A	0	N/A	N/A
Data Correct	This button displays for claims in a suspended status that are being viewed on the Claim Information page. Clicking this button takes the user to the Data Correction page.	Button	N/A	0	N/A	N/A
Save	The Save button appears if the claim is being viewed on the Data Correction page.	Button	N/A	0	N/A	N/A
Adjustment Information	Link to "Adjustment Information" panel.	Hyperlink	N/A	0	N/A	N/A
Attachment	Link to "Attachment" panel.	Hyperlink	N/A	0	N/A	N/A
CAS Inquiry	Link to "CAS Inquiry".	Hyperlink	N/A	0	N/A	N/A
Cash Disposition	Link to "Cash Disposition" panel.	Hyperlink	N/A	0	N/A	N/A
Check	Link to "Check" panel.	Hyperlink	N/A	0	N/A	N/A
Data Correction Note	Link to "Data Correction Note".	Hyperlink	N/A	0	N/A	N/A
Diagnosis	Link to "Diagnosis" panel.	Hyperlink	N/A	0	N/A	N/A
Display TCN	Link to "Display TCN" panel.	Hyperlink	N/A	0	N/A	N/A
EOB	Link to "EOB" panel.	Hyperlink	N/A	0	N/A	N/A
Error	Link to "Error" panel.	Hyperlink	N/A	0	N/A	N/A
Health Program	Link to "Health Program" panel.	Hyperlink	N/A	0	N/A	N/A
Location	Link to "Location" panel.	Hyperlink	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
MCO Data	Link to "MCO Data".	Hyperlink	N/A	0	N/A	N/A
Related History	Link to "Related History" panel.	Hyperlink	N/A	0	N/A	N/A
Service/Prior Authorization	Link to "Service/Prior Authorization" panel.	Hyperlink	N/A	0	N/A	N/A
Submitted Data	Link to "Submitted Data" panel.	Hyperlink	N/A	0	N/A	N/A

2.7.103.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.103.8 Associated Requirements

ID
30.090.007.002.71
30.090.008.002.11
30.090.008.002.33

2.7.103.9 CO / Defects

ID	Type	Name	Description	Current Status
1288	Change Order	Add CAS Inquiry Panel	Add new CAS Inquiry Panel. See CORE CO 12115 - for all the reference on this CO	Prod Implemented

ID	Type	Name	Description	Current Status
159	Change Order	Display Encounter Data Elements	Add a new panel to display encounter related data: MCO(s) unique encounter number; Partnership paid amounts; MCO receipt date; MCO adjudication payment date; Encounter receipt date; Encounter adjudication date; Medicaid adjudication status (The result of interChange. editing the encounters). The actual encounter status will be mapped to claim status; Encounter Type; and, MCO Contract Type (1 = Fee for Service, 2 = Capitated Fee).	Prod Implemented

2.7.104 PANEL: NCPDP Reject Codes

2.7.104.1 Description

The NCPDP Reject Codes panel displays the National Council for Prescription Drug Programs (NCPDP) Reject codes and message applicable to a pharmacy claim.

Navigation Path: [Claims -Information] - [Enter an ICN for a Pharmacy claim] - [Select NCPDP Reject Codes link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a Pharmacy claim] - [Select NCPDP Reject Codes link from the displayed panel]

Tables: T_CLM_NCPDP_MSG, T_NCPDP_RESPONSE

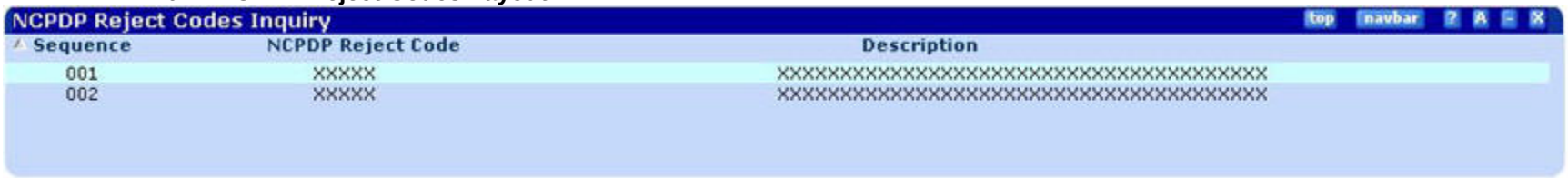
2.7.104.2 Technical Name

Clm.NCPDP Reject Codes (Design)

2.7.104.3 Panel Name

NCPDP Reject Codes

2.7.104.4 NCPDP Reject Codes Layout



2.7.104.5 Extra Features

This panel has no extra features.

2.7.104.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Message explaining the NCPDP Reject code.	Field	Character	50	T_NCPDP_RESPONSE	DSC_50
NCPDP Reject Code	This identifies the reason for which the pharmacy claims was denied.	Field	Character	4	T_CLM_NCPDP_MSG	CDE_MSG

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Sequence	This identifies the iteration number for the NCPDP Reject codes. There can be up to 10 reject codes per transaction.	Field	Number	4	T_CLM_NCPDP_MSG	SEQ

2.7.104.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.104.8 Associated Requirements

ID
30.090.008.002.11

2.7.104.9 CO / Defects

ID	Type	Name	Description	Current Status
1289	Change Order	Add NCPDP Reject Codes	Add new NCPDP Reject Codes inquiry panel.	Prod Implemented

2.7.105 PANEL: Additional Claim Information

2.7.105.1 Description

Use the Additional Claim Information panel to examine additional information submitted on the claim, including the information that is used to determine the correct service location to assign to a claim.

Navigation Path: [Claims - Search] - [Enter Criteria] - [Select a Claim] - [Select Additional Claim Information]

Tables: T_CLM_ENTITY, T_PARTY_IDENTIFIER, T_CLM_NAME_N1, T_CLM_ADR_N3_N4

2.7.105.2 Technical Name

Clm.AdditionalClaimInformationPanel.ascx

2.7.105.3 Panel Name

Additional Claim Information

2.7.105.4 Additional Claim Information Layout

Additional Claim Information

Detail#	EntityType	Org Type / PR ID	PRType / ID Type	Taxonomy / Name	Street	City	State	Zip	Country
0	82	2	BI	1223S0112X					
		411111111	24	EEANGELICAL AMBULATORY SURGICAL CEN		LEWISBURG	PA	17838	
0	85	2	BI	1223S0112X					
		411111111	24	EEANGELICAL AMBULATORY SURGICAL CEN		LEWISBURG	PA	17838	

2.7.105.5 Extra Features

This panel has no extra features.

2.7.105.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
City	The city associated with the address for the member/provider.	Field	Character	30	T_CLM_ADR_N3_N4	ADR_CITY
Country	The country associated with the address for the member/provider.	Field	Character	3	T_CLM_ADR_N3_N4	ADR_COUNTRY
Detail Number	The number of the detail on the claim record.	Field	Number	4	T_CLM_ENTITY	NUM_DTL

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Entity Type	Indicates the type of the party entity.	Field	Character	3	T_CLM_ENTITY	QLF_ENTITY_TYPE
ID Type	Indicates the identification code qualifier.	Field	Character	2	T_PARTY_IDENTIFIER	QLF_ID_TYPE
Name	The last, first, middle and suffix name of the member/provider or the name of the organization.	Field	Character	65	T_CLM_NAME_N1	NAM_LAST, NAM_FIRST, NAM_MIDDLE
Org Type	Indicates whether the entity is a person or a non-person.	Field	Character	2	T_CLM_ENTITY	QLF_TYPE_ORG
PR ID	The unique identifier for the entity type specified by the qualifier.	Field	Character	80	T_PARTY_IDENTIFIER	CDE_PARTY_ID
PR Type	The type of practice for a provider.	Field	Character	3	T_CLM_ENTITY	CDE_PROVIDER_TYPE
State	The state associated with the address for the member/provider.	Field	Character	2	T_CLM_ADR_N3_N4	ADR_STATE
Street	The address of the recipient/provider.	Field	Character	55	T_CLM_ADR_N3_N4	ADR_STREET_1, ADR_STREET_2
Taxonomy	The referring provider taxonomy or provider specialty.	Field	Character	30	T_CLM_ENTITY	CDE_PROV_TAXONOMY
Zip	The zip code associated with the address for the member/provider.	Field	Character	15	T_CLM_ADR_N3_N4	ADR_ZIP_CODE

2.7.105.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.105.8 Associated Requirements

ID
No associated requirements found.

2.7.105.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.106 PANEL: Location

2.7.106.1 Description

The Location panel displays claim location information. When opened from an inquiry panel, the Claim Location panel is not updateable. However, when opened from a data correction panel, the cancel and save buttons are displayed allowing the user to add a location. The user can route the claim to another department for correction. This panel is shared by all claim types. The add button appears if the panel is displayed on the Data Correction panel.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select Location link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - [Select Location link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select Location link from the displayed panel]

Tables: T_CLAIM_LOCAT, T_FINANCIAL_PAYER

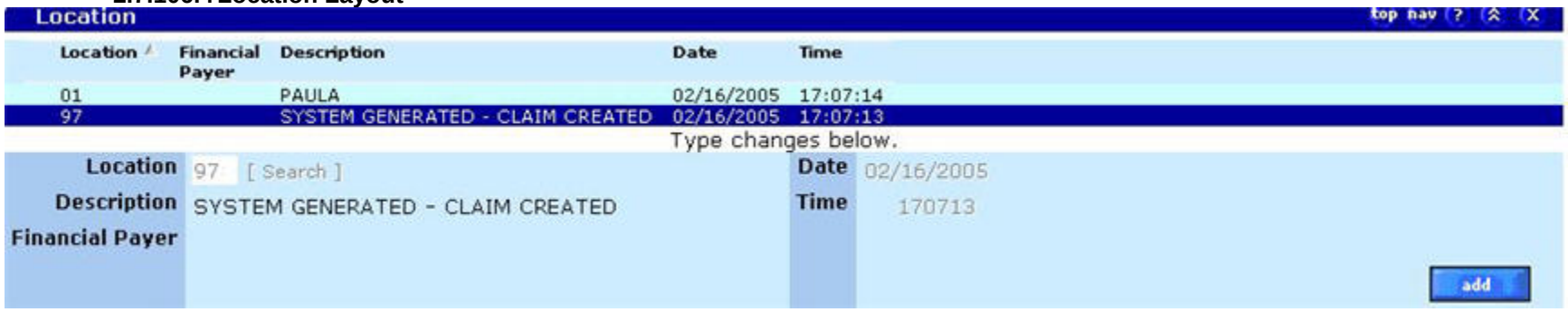
2.7.106.2 Technical Name

Clm.ClaimLocationPanel.ascx

2.7.106.3 Panel Name

Location

2.7.106.4 Location Layout



2.7.106.5 Extra Features

This panel has no extra features.

2.7.106.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Add a location record.	Button	N/A	0	N/A	N/A
Date	The date that the claim went to this location.	Field	Date (MM/DD/CCYY)	8	T_CLAIM_LOCAT	DTE_CLM_LOCAT
Description	Description of the location from that financial payer.	Field	Character	50	T_CLAIM_LOCAT	CDE_CLM_TYPE
Financial Payer	The financial payer information.	Field	Character	10	T_FINANCIAL_PAYER	CDE_FIN_PAYER
Location	Indicates claim location within the claims processing system.	Field	Character	2	T_CLAIM_LOCAT	CDE_LOCATION
Time	The time that the claim went to this location.	Field	Number	8	T_CLAIM_LOCAT	TIME_SYSTEM

2.7.106.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Location	Field	1	Invalid Location Code	Enter a valid location code or select a code from the [Search] panel.

2.7.106.8 Associated Requirements

ID
30.090.007.002.29
30.090.007.002.32
30.090.007.002.33
30.090.007.002.71
30.090.008.003.6

2.7.106.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.107 PANEL: Pharmacy Claim Detail

2.7.107.1 Description

Use the Pharmacy Claim Detail panel to view the data entered on the detail portion of a pharmacy claim. When this panel is displayed in Data Correction mode, use the Add button or Delete button to add or remove details.

Navigation Path: [Claims -Information] - [Enter an ICN for a pharmacy claim] - [Select Claim Detail link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a Pharmacy claim] - [Select Claim Detail link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a Pharmacy claim from the list] - [Select Claim Detail link from the displayed panel]

This panel is populated from the following tables depending on the status of the claim: T_PD_PHRM_DTL, T_DENY_PHRM_DTL, T_SUSP_PHRM_DTL, T_PHRM_DTL_KEYS, and T_PA_PAUTH

2.7.107.2 Technical Name

Clm.PharmacyDetailPanel.ascx

2.7.107.3 Panel Name

Claim Detail

For readability the layout displays on the next page.

2.7.107.4 Pharmacy Claim Detail Layout

2.7.107.5 Extra Features

This panel has no extra features.

2.7.107.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
goto	Allows user to view a specific detail.	Button	N/A	0	N/A	N/A
AWP	Average wholesale price for drug. Format 9999.99999.	Field	Number	9	T_PD_PHARM_DTL	AMT_AWP
Allowed Amt	Indicates the computed allowable amount for the drug dispensed. Format 9999999.99.	Field	Number	9	SEE NARRATIVE SECTION	AMT_ALWD

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Billed Amt	Amount of money requested for payment by a provider for services rendered. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_BILLED
Detail Number	The number of the detail on a claim record.	Field	Number	4	SEE NARRATIVE SECTION	NUM_DTL
Dispense Qty	Number of units of a drug dispensed to a member. The type of unit is expressed in DRUG FORM CODE. Format 99999999.99.	Field	Number	10	SEE NARRATIVE SECTION	QTY_DISPENSE
Drug Form	The basic drug measurement unit (each, milliliter, or grams) for performing price calculations.	Field	Character	2	SEE NARRATIVE SECTION	CDE_DRUG_FORM
EAC	Estimated acquisition cost for drug. Format 9999.99999.	Field	Number	9	T_PD_PHARM_DTL	AMT_EAC
MAC	The unit price for a drug under either Federal MAC regulation or state MAC, whichever is lesser or applicable to the NDC on the claim. Format 9999.99999.	Field	Number	9	T_PD_PHARM_DTL	AMT_MAC
NDC	National Drug Code is comprised of a five-byte numeric labeler code, a four-byte numeric product code, and a two-byte numeric package code. It is used to uniquely identify a drug, its labeler, package size of a product for pricing, DUR, and prior authorization.	Field	Character	11	T_PHRM_DTL_KEYS	CDE_NDC
NDC Status	Identifies the status of the National Drug Code in the system.	Field	Character	1	SEE NARRATIVE SECTION	CDE_NDC_STATUS
Sub Disp Qty	Submitted units billed on NCPDP Ver. 5.1.	Field	Number	9	T_PHRM_DTL_KEYS	QTY_DISPENSE_SUB

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Sub NDC	Submitted NDC Code on NCPDP Ver. 5.1.	Field	Character	11	T_PHRM_DTL_KEYS	CDE_NDC_SUB
Super PA	Indicates if a super PA was used to approve payment of this detail. This field not used in KY.	Field	Character	1	T_PA_PAUTH	PRIOR_AUTH_NUM

2.7.107.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Dispense Qty	Field	1	Enter a valid Value.	Dispense quantity must be numeric.
NDC	Field	1	Invalid NDC.	Enter a valid NDC or select a value from the [Search] field.

2.7.107.8 Associated Requirements

ID
30.090.007.002.66
30.090.007.002.71

2.7.107.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.108 PANEL: Display TCN

2.7.108.1 Description

The Display TCN panel shows the transaction control number associated with the claim.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select Display TCN link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - [Select Display TCN link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select Display TCN link from the displayed panel]

Table: T_TCN_XREF

2.7.108.2 Technical Name

Clm.TCNPanel.ascx

2.7.108.3 Panel Name

Display TCN

2.7.108.4 Display TCN Layout

2.7.108.5 Extra Features

This panel has no extra features.

2.7.108.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
TCN Image	To view the TCN image from the OnBase system.	Button	N/A	0	N/A	N/A
TCN	The transaction control number used to uniquely identify claims on the previous MMIS.	Field	Character	17	T_TCN_XREF	NUM_TCN

2.7.108.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.108.8 Associated Requirements

ID
30.090.007.002.71

2.7.108.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.109 PANEL: ICD-9-CM

2.7.109.1 Description

The ICD-9-CM Procedure Codes panel displays the ICD-9-CM procedure codes applicable to the claim. This panel includes both the principal and other ICD-9-CM procedure codes. The principal procedure code is the ICD-9-CM code that identifies the procedure performed during the period covered by this bill and the date on which the principal procedure was performed. The other procedure codes are the ICD-9-CM codes that identify all significant procedures other than the principal procedure and the dates on which they were performed.

Navigation Path: [Claims -Information] - [Enter an ICN for a UB claim] - [Select ICD-9-CM link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a UB claim] - [Select ICD-9-CM link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a UB claim from the list] - [Select ICD-9-CM link from the displayed panel]

Table: T_UB92_HDR_ICD9CM, T_PROC_ICD9

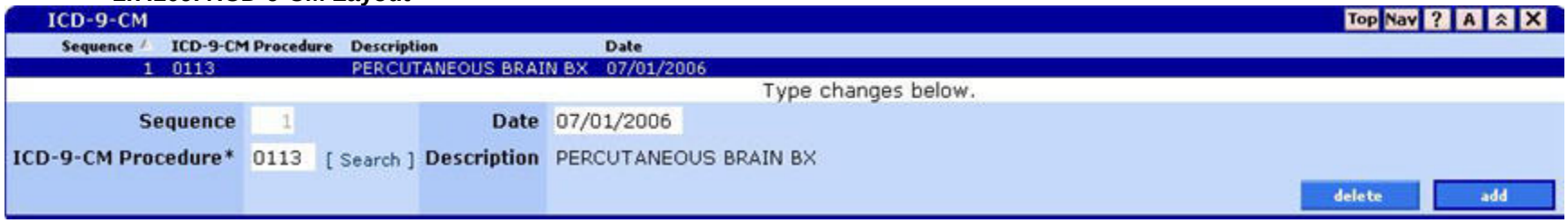
2.7.109.2 Technical Name

Clm.ClaimICD9Panel.ascx

2.7.109.3 Panel Name

ICD-9-CM

2.7.109.4 ICD-9-CM Layout



2.7.109.5 Extra Features

This panel has no extra features.

2.7.109.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Adds a new record.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Delete	Deletes a record.	Button	N/A	0	N/A	N/A
Date	Date the ICD-9-CM procedure was performed.	Field	Date (MM/DD/CCYY)	8	T_UB92_HDR_ICD9CM	DTE_CDE_9_CM_PROC
Description	Description of the surgical procedure code.	Field	Character	50	T_PROC_ICD9	DSC_PROCEDURE
ICD-9-CM Procedure	Code used to identify the surgical procedure code principle or other.	Field	Number	4	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9
Sequence	This column contains the sequence number of the surgical procedure code. The principal procedure will always be sequence 1.	Field	Number	4	T_UB92_HDR_ICD9CM	NUM_SEQ

2.7.109.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Date	Field	1	Invalid Date. Format MM/DD/CCYY.	Enter the date in the correct format, MM/DD/CCYY.
ICD-9-CM Procedure	Field	1	Invalid Procedure Icd9 Code.	Enter a valid ICD-9-CM procedure code or select a code from the [Search] panel.
ICD-9-CM Procedure	Field	104	Exceed maximum number of ICD9 codes.	The maximum number of ICD9 codes is 24.

2.7.109.8 Associated Requirements

ID
30.090.007.002.71

2.7.109.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.110 PANEL: Related History

2.7.110.1 Description

The Related History panel lists other claims that are related to the current claim. The panel is non-updateable and is shared by all claim types. Use this panel to validate medical policy audits, duplicate payment audits, umbrella audits, limitation audits, bundling and unbundling audits.

Navigation Path: [Claims -Information] - [Enter an ICN] then Click [Search] then Select [Related History] from the panel

Tables T_SUSP_RLHX, T_HIST_DIRECTORY, T_PUB_HLTH_PGM, T_FINANCIAL_PAYER

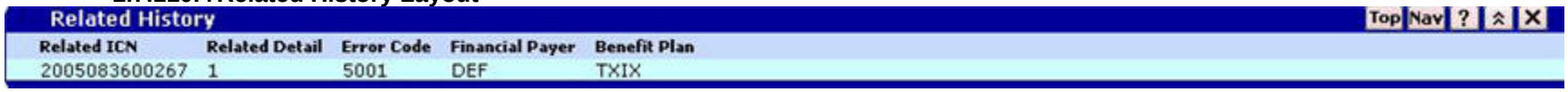
2.7.110.2 Technical Name

Clm.RelatedHistoryPanel.ascx - Header

2.7.110.3 Panel Name

Related History

2.7.110.4 Related History Layout



2.7.110.5 Extra Features

This panel has no extra features.

2.7.110.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Benefit Plan	The medical assistance program associated with the related ICN.	Field	Character	5	T_PUB_HLTH_PGM	SAK_PUB_HLTH
Error Code	Code used to indicate an error was discovered on a claim during processing in the base system.	Field	Number	4	T_ERROR_DISP	CDE_ESC
Financial Payer	The description used to identify the financial payer for the related ICN.	Field	Character	30	T_FINANCIAL_PAYER	CDE_FIN_PAYER

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Related Detail	Related detail information to the history claim displayed.	Field	Number	3	T_HIST_DIRECTORY	NUM_DTL_RELATED
Related ICN	Internal control number which uniquely identifies a claim.	Field	Character	13	T_HIST_DIRECTORY	NUM_ICN_FL

2.7.110.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.110.8 Associated Requirements

ID
30.090.007.002.59
30.090.007.002.71

2.7.110.9 CO / Defects

ID	Type	Name	Description	Current Status
1241	Change Order	Related history - add error code	See CORE CO 10260 - for all the reference on this CO. Modify the related history and detail related history panels to add the error code associated to the audit which failed due to the related history being displayed. Some claims/details may fail more than one audit and providing the associated error code will help users determine why a claim has set a particular error.	Prod Implemented

2.7.111 PANEL: Detail Quadrant Cavity

2.7.111.1 Description

The Detail Quadrant Cavity panel displays the oral cavity codes for a claim.

To view information on this panel, select one detail record on the Claim Detail panel. Page forward to find the detail to select or enter the detail number in the 'go to' field.

Navigation Path: [Claims -Information] - [Enter a Dental ICN] - [Click Search] - OR - [Claims -Search] - [Enter Criteria] - [Select a Dental claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a Dental claim from the list] - THEN - [Click on a detail record in the Claim Detail panel] - [Click on the Detail Information nav bar item link on the Navigation Panel] - [Detail Quadrant Cavity]

Table: T_DENTAL_DTL_KEYS

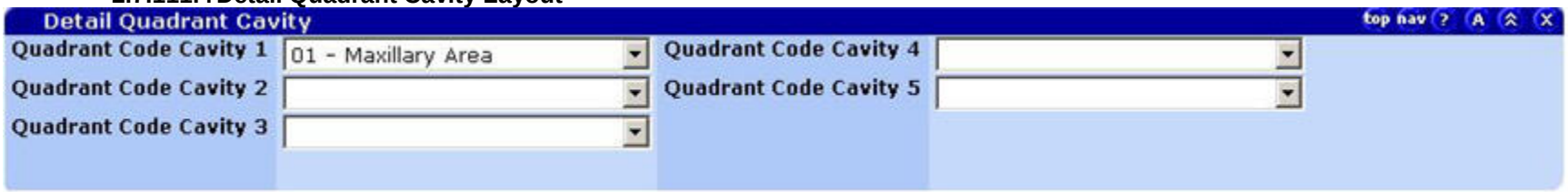
2.7.111.2 Technical Name

Clm.ToothCavityPanel.ascx

2.7.111.3 Panel Name

Detail Quadrant Cavity

2.7.111.4 Detail Quadrant Cavity Layout



2.7.111.5 Extra Features

This panel has no extra features.

2.7.111.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Quadrant Code Cavity 1	First code identifying the area of the oral cavity in which service was rendered.	Field	Drop Down List Box	0	T_DENTAL_DTL_KEYS	CDE_CAVITY_DESIG_1

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Quadrant Code Cavity 2	Second code identifying the area of the oral cavity in which service was rendered.	Field	Drop Down List Box	0	T_DENTAL_DTL_KEYS	CDE_CAVITY_DESIG_2
Quadrant Code Cavity 3	Third code identifying the area of the oral cavity in which service was rendered.	Field	Drop Down List Box	0	T_DENTAL_DTL_KEYS	CDE_CAVITY_DESIG_3
Quadrant Code Cavity 4	Fourth code identifying the area of the oral cavity in which service was rendered.	Field	Drop Down List Box	0	T_DENTAL_DTL_KEYS	CDE_CAVITY_DESIG_4
Quadrant Code Cavity 5	Fifth code identifying the area of the oral cavity in which service was rendered.	Field	Drop Down List Box	0	T_DENTAL_DTL_KEYS	CDE_CAVITY_DESIG_5

2.7.111.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.111.8 Associated Requirements

ID
30.090.007.002.71

2.7.111.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.112 PANEL: Dental Claim Detail

2.7.112.1 Description

Use the Dental Claim Detail panel to view the data entered on the detail portion of a dental claim. When this panel is displayed in Data Correction mode, an Add button and a Delete button allow the user to add or remove details.

Navigation Path: [Claims -Information] - [Enter an ICN for a Dental claim] - OR - [Claims -Search] - [Enter Criteria] - [Select a Dental claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a Dental claim from the list]

This panel is populated from the following tables depending on claim type:
T_PD_DNTL_DTL, T_DENY_DNTL_DTL, and T_SUSP_DNTL_DTL

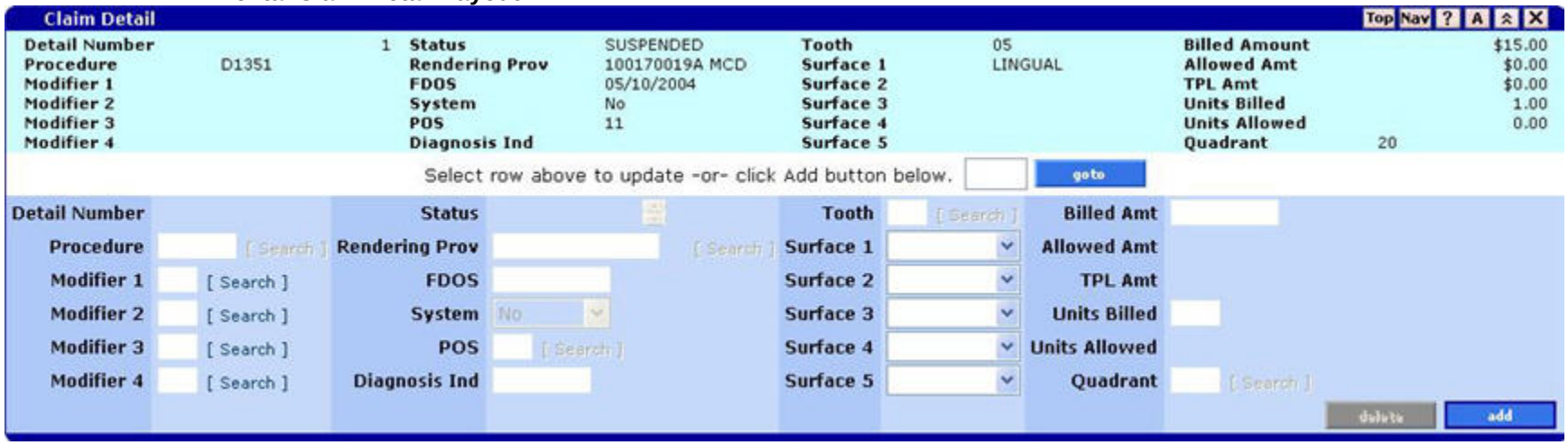
2.7.112.2 Technical Name

Clm.DentalDetailPanel.ascx

2.7.112.3 Panel Name

Claim Detail

2.7.112.4 Dental Claim Detail Layout



2.7.112.5 Extra Features

This panel has no extra features.

2.7.112.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
goto	Allows the user to view a specific detail.	Button	N/A	0	N/A	N/A
Allowed Amt	Amount allowed by the specific program (Medicaid, 590, and so on.) for the procedure. Format 9999999.99.	Field	Number	9	SEE NARRATIVE SECTION	AMT_ALWD
Billed Amt	Total billed amount. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_BILLED
Detail Number	The number of the detail on a claim record.	Field	Number	4	SEE NARRATIVE SECTION	NUM_DTL
Diagnosis Ind	Indicates which diagnosis (or diagnoses) for which services were provided. Valid values are 1,2,3,4,5,6,7,8. One detail can be associated with a minimum of one diagnosis in the header or maximum of eight diagnoses in the header for non-transportation claims only.	Field	Number	8	SEE NARRATIVE SECTION	CDE_DIAG_TREAT_IND
FDOS	Date of first service on the claim.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_FIRST_SVC
Modifier 1	Code used to identify the modifiers connected to the procedure code.	Field	Character	2	SEE NARRATIVE SECTION	CDE_MODIFIER
Modifier 2	Code used to identify the modifiers connected to the procedure code.	Field	Character	2	SEE NARRATIVE SECTION	CDE_MODIFIER
Modifier 3	Code used to identify the modifiers connected to the procedure code.	Field	Character	2	SEE NARRATIVE SECTION	CDE_MODIFIER
Modifier 4	Code used to identify the modifiers connected to the procedure code.	Field	Character	2	SEE NARRATIVE SECTION	CDE_MODIFIER

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
POS	Code which indicates the location where service was rendered.	Field	Character	2	SEE NARRATIVE SECTION	CDE_PLACE_OF_SERVICE
Procedure	Code used to identify a dental procedure.	Field	Character	6	SEE NARRATIVE SECTION	SAK_PROCEDURE
Quadrant	The quadrant of the mouth that the procedure on the claim is related to.	Field	Character	2	SEE NARRATIVE SECTION	CDE_QUADRANT
Rendering Provider	The identifier and service location for the performing provider.	Field	Character	10	SEE NARRATIVE SECTION	CDE_SVC_LOC_PERF
Status	This field will display the status of the claim.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	CDE_CLM_STATUS
Surface 1	Code that indicates the tooth surface of a particular tooth.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	CDE_TOOTH_NBR
Surface 2	Code that indicates the tooth surface of a particular tooth.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	CDE_TOOTH_NBR
Surface 3	Code that indicates the tooth surface of a particular tooth.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	CDE_TOOTH_NBR
Surface 4	Code that indicates the tooth surface of a particular tooth.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	CDE_TOOTH_NBR
Surface 5	Code that indicates the tooth surface of a particular tooth.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	CDE_TOOTH_NBR
System	Indicates whether detail was added by system during claim's processing. Valid values Y - yes or N - no are generated.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	IND_SYS_GENERATE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
TPL Amt	Amount paid by third party for services, at the claim header level. Format 999999.99.	Field	Number	9	SEE NARRATIVE SECTION	AMT_DETAIL_TPL
Tooth	The tooth number that identifies the tooth the provider rendered services on. An alpha indicates temporary teeth and numerics indicate permanent teeth.	Field	Character	2	SEE NARRATIVE SECTION	CDE_TOOTH_NBR
Units Allowed	The number of units allowed to the provider.	Field	Number	6	SEE NARRATIVE SECTION	QTY_ALLOWED
Units Billed	The number of units billed by the provider.	Field	Number	6	SEE NARRATIVE SECTION	QTY_BILLED

2.7.112.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Diagnosis Ind	Field	1	Enter a valid value.	Diagnosis Indicator must be numeric.
Diagnosis Ind	Field	102	Diagnosis indicator must be less than number of diagnosis on the claim.	Verify value and re-enter.
FDOS	Field	1	Invalid Date. Format is MM/DD/CCYY.	Enter a valid date in MM/DD/CCYY format.
Modifier 1	Field	1	Invalid Modifier 1 code.	Enter a valid Modifier 1 code or select a value from the search [Search] panel.
Modifier 2	Field	1	Invalid Modifier 2 Code.	Enter a valid Modifier 2 Code or select a value from the [Search] panel.
Modifier 3	Field	1	Invalid Modifier 3 Code.	Enter a valid Modifier 3 Code or select a value from the [Search] panel.
Modifier 4	Field	1	Invalid Modifier 4 Code.	Enter a valid Modifier 4 Code or select a value from the [Search] panel.

Field	Field Type	Error Code	Error Message	To Correct
POS	Field	1	Invalid Place of Service.	Enter a Valid Place of Service or select a value from the [Search] panel.
Procedure	Field	1	Invalid Procedure code.	Enter a valid procedure code or select a value from the [Search] field.
Quadrant	Field	1	Invalid Tooth Quadrant.	Enter a valid tooth quadrant or select a value from the [Search] panel.
Rendering Provider	Field	1	Invalid Rendering Provider.	Enter a valid rendering provider ID or select a value from the [Search] panel.
Rendering Provider	Field	2	Rendering Provider ID and Service Location are required.	Enter a valid rendering provider ID/LOC or select a value from the [Search] panel.
Surface 1	Field	1	Invalid Tooth Surface 1 code.	Enter a valid tooth surface 1 code or select a value from the list.
Surface 2	Field	1	Invalid Tooth Surface 2 code.	Enter a valid tooth surface 2 code or enter a value from the list.
Surface 3	Field	1	Invalid Tooth Surface 3 code.	Enter a valid tooth surface code or enter a value from the list.
Surface 4	Field	1	Invalid tooth surface 4 code.	Enter a valid tooth surface 4 code or enter a value from the list.
Surface 5	Field	1	Invalid Tooth Surface 5 code.	Enter a valid tooth surface 5 code or select a value from the list.
Tooth	Field	1	Invalid Tooth.	Enter a valid tooth or select a value from the [Search] field.

2.7.112.8 Associated Requirements

ID
30.090.007.002.14
30.090.007.002.66
30.090.007.002.71

2.7.112.9 CO / Defects

ID	Type	Name	Description	Current Status
1390	Change Order	Change Fields - Panels	Change the following fields labels: All instances of OI Amt to TPL Amt; All instances of Prescrib Prov to Prescriber Prov, Orig Prescrib to Orig Prescriber; Prescrib Num to RX Num; Days Supplys to Days Supply; • Can field positions on the different claims panels be consistent? For example, PAN is in a different position on the Dental Claim than on the Physician Claim; • Make sure that when in the Cash Disposition Panel if the user double clicks on the CCN, the financial FCRI Cash Receipt Information panel displays; and, • Make sure that when in the Prior Authorization Panel if the user double clicks on the PA Number, the PA Prior Authorization panel displays. SEE CLARIFICATIONS SECTION. REQUIREMENTS FOR THIS CO HAVE BEEN MODIFIED.	Prod Implemented

ID	Type	Name	Description	Current Status
3481	Change Order	Redesign Claim Detail Panels	In order to meet the customer requirements for the Claims Detail panels, we need to display more than one detail at a time. We need to display at least four details. This will make the panel look more like the prototype that the customer was promised. In addition, the bottom editable portion of the panel (data panel) only needs to be displayed if the user is allowed to data correct claims and they are in Data Correct Mode. If more than four details are on the claim, when the user clicks on the fifth detail and the detail information is populated on the bottom portion of the panel, make sure the top portion of the panel scrolls back to the fifth detail so that the user will see the same detail in the upper portion of the panel (data list) and the bottom portion of the panel (data panel).	Prod Implemented

2.7.113 PANEL: UB92 Claim Navigation

2.7.113.1 Description

The UB Claim Navigation panel provides access to the various panels through which UB Claims data can be viewed and/or corrected.

Navigation Path: [Claims -Information] - [Enter an ICN for a UB claim] - OR - [Claims -Search] - [Enter Criteria] - [Select a UB claim] - OR - [Claims - Data Correction] - [Enter clerk ID, search then select a UB claim from the list]

2.7.113.2 Technical Name

Clm.UB92ClaimPage.ascx - NavGroup

2.7.113.3 Panel Name

UB92 Claim Navigation

2.7.113.4 UB92 Claim Navigation Layout

2.7.113.5 Extra Features

This panel has no extra features.

2.7.113.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adjust	The Adjust button will appear if this is a paid claim being viewed on the Claim Information page.	Button	N/A	0	N/A	N/A
Cancel	The Cancel button appears if the claim is being viewed on the Data Correction page.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Data Correct	The Data Correct button appears if this is a suspended claim being viewed on the Claim Information page.	Button	N/A	0	N/A	N/A
Save	The Save button appears if the claim is being viewed on the Data Correction page.	Button	N/A	0	N/A	N/A
Adjustment Information	Link to "Adjustment Information" panel.	Hyperlink	N/A	0	N/A	N/A
Attachment	Link to "Attachment" panel.	Hyperlink	N/A	0	N/A	N/A
CAS Inquiry	Link to "CAS Inquiry" panel.	Hyperlink	N/A	0	N/A	N/A
Cash Disposition	Link to "Cash Disposition" panel.	Hyperlink	N/A	0	N/A	N/A
Check	Link to "Check" panel.	Hyperlink	N/A	0	N/A	N/A
Claim Detail	Link to "Claim Detail" panel.	Hyperlink	N/A	0	N/A	N/A
Condition	Link to "Condition" panel.	Hyperlink	N/A	0	N/A	N/A
DRG	Link to 'DRG' panel.	Hyperlink	N/A	0	N/A	N/A
Data Correction Note	Link to "Data Correction Note" panel.	Hyperlink	N/A	0	N/A	N/A
Diagnosis	Link to "Diagnosis" panel.	Hyperlink	N/A	0	N/A	N/A
Display TCN	Link to "Display TCN" panel.	Hyperlink	N/A	0	N/A	N/A
EOB	Link to "EOB" panel.	Hyperlink	N/A	0	N/A	N/A
Error	Link to "Error" Panel.	Hyperlink	N/A	0	N/A	N/A
Health Program	Link to "Health Program" panel.	Hyperlink	N/A	0	N/A	N/A
ICD-9-CM	Link to "ICD-9-CM" panel.	Hyperlink	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Location	Link to "Location" panel.	Hyperlink	N/A	0	N/A	N/A
MCO Data	Link to "MCO Data" panel	Hyperlink	N/A	0	N/A	N/A
Medicare Information	Link to "Medicare Information".	Hyperlink	N/A	0	N/A	N/A
Member Coinsurance	Link to "Member Coinsurance" panel.	Hyperlink	N/A	0	N/A	N/A
Member Copay	Link to "Member Copay" panel.	Hyperlink	N/A	0	N/A	N/A
Occurrence	Link to "Occurrence" panel.	Hyperlink	N/A	0	N/A	N/A
Payer	Link to "Payer" panel.	Hyperlink	N/A	0	N/A	N/A
Related History	Link to "Related History" panel.	Hyperlink	N/A	0	N/A	N/A
Service/Prior Authorization	Link to "Service/Prior Authorization" panel.	Hyperlink	N/A	0	N/A	N/A
Submitted Data	Link to "Submitted Data" panel.	Hyperlink	N/A	0	N/A	N/A
Value	Link to "Value" panel.	Hyperlink	N/A	0	N/A	N/A

2.7.113.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.113.8 Associated Requirements

ID
30.090.007.002.71

ID
30.090.008.002.11
30.090.008.002.33

2.7.113.9 CO / Defects

ID	Type	Name	Description	Current Status
1288	Change Order	Add CAS Inquiry Panel	Add new CAS Inquiry Panel. See CORE CO 12115 - for all the reference on this CO	Prod Implemented
159	Change Order	Display Encounter Data Elements	Add a new panel to display encounter related data: • MCO(s) unique encounter number; • Partnership paid amounts; • MCO receipt date; • MCO adjudication payment date; • Encounter receipt date; • Encounter adjudication date; • Medicaid adjudication status (The result of interChange. editing the encounters). The actual encounter status will be mapped to claim status; • Encounter Type; and, • MCO Contract Type (1 = Fee for Service, 2 = Capitated Fee).	Prod Implemented

2.7.114 PANEL: Prior Authorization

2.7.114.1 Description

The Prior Authorization panel displays the prior authorization applicable to the claim. This panel includes the amount and units used in the claim.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select Prior Authorization link from the displayed panel] - OR - [Claims - Search] - [Enter Criteria] - [Select a claim] - [Select Prior Authorization link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select Prior Authorization link from the displayed panel]

Tables: T_PA_ITEM_DTL_XREF, T_PA_PAUTH, T_FINANCIAL_PAYER

2.7.114.2 Technical Name

Clm.ClaimPriorAuth.ascx

2.7.114.3 Panel Name

Prior Authorization

2.7.114.4 Prior Authorization Layout

Prior Authorization

Top Nav ? X

Detail Number	PA Number	Line Item	Financial Payer	Units Used	Amount Used	Status
1	1006025002	01	DEF	20	0	A

2.7.114.5 Extra Features

This panel has no extra features.

2.7.114.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Amount Used	Prior authorization amount applied to the claim. Format 99999999.99.	Field	Number	9	T_PA_ITEM_DTL_XREF	AMT_PA_USED
Detail Number	Detail to which prior authorization has been applied.	Field	Number	9	T_PA_ITEM_DTL_XREF	NUM_DTL
Financial Payer	A code used to identify the financial payer.	Field	Number	9	T_FINANCIAL_PAYER	CDE_FIN_PAYER
Line Item	Prior authorization line item number.	Field	Number	3	T_PA_ITEM_DTL_XREF	NUM_PA_LINE_ITEM

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
PA Number	This is the number assigned by the PA unit to a prior authorization request.	Field	Number	10	T_PA_PAUTH	PRIOR_AUTH_NUM
Status	Indicates the status of the PA within the system.	Field	Character	1	T_PA_ITEM_DTL_XREF	CDE_STATUS1
Units Used	Prior authorization units applied to the claim.	Field	Number	6	T_PA_ITEM_DTL_XREF	QTY_UNT_SVC_USD

2.7.114.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.114.8 Associated Requirements

ID
30.090.007.002.66
30.090.007.002.71

2.7.114.9 CO / Defects

ID	Type	Name	Description	Current Status
1390	Change Order	Change Fields - Panels	Change the following fields labels: • All instances of OI Amt to TPL Amt; • All instances of Prescrib Prov to Prescriber Prov, Orig Prescrib to Orig Prescriber; • Prescrib Num to RX Num; • Days Supplys to Days Supply; • Can field positions on the different claims panels be consistent? For example, PAN is in a different position on the Dental Claim than on the Physician Claim; • Make sure that when in the Cash Disposition Panel if the user double clicks on the CCN, the financial FCRI Cash Receipt Information panel displays; and, • Make sure that when in the Prior Authorization Panel if the user double clicks on the PA Number, the PA Prior Authorization panel displays. SEE CLARIFICATIONS SECTION. REQUIREMENTS FOR THIS CO HAVE BEEN MODIFIED.	Prod Implemented

2.7.115 PANEL: Dental Claim Detail Navigation

2.7.115.1 Description

The Dental Claim Detail Navigation panel provides access to the various panels through which dental claims detail information can be viewed.

Navigation Path: [Claims -Information] - [Enter an ICN for a Dental claim] - OR - [Claims -Search] - [Enter Criteria] - [Select a Dental claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a dental claim from the list] -THEN - [Click on Detail Information on the Navigation Panel]

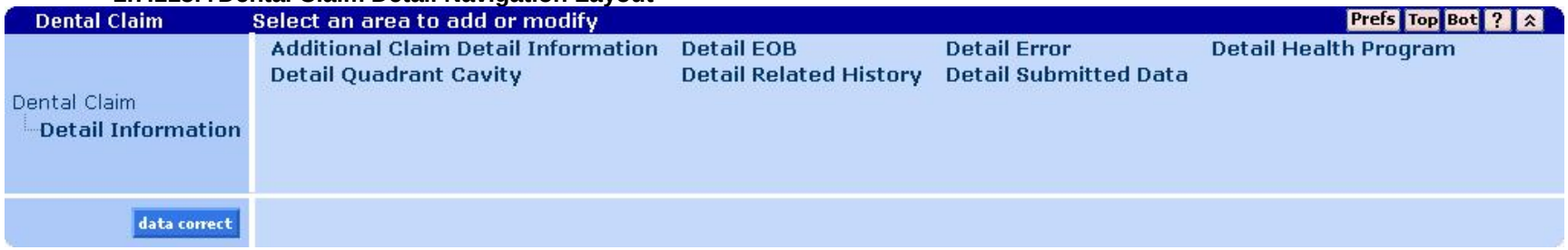
2.7.115.2 Technical Name

Clm.DentalClaimPage.ascx - Detail NavGroup

2.7.115.3 Panel Name

Dental Claim Detail Navigation

2.7.115.4 Dental Claim Detail Navigation Layout



2.7.115.5 Extra Features

This panel has no extra features.

2.7.115.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adjust	This button displays for claims in a paid status. Clicking the Adjust button opens the Adjustment Request panel. When the initial request information is entered, the ICN of the displayed claim appears in the Original ICN field and a new ICN number appears in the Adjustment ICN field.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Cancel	The Cancel button appears if the claim is being viewed on the Data Correction page.	Button	N/A	0	N/A	N/A
Data Correct	This button displays for claims in suspended status. Clicking the Data Correct button opens the displayed suspended claim in Data Correction mode. Changes can be made and the claim can be resubmitted.	Button	N/A	0	N/A	N/A
Save	The Save button appears if the claim is being viewed on the Data Correction page.	Button	N/A	0	N/A	N/A
Detail EOB	Link to "Detail EOB" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Error	Link to "Detail Error" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Health Program	Link to "Detail Health Program" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Quadrant Cavity	Link to "Detail Quadrant Cavity" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Related History	Link to "Detail Related History" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Submitted Data	Link to "Detail Submitted Data" panel.	Hyperlink	N/A	0	N/A	N/A

2.7.115.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.115.8 Associated Requirements

ID
30.090.007.002.71

2.7.115.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.116 PANEL: Audit History Panel

2.7.116.1 Description

Access the Audit History panel from any panel that displays an 'A' icon in the top right corner. Click on this icon to display an Audit Search panel that contains the fields on the current panel. Select individual fields to display in the search results or choose to view all fields. Click Search to return one record for each time the current record has been modified.

Navigation Path: [Click 'A' on the top right of any panel] - [Select criteria to display] - [Click Search]

NOTE: The layout shown below is an example of an Audit History panel. The fields on each Audit History panel will correspond to its related table (panel). The common fields are listed below.

2.7.116.2 Technical Name

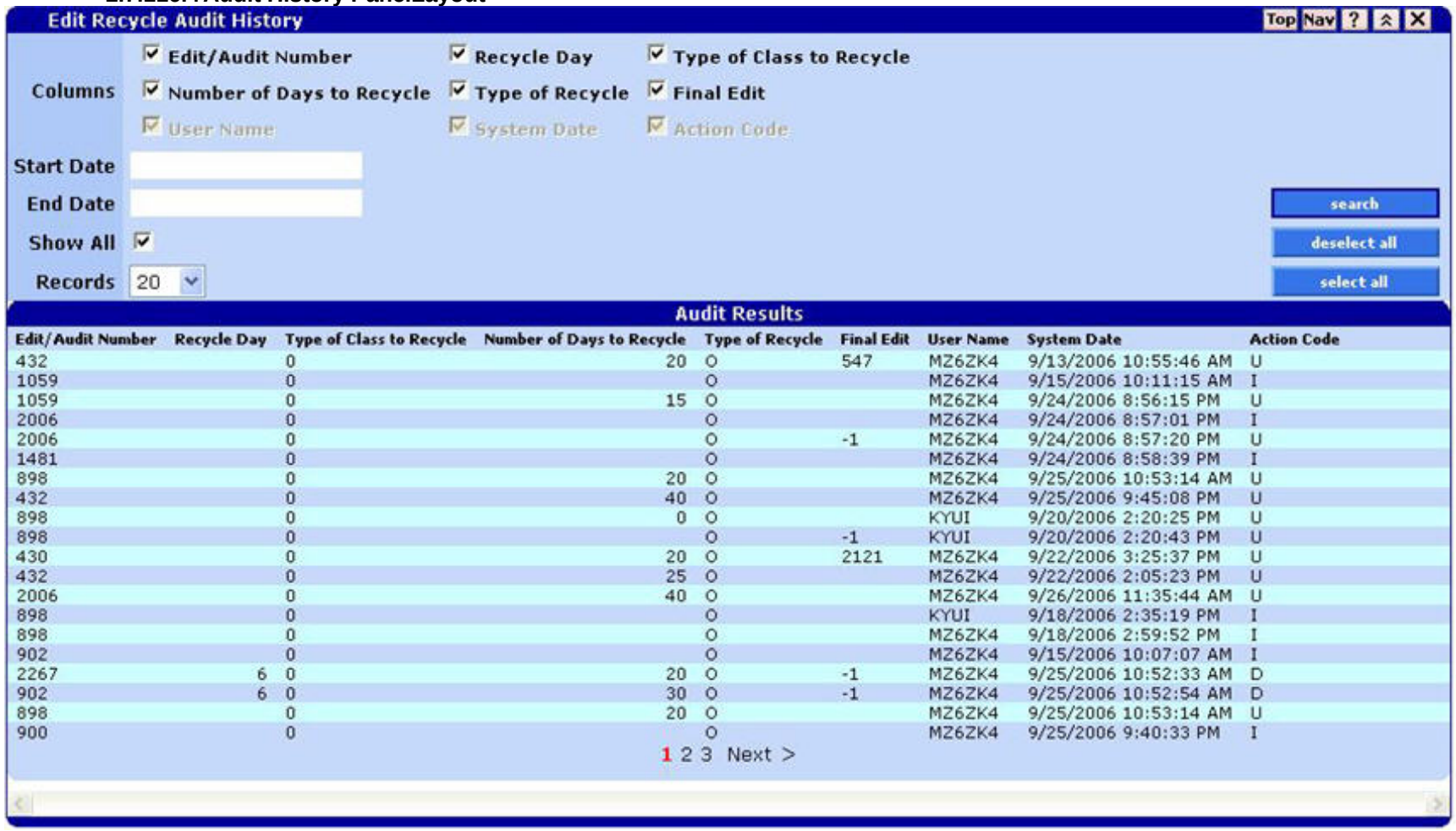
Clm.Audit History Panel

2.7.116.3 Panel Name

XXXX Audit History

For readability the layout displays on the next page.

2.7.116.4 Audit History PanelLayout



Edit/Audit Number	Recycle Day	Type of Class to Recycle	Number of Days to Recycle	Type of Recycle	Final Edit	User Name	System Date	Action Code
432		0	20	O	547	MZ6ZK4	9/13/2006 10:55:46 AM	U
1059		0		O		MZ6ZK4	9/15/2006 10:11:15 AM	I
1059		0	15	O		MZ6ZK4	9/24/2006 8:56:15 PM	U
2006		0		O		MZ6ZK4	9/24/2006 8:57:01 PM	I
2006		0		O	-1	MZ6ZK4	9/24/2006 8:57:20 PM	U
1481		0		O		MZ6ZK4	9/24/2006 8:58:39 PM	I
898		0	20	O		MZ6ZK4	9/25/2006 10:53:14 AM	U
432		0	40	O		MZ6ZK4	9/25/2006 9:45:08 PM	U
898		0	0	O		KYUI	9/20/2006 2:20:25 PM	U
898		0		O	-1	KYUI	9/20/2006 2:20:43 PM	U
430		0	20	O	2121	MZ6ZK4	9/22/2006 3:25:37 PM	U
432		0	25	O		MZ6ZK4	9/22/2006 2:05:23 PM	U
2006		0	40	O		MZ6ZK4	9/26/2006 11:35:44 AM	U
898		0		O		KYUI	9/18/2006 2:35:19 PM	I
898		0		O		MZ6ZK4	9/18/2006 2:59:52 PM	I
902		0		O		MZ6ZK4	9/15/2006 10:07:07 AM	I
2267	6	0	20	O	-1	MZ6ZK4	9/25/2006 10:52:33 AM	D
902	6	0	30	O	-1	MZ6ZK4	9/25/2006 10:52:54 AM	D
898		0	20	O		MZ6ZK4	9/25/2006 10:53:14 AM	U
900		0		O		MZ6ZK4	9/25/2006 9:40:33 PM	I

2.7.116.5 Extra Features

This panel has no extra features.

2.7.116.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Search	Search button to start the search and return results to the Audit Results panel.	Button	N/A	0	N/A	N/A
Select All	Clicking this button will automatically select all fields to display on the Audit Results panel.	Button	N/A	0	N/A	N/A
Show All	Checking this column will select all records to display on the Audit Results panel.	Check Box	Check Box	0	N/A	N/A
Action Code	If Action Code is checked, the action code (I - Insert, D - Delete, U - Update) will be displayed on the Audit Results panel.	Field	Character	1	N/A	N/A
End Date	The end date used to search audit trail records.	Field	Date (MM/DD/CCYY)	8	N/A	N/A
Records	Number of records to be displayed on the Audit Results panel.	Field	Drop Down List Box	0	N/A	N/A
Start Date	The start date used to search audit trail records.	Field	Date (MM/DD/CCYY)	8	N/A	N/A
System Date	If System Date is checked, the system date that the data was added or modified will be displayed on the Audit Results panel.	Field	Date (MM/DD/CCYY)	8	N/A	N/A
User Name	If User Name is checked, the clerk ID of the user who changed the data will be displayed on the Audit Results panel.	Field	Character	20	N/A	N/A

2.7.116.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.116.8 Associated Requirements

ID
No associated requirements found.

2.7.116.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.117 PANEL: Member Copay

2.7.117.1 Description

Use the Member Copay panel to examine the copay accumulation for a member.

Navigation Path: [Claims - Search] - [Enter Criteria] - [Select Member Copay]

Table:T_CLM_COPAY_X

2.7.117.2 Technical Name

Clm.MemberCopayHdrPanel.ascx

2.7.117.3 Panel Name

Member Copay

2.7.117.4 Member Copay Layout

Member Copay

Header/Detail Number	Financial Payer	Year Month Date	Status	Copay Value	Copay Amount	FDOS	TDOS
0	DEF	0	Active	Deduct and Accumulate	$15.00	03/01/2005	03/01/2005
1	DEF	0	Active	Deduct and Accumulate	$30.00	03/02/2005	03/02/2005

2.7.117.5 Extra Features

This panel has no extra features.

2.7.117.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Copay Amount	The copay amount paid by the member for services rendered	Field	Number	9	T_CLM_COPAY_X	AMT_COPAY
Copay Value	Determines if the row has actual copay deducted from the claim or if the copay was just added and not deducted from the claim. Values are: 'DA' - Deduct and accumulate copay 'OA' - Only accumulate copay	Field	Character	2	T_CLM_COPAY_X	CDE_DEDUCT_ACCUM_COPAY

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
FDOS	The beginning date of service for the claim	Field	Number	8	T_CLM_COPAY_X	DTE_FIRST_SVC
Financial Payer	The system-assigned value that identifies a unique payer within interChange.	Field	Number	9	T_CLM_COPAY_X	SAK_FIN_PAYER
Header/Detail Number	The number of the detail on the claim record. A zero represents the header	Field	Number	4	T_CLM_COPAY_X	NUM_DTL
Status	Indicates if the record/row is active or inactive. The row becomes inactive only after an adjustment to the claim is released. Only use active ('A') to accumulate copay. Values are: 'A' - Active; 'I' - Inactive.	Field	Character	1	T_CLM_COPAY_X	CDE_STATUS1
TDOS	The last date of service for the claim.	Field	Number	8	T_CLM_COPAY_X	DTE_LAST_SVC
Year Month Date	This is the year and month of the date of service of the claim that used copay.	Field	Number	9	T_CLM_COPAY_X	DTE_YEAR_MTH

2.7.117.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.117.8 Associated Requirements

ID
No associated requirements found.

2.7.117.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.118 PANEL: Condition

2.7.118.1 Description

The UB Condition Codes panel displays the condition codes applicable to the claim. These codes are generated to identify conditions relating to this bill that may affect payer processing.

Navigation Path: [Claims -Information] - [Enter an ICN for a UB claim] - [Select Condition link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a UB claim] - [Select Condition link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a UB claim from the list] - [Select Condition link from the displayed panel]

Table: T_UB92_HDR_COND_X

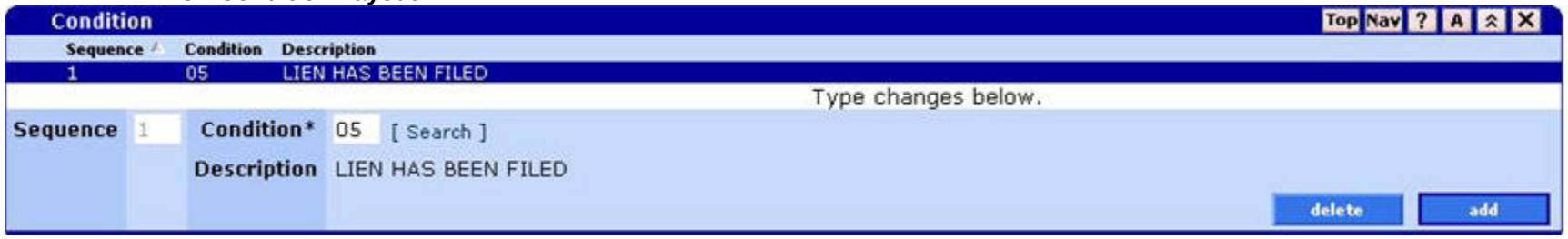
2.7.118.2 Technical Name

Clm.ClaimConditionPanel.ascx

2.7.118.3 Panel Name

Condition

2.7.118.4 Condition Layout



2.7.118.5 Extra Features

This panel has no extra features.

2.7.118.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Adds a new record.	Button	N/A	0	N/A	N/A
Delete	Deletes a record.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Condition	A code used to identify conditions relating to this bill that may affect payer processing.	Field	Number	2	T_UB92_HDR_COND_X	CDE_COND
Description	Description of the condition.	Field	Character	50	T_UB92_HDR_COND_X	QLF_CODE_LIST
Sequence	Sequence numbers as they appeared on the claim.	Field	Number	2	T_UB92_HDR_COND_X	CDE_COND_SEQ

2.7.118.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Condition	Field	107	Exceed maximum number of condition codes.	The maximum number of condition codes is 24.

2.7.118.8 Associated Requirements

ID
30.090.007.002.71

2.7.118.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.119 PANEL: Health Program

2.7.119.1 Description

Use the Health Program panel to display the program information for a claim.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select Health Program link from the displayed panel] - OR - [Claims - Search] - [Enter Criteria] - [Select a claim] - [Select Health Program link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select Health Program link from the displayed panel]

Tables: T_CLM_PGM_XREF, T_CDE_AID, T_FINANCIAL_PAYER, T_PUB_HLTH_PGM

2.7.119.2 Technical Name

Clm.PaymentInfoHdrPanel.ascx

2.7.119.3 Panel Name

Health Program

2.7.119.4 Health Program Layout

2.7.119.5 Extra Features

This panel has no extra features.

2.7.119.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Aid Category	Aid category for Medicaid coverage.	Field	Number	9	T_CDE_AID	CDE_AID_CATEGORY
Allowed Quantity	Number of units of service that will be paid under a financial payer/benefit plan. Format 9999.99.	Field	Number	6	T_CLM_PGM_XREF	QTY_ALLOWED
Assignment Hierarchy	A set of assignment plans for which a member/beneficiary may be assigned concurrently.	Field	Number	9	T_CLM_PGM_XREF	SAK_THREAD_ASSIGNMENT
Benefit Hierarchy	An assignment hierarchy is an ordered set of assignment plans for which a member/beneficiary may be assigned concurrently. For example, a beneficiary may be assigned to a PCP and to a waiver program at overlapping periods of time.	Field	Number	9	T_CLM_PGM_XREF	SAK_THREAD
Copay Amount	This is the amount of copay that will be subtracted from the allowed amount. Format 99999.99.	Field	Number	7	T_CLM_PGM_XREF	AMT_CO_PAY
Covered Benefit	Value used to identify a unique row for a benefit covered by a member plan.	Field	Number	9	T_CLM_PGM_XREF	SAK_COVERED_BNFT
Detail Number	Indicates if the row pertains to the claim header or a claim detail line. The claim header is denoted by a zero.	Field	Drop Down List Box	0	T_CLM_PGM_XREF	NUM_DTL

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Encounter Amount	This contains the amount for encounter services on the claim detail indicated by the detail number on the table. Format 99999999.99.	Field	Number	10	T_CLM_PGM_XREF	AMT_ENCOUNTER
Federal Share Amount	This is the amount of federal share for this payment. Format 99999999.99.	Field	Number	10	T_CLM_PGM_XREF	AMT_FEDERAL_SHARE
Finalized Date	Date the financial finalizes the claim for this payer.	Field	Date (MM/DD/CCYY)	8	T_CLM_PGM_XREF	DTE_FINAL
Financial Payer	The financial payer description.	Field	Number	9	T_FINANCIAL_PAYER	CDE_FIN_PAYER
Fund Code	Indicates the budget category that the funds used to pay this claim/detail came from.	Field	Number	9	T_FIN_FUND_CODE	CDE_FUND_CODE
Header/Detail Number	Indicates if the row pertains to the claim header or a claim detail line. The claim header is denoted by a zero.	Field	Number	3	T_CLM_PGM_XREF	NUM_DTL
Health Program	Name of program the header/detail was processed and/or paid under.	Field	Character	50	T_PUB_HLTH_PGM	CDE_PGM_HEALTH
MMIS Allowed Amount	Amount approved to pay for services provided. Format 9999999.99.	Field	Number	9	T_CLM_PGM_XREF	AMT_ALWD
Managed Care Indicator	Managed care indicator identifies claims and other transactions based on how they affect the managed care program.	Field	Drop Down List Box	1	T_CLM_PGM_XREF	IND_MC

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Member Assignment	A group of covered services (benefits) where the member is assigned to a provider or provider organization in order to receive covered services (benefits).	Field	Number	9	T_PUB_HLTH_PGM	CDE_PGM_HEALTH
Paid Amount	This is the amount that will be applied toward the check amount. Format 99999999.99.	Field	Number	10	T_CLM_PGM_XREF	AMT_PAID
Payable Benefit	This is the unique system-assigned value that identifies each row on this table.	Field	Number	9	T_CLM_PGM_XREF	SAK_PAYABLE_BNFT
Payer Hierarchy	Payer hierarchy is used to identify the order of processing of financial payers, benefit plans, or assignment plans for beneficiaries who are enrolled in multiple entities of any of these types.	Field	Number	9	T_CLM_PGM_XREF	SAK_THREAD_PAYER
Pricing Indicator	Pricing indicator which dictates the method by which a procedure must be priced or indicates how a claim detail was priced.	Field	Character	1	T_CLM_PGM_XREF	IND_PRICING
Rate Type	Code used to identify the rate type to use in determining provider reimbursement.	Field	Character	3	T_CLM_PGM_XREF	CDE_RATE_TYPE
State Share Amount	This is the amount that will be applied toward the check amount. Format 99999999.99.	Field	Number	10	T_CLM_PGM_XREF	AMT_STATE_SHARE

2.7.119.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Covered Benefit	Field	1	Invalid Benefit Plan.	Enter a valid benefit plan or select a value form the [Search] panel.
Financial Payer	Field	1	Invalid Financial Payer.	Enter a valid financial payer or select a value from the [Search] panel.
MMIS Allowed Amount	Field	1	Enter a valid Value.	Allowed amount must be numeric.

2.7.119.8 Associated Requirements

ID
30.050.001F
30.090.007.002.66
30.090.007.002.71
30.090.007.002.76

2.7.119.9 CO / Defects

ID	Type	Name	Description	Current Status
1391	Change Order	Health Program Panels	Add display of Federal Share Amount Health Program and Detail Health Program panels. This is a calculated amount. Reorganize results of Health Program panels to show additional fields without having to click on a row. At a minimum Allowed Amount, Pricing indicator and Rate type.	Prod Implemented
162	Change Order	Change "Recipient" - online	Change every instance of "Recipient, 'MID", "RID" or "Current ID" to "Member ID" on claim pages and panels. In addition, update any related error messages that may include the name of the field. Update corresponding documentation.	Prod Implemented

ID	Type	Name	Description	Current Status
2463	Change Order	Add KY Edit 354 - iC 3321	Add KY specific edit in interChange to match KY policy for existing edit 354 where the Manual Price is invalid or not accompanied by a Manual Price EOB.	Prod Implemented

2.7.120 PANEL: Dental Claim

2.7.120.1 Description

The Dental Claim panel displays the header information on a selected dental claim.

Navigation Path: [Claims -Information] - [Enter an ICN for a Dental claim] - OR - [Claims -Search] - [Enter Criteria] - [Select a Dental claim]

This panel is populated from the following tables depending on claim type:
T_PD_DNTL_HDR, T_DENY_DNTL_HDR, and T_SUSP_DNTL_HDR

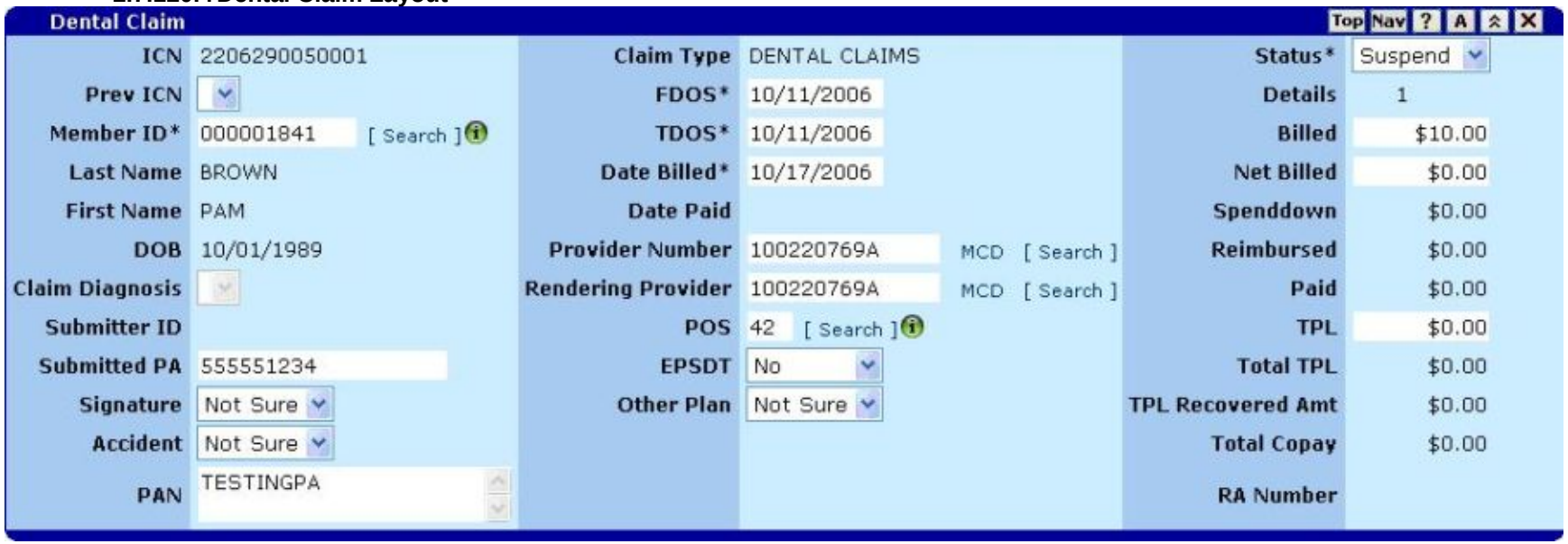
2.7.120.2 Technical Name

Clm.DentalClaimPanel.ascx

2.7.120.3 Panel Name

Dental Claim

2.7.120.4 Dental Claim Layout



Dental Claim

ICN	2206290050001	Claim Type	DENTAL CLAIMS	Status*	Suspend
Prev ICN		FDOS*	10/11/2006	Details	1
Member ID*	000001841 [Search]	TDOS*	10/11/2006	Billed	$10.00
Last Name	BROWN	Date Billed*	10/17/2006	Net Billed	$0.00
First Name	PAM	Date Paid		Spenddown	$0.00
DOB	10/01/1989	Provider Number	100220769A MCD [Search]	Reimbursed	$0.00
Claim Diagnosis		Rendering Provider	100220769A MCD [Search]	Paid	$0.00
Submitter ID		POS	42 [Search]	TPL	$0.00
Submitted PA	555551234	EPSDT	No	Total TPL	$0.00
Signature	Not Sure	Other Plan	Not Sure	TPL Recovered Amt	$0.00
Accident	Not Sure			Total Copay	$0.00
PAN	TESTINGPA			RA Number	

2.7.120.5 Extra Features

This panel has no extra features.

2.7.120.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Image	To view the claim image from the OnBase system. This button will be visible only for paper claims.	Button	N/A	0	N/A	N/A
Accident	Indicates the accident reason. It draws its drop down values from the T_ACCIDENT_TYPE table.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	IND_ACCIDENT
Billed	Amount of money requested for payment by a provider for services rendered. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_BILLED
Claim Type	Indicates the type of claim.	Field	Character	50	SEE NARRATIVE SECTION	CDE_CLM_TYPE
DOB	Member date of birth.	Field	Date (MM/DD/CCYY)	8	T_DENTAL_HDR_KEYS	DTE_SUBSCRIBER_DOB
Date Billed	Date on which claim was submitted for processing.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_BILLED
Date Paid	Date on which the claim was paid.	Field	Date (MM/DD/CCYY)	8	T_PD_DNTL_HDR	DTE_FINAL
Details	Indicates the number of detail service lines on the claim.	Field	Number	9	SEE NARRATIVE SECTION	NUM_DTL_TOTAL
Diagnosis	A code for the condition requiring medical attention.	Field	Drop Down List Box	7	T_DIAGNOSIS	CDE_DIAG
EPSDT	Indicates whether claim is EPSDT.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	CDE_EPSDT_FP

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
FDOS	First date of service on the claim.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_FIRST_SVC
First Name	The first name of the member associated with the member ID number. If there is no association between the first name and the member ID number, the first character of the first name that was entered will be displayed.	Field	Character	15	T_DENTAL_HDR_KEYS	CLM_RECIP_FST_NAM
ICN	Internal control number that uniquely identifies a claim.	Field	Character	13	SEE NARRATIVE SECTION	NUM_ICN
Last Name	The last name of the member associated with the member ID number. If there is no association between the last name and the member ID number, the first three characters of the last name that was entered will be displayed.	Field	Character	15	T_DENTAL_HDR_KEYS	CLM_LST_NAM_RECIP
Member ID	A system-assigned number which uniquely identifies a member.	Field	Character	12	T_DENTAL_HDR_KEYS	ID_MEDICAID
Net Billed	Amount remaining on a claim after payment has been made by all other sources (co-pay, TPL, and so on.). Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_NET_BILLED
Other Plan	Indicates if another form of insurance was used.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	IND_ANOTHER_PLAN
PAN	Identification for a member assigned by a provider. (patient account number)	Field	Character	38	SEE NARRATIVE SECTION	NUM_PAT_ACCT

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
POS	Place of service where service was rendered.	Field	Character	2	SEE NARRATIVE SECTION	CDE_POS
Paid	Amount paid on claim. Amount paid will be the allowed amount minus spend down, coinsurance, deductible, patient liability, dispensing fees, TPL, etc., as applicable depending on services. This value is computed by adding up all the AMT_PAID values on the related details. Format 999999.99.	Field	Number	8	T_CLM_PGM_XREF	AMT_PAID
Prev ICN	This field will allow the user to select any of the other previous ICNs for the claim and view that information.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	NUM_ICN
Provider Number	The provider identification number and location that uniquely identifies the provider of services	Field	Character	10	T_DENTAL_HDR_KEYS	ID_PROVIDER
RA Number	Remittance Advice number, uniquely identifies remittance advice sent to providers during payment cycles.	Field	Number	12	T_CHECK	NUM_CHECK
Reimbursed	Total amount the provider receives minus any state share amount (if applicable). Format 9999999.99.	Field	Number	9	T_PD_DNTL_HDR	AMT_PAID
Rendering Provider	The rendering provider identification number and location that uniquely identify the provider of services	Field	Character	10	T_DENTAL_DTL_KEYS	ID_PROV_PERF
Signature	Indicates whether the claim was signed by the provider or representative.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	IND_PROV_SIGN

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Spenddown	Amount of money that the member is responsible for paying for services. Format 9999999.99.	Field	Number	9	SEE NARRATIVE SECTION	AMT_PATNT_LIAB
Status	This field will display the status of the claim.	Field	Drop Down List Box	20	SEE NARRATIVE SECTION	CDE_CLM_STATUS
Submitter ID	Submitter of electronically submitted claims.	Field	Character	12	SEE NARRATIVE SECTION	ID_SUBMITTER
TDOS	Date of last service on the claim.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_LAST_SVC
TPL	Amount paid by third party for services. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	TPL_AMT
TPL Recovered Amt	The casualty case recovery amount populated from the Settlement panel. Format 9999999.99.	Field	Number	9	T_TPL_AR_CLM_XREF	AMT
Total Copay	This is the sum of the copay amounts from Health Program panel records (T_CLM_PGM_XREF table). Format 9999999.99.	Field	Number	9	SEE NARRATIVE SECTION	AMT_CO_PAY
Total TPL	This is the sum of the copay amounts from Health Program panel records (T_CLM_PGM_XREF table). Format 9999999.99	Field	Number	8	T_CLM_PGM_XREF	AMT_CO_PAY

2.7.120.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.120.8 Associated Requirements

ID
30.050.001F
30.090.007.002.14
30.090.007.002.66
30.090.007.002.71
30.090.007.003.8

2.7.120.9 CO / Defects

ID	Type	Name	Description	Current Status
1376	Change Order	Add Fields Display - Panels	Add Display of following fields: • Submitter ID - Submitter of Electronically submitted claims at the header level. This change applies to all claim forms; and, • RA number - Header level. This change applies to all claim forms. Add display and allow data correction for the following fields: • Time of Pick Up - time of pick-up on Emergency Transportation (prov type 55) claims. Applies to Physician header panels only; • Discharge Hour - UB header panels; and, • Life Time Reserve Days - UB header panels. Other additional changes will include "creative" fields currently billed in non standard fields that have multiple use, and other requested fields. These will be specified in detail once solution is approved.	Prod Implemented

ID	Type	Name	Description	Current Status
1390	Change Order	Change Fields - Panels	Change the following fields labels: • All instances of OI Amt to TPL Amt; • All instances of Prescrib Prov to Prescriber Prov, Orig Prescrib to Orig Prescriber; • Prescrib Num to RX Num; • Days Supplys to Days Supply; • Can field positions on the different claims panels be consistent? For example, PAN is in a different position on the Dental Claim than on the Physician Claim; • Make sure that when in the Cash Disposition Panel if the user double clicks on the CCN, the financial FCRI Cash Receipt Information panel displays; and, • Make sure that when in the Prior Authorization Panel if the user double clicks on the PA Number, the PA Prior Authorization panel displays. SEE CLARIFICATIONS SECTION. REQUIREMENTS FOR THIS CO HAVE BEEN MODIFIED.	Prod Implemented
162	Change Order	Change "Recipient" - online	Change every instance of "Recipient, 'MID", "RID" or "Current ID" to "Member ID" on claim pages and panels. In addition, update any related error messages that may include the name of the field. Update corresponding documentation.	Prod Implemented
3541	Change Order	Change Provider ID to Number	To meet KY requirements, every panel and error message that shows a heading as 'Provider ID' needs to be replaced with 'Provider Number'. CO 2037 has been created to cover all changes; however this CO is specifically for Claims.	Prod Implemented

2.7.121 PANEL: DRG

2.7.121.1 Description

Use the DRG panel to view the Diagnosis Related Group (DRG) data for a UB claim.

Navigation Path: [Claims - Search] - [select a UB claim] - [DRG] - OR - [Claims - Data Correction] - [enter a clerk ID] - [select a UB claim from the search result] - [DRG] - OR - [Claims - Information] - [enter ICN for a UB claim] - [DRG] - OR - [Claims - Data Correction] - [Enter Clerk ID, then select a UB claim from the list] - [Select DRG link from the displayed panel]

Table: T_UB92_HDR_INP, T_DRG, T_MDC

2.7.121.2 Technical Name

Clm.ClaimDrgPanel.ascx

2.7.121.3 Panel Name

DRG

2.7.121.4 DRG Layout

DRG

Top Nav ? A

DRG	Enhanced DRG	MDC	DRG Version	Base Payment Amount	Cost Outlier	Total	1st DRG Diagnosis	2nd DRG Diagnosis	3rd DRG Diagnosis	1st DRG Procedure	2nd DRG Procedure
467	0	10	HAF	$1.00	$14.11	$15.11	ASD	ZXC	QWEF	0	0

2.7.121.5 Extra Features

This panel has no extra features.

2.7.121.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
1st DRG Diagnosis	First diagnosis code that influenced DRG assignment.	Field	Character	7	T_UB92_HDR_INP	CDE_DIAG1
1st DRG Procedure	First operating room procedure that influenced DRG assignment.	Field	Character	7	T_UB92_HDR_INP	CDE_PROC1
2nd DRG Diagnosis	Secondary diagnosis code that influenced DRG assignment.	Field	Character	7	T_UB92_HDR_INP	CDE_DIAG2

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
2nd DRG Procedure	Second operating room procedure that influenced DRG assignment. This field will be blank if no operating room procedure influenced DRG assignment.	Field	Character	6	T_UB92_HDR_INP	CDE_PROC1
3rd DRG Diagnosis	Third diagnosis code that influenced DRG assignment.	Field	Character	7	T_UB92_HDR_INP	CDE_DIAG_CC
Base Payment Amount	Base payment amount for an inpatient claim prior to any payment adjustments such as outliers or medical education costs.	Field	Number	9	T_UB92_HDR_INP	AMT_BASE_DRG
Cost Outlier	Costs associated with the capital costs of the facility. Capital costs include depreciation, interest, property taxes, and other costs. Format 9999999.99.	Field	Number	9	T_UB92_HDR_INP	AMT_COST_OUTLIER
DRG	Diagnosis Related Group. A code identifying the classification of diagnoses in which patients demonstrate similar resource consumption and length of stay patterns.	Field	Character	4	T_DRG	CDE_DRG
DRG Version	Grouper version in use.	Field	Character	20	T_UB92_HDR_INP	NUM_VERSION_DRG
Enhanced DRG	Value of the enhanced DRG code utilized during the DRG pricing process.	Field	Number	9	T_UB92_HDR_INP	SAK_DRG_ENHANCED
MDC	Major diagnosis category. A broad classification of diagnoses which group DRGs into one of the mutually exclusive MDCs.	Field	Character	2	T_MDC	CDE_MDC
Total	Sum of the base payment amount and cost outlier. Format 9999999.99.	Field	Number	9	N/A	N/A

2.7.121.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.121.8 Associated Requirements

ID
30.090.007.002.71

2.7.121.9 CO / Defects

ID	Type	Name	Description	Current Status
1681	Change Order	Core 10355 WI 1466 - DRG 8	See Core CO 10355 all documentation will be updated on this CO. See WI CO 1466. Additional information was added to the DRG claims pricing methodology. The panel that displays the DRG information should be updated to include all the pertinent information from the claim, and the provider rate file. The information includes the enhancement DRG code utilized during pricing.	Prod Implemented
3246	Change Order	KY DRG Claims Panel Updates	The DRG claim related data panel should represent KY DRG payment information only. The current panel displays the DSH payment, which is not a field used by KY. The panel is also missing the Base Payment Amount.	Prod Implemented

2.7.122 PANEL: Expecting Date

2.7.122.1 Description

The Expecting Date panel displays the expected pregnancy end date.

Navigation Path: [Claims -Information] - [Enter an ICN for a Physician claim] - [Select Expecting Date link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a Physician claim] - [Select Expecting Date link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a Physician claim from the list] - [Select Expecting Date link from the displayed panel]

Table: T_CLM_HDR_DELIVERY

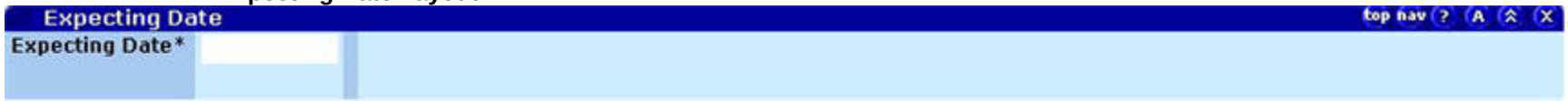
2.7.122.2 Technical Name

Clm.ClaimDeliveryPanel.ascx

2.7.122.3 Panel Name

Expecting Date

2.7.122.4 Expecting Date Layout



2.7.122.5 Extra Features

This panel has no extra features.

2.7.122.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Expecting Date	The expected pregnancy end date.	Field	Date (MM/DD/CCYY)	8	T_CLM_HDR_DELIVERY	DTE_DELIVERY

2.7.122.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Expecting Date	Field	1	Invalid Date. Format is MM/DD/CCYY.	Enter the date in the correct format.

Field	Field Type	Error Code	Error Message	To Correct
Expecting Date	Field	2	Expecting Date is required.	Enter a valid date.

2.7.122.8 Associated Requirements

ID
30.090.007.002.71
30.090.012.003.3A

2.7.122.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.123 PANEL: Physician Claim Detail Navigation

2.7.123.1 Description

The Physician Claim Detail Navigation panel provides access to the various panels through which physician claims detail information can be viewed.

Navigation Path: [Claims -Information] - [Enter an ICN for a physician claim] - OR - [Claims -Search] - [Enter Criteria] - [Select a physician claim] - OR - [Claims - Data Correction] - [Enter clerk ID, search then select a physician claim from the list] -THEN - [Click on Detail Information on the Navigation Panel]

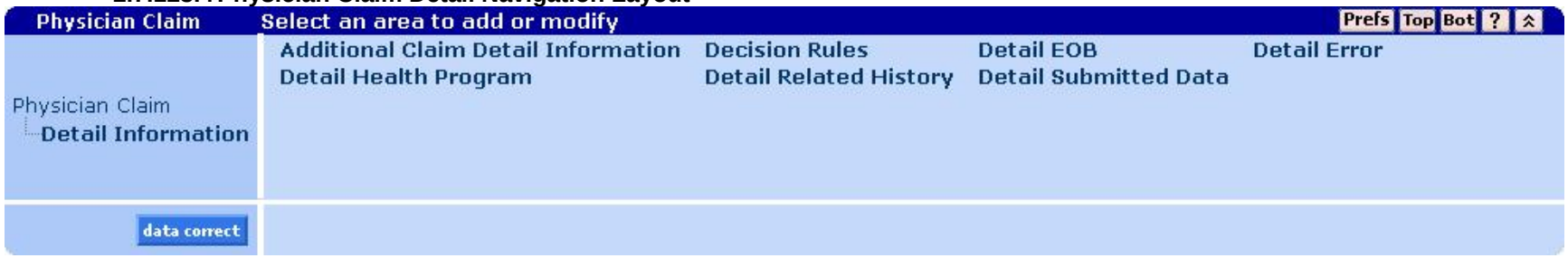
2.7.123.2 Technical Name

Clm.PhysicianClaimPage.ascx - Detail NavGroup

2.7.123.3 Panel Name

Physician Claim Detail Navigation

2.7.123.4 Physician Claim Detail Navigation Layout



2.7.123.5 Extra Features

This panel has no extra features.

2.7.123.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adjust	This button displays for claims in a paid status that are displayed on the Claim Information page. Clicking the Adjust button opens the Adjustment Request panel. When the initial request information is entered, the ICN of the displayed claim appears in the Original ICN field and a new ICN number appears in the Adjustment ICN field.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Cancel	The Cancel button appears if the claim is being viewed on the Data Correction page.	Button	N/A	0	N/A	N/A
Data Correct	This button displays for claims in suspended status that are displayed on the Claim Information page. Clicking the Data Correct button opens the displayed suspended claim in Data Correction mode. Changes can be made and the claim can be resubmitted.	Button	N/A	0	N/A	N/A
Save	The Save button displays if the claim is being viewed on the Data Correction page.	Button	N/A	0	N/A	N/A
Detail EOB	Link to "Detail EOB" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Error	Link to "Detail Error" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Health Program	Link to "Health Program" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Related History	Link to "Detail Related History" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Submitted Data	Link to "Detail Submitted Data" panel.	Hyperlink	N/A	0	N/A	N/A

2.7.123.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.123.8 Associated Requirements

ID
30.090.007.002.71

2.7.123.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.124 PANEL: Detail Related History

2.7.124.1 Description

Access the Detail Related History panel from the Paid, Denied, or Suspended Claim panels. This panel displays the related history applicable to the claim detail being viewed.

To view information on this panel, select one detail record on the Claim Detail panel. Page forward to find the detail to select or enter the detail number in the 'go to' field. Since the related history is tied to information on the Detail Error panel, the user must also open the Detail Error panel and select a row. Then click on the Detail Related History panel.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Click Search] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - THEN - [Click on a detail record in the Claim Detail panel] - [Click on the Detail Information nav bar item link on the Navigation Panel] - [Detail Error Panel] - [Select a detail error] -[Detail Related History]

Table: T_SUSP_RLHX

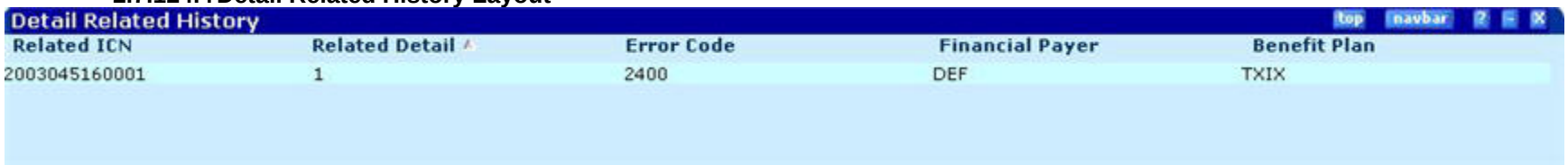
2.7.124.2 Technical Name

Clm.RelatedHistoryPanel.ascx

2.7.124.3 Panel Name

Detail Related History

2.7.124.4 Detail Related History Layout



2.7.124.5 Extra Features

This panel has no extra features.

2.7.124.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Benefit Plan	The medical assistance program associated with the related ICN.	Field	Character	5	T_SUSP_RLHX	SAK_PUB_HLTH
Error Code	Code used to indicate an error was discovered on a claim during processing in the base system.	Field	Number	4	T_SUSP_RLHX	SAK_ESC
Financial Payer	The description used to identify the financial payer for the related ICN.	Field	Character	30	T_SUSP_RLHX	SAK_FIN_PAYER
Related Detail	Related detail number on the history claim displayed.	Field	Number	4	T_SUSP_RLHX	NUM_DTL_RELATED
Related ICN	Internal control number of the related claim.	Field	Number	13	T_SUSP_RLHX	SAK_RELATED_HX

2.7.124.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.124.8 Associated Requirements

ID
30.050.001F
30.090.007.002.57
30.090.007.002.71

2.7.124.9 CO / Defects

ID	Type	Name	Description	Current Status
1241	Change Order	Related history - add error code	See CORE CO 10260 - for all the reference on this CO. Modify the related history and detail related history panels to add the error code associated to the audit which failed due to the related history being displayed. Some claims/details may fail more than one audit and providing the associated error code will help users determine why a claim has set a particular error.	Prod Implemented
162	Change Order	Change "Recipient" - online	Change every instance of "Recipient, 'MID", "RID" or "Current ID" to "Member ID" on claim pages and panels. In addition, update any related error messages that may include the name of the field. Update corresponding documentation.	Prod Implemented

2.7.125 PANEL: Pharmacy Claim Navigation

2.7.125.1 Description

The Pharmacy Claim Navigation panel provides access to the various panels through which pharmacy claims data can be viewed.

Navigation Path: [Claims -Information] - [Enter an ICN for a Pharmacy claim] - - OR - [Claims -Search] - [Enter Criteria] - [Select a Pharmacy claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a pharmacy claim from the list]

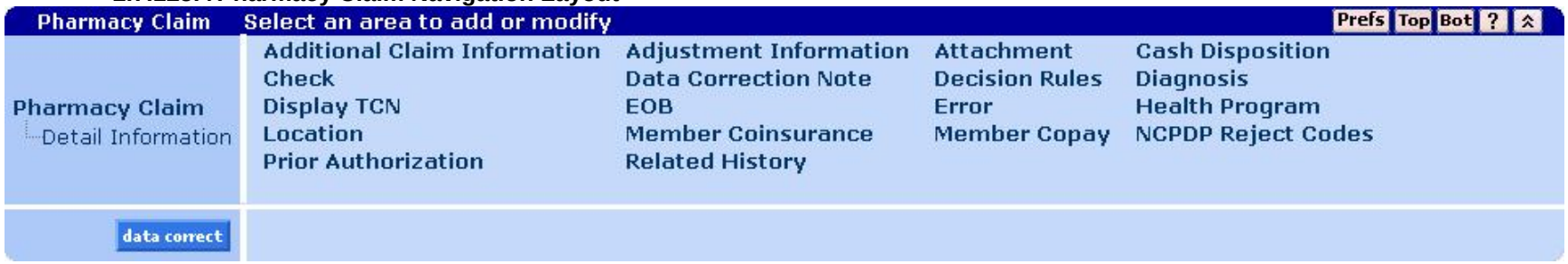
2.7.125.2 Technical Name

Clm.PharmacyClaimPage.ascx - NavGroup

2.7.125.3 Panel Name

Pharmacy Claim Navigation

2.7.125.4 Pharmacy Claim Navigation Layout



2.7.125.5 Extra Features

This panel has no extra features.

2.7.125.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adjust	The Adjust button will appear if this is a paid claim being viewed on the Claim Information page.	Button	N/A	0	N/A	N/A
Cancel	The Cancel button will appear if the claim is being viewed on the Data Correction page.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Data Correct	The Data Correct button will appear if this is a Suspended claim being viewed on the Claim Information page.	Button	N/A	0	N/A	N/A
Save	The Save button will appear if the claim is being viewed on the Data Correction page.	Button	N/A	0	N/A	N/A
Adjustment Information	Link to "Adjustment Information" panel.	Hyperlink	N/A	0	N/A	N/A
Attachment	Link to "Attachment" panel.	Hyperlink	N/A	0	N/A	N/A
Cash Disposition	Link to "Cash Disposition" panel.	Hyperlink	N/A	0	N/A	N/A
Check	Link to "Check" panel.	Hyperlink	N/A	0	N/A	N/A
Data Correction Note	Link to "Data Correction Note" panel.	Hyperlink	N/A	0	N/A	N/A
Decision Rules	Link to the "Decision Rules" panel.	Hyperlink	N/A	0		
Diagnosis	Link to "Diagnosis" panel.	Hyperlink	N/A	0	N/A	N/A
Display TCN	Link to "Display TCN" panel.	Hyperlink	N/A	0	N/A	N/A
EOB	Link to "EOB" panel.	Hyperlink	N/A	0	N/A	N/A
Error	Link to "Error" panel.	Hyperlink	N/A	0	N/A	N/A
Health Program	Link to "Health Program" panel.	Hyperlink	N/A	0	N/A	N/A
Location	Link to "Location" panel.	Hyperlink	N/A	0	N/A	N/A
Member Coinsurance	Link to the "Member Coinsurance" panel.	Hyperlink	N/A	0		
Member Copay	Link to the "Member Copay" panel.	Hyperlink	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
NCPDP Reject Codes	Link to "NCPDP Reject Codes" panel.	Hyperlink	N/A	0	N/A	N/A
Prior Authorization	Link to "Prior Authorization" panel.	Hyperlink	N/A	0	N/A	N/A
Related History	Link to "Related History" panel.	Hyperlink	N/A	0	N/A	N/A

2.7.125.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.125.8 Associated Requirements

ID
30.090.007.002.71
30.090.008.002.11
30.090.008.002.33

2.7.125.9 CO / Defects

ID	Type	Name	Description	Current Status
1289	Change Order	Add NCPDP Reject Codes	Add new NCPDP Reject Codes inquiry panel.	Prod Implemented

2.7.126 PANEL: Detail Submitted Data - Dental

2.7.126.1 Description

The Detail Submitted Data panel displays the dental submitted information applicable to the claim at the detail level.

To view information on this panel, select one detail record on the Claim Detail panel. Page forward to find the detail to select or enter the detail number in the 'go to' field.

Navigation Path: [Claims -Information] - [Enter a Dental ICN] - [Click Search] - OR - [Claims -Search] - [Enter Criteria] - [Select a Dental claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a dental claim from the list] - THEN - [Click on a detail record in the Claim Detail panel] - [Click on the Detail Information nav bar item link on the Navigation Panel] - [Detail Submitted Data]

Table: T_DENTAL_DTL_KEYS

2.7.126.2 Technical Name

Clm.DentalDetailKeyPanel

2.7.126.3 Panel Name

Detail Submitted Data

2.7.126.4 Detail Submitted Data – Dental Layout

2.7.126.5 Extra Features

This panel has no extra features.

2.7.126.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Original Modifier 1	Original/submitted procedure modifier 1 for HIPAA 837D.	Field	Character	2	T_DENTAL_DTL_KEYS	CDE_PROC_MOD1_SUB
Original Modifier 2	Original/submitted procedure modifier 2 for HIPAA 837D.	Field	Character	2	T_DENTAL_DTL_KEYS	CDE_PROC_MOD2_SUB
Original Modifier 3	Original/submitted procedure modifier 3 for HIPAA 837D.	Field	Character	2	T_DENTAL_DTL_KEYS	CDE_PROC_MOD3_SUB
Original Modifier 4	Original/submitted procedure modifier 4 for HIPAA 837D.	Field	Character	2	T_DENTAL_DTL_KEYS	CDE_PROC_MOD4_SUB
Proc Replaced	Original/submitted procedure code for HIPAA 837D.	Field	Character	6	T_DENTAL_DTL_KEYS	CDE_PROC_SUB
Ref Dtl Line	A sequence number that points to the original detail.	Field	Number	4	T_DENTAL_DTL_KEYS	NUM_DTL
Sub Units Billed	Original/submitted units billed for HIPAA 837D. Format 9999.99.	Field	Number	6	T_DENTAL_DTL_KEYS	QTY_BILLED_SUB

2.7.126.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.126.8 Associated Requirements

ID
30.090.007.002.71

2.7.126.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.127 PANEL: Detail Submitted Data - UB92

2.7.127.1 Description

This panel displays the submitted data applicable to the UB claim detail being viewed.

To view information on this panel, select one detail record on the Claim Detail panel. Page forward to find the detail to select or enter the detail number in the 'go to' field.

Navigation Path: [Claims -Information] - [Enter a UB ICN] - [Click Search] - OR - [Claims -Search] - [Enter Criteria] - [Select a UB claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a UB claim from the list] - THEN - [Click on a detail record in the Claim Detail panel] - [Click on the Detail Information nav bar item link on the Navigation Panel] - [Detail Submitted Data]

Table: T_UB92_DTL_EXT_KEY

2.7.127.2 Technical Name

Clm.UB92DetailKeyPanel.ascx

2.7.127.3 Panel Name

Detail Submitted Data

2.7.127.4 Detail Submitted Data - UB92 Layout

Detail Submitted Data

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Ref Dtl Line	0	Submitted Modifier 1	2	Attending Provider License	100058399
Proc Replaced	720002	Submitted Modifier 2	3	Other Provider 1 License	
Sub-Revenue Code	345	Submitted Modifier 3	4	Non-Covered Amount	$0.00
Sub Units Billed	0.00	Submitted Modifier 4	5		
Original Billed Amount	$0.00	Original Modifier 1			
Submitted Billed Quantity	0.00	Original Modifier 2			
		Original Modifier 3			
		Original Modifier 4			

2.7.127.5 Extra Features

This panel has no extra features.

2.7.127.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Attending Provider License	The number of the licensed physician who would be expected to certify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment.	Field	Character	11	T_UB92_DTL_EXT_KEY	ID_PROV_ATTEND
Original Billed Amount	Original billed amount on the claim detail.	Field	Number	8	T_UB92_DTL_EXT_KEY	AMT_BILLED_ORIG
Original Modifier 1	Original procedure modifier 1 for HIPAA 835.	Field	Character	2	T_UB92_DTL_EXT_KEY	CDE_PROC_MOD1_ORIG
Original Modifier 2	Original procedure modifier 2 for HIPAA 835.	Field	Character	2	T_UB92_DTL_EXT_KEY	CDE_PROC_MOD2_ORIG
Original Modifier 3	Original procedure modifier 3 for HIPAA 835.	Field	Character	2	T_UB92_DTL_EXT_KEY	CDE_PROC_MOD3_ORIG
Original Modifier 4	Original procedure modifier 4 for HIPAA 835.	Field	Character	2	T_UB92_DTL_EXT_KEY	CDE_PROC_MOD4_ORIG
Other Provider 1 License	License number of the physician who performed the procedure.	Field	Character	11	T_UB92_DTL_EXT_KEY	ID_PROV_OTHER
Proc Replaced	Submitted procedure code for HIPAA 835.	Field	Character	6	T_UB92_DTL_EXT_KEY	CDE_PROC_SUB
Ref Dtl Line	A sequence number that points to the original detail.	Field	Number	4	T_UB92_DTL_EXT_KEY	NUM_DTL
Sub Units Billed	Submitted units billed for HIPAA 835. Format 9999999.99.	Field	Number	9	T_UB92_DTL_EXT_KEY	QTY_BILLED_SUB

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Sub-Revenue Code	Submitted revenue code for HIPAA 835.	Field	Character	4	T_UB92_DTL_EXT_KEY	CDE_REV_SUB
Submitted Billed Quantity	Submitted billed quantity on the claim detail.	Field	Number	6	T_UB92_DTL_EXT_KEY	QTY_BILLED_ORIG
Submitted Modifier 1	Submitted procedure modifier 1 for HIPAA 835.	Field	Character	2	T_UB92_DTL_EXT_KEY	CDE_PROC_MOD1_SUB
Submitted Modifier 2	Submitted procedure modifier 2 for HIPAA 835.	Field	Character	2	T_UB92_DTL_EXT_KEY	CDE_PROC_MOD2_SUB
Submitted Modifier 3	Submitted procedure modifier 3 for HIPAA 835.	Field	Character	2	T_UB92_DTL_EXT_KEY	CDE_PROC_MOD3_SUB
Submitted Modifier 4	Submitted procedure modifier 4 for HIPAA 835.	Field	Character	2	T_UB92_DTL_EXT_KEY	CDE_PROC_MOD4_SUB

2.7.127.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.127.8 Associated Requirements

ID
30.090.007.002.71

2.7.127.9 CO / Defects

ID	Type	Name	Description	Current Status
2610	Change Order	Update UB92 Submitted Data	Add the following fields to the Detail Submitted Data - UB panel. Name Type: • AMT_BILLED_ORIG NUMBER(8,2); • QTY_BILLED_ORIG NUMBER(6,2); • CDE_PROC_MOD1_ORIG CHAR(2); • CDE_PROC_MOD2_ORIG CHAR(2); • CDE_PROC_MOD3_ORIG CHAR(2); and, • CDE_PROC_MOD4_ORIG CHAR (2).	Prod Implemented
2611	Change Order	Encounter Panel table change	The T_UPLOAD table used in the Encounter Batch Summary panel has been replaced with T_FILE_TRACKING table. The Encounter Batch Summary and related panels need to be modified to use the T_FILE_TRACKING table instead of the T_UPLOAD table.	Prod Implemented
3531	Change Order	Add Submitted Non Cov Amount UI	In order to be HIPAA compliant, the non-covered amount submitted on each claim detail needs to be stored in a field separate from the non-covered amount which can be updated during claims processing, based on criteria established by the Commonwealth.	Prod Implemented

2.7.128 PANEL: MCO Data

2.7.128.1 Description

The MCO Data panel displays managed care organization (MCO) data related to encounter claims.

Navigation Path: [Claims -Information] - [Enter an ICN for an Encounter Claim] - [Select MCO Data link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select an Encounter Claim claim] - [Select MCO Data link from the displayed panel]

Table: DB Table Name T_PD_XXXX_HDR or T_DENY_XXXX_HDR, T_XXXX_OTH_PYR_HDR, T_CLM_REF, T_CLM_AMT

2.7.128.2 Technical Name

Clm.MCO Data

2.7.128.3 Panel Name

MCO Data

2.7.128.4 MCO Data Layout

» MCO Data Top Nav ? ⌃ ✕

MCO ICN	MCO Original ICN	MCO Payment Date	MCO Receipt Date	Encounter Receipt Date	Adjudicated Status	MCO Paid Amount	MMIS Allowed Amount	MCO Capitation
IX000000000000000-000	0	09/21/2006		12/20/2006		$66.66	$0.00	N

2.7.128.5 Extra Features

This panel has no extra features.

2.7.128.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adjudicated Status	Code that indicates the status of the encounter in the system as a result of interChange editing. The values are T - Threshold, I - Informational or P - paid.	Field	Character	1	T_PD_XXXX_HDR OR T_DENY_XXXX_HDR	CDE_ENC_STATUS
Encounter Receipt Date	Date the encounter file was received by the interChange system. This is obtained by extracting the Julian date from the ICN on the claim header.	Field	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
MCO Capitation	Capitation indicator. Valid values are 'Y' or 'N'.	Field	Character	1	T_CLM_CN1	CDE_CONTRACT_TYPE
MCO ICN	Internal control number of the MCO claim. If available, this field is obtained from the T_CLM_REF table (when qlf_reference_id ='D9' and num_dtl = 0), however if it is not available, the MCO ICN is obtained from the PAN field on the claim header record.	Field	Number	13	T_CLM_REF	CDE_REF_ID
MCO Original ICN	Original MCO internal control number for voids and adjustments. (When qlf_reference_id ='F8' and num_dtl = 0).	Field	Number	13	T_CLM_REF	CDE_REF_ID
MCO Paid Amount	MCO paid amount (when qlf_amount='D' and num_dtl = 0) for all claim types except institutional claims. For Institutional claims, MCO paid amount (when qlf_amount='C4' and num_dtl = 0)	Field	Number	9	T_CLM_AMT	AMT_MONETARY
MCO Payment Date	Date the MCO paid encounter claim.	Field	Date (MM/DD/CCYY)	8	T_XXXX_OTH_PYR_HDR	DTE_CLM_ADJUDICATION
MCO Receipt Date	Date the MCO received the claim into their system for processing.	Field	Number	8	T_CLM_K3	DSC_FILE_INFO

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
MMIS Allowed Amount	Medicaid allowed amount, the result of re-pricing the encounter claim. (When qlf_amount='B6' and num_dtl = 0).	Field	Number	9	T_MPHX_XXX_DTL or T_MEDPOL_UB92	AMT_ALWD (SUM)

2.7.128.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.128.8 Associated Requirements

ID
30.090.008.002.11
30.090.008.002.33

2.7.128.9 CO / Defects

ID	Type	Name	Description	Current Status
159	Change Order	Display Encounter Data Elements	Add a new panel to display encounter related data: • MCO(s) unique encounter number; • Partnership paid amounts; • MCO receipt date; • MCO adjudication payment date; • Encounter receipt date; • Encounter adjudication date; • Medicaid adjudication status (The result of interChange. editing the encounters). The actual encounter status will be mapped to claim status; • Encounter Type; and, • MCO Contract Type (1 = Fee for Service, 2 = Capitated Fee).	Prod Implemented
7850	Change Order	Get MCO ICN from PAN	If T_CLM_REF table, cde_ref_id field where the qlf_reference_id = 'D9' is empty, put the PAN (on the claim header, num_pat_acct) in the MCO data panel ICN field. (However, the field is not available on the pharmacy header.) That way, the panel will display the PAN in the MCO ICN field if it is not sent in the REF*D9 field. Technically, the MCO ICN can be in either place. It is most accurate for it to be in REF*D9 but the IG says it can be in CLM segment (PAN). It should always be displayed in the PAN field either way.	Prod Implemented

2.7.129 PANEL: Physician Claim

2.7.129.1 Description

The Physician Claim panel displays the header information on a selected physician (CMS 1500) claim.

Navigation Path: [Claims -Information] - [Enter an ICN for a physician claim] - OR - [Claims -Search] - [Enter Criteria] - [Select a physician claim]

This panel is populated from the following tables depending on the status of the claim: T_PD_PHYS_HDR, T_DENY_PHYS_HDR, and T_SUSP_PHYS_HDR

2.7.129.2 Technical Name

Clm.PhysicianClaimPanel.ascx

2.7.129.3 Panel Name

Physician Claim

2.7.129.4 Physician Claim Layout

2.7.129.5 Extra Features

This panel has no extra features.

2.7.129.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Image	To view the claim image from the OnBase system. This button is visible only for paper claims.	Button	N/A	0	N/A	N/A
Accident	Indicates the accident reason. It draws its drop down values from the T_ACCIDENT_TYPE table.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	IND_ACCIDENT
Accident Date	Date of accident.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_ACCIDENT
Attachment	Indicates whether an attachment is present.	Field	DropDownList Box	0	SEE NARRATIVE SECTION	IND_ATTACHMENT
Billed	Amount requested by the provider for services rendered. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_BILLED
Cert #	Code used to identify the certification of the member.	Field	Character	2	SEE NARRATIVE SECTION	CDE_CERTIFICATE
Claim Type	Indicates the type of claim.	Field	Character	50	SEE NARRATIVE SECTION	CDE_CLM_TYPE
DOB	Member date of birth.	Field	Date (MM/DD/CCYY)	8	T_PHYS_HDR_KEY	DTE_SUBSCRIBER_DOB

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Date Billed	Date on which claim was submitted for processing.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_BILLED
Date Paid	Date on which the claim was paid.	Field	Date (MM/DD/CCYY)	8	T_CLM_PGM_XREF	DTE_FINAL
Details	The number of detail service lines on the claim.	Field	Number	4	SEE NARRATIVE SECTION	NUM_DTL_TOTAL
Diagnosis	Code used to identify the primary or other diagnoses.	Field	Drop Down List Box	0	T_PD_PHYS_DTL	CDE_DIAG_TREAT_IND
FDOS	Beginning date of service on the claim.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_FIRST_SVC
First Name	The first name of the member associated with the member ID. If there is no association between the first name and the member ID number, the first character of the first name that was entered will be displayed.	Field	Character	15	T_PHYS_HDR_KEY	CLM_RECIP_FST_NAM
Hospital FDOS	First date hospitalized.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_FROM_HOSP
Hospital TDOS	Last date hospitalized.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_TO_HOSP

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
ICN	Internal control number that uniquely identifies a claim.	Field	Character	13	SEE NARRATIVE SECTION	NUM_ICN
Last Name	The last name of the member associated with the member ID. If there is no association between the last name and the member ID number, the first three characters of the last name that was entered will be displayed.	Field	Character	15	T_PHYS_HDR_KEY	CLM_LST_NAM_RECIP
MRN	Code representing the Medical record number.	Field	Character	30	SEE NARRATIVE SECTION	CDE_MED_REC_NUM
Member ID	An assigned number that uniquely identifies a member.	Field	Character	12	T_PHYS_HDR_KEY	ID_MEDICAID
Net Billed	Amount remaining on a claim after payment has been made by all other sources (co-pay, TPL, and so on.). Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_NET_BILLED
PAN	Patient's unique identification number assigned by the provider to track the patient's financial records.	Field	Character	38	SEE NARRATIVE SECTION	NUM_PAT_ACCT

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Paid	Amount paid on claim. Amount paid is the allowed amount minus spend down, coinsurance, deductible, patient liability, dispensing fees, TPL, etc., as applicable depending on services. This value is computed by adding up all the AMT_PAID values for the related details. Format 999999.99.	Field	Number	8	T_CLM_PGM_XREF	AMT_PAID
Prev ICN	This field allows the user to select any of the claim's prior ICNs and obtain information on them.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	NUM_ICN
Provider Number	The pay-to provider identification number and location that uniquely identify the provider of services.	Field	Character	10	SEE NARRATIVE SECTION	ID_PROVIDER, CDE_SERVICE_LOC
RA Number	The Remittance Advice number uniquely identifies remittance advice sent to providers during payment cycles.	Field	Number	12	T_FIN_REMIT_TXN _XREF	SAK_REMIT
Referring Provider 1	The license number of the referring physician and location other than the attending physician.	Field	Character	10	SEE NARRATIVE	ID_PROV_REFER, CDE_SVC_LOC_REF_1
Referring Provider 2	The license number of the second referring physician and location other than the attending physician.	Field	Character	10	SEE NARRATIVE	SEE DESCRIPTION
Reimbursed	Total amount the provider receives minus any state share amount (if applicable). Format 9999999.99.	Field	Number	9	T_PD_PHYS_HDR	AMT_TOT_REIM

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Signature	Indicates whether the claim was signed by the provider or representative.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	IND_PROV_SIGN
Spenddown	Amount of money that the member is responsible for paying for services. Format 9999999.99.	Field	Number	9	SEE NARRATIVE SECTION	AMT_PATNT_LIAB
Status	This field displays the status of the claim.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	CDE_CLM_STATUS
Submitter ID	Submitter of electronically submitted claims.	Field	Character	12	T_EDI_INTERCHANGE	CDE_SENDER_ID
TDOS	Ending date of service on the claim.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_LAST_SVC
TPL	Amount paid by third party for services, at the claim header level. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	TPL_AMT
TPL Recovered Amt	The casualty case recovery amount populated from the Settlement panel. Format 9999999.99.	Field	Number	9	T_TPL_AR_DISPS	AMT
Total Copay	This is the sum of the copay amounts from Health Program panel records (T_CLM_PGM_XREF table). Format 9999999.99.	Field	Number	7	T_CLM_PGM_XREF	AMT_CO_PAY

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Total Patient Liability	The amount of patient liability applied to this claim.	Field	Number	12	T_CLM_PATLIAB_X	AMT_PD_PAT_UB92
Total TPL	The sum of the TPL amounts at the header and detail levels. Format 999999.99.	Field	Number	8	N/A	N/A

2.7.129.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.129.8 Associated Requirements

ID
30.050.001F
30.090.007.002.14
30.090.007.002.47
30.090.007.002.71
30.090.007.003.8
30.090.008.002.24

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CO / Defects

ID	Type	Name	Description	Current Status
1375	Change Order	Add Display Of Patient Liability	Add Display of Patient Liability Amount applied to the claim and/or claim detail. Patient liability in KY applies to claims bill end in UB and CMS1500 format. Patient liability amount is applied at the detail level when the claim is billed CMS1500 for some programs such as Adult Day Care Waivers. Patient liability amount is applied at the detail level when the claim is billed UB for some programs such as Hospice claims. Other claims deduct patient liability at the header level.	Prod Implemented
1376	Change Order	Add Fields Display - Panels	Add Display of following fields: • Submitter ID - Submitter of Electronically submitted claims at the header level. This change applies to all claim forms; and, • RA number - Header level. This change applies to all claim forms. • Add display and allow data correction for the following fields: • Time of Pick Up - time of pick-up on Emergency Transportation (prov type 55) claims. Applies to Physician header panels only; • Discharge Hour - UB header panels; and, • Life Time Reserve Days - UB header panels. Other additional changes will include "creative" fields currently billed in non standard fields that have multiple use, and other requested fields. These will be specified in detail once solution is approved.	Prod Implemented

ID	Type	Name	Description	Current Status
162	Change Order	Change "Recipient" - online	Change every instance of "Recipient, 'MID", "RID" or "Current ID" to "Member ID" on claim pages and panels. In addition, update any related error messages that may include the name of the field. Update corresponding documentation.	Prod Implemented
3541	Change Order	Change Provider ID to Number	To meet KY requirements, every panel and error message that shows a heading as 'Provider ID' needs to be replaced with 'Provider Number'. CO 2037 has been created to cover all changes, however this CO is specifically for Claims	Prod Implemented

2.7.130 PANEL: Pharmacy Claim

2.7.130.1 Description

The Pharmacy Claim panel displays the header information on a selected pharmacy claim.

Navigation Path: [Claims -Information] - [Enter an ICN for a pharmacy claim] - OR - [Claims -Search] - [Enter Criteria] - [Select a Pharmacy claim]

There are different tables used depending on the status of the claim. The tables used are the following: T_PD_PHRM_HDR, T_DENY_PHRM_HDR, T_SUSP_PHRM_HDR, T_RE_BASE, T_PR_PROV, and T_PHRM_HDR_KEYS

2.7.130.2 Technical Name

Clm.PharmacyClaimPanel.ascx

2.7.130.3 Panel Name

Pharmacy Claim

2.7.130.4 Pharmacy Claim Layout

Pharmacy Claim

ICN	2003163300065	Claim Type	PHARMACY CLAIMS	Status*	Suspend
Member ID*	000001110 [Search]	RX Date	01/01/2003	Details	1
Last Name	HACKER	Disp Date*	01/01/2003	Billed	$100.00
First Name	ALBERT	Date Billed*	04/19/2005	Net Billed	$0.00
DOB	01/01/2005	Provider Number	200307329A MCD [Search]	Spenddown	$0.00
Claim Diagnosis		Rendering Provider	200307329A MCD [Search]	Reimbursed	$0.00
Submitter ID		Prescribing Provider		Paid	$0.00
RA Number		Original Prescription	50	TPL	$50.00
Signature	Yes	Prescription Nbr.	123456	TPL Recovered Amt	$0.00
Emergency	No	Brand Required		Copay	$0.00
Nursing Home	No	Days Supply	30	Dispensing Fee	$0.00
Pregnancy	Unknown	Refill Quantity	00		
DUR Outcome		DUR Intervention			

2.7.130.5 Extra Features

This panel has no extra features.

2.7.130.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Billed	Amount of money requested for payment by a provider for services rendered. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_BILLED
Brand Required	Indicates the reason, if any, that a brand name drug was dispensed.	Field	Character	1	SEE NARRATIVE SECTION	IND_BRAND_MED_NEC
Claim Type	Indicates the type of claim.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	CDE_CLM_TYPE
Copay	Amount paid by member for services rendered.	Field	Number	7	SEE NARRATIVE SECTION	AMT_CO_PAY
DOB	Member's date of birth.	Field	Date (MM/DD/CCYY)	8	T_RE_BASE	DTE_BIRTH
DUR Intervention	The response of the pharmacist to the DUR message.	Field	Character	2	SEE NARRATIVE SECTION	CDE_DUR_INTRVNTN
DUR Outcome	The response of the pharmacist to the DUR message.	Field	Character	2	SEE NARRATIVE SECTION	CDE_DUR_OUTCOME
Date Billed	The date on which a claim was submitted for processing.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_BILLED
Days Supply	Number of days a prescribed drug should last a member.	Field	Number	9	SEE NARRATIVE SECTION	NUM_DAY_SUPPLY
Details	The number of detail service lines on the claim.	Field	Number	9	SEE NARRATIVE SECTION	NUM_DTL_TOTAL

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Diagnosis	Indicates the diagnosis codes applicable to the claim.	Field	Character	7	T_DIAGNOSIS	CDE_DIAG
Disp Date	Date pharmacy dispensed the drug to the member.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_DISPENSE
Disp Fee	Amount of dispensing fee, if paid. Format 99999.99.	Field	Number	7	SEE NARRATIVE SECTION	AMT_NDC_PROFEE
Emergency	Indicates whether service was provided as a result of an emergency situation.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	IND_EMERGENCY
First Name	The first name of the member associated with the Member ID number.	Field	Character	15	T_PHRM_HDR_KEYS	CLM_RECIP_FST_NAM
ICN	Internal control number which uniquely identifies a claim.	Field	Character	13	SEE NARRATIVE SECTION	NUM_ICN
Last Name	The last name of the member associated with the Member ID number. If there is no association between the last name and the Member ID number, the first three characters of the last name that was entered will be displayed.	Field	Character	15	T_PHRM_HDR_KEYS	CLM_LST_NAM_RECIP
Member ID	A system-assigned number that uniquely identifies a member.	Field	Character	12	T_PHRM_HDR_KEYS	ID_MEDICAID
Net Billed	Amount remaining on a claim after payment has been made by all other sources (co-pay, TPL, and so on.). Format 999999.99	Field	Number	8	SEE NARRATIVE SECTION	AMT_NET_BILLED

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Nursing Home	Indicates whether the member is in a nursing home.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	IND_NURSE_HOME
Original Prescription	Original prescription.	Field	Character	10	T_MPHX_PHRM_DTL	ID_PROV_PERSCRB
Paid	Amount paid on claim. Amount Paid will be the allowed amount minus spend down, coinsurance, deductible, patient liability, dispensing fees, TPL, etc., as applicable depending on services. This value is computed by adding up all the AMT_PAID values for the related details. Format 999999.99.	Field	Number	8	T_CLM_PGM_XREF	AMT_PAID
Pregnancy	Pregnancy indicator.	Field	Character	1	SEE NARRATIVE SECTION	IND_PREGNANCY
Prescribing Provider	Number of provider who prescribed the drugs to the member. This does not have to be an enrolled provider.	Field	Character	10	T_PR_PROV	ID_PROV_PRESCRB
Provider Number	The provider identification number and location that uniquely identifies the provider of services.	Field	Character	10	T_PR_PROV	ID_PROVIDER/CDE_SERVICE_LOC
RA Number	The Remittance Advice number uniquely identifies remittance advice sent to providers during payment cycles.	Field	Number	12	T_FIN_REMIT_TXN_XREF	SAK_REMIT
RX Date	Date the drug prescription (Rx) was either filled or written.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_PRESCRIBE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
RX Num	Number assigned by a pharmacy to identify the drug dispensed to a member	Field	Character	7	SEE NARRATIVE SECTION	NUM_PRSCRIP
Refill Quantity	Number of refills on the prescription billed.	Field	Character	2	SEE NARRATIVE SECTION	QTY_REFILL
Reimbursed	Total amount the provider receives minus any state share amount (if applicable). Format 99999999.99.	Field	Number	10	T_PD_PHARM_HDR	AMT_TOT_REIMB
Rendering Provider	ID and service location of the provider rendering the service.	Field	Character	10	T_PHRM_HDR_KEYS	ID_PROV_RENDERING
Signature	Indicates whether the claim was signed by the provider or representative.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	IND_PROV_SIGN
Spenddown	Amount of money that member is responsible for paying for services rendered. Format 9999999.99.	Field	Number	9	SEE NARRATIVE SECTION	AMT_PATNT_LIAB
Status	Identifies the status of the claim in the system.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	CDE_CLM_STATUS
Submitter ID	Submitter of electronically submitted claims.	Field	Character	12	T_EDI_INTERCHANGE	CDE_SENDER_ID
TPL	Amount paid by third party for services. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	TPL_AMT
TPL Rec Amt	The casualty case recovery amount populated from the Settlement panel. Format 9999999.99.	Field	Number	9	T_PD_PHARM_HDR	AMT_TPL_RECOVERY

2.7.130.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.130.8 Associated Requirements

ID
30.050.001F
30.090.007.002.14
30.090.007.002.66
30.090.007.002.71
30.090.007.003.8

2.7.130.9 CO / Defects

ID	Type	Name	Description	Current Status
1376	Change Order	Add Fields Display - Panels	Add Display of following fields: • Submitter ID - Submitter of Electronically submitted claims at the header level. This change applies to all claim forms; and, • RA number - Header level. This change applies to all claim forms. Add display and allow data correction for the following fields: • Time of Pick Up - time of pick-up on Emergency Transportation (prov type 55) claims. Applies to Physician header panels only; • Discharge Hour - UB header panels; and, • Life Time Reserve Days - UB header panels. Other additional changes will include "creative" fields currently billed in non standard fields that have multiple use, and other requested fields. These will be specified in detail once solution is approved.	Prod Implemented

ID	Type	Name	Description	Current Status
1390	Change Order	Change Fields - Panels	Change the following fields labels: • All instances of OI Amt to TPL Amt; • All instances of Prescrib Prov to Prescriber Prov, Orig Prescrib to Orig Prescriber; • Prescrib Num to RX Num; • Days Supplys to Days Supply; • Can field positions on the different claims panels be consistent? For example, PAN is in a different position on the Dental Claim than on the Physician Claim; • Make sure that when in the Cash Disposition Panel if the user double clicks on the CCN, the financial FCRI Cash Receipt Information panel displays; and, • Make sure that when in the Prior Authorization Panel if the user double clicks on the PA Number, the PA Prior Authorization panel displays. SEE CLARIFICATIONS SECTION. REQUIREMENTS FOR THIS CO HAVE BEEN MODIFIED.	Prod Implemented
162	Change Order	Change "Recipient" - online	Change every instance of "Recipient, 'MID", "RID" or "Current ID" to "Member ID" on claim pages and panels. In addition, update any related error messages that may include the name of the field. Update corresponding documentation.	Prod Implemented

ID	Type	Name	Description	Current Status
2711	Change Order	Modify Prescb Prov on Pharm Hdr	Modify the Prescribing Provider field on the Pharmacy Header panel on the Claims Information page to only display the value that exists in the id_prov_prescrb field. At this time it is set up as a 1-1 relationship, but the table has been modified so that is no longer the case. The num_prov_lic value on the claim is no longer a unique value for KY. The [Search] needs to be removed and the business entity and configuration files need to be modified to remove the 1-1 relationship. On data correction, when one enters a Prescribing provider, it needs to be edited to ensure it is a valid value.	Prod Implemented
3541	Change Order	Change Provider ID to Number	To meet KY requirements, every panel and error message that shows a heading as 'Provider ID' needs to be replaced with 'Provider Number'. CO 2037 has been created to cover all changes, however this CO is specifically for Claims	Prod Implemented

2.7.131 PANEL: UB92 Claim Detail

2.7.131.1 Description

Use the UB Claim Detail panel to view the data entered on the detail portion of a UB claim. When this panel is displayed in Data Correction mode, use the Add button or Delete button to add or remove details.

Navigation Path: [Claims -Information] - [Enter an ICN for a UB claim] - - OR - [Claims -Search] - [Enter Criteria] - [Select a UB claim] - - OR - [Claims - Data Correction] - [Enter clerk ID, search then select a UB claim from the list]

This panel is populated from the following tables depending on the status of the claim: T_PD_UB92_DTL, T_DENY_UB92_DTL, T_SUSP_UB92_DTL, T_CLM_MODIFIER, and T_CLM_PATLIAB_X

2.7.131.2 Technical Name

Clm.UB92DetailPanel.ascx

2.7.131.3 Panel Name

Claim Detail

2.7.131.4 UB92 Claim Detail Layout

2.7.131.5 Extra Features

This panel has no extra features.

2.7.131.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
goto	Allows user to view a specific detail.	Button	N/A	0	N/A	N/A
Allowed Amt	Amount allowed that will be paid for. Format 9999999.99.	Field	Number	9	SEE NARRATIVE SECTION	AMT_REIMBURSEMENT
Billed Amt	Amount of money requested for payment by a provider for services rendered. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_BILLED_UB92
Detail Number	The detail number of a claim record.	Field	Number	4	SEE NARRATIVE SECTION	NUM_DTL
FDOS	Date on which service was first provided.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_FIRST_SVC
LOC Pricing Code	The level of care used to price the detail allowed amount.	Field	Character	3	SEE NARRATIVE SECTION	CDE_LOC_PRICING
Modifier 1	Original/Submitted Procedure Modifier 1 for HIPAA 837I.	Field	Character	2	T_CLM_MODIFIER	CDE_MODIFIER
Modifier 2	Original/Submitted Procedure Modifier 2 for HIPAA 837I.	Field	Character	2	T_CLM_MODIFIER	CDE_MODIFIER
Modifier 3	Original/Submitted Procedure Modifier 3 for HIPAA 837I.	Field	Character	2	T_CLM_MODIFIER	CDE_MODIFIER
Modifier 4	Original/Submitted Procedure Modifier 4 for HIPAA 837I.	Field	Character	2	T_CLM_MODIFIER	CDE_MODIFIER
Non-Covered Charge	Service line non-covered charge amount, line item denied charge or non-covered charge amount.	Field	Number	9	T_UB92_DTL_EXT_KEY	AMT_NON_COVERED

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Other Provider 2	Other Provider2 and location. LOC=location that uniquely identifies the provider of services.	Field	Character	10	T_UB92_DTL_EXT_KEY	ID_PROV_OTHER_2
Patient Liability	The amount of patient liability applied to this claim.	Field	Number	12	T_CLM_PATLIAB_X	AMT_PD_PAT_UB92
Procedure Code	System-assigned key for a procedure code on a detail that indicates the service that was provided.	Field	Character	6	T_UB92_HDR_EXT_KEY	CDE_PROC
Revenue Code	System-assigned key used to uniquely identify a revenue code.	Field	Number	4	SEE NARRATIVE SECTION	CDE_REVENUE
Status	Identifies the status of the claim within the system.	Field	Character	1	SEE NARRATIVE SECTION	CDE_CLM_STATUS
System	Indicates whether detail was added by system during claim's processing.	Field	Drop Down List Box	1	SEE NARRATIVE SECTION	IND_SYS_GENERATE
TDOS	Date on which service was last provided.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_LAST_SVC
TPL Amt	Amount paid by third party for services, at the claim header level. Format 999999.99.	Field	Number	9	SEE NARRATIVE SECTION	AMT_DETAIL_TPL
Units Allowed	Number of units of service that will be paid for.	Field	Number	6	SEE NARRATIVE SECTION	QTY_UNITS_ALWD
Units Billed	Units billed that was serviced.	Field	Number	6	SEE NARRATIVE SECTION	QTY_UNITS_BILLED

2.7.131.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Billed Amt	Field	1	Enter a Valid Value.	Billed amount must be numeric.
FDOS	Field	1	Invalid Date. Format is MM/DD/CCYY.	Enter a valid date in the MM/DD/CCYY format.
Modifier 1	Field	1	Invalid Modifier 1 Code.	Enter a valid Modifier 1 code or select a value from the [Search] panel.
Modifier 2	Field	1	Invalid Modifier 2 Code.	Enter a valid Modifier 2 code or select a value from the [Search] panel.
Modifier 3	Field	1	Invalid Modifier 3 Code.	Enter a valid Modifier 3 code or select a value from the [Search] panel.
Modifier 4	Field	1	Invalid Modifier 4 Code.	Enter a valid Modifier 4 code or select a value from the [Search] panel.
Other Provider 2	Field	1	Invalid Rendering Provider.	Enter a valid rendering provider or select a value from the [Search] panel.
Other Provider 2	Field	2	Rendering Provider ID and service location are required.	Enter a valid ID/service location or select a value from the [Search] panel.
Procedure Code	Field	1	Invalid Procedure.	Enter a valid procedure or select a value from the [Search] panel.
Revenue Code	Field	1	Enter a valid value	Revenue code must be numeric.
Revenue Code	Field	2	Invalid Revenue Code.	Enter a valid revenue code or select a value from the [Search] panel.
TDOS	Field	1	Invalid Date. Format is MM/DD/CCYY.	Enter a valid Date in the MM/DD/CCYY format.
Units Billed	Field	1	Enter a valid value.	Units billed must be numeric.

2.7.131.8 Associated Requirements

ID
30.090.007.002.47
30.090.007.002.55
30.090.007.002.66
30.090.007.002.71

2.7.131.9 CO / Defects

ID	Type	Name	Description	Current Status
1375	Change Order	Add Display Of Patient Liability	Add Display of Patient Liability Amount applied to the claim and/or claim detail. Patient liability in KY applies to claims bill end in UB and CMS1500 format. Patient liability amount is applied at the detail level when the claim is billed CMS1500 for some programs such as Adult Day Care Waivers. Patient liability amount is applied at the detail level when the claim is billed UB for some programs such as Hospice claims. Other claims deduct patient liability at the header level.	Prod Implemented

ID	Type	Name	Description	Current Status
1390	Change Order	Change Fields - Panels	Change the following fields labels: • All instances of OI Amt to TPL Amt; • All instances of Prescrib Prov to Prescriber Prov, Orig Prescrib to Orig Prescriber; • Prescrib Num to RX Num; • Days Supplys to Days Supply; • Can field positions on the different claims panels be consistent? For example, PAN is in a different position on the Dental Claim than on the Physician Claim; • Make sure that when in the Cash Disposition Panel if the user double clicks on the CCN, the financial FCRI Cash Receipt Information panel displays; and, • Make sure that when in the Prior Authorization Panel if the user double clicks on the PA Number, the PA Prior Authorization panel displays. SEE CLARIFICATIONS SECTION. REQUIREMENTS FOR THIS CO HAVE BEEN MODIFIED.	Prod Implemented
2238	Change Order	Add Non-Covered Charges	DMS has requested to add Non-Covered Charges to the UB Claim Detail panel. (Related Core CO is 12164.)	Prod Implemented

ID	Type	Name	Description	Current Status
3481	Change Order	Redesign Claim Detail Panels	In order to meet the customer requirements for the Claims Detail panels, we need to display more than one detail at a time. We need to display at least four details. This will make the panel look more like the prototype that the customer was promised. In addition, the bottom editable portion of the panel (data panel) only needs to be displayed if the user is allowed to data correct claims and they are in Data Correct Mode. If more than four details are on the claim, when the user clicks on the fifth detail and the detail information is populated on the bottom portion of the panel, make sure the top portion of the panel scrolls back to the fifth detail so that the user will see the same detail in the upper portion of the panel (data list) and the bottom portion of the panel (data panel).	Prod Implemented

2.7.132 PANEL: Medicare Information - UB92

2.7.132.1 Description

The Medicare Information panel displays the Medicare information applicable to the UB crossover claim. Field edits are for data correction only.

Navigation Path: [Claims -Information] - [Enter an ICN for a UB Crossover claim] - [Select Medicare Information link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a UB Crossover claim] - [Select Medicare Information link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a UB Crossover claim from the list] - [Select Medicare Information link from the displayed panel]

Tables: T_SUSP_UB92_XOVER, T_FINAL_UB92_XOVER

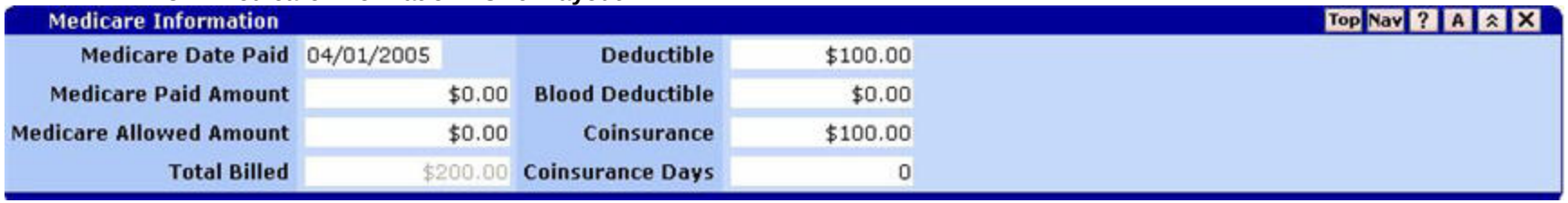
2.7.132.2 Technical Name

Clm.UB92XoverPanel.ascx

2.7.132.3 Panel Name

Medicare Information

2.7.132.4 Medicare Information - UB92Layout



2.7.132.5 Extra Features

This panel has no extra features.

2.7.132.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Blood Deductible	The amount Medicare has determined that a member must pay for blood procedures performed. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_DEDUCT_BLOOD

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Coinsurance	Dollar amount that represents the member's coinsurance payment. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_COINSURANCE
Coinsurance Days	The number of coinsurance days billed on the claim.	Field	Number	8	SEE NARRATIVE SECTION	COINSURANCE_DAYS
Deductible	The amount the member must pay before Medicare. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_DEDUCT
Medicare Allowed Amount	The dollar amount allowed by Medicare for the services. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_ALWD_MCARE
Medicare Date Paid	The date Medicare pays for the services.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_MCARE_PAID
Medicare Paid Amount	The dollar amount paid by Medicare for the services. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_PAID_MCARE
Total Billed	The amount Medicare has determined that a member must pay. This is a calculated value (sum of coinsurance + deductible). Format 999999.99.	Field	Number	8	N/A	N/A

2.7.132.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Blood Deductible	Field	1	Enter a valid value.	Enter a numeric value. Format 999999.99.
Coinsurance	Field	1	Enter a valid value.	Enter a numeric value. Format 999999.99.

Field	Field Type	Error Code	Error Message	To Correct
Deductible	Field	1	Enter a valid value.	Enter a numeric value. Format 999999.99.
Medicare Date Paid	Field	1	Invalid Date. Format is MM/DD/CCYY	Enter a valid date in MM/DD/CCYY format.

2.7.132.8 Associated Requirements

ID
30.090.007.002.43
30.090.007.002.71

2.7.132.9 CO / Defects

ID	Type	Name	Description	Current Status
1347	Change Order	Change Cross Over Panels	Change Cross over Panels to include necessary fields to support KY policy. Professional cross over's will also have to display information at the detail level. Medicare Information - Physician Medicare information for Physician crossovers will be at the header and detail level. Current panel can be used for Header information. New detail level fields will need to be added to the panel. • Add Tot Billed - header level - calculated field equals the sum of coinsurance + deductible; • Add Medicare Allowed Amount - detail level- updatable during data corrections; • Add Medicare Paid Amount - detail level- updatable during data corrections; • Add Coinsurance - detail level- updatable during data corrections; and, • Add Deductible - detail level- updatable during data corrections. Medicare Information - UB92 • Add Tot Billed - calculated field equals the sum of coinsurance + deductible; • Add Medicare Paid Amount- updatable during data corrections; • Add Medicare Allowed Amount- updatable during data corrections; and, • Add Coinsurance Days - updatable during data corrections.	Prod Implemented

2.7.133 PANEL: Cash Disposition

2.7.133.1 Description

Use the Cash Disposition panel to access cash-related information related to a particular adjustment. It displays the CCN, sequence number, and the refund (disposition) amount of the adjustment claim.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select Cash Disposition link from the displayed panel] - OR - [Claims - Search] - [Enter Criteria] - [Select a claim] - [Select Cash Disposition link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select Cash Disposition link from the displayed panel]

Table: T_CASH_RCPT_XREF

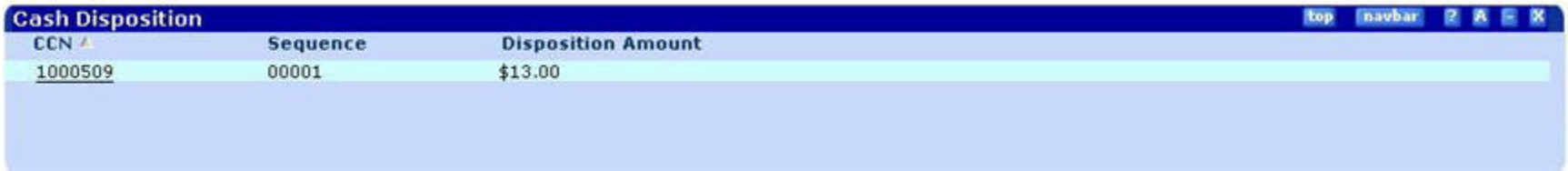
2.7.133.2 Technical Name

Clm.ClaimCashDispPanel.ascx

2.7.133.3 Panel Name

Cash Disposition

2.7.133.4 Cash Disposition Layout



2.7.133.5 Extra Features

This panel has no extra features.

2.7.133.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
CCN	The cash control number (CCN) associated with the adjustment transaction.	Field	Character	11	T_EXPENDITURE	SAK_CASH_RECEIPT
Disposition Amount	The refund (disposition) amount for the line.	Field	Number	10	T_CASH_RCPT_XREF	AMT_DISPOSITION

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Sequence	The disposition sequence number associated with the line. Each individual disposition to a check is given its own sequence number.	Field	Number	4	T_CASH_RCPT_XREF	NUM_SEQ_BATCH

2.7.133.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.133.8 Associated Requirements

ID
30.090.007.002.66
30.090.007.002.71

2.7.133.9 CO / Defects

ID	Type	Name	Description	Current Status
1390	Change Order	Change Fields - Panels	Change the following fields labels: • All instances of OI Amt to TPL Amt; • All instances of Prescrib Prov to Prescriber Prov, Orig Prescrib to Orig Prescriber; • Prescrib Num to RX Num; • Days Supplys to Days Supply; • Can field positions on the different claims panels be consistent? For example, PAN is in a different position on the Dental Claim than on the Physician Claim; • Make sure that when in the Cash Disposition Panel if the user double clicks on the CCN, the financial FCRI Cash Receipt Information panel displays; and, • Make sure that when in the Prior Authorization Panel if the user double clicks on the PA Number, the PA Prior Authorization panel displays. SEE CLARIFICATIONS SECTION. REQUIREMENTS FOR THIS CO HAVE BEEN MODIFIED.	Prod Implemented

2.7.134 PANEL: Error

2.7.134.1 Description

This panel displays the header and/or detail errors applicable to the claim being viewed. Field edits and the Add/Delete buttons are for data correction only. See the 'Extra Features' section for more information about this panel.

Navigation Path: [Claims -Information] - [Enter an ICN] - [Select Error link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a claim] - [Select Error link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a claim from the list] - [Select Error link from the displayed panel]

Tables: T_CLAIM_ERROR, T_ERROR_DISP, T_EOB

2.7.134.2 Technical Name

Clm.ClaimErrorHdrPanel.ascx

2.7.134.3 Panel Name

Error

For readability the layout displays on the next page.

2.7.134.4 Error Layout

Error

Top Nav ? A

View ◉ All ○ Current ○ Historical

Detail Number	Error Disposition	Error Code	Line Number	EOB Code	Financial Payer	Benefit Plan	Status	Origin	Date	Time	Print Request
0	Suspend	3368	6	0977			Current	System Generated	04/25/2007	10:29:10	

Type changes below.

Detail Number	0	Status	Current
Error Disposition	Suspend	Origin	System Generated
Error Code*	3368	EOB Code*	0977
Error Code Description	TYPE OF BILL INVALID FOR PROVIDER TYPE	EOB Code Description	TYPE OF BILL INVALID FOR PROVIDER TYPE
Line Number	6	Financial Payer	
Date	04/25/2007	Benefit Plan	
Time	10:29:10	Clerk	
Print Request	Do not report		

2.7.134.5 Extra Features

During data correction, when a row on the Error panel is selected, the user is only allowed to update the EOB, financial payer, benefit plan or print request. This is because if anything else is changed; it would overwrite what previously happened during the claims process. Therefore if the user needs to change an error to have a disposition of F-Forced Override or D-Forced Denied, then a new row should be added. The error disposition can only be modified when adding a new row. The same detail number and error number would be entered, along with a new error disposition. The status of the claim on the header needs to be changed to resubmit and then the record should be saved. This will send the claim back through the system to be processed again. The errors that were on the claim the first time would be marked as 'History' in the Status column. If the claim suspends again for other errors, the new errors would be marked as 'Current' in the Status column.

If the claim was originally entered into the system with invalid data, the user will not be able to add or change data on the panel and save the claim. In this case, the Force Deny button may be used to force deny the claim at the header level. To do this, the user should click on the Add button and create a new error record. (The Force Deny button will only appear after the Add button is clicked.) The detail number needs to be set to '0' (when using the Force Deny button, the claim can only be denied at the claim header level) and the error disposition should be set to 'D - Force Deny'. When the Force Deny button is clicked, the new error record will be saved and the status will be changed to resubmit automatically.

2.7.134.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Adds a new record. This button will only display if the panel is displayed on the Data Correction page.	Button	N/A	0	N/A	N/A
Delete	Deletes a record. This button will only display if the panel is displayed on the Data Correction page.	Button	N/A	0	N/A	N/A
Force Deny	This button inserts a forced denial header record in the claim error table and updates claim header and history table with claim status as 'R - Resubmit'. This button is only displayed and enabled if the panel is displayed on the Data Correction page and Add button is clicked.	Button	N/A	0	N/A	N/A
Benefit Plan	Identifies the medical assistance program that is supported in the system. Use the [Search] panel to select a valid plan.	Field	Check Box	5	T_PUB_HLTH_PGM	CDE_PGM_HEALTH
Clerk	Number used to identify the user who last updated the error record.	Field	Character	8	T_CLAIM_ERROR	ID_CLERK
Date	Date of the error code.	Field	Date (MM/DD/CCYY)	8	T_CLAIM_ERROR	DTE_GENERIC
Detail Number	The number of the header or detail that contains an edit or an audit failure.	Field	Number	4	T_CLAIM_ERROR	NUM_DTL
EOB Code	This is the number assigned to an explanation of benefits description to uniquely identify it.	Field	Number	4	T_EOB	CDE_EOB

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
EOB Code Description	Description of the EOB.	Field	Character	79	T_EOB	DSC_EOB
Error Code	Code used to indicate an error was discovered on a claim during processing in the base system. This can be either an edit or an audit.	Field	Number	4	T_ERROR_DISP	CDE_ESC
Error Code Description	Description of the error.	Field	Character	50	T_ERROR_DISP	DSC_ERROR_STAT
Error Disposition	Code that represents the action that is taken on a claim at disposition time: pay (P), deny (D), and suspend (S), force override (F), reject (J), or batch suspend (B).	Field	Drop Down List Box	0	T_CLAIM_ERROR	CDE_DISP_STATUS
Financial Payer	A value that identifies a unique payer within interChange.	Field	Character	4	T_CLAIM_ERROR	SAK_FIN_PAYER
Line Number	Number that indicates the detail of the error disposition line item from which the error disposition was assigned.	Field	Number	3	T_CLAIM_ERROR	SAK_ERROR_DISP
Origin	Indicates who generated the error code and message.	Field	Drop Down List Box	6	T_CLAIM_ERROR	CDE_STATUS1
Print Request	The valid values are: Space - do not select claims with this error to report; L - Report the claims at a summary level on the CLM-0024-D report; W - Report the claims on a general paper worksheet which is the CLM-0023-D report.	Field	Drop Down List Box	1	T_CLAIM_ERROR	IND_RPT
Status	Indicates whether the errors are current or history.	Field	Drop Down List Box	7	T_CLAIM_ERROR	CDE_STAT_ERROR

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Time	Time of the error code. Format HH:MM:SS.	Field	Number	6	T_CLAIM_ERROR	TME_STAMP

2.7.134.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Force Deny	Button	1	EOB Code is required.	EOB code is required to force deny a claim.
Force Deny	Button	2	Error Code is required.	Error code is required to force deny a claim.
Force Deny	Button	3	Error Disposition status should be 'D - Forced Denied' with a Detail Number equal to zero to Force Deny.	Error disposition status should be 'D - Forced Denied' with a detail number equal to zero to force deny a claim.
Force Deny	Button	4	Cannot Force Deny a Claim with more than one new record on the Error Panel.	Cannot force deny a claim with more than one new record on the Error panel.
Benefit Plan	Field	1	Invalid Benefit Plan.	Enter a valid benefit plan or select a valid benefit plan from the [Search] panel.
EOB Code	Field	1	Invalid EOB.	Enter a valid EOB code or select a valid code from the [Search] panel.
Error Code	Field	1	Invalid Error Code.	Enter a valid error code or select a valid code from the [Search] panel.
Error Code	Field	2	Error Code XXXX cannot be overridden.	The error code entered is a critical error or it cannot be overridden. The error disposition cannot be 'F - Force'.
Error Code	Field	3	Error Code XXXX cannot have the Error Disposition set to 'Deny'.	The error code entered has an allow deny indicator set to 'No', therefore the error disposition cannot be set to "Deny."
Financial Payer	Field	1	Invalid Financial Payer	Enter a valid financial payer or select one from the [Search] panel.

2.7.134.8 Associated Requirements

ID
30.090.007.001.5
30.090.007.002.13
30.090.007.002.14
30.090.007.002.29
30.090.007.002.32
30.090.007.002.33
30.090.007.002.65
30.090.007.002.71
30.090.008.002.24
30.090.008.003.6

2.7.134.9 CO / Defects

ID	Type	Name	Description	Current Status
7933	Change Order	Create Force Deny button	Add a 'Force Deny' button to the Data Correction page header navigation panel. When the user clicks this button, do not validate the claim at all. Update the Status field on the Header record and T_HIST_DIRECTORY to 'R - Resubmit'. Look for a 'Force Deny' record at the header level on the Error panel. Save this record to the database. The claim will not be validated and no other field on the claim will be saved. Notes: 1) Pop-up a message that warns the user that the 'Force Deny' record will be saved, but no other change on the claim will be saved to the database due to invalid data. 2) This button will only force deny at the header level. A record on the Error panel must be saved with an error disposition of 'Force Deny' and a Detail Number equal to zero. This button cannot be used to Force Deny at the detail level. This button should only be used if the claim contains invalid data and the claim cannot saved to the database by clicking the Save button. (We do not have to put in an edit to check for invalid data on the claim. Technically they will be allowed to click the Force Deny button even if the claim does not contain invalid data. That is OK.) Put in an edit that tells the user if they have clicked the 'Force Deny' button without entering a record on the Error panel. 3) Disable or hide the buttons after the 'Force Deny' is clicked so the user does not try to save or force deny a second time. They will have to exit out of the claim the same way they do today after they resubmit a claim.	Prod Implemented

2.7.135 PANEL: Payer

2.7.135.1 Description

The Claims Payer Information panel displays the payer information applicable to the claim. This panel includes the payer's code, prior payment amount, and the estimated amount due. Field edits are for data correction only.

Navigation Path: [Claims -Information] - [Enter an ICN for a UB claim] - [Select Payer link from the displayed panel] - OR - [Claims - Search] - [Enter Criteria] - [Select a UB claim] - [Select Payer link from the displayed panel] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a UB claim from the list] - [Select Payer link from the displayed panel]

Table: T_UB92_HDR_PAYER

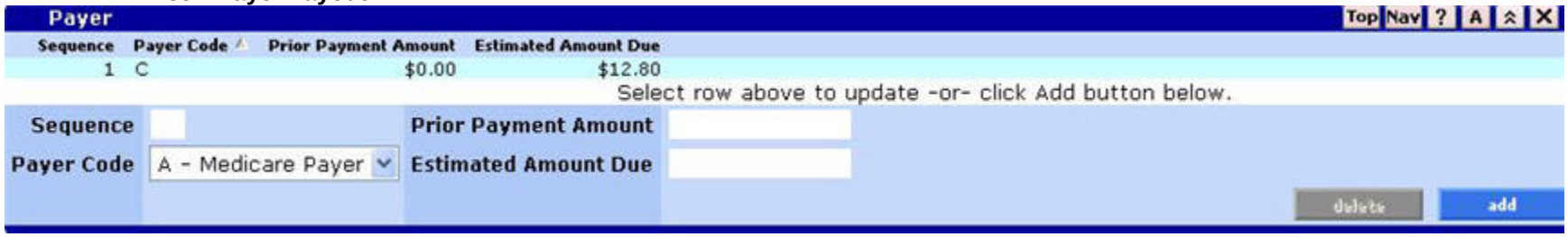
2.7.135.2 Technical Name

Clm.ClaimPayerPanel.ascx

2.7.135.3 Panel Name

Payer

2.7.135.4 Payer Layout



2.7.135.5 Extra Features

This panel has no extra features.

2.7.135.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Adds a new record.	Button	N/A	0	N/A	N/A
Delete	Deletes a record.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Estimated Amount Due	The amount estimated by the hospital that is due from the payer. Format 99999999.99.	Field	Number	9	T_UB92_HDR_PAYER	AMT_DUE_EST
Payer Code	The code that identifies each organization from which the provider might expect some payment for the bill.	Field	Drop Down List Box	0	T_UB92_HDR_PAYER	CDE
Prior Payment Amount	The amount the hospital has received toward payment of this bill prior to the billing date by the payer. Format 99999999.99.	Field	Number	9	T_UB92_HDR_PAYER	AMT_PRIOR_PAYMENT
Sequence	The sequence of the payer information as it appeared on the claim.	Field	Number	4	T_UB92_HDR_PAYER	NUM_SEQ

2.7.135.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Estimated Amount Due	Field	1	Enter a valid value.	Enter a numeric value.
Payer Code	Field	1	Payer Code is a required field.	Select a payer code from the drop down box.
Payer Code	Field	108	Exceed maximum number of payer codes.	The maximum number of payers allowed is three.
Prior Payment Amount	Field	1	Enter a Valid Value	Enter a numeric value.

2.7.135.8 Associated Requirements

ID
30.090.007.002.71

2.7.135.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.136 PANEL: Submitted Data - Physician

2.7.136.1 Description

The Physician Submitted Data panel displays the submitted information applicable to a physician claim.

Navigation Path: [Claims -Information] - [Enter an ICN for a physician claim] - [Select Submitted Data link from the displayed panel] - OR - [Claims -Search] - [Enter Criteria] - [Select a physician claim] - [Select Submitted Data link from the displayed panel] - OR - [Claims - Data Correction] - [Enter clerk ID, search then select a Physician claim from the list] - [Select Submitted Data link from the displayed panel]

Table: T_PHYS_HDR_KEY

2.7.136.2 Technical Name

Clm.PhysicianClaimKeyPanel.ascx

2.7.136.3 Panel Name

Submitted Data

2.7.136.4 Submitted Data – Physician Layout

2.7.136.5 Extra Features

This panel has no extra features.

2.7.136.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Submitted Patient Account Number	Submitted Identification for a member assigned by a provider and used in their system. This number is not required for processing (information only).	Field	Character	38	T_PHYS_HDR_KEY	NUM_PAT_ACCT_SUB

2.7.136.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.136.8 Associated Requirements

ID
30.090.007.002.71

2.7.136.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.137 PANEL: Claims Mini Search

2.7.137.1 Description

Use the Claims Mini Search panel to search the database for a claim with a specific ICN. This panel displays at the top of the Claims Information page.

2.7.137.2 Technical Name

Clm.ICNMiniSearchPanel.ascx

2.7.137.3 Panel Name

Claims Mini Search

2.7.137.4 Claims Mini Search Layout

2.7.137.5 Extra Features

This panel has no extra features.

2.7.137.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adv Search	The Advanced Search button opens the Claims Search panel with additional search criteria fields.	Button	N/A	0	N/A	N/A
Clear	Clears the previous search criteria from the search fields.	Button	N/A	0	N/A	N/A
Search	Performs a query on the database and returns the data for the entered search criteria.	Button	N/A	0	N/A	N/A
ICN	Internal control number that uniquely identifies a claim.	Field	Character	13	T_HIST_DIRECTORY	NUM_ICN_FL

2.7.137.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.137.8 Associated Requirements

ID
30.090.007.002.71

2.7.137.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.138 PANEL: UB92 Claim

2.7.138.1 Description

The UB Claim panel displays the header information on a selected UB claim.

Navigation Path: [Claims -Information] - [Enter an ICN for a UB claim] - OR - [Claims -Search] - [Enter Criteria] - [Select a UB claim]

This panel is populated from the following tables depending on the status of the claim: T_PD_UB92_HDR, T_DENY_UB92_HDR, T_SUSP_UB92_HDR, T_UB92_HDR_EXT_KEY, and T_TPL_AR_DISPS

2.7.138.2 Technical Name

Clm.UB92ClaimPanel.ascx

2.7.138.3 Panel Name

UB92 Claim

For readability the layout displays on the next page.

2.7.138.4 UB92 Claim Layout

UB92 Claim

ICN	2005272000024	Claim Type	INST XOVER CLAIMS	Status*	Suspend
Prev ICN		FDOS*	01/29/2005	Details	2
Member ID*	000001346 [Search]	TDOS*	01/30/2005	Billed	$1,050.00
Last Name	MARTIN	Date Billed*	04/21/2005	Spenddown	$0.00
First Name	ZELDA	Date Paid		Reimbursed	$0.00
DOB	01/01/1969	Provider Number	100195369B MCD [Search]	Paid	$1,050.00
Claim Diagnosis	1 - 95901	Attending Provider	100058399	TPL	$25.00
Submitter ID		Other Provider 1		Total TPL	$0.00
Submitted PA	55556666	Other Provider 2	[Search]	TPL Recovered Amt	$0.00
Signature	Yes	Facility ID	100195369B MCD [Search]	Total Copay	$0.00
Admit Source	1 [Search]	Admit Date	01/29/2005	Total Patient Liability	$0.00
Admit Type*	3 [Search]	Admit Time	08:00	Total Days	1
Discharge Hour	00:00	Patient Status	01 [Search]	Covered Days	1
Type Of Bill*	111 [Search]	Certification Nbr.		Days Not Covered	0
PAN	INPT SUS	MRN		RA Number	

2.7.138.5 Extra Features

This panel has no extra features.

2.7.138.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Image	To view the claim image from the OnBase system. This button is visible only for paper claims.	Button	N/A	0	N/A	N/A
Admit Date	The date the patient was admitted to the facility for care.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_ADMISSION

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Admit Source	Indicates the source of admission.	Field	Character	1	SEE NARRATIVE SECTION	CDE_ADMIT_SOURCE
Admit Time	The time that the member was admitted to the facility for care.	Field	Character	4	SEE NARRATIVE SECTION	CDE_ADMIT_HOUR
Admit Type	Code indicating the type of this admission.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	CDE_ADMIT_TYPE
Attending Provider	Attending physician's prescribing number.	Field	Character	10	SEE NARRATIVE SECTION	ID_PROV_ATTEND
Billed	Amount requested by the provider for services rendered. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	AMT_BILLED
Cert #	Code used to identify the certification of the member.	Field	Character	2	SEE NARRATIVE SECTION	CDE_CERTIFICATE
Claim Type	Indicates the type of claim.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	CDE_CLM_TYPE
Covered Days	Number of days covered by the primary payer.	Field	Number	4	SEE NARRATIVE SECTION	NUM_DAYS_COVD - NUM_DAYS_NCOVD
DOB	Member date of birth.	Field	Date (MM/DD/CCYY)	8	T_UB92_HDR_EXT_KEY	DTE_SUBSCRIBER_DOB

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Date Billed	Date on which claim was submitted for processing.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_BILLED
Date Paid	Date on which the claim was paid.	Field	Date (MM/DD/CCYY)	8	T_CLM_PGM_XREF	DTE_FINAL
Details	The number of detail service lines on the claim.	Field	Number	9	SEE NARRATIVE SECTION	NUM_DTL_TOTAL
Diagnosis	Code used to identify the primary, admitting, emergency or other diagnoses.	Field	Drop Down List Box	0	T_DIAGNOSIS	CDE_DIAG
Discharge Hour	Time that the member is released from the hospital or facility.	Field	Number	8	SEE NARRATIVE SECTION	CDE_TME_DISCHARGE
FDOS	Beginning date of service on the claim	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_FIRST_SVC
Facility ID	Identification number assigned to the facility provider and service location.	Field	Character	11	T_UB92_HDR_EXT_KEY	ID_PR_FACILITY
First Name	The first name of the member associated with the member ID. If there is no association between the first name and the member ID number, the first character of the first name that was entered will be displayed.	Field	Character	15	T_UB92_HDR_EXT_KEY	CLM_RECIP_FST_NAM

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
ICN	Internal Control number which uniquely identifies a claim.	Field	Character	13	SEE NARRATIVE SECTION	NUM_ICN
Last Name	The last name of the member associated with the member ID. If there is no association between the last name and the member ID number, the first three characters of the last name that was entered will be displayed.	Field	Character	15	T_UB92_HDR_EXT_KEY	CLM_LST_NAME_RECIP
MRN	Code representing the medical record number.	Field	Character	30	SEE NARRATIVE SECTION	CDE_MED_REC_NUM
Member ID	An assigned number which uniquely identifies a member.	Field	Character	12	T_UB92_HDR_EXT_KEY	ID_MEDICAID
Noncovered Days	The number of days that were not covered.	Field	Number	4	SEE NARRATIVE SECTION	NUM_DAYS_NCOVD
Other Provider 2	The license number of the physician other than the attending physician.	Field	Character	10	SEE NARRATIVE SECTION	ID_PROV_OTHER
Other Provider 1	The license number of the physician other than the attending physician.	Field	Character	10	SEE NARRATIVE SECTION	ID_PROV_OTHER_2
PAN	Patient's unique identification number assigned by the provider to track the patient's financial records.	Field	Character	38	SEE NARRATIVE SECTION	NUM_PAT_ACCT

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Paid	Amount paid on claim. The amount paid is the allowed amount minus spend down, coinsurance, deductible, patient liability, dispensing fees, TPL, etc; as applicable depending on services. This value is computed by adding up all the AMT_PAID values for the related details. Format 999999.99.	Field	Number	8	T_CLM_PGM_XREF	AMT_PAID
Patient Status	Codes indicating the patient's status as of the ending service date of the period covered on the claim.	Field	Character	2	SEE NARRATIVE SECTION	CDE_PATIENT_STATUS
Prev ICN	This field allows the user to select any of the claim's prior ICNs and obtain information on them.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	NUM_ICN
Provider Number	The pay-to provider identification number and location that uniquely identifies the provider of services.	Field	Character	10	T_UB92_HDR_EXT_KEY	ID_PROVIDER, CDE_SERVICE_LOC
RA Number	The Remittance Advice number uniquely identifies remittance advice sent to providers during payment cycles.	Field	Number	12	T_FIN_REMIT_TXN_XREF	SAK_REMIT
Reimbursed	Total amount the provider receives minus any state share amount (if applicable). Format 9999999.99.	Field	Number	9	T_PD_UB92_HDR	AMT_PAID

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Signature	Indicates whether the claim was signed by the provider or representative.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	IND_PROV_SIGN
Spenddown	Spenddown amount. Format 9999999.99.	Field	Number	9	T_CLM_PATLIAB_X	AMT_PD_PAT_UB92
Status	Identifies the status of the claim within the system.	Field	Drop Down List Box	0	SEE NARRATIVE SECTION	CDE_CLM_STATUS
Submitter ID	Submitter of electronically submitted claims.	Field	Character	12	T_EDI_INTERCHANGE	CDE_SENDER_ID
TDOS	Ending date of service on the claim.	Field	Date (MM/DD/CCYY)	8	SEE NARRATIVE SECTION	DTE_LAST_SVC
TPL	Amount paid by third party for services at the claim header level. Format 999999.99.	Field	Number	8	SEE NARRATIVE SECTION	TPL_AMT
TPL Recovered Amt	The casualty case recovery amount populated from the Settlement panel. Format 9999999.99.	Field	Number	9	T_TPL_AR_DISPS	AMT
Total Copay	This is the sum of the copay amounts from Health Program panel records (T_CLM_PGM_XREF table). Format 9999999.99.	Field	Number	7	T_CLM_PGM_XREF	AMT_CO_PAY
Total Days	The total number of days that were billed on the claim.	Field	Number	4	SEE NARRATIVE SECTION	NUM_DAYS_COVD

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Total Patient Liability	The amount of patient liability applied to this claim.	Field	Number	12	T_CLM_PATLIAB_X	AMT_PD_PAT_UB92
Total TPL	The sum of the TPL amounts at the header and detail levels. Format 999999.99.	Field	Number	8	N/A	N/A
Type of Bill	A code indicating the specific type of bill.	Field	Character	3	SEE NARRATIVE SECTION	CDE_TYPE_OF_BILL

2.7.138.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.138.8 Associated Requirements

ID
30.050.001F
30.090.007.002.14
30.090.007.002.47
30.090.007.002.71
30.090.007.003.8

2.7.138.9 CO / Defects

ID	Type	Name	Description	Current Status
1375	Change Order	Add Display Of Patient Liability	Add Display of Patient Liability Amount applied to the claim and/or claim detail. Patient liability in KY applies to claims bill end in UB and CMS1500 format. Patient liability amount is applied at the detail level when the claim is billed CMS1500 for some programs such as Adult Day Care Waivers Patient liability amount is applied at the detail level when the claim is billed UB for some programs such as Hospice claims. Other claims deduct patient liability at the header level.	Prod Implemented
1376	Change Order	Add Fields Display - Panels	Add Display of following fields: • Submitter ID - Submitter of Electronically submitted claims at the header level. This change applies to all claim forms; and, • RA number - Header level. This change applies to all claim forms. Add display and allow data correction for the following fields: • Time of Pick Up - time of pick-up on Emergency Transportation (prov type 55) claims. Applies to Physician header panels only; • Discharge Hour - UB header panels; and, • Life Time Reserve Days - UB header panels. Other additional changes will include "creative" fields currently billed in non standard fields that have multiple use, and other requested fields. These will be specified in detail once solution is approved.	Prod Implemented

ID	Type	Name	Description	Current Status
162	Change Order	Change "Recipient" - online	Change every instance of "Recipient, 'MID", "RID" or "Current ID" to "Member ID" on claim pages and panels. In addition, update any related error messages that may include the name of the field. Update corresponding documentation.	Prod Implemented

2.7.139 PANEL: Detail Submitted Data - Physician

2.7.139.1 Description

This panel displays the submitted data applicable to the physician claim detail being viewed.

To view information on this panel, select one detail record on the Claim Detail panel. Page forward to find the detail to select or enter the detail number in the 'go to' field.

Navigation Path: [Claims -Information] - [Enter a Physician ICN] - [Click Search] - OR - [Claims -Search] - [Enter Criteria] - [Select a Physician claim] - OR - [Claims - Data Correction] - [Enter Clerk ID, search then select a physician claim from the list] - THEN - [Click on a detail record in the Claim Detail panel] - [Click on the Detail Information nav bar item link on the Navigation Panel] - [Detail Submitted Data]

Table: T_PHYS_DEXT_KEY

2.7.139.2 Technical Name

Clm.PhysicianDetailKeyPanel.ascx

2.7.139.3 Panel Name

Detail Submitted Data

2.7.139.4 Detail Submitted Data – Physician Layout

2.7.139.5 Extra Features

This panel has no extra features.

2.7.139.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim check	Indicates whether or not the detail has been through the Claim Check program.	Field	Character	1	T_DENY_PHYS_DTL	IND_CLAIM_CHECK
Original Modifier 1	Original procedure modifier 1. Will be NULL if the original modifier was not changed. If the original modifier was changed, this column will retain the value of the original modifier before it was changed.	Field	Character	2	T_PHYS_DEXT_KEY	CDE_PROC_MOD1_ORIG
Original Modifier 2	Original procedure modifier 2. Will be NULL if the original modifier was not changed. If the original modifier was changed, this column will retain the value of the original modifier before it was changed.	Field	Character	2	T_PHYS_DEXT_KEY	CDE_PROC_MOD2_ORIG
Original Modifier 3	Original procedure modifier 3. Will be NULL if the original modifier was not changed. If the original modifier was changed, this column will retain the value of the original modifier before it was changed.	Field	Character	2	T_PHYS_DEXT_KEY	CDE_PROC_MOD3_ORIG
Original Modifier 4	Original procedure modifier 4. Will be NULL if the original modifier was not changed. If the original modifier was changed, this column will retain the value of the original modifier before it was changed.	Field	Character	2	T_PHYS_DEXT_KEY	CDE_PROC_MOD4_ORIG
Proc Replaced	Procedure code.	Field	Character	6	T_PHYS_DEXT_KEY	CDE_PROC
Ref Dtl Line	A sequence number that points to the original detail.	Field	Number	4	T_PHYS_DEXT_KEY	NUM_DTL

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Sub POS	Original/submitted place of service for HIPAA 835.	Field	Character	2	T_PHYS_DEXT_KEY	CDE_POS_SUB
Sub Units Billed	Original billed quantity on the claim detail. Format 9999.99.	Field	Number	6	T_PHYS_DEXT_KEY	QTY_BILLED_ORIG
Sub-Proc Code	Submitted procedure code for HIPAA 835.	Field	Character	6	T_PHYS_DEXT_KEY	CDE_PROC_SUB
Submitted Modifier 1	Submitted procedure modifier 1 for HIPAA 835.	Field	Character	2	T_PHYS_DEXT_KEY	CDE_PROC_MOD1_SUB
Submitted Modifier 2	Submitted procedure modifier 2 for HIPAA 835.	Field	Character	2	T_PHYS_DEXT_KEY	CDE_PROC_MOD2_SUB
Submitted Modifier 3	Submitted procedure modifier 3 for HIPAA 835.	Field	Character	2	T_PHYS_DEXT_KEY	CDE_PROC_MOD3_SUB
Submitted Modifier 4	Submitted procedure modifier 4 for HIPAA 835.	Field	Character	2	T_PHYS_DEXT_KEY	CDE_PROC_MOD4_SUB

2.7.139.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.139.8 Associated Requirements

ID
30.090.007.002.71

2.7.139.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.140 PANEL: UB92 Claim Detail Navigation

2.7.140.1 Description

The UB9 2 Claim Detail Navigation panel provides access to the various panels through which UB Claims detail information can be viewed. Panels accessed from the Detail Navigation panel are not updateable.

Navigation Path: [Claims -Information] - [Enter an ICN for a UB claim] - OR - [Claims -Search] - [Enter Criteria] - [Select a UB claim] - OR - [Claims - Data Correction] - [Enter clerk ID, search then select a UB claim from the list] -THEN - [Click on the Plus Sign (+) to the left of 'UB92 Claim' on the Navigation Panel]

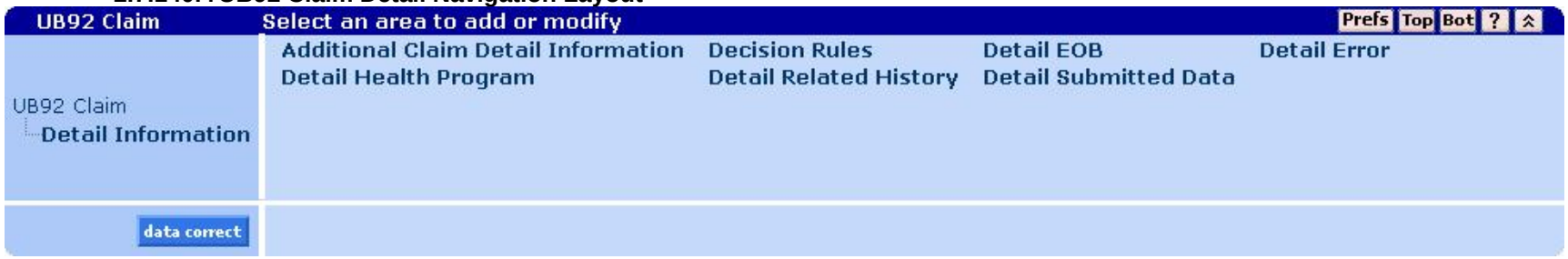
2.7.140.2 Technical Name

Clm.UB92ClaimPage.ascx - Detail NavGroup

2.7.140.3 Panel Name

UB92 Claim Detail Navigation

2.7.140.4 UB92 Claim Detail Navigation Layout



2.7.140.5 Extra Features

This panel has no extra features.

2.7.140.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adjust	This button displays for claims in a paid status if the claim is being viewed on the Claim Information page. Clicking the Adjust button opens the Adjustment Request panel. When the initial request information is entered, the ICN of the displayed claim appears in the Original ICN field and a new ICN number will appear in the Adjustment ICN field.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Cancel	The Cancel button will appear if the claim data is being viewed on the Data Correction page.	Button	N/A	0	N/A	N/A
Data Correct	This button will display for claims in suspended status if the claim is being viewed on the Claim Information page. Clicking this button opens the displayed suspended claim in Data Correction mode. Changes can be made and the claim can be resubmitted.	Button	N/A	0	N/A	N/A
Save	The Save button appears if the claim data is being viewed on the Data Correction page.	Button	N/A	0	N/A	N/A
Detail EOB	Links to "Detail EOB" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Error	Links to "Detail Error" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Health Program	Links to "Detail Health Program" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Related History	Links to "Detail Related History" panel.	Hyperlink	N/A	0	N/A	N/A
Detail Submitted Data	Links to "Detail Submitted Data" panel.	Hyperlink	N/A	0	N/A	N/A

2.7.140.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.140.8 Associated Requirements

ID
30.090.007.002.71

2.7.140.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.141 PAGE: Claims Mass Adjustment Information Page

2.7.141.1 Description

The Claims Mass Adjustment Information page contains panels that allow the user to view or create mass adjustments.

2.7.141.2 Technical Name

Clm.ClaimsMassAdjustmentInformationPage.ascx

2.7.141.3 Web Page Name

Mass Adjustment Page

For readability the layout displays on the next page.

2.7.141.4 Claims Mass Adjustment Information Page Layout

Friday, September 22, 20

Kentucky UNBRIDLED SPIRIT — KyHealth Choices

Home | Claims | Reference | Provider | Member | Financial | EPSDT | TPL | Managed Care | MAR | Prior Authorization | CTMS | Security | Site | Admin | Host

home | search | information | adjustments | data corrections | assignments | encounter data | related data

Next Search By: Request Number [ ] search | clear | adv search

Mass Adjustment Information

Request Number	0	Claim Count	0	Original Amount	$0.00
Entry Status		Entry Date	09/22/2006	Adjustment Amount	$0.00
EOB Reason Code		CCN		Net Amount	$0.00
Verify					

Mass Claim Adjustment — Select an area to add or modify — Prefs | Top | Bot | ? | ^

Adjustments

Mass Adjustment Criteria | Mass Net Verification

save | cancel | new single

Mass Adjustment Entry — Top | Nav | ? | A | ^ | X

Mass Request Number	5206265001	Service Date	
Entry Date	09/22/2006	Payment Date	
EOB Reason Code*	[Search]	CCN	[Search]
Reason Code Description			
Entry Status	Submitted		
Verify	Immediately	Check Related*	No

2.7.142 PANEL: Mass Claims Adjustment Navigation

2.7.142.1 Description

The Mass Claims Adjustment Navigation panel displays links to the Mass Net Verification panel and the Mass Adjustment Criteria panel.

Navigation Path: [Claims - Adjustments] - [Perform a search and select a mass adjustment request]

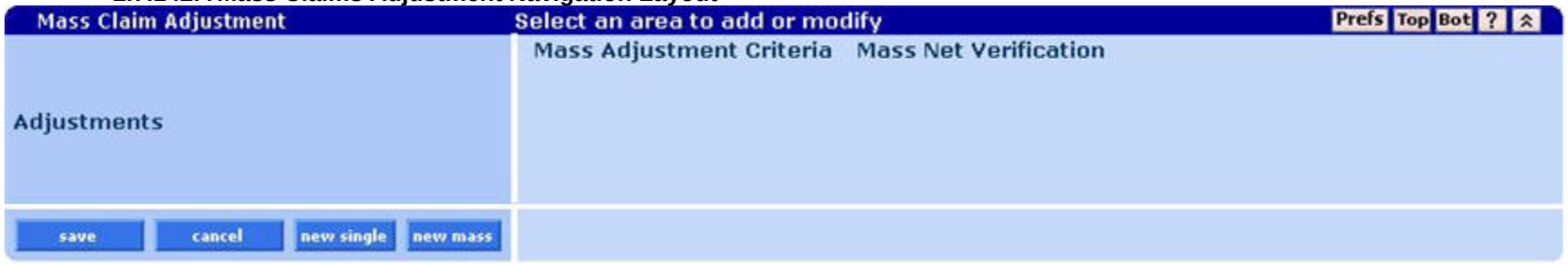
2.7.142.2 Technical Name

Clm.MassClaimAdjustmentBase.ascx - NavGroup

2.7.142.3 Panel Name

Mass Claim Adjustment

2.7.142.4 Mass Claims Adjustment Navigation Layout



2.7.142.5 Extra Features

This panel has no extra features.

2.7.142.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Cancel	This button will not save any changes and close the panel.	Button	N/A	0	N/A	N/A
New Mass	If the user is currently viewing a mass adjustment request, this button will appear. It allows the user to create a new mass adjustment request. If the user is currently creating a mass adjustment, this button will not appear.	Button	N/A	0	N/A	N/A
New Single	Starts a new single adjustment.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Save	Causes the record to be saved to the database.	Button	N/A	0	N/A	N/A
Mass Adjustment Criteria	Activates the Mass Adjustment Criteria search, display, and update panel	Hyperlink	N/A	0	N/A	N/A
Mass NetVerification	Activates the Net Verification display and update panel.	Hyperlink	N/A	0	N/A	N/A

2.7.142.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.142.8 Associated Requirements

ID
30.090.009.002.20
30.090.009.002.21

2.7.142.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.143 PANEL: Mass Adjustment Information

2.7.143.1 Description

The Mass Adjustment Information panel displays information for a selected mass adjustment record.

Navigation Path: [Claims - Adjustments] - [Select a mass adjustment request]

Tables: T_ADJ_MASS_CLAIM, T_ADJ_MASS_RQST

2.7.143.2 Technical Name

Clm.MassClaimAdjustmentBase.ascx

2.7.143.3 Panel Name

Mass Adjustment Information

2.7.143.4 Mass Adjustment Information Layout

2.7.143.5 Extra Features

This panel has no extra features.

2.7.143.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adjustment Amount	The adjusted amount of the claim. This is a calculated value obtained by adding the paid amount and the state share amount from the adjusted claim (from the T_CLM_PGM_XREF table). Format 99999999.99.	Field	Character	10	N/A	N/A
CCN	Cash or check receipt control number used in the disposition of the adjustment with the cash received.	Field	Character	11	T_ADJ_MASS_ RQST	CASH_CTL_NO

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Count	The sequence number of the selected claim in the search list.	Field	Character	6	T_ADJ_MASS_RQST	NUM_COUNT
EOB Reason Code	Explanation of Benefit reason for the adjustment.	Field	Number	4	T_EOB	CDE_EOB
Entry Date	Adjustment request entry date.	Field	Date (MM/DD/CCYY)	8	T_ADJ_MASS_RQST	DTE_REQUEST
Entry Status	Status of the adjustment request.	Field	Character	10	T_ADJ_MASS_CLAIM	CDE_STATUS1
Net Amount	The amount by which the original amount was adjusted. This is a calculated value determined by subtracting the adjustment amount from the original amount. Format 99999999.99.	Field	Character	10	N/A	N/A
Original Amount	The original amount of the claim. This is a calculated value obtained by adding the paid amount and the state share amount from the original claim (from the T_CLM_PGM_XREF table). Format 99999999.99.	Field	Character	10	N/A	N/A
Request Number	Adjustment request number.	Field	Number	10	T_ADJ_MASS_CLAIM	NUM_MASS_RQST
Verify	Force adjustment to suspend indicator. Values: A - suspend after CE (claims engine) processing, B - suspend before CE processing, space - ignore suspense and mark claim available for CE processing.	Field	Character	20	T_ADJ_MASS_RQST	IND_SUSPEND

2.7.143.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.143.8 Associated Requirements

ID
30.090.009.002.20
30.090.009.002.21

2.7.143.9 CO / Defects

ID	Type	Name	Description	Current Status
8871	Change Order	I3470	Modify the Net Amount on the Mass Net Verification adjustment panel in iCe so the panel displays the true net effect on the adjustment	Completed

2.7.144 PANEL: Mass Adjustment Entry

2.7.144.1 Description

The adjustment analyst uses the Mass Adjustment Entry panel to enter a mass adjustment request. When the 'Verify' field has been set to 'Immediately' on the request, this causes the claims found for the mass adjustment to be reprocessed immediately without first being suspended for the user to review. To review the claims in a suspended status before the claims go through the claims engine, set the Verify field to 'B - Suspend before CE'. To review the claims after they have gone through the claims engine, but before they have gone through financial, set the Verify field to 'A - Suspend after CE'. When the mass adjustment request is ready to be processed, the Entry Status field must be changed to 'Verified'. The Mass Adjustment Criteria information must be entered before the Mass Adjustment request can be saved.

Navigation Path: [Claims - Adjustments] - [Click New Mass button]

2.7.144.2 Technical Name

Clm.MassAdjustmentEntryPanel.ascx

2.7.144.3 Panel Name

Mass Adjustment Entry

2.7.144.4 Mass Adjustment Entry Layout

2.7.144.5 Extra Features

This panel has no extra features.

2.7.144.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
CCN	The cash or check control number used to describe the receipt of cash.	Field	Character	11	T_ADJ_MASS_RQST	CASH_CTL_NO
Check Related	Indicates whether the system-assigned key is cash receipts.	Field	Drop Down List Box	0	N/A	N/A
EOB Reason Code	The Explanation of Benefits reason identifies the reason for the request. The type of EOB also controls the processing action for editing and auditing purposes. Valid values: 8232 thru 8238, inclusive.	Field	Character	4	T_EOB	CDE_EOB
Entry Date	Indicates the date the request was entered, system-assigned.	Field	Date (MM/DD/CCYY)	8	T_ADJ_MASS_RQST	DTE_REQUEST
Entry Status	Indicates the status of the request, system determined.	Field	Drop Down List Box	20	T_ADJ_MASS_CLAIM	CDE_STATUS1
Mass Request Number	The system-assigned number for a mass adjustment request.	Field	Number	14	T_ADJ_MASS_CLAIM	NUM_MASS_RQST
Payment Date (From)	Indicates the from payment date of the claim.	Field	Date (MM/DD/CCYY)	8	T_ADJ_MASS_CLAIM	DATE_PAID
Payment Date (To)	Indicates the to payment date of the claim.	Field	Date (MM/DD/CCYY)	8	T_ADJ_MASS_CLAIM	DTE_FINAL_LAST_PAYER

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Reason Code Description	Explanation of the EOB reason code.	Field	Character	50	T_EOB	DSC_EOB
Service Date (From)	Indicates the from service date as stated on the claim.	Field	Date (MM/DD/CCYY)	8	T_ADJ_MASS_CLAIM	DTE_FIRST_SVC
Service Date (To)	Indicates the to service date as stated on the claim.	Field	Date (MM/DD/CCYY)	8	T_ADJ_MASS_CLAIM	DTE_LAST_SVC
Verify	Indicates the mass adjustment should suspend for review; the adjustment will process through the claims engine and will suspend for review at the end of processing. A - Suspend after running through the claims engine, B - suspend before running through the claims engine.	Field	Drop Down List Box	1	T_ADJ_MASS_RQST	IND_SUSPEND

2.7.144.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
CCN	Field	1	CCN number not found	Enter a valid CCN number or select a valid number from the [Search] panel.
CCN	Field	2	CCN is required	If the mass adjustment is check related, then the CCN number must be entered.
CCN	Field	3	CCN is not allowed on non-check related adjustment.	User can only enter a CCN if the Check Related = Yes.
CCN	Field	4	CCN balance is not greater than zero	Balance for CCN must be greater than zero.

Field	Field Type	Error Code	Error Message	To Correct
CCN	Field	5	Cash related adjustments must have a Paid Amount greater than zero	Ensure the paid amount is greater than zero.
EOB Reason Code	Field	1	EOB Reason Code not found	Enter an existing EOB reason or select a code from the [Search] panel.
EOB Reason Code	Field	2	Adj Reason Code must be 8232 - 8238.	Enter a reason code between 8232 - 8238.
EOB Reason Code	Field	3	Adj Reason Code is required.	Enter an existing EOB reason or select one from the [Search] panel.
Mass Request Number	Field	1	The request number must be in the format of RRYYDDDBBB.	Enter data into the panel before clicking the Save button.
Mass Request Number	Field	2	The request must have one of the following: 1) List of members; 2) List of provider IDs and service locations; 3) List of Error Codes; 4) List of Procedure Code and Modifiers; 5) List of NDC Codes; and 6) Revenue Codes (UB Only).	Enter required mass adjustment criteria information.
Payment Date (From)	Field	1	Invalid Date. Format is MM/DD/CCYY	Enter a valid date in MM/DD/CCYY format.
Payment Date (From)	Field	2	The payment date cannot be greater than Today's date	Enter a valid date that is not greater than today's date.
Payment Date (To)	Field	1	Invalid Date. Format is MM/DD/CCYY	Enter an ending payment date in MM/DD/CCYY format.
Payment Date (To)	Field	2	Payment From Date must be less than or equal to Payment To Date	Enter a payment from date that is equal to or less then the payment to date.
Service Date (From)	Field	1	Invalid Date. Format is MM/DD/CCYY	Enter a date in MM/DD/CCYY format.
Service Date (To)	Field	1	Invalid Date. Format is MM/DD/CCYY	Enter an ending service date in the format: MM/DD/CCYY.

Field	Field Type	Error Code	Error Message	To Correct
Service Date (To)	Field	2	Service Date must be less than or equal to Service To Date.	Enter an ending service date which is greater than or equal to the starting service date.
Service Date (To)	Field	3	The service date cannot be greater than Today's date.	Enter a date less than or equal to today's date.

2.7.144.8 Associated Requirements

ID
30.090.009.002.20
30.090.009.002.21

2.7.144.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.145 PANEL: Mass Net Verification

2.7.145.1 Description

Use the Mass Net Verification panel to verify and update the financial changes made to mass adjustment claims. At this time, mass adjustments may be processed by this panel if they include less than 1500 adjustment claims. If more than 1500 adjustment claims are found by the claims batch process, then a message will display telling the user that the mass adjustment request is too large. In this case, the mass adjustment will need to be processed by EDS after the user views report CLM-0110-O. Please see the Associated Doco for this panel (bottom of this page in the PWB).

The adjustment status indicates the status of the adjustment for the claim. Changes can be made to the adjustment status as long as the current status is not "Deleted". A Deleted status means that the new claim has been removed from the system and is no longer available. A status of Delete means that the new claim has been marked for deletion, but it has not occurred yet. The following rules apply to changing the adjustment status of the claim:

- The new claim must not be Paid or Denied;
- The user cannot change the adjustment status if the current adjusted status is Finalized, Processed or Deleted;
- The user can change the adjustment status to Release only if the current adjusted status is Suspended or Delete; and
- The user can change the adjustment status to delete if the current adjusted status is Suspended or Release.

Navigation Path: [Claims - Adjustments] - [select a mass adjustment request] - [Mass Net Verification]

Tables: T_ADJ_MASS_CLAIM, T_ADJ_MASS_RQST, T_HIST_DIRECTORY

2.7.145.2 Technical Name

Clm.AdjustmentNetVerificationPanel.ascx -Mass Adj

2.7.145.3 Panel Name

Mass Net Verification

For readability the layout displays on the next page.

2.7.145.4 Mass Net Verification Layout

Mass Net Verification

Original ICN	Adjustment ICN	Original Amount	Adjusted Amount	Net Amount	Adjusted Status	New Claim Status	CCN	EOB
2003190600113		$50.00	$0.00	$50.00	Processed			8231
2003190600122		$30.00	$0.00	$30.00	Processed			8231
2003190600148		$10.00	$0.00	$10.00	Processed			8231
2003190600139		$30.00	$0.00	$30.00	Processed			8231
2003190600141		$15.00	$0.00	$15.00	Processed			8231
2003190600167		$30.00	$0.00	$30.00	Processed			8231
2003190600170		$30.00	$0.00	$30.00	Processed			8231
2003190600169		$30.00	$0.00	$30.00	Processed			8231
2003190600171		$30.00	$0.00	$30.00	Processed			8231
2003191600001		$30.00	$0.00	$30.00	Processed			8231
Totals:		$5,389.95	$146.83	$5,243.12				

1 2 3 4 5 6 7 8 9 10 ... Next >

Original ICN
Adjustment ICN
Adjustment Status

refresh | resubmit all | resubmit selected | delete all | delete selected | data correct

2.7.145.5 Extra Features

This panel has no extra features.

2.7.145.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Data Correct	Opens the Corrections panel for the selected claim.	Button	N/A	0	N/A	N/A
Delete All	Sets the Adjustment Status field to D for all records.	Button	N/A	0	N/A	N/A
Delete Selected	The user may select the checkboxes to the left of the claims and click this button to delete the selected claims.	Button	Check Box	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Resubmit All	Sets the Adjustment Status field to R for all records.	Button	N/A	0	N/A	N/A
Resubmit Selected	The user may select the checkboxes to the left of the claims and click this button to set the Adjustment Status field to R for the selected claims.	Button	Check Box	0	N/A	N/A
Adjustment Status	Field to add or update the status of a claim being adjusted.	Combo Box	Character	10	T_ADJ_MASS_RQST	CDE_STATUS1
Adjusted Amount	The adjusted amount of the claim. This is a calculated value obtained by adding the paid amount and the state share amount from the adjusted claim (from the T_CLM_PGM_XREF table). Format 99999999.99.	Field	Number	9	N/A	N/A
Adjusted ICN	Field to add or change new Internal Control Number of an adjusted claim.	Field	Character	13	T_HIST_DIRECTORY	NUM_ICN_FL
Adjusted Status	Indicates the status of the adjustment for the claim that is being adjusted.	Field	Character	10	T_ADJ_MASS_RQST	CDE_STATUS1
CCN	Cash or check receipt control number used in the disposition of the adjustment with the cash received.	Field	Character	11	T_ADJ_MASS_RQST	CASH_CTL_NO
EOB	Indicates the Explanation of Benefits code entered for the claim.	Field	Number	4	T_EOB	CDE_EOB
Net Amount	The amount by which the original amount was adjusted. This is a calculated value determined by subtracting the adjustment amount from the original amount. Format 99999999.99.	Field	Number	9	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
New Claim Status	The status of the adjusted claim.	Field	Character	10	T_HIST_DIRECTORY	CDE_CLM_STATUS
Original Amount	The original amount of the claim. This is a calculated value obtained by adding the paid amount and the state share amount from the original claim (from the T_CLM_PGM_XREF table). Format 99999999.99.	Field	Number	9	N/A	N/A
Original ICN	Field to add or change original Internal Control Number of an adjusted claim.	Field	Character	13	T_CLM_PGM_XREF	NUM_ICN
Totals	This includes totals for each amount field on the panel. Totals will include adjustments associated to a request except the claims with adjusted status Deleted.	Field	Number	0	N/A	N/A

2.7.145.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Data Correct	Button	1	You must select either delete or release to update	Ensure the action code contains a value before attempting to data correct.
Adjusted Status	Field	1	Cannot change Status	The status cannot be changed based on the value of the current status.

2.7.145.8 Associated Requirements

ID
30.090.009.002.20
30.090.009.002.21

2.7.145.9 CO / Defects

ID	Type	Name	Description	Current Status
1240	Change Order	Mass Net Verf add totals	Modify the Mass Net Verification panel to include totals for each amount field on the panel (original amount, adjusted amount, net amount). The totals should include all adjustments associated to a request (not just the number of adjustments currently displayed). Add check box to select individual claims for release for processing See Core CO 9626 - all documentation will be updated on this CO	Prod Implemented
1358	Change Order	Verify mass rate adjustments	Modify the Mass Net Verification panel to allow users to remove claims from provider rate and mass rate adjustments. A new adjustment status value will be used for the initial status of provider rate adjustments on the mass adjustment request table. Users should be allowed to update the status from the initial rate adjustment status to the status currently assigned in the batch selection program 'P' (processing). See Core CO 9626 - all documentation will be updated on this CO	Prod Implemented
161	Change Order	Allow individual claim deselect	Modify the claims mass net verification panel to allow claim selection (similar to the function of the claim assignment panel) of all or any chosen claims selected based on the entered mass adjustment criteria prior to releasing the claims to adjustment. A "Delete Selected Claims" function should allow selected claims to be removed from T_CL_MASS_ADJ. See Core CO 9626 - all documentation will be updated on this CO	Prod Implemented

ID	Type	Name	Description	Current Status
8202	Change Order	Redesign Mass Net Verification	When the user creates a Mass Adjustment, there is no way to tell how many claims will be found by the batch programs. If more than about 1500 claim adjustments are created, the current Mass Net Verification panel cannot handle the volume. Up to about 3000 claim can be displayed, but response time is unacceptable when trying to page through. Up to 8000 can also be displayed, but the user gets a time out if they try to page through the claims. If more than 9000 claims are found, then the panel gets a critical 'Thread Aborted' error. We have heard that CT is designing a process that will break up one mass adjustment request in to 'child requests' so that they can be displayed on the panel. We are also notifying the Core team to work with CT and other states to design a solution that can be used by all states. The solution may also need to be coordinated with the batch side. They may have to create the new mass adjustment request numbers on their side as the mass adjustment claims are found and created.	On Hold

2.7.146 PANEL: Mass Adjustment Criteria

2.7.146.1 Description

The Mass Adjustment Criteria panel is a combined panel for adding and deleting mass adjustment criteria. There are two different types of mini-criteria panels on the combined Mass Adjustment Criteria panel. The mini-panels that only add one record at a time require the user to click the Add button to open a new record, and then the user will enter the value. For the mini-panels that accept a range value, the user must enter the range and then click the Add Range button.

Navigation Path: [Claims - Adjustments] - [select a mass adjustment request] - [Mass Adjustment Criteria]

Tables: T_ADJMS_AGE_SEX, T_ADJMS_AID_CAT, T_ADJMS_CT, T_ADJMS_DATES, T_ADJMS_DIAG, T_ADJMS_DRG, T_ADJMS_DRUG, T_ADJMS_ERROR, T_ADJMS_LOC, T_ADJMS_MEDAST, T_ADJMS_MODIF, T_ADJMS_PROV, T_ADJMS_PROVTYP, T_ADJMS_PRSPEC, T_ADJMS_PRSVC, T_ADJMS_RECIP, T_ADJMS_REGION, T_ADJMS_REVENUE, T_ADJMS_SERV

2.7.146.2 Technical Name

Clm.MassAdjustmentCriteriaPanel.ascx

2.7.146.3 Panel Name

Mass Adjustment Criteria

For readability the layout displays on the next page.

2.7.146.4 Mass Adjustment Criteria Layout

Mass Adjustment Criteria

Aid Category

Code
BP

Click add to insert

Program Code [Search]

delete add

Claim Type Selection

Claim Type	Description
D	DENTAL CLAIMS

Click add to insert

Type

delete add

Current ID

Medicaid ID
000001256

Click add to insert

Current ID [Search]

delete add

ESC

Type	ESC	Edit Type Indicator
both	205	MISSING PR

Click add to insert

Type both detail header

ESC [Search]

delete add

DRG

Code	Description
001	CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA
002	CRANIOTOMY FOR TRAUMA AGE > 17
003	CRANIOTOMY AGE 0-17
004	SPINAL PROCEDURES
005	EXTRACRANIAL VASCULAR PROCEDURES
006	CARPAL TUNNEL RELEASE
007	PERIPH & CRANIAL NERVE & OTHER NERV SYST PRO
008	PERIPH & CRANIAL NERVE & OTHER NERV SYST PRO

Specify Drg Code, then click Add Range to insert.

Drg From* [Search] Drg To* [Search]

delete add range

Diagnosis Code

Code	Description
002	TYPHOID PARATYPHOID FEVERS T
0020	YPHOID FEVER TY
0021	ARATYPHOID FEVER A PA
0022	ARATYPHOID FEVER B PA
0023	ARATYPHOID FEVER C PA
0029	ARATYPHOID FEVER UNSP PA

Specify Diagnosis Code, then click Add Range to insert.

Diagnosis From* [Search] Diagnosis To* [Search]

delete add range

Gender/Age Min/Age Max

Gender	Age Min	Age Max
both	0	50

Click add to insert

Gender both Min Max

delete add

NDC

Code	Description
00002034602	V-CILLIN K

Click add to insert

NDC [Search]

delete add

Procedure Modifier

Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4
0001T	23	24	25	26
0002F	23	24	25	26
0002T	23	24	25	26
0003F	23	24	25	26
0003T	23	24	25	26
0004F	23	24	25	26

Specify Procedure Code and Modifiers, then click Add Range to insert.

Procedure From* [Search] Procedure To* [Search]

Modifier 1:* [Search] 2:* [Search]

3:* [Search] 4:* [Search]

delete add range

Revenue Code

Code	Description
0	DEFAULT REVENUE CODE FOR PROGRAM COVERAGE
1	TOTAL CHARGE
100	ALL INCL R&B/ANC
101	ALL INCL R&B
101	ALL INCL R&B
110	PRIVATE ROOM
111	MED-SUR-GYN/PVT
112	OB/PVT
113	PEDIATRIC/PVT
114	PSYCH/PVT

1 2 Next >

Specify Revenue Code, then click Add Range to insert.

Revenue From* [Search] Revenue To* [Search]

delete add range

Provider ID/Location

Provider Number	
100000029B	MCD

Click add to insert

Provider Number [Search]

delete add

Provider Type

Provider Type	Description
30	Community Mental Health

Click add to insert

Provider Type

delete add

Provider Specialty

Provider Specialty	Description
051	Specialized Home Nursing Services

Click add to insert

Provider Spec

delete add

Health Program Selection

Program	Description
PartD	Medicare Part D

Click add to insert

Pgm

delete add

Region Code

Region Code	Description
53	MASS ADJUSTMENTS - CHECK RELATED

Click add to insert

Region

delete add

Pay As Billed

Paid Amount Equals Billed
Include

Click add to insert; Select row to delete.

Paid Amount Equals Billed* Include Exclude

delete add

2.7.146.5 Extra Features

This panel has no extra features.

2.7.146.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Add a segment.	Button	N/A	0	N/A	N/A
Delete	Delete a segment.	Button	N/A	0	N/A	N/A
Aid Category	The aid category entered as criteria.	Field	Number	9	T_ADJMS_AID_CAT	SAK_CDE_AID
DRG From	Diagnosis Related Group From field. DRG is a code identifying the classification of diagnoses in which patients demonstrate similar resource consumption and length of stay patterns.	Field	Character	4	T_DRG	CDE_DRG
DRG To	Diagnosis Related Group To field used as range criteria.	Field	Character	4	T_DRG	CDE_DRG
Diagnosis From	Diagnosis From code used as criteria. Diagnosis code specifies the condition requiring medical attention.	Field	Character	7	T_ADJMS_DIAG	SAK_DIAG
Diagnosis To	Diagnosis To use as range criteria.	Field	Character	7	T_ADJMS_DAIG	SAK_DIAG
ESC	Code used to indicate an error was discovered on a claim during processing in the base system. This can be either an edit or an audit.	Field	Number	4	T_ADJMS_ERROR	CDE
Gender	The sex/gender of the member	Field	Drop Down List Box	1	T_ADJMS_AGE_SEX	CDE_SEX

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Max	The high age of the member age range.	Field	Number	3	T_ADJMS_AGE_SEX	AGE_HIGH
Member Id	Displays the member ID entered used for criteria.	Field	Character	12	T_RE_BASE	ID_MEDICAID
Min	The low age of the member age range.	Field	Number	3	T_ADJMS_AGE_SEX	AGE_LOW
Modifier 1	First modifier to be used as criteria.	Field	Character	2	T_ADJMS_MODIF	CDE_PROC_MOD
Modifier 2	Second modifier to be used as criteria.	Field	Character	2	T_ADJMS_MODIF	CDE_MODIFIER_2
Modifier 3	Third modifier to be used as criteria.	Field	Character	2	T_ADJMS_MODIF	CDE_MODIFIER_3
Modifier 4	Fourth modifier to be used as criteria.	Field	Character	2	T_ADJMS_MODIF	CDE_MODIFIER_4
NDC	National Drug Code(s).	Field	Character	11	T_ADJMS_DRUG	CDE_NDC
Paid as Billed	Radio button used to include or exclude claims in which paid amount equals billed amount	Field	Radio Button	0	N/A	N/A
Pgm	Medical assistance programs chosen from the list at the bottom of the panel	Field	Drop Down List Box	5	T_ADJMS_MEDAST	CDE_PGM_HEALTH
Procedure From	Field used to enter the From code which indicates service provided as criteria.	Field	Character	6	T_ADJMS_SERV	SAK_PROCEDURE
Procedure To	Field used to enter the To code used as range criteria.	Field	Character	6	T_ADJMS_SERV	SAK_PROCEDURE
Provider Id / Loc	Provider number(s) chosen as criteria.	Field	Character	10	T_ADJMS_PROV, T_ADJMS_PRSVC	ID_PROVIDER, CDE_SERVICE_LOC

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Provider Specialty	Code used to identify the specialty of the provider.	Field	Drop Down List Box	3	T_ADJMS_PRSPEC	CDE_PROV_SPEC
Provider Type	Code used to identify the type of the provider.	Field	Drop Down List Box	2	T_ADJMS_PROVTYP	CDE_PROV_TYPE
Region	Region codes chosen from the list at the bottom of the panel	Field	Drop Down List Box	2	T_ADJMS_REGION	CDE_REGION
Revenue From	The From value for revenue criteria. This identifies a specific accommodation or ancillary service. Revenue codes are determined by CMS.	Field	Number	4	T_ADJMS_REVENUE	CDE_REVENUE
Revenue To	The To value for revenue code range criteria.	Field	Number	4	T_ADJMS_REVENUE	CDE_REVENUE
Type	Claim type chosen as criteria.	Field	Drop Down List Box	1	T_ADJMS_CT	CDE_CLM_TYPE

2.7.146.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Aid Category	Field	1	Enter a Valid value	Enter a numeric aid category or select a code from the [Search] panel.
Aid Category	Field	2	Invalid Aid Category Code	Enter a valid category code or select a code from the [Search] panel.
DRG From	Field	1	Enter a valid value	Enter a numeric drug code or select a code from the [Search] panel.

Field	Field Type	Error Code	Error Message	To Correct
DRG From	Field	2	Invalid Drug Code	Enter a valid drug code or select a code from the [Search] panel.
Diagnosis From	Field	1	Enter a valid value	Enter a numeric diagnosis or select a code from the [Search] panel.
Diagnosis From	Field	2	Invalid Diagnosis Code	Enter a valid diagnosis code or select a code from the [Search] panel.
ESC	Field	1	Enter a valid value	Enter a valid code or select a code from the [Search] panel.
ESC	Field	2	Invalid ESC Code	Enter a valid ESC code or select a code from the [Search] panel.
Max	Field	1	Enter a Valid value	Enter a numeric value.
Max	Field	100	The high age range must be greater than the low age range.	Verify age values and re-enter.
Member Id	Field	1	Invalid Member ID	Enter a valid member ID or select a code from the [Search] panel.
Min	Field	1	Enter a Valid Value	Enter a numeric value.
Modifier 1	Field	1	Modifiers MUST BE entered in order, starting with 1.	Enter the modifiers in the correct order.
Modifier 1	Field	2	Invalid Modifier 1 Code	Enter a valid modifier or select a code from the [Search] panel.
Modifier 2	Field	1	Invalid Modifier 2 code	Enter a valid modifier code or select a code from the [Search] panel.
Modifier 3	Field	1	Invalid Modifier 3 Code	Enter a valid modifier code or select a code from the [Search] panel.

Field	Field Type	Error Code	Error Message	To Correct
Modifier 4	Field	1	Invalid Modifier 4 Code	Enter a valid modifier code or select a code from the [Search] panel.
NDC	Field	1	Invalid NDC Code	Enter a valid NDC code or select a code from the [Search] panel.
Procedure From	Field	1	Invalid Procedure code	Enter a valid procedure code or select a code from the [Search] panel.
Provider Id / Loc	Field	1	Both a provider ID & Location Code are needed.	Enter a valid provider ID and location or select a code from the [Search] panel.
Provider Id / Loc	Field	2	There is no Provider in the system with that ID & Location Code.	Enter a valid provider ID and location or select a code from the [Search] panel.
Revenue From	Field	1	Invalid Revenue Code	Enter a valid revenue code or select a code from the [Search] panel.
Revenue From	Field	2	Enter a valid value	Enter a numeric revenue code or select a code from the [Search] panel.

2.7.146.8 Associated Requirements

ID
30.050.001F
30.090.009.002.20
30.090.009.002.21

2.7.146.9 CO / Defects

ID	Type	Name	Description	Current Status
1228	Change Order	Mass Adjustment Criteria ranges	Modify the Mass Adjustment Criteria panel to allow selection based on code ranges in addition to selection by individual codes for the following data elements: • Procedure code/modifier; • Diagnosis code; • DRG; and, • Revenue code. NOTE: This will be done in the KY Specific layer, not in Core the code layer.	Prod Implemented
1229	Change Order	CORE 10358Add billed/paid MADJ	Add an indicator (check box) to the Mass Adjustment Criteria panel to allow selection of claims where the header net billed amount equals the total reimbursement amount for the claim. Modify the mass adjustment claim selection process to apply the check of billed amount equal paid amount when the criteria is selected for a request.	Prod Implemented
162	Change Order	Change "Recipient" - online	Change every instance of "Recipient, 'MID", "RID" or "Current ID" to "Member ID" on claim pages and panels. In addition, update any related error messages that may include the name of the field. Update corresponding documentation.	Prod Implemented

ID	Type	Name	Description	Current Status
2013	Change Order	CORE 10380 NEW T_ADJMS_PAYBILL	Create a new reference table that will be used to hold parameters of the Mass Adjustment Criteria Panel (CO 1229) and then used by the Mass Adjustment Claim Select program (CO 1262).	Prod Implemented
3541	Change Order	Change Provider ID to Number	To meet KY requirements, every panel and error message that shows a heading as 'Provider ID' needs to be replaced with 'Provider Number'. CO 2037 has been created to cover all changes, however this CO is specifically for Claims	Prod Implemented

2.7.147 PANEL: Adjustment Mini-Search

2.7.147.1 Description

The Adjustment Mini-Search panel permits new searches from both the Adjustment Information and the Mass Adjustment Information panels without having to return to the Adjustment Search panel.

Navigation Path: [Claims - Adjustments] - [Click Search] - [select an adjustment request]

Table: T_ADJ_MASS_RQST

2.7.147.2 Technical Name

Clm.ClaimsAdjustmentMiniSearchPanel.ascx

2.7.147.3 Panel Name

Adjustment Mini Search

2.7.147.4 Adjustment Mini-Search Layout

2.7.147.5 Extra Features

This panel has no extra features.

2.7.147.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adv Search	Returns the full Adjustment Search panel.	Button	N/A	0	N/A	N/A
Clear	Clears the previous adjustment request number from the search field.	Button	N/A	0	N/A	N/A
Search	Returns the information for the entered request number.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Request Number	A unique number that identifies the mass adjustment request. Format: RRYYJJJBBB (RR - Region, YYJJJ - Julian date, BBB - Batch number). It is user-entered for manually entered adjustment requests, and system-assigned for system-generated adjustments.	Field	Number	10	T_ADJ_MASS_RQST	NUM_MASS_RQST

2.7.147.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Request Number	Field	1	Enter a valid value	Enter a numeric value in the Request Number field.
Request Number	Field	2	Record cannot be found for Request Number	The number entered is not a valid request number. Enter an existing request number.

2.7.147.8 Associated Requirements

ID
30.090.009.002.17
30.090.009.002.20
30.090.009.002.21

2.7.147.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.148 PAGE: Claims Related Data Page

2.7.148.1 Description

The Claims Related Data page contains a navigation panel to view claims related data.

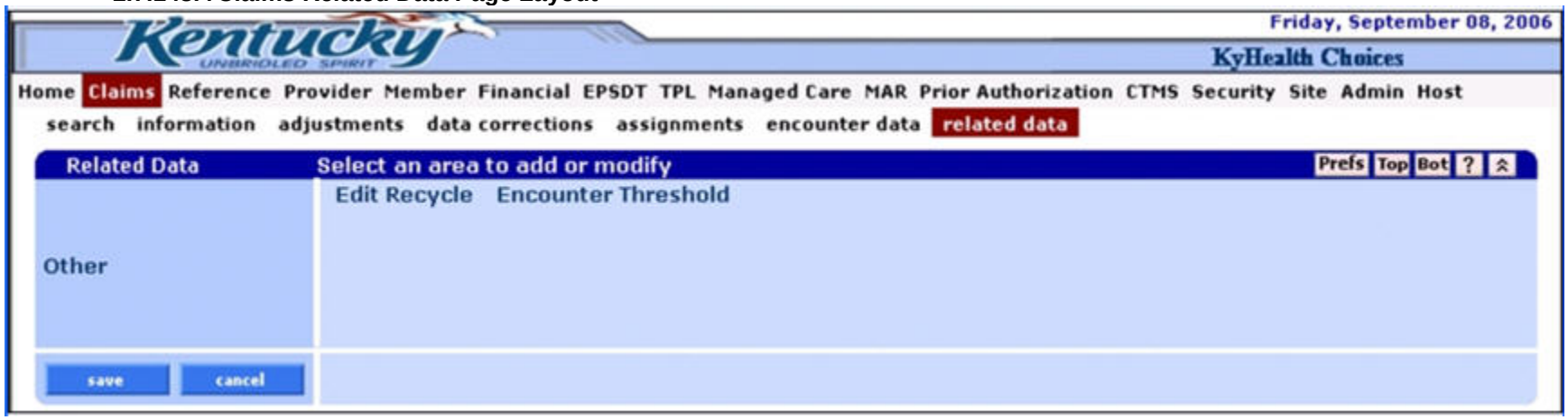
2.7.148.2 Technical Name

Clm.RelatedDataPage.ascx

2.7.148.3 Web Page Name

Related Data Page

2.7.148.4 Claims Related Data Page Layout



2.7.149 PANEL:Edit Recycle

2.7.149.1 Description

The Claims Edit Recycle panel allows select users to add and remove edits from the daily recycle parameter file.

Navigation Path: [Claims -Related Data] - [Edit Recycle]

Table: T_EDIT_RECYCLE

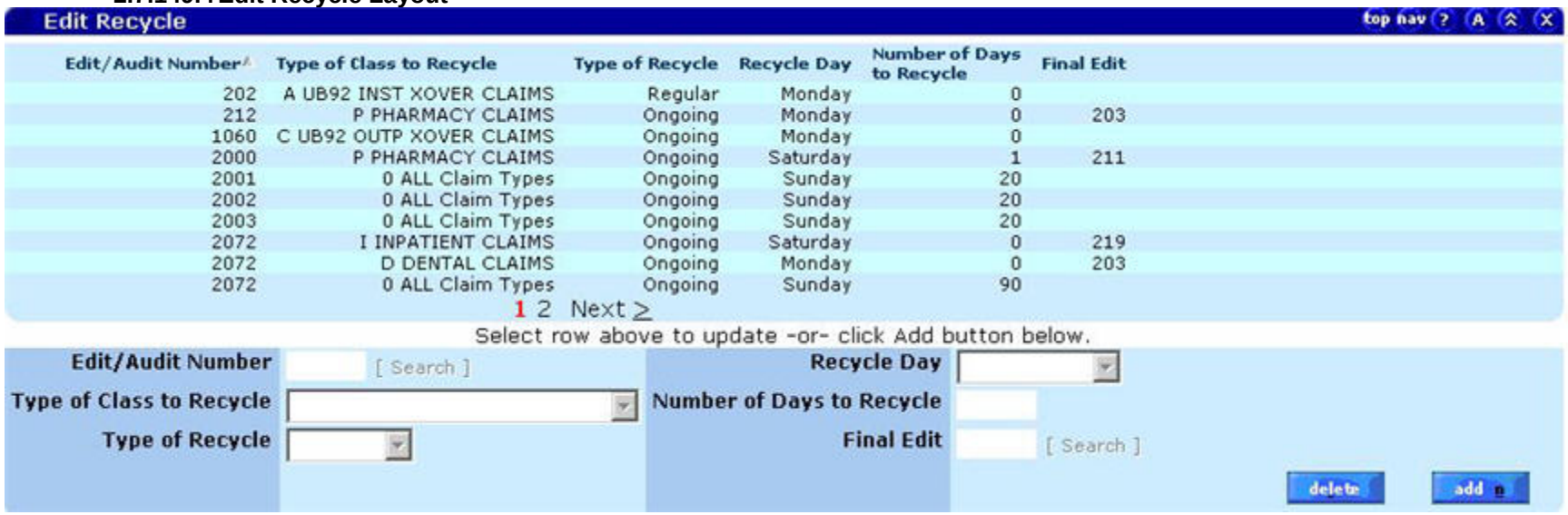
2.7.149.2 Technical Name

Clm.EditRecyclePanel.ascx

2.7.149.3 Panel Name

Edit Recycle

2.7.149.4 Edit Recycle Layout



2.7.149.5 Extra Features

This panel has no extra features.

2.7.149.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Adds a new record. This button only displays when the panel is on the Data Correction page.	Button	N/A	0	N/A	N/A
Delete	Deletes a record. This button only displays when the panel is on the Data Correction page.	Button	N/A	0	N/A	N/A
Edit/Audit Number	The number of the edit or audit to be recycled.	Field	Number	4	T_EDIT_RECYCLE	SAK_ESC
Final Edit	The number of the edit that will be used to deny the claim once the number of days to recycle has been exceeded.	Field	Number	4	T_EDIT_RECYCLE	SAK_FINAL_ESC
Number of Days to Recycle	The number of days that a claim will recycle for the edit before it denies with the denial edit indicated.	Field	Number	4	T_EDIT_RECYCLE	NUM_DAYS
Recycle Day	The day of the week that an edit should be recycled.	Field	Drop Down List Box	0	T_EDIT_RECYCLE	NUM_RECYCLE_DAY
Type of Class to Recycle	The types of claims to recycle. This can be adjustments, all claims, all but adjustments, and so on.	Field	Drop Down List Box	0	T_EDIT_RECYCLE	IND_TYPE_CLMS
Type of Recycle	Indicates if this is a regular recycle request or an on-going request that will eventually deny with a different edit number.	Field	Drop Down List Box	0	T_EDIT_RECYCLE	CDE_RECYCLE_TYPE

2.7.149.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Edit/Audit Number	Field	1	A valid Edit/Audit Number is required	Enter a valid value or select a value from the [Search] panel.
Edit/Audit Number	Field	2	Edit/Audit number not exist	Enter a valid value or select a value from the [Search] panel.
Final Edit	Field	1	Final Edit has to be critical edit	The edit number for the final edit must have a critical indicator set to Y on file.
Final Edit	Field	2	Final Edit code not exist	Enter a valid edit code or select a code from the [Search] panel.
Number of Days to Recycle	Field	100	Number of Days to Recycle must be less than or equal to 9999.	Enter a number between 1 and 9999.
Recycle Day	Field	1	Recycle Day must be greater than or equal to 1.	A recycle day must be selected from the drop down list.
Type of Class to Recycle	Field	1	A valid Type of Class to Recycle is required	Enter a valid type of class or select a valid value from the drop down list.
Type of Recycle	Field	100	Regular recycle must have 0 number of days to recycle and no final edit.	Recycle days must not be greater than 0 and final edit must be blank if the type of recycle is set to 'R' - Regular.

2.7.149.8 Associated Requirements

ID
30.090.007.001.3
30.090.007.002.56
30.090.007.002.64

2.7.149.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.150 PANEL: Related Data -Other

2.7.150.1 Description

The Claims Related Data panel contains a link to the Edit Recycle panel.

Navigation Path: [Claims - Related Data]

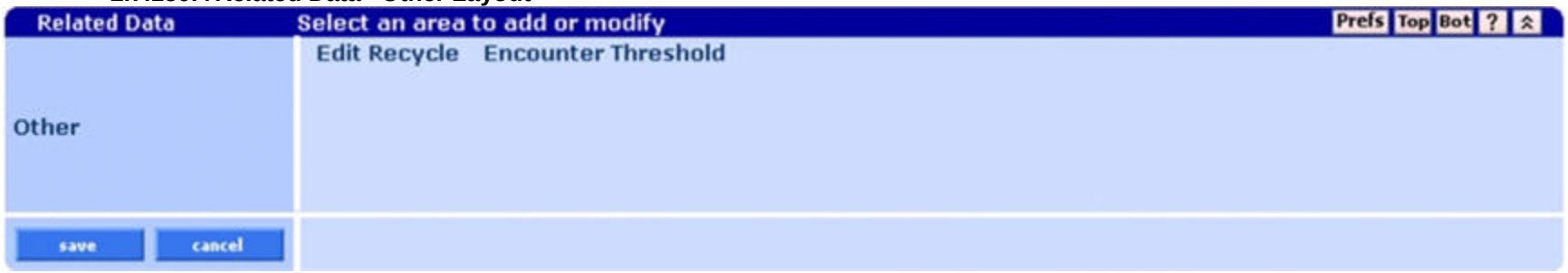
2.7.150.2 Technical Name

Clm.RelatedData.ascx

2.7.150.3 Panel Name

Related Data

2.7.150.4 Related Data –Other Layout



2.7.150.5 Extra Features

This panel has no extra features.

2.7.150.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Cancel	Cancels any changes made to the panels on this page.	Button	N/A	0	N/A	N/A
Save	Saves changes made to the panels on this page.	Button	N/A	0	N/A	N/A
Edit Recycle	A link to "Edit Recycle" Panel.	Hyperlink	N/A	0	N/A	N/A
Encounter Threshold	A link to "Encounter Threshold" Panel.	Hyperlink	N/A	0	N/A	N/A

2.7.150.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.150.8 Associated Requirements

ID
No associated requirements found.

2.7.150.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.151 PANEL: Encounter Threshold

2.7.151.1 Description

Use the Claims Encounter Threshold panel to determine if the batch is to be rejected or accepted during encounter processing.

Navigation Path: [Claims - Related Data] - [Encounter Threshold]

Table: T_ENC_ERR_THRESHLD

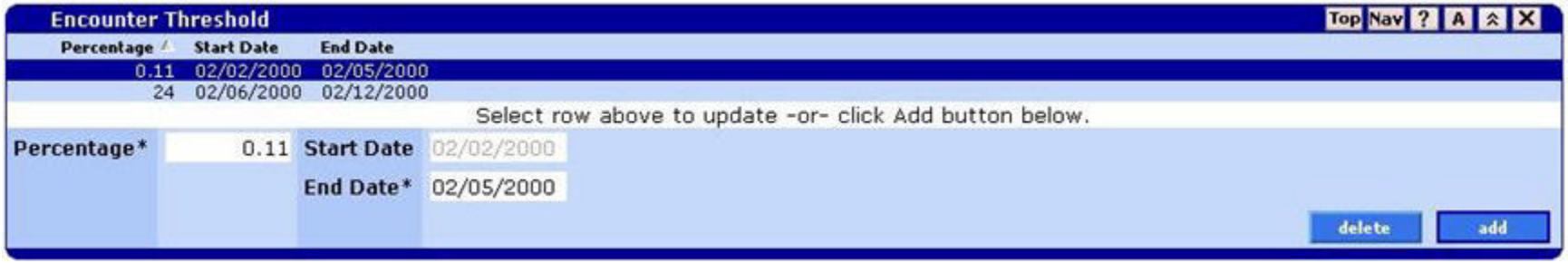
2.7.151.2 Technical Name

Clm.ClmEncThresholdPanel.ascx

2.7.151.3 Panel Name

Encounter Threshold

2.7.151.4 Encounter Threshold Layout



2.7.151.5 Extra Features

This panel has no extra features.

2.7.151.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Add a new record	Button	N/A	0	N/A	N/A
Delete	Delete an existing record	Button	N/A	0	N/A	N/A
End Date	End date for the associated percentage.	Field	Date (MM/DD/CCYY)	8	T_ENC_ERR_THRESHLD	DTE_END

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Percentage	Percentage factor that will be used during the encounter processing. The minimum value is 0.00; the maximum is 100.00.	Field	N/A	0	T_ENC_ERR_THRESHLD	PCT_THRESHOLD
Start Date	Start date for the associated percentage.	Field	Date (MM/DD/CCYY)	8	T_ENC_ERR_THRESHLD	DTE_EFFECTIVE

2.7.151.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
End Date	Field	1	End date must less then or equal Effective date	Verify entry and re-enter a correct date.
End Date	Field	2	Effective date and End date span must not overlap other entries	Verify entry and re-enter a correct date span.
End Date	Field	3	Invalid date (MMDDCCYY)!	Verify entry and re-enter a correct date.
Percentage	Field	1	Threshold Percentage is Required	Verify entry and re-enter a correct percent.
Percentage	Field	2	Threshold Percentage must be greater than or equal to zero	Verify entry and re-enter a correct percent.
Percentage	Field	3	Threshold Percentage must be less than or equal to 100.00	Verify entry and re-enter a correct percent.
Start Date	Field	1	Effective date must less then or equal End date	Verify entry and re-enter a correct date.
Start Date	Field	2	Effective date and End date span must not overlap other entries	Verify entry and re-enter a correct date span.
Start Date	Field	3	Invalid date (MMDDCCYY)!	Verify entry and re-enter a correct date.

2.7.151.8 Associated Requirements

ID
30.050.008.002.1

2.7.151.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.152 PAGE: Claims Search Page

2.7.152.1 Description

Use the Search page for the Claims subsystem to search for and view claims based on selected criteria.

2.7.152.2 Technical Name

Clm.ClaimSearchPage.ascx

2.7.152.3 Web Page Name

Claims Search Page

For readability the layout displays on the next page.

2.7.152.4 Claims Search Page Layout

Thursday, October 05, 20

KyHealth Choices

Home Claims Reference Provider Member Financial EPSDT TPL Managed Care MAR Prior Authorization CTMS Security Site Admin Host

search information adjustments data corrections assignments encounter data related data

Claim Search

ICN	2	Provider Number	[Search]
Member ID	[Search]	Rendering Provider	[Search]
TCN		Prescription Number	
		Referring Provider	[Search]
Status	P - PAID	Procedure Code From	[Search]
Claim Type	M - HCFA 1500 CLAIMS	Procedure Code To	[Search]
FDOS		NDC	[Search]
TDOS		GCN Sequence Number	
From Payment Date		Diagnosis Code	[Search]
To Payment Date			
Revenue Code	[Search]	Rendering Provider Specialty	[Search]
Warrant Number		Fee For Service Claim Only	☐
DRG	[Search]	Encounter Claim Only	☐
		Exclude Adjusted Claims	☐
		Exclude Finalized Claims	☐
		Records	20

search clear adv search

Search Results

ICN	Member ID	Provider Number		FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid	Prescription Number
2006220600001	000079961	100097859B	MCD	07/14/2006	07/14/2006	HCFA 1500 CLAIMS	PAID	08/10/2006	$60.00	$17.04	
2003255600072	000002426	100679639B	MCD	08/31/2003	08/31/2003	HCFA 1500 CLAIMS	PAID	02/24/2005	$15.00	$15.00	
2003149600095	000001346	100743189A	MCD	08/01/2001	08/01/2001	HCFA 1500 CLAIMS	PAID	03/24/2005	$7.50	$0.00	
2003190600073	000002441	100679639B	MCD	01/01/2003	01/01/2003	HCFA 1500 CLAIMS	PAID	02/24/2005	$10.00	$10.00	
2005105600331	000001381	100094589A	MCD	05/26/2004	05/26/2004	HCFA 1500 CLAIMS	PAID	04/15/2005	$10.00	$9.00	
2006198600002	000001266	100228069A	MCD	04/15/2006	04/15/2006	HCFA 1500 CLAIMS	PAID	07/25/2006	$90.00	$40.47	
2005114600569	000039860	100189819B	MCD	01/24/2005	01/29/2005	HCFA 1500 CLAIMS	PAID	04/25/2005	$46.00	$46.00	
2006024600034	000002502	100188569A	MCD	11/24/2005	11/24/2005	HCFA 1500 CLAIMS	PAID	05/02/2006	$244.00	$47.93	
2006227600003	000002363	100661859A	MCD	01/01/2006	01/02/2006	HCFA 1500 CLAIMS	PAID	08/15/2006	$100.00	$34.08	
2005055600137	000002424	100216979A	MCD	08/15/2004	08/15/2004	HCFA 1500 CLAIMS	PAID	02/24/2005	$50.00	$18.50	
2003259600129	000002508	200308419A	MCD	01/20/2002	01/20/2002	HCFA 1500 CLAIMS	PAID	02/24/2005	$50.00	$13.11	
2005354600007	000001384	100216979A	MCD	03/25/2005	03/25/2005	HCFA 1500 CLAIMS	PAID	05/02/2006	$200.00	$125.08	
2005111600366	000001346	100608239B	MCD	04/01/2005	04/01/2005	HCFA 1500 CLAIMS	PAID	04/21/2005	$100.00	$13.11	
2005112600587	000001346	100608239B	MCD	03/15/2005	03/15/2005	HCFA 1500 CLAIMS	PAID	04/22/2005	$100.00	$13.11	
2003255600074	000002426	100679639B	MCD	07/01/2003	07/01/2003	HCFA 1500 CLAIMS	PAID	02/24/2005	$50.00	$50.00	
2005101600164	000001843	100808999A	MCD	03/01/2005	03/01/2005	HCFA 1500 CLAIMS	PAID	04/12/2005	$20.00	$20.00	
2003142600279	000001451	100015999A	MCD	03/28/2001	03/28/2001	HCFA 1500 CLAIMS	PAID	02/24/2005	$475.00	$474.00	
2005312600372	000041393	100745229A	MCD	08/05/2004	08/05/2004	HCFA 1500 CLAIMS	PAID	05/02/2006	$27.07	$27.07	
2006019600054	000040673	100000009A	MCD	10/22/2005	10/22/2005	HCFA 1500 CLAIMS	PAID	05/02/2006	$244.00	$22.37	
2005116600147	000088830	100000199A	MCD	05/27/2004	05/27/2004	HCFA 1500 CLAIMS	PAID	04/26/2005	$350.00	$11.37	

Claim Count: 1,293 Total Billed:$253,066.37 Total Paid:$134,564.58

1 2 3 4 5 6 7 8 9 10 ... Next >

2.7.153 PANEL: Claims Search

2.7.153.1 Description

Use the various selection options on the Claims Search panel to view only the claims required. The primary selection items are ICN, billing provider, rendering provider, or member ID. Select claims by using one or all of the primary selection items. Additional search criteria include claim type, claim status, from date of service, to date of service, and payment date. When specific selection criteria are entered, click on the search button to initiate the search. The system searches the database for all claims that meet the criteria and displays all the applicable ICNs on the Claims Search Results display panel.

Navigation Path: [Claims -Search]

2.7.153.2 Technical Name

Clm.ClaimSearchPanel.ascx

2.7.153.3 Panel Name

Claims Search

For readability the layout displays on the next page.

2.7.153.4 Claims SearchLayout

Claim Search

ICN		Provider Number	1000000019 NPI [Search]
Member ID	[Search]	Rendering Provider	[Search]
TCN		Prescription Number	
Include Pharmacy Claims	☐	Referring Provider	[Search]
Status	P - PAID	Procedure Code From	[Search]
Claim Type	M - PROFESSIONAL CLAIMS	Procedure Code To	[Search]
FDOS	01/01/2000	NDC	[Search]
TDOS	01/01/2004	GCN Sequence Number	
From Payment Date		Diagnosis Code	[Search]
To Payment Date			
Revenue Code	[Search]	Rendering Provider Specialty	[Search]
Warrant Number		Fee For Service Claims Only	☐
DRG	[Search]	Encounter Claims Only	☐
		Exclude Adjusted Claims	☐
		Exclude Finalized Claims	☐
		Records	20

search
clear
adv search

2.7.153.5 Extra Features

This panel has no extra features.

2.7.153.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adv Search	The Advanced Search button opens a panel with additional search criteria fields.	Button	N/A	0	N/A	N/A
Clear	Clears the previous search criteria from the search fields.	Button	N/A	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Search	Performs a query on the database and returns the data for the entered search criteria.	Button	N/A	0	N/A	N/A
Claim Type (Additional Search Criteria)	Identifies the column names for the sort criteria to be executed.	Field	Drop Down List Box	0	T_HIST_DIRECTORY	CDE_CLM_TYPE
DRG	Diagnosis Related Group for UB claims.	Field	Character	3	T_DRG	CDE_DRG
Diagnosis Code (Additional Search Criteria)	Diagnosis code search option.	Field	Character	7	T_DIAGNOSIS	CDE_DIAG
Encounter Claims Only (Additional Search Criteria)	List only encounter claims.	Field	Check Box	0	N/A	N/A
Exclude Adjusted Claims (Additional Search Criteria)	List exclude adjusted claims.	Field	Check Box	0	N/A	N/A
FDOS (Additional Search Criteria)	Date of first service on the claim.	Field	Date (MM/DD/CCYY)	8	T_HIS_DIRECTORY	DTE_FIRST_SVC
Fee for Service Claims Only (Additional Search Criteria)	List only fee for service claims.	Field	Check Box	0	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
GCN Sequence Number (Additional Search Criteria)	Generic code number search option.	Field	Number	5	T_GENERIC_DRUG	NUM_GCN
ICN	Internal Control Number that uniquely identifies a claim.	Field	Character	13	T_HIS_DIRECTORY	NUM_ICN_FL
Include Pharmacy Claims (Additional Search Criteria)	When selected, will list all claim types including pharmacy claims; when not selected, will list all claim types except pharmacy claims	Field	Check Box	0	N/A	N/A
Member ID	An assigned number that uniquely identifies a member	Field	Character	12	T_RE_BASE	ID_MEDICAID
NDC (Additional Search Criteria)	National Drug Code search option.	Field	Number	11	T_DRUG	CDE_NDC
Payment Date From	Beginning payment date in a range select option.	Field	Date (MM/DD/CCYY)	8	T_HIST_DIRECTORY	DATE_PAID
Payment Date To	Ending payment date in a range select option.	Field	Date (MM/DD/CCYY)	8	T_HIST_DIRECTORY	DATE_PAID
Prescription Number	Number assigned by a pharmacy to identify the drug dispensed to a member.	Field	Character	7	T_PD_PHARM_HDR	NUM_PRSCRIP
Procedure Code From (Additional Search Criteria)	Beginning procedure code in a range selection option.	Field	Character	6	T_PROC	CDE_PROC

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Procedure Code To (Additional Search Criteria)	Ending procedure code in range selection option.	Field	Character	6	T_PROC	CDE_PROC
Provider Number	Provider identification number that uniquely identifies the pay-to provider.	Field	Character	9	T_PR_PROV	ID_PROVIDER
Records	This field is used to set the number of records displayed per page.	Field	Drop Down List Box	0	N/A	N/A
Referring Provider (Additional Search Criteria)	Provider identification number and location that uniquely identify the referring provider.	Field	Character	10	T_PR_PROV	ID_PROVIDER
Rendering Provider	Provider identification number that uniquely identifies the rendering provider and the provider's service location.	Field	Character	10	T_PR_PROV	ID_PROVIDER
Rendering Provider Specialty (Additional Search Criteria)	Rendering Provider's specialty code. T_PD_DNTL_DTL/T_PD_PHYS_DTL T_DENY_PHYS_DTL/T_DENY_DNTL_DTL T_SUSP_PHYS_DTL T_SUSP_DENTAL_DTL T_DENY_PHYS_HDR/T_DENY_DNTL_HDR	Field	Character	3	T_PR_SPEC	CDE_PROV_SPEC
Revenue Code (Additional Search Criteria)	Revenue code search option. T_PD_UB92_DTL, T_DENY_UB92_DTL or T_SUSP_UB92_DTL	Field	Number	3	T_REVENUE	CDE_REVENUE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Status (Additional Search Criteria)	Identifies the column names for the sort criteria to be executed.	Field	Drop Down List Box	0	T_HIST_DIRECTORY	CDE_CLM_STATUS
TCN	The transaction control number used to uniquely identify claims on the previous MMIS.	Field	Number	17	T_TCN_XREF	NUM_TCN
TDOS (Additional Search Criteria)	Date of last service on the claim.	Field	Date (MM/DD/CCYY)	8	T_HIST_DIRECTORY	DTE_TO_DATE
Warrant Number (Additional Search Criteria)	Warrant number search option	Field	Number	9	N/A	N/A

2.7.153.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
FDOS (Additional Search Criteria)	Field	1	Invalid Date. Format is MM/DD/CCYY.	Verify format and re-enter.
Fee for Service Claims Only (Additional Search Criteria)	Field	1	Choose Fee For Service Claim or Encounter Claim	Only one option - Fee for Service or Encounter Claims - must be checked.
Payment Date From	Field	1	Invalid Date. Format is MM/DD/CCYY	Verify format and re-enter.
TDOS (Additional Search Criteria)	Field	1	Invalid Date. Format is MM/DD/CCYY	Verify date and re-enter.

2.7.153.8 Associated Requirements

ID
30.050.001F
30.090.007.002.71
30.090.007.002.72

2.7.153.9 CO / Defects

ID	Type	Name	Description	Current Status
162	Change Order	Change "Recipient" - online	Change every instance of "Recipient, 'MID", "RID" or "Current ID" to "Member ID" on claim pages and panels. In addition, update any related error messages that may include the name of the field. Update corresponding documentation.	Prod Implemented
195	Change Order	Claim Search-Changes	The following changes are necessary to the Claims Search Panel: Add logic to handle NPI to Claim Search Panel. User should be able to enter the regular Provider ID or NPI into the Provider field. Allow selection by payment date of zero. This will show all claims that have been adjudicated but not finalized. Allow selection of a range of payment dates.	Prod Implemented
3362	Change Order	Require full ICN to limit search	Do not allow users to enter anything less than a full ICN number in the ICN field on the Claims Search panel to prevent runaway queries from locking up their PC. During development and testing this is a nice feature, but this is not something we want to promote to production. This CO will remain On Hold until we get close to UAT.	Prod Implemented

ID	Type	Name	Description	Current Status
3541	Change Order	Change Provider ID to Number	To meet KY requirements, every panel and error message that shows a heading as 'Provider ID' needs to be replaced with 'Provider Number'. CO 2037 has been created to cover all changes; however this CO is specifically for Claims.	Prod Implemented

2.7.154 PANEL: Claims Search Results

2.7.154.1 Description

The Claims Search Results panel displays all the applicable ICNs from the database for all claims that meet the criteria the user selected from the Claims Search panel. Click on a member ID or provider ID to display the related Base Information panel.

Navigation Path: [Claims -Search] - [Enter at least one search field with or without Adv Search fields] - [Click Search]

2.7.154.2 Technical Name

Clm.ClaimSearchPanel.ascx - Search Results

2.7.154.3 Panel Name

Claims Search Results

2.7.154.4 Claims Search Results Layout

Search Results

ICN	Member ID	Provider Number		FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid	Prescription Number
2003260850001	0000001263	200308419A	MCD	01/01/2002	01/01/2002	HCFA 1500 CLAIMS	PAID	02/24/2005	$50.00	$13.11	
2003260850002	0000001263	200308419A	MCD	04/01/2003	04/01/2003	HCFA 1500 CLAIMS	PAID	02/24/2005	$50.00	$50.00	
2003260600008	0000001263	200308419A	MCD	04/01/2003	04/01/2003	HCFA 1500 CLAIMS	PAID	02/24/2005	$50.00	$13.11	
2003168600883	0000001263	100106369A	MCD	06/22/2001	06/22/2001	HCFA 1500 CLAIMS	PAID	02/24/2005	$139.88	$139.88	
2003168600916	0000001263	100106369A	MCD	06/26/2001	06/26/2001	HCFA 1500 CLAIMS	PAID	02/24/2005	$23.00	$23.00	
2003260860004	0000001341	200308419A	MCD	10/17/2002	10/17/2002	HCFA 1500 CLAIMS	PAID	02/24/2005	$50.00	$50.00	
2003260600014	0000001341	200308419A	MCD	10/17/2002	10/17/2002	HCFA 1500 CLAIMS	PAID	02/24/2005	$50.00	$13.11	
2003260600016	0000001341	200308419A	MCD	02/14/2003	02/14/2003	HCFA 1500 CLAIMS	PAID	02/24/2005	$50.00	$13.11	
2003260600015	0000001341	200308419A	MCD	03/07/2003	03/07/2003	HCFA 1500 CLAIMS	PAID	02/24/2005	$50.00	$13.11	
2003142600949	0000001341	100764309A	MCD	05/30/2002	05/30/2002	HCFA 1500 CLAIMS	PAID	02/24/2005	$200.00	$196.94	
2003142600697	0000001341	100612839B	MCD	06/22/2001	06/22/2001	HCFA 1500 CLAIMS	PAID	02/24/2005	$275.00	$0.00	
2003168600988	0000001341	100116909A	MCD	06/20/2001	06/20/2001	HCFA 1500 CLAIMS	PAID	02/24/2005	$168.69	$168.69	
2003168600897	0000001341	100015999A	MCD	06/27/2001	06/27/2001	HCFA 1500 CLAIMS	PAID	02/24/2005	$191.54	$191.54	
2003148600481	0000001341	1000041160	MCD	05/31/2001	05/31/2001	HCFA 1500 CLAIMS	PAID	02/24/2005	$31.22	$31.22	
2003142600436	0000001341	1000041160	MCD	07/01/2001	07/01/2001	HCFA 1500 CLAIMS	PAID	02/24/2005	$150.00	$150.00	
2003142601023	0000001341	1000041160	MCD	05/02/2001	05/22/2001	HCFA 1500 CLAIMS	PAID	02/24/2005	$62.44	$62.44	
2003142600640	0000001341	1000041160	MCD	05/02/2001	05/22/2001	HCFA 1500 CLAIMS	PAID	02/24/2005	$125.28	$125.28	
2003148600481	0000001341	1000031140	MCD	05/31/2001	05/31/2001	HCFA 1500 CLAIMS	PAID	02/24/2005	$31.22	$31.22	
2003142600436	0000001341	1000031140	MCD	07/01/2001	07/01/2001	HCFA 1500 CLAIMS	PAID	02/24/2005	$150.00	$150.00	
2003142601023	0000001341	1000031140	MCD	05/02/2001	05/22/2001	HCFA 1500 CLAIMS	PAID	02/24/2005	$62.44	$62.44	

Claim Count: 1,188 Total Billed: $238,897.56 Total Paid: $127,480.35

1 2 3 4 5 6 7 8 9 10 ... Next >

2.7.154.5 Extra Features

This panel has no extra features.

2.7.154.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Amount Billed	Amount billed for the claim. Format 999999.99.	Field	Number	9	T_HIST_DIRECTORY	AMT_BILLED
Amount Paid	Amount paid for the claim. This field is obtained from one of the following tables depending on claims type: T_PD_PHARM_HDR, T_PD_DENT_HDR, T_PD_PHYS_HDR, and T_PD_UB92_HDR. Format 999999.99. Source for the Amt Paid field varies by claim status and claim type. Status = Paid(P): Type = Dental(D): T_PD_DNTL_HDR.[AMT_PAID/CDE_SERVICE_LOC] Type = Pharmacy(P,Q): T_PD_PHARM_HDR.[AMT_TOT_REIMB/CDE_SERVICE_LOC] Type = Physician(B,M): T_PD_PHYS_HDR.[AMT_TOT_REIMB/CDE_SERVICE_LOC] Type = UB92(A,C,H,I,L,O): T_PD_UB92_HDR.[AMT_PAID/CDE_SERVICE_LOC] Status = Denied(D): Type = Dental(D): T_DENY_DNTL_HDR.[CDE_SERVICE_LOC] Type = Pharmacy(P,Q): T_DENY_PHRM_HDR.[CDE_SERVICE_LOC] Type = Physician(B,M): T_DENY_PHYS_HDR.[CDE_SERVICE_LOC] Type = UB92(A,C,H,I,L,O): T_DENY_UB92_HDR.[CDE_SERVICE_LOC] Status = Suspended(S): Type = Dental(D): T_SUSP_DENTAL_HDR.[CDE_SERVICE_LO C] Type = Pharmacy(P,Q): T_SUSP_PHRM_HDR.[CDE_SERVICE_LOC] Type = Physician(B,M): T_SUSP_PHYS_HDR.[CDE_SERVICE_LOC] Type = UB92(A,C,H,I,L,O): T_SUSP_UB92_HDR.[CDE_SERVICE_LOC]	Field	Number	9	SEE DESCRIPTION	SEE DESCRIPTION

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Count	Number of claims found for the selection criteria.	Field	Numeric	5	N/A	N/A
Claim Type	Indicates the type of claim.	Field	Character	50	T_HIST_DIRECTORY	CDE_CLM_TYPE
Date Paid	Date the claim was paid.	Field	Date (MM/DD/CCYY)	8	T_HIST_DIRECTORY	DATE_PAID
FDOS	From dates of service for the claim.	Field	Date (MM/DD/CCYY)	8	T_HIST_DIRECTORY	DATE_FIRST_SVC
ICN	Internal control number which uniquely identifies a claim meeting the selection criteria.	Field	Character	13	T_HIST_DIRECTORY	NUM_ICN_FL
Member ID	An assigned number which uniquely identifies a member.	Field	Character	12	T_RE_BASE	ID_MEDICAID
Provider Number	The provider identification number that uniquely identifies the pay to provider.	Field	Character	9	T_PR_PROV	ID_PROVIDER
Status	Identifies the status of the claim within the system.	Field	Character	20	T_HIST_DIRECTORY	CDE_CLM_STATUS
TDOS	To dates of service for the claim.	Field	Date (MM/DD/CCYY)	8	T_HIST_DIRECTORY	DTE_TO_DATE
Total Amount Billed	Total amount billed of the claims found for the selection criteria. This field is the sum of all the amount billed amounts. Format 999999999.99.	Field	Numeric	11	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Total Amount Paid	Total amount paid of the claims found for the selection criteria. This field is the sum of all the amount billed amounts. Format 999999999.99.	Field	Number	11	N/A	N/A

2.7.154.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

2.7.154.8 Associated Requirements

ID
30.050.001F
30.090.007.002.72

2.7.154.9 CO / Defects

ID	Type	Name	Description	Current Status
162	Change Order	Change "Recipient" - online	Change every instance of "Recipient, 'MID", "RID" or "Current ID" to "Member ID" on claim pages and panels. In addition, update any related error messages that may include the name of the field. Update corresponding documentation.	Prod Implemented
196	Change Order	Claim Search Results - Changes	The following changes are necessary to the Claims Search Results Panel: Add cumulative total for the amount paid in the grand totals at the end of the claims search results panel. Add amount paid	Prod Implemented

ID	Type	Name	Description	Current Status
3541	Change Order	Change Provider ID to Number	To meet KY requirements, every panel and error message that shows a heading as 'Provider ID' needs to be replaced with 'Provider Number'. CO 2037 has been created to cover all changes; however this CO is specifically for Claims.	Prod Implemented

2.8 Reports

The following section provides a description and sample layout for each Report associated to the Claims subsystem.

Some information in this section is represented in table format. In order to fit information on the page, some data field information may wrap to the next line.

2.8.1 CLM-0010-D -- Online Adjustment Daily Report

This report lists the online updates that have been made to the credit/adjustment data entry.

2.8.1.1 Technical Name

CLM-0010-D

2.8.1.2 Online Adjustment Daily Report Layout

```
Report  : CLM-0010-D                          COMMONWEALTH OF KENTUCKY                                    Run Date: MM/DD/CCYY
Process : CLMJD10D                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: CLM0010D                          ON-LINE DAILY ADJUSTMENT REPORT                                 Page:       9999
                                                    MM/DD/CCYY

-------------------------------------------------------------------------------------------------------------------------------

ICN             ICN TO CREDIT   ADJUSTMENT       PROVIDER ID            MEMBER ID      BEGIN DATE    END DATE      REASON   CLERK ID
                                REQUEST NUMBER                                                                      CODE
-------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXX   XXXXXXXXXXXXX   XXXXXXXXXX       XXX XXXXXXXXXXXXXXX    XXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXX     XXXXXXXX


                                                  *** END OF REPORT ***
                                                 *** NO DATA THIS RUN ***
```

2.8.1.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ADJUSTMENT REQUEST NUMBER	A 10-byte unique number that identifies the mass adjustment request. Format: RRYYJJJBBB. It is user-typed for manually entered adjustment requests, and system-assigned for system generated adjustments.	10	Character	T_ADJ_MASS_CLAIM	NUM_MASS_RQST
BEGIN DATE	The first date of service.	10	Date (MM/DD/CCYY)	T_ADJ_MASS_CLAIM	DTE_FIRST_SVC
CLERK ID	The identification number of the online clerk.	8	Character	T_ADJ_CLAIMTYPE_XREF	ID_CLERK
END DATE	The last date of service.	10	Date (MM/DD/CCYY)	T_ADJ_MASS_CLAIM	DTE_LAST_SVC
ICN	The unique internal control number for a Medicaid claim.	13	Character	T_CLAIM_LOCAT	NUM_ICN
ICN TO CREDIT	The internal control number to be credited/adjusted.	13	Character	T_ADJ_MASS_CLAIM	NUM_ICN
MEMBER ID	The unique member identification number for the member receiving the services.	12	Character	T_RE_BASE	ID_MEDICAID
PROVIDER ID	The provider number and the service location for the provider.	15	Character	T_PR_PROV+T_ADJ_MASS_CLAIM	ID_PROVIDER+CDE_SERVICE _LOC
PROVIDER ID TYPE	This is the provider ID type. (NPI-National Provider ID MCD-Medicaid Provider Number BSE-Base Provider ID)	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPR
REASON CODE	The code identifying the primary reason for the credit or adjustment.	4	Character	T_EOB	CDE_EOB

2.8.1.4 Associated Programs

Program	Description
clm0010d	Online Adjustment Daily Report
copy2routedir	Copy Reports to Router

2.8.1.5 Associated Requirements

ID
30.050.001F
30.050.007.001.17

2.8.1.6 Change Orders

ID	Name	Description
1109	RPTS- CLM-0010-D Add MassAdjRqNr	Add the mass adjustment request number on the Daily Claim Adjustment Detail List
163	RPTS - Change "Recipient"	Change every instance of "Recipient", "Current ID" or "Medicaid ID" to "Member ID" on all claim reports.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.

ID	Name	Description
2083	Re-Code State Specific Changes	Add the method of incorporating state specific coding requirements within an existing core module to report programs.

2.8.2 CLM-0011-D -- Clerk ID Recycle Claims Report

This report lists the number of errors each clerk ID has worked in the Suspense Table.

2.8.2.1 Technical Name

CLM-0011-D

2.8.2.2 Clerk ID Recycle Claims Report Layout

```
Report   : CLM-0011-D                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/YYYY
Process  : CLMJD011                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   HH:MI:SS
Location: CLM0011D                           CLERK ID RECYCLED CLAIMS REPORT                         Page:       9999
                                                    MM/DD/CCYY


            CLERK ID        DENIED         FORCED         MANUALLY PRICED       OTHER          CLAIMS
            XXXXXXXX        999,999        999,999                999,999       999,999        999,999
            XXXXXXXX        999,999        999,999                999,999       999,999        999,999
            XXXXXXXX        999,999        999,999                999,999       999,999        999,999
            XXXXXXXX        999,999        999,999                999,999       999,999        999,999

            TOTALS          999,999        999,999                999,999       999,999        999,999

                                          ***   END OF REPORT   ***
                                         ***   NO DATA THIS RUN   ***
```

2.8.2.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CLAIMS	The total number of claim records processed for clerk.	7	Number	T_CLERK	SAK_CLAIM
CLERK ID	The identification number of the clerk who has been assigned to work this claim.	8	Character	T_CLERK	ID_CLERK
DENIED	The total number of denied edits for clerk.	7	Number	T_DENIED_EDITS	EDIT_COUNT
FORCED	The total number of forced errors for clerk.	7	Number	T_FORCED_EDITS	EDIT_COUNT

Field	Description	Length	Data Type	DB Table	DB Attributes
MANUALLY PRICED	The total number of manually priced edits for clerk.	7	Number	T_MANUAL_PRICE D_EDITS D_EDITS	EDIT_COUNT
OTHER	The total number of other records processed for clerk.	7	Number	T_OTHER_EDITS	EDIT_COUNT
TOTALS (Claims)	The total number of claim records processed.	7	Number		CALCULATED FIELD
TOTALS (Manually Priced)	The total number of manually priced edits.	7	Number		CALCULATED FIELD
TOTALS(Denied)	The total number of denied edits.	7	Number		CALCULATED FIELD
TOTALS(Forced)	The total number of forced edits.	7	Number		CALCULATED FIELD
TOTALS(Other)	The total number of other records processed.	7	Number		CALCULATEAD FIELD

2.8.2.4 Associated Programs

Program	Description
clm0011d	Clerk ID Recycle Claims Report
copy2routedir	Copy Reports to Router

2.8.2.5 Associated Requirements

ID
30.050.007.001.17
30.050.007.002.39
30.090.007.003.21

2.8.2.6 Change Orders

ID	Name	Description
1282	RPTS - Exclude Encounter Claims	Exclude encounter claims from reports with exception of the CLM-0132-D, CLM-0132-M, CLM-0132-O.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.

2.8.3 CLM-0012-D -- EOB Listing

This report lists each EOB code and its description.

2.8.3.1 Technical Name

CLM-0012-D

2.8.3.2 EOB Listing Layout

```
Report   : CLM-0012-D                    COMMONWEALTH OF KENTUCKY                    Run Date:  MM/DD/CCYY
Process  : CLMJD012                 MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:    HH:MM:SS
Location: CLM0012D                            EOB LISTING                               Page:        9999
                                              MM/DD/CCYY

-------------------------------------------------------------------------------------------------------------
        E O B              DESCRIPTION
        CODE
-------------------------------------------------------------------------------------------------------------

        9999               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

        9999               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

        9999               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

        9999               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

        9999               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

        9999               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                        *** END OF REPORT ***
                                     *** NO DATA THIS RUN ***
```

2.8.3.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
DESCRIPTION (LINE 1)	The EOB description (first line).	79	Character	T_EOB	DSC_EOB
DESCRIPTION (LINE 2)	The EOB description (second line).	79	Character	T_EOB	DSC_EOB2
EOB	The explanation of benefit code.	4	Number	T_EOB	CDE_EOB

2.8.3.4 Associated Programs

Program	Description
clm0012d	EOB Listing
copy2routedir	Copy Reports to Router

2.8.3.5 Associated Requirements

ID
30.050.007.001.17
30.090.007.003.17

2.8.3.6 Change Orders

ID	Name	Description
1070	RPTS - Add Standard Footer	Add the standard footer to report. This KY CO is duplicated in the Core PWB. See Core CO 12077 - all documentation will be updated on this CO.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.

ID	Name	Description
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.
785	RPTS - CLM0012D-CHG HDG to EOB	This report list each EOB code and its description. Change the column heading of 'EDIT/AUDIT CODE' to be EOB.

2.8.4 CLM-0015-D -- ClaimCheck Potential History to Adjust

This report contains claim detail lines audited by ClaimCheck, which can require adjustment if from paid history.

The information on this report refreshes on a daily basis and, therefore, does not reflect an accumulation of unadjusted ClaimCheck claim details. In order to view a previous day's activity, refer to that day's report.

2.8.4.1 Technical Name

CLM-0015-D

2.8.4.2 ClaimCheck Potential History to Adjust Layout

```
Report:   CLM-0015-D                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process:  CLMJD015                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time: HH:MM:SS
Location: CLM0015D_CC                   CLAIMCHECK POTENTIAL HISTORY TO ADJUST                  Page: 99,999
                                                   MM/DD/CCYY

HIST/       ICN            PROVIDER        DATE     PROC      MODIFIERS    REPL                                    ALLOWED
CURR                         ID           OF SVC    CODE     M1 M2 M3 M4   PROC   UNITS    CLAIMCHECK ERROR(S)      AMOUNT

ORIGINAL MEMBER ID:     999999999999                CLAIMCHECK CLAIM NUMBER:          9999999999999

HISTORY CLAIM LINES POTENTIALLY AFFECTED

X      XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXX  XX XX XX XX  XXXXXX  9999  9999  9999  9999  9999  9999  9,999.999.99
X      XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXX  XX XX XX XX  XXXXXX  9999  9999  9999  9999  9999  9999  9,999.999.99
X      XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXX  XX XX XX XX  XXXXXX  9999  9999  9999  9999  9999  9999  9,999.999.99
X      XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXX  XX XX XX XX  XXXXXX  9999  9999  9999  9999  9999  9999  9,999.999.99

OTHER CURRENT AND HISTORY CLAIM LINES

X      XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXX  XX XX XX XX  XXXXXX  9999  9999  9999  9999  9999  9999  9,999.999.99
X      XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXX  XX XX XX XX  XXXXXX  9999  9999  9999  9999  9999  9999  9,999.999.99
X      XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXX  XX XX XX XX  XXXXXX  9999  9999  9999  9999  9999  9999  9,999.999.99
X      XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXX  XX XX XX XX  XXXXXX  9999  9999  9999  9999  9999  9999  9,999.999.99
X      XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXX  XX XX XX XX  XXXXXX  9999  9999  9999  9999  9999  9999  9,999.999.99

                                   ***   END OF REPORT   ***

                                 ***   NO DATA THIS RUN   ***
```

2.8.4.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALLOWED AMOUNT	The amount allowed.	10	Character	T_CC_HIST_ADJUST	AMT_ALWD

Field	Description	Length	Data Type	DB Table	DB Attributes
CLAIMCHECK CLAIM NUMBER	The internal control number of the current claim.	13	Char	T_CC_HIST_ADJUST	ID_MEDICAID
CLAIMCHECK ERROR(S)	The ClaimCheck error number(s).	4	Number	T_CC_HIST_ADJUST	CDE_ESC1 (2,3,4,5)
DATE OF SVC	The date of service.	10	Date (MM/DD/CCYY)	T_CC_HIST_ADJUST	DTE_FIRST_SVC
HIST/CURR	The code indicating if the detail comes from history or the current claim.	1	Char	T_CC_HIST_ADJUST	IND_HIST_CURR
ICN	The internal control number.	13	Char	T_CC_HIST_ADJUST	NUM_ICN
MODIFIERS M1	The first procedure code modifier.	2	Character	T_CC_HIST_ADJUST	CDE_PROC_MOD1
MODIFIERS M2	The second procedure code modifier.	2	Character	T_CC_HIST_ADJUST	CDE_PROC_MOD2
MODIFIERS M3	The third procedure code modifier.	2	Character	T_CC_HIST_ADJUST	CDE_PROC_MOD3
MODIFIERS M4	The fourth procedure code modifier.	2	Character	T_CC_HIST_ADJUST	CDE_PROC_MOD4
ORIGINAL MEMBER ID	The original member identification number..	12	Character	T_CC_HIST_ADJUST	ID_MEDICAID
PROC CODE	The procedure code that was on the original claim.	6	Character	T_CC_HIST_ADJUST	CDE_PROC
PROVIDER ID	The provider number.	12	Character	T_CC_HIST_ADJUST	ID_PROVIDER
PROVIDER ID TYPE	This is the provider ID type. (NPI-National Provider ID MCD-Medicaid Provider Number BSE-Base Provider ID)	3	Character	T_CC_HIST_ADJUST	ID_PROVIDER
REPL PROC	The procedure code that should be added or bundled on the claim. This field can be blank or the same as the original procedure code.	6	Character	T_CC_HIST_ADJUST	CDE_PROC_REPL
UNITS	The number of units billed.	3	Number	T_CC_HIST_ADJUST	QTY_BILLED

2.8.4.4 Associated Programs

Program	Description
clm0015d_cc	Claim Check Potential History To Adjust
copy2routedir	Copy Reports to Router

2.8.4.5 Associated Requirements

ID
30.050.001F
30.050.007.001.17
30.090.017.003.3

2.8.4.6 Change Orders

ID	Name	Description
1070	RPTS - Add Standard Footer	Add the standard footer to report. This KY CO is duplicated in the Core PWB. See Core CO 12077 - all documentation will be updated on this CO.
163	RPTS - Change "Recipient"	Change every instance of "Recipient", "Current ID" or "Medicaid ID" to "Member ID" on all claim reports.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2012	RPTS - Correct Source Code	In preparation for the reports work group sessions it was determined that some of the core reports were not working correctly. The Kentucky decision was to pull these reports from other states. Please see the list of reports and the state which will provide the affected reports in the Technical Specifications section.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception.

ID	Name	Description
		There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.
2078	CLM9914&CLM5000 - Implement NPI	Each state will need to add the NPI changes to any state-specific code. Kentucky has two new reports which will need the NPI modifications. This KY CO is duplicated in the Core PWB. See Core CO 12077 - all documentation will be updated on this CO.
2083	Re-Code State Specific Changes	Add the method of incorporating state specific coding requirements within an existing core module to report programs.
3938	CLM-0015-D: Claimcheck Potential	The process of the report on the PWB (CLMJD015) does not match with the OnBase report (CLMJDC015). JOB CLMJD015 is the correct process for this report.
565	RPTS - CHG Exceptions/Audit-Edit	Terminology need to be consistent through the reports when referring to "exceptions/errors/edit-audit number" The field should be changed from "Exception, Edit-Audit" to "Error code" and "Error description" and from "Edit" to "Error".

2.8.5 CLM-0016-D -- Claims Processing Daily Summary

This report lists summary information by claim type for a claim adjudication cycle. For CMS 1500 claims, an additional break out by provider type is listed.

2.8.5.1 Technical Name

CLM-0016-D

2.8.5.2 Claims Processing Daily Summary Layout

```
Report  : CLM-0016-D                          COMMONWEALTH OF KENTUCKY                                    Run Date: MM/DD/CCYY
Process : CLMJD018                      MEDICAID MANAGEMENT INFORMATION SYSTEM                            Run Time:   HH:MM:SS
Location: CLM0018D                          CLAIMS PROCESSING DAILY SUMMARY                                   Page:       9999
                                                   MM/DD/CCYY

-------------------------------------------------------------------------------------------------------------------------------------
CLAIM  *-----TOTAL PROCESSED-----*   *-----APPROVED FOR PAYMENT----*   *----APPROVED FOR DENIAL----*   *---------SUSPENDED-----------*
TYPE  NUMBER  TOTAL CHG  AVG CHG   NUMBER %   PAYMENT AMT  AVG PMT  NUMBER %    TOTAL CHG  AVG CHG   NUMBER %      TOTAL CHG   AVG CHG
-------------------------------------------------------------------------------------------------------------------------------------

MEDICAL
       999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 999,999 999% 999,999,999 9,999,999 99999 999% 999,999,999 999,999

DENTAL
       999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 999,999 999% 999,999,999 9,999,999 99999 999% 999,999,999 999,999

DRUG
       999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 999,999 999% 999,999,999 9,999,999 99999 999% 999,999,999 999,999

COMPOUND
       999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 999,999 999% 999,999,999 9,999,999 99999 999% 999,999,999 999,999

HOME HEALTH
       999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 999,999 999% 999,999,999 9,999,999 99999 999% 999,999,999 999,999

LTC
       999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 999,999 999% 999,999,999 9,999,999 99999 999% 999,999,999 999,999

XOVER A
       999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 999,999 999% 999,999,999 9,999,999 99999 999% 999,999,999 999,999

XOVER B
       999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 999,999 999% 999,999,999 9,999,999 99999 999% 999,999,999 999,999

XOVER C
       999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 999,999 999% 999,999,999 9,999,999 99999 999% 999,999,999 999,999

INPATIENT
       999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 999,999 999% 999,999,999 9,999,999 99999 999% 999,999,999 999,999

OUTPATIENT
       999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 999,999 999% 999,999,999 9,999,999 99999 999% 999,999,999 999,999

GRAND TOTAL FOR ALL CLAIM TYPES:
   99999999 999,999,999.99     99999999   999,999,999.99         99999999   999,999,999.99         99999999   999,999,999.99
```

```
-----------------------------------------------------------------------------------------------------------------------------------------
Report  : CLM-0016-D                          COMMONWEALTH OF KENTUCKY                                        Run Date: MM/DD/CCYY
Process : CLMJD018                       MEDICAID MANAGEMENT INFORMATION SYSTEM                               Run Time:   HH:MM:SS
Location: CLM0018D                           CLAIMS PROCESSING DAILY SUMMARY                                     Page:       9999
                                                      MM/DD/CCYY

-----------------------------------------------------------------------------------------------------------------------------------------
PROV   *-----TOTAL PROCESSED-----*   *-----APPROVED FOR PAYMENT----*   *----APPROVED FOR DENIAL----*   *---------SUSPENDED---------*
TYPE  NUMBER  TOTAL CHG  AVG CHG   NUMBER %   PAYMENT AMT  AVG PMT  NUMBER %    TOTAL CHG  AVG CHG   NUMBER %      TOTAL CHG AVG CHG
-----------------------------------------------------------------------------------------------------------------------------------------
PROV TYPE:  XX
       999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 999,999 999% 999,999,999 9,999,999 99999 999% 999,999,999 999,999

PROV TYPE:  XX
       999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 999,999 999% 999,999,999 9,999,999 99999 999% 999,999,999 999,999

PROV TYPE:  XX
       999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 999,999 999% 999,999,999 9,999,999 99999 999% 999,999,999 999,999

GRAND TOTAL FOR ALL PROVIDER TYPES PER 1500 CLAIM FORMS:
   99999999 999,999,999.99     99999999   999,999,999.99         99999999   999,999,999.99         99999999   999,999,999.99


                                   *** END OF REPORT ***
                                 *** NO DATA THIS RUN ***
```

2.8.5.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
APPROVED FOR DENIAL-%	The percentage of claims that have be denied of a specific claim type	4	Character		CALCULATED FIELD
APPROVED FOR DENIAL-AVG CHG	The average charge of submitted claim of specific type that have been denied. Average of the field selected based on: 1. Claim type M - Select AMT_BILLED From T_DENY_PHYS_HDR 2. Claim type D - Select AMT_BILLED From T_DENY_DNTL_HDR 3. Claim type P - Select AMT_BILLED From T_DENY_PHARM_HDR	10	Character	SEE DESCRIPTION	AMT_BILLED / AMT_BILLED_UB92

Field	Description	Length	Data Type	DB Table	DB Attributes
	4. Claim type U - Select AMT_BILLED_92 From T_DENY_UB92_HDR 5. Provider type M - Select AMT_BILLED From T_DENY_PHYS_HDR				
APPROVED FOR DENIAL-NUMBER	The number of claims that have been denied of a specific claim type. Field Count(SAK_CLAIM) selected from table based on the type 1. Claim type M - T_DENY_PHYS_HDR 2. Claim type D - T_DENY_DNTL_HDR 3. Claim type P - T_DENY_PHARM_HDR 4. Claim type U - T_DENY_UB92_HDR 5. Provider type M - T_DENY_PHYS_HDR	7	Character	SEE DESCRIPTION	SAK_CLAIM
APPROVED FOR DENIAL-TOTAL AMT	The total charge of submitted claims of a specific type that have been denied. Sum of the field selected based on: 1. Claim type M - Select AMT_BILLED From T_DENY_PHYS_HDR 2. Claim type D - Select AMT_BILLED From T_DENY_DNTL_HDR 3. Claim type P - Select AMT_BILLED From T_DENY_PHARM_HDR 4. Claim type U - Select AMT_BILLED_92 From T_DENY_UB92_HDR	11	Character	SEE DESCRIPTION	AMT_BILLED / AMT_BILLED_UB92

Field	Description	Length	Data Type	DB Table	DB Attributes
	5. Provider type M - Select AMT_BILLED From T_DENY_PHYS_HDR				
APPROVED FOR PAYMENT-%	The percentage of claims approved for payment of a specific type	4	Character		CALCULATED FIELD
APPROVED FOR PAYMENT-AVG PMT	The average payment amount approved for a specific claim type. Average of the field selected based on: 1. Claim type M - Select AMT_TOT_REIMB From T_PD_PHYS_HDR 2. Claim type D - Select AMT_PAID From T_PD_DNTL_HDR 3. Claim type P - Select AMT_TOT_REIMB From T_PD_PHARM_HDR 4. Claim type U - Select AMT_PAID From T_PD_UB92_HDR 5. Provider type M - Select AMT_TOT_REIMB From T_PD_PHYS_HDR	10	Character	SEE DESCRIPTION	AMT_BILLED / AMT_TOT_REIMB
APPROVED FOR PAYMENT-NUMBER	The number of claims approved for payment of a specific claim/provider type. FieldCount(SAK_CLAIM) selected from table based on the type 1. Claim type M - T_PD_PHYS_HDR 2. Claim type D - T_PD_DNTL_HDR 3. Claim type P - T_PD_PHARM_HDR 4. Claim type U - T_PD_UB92_HDR	5	Character	SEE DESCRIPTION	SAK_CLAIM

Field	Description	Length	Data Type	DB Table	DB Attributes
	5. Provider type M - T_PD_PHYS_HDR				
APPROVED FOR PAYMENT-PAYMENT AMT	The total amount approved for payment of a specific claim type. Sum of the field selected based on: 1. Claim type M - Select AMT_TOT_REIMB From T_PD_PHYS_HDR 2. Claim type D - Select AMT_PAID From T_PD_DNTL_HDR 3. Claim type P - Select AMT_TOT_REIMB From T_PD_PHARM_HDR 4. Claim type U - Select AMT_PAID From T_PD_UB92_HDR 5. Provider type M - Select AMT_TOT_REIMB From T_PD_PHYS_HDR	11	Character	SEE DESCRIPTION	AMT_BILLED / AMT_TOT_REIMB
CLAIM TYPE	The 'English' name of claim type. Code that specifies the type of claim record.	11	Character	T_CLAIM_LOCAT	CDE_CLAIM_TYPE
GRAND TOTAL FOR ALL CLAIM TYPES	The grand total for all columns.	84	Character		CALCULATED FIELD
GRAND TOTAL FOR ALL PROVIDER TYPES PER 1500 CLAIM FORMS	The grand total for all columns.	84	Character		CALCULATED FIELD
PROV TYPE	The type of practice for a provider. Field cde_prov_type from the database	2	Character	SEE DESCRIPTION	CDE_PROV_TYPE

Field	Description	Length	Data Type	DB Table	DB Attributes
	tables: 1. T_PD_PHYS_HDR 2. T_DENY_PHYS_HDR 3. T_SUSP_PHYS_HDR				
SUSPENDED NUMBER	The total number of suspended claims of a specific type. Field Count(SAK_CLAIM) selected from table based on the type 1. Claim type M - T_SUSP_PHYS_HDR 2. Claim type D - T_SUSP_DNTL_HDR 3. Claim type P - T_SUSP_PHARM_HDR 4. Claim type U - T_SUSP_UB92_HDR 5. Provider type M - T_SUSP_PHYS_HDR	5	Character	SEE DESCRIPTION	SAK_CLAIM
SUSPENDED-%	The percentage of claims suspended of a specific claim type	4	Character		CALCULATED FIELD
SUSPENDED-AVG CHG	The average charge for suspended claims of a specific claim/provider type. Average of the field selected based on: 1. Claim type M - Select AMT_BILLED From T_SUSP_PHYS_HDR 2. Claim type D - Select AMT_BILLED From T_SUSP_DNTL_HDR 3. Claim type P - Select AMT_BILLED From T_SUSP_PHARM_HDR 4. Claim type U - Select AMT_BILLED_92 From T_SUSP_UB92_HDR 5. Provider type M - Select	7	Character	SEE DESCRIPTION	AMT_BILLED / AMT_BILLED_UB92

Field	Description	Length	Data Type	DB Table	DB Attributes
	AMT_BILLED From T_SUSP_PHYS_HDR				
SUSPENDED-TOTAL CHG	The total charge for suspended claims of a specific claim/provider type. Sum of the field selected based on: 1. Claim type M - Select AMT_BILLED From T_SUSP_PHYS_HDR 2. Claim type D - Select AMT_BILLED From T_SUSP_DNTL_HDR 3. Claim type P - Select AMT_BILLED From T_SUSP_PHARM_HDR 4.Claim type U - Select AMT_BILLED_92 From T_SUSP_UB92_HDR 5. Provider type M - Select AMT_BILLED From T_SUSP_PHYS_HDR	11	Character	SEE DESCRIPTION	AMT_BILLED / AMT_BILLED_UB92
TOTAL PROCESSED-AVG CHG	The average charge for processed claims of a specific claim/provider type.	9	Character		CALCULATED FIELD
TOTAL PROCESSED-NUMBER	The total claims processed of a specified claim/provider type.	6	Character		CALCULATED FIELD
TOTAL PROCESSED-TOTAL CHG	The total charge for processed claims of a specific claim/provider type.	11	Character		CALCULATED FIELD

2.8.5.4 Associated Programs

Program	Description
clm0018d	Claims Processing Daily Summary

Program	Description
copy2routedir	Copy Reports to Router

2.8.5.5 Associated Requirements

ID
30.050.007.001.17
30.050.007.002.16
30.090.007.002.2
30.090.007.003.13
30.090.007.003.14
30.090.007.003.5
30.110.007.015

2.8.5.6 Change Orders

ID	Name	Description
1070	RPTS - Add Standard Footer	Add the standard footer to report. This KY CO is duplicated in the Core PWB. See Core CO 12077 - all documentation will be updated on this CO.
1282	RPTS - Exclude Encounter Claims	Exclude encounter claims from reports with exception of the CLM-0132-D, CLM-0132-M, CLM-0132-O.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental

ID	Name	Description
		documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.

2.8.6 CLM-0017-D -- Original Claims Processing Daily Summary

This report lists summary information by claim type for original claims for a claim adjudication cycle. For CMS 1500 claims, an additional break out by provider type is listed.

2.8.6.1 Technical Name

CLM-0017-D

2.8.6.2 Original Claims Processing Daily Summary Layout

```
Report  : CLM-0017-D                          COMMONWEALTH OF KENTUCKY                                Run Date:MM/DD/CCYY
Process : CLMJD018                     MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:  HH:MM:SS
Location: CLM0018D                    ORIGINAL CLAIMS PROCESSING DAILY SUMMARY                        Page    :      9999
                                                   MM/DD/CCYY

-------------------------------------------------------------------------------------------------------------------------------
CLAIM  *-----TOTAL PROCESSED-----*   *-----APPROVED FOR PAYMENT----*   *----APPROVED FOR DENIAL----*   *---------SUSPENDED----*
TYPE  NUMBER  TOTAL CHG  AVG CHG   NUMBER %   PAYMENT AMT  AVG PMT  NUMBER %   TOTAL CHG   AVG CHG   NUMBER % TOTAL CHG AVG CHG
-------------------------------------------------------------------------------------------------------------------------------
MEDICAL
   999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999
DENTAL
   999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999
DRUG
   999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999
COMPOUND
   999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999
HOME HEALTH
   999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999
LTC
   999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999
XOVER A
   999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999
XOVER B
   999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999
XOVER C
   999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999
INPATIENT
   999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999
OUTPATIENT
   999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999
GRAND TOTAL FOR ALL CLAIM TYPES:
   99999999 999,999,999.99     99999999   999,999,999.99         99999999   999,999,999.99         99999999   999,999,999.99
-------------------------------------------------------------------------------------------------------------------------------
Report  : CLM-0017-D                          COMMONWEALTH OF KENTUCKY                                Run Date:MM/DD/CCYY
Process : CLMJD018                     MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:HH:MM:SS
Location: CLM0018D                    ORIGINAL CLAIMS PROCESSING DAILY SUMMARY                        Page:9999
                                                   MM/DD/CCYY

-------------------------------------------------------------------------------------------------------------------------------
PROV   *-----TOTAL PROCESSED-----*   *-----APPROVED FOR PAYMENT----*   *----APPROVED FOR DENIAL----*   *-------SUSPENDED------*
TYPE  NUMBER  TOTAL CHG  AVG CHG   NUMBER %   PAYMENT AMT  AVG PMT  NUMBER %   TOTAL CHG   AVG CHG   NUMBER % TOTAL CHG AVG CHG
-------------------------------------------------------------------------------------------------------------------------------
PROV TYPE:  XX
   999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999
PROV TYPE:  XX
   999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999
PROV TYPE:  XX
   999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999
GRAND TOTAL FOR ALL PROVIDER TYPES PER 1500 CLAIM FORMS:
   99999999 999,999,999.99     99999999   999,999,999.99         99999999   999,999,999.99         99999999   999,999,999.99

                                        * * * END OF REPORT * * *
                                       * * * NO DATA THIS RUN * * *
```

2.8.6.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
APPROVED FOR DENIAL-%	The percentage of claims that have be denied for a specific claim/provider type.	4	Character		CALCULATED FIELD
APPROVED FOR DENIAL-AVG CHG	The average charge of submitted claims of specific claim/provider type that have been denied. Average of the field selected based on: 1. Claim type M - Select AMT_BILLED From T_DENY_PHYS_HDR 2. Claim type D - Select AMT_BILLED From T_DENY_DNTL_HDR 3. Claim type P - Select AMT_BILLED From T_DENY_PHARM_HDR 4. Claim Type U - Select AMT_BILLED_92 From T_DENY_UB92_HDR 5. Provider type M - Select AMT_BILLED From T_DENY_PHYS_HDR	10	Character	SEE DESCRIPTION	AMT_BILLED / AMT_BILLED_UB92
APPROVED FOR DENIAL-NUMBER	The number of claims that been denied for a specific claim/provider type. Field Count(SAK_CLAIM) selected from table based on the type. 1. Claim type M - T_DENY_PHYS_HDR 2. Claim type D - T_DENY_DNTL_HDR 3. Claim type P -	5	Character	SEE DESCRIPTION	SAK_CLAIM

Field	Description	Length	Data Type	DB Table	DB Attributes
	T_DENY_PHARM_HDR 4. Claim type U - T_DENY_UB92_HDR 5. Provider type M - T_DENY_PHYS_HDR				
APPROVED FOR DENIAL-TOTAL CHG	The total charge of submitted claims for a specific claim/provider type. Sum of the field selected based on: 1. Claim type M - Select AMT_BILLED From T_DENY_PHYS_HDR 2. Claim type D - Select AMT_BILLED From T_DENY_DNTL_HDR 3. Claim type P - Select AMT_BILLED From T_DENY_PHARM_HDR 4. Claim type U - Select AMT_BILLED_92 From T_DENY_UB92_HDR 5. Provider type M - Select AMT_BILLED From T_DENY_PHYS_HDR	11	Character	SEE DESCRIPTION	AMT_BILLED / AMT_BILLED_UB92
APPROVED FOR PAYMENT-%	The percentage of claims approved for payment of a specific claim/provider type.	4	Character		CALCULATED FIELD
APPROVED FOR PAYMENT-AVG PMT	The average payment amount approved for a specific claim/provider type. Average of the field selected based on: 1. Claim type M - Select AMT_TOT_REIMB From T_PD_PHYS_HDR 2. Claim type D - Select AMT_PAID From T_PD_DNTL_HDR	10	Character	SEE DESCRIPTION	AMT_ BILLED / AMT_TOT_REIMB

Field	Description	Length	Data Type	DB Table	DB Attributes
	3. Claim type P - Select AMT_TOT_REIMB From T_PD_PHARM_HDR 4. Claim type U - Select AMT_PAID From T_PD_UB92_HDR 5. Provider type M - Select AMT_TOT_REIMB From T_PD_PHYS_HDR				
APPROVED FOR PAYMENT-NUMBER	The number of claims approved for payment of a specific claim/provider type. FieldCount(SAK_CLAIM) selected from table based on the type 1. Claim type M - T_PD_PHYS_HDR 2. Claim type D - T_PD_DNTL_HDR 3. Claim type P - T_PD_PHARM_HDR 4. Claim type U - T_PD_UB92_HDR 5. Provider type M - T_PD_PHYS_HDR	5	Character	SEE DESCRIPTION	SAK_CLAIM
APPROVED FOR PAYMENT-PAYMENT AMT	The total amount approved for payment of a specific claim/provider type. Sum of the field selected based on: 1. Claim type M - Select AMT_TOT_REIMB From T_PD_PHYS_HDR 2. Claim type D - Select AMT_PAID From T_PD_DNTL_HDR 3. Claim type P - Select AMT_TOT_REIMB From T_PD_PHARM_HDR 4. Claim type U - Select AMT_PAID from T_PD_UB92_HDR	11	Character	SEE DESCRIPTION	AMT_BILLED / AMT_TOT_REIMB

Field	Description	Length	Data Type	DB Table	DB Attributes
	5. Provider type M - Select AMT_TOT_REIMB From T_PD_PHYS_HDR				
CLAIM TYPE	The 'English' name of claim type. Code that specifies the type of claim record.	11	Character	T_CLAIM_LOCAT	CDE_CLM_TYPE
GRAND TOTAL FOR ALL CLAIM TYPES	The grand total for all columns.	84	Character		CALCULATED FIELD
GRAND TOTAL FOR ALL PROVIDER TYPES PER 1500 CLAIM FORMS	The grand total for all columns.	84	Character		CALCULATED FIELD
PROV TYPE	The type of practice for a provider. Field cde_prov_type from the database tables: 1. T_PD_PHYS_HDR 2. T_DENY_PHYS_HDR 3. T_SUSP_PHYS_HDR	2	Character	SEE DESCRIPTION	CDE_PROV_TYPE
SUSPENDED NUMBER	The total number of suspended claims of a specific claim/provider type. Field Count(SAK_CLAIM) selected from table based on the type 1. Claim type M - T_SUSP_PHYS_HDR 2. Claim type D - T_SUSP_DNTL_HDR 3. Claim type P - T_SUSP_PHARM_HDR 4. Claim type U - T_SUSP_UB92_HDR	5	Character	SEE DESCRIPTION	SAK_CLAIM

Field	Description	Length	Data Type	DB Table	DB Attributes
	5. Provider type M - T_SUSP_PHYS_HDR				
SUSPENDED-%	The percentage of claims suspended of a specific claim/provider type.	4	Character		CALCULATED FIELD
SUSPENDED-AVG CHG	The average charge for suspended claims of a specific claim/provider type. Average of the field selected based on: 1. Claim type M - Select AMT_BILLED From T_SUSP_PHYS_HDR 2. Claim type D - Select AMT_BILLED From T_SUSP_DNTL_HDR 3. Claim type P - Select AMT_BILLED From T_SUSP_PHARM_HDR 4. Claim type U - Select AMT_BILLED_92 From T_SUSP_UB92_HDR 5. Provider type M - Select AMT_BILLED From T_SUSP_PHYS_HDR	7	Character	SEE DESCRIPTION	AMT_BILLED / /AMT_BILLED_UB92
SUSPENDED-TOTAL CHG	The total charge for suspended claims of a specific claim/provider type. Sum of the field selected based on: 1. Claim type M - Select AMT_BILLED From T_SUSP_PHYS_HDR 2. Claim type D - Select AMT_BILLED From T_SUSP_DNTL_HDR 3. Claim type P - Select AMT_BILLED From T_SUSP_PHARM_HDR 4. Claim type U - Select AMT_BILLED_92 From T_SUSP_UB92_HDR	11	Character	SEE DESCRIPTION	AMT_BILLED / AMT_BILLED_UB92

Field	Description	Length	Data Type	DB Table	DB Attributes
	5. Provider type M - Select AMT_BILLED From T_SUSP_PHYS_HDR				
TOTAL PROCESSED-AVG CHG	The average charge for processed claims of a specific claim/provider type.	9	Character		CALCULATED FIELD
TOTAL PROCESSED-NUMBER	The total claims processed of a specified claim/provider type	6	Character		CALCULATED FIELD
TOTAL PROCESSED-TOTAL CHG	The total charge for processed claims of a specific claim/provider type.	11	Character		CALCULATED FIELD

2.8.6.4 Associated Programs

Program	Description
clm0018d	Claims Processing Daily Summary
copy2routedir	Copy Reports to Router

2.8.6.5 Associated Requirements

ID
30.050.007.001.17
30.050.007.002.16
30.090.007.002.2
30.090.007.003.13
30.090.007.003.14
30.090.007.003.5
30.110.007.015

2.8.6.6 Change Orders

ID	Name	Description
1070	RPTS - Add Standard Footer	Add the standard footer to report. This KY CO is duplicated in the Core PWB. See Core CO 12077 - all documentation will be updated on this CO.
1282	RPTS - Exclude Encounter Claims	Exclude encounter claims from reports with exception of the CLM-0132-D, CLM-0132-M, CLM-0132-O.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.

2.8.7 CLM-0018-D -- Adjustment Credit Claims Processing Daily Summary

This report lists summary information by claim type for adjustments and credits for a claim adjudication cycle.

2.8.7.1 Technical Name

CLM-0018-D

2.8.7.2 Adjustment Credit Claims Processing Daily Summary Layout

```
Report  : CLM-0018-D                          COMMONWEALTH OF KENTUCKY                                    Run Date: MM/DD/CCYY
Process : CLMJD018                      MEDICAID MANAGEMENT INFORMATION SYSTEM                            Run Time:   HH:MM:SS
Location: CLM0018D                 ADJUSTMENT/CREDIT CLAIMS PROCESSING DAILY SUMMARY                          Page:       9999
                                                   MM/DD/CCYY

-------------------------------------------------------------------------------------------------------------------------------
CLAIM  *-----TOTAL PROCESSED-----*   *-----APPROVED FOR PAYMENT----*   *----APPROVED FOR DENIAL----*   *---------SUSPENDED---------*
TYPE  NUMBER  TOTAL CHG  AVG CHG   NUMBER %   PAYMENT AMT  AVG PMT  NUMBER %    TOTAL CHG   AVG CHG   NUMBER %      TOTAL CHG AVG CHG
-------------------------------------------------------------------------------------------------------------------------------

MEDICAL
        999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999

DENTAL
        999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999

DRUG
        999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999

COMPOUND
        999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999

HOME HEALTH
        999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999

LTC
        999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999

XOVER A
        999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999

XOVER B
        999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999

XOVER C
        999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999

INPATIENT
        999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999

OUTPATIENT
        999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999

GRAND TOTAL FOR ALL CLAIM TYPES:
   99999999 999,999,999.99     99999999   999,999,999.99         99999999   999,999,999.99         99999999   999,999,999.99
```

```
-----------------------------------------------------------------------------------------------------------------------------------
Report  : CLM-0018-D                          COMMONWEALTH OF KENTUCKY                                    Run Date: MM/DD/CCYY
Process : CLMJD018                       MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: CLM0018D             ADJUSTMENT/CREDIT CLAIMS PROCESSING DAILY SUMMARY BY PROVIDER                   Page:       9999
                                                  MM/DD/CCYY


-----------------------------------------------------------------------------------------------------------------------------------
PROV   *-----TOTAL PROCESSED-----*   *-----APPROVED FOR PAYMENT----*   *----APPROVED FOR DENIAL----*   *---------SUSPENDED---------*
TYPE  NUMBER  TOTAL CHG  AVG CHG   NUMBER %   PAYMENT AMT  AVG PMT  NUMBER %     TOTAL CHG  AVG CHG  NUMBER %      TOTAL CHG AVG CHG
-----------------------------------------------------------------------------------------------------------------------------------
PROV TYPE:  XX
        999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999

PROV TYPE:  XX
        999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999

PROV TYPE:  XX
        999 999,999,999 9,999,999 99999 999% 999,999,999  9,999,999 99999 999% 999,999,999 9,999,999  99999 999% 999,999,999 999,999

GRAND TOTAL FOR ALL PROVIDER TYPES PER 1500 CLAIM FORMS:
   99999999 999,999,999.99     99999999   999,999,999.99         99999999   999,999,999.99         99999999   999,999,999.99

                                          *** END OF REPORT ***
                                         *** NO DATA THIS RUN ***
```

2.8.7.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
APPROVED FOR DENIAL-%	The percentage of claims that have be denied of a specific claim/provider type.	4	Character		CALCULATED FIELD
APPROVED FOR DENIAL-AVG PMT	The average charge of submitted claim of specific type that have been denied	10	Character		CALCULATED FIELD
APPROVED FOR DENIAL-NUMBER	The number of claims that have been denied of a specific claim/provider type. Field Count(SAK_CLAIM) selected from table based on the type. 1. Claim type M -	5	Character	SEE DESCRIPTION	SAK_CLAIM

Field	Description	Length	Data Type	DB Table	DB Attributes
	T_DENY_PHYS_HDR 2. Claim type D - T_DENY_DNTL_HDR 3. Claim type P - T_DENY_PHARM_HDR 4. Claim type U - T_DENY_UB92_HDR 5. Provider type M - T_DENY_PHYS_HDR				
APPROVED FOR DENIAL-PAYMENT AMT	The total charge of submitted claims of a specific type that have been denied	11	Character		CALCULATED FIELD
APPROVED FOR PAYMENT-%	The percentage of claims approved for payment of a specific claim/provider type.	4	Character		CALCULATED FIELD
APPROVED FOR PAYMENT-AVG PMT	The average payment amount approved for a specific claim/provider type. Average of the field selected based on: 1. Claim type M - Select AMT_TOT_REIMB From T_PD_PHYS_HDR 2. Claim type D - Select AMT_PAID From T_PD_DNTL_HDR 3. Claim type P - Select AMT_TOT_REIMB From T_PD_PHARM_HDR 4. Claim type U - Select AMT_PAID From T_PD_UB92_HDR 5. Provider type M - Select AMT_TOT_REIMB From T_PD_PHYS_HDR	10	Character	SEE DESCRIPTION	AMT_BILLED / AMT_TOT_REIMB
APPROVED FOR	The number of claims approved for payment	5	Character	SEE DESCRIPTION	SAK_CLAIM

Field	Description	Length	Data Type	DB Table	DB Attributes
PAYMENT-NUMBER	of a specific claim/provider type. FieldCount(SAK_CLAIM) selected from table base on the type 1. Claim type M - T_PD_PHYS_HDR 2. Claim type D - T_PD_DNTL_HDR 3. Claim type P - T_PD_PHARM_HDR 4. Claim type U - T_PD_UB92_HDR 5. Provider type M - T_PD_PHYS_HDR				
APPROVED FOR PAYMENT-PAYMENT AMT	The total amount approved for payment of a specific claim/provider type. Sum of the field selected based on: 1. Claim type M - Select AMT_TOT_REIMB From T_PD_PHYS_HDR 2. Claim type D - Select AMT_PAID From T_PD_DNTL_HDR 3. Claim type P - Select AMT_TOT_REIMB From T_PD_PHARM_HDR 4. Claim type U - Select AMT_PAID From T_PD_UB92_HDR 5. Provider type M - Select AMT_TOT_REIMB From T_PD_PHYS_HDR	11	Character	SEE DESCRIPTION	AMT_BILLED / AMT_TOT_REIMB
CLAIM TYPE	The 'English' name of claim type. Code that specifies the type of claim record.	11	Character	T_CLAIM_LOCAT	CDE_CLM_TYPE
GRAND TOTAL FOR ALL CLAIM TYPES	The grand total for all columns.	84	Character		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
GRAND TOTAL FOR ALL PROVIDER TYPES PER 1500 CLAIM FORMS	The grand total for all columns.	84	Character		CALCULATED FIELD
PROV TYPE	The type of practice for a provider. Field cde_prov_type from the database tables: 1. T_PD_PHYS_HDR 2. T_DENY_PHYS_HDR 3. T_SUSP_PHYS_HDR	2	Character	SEE DESCRIPTION	CDE_PROV_TYPE
SUSPENDED NUMBER	Total number of suspended claims of a specific type. Field Count(SAK_CLAIM) selected from table based on the type. 1. Claim type M - T_SUSP_PHYS_HDR 2. Claim type D - T_SUSP_DNTL_HDR 3. Claim type P - T_SUSP_PHARM_HDR 4. Claim type U - T_SUSP_UB92_HDR 5. Provider type M - T_SUSP_PHYS_HDR	5	Character	SEE DESCRIPTION	SAK_CLAIM
SUSPENDED-%	The percentage of claims suspended of a specific claim/provider type	4	Character		CALCULATED FIELD
SUSPENDED-AVG CHG	The average charge for suspended claims of a specific claim/provider type. Average of the field selected based on: 1. Claim type M - Select AMT_BILLED	7	Character	SEE DESCRIPTION	AMT_BILLED / AMT_BILLED_UB92

Field	Description	Length	Data Type	DB Table	DB Attributes
	From T_SUSP_PHYS_HDR 2. Claim type D - Select AMT_BILLED From T_SUSP_DNTL_HDR 3. Claim type P - Select AMT_BILLED From T_SUSP_PHARM_HDR 4. Claim type U - Select AMT_BILLED_92 From T_SUSP_UB92_HDR 5. Provider type M - Select AMT_BILLED From T_SUSP_PHYS_HDR				
SUSPENDED-TOTAL CHG	The total charge for suspended claims of a specific claim/provider type. Sum of the field selected based on: 1. Claim type M - Select AMT_BILLED From T_SUSP_PHYS_HDR 2. Claim type D - Select AMT_BILLED From T_SUSP_DNTL_HDR 3. Claim type P - Select AMT_BILLED From T_SUSP_PHARM_HDR 4. Claim type U - Select AMT_BILLED_92 From T_SUSP_UB92_HDR 5. Provider type M - Select AMT_BILLED From T_SUSP_PHYS_HDR	11	Character	SEE DESCRIPTION	AMT_BILLED / AMT_BILLED_UB92
TOTAL PROCESSED-AVG CHG	The average charge for processed claims of a specific claim/provider type.	9	Character		CALCULATED FIELD
TOTAL PROCESSED-	The total claims processed of a specified	6	Character		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
NUMBER	claim/provider type.				
TOTAL PROCESSED-TOTAL CHG	The total charge for processed claims of a specific claim/provider type.	11	Character		CALCULATED FIELD

2.8.7.4 Associated Programs

Program	Description
clm0018d	Claims Processing Daily Summary
copy2routedir	Copy Reports to Router

2.8.7.5 Associated Requirements

ID
30.050.007.001.17
30.050.007.002.16
30.090.007.002.2
30.090.007.003.13
30.090.007.003.14
30.090.007.003.5
30.090.009.002.11
30.110.007.015

2.8.7.6 Change Orders

ID	Name	Description
1070	RPTS - Add Standard Footer	Add the standard footer to report. This KY CO is duplicated in the Core PWB. See Core CO 12077 - all

ID	Name	Description
		documentation will be updated on this CO.
1282	RPTS - Exclude Encounter Claims	Exclude encounter claims from reports with exception of the CLM-0132-D, CLM-0132-M, CLM-0132-O.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2012	RPTS - Correct Source Code	In preparation for the reports work group sessions it was determined that some of the core reports were not working correctly. The Kentucky decision was to pull these reports from other states. Please see the list of reports and the state which will provide the affected reports in the Technical Specifications section.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.
4251	CLM-0018D: Adj Credit Claims	CLM0018D: 1. This is a daily report. The second page of the layout of the PWB has a from -thru date range. From - Thru date range is not present on the OnBase . 2. The title of the report on the first page and the second pages is "Adjustment Credit Claims Processing Daily Summary" and on PWB the second page is "Adj/ Credit Claims Processing Daily Summary by Medical Provider".

2.8.8 CLM-0020-D -- Aged Detail Suspense Report

This report is a detail listings by claim type of claims that have been in the suspense file longer than 30 days (31 days or longer).

2.8.8.1 Technical Name

CLM-0020-D

2.8.8.2 Aged Detail Suspense Report Layout

```
Report   : CLM-0020-D                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/YYYY
Process  : CLMJD020                     MEDICAID MANAGEMENT INFORMATION SYSTEM                   Run Time:   HH:MM:SS
Location: CLM0020D                          AGED DETAIL SUSPENSE REPORT                              Page:       9999
                                                   MM/DD/CCYY

THE FOLLOWING CLAIMS IN THE SYSTEM AT LEAST 999 DAYS                                      CLAIM TYPE: DENTAL CLAIMS

ICN             MEMBER ID       PROVIDER ID              LOCATION      ERROR CODE                                  CLAIM-AGE
                                                                                                                     (DAYS)
XXXXXXXXXXXXX   XXXXXXXXXXXX    XXX XXXXXXXXXXXXXXX      99            XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX      999
XXXXXXXXXXXXX   XXXXXXXXXXXX    XXX XXXXXXXXXXXXXXX      99            XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX      999
XXXXXXXXXXXXX   XXXXXXXXXXXX    XXX XXXXXXXXXXXXXXX      99            XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX      999
XXXXXXXXXXXXX   XXXXXXXXXXXX    XXX XXXXXXXXXXXXXXX      99            XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX      999
XXXXXXXXXXXXX   XXXXXXXXXXXX    XXX XXXXXXXXXXXXXXX      99            XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX      999

                                          *** END OF REPORT ***

                                        *** NO DATA THIS RUN ***
```

2.8.8.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CLAIM TYPE	The code that specifies the type of claim record.	50	Character	T_CLAIM_TYPE	CDE_CLM_TYP
CLAIM-AGE (DAYS)	The age of the claim - number of days. CLAIM AGE = SYSDATE - DTE_CLM_LOCAT	3	Number	T_CLAIM_LOCAT	SYSDATE - DTE_CLM_LOCAT
ERROR CODE	The error codes the claim failed. Note: There can be multiple occurrences of errors in this field.	4	Character	T_ERROR_DISP	CDE_ESC
ICN	The unique internal control number for a Medicaid claim.	13	Character	T_CLAIM_LOCAT	NUM_ICN

Field	Description	Length	Data Type	DB Table	DB Attributes
LOCATION	The suspense location of the claim.	2	Character	T_CLAIM_LOCAT	CDE_LOCATION
MEMBER ID	The member identification number. The unique identification for the member receiving the services.	12	Character	T_RE_BASE	ID_MEDICAID
NUM DAYS IN SYSTEM	The minimum number of days that the claims have been in the system. The default is 30 days. CLAIM AGE >= 30	3	Number		CALCULATED FIELD
PROVIDER ID	The provider number for the requesting and servicing provider and the service location for the provider.	15	Character	T_PR_PROV	ID_PROVIDER + CDE_SERVICE_LOC
PROVIDER ID TYPE	This is the provider ID type. (NPI-National Provider ID MCD-Medicaid Provider Number BSE-Base Provider ID)	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

2.8.8.4 Associated Programs

Program	Description
clm0020d	Aged Detail Suspense Report
copy2routedir	Copy Reports to Router

2.8.8.5 Associated Requirements

ID
20.050
30.050.001F
30.050.007.001.17
30.090.007.003.11
30.090.007.003.17

ID
30.090.007.003.4
30.090.007.003.7

2.8.8.6 Change Orders

ID	Name	Description
1070	RPTS - Add Standard Footer	Add the standard footer to report. This KY CO is duplicated in the Core PWB. See Core CO 12077 - all documentation will be updated on this CO.
1084	RPTS - Set Claim Age Parm = 31	Commonwealth requested that these reports display claims that have aged - 31 days or older
1282	RPTS - Exclude Encounter Claims	Exclude encounter claims from reports with exception of the CLM-0132-D, CLM-0132-M, CLM-0132-O.
163	RPTS - Change "Recipient"	Change every instance of "Recipient", "Current ID" or "Medicaid ID" to "Member ID" on all claim reports.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports

ID	Name	Description
		and those with a date range. Please note there are two tabs in the attachment.
2083	Re-Code State Specific Changes	Add the method of incorporating state specific coding requirements within an existing core module to report programs.
429	RPTS - Remove HCA from Heading	Take "HCA" out of report title.
565	RPTS - CHG Exceptions/Audit-Edit	Terminology need to be consistent through the reports when referring to "exceptions/errors/edit-audit number" The field should be changed from "Exception, Edit-Audit" to "Error code" and "Error description" and from "Edit" to "Error".

2.8.9 CLM-0021-D -- Suspense File Analysis by Error Code

The daily Suspense File Analysis by Error Code report provides a count by error code of claims that were suspended during the previous daily claims cycle. This report also provides the cumulative total by error code.

2.8.9.1 Technical Name

CLM-0021-D

2.8.9.2 Suspense File Analysis by Error Code Layout

```
Report  : CLM-0021-D                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : CLMJD021                MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   HH:MI:SS
Location: CLM0021D                 SUSPENSE FILE ANALYSIS BY ERROR CODE                 Page:       9999
                                              MM/DD/CCYY

CLAIM TYPE                  ERROR  ERROR DESCRIPTION                            SUSPEND     CURRENT        TOTAL
                            CODE                                                LOCATION    OCCURRENCES    OCCURRENCES
-------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXXXXXXXXXXX    XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      xx       9,999,999      9,999,999
                                          ******   GRAND TOTAL BY ERROR CODE   ******              99,999,999     99,999,999

XXXXXXXXXXXXXXXXXXXXXXXX    XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      xx       9,999,999      9,999,999
XXXXXXXXXXXXXXXXXXXXXXXX                                                           xx       9,999,999      9,999,999
                                          ******   GRAND TOTAL BY ERROR CODE   ******              99,999,999     99,999,999

XXXXXXXXXXXXXXXXXXXXXXXX    XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      xx       9,999,999      9,999,999
XXXXXXXXXXXXXXXXXXXXXXXX                                                           xx       9,999,999      9,999,999
XXXXXXXXXXXXXXXXXXXXXXXX                                                           xx       9,999,999      9,999,999
                                          ******   GRAND TOTAL BY ERROR CODE   ******              99,999,999     99,999,999

XXXXXXXXXXXXXXXXXXXXXXXX    XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      xx       9,999,999      9,999,999
XXXXXXXXXXXXXXXXXXXXXXXX                                                           xx       9,999,999      9,999,999
XXXXXXXXXXXXXXXXXXXXXXXX                                                           xx       9,999,999      9,999,999
                                          ******   GRAND TOTAL BY ERROR CODE   ******              99,999,999     99,999,999

XXXXXXXXXXXXXXXXXXXXXXXX    XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      xx       9,999,999      9,999,999
XXXXXXXXXXXXXXXXXXXXXXXX                                                           xx       9,999,999      9,999,999
                                          ******   GRAND TOTAL BY ERROR CODE   ******              99,999,999     99,999,999

                                            *** END OF REPORT ***
                                         *** NO DATA THIS REPORT ***
```

2.8.9.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CLAIM TYPE	The 'English' name of claim type. Code that	22	Character	DSC_CLM_TYP	T_CLAIM_TYPE

Field	Description	Length	Data Type	DB Table	DB Attributes
	specifies the type of claim record.				
CURRENT OCCURRENCES	The number of current occurrences in suspense file.	9	Character		CALCULATED FIELD
ERROR CODE	The code of the error.	4	Number	CDE_ESC	T_ERROR_DISP
ERROR DESCRIPTION	The description of each error.	50	Character	DSC_ERROR_STAT	T_ERROR_DISP
GRAND TOTAL BY ERROR CODE(CURRENT OCCURRENCES)	The grand total by error code for current occurrences.	12	Character		CALCULATED FIELD
GRAND TOTAL BY ERROR CODE(TOTAL OCCURENCES)	The grand total by error code for total occurrences.	12	Number		CALCULATED FIELD
SUSPEND LOCATION	The code location for suspended claims.	2	Character	CDE_LOCATION	T_CLAIM_LOCAT
TOTAL OCCURRENCES	The total occurrences of each error code.	9	Character		CALCULATED FIELD

2.8.9.4 Associated Programs

Program	Description
clm0021d	Suspense File Analysis By Error Code
copy2routedir	Copy Reports to Router

2.8.9.5 Associated Requirements

ID
20.050

ID
30.050.007.001.17
30.090.007.003.17
30.090.007.003.7

2.8.9.6 Change Orders

ID	Name	Description
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2012	RPTS - Correct Source Code	In preparation for the reports work group sessions it was determined that some of the core reports were not working correctly. The Kentucky decision was to pull these reports from other states. Please see the list of reports and the state which will provide the affected reports in the Technical Specifications section.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.
565	RPTS - CHG Exceptions/Audit-Edit	Terminology need to be consistent through the reports when referring to "exceptions/errors/edit-audit number" The field should be changed from "Exception, Edit-Audit" to "Error code" and "Error description" and from "Edit" to "Error".
9129	Create O/R CLM-0021-D	Create a process to generate the CLM-0021-D report on request.

ID	Name	Description
		Totals should also be added to the report.

2.8.10 CLM-0022-D -- Combined Claim Error

The Pending Claims Unit uses this report to correct suspended claims.

2.8.10.1 Technical Name

CLM-0022-D

2.8.10.2 Combined Claim Error Layout

```
Report  : CLM-0022-D                                    COMMONWEALTH OF KENTUCKY                                    Run Date: MM/DD/YYYY
Process : CLMJD422                                MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:DD
Location: CLMP422                                     COMBINED CLAIM ERROR REPORT                                 Page:       9999
                                                            MM/DD/YYYY

LOC XX
ICN XXXXXXXXXXXX       MEMBER NAME  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                    MEMBER ID XXXXXXXXXXXX   SEX X
PROVIDER ID: XXX XXXXXXXXXXXXXXX     PAY TO PROV ID: XXX XXXXXXXXXXXXXXX                         ORIGINAL ICN XXXXXXXXXXXX
DIAGNOSIS:   FIRST XXXXXXX    SECOND XXXXXXX    THIRD XXXXXXX    FOURTH XXXXXXX    FIFTH XXXXXXX
ADMISSION DATE MM/DD/YYYY          NO. COVERED DAYS 999                    ADMIT HOUR XX

                                          STATEMENT COVER PERIOD - FROM MM/DD/YYYY TO MM/DD/YYYY

 SPAN OCC CODE  XX          TYPE OF ADMISSION   XX                    SURG PROC CODE(1) XXXX   DATE MM/DD/YYYY   TOTAL CHARGE         $9999999999.99
 SPAN OCC FROM  MM/DD/YYYY  SOURCE OF ADMISSION XX                    SURG PROC CODE(2) XXXX   DATE MM/DD/YYYY   NONCOVERED CHARGES   $9999999999.99
 SPAN OCC THRU  MM/DD/YYYY  PATIENT STATUS      XX                    SURG PROC CODE(3) XXXX   DATE MM/DD/YYYY   THIRD PARTY PAYMENT  $9999999999.99
                            PRIMARY PRESC NO.   XXX XXXXXXXXXXXXXXX   SURG PROC CODE(4) XXXX   DATE MM/DD/YYYY   CLAIM SPENDDOWN      $9999999999.99
                            PRIMARY SURG NO.    XXX XXXXXXXXXXXXXXX   SURG PROC CODE(5) XXXX   DATE MM/DD/YYYY   NET CHARGE           $9999999999.99
 SEC SPAN CODE  XX          SECONDARY SURG NO.  XXX XXXXXXXXXXXXXXX   SURG PROC CODE(6) XXXX   DATE MM/DD/YYYY   PAT LIAB            $9999999999.99
 SEC SPAN FROM  MM/DD/YYYY
 SEC SPAN THRU  MM/DD/YYYY

 ***ERROR*** -  9999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    STATUS  XX    CLERK XXXXXXXX

-------------------------------------------------------------  STATEMENT OF SERVICES  -------------------------------------------------------------
LINE          DATE                  REV   PROCEDURE           DIAGNOSIS-REL    FM   E   FND              PREG     SUBMIT          ALLOWED
NO.     FIRST       LAST      LOC   CODE  CODE  /MD/MD/MD/MD   1   2   3   4   CODE CODE CODE  UNITS SVC  IND      CHARGE          CHARGE
 999 MM/DD/YYYY  MM/DD/YYYY   XX    9999  XXXXX /XX/XX/XX/XX   X   X   X   X    XX   XX  XX    999999999   XX   $9999999.99      $9999999.99

                                                              *** NO DETAILS FOUND ***
-----------------------------------------------------------------  RELATED HISTORY  -----------------------------------------------------------
LINE   ERROR   HIST                 PROVIDER                PROCEDURE          DIAG          DATES OF SERVICE                      ALLOWED
NO.    CODE    IND   ICN            ID                      CODE  /MD/MD/MD/MD  CODE          FROM        THRU      UNITS SVC       CHARGE
 999   9999    XX    XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXXX    XXXXX /XX/XX/XX/XX  XXXXXXX    MM/DD/YYYY  MM/DD/YYYY   999999999     $9999999.99

                                                              *** NO HISTORY FOUND ***


                                                               *** END OF REPORT ***
                                                              *** NO DATA THIS RUN ***
```

2.8.10.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ADMISSION DATE	The date of admission. Admission Date is selected based on the following criteria: If the date processing is about 1. Dental Services DTE_ADMISSION is selected from table T_SUSP_DENTAL_HDR. 2. Drug Services DTE_ADMISSION is selected from table T_SUSP_PHRM_HDR 3. Medical/Professional Services DTE_ADMISSION is selected from table T_SUSP_PHYS_HDR 4. UB92 DTE_ADMISSION is selected from table T_SUSP_UB92_HDR	10	Date (MM/DD/CCYY)	SEE DESCRIPTION	DTE_ADMISSION
ADMIT HOUR	The hour and minute during which the patient was admitted for inpatient or outpatient care.	2	Character	T_SUSP_UB02_HDR	CDE_ADMIT_HOUR
ALLOWED CHARGE	The charge allowed on the claim.	11	Character	SEE DESCRIPTION	AMT_ALWD

Field	Description	Length	Data Type	DB Table	DB Attributes
	Charge allowed on claim is selected based on the following criteria: If the Unit is about 1. Suspended Dental History AMT_ALWD is selected from table T_SUSP_DNTL_DTL 2. Paid Dental History AMT_ALWD is selected from table T_PD_DNTL_DTL 3. Suspended UB92 History QTY_UNITS_BILLED is selected from table T_SUSP_UB92_HDR 4. Paid Physician History AMT_ALWD is selected from table T_PD_PHYS_DTL 5. Paid Drug History AMT_ALWD is selected from table T_PD_PHARM_DTL 6. Paid UB92 history AMT_ALWD is selected from table T_PD_UB92_DTL.				
CLAIM SPENDDOWN	The claim spenddown amount. The amount the member has to pay before	9	Character	T_RE_SPEND_LIAB	AMT_SPENDDOWN

Field	Description	Length	Data Type	DB Table	DB Attributes
	Medicaid takes over.				
CLERK	The online clerk identification number.	8	Character	T_CLAIM_ERROR	ID_CLERK
DATE FIRST	The first date of service. First date of service is selected based on the followings: If the error processing is about 1. Dental Services DTE_FIRST_SVC is selected from table T_SUSP_DENTAL_HDR. 2. Drug Services DTE_FIRST_SVC is selected from table T_SUSP_PHRM_HDR 3. Medical/Professional Services DTE_FIRST_SVC is selected from table T_SUSP_PHYS_HDR 4. Inpatient, Outpatient, and so on services DTE_FIRST_SVC is selected from table T_SUSP_UB92_HDR	10	Date (MM/DD/CCYY)	SEE DESCRIPTION	DTE_FIRST_SVC
DATE LAST	The last date of service. Last date of service is	10	Date (MM/DD/CCYY)	SEE DESCRIPTION	DTE_LAST_SVC

Field	Description	Length	Data Type	DB Table	DB Attributes
	selected based on the following: If the error processing is about 1. Dental Services DTE_LAST_SVC is selected from table T_SUSP_DENTAL_HDR. 2. Drug Services DTE_LAST_SVC is selected from table T_SUSP_PHRM_HDR 3. Medical/Professional Services DTE_LAST_SVC is selected from table T_SUSP_PHYS_HDR 4. Inpatient, Outpatient, and so on services DTE_LAST_SVC is selected from table T_SUSP_UB92_HDR				
DATE OF SURG PROC CODE (1 - 6)	The date associated with the surgery procedure code.	10	Date (MM/DD/CCYY)	T_UB92_HDR_ICD9CM	DTE_ICD_9_CM_PROC
DATES OF SERVICE FROM	The beginning date of service.	10	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FIRST_SVC
DATES OF SERVICE THRU	The ending date of service.	10	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_TO_DATE

Field	Description	Length	Data Type	DB Table	DB Attributes
DIAG CODE	The diagnosis code.	7	Character	T_CLM_DIAG_XREF	CDE_DIAG
DIAGNOSIS-REL (1-4)	The diagnosis indicator.	1	Character		CALCULATED FIELD
DIAGNOSIS: FIFTH	The diagnosis code ICD-9 (fifth).	7	Number	CDE_DIAG, CDE_DIAG_SEQ	FIFTH_CDE_DIAG
DIAGNOSIS: FIRST	The diagnosis code ICD-9 (first).	7	Number	T_UB92_HDR_DIAG_X	FIRST_CDE_DIAG
DIAGNOSIS: FOURTH	The diagnosis code ICD-9 (fourth).	7	Number	T_UB92_HDR_DIAG_X	FOURTH_CDE_DIAG
DIAGNOSIS: SECOND	The diagnosis code ICD-9 (second).	7	Number	T_UB92_HDR_DIAG_X	SECOND_CDE_DIAG
DIAGNOSIS: THIRD	The diagnosis code ICD-9 (third).	7	Number	T_UB92_HDR_DIAG_X	THIRD_CDE_DIAG
E CODE	The emergency code indicator.	1	Character	T_SUSP_PHYS_DTL	IND_EMERGENCY
EOB CODE	The explanation of benefits code.	4	Number		CALCULATED FIELD
ERROR	The error code number.	4	Character	T_ERROR_DISP	CDE_ESC
FM CODE	The family planning code.	1	Character	T_SUSP_PHYS_DTL	CDE_EPSDT_FP
FND CODE	The fund code indicator.	1	Character	T_FIN_FUND_CODE, T_CLM_PGM_XREF	CDE_FUND_CODE
HIST IND	The history indicator for the claim detail.	1	Character	T_CLAIM_ERROR	CDE_STAT_ERROR
ICN	The unique internal control number for a Medicaid claim. Selected from tables T_SUSP_DENTAL_HDR, T_SUSP_PHRM_HDR,	13	Character	SEE DESCRIPTION	NUM_ICN

Field	Description	Length	Data Type	DB Table	DB Attributes
	T_SUSP_PHYS_HDR, T_SUSP_UP92_HDR				
LINE NO	The line number on form.	3	Number	T_SUSP_UB92_DTL	NUM_DTL
LOC	The type of location in which a claim can be placed during processing in the MMIS system.	2	Character	T_CLAIM_LOCAT	CDE_LOCATION
LOCATION	The location of the claim. Location of the claim is selected based on the following: If the error processing is about 1. Dental Services CDE_LOCATION is selected from table T_SUSP_DENTAL_HDR. 2. Drug Services CDE_LOCATION is selected from table T_SUSP_PHRM_HDR 3. Medical/Professional Services CDE_LOCATION is selected from table T_SUSP_PHYS_HDR 4. Inpatient, Outpatient, and so on Services CDE_LOCATION is selected from table T_SUSP_UB92_HDR	2	Character	SEE DESCRIPTION	CDE_LOCATION
MEMBER ID	The member identification number. The unique identification for the member receiving the services.	12	Character	T_SUSP_UB92_HDR	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MEMBER NAME	The name of member. Consists of last name with trailing blanks removed, comma, space, first name with trailing spaces removed, space, middle initial.	39	Character	T_RE_BASE	NAM_LAST, NAM_FIRST,NAM_MI
NET CHARGE	The net billed amount. Net billed amount is selected based on the following criteria: If the Net Charge is about 1. Dental Services AMT_NET_BILLED is selected from table T_SUSP_DENTAL_HDR. 2. Drug Services AMT_NET_BILLED is selected from table T_SUSP_PHRM_HDR 3. Medical/Professional Services AMT_NET_BILLED is selected from table T_SUSP_PHYS_HDR	14	Character	SEE DESCRIPTION	AMT_NET_BILLED
NO. COVERED DAYS	The total number of covered days.	2	Number	T_SUSP_UB92_HDR	NUM_DAYS_COVD
NONCOVERED CHARGES	The non-covered charges.	9	Number	T_UB92_DTL_EXT_KEY	AMT_NON_COVERED
ORIGINAL ICN	The ICN of original claim.	13	Number	AIM00.T_CLAIM_LOCAT	ORIG_NUM_ICN
PAT LIAB.	The members file Patient liable amount for LTC (Long Term Care) or PCS. Recipient file Patient	9	Character	SEE DESCRIPTION	AMT_PATNT_LIAB

Field	Description	Length	Data Type	DB Table	DB Attributes
	liability amount for LTC or PCS is selected based on the followings: If the liability Amount is about 1.Dental Services AMT_PATNT_LIAB is selected from table T_SUSP_DENTAL_HDR. 2.Drug Services AMT_PATNT_LIAB is selected from table T_SUSP_PHRM_HDR 3.Medical/Professional Services AMT_PATNT_LIAB is selected from table T_SUSP_PHYS_HDR. 4.Inpatient, Outpatient, and so on Services AMT_PATNT_LIAB is selected from table T_SUSP_UB92_HDR				
PATIENT STATUS	The code which indicates the status of the member.	1	Number	T_SUSP_UB92_HDR	CDE_PATIENT_STATUS
PAY TO PROV ID	The provider number to pay. Provider number to pay is the concatenation of ID_PROVIDER and CDE_SERVICE_LOC,	10	Character	SEE DESCRIPTION	ID_PROVIDER, CDE_SERVICE_L

Field	Description	Length	Data Type	DB Table	DB Attributes
	which is selected based on the following: If the error processing is about 1. Dental Services CDE_SERVICE_LOC is selected from table T_SUSP_DENTAL_HDR. 2. Drug Services CDE_SERVICE_LOC is selected from table T_SUSP_PHRM_HDR 3. Medical/Professional Services CDE_SERVICE_LOC is selected from table T_SUSP_PHYS_HDR 4.Inpatient, Outpatient, and so on Services _SERVICE_LOC is selected from table T_SUSP_UB92_HDR				
PREG IND	The pregnancy indicator.	1	Character	T_SUSP_PHYS_DTL	IND_PREGNANCY
PRICING INDICATOR	The type of pricing. Indicates the type of pricing. Field ind_pricing is selected based on the following criteria: If the indicator is about 1.Dental Services	1	Character	SEE DESCRIPTION	IND_PRICING

Field	Description	Length	Data Type	DB Table	DB Attributes
	IND_PRICING is selected from table T_SUSP_DENTAL_DTL. 2.Medical/Professional Services IND_PRICING is selected from table T_SUSP_PHYS_DTL 3. UB92 IND_PRICING is selected from table T_SUSP_UB92_DTL				
PRIMARY PRESC NO.	The primary Prescriber number (3+15).	18	Number	T_PR_IDENTIFIER,T_SUSP_PHRM_HDR	CDE_PROV_ID_TYPE,ID_PROV_
PRIMARY SURG NO.	The primary surgeon number (3+15).	18	Number	T_PR_IDENTIFIER,T_SUSP_UB92_HDR	CDE_PROV_ID_TYPE,ID_PROV_
PROCEDURE: CODE	The code that identifies the service performed for a member.	6	Character	T_PROC	CDE_PROC
PROCEDURE: MD (1-4)	The procedure code modifiers(1-4).	2	Character	T_SUSP_PHYS_DTL	CDE_PROC_MOD
PROVIDER ID (Claim Header)	The provider number based on the prior authorization update transaction (3+15).	18	Character	T_SUSP_UB92_HDR	ID_PROV_ATTEND
PROVIDER ID (Related History)	The provider number based on the service type (3+15).	18	Character	SEE DESCRIPTION	SEE DESCRIPTION
REV CODE	The revenue code. Revenue code is selected based on the following: If the error processing is	5	Number	SEE DESCRIPTION	CDE_REVENUE

Field	Description	Length	Data Type	DB Table	DB Attributes
	about 1. Dental Services CDE_REVENUE is selected from table T_SUSP_DENTAL_HDR. 2. Drug Services CDE_REVENUE is selected from table T_SUSP_PHRM_HDR 3. Medical/Professional Services CDE_REVENUE is selected from table T_SUSP_PHYS_HDR 4. Inpatient, Outpatient, and so on Services CDE_REVENUE is selected from table T_SUSP_UB92_HDR				
SEC SPAN CODE	The second span code.	2	Number	T_UB92_HDR_OCC	CDE_OCCURENCE
SEC SPAN FROM	The second span from date.	10	Date (MM/DD/CCYY)	T_UB92_HDR_OCC	SEC_SPAN_FROM
SEC SPAN THRU	The second span thru date.	10	Date (MM/DD/CCYY)	T_UB92_HDR_OCC	SEC_SPAN_THRU
SECONDARY SURG NO.	The secondary surgeon number (3+15).	7	Number	T_PR_IDENTIFIER,T_SUSP_UB92_HDR	CDE_PROV_ID_TYPE,ID_PROV_C
SEX	The sex code.	1	Character	T_RE_BASE	CDE_SEX
SOURCE OF ADMISSION	The admission source code.	2	Number	T_SUSP_UB92_HDR	CDE_ADMIT_SOURCE

Field	Description	Length	Data Type	DB Table	DB Attributes
SPAN OCC CODE	The occurrence code span.	2	Number	T_UB92_HDR_OCC	CDE_OCCURENCE
SPAN OCC FROM	The occurrence code span from date.	10	Date (MM/DD/CCYY)	T_UB92_HDR_OCC	DTE_OCCURENCE
SPAN OCC THRU	The occurrence code span thru date.	10	Date (MM/DD/CCYY)	T_UB92_HDR_OCC	DTE_OCC_TO
STATEMENT COVER PERIOD FROM	The 'period from' covered in the statement. Period from covered in the statement is selected based on the following: If the error processing is about 1. Dental Services DTE_FIRST_SVC is selected from table T_SUSP_DENTAL_HDR. 2. Drug Services DTE_FIRST_SVC is selected from table T_SUSP_PHRM_HDR 3. Medical/Professional services DTE_FIRST_SVC is selected from table T_SUSP_PHYS_HDR 4. Inpatient, Outpatient, and so on Services DTE_FIRST_SVC is selected from table	10	Date (MM/DD/CCYY)	SEE DESCRIPTION	DTE_FIRST_SVC

Field	Description	Length	Data Type	DB Table	DB Attributes
	T_SUSP_UB92_HDR				
STATEMENT COVER PERIOD TO	The 'period to' covered in the statement. Period to covered in the statement is selected based on the following: If the error processing is about 1. Dental Services DTE_LAST_SVC is selected from table T_SUSP_DENTAL_HDR. 2. Drug Services DTE_LAST_SVC is selected from table T_SUSP_PHRM_HDR 3. Medical/Professional Services DTE_LAST_SVC is selected from table T_SUSP_PHYS_HDR 4. Inpatient, Outpatient, and so on Services DTE_LAST_SVC is selected from table T_SUSP_UB92_HDR	10	Date (MM/DD/CCYY)	SEE DESCRIPTION	DTE_LAST_SVC
STATUS	The error status.	1	Number	T_CLAIM_ERROR	CDE_STATUS1
SUBMIT CHARGE	The submitted charge Submitted charge is selected based on the	11	Character	SEE DESCRIPTION	AMT_BILLED

Field	Description	Length	Data Type	DB Table	DB Attributes
	following criteria: If the amount is about 1. Dental Services AMT_BILLED is selected from table T_SUSP_DENTAL_DTL. 2. Drug Services AMT_BILLED is selected from table T_SUSP_PHRM_DTL 3. Medical/Professional Services AMT_BILLED is selected from table T_SUSP_PHYS_DTL 4. UB92 AMT_BILLED is selected from table T_SUSP_UB92_DTL				
SURG PROC CODE (1- 6)	The surgical procedure code.	4	Number	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9
THIRD PARTY PAYMENT	The third party payment. Third party payment is selected based on the following criteria: If the payment is about 1. Dental Services TPL_AMT is selected from table T_SUSP_DENTAL_HDR. 2. Drug Services TPL_AMT is selected	9	Number	SEE DESCRIPTION	TPL_AMT

Field	Description	Length	Data Type	DB Table	DB Attributes
	from table T_SUSP_PHRM_HDR 3. Medical/Professional Services TPL_AMT is selected from table T_SUSP_PHYS_HDR				
TOTAL CHARGE	The total service charge. Total service charge is selected based on the following criteria: If the charge is about 1. Dental Services AMT_BILLED is selected from table T_SUSP_DENTAL_HDR. 2. Drug Services AMT_BILLED is selected from table T_SUSP_PHRM_HDR 3. Medical/Professional Services AMT_BILLED is selected from table T_SUSP_PHYS_HDR 4. Inpatient, Outpatient, and so on Services AMT_BILLED is selected from table T_SUSP_UB92_HDR	14	Character	SEE DESCRIPTION	AMT_BILLED
TYPE OF ADMISSION	The admission type code.	1	Number	T_SUSP_UB92_HDR	CDE_ADMIT_TYPE

Field	Description	Length	Data Type	DB Table	DB Attributes
UNITS SVC	The units of service. Unit of service is selected based on the following criteria: If the Unit is about 1. Dental Services QTY_UNITS_BILLED is selected from table T_SUSP_DENTAL_HDR. 2. Drug Services QTY_UNITS_BILLED is selected from table T_SUSP_PHRM_HDR 3. Medical/Professional Services QTY_UNITS_BILLED is selected from table T_SUSP_PHYS_HDR 4. UB92 QTY_UNITS_BILLED is selected from table T_SUSP_UB92_HDR	9	Character	SEE DESCRIPTION	QTY_UNITS_BILLED

2.8.10.4 Associated Programs

Program	Description
clmp422	Combined Claim Error
copy2routedir	Copy Reports to Router

2.8.10.5 Associated Requirements

ID
20.050
30.050.001F
30.050.007.001.17
30.090.007.003.17

2.8.10.6 Change Orders

ID	Name	Description
1033	RPTS - CLM0022D-CHG Report Name	CLM-0022-D provides detail information on the claims with errors. It provides statement cover period information , statement of services information , ICN, recipient id, LOC provide+LOC, prov spec, prov type, first and last date of service, net claim charge, payment amount, error code, claim disposition and error forced indicator. The name of this report should be changed to Combined Claim Error report.
1282	RPTS - Exclude Encounter Claims	Exclude encounter claims from reports with exception of the CLM-0132-D, CLM-0132-M, CLM-0132-O.
163	RPTS - Change "Recipient"	Change every instance of "Recipient", "Current ID" or "Medicaid ID" to "Member ID" on all claim reports.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2044	CLM0022D -Invalid sak_case field	This report program is referencing sak_case on T_RE_BASE. This field was removed from this table in Core CO 7888. Core has added a defect to correct the report (CLM-0022-D) which is referencing the sak_case in the Core code. Because we are unsure of the implementation of the Core defect this CO was created to make sure that this change gets applied (or not missed) in the Kentucky code.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception.

ID	Name	Description
		There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.
2083	Re-Code State Specific Changes	Add the method of incorporating state specific coding requirements within an existing core module to report programs.
3882	CLM-0050-M: Retroactive Rate Adj	This is a monthly report and the date heading mm/dd/ccyy - mm/dd/ccyy is missing on the report . This From - Thru date heading is present on the PWB. The member id and member name are on separate lines on OnBase but on same row on PWB.
565	RPTS - CHG Exceptions/Audit-Edit	Terminology need to be consistent through the reports when referring to "exceptions/errors/edit-audit number" The field should be changed from "Exception, Edit-Audit" to "Error code" and "Error description" and from "Edit" to "Error".

2.8.11 CLM-0023-D -- Claims Error Report FFS

The Claims Resolution Unit uses this report as an inventory of claims to be resolved. Detailed Error Reports by claim type are used by clerks to resolve claims.

2.8.11.1 Technical Name

CLM-0023-D

2.8.11.2 Claims Error Report FFS Layout

```
Report   : CLM-0023-D                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process  : CLMJD023                     MEDICAID MANAGEMENT INFORMATION SYSTEM                   Run Time:    HH:MM:SS
Location: CLM0023D                             CLAIMS ERROR REPORT (FFS)                            Page:       99999
                                                     MM/DD/CCYY

     ICN        MEMBER ID      LOC   PROVIDER ID          PROV  PROV    DATES OF SERVICE        NET CLAIM    PAYMENT       ERROR   CLAIM DISP   ERROR
                                                          SPEC  TYPE    FIRST       LAST        CHARGE       AMOUNT        CODE    PD SUSP DENY FORCED
XXXXXXXXXXXXX  XXXXXXXXXXXXX  XX    XXX XXXXXXXXXXXXXXX   XXX   XX      MM/DD/CCYY MM/DD/CCYY  $999,999.00  $999,999.00   XXXX            X       X
XXXXXXXXXXXXX  XXXXXXXXXXXXX  XX    XXX XXXXXXXXXXXXXXX   XXX   XX      MM/DD/CCYY MM/DD/CCYY  $999,999.00  $999,999.00   XXXX            X       X
XXXXXXXXXXXXX  XXXXXXXXXXXXX  XX    XXX XXXXXXXXXXXXXXX   XXX   XX      MM/DD/CCYY MM/DD/CCYY  $999,999.00  $999,999.00   XXXX            X       X
XXXXXXXXXXXXX  XXXXXXXXXXXXX  XX    XXX XXXXXXXXXXXXXXX   XXX   XX      MM/DD/CCYY MM/DD/CCYY  $999,999.00  $999,999.00   XXXX            X       X
XXXXXXXXXXXXX  XXXXXXXXXXXXX  XX    XXX XXXXXXXXXXXXXXX   XXX   XX      MM/DD/CCYY MM/DD/CCYY  $999,999.00  $999,999.00   XXXX            X       X

                                                   *** END OF REPORT ***
                                                 *** NO DATA THIS RUN ***
```

2.8.11.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CLAIM DISP PD SUSP DENY	The status of the claim.	1	Character		CALCULATED FIELD
DATES OF SERVICE FIRST	The first date of service on the claim. This field is select on a Union of T_DENY_DNTL_HDR,T_DENY_PHRM_HDR, T_DENY_PHYS_HDR,T_DENY_UB92_HDR, T_PD_DNTL_HDR, T_PD_PHARM_HDR,T_PD_PHYS_HDR,	10	Date (MM/DD/CCYY)	SEE DESCRIPTION.	DTE_FIRST_SVC

Field	Description	Length	Data Type	DB Table	DB Attributes
	T_PD_UB92_HDR, T_SUSP_DNTL_HDR,T_SUSP_PHARM_HDR, T_SUSP_PHYS_HDR,T_SUSP_UB92_HDR, T_PD_UB92_DTL, T_DENY_UB92_DTL,T_SUSP_UB92_DTL, T_RE_BASE, T_ERROR_DISP,T_CLAIM_ERROR, T_TEMP_PRINTTYPEL (Temporary Table) tables.				
DATES OF SERVICE LAST	The last date of service on the claim. This field is select on a Union of T_DENY_DNTL_HDR,T_DENY_PHRM_HDR, T_DENY_PHYS_HDR,T_DENY_UB92_HDR, T_PD_DNTL_HDR, T_PD_PHARM_HDR,T_PD_PHYS_HDR, T_PD_UB92_HDR, T_SUSP_DNTL_HDR,T_SUSP_PHARM_HDR, T_SUSP_PHYS_HDR,T_SUSP_UB92_HDR, T_PD_UB92_DTL, T_DENY_UB92_DTL,T_SUSP_UB92_DTL, T_RE_BASE, T_ERROR_DISP,T_CLAIM_ERROR, T_TEMP_PRINTTYPEL (Temporary Table) tables.	10	Date (MM/DD/CCYY)	SEE DESCRIPTION.	DTE_LAST_SVC
ERROR CODE	The code to uniquely identify an error condition. This field is select on a Union of T_DENY_DNTL_HDR,T_DENY_PHRM_HDR, T_DENY_PHYS_HDR,T_DENY_UB92_HDR, T_PD_DNTL_HDR, T_PD_PHARM_HDR,T_PD_PHYS_HDR,	4	Number	SEE DESCRIPTION.	CDE_ESC

Field	Description	Length	Data Type	DB Table	DB Attributes
	T_PD_UB92_HDR, T_SUSP_DNTL_HDR,T_SUSP_PHARM_HDR, T_SUSP_PHYS_HDR,T_SUSP_UB92_HDR, T_PD_UB92_DTL, T_DENY_UB92_DTL,T_SUSP_UB92_DTL, T_RE_BASE, T_ERROR_DISP,T_CLAIM_ERROR, T_TEMP_PRINTTYPEL (Temporary Table) tables.				
ERROR FORCED	The indicator designating if error was forced through the system	1	Character		CALCULATED FIELD
ICN	The internal control number used to uniquely identify a claim. This field is select on a Union of T_DENY_DNTL_HDR,T_DENY_PHRM_HDR, T_DENY_PHYS_HDR, T_DENY_UB92_HDR, T_PD_DNTL_HDR, T_PD_PHARM_HDR,T_PD_PHYS_HDR, T_PD_UB92_HDR, T_SUSP_DNTL_HDR,T_SUSP_PHARM_HDR, T_SUSP_PHYS_HDR,T_SUSP_UB92_HDR, T_PD_UB92_DTL, T_DENY_UB92_DTL,T_SUSP_UB92_DTL, T_RE_BASE, T_ERROR_DISP,T_CLAIM_ERROR, T_TEMP_PRINTTYPEL (Temporary Table) tables.	13	Character	SEE DESCRIPTION.	NUM_ICN
LOC	The current location of the claim. This field is select on a Union of T_DENY_DNTL_HDR,T_DENY_PHRM_HDR,	2	Character	SEE DESCRIPTION.	CDE_LOCATION

Field	Description	Length	Data Type	DB Table	DB Attributes
	T_DENY_PHYS_HDR,T_DENY_UB92_HDR, T_PD_DNTL_HDR, T_PD_PHARM_HDR, T_PD_PHYS_HDR, T_PD_UB92_HDR, T_SUSP_DNTL_HDR, T_SUSP_PHARM_HDR, T_SUSP_PHYS_HDR, T_SUSP_UB92_HDR, T_PD_UB92_DTL, T_DENY_UB92_DTL, T_SUSP_UB92_DTL, T_RE_BASE, T_ERROR_DISP, T_CLAIM_ERROR, T_TEMP_PRINTTYPEL (Temporary Table) tables.				
MEMBER ID	The member identification number. This contains the unique identification for the member receiving the services. This field is select on a Union of T_DENY_DNTL_HDR,T_DENY_PHRM_HDR, T_DENY_PHYS_HDR, T_DENY_UB92_HDR, T_PD_DNTL_HDR, T_PD_PHARM_HDR,T_PD_PHYS_HDR, T_PD_UB92_HDR, T_SUSP_DNTL_HDR,T_SUSP_PHARM_HDR, T_SUSP_PHYS_HDR,T_SUSP_UB92_HDR, T_PD_UB92_DTL, T_DENY_UB92_DTL,T_SUSP_UB92_DTL, T_RE_BASE, T_ERROR_DISP,T_CLAIM_ERROR, T_TEMP_PRINTTYPEL (Temporary Table) tables.	12	Character	SEE DESCRIPTION.	ID_MEDICAID
NET CLAIM	The net claim charge after spenddown, TPL, payments applied, etc.	9	Character	SEE DESCRIPTION.	AMT_NET_BILLED,AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
CHARGE	This field is select on a Union of T_DENY_DNTL_HDR, T_DENY_PHRM_HDR, T_DENY_PHYS_HDR, T_DENY_UB92_HDR, T_PD_DNTL_HDR, T_PD_PHARM_HDR, T_PD_PHYS_HDR, T_PD_UB92_HDR, T_SUSP_DNTL_HDR, T_SUSP_PHARM_HDR, T_SUSP_PHYS_HDR, T_SUSP_UB92_HDR, T_PD_UB92_DTL, T_DENY_UB92_DTL, T_SUSP_UB92_DTL, T_RE_BASE, T_ERROR_DISP, T_CLAIM_ERROR, T_TEMP_PRINTTYPEL (Temporary Table) tables.				
PAYMENT AMOUNT	The amount reimbursed to provider. This field is select on a Union of T_DENY_DNTL_HDR, T_DENY_PHRM_HDR, T_DENY_PHYS_HDR, T_DENY_UB92_HDR, T_PD_DNTL_HDR, T_PD_PHARM_HDR, T_PD_PHYS_HDR, T_PD_UB92_HDR, T_SUSP_DNTL_HDR, T_SUSP_PHARM_HDR, T_SUSP_PHYS_HDR, T_SUSP_UB92_HDR, T_PD_UB92_DTL, T_DENY_UB92_DTL, T_SUSP_UB92_DTL, T_RE_BASE, T_ERROR_DISP, T_CLAIM_ERROR, T_TEMP_PRINTTYPEL (Temporary Table) tables.	9	Character	SEE DESCRIPTION.	AMT_PAID
PROV	The provider specialty.	3	Character	SEE DESCRIPTION.	CDE_PROV_SPEC

Field	Description	Length	Data Type	DB Table	DB Attributes
SPEC	This field is select on a Union of T_DENY_DNTL_HDR, T_DENY_PHRM_HDR, T_DENY_PHYS_HDR, T_DENY_UB92_HDR, T_PD_DNTL_HDR, T_PD_PHARM_HDR, T_PD_PHYS_HDR, T_PD_UB92_HDR, T_SUSP_DNTL_HDR, T_SUSP_PHARM_HDR, T_SUSP_PHYS_HDR, T_SUSP_UB92_HDR, T_PD_UB92_DTL, T_DENY_UB92_DTL, T_SUSP_UB92_DTL, T_RE_BASE, T_ERROR_DISP, T_CLAIM_ERROR, T_TEMP_PRINTTYPEL (Temporary Table) tables.				
PROV TYPE	The type of practice for a provider. This field is select on a Union of T_DENY_DNTL_HDR,T_DENY_PHRM_HDR, T_DENY_PHYS_HDR,T_DENY_UB92_HDR, T_PD_DNTL_HDR, T_PD_PHARM_HDR,T_PD_PHYS_HDR, T_PD_UB92_HDR, T_SUSP_DNTL_HDR,T_SUSP_PHARM_HDR, T_SUSP_PHYS_HDR,T_SUSP_UB92_HDR, T_PD_UB92_DTL, T_DENY_UB92_DTL,T_SUSP_UB92_DTL, T_RE_BASE, T_ERROR_DISP,T_CLAIM_ERROR, T_TEMP_PRINTTYPEL (Temporary Table) tables.	2	Character	SEE DESCRIPTION.	CDE_PROV_TYPE
PROVIDER	The provider number for the requesting and servicing	15	Character	SEE DESCRIPTION.	ID_PROVIDER

Field	Description	Length	Data Type	DB Table	DB Attributes
ID	provider and the service location for the provider. This field is select on a Union of T_DENY_DNTL_HDR,T_DENY_PHRM_HDR, T_DENY_PHYS_HDR, T_DENY_UB92_HDR, T_PD_DNTL_HDR, T_PD_PHARM_HDR,T_PD_PHYS_HDR, T_PD_UB92_HDR, T_SUSP_DNTL_HDR,T_SUSP_PHARM_HDR, T_SUSP_PHYS_HDR, T_SUSP_UB92_HDR, T_PD_UB92_DTL, T_DENY_UB92_DTL,T_SUSP_UB92_DTL, T_RE_BASE, T_ERROR_DISP,T_CLAIM_ERROR, T_TEMP_PRINTTYPEL (Temporary Table) tables.				
PROVIDER ID TYPE	This is the Provider ID Type. (NPI-National Provider ID MCD-Medicaid Provider Number BSE-Base Provider ID).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

2.8.11.4 Associated Programs

Program	Description
clm0023d	Claims Error Report (FFS)
copy2routedir	Copy Reports to Router

2.8.11.5 Associated Requirements

ID
20.050

ID
30.050.001F
30.050.007.001.17
30.090.007.003.17
30.090.007.003.4

2.8.11.6 Change Orders

ID	Name	Description
163	RPTS - Change "Recipient"	Change every instance of "Recipient", "Current ID" or "Medicaid ID" to "Member ID" on all claim reports.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.
2232	CLM0023D - Add Encounter Section	There was a request from the Commonwealth (Tammy Bulluck) that encounters should be included on the CLM-0023-D(Claims Error Report). This report should be divided into two sections. One section should report on the FFS claims and the other section should report on the encounter claims.

ID	Name	Description
565	RPTS - CHG Exceptions/Audit-Edit	Terminology need to be consistent through the reports when referring to "exceptions/errors/edit-audit number" The field should be changed from "Exception, Edit-Audit" to "Error code" and "Error description" and from "Edit" to "Error".

2.8.12 CLM-0024-D -- Daily Error Summary By Claim Type

This report shows how many times each error occurred by claim type. This report provides information on the preceding five cycles.

2.8.12.1 Technical Name

CLM-0024-D

2.8.12.2 Daily Error Summary By Claim Type Layout

```
Report  : CLM-0024-D                                        COMMONWEALTH OF KENTUCKY                                          Run
Date: 12/14/2006
Process : CLMJDER2                                   MEDICAID MANAGEMENT INFORMATION SYSTEM                                   Run
Time:    13:54:12
Location: CLMPER01                                       DAILY ERROR SUMMARY BY CLAIM TYPE
                                      Page:        1
                                                                   MM/DD/CCYY

CLAIM TYPE: @<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

ERROR                                                    MM/DD/CCYY      MM/DD/CCYY      MM/DD/CCYY      MM/DD/CCYY      MM/DD/CCYY
CODE  ERROR DESCRIPTION                                 OCC.    RECS    OCC.    RECS    OCC.    RECS    OCC.    RECS    OCC.    RECS
----  -------------------------------------------------- ------  ------  ------  ------  ------  ------  ------  ------  ------  ------
XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999
XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999
XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999
XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999

TOTALS BY CLAIM TYPE:                                   99,999  99,999  99,999  99,999  99,999  99,999  99,999  99,999  99,999  99,999

GRAND TOTALS:                                          999,999 999,999 999,999 999,999 999,999 999,999 999,999 999,999 999,999 999,999

                                                    *** END OF REPORT ***
                                                   *** NO DATA THIS RUN ***
```

2.8.12.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CLAIM TYPE	The claim type description that specifies the type of claim record. This is the tag1 field from the clmStat_st structure. These values are initialized in the program.	49	Character	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
CYCLE 1 (DATE)	The run date for cycle 1.	10	Date (MM/DD/CCYY)		Calculated Field
CYCLE 1 OCC.	The number of occurrences of error codes for cycle 1.	4	Character		Calculated Field
CYCLE 1 RECS	The number of error records for cycle 1.	4	Character		Calculated Field
CYCLE 2 (DATE)	The run date for cycle 2.	10	Date (MM/DD/CCYY)		Calculated Field
CYCLE 2 OCC.	The number of occurrences of error codes for cycle 2	4	Character		Calculated Field
CYCLE 2 RECS	The number of error records or error codes for cycle 2.	4	Character		Calculated Field
CYCLE 3 (DATE)	The run date for cycle 3.	10	Date (MM/DD/CCYY)		Calculated Field
CYCLE 3 OCC.	The number of occurrences of error codes for cycle 3.	4	Character		Calculated Field
CYCLE 3 RECS	The number of error records or error codes for cycle 3.	4	Character		Calculated Field
CYCLE 4 (DATE)	The run date for cycle 4.	10	Date (MM/DD/CCYY)		Calculated Field
CYCLE 4 OCC.	The number of occurrences of error codes for cycle 4.	4	Character		Calculated Field
CYCLE 4 RECS	The number of error records or error codes for cycle 4.	4	Character		Calculated Field
CYCLE 5 (DATE)	The run date for cycle 5.	10	Date (MM/DD/CCYY)		Calculated Field
CYCLE 5 OCC.	The number of occurrences of error codes for cycle 5.	4	Character		Calculated Field
CYCLE 5 RECS	The number of error records or error codes for cycle 5.	4	Character		Calculated Field
ERROR CODE	The error code on the claim. This is the CDE_ESC field from the extrInpRec structure associated with the clm01029.srt input file.	3	Number	N/A	N/A
ERROR DESCRIPTION	The error code description on the claim. This is the DSC_ERROR_STAT field from the	50	Character	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
	extrInpRec structure associated with the clm01029.srt input file.				
GRAND TOTALS (CYCLE 1 OCC)	Total number of records for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTALS (CYCLE 1 RECS)	Total number of records for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTALS (CYCLE 2 OCC)	Total number of records for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTALS (CYCLE 2 RECS)	Total number of unique combinations for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTALS (CYCLE 3 OCC)	Total number of records for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTALS (CYCLE 3 RECS)	Total number of unique combinations for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTALS (CYCLE 4 OCC)	Total number of records for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTALS (CYCLE 4 RECS)	Total number of unique combinations for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTALS (CYCLE 5 OCC)	Total number of records for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTALS (CYCLE 5 RECS)	Total number of unique combinations for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 1 OCC)	Total number of records for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 1 RECS)	Total number of unique combinations for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL BY CLAIM TYPE (CYCLE 2 OCC)	Total number of records for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 2 RECS)	Total number of unique combinations for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 3 OCC)	Total number of records for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 3 RECS)	Total number of unique combinations for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 4 OCC)	Total number of records for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 4 RECS)	Total number of unique combinations for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 5 OCC)	Total number of records for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 5 RECS)	Total number of unique combinations for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field

2.8.12.4 Associated Programs

Program	Description
clmper01	Daily Error Summary By Claim Type
copy2routedir	Copy Reports to Router

2.8.12.5 Associated Requirements

ID
30.050.007.001.17

ID
30.090.007.003.14
30.090.007.003.17

2.8.12.6 Change Orders

ID	Name	Description
1065	RPTS - CLM0024D-CHG RESC Heading	The column header RESC should be changed to say RECS.
1070	RPTS - Add Standard Footer	Add the standard footer to report. This KY CO is duplicated in the Core PWB. See Core CO 12077 - all documentation will be updated on this CO.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.
2083	Re-Code State Specific Changes	Add the method of incorporating state specific coding requirements within an existing core module to report programs.
565	RPTS - CHG Exceptions/Audit-Edit	Terminology need to be consistent through the reports when referring to "exceptions/errors/edit-audit number" The field should be changed from "Exception,

ID	Name	Description
		Edit-Audit" to "Error code" and "Error description" and from "Edit" to "Error".
8283	Report Printing - 24D, 55D, 56D	When a hard copy of the report is printed in Kentucky characters are being lost off the right hand side of the page.

2.8.13 CLM-0025-D -- Services to be Clerically Denied Report

This report lists the claims that had services denied by a clerk. Supervisory personnel use it to identify those clerks who appear to resolve an inordinate number of suspended claims by denying error codes.

2.8.13.1 Technical Name

CLM-0025-D

2.8.13.2 Services to be Clerically Denied Report Layout

```
Report  : CLM-0025-D                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : CLMJD25D                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: CLM0025D                      SERVICES TO BE CLERICALLY DENIED REPORT                             Page:       9999
                                                     MM/DD/CCYY


-------------------------------------------------------------------------------------------------------------------------------------

ICN             DETAIL  MEMBER ID      PROVIDER                PROV  PROVIDER     DATES OF SERVICE        NET BILLED     DENIED  CLERK ID
                NUMBER                  ID                      TYPE  SPECIALTY    FIRST       LAST        AMT            ERRORS
-------------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXX   XXXX    XXXXXXXXXXXX    XXX XXXXXXXXXXXXXXX     XX    XXX          MM/DD/CCYY  MM/DD/CCYY  $999,999.99    XXXX    XXXXXXXX
XXXXXXXXXXXXX   XXXX    XXXXXXXXXXXX    XXX XXXXXXXXXXXXXXX     XX    XXX          MM/DD/CCYY  MM/DD/CCYY  $999,999.99    XXXX    XXXXXXXX
XXXXXXXXXXXXX   XXXX    XXXXXXXXXXXX    XXX XXXXXXXXXXXXXXX     XX    XXX          MM/DD/CCYY  MM/DD/CCYY  $999,999.99    XXXX    XXXXXXXX
XXXXXXXXXXXXX   XXXX    XXXXXXXXXXXX    XXX XXXXXXXXXXXXXXX     XX    XXX          MM/DD/CCYY  MM/DD/CCYY  $999,999.99    XXXX    XXXXXXXX
XXXXXXXXXXXXX   XXXX    XXXXXXXXXXXX    XXX XXXXXXXXXXXXXXX     XX    XXX          MM/DD/CCYY  MM/DD/CCYY  $999,999.99    XXXX    XXXXXXXX


*****CLERK ID RECAP*****
CLERK ID      CLAIM COUNT

XXXXXXXX        XXXXXXX

                                                  *** END OF REPORT ***
                                               *** NO DATA THIS RUN ***
```

2.8.13.3 Field Descriptions

Field	Description	Length	Data Type	DB Table
CLERK ID	The clerk identification number. The identification number of the clerk who has been assigned to work this claim.	8	Character	T_CLAIM
CLERK ID RECAP - CLAIM	The claim count per clerk.	12	Character	T_CLAIM

Field	Description	Length	Data Type	DB Table
COUNT				
CLERK ID RECAP - CLERK ID	The clerk identification number.	9	Character	T_CLAIM
DATE OF SERVICE FIRST	The first date of service on the claim. Is the result of UNION (T_PD_PHYS_HDR, T_SUS_PHYS_HDR, T_DENY_PHYS_HDR,T_PD_DNTL_HDR, T_SUS_DENTAL_HDR,T_DENY_DNTL_HDR, T_PD_PHARM_HDR,T_SUSP_PHRM_HDR,T_DENY_PHRM_HDR, T_PD_UB92_HDR,T_SUSP_UB92_HDR, T_DENY_UB92_HDR). Table in DB:T_PD_PHYS_HDR, T_SUS_PHYS_HDR,T_DENY_PHYS_HDR, T_PD_DNTL_HDR, T_SUS_DENTAL_HDR,T_DENY_DNTL_HDR, T_PD_PHARM_HDR,T_SUS_PHRM_HDR,T_DENY_PHRM_HDR, T_PD_UB92_HDR,T_SUSP_UB92_HDR, T_DENY_UB92_HDR Field in DB: DTE_FIRST_SVC,DTE_DISPENSE, DTE_PRESCRIBE	10	Date (MM/DD/CCYY)	SEE DES
DATE OF SERVICE LAST	The last date of service on the claim. Is the result of UNION (T_PD_PHYS_HDR, T_SUS_PHYS_HDR, T_DENY_PHYS_HDR,T_PD_DNTL_HDR, T_SUS_DENTAL_HDR,T_DENY_DNTL_HDR, T_PD_PHARM_HDR,T_SUSP_PHRM_HDR,T_DENY_PHRM_HDR, T_PD_UB92_HDR,T_SUSP_UB92_HDR, T_DENY_UB92_HDR). Table in DB:T_PD_PHYS_HDR, T_SUS_PHYS_HDR,T_DENY_PHYS_HDR, T_PD_DNTL_HDR, T_SUS_DENTAL_HDR,T_DENY_DNTL_HDR, T_PD_PHARM_HDR,T_SUS_PHRM_HDR,T_DENY_PHRM_HDR, T_PD_UB92_HDR,T_SUSP_UB92_HDR, T_DENY_UB92_HDR Field in DB: DTE_FIRST_SVC,DTE_DISPENSE, DTE_PRESCRIBE	10	Date (MM/DD/CCYY)	SEE DES
DENIED ERRORS	The denied errors on claim.	4	Character	T_ERRO
DETAIL NUMBER	The detail that was clerically denied.	4	Character	T_CLAIM

Field	Description	Length	Data Type	DB Table
ICN	The unique internal control number for a Medicaid claim. Is the result of UNION(T_PD_PHYS_HDR,T_SUS_PHYS_HDR, T_DENY_PHYS_HDR,T_PD_DNTL_HDR,T_SUSP_DENTAL_HDR,T_DENY_DNTL_HDR, T_PD_PHARM_HDR,T_SUSP_PHRM_HDR,T_DENY_PHRM_HDR, T_PD_UB92_HDR,T_SUSP_UB92_HDR,T_DENY_UB92_HDR). Table in DB:T_PD_PHYS_HDR, T_SUS_PHYS_HDR,T_DENY_PHYS_HDR, T_PD_DNTL_HDR, T_SUS_DENTAL_HDR,T_DENY_DNTL_HDR, T_PD_PHARM_HDR,T_SUS_PHRM_HDR, T_DENY_PHRM_HDR, T_PD_UB92_HDR,T_SUSP_UB92_HDR, T_DENY_UB92_HDR.	13	Character	SEE DES
MEMBER ID	The member identification number. This contains the unique identification for the member receiving the services.	12	Character	T_RE_B
NET BILLED AMT	The net billed amount. Is the UNION of (T_PD_PHYS_HDR, T_SUS_PHYS_HDR,T_DENY_PHYS_HDR, T_PD_DNTL_HDR,T_SUSP_DENTAL_HDR,T_DENY_DNTL_HDR, T_PD_PHARM_HDR, T_SUSP_PHRM_HDR, T_DENY_PHRM_HDR, T_PD_UB92_HDR, {Difference AMT_BILLED_UB92 - SUM(AMT_PD_PAT_UB92 + SUM(SUM_TPL)]}, T_SUSP_UB92_HDR, T_DENY_UB92_HDR) Field in DB: AMT_NET_BILLED, AMT_BILLED_UB92, AMT_PD_PAT_UB92, AMT_DETAIL_TPL Table in DB: T_PD_PHYS_HDR, T_SUS_PHYS_HDR, T_DENY_PHYS_HDR, T_PD_DNTL_HDR, T_SUSP_DENTAL_HDR, T_DENY_DNTL_HDR, T_PD_PHARM_HDR, T_SUSP_PHRM_HDR, T_DENY_PHRM_HDR, T_PD_UB92_DNTL, T_SUSP_UB92_DTL, T_DENY_UB92_DTL, T_PD_UB92_HDR, T_SUSP_UB92_HDR,T_DENY_UB92_HDR	11	Character	SEE DES
PROV TYPE	The type of practice for a provider.	2	Character	T_PR_T
PROVIDER ID	The provider number and the service location for the provider.	15	Character	T_PR_P

Field	Description	Length	Data Type	DB Table
PROVIDER ID TYPE	This is the provider ID type. (NPI-National Provider ID MCD-Medicaid Provider Number BSE-Base Provider ID)	3	Character	T_PR_ID
PROVIDER SPECIALTY	The specialty code for the provider.	3	Character	T_PR_T

2.8.13.4 Associated Programs

Program	Description
clm0025d	Services To Be Clerically Denied Report
copy2routedir	Copy Reports to Router

2.8.13.5 Associated Requirements

ID
20.050
30.050.001F
30.050.007.001.17
30.090.007.003.18
30.090.007.003.21
30.110.007.021

2.8.13.6 Change Orders

ID	Name	Description
1282	RPTS - Exclude Encounter Claims	Exclude encounter claims from reports with exception of the CLM-0132-D, CLM-0132-M, CLM-0132-O.

ID	Name	Description
163	RPTS - Change "Recipient"	Change every instance of "Recipient", "Current ID" or "Medicaid ID" to "Member ID" on all claim reports.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.
2083	Re-Code State Specific Changes	Add the method of incorporating state specific coding requirements within an existing core module to report programs.
7345	Calculation error CLM-0025-D	The report is not calculating the total claim count in the Clerk ID Recap area correctly.

2.8.14 CLM-0026-D -- Claims Paid Due To Force Report

This report lists those claims that have errors that were clerically forced or overridden. Supervisory personnel use it to identify those clerks who appear to resolve an inordinate number of suspended claims by forcing error codes.

2.8.14.1 Technical Name

CLM-0026-D

2.8.14.2 Claims Paid Due To Force Report Layout

```
Report  : CLM-0026-D                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : CLMJD26D                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   HH:MM:SS
Location: CLM0026D                       CLAIMS TO BE PAID DUE TO FORCE REPORT                      Page:        999
                                                     MM/DD/CCYY


ICN            DETAIL MEMBER ID      PROVIDER              PROV    PROV   DATES OF SERVICE        NET BILLED        PAYMENT       FORCED    CLERK
               NUMBER                ID                    TYPE    SPEC   FIRST       LAST        AMT               AMT           ERRORS    ID
XXXXXXXXXXXXX  XXX    XXXXXXXXXXXX   XXX XXXXXXXXXXXXXXX   XX      XXX    MM/DD/CCYY  MM/DD/CCYY  $999,999.99       $9,999,999.99  XXXX      XXXXXXXX
XXXXXXXXXXXXX  XXX    XXXXXXXXXXXX   XXX XXXXXXXXXXXXXXX   XX      XXX    MM/DD/CCYY  MM/DD/CCYY  $999,999.99       $9,999,999.99  XXXX      XXXXXXXX
XXXXXXXXXXXXX  XXX    XXXXXXXXXXXX   XXX XXXXXXXXXXXXXXX   XX      XXX    MM/DD/CCYY  MM/DD/CCYY  $999,999.99       $9,999,999.99  XXXX      XXXXXXXX
XXXXXXXXXXXXX  XXX    XXXXXXXXXXXX   XXX XXXXXXXXXXXXXXX   XX      XXX    MM/DD/CCYY  MM/DD/CCYY  $999,999.99       $9,999,999.99  XXXX      XXXXXXXX
XXXXXXXXXXXXX  XXX    XXXXXXXXXXXX   XXX XXXXXXXXXXXXXXX   XX      XXX    MM/DD/CCYY  MM/DD/CCYY  $999,999.99       $9,999,999.99  XXXX      XXXXXXXX


*****CLERK ID RECAP*****
CLERK ID      CLAIM COUNT

XXXXXXXX       XXXXXXX
                                                  *** END OF REPORT ****
                                                 *** NO DATA THIS RUN ***
```

2.8.14.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CLERK ID	The clerk identification number. The identification number of the clerk who has been assigned to work this claim.	8	Character	T_CLAIM_ERROR	ID_CLERK
CLERK ID RECAP - CLAIM COUNT	The claim count per clerk.	7	Character	T_CLAIM_ERROR	SAK_CLAIM,NUM_DTL,SAK_ES

Field	Description	Length	Data Type	DB Table	DB Attributes
CLERK ID RECAP - CLERK ID	The clerk identification number.	8	Character	T_CLAIM_ERROR	ID_CLERK
DATE OF SERVICE FIRST	The first date of service on the claim. Is the result of UNION SET (T_PD_PHYS_HDR, T_PD_DNTL_HDR, T_PD_PHARM_HDR,T_PD_UB92_HDR) Field in DB:T_PD_PHYS_HDR, T_PD_DNTL_HDR,T_PD_PHARM_HDR, T_PD_UB92_HDR	10	Date (MM/DD/CCYY)	SEE DESCRIPTION	DTE_FIRST_SVC, DTE_PRESC
DATE OF SERVICE LAST	The last date of service on the claim. Is the result of UNION SET (T_PD_PHYS_HDR, T_PD_DNTL_HDR, T_PD_PHARM_HDR,T_PD_UB92_HDR) Field in DB:T_PD_PHYS_HDR, T_PD_DNTL_HDR,T_PD_PHARM_HDR, T_PD_UB92_HDR	10	Date (MM/DD/CCYY)	SEE DESCRIPTION	DTE_LAST_SVC, DTE_PRESCR
DETAIL NUMBER	The detail that was clerically denied.	3	Character	T_CLAIM_ERROR	NUM_DTL
FORCED ERRORS	The total number of forced errors.	4	Character	T_ERROR_DISP	CDE_ESC
ICN	ICN = Internal Control Number (ICN) is the result of UNION(T_PD_PHYS_HDR, T_PD_DNTL_HDR, T_PD_PHARM_HDR, T_PD_UB92_HDR). Table in DB:T_PD_PHYS_HDR, T_PD_DNTL_HDR,T_PD_PHARM_HDR, T_PD_UB92_HDR	13	Character	SEE DESCRIPTION	NUM_ICN

Field	Description	Length	Data Type	DB Table	DB Attributes
MEMBER ID	The member identification number. This contains the unique identification for the member receiving the services.	13	Character	T_RE_BASE	ID_MEDICAID
NET BILLED AMT	The claim charge. Is the UNION SET (T_PD_PHYS_HDR, T_PD_DNTL_HDR,T_PD_PHARM_HDR, {Difference [AMT_BILLED_UB92 - SUM(AMT_PD_PAT_UB92 + SUM_TPL)]} Field in DB: AMT_NET_BILLED, AMT_BILLED_UB92,AMT_PD_PAT_UB92, SAK_CLAIM,AMT_DETAIL_TPL). Table in DB:(T_PD_PHYS_HDR, T_PD_DNTL_HDR,T_PD_PHARM_HDR, T_PD_UB92_HDR,T_PD_UB92_DTL). SUM_TPL is the SUM(AMT_DETAIL_TPL) from T_PD_UB92_DTL table Group By SAK_CLAIM.	11	Character	SEE DESCRIPTION	SEE DESCRIPTION
PAYMENT AMT	The amount due to the provider. Field in DB:AMT_TOT_REIMB, AMT_PAID,AMT_REIMBURSEMENT. Table in DB:T_PD_PHYS_HDR, T_PD_DNTL_HDR,T_PD_PHARM_HDR, T_PD_UB92_HDR.	13	Character	SEE DESCRIPTION	SEE DESCRIPTION
PROV SPEC	The specialty code for the provider.	3	Character	T_PR_TYPE	CDE_PROV_SPEC_PRIM
PROV TYPE	The type of practice for a provider.	2	Character	T_PR_TYPE	CDE_PROV_TYPE
PROVIDER ID	The provider number and the service location for the provider.	15	Character	T_PR_PROV + T_PR_TYPE	ID_PROVIDER + CDE_SERVICE

Field	Description	Length	Data Type	DB Table	DB Attributes
PROVIDER ID TYPE	This id the Provider ID Type.	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

2.8.14.4 Associated Programs

Program	Description
clm0026d	Claims Paid Due To Force Report
copy2routedir	Copy Reports to Router

2.8.14.5 Associated Requirements

ID
20.050
30.050.001F
30.050.007.001.17
30.050.007.002.39
30.090.007.003.17
30.090.007.003.18
30.090.007.003.21
30.110.007.021

2.8.14.6 Change Orders

ID	Name	Description
1282	RPTS - Exclude Encounter Claims	Exclude encounter claims from reports with exception of the CLM-0132-D, CLM-0132-M, CLM-0132-O.

ID	Name	Description
163	RPTS - Change "Recipient"	Change every instance of "Recipient", "Current ID" or "Medicaid ID" to "Member ID" on all claim reports.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.
2083	Re-Code State Specific Changes	Add the method of incorporating state specific coding requirements within an existing core module to report programs.

2.8.15 CLM-0027-D -- Transaction Register

This report identifies every claim processed in a daily claim adjudication cycle. Each claim is identified by ICN, member ID number, provider number, transaction code, dates of service, and payment amount. Additionally, this report displays any error codes posted to the claim throughout the daily claim adjudication cycle.

2.8.15.1 Technical Name

CLM-0027-D

2.8.15.2 Transaction Register Layout

```
Report  : CLM-0027-D                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : CLMJD027                  MEDICAID MANAGEMENT INFORMATION SYSTEM                    Run Time:   HH:MM:SS
Location: CLM0027D                            TRANSACTION REGISTER                                  Page:          1
                                                  MM/DD/CCYY

ICN            MEMBER ID     PROVIDER ID          FROM         TO            REIMBURSED AMT   ERRORS
-------------------------------------------------------------------------------------------------------------------------

XXXXXXXXXXXXX  XXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  MM/DD/CCYY   MM/DD/CCYY    $9,999,999.99    XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX
XXXXXXXXXXXXX  XXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  MM/DD/CCYY   MM/DD/CCYY    $9,999,999.99    XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX
XXXXXXXXXXXXX  XXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  MM/DD/CCYY   MM/DD/CCYY    $9,999,999.99    XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX
XXXXXXXXXXXXX  XXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  MM/DD/CCYY   MM/DD/CCYY    $9,999,999.99    XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX
XXXXXXXXXXXXX  XXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  MM/DD/CCYY   MM/DD/CCYY    $9,999,999.99    XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX
                                                     *** END OF REPORT ***
                                                   *** NO DATA THIS RUN ***
```

2.8.15.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ERRORS	The error codes the claim failed. This field is a select from union of T_CLAIM_LOCAT,T_CLAIM_ERROR, T_ERROR_DISP, T_RE_BASE, T_PR_PROV, T_PD_PHYS_HDR, T_DENY_PHYS_HDR, T_PD_DNTL_HDR,T_DENY_DNTL_HDR, T_PD_UB92_HDR, T_DENY_UB92_HDR,T_PD_PHARM_HDR, T_DENY_PHRM_HDR,	4	Character	SEE DESCRIPTION	CDE_ESC

Field	Description	Length	Data Type	DB Table	DB Attributes
	T_SUSP_PHYS_HDR, T_SUSP_DENTAL_HDR, T_SUSP_PHRM_HDR,T_SUSP_UB92_HDR tables.				
FROM	The first date of service on the claim. This field is a select from union of T_CLAIM_LOCAT,T_CLAIM_ERROR, T_ERROR_DISP, T_RE_BASE, T_PR_PROV, T_PD_PHYS_HDR, T_DENY_PHYS_HDR, T_PD_DNTL_HDR,T_DENY_DNTL_HDR, T_PD_UB92_HDR, T_DENY_UB92_HDR,T_PD_PHARM_HDR, T_DENY_PHRM_HDR, T_SUSP_PHYS_HDR, T_SUSP_DENTAL_HDR, T_SUSP_PHRM_HDR,T_SUSP_UB92_HDR tables.	10	Date (MM/DD/CCYY)	SEE DESCRIPTION	DTE_FIRST_SVC
ICN	The internal control number. This represents the unique internal control number for a Medicaid claim. This field is a select from union of T_CLAIM_LOCAT,T_CLAIM_ERROR, T_ERROR_DISP, T_RE_BASE, T_PR_PROV, T_PD_PHYS_HDR, T_DENY_PHYS_HDR, T_PD_DNTL_HDR,T_DENY_DNTL_HDR, T_PD_UB92_HDR, T_DENY_UB92_HDR,T_PD_PHARM_HDR, T_DENY_PHRM_HDR,	13	Character	SEE DESCRIPTION	NUM_ICN

Field	Description	Length	Data Type	DB Table	DB Attributes
	T_SUSP_PHYS_HDR, T_SUSP_DENTAL_HDR, T_SUSP_PHRM_HDR,T_SUSP_UB92_HDR tables.				
MEMBER ID	The member identification number. This contains the unique identification for the member receiving the services. This field is a select from union of T_CLAIM_LOCAT,T_CLAIM_ERROR, T_ERROR_DISP, T_RE_BASE, T_PR_PROV, T_PD_PHYS_HDR, T_DENY_PHYS_HDR, T_PD_DNTL_HDR,T_DENY_DNTL_HDR, T_PD_UB92_HDR, T_DENY_UB92_HDR,T_PD_PHARM_HDR, T_DENY_PHRM_HDR, T_SUSP_PHYS_HDR, T_SUSP_DENTAL_HDR, T_SUSP_PHRM_HDR,T_SUSP_UB92_HDR tables.	12	Character	SEE DESCRIPTION	ID_MEDICAID
PROVIDER ID	The provider number and the service location for the provider. This field is a select from union of T_CLAIM_LOCAT,T_CLAIM_ERROR, T_ERROR_DISP, T_RE_BASE, T_PR_PROV, T_PD_PHYS_HDR, T_DENY_PHYS_HDR, T_PD_DNTL_HDR,T_DENY_DNTL_HDR, T_PD_UB92_HDR, T_DENY_UB92_HDR,T_PD_PHARM_HDR,	15	Character	SEE DESCRIPTION	ID_PROVIDER CDE_SERVICE_LOC

Field	Description	Length	Data Type	DB Table	DB Attributes
	T_DENY_PHRM_HDR, T_SUSP_PHYS_HDR, T_SUSP_DENTAL_HDR, T_SUSP_PHRM_HDR,T_SUSP_UB92_HDR tables.				
PROVIDER ID TYPE	This is the provider ID type. This field is a select from table T_PR_IDENTIFIER	3	Character	SEE DESCRIPTION	CDE_PROV_ID_TYPE
REIMBURSED AMT	The reimbursement amount. This field is a select from union of T_CLAIM_LOCAT,T_CLAIM_ERROR, T_ERROR_DISP, T_RE_BASE, T_PR_PROV, T_PD_PHYS_HDR, T_DENY_PHYS_HDR, T_PD_DNTL_HDR,T_DENY_DNTL_HDR, T_PD_UB92_HDR, T_DENY_UB92_HDR,T_PD_PHARM_HDR, T_DENY_PHRM_HDR, T_SUSP_PHYS_HDR, T_SUSP_DENTAL_HDR, T_SUSP_PHRM_HDR,T_SUSP_UB92_HDR tables.	13	Character	SEE DESCRIPTION	AMT_TOT_REIMB
TO	The last date of service on the claim. This field is a select from union of T_CLAIM_LOCAT,T_CLAIM_ERROR, T_ERROR_DISP, T_RE_BASE, T_PR_PROV, T_PD_PHYS_HDR, T_DENY_PHYS_HDR, T_PD_DNTL_HDR,T_DENY_DNTL_HDR,	10	Date (MM/DD/CCYY)	SEE DESCRIPTION	DTE_LAST_SVC

Field	Description	Length	Data Type	DB Table	DB Attributes
	T_PD_UB92_HDR, T_DENY_UB92_HDR,T_PD_PHARM_HDR, T_DENY_PHRM_HDR, T_SUSP_PHYS_HDR, T_SUSP_DENTAL_HDR, T_SUSP_PHRM_HDR,T_SUSP_UB92_HDR tables.				

2.8.15.4 Associated Programs

Program	Description
clm0027d	Transaction Register
copy2routedir	Copy Reports to Router

2.8.15.5 Associated Requirements

ID
20.050
30.050.001F
30.050.007.001.17
30.090.007.003.17
30.090.007.003.19
30.090.007.003.5

2.8.15.6 Change Orders

ID	Name	Description
163	RPTS - Change "Recipient"	Change every instance of "Recipient", "Current ID" or "Medicaid ID" to "Member ID"

ID	Name	Description
		on all claim reports.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.
2083	Re-Code State Specific Changes	Add the method of incorporating state specific coding requirements within an existing core module to report programs.
565	RPTS - CHG Exceptions/Audit-Edit	Terminology need to be consistent through the reports when referring to "exceptions/errors/edit-audit number" The field should be changed from "Exception, Edit-Audit" to "Error code" and "Error description" and from "Edit" to "Error".

2.8.16 CLM-0031-M -- Suspense File Analysis of Current and Previous Fiscal Year

This report provides counts and amounts of claims suspended during the current and previous fiscal year periods. The counts/amounts are reported by claim type. For professional claims, counts/amounts are also reported by provider type.

2.8.16.1 Technical Name

CLM-0031-M

2.8.16.2 Suspense File Analysis of Current and Previous Fiscal Year Layout

```
Report  : CLM-0031-M                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : CLMJM031                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   HH:MM:SS
Location: CLM0031M                 SUSPENSE FILE ANALYSIS OF CURRENT AND PREVIOUS FISCAL YEAR       Page:       9999
                                              MM/DD/CCYY  -  MM/DD/CCYY
```

CLAIM TYPE	FY 2002 NUMBER	FY 2002 DOLLAR VALUE	PREVIOUS FY 2001 NUMBER	PREVIOUS FY 2001 DOLLAR VALUE
XXXXXXXXXX	99,999	999,999,999.99	99,999	999,999,999.99
XXXXXXXXXX	99,999	999,999,999.99	99,999	999,999,999.99
XXXXXXXXXX	99,999	999,999,999.99	99,999	999,999,999.99
XXXXXXXXXX	99,999	999,999,999.99	99,999	999,999,999.99
XXXXXXXXXX	99,999	999,999,999.99	99,999	999,999,999.99
XXXXXXXXXX	99,999	999,999,999.99	99,999	999,999,999.99
XXXXXXXXXX	99,999	999,999,999.99	99,999	999,999,999.99
XXXXXXXXXX	99,999	999,999,999.99	99,999	999,999,999.99
XXXXXXXXXX	99,999	999,999,999.99	99,999	999,999,999.99
XXXXXXXXXX	99,999	999,999,999.99	99,999	999,999,999.99
TOTAL	99,999	999,999,999.99	99,999	999,999,999.99

```
Report  : CLM-0031-M                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : CLMJM031                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   HH:MM:SS
Location: CLM0031M                    SUSPENSE FILE ANALYSIS BY MEDICAL PROVIDER                    Page:        999
                                              MM/DD/CCYY  -  MM/DD/CCYY

-------------------------------------------------------------------------------------------------------------------------
 PROV                        FY   2002                                  PREVIOUS FY   2001
 TYPE                 NUMBER      DOLLAR VALUE                       NUMBER      DOLLAR VALUE
-------------------------------------------------------------------------------------------------------------------------
PROV TYPE:  XX        99,999    999,999,999.99                       99,999    999,999,999.99
PROV TYPE:  XX        99,999    999,999,999.99                       99,999    999,999,999.99
PROV TYPE:  XX        99,999    999,999,999.99                       99,999    999,999,999.99
PROV TYPE:  XX        99,999    999,999,999.99                       99,999    999,999,999.99
PROV TYPE:  XX        99,999    999,999,999.99                       99,999    999,999,999.99
PROV TYPE:  XX        99,999    999,999,999.99                       99,999    999,999,999.99
PROV TYPE:  XX        99,999    999,999,999.99                       99,999    999,999,999.99
PROV TYPE:  XX        99,999    999,999,999.99                       99,999    999,999,999.99
PROV TYPE:  XX        99,999    999,999,999.99                       99,999    999,999,999.99
PROV TYPE:  XX        99,999    999,999,999.99                       99,999    999,999,999.99

  TOTAL               99,999    999,999,999.99                       99,999    999,999,999.99

                                        *** END OF REPORT ***
                                     *** NO DATA THIS RUN ***
```

2.8.16.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CLAIM TYPE	The code that specifies the type of claim record.	10	Character	T_MR_PROV_SUSP	CDE_CLM_TYPE
FY CCYY DOLLAR VALUE (by Claim Type)	Total of reimbursement amount for this claim type.	14	Character	T_MR_PROV_SUSP	AMT_BILLED
FY CCYY DOLLAR VALUE (by Provider Type)	Total of reimbursement amount for this provider type.	14	Character	T_MR_PROV_SUSP	AMT_BILLED
FY CCYY NUMBER (by Claim type)	The count of claims.(FY:Fiscal Year, CCYY:Year Format)	7	Character	T_MR_PROV_SUSP	CDE_CLM_TYPE
FY CCYY NUMBER(by Provider Type)	Count of claims of this provider type.	7	Character	T_MR_PROV_SUSP	CDE_CLM_TYPE

Field	Description	Length	Data Type	DB Table	DB Attributes
PREVIOUS FY CCYY DOLLAR VALUE (by Claim Type)	Total of reimbursement amount for this claim type for the previous fiscal year.	14	Character	T_MR_PROV_SUSP	AMT_BILLED
PREVIOUS FY CCYY DOLLAR VALUE (by Provider Type)	Total of reimbursement amount for this provider type for the previous fiscal year.	14	Character	T_MR_PROV_SUSP	AMT_BILLED
PREVIOUS FY CCYY NUMBER (By Claim Type)	Count of claims of this type for the previous fiscal year.	7	Character	T_MR_PROV_SUSP	CDE_CLM_TYPE
PREVIOUS FY CCYY NUMBER (by Provider Type)	Count of claims of this type for the previous fiscal year.	7	Character	T_MR_PROV_SUSP	CDE_PROV_TYPE
PREVIOUS FY CCYY TOTAL NUMBER (By Claim Type)	Count of all claims for the previous fiscal year	7	Character	T_MR_PROV_SUSP	CDE_CLM_TYPE
PREVIOUS FY CCYY TOTAL DOLLAR VALUE (by Claim Type)	Total of reimbursement amount for the previous fiscal year.	14	Character	T_MR_PROV_SUSP	AMT_BILLED
PROV TYPE	Claim type that a provider is licensed for.	2	Character	T_MR_PROV_SUSP	CDE_PROV_TYPE
TOTAL FY CCYY DOLLAR VALUE (by Claim Type)	Total of each dollar value subheading.	14	Character	T_MR_PROV_SUSP	AMT_BILLED
TOTAL FY CCYY DOLLAR VALUE (Provider Type)	Total of reimbursement amount.	14	Character	T_MR_PROV_SUSP	AMT_BILLED
TOTAL NUMBER (by Claim Type)	Count of all claims.	7	Character	T_MR_PROV_SUSP	CDE_CLM_TYPE
TOTAL PREVIOUS FY CCYY DOLLAR	Total of reimbursement amount for the previous	14	Character	T_MR_PROV_SUSP	AMT_BILLED

Field	Description	Length	Data Type	DB Table	DB Attributes
VALUE (by Provider Type)	fiscal year.				
TOTAL PREVIOUS FY CCYY NUMBER (by Provider Type)	Count of all claims for the previous fiscal year.	7	Character	T_MR_PROV_SUSP	CDE_PROV_TYPE

2.8.16.4 Associated Programs

Program	Description
clm0031m	Suspense File Analysis By Claim Type
copy2routedir	Copy Reports to Router

2.8.16.5 Associated Requirements

ID
20.050
30.050.007.001.17

2.8.16.6 Change Orders

ID	Name	Description
1070	RPTS - Add Standard Footer	Add the standard footer to report. This KY CO is duplicated in the Core PWB. See Core CO 12077 - all documentation will be updated on this CO.
1091	RPTS-CLM0031M-CHG RPT Timeframe	The Commonwealth requested a change in the reporting timeframe of this report. This KY CO is duplicated in the Core PWB. See Core CO 12077 - all documentation will be updated on this CO.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs

ID	Name	Description
		rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.
2198	CLM0031M- Remove	Report is currently printing an invalid heading line. Remove heading line *** X I X *** from the report. This KY CO is duplicated in the Core PWB. See Core CO 12077 - all documentation will be updated on this CO.
2199	CLM0031M&CLM0060D-New Rpt Title	During the review of the Claims DSD the customer requested the report titles of the CLM-0031-M and CLM-0060-D be changed. This KY CO is duplicated in the Core PWB. See Core CO 12077 - all documentation will be updated on this CO.

2.8.17 CLM-0046-M -- Potential Schedule 2 Narcotic Drug Abuse

This report summarizes prescribing information relating to narcotic drugs.

2.8.17.1 Technical Name

CLM-0046-M

2.8.17.2 Potential Schedule 2 Narcotic Drug Abuse Layout

```
Report  : CLM-0046-M                                                      COMMONWEALTH OF KENTUCKY                                          Run Date: MM/DD/CCYY
Process : CLMJM046                                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                                   Run Time:   HH:MM:SS
Location: CLMP046M                                                POTENTIAL SCHEDULE 2 NARCOTIC DRUG ABUSE                                      Page:       9999
                                                                            MEMBER NUMBER ORDER
                                                                      MM/DD/CCYY  -  MM/DD/CCYY

------------------------------------------------------------------------------------------------------------------------------------------------------
MEMBER ID     MEMBER NAME
    PROVIDER ID             PROVIDER NAME
        PRESC-NUM   ICN               DT SERV        DRUG CODE       DRUG NAME                          SUPPLY         QTY
------------------------------------------------------------------------------------------------------------------------------------------------------

XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    XXX XXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        XXXXXXXXX   XXXXXXXXXXXXX     MM/DD/CCYY     XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999     99999.999
        XXXXXXXXX   XXXXXXXXXXXXX     MM/DD/CCYY     XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999     99999.999
        XXXXXXXXX   XXXXXXXXXXXXX     MM/DD/CCYY     XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999     99999.999
    XXX XXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        XXXXXXXXX   XXXXXXXXXXXXX     MM/DD/CCYY     XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999     99999.999
        XXXXXXXXX   XXXXXXXXXXXXX     MM/DD/CCYY     XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999     99999.999
        XXXXXXXXX   XXXXXXXXXXXXX     MM/DD/CCYY     XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999     99999.999
        XXXXXXXXX   XXXXXXXXXXXXX     MM/DD/CCYY     XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999     99999.999

XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    XXX XXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        XXXXXXXXX   XXXXXXXXXXXXX     MM/DD/CCYY     XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999     99999.999
        XXXXXXXXX   XXXXXXXXXXXXX     MM/DD/CCYY     XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999     99999.999
        XXXXXXXXX   XXXXXXXXXXXXX     MM/DD/CCYY     XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999     99999.999
    XXX XXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        XXXXXXXXX   XXXXXXXXXXXXX     MM/DD/CCYY     XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999     99999.999
        XXXXXXXXX   XXXXXXXXXXXXX     MM/DD/CCYY     XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999     99999.999
        XXXXXXXXX   XXXXXXXXXXXXX     MM/DD/CCYY     XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999     99999.999
        XXXXXXXXX   XXXXXXXXXXXXX     MM/DD/CCYY     XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999     99999.999

XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    XXX XXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        XXXXXXXXX   XXXXXXXXXXXXX     MM/DD/CCYY     XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999     99999.999
        XXXXXXXXX   XXXXXXXXXXXXX     MM/DD/CCYY     XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999     99999.999
        XXXXXXXXX   XXXXXXXXXXXXX     MM/DD/CCYY     XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999     99999.999
    XXX XXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        XXXXXXXXX   XXXXXXXXXXXXX     MM/DD/CCYY     XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999     99999.999
        XXXXXXXXX   XXXXXXXXXXXXX     MM/DD/CCYY     XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999     99999.999
        XXXXXXXXX   XXXXXXXXXXXXX     MM/DD/CCYY     XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999     99999.999
        XXXXXXXXX   XXXXXXXXXXXXX     MM/DD/CCYY     XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999     99999.999

                                                                          *** END OF REPORT ***
                                                                         *** NO DATA THIS RUN ***
```

2.8.17.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
DRUG CODE	The code for drug prescribed.	11	Character	T_DRUG	CDE_NDC
DRUG NAME	The name of drug prescribed.	30	Character	T_DRUG	DSC_NDC
DT SERV	The first date of service.	10	Date (MM/DD/CCYY)	T_DENY_PHRM_HDR	DTE_DISPENSE
ICN	The internal control number.	13	Character	T_DENY_PHRM_HDR	NUM_ICN
MEMBER ID	The member identification number.	12	Character	T_RE_BASE	ID_MEDICAID
MEMBER NAME	The name of member. Consists of last name with trailing blanks removed, comma, space, first name with trailing spaces removed, space, middle initial.	39	Character	T_RE_BASE	NAM_LAST, NAM_FIRST,NAM_MID_INIT
PRESC NUM	The prescriber number.	9	Character	T_DENY_PHRM_HDR	NUM_PRSCRIP
PROVIDER ID	The provider identification number that uniquely identifies the provider of	15	Character	T_PR_PROV,T_DENY_PHRM_HDR	ID_PROVIDER, CDE_SERVICE_LOC

Field	Description	Length	Data Type	DB Table	DB Attributes
	services.				
PROVIDER ID TYPE	This is the provider's ID type	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE
PROVIDER NAME	The provider name on file who wrote the prescription.	50	Character	T_DENY_PHRM_HDR	PROV_BILLING
QTY	The quantity dispensed.	9	Character	T_PD_PHARM_DTL	QTY_DISPENSE
SUPPLY	The days supplied.	3	Number	T_DENY_PHRM_HDR	NUM_DAY_SUPPLY

2.8.17.4 Associated Programs

Program	Description
clmp046m	Potential Schedule 2 Narcotic Drug Abuse
copy2routedir	Copy Reports to Router

2.8.17.5 Associated Requirements

ID
30.050.001F
30.050.007.001.17

2.8.17.6 Change Orders

ID	Name	Description
163	RPTS - Change "Recipient"	Change every instance of "Recipient", "Current ID" or "Medicaid ID" to "Member ID"

ID	Name	Description
		on all claim reports.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2083	Re-Code State Specific Changes	Add the method of incorporating state specific coding requirements within an existing core module to report programs.
3882	CLM-0050-M: Retroactive Rate Adj	This is a monthly report and the date heading mm/dd/ccyy - mm/dd/ccyy is missing on the report . This From - Thru date heading is present on the PWB. The member id and member name are on separate lines on OnBase but on same row on PWB.
4047	CLM0046M-Date Heading& Fix Abend	Report CLM-0046-M is not coded to print the standard date heading line. There is also a problem with how the report resolved the state specific headings.

2.8.18 CLM-0050-M -- Retro Active Rate Adjustment Report

This report lists the retroactive rate adjustments by member.

2.8.18.1 Technical Name

CLM-0050-M

2.8.18.2 Retro Active Rate Adjustment Report Layout

```
Report  : CLM-0050-M                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : CLMJM050                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   HH:MM:SS
Location: CLM0050M                         RETROACTIVE RATE ADJUSTMENT REPORT                       Page:      99999
                                                MM/DD/CCYY - MM/DD/CCYY

-------------------------------------------------------------------------------------------------------------------------
MEMBER ID      MEMBER NAME
   ADJ
   SPEND-                                                                  FIRST      LAST                          SPEND-
   DOWN   PAY-TO                SERVING                              DTL DATE OF    DATE OF      REIMBURSED       DOWN
   REASON PROVIDER ID           PROVIDER ID          ICN             NUM SERVICE    SERVICE      AMOUNT           AMOUNT
-------------------------------------------------------------------------------------------------------------------------

XXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXX   XXX XXXXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXX   9999 MM/DD/YYYY MM/DD/YYYY   999,999.99   999,999.99
   XXXX   XXX XXXXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXX   9999 MM/DD/YYYY MM/DD/YYYY   999,999.99   999,999.99
   XXXX   XXX XXXXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXX   9999 MM/DD/YYYY MM/DD/YYYY   999,999.99   999,999.99
   XXXX   XXX XXXXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXX   9999 MM/DD/YYYY MM/DD/YYYY   999,999.99   999,999.99

XXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXX   XXX XXXXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXX   9999 MM/DD/YYYY MM/DD/YYYY   999,999.99   999,999.99

XXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXX   XXX XXXXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXX   9999 MM/DD/YYYY MM/DD/YYYY   999,999.99   999,999.99
   XXXX   XXX XXXXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXX   9999 MM/DD/YYYY MM/DD/YYYY   999,999.99   999,999.99
   XXXX   XXX XXXXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXX   9999 MM/DD/YYYY MM/DD/YYYY   999,999.99   999,999.99

XXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXX   XXX XXXXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXX   9999 MM/DD/YYYY MM/DD/YYYY   999,999.99   999,999.99

XXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXX   XXX XXXXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXX   9999 MM/DD/YYYY MM/DD/YYYY   999,999.99   999,999.99

XXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXX   XXX XXXXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXX   9999 MM/DD/YYYY MM/DD/YYYY   999,999.99   999,999.99

                                   *** END OF REPORT ***
                                 *** NO DATA THIS RUN ***
```

2.8.18.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ADJ SPEND-DOWN	The code which identifies the reason for the adjustment.	4	Character	T_EOB	CDE_EOB

Field	Description	Length	Data Type	DB Table	DB Attributes
REASON					
FIRST DATE OF SERVICE	The beginning date of service. Is selected from the database table based on the following criteria: If it is. 1. Paid Physician - Select DTE_FIRST_SVC from T_PD_PHYS_HDR 2. Paid Pharmacy - Select DTE_FIRST_SVC from T_PD_PHARM_HDR 3. Paid Dental - Select DTE_FIRST_SVC from T_PD_DNTL_HDR 4. Paid UB92 - Select DTE_FIRST_SVC from T_PD_UB92_HDR	10	Date (MM/DD/CCYY)	SEE DESCRIPTION	DTE_FIRST_SVC
ICN	Internal control number which uniquely identifies a claim. Field NUM_ICN is selected from the database table based on the following criteria: If it is 1. Paid Physician - Select NUM_ICN from T_PD_PHYS_HDR 2. Paid Pharmacy - Select NUM_ICN from T_PD_PHARM_HDR 3. Paid Dental - Select NUM_ICN from T_PD_DNTL_HDR 4. Paid UB92 - Select NUM_ICN from T_PD_UB92_HDR	13	Character	SEE DESCRIPTION	NUM_ICN

Field	Description	Length	Data Type	DB Table	DB Attributes
LAST DATE OF SERVICE	The ending date of service. Is selected from the database table based on the following criteria: If it is. 1. Paid Physician - Select DTE_LAST_SVC from T_PD_PHYS_HDR 2. Paid Pharmacy - Select DTE_LAST_SVC from T_PD_PHARM_HDR 3. Paid Dental - Select DTE_LAST_SVC from T_PD_DNTL_HDR 4. Paid UB92 - Select DTE_LAST_SVC from T_PD_UB92_HDR	10	Date (MM/DD/CCYY)	SEE DESCRIPTION	DTE_LAST_SVC
MEMBER ID	The member identification number which uniquely identifies a member.	12	Character	T_RE_BASE	ID_MEDICAID
MEMBER NAME	The name of member. Consists of last name with trailing blanks removed, comma, space, first name with trailing spaces removed, space, middle initial	39	Character	T_RE_BASE	NAM_LAST, NAM_FIRST,NAM_MID_INIT
PAY-TO PROVIDER ID	The provider identification number which uniquely identifies the provider. Tables: T_PR_PROV and the criteria below. Fields: ID_PROVIDER, CDE_SERVICE_LOC. Field CDE_SERVICE_LOC is selected from the database table based on the following criteria: If it is.	15	Character	SEE DESCRIPTION	SEE DESCRIPTION

Field	Description	Length	Data Type	DB Table	DB Attributes
	1. Paid Physician - Select CDE_SERVICE_LOC from T_PD_PHYS_HDR 2. Paid Pharmacy - Select CDE_SERVICE_LOC from T_PD_PHARM_HDR 3. Paid Dental - Select CDE_SERVICE_LOC from T_PD_DNTL_HDR 4. Paid UB92 - Select CDE_SERVICE_LOC from T_PD_UB92_HDR				
REIMBURSED AMOUNT	The amount paid to provider. Is selected from the database table based on the following criteria: If it is. 1. Paid Physician - Select AMT_TOT_REIMB from T_PD_PHYS_HDR 2. Paid Pharmacy - Select AMT_TOT_REIMB from T_PD_PHARM_HDR 3. Paid Dental - Select AMT_TOT_REIMB from T_PD_DNTL_HDR 4. Paid UB92 - Select AMT_TOT_REIMB from T_PD_UB92_HDR	11	Character	SEE DESCRIPTION	AMT_TOT_REIMB
SERVICING PROVIDER ID TYPE	This is the provider ID type.	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

Field	Description	Length	Data Type	DB Table	DB Attributes
SERVING PROVIDER ID	The service performing provider identification number. Fields: ID_PROVIDER,CDE_SERVICE_LOV Field CDE_SERVICE_LOC is selected from the database table based on the following criteria: If it is. 1. Paid Physician - Select CDE_SERVICE_LOC from T_PD_PHYS_HDR 2. Paid Pharmacy - Select CDE_SERVICE_LOC from T_PD_PHARM_HDR 3. Paid Dental - Select CDE_SERVICE_LOC from T_PD_DNTL_HDR 4. Paid UB92 - Select CDE_SERVICE_LOC from T_PD_UB92_HDR	15	Character	SEE DESCRIPTION	SEE DESCRIPTION
SPEND-DOWN AMOUNT	The amount the member has to pay before Medicaid takes over.	9	Character	T_CLM_PATLIAB_X	AMT_PD_PAT_UB92

2.8.18.4 Associated Programs

Program	Description
clm0050m	Retro Active Rate Adjustment Report
copy2routedir	Copy Reports to Router

2.8.18.5 Associated Requirements

ID
30.050.001F
30.050.007.001.17

2.8.18.6 Change Orders

ID	Name	Description
1282	RPTS - Exclude Encounter Claims	Exclude encounter claims from reports with exception of the CLM-0132-D, CLM-0132-M, CLM-0132-O.
163	RPTS - Change "Recipient"	Change every instance of "Recipient", "Current ID" or "Medicaid ID" to "Member ID" on all claim reports.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2083	Re-Code State Specific Changes	Add the method of incorporating state specific coding requirements within an existing core module to report programs.
3882	CLM-0050-M: Retroactive Rate Adj	This is a monthly report and the date heading mm/dd/ccyy - mm/dd/ccyy is missing on the report . This From - Thru date heading is present on the PWB. The member id and member name are on separate lines on OnBase but on same row on PWB.

2.8.19 CLM-0051-D -- Aged Detail Adjustment Report

This report displays the list of claims in suspense for more than 30 days (31 days or longer) sorted by claim type.

2.8.19.1 Technical Name

CLM-0051-D

2.8.19.2 Aged Detail Adjustment Report Layout

```
Report  : CLM-0051-D                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/YYYY
Process : CLMJD051                     MEDICAID MANAGEMENT INFORMATION SYSTEM                   Run Time:   HH:MM:SS
Location: CLM0051D                         AGED DETAIL ADJUSTMENT REPORT                            Page:       9999
                                                   MM/DD/CCYY

THE FOLLOWING CLAIMS IN THE SYSTEM AT LEAST 999 DAYS                                   CLAIM TYPE: DENTAL CLAIMS

ICN             MEMBER ID     PROVIDER ID                LOCATION    ERRORS                                          CLAIM-AGE
                                                                                                                        (DAYS) XXXXXXXXXXXXX   XXXXXXXXXXXX  XXX
XXXXXXXXXXXXXX         99        XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX        999
XXXXXXXXXXXX   XXXXXXXXXXXX  XXX XXXXXXXXXXXXXX         99        XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX        999
XXXXXXXXXXXX   XXXXXXXXXXXX  XXX XXXXXXXXXXXXXX         99        XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX        999
XXXXXXXXXXXX   XXXXXXXXXXXX  XXX XXXXXXXXXXXXXX         99        XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX        999
XXXXXXXXXXXX   XXXXXXXXXXXX  XXX XXXXXXXXXXXXXX         99        XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX        999

                                                  *** END OF REPORT ***
                                                *** NO DATA THIS RUN ***
```

2.8.19.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CLAIM AGE(DAYS)	The number of days that an adjustment has been in process.	3	Number	SUSP_CLAIM	CLAIM_AGE
CLAIM TYPE	The claim type description that specifies the type of claim record.	60	Character	SUSP_CLAIM	DSC_CLM_TYP
ERRORS	The error codes the claim failed. Note: There can be multiple occurrences of errors in this field.	50	Character	SUSP_CLAIM	CDE_ESC
ICN	The internal control number.	13	Character	SUSP_CLAIM	NUM_ICN
LOCATION	The code which identifies the suspense location.	2	Number	SUSP_CLAIM	CDE_LOCATION
MEMBER ID	The member identification number. The unique identification for the member	12	Character	SUSP_CLAIM	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
	receiving the services.				
NUM DAYS IN SYSTEM	The minimum number of days that the claims have been in the system.	3	Number		CALCULATED FIELD
PROVIDER ID	The provider number for the requesting and servicing provider and the service location for the provider.	15	Character	SUSP_CLAIM	ID_PROVIDER + CDE_SERVICE_LOC
PROVIDER ID TYPE	This is the Provider ID Type	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

2.8.19.4 Associated Programs

Program	Description
clm0051d	Aged Detail Adjustment Report
copy2routedir	Copy Reports to Router

2.8.19.5 Associated Requirements

ID
30.050.001F
30.050.007.001.17
30.090.007.003.17

2.8.19.6 Change Orders

ID	Name	Description
1084	RPTS - Set Claim Age Parm = 31	Commonwealth requested that these reports display claims that have aged - 31 days or older
163	RPTS - Change "Recipient"	Change every instance of "Recipient", "Current ID" or "Medicaid ID" to "Member ID"

ID	Name	Description
		on all claim reports.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.
2083	Re-Code State Specific Changes	Add the method of incorporating state specific coding requirements within an existing core module to report programs.
429	RPTS - Remove HCA from Heading	Take "HCA" out of report title.
565	RPTS - CHG Exceptions/Audit-Edit	Terminology need to be consistent through the reports when referring to "exceptions/errors/edit-audit number" The field should be changed from "Exception, Edit-Audit" to "Error code" and "Error description" and from "Edit" to "Error".

2.8.20 CLM-0054-D -- Error Recycle Parameters

This report lists each suspense transaction input to the system. It also displays the error that will be posted when the recycle limit has been exceeded.

2.8.20.1 Technical Name

CLM-0054-D

2.8.20.2 Error Recycle Parameters Layout

```
Report  : CLM-0054-D                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : CLMJD054                MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   HH:MM:SS
Location: CLM0054D                      ERROR RECYCLE PARAMETERS                        Page:       9999
                                              MM/DD/CCYY

  ERROR          TYPE OF CLAIMS        TYPE OF            RECYCLE          # OF DAYS          FINAL
  CODE            TO RECYCLE           RECYCLE              DAY           TO RECYCLE          ERROR

   9999           XXXXXXXXXX          XXXXXXXXXX          XXXXXXXXX          999              9999
   9999           XXXXXXXXXX          XXXXXXXXXX          XXXXXXXXX          999              9999
   9999           XXXXXXXXXX          XXXXXXXXXX          XXXXXXXXX          999              9999
   9999           XXXXXXXXXX          XXXXXXXXXX          XXXXXXXXX          999              9999
   9999           XXXXXXXXXX          XXXXXXXXXX          XXXXXXXXX          999              9999
   9999           XXXXXXXXXX          XXXXXXXXXX          XXXXXXXXX          999              9999
   9999           XXXXXXXXXX          XXXXXXXXXX          XXXXXXXXX          999              9999
   9999           XXXXXXXXXX          XXXXXXXXXX          XXXXXXXXX          999              9999
   9999           XXXXXXXXXX          XXXXXXXXXX          XXXXXXXXX          999              9999
   9999           XXXXXXXXXX          XXXXXXXXXX          XXXXXXXXX          999              9999

                                  *** END OF REPORT ***
                               *** NO DATA THIS RUN ***
```

2.8.20.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
# OF DAYS TO RECYCLE	The number of days for the recycle process.	3	Number	T_EDIT_RECYCLE	NUM_DAYS
ERROR CODE	The code used to identifies error.	4	Number	T_ERROR_DISP	CDE_ESC

Field	Description	Length	Data Type	DB Table	DB Attributes
FINAL ERROR	The final error code.	4	Number	T_ERROR_DISP	CDE_ESC
RECYCLE DAY	The day the claim is recycled.	9	Character	T_EDIT_RECYCLE	NUM_RECYCLE_DAY
TYPE OF CLAIMS TO RECYCLE	The claim type needed to resubmit (ALL CLAIMS / ADJUSTMENTS / ALL BUT ADJUSTMENTS / INVALID).	10	Character	T_EDIT_RECYCLE	IND_TYPE_CLMS
TYPE OF RECYCLE	The type of resubmission (ONGOING / REGULAR / INVALID).	10	Character	T_EDIT_RECYCLE	CDE_RECYCLE_TYPE

2.8.20.4 Associated Programs

Program	Description
clm0054d	Error Recycle Parameters
copy2routedir	Copy Reports to Router

2.8.20.5 Associated Requirements

ID
30.050.007.001.17
30.090.007.003.17

2.8.20.6 Change Orders

ID	Name	Description
1082	RPTS - CLM0054D-Separate Report	The Commonwealth would like this report to be split into two sections - one specific for edits and one specific for audits.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.

ID	Name	Description
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.
2083	Re-Code State Specific Changes	Add the method of incorporating state specific coding requirements within an existing core module to report programs.
565	RPTS - CHG Exceptions/Audit-Edit	Terminology need to be consistent through the reports when referring to "exceptions/errors/edit-audit number" The field should be changed from "Exception, Edit-Audit" to "Error code" and "Error description" and from "Edit" to "Error".

2.8.21 CLM-0055-D -- Daily Error Summary By Claim Type Original Claims

This report shows how many times each error occurred by claim type for the last five cycles. (Original Claims)

2.8.21.1 Technical Name

CLM-0055-D

2.8.21.2 Daily Error Summary By Claim Type Original Claims Layout

```
Report  : CLM-0055-D                                   COMMONWEALTH OF KENTUCKY                                              Run Date:
12/14/2006
Process : CLMJDER2                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                                    Run
Time:    13:54:12
Location: CLMPER01                             DAILY ERROR SUMMARY BY CLAIM TYPE ORIGINAL CLAIMS
             Page:          1
                                                            MM/DD/CCYY


CLAIM TYPE: @<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

ERROR                                                    MM/DD/CCYY      MM/DD/CCYY      MM/DD/CCYY      MM/DD/CCYY      MM/DD/CCYY
CODE  ERROR DESCRIPTION                                 OCC.    RECS    OCC.    RECS    OCC.    RECS    OCC.    RECS    OCC.    RECS
----  --------------------------------------------------  ------  ------  ------  ------  ------  ------  ------  ------  ------  ------
XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999
XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999
XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999
XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999   9,999

TOTALS BY CLAIM TYPE:                                     99,999  99,999  99,999  99,999  99,999  99,999  99,999  99,999  99,999  99,999

GRAND TOTALS:                                            999,999 999,999 999,999 999,999 999,999 999,999 999,999 999,999 999,999 999,999

                                                    *** END OF REPORT ***
                                                   *** NO DATA THIS RUN ***
```

2.8.21.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CLAIM TYPE	The claim type description that specifies the type of claim record. This is the tag1 field from the clmStat_st structure. These values are initialized in the program.	49	Character	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
CYCLE 1 (DATE)	The run date for cycle 1.	10	Date (MM/DD/CCYY)		Calculated Field
CYCLE 1 OCC.	The number of occurrences of error codes for cycle 1.	4	Character		Calculated Field
CYCLE 1 RECS	The number of error records for cycle 1.	4	Character		Calculated Field
CYCLE 2 (DATE)	The run date for cycle 2.	10	Date (MM/DD/CCYY)		Calculated Field
CYCLE 2 OCC.	The number of occurrences of error codes for cycle 2	4	Character		Calculated Field
CYCLE 2 RECS	The number of error records or error codes for cycle 2.	4	Character		Calculated Field
CYCLE 3 (DATE)	The run date for cycle 3.	10	Date (MM/DD/CCYY)		Calculated Field
CYCLE 3 OCC.	The number of occurrences of error codes for cycle 3.	4	Character		Calculated Field
CYCLE 3 RECS	The number of error records or error codes for cycle 3.	4	Character		Calculated Field
CYCLE 4 (DATE)	The run date for cycle 4.	10	Date (MM/DD/CCYY)		Calculated Field
CYCLE 4 OCC.	The number of occurrences of error codes for cycle 4.	4	Character		Calculated Field
CYCLE 4 RECS	The number of error records or error codes for cycle 4.	4	Character		Calculated Field
CYCLE 5 (DATE)	The run date for cycle 5.	10	Date (MM/DD/CCYY)		Calculated Field
CYCLE 5 OCC.	The number of occurrences of error codes for cycle 5.	4	Character		Calculated Field
CYCLE 5 RECS	The number of error records or error codes for cycle 5.	4	Character		Calculated Field
ERROR CODE	The error code on the claim. This is the CDE_ESC field from the extrInpRec structure associated with the clm01029.srt input file.	3	Number	N/A	N/A
ERROR DESCRIPTION	The error code description on the claim. This is the DSC_ERROR_STAT field from the	50	Character	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
	extrInpRec structure associated with the clm01029.srt input file.				
GRAND TOTAL (CYCLE 1 OCC)	Total number of records for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTAL (CYCLE 1 RECS)	Total number of unique combinations for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTAL (CYCLE 2 OCC)	Total number of records for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTAL (CYCLE 2 RECS)	Total number of unique combinations for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTAL (CYCLE 3 OCC)	Total number of records for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTAL (CYCLE 3 RECS)	Total number of unique combinations for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTAL (CYCLE 4 OCC)	Total number of records for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTAL (CYCLE 4 RECS)	Total number of unique combinations for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTAL (CYCLE 5 OCC)	Total number of records for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTAL (CYCLE 5 RECS)	Total number of unique combinations for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 1 OCC)	Total number of records for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 1 RECS)	Total number of unique combinations for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL BY CLAIM TYPE (CYCLE 2 OCC)	Total number of records for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 2 RECS)	Total number of unique combinations for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 3 OCC)	Total number of records for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 3 RECS)	Total number of unique combinations for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 4 OCC)	Total number of records for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 4 RECS)	Total number of unique combinations for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 5 OCC)	Total number of records for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 5 RECS)	Total number of unique combinations for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field

2.8.21.4 Associated Programs

Program	Description
clmper01	Daily Error Summary By Claim Type
copy2routedir	Copy Reports to Router

2.8.21.5 Associated Requirements

ID
30.050.007.001.17

ID
30.090.007.003.17

2.8.21.6 Change Orders

ID	Name	Description
1070	RPTS - Add Standard Footer	Add the standard footer to report. This KY CO is duplicated in the Core PWB. See Core CO 12077 - all documentation will be updated on this CO.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.
2083	Re-Code State Specific Changes	Add the method of incorporating state specific coding requirements within an existing core module to report programs.
3940	CLM-0055D-D: Daily Error Summary	1. Location of the report on Onbase (CLMPER01) does not match with PWB. 2. Heading of the report and "Totals by claims type" is not caps 3. No data is displayed on "Cycle 1 OCC field" 4. On page 7 of the report "Totals by Claim Type" the data is truncated after the last col.

ID	Name	Description
565	RPTS - CHG Exceptions/Audit-Edit	Terminology need to be consistent through the reports when referring to "exceptions/errors/edit-audit number" The field should be changed from "Exception, Edit-Audit" to "Error code" and "Error description" and from "Edit" to "Error".
8283	Report Printing - 24D, 55D, 56D	When a hard copy of the report is printed in Kentucky characters are being lost off the right hand side of the page.

2.8.22 CLM-0056-D -- Daily Error Summary By Claim Type Adjustments

This report shows how many times each error occurred by claim type for the last five cycles (Adjustments).

2.8.22.1 Technical Name

CLM-0056-D

2.8.22.2 Daily Error Summary By Claim Type Adjustments Layout

```
Report   : CLM-0056-D                                  COMMONWEALTH OF KENTUCKY                                  Run
Date: 12/14/2006
Process : CLMJDER2                                MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run
Time:    13:54:12
Location: CLMPER01                           DAILY ERROR SUMMARY BY CLAIM TYPE ADJUSTMENTS
                                     Page:         1
                                                               MM/DD/CCYY

CLAIM TYPE: @<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

ERROR                                                        MM/DD/CCYY     MM/DD/CCYY     MM/DD/CCYY     MM/DD/CCYY     MM/DD/CCYY
CODE  ERROR DESCRIPTION                                    OCC.    RECS   OCC.    RECS   OCC.    RECS   OCC.    RECS   OCC.    RECS
----  --------------------------------------------------  ------  ------ ------  ------ ------  ------ ------  ------ ------  ------
XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   9,999   9,999  9,999   9,999  9,999   9,999  9,999   9,999  9,999   9,999
XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   9,999   9,999  9,999   9,999  9,999   9,999  9,999   9,999  9,999   9,999
XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   9,999   9,999  9,999   9,999  9,999   9,999  9,999   9,999  9,999   9,999
XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   9,999   9,999  9,999   9,999  9,999   9,999  9,999   9,999  9,999   9,999

TOTALS BY CLAIM TYPE:                                     99,999  99,999 99,999  99,999 99,999  99,999 99,999  99,999 99,999  99,999

GRAND TOTALS:                                            999,999 999,999 999,999 999,999 999,999 999,999 999,999 999,999 999,999 999,999

                                                   *** END OF REPORT ***
                                                  *** NO DATA THIS RUN ***
```

2.8.22.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CLAIM TYPE	The claim type description that specifies the type of claim record. This is the tag1 field from the clmStat_st structure. These values are initialized in the program.	49	Character	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
CYCLE 1 (DATE)	The run date for cycle 1.	10	Date (MM/DD/CCYY)		Calculated Field
CYCLE 1 OCC.	The number of occurrences of error codes for cycle 1.	4	Character		Calculated Field
CYCLE 1 RECS	The number of error records for cycle 1.	4	Character		Calculated Field
CYCLE 2 (DATE)	The run date for cycle 2.	10	Date (MM/DD/CCYY)		Calculated Field
CYCLE 2 OCC.	The number of occurrences of error codes for cycle 2	4	Character		Calculated Field
CYCLE 2 RECS	The number of error records or error codes for cycle 2.	4	Character		Calculated Field
CYCLE 3 (DATE)	The run date for cycle 3.	10	Date (MM/DD/CCYY)		Calculated Field
CYCLE 3 OCC.	The number of occurrences of error codes for cycle 3.	4	Character		Calculated Field
CYCLE 3 RECS	The number of error records or error codes for cycle 3.	4	Character		Calculated Field
CYCLE 4 (DATE)	The run date for cycle 4.	10	Date (MM/DD/CCYY)		Calculated Field
CYCLE 4 OCC.	The number of occurrences of error codes for cycle 4.	4	Character		Calculated Field
CYCLE 4 RECS	The number of error records or error codes for cycle 4.	4	Character		Calculated Field
CYCLE 5 (DATE)	The run date for cycle 5.	10	Date (MM/DD/CCYY)		Calculated Field
CYCLE 5 OCC.	The number of occurrences of error codes for cycle 5.	4	Character		Calculated Field
CYCLE 5 RECS	The number of error records or error codes for cycle 5.	4	Character		Calculated Field
ERROR CODE	The error code on the claim. This is the CDE_ESC field from the extrInpRec structure associated with the clm01029.srt input file.	3	Number	N/A	N/A
ERROR DESCRIPTION	The error code description on the claim. This is the DSC_ERROR_STAT field from the	50	Character	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
	extrInpRec structure associated with the clm01029.srt input file.				
GRAND TOTAL (CYCLE 1 OCC)	Total number of records for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTAL (CYCLE 1 RECS)	Total number of unique combinations for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTAL (CYCLE 2 OCC)	Total number of records for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTAL (CYCLE 2 RECS)	Total number of unique combinations for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTAL (CYCLE 3 OCC)	Total number of records for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTAL (CYCLE 3 RECS)	Total number of unique combinations for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTAL (CYCLE 4 OCC)	Total number of records for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTAL (CYCLE 4 RECS)	Total number of unique combinations for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTAL (CYCLE 5 OCC)	Total number of records for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
GRAND TOTAL (CYCLE 5 RECS)	Total number of unique combinations for all claim types on this cycle date for all error codes.	6	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 1 OCC)	Total number of records for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 1 RECS)	Total number of unique combinations for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL BY CLAIM TYPE (CYCLE 2 OCC)	Total number of records for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 2 RECS)	Total number of unique combinations for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 3 OCC)	Total number of records for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 3 RECS)	Total number of unique combinations for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 4 OCC)	Total number of records for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 4 RECS)	Total number of unique combinations for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 5 OCC)	Total number of records for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field
TOTAL BY CLAIM TYPE (CYCLE 5 RECS)	Total number of unique combinations for a particular claim type on this cycle date for all error codes.	5	Character		Calculated Field

2.8.22.4 Associated Programs

Program	Description
clmper01	Daily Error Summary By Claim Type
copy2routedir	Copy Reports to Router

2.8.22.5 Associated Requirements

ID
30.050.007.001.17

ID
30.090.007.003.17

2.8.22.6 Change Orders

ID	Name	Description
1070	RPTS - Add Standard Footer	Add the standard footer to report. This KY CO is duplicated in the Core PWB. See Core CO 12077 - all documentation will be updated on this CO.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.
2083	Re-Code State Specific Changes	Add the method of incorporating state specific coding requirements within an existing core module to report programs.
3880	CLM-0056-D: Daily error summary	Location of the report on the PWB reads "CLMPER01 "and Onbase the location reads "CLM0056D". The title of the report " Daily Error Summary By Claim Type Adjustments" is all caps on the PWB .

ID	Name	Description
565	RPTS - CHG Exceptions/Audit-Edit	Terminology need to be consistent through the reports when referring to "exceptions/errors/edit-audit number" The field should be changed from "Exception, Edit-Audit" to "Error code" and "Error description" and from "Edit" to "Error".
8283	Report Printing - 24D, 55D, 56D	When a hard copy of the report is printed in Kentucky characters are being lost off the right hand side of the page.

2.8.23 CLM-0058-Q -- ClaimCheck Error Report

This is a savings report that indicates savings generated from clinical products errors, excluding denied claims that are to be rebilled. This report is generated quarterly.

2.8.23.1 Technical Name

CLM-0058-Q

2.8.23.2 ClaimCheck Error Report Layout

```
Report  : CLM-0058-Q                    COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : CLMJQ058                  MEDICAID MANAGEMENT INFORMATION SYSTEM                Run Time:   HH:MM:SS
Location: CLM0058Q                          CLAIMCHECK ERROR REPORT                           Page:        999
                                          MM/DD/CCYY  -  MM/DD/CCYY
```

ERROR DESCRIPTION	ERROR CODE	TOTAL DTLS	BILLED AMT	ALLOWED AMT
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999	999,999	$99,999.99	$99,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999	999,999	$99,999.99	$99,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999	999,999	$99,999.99	$99,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999	999,999	$99,999.99	$99,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999	999,999	$99,999.99	$99,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999	999,999	$99,999.99	$99,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999	999,999	$99,999.99	$99,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999	999,999	$99,999.99	$99,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999	999,999	$99,999.99	$99,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999	999,999	$99,999.99	$99,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999	999,999	$99,999.99	$99,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999	999,999	$99,999.99	$99,999.99

TOTALS

```
NUMBER OF CLAIMCHECK CLAIMREVIEW ERRORS:                    999,999,999

TOTAL NUMBER OF CLAIM DETAILS PROCESSED:                    999,999,999
TOTAL NUMBER OF CLAIM DETAILS DENIED:                       999,999,999

TOTAL NUMBER OF CC ERRORS POSTED:                           999,999,999
TOTAL NUMBER OF CLAIM DETAILS EDITED WITH CC ERRORS:        999,999,999

TOTAL DOLLARS SAVED BY BILLED AMOUNT:                      $999,999,999.99
TOTAL DOLLARS SAVED BY ALLOWED AMOUNT:                     $999,999,999.99
```

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.23.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALLOWED AMT	The sum of allowed amount savings for denied claim procedures with specific error code. This is the old allowed amount, or allowed replace amount for re-bundled, less the current allowed amount for detail.	10	Character		CALCULATED FIELD
BILLED AMT	The sum of billed amount savings for claim procedures with specific error code. This is the old billing amount, or billing replace amount for re-bundled, less the current billed amount for detail.	10	Character		CALCULATED FIELD
ERROR CODE	The ClaimCheck savings error.	5	Number	T_ERROR_DISP	CDE_ESC
ERROR DESCRIPTION	The descriptions of the ClaimCheck savings error.	49	Character	T_ERROR_DISP	DSC_ERROR_STAT
NUMBER OF CLAIMCHECK CLAIMREVIEW ERRORS	The count of the number of ClaimCheck errors included on the report that are considered savings.	11	Character		CALCULATED FIELD
TOTAL DOLLARS SAVED BY ALLOWED AMOUNT	The total dollars saved by billed amount. The sum of report body billed amount column.	15	Character		CALCULATED FIELD
TOTAL DOLLARS SAVED BY BILLED AMOUNT	The total dollars saved by allowed amount. The sum of report body allowed amount column.	15	Character		CALCULATED FIELD
TOTAL DTLS	The number details that have the ClaimCheck error posted to it.	7	Character		CALCULATED FIELD
TOTAL NUMBER OF CC ERRORS POSTED	The total number of ClaimCheck savings errors posted. Sum of total details from report body.	11	Character		CALCULATED FIELD
TOTAL NUMBER OF CLAIM DETAILS	The total number of claim details denied by ClaimCheck during the specified time period.	11	Character		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
DENIED					
TOTAL NUMBER OF CLAIM DETAILS EDITED WITH CC ERRORS	The total number of distinct claim details edited with GMIS and having a savings error.	11	Character		CALCULATED FIELD
TOTAL NUMBER OF CLAIM DETAILS PROCESSED	The total number of claim details processed by ClaimCheck during the specified time period.	11	Character		CALCULATED FIELD

2.8.23.4 Associated Programs

Program	Description
clm0058q	ClaimCheck Error
copy2routedir	Copy Reports to Router

2.8.23.5 Associated Requirements

ID
30.050.007.001.17
30.090.007.003.17
30.090.017.003.3

2.8.23.6 Change Orders

ID	Name	Description
1070	RPTS - Add Standard Footer	Add the standard footer to report. This KY CO is duplicated in the Core PWB. See Core CO 12077 - all documentation will be updated on this CO.

ID	Name	Description
1282	RPTS - Exclude Encounter Claims	Exclude encounter claims from reports with exception of the CLM-0132-D, CLM-0132-M, CLM-0132-O.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.
2083	Re-Code State Specific Changes	Add the method of incorporating state specific coding requirements within an existing core module to report programs.
565	RPTS - CHG Exceptions/Audit-Edit	Terminology need to be consistent through the reports when referring to "exceptions/errors/edit-audit number" The field should be changed from "Exception, Edit-Audit" to "Error code" and "Error description" and from "Edit" to "Error".

2.8.24 CLM-0060-D -- Suspense File Analysis of Current Days

This report lists the number and dollar value totals of the various claim types that are currently in the suspense file. It also includes the same totals for claims that are 1 to 30 days old, 31 to 60 days old, 61 to 90 days old and over 90 days old, as well as totals for each of the above.

2.8.24.1 Technical Name

CLM-0060-D

2.8.24.2 Suspense File Analysis of Current Days Layout

```
Report  : CLM-0060-D                          COMMONWEALTH OF KENTUCKY                                    Run Date: MM/DD/CCYY
Process : CLMJD060                          MEDICAID MANAGEMENT INFORMATION SYSTEM                        Run Time:   HH:MM:SS
Location: CLM0060D                          SUSPENSE FILE ANALYSIS OF CURRENT DAYS                            Page:        999
                                                     MM/DD/CCYY

-------------------------------------------------------------------------------------------------------------------------------------
CLAIM       *-------CURRENT--------*  *-----01 TO 30 DAYS----*  *----31 TO 60 DAYS-----*  *-----61 TO 90 DAYS----*  *-----OVER 90 DAYS-----*  AVG
TYPE        NUMBER      DOLLAR VALUE  NUMBER      DOLLAR VALUE  NUMBER      DOLLAR VALUE  NUMBER      DOLLAR VALUE  NUMBER      DOLLAR VALUE  DAY
-------------------------------------------------------------------------------------------------------------------------------------

MEDICAL
            99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   999

DENTAL
            99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   999

DRUG
            99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   999

COMPOUND
            99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   999

HOME HEALTH
            99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   999

LTC
            99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   999

XOVER A
            99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   999

XOVER B
            99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   999

XOVER C
            99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   999

INPATIENT
            99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   999

OUTPATIENT
            99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   999

TOTAL
            99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   99,999,999  $999,999.99   999

                                        *** END OF REPORT ***
                                      *** NO DATA THIS RUN ***
```

2.8.24.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
01 TO 30 DAYS DOLLAR VALUE	The total value of claim type in suspense 1 to 30 days. Data is collected from the following fields: 1. AMT_BILLED in the table T_SUSP_PHYS_HDR.2. AMT_BILLED in the table T_SUSP_DENTAL_HDR.3. AMT_BILLED in the table T_SUSP_PHRM_HDR.4. AMT_BILLED_UB92 in the table T_SUSP_UB92_HDR	15	Character	SEE DESCRIPTION	SEE DESCRIPTION
01 TO 30 DAYS DOLLAR VALUE TOTAL	The total value of claims in suspense 1 to 30 days. Data is collected from the following fields: 1. AMT_BILLED in the table T_SUSP_PHYS_HDR 2. AMT_BILLED in the table T_SUSP_DENTAL_HDR 3. AMT_BILLED in the table T_SUSP_PHRM_HDR 4. AMT_BILLED_UB92 in the table T_SUSP_UB92_HDR	15	Character	SEE DESCRIPTION	SEE DESCRIPTION
01 TO 30 DAYS NUMBER	The number of claims in suspense 1 to 30 days. Data is collected from the following fields: 1. AMT_BILLED in the table T_SUSP_PHYS_HDR.2. AMT_BILLED in the table T_SUSP_DENTAL_HDR. 3. AMT_BILLED in the table T_SUSP_PHRM_HDR.4. AMT_BILLED_UB92 in the table T_SUSP_UB92_HDR	10	Character	SEE DESCRIPTION	SEE DESCRIPTION

Field	Description	Length	Data Type	DB Table	DB Attributes
01 TO 30 DAYS NUMBER TOTAL	The total number of claims in suspense 1 to 30 days. Data is collected from the following fields: 1. AMT_BILLED in the table T_SUSP_PHYS_HDR 2. AMT_BILLED in the table T_SUSP_DENTAL_HDR 3. AMT_BILLED in the table T_SUSP_PHRM_HDR 4. AMT_BILLED_UB92 in the table T_SUSP_UB92_HDR	10	Character	SEE DESCRIPTION	SEE DESCRIPTION
31 TO 60 DAYS DOLLAR VALUE	The total value of claim type in suspense 31 to 60 days. Data is collected from the following fields: 1. AMT_BILLED in the table T_SUSP_PHYS_HDR 2. AMT_BILLED in the table T_SUSP_DENTAL_HDR 3. AMT_BILLED in the table T_SUSP_PHRM_HDR 4. AMT_BILLED_UB92 in the table T_SUSP_UB92_HDR	15	Character	SEE DESCRIPTION	SEE DESCRIPTION
31 TO 60 DAYS DOLLAR VALUE TOTAL	The total value of claims in suspense 31 to 60 days. Data is collected from the following fields: 1. AMT_BILLED in the table T_SUSP_PHYS_HDR 2. AMT_BILLED in the table T_SUSP_DENTAL_HDR 3. AMT_BILLED in the table T_SUSP_PHRM_HDR 4. AMT_BILLED_UB92 in the table T_SUSP_UB92_HDR	15	Character	SEE DESCRIPTION	SEE DESCRIPTION

Field	Description	Length	Data Type	DB Table	DB Attributes
31 TO 60 DAYS NUMBER	The number of claims in suspense 31 to 60 days. Data is collected from the following fields: 1. AMT_BILLED in the table T_SUSP_PHYS_HDR.2. AMT_BILLED in the table T_SUSP_DENTAL_HDR.3. AMT_BILLED in the table T_SUSP_PHRM_HDR.4. AMT_BILLED_UB92 in the table T_SUSP_UB92_HDR	10	Character	SEE DESCRIPTION	SEE DESCRIPTION
31 TO 60 DAYS NUMBER TOTAL	The total number of claims in suspense 31 to 60 days. Data is collected from the following fields: 1. AMT_BILLED in the table T_SUSP_PHYS_HDR 2. AMT_BILLED in the table T_SUSP_DENTAL_HDR 3. AMT_BILLED in the table T_SUSP_PHRM_HDR 4. AMT_BILLED_UB92 in the table T_SUSP_UB92_HDR	10	Character	SEE DESCRIPTION	SEE DESCRIPTION
61 TO 90 DAYS DOLLAR VALUE	The total value of claim type in suspense 61 to 90 days. Data is collected from the following fields: 1. AMT_BILLED in the table T_SUSP_PHYS_HDR 2. AMT_BILLED in the table T_SUSP_DENTAL_HDR 3. AMT_BILLED in the table T_SUSP_PHRM_HDR 4. AMT_BILLED_UB92 in the table T_SUSP_UB92_HDR	15	Character	SEE DESCRIPTION	SEE DESCRIPTION

Field	Description	Length	Data Type	DB Table	DB Attributes
61 TO 90 DAYS DOLLAR VALUE TOTAL	The total value of claims in suspense 61 to 90 days. Data is collected from the following fields: 1. AMT_BILLED in the table T_SUSP_PHYS_HDR 2. AMT_BILLED in the table T_SUSP_DENTAL_HDR 3. AMT_BILLED in the table T_SUSP_PHRM_HDR 4. AMT_BILLED_UB92 in the table T_SUSP_UB92_HDR	15	Character	SEE DESCRIPTION	SEE DESCRIPTION
61 TO 90 DAYS NUMBER	The number of claims in suspense 61 to 90 days. Data is collected from the following fields: 1. AMT_BILLED in the table T_SUSP_PHYS_HDR 2. AMT_BILLED in the table T_SUSP_DENTAL_HDR 3. AMT_BILLED in the table T_SUSP_PHRM_HDR 4. AMT_BILLED_UB92 in the table T_SUSP_UB92_HDR	10	Character	SEE DESCRIPTION	SEE DESCRIPTION
61 TO 90 DAYS NUMBER TOTAL	The total number of claims in suspense 61 to 90 days. Data is collected from the following fields: 1. AMT_BILLED in the table T_SUSP_PHYS_HDR 2. AMT_BILLED in the table T_SUSP_DENTAL_HDR 3. AMT_BILLED in the table T_SUSP_PHRM_HDR 4. AMT_BILLED_UB92 in the table T_SUSP_UB92_HDR	10	Character	SEE DESCRIPTION	SEE DESCRIPTION
AVG DAY	The average claims per day. Average number of	3	Number	SEE DESCRIPTION	SEE DESCRIPTION

Field	Description	Length	Data Type	DB Table	DB Attributes
	days claims set to suspend in the system. Data is collected from the following fields: 1. AMT_BILLED in the table T_SUSP_PHYS_HDR 2. AMT_BILLED in the table T_SUSP_DENTAL_HDR 3. AMT_BILLED in the table T_SUSP_PHRM_HDR 4. AMT_BILLED_UB92 in the table T_SUSP_UB92_HDR				
CLAIM TYPE	The claim type description that specifies the type of claim record.	12	Character	N/A	N/A
CURRENT DOLLAR VALUE	The total value of claim type in suspense in current day. Data is collected from the following fields: 1. AMT_BILLED in the table T_SUSP_PHYS_HDR.2. AMT_BILLED in the table T_SUSP_DENTAL_HDR.3. AMT_BILLED in the table T_SUSP_PHRM_HDR. 4. AMT_BILLED_UB92 in the table T_SUSP_UB92_HDR	15	Character	SEE DESCRIPTION	SEE DESCRIPTION
CURRENT DOLLAR VALUE TOTAL	The total value of claims in suspense on current day. Data is collected from the following fields: 1. AMT_BILLED in the table T_SUSP_PHYS_HDR 2. AMT_BILLED in the table T_SUSP_DENTAL_HDR 3. AMT_BILLED in the table T_SUSP_PHRM_HDR 4.	15	Character	SEE DESCRIPTION	SEE DESCRIPTION

Field	Description	Length	Data Type	DB Table	DB Attributes
	AMT_BILLED_UB92 in the table T_SUSP_UB92_HDR				
CURRENT NUMBER	The number of claim type in suspense in current day. Data is collected from the following fields: 1. AMT_BILLED in the table T_SUSP_PHYS_HDR. 2. AMT_BILLED in the table T_SUSP_DENTAL_HDR.3. AMT_BILLED in the table T_SUSP_PHRM_HDR.4. AMT_BILLED_UB92 in the table T_SUSP_UB92_HDR	10	Character	SEE DESCRIPTION	SEE DESCRIPTION
CURRENT NUMBER TOTAL	The total number of claims in suspense on current day. Data is collected from the following fields: 1. AMT_BILLED in the table T_SUSP_PHYS_HDR 2. AMT_BILLED in the table T_SUSP_DENTAL_HDR 3. AMT_BILLED in the table T_SUSP_PHRM_HDR 4. AMT_BILLED_UB92 in the table T_SUSP_UB92_HDR	10	Character	SEE DESCRIPTION	SEE DESCRIPTION
OVER 90 DAYS DOLLAR VALUE	The total value of claim type in suspense over 90 days. Data is collected from the following fields: 1. AMT_BILLED in the table T_SUSP_PHYS_HDR 2. AMT_BILLED in the table T_SUSP_DENTAL_HDR 3. AMT_BILLED in the table T_SUSP_PHRM_HDR 4.	15	Character	SEE DESCRIPTION	SEE DESCRIPTION

Field	Description	Length	Data Type	DB Table	DB Attributes
	AMT_BILLED_UB92 in the table T_SUSP_UB92_HDR				
OVER 90 DAYS DOLLAR VALUE TOTAL	The total value of claims in suspense over 90 days. Data is collected from the following fields: 1. AMT_BILLED in the table T_SUSP_PHYS_HDR 2. AMT_BILLED in the table T_SUSP_DENTAL_HDR 3. AMT_BILLED in the table T_SUSP_PHRM_HDR 4. AMT_BILLED_UB92 in the table T_SUSP_UB92_HDR	15	Character	SEE DESCRIPTION	SEE DESCRIPTION
OVER 90 DAYS NUMBER	The number of claims in suspense over 90 days. Data is collected from the following fields: 1. AMT_BILLED in the table T_SUSP_PHYS_HDR 2. AMT_BILLED in the table T_SUSP_DENTAL_HDR 3. AMT_BILLED in the table T_SUSP_PHRM_HDR 4. AMT_BILLED_UB92 in the table T_SUSP_UB92_HDR	10	Character	SEE DESCRIPTION	SEE DESCRIPTION
OVER 90 DAYS NUMBER TOTAL	The total number of claims in suspense over 90 days. Data is collected from the following fields: 1. AMT_BILLED in the table T_SUSP_PHYS_HDR 2. AMT_BILLED in the table T_SUSP_DENTAL_HDR 3. AMT_BILLED in the table T_SUSP_PHRM_HDR 4. AMT_BILLED_UB92 in the table T_SUSP_UB92_HDR	10	Character	SEE DESCRIPTION	SEE DESCRIPTION

2.8.24.4 Associated Programs

Program	Description
clm0060d	Suspense File Analysis By Claim Type
copy2routedir	Copy Reports to Router

2.8.24.5 Associated Requirements

ID
20.050
30.050.007.001.17

2.8.24.6 Change Orders

ID	Name	Description
1070	RPTS - Add Standard Footer	Add the standard footer to report. This KY CO is duplicated in the Core PWB. See Core CO 12077 - all documentation will be updated on this CO.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be

ID	Name	Description
		reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.
2199	CLM0031M&CLM0060D-New Rpt Title	During the review of the Claims DSD the customer requested the report titles of the CLM-0031-M and CLM-0060-D be changed. This KY CO is duplicated in the Core PWB. See Core CO 12077 - all documentation will be updated on this CO.

2.8.25 CLM-0064-W -- Suspended Claims by Claim Type - Region

This weekly report provides the number of suspended claims by region and claim type.

2.8.25.1 Technical Name

CLM-0064-W

2.8.25.2 Suspended Claims by Claim Type - Region Layout

```
Report:   CLM-0064-W                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process:  CLMJW064                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: CLMPW064                      SUSPENDED CLAIMS BY CLAIM TYPE / REGION                             Page:       9999
                                              MM/DD/CCYY  -  MM/DD/CCYY


                            *-----------------------------------Claim Type Heading One and Two  --------------------------------*
REGION-REGION DESCRIPTION   A-UB   B-1500  C-UB OP  D-DENTAL  H-HOME  I-INPAT  L-LTC  M-1500  O-OUTPAT  P-RX   Q-CMPND  TOTALS  %
                            XOVER  XOVER   XOVER                                                          POS      RX

99-XXXXXXXXXXXXXXXXXXXXXXXX 99,999 99,999  99,999    99,999   99,999   99,999  99,999 99,999  99,999   99,999  99,999  99,999 999.9%
99-XXXXXXXXXXXXXXXXXXXXXXXX 99,999 99,999  99,999    99,999   99,999   99,999  99,999 99,999  99,999   99,999  99,999  99,999 999.9%
99-XXXXXXXXXXXXXXXXXXXXXXXX 99,999 99,999  99,999    99,999   99,999   99,999  99,999 99,999  99,999   99,999  99,999  99,999 999.9%
99-XXXXXXXXXXXXXXXXXXXXXXXX 99,999 99,999  99,999    99,999   99,999   99,999  99,999 99,999  99,999   99,999  99,999  99,999 999.9%
99-XXXXXXXXXXXXXXXXXXXXXXXX 99,999 99,999  99,999    99,999   99,999   99,999  99,999 99,999  99,999   99,999  99,999  99,999 999.9%
99-XXXXXXXXXXXXXXXXXXXXXXXX 99,999 99,999  99,999    99,999   99,999   99,999  99,999 99,999  99,999   99,999  99,999  99,999 999.9%
99-XXXXXXXXXXXXXXXXXXXXXXXX 99,999 99,999  99,999    99,999   99,999   99,999  99,999 99,999  99,999   99,999  99,999  99,999 999.9%
99-XXXXXXXXXXXXXXXXXXXXXXXX 99,999 99,999  99,999    99,999   99,999   99,999  99,999 99,999  99,999   99,999  99,999  99,999 999.9%
99-XXXXXXXXXXXXXXXXXXXXXXXX 99,999 99,999  99,999    99,999   99,999   99,999  99,999 99,999  99,999   99,999  99,999  99,999 999.9%
99-XXXXXXXXXXXXXXXXXXXXXXXX 99,999 99,999  99,999    99,999   99,999   99,999  99,999 99,999  99,999   99,999  99,999  99,999 999.9%
99-XXXXXXXXXXXXXXXXXXXXXXXX 99,999 99,999  99,999    99,999   99,999   99,999  99,999 99,999  99,999   99,999  99,999  99,999 999.9%
99-XXXXXXXXXXXXXXXXXXXXXXXX 99,999 99,999  99,999    99,999   99,999   99,999  99,999 99,999  99,999   99,999  99,999  99,999 999.9%
99-XXXXXXXXXXXXXXXXXXXXXXXX 99,999 99,999  99,999    99,999   99,999   99,999  99,999 99,999  99,999   99,999  99,999  99,999 999.9%
99-XXXXXXXXXXXXXXXXXXXXXXXX 99,999 99,999  99,999    99,999   99,999   99,999  99,999 99,999  99,999   99,999  99,999  99,999 999.9%
99-XXXXXXXXXXXXXXXXXXXXXXXX 99,999 99,999  99,999    99,999   99,999   99,999  99,999 99,999  99,999   99,999  99,999  99,999 999.9%

TOTAL                       99,999 99,999  99,999    99,999   99,999   99,999  99,999 99,999  99,999   99,999  99,999  999,999
TOTAL PERCENTAGE             99.9%  99.9%   99.9%     99.9%    99.9%    99.9%   99.9%  99.9%   99.9%    99.9%   99.9%
                                              *** END OF REPORT ***
                                             *** NO DATA THIS RUN ***
```

2.8.25.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
%	The total percentage of all claim type per region.	6	Character		CALCULATED FIELD
CLAIM TYPE HEADING ONE	The 'English' name of the claim type. The claim type description that specifies the type of claim record - heading line one.	25	Character		
CLAIM TYPE HEADING TWO	The 'English' name of the claim type. The claim type description that specifies the type of claim record - heading line two.	25	Character		
REGION	The two-byte code that represents the claim media and claim type.	2	Number	T_REGION	NUM_REGION
REGION DESCRIPTION	The region description.	25	Character	T_REGION	DESC_REGION
TOTAL	The total of claims per claim type for all regions.	6	Character		CALCULATED FIELD
TOTAL PERCENTAGE	The percentage of claims per claim type for all regions.	5	Character		CALCULATED FIELD
TOTALS	The total count of all claim types per region.	6	Character		CALCULATED FIELD

2.8.25.4 Associated Programs

Program	Description
clmpw064	Suspended Claims By Claim Type / Region
sort	Sort
copy2routedir	Copy Reports to Router

2.8.25.5 Associated Requirements

ID
20.050
30.050.007.001.17

2.8.25.6 Change Orders

ID	Name	Description
1070	RPTS - Add Standard Footer	Add the standard footer to report. This KY CO is duplicated in the Core PWB. See Core CO 12077 - all documentation will be updated on this CO.
1075	RPTS - CLM0064W- Add Heading	This report currently displays the region and the region description but does not display a heading for these fields. Add a heading for the region and the region description to the report.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.

2.8.26 CLM-0065-D -- Aged Suspended Claims By Location Report

This report lists the totals for aged claims that are 1 to 30 days old, 31 to 60 days old, 61 to 90 days old, and over 90 days old. It also lists the totals for each location, each aged claims period for all the locations, and the grand total.

2.8.26.1 Technical Name

CLM-0065-D

2.8.26.2 Aged Suspended Claims By Location Report Layout

```
Report   : CLM-0065-D                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process  : CLMJD065                 MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   HH:MM:SS
Location: CLM0065D                AGED SUSPENDED CLAIMS BY LOCATION REPORT               Page:          1
                                              MM/DD/CCYY
```

Location Code	Current to 30 days	Aged > 30 days	Aged > 60 days	Aged > 90 days	Total of all Aged
99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
99	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
TOTAL	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999

```
*** END OF REPORT ***
*** NO DATA THIS RUN ***
```

2.8.26.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Aged > 30 Days	The total number claims that have been suspended 31 to 60 days.	10	Character		CALCULATED FIELD
Aged > 60 Days	The total number of claims that have been suspended 61 to 90 days.	10	Character		CALCULATED FIELD
Aged > 90 days	The total number of claims that have been suspended 91 days or greater.	10	Character		CALCULATED FIELD
Current to 30 Days	The total number of claims that have been suspended for 1 to 30 days.	10	Character		CALCULATED FIELD
Location Code	The location code.	2	Character	T_CLAIM_LOCAT	CDE_LOCATION
Total	The total of each subheading.	10	Character		CALCULATED FIELD
Total of all Aged	The total number of claims that are aged.	10	Character		CALCULATED FIELD

2.8.26.4 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
clm0065d	Aged Suspended Claims By Location Report

2.8.26.5 Associated Requirements

ID
20.050
30.050.007.001.17
30.090.007.003.11
30.090.007.003.4

ID
30.090.007.003.7

2.8.26.6 Change Orders

ID	Name	Description
1070	RPTS - Add Standard Footer	Add the standard footer to report. This KY CO is duplicated in the Core PWB. See Core CO 12077 - all documentation will be updated on this CO.
1732	Report Writer - Standard Footer	The report writer program has a routine which creates the standard footers for reports. Some of the claims reports have the standard footers hard coded in the programs rather than letting report writer create them. For maintainability all claim report programs should use report writer to create the standard footers.
2045	Add Standard Date Heading Line	It is critical that the headers are clarified and coded to exact specification. There are three potential page widths, 150 columns, 132 columns and 80 columns. Most reports are 132 columns. 80 and 150 column reports should be the exception. There are three primary header lines followed by a fourth optional line. The optional line is the date range line, this line should have just the begin and end date WITHOUT A LABEL PREFIX. If a report is a daily report it will have just one date. The EXACT specifications with column positions is below in the supplemental documentation. If a report name, run date or report date is off by even one character position, the report will be rejected by the OnBase import process and will need to be reworked. I have provided examples of reports of all three widths for both daily reports and those with a date range. Please note there are two tabs in the attachment.