2.8.27 CLM-0099-D -- Captiva Received Rejected

This report compares the output from the paper claims data capture system (Captiva) to the input in the system. The report identifies any missing internal control numbers (ICNs) and displays them on this report.

2.8.27.1 Technical Name

CLM-0099-D

2.8.27.2 Captiva Received Rejected Layout

```
Report  : CLM-0099-D                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : CLMJD099                     MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: CLM0099D                        CAPTIVA RECEIVED REJECTED REPORT                             Page:       9999
                                                   MM/DD/CCYY

                                                       ICN
-------------------------------------------------------------------------------------------------------------------------------


                                                   XXXXXXXXXXXXX
                                                   XXXXXXXXXXXXX
                                                   XXXXXXXXXXXXX
                                                   XXXXXXXXXXXXX
                                                   XXXXXXXXXXXXX
                                                   XXXXXXXXXXXXX
                                                   XXXXXXXXXXXXX
                                                   XXXXXXXXXXXXX
                                                   XXXXXXXXXXXXX
                                                   XXXXXXXXXXXXX
                                                   XXXXXXXXXXXXX
                                                   XXXXXXXXXXXXX
                                                   XXXXXXXXXXXXX
                                                   XXXXXXXXXXXXX
                                                   XXXXXXXXXXXXX
                                                   XXXXXXXXXXXXX
                                                   XXXXXXXXXXXXX

-------------------------------------------------------------------------------------------------------------------------------


 TOTAL CAPTIVA CLAIM SUBMITTED   :    999,999,999
 TOTAL CAPTIVA CLAIMS PROCESSED  :    999,999,999
 TOTAL CAPTIVA CLAIMS NOT PROCESSED : 999,999,999


                                              ***   END OF REPORT   ***
                                            ***   NO DATA THIS RUN   ***
```

2.8.27.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ICN	The internal control number. This represents the unique internal control number for a Medicaid claim. This ICN is coming from Captiva.	13	Character		N/A
TOTAL CAPTIVA CLAIM SUBMITTED	The number of ICNs that we sent to the claims engine from Captiva.	11	Number		CALCULATED FIELD
TOTAL CAPTIVA CLAIMS NOT PROCESSED	The number of ICNs that we sent to the claims engine from Captiva that didn't get processed in the claims engine.	11	Number		CALCULATED FIELD
TOTAL CAPTIVA CLAIMS PROCESSED	The number of ICNs that we sent to the claims engine from Captiva that were processed in the claims engine.	11	Number		CALCULATED FIELD

2.8.27.4 Associated Programs

Program	Description
cp	Unix Copy
cp	Unix Copy
clm0099d	Captiva Received Rejected
clm0099d	Captiva Received Rejected
copy2routedir	Copy Reports to Router

2.8.27.5 Associated Requirements

ID
30.050.007.001.17

2.8.27.6 Change Orders

ID	Name	Description
7361	CLM0099D - Create Captiva Report	Create a new claims report which compares the output from the paper claims data capture system(Captiva) to the input in the system. The report should identify missing Internal Control Numbers (ICN) and display them on this report.

2.8.28 CLM-0110-D -- Online Mass Adjustment Report

This report lists the mass adjustment online updates that have been made.

2.8.28.1 Technical Name

CLM-0110-D

2.8.28.2 Online Mass Adjustment Report Layout

```
Report  : CLM-0110-D                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : CLMJD110                MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   HH:MM:SS
Location: CLM0110D                     ON-LINE MASS 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
-------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXX    XXXXXXXXXXXX    XXXXXXXXXX      XXX XXXXXXXXXXXXXX    XXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXX     XXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXX    XXXXXXXXXX      XXX XXXXXXXXXXXXXX    XXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXX     XXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXX    XXXXXXXXXX      XXX XXXXXXXXXXXXXX    XXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXX     XXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXX    XXXXXXXXXX      XXX XXXXXXXXXXXXXX    XXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXX     XXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXX    XXXXXXXXXX      XXX XXXXXXXXXXXXXX    XXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXX     XXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXX    XXXXXXXXXX      XXX XXXXXXXXXXXXXX    XXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXX     XXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXX    XXXXXXXXXX      XXX XXXXXXXXXXXXXX    XXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXX     XXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXX    XXXXXXXXXX      XXX XXXXXXXXXXXXXX    XXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXX     XXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXX    XXXXXXXXXX      XXX XXXXXXXXXXXXXX    XXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXX     XXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXX    XXXXXXXXXX      XXX XXXXXXXXXXXXXX    XXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXX     XXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXX    XXXXXXXXXX      XXX XXXXXXXXXXXXXX    XXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXX     XXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXX    XXXXXXXXXX      XXX XXXXXXXXXXXXXX    XXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXX     XXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXX    XXXXXXXXXX      XXX XXXXXXXXXXXXXX    XXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXX     XXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXX    XXXXXXXXXX      XXX XXXXXXXXXXXXXX    XXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXX     XXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXX    XXXXXXXXXX      XXX XXXXXXXXXXXXXX    XXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXX     XXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXX    XXXXXXXXXX      XXX XXXXXXXXXXXXXX    XXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXX     XXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXX    XXXXXXXXXX      XXX XXXXXXXXXXXXXX    XXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXX     XXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXX    XXXXXXXXXX      XXX XXXXXXXXXXXXXX    XXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXX     XXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXX    XXXXXXXXXX      XXX XXXXXXXXXXXXXX    XXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXX     XXXXXXXX

                                  *** END OF REPORT ***
                                *** NO DATA THIS RUN ***
```

2.8.28.3 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	12	Character	T_RE_BASE	ID_MEDCAID

Field	Description	Length	Data Type	DB Table	DB Attributes
	number for the member receiving the services.				
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) . (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

2.8.28.4 Associated Programs

Program	Description
clm0110d	Online Mass Adjustment Report
copy2routedir	Copy Reports to Router

2.8.28.5 Associated Requirements

ID
30.050.007.001.17

2.8.28.6 Change Orders

ID	Name	Description
8191	CLM0110D- Create Mass Adjust Rpt	Create a copy of the existing CLM-0010-D report. Change the name to Online Mass Adjustment Report. Instead of reading region 50 and 51 adjustment claims, read region 52. This should be an on-request report that accepts any parameter date, but does not need to accept a time parameter. The sort order should be 'Adjustment Request Number', 'ICN'. The field headings can remain the same. This report needs to be available in OnBase.

2.8.29 CLM-0123-D -- Claims Error Report Encounters

This report is used by the Claims Resolution unit as an inventory of claims to be resolved. Detailed Error reports by claim type are used by clerks to resolve claims.

2.8.29.1 Technical Name

CLM-0123-D

2.8.29.2 Claims Error Report Encounters Layout

```
Report  : CLM-0123-D                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : CLMJD123                     MEDICAID MANAGEMENT INFORMATION SYSTEM                   Run Time:   HH:MM:SS
Location: CLM0123D                        CLAIMS ERROR REPORT (ENCOUNTERS)                          Page:      99999
                                                   MM/DD/CCYY

     ICN        MEMBER ID     LOC   PROVIDER ID          PROV  PROV    DATES OF SERVICE        NET CLAIM    PAYMENT       ERROR   CLAIM DISP
                                                          SPEC  TYPE    FIRST       LAST        CHARGE       AMOUNT        CODE    TH  IF  PD
XXXXXXXXXXXXX  XXXXXXXXXXXX  XX    XXX XXXXXXXXXXXXXXX  XXX   XX      MM/DD/CCYY MM/DD/CCYY   $999,999.00  $999,999.00   XXXX            X
XXXXXXXXXXXXX  XXXXXXXXXXXX  XX    XXX XXXXXXXXXXXXXXX  XXX   XX      MM/DD/CCYY MM/DD/CCYY   $999,999.00  $999,999.00   XXXX            X
XXXXXXXXXXXXX  XXXXXXXXXXXX  XX    XXX XXXXXXXXXXXXXXX  XXX   XX      MM/DD/CCYY MM/DD/CCYY   $999,999.00  $999,999.00   XXXX            X
XXXXXXXXXXXXX  XXXXXXXXXXXX  XX    XXX XXXXXXXXXXXXXXX  XXX   XX      MM/DD/CCYY MM/DD/CCYY   $999,999.00  $999,999.00   XXXX            X
XXXXXXXXXXXXX  XXXXXXXXXXXX  XX    XXX XXXXXXXXXXXXXXX  XXX   XX      MM/DD/CCYY MM/DD/CCYY   $999,999.00  $999,999.00   XXXX            X

                                                   *** END OF REPORT ***
                                                 *** NO DATA THIS RUN ***
```

2.8.29.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CLAIM DISP TH IF PD	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, T_PD_UB92_HDR, T_SUSP_DNTL_HDR,T_SUSP_PHARM_HDR,	10	Date (MM/DD/CCYY)	SEE DESCRIPTION.	DTE_FIRST_SVC

Field	Description	Length	Data Type	DB Table	DB Attributes
	T_SUSP_PHYS_HDR,T_SUSP_UB92_HDR, T_PD_UB92_DTL,				
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,	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, T_PD_UB92_HDR, T_SUSP_DNTL_HDR,T_SUSP_PHARM_HDR, T_SUSP_PHYS_HDR,T_SUSP_UB92_HDR,	4	Number	SEE DESCRIPTION.	CDE_ESC
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,	13	Character	SEE DESCRIPTION.	NUM_ICN
LOC	The current location of the claim. This field is select on a Union of	2	Character	SEE DESCRIPTION.	CDE_LOCATION

Field	Description	Length	Data Type	DB Table	DB Attributes
	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,				
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,	12	Character	SEE DESCRIPTION.	ID_MEDICAID
NET CLAIM CHARGE	The net claim charge after spenddown, TPL, payments applied, etc. 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)	9	Character	SEE DESCRIPTION.	AMT_NET_BILLED,AMT_PAID
PAYMENT	The amount reimbursed to provider.	9	Character	SEE DESCRIPTION.	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMOUNT	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)				
PROV SPEC	The provider specialty. 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.	3	Character	SEE DESCRIPTION.	CDE_PROV_SPEC
PROV TYPE	The type of practice for a provider. This field is select on a Union of	2	Character	SEE DESCRIPTION.	CDE_PROV_TYPE

Field	Description	Length	Data Type	DB Table	DB Attributes
	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	The provider number for the requesting and servicing 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,	15	Character	SEE DESCRIPTION.	ID_PROVIDER
PROVIDER ID TYPE	This is the Provider ID Type.	3	Character		CDE_PROV_ID_TYPE

2.8.29.4 Associated Programs

Program	Description
clm0123d	Claims Error Report (Encounters)
copy2routedir	Copy Reports to Router

2.8.29.5 Associated Requirements

ID

ID
30.050.007.001.17

2.8.29.6 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.
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.
4069	CLM-0123D. Claims Encounters	Claims Error Report Encounters (CLM-0123D) is not produced on OnBase .
6523	CLM0123D not reporting correctly	CLM0123D should report encounters that hit edits with print type of L and Ind_encounter = Y . It is not reporting the data. Edit 513 set to print type "L" CLm0123D and no data showing on the report.

2.8.30 CLM-0130-D -- Claims Submission Statistics - Daily

This report provides a daily summary of claim counts sent to the claims engine by submission type (NCPDP, WEB DDE, ASC x12 and Captiva). It reports at the summary level and at the submitter level.

2.8.30.1 Technical Name

CLM-0130-D

2.8.30.2 Claims Submission Statistics - Daily Layout

```
REPORT  : CLM-0130-D                    COMMONWEALTH OF KENTUCKY                    RUN DATE:    MM/DD/CCYY
PROCESS : CLMJD130                 MEDICAID MANAGEMENT INFORMATION SYSTEM           RUN TIME:      HH:MM:SS
LOCATION: CLM0130                   CLAIMS SUBMISSION STATISTICS - DAILY            PAGE:                 9
                                                MM/DD/CCYY
```

Submission Type	Claim Type	Accepted Transactions	Claims Suspended	Claims Paid	Claims Denied	Claims Void	Total Claim Type
837	xxxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
Total		xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
NCPDP BATCH	xxxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
Total		xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
RRI	xxxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
Total		xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
WEB DDE	xxxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
Total		xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
Claims Not Processed		xxx,xxx,xxx					
SystemTotals		xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx

Submitter 1 Submission Type: 837

Claim Type Filename	Accepted Transactions	Claims Suspended	Claims Paid	Claims Denied	Claims Void	Total Claim Type
xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
xxxxxxxxxxxxxx						
xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
xxxxxxxxxxxxxx						
xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
Xxxxxxxxxxxxxx						
Totals	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx

Submitter 2 Submission Type: NCPDP BATCH

Claim Type Filename	Accepted Transactions	Claims Suspended	Claims Paid	Claims Denied	Claims Void	Total Claim Type
xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
xxxxxxxxxxxxxx						
xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
xxxxxxxxxxxxxx						
xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
xxxxxxxxxxxxxx						
Totals	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx

```
    Submitter 3     Submission Type: RRI

Claim Type         Accepted       Claims         Claims         Claims         Claims         Total Claim
  Filename         Transactions   Suspended      Paid           Denied         Void           Type
xxxxxxxxxxxxxx     xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx
  Xxxxxxxxxxxxx
xxxxxxxxxxxxxx     xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx
  xxxxxxxxxxxxx
xxxxxxxxxxxxxx     xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx
  xxxxxxxxxxxxx

Totals             xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx


    Submitter 4     Submission Type: WEB DDE

Claim Type         Accepted       Claims         Claims         Claims         Claims         Total Claim
  Filename         Transactions   Suspended      Paid           Denied         Void           Type
xxxxxxxxxxxxxx     xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx
  xxxxxxxxxxxxx
xxxxxxxxxxxxxx     xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx
  xxxxxxxxxxxxx
xxxxxxxxxxxxxx     xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx
  xxxxxxxxxxxxx

Totals             xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx


                    *** END OF REPORT ***
                              OR
                  *** NO DATA THIS RUN ***
```

2.8.30.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Accepted Transactions	Total count of claims submitted by indicated submission type and sent to the claims engine. This total should equal the count of suspended, paid, and denied claims in this report.	11	Character		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
Accepted Transactions (By Submitter Code, Submission Type)	Total count of claims submitted by indicated submission type and submitter code, and sent to the claims engine. This total should equal the count of suspended, paid, and denied claims in this report.	11	Character	CALCULATED FIELD	
Accepted Transactions (Submission Type)	Total count of claims submitted. By submission type.	11	Character		CALCULATED FIELD
Claim Type	The claim type description that specifies the type of claim record.	25	Character	T_CLAIM_TYPE	DSC_CLM_TYP
Claim Type (Submission Type)	Claim type.	15	Character	DSC_CLM_TYP	T_CLAIM_TYPE
Claims Denied	Total count of claims submitted by indicated submission type, sent to the claims engine, and denied by the claims engine.	11	Character		CALCULATED FIELD
Claims Denied (Submission Type)	The total count of claims submitted and denied by the claims engine.	11	Character		CALCULATED FIELD
Claims Denied(By Submitter Code, Submission Type)	Total count of claims submitted by indicated submission type and submitter code, sent to the claims engine, and denied by the claims engine	11	Character	CALCULATED FIELD	
Claims Not Processed	Total count of non-adjudicated claims	11	Character	CALCULATED FIELD	
Claims Paid	Total count of claims submitted by indicated submission type, sent to the claims engine, and paid by the claims engine.	11	Character		CALCULATED FIELD
Claims Paid (Submission Type)	The total count of claims submitted and paid by the claims engine.	11	Character		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
Claims Paid(By Submitter Code, Submission Type)	Total count of claims submitted by indicated submission type and submitter code, sent to the claims engine, and paid by the claims engine	11	Character	CALCULATED FIELD	
Claims Suspended	Total count of claims submitted by indicated submission type, sent to the claims engine, and suspended by the claims engine.	11	Character		CALCULATED FIELD
Claims Suspended (Submission Type)	The total count of claims submitted and suspended by the claims engine.	11	Character		CALCULATED FIELD
Claims Suspended (By Submitter Code, Submission Type)	Total count of claims submitted by indicated submission type, sent to the claims engine, and suspended by the claims engine	11	Character	CALCULATED FIELD	
Claims Void	Total count of claims submitted by indicated submission type, sent to the claims engine, and voided by the claims engine.	11	Character		CALCULATED FIELD
Claims Void (Submission Type)	The total count of claims submitted and voided by the claims engine.	11	Character		CALCULATED FIELD
Claims Void(By Submitter Code, Submission Type)	Total count of claims submitted by indicated submission type and submitter code, sent to the claims engine, and voided by the claims engine	11	Character	CALCULATED FIELD	
Filename	Filename is composed of: MEDIA:- is the media type (Web, disk, tape, CD-ROM, FTP, TCP/IP) SAK_UPLOAD:- is a 9-digit number that uniquely identifies this batch TPID:- is a 10-digit ID that identifies the submitting entity	255	Character	T_BATCH	FILENAME

Field	Description	Length	Data Type	DB Table	DB Attributes
	TXN is the transaction type (837P, 837I, 837D, 270, 276, NCPDP, etc. -- claims would only be the 837x and NCPDP types)				
Submission Type	The origination of transmission (NCPDP, WEB DDE, ASC X12, FTP_C (CAPTIVA).	15	Character	T_BATCH,T_TRANSACTION	T_BATCH,CDE_SUBMIT
Submitter	The submitter code for the claim	50	Character	T_BATCH	SENDER
System Totals (Accepted Transactions)	Total of accepted transactions for all submission types.	11	Character		CALCULATED FIELD
System Totals (Claims Denied)	Total of claims denied for all submission types.	11	Character		CALCULATED FIELD
System Totals (Claims Paid)	Total of claims paid for all submission types.	11	Character		CALCULATED FIELD
System Totals (Claims Suspended)	Total of claims suspended for all submission types.	11	Character		CALCULATED FIELD
System Totals (Claims Void)	Total of claims voided for all submission types.	11	Character		CALCULATED FIELD
System Totals (Total Claim Type)	Total of total claim type for all submission types.	11	Character		CALCULATED FIELD
Total Claim Type	Total per line of each claim type.	11	Character		CALCULATED FIELD
Total Claim Type (Submission Type)	Total per line of each claim type by submission type.	11	Character		CALCULATED FIELD
Total(Accepted Transactions (By Submitter Code, Submission Type)	Total count of claims submitted. By submission type and submitter code	11	Character	CALCULATED FIELD	

Field	Description	Length	Data Type	DB Table	DB Attributes
Total(Claims Denied(By Submitter Code, Submission Type))	Total count of claims submitted and denied by the claims engine. By submission type and submitter code	11	Character	CALCULATED FIELD	
Total(Claims Paid(By Submitter Code, Submission Type)	Total count of claims submitted and paid by the claims engine. By submission type and submitter code	11	Character	CALCULATED FIELD	
Total(Claims Suspended (By Submitter Code, Submission Type))	Total count of claims submitted and suspended by the claims engine. By submission type and submitter code	11	Character	CALCULATED FIELD	
Total(Claims Void(By Submitter Code, Submission Type)	Total count of claims submitted and void by the claims engine. By submission type and submitter code	11	Character	CALCULATED FIELD	
Total(Total_Claim_Type(By Submitter, By Submission code))	Total per line of each claim type by submission type for submitter code	11	Character	CALCULATED FIELD	
Total_Claim_Type(By Submitter, By Submission code)	Total per line of each claim type	11	Character	CALCULATED FIELD	

2.8.30.4 Associated Programs

Program	Description
clm0130	Claims Submission Statistics
copy2routedir	Copy Reports to Router

2.8.30.5 Associated Requirements

ID
30.050.007.001.17
30.050.008.002.11

ID
30.090.007.002.2
30.090.007.003.12
30.090.007.003.5

2.8.30.6 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.
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.
2071	CLM0130-Add Non-Adjudicated CLMS	A Non-adjudicated claims count should be added to the CLM-0130 reports.

ID	Name	Description
4049	CLM-00130 : Claims Sub statistic	Claims Submission Statistics Report (CLM-0130D,CLM-0130W,CLM-0130M) are not produced on OnBase.
665	RPTS - Change EDI- to CLM-	The submission statistics reports are produced from claim tables and not EDI tables. Claims updates the information for these reports. The report names, program names, and jobs names should be changed to CLM.
7083	CLM-0130-D has incorrect data	Reports CLM-0130-D, CLM-0130-W, and CLM-0130-M data is not matching up between the summary and submitter levels. It seems to be leaving out certain claim types at the submitter level (i.e. Dental claims). The numbers should match between the two levels. There are some submission types missing from the report. Per the PWB, this is to report a daily summary of claim counts sent to the claims engine by submission type (NCPDP, WEB DDE, ASC x12 and RRI). What is meant by "Non-Standard"? There is data in the summary level that is not broken down by the submitter level on the report (i.e. WEB DDE, 837D, etc...).

2.8.31 CLM-0130-M -- Claims Submission Statistics - Monthly

This report provides a monthly summary of claim counts sent to the claims engine by submission type (NCPDP, WEB DDE, ASC x12 and FTP_C (CAPTIVA)). It reports at the summary level and at the submitter level.

2.8.31.1 Technical Name

CLM-0130-M

2.8.31.2 Claims Submission Statistics - Monthly Layout

```
REPORT  : CLM-0130-M                    COMMONWEALTH OF KENTUCKY                    RUN DATE: MM/DD/CCYY
PROCESS : CLMJM130                 MEDICAID MANAGEMENT INFORMATION SYSTEM           RUN TIME:   HH:MM:SS
LOCATION: CLM0130               CLAIMS SUBMISSION STATISTICS - MONTHLY              PAGE:            999
                                          MM/DD/CCYY - MM/DD/CCYY
```

Submission Type	Claim Type	Accepted Claims	Claims Suspended	Claims Paid	Claims Denied
837	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
Total	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
NCPDP	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
Total	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
RRI		xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
Total	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
WEB DDE	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
Total	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
Claims Not Processed		xxx,xxx,xxx			
System Totals		xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx

```
    Submitter 1      Submission Type: 837

Claim Type         Accepted      Claims          Claims          Claims
  Filename         Claims        Suspended       Paid            Denied
xxxxxxxxxxxxxx     xxx,xxx,xxx   xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx

xxxxxxxxxxxxxx
xxxxxxxxxxxxxx     xxx,xxx,xxx   xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx

xxxxxxxxxxxxxx
xxxxxxxxxxxxxx     xxx,xxx,xxx   xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx

xxxxxxxxxxxxxx

Totals             xxx,xxx,xxx   xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx


    Submitter 2      Submission Type: NCPDP

Claim Type         Accepted      Claims          Claims          Claims
  Filename         Claims        Suspended       Paid            Denied
xxxxxxxxxxxxxx     xxx,xxx,xxx   xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx

xxxxxxxxxxxxxx
xxxxxxxxxxxxxx     xxx,xxx,xxx   xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx

xxxxxxxxxxxxxx
xxxxxxxxxxxxxx     xxx,xxx,xxx   xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx

xxxxxxxxxxxxxx

Totals             xxx,xxx,xxx   xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx
```

```
    Submitter 3      Submission Type: RRI

Claim Type          Accepted      Claims            Claims            Claims
  Filename          Claims        Suspended         Paid              Denied
xxxxxxxxxxxxxx      xxx,xxx,xxx   xxx,xxx,xxx       xxx,xxx,xxx       xxx,xxx,xxx

xxxxxxxxxxxxxx
xxxxxxxxxxxxxx      xxx,xxx,xxx   xxx,xxx,xxx       xxx,xxx,xxx       xxx,xxx,xxx

xxxxxxxxxxxxxx
xxxxxxxxxxxxxx      xxx,xxx,xxx   xxx,xxx,xxx       xxx,xxx,xxx       xxx,xxx,xxx

xxxxxxxxxxxxxx

Totals              xxx,xxx,xxx   xxx,xxx,xxx       xxx,xxx,xxx       xxx,xxx,xxx


    Submitter 4      Submission Type: WEB DDE

Claim Type          Accepted      Claims            Claims            Claims
  Filename          Claims        Suspended         Paid              Denied
xxxxxxxxxxxxxx      xxx,xxx,xxx   xxx,xxx,xxx       xxx,xxx,xxx       xxx,xxx,xxx

xxxxxxxxxxxxxx
xxxxxxxxxxxxxx      xxx,xxx,xxx   xxx,xxx,xxx       xxx,xxx,xxx       xxx,xxx,xxx

xxxxxxxxxxxxxx
xxxxxxxxxxxxxx      xxx,xxx,xxx   xxx,xxx,xxx       xxx,xxx,xxx       xxx,xxx,xxx
 xxxxxxxxxxxxxx

Totals              xxx,xxx,xxx   xxx,xxx,xxx       xxx,xxx,xxx       xxx,xxx,xxx


                    *** END OF REPORT ***
                              OR
                  *** NO DATA THIS RUN ***
```

2.8.31.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Accepted Claims	Total count of claims submitted by indicated submission type and sent to the claims engine. This total should equal the count of suspended, paid, and denied claims in this report.	11	Character		CALCULATED FIELD
Accepted Claims (Submission Type)	Total count of claims submitted. By submission type.	11	Character		CALCULATED FIELD
Accepted Transactions (By Submitter Code, Submission Type)	Total count of claims submitted by indicated submission type and submitter code, and sent to the claims engine. This total should equal the count of suspended, paid, and denied claims in this report.	11	Character		CALCULATED FIELD
Claim Type	MMIS claim type.	11	Character	T_CLAIM_TYPE	DSC_CLM_TYP
Claim Type (Submission Type)	Claim type.	15	Character	DSC_CLM_TYP	T_CLAIM_TYPE
Claims Denied	Total count of claims submitted by indicated submission type, sent to the claims engine, and denied by the claims engine.	11	Character		CALCULATED FIELD
Claims Denied (Submission Type)	Total count of claims submitted and denied by the claims engine. By submission type.	11	Character		CALCULATED FIELD
Claims Denied(By Submitter Code, Submission Type)	Total count of claims submitted by indicated submission type and submitter code, sent to the claims engine, and denied by the claims engine.	11	Character		CALCULATED FIELD
Claims Not Processed	Total count of non-adjudicated claims.	11	Character		CALCULATED FIELD
Claims Paid	Total count of claims submitted by indicated submission type, sent to the claims engine, and paid by the claims engine.	11	Character		CALCULATED FIELD
Claims Paid	Total count of claims submitted and paid by the	11	Character		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
(Submission Type)	claims engine. By submission type.				
Claims Paid(By Submitter Code, Submission Type)	Total count of claims submitted by indicated submission type and submitter code, sent to the claims engine, and paid by the claims engine.	11	Character		CALCULATED FIELD
Claims Suspended	Total count of claims submitted by indicated submission type, sent to the claims engine, and suspended by the claims engine.	11	Character		CALCULATED FIELD
Claims Suspended (By Submitter Code, Submission Type)	Total count of claims submitted by indicated submission type and submitter code, sent to the claims engine, and suspended by the claims engine.	11	Character		CALCULATED FIELD
Claims Suspended (Submission Type)	Total count of claims submitted and suspended by the claims engine. By submission type.	11	Character		CALCULATED FIELD
Filename	Filename is composed of: MEDIA:- is the media type (Web, disk, tape, CD-ROM, FTP, TCP/IP) SAK_UPLOAD:- is a 9-digit number that uniquely identifies this batch TPID:- is a 10-digit ID that identifies the submitting entity TXN is the transaction type (837P, 837I, 837D, 270, 276, NCPDP, etc. -- claims would only be the 837x and NCPDP types).	255	Character	T_BATCH	FILENAME
Submission Type	The origination of transmission (NCPDP, WEB DDE, ASC X12 and CAPTIVAI).	15	Character	T_BATCH	CDE_SUBMIT
Submitter Code	The submitter code for the claim.	50	Character	T_BATCH	SENDER
System Totals (Accepted Claims)	Total of accepted transactions for all submission types.	11	Character		CALCULATED FIELD
System Totals (Claims Denied)	Total of claims denied for all submission types.	11	Character		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
System Totals (Claims Paid)	Total of claims paid for all submission types.	11	Character		CALCULATED FIELD
System Totals (Claims Suspended)	Total of claims suspended for all submission types.	11	Character		CALCULATED FIELD
Totals(Submission Type and Submitter Code(Accepted Claims)	Total of accepted claims per submission type and submitter code.	11	Character		CALCULATED FIELD
Totals(Submission Type(Claims Denied)	Total of claims denied per submission type and submitter code.	11	Character	CALCULATED FIELD	
Totals(Submission Type(Claims Paid)	Total of claims paid per submission type and submitter code.	11	Character	CALCULATED FIELD	
Totals(Submission Type(Claims Suspended)	Total of claims suspended per submission type and submitter code.	11	Character	CALCULATED FIELD	

2.8.31.4 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
clm0130	Claims Submission Statistics

2.8.31.5 Associated Requirements

ID
30.050.007.001.17
30.050.008.002.11
30.090.007.003.12

ID
30.090.007.003.5

2.8.31.6 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.
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.
2071	CLM0130-Add Non-Adjudicated CLMS	A Non-adjudicated claims count should be added to the CLM-0130 reports.
4049	CLM-00130 : Claims Sub statistic	Claims Submission Statistics Report (CLM-0130D,CLM-0130W,CLM-0130M) are not produced on OnBase.

ID	Name	Description
665	RPTS - Change EDI- to CLM-	The submission statistics reports are produced from claim tables and not EDI tables. Claims updates the information for these reports. The report names, program names, and jobs names should be changed to CLM.
7083	CLM-0130-D has incorrect data	Reports CLM-0130-D, CLM-0130-W, and CLM-0130-M data is not matching up between the summary and submitter levels. It seems to be leaving out certain claim types at the submitter level (i.e. Dental claims). The numbers should match between the two levels. There are some submission types missing from the report. Per the PWB, this is to report a daily summary of claim counts sent to the claims engine by submission type (NCPDP, WEB DDE, ASC x12 and RRI). What is meant by "Non-Standard"? There is data in the summary level that is not broken down by the submitter level on the report (i.e. WEB DDE, 837D, etc...).

2.8.32 CLM-0130-W -- Claims Submission Statistics - Weekly

This report provides a weekly summary of claim counts sent to the claims engine by submission type (NCPDP, WEB DDE, ASC x12 and FTP_C (CAPTIVA)). It reports at the summary level and at the submitter level.

2.8.32.1 Technical Name

CLM-0130-W

2.8.32.2 Claims Submission Statistics - Weekly Layout

```
REPORT  : CLM-0130-W                    COMMONWEALTH OF KENTUCKY                    RUN DATE: MM/DD/CCYY
PROCESS : CLMJW130                MEDICAID MANAGEMENT INFORMATION SYSTEM            RUN TIME:   HH:MM:SS
LOCATION: CLM0130                   CLAIMS SUBMISSION STATISTICS - WEEKLY           PAGE:            999
                                          MM/DD/CCYY - MM/DD/CCYY
```

Submission Type	Claim Type	Accepted Claims	Claims Suspended	Claims Paid	Claims Denied
837	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
Total		xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
NCPDP	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
Total		xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
RRI	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
Total		xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
WEB DDE	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
	xxxxxxxxxxxxxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
Total		xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx
Claims Not Processed		xxx,xxx,xxx			
System Totals		xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx	xxx,xxx,xxx

```
    Submitter 1      Submission Type: 837

Claim Type          Accepted       Claims            Claims            Claims
  Filename          Claims         Suspended         Paid              Denied
xxxxxxxxxxxxxxx     xxx,xxx,xxx    xxx,xxx,xxx       xxx,xxx,xxx       xxx,xxx,xxx

xxxxxxxxxxxxxxx
xxxxxxxxxxxxxxx     xxx,xxx,xxx    xxx,xxx,xxx       xxx,xxx,xxx       xxx,xxx,xxx

xxxxxxxxxxxxxxx
xxxxxxxxxxxxxxx     xxx,xxx,xxx    xxx,xxx,xxx       xxx,xxx,xxx       xxx,xxx,xxx

xxxxxxxxxxxxxxx

Totals              xxx,xxx,xxx    xxx,xxx,xxx       xxx,xxx,xxx       xxx,xxx,xxx


    Submitter 2      Submission Type: NCPDP

Claim Type          Accepted       Claims            Claims            Claims
  Filename          Claims         Suspended         Paid              Denied
xxxxxxxxxxxxxxx     xxx,xxx,xxx    xxx,xxx,xxx       xxx,xxx,xxx       xxx,xxx,xxx

xxxxxxxxxxxxxxx
xxxxxxxxxxxxxxx     xxx,xxx,xxx    xxx,xxx,xxx       xxx,xxx,xxx       xxx,xxx,xxx

xxxxxxxxxxxxxxx
xxxxxxxxxxxxxxx     xxx,xxx,xxx    xxx,xxx,xxx       xxx,xxx,xxx       xxx,xxx,xxx

xxxxxxxxxxxxxxx

Totals              xxx,xxx,xxx    xxx,xxx,xxx       xxx,xxx,xxx       xxx,xxx,xxx
```

```
     Submitter 3      Submission Type: RRI

Claim Type          Accepted       Claims           Claims           Claims
  Filename          Claims         Suspended        Paid             Denied
xxxxxxxxxxxxxxx     xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx      xxx,xxx,xxx
  xxxxxxxxxxxxxxx
xxxxxxxxxxxxxxx     xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx      xxx,xxx,xxx
  xxxxxxxxxxxxxxx
xxxxxxxxxxxxxxx     xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx      xxx,xxx,xxx
  xxxxxxxxxxxxxxx

Totals              xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx      xxx,xxx,xxx

     Submitter 4      Submission Type: WEB DDE

Claim Type          Accepted       Claims           Claims           Claims
  Filename          Claims         Suspended        Paid             Denied
xxxxxxxxxxxxxxx     xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx      xxx,xxx,xxx
  xxxxxxxxxxxxxxx
xxxxxxxxxxxxxxx     xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx      xxx,xxx,xxx
  xxxxxxxxxxxxxxx
xxxxxxxxxxxxxxx     xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx      xxx,xxx,xxx
  xxxxxxxxxxxxxxx

Totals              xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx      xxx,xxx,xxx


                                 *** END OF REPORT ***
                                          OR
                                *** NO DATA THIS RUN ***
```

2.8.32.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Accepted Claims	Total count of claims submitted by indicated submission type and sent to the claims engine. This total should equal the count of suspended, paid, and denied claims in this report.	11	Character		CALCULATED FIELD
Accepted Claims	Total count of claims submitted. By submission	11	Character		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
(Submission Type)	type.				
Accepted Transactions (By Submitter Code, Submission Type)	Total count of claims submitted by indicated submission type and submitter code, and sent to the claims engine. This total should equal the count of suspended, paid, and denied claims in this report.	11	Character		CALCULATED FIELD
Claim Type	MMIS claim type.	11	Character	T_CLAIM_TYPE	DSC_CLM_TYP
Claim Type (Submission Type)	Claim type.	15	Character	DSC_CLM_TYP	T_CLAIM_TYPE
Claims Denied	Total count of claims submitted by indicated submission type, sent to the claims engine, and denied by the claims engine.	11	Character		CALCULATED FIELD
Claims Denied (Submission Type)	Total count of claims submitted and denied by the claims engine. By submission type.	11	Character		CALCULATED FIELD
Claims Denied(By Submitter Code, Submission Type)	Total count of claims submitted by indicated submission type and submitter code, sent to the claims engine, and denied by the claims engine.	11	Character		CALCULATED FIELD
Claims Not Processed	Total count of non-adjudicated claims.	11	Character		CALCULATED FIELD
Claims Paid	Total count of claims submitted by indicated submission type, sent to the claims engine, and paid by the claims engine.	11	Character		CALCULATED FIELD
Claims Paid (Submission Type)	Total count of claims submitted and paid by the claims engine. By submission type.	11	Character		CALCULATED FIELD
Claims Paid(By Submitter Code, Submission Type)	Total count of claims submitted by indicated submission type and submitter code, sent to the claims engine, and paid by the claims engine.	11	Character		CALCULATED FIELD
Claims Suspended	Total count of claims submitted by indicated submission type, sent to the claims engine, and	11	Character		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
	suspended by the claims engine.				
Claims Suspended (By Submitter Code, Submission Type)	Total count of claims submitted by indicated submission type and submitter code, sent to the claims engine, and suspended by the claims engine.	11	Character		CALCULATED FIELD
Claims Suspended (Submission Type)	Total count of claims submitted and suspended by the claims engine. By submission type.	11	Character		CALCULATED FIELD
Filename	Filename is composed of: MEDIA:- is the media type (Web, disk, tape, CD-ROM, FTP, TCP/IP) SAK_UPLOAD:- is a nine-digit number that uniquely identifies this batch TPID:- is a 10-digit ID that identifies the submitting entity TXN is the transaction type (837P, 837I, 837D, 270, 276, NCPDP, etc. -- claims would only be the 837x and NCPDP types).	255	Character	T_BATCH	FILENAME
Submission Type	The origination of transmission (NCPDP, WEB DDE, ASC X12 and CAPTIVAI).	15	Character	T_BATCH	CDE_SUBMIT
Submitter Code	The submitter code for the claim.	50	Character	T_BATCH	SENDER
System Totals (Accepted Claims)	Total of accepted transactions for all submission types.	11	Character		CALCULATED FIELD
System Totals (Claims Denied)	Total of claims denied for all submission types.	11	Character		CALCULATED FIELD
System Totals (Claims Paid)	Total of claims paid for all submission types.	11	Character		CALCULATED FIELD
System Totals (Claims Suspended)	Total of claims suspended for all submission types.	11	Character		CALCULATED FIELD
Totals(Submission Type and Submitter	Total of accepted claims per submission type and	11	Character		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
Code(Accepted Claims)	submitter code.				
Totals(Submission Type(Claims Denied)	Total of claims denied per submission type and submitter code.	11	Character	CALCULATED FIELD	
Totals(Submission Type(Claims Paid)	Total of claims paid per submission type and submitter code.	11	Character	CALCULATED FIELD	
Totals(Submission Type(Claims Suspended)	Total of claims suspended per submission type and submitter code.	11	Character	CALCULATED FIELD	

2.8.32.4 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
clm0130	Claims Submission Statistics

2.8.32.5 Associated Requirements

ID
30.050.007.001.17
30.050.008.002.11
30.090.007.003.12
30.090.007.003.5

2.8.32.6 Change Orders

ID	Name	Description
1282	RPTS - Exclude Encounter Claims	Exclude encounter claims from reports with exception of the CLM-0132-D, CLM-0132-

ID	Name	Description
		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.
2071	CLM0130-Add Non-Adjudicated CLMS	A Non-adjudicated claims count should be added to the CLM-0130 reports.
4049	CLM-00130 : Claims Sub statistic	Claims Submission Statistics Report (CLM-0130D,CLM-0130W,CLM-0130M) are not produced on OnBase.
665	RPTS - Change EDI- to CLM-	The submission statistics reports are produced from claim tables and not EDI tables. Claims updates the information for these reports. The report names, program names, and jobs names should be changed to CLM.
7083	CLM-0130-D has incorrect data	Reports CLM-0130-D, CLM-0130-W, and CLM-0130-M data is not matching up between the summary and submitter levels. It seems to be leaving out certain claim types at the submitter level (i.e. Dental claims). The numbers should match between the two levels. There are some submission types missing from the report. Per the

ID	Name	Description
		PWB, this is to report a daily summary of claim counts sent to the claims engine by submission type (NCPDP, WEB DDE, ASC x12 and RRI). What is meant by "Non-Standard"? There is data in the summary level that is not broken down by the submitter level on the report (i.e. WEB DDE, 837D, etc...).

2.8.33 CLM-0132-D -- Encounters Submission Statistics - Daily

This report provides a daily Encounters Submission Statistics summary of claim counts sent to the claims engine by submission type (NCPDP, ASC x12).

2.8.33.1 Technical Name

CLM-0132-D

2.8.33.2 Encounters Submission Statistics - Daily Layout

```
Report:   CLM-0132-D                          COMMONWEALTH OF KENTUCKY                                  Run Date:  MM/DD/CCYY
Process:  CLMJD132                     MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:    HH:MM SS
Location: CLM0132                     ENCOUNTERS SUBMISSION STATISTICS - DAILY                            Page:       99999
                                                  MM/DD/CCYY

Submission          Claim             Encounters     Encounters     Encounters     Total            Encounters     Encounters
Type                Type              Paid           Denied         Void           Claim Type       Threshold      Informational

837                 xxxxxxxxxxxxxxx   xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx    xxx,xxx,xxx
                    xxxxxxxxxxxxxxx   xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx    xxx,xxx,xxx
                    xxxxxxxxxxxxxxx   xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx    xxx,xxx,xxx
Total                                 xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx    xxx,xxx,xxx


NCPDP               xxxxxxxxxxxxxxx   xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx    xxx,xxx,xxx
                    xxxxxxxxxxxxxxx   xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx    xxx,xxx,xxx
                    xxxxxxxxxxxxxxx   xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx    xxx,xxx,xxx
Total                                 xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx    xxx,xxx,xxx


System Totals                         xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx    xxx,xxx,xxx
```

```
    Submitter 1           Submission Type: 837


Claim Type                Encounters      Encounters      Encounters      Total           Encounters      Encounters
                          Paid            Denied          Void            Claim Type      Threshold       Informational

xxxxxxxxxxxxxx            xxx,xxx,xxx      xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx
xxxxxxxxxxxxxx            xxx,xxx,xxx      xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx
xxxxxxxxxxxxxx            xxx,xxx,xxx      xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx

Totals                    xxx,xxx,xxx      xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx


    Submitter 2           Submission Type: NCPDP


Claim Type                Encounters       Encounters     Encounters      Total           Encounters      Encounters
                          Paid             Denied         Void            Claim Type      Threshold       Informational

xxxxxxxxxxxxxx            xxx,xxx,xxx      xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx
xxxxxxxxxxxxxx            xxx,xxx,xxx      xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx
xxxxxxxxxxxxxx            xxx,xxx,xxx      xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx

Totals                    xxx,xxx,xxx      xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx


                                          *** END OF REPORT ***
                                         ***NO DATA THIS REPORT ***
```

2.8.33.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Claim Type	The 'English' name of claim type. The claim type description that specifies the type of claim record.	15	Character	T_CLAIM_TYPE	DSC_CLM_TYPE
Claim Type -By Submitter / Submission Type.	The 'English' name of claim type. The claim type description that specifies the type of claim record.	15	Character	T_CLAIM_TYPE	DSC_CLM_TYPE
Encounters Denied - By Submitter / Submission Type.	The total count of encounters submitted and denied by the claims engine, for the submitter, submission type and encounter type combination.	11	Character		CALCULATED FIELD
Encounters Denied.	The total count of encounters submitted by indicated submission type, sent to the claims	11	Character		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
	engine and denied by the claims engine.				
Encounters Informational	The error disposition for encounters claims. (I) - Informational.	11	Character		CALCULATED FIELD
Encounters Informational -By Submitter / Submission Type	The total count of encounters submitted and informational by the claims engine, for the submitter, submission type and encounter type combination.	11	Character		CALCULATED FIELD
Encounters Paid -By Submitter / Submission Type.	The total count of encounters submitted and paid by the claims engine, for the submitter, submission type and encounter type combination.	11	Character		CALCULATED FIELD
Encounters Paid.	The total count of encounters submitted by indicated submission type, sent to the claims engine, and paid by the claims engine.	11	Character		CALCULATED FIELD
Encounters Threshold	The error disposition for encounters claims. (T) - Threshold.	11	Character		CALCULATED FIELD
Encounters Threshold -By Submitter / Submission Type	The total count of encounters submitted and threshold by the claims engine, for the submitter, submission type and encounter type combination.	11	Character		CALCULATED FIELD
Encounters Void	The total count of encounters submitted by indicated submission type, sent to the claims engine, and voided by the claims engine.	11	Character		CALCULATED FIELD
Encounters Void -By Submitter / Submission Type	The total count of encounters submitted and voided by the claims engine, for the submitter, submission type and encounter type combination.	11	Character		CALCULATED FIELD
Submission Type	The origination of transmission. This field can have the following values: 837I, 837D, 837P and NCPDP (National Council for Prescription Drug Programs).	5	Character		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
Submission Type - By Submitter / Submission Type	The origination of transmission. This field can have the following values: 837I, 837D, 837P and NCPDP (National Council for Prescription Drug Programs).	5	Character		CALCULATED FIELD
Submitter -By Submitter / Submission Type	The submitter ID on electronic claims or encounters.	16	Character	T_DOCUMENT_TRACK	ID_SND
System Totals - Total Claim Type	The total of claim type for all submission types.	11	Character		CALCULATED FIELD
System Totals - Encounters Denied	The total of encounters denied for all submission types.	11	Character		CALCULATED FIELD
System Totals - Encounters Informational	The total of informational encounters for all submission types.	11	Character		CALCULATED FIELD
System Totals - Encounters Paid	The total of encounters paid for all submission types.	11	Character		CALCULATED FIELD
System Totals - Encounters Threshold	The total of encounters threshold for all submission types.	11	Character		CALCULATED FIELD
System Totals - Encounters Void	The total of void encounters for all submission types.	11	Character		CALCULATED FIELD
Total -Encounters Denied	The total of encounters denied for all encounter types for the current submission type.	11	Character		CALCULATED FIELD
Total -Encounters Informational	The total of informational encounters for all encounter types for the current submission type.	11	Character		CALCULATED FIELD
Total -Encounters Paid	The total of encounters paid for all encounter types for the current submission type.	11	Character		CALCULATED FIELD
Total -Encounters	The total of encounters threshold for all encounter	11	Character		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
Threshold	types for the current submission type.				
Total -Encounters Void	The total of void encounters for all encounter types for the current submission type.	11	Character		CALCULATED FIELD
Total -Total Claim Type	The total of total encounter type for all encounter types for the current submission type.	11	Character		CALCULATED FIELD
Total Claim Type	The total per line of each encounter type for the indicated submission type.	11	Character		CALCULATED FIELD
Total Claim Type -By Submitter / Submission Type	The total per line of each encounter type for the submitter, submission type and encounter type combination.	11	Character		CALCULATED FIELD
Totals -Encounters Denied -By Submitter / Submission Type	The total of encounters denied for the submitter and submission type combination.	11	Character		CALCULATED FIELD
Totals -Encounters Informational -By Submitter / Submission Type	The totals of informational encounters by submitter/submission type.	11	Character		CALCULATED FIELD
Totals -Encounters Paid -By Submitter / Submission Type	The total of encounters paid for the submitter and submission type combination.	11	Character		CALCULATED FIELD
Totals -Encounters Void -By Submitter / Submission Type	The total of void encounters for the submitter and submission type combination.	11	Character		CALCULATED FIELD
Totals -Encounters threshold -By Submitter / Submission Type	The total of encounters threshold for the submitter and submission type combination.	11	Character		CALCULATED FIELD
Totals -Total Claim Type - By Submitter/	The total of encounter for the submitter and	11	Character		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
Submission Type	submission type combination.				

2.8.33.4 Associated Programs

Program	Description
clm0132	Encounters Submission Statistics
copy2routedir	Copy Reports to Router

2.8.33.5 Associated Requirements

ID
30.050.007.001.17
30.090.007.003.12
30.090.007.003.5
30.090.008.003.12

2.8.33.6 Change Orders

ID	Name	Description
1089	RPTS-Encounter Statistic-CLM0132	Modify encounters statistics reports. This KY CO is duplicated in the Core PWB. See Core CO 11767 - 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.
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

ID	Name	Description
		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.
665	RPTS - Change EDI- to CLM-	The submission statistics reports are produced from claim tables and not EDI tables. Claims updates the information for these reports. The report names, program names, and jobs names should be changed to CLM.

2.8.34 CLM-0132-M -- Encounters Submission Statistics - Monthly

This report provdes a Monthly Encounters Submission Statistics summary of claim counts sent to the claims engine by submission type (NCPDP, ASC x12).

2.8.34.1 Technical Name

CLM-0132-M

2.8.34.2 Encounters Submission Statistics - Monthly Layout

```
Report:   CLM-0132-M                          COMMONWEALTH OF KENTUCKY                                  Run Date:  MM/DD/CCYY
Process:  CLMJM132                         MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:    HH:MM SS
Location: CLM0132                         ENCOUNTERS SUBMISSION STATISTICS - MONTHLY                    Page:           99999
                                                  MM/DD/CCYY  -  MM/DD/CCYY


Submission          Claim             Encounters     Encounters      Encounters      Total             Encounters      Encounters
Type                Type              Paid           Denied          Void            Claim Type        Threshold       Informational

837                 xxxxxxxxxxxxxxx   xxx,xxx,xxx     xxx,xxx,xxx    xxx,xxx,xxx     xxx,xxx,xxx       xxx,xxx,xxx     xxx,xxx,xxx
                    xxxxxxxxxxxxxxx   xxx,xxx,xxx     xxx,xxx,xxx    xxx,xxx,xxx     xxx,xxx,xxx       xxx,xxx,xxx     xxx,xxx,xxx
                    xxxxxxxxxxxxxxx   xxx,xxx,xxx     xxx,xxx,xxx    xxx,xxx,xxx     xxx,xxx,xxx       xxx,xxx,xxx     xxx,xxx,xxx
Total                                 xxx,xxx,xxx     xxx,xxx,xxx    xxx,xxx,xxx     xxx,xxx,xxx       xxx,xxx,xxx     xxx,xxx,xxx


NCPDP               xxxxxxxxxxxxxxx   xxx,xxx,xxx     xxx,xxx,xxx    xxx,xxx,xxx     xxx,xxx,xxx       xxx,xxx,xxx     xxx,xxx,xxx
                    xxxxxxxxxxxxxxx   xxx,xxx,xxx     xxx,xxx,xxx    xxx,xxx,xxx     xxx,xxx,xxx       xxx,xxx,xxx     xxx,xxx,xxx
                    xxxxxxxxxxxxxxx   xxx,xxx,xxx     xxx,xxx,xxx    xxx,xxx,xxx     xxx,xxx,xxx       xxx,xxx,xxx     xxx,xxx,xxx
Total                                 xxx,xxx,xxx     xxx,xxx,xxx    xxx,xxx,xxx     xxx,xxx,xxx       xxx,xxx,xxx     xxx,xxx,xxx


System Totals                         xxx,xxx,xxx     xxx,xxx,xxx    xxx,xxx,xxx     xxx,xxx,xxx       xxx,xxx,xxx     xxx,xxx,xxx
```

```
    Submitter 1            Submission Type: 837


Claim Type                 Encounters      Encounters      Encounters      Total           Encounters      Encounters
                           Paid            Denied          Void            Claim Type      Threshold       Informational

xxxxxxxxxxxxxx             xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx
xxxxxxxxxxxxxx             xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx
xxxxxxxxxxxxxx             xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx

Totals                     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx


    Submitter 2            Submission Type: NCPDP


Claim Type                 Encounters      Encounters      Encounters      Total           Encounters      Encounters
                           Paid            Denied          Void            Claim Type      Threshold       Informational

xxxxxxxxxxxxxx             xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx
xxxxxxxxxxxxxx             xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx
xxxxxxxxxxxxxx             xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx

Totals                     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx


                                        *** END OF REPORT ***
                                      ***NO DATA THIS REPORT ***
```

2.8.34.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Claim Type	The 'English' name of claim type. The claim type description that specifies the type of claim record.	15	Character	T_CLAIM_TYPE	DSC_CLM_TYPE
Claim Type -By Submitter / Submission Type.	The 'English' name of claim type. The claim type description that specifies the type of claim record.	15	Character	T_CLAIM_TYPE	DSC_CLM_TYPE
Encounters Denied - By Submitter / Submission Type.	The total count of encounters submitted and denied by the claims engine, for the submitter, submission type and encounter type combination.	11	Character		CALCULATED FIELD
Encounters Denied.	The total count of encounters submitted by indicated submission type, sent to the claims	11	Character		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
	engine and denied by the claims engine.				
Encounters Informational	The error disposition for encounters claims. (I) - Informational.	11	Character		CALCULATED FIELD
Encounters Informational -By Submitter / Submission Type	The total count of encounters submitted and informational by the claims engine, for the submitter, submission type and encounter type combination.	11	Character		CALCULATED FIELD
Encounters Paid -By Submitter / Submission Type.	The total count of encounters submitted and paid by the claims engine, for the submitter, submission type and encounter type combination.	11	Character		CALCULATED FIELD
Encounters Paid.	The total count of encounters submitted by indicated submission type, sent to the claims engine, and paid by the claims engine.	11	Character		CALCULATED FIELD
Encounters Threshold	The error disposition for encounters claims. (T) - Threshold.	11	Character		CALCULATED FIELD
Encounters Threshold -By Submitter / Submission Type	The total count of encounters submitted and threshold by the claims engine, for the submitter, submission type and encounter type combination.	11	Character		CALCULATED FIELD
Encounters Void	The total count of encounters submitted by indicated submission type, sent to the claims engine, and void by the claims engine.	11	Character		CALCULATED FIELD
Encounters Void -By Submitter / Submission Type	The total count of encounters submitted and voided by the claims engine, for the submitter, submission type and encounter type combination.	11	Character		CALCULATED FIELD
Submission Type	The origination of transmission. This field can have the following values: 837I, 837D, 837P and NCPDP (National Council for Prescription Drug Programs).	5	Character		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
Submission Type - By Submitter / Submission Type	The origination of transmission. This field can have the following values: 837I, 837D, 837P and NCPDP (National Council for Prescription Drug Programs).	5	Character		CALCULATED FIELD
Submitter -By Submitter / Submission Type	The submitter ID on electronic claims or encounters.	16	Character	T_DOCUMENT_TRACK	ID_SND
System Totals - Total Claim Type	The total of claim type for all submission types.	11	Character		CALCULATED FIELD
System Totals - Encounters Denied	The total of encounters denied for all submission types.	11	Character		CALCULATED FIELD
System Totals - Encounters Informational	The total of informational encounters for all submission types.	11	Character		CALCULATED FIELD
System Totals - Encounters Paid	The total of encounters paid for all submission types.	11	Character		CALCULATED FIELD
System Totals - Encounters Threshold	The total of encounters threshold for all submission types.	11	Character		CALCULATED FIELD
System Totals - Encounters Void	The total of void encounters for all submission types.	11	Character		CALCULATED FIELD
Total -Encounters Denied	The total of encounters denied for all encounters types for the current submission type.	11	Character		CALCULATED FIELD
Total -Encounters Informational	The total of informational encounters for all encounter types for the current submission type.	11	Character		CALCULATED FIELD
Total -Encounters Paid	The total of encounters paid for all encounter types for the current submission type.	11	Character		CALCULATED FIELD
Total -Encounters	The total of encounters threshold for all encounter	11	Character		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
Threshold	types for the current submission yype.				
Total -Encounters Void	The total of void encounters for all encounter types for the current submission type.	11	Character		CALCULATED FIELD
Total -Total Claim Type	The total of total encounter types for all encounter types for the current submission type.	11	Character		CALCULATED FIELD
Total Claim Type	The total per line of each encounter type for the indicated submission type.	11	Character		CALCULATED FIELD
Total Claim Type -By Submitter / Submission Type	The total per line of each encounter type for the submitter, submission type and encounter type combination.	11	Character		CALCULATED FIELD
Totals -Encounters Denied -By Submitter / Submission Type	The total of encounters denied for the submitter and submission type combination.	11	Character		CALCULATED FIELD
Totals -Encounters Informational -By Submitter / Submission Type	The total of informational encounters by submitter/submission type	11	Character		CALCULATED FIELD
Totals -Encounters Paid -By Submitter / Submission Type	The total of encounters paid for the submitter and submission type combination.	11	Character		CALCULATED FIELD
Totals -Encounters Void -By Submitter / Submission Type	The total of void encounters for the submitter and submission type combination.	11	Character		CALCULATED FIELD
Totals -Encounters threshold -By Submitter / Submission Type	The total of encounters threshold for the submitter and submission type combination.	11	Character		CALCULATED FIELD
Totals -Total Claim Type - By Submitter/	The total of encounters for the submitter and	11	Character		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
Submission Type	submission type combination.				

2.8.34.4 Associated Programs

Program	Description
clm0132	Encounters Submission Statistics
copy2routedir	Copy Reports to Router

2.8.34.5 Associated Requirements

ID
30.050.007.001.17
30.090.007.003.12
30.090.007.003.5
30.090.008.003.12

2.8.34.6 Change Orders

ID	Name	Description
1089	RPTS-Encounter Statistic-CLM0132	Modify encounters statistics reports. This KY CO is duplicated in the Core PWB. See Core CO 11767 - 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.
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

ID	Name	Description
		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.
665	RPTS - Change EDI- to CLM-	The submission statistics reports are produced from claim tables and not EDI tables. Claims updates the information for these reports. The report names, program names, and jobs names should be changed to CLM.

2.8.35 CLM-0132-O -- Encounters Submission Statistics - On Request

This report provides an On Request Encounters Submission Statistics summary of claim counts sent to the claims engine by submission type (NCPDP, ASC x12).

A system parameter, 'ENCONREQ' in T_SYSTEM_PARMS, is set when the Commonwealth requests this report; report begin and end dates must be provided to the job scheduler; and the job scheduler changes the 'ENCONREQ' date_parm_1 and dte_parm_2.

2.8.35.1 Technical Name

CLM-0132-O

2.8.35.2 Encounters Submission Statistics - On Request Layout

```
Report:   CLM-0132-O                          COMMONWEALTH OF KENTUCKY                                  Run Date:  MM/DD/CCYY
Process:  CLMJ0132                       MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:    HH:MM SS
Location: CLM0132                     ENCOUNTERS SUBMISSION STATISTICS - ON REQUEST                     Page:           99999
                                                MM/DD/CCYY  -  MM/DD/CCYY


Submission          Claim             Encounters     Encounters     Encounters     Total            Encounters     Encounters
Type                Type              Paid           Denied         Void           Claim Type       Threshold      Informational

837                 xxxxxxxxxxxxxxx   xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx    xxx,xxx,xxx
                    xxxxxxxxxxxxxxx   xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx    xxx,xxx,xxx
                    xxxxxxxxxxxxxxx   xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx    xxx,xxx,xxx
Total                                 xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx    xxx,xxx,xxx


NCPDP               xxxxxxxxxxxxxxx   xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx    xxx,xxx,xxx
                    xxxxxxxxxxxxxxx   xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx    xxx,xxx,xxx
                    xxxxxxxxxxxxxxx   xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx    xxx,xxx,xxx
Total                                 xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx    xxx,xxx,xxx


System Totals                         xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx    xxx,xxx,xxx      xxx,xxx,xxx    xxx,xxx,xxx
```

```
    Submitter 1          Submission Type: 837


Claim Type               Encounters      Encounters      Encounters      Total           Encounters      Encounters
                         Paid            Denied          Void            Claim Type      Threshold       Informational

xxxxxxxxxxxxxx           xxx,xxx,xxx      xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx
xxxxxxxxxxxxxx           xxx,xxx,xxx      xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx
xxxxxxxxxxxxxx           xxx,xxx,xxx      xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx

Totals                   xxx,xxx,xxx      xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx


    Submitter 2          Submission Type: NCPDP


Claim Type               Encounters      Encounters      Encounters      Total           Encounters      Encounters
                         Paid            Denied          Void            Claim Type      Threshold       Informational

xxxxxxxxxxxxxx           xxx,xxx,xxx      xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx
xxxxxxxxxxxxxx           xxx,xxx,xxx      xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx
xxxxxxxxxxxxxx           xxx,xxx,xxx      xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx

Totals                   xxx,xxx,xxx      xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx     xxx,xxx,xxx


                                        *** END OF REPORT ***
                                      ***NO DATA THIS REPORT ***
```

2.8.35.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Claim Type	The 'English' name of claim type. The claim type description that specifies the type of claim record.	15	Character	T_CLAIM_TYPE	DSC_CLM_TYPE
Claim Type -By Submitter / Submission Type.	The 'English' name of claim type. The claim type description that specifies the type of claim record.	15	Character	T_CLAIM_TYPE	DSC_CLM_TYPE
Encounters Denied - By Submitter / Submission Type.	The total count of encounters submitted and denied by the claims engine, for the submitter, submission type and encounter type combination.	11	Character		CALCULATED FIELD
Encounters Denied.	The total count of encounters submitted by indicated submission type, sent to the claims engine, and denied by the claims engine.	11	Character		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
Encounters Informational	The error disposition for encounters claims. (I) - Informational	11	Character		CALCULATED FIELD
Encounters Informational -By Submitter / Submission Type	The total count of encounters submitted and informational by the claims engine, for the submitter, submission type and encounter type combination.	11	Character		CALCULATED FIELD
Encounters Paid -By Submitter / Submission Type.	The total count of encounters submitted and paid by the claims engine, for the submitter, submission type and encounter type combination.	11	Character		CALCULATED FIELD
Encounters Paid.	The total count of encounters submitted by indicated submission type, sent to the claims engine, and paid by the claims engine.	11	Character		CALCULATED FIELD
Encounters Threshold	The error disposition for encounters claims. (T) - Threshold.	11	Character		CALCULATED FIELD
Encounters Threshold -By Submitter / Submission Type	The total count of encounters submitted and threshold by the claims engine, for the submitter, submission type and encounter type combination.	11	Character		CALCULATED FIELD
Encounters Void	The total count of encounters submitted by indicated submission type, sent to the claims engine, and void by the claims engine.	11	Character		CALCULATED FIELD
Encounters Void -By Submitter / Submission Type	The total count of encounters submitted and void by the claims engine, for the submitter, submission type and encounter type combination.	11	Character		CALCULATED FIELD
Submission Type	The origination of transmission. This field can have the following values: 837I, 837D, 837P and NCPDP (National Council for Prescription Drug Programs).	5	Character		CALCULATED FIELD
Submission Type - By Submitter /	The origination of transmission. This field can have the following values: 837I, 837D, 837P and NCPDP (National Council for Prescription Drug	5	Character		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
Submission Type	Programs).				
Submitter -By Submitter / Submission Type	The submitter ID on electronic claims or encounters.	16	Character	T_DOCUMENT_TRACK	ID_SND
System Totals - Total Claim Type	The total of claim type for all submission types.	11	Character		CALCULATED FIELD
System Totals - Encounters Denied	The total of encounters denied for all submission types.	11	Character		CALCULATED FIELD
System Totals - Encounters Informational	The total of informational encounters for all submission types.	11	Character		CALCULATED FIELD
System Totals - Encounters Paid	The total of encounters paid for all submission types.	11	Character		CALCULATED FIELD
System Totals - Encounters Threshold	The total of encounters threshold for all encounter types for the current submission type.	11	Character		CALCULATED FIELD
System Totals - Encounters Void	The total of void encounters for all submission types.	11	Character		CALCULATED FIELD
Total -Encounters Denied	The total of encounters denied for all encounter types for the current submission type.	11	Character		CALCULATED FIELD
Total -Encounters Informational	The total of informational encounters for all encounter types for the current submission type.	11	Character		CALCULATED FIELD
Total -Encounters Paid	The total of encounters paid for all encounter types for the current submission type.	11	Character		CALCULATED FIELD
Total -Encounters Threshold	The total of encounters threshold for all encounter types for the current submission type.	11	Character		CALCULATED FIELD
Total -Encounters	The total of void encounters for all encounter	11	Character		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
Void	types for the current submission type.				
Total -Total Claim Type	The total of total encounter types for all encounter types for the current submission type.	11	Character		CALCULATED FIELD
Total Claim Type	The total per line of each encounter type for the indicated submission type.	11	Character		CALCULATED FIELD
Total Claim Type -By Submitter / Submission Type	The total per line of each encounter type for the submitter, submission type and encounter type combination.	11	Character		CALCULATED FIELD
Totals -Encounters Denied -By Submitter / Submission Type	The total of encounters denied for the submitter and submission type combination.	11	Character		CALCULATED FIELD
Totals -Encounters Informational -By Submitter / Submission Type	The total count of encounters submitted and informational by the claims engine, for the submitter, submission type and encounter type combination.	11	Character		CALCULATED FIELD
Totals -Encounters Paid -By Submitter / Submission Type	The total of encounters paid for the submitter and submission type combination.	11	Character		CALCULATED FIELD
Totals -Encounters Void -By Submitter / Submission Type	The total of void encounters for the submitter and submission type combination.	11	Character		CALCULATED FIELD
Totals -Encounters threshold -By Submitter / Submission Type	The total of encounters threshold for the submitter and submission type combination.	11	Character		CALCULATED FIELD
Totals -Total Claim Type - By Submitter/ Submission Type	The total of encounters for the submitter and submission type combination.	11	Character		CALCULATED FIELD

2.8.35.4 Associated Programs

Program	Description
clm0132	Encounters Submission Statistics
copy2routedir	Copy Reports to Router

2.8.35.5 Associated Requirements

ID
30.050.007.001.17
30.090.007.003.12
30.090.007.003.5
30.090.008.003.12

2.8.35.6 Change Orders

ID	Name	Description
1089	RPTS-Encounter Statistic-CLM0132	Modify encounters statistics reports. This KY CO is duplicated in the Core PWB. See Core CO 11767 - 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.
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

ID	Name	Description
		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.
665	RPTS - Change EDI- to CLM-	The submission statistics reports are produced from claim tables and not EDI tables. Claims updates the information for these reports. The report names, program names, and jobs names should be changed to CLM.

2.8.36 CLM-0140-D -- Encounter Batch Summary

The Encounter Batch Summary reports how the Managed Care Organization's entire batch file of encounter claims processed.

2.8.36.1 Technical Name

CLM-0140-D

2.8.36.2 Encounter Batch Summary Layout

```
Report  : CLM-0140-D                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : CLMJD140                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: CLM0140D                            ENCOUNTER BATCH SUMMARY                                   Page:       9999
                                                  MM/DD/CCYY

-----------------------------------------------------------------------------------------------------------------------------
PROVIDER ID            MCO NAME
  SUBMITTER           BATCH  THRESHOLD   PERCENT   INFORMATIONAL    TOTAL     ENCOUNTER       BILLED         PAID
  FILE NAME           STATUS   COUNT     ERRORS      COUNT        ENCOUNTER     BAD          AMOUNT        AMOUNT
                                                                     COUNT       COUNT
-----------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXX  X    XXXXXXXXX    XXXXX      XXXXXXXXX    XXXXXXXXX   XXXXXXXXX   XXXXXXXXXXXXX XXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXX  X    XXXXXXXXX    XXXXX      XXXXXXXXX    XXXXXXXXX   XXXXXXXXX   XXXXXXXXXXXXX XXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXX  X    XXXXXXXXX    XXXXX      XXXXXXXXX    XXXXXXXXX   XXXXXXXXX   XXXXXXXXXXXXX XXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXX  X    XXXXXXXXX    XXXXX      XXXXXXXXX    XXXXXXXXX   XXXXXXXXX   XXXXXXXXXXXXX XXXXXXXXXXXXX
XXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXX  X    XXXXXXXXX    XXXXX      XXXXXXXXX    XXXXXXXXX   XXXXXXXXX   XXXXXXXXXXXXX XXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXX  X    XXXXXXXXX    XXXXX      XXXXXXXXX    XXXXXXXXX   XXXXXXXXX   XXXXXXXXXXXXX XXXXXXXXXXXXX
XXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXX  X    XXXXXXXXX    XXXXX      XXXXXXXXX    XXXXXXXXX   XXXXXXXXX   XXXXXXXXXXXXX XXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXX  X    XXXXXXXXX    XXXXX      XXXXXXXXX    XXXXXXXXX   XXXXXXXXX   XXXXXXXXXXXXX XXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXX  X    XXXXXXXXX    XXXXX      XXXXXXXXX    XXXXXXXXX   XXXXXXXXX   XXXXXXXXXXXXX XXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXX  X    XXXXXXXXX    XXXXX      XXXXXXXXX    XXXXXXXXX   XXXXXXXXX   XXXXXXXXXXXXX XXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXX  X    XXXXXXXXX    XXXXX      XXXXXXXXX    XXXXXXXXX   XXXXXXXXX   XXXXXXXXXXXXX XXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXX  X    XXXXXXXXX    XXXXX      XXXXXXXXX    XXXXXXXXX   XXXXXXXXX   XXXXXXXXXXXXX XXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXX  X    XXXXXXXXX    XXXXX      XXXXXXXXX    XXXXXXXXX   XXXXXXXXX   XXXXXXXXXXXXX XXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXX  X    XXXXXXXXX    XXXXX      XXXXXXXXX    XXXXXXXXX   XXXXXXXXX   XXXXXXXXXXXXX XXXXXXXXXXXXX
XXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXX  X    XXXXXXXXX    XXXXX      XXXXXXXXX    XXXXXXXXX   XXXXXXXXX   XXXXXXXXXXXXX XXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXX  X    XXXXXXXXX    XXXXX      XXXXXXXXX    XXXXXXXXX   XXXXXXXXX   XXXXXXXXXXXXX XXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXX  X    XXXXXXXXX    XXXXX      XXXXXXXXX    XXXXXXXXX   XXXXXXXXX   XXXXXXXXXXXXX XXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXX  X    XXXXXXXXX    XXXXX      XXXXXXXXX    XXXXXXXXX   XXXXXXXXX   XXXXXXXXXXXXX XXXXXXXXXXXXX

                                   ***   END OF REPORT   ***
                                 ***   NO DATA THIS RUN   ***
```

2.8.36.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
BATCH STATUS	The status of the batch.	1	Character	T_ENC_BATCH_PROCESS	CDE_BATCH_STATUS
BILLED AMOUNT	The total amount billed for the batch. Format $99999999999.99.	13	Number	T_ENC_BATCH_PROCESS	AMT_BILLED
ENCOUNTER BAD COUNT	The number of claims not processed due to internal errors.	9	Number	T_ENC_BATCH_PROCESS	BAD_CLM_CNT
INFORMATIONAL COUNT	The count of informational errors in the batch.	9	Number	T_ENC_BATCH_PROCESS	CNT_INFORMATIONAL
MCO NAME	Managed Care Organization(MCO) Name.	50	Character	T_TP	NAM_TP
PAID AMOUNT	The total amount paid for the batch. Format $99999999999.99	13	Number	T_ENC_BATCH_PROCESS	AMT_PAID
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%.	5	Number	N/A	N/A
PROVIDER ID	The ISA06 or ISA08 value in X12 document, Id being used by trading partner as sender or receiver.	15	Character	T_TP	ID_ISA_IDENTIFIER
SUBMITTER FILENAME	The original name of the file when it was received.	30	Character		
THRESHOLD COUNT	The count of threshold errors in the batch.	9	Number	T_ENC_BATCH_PROCESS	CNT_TRESHOLD
TOTAL ENCOUNTER COUNT	The total count of new day claims.	9	Number	T_ENC_BATCH_PROCESS	ORIG_CLAIM_TOT

2.8.36.4 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router

Program	Description
clm0140d	Encounter Batch Summary

2.8.36.5 Associated Requirements

ID
30.090.007.003.5

2.8.36.6 Change Orders

ID	Name	Description
2295	CLM0140D-Encounter Batch Summary	Create a new daily claims report which tells how the Managed Care Organization entire batch file of encounter claims processed.
6100	Total # encounters/not matching	Encounter Batch Summary Search Results panel does not reflect the same numbers as reported on the Encounters Submission Statistics - Daily report.
6709	CLM0140D column missing	Encounter count column is missing on the report in OnBase This panel can be seen in interchange, but it is missing in OnBase. We are able to arrive at the number, without this column, but it is helpful to have.

2.8.37 CLM-5000-D -- Top Ten Claims Approved For Payment

This report lists the ten claims with the highest reimbursement amounts approved for payment for each claim type for the adjudication cycle.

2.8.37.1 Technical Name

CLM-5000-D

2.8.37.2 Top Ten Claims Approved For Payment Layout

```
REPORT  : CLM-5000-D                    COMMONWEALTH OF KENTUCKY                                  RUN DATE: MM/DD/YYYY
PROCESS : CLMJD500                 MEDICAID MANAGEMENT INFORMATION SYSTEM                         RUN TIME:   HH:MM:SS
LOCATION: CLM5000D                   TOP 10 CLAIMS APPROVED FOR PAYMENT                              PAGE:       9999
                                              MM/DD/CCYY

                                 ICN          PROVIDER              MEMBER       DATES OF SERVICE          TOTAL       PAYMENT
    CLAIM TYPE                                  ID                    ID          FIRST     LAST            CHARGE       AMOUNT

DENTAL CLAIMS                XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99

INPATIENT CLAIMS             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99

PHARMACY CLAIMS              XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99

OUTPATIENT CLAIMS            XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99
                             XXXXXXXXXXXXX  XXX XXXXXXXXXXXXXXX   XXXXXXXXX     MM/DD/CCYY MM/DD/CCYY  99999999.99  99999999.99

                                          *** END OF REPORT ***
                                        *** NO DATA THIS RUN ***
```

2.8.37.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CLAIM TYPE	The 'English' name of the claim type code that specifies the type of claim record.	11	Character	T_CLAIM_TYPE	DSC_CLM_TYPE
DATES OF SERVICE-FIRST	The first day of service of the claim.	10	Date (MM/DD/CCYY)	T_PD_[DNTL|PHARM|PHYS|UB92]_HDR	DTE_FIRST_SVC|DTE_PRESCRIBE
DATES OF SERVICE-LAST	The last day of service of the claim.	10	Date (MM/DD/CCYY)	T_PD_[DNTL|PHARM|PHYS|UB92]_HDR	DTE_LAST_SVC|DTE_PRESCRIBE
ICN	The internal control number.	13	Character	T_PD_[DNTL|PHARM|PHYS|UB92]_HDR	NUM_ICN
MEMBER ID	The Medicaid identification number for the member.	11	Character	T_RE_BASE	ID_MEDICAID
PAYMENT AMOUNT	The reimbursement amount.	15	Number	T_PD_[DNTL|PHARM|PHYS|UB92]_HDR	AMT_PAID|AMT_TOT_REIMB(phys)
PROVIDER ID	The pay-to provider number. The provider number for the requesting and servicing provider.	15	Character	T_PR_IDENTIFIER + HDR	ID_PROVIDER||SAK_PROV_LOC
PROVIDER ID TYPE	This is the provider ID	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

Field	Description	Length	Data Type	DB Table	DB Attributes
	type. (NPI-National Provider ID MCD-Medicaid Provider Number BSE-Base Provider ID).				
TOTAL CHARGE	The total charge.	15	Number	T_PD_[DNTL|PHARM|PHYS|UB92]_HDR	AMT_BILLED|AMT_BILLED_UB92

2.8.37.4 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
clm5000d	Top Ten Claims Approved For Payment

2.8.37.5 Associated Requirements

ID
30.050.007.001.17

2.8.37.6 Change Orders

ID	Name	Description
1110	RPTS - CLM-5000-D Create Report	EDS will create a process to generate Top Ten Claims Approved For Payment report.
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

ID	Name	Description
		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.
2208	CLM5000-Remove COS Field	This report is the re-creation an existing report in the Kentucky system. The description of COS on the existing Kentucky report is "The category of service of the servicing provider". The new report is populating this field with the cde_prov_type from the T_PR_TYPE table. The COS will not be assigned until Financial we should not display a COS on the claim reports. This KY CO is duplicated in the Core PWB. See Core CO 12077 - all documentation will be updated on this CO.
4326	CLM:5000D-Top 10 Claims Approved	CLM:5000D is a daily report. The provider id data is not displayed on the report on OnBase. CO 2078 was implemented to display the NPI provider id for this report.
7058	CLM-5000-D Header Date	On the CLM-5000-D the date within the header is not centered.

2.8.38 CLM-8600-W -- Pended Claims Aging

This report provides a total of pended claim documents by claim type and number of days in which they have been in a pending claim status. The submitted charge for each date range and a cumulative submitted charge are also shown on this report.

2.8.38.1 Technical Name

CLM-8600-W

2.8.38.2 Pended Claims Aging Layout

```
Report  : CLM-8600-W                 COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/YYYY
Process : CLMJW860          MEDICAID MANAGEMENT INFORMATION SYSTEM               Run Time:   HH:MI:SS
Location: CLM8600W                 PENDED CLAIMS AGING REPORT                       Page:        9999
                                    MM/DD/CCYY - MM/DD/CCYY

   CLAIM TYPE: @<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

                ---- FOR NON-ADJUSTMENTS ----        ------ FOR ADJUSTMENTS ------        --------- CUMULATIVE --------
    DAYS        PENDING          SUBM. CHARGE        PENDING          SUBM. CHARGE        PENDING          SUBM. CHARGE
                DOCUMENTS                            DOCUMENTS                            DOCUMENTS

   0 -  30     99,999,999      99,999,999.99       99,999,999      99,999,999.99       999,999,999      999,999,999.99
  31 -  60     99,999,999      99,999,999.99       99,999,999      99,999,999.99       999,999,999      999,999,999.99
  61 -  90     99,999,999      99,999,999.99       99,999,999      99,999,999.99       999,999,999      999,999,999.99
  91 - 120     99,999,999      99,999,999.99       99,999,999      99,999,999.99       999,999,999      999,999,999.99
 121 - 150     99,999,999      99,999,999.99       99,999,999      99,999,999.99       999,999,999      999,999,999.99
 181 - 210     99,999,999      99,999,999.99       99,999,999      99,999,999.99       999,999,999      999,999,999.99
   > 210       99,999,999      99,999,999.99       99,999,999      99,999,999.99       999,999,999      999,999,999.99

   CLAIM TYPE: @<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

                ---- FOR NON-ADJUSTMENTS ----        ------ FOR ADJUSTMENTS ------        --------- CUMULATIVE --------
    DAYS        PENDING          SUBM. CHARGE        PENDING          SUBM. CHARGE        PENDING          SUBM. CHARGE
                DOCUMENTS                            DOCUMENTS                            DOCUMENTS

   0 -  30     99,999,999      99,999,999.99       99,999,999      99,999,999.99       999,999,999      999,999,999.99
  31 -  60     99,999,999      99,999,999.99       99,999,999      99,999,999.99       999,999,999      999,999,999.99
  61 -  90     99,999,999      99,999,999.99       99,999,999      99,999,999.99       999,999,999      999,999,999.99
  91 - 120     99,999,999      99,999,999.99       99,999,999      99,999,999.99       999,999,999      999,999,999.99
 121 - 150     99,999,999      99,999,999.99       99,999,999      99,999,999.99       999,999,999      999,999,999.99
 181 - 210     99,999,999      99,999,999.99       99,999,999      99,999,999.99       999,999,999      999,999,999.99
   > 210       99,999,999      99,999,999.99       99,999,999      99,999,999.99       999,999,999      999,999,999.99

                                      ***    END OF REPORT    ***
                                     ***   NO DATA THIS RUN    ***
```

2.8.38.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CLAIM TYPE	The description of the claim type is printed after the value of the claim input form indicator. Claim type of 'all' is produced at the end of the report for all of the listed claim types (using the same ranges).	50	Character	T_CLAIM_TYPE	DSC_CLM_TYPE
CUMULATIVE	The tally of claim documents and dollars for claims and adjustments falling into the ranges listed cumulatively from the first to the last range - Heading.	28	Number (Integer)		CALCULATED FIELD
CUMULATIVE - PENDING DOCUMENTS	The tally of the number of claims and adjustment documents with a suspended claim status on the Suspended Claims file for the specific range of days of file.	6	Number (Integer)		CALCULATED FIELD
CUMULATIVE - SUBM. CHARGE	The tally of the total claim charge amounts in the claims and adjustments that were tallied for the specific range of days. This represents dollar amounts requested (total claim charges).	12	Number (Decimal)		CALCULATED FIELD
DAYS	The number of days ranges that are printed represent the number of days difference between date entered and the most current suspense date for claims in that claim type. The number of days ranges are incremented by 30 with a range dependent on the oldest suspended claim.	9	Number (Integer)		CALCULATED FIELD
FOR ADJUSTMENTS	The tally of claims and dollars for adjustment claims - Heading.	28	Number (Integer)		CALCULATED FIELD
FOR ADJUSTMENTS - PENDING DOCUMENTS	The tally of the number of adjustments with a suspended status on the suspended claims file for the specific range of days.	5	Number (Integer)		CALCULATED FIELD
FOR ADJUSTMENTS -	The tally of the total claim charge amounts in the adjustments that were tallied for the specific range	10	Number (Decimal)		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
SUBM CHARGE	of days.				
FOR NON-ADJUSTMENT	The tally of claims and dollars for non-adjustment claims - Heading.	28	Number (Integer)		CALCULATED FIELD
FOR NON-ADJUSTMENT - PENDING DOCUMENTS	The tally of the number of claim documents with a suspended claim status on the Suspended Claims file for the specific range of days.	5	Number (Integer)		CALCULATED FIELD
FOR NON-ADJUSTMENT - SUBM. CHARGE	The tally of the total claim charge amounts in the claims that were tallied for the specific range of days. This represents dollar amounts requested (total claim charges).	10	Number (Decimal)		CALCULATED FIELD

2.8.38.4 Associated Programs

Program	Description
clm8600w	Pended Claims Aging Report
copy2routedir	Copy Reports to Router

2.8.38.5 Associated Requirements

ID
30.050.007.001.17

2.8.38.6 Change Orders

ID	Name	Description
1122	RPTS - CLM-8600-W Create Report	Create the Pended Claims Aging Report in interChange.
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.
7162	CLM-8600-W has incorrect totals	Date span appears to be incorrect and the cumulative figures for claim type "all" appears to be duplicating.

2.8.39 CLM-9914-Q -- Abortions Procedure Report

This report displays and summarizes claims with abortion procedures for the quarter.

2.8.39.1 Technical Name

CLM-9914-Q

2.8.39.2 Abortions Procedure Report Layout

```
Report   : CLM-9914-Q                                  COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/YYYY
Process  : CLMJQ991                              MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: CLM9914Q                                     ABORTIONS PROCEDURE REPORT                                     Page:       9999
                                                        MM/DD/CCYY - MM/DD/CCYY

MEMBER                                MEMBER     MEMBER       PROVIDER            ICN              FDOS       LDOS         PAID        CLAIM
NAME                                  DOB        ID           ID                                                           AMT         TYPE
-------------------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X   CCYY/MM/DD XXXXXXXXXXXX XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY 99,999,999.99   X
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X   CCYY/MM/DD XXXXXXXXXXXX XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY 99,999,999.99   X
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X   CCYY/MM/DD XXXXXXXXXXXX XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY 99,999,999.99   X
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X   CCYY/MM/DD XXXXXXXXXXXX XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY 99,999,999.99   X
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X   CCYY/MM/DD XXXXXXXXXXXX XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY 99,999,999.99   X
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X   CCYY/MM/DD XXXXXXXXXXXX XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY 99,999,999.99   X
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X   CCYY/MM/DD XXXXXXXXXXXX XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY 99,999,999.99   X
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X   CCYY/MM/DD XXXXXXXXXXXX XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY 99,999,999.99   X
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X   CCYY/MM/DD XXXXXXXXXXXX XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY 99,999,999.99   X
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X   CCYY/MM/DD XXXXXXXXXXXX XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY 99,999,999.99   X
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X   CCYY/MM/DD XXXXXXXXXXXX XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY 99,999,999.99   X
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X   CCYY/MM/DD XXXXXXXXXXXX XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY 99,999,999.99   X
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X   CCYY/MM/DD XXXXXXXXXXXX XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY 99,999,999.99   X
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X   CCYY/MM/DD XXXXXXXXXXXX XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY 99,999,999.99   X
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X   CCYY/MM/DD XXXXXXXXXXXX XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY 99,999,999.99   X
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X   CCYY/MM/DD XXXXXXXXXXXX XXX XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY 99,999,999.99   X

                                                    *** END OF REPORT ***
                                                   *** NO DATA THIS RUN ***
```

2.8.39.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CLAIM TYPE	The claim type of the reported claim. Field in DB: CDE_CLM_TYPE Table in DB: UNION(T_PD_PHYS_HDR,	10	Character	SEE DESCRIPTION	CDE_CLM_TYPE

Field	Description	Length	Data Type	DB Table	DB Attributes
	T_PD_UB92_HDR).				
FDOS	The from date of service on the claim. Field in DB: DTE_FIRST_SVC Table in DB: UNION(T_PD_PHYS_DTL, T_PD_UB92_DTL).	10	Date (MM/DD/CCYY)	SEE DESCRIPTION	DTE_FIRST_SVC
ICN	The internal transaction control number. Field in DB: NUM_ICN Table in DB: UNION(T_PD_PHYS_HDR, T_PD_UB92_HDR).	20	Character	SEE DESCRIPTION	NUM_ICN
LDOS	The last date of service on the claim. Field in DB: DTE_LAST_SVC Table in DB: UNION(T_PD_PHYS_DTL, T_PD_UB92_DTL).	10	Date (MM/DD/CCYY)	SEE DESCRIPTION	DTE_LAST_SVC
MEMBER DOB	The member date of birth.	10	Date (CCYY/MM/DD)	T_RE_BASE	DTE_BIRTH
MEMBER ID	The member identification number.	11	Character	T_RE_BASE	ID_MEDICAID
MEMBER NAME	The member name from the claim.	30	Character	T_RE_BASE	NAM_LAST + NAM_FIRST + NAM_MID_INIT
PAID AMT	The claim paid amount.	15	Number	SEE DESCRIPTION	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
	Field in DB: AMT_PAID Table in DB: UNION(T_PD_PHYS_DTL, T_PD_UB92_DTL).				
PROVIDER ID	The provider number for the requesting and servicing provider. Field in DB: ID_PROVIDER + CDE_SERVICE_LOC Table in DB: T_PR_PROV, UNION(T_PD_PHYS_HDR, T_PD_UB92_HDR).	15	Character	SEE DESCRIPTION	SEE DESCRIPTION
PROVIDER ID TYPE	This the Provider ID type(NPI, MID, BSE).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

2.8.39.4 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
clm9914q	Abortions Procedure Report

2.8.39.5 Associated Requirements

ID
30.050.007.001.17

2.8.39.6 Change Orders

ID	Name	Description

ID	Name	Description
1141	RPTS - CLM-9914-Q Create Report	EDS will create a process to generate Abortions Procedure Report. This KY CO is duplicated in the Core PWB. See Core CO 10268 - 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.
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.
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.

2.9 Letters

The Claims subsystem does not produce or send any letters.

2.10 Claims Internal and External Interfaces

The Subsystem Name Functional Area Input and Output files folder contains a list of all subsystem external input and output files, as well as who sends or receives the file and the frequency with which it is transacted. It also contains the file layouts for each of the external files in this subsystem.

2.10.1 Entities

CMS COBC	**Center for Medicare and Medicaid Services Coordination of Benefits Contractor**
Transportation Cabinet	Kentucky Transportation Cabinet
First Health PBA	First Health Pharmacy Benefit Administrator
KMAA	Kentucky Medicaid Administrative Agent
McKesson ClaimCheck	McKesson ClaimCheck
Passport Health Plan	Kentucky Medicaid Managed Care Organization
HMS	Health Management Systems (formerly PCG)

2.10.2 Input Files

Interface ID	**File Name**	**Entity**	**Frequency**
421	Pharmacy Claims - NCPDP 5.1	First Health PBA	Bi-Weekly
528	Pharmacy Encounters - NCPDP 5.1	Passport Health Plan	Request
540	Institutional Encounters - 837I	Passport Health Plan	Request
541	Dental Encounters - 837D	Passport Health Plan	Request
542	Professional Encounters - 873P	Passport Health Plan	Request
362	Private Transportation Non-Emergency Encounters - 837P	Transportation Cabinet	Request
450	Part A Crossover Claims - 837I	CMS COBC	Request
771	Part B Crossover Claims - 837P	CMS COBC	Request
Obsolete	Part A Crossover Claims - 837I	Passport Advantage	Request

Interface ID	File Name	Entity	Frequency
Obsolete	Part B Crossover Claims - 837P	Passport Advantage	Request

2.10.3 Output Files

Interface ID	File Name	Entity	Frequency	Subsystem
425	J-Code Claims	First Health PBA	Quarterly	DSS
627, 804, 805	Monthly Claim Data	First Health PBA	Monthly	DSS
748	Encounter Error Transactions - U277	Passport Health Plan	Request	Claims
360	Encounter Error Response File	Transportation Cabinet	Request	Claims
737, 738, 739, 554	End of Month Claim File	HMS	Monthly	DSS
Obsolete	Detail Claim Data	KMAA	Monthly	DSS
Obsolete	Monthly Summary Claim Data	KMAA	Monthly	DSS
643	Dental Claims	McKesson ClaimCheck	Daily	Claims
659	Preventive Services Extract	Commonwealth	Monthly	DSS
503	Nursing Facilities Claim Extract	Commonwealth	Monthly	DSS
637, 636	Ineligible Part A X-Over Claims	Commonwealth	Quarterly	DSS

2.10.4 Input-Output Files

File Name	Entity	Frequency	Subsystem
No Input-Output Files.			

2.10.5 File Layouts

- Output – McKesson ClaimCheck Dental File

2.10.6 Output McKesson ClaimCheck Dental File

FIELD NAME	TYPE	START	END	LENGTH
Filler	Alphanumeric	1	4	4
Filler	Alphanumeric	5	5	1
Account ID	Alphanumeric	6	19	14
Claim	Alphanumeric	20	41	22
DOS	Date	42	49	8
Sex	Alphanumeric	50	50	1
DOB	Alphanumeric	51	58	8
Provider	Alphanumeric	59	73	15
Claim Diagnosis 1	Alphanumeric	74	78	5
Claim Diagnosis 2	Alphanumeric	79	83	5
Claim Diagnosis 3	Alphanumeric	84	88	5
Claim Diagnosis 4	Alphanumeric	89	93	5
Specialty	Alphanumeric	94	100	7
Filler	Alphanumeric	101	106	6
Optional Data	Alphanumeric	107	120	14
Proc Count	Numeric	121	122	2
Procedure Data repeats 40 times				
Procedure	Alphanumeric	123	129	7
Modifier	Alphanumeric	130	131	2
DOS	Date	132	139	8
Surface ID	Alphanumeric	140	144	5

FIELD NAME	TYPE	START	END	LENGTH
Charge	Numeric (2 dec plcs)	145	151	7
UCR Amt	Numeric (2 dec plcs)	152	158	7
Provider	Alphanumeric	159	171	13
Location	Alphanumeric	172	173	2
Specialty	Alphanumeric	174	180	7
History Ind	Alphanumeric	181	181	1
Sort Data	Alphanumeric	2483	2496	14
Filler	Alphanumeric	2497	2530	34

	McKesson Fields		EDS tables
# 1	FILLER	• Ignore this filler field. ClaimCheck Dental blank-fills here for five (5) positions.	Blank field.

	McKesson Fields		EDS tables
# 2	TR-ACCOUNT-ID (Optional)	• Only applicable if you define multiple accounts in ClaimCheck Dental. • Identifies the account whose claim is being submitted for auditing. If valued, must be defined in ClaimCheck Dental (via the Account Definition screen). • If not valued, ClaimCheck Dental will access the files tied to the McKesson account (i.e., as in normal single-account processing). • For more information on multiple accounts, refer to the chapter titled, “Setting Up Accounts in ClaimCheck Dental.” • Text field with a maximum length of fourteen (14). • Left-justify, blank-fill.	Blank field:- Not multiple accounts.
# 3	TR-CLAIM (Required)	• Claim identification number. • Text field with a maximum length of twenty-two (22). • Left-justify, blank-fill.	Field:- NUM_ICN Number assigned to a claim processed in the system which is used for control puposes. Table: - t_pd_dntl_hdr

	McKesson Fields		EDS tables
# 4	TR-DFLT-DOS (May be required)	• Default date of service; ClaimCheck Dental uses this date if the procedure-level date of service (TR-PX-DOS) is not provided for one or more procedures on the claim. • Required if TR-PX-DOS is not provided for all procedures on the claim. • Defined as the date the procedure was provided/ performed for the claimant. • MMDDYYYY format with a fixed length of eight (8), if provided; otherwise, blank-fill.	Field:- DTE_FIRST_SVC Date on which service was first provided.(oldest date of all details). Table:- T_PD_DNTL_HDR
# 5	TR-SEX (Optional)	• Patient's sex. • Must be an M or F alpha character.	Field:- CDE_SEX Indicates the sex of the recipient. Table:- T_RE_BASE
# 6	TR-DOB (Required)	• Patient's date of birth. • MMDDYYYY format with a fixed length of eight (8).	Field:- DTE_BIRTH The date of birth for the recipient. Table:- T_RE_BASE
# 7	TR-PROVIDER (Optional)	• Provider's identification number for claim level. • Text field with a maximum length of fifteen (15). • Left-justify, blank-fill.	Field: prov_billing or sak_prov_perf Table : - t_pd_dntl_hdr

	McKesson Fields		EDS tables
# 8	TR-DX-1 (Optional)	• Claim-level DIAGNOSIS 1. • Standard 3-5 character ICD-9 Diagnosis Code (without decimal point). • Text field with a maximum length of five (5). • Left-justify, blank-fill.	Blank field.
# 9	TR-DX-2 (Optional)	• Claim-level DIAGNOSIS 2. • Standard 3-5 character ICD-9 Diagnosis Code (without decimal point). • Text field with a maximum length of five (5). • Left-justify, blank-fill.	Blank field.
# 10	TR-DX-3 (Optional)	• Claim-level DIAGNOSIS 3. • Standard 3-5 character ICD-9 Diagnosis Code (without decimal point). • Text field with a maximum length of five (5). • Left-justify, blank-fill.	Blank field.
# 11	TR-DX-4 (Optional)	• Claim-level DIAGNOSIS 4. • Standard 3-5 character ICD-9 Diagnosis Code (without decimal point). • Text field with a maximum length of five (5). • Left-justify, blank-fill.	Blank field.
# 12	TR-SPECIALTY (Optional)	• Provider's specialty. • Text field with a maximum length of seven (7). • Left-justify, blank-fill.	Field: cde_prov_spec Table : - t_pd_dntl_hdr

	McKesson Fields		EDS tables
# 13	FILLER	• Ignore this filler field. ClaimCheck Dental blank fills here for 6 positions.	Blank field
# 14	TR-OPTIONAL-DATA (Optional)	• Can be used to store any user-defined field. If valued, this field will either: • Print on the Claims Audit Report (as information only), or • Serve as an additional sort field in all the audit reports. • For more information, refer to the chapter titled “Generating Reports.” • Text field with a maximum length of fourteen (14). • Left-justify, blank-fill.	Blank field
# 15	TR-PX-COUNT (Required)	• Total number of procedures submitted on the claim. • Numeric field with a maximum length of two (2). • Allowable values are in the range 01 through 40 since ClaimCheck Dental supports up to forty (40) procedures per claim. • Right-justify, zero-fill.	Count total of procedures Total <= 40

	McKesson Fields		EDS tables
# 16	TR-CODE (Required)	• Must be a valid procedure code, depending on which dental coding system is used at your site. • A least one procedure code is required to process a claim through ClaimCheck Dental. • Text field with a maximum length of seven (7). Only the first five (5) characters are used. • Left-justify, blank-fill.	Field : - sak_procdure Table: - t_mphx_dental_dtl Field:- CDE_PROC Code used to identify a medical, dental, or DME procedure. Table:-T_PROC
# 17	TR-CODE-MODIFIER	• Must be a valid procedure modifier. • To identify codes billed by an assistant surgeon, use a valid assistant surgeon modifier (80, 81, 82). Doing so will invoke the Assistant Surgeon edit (only if the corresponding option is turned on in the Client Options screen). • Left-justify, blank-fill.	Field : - cde_mod_1 cde_mod_2 cde_mod_3 cde_mod_4 Table: - t_mphx_dental_dtl
# 18	TR-PX-DOS (May be required)	• The date the procedure was provided/performed for the claimant. • Required if the default date of service (TR-DFLT-DOS) is not provided. • MMDDYYYY format with a fixed length of eight (8), if provided; otherwise, blank-fill. • If the procedure-level date of service is not supplied, ClaimCheck Dental will insert TR-DFLT-DOS here.	Field:- DTE_FIRST_SVC Date on which services were first performed for a recipient. Table:- T_MPHX_DENTAL_DTL

	McKesson Fields		EDS tables
# 19	TR-SURFACE-ID (Optional)	• The codes for the surface(s) involved in the procedure (if any). • Up to five codes are allowed. • Valid codes: B, D, F, I, L, M, and O. • Duplicate codes are invalid. • B and F are mutually exclusive. • I and O are mutually exclusive.	Fields:- CDE_SURFACE_1, CDE_SURFACE_2, CDE_SURFACE_3, CDE_SURFACE_4, CDE_SURFACE_5 Table:- T_MPHX_DENTAL_DTL
# 20	TR-CHARGE (Optional)	• The amount charged (billed) by the provider for the valid dental coding system procedure code. • To obtain meaningful data from ClaimCheck Dental's Financial Module, TR-CHARGE and TR-UCR must be provided for all procedures on the claim. • Numeric format: 9(5)V99 (assumed decimal point). • Right-justify, zero-fill.	Field:- AMT_PAID Table:- T_MPHX_DENTAL_DTL
# 21	TR-UCR (Optional)	• The usual and customary fee assigned to the valid dental coding system procedure code, at the time the claim was processed on your claims processing system. • To obtain meaningful data from the Financial Module, TR-CHARGE and TR-UCR must be provided for all procedures on the claim. • Numeric format: 9(5)V99 (assumed decimal point). • Right-justify, zero-fill.	Blank field

	McKesson Fields		EDS tables
# 22	TR-PX-PROVIDER (Optional)	• Provider's identification number for procedure level. Must be filled in if claim level provider is spaces. • Text field with a maximum length of thirteen (13). • Left-justify, blank-fill.	Field: prov_billing or sak_prov_perf Table: - t_mphx_dental_dtl
# 23	TR-PX-LOCATION (Required)	• Tooth location identification code. • Text field with a maximum length of two (2). • Left-justify, blank-fill.	Field:- CDE_TOOTH_NBR Code which indicates the tooth on which a particular service was performed. Table:- T_MPHX_DENTAL_DTL
# 24	TR-PX-SPECIALTY (Optional)	• Provider's specialty for this procedure. • Text field with a maximum length of seven (7). • Left-justify, blank-fill.	Field : - cde_prov_spec_1 Table: - t_mphx_dental_dtl
# 25	TR-HISTORY-IND (Required)	• History indicator for procedure: • 0 = Current procedure • 1 = History	Always a current procedure Default 0
# 26	TR-SORT-DATA (Optional)	• Can be used to store any user-defined field. When valued, this field serves as a sort key in all the audit reports. • For more information, refer to the chapter titled "Generating Reports". • Text field with a maximum length of 14. • Left-justify, blank-fill.	Blank field

	McKesson Fields		EDS tables
# 27	FILLER	• Ignore this filler field. ClaimCheck Dental blank-fills here for 34 positions.	Blank field

2.11 Requirement Matrix and Cross Reference

This section provides a crosswalk of each functional requirement included in the KY MMIS Requirements Checklist shown in the RFP Appendix to MMIS design components. This is accomplished by listing each requirement with its current status, associated change orders and mapped system objects.

Requirement	Status	Mapped Objects	Change Orders
2874A	Open		
2908A	Identified		242 - Enable image access
30.030.007	No mapping required		
30.030.007.001	No mapping required		
30.030.007.001.1	No mapping required		
30.030.007.001.10	No mapping required		
30.030.007.001.11	No mapping required		
30.030.007.001.12	No mapping required		
30.030.007.001.13	No mapping required		
30.030.007.001.14	No mapping required		
30.030.007.001.15	No mapping required		
30.030.007.001.16	No mapping required		
30.030.007.001.17	No mapping required		
30.030.007.001.18	No mapping required		
30.030.007.001.19	No mapping required		
30.030.007.001.2	No mapping		

Requirement	Status	Mapped Objects	Change Orders
	required		
30.030.007.001.20	No mapping required		
30.030.007.001.3	No mapping required		
30.030.007.001.4	No mapping required		
30.030.007.001.5	No mapping required		
30.030.007.001.6	No mapping required		
30.030.007.001.7	No mapping required		
30.030.007.001.8	No mapping required		
30.030.007.001.9	No mapping required		
30.030.007.002	No mapping required		
30.030.007.002.1	No mapping required		
30.030.007.002.10	No mapping required		
30.030.007.002.11	No mapping required		
30.030.007.002.12	No mapping required		
30.030.007.002.13	No mapping required		
30.030.007.002.14	No mapping required		
30.030.007.002.15	No mapping required		
30.030.007.002.16	No mapping required		

Requirement	Status	Mapped Objects	Change Orders
30.030.007.002.17	No mapping required		
30.030.007.002.18	No mapping required		
30.030.007.002.19	No mapping required		
30.030.007.002.2	No mapping required		
30.030.007.002.20	No mapping required		
30.030.007.002.21	No mapping required		
30.030.007.002.22	No mapping required		
30.030.007.002.23	No mapping required		
30.030.007.002.24	No mapping required		
30.030.007.002.25	No mapping required		
30.030.007.002.26	No mapping required		
30.030.007.002.27	No mapping required		
30.030.007.002.28	No mapping required		
30.030.007.002.29	No mapping required		
30.030.007.002.3	No mapping required		
30.030.007.002.30	No mapping required		
30.030.007.002.31	No mapping required		
30.030.007.002.32	No mapping		

Requirement	Status	Mapped Objects	Change Orders
	required		
30.030.007.002.33	No mapping required		
30.030.007.002.34	No mapping required		
30.030.007.002.35	No mapping required		
30.030.007.002.36	No mapping required		
30.030.007.002.37	No mapping required		
30.030.007.002.38	No mapping required		
30.030.007.002.39	No mapping required		
30.030.007.002.4	No mapping required		
30.030.007.002.40	No mapping required		
30.030.007.002.41	No mapping required		
30.030.007.002.42	No mapping required		
30.030.007.002.43	No mapping required		
30.030.007.002.44	No mapping required		
30.030.007.002.45	No mapping required		
30.030.007.002.46	No mapping required		
30.030.007.002.47	No mapping required		
30.030.007.002.48	No mapping required		

Requirement	Status	Mapped Objects	Change Orders
30.030.007.002.49	No mapping required		
30.030.007.002.5	No mapping required		
30.030.007.002.6	No mapping required		
30.030.007.002.7	No mapping required		
30.030.007.002.8	No mapping required		
30.030.007.002.9	No mapping required		
30.030.008	No mapping required		
30.030.008.001	No mapping required		
30.030.008.001.1	No mapping required		
30.030.008.001.2	No mapping required		
30.030.008.001.3	No mapping required		
30.030.008.001.4	No mapping required		
30.030.008.001.5	No mapping required		
30.030.008.001.6	No mapping required		
30.030.008.001.7	No mapping required		
30.030.008.001.8	No mapping required		
30.030.008.001.9	No mapping required		
30.030.008.002	No mapping		

Requirement	Status	Mapped Objects	Change Orders
	required		
30.030.008.002.1	No mapping required		
30.030.008.002.10	No mapping required		
30.030.008.002.11	No mapping required		
30.030.008.002.12	No mapping required		
30.030.008.002.13	No mapping required		
30.030.008.002.14	No mapping required		
30.030.008.002.15	No mapping required		
30.030.008.002.16	No mapping required		
30.030.008.002.17	No mapping required		
30.030.008.002.18	No mapping required		
30.030.008.002.19	No mapping required		
30.030.008.002.2	No mapping required		
30.030.008.002.20	No mapping required		
30.030.008.002.3	No mapping required		
30.030.008.002.4	No mapping required		
30.030.008.002.5	No mapping required		
30.030.008.002.6	No mapping required		

Requirement	Status	Mapped Objects	Change Orders
30.030.008.002.7	No mapping required		
30.030.008.002.8	No mapping required		
30.030.008.002.9	No mapping required		
30.030.010.001	No mapping required		
30.030.010.001.1	No mapping required		
30.030.010.001.2	No mapping required		
30.030.010.001.3	No mapping required		
30.030.010.001.4	No mapping required		
30.030.010.001.5	No mapping required		
30.030.010.001.6	No mapping required		
30.030.010.001.7	No mapping required		
30.030.010.001.8	No mapping required		
30.030.010.002	No mapping required		
30.030.010.002.1	No mapping required		
30.030.010.002.10	No mapping required		
30.030.010.002.2	No mapping required		
30.030.010.002.3	No mapping required		
30.030.010.002.4	No mapping		

Requirement	Status	Mapped Objects	Change Orders
	required		
30.030.010.002.5	No mapping required		
30.030.010.002.6	No mapping required		
30.030.010.002.7	No mapping required		
30.030.010.002.8	No mapping required		
30.030.010.002.9	No mapping required		
30.050.001F	RV Sign-Off CO	t_cde_thera_spec Clm.ClaimMiscInfoHdrPnl.ascx Clm.ClaimSchedulingCriteria.ascx Clm.ClaimSearchPanel.ascx Clm.ClaimSearchPanel.ascx - Search Results Clm.ClaimsAssignmentPanel.ascx Clm.DentalClaimPanel.ascx Clm.MassAdjustmentCriteriaPanel.ascx Clm.PaymentInfoHdrPanel.ascx Clm.PaymentInfoPanel.ascx Clm.PharmacyClaimPanel.ascx Clm.PharmacyClaimPanel.ascx - Data Correction Clm.PhysicianClaimPanel.ascx Clm.PhysicianClaimPanel.ascx - Data Correction Clm.RelatedHistoryPanel.ascx Clm.ScheduleClaimsPanel.ascx Clm.UB92ClaimPanel.ascx Clm.UB92ClaimPanel.ascx - Data Correction	3541 - Change Provider ID to Number 3347 - Claim Misc Info Config Change 3362 - Require full ICN to limit search 162 - Change "Recipient" - online 1732 - Report Writer - Standard Footer 163 - RPTS - Change "Recipient" 1109 - RPTS- CLM-0010-D Add MassAdjRqNr 2711 - Modify Prescb Prov on Pharm Hdr

Requirement	Status	Mapped Objects	Change Orders
		clm0010d clm0015d_cc clm0020d clm0023d clm0025d clm0026d clm0027d clm0050m clm0051d clmp046m clmp422 CLM-0010-D CLM-0015-D CLM-0020-D CLM-0022-D CLM-0023-D CLM-0025-D CLM-0026-D CLM-0027-D CLM-0046-M CLM-0050-M CLM-0051-D	
30.050.007	Informational		
30.050.007.001	Informational		
30.050.007.001.1	Commonwealth		
30.050.007.001.10	Commonwealth		
30.050.007.001.11	Commonwealth		
30.050.007.001.12	Commonwealth		
30.050.007.001.13	Commonwealth		
30.050.007.001.14	Commonwealth		
30.050.007.001.15	Commonwealth		
30.050.007.001.16	Commonwealth		
30.050.007.001.17	Commonwealth	PCLQRPTS PCLWEOW PCTD205 CLMJD123 CLMJD130 CLMJD500 CLMJM130 CLMJQ991	1122 - RPTS - CLM-8600-W Create Report 2012 - RPTS - Correct Source Code 2198 - CLM0031M-Remove 1110 - RPTS - CLM-5000-D Create Report

Requirement	Status	Mapped Objects	Change Orders
		CLMJW130 CLMJW860 clm0010d clm0011d clm0012d clm0015d_cc clm0018d clm0020d clm0021d clm0023d clm0025d clm0026d clm0027d clm0031m clm0051d clm0054d clm0058q clm0060d clm0065d clm0123d clm0130 clm0132 clm5000d clm8600w clm9914q clmp422 clmper01 clmpw064 CLM-0010-D CLM-0011-D CLM-0012-D CLM-0015-D CLM-0016-D CLM-0017-D CLM-0018-D CLM-0020-D CLM-0021-D CLM-0022-D CLM-0023-D CLM-0024-D CLM-0025-D CLM-0026-D CLM-0027-D CLM-0031-M CLM-0046-M CLM-0050-M CLM-0051-D CLM-0054-D CLM-0055-D	1141 - RPTS - CLM-9914-Q Create Report 2083 - Re-Code State Specific Changes 1091 - RPTS-CLM0031M-CHG RPT Timeframe 1732 - Report Writer - Standard Footer 2045 - Add Standard Date Heading Line 1282 - RPTS - Exclude Encounter Claims 2199 - CLM0031M&CLM0060D-New Rpt Title 2208 - CLM5000-Remove COS Field 2078 - CLM9914&CLM5000 - Implement NPI 2232 - CLM0023D - Add Encounter Section 1109 - RPTS- CLM-0010-D Add MassAdjRqNr 2071 - CLM0130-Add Non-Adjudicated CLMS 7361 - CLM0099D - Create Captiva Report

Requirement	Status	Mapped Objects	Change Orders
		CLM-0056-D CLM-0058-Q CLM-0060-D CLM-0064-W CLM-0065-D CLM-0099-D CLM-0110-D CLM-0123-D CLM-0130-D CLM-0130-M CLM-0130-W CLM-0132-D CLM-0132-M CLM-0132-O CLM-5000-D CLM-8600-W CLM-9914-Q	
30.050.007.001.2	Commonwealth		
30.050.007.001.20	Commonwealth		
30.050.007.001.3	Commonwealth		
30.050.007.001.4	Commonwealth		
30.050.007.001.5	Commonwealth		
30.050.007.001.6	Commonwealth		
30.050.007.001.7	Commonwealth		
30.050.007.001.8	Commonwealth		
30.050.007.001.9	Commonwealth		
30.050.007.002	Informational		
30.050.007.002.1	RV Sign Off		
30.050.007.002.10	RV Sign Off		
30.050.007.002.13	RV Sign-Off Task		177 - Claims balancing ops process
30.050.007.002.14	RV Sign-Off Task		178 - Claims reconciliation op process
30.050.007.002.15	RV Sign-Off Duplicate		
30.050.007.002.16	RV Sign-Off Task	CLM-0016-D CLM-0017-D	177 - Claims balancing ops

Requirement	Status	Mapped Objects	Change Orders
		CLM-0018-D	process
30.050.007.002.17	RV Sign Off		
30.050.007.002.21	RV Sign-Off Task	CLMJD350 T_PS_USER_ID 3300 3301 3302 3303 Ref.CoveredBenefitPanel.ascx clmsXover clmsdntlDtl clmsphrmHdr clmsphys.sc clmsphysDtl clmsphysDtl.sc clmsub92Hdr libclmwrite_st.so tools	119 - Configure Claims Edits/Audits 2450 - Add KY Edit 026 - iC 3308 2452 - Add KY Edit 051 - iC 3361 2457 - Add KY Edit 124 - iC 3380 2460 - Add KY Edit 117 - iC 3318 2463 - Add KY Edit 354 - iC 3321 2571 - Modify iC edit 2502 for KY E283 2614 - Modify iC to Match KY Edit 181 2764 - Add Ky Edit 930 Header- iC 3341 3025 - Add KY Edit 279 - iC 3356 2046 - Timely Filing Edits - CORE 6452 2084 - Add KY Edit 056 - iC 3301 2283 - Add KY Edit 271 - iC 3305 2454 - Add KY Edit 073 - iC 3312 2458 - Add KY Edit 123 - iC 3372 2544 - Add KY Edit 188 - iC 3307 2559 - Add KY Edit 921 - iC 3326 2560 - Add KY Edit 918 - iC 3327 2742 - Add Ky Edit 977 - iC 3340 2834 - Add Ky Edit 987 - iC 3349 3003 - Add KY Edit 007 - iC 3353 3005 - Add KY Edit 063 - iC 3354 3026 - Add KY Edit 280 -

Requirement	Status	Mapped Objects	Change Orders
			iC 3357 4007 - Add KY Edit 149 - iC 3364 2453 - Add KY Edit 052 - iC 3311 2459 - Add KY edit 122 - iC 3317 2541 - KY Edit 299 - iC Edit 2602 2543 - KY Specific - iC Edit 1008 2775 - Add KY Edit 953 - iC 3343 2780 - Modify iC to Match KY Edit 151 2794 - Add Ky Edit 972 - iC 3346 3002 - Add KY Edit 074 - iC 3352 3009 - Modifiy iC edit 226 4765 - Modify iC Edit 2017 2451 - Add KY Edit 036 - iC 3309 2462 - Add KY Edit 412 - iC 3320 2503 - Modify iC edit 365 (KY edit 084) 2540 - KY Edit 282 - iC Edit 2501 2567 - Add KY Edit 912 - iC 3331 2568 - Add KY Edit 835 - iC 3332 2613 - Modify iC to match KY Edit 180 2626 - Add KY Edit 989 - iC 3337 2767 - Add Ky E930 (Detail) - iC 3342 4003 - Modify iC to Match KY Edit 066 4313 - Add_KY_Edit_399_iC_3369 2080 - Add KY Edit 054 - iC 3300 2090 - Add KY Edit 067 - iC 3302 2472 - Add KY Edit 101 -

Requirement	Status	Mapped Objects	Change Orders
			iC 3322 2474 - Add KY Edit 377 - iC 3323 2609 - Add KY Edit 981 - iC 3335 2617 - KY Edit 198 - iC Edit 2057 2779 - Modify iC to Match KY Edit 146 2786 - Modify iC to Match KY Edit 152 3101 - Add Ky Edit 961 - iC 3359 2091 - Add KY Edit 070 - iC 3303 2250 - Decision Form Rule Getter-EE 163 2292 - KY Adult/Child Case Pricing 2502 - Modify iC edit 368 (KY edit 083) 2562 - Add KY Header E915 - iC 3329 2563 - Add KY Detail E915 - iC 3330 2569 - Add KY Edit 923 - iC 3333 2606 - Add Ky Edit 942 - iC 3334 2777 - Add KY Edit 011 - iC 3345 2823 - Add Ky Edit 978 - iC 3347 2824 - Add Ky Edit 986 - iC 3348 3028 - Add Ky Edit 319 - iC 3358 4008 - Modify iC to Match KY Edit 181 4012 - Add KY Edit 977 - iC 3368 2448 - Add KY Edit 271 (103) - iC 3306 2616 - Modify iC to Match KY Edit 183 2741 - Add Ky Edit 996 - iC 3339 2920 - Modify iC to Match KY Edit 283

Requirement	Status	Mapped Objects	Change Orders
			3006 - Add KY Edit 096 - iC 3355 3272 - DM - add columns to T_CLM_MISC 4005 - Modify iC to Match KY Edit 148 4011 - Add KY Edit 696 - iC 3367 4843 - Add KY Edit 015 - iC Edit 3324 2539 - KY Edit 282 - iC Edit 2500 2615 - Modify iC to Match KY Edit 182 2919 - Add KY Edit 284 - iC 3351 3004 - Modify iC to Match KY Edit 007 3149 - Add Ky Edit 310 - iC 3360 3155 - Add Ky Edit 908 - iC 3363 4844 - Add KY Edit 220 - iC Edit 3328
30.050.007.002.22	RV Sign Off		
30.050.007.002.24	RV Sign Off		
30.050.007.002.25	RV Sign Off		
30.050.007.002.26	RV Sign-Off Task		171 - Develop special claims procedure
30.050.007.002.27	RV Sign Off		
30.050.007.002.28	RV Sign-Off Task		170 - Develop claims review procedures
30.050.007.002.29	RV Sign Off		
30.050.007.002.30	RV Sign-Off Task		171 - Develop special claims procedure
30.050.007.002.31	RV Sign Off	T_BENEFIT_LIMIT_CATEGORY T_CLM_BENEFIT_LIMITS T_LIMIT_PARM	3131 - Benefit Limits - Visit/contact l
30.050.007.002.32	RV Sign Off		

Requirement	Status	Mapped Objects	Change Orders
30.050.007.002.33	RV Sign Off		
30.050.007.002.34	RV Sign Off		
30.050.007.002.35	RV Sign Off		
30.050.007.002.36	RV Sign Off		
30.050.007.002.37	RV Sign Off		
30.050.007.002.38	RV Sign-Off Task		121 - Update Resolutions Manual
30.050.007.002.39	RV Sign Off	CLM-0011-D CLM-0026-D	
30.050.007.002.4	RV Sign Off		
30.050.007.002.40	RV Sign-Off CO		1961 - KMAA Medical Review
30.050.007.002.42	RV Sign-Off CO		122 - Claims Conversion
30.050.007.002.43	RV Sign-Off Task		172 - Create claim control procedure
30.050.007.002.44	RV Sign Off		
30.050.007.002.45	RV Sign-Off Task		191 - Claims Process Training Manuals
30.050.007.002.46	RV Sign-Off Task	PCLMEOM PCLWEOW	194 - RPTS - Claims Operations Reports 1075 - RPTS - CLM0064W- Add Heading 1074 - RPTS- Remove Reports From System
30.050.007.002.48	RV Sign Off		
30.050.007.002.49	RV Sign Off		
30.050.007.002.6	RV Sign Off		
30.050.008	Informational		
30.050.008.001	Informational		
30.050.008.001.1	Commonwealth		
30.050.008.001.2	Commonwealth		
30.050.008.001.3	Commonwealth		

Requirement	Status	Mapped Objects	Change Orders
30.050.008.001.4	Commonwealth		
30.050.008.001.5	Commonwealth		
30.050.008.001.6	Commonwealth		
30.050.008.001.7	Commonwealth		
30.050.008.001.8	Commonwealth		
30.050.008.001.9	Commonwealth		
30.050.008.002	Informational		
30.050.008.002.1	RV Sign-Off Duplicate	Clm.ClmEncThresholdPanel.ascx	
30.050.008.002.10	RV Sign-Off Task		120 - Configure Encounter Edits/Audits
30.050.008.002.11	RV Sign Off	CLM-0130-D CLM-0130-M CLM-0130-W	
30.050.008.002.12	RV Sign-Off Duplicate		
30.050.008.002.13	RV Sign Off	Error Disposition Information Page	
30.050.008.002.14	RV Sign Off		
30.050.008.002.15	RV Sign-Off Duplicate		
30.050.008.002.17	RV Sign-Off Duplicate		191 - Claims Process Training Manuals
30.050.008.002.18	RV Sign-Off Duplicate		
30.050.008.002.19	RV Sign-Off Duplicate		
30.050.008.002.2	RV Sign-Off Duplicate		
30.050.008.002.20	RV Sign Off		
30.050.008.002.3	RV Sign-Off CO		1329 - Encounters - Splitter 2109 - Encounters - End Batch Process 2108 - Encounters -

Requirement	Status	Mapped Objects	Change Orders
			Disposition 2107 - Encounters - Determination 2110 - Encounters - Accept/Reject
30.050.008.002.4	RV Sign-Off Duplicate		177 - Claims balancing ops process
30.050.008.002.5	RV Sign-Off Duplicate		178 - Claims reconciliation op process
30.050.008.002.6	RV Sign-Off Duplicate		
30.050.008.002.7	RV Sign-Off Duplicate		177 - Claims balancing ops process
30.050.008.002.8	RV Sign-Off Duplicate		
30.050.009.002.8	RV Sign Off	Clm.AdjustmentRequestClaimsPanel.ascx adj837 clmp956d clmpmacr	3541 - Change Provider ID to Number 1243 - CORE 10258 MSS_VD_RTR_MCaRe CLMS 1253 - Adjustment - lock criteria
30.050.014.002.3A	RV Sign Off	Clm.ClaimSearchPage.ascx	
30.050.017	Informational		
30.050.017.001	Informational		
30.050.017.001.1	Commonwealth		
30.050.017.001.2	Commonwealth		
30.050.017.001.3	Commonwealth		
30.050.017.001.4	Commonwealth		
30.050.017.001.5	Commonwealth		
30.050.017.002	Informational		
30.050.017.002.1	RV Sign-Off Task		1139 - Develop ClaimCheck OPS procedure 1976 - McKesson ClaimCheck Dental -File

Requirement	Status	Mapped Objects	Change Orders
30.050.017.002.2	RV Sign Off		192 - Enhanced Claims Editing Manual
30.050.017.002.3	RV Sign Off		
30.050.017.002.4	RV Sign-Off Task		193 - System and User Documentation
30.050.017.002.5	RV Sign Off		
30.050.017.002.6	RV Sign Off		
30.050.017.002.7	RV Sign Off		
30.090.001.002.16C	RV Sign Off		
30.090.002.002.16A	RV Sign Off		
30.090.002.002.2A	RV Sign Off		
30.090.003.002.18A	Transferred		
30.090.003.002.25	RV Sign Off	1026 205 206 381 4207 4208 4212 Prov.ProviderInformationProviderMaintenanceServiceLocation.ascx Prov.ProviderCLIAMaintenance.ascx Prov.ProviderRestrictedService.ascx Prov.ProviderTypeandSpecialty.ascx	
30.090.003.002.27A	RV Sign-Off CO	CLMJD210 CLMJD211 PRVJD210 Prov.MassRateAdjustment.ascx Prov.ProviderContractRatePanel.ascx Prov.ProviderInpatientLevelofCareRate.ascx	1359 - CORE 10281Mass Rate Verification

Requirement	Status	Mapped Objects	Change Orders
		Prov.ProviderNHLevelofCareRate.ascx Prov.ProviderRatePanel.ascx clmp210d clmp211d prvp210d	
30.090.003.002.30	RV Sign Off		
30.090.004.001.3A	RV Sign Off		
30.090.004.002.22	RV Sign Off	clmsXover	
30.090.004.002.23A	RV Sign Off	2504 2505 2506 2507 2508 2510 2512	3988 - claimList - new resource x claim 3987 - DM - TPL resource x claim
30.090.004.002.7	RV Sign Off		616 - Convert/Configure TPL Matrix
30.090.005.002.3A	RV Sign-Off CO	clmsPaPauth	1328 - PA Logic Changes
30.090.006.002.13A	RV Sign Off	Ref.Pricing	
30.090.007	Informational		
30.090.007.001	Informational		
30.090.007.001.1	RV Sign Off		
30.090.007.001.2	RV Sign Off		
30.090.007.001.3	RV Sign Off	Clm.EditRecyclePanel.ascx	
30.090.007.001.4	RV Sign Off	Clm.DataCorrectionPage.ascx	
30.090.007.001.5	RV Sign Off	Clm.ClaimErrorHdrPanel.ascx	
30.090.007.001.6	RV Sign Off		
30.090.007.002	Informational		
30.090.007.002.1	RV Sign Off	soapClaim	

Requirement	Status	Mapped Objects	Change Orders
30.090.007.002.10	RV Sign Off	CLMJDR01 Clm.DataCorrectionPage.ascx	
30.090.007.002.12	RV Sign Off		
30.090.007.002.13	RV Sign Off	Clm.ClaimErrorHdrPanel.ascx	3187 - Post Processor
30.090.007.002.14	RV Sign Off	Cl.HomeHealthClaim Cl.InpatientClaim Cl.InpatientXoverClaim Cl.OutpatientClaim Cl.PhysicianXoverClaim Claim Detail Clm.ClaimErrorHdrPanel.ascx Clm.DentalClaimPanel.ascx Clm.DentalDetailPanel.ascx Clm.PharmacyClaimPanel.ascx Clm.PhysicianClaimPanel.ascx Clm.UB92ClaimPanel.ascx Ref.DispositionCriteriaPanel.ascx clmsDisp	3481 - Redesign Claim Detail Panels
30.090.007.002.15	RV Sign Off	Clm.ClaimsAssignmentPage.ascx Clm.DataCorrectionPage.ascx	
30.090.007.002.16	RV Sign Off	1001 1002 1003 1048 3600 4021 4227 4244	
30.090.007.002.17	RV Sign Off		
30.090.007.002.18	RV Sign Off		
30.090.007.002.19	RV Sign Off		
30.090.007.002.2	RV Sign Off	T_ADJMS_AGE_SEX T_ADJMS_AID_CAT T_ADJMS_CT	3990 - New region for history only adj 3989 - History only

Requirement	Status	Mapped Objects	Change Orders
		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 T_ADJ_INVEN T_ADJ_MASS_RQST T_ADJ_MSCL_XREF T_ADJ_RET_RQST T_ADJ_RET_RQST_ERR T_ADJ_RTS_PROV T_ADJ_RULES T_BATCH_ACT_DTL T_BATCH_ACT_HDR T_CCF_ERROR_DATA T_CC_HIST_ADJUST T_CC_INDICATORS T_CDE_AID T_CHCK_CLM_XREF T_CLAIM_TYPE T_CLM_ADR_N3_N4 T_CLM_AMT_VARIANCE T_CLM_BATCH_RNG T_CLM_COMP_DAYS T_CLM_NAME_NM1 T_CT_AIM_BATCH T_CT_MMIS_BATCH T_CT_TXN_XREF T_DCOR_QLTY_CTL T_DCOR_SCHEDULE T_DRUG T_EDI_INTERCHANGE T_ERROR_DISP T_ERR_DISP_LINE T_ESC_EOB_XREF T_FINANCIAL_PAYER T_FIN_FUND_CODE T_HIST_PART	adjustment region

Requirement	Status	Mapped Objects	Change Orders
		T_HS_DIR_PART T_MCARE_DEDUCTIBLE T_PARTY_IDENTIFIER T_PUB_HLTH_PGM T_RE_ELIG CLM-0016-D CLM-0017-D CLM-0018-D CLM-0130-D	
30.090.007.002.20	RV Sign Off	3000 3001 3002 3003 3006 3007 3008 3010 3014 3020	2181 - PA - use admit date for C/T I 2167 - PA - Modify calls to find PA
30.090.007.002.21	RV Sign Off	PA.ClaimList PA.LineItem clmsPaPauth	
30.090.007.002.22	RV Sign Off	3002 3003 3007 3010 3014	
30.090.007.002.23	RV Sign Off	clmsDtl clmsHdr clmsPaPauth clmsPrProvBilling clmsReBase clmsXover clmsdntl clmsdntlDtl clmsdntlHdr clmsphrmDtl clmsphys clmsphysDiag clmsphysDtl clmsphysHdr clmsphysProc clmsphysProvEdit clmsphysRecipEdit clmsub92 clmsub92CondX	3102 - KYAMEND Support PA mass updates 3017 - KY PA Edits DME Bypass

Requirement	Status	Mapped Objects	Change Orders
		clmsub92DiagX clmsub92Dtl clmsub92Hdr clmsub92IPPricing clmsub92Icd9X clmsub92Occur clmsub92Proc clmsub92Value phrmHdr	
30.090.007.002.24	RV Sign Off	clmsAudit clmsdntlAudit clmsphrmAudit clmsphysAudit clmsub92Audit	2116 - Dup audits - phys 1326 - Duplicate audit criteria 2018 - Contact limit audit - Core 9804 2102 - Dup audits - ub92 2115 - CORE Dup audits - phys write 1323 - Configure Limit Audits 2007 - New panel-cnflct parms-Core 9801 2101 - Dup audits - dental 2104 - CORE Dup audits - UB write 1327 - Audit criteria - other 2016 - Equal auditing units - Core 9902 2126 - Dup audits - ub/phys read 2138 - Dup audits - dental - add procs 2014 - Diag s/d processing - core 9983 2017 - Audt proc dbChg impact-Core 9825 2019 - Calendar week limits - Core 9803 2020 - Conflict audit dates - Core 9802 2015 - Limit audit by quadrnt-Core 9907 2028 - Bypass on referral - Core 10373 2103 - CORE Dup audits - new tables 1325 - Configure conflict audits 2005 - Conflict audit

Requirement	Status	Mapped Objects	Change Orders
			parms-Core 9797 1324 - Configure contraindicated audits 1816 - Audit - add conflict parm table
30.090.007.002.25	RV Sign Off	5008 5009 5011 5501 5502 5503 5504 5505 5506 5507 5508 5509 5628	
30.090.007.002.26	RV Sign Off	5001 5002 5007 5010	
30.090.007.002.27	RV Sign Off	clmsAudit	
30.090.007.002.28	RV Sign Off		
30.090.007.002.29	RV Sign Off	Clm.ClaimEobHdrPanel.ascx Clm.ClaimErrorHdrPanel.ascx Clm.ClaimLocationPanel.ascx	
30.090.007.002.30	RV Sign Off	clmsBdl clmsBdlInt	
30.090.007.002.31	RV Sign Off		
30.090.007.002.32	RV Sign Off	Clm.ClaimEobHdrPanel.ascx Clm.ClaimErrorHdrPanel.ascx Clm.ClaimLocationPanel.ascx	
30.090.007.002.33	RV Sign Off	Clm.ClaimEobHdrPanel.ascx Clm.ClaimErrorHdrPanel.as	

Requirement	Status	Mapped Objects	Change Orders
		cx Clm.ClaimLocationPanel.ascx Ref.ErrorDispBaseEditPanel.ascx	
30.090.007.002.34	RV Sign Off	Clm.DataCorrectionPage.ascx Error Disposition Information Page	
30.090.007.002.35	RV Sign Off		
30.090.007.002.36	RV Sign Off	CLMJD300 sendclms	
30.090.007.002.37	RV Sign Off	clmsdntlWrite clmsphrmWrite clmsphysWrite clmsphysWrite_st clmsub92Write	
30.090.007.002.38	RV Sign Off		
30.090.007.002.4	RV Sign Off	clmpsplt vansrv	
30.090.007.002.41	RV Sign-Off CO	FINJR020 T_BNFT_ADJ_FACTOR T_BNFT_ADJ_FACTOR_TYPE T_BNFT_ADJ_FACTOR_XREF T_BNFT_PLAN_REIMB T_CLM_PGM_XREF T_DRG_CROSSWALK T_DRG_PROC_ICD9_XWALK T_DRG_RATE T_FIN_PAYER_REIMB T_PRCNG_TYPE_SPEC T_PRICING_CLM_TYPE T_PR_CONTRACT_REIMB T_PR_DRG_RATE T_REIMB_AGREEMENT T_REIMB_BNFT_BNFT T_REIMB_CND_AXIS_RANGE T_REIMB_CONDITION T_REIMB_LOCATION	1472 - Core 8812 Benefit Adj Factor 3 1680 - Core 10302 WI 1463 - DRG 7 1692 - Core 10364 WI 1453 - DRG 19 345 - DRG Pricing Rates and Criteria 1417 - DRG Pricing 5383 - DM Default Pricing II 1416 - KY Prior Auth Pricing 1477 - Core 8817 Benefit Adj Factor 8 1470 - Core 8810 Benefit Adj Factor 1 1687 - Core 10359 WI 1124 - DRG RATES 1476 - Core 8816 Benefit Adj Factor 7 1685 - Core 10307 WI 1448 - DRG 12

Requirement	Status	Mapped Objects	Change Orders
		T_REIMB_MODIFIER T_REIMB_MOD_AXIS_RANGE T_REIMB_POS T_REIMB_TOB T_UB92_HDR_INP 1071 610 Drug Pricing Modifier Rate Data Prov.ProviderContractRatePanel.ascx Prov.ProviderCustomaryCharge Prov.ProviderDisproportionateShareRate.ascx Prov.ProviderInpatientLevelofCareRate.ascx Prov.ProviderNHLevelofCareRate.ascx Prov.ProviderRatePanel.ascx Rate Type Code Maintenance Ref.ConvFactorPanel.ascx Ref.FlatFeePanel.ascx Ref.MaxFeePanel.ascx.cs Ref.Pricing Ref.RbrvsPanel.ascx Ref.StopLossParamsPanel.ascx clmsPrProvBilling clmsPricing clmsStopLoss clmsXover clmsdntlPricing clmsphrmPricing clmsphysPricing clmsub92DRGPricing clmsub92HHPricing clmsub92Hdr clmsub92IPPricing clmsub92LTCPricing clmsub92OPPricing clmsub92Pricing clmsub92Write ub92DtlPricing.sc	346 - Medicare Rates 1473 - Core 8813 Benefit Adj Factor 4 1474 - Core 8814 Benefit Adj Factor 5 1674 - Core 10357 WI 2408 DRG 1 1679 - Core 10289 WI 1555 - DRG 6 5076 - DM Default Pricing 347 - Outpatient APC(s) or ASC Grouper 1651 - Core 8184 Add POS T_REIMB_AGREEM 1676 - Core 10356 WI 2402 DRG 3 1362 - Claims Pricing - DRGs 1418 - Patient Liability 1475 - UI for Claim Rules Matched

Requirement	Status	Mapped Objects	Change Orders
30.090.007.002.42	RV Sign-Off Task	4005 4006 clmsPricing	1064 - Populate T_CLM_AMT_VARIANCE 1417 - DRG Pricing 1416 - KY Prior Auth Pricing 1418 - Patient Liability
30.090.007.002.43	RV Sign-Off CO	T_COUNTY_RATE T_PR_CONTRACT_RATE T_PR_RATE T_REV_HOSPICE_XWALK Clm.PhysXoverPanel.ascx Clm.UB92XoverPanel.ascx clmsMultiPayer clmsPricing clmsPricing_st clmsProcGroup clmsPurePricing clmsRulesWrapper clmsSpendDown clmsdntlPricing clmsphys clmsphysPricing clmsphysPricing_st clmsub92DRGPricing clmsub92HHPricing clmsub92IPPricing clmsub92LTCPricing clmsub92OPPricing clmsub92OPPricing.sc clmsub92Pricing clmsub92Pricing_st libclmcomm.so libclmcomm_st.so libclmdntl.so libclmphrm.so libclmphys.so libclmphys_st.so libclmub92.so libclmub92_st.so ub92DtlPricing.sc	2303 - KY UB Single Unit Flat Rate 2578 - KY DM Rev Code Xwalk 2607 - DM - Provider Rates Table 5381 - KY Default Pricing II 1271 - Add/Modify FFS Data Elements 1417 - DRG Pricing 2555 - DM - County Rate Table 1416 - KY Prior Auth Pricing 1798 - App chgs t_pharm_hdr_keys 2291 - KY DME Pricing PA Purchases 2301 - KY Hospice Uses LTC Rates 2446 - KY UCC Flat Rate Pricing 2688 - KY DM Percent of Charges Table 1796 - App chgs t_*_ub92_xover 2136 - Multiple Surgery - CE 2298 - KY Non DRG Inpatient Pricing 2300 - KY Pct of Charge Pricing Method 2340 - KY Pricing Support Comm Living 1476 - Core 8816 Benefit Adj Factor 7 2277 - KY Pricing - MAXFLT 2304 - KY Rev Code Pricing Xwalk 2218 - Update KY with NPI and Core fix

Requirement	Status	Mapped Objects	Change Orders
			2276 - KY Pricing No proc found def % 2292 - KY Adult/Child Case Pricing 5076 - DM Default Pricing 8491 - Internet Claims Submission Error 1270 - DB Model - FFS 1347 - Change Cross Over Panels 1922 - Core 9704 T_REF_UCC 3 2280 - KY School Based Group Pricing 2302 - KY UB Rev Code Rates 1 - file 1418 - Patient Liability 1795 - Add num_dtl t_clm_patliab_x app 1797 - App chgs t_*_phys_xover 2429 - KY Pct of Per Diem Pricing 3017 - KY PA Edits DME Bypass 8493 - Change order execution NPI
30.090.007.002.44	RV Sign-Off CO	Benefit Plan Coverage Rules-All Services Ref.HealthPgmHierarchyPanel.ascx	1417 - DRG Pricing 1416 - KY Prior Auth Pricing 1418 - Patient Liability
30.090.007.002.45	RV Sign-Off CO	TPL.CopayDeductible clmsDtl clmsHdr clmsMisc clmsMultiPayer clmsPricing clmsphrmPricing clmsphysPricing clmsub92IPPricing clmsub92OPPricing clmsub92Pricing	
30.090.007.002.46	RV Sign-Off CO	TPL.CopayDeductible	
30.090.007.002.47	RV Sign-Off CO	Clm.PhysicianClaimPanel.ascx	1417 - DRG Pricing 1416 - KY Prior Auth

Requirement	Status	Mapped Objects	Change Orders
		Clm.PhysicianClaimPanel.ascx - Data Correction Clm.PhysicianDetailPanel.ascx Clm.UB92ClaimPanel.ascx Clm.UB92ClaimPanel.ascx - Data Correction Clm.UB92DetailPanel.ascx clmsSpendDown	Pricing 1375 - Add Display Of Patient Liability 3481 - Redesign Claim Detail Panels 1418 - Patient Liability
30.090.007.002.48	RV Sign-Off CO	clmsTpl	1417 - DRG Pricing 1416 - KY Prior Auth Pricing 1418 - Patient Liability
30.090.007.002.5	Cancelled		
30.090.007.002.50	RV Sign-Off CO	Modifier Rate Data Ref.MaxFeePanel.ascx.cs	1417 - DRG Pricing 1416 - KY Prior Auth Pricing 1418 - Patient Liability
30.090.007.002.51	RV Sign-Off CO		1417 - DRG Pricing 1416 - KY Prior Auth Pricing 1418 - Patient Liability
30.090.007.002.52	RV Sign Off	Clm.DataCorrectionPage.ascx	
30.090.007.002.53	RV Sign-Off CO	Clm.AdjustmentInformationPage.ascx Clm.ClaimInformationPage.ascx Clm.DataCorrectionPage.ascx	242 - Enable image access
30.090.007.002.54	RV Sign Off	CLMJDR01	
30.090.007.002.55	RV Sign Off	Clm.ClaimSearchPage.ascx Clm.ClaimsAssignmentPage.ascx Clm.Assignments.ascx Clm.ClaimSchedulingCriteria.ascx Clm.ClaimsAssignmentPanel.ascx Clm.DataCorrectionListingPanel.ascx Clm.DataCorrectionNotePanel.ascx	2238 - Add Non-Covered Charges 3481 - Redesign Claim Detail Panels

Requirement	Status	Mapped Objects	Change Orders
		Clm.DentalClaimPanel.ascx - Data Correction Clm.PharmacyClaimPanel.ascx - Data Correction Clm.PhysicianClaimPanel.ascx - Data Correction Clm.QAReviewCriteriaPanel.ascx Clm.ScheduleClaimsPanel.ascx Clm.UB92ClaimPanel.ascx - Data Correction Clm.UB92DetailPanel.ascx	
30.090.007.002.56	RV Sign Off	Clm.AdjustmentInformationPage.ascx Clm.ClaimInformationPage.ascx Clm.DataCorrectionPage.ascx Clm.EditRecyclePanel.ascx	
30.090.007.002.57	RV Sign Off	Error Disposition Information Page Clm.RelatedHistoryPanel.ascx Ref.DispositionCriteriaEobDataPanel.ascx Ref.DispositionCriteriaPanel.ascx	
30.090.007.002.58	RV Sign Off		
30.090.007.002.59	RV Sign Off	Clm.RelatedHistoryPanel.ascx - Header	1241 - Related history - add error code
30.090.007.002.60	RV Sign Off		
30.090.007.002.61	RV Sign Off	clmsDisp	
30.090.007.002.62	RV Sign Off	Clm.DataCorrectionPage.ascx	
30.090.007.002.64	RV Sign Off	Clm.DataCorrectionPage.ascx Clm.EditRecyclePanel.ascx	
30.090.007.002.65	RV Sign Off	Clm.ClaimErrorHdrPanel.ascx	

Requirement	Status	Mapped Objects	Change Orders
30.090.007.002.66	RV Sign-Off CO	T_ADJ_DENT_XREF T_ADJ_MASS_CLAIM T_ADJ_MASS_SAK T_ADJ_PHRM_XREF T_ADJ_PHYS_XREF T_ADJ_REV_RQST T_ADJ_UB92_XREF T_ADJ_VOID_RQST T_ATLANTES_CLAIMS T_ATTACHMENT_XREF T_CC_CR_SAVE T_CLAIM_ERROR T_CLAIM_LOCAT T_CLM_AMT T_CLM_CAS T_CLM_CN1 T_CLM_CR1 T_CLM_CR2 T_CLM_CR3 T_CLM_CR5 T_CLM_CR6 T_CLM_CRC T_CLM_DIAG_XREF T_CLM_DN2 T_CLM_DTL_TTH_SFC T_CLM_DTP T_CLM_ENTITY T_CLM_ENT_NM_ADR T_CLM_EOB_XREF T_CLM_HDR_CCF T_CLM_HDR_DELIVERY T_CLM_HH_CARE_PLAN T_CLM_HSD T_CLM_MEA T_CLM_MIA T_CLM_MOA T_CLM_MODIFIER T_CLM_NTE T_CLM_OTH_PYR_DTL T_CLM_PATLIAB_X T_CLM_PAYER_ENTITY T_CLM_PGM_XREF T_CLM_PWK T_CLM_PYR_ENTNMADR T_CLM_PYR_MOD T_CLM_QTY T_CLM_REF T_CLM_SBR T_CLM_k3	1390 - Change Fields - Panels 1391 - Health Program Panels

Requirement	Status	Mapped Objects	Change Orders
		T_DENTAL_DTL_KEYS T_DENTAL_HDR_KEYS T_DENY_DNTL_DTL T_DENY_DNTL_HDR T_DENY_PHRM_DTL T_DENY_PHRM_HDR T_DENY_PHYS_DTL T_DENY_PHYS_HDR T_DENY_UB92_DTL T_DENY_UB92_HDR T_DNTL_OTH_PYR_HDR T_FINAL_PHYS_XOVER T_FINAL_UB92_XOVER T_HIST_DIRECTORY T_INST_OTH_PYR_HDR T_LOCATION_NOTE T_MEDPOL_UB92 T_MEDPOL_UB92_DIAG T_MPHX_DENTAL_DTL T_MPHX_DSE_PROF T_MPHX_INPT_HDR T_MPHX_INPT_HDR2 T_MPHX_PHRM_DTL T_MPHX_PHYS_DTL T_MPHX_PH_DIAG T_PA_ITEM_DTL_XREF T_PD_DNTL_DTL T_PD_DNTL_HDR T_PD_PHARM_DTL T_PD_PHARM_HDR T_PD_PHYS_DTL T_PD_PHYS_HDR T_PD_UB92_DTL T_PD_UB92_HDR T_PHRM_DTL_KEYS T_PHRM_HDR_KEYS T_PHYS_DEXT_KEY T_PHYS_HDR_KEY T_PROF_OTH_PYR_HDR T_SAK_ICN_DAILY T_SUSP_ADJ_XREF T_SUSP_DENTAL_DTL T_SUSP_DENTAL_HDR T_SUSP_PHRM_DTL T_SUSP_PHRM_HDR T_SUSP_PHYS_DTL T_SUSP_PHYS_HDR T_SUSP_PHYS_XOVER T_SUSP_RLHX	

Requirement	Status	Mapped Objects	Change Orders
		T_SUSP_UB92_DTL T_SUSP_UB92_HDR T_SUSP_UB92_XOVER T_TCN_XREF T_UB92_DTL_EXT_KEY T_UB92_HDR_COND_X T_UB92_HDR_DIAG_X T_UB92_HDR_EXT_KEY T_UB92_HDR_ICD9CM T_UB92_HDR_INP T_UB92_HDR_MCARE T_UB92_HDR_OCC T_UB92_HDR_PAYER T_UB92_HDR_VALUE T_UB92_NH_HDR T_UB92_TREATMENT Clm.ClaimInformationPage.ascx Clm.ClaimCashDispPanel.ascx Clm.ClaimPriorAuth.ascx Clm.DentalClaimPanel.ascx Clm.DentalDetailPanel.ascx Clm.PaymentInfoHdrPanel.ascx Clm.PaymentInfoPanel.ascx Clm.PharmacyClaimPanel.ascx Clm.PharmacyClaimPanel.ascx - Data Correction Clm.PharmacyDetailPanel.ascx Clm.PhysicianDetailPanel.ascx Clm.UB92DetailPanel.ascx	
30.090.007.002.67	RV Sign Off	Clm.ClaimInformationPage.ascx	
30.090.007.002.68	RV Sign Off		
30.090.007.002.69	RV Sign Off	Clm.ClaimSearchPage.ascx	
30.090.007.002.71	RV Sign-Off CO	Clm.AdjustmentInformation-DaughterorMother.ascx Clm.Attachment.ascx Clm.ClaimCashDispPanel.ascx Clm.ClaimCheckPanel.ascx	2610 - Update UB Submitted Data 1681 - Core 10355 WI 1466 - DRG 8 3363 - Re-write Decision Rules panel

Requirement	Status	Mapped Objects	Change Orders
		Clm.ClaimConditionPanel.ascx Clm.ClaimDeliveryPanel.ascx Clm.ClaimDiagnosisPanel.ascx Clm.ClaimDrgPanel.ascx Clm.ClaimEobHdrPanel.ascx Clm.ClaimEobPanel.ascx Clm.ClaimErrorHdrPanel.ascx Clm.ClaimICD9Panel.ascx Clm.ClaimLocationPanel.ascx Clm.ClaimOccurrencePanel.ascx Clm.ClaimPayerPanel.ascx Clm.ClaimPriorAuth.ascx Clm.ClaimRulesPanel.ascx Clm.ClaimSearchPanel.ascx Clm.ClaimsValuePanel.ascx Clm.DentalClaimKeyPanel.ascx Clm.DentalClaimPage.ascx - Detail NavGroup Clm.DentalClaimPage.ascx - NavGroup Clm.DentalClaimPanel.ascx Clm.DentalDetailKeyPanel Clm.DentalDetailPanel.ascx Clm.DetailError.ascx Clm.ICNMiniSearchPanel.ascx Clm.PaymentInfoHdrPanel.ascx Clm.PaymentInfoPanel.ascx Clm.PharmacyClaimPage.ascx - Detail NavGroup Clm.PharmacyClaimPage.ascx - NavGroup Clm.PharmacyClaimPanel.ascx Clm.PharmacyDetailPanel.ascx Clm.PhysXoverPanel.ascx	2611 - Encounter Panel table change 195 - Claim Search-Changes 3531 - Add Submitted Non Cov Amount UI 3246 - KY DRG Claims Panel Updates

Requirement	Status	Mapped Objects	Change Orders
		Clm.PhysicianClaimKeyPanel.ascx Clm.PhysicianClaimPage.ascx - Detail NavGroup Clm.PhysicianClaimPage.ascx - NavGroup Clm.PhysicianClaimPanel.ascx Clm.PhysicianClaimPanel.ascx - Data Correction Clm.PhysicianDetailKeyPanel.ascx Clm.PhysicianDetailPanel.ascx Clm.RelatedHistoryPanel.ascx Clm.RelatedHistoryPanel.ascx - Header Clm.TCNPanel.ascx Clm.ToothCavityPanel.ascx Clm.UB92ClaimKeyPanel.ascx Clm.UB92ClaimPage.ascx - Detail NavGroup Clm.UB92ClaimPage.ascx - NavGroup Clm.UB92ClaimPanel.ascx Clm.UB92ClaimPanel.ascx - Data Correction Clm.UB92DetailKeyPanel.ascx Clm.UB92DetailPanel.ascx Clm.UB92XoverPanel.ascx	
30.090.007.002.72	RV Sign-Off CO	Clm.DataCorrectionPage.ascx Clm.ClaimSearchPanel.ascx Clm.ClaimSearchPanel.ascx - Search Results	196 - Claim Search Results - Changes
30.090.007.002.73	RV Sign Off	Clm.ClaimSearchPage.ascx	
30.090.007.002.75	RV Sign Off	Clm.ClaimSearchPage.ascx Clm.ScheduleClaimsPanel.ascx	
30.090.007.002.76	RV Sign Off	Clm.PaymentInfoHdrPanel.ascx	

Requirement	Status	Mapped Objects	Change Orders
30.090.007.003	Informational		
30.090.007.003.1	RV Sign-Off Duplicate		2214 - Check panel - add totals
30.090.007.003.10	Informational		
30.090.007.003.11	RV Sign Off	clm0020d clm0051d CLM-0020-D CLM-0065-D	429 - RPTS - Remove HCA from Heading
30.090.007.003.12	RV Sign Off	PCLD075 PCLMEOM PCLO132 PCLWEOW PCTD205 CLMJD015 CLMJD018 CLMJD021 CLMJD130 CLMJD132 CLMJM130 CLMJM132 CLMJO132 CLMJW130 clm0010d clm0012d clm0130 clm0132 CLM-0130-D CLM-0130-M CLM-0130-W CLM-0132-D CLM-0132-M CLM-0132-O FIN-0005-W	2012 - RPTS - Correct Source Code 2045 - Add Standard Date Heading Line 785 - RPTS - CLM0012D-CHG HDG to EOB 1282 - RPTS - Exclude Encounter Claims 2078 - CLM9914&CLM5000 - Implement NPI 665 - RPTS - Change EDI-to CLM-
30.090.007.003.13	RV Sign Off	CLM-0016-D CLM-0017-D CLM-0018-D	2012 - RPTS - Correct Source Code 1282 - RPTS - Exclude Encounter Claims
30.090.007.003.17	RV Sign Off	clm0010d clm0015d_cc clm0020d clm0021d clm0023d clm0027d clm0051d	2012 - RPTS - Correct Source Code 1065 - RPTS - CLM0024D-CHG RESC Heading 2083 - Re-Code State Specific Changes 1033 - RPTS - CLM0022D-

Requirement	Status	Mapped Objects	Change Orders
		clm0054d clm0058q clmp422 clmper01 CLM-0012-D CLM-0020-D CLM-0021-D CLM-0022-D CLM-0023-D CLM-0024-D CLM-0026-D CLM-0027-D CLM-0051-D CLM-0054-D CLM-0055-D CLM-0056-D CLM-0058-Q	CHG Report Name 1070 - RPTS - Add Standard Footer 2045 - Add Standard Date Heading Line 785 - RPTS - CLM0012D-CHG HDG to EOB 8090 - CLM0024,CLM0055&CLM0056-Totals 1082 - RPTS - CLM0054D-Separate Report 565 - RPTS - CHG Exceptions/Audit-Edit 1084 - RPTS - Set Claim Age Parm = 31 2044 - CLM0022D -Invalid sak_case field
30.090.007.003.18	RV Sign Off	CLM-0025-D CLM-0026-D	1282 - RPTS - Exclude Encounter Claims
30.090.007.003.19	RV Sign Off	CLM-0027-D	
30.090.007.003.2	RV Sign-Off Duplicate		
30.090.007.003.21	RV Sign Off	clm0010d CLM-0011-D CLM-0025-D CLM-0026-D	2045 - Add Standard Date Heading Line 1282 - RPTS - Exclude Encounter Claims
30.090.007.003.27	RV Sign-Off Task		198 - RPTS - Status Report
30.090.007.003.28	RV Sign Off		
30.090.007.003.3	RV Sign-Off CO	Clm.AdjustmentInformationPage.ascx Clm.ClaimInformationPage.ascx Clm.ClaimsMassAdjustmentInformationPage.ascx Clm.DataCorrectionPage.ascx	
30.090.007.003.4	RV Sign Off	CLM-0020-D CLM-0023-D CLM-0065-D	

Requirement	Status	Mapped Objects	Change Orders
30.090.007.003.5	RV Sign Off	CLM-0016-D CLM-0017-D CLM-0018-D CLM-0027-D CLM-0130-D CLM-0130-M CLM-0130-W CLM-0132-D CLM-0132-M CLM-0132-O CLM-0140-D	2012 - RPTS - Correct Source Code 1089 - RPTS-Encounter Statistic-CLM0132 2295 - CLM0140D-Encounter Batch Summary 2045 - Add Standard Date Heading Line
30.090.007.003.7	RV Sign Off	CLM-0020-D CLM-0021-D CLM-0065-D	1282 - RPTS - Exclude Encounter Claims
30.090.007.003.8	RV Sign Off	T_CLM_MISC Clm.ClaimInformationPage.ascx Clm.DentalClaimPanel.ascx Clm.DentalClaimPanel.ascx - Data Correction Clm.PharmacyClaimPanel.ascx Clm.PhysicianClaimPanel.ascx Clm.PhysicianClaimPanel.ascx - Data Correction Clm.UB92ClaimPanel.ascx Clm.UB92ClaimPanel.ascx - Data Correction	1376 - Add Fields Display - Panels
30.090.007.004	Informational		
30.090.007.004.2	RV Sign-Off CO		215 - PCG Claim History
30.090.007.004.3	RV Sign-Off CO		215 - PCG Claim History 160 - PBA-Pharmacy J-Codes Extract 2043 - PBA-Monthly Claim Data
30.090.008	Informational		
30.090.008.001	Informational		
30.090.008.001.1	RV Sign Off		
30.090.008.001.2	RV Sign Off		

Requirement	Status	Mapped Objects	Change Orders
30.090.008.001.3	RV Sign Off		
30.090.008.001.4	RV Sign Off		
30.090.008.001.6	RV Sign Off		
30.090.008.001.7	RV Sign Off		
30.090.008.001.8	RV Sign Off		
30.090.008.002	Informational		
30.090.008.002.1	RV Sign-Off Duplicate		
30.090.008.002.10	RV Sign-Off Duplicate		
30.090.008.002.11	RV Sign-Off CO	T_ENC_ERR_THRESHLD Clm.EncounterDataPage.ascx Clm.CAS Inquiry (Design) Clm.DentalClaimPage.ascx - NavGroup Clm.EDIBatchSearchPanel.ascx Clm.EDIBatchSearchPanel.ascx - Search Results Clm.EncounterBatchSearchPanel.ascx Clm.EncounterBatchSearchPanel.ascx - Search Results Clm.EncounterBatchSearchPanel.ascx (EncounterClaims) Clm.EncounterBatchSearchPanel.ascx (EncounterErrors) Clm.EncounterDataPage.ascx - NavGroup Clm.MCO Data Clm.NCPDP Reject Codes (Design) Clm.PharmacyClaimPage.ascx - NavGroup Clm.PhysicianClaimPage.ascx - NavGroup Clm.UB92ClaimPage.ascx - NavGroup	1329 - Encounters - Splitter 2109 - Encounters - End Batch Process 2113 - Encounters - Identification 1284 - Add Encounter Batch Summary 1289 - Add NCPDP Reject Codes 2108 - Encounters - Disposition 2114 - Encounters - Directories 2064 - Encounter Threshold - new panel 2107 - Encounters - Determination 1286 - Add Encounter Claim Related Data 2110 - Encounters - Accept/Reject 159 - Display Encounter Data Elements 1283 - Add Encounter Page 1287 - Add Encounter EDI Batch Search 1285 - Add Encounter Error Panel 1288 - Add CAS Inquiry Panel

Requirement	Status	Mapped Objects	Change Orders
		encsplit	
30.090.008.002.12	RV Sign-Off Task		197 - Encounters Threshold Errors
30.090.008.002.13	RV Sign-Off CO		197 - Encounters Threshold Errors 2112 - 277U Outbound Process
30.090.008.002.14	RV Sign-Off Duplicate		
30.090.008.002.15	RV Sign-Off Duplicate		
30.090.008.002.16	RV Sign Off		
30.090.008.002.17	RV Sign-Off Duplicate		
30.090.008.002.18	RV Sign-Off Duplicate		
30.090.008.002.19	RV Sign-Off Duplicate		
30.090.008.002.2	RV Sign-Off Duplicate		
30.090.008.002.20	RV Sign-Off Duplicate		
30.090.008.002.21	RV Sign-Off Duplicate		
30.090.008.002.22	RV Sign Off		
30.090.008.002.23	Cancelled		
30.090.008.002.24	RV Sign Off	Claim Detail Clm.ClaimErrorHdrPanel.ascx Clm.PhysicianClaimPanel.ascx Ref.DispositionCriteriaPanel.ascx	
30.090.008.002.25	RV Sign Off		
30.090.008.002.26	RV Sign-Off Duplicate		

Requirement	Status	Mapped Objects	Change Orders
30.090.008.002.27	RV Sign Off	Ref.DispositionCriteriaPanel.ascx	
30.090.008.002.28	RV Sign-Off Duplicate		
30.090.008.002.29	RV Sign-Off Duplicate		
30.090.008.002.3	RV Sign-Off Duplicate		2113 - Encounters - Identification 2114 - Encounters - Directories
30.090.008.002.30	RV Sign-Off Duplicate		
30.090.008.002.31	Cancelled		
30.090.008.002.32	RV Sign-Off CO		1323 - Configure Limit Audits
30.090.008.002.33	RV Sign-Off CO	Clm.DentalClaimPage.ascx - NavGroup Clm.MCO Data Clm.PharmacyClaimPage.ascx - NavGroup Clm.PhysicianClaimPage.ascx - NavGroup Clm.UB92ClaimPage.ascx - NavGroup claimList.c	122 - Claims Conversion 159 - Display Encounter Data Elements 1268 - DB Model - Encounters
30.090.008.002.34	RV Sign-Off CO		122 - Claims Conversion
30.090.008.002.35	RV Sign-Off Duplicate		
30.090.008.002.36	RV Sign-Off Duplicate		
30.090.008.002.37	RV Sign-Off Duplicate		
30.090.008.002.38	RV Sign-Off CO		159 - Display Encounter Data Elements
30.090.008.002.39	RV Sign-Off Duplicate		
30.090.008.002.4	Cancelled		

Requirement	Status	Mapped Objects	Change Orders
30.090.008.002.40	RV Sign Off		
30.090.008.002.41	RV Sign-Off Duplicate		
30.090.008.002.42	RV Sign-Off Duplicate		
30.090.008.002.43	RV Sign Off		2106 - Encounters - Pricing
30.090.008.002.5	RV Sign-Off Duplicate		
30.090.008.002.6	RV Sign-Off Duplicate		
30.090.008.002.7	RV Sign-Off CO		120 - Configure Encounter Edits/Audits
30.090.008.002.9	RV Sign-Off Duplicate		
30.090.008.003	Informational		
30.090.008.003.10	Cancelled		
30.090.008.003.11	Cancelled		
30.090.008.003.12	RV Sign Off	Clm.EncounterDataPage.ascx CLM-0132-D CLM-0132-M CLM-0132-O	
30.090.008.003.13	RV Sign-Off Duplicate		
30.090.008.003.14	RV Sign-Off Duplicate		
30.090.008.003.15	RV Sign-Off Duplicate		
30.090.008.003.16	RV Sign-Off Duplicate		198 - RPTS - Status Report
30.090.008.003.2	RV Sign-Off Duplicate		
30.090.008.003.4	RV Sign-Off Duplicate		

Requirement	Status	Mapped Objects	Change Orders
30.090.008.003.5	RV Sign-Off Duplicate		
30.090.008.003.6	RV Sign Off	Clm.ClaimEobHdrPanel.ascx Clm.ClaimErrorHdrPanel.ascx Clm.ClaimLocationPanel.ascx	
30.090.008.003.7	RV Sign Off		
30.090.008.003.8	Cancelled		
30.090.008.003.9	RV Sign-Off Duplicate		
30.090.008.004	Informational	clmpdi10 clmpdi15	
30.090.008.004.1	RV Sign Off		
30.090.008.004.2	RV Sign Off		
30.090.008.004.3	RV Sign Off		160 - PBA-Pharmacy J-Codes Extract
30.090.009.002.10	RV Sign Off	Clm.ClaimInformationPage.ascx Clm.DataCorrectionPage.ascx Cl.Adjustment InformationMaint Clm.AdjustmentRequestClaimsPanel.ascx	
30.090.009.002.12	RV Sign Off	Clm.AdjustmentRequestClaimsPanel.ascx	1230 - Adj Rqst panel add reason desc 1239 - Adj rqst panel require prov id
30.090.009.002.13	RV Sign Off	Cl.Adjustment InformationMaint	
30.090.009.002.16	RV Sign Off		
30.090.009.002.17	RV Sign Off	Clm.AdjustmentInformationPage.ascx Clm.ClaimInformationPage.ascx Clm.AdjustmentNetVerificationPanel.ascx	3506 - No navigation to return to Adj's

Requirement	Status	Mapped Objects	Change Orders
		Clm.AdjustmentRequestClaimsPanel.ascx Clm.AdjustmentSearchPanel.ascx Clm.AdjustmentSearchPanel.ascx - Search Results Clm.ClaimAdjustmentBase.ascx Clm.ClaimAdjustmentBase.ascx - NavGroup Clm.ClaimsAdjustmentMiniSearchPanel.ascx	
30.090.009.002.18	RV Sign Off	Clm.DataCorrectionPage.ascx	1778 - Data Correction of Adjustments
30.090.009.002.19	RV Sign Off	Clm.ClaimsMassAdjustmentInformationPage.ascx	
30.090.009.002.20	RV Sign-Off CO	Clm.ClaimsMassAdjustmentInformationPage.ascx Clm.AdjustmentNetVerificationPanel.ascx -Mass Adj Clm.ClaimsAdjustmentMiniSearchPanel.ascx Clm.MassAdjustmentCriteriaPanel.ascx Clm.MassAdjustmentEntryPanel.ascx Clm.MassClaimAdjustmentBase.ascx Clm.MassClaimAdjustmentBase.ascx - NavGroup	161 - Allow individual claim deselect 1240 - Mass Net Verf add totals 1228 - Mass Adjustment Criteria ranges
30.090.009.002.21	RV Sign-Off CO	Clm.AdjustmentNetVerificationPanel.ascx -Mass Adj Clm.ClaimsAdjustmentMiniSearchPanel.ascx Clm.MassAdjustmentCriteriaPanel.ascx Clm.MassAdjustmentEntryPanel.ascx Clm.MassClaimAdjustmentBase.ascx Clm.MassClaimAdjustmentBase.ascx - NavGroup	2013 - CORE 10380 NEW T_ADJMS_PAYBILL
30.090.009.002.22	RV Sign-Off CO	CLMJD210 CLMJD211 CLMJDM_PROV_RATE	1359 - CORE 10281Mass Rate Verification 1358 - Verify mass rate

Requirement	Status	Mapped Objects	Change Orders
		PRVJD210 T_ADJ_MASS_CLAIM T_ADJ_MASS_RQST Prov.MassRateAdjustment.ascx Prov.ProviderContractRatePanel.ascx Prov.ProviderInpatientLevelofCareRate.ascx Prov.ProviderNHLevelofCareRate.ascx Prov.ProviderRatePanel.ascx clmp210d clmp211d clmpma_mass_adj	adjustments
30.090.009.002.23	RV Sign Off	T_ADJ_DENT_DTL T_ADJ_PHRM_XREF T_ADJ_PHYS_XREF T_ADJ_UB92_XREF T_SUSP_ADJ_XREF Clm.AdjustmentInformationPage.ascx adj837	
30.090.009.002.9	RV Sign Off	PCTD2061 PCTD2062 PCTD2063 PCTD2064 CLMJDR01 clmpdr01	
30.090.012.002.9B	RV Sign Off		
30.090.014.003.3	RV Sign-Off CO		197 - Encounters Threshold Errors 215 - PCG Claim History 160 - PBA-Pharmacy J-Codes Extract 2043 - PBA-Monthly Claim Data
30.090.017	Informational		
30.090.017.001	Informational		
30.090.017.001.1	RV Sign Off		
30.090.017.001.3	RV Sign Off		

Requirement	Status	Mapped Objects	Change Orders
30.090.017.002	Informational		
30.090.017.002.1	RV Sign-Off CO	Error Disposition Information Page clmsccInt	1121 - CC - integration module
30.090.017.002.10	RV Sign Off		
30.090.017.002.11	RV Sign-Off CO	clmsccInt	1137 - ccInt - modify history pull
30.090.017.002.12	RV Sign-Off CO	Claim Detail Clm.ClaimDiagnosisPanel.ascx clmsccInt	1135 - ccInt implement cc v8.5 changes
30.090.017.002.13	RV Sign-Off CO	clmsccInt	1121 - CC - integration module
30.090.017.002.14	RV Sign Off	Error Disposition Information Page	
30.090.017.002.15	RV Sign Off		3991 - Add misc elements to TTG
30.090.017.002.16	RV Sign-Off CO	clmsDisp clmsWrite clmsccInt	1121 - CC - integration module
30.090.017.002.17	RV Sign Off		
30.090.017.002.18	RV Sign Off	Clm.RelatedDataPage.ascx	
30.090.017.002.19	RV Sign Off		
30.090.017.002.2	RV Sign Off		
30.090.017.002.20	RV Sign Off		
30.090.017.002.21	RV Sign Off		
30.090.017.002.22	RV Sign Off		
30.090.017.002.23	RV Sign Off		
30.090.017.002.3	RV Sign-Off CO	7256 7257 7258 7269 7270 7290 7291	1135 - ccInt implement cc v8.5 changes

Requirement	Status	Mapped Objects	Change Orders
		clmsccInt	
30.090.017.002.4	RV Sign-Off CO	clmsLoadHist clmsccInt	1136 - ccInt process outpatient claims 1976 - McKesson ClaimCheck Dental -File
30.090.017.002.5	RV Sign-Off CO	clmsDisp clmsWrite clmsccInt	1121 - CC - integration module
30.090.017.002.6	RV Sign Off		
30.090.017.002.7	RV Sign-Off CO	clmsccInt	1121 - CC - integration module
30.090.017.002.8	RV Sign Off	Error Disposition Information Page	
30.090.017.002.9	RV Sign Off		
30.090.017.003	Informational		
30.090.017.003.2	RV Sign Off		
30.090.017.003.3	RV Sign Off	CLM-0015-D CLM-0058-Q	1121 - CC - integration module 2078 - CLM9914&CLM5000 - Implement NPI 565 - RPTS - CHG Exceptions/Audit-Edit
30.090.017.003.4	RV Sign Off	Error Disposition Information Page	
30.090.017.003.5	RV Sign Off		
30.100.007	No mapping required		
30.100.007.001	No mapping required		
30.100.007.002	No mapping required		
30.100.007.003	No mapping required		
30.100.007.004	No mapping required		

Requirement	Status	Mapped Objects	Change Orders
30.100.007.005	No mapping required		
30.100.007.006	No mapping required		
30.100.007.007	No mapping required		
30.100.007.008	No mapping required		
30.100.007.009	No mapping required		
30.100.007.010	No mapping required		
30.100.007.011	No mapping required		
30.100.007.012	No mapping required		
30.100.007.013	No mapping required		
30.100.007.014	No mapping required		
30.100.007.015	No mapping required		
30.100.007.016	No mapping required		
30.100.007.017	No mapping required		
30.100.007.018	No mapping required		
30.100.007.022	No mapping required		
30.100.007.024	No mapping required		
30.100.007.025	No mapping required		
30.100.008	No mapping		

Requirement	Status	Mapped Objects	Change Orders
	required		
30.100.008.001	No mapping required		
30.100.008.002	No mapping required		
30.100.008.003	No mapping required		
30.100.008.004	No mapping required		
30.100.008.005	No mapping required		
30.100.008.006	No mapping required		
30.100.008.007	No mapping required		
30.100.008.008	No mapping required		
30.100.008.009	No mapping required		
30.100.008.010	No mapping required		
30.100.008.011	No mapping required		
30.100.008.012	No mapping required		
30.100.008.013	No mapping required		
30.100.010	No mapping required		
30.100.010.001	No mapping required		
30.100.010.002	No mapping required		
30.100.017	No mapping required		

Requirement	Status	Mapped Objects	Change Orders
30.100.017.001	No mapping required		
30.110.007	Informational		
30.110.007.012	RV Sign-Off Task		175 - Claim adjudication ops standard
30.110.007.015	RV Sign Off	CLM-0016-D CLM-0017-D CLM-0018-D	
30.110.007.016	RV Sign Off		
30.110.007.017	RV Sign-Off Task		176 - Timely claims processing
30.110.007.018	RV Sign Off	CLMJD350	
30.110.007.019	RV Sign-Off Task		174 - Adjustment entry ops standard
30.110.007.020	RV Sign Off		
30.110.007.021	RV Sign Off	CLM-0025-D CLM-0026-D	
30.110.007.022	RV Sign Off		
30.110.008	Informational		
30.110.008.001	RV Sign Off	clmsHdr	
30.110.008.002	RV Sign-Off CO		197 - Encounters Threshold Errors
30.110.008.006	RV Sign Off		
30.110.008.007	RV Sign Off		
30.110.008.009	RV Sign Off		
30.110.008.010	RV Sign Off		
30.110.009.007	RV Sign-Off Task		174 - Adjustment entry ops standard
30.110.017	Informational		
30.110.017.001	RV Sign Off		
30.110.017.002	RV Sign Off		

Requirement	Status	Mapped Objects	Change Orders
30.110.017.003	RV Sign Off		
30.90.005.002.12A	RV Sign Off	clmsPaPauth	

2.12 Change Orders

Note: Change Orders with a status of “Cancelled” at the time this document was prepared are not included in this document.

2.12.1 Display Encounter Data Elements - 159

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
159	Change Order	1	Claims			1

2.12.1.1 Desired Solution

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 is mapped to claim status;
- Encounter Type; and,
- MCO Contract Type (1 = Fee for Service, 2 = Capitated Fee).

2.12.1.2 Business Impact

Meet Commonwealth requirement.

2.12.1.3 Technical Specifications

See Tech Specs in Supp Docs.

2.12.1.4 Clarifications

There are four fields on the panel design that do not appear on the panel. The MCO Receipt date, the Enc Receipt date and the Enc Adjudicated Date. The MCO Receipt date can be obtained by viewing the Julian date included in the ICN; therefore, it is not included on the panel. The Enc Receipt date is the same as the MCO Receipt date and is not different, so this was not included on the panel either. The Enc Adjudicated Date is the same as the Paid date that is already displayed on the claim header panel. The MCO Contract Type is represented by the Capitation field. A decision was made (with Commonwealth approval) to include a Capitation flag that displays a 'Y' when the claim is for capitation instead of fee for service. At the time this CO was completed, it was determined that Encounter Type was not available to be displayed on the panel. However, the user should be able to tell if this is a Void or Adjustment by the region code, first two digits in the ICN. We are not storing another field that specifically captures 'Encounter Type' where the value is Paid, Denied, Void or Adjust.

59 PBA PHARMACY REVERSAL ADJUSTMENT
60 ENCOUNTER ADJUSTMENTS - VOIDS

61 CONVERTED ENCOUNTER ADJUSTMENTS - VOIDS
65 ENCOUNTER PHARMACY REVERSAL ADJUSTMENT

At some point in the future, we will use a standard reason code in the reason code field to indicate a denied encounter. DMS will communicate that to Passport and EDS will implement the solution. There was no DCR since this solution did not require any real system changes to identify a denied encounter even though we do not receive them today.

2.12.1.5 Associated Requirements

Requirement ID	Type
30.090.008.002.11	Claims Encounters
30.090.008.002.33	Claims Encounters
30.090.008.002.38	Claims Encounters

2.12.1.6 Associated System Objects

Technical Name	Object Type	Title
Clm.UB92ClaimPage.ascx - NavGroup	Panel	UB92 Claim Navigation
Clm.PhysicianClaimPage.ascx - NavGroup	Panel	Physician Claim Navigation
Clm.MCO Data	Panel	MCO Data
Clm.DentalClaimPage.ascx - NavGroup	Panel	Dental Claim Navigation

2.12.1.7 Change Order Status

Status	Date
Issue Identified	06/24/2005
Deferred	11/29/2005
SE Assigned	10/18/2006
Construction in Progress	12/14/2006
Ready for Construction Walkthrough	01/03/2007
Ready for Model Office	01/03/2007
Model Office Implemented	01/19/2007
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.2 Allow individual claim deselect - 161

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
161	Change Order		Claims			

2.12.2.1 Desired Solution

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 allows selected claims to be removed from T_CL_MASS_ADJ.

See Core CO 9626 - all documentation will be updated on this CO

2.12.2.2 Business Impact

Users need a mechanism for removing certain identified claims from a mass adjustment request.

See Core CO 9626 - all documentation will be updated on this CO

2.12.2.3 Technical Specifications

Modify the Mass Net Verification panel to allow for the selection/deselection of individual claims displayed on the verification panel. Add a delete button to be used in conjunction with the selection of individual rows for deletion to change the cde_status1 for the selected row to a status of 'D'. The actual deletion of the claim occurs in batch mode (this is an existing batch function). The user is not allowed to update claims with a paid or denied claim status to a cde_status1 of 'D'.

See Core CO 9626 - all documentation will be updated on this CO

2.12.2.4 Clarifications

No associated clarifications found.

2.12.2.5 Associated Requirements

Requirement ID	Type
30.090.009.002.20	Claims Adjustment/Data Correct

2.12.2.6 Associated System Objects

Technical Name	Object Type	Title
Clm.AdjustmentNetVerificationPanel.ascx -Mass Adj	Panel	Mass Net Verification

2.12.2.7 Change Order Status

Status	Date
Issue Identified	06/27/2005
Change Order Written	10/20/2005
SE Assigned	12/28/2005
Technical Design In Progress	12/28/2005

Status	Date
(obsolete)	
SE Assigned	03/02/2006
Technical Design In Progress (obsolete)	03/02/2006
Construction in Progress	03/15/2006
Ready for Construction Walkthrough	04/12/2006
Construction in Progress	05/23/2006
Ready for Construction Walkthrough	05/29/2006
Ready for Model Office	06/01/2006
Model Office Implemented	06/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.3 Change "Recipient" - online - 162

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
162	Change Order		Claims			2

2.12.3.1 Desired Solution

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.

2.12.3.2 Business Impact

Meet the Commonwealth's business needs.

2.12.3.3 Technical Specifications

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.

2.12.3.4 Clarifications

Related CO 163

2.12.3.5 Associated Requirements

Requirement ID	Type
30.050.001F	RFP Split Requirement

2.12.3.6 Associated System Objects

Technical Name	Object Type	Title
Clm.PaymentInfoHdrPanel.ascx	Panel	Health Program
Clm.MassAdjustmentCriteriaPanel.ascx	Panel	Mass Adjustment Criteria
Clm.PhysicianClaimPanel.ascx	Panel	Physician Claim
Clm.PhysicianClaimPanel.ascx - Data Correction	Panel	Physician Claim Correction
Clm.ClaimsAssignmentPanel.ascx	Panel	Claims Assignment
Clm.UB92ClaimPanel.ascx	Panel	UB92 Claim
Clm.PaymentInfoPanel.ascx	Panel	Detail Health Program
Clm.ClaimSearchPanel.ascx - Search Results	Panel	Claims Search Results
Clm.ScheduleClaimsPanel.ascx	Panel	Schedule Claims
Clm.ClaimSchedulingCriteria.ascx	Panel	Scheduling Criteria
Clm.PharmacyClaimPanel.ascx	Panel	Pharmacy Claim

Technical Name	Object Type	Title
Clm.ClaimSearchPanel.ascx	Panel	Claims Search
Clm.DentalClaimPanel.ascx	Panel	Dental Claim
Clm.PharmacyClaimPanel.ascx - Data Correction	Panel	Pharmacy Data Correction
Clm.UB92ClaimPanel.ascx - Data Correction	Panel	UB92 Claim Correction
Clm.RelatedHistoryPanel.ascx	Panel	Detail Related History

2.12.3.7 Change Order Status

Status	Date
Issue Identified	06/27/2005
Change Order Written	11/28/2005
Construction in Progress	02/14/2006
Ready for Construction Walkthrough	03/01/2006
Ready for Model Office	03/15/2006
Model Office Implemented	06/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.4 RPTS - Change "Recipient" - 163

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
163	Change Order		Claims			1

2.12.4.1 Desired Solution
Change every instance of "Recipient", "Current ID" or "Medicaid ID" to "Member ID" on all claim reports.

2.12.4.2 Business Impact
Customize report for KY making sure base system references are taken out.

2.12.4.3 Technical Specifications
NOTE: The source code for program clm0015d.sc and job CLMJD015 should be taken from Oklahoma. The program that is currently is core is reflecting the Bundling Solution. Kentucky will be implementing ClaimCheck. The Oklahoma version of this program is for ClaimCheck. This CO should start with the OK version to make changes for the Kentucky implementation.

2.12.4.4 Clarifications
Related CO 162

The source code for program clm0015d_cc.sc and job CLMJD015 was taken from the Oklahoma program clm0015d.sc and job CLMJD015. Program clm0015d_cc.sc will be producing a report for the McKesson ClaimCheck solution. Program clm0015d.sc is producing a report for the ClaimCheck bundling solution.

Note:- CO 163 will not be promoted into MO. All the code changes (already done) that were requested by CO 163 will be promoted as part of KY CO 2083. [Carlos Huerta]

2.12.4.5 Associated Requirements

Requirement ID	Type
30.050.001F	RFP Split Requirement

2.12.4.6 Associated System Objects

Technical Name	Object Type	Title
CLM-0022-D	Report	Combined Claim Error
clmp046m	Program	Potential Schedule 2 Narcotic Drug Abuse
clm0051d	Program	Aged Detail Adjustment Report
CLM-0010-D	Report	Online Adjustment Daily Report
CLM-0015-D	Report	ClaimCheck Potential History to Adjust
CLM-0051-D	Report	Aged Detail Adjustment Report
clm0010d	Program	Online Adjustment Daily Report
CLM-0046-M	Report	Potential Schedule 2 Narcotic Drug Abuse

Technical Name	Object Type	Title
clm0015d_cc	Program	Claim Check Potential History To Adjust
clm0020d	Program	Aged Detail Suspense Report
clm0027d	Program	Transaction Register
CLM-0023-D	Report	Claims Error Report FFS
CLM-0020-D	Report	Aged Detail Suspense Report
clm0050m	Program	Retro Active Rate Adjustment Report
CLM-0050-M	Report	Retro Active Rate Adjustment Report
CLM-0027-D	Report	Transaction Register
clm0025d	Program	Services To Be Clerically Denied Report
CLM-0025-D	Report	Services to be Clerically Denied Report
CLM-0026-D	Report	Claims Paid Due To Force Report
clmp422	Program	Combined Claim Error
clm0023d	Program	Claims Error Report (FFS)
clm0026d	Program	Claims Paid Due To Force Report

2.12.4.7 Change Order Status

Status	Date
Issue Identified	06/27/2005
SE Assigned	12/21/2005
Define/Analyze In Progress	01/10/2006
Construction in Progress	01/10/2006
Ready for Model Office	01/12/2006
Model Office Implemented	05/09/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.5 Claim Search- Changes - 195

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
195	Change Order		Claims			2

2.12.5.1 Desired Solution

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.

2.12.5.2 Business Impact

Meet the Commonwealth's business needs.

2.12.5.3 Technical Specifications

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. This will be handled by the NPI team.
- 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.

2.12.5.4 Clarifications

This change is being added to the Core base code. Do not start working on this CO in the KY environment at this time. K. Barker

A new checkbox "Exclude Finalized claims" is being added to ClaimSearchPanel.ascx which when checked will exclude finalized claims from AIM00 in search results. N. Chennamsetty

2.12.5.5 Associated Requirements

Requirement ID	Type
30.090.007.002.71	Claims Panels/Panels

2.12.5.6 Associated System Objects

Technical Name	Object Type	Title
Clm.ClaimSearchPanel.ascx	Panel	Claims Search

2.12.5.7 Change Order Status

Status	Date
Issue Identified	07/05/2005
Change Order Written	11/28/2005

Status	Date
Construction in Progress	03/23/2006
Ready for Construction Walkthrough	05/03/2006
Ready for Model Office	05/05/2006
Model Office Implemented	06/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.6 Claim Search Results - Changes - 196

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
196	Change Order		Claims			1

2.12.6.1 Desired Solution

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

2.12.6.2 Business Impact

Meet the Commonwealth's business needs.

2.12.6.3 Technical Specifications

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

2.12.6.4 Clarifications

This change is being added to the Core base code. Do not start working on this CO in the KY environment at this time. K. Barker

This CO is reopened for an additional requirement which is to change the way the Member ID hyperlinking is working. However, there is framework change that needs to be made to fulfill this requirement and this CO is pending check-in until that change is made. N Chennamsetty

2.12.6.5 Associated Requirements

Requirement ID	Type
30.090.007.002.72	Claims Panels/Panels

2.12.6.6 Associated System Objects

Technical Name	Object Type	Title
Clm.ClaimSearchPanel.ascx - Search Results	Panel	Claims Search Results

2.12.6.7 Change Order Status

Status	Date
Issue Identified	07/05/2005
Change Order Written	11/28/2005
Construction in Progress	04/25/2006
Ready for Construction Walkthrough	05/04/2006

Status	Date
Ready for Model Office	05/05/2006
Model Office Implemented	06/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.7 Encounters Threshold Errors - 197

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
197	Change Order		Claims			1

2.12.7.1 Desired Solution

Create an extract for the threshold errors, which were identified on the encounter claims. Claims should send this information to the EDI subsystem. EDI will then format the 277 transaction which will be sent back to MCOs. We will be receiving encounters from Passport and the Transportation cabinet. This KY CO is duplicated in the Core PWB. See Core CO 11760 - all documentation will be updated on this CO.

2.12.7.2 Business Impact

Meet the Commonwealth's business needs.

2.12.7.3 Technical Specifications

This is a change order to develop the extract that will be input to the EDI process that creates the 277 transaction that will be used to notify submitters of encounter claims that contain threshold errors.

277 Output file format

Leverage process from financial:

- program fin_277_process.sc
- include member era_277_structures.h
- include member era_277_saklist.h

The process will have three steps:

1. Extract 277 stub file based in criteria below
2. Sort stub file
3. Extract encounter information based on 277 stub file and format out file that will be used by EDI to format the 277 transactions

System object names:

1. Encounter Errors Extract - src - clmpdi10.sc, clmpdi10.mak; ubin - clmpid10
2. Sort Utility - otsort; Sort control cards - ctl - clm00i10.ctl
3. Encounter Errors 277 Formatter - src clmpdi15.sc, clmpdi15.mak; ubin - clmpid15
4. Encounter Errors 277 - job - CLMJDI10

Extract criteria for clmpdi10.sc:

- Encounter claims in t_claim_locat where CDE_LOCATION = '93' - System Generated - Paid Encounter/Waiting Completion and DTE_CLM_LOCAT = today's cycle date and
- At least one of the errors is a threshold error - t_claim_error CDE_DISP_STATUS = 'T'

2.12.7.4 Clarifications

Carter, Bob wrote: Passport has requested that we send a 277U for all of the claims they submit (regardless of errors). ---------- Consequently, the technical specifications also change to accommodate the request: The indicator ind_encounter on claim header tables is populated with the following values: 'Y' - Encounter claim 'H' - PBA Pharmacy claim `N' - FFS claim and is used to determine the claims satisfying the selection criteria. The claims with ind_encounter = 'Y' or 'H' and satisfying the date_parm will be extracted. --------- At 06/20/2006 walkthrough, the following technical solution was recommended to avoid over extracting or under extracting problems: The status 'A' is based on logic from TennCare, they have programs initiated by Panel which will update the cde_batch_status in t_enc_batch_process, there is button 'Reject', click on that button, the cde_batch_status change to 'R' and click on 'Accept', the cde_batch_status change to 'W', but now we are not going to have this feature in Panel (Panel), so after the claim engine process the encounter batch files, the next job running would be CLMJDI10, after the claim engine processed the encounter batch file, the cde_batch_status would be either 'C' for success or 'R' for failure or reject, so the program clmpdi10 will check status 'C' or 'R', report the claims, then change the claim status from 'C' to 'W' and 'R' to 'F', then clmpdend and clmpaend will check the batch status, if it's 'F', it will delete all the claims in the batch and change the status to 'D', if it's 'W', it will accept the batch, change it to 'A'. So there is probably no point to check the date_parm now, just check on the batch status 'C' and 'R' should be ok. Here is the diagram: Sendclms clmpdi10 clmpdend clmpaend cde_batch_status C ---> W ----> A R ----> F ----> D

2.12.7.5 Associated Requirements

Requirement ID	Type
30.050.001.002.7	Interfaces - External
30.090.008.002.12	Claims Encounters
30.090.008.002.13	Claims Encounters
30.090.014.003.3	RFP Split Requirement
30.110.008.002	Claims Encounters

2.12.7.6 Associated System Objects

Technical Name	Object Type	Title
clmpdi10	Program	Encounters Threshold Errors Extract
CLMJDI10	Batch Job	Encounters Threshold Errors Extracts
clmpdi15	Program	Encounters Errors 277 Formatter

2.12.7.7 Change Order Status

Status	Date
Issue Identified	07/05/2005
SE Assigned	01/06/2006
Construction in Progress	02/22/2006

Status	Date
Construction in Progress	06/12/2006
Ready for Unit Test (obsolete)	06/12/2006
Ready for Construction Walkthrough	06/19/2006
Model Office Implemented	06/28/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.8 Enable image access - 242

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
242	Change Order		Claims			1

2.12.8.1 Desired Solution
Modify claims pages to add the icon which allows access to the scanned image of the claim.

2.12.8.2 Business Impact
Meet the Commonwealth's business needs.

2.12.8.3 Technical Specifications
Modify claims pages panels to allow access to imaged claims documents (submitted claim, adjustment request and/or attachment) via the image icon. The following claim pages must be modified to allow access to imaged documents:

- Claims Information Page
- Claims Adjustment Page
- Claims Data Correction Page

2.12.8.4 Clarifications
NOTE: An icon is not going to be used. Instead a 'View Image' button is going to be put on the navigation panel. For an example, see the Claims Information Page screen print in the Supplemental Documentation section of this CO. In addition, the affected objects are actually the Navigation panels for each claim type and the Adjustment panel. The Aff Objs will be updated later.

The link between the claims panels and the on-base data will be an API. The document management subsystem will notify claims when the API is ready so that claims can continue working on this. The Core CO 12243 has been put in 'Awaiting Further Definition' status.

I just talked to Scott and the solution for this is being developed as part of KYAMEND. We can just say in our response (to the customer re. test case review) that this CO was changed from a "deferred" status to be "Awaiting Further Definition" status and we will create test cases after the specification are refined and the CO is taken out of Awaiting Further Definition. The OnBase CO is 2785 and potentially another CO will be written for the API between interChange and OnBase. (Betsy Elrod.)

2.12.8.5 Associated Requirements

Requirement ID	Type
2908A	KY Amend
30.090.007.002.53	Claims Panels/Panels
30.090.007.002.56	Claims Adjustment/Data Correct

2.12.8.6 Associated System Objects

Technical Name	Object Type	Title
Clm.AdjustmentInformationPage.ascx	Internal Page	Claims Adjustment Information Page
Clm.ClaimInformationPage.ascx	Internal Page	Claims Information Page
Clm.DataCorrectionPage.ascx	Internal Page	Claims Data Correction Page

2.12.8.7 Change Order Status

Status	Date
Issue Identified	07/13/2005
Change Order Written	11/28/2005
Awaiting Further Definition	06/23/2006
SE Assigned	10/18/2006
Define/Analyze In Progress	12/14/2006
Construction in Progress	12/23/2006
Ready for Construction Walkthrough	01/10/2007
Ready for Model Office	01/16/2007
Model Office Implemented	01/19/2007
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.9 RPTS - Remove HCA from Heading - 429

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
429	Change Order		Claims			1

2.12.9.1 Desired Solution
Take "HCA" out of report title.

2.12.9.2 Business Impact
Customize report for KY making sure base system references are taken out.

2.12.9.3 Technical Specifications
Report: CLM-0020-D
Program: clm0020d.sc
Make file: clm0020d.mak

Report: CLM-0051-D
Program: clm0051d.sc
Make file: clm0051d.mak

1. Check out program
2. Take out "HCA" out of report title.
3. Update program change log
4. Compile program using make file
5. Create or verify claims that there are claims in suspense status
6. Perform Unit Test
7. Create walkthrough documentation
8. Have walkthrough or peer review with TFAL
9. Promote changes when walkthrough is approved.

2.12.9.4 Clarifications
Note:- CO 429 won't be promoted into MO. All the code changes (already done) that were requested by CO 429 will be promoted as part of KY CO 2083. [Carlos Huerta]

2.12.9.5 Associated Requirements

Requirement ID	Type
30.090.007.003.11	Claims Reporting
30.090.007.003.17	Claims Reporting

2.12.9.6 Associated System Objects

Technical Name	Object Type	Title
clm0020d	Program	Aged Detail Suspense Report
clm0051d	Program	Aged Detail Adjustment Report
CLM-0020-D	Report	Aged Detail Suspense Report
CLM-0051-D	Report	Aged Detail Adjustment Report

2.12.9.7 Change Order Status

Status	Date
Change Order Written	08/10/2005
SE Assigned	01/12/2006
Ready for Construction Walkthrough	01/16/2006
Define/Analyze In Progress	01/16/2006
Construction in Progress	01/17/2006
Ready for Model Office	04/21/2006
Model Office Implemented	05/09/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.10 RPTS - CHG Exceptions/Audit-Edit - 565

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
565	Change Order		Claims			1

2.12.10.1 Desired Solution

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".

2.12.10.2 Business Impact

Customize report for KY making sure base system references are taken out.

2.12.10.3 Technical Specifications

NOTE: The source code for program clm0021d.sc and job CLMJD021 should be taken from Tennessee. The program was updated during the TN implementation and ments were made to the code. This CO should start with the TN version to make changes for the Kentucky implementation.

CO 163 took the source code for program clm0015d.sc and job CLMJD015 from Oklahoma. The program that was in core(prior to CO 163) was reflecting the Bundling Solution. Kentucky will be implementing ClaimCheck. The Oklahoma version of this program was for ClaimCheck.

2.12.10.4 Clarifications

The source code for program clm0015d_cc.sc and job CLMJD015 were taken from the Oklahoma program clm0015d.sc and job CLMJD015. Program clm0015d_cc.sc will be producing a report for the McKesson ClaimCheck solution. Program clm0015d.sc is producing a report for the ClaimCheck bundling solution.

Note:- CO 565 won't be promoted into MO. All the code changes (already done) that were requested by CO 565 will be promoted as part of KY CO 2083. [Carlos Huerta]

2.12.10.5 Associated Requirements

Requirement ID	Type
30.090.007.003.17	Claims Reporting
30.090.017.003.3	Claims Enhanced Claim Editing

2.12.10.6 Associated System Objects

Technical Name	Object Type	Title
CLM-0022-D	Report	Combined Claim Error
CLM-0054-D	Report	Error Recycle Parameters
CLM-0055-D	Report	Daily Error Summary By Claim Type Original Claims
clm0054d	Program	Error Recycle Parameters
CLM-0020-D	Report	Aged Detail Suspense Report
clmp422	Program	Combined Claim Error

Technical Name	Object Type	Title
clm0027d	Program	Transaction Register
CLM-0051-D	Report	Aged Detail Adjustment Report
CLM-0056-D	Report	Daily Error Summary By Claim Type Adjustments
clm0015d_cc	Program	Claim Check Potential History To Adjust
CLM-0023-D	Report	Claims Error Report FFS
clmper01	Program	Daily Error Summary By Claim Type
clm0020d	Program	Aged Detail Suspense Report
CLM-0024-D	Report	Daily Error Summary By Claim Type
CLM-0058-Q	Report	ClaimCheck Error Report
clm0058q	Program	ClaimCheck Error
CLM-0021-D	Report	Suspense File Analysis by Error Code
CLM-0027-D	Report	Transaction Register
clm0051d	Program	Aged Detail Adjustment Report
clm0023d	Program	Claims Error Report (FFS)
clm0021d	Program	Suspense File Analysis By Error Code
CLM-0015-D	Report	ClaimCheck Potential History to Adjust

2.12.10.7 Change Order Status

Status	Date
Issue Identified	08/22/2005
SE Assigned	01/12/2006
Define/Analyze In Progress	01/20/2006
Ready for Construction Walkthrough	01/22/2006
Construction in Progress	01/23/2006
Ready for Model Office	04/21/2006
Model Office Implemented	05/09/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.11 RPTS - Change EDI- to CLM- - 665

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
665	Change Order		Claims			1

2.12.11.1 Desired Solution
The submission statistics reports are produced from claim tables and not EDI tables. Claims updates the information for these reports. The report names, program names, and jobs names should be changed to CLM.

2.12.11.2 Business Impact
Customize report for Kentucky.

2.12.11.3 Technical Specifications
Reports EDI-0130-D, EDI-0130-W, EDI-130-M, EDI-0132-D, EDI-01320M and EDI-01320-M are produced from claims tables and not EDI tables.

1. The report names, program names, and jobs names should be changed to CLM.

Report EDI-0130-D ----> CLM-0130-D
Process EDIJD130 ----> CLMJD130
Location EDI0130D -----> CLM0130

Report EDI-0130-M ------> CLM-0130-M
Process EDIJM130 ------> CLMJM130
Location EDI0130M ------> CLM0130

Report EDI-0130-W -----> CLM-0130-W
Process EDIJW130 -----> CLMJW130
Location EDI0130W -----> CLM0130

Report EDI-0132-D ----> CLM-0132-D
Process EDIJD132 ----> CLMJD132
Location EDI0132D -----> CLM0132

Report EDI-0132-M ------> CLM-0132-M
Process EDIJM132 ------> CLMJM132
Location EDI0132M ------> CLM0132

Report EDI-0132-O -----> CLM-0132-O
Process EDIJO132 -----> CLMJO132
Location EDI0132O -----> CLM0132

2. The autosys daily box(PCTD205), the autosys weekly box(PCLWEOW), the autosys monthly box(PCLMEOM), and the autosys on request box will need to be updated to reflect the new names. May need to create a new box for the on-request version of this report. See Job Scripts under Claims in PWB for some info on the boxes.

3. Update job script doco, job stream doco, report doco, program doco, and system files doco in the PWB.

NOTE: The source code for program edi0130.sc and edi0132.sc should be taken from TN. The EDIJD130, EDIJM130 , EDIJW130, EDIJD132 and EDIJM132 jobs should be taken from TN.

Program edi0130 was updated during the TN implementation and ments were made to the code. Program edi0132 was created as part of TN implementation. This CO should start with the TN versions to make changes for the Kentucky implementation.

2.12.11.4 Clarifications

This KY CO is duplicated in the Core PWB. See Core CO 10140 - all documentation will be updated on this CO.

2.12.11.5 Associated Requirements

Requirement ID	Type
30.090.007.003.12	Claims Reporting

2.12.11.6 Associated System Objects

Technical Name	Object Type	Title
clm0130	Program	Claims Submission Statistics
CLMJM130	Batch Job	Claims Submission Statistics - Monthly Report
CLM-0132-M	Report	Encounters Submission Statistics - Monthly
CLMJO132	Batch Job	Encounters Submission Statistics - On Request
PCLWEOW	Batch Cycle	Perform the end of week processing
CLMJD132	Batch Job	Encounters Submission Statistics - Daily
CLM-0130-W	Report	Claims Submission Statistics - Weekly
CLM-0132-O	Report	Encounters Submission Statistics - On Request
clm0132	Program	Encounters Submission Statistics
PCLO132	Batch Cycle	On Demand Run Report
CLMJD130	Batch Job	Claims Submission Statistics - Daily Report
CLM-0132-D	Report	Encounters Submission Statistics - Daily
CLMJM132	Batch Job	Encounters Submission Statistics - Monthly
PCTD205	Batch Cycle	Claims Daily Reporting
CLMJW130	Batch Job	Claims Submission Statistics - Weekly Report
PCLMEOM	Batch Cycle	Perform the end of month report processing
CLM-0130-D	Report	Claims Submission Statistics - Daily
CLM-0130-M	Report	Claims Submission Statistics - Monthly

2.12.11.7 Change Order Status

Status	Date
Issue Identified	08/31/2005
SE Assigned	12/13/2005
Define/Analyze In Progress	12/13/2005
Ready for Construction Walkthrough	01/10/2006
Construction in Progress	01/12/2006
Ready for Model Office	01/20/2006
Model Office Implemented	04/28/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.12 RPTS - CLM0012D-CHG HDG to EOB - 785

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
785	Change Order		Claims			

2.12.12.1 Desired Solution
This report list each EOB code and its description. Change the column heading of 'EDIT/AUDIT CODE' to be EOB.

2.12.12.2 Business Impact
Customize report for KY making sure base system references are taken out.

2.12.12.3 Technical Specifications
Change the column heading of 'EDIT/AUDIT CODE' to be EOB.

NOTE: This report should not be printed, it should only be sent to COLD. The Data Exchange/Internet group - this report would need to be updated daily/distributed to the website KY Health Net.

2.12.12.4 Clarifications
This KY CO is duplicated in the Core PWB. See Core CO 10825 - all documentation will be updated on this CO.

2.12.12.5 Associated Requirements

Requirement ID	Type
30.090.007.003.12	Claims Reporting
30.090.007.003.17	Claims Reporting

2.12.12.6 Associated System Objects

Technical Name	Object Type	Title
clm0012d	Program	EOB Listing
CLM-0012-D	Report	EOB Listing

2.12.12.7 Change Order Status

Status	Date
Issue Identified	09/07/2005
SE Assigned	01/12/2006
Define/Analyze In Progress	02/10/2006
Construction in Progress	02/10/2006
Ready for Construction Walkthrough	02/16/2006
Model Office Implemented	03/01/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.13 RPTS - CLM0022D-CHG Report Name - 1033

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1033	Change Order		Claims			1

2.12.13.1 Desired Solution

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.

2.12.13.2 Business Impact

Customize report for KY making sure base system references are taken out.

2.12.13.3 Technical Specifications

Change the name of the report CLM-0022-D, from Claim Exception Report to say Combined Claim Error.

2.12.13.4 Clarifications

This KY CO is duplicated in the Core PWB. See Core CO 10878 - all documentation will be updated on this CO.

I already added the call out function to clmp422 and clmper01. I was working on CO 1033 and 1065 and I seized the opportunity to added the call out function to the code. Carlos Huerta

2.12.13.5 Associated Requirements

Requirement ID	Type
30.090.007.003.17	Claims Reporting

2.12.13.6 Associated System Objects

Technical Name	Object Type	Title
clmp422	Program	Combined Claim Error
CLM-0022-D	Report	Combined Claim Error

2.12.13.7 Change Order Status

Status	Date
Issue Identified	09/07/2005
SE Assigned	01/12/2006
Define/Analyze In Progress	02/09/2006
Ready for Construction Walkthrough	02/10/2006
Construction in Progress	02/14/2006

Status	Date
Ready for Model Office	04/21/2006
Model Office Implemented	04/28/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.14 RPTS - CLM0024D-CHG RESC Heading - 1065

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1065	Change Order		Claims			

2.12.14.1 Desired Solution
The column header RESC should be changed to say RECS.

2.12.14.2 Business Impact
Customize report for KY making sure base system references are taken out.

2.12.14.3 Technical Specifications
The column header RESC should be changed to say RECS.

2.12.14.4 Clarifications
This KY CO is duplicated in the Core PWB. See Core CO 10907 - all documentation will be updated on this CO.

I already added the call out function to clmp422 and clmper01. I was working on CO 1033 and 1065 and I seized the opportunity to added the call out function to the code. Carlos Huerta

The results to the issues which were identified in the walkthrough are answered in the email below titled FW KY DDI - HIGH - ACT - Construction Walkthrough for CO 2044 1033 and 1065

Issues: Kentucky CO 1065:The report headings in the Core report layout and the Kentucky report layout in the PWBs do not match what the program is actually doing.

2.12.14.5 Associated Requirements

Requirement ID	Type
30.090.007.003.17	Claims Reporting

2.12.14.6 Associated System Objects

Technical Name	Object Type	Title
clmper01	Program	Daily Error Summary By Claim Type
CLM-0024-D	Report	Daily Error Summary By Claim Type

2.12.14.7 Change Order Status

Status	Date
Issue Identified	09/14/2005
SE Assigned	01/12/2006
Define/Analyze In Progress	02/17/2006
Construction in Progress	02/20/2006
Unit Test in Progress (obsolete)	02/20/2006

Status	Date
Ready for Construction Walkthrough	02/28/2006
Ready for Model Office	02/28/2006
Model Office Implemented	04/28/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.15 RPTS - Add Standard Footer - 1070

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1070	Change Order	1	Claims			

2.12.15.1 Desired Solution
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.

2.12.15.2 Business Impact
Add report standardization for Kentucky.

2.12.15.3 Technical Specifications
Add the standard footer lines to each of the reports. The footers should be centered at the bottom of each report.

Standard Footer ---

*** END Of REPORT ***
*** NO DATA THIS RUN ***

NOTE: The source code for program clm0018d.sc and job CLMJD018 should be taken from TN. The program was updated during the TN implementation and ments were made to the code. This CO should start with the TN version to make changes for the Kentucky implementation.

2.12.15.4 Clarifications
Per phone conversations 3/15/2006 with Jennifer Brown, and prior discussion during the Design Walkthrough for this CO, some of the customization of code brought from TennCare re: KY CO 2012, and implemented in the Core offering (with KY in mind) was incomplete, and will be completed as part of this CO. Precise details will be added in a subsequent clarification.

It was clarified at the design walkthrough that this CO will change both clm0015d.sc AND clm0015d_cc.sc, the latter having been created by KY CO 2012, and the former being the CORE version of this report.

The test result shows that the following reports in Core are already setting the standard footers and will be removed from the promotion list for KY 1070, agreed by Jennifer Brown : clm0015d, clm0130, and clm0132. - James

Two more reports included to 1070: CLM-0020-D and CLM-0058-Q - James 4/27

2.12.15.5 Associated Requirements

Requirement ID	Type
30.050.007.001.17	Claims Reporting
30.090.007.003.17	Claims Reporting
30.090.017.003.3	Claims Enhanced Claim Editing

2.12.15.6 Associated System Objects

Technical Name	Object Type	Title
CLM-0020-D	Report	Aged Detail Suspense Report
clm0015d_cc	Program	Claim Check Potential History To Adjust
clmpw064	Program	Suspended Claims By Claim Type / Region
CLM-0056-D	Report	Daily Error Summary By Claim Type Adjustments
clm0060d	Program	Suspense File Analysis By Claim Type
CLM-0065-D	Report	Aged Suspended Claims By Location Report
CLM-0016-D	Report	Claims Processing Daily Summary
CLM-0015-D	Report	ClaimCheck Potential History to Adjust
clm0065d	Program	Aged Suspended Claims By Location Report
clm0031m	Program	Suspense File Analysis By Claim Type
CLM-0017-D	Report	Original Claims Processing Daily Summary
CLM-0058-Q	Report	ClaimCheck Error Report
CLM-0018-D	Report	Adjustment Credit Claims Processing Daily Summary
clm0018d	Program	Claims Processing Daily Summary
clm0020d	Program	Aged Detail Suspense Report
CLM-0031-M	Report	Suspense File Analysis of Current and Previous Fiscal Year
CLM-0012-D	Report	EOB Listing
clmper01	Program	Daily Error Summary By Claim Type
clm0058q	Program	ClaimCheck Error
CLM-0024-D	Report	Daily Error Summary By Claim Type
CLM-0055-D	Report	Daily Error Summary By Claim Type Original Claims
CLM-0060-D	Report	Suspense File Analysis of Current Days
clm0012d	Program	EOB Listing
CLM-0064-W	Report	Suspended Claims by Claim Type - Region

2.12.15.7 Change Order Status

Status	Date
Issue Identified	09/16/2005

Status	Date
SE Assigned	12/02/2005
Technical Design In Progress (obsolete)	01/04/2006
Ready for Tech Walkthrough	03/09/2006
Construction in Progress	03/15/2006
Construction in Progress	04/05/2006
Ready for Construction Walkthrough	04/28/2006
Ready for Model Office	05/11/2006
Model Office Implemented	05/19/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.16 RPTS- Remove Reports From System - 1074

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1074	Change Order		Claims			

2.12.16.1 Desired Solution

The Commonwealth approved the report layout and information on these reports but the reports should not be generated in the batch process. The Commonwealth feels that this report is not needed in the New KY MMIS. They requested that these reports not be generated in the daily batch process however, the code should remain so that it can be turned on at a later date, if needed.

2.12.16.2 Business Impact

Customize report for KY making sure base system references are taken out.

2.12.16.3 Technical Specifications

Reports CLM-0036-M and CLM-0048-W should be removed from doco tool - reports should be moved to 'unknown claims' in the doco tool. Reports should no longer appear in the PWB.

Remove jobs CLMJW048 and CLMJM036 from the doco tool - jobs should be moved to 'unknown claims' in the doco tool. Jobs should no longer appear in the PWB.

Remove job CLMJW048 from the PCLWEOW box in the doco tool. Job should no longer appear in the Job Stream information for this box in the PWB.

Remove job CLMJM036 from the PCLMEOM box in the doco tool. Job should no longer appear in the Job Stream information for this box in the PWB.

Remove job CLMJW048 from the PCLWEOW(Perform the end of week processing) box. Source for the job and program should remain.

Remove job CLMJM036 from the PCLMEOM(Perform the end of month report processing) box. Source for the job and program should remain.

2.12.16.4 Clarifications

Per phone conversation with Jennifer Brown: While performing maintenance on job streams PCLWEOW and PCLMEOM, continue said maintenance to effect a removal of all obsolete job scripts from these boxes, with reference to both the flow diagram associated with the respective box, as well as the status of the job script in the Doco database. Other boxes will be cleaned by Change Order TBD.

Per phone conversation with Jennifer Brown: Clean the Doco Database, such that there is no visible presence of these two reports from any selection screens that show valid reports, other than those screens internal to the Change Order system.

2.12.16.5 Associated Requirements

Requirement ID	Type
30.050.007.002.46	Claims Reporting

2.12.16.6 Associated System Objects

Technical Name	Object Type	Title
PCLMEOM	Batch Cycle	Perform the end of month report processing
PCLWEOW	Batch Cycle	Perform the end of week processing

2.12.16.7 Change Order Status

Status	Date
Issue Identified	09/16/2005
SE Assigned	12/02/2005
Technical Design In Progress (obsolete)	02/09/2006
Ready for Construction Walkthrough	02/09/2006
Ready for Model Office	02/18/2006
Model Office Implemented	03/16/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.17 RPTS - CLM0064W- Add Heading - 1075

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1075	Change Order		Claims			

2.12.17.1 Desired Solution
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.

2.12.17.2 Business Impact
Add report standardization for Kentucky.

2.12.17.3 Technical Specifications
Add heading to report. Heading should be for the region and the region description.

Heading should be ----- REGION-REGION DESCRIPTION.

2.12.17.4 Clarifications
This KY CO is duplicated in the Core PWB for promotion in Core. See Core CO 11268. All pertinent documentation will be updated in both locations.

2.12.17.5 Associated Requirements

Requirement ID	Type
30.050.007.001.17	Claims Reporting
30.050.007.002.46	Claims Reporting

2.12.17.6 Associated System Objects

Technical Name	Object Type	Title
CLM-0064-W	Report	Suspended Claims by Claim Type - Region
clmpw064	Program	Suspended Claims By Claim Type / Region

2.12.17.7 Change Order Status

Status	Date
Issue Identified	09/16/2005
SE Assigned	12/02/2005
Technical Design In Progress (obsolete)	02/13/2006
Ready for Tech Walkthrough	03/09/2006
Ready for Construction Walkthrough	03/15/2006
Ready for Model Office	03/29/2006
Model Office Implemented	03/31/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.18 RPTS - CLM0054D-Separate Report - 1082

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1082	Change Order		Claims			

2.12.18.1 Desired Solution
The Commonwealth would like this report to be split into two sections - one specific for edits and one specific for audits.

2.12.18.2 Business Impact
Customize report for KY making sure base system references are taken out.

2.12.18.3 Technical Specifications
The Commonwealth would like this report to be split into two sections - one specific for edits and one specific for audits.

This can be done based on the number that is given to the edits and audits. There are specific number ranges for interChange edits and specific number ranges for interChange audits. See PWB for edits and audits specific number ranges - go to tech design -> claims -> edit/audit processing -> ky interChange claim edit & audit numbering guidelines.

The report title for this report prints as CLM0054D. The report name should be changed to match the layout. The report title should print as CLM-0054-D.

2.12.18.4 Clarifications
This change order is splitting report CLM-0054-D(Error Recycle Parameters) into two sections. One section should be for edits and one section should be for audits. After talking with Susy Bunk it has been determined that this report is only reporting recycle information. Audits are usually not recycled, they are set to cutback or full failure. Most of the audits we've set to suspend are for paper claims for a clerk to review data and then force it or deny it. The request for this change order came from the Commonwealth during our reports work group session. I will talk with Tammy and explain why there should not be a need to separate this report into a section for audits and a section for edits. I'll also update the report description in the PWB(think that's where the confusion on the report may have come from). Please see email titled RE: KY DDI - High - Act - CO 1082 - RPTS - CLM0054D-Separate Report in the supplemental documentation below.

The only change that took place in this change order was correcting the title. The title was printing on the report as "CLM0054D". It was corrected and will print on the report as "CLM-0054-D". This title change will be moved as part of CO2083.

2.12.18.5 Associated Requirements

Requirement ID	Type
30.090.007.003.17	Claims Reporting

2.12.18.6 Associated System Objects

Technical Name	Object Type	Title
CLM-0054-D	Report	Error Recycle Parameters
clm0054d	Program	Error Recycle Parameters

2.12.18.7 Change Order Status

Status	Date
Issue Identified	09/19/2005
SE Assigned	03/23/2006
Define/Analyze In Progress	03/23/2006
Ready for Construction Walkthrough	03/23/2006
Ready for Model Office	05/09/2006
Model Office Implemented	05/12/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.19 RPTS - Set Claim Age Parm = 31 - 1084

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1084	Change Order		Claims			

2.12.19.1 Desired Solution
Commonwealth requested that these reports display claims that have aged - 31 days or older

2.12.19.2 Business Impact
Customize report for Kentucky.

2.12.19.3 Technical Specifications
The programs in these reports have a default variable NUM_DAYS_AGED =30 within the program. The jobs for these reports read in a parm NUM_DAYS_AGED which is set to "30". These parms need to be set to 31 so that the report displays claims that are 31 days or older.

2.12.19.4 Clarifications
No associated clarifications found.

2.12.19.5 Associated Requirements

Requirement ID	Type
30.090.007.003.17	Claims Reporting

2.12.19.6 Associated System Objects

Technical Name	Object Type	Title
CLM-0020-D	Report	Aged Detail Suspense Report
CLMJD051	Batch Job	Aged Detail Adjustment Report
CLM-0051-D	Report	Aged Detail Adjustment Report
CLMJD020	Batch Job	Aged Detail Suspense Report

2.12.19.7 Change Order Status

Status	Date
Issue Identified	09/20/2005
SE Assigned	12/02/2005
Technical Design In Progress (obsolete)	02/13/2006
Ready for Tech Walkthrough	03/08/2006
Ready for Construction Walkthrough	03/08/2006
Ready for Model Office	03/15/2006
Model Office Implemented	03/16/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.20 RPTS-Encounter Statistic-CLM0132 - 1089

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1089	Change Order		Claims			

2.12.20.1 Desired Solution
Modify encounters statistics reports.

This KY CO is duplicated in the Core PWB. See Core CO 11767 - all documentation will be updated on this CO.

2.12.20.2 Business Impact
Customize report for Kentucky.

2.12.20.3 Technical Specifications
Reports :- CLM-0132-D, CLM-0132-M and CLM-0132-O
Program:- clm0132.sc
Make file:- clm0132.mak

1. Check out program
2. Change heading column to report . Encounter Type heading should be changed to say Claim Type.
3. Add two headings:- Encounters Threshold and Encounters Informational.
These are the two new edit dispositions for Encounter claims.
4. Encounters Threshold - Accumulate the count of encounter threshold errors.
5. Encounters Informational - Accumulate the count of encounter informational errors.
6. Validate/change sql so that it is counting all encounter claims. Susy Bunk will be finalizing the criteria that should be used to determine encounters. Need to get information from Susy after is has been completed.
7. The monthly report CLM-0132-M should be run on the same time frame as the existing KYMK1200-R002 report - the 10th of the month.
8. New ON-REQUEST option in this report should be created.
9. Update job script doco, job stream doco, report doco, program doco, and system files doco in the PWB.

2.12.20.4 Clarifications
Susy Bunk updated the Region Codes we'll be using for KY. She added regions for converted pharmacy encounters and converted PBA pharmacy claims. Please refer to : Kentucky Region Codes ---- Jennifer Brown

From: Bunk, Susy
Sent: Monday, February 27, 2006 10:07 AM
To: KY DDI TFALS
Cc: Stiff, Jim
Subject: KY DDI - Med - Info - ind_encounter Importance: High

Guys,
ind_encounter on t_*_ub92_hdr, t_*_phys_hdr, t_*_dntl_hdr and t_*_pharm_hdr will be populated with the following values:

'Y' - Encounter claim
'H' - PBA Pharmacy claim
' N' - FFS claim

It is necessary to have a different status for PBA pharmacy claims because these claims are not "true" encounters, these are FFS claims processed by another vendor. iC will treat them as encounters in general, however there are special processing for these claims such as TPL recoveries, etc.

Please also notice that although encounters and PBA pharmacy claims will have different regions, these could change if the claim goes through recipient linking. --- Jennifer Brown

From: Bunk, Susy
Sent: Monday, March 20, 2006 3:27 PM
To: Crittenden, Scott (Analysts International)
Subject: RE: KY CO 1282
Importance: High
Depending on what claims are used in the report (paid/deny/suspended) the following tables have a column "IND_ENCOUNTER". You need to include claims which IND_ENCOUNTER = 'N'.

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_DENTAL_HDR
T_SUSP_PHRM_HDR
T_SUSP_PHYS_HDR
T_SUSP_UB92_HDR

Please update CO Clarifications with above information.
Thanks,
Susy

From: Crittenden, Scott (Analysts International)
Sent: Monday, March 20, 2006 11:01 AM
To: Bunk, Susy
Subject: KY CO 1282

Hi Susy,

I'm a contractor working on Ky CO 1282 - exclude encounter claims from reports. The CO says to contact you for the criteria used to determine encounters. Is this information a available and where/how can I get it.

Thanks.
Scott
----- Jennifer Brown

From: Brown, Jennifer M
Sent: Wednesday, March 22, 2006 2:50 PM
To: Bunk, Susy
Cc: Crittenden, Scott (Analysts International)
Subject: KY DDI - Med - Act - KY CO 1282 - Encounter Questions

Hi Susy -
I have a couple of quick encounter questions. I have in my notes that when encounters come into our system they will be either be paid or denied and then as they process through the claims engine we will assign any necessary claim engine errors to these claims. I was thinking that encounters wouldn't go to the suspense tables.
[Susy Bunk] Correct. Encounters will not go to suspense tables.

I was also thinking at one time that we said that we could also use the region code as another way to filter out encounter claims. The indicator is probably the best way but just want to verify that encounters will have their own regions also.
[Susy Bunk] Yes, encounters will have their own regions, how ever these are not reliable, region may be changed if the encounters goes through recipient linking.

The link below shows you the regions KY will use. Always refer to the link to get the most current version of the document.

Kentucky Region Codes

Thanks
Jennifer
--- Jennifer Brown

From: Bunk, Susy
Sent: Thursday, April 27, 2006 9:43 PM
To: Zych, David; Brown, Jennifer M; Carter, Bob; Wei, James C; Chan, Michael
Subject: RE: KY DDI - High - Act - Encounter Voids - CLM-0132 Reports
Importance: High
Jennifer,

Reversals are "voids" for pharmacy claims. For KY EDI should be assigning values icn region of 59 for reversals, and 25 for claims and rebills for pharmacy claims that come from PBA. EDI should also populate the encounter indicator of "H" for these claims.
We will also get encounter pharmacy claims from Passport, these have different regions, B1 and B3 should be icn region 71 and the reversal icn region 65. . EDI should also populate the encounter indicator of "Y".
Thanks,
Susy

When the KY cycle starts, the On-Request job CLMJO132 needs to be scheduled more frequently with different date ranges, so we can monitor the performance.

Instruction for CLMJO132:
A new system parm 'ENCONREQ' is added to T_SYSTEM_PARMS, when state requests the

report, report begin and end dates must be provided to the job scheduler, and job scheduler changes the T_SYSTEM_PARMS date_parm_1 and dte_parm_2.

The 'Total Claim Type' column on the report, reflects the sum of:
Encounters Paid + Encounters Denied + Encounters Void

The counts for Encounters Threshold and Informational should not be included in 'Total Claim Type' for the following reason:
An Encounter claim is identified as Threshold or Informational, is based on a code CDE_ENC_STATUS from claim paid or denied header tables, the claim has already been accounted for either under Paid, or Denied/Void, it should not be counted again, whether Threshold or Informational. - James Wei

Change report layout approved by state.

From: Bullock, Tammy (CHFS DMS) [mailto:Tammy.Bullock@ky.gov]
Sent: Tuesday, June 13, 2006 1:12 PM
To: Hoffmann, John (CHFS DMS); Brown, Jennifer M
Cc: Wei, James C; Wajda, Mike
Subject: RE: KY DDI - High - Act - CLM-0132 Reports

No problems. Go ahead with it.
-----Original Message-----
From: Bullock, Tammy (CHFS DMS)
Sent: Tuesday, June 13, 2006 9:47 AM
To: Hoffmann, John (CHFS DMS); 'Brown, Jennifer M'
Cc: 'Wei, James C'; 'Wajda, Mike'
Subject: RE: KY DDI - High - Act - CLM-0132 Reports

Since it's dealing w/encounters, I forwarded the message to Lorraine Dumas for review. As soon as she replies, I send her response to you.
-----Original Message-----
From: Hoffmann, John (CHFS DMS)
Sent: Tuesday, June 13, 2006 7:46 AM
To: 'Brown, Jennifer M'; Bullock, Tammy (CHFS DMS)
Cc: 'Wei, James C'; 'Wajda, Mike'
Subject: RE: KY DDI - High - Act - CLM-0132 Reports

This looks good to me.
Tammy, do you have any comments?
Thanks,
John Hoffmann
Assistant Director
Division of Claims Management
(502) 564-5183

-----Original Message-----
From: Brown, Jennifer M [mailto:jennifer.brown@eds.com]
Sent: Monday, June 12, 2006 4:01 PM
To: Hoffmann, John (CHFS DMS); Bullock, Tammy (CHFS DMS)
Cc: Wei, James C; Wajda, Mike
Subject: RE: KY DDI - High - Act - CLM-0132 Reports
Thanks John. You can get to the link by going thru the PWB -> tech design -> claims -> change

order ->. Once in the change orders look under the title Claims Reports then select CO 1089. The new layout that I mocked is attached.
-----Original Message-----
From: Brown, Jennifer M [mailto:jennifer.brown@eds.com]
Sent: Monday, June 12, 2006 11:23 AM
To: Bullock, Tammy (CHFS DMS); Hoffmann, John (CHFS DMS)
Cc: Wei, James C; Wajda, Mike

2.12.20.5 Associated Requirements

Requirement ID	Type
30.090.007.003.5	Claims Processing/Adjudication

2.12.20.6 Associated System Objects

Technical Name	Object Type	Title
CLM-0132-M	Report	Encounters Submission Statistics - Monthly
CLM-0132-O	Report	Encounters Submission Statistics - On Request
CLM-0132-D	Report	Encounters Submission Statistics - Daily

2.12.20.7 Change Order Status

Status	Date
Issue Identified	09/21/2005
SE Assigned	12/02/2005
Define/Analyze In Progress	03/08/2006
Define/Analyze In Progress	03/24/2006
Design Complete	05/10/2006
Construction in Progress	05/10/2006
Unit Test in Progress (obsolete)	05/23/2006
Ready for Construction Walkthrough	06/08/2006
Ready for Model Office	06/16/2006
Model Office Implemented	06/30/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.21 RPTS-CLM0031M-CHG RPT Timeframe - 1091

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1091	Change Order		Claims			

2.12.21.1 Desired Solution
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.

2.12.21.2 Business Impact
Customize report for Kentucky.

2.12.21.3 Technical Specifications
"The fiscal year runs July to Jun.
This report is cumulative for Fiscal Year. The Fiscal Year to Date will show cumulative totals so far for that Fiscal Year

Verify that the timeframes of FY to date and Previous FY - compares the same timeframes. For example, FY To date includes July and August. Does the previous year show just the previous year July and August or cumulative total for the year? Report is comparing same time frames. Comparing for a time frame of the entire year.

Change the comparison to be on the same time periods instead of the entire previous fiscal year - change the previous yr to previous fy year to date and FY to FY to date. "

2.12.21.4 Clarifications
No associated clarifications found.

2.12.21.5 Associated Requirements

Requirement ID	Type
30.050.007.001.17	Claims Reporting

2.12.21.6 Associated System Objects

Technical Name	Object Type	Title
CLM-0031-M	Report	Suspense File Analysis of Current and Previous Fiscal Year

2.12.21.7 Change Order Status

Status	Date
Issue Identified	09/21/2005
SE Assigned	12/02/2005
Define/Analyze In Progress	03/08/2006
Ready for Tech Walkthrough	05/12/2006
Ready for Construction Walkthrough	05/17/2006

Status	Date
Ready for Model Office	05/19/2006
Model Office Implemented	05/26/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.22 RPTS- CLM-0010-D Add MassAdjRqNr - 1109

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1109	Change Order		Claims			

2.12.22.1 Desired Solution
Add the mass adjustment request number on the Daily Claim Adjustment Detail List

2.12.22.2 Business Impact
Customize report for Kentucky.

2.12.22.3 Technical Specifications
None.

2.12.22.4 Clarifications
No associated clarifications found.

2.12.22.5 Associated Requirements

Requirement ID	Type
30.050.001F	RFP Split Requirement
30.050.007.001.17	Claims Reporting

2.12.22.6 Associated System Objects

Technical Name	Object Type	Title
CLM-0010-D	Report	Online Adjustment Daily Report
clm0010d	Program	Online Adjustment Daily Report

2.12.22.7 Change Order Status

Status	Date
Issue Identified	09/23/2005
SE Assigned	03/22/2006
Define/Analyze In Progress	03/22/2006
Ready for Construction Walkthrough	03/22/2006
Ready for Model Office	03/22/2006
Model Office Implemented	05/12/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.23 RPTS - CLM-5000-D Create Report - 1110

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1110	Change Order		Claims			

2.12.23.1 Desired Solution
EDS will create a process to generate Top Ten Claims Approved For Payment report.

2.12.23.2 Business Impact
Meet the Commonwealth's business needs.

2.12.23.3 Technical Specifications
1. All fields that are currently on the report will be the fields on the interChange report.
2. Add job to the daily box - PCTD205.
3. Update job script doco, job stream doco, report doco, program doco, and system files doco in the PWB.

The link below is the KY claim report and related information
KY Claim Report KYMC5000-R002

2.12.23.4 Clarifications
The definition of 'adjudication cycle' was ill-defined. Laura Battles verified with some of the people on the account when this report is produced in the transition system. The report is produced every time they run a claims cycle. Per email recommendation by Manju Yalamanchili, an adjudication cycle is deemed to be a 24 hour period, defined by the appropriate data fields in T_SYSTEM_PARMS under the name CLMDAREP.

This KY CO is duplicated in the Core PWB for promotion in Core. See Core CO 10826. All pertinent documentation will be updated in both locations.

2.12.23.5 Associated Requirements

Requirement ID	Type
30.050.007.001.17	Claims Reporting

2.12.23.6 Associated System Objects

Technical Name	Object Type	Title
CLMJD500	Batch Job	Top Ten Claims Approved For Payment
clm5000d	Program	Top Ten Claims Approved For Payment
PCTD205	Batch Cycle	Claims Daily Reporting
CLM-5000-D	Report	Top Ten Claims Approved For Payment

2.12.23.7 Change Order Status

Status	Date
Issue Identified	09/23/2005
SE Assigned	11/30/2005

Status	Date
Technical Design In Progress (obsolete)	12/06/2005
Ready for Tech Walkthrough	01/03/2006
Construction in Progress	01/04/2006
Ready for Construction Walkthrough	02/03/2006
Ready for Model Office	03/13/2006
Model Office Implemented	03/16/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.24 CC - integration module - 1121

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1121	Change Order		Claims			1

2.12.24.1 Desired Solution

Install the ClaimCheck integration module currently running in the Kentucky installation of interChange.

Modify existing claims engine modules to ensure that calls to the integration module are placed appropriately. ClaimCheck processing will be performed after edits, pricing and audits have been performed, but before final pricing (application of tpl, spenddown, copay) occurs.

2.12.24.2 Business Impact

Changes made to the base integration module will align ClaimCheck processing with Kentucky processing requirements.

2.12.24.3 Technical Specifications

Three functions in the integration module (ccInt.sc) contain hard coded checks that should be replaced by table driven criteria.

1. In function is_dtl_pcs_claim, replace the hard coded checks for provider specialties 360 and 361.
2. In function is_dtl_encounter, replace the hard coded checks for programs (sakPubHlth) 14, 15 and 16.
3. In function is_dtl_waiver, replace the hard coded checks for programs (sakPubHlth) 6 and 10.

Kentucky does not recognize modifier 51 for processing multiple surgical procedures. Functions in ccInt.sc that handle the processing of modifier 51 will need to be modified to ensure that this modifier is not added/removed.

Modify clmsphys.sc to perform a check (possibly using t_system_parms) to determine whether interChange bundling or ClaimCheck has been defined as the enhanced editing solution. Where ClaimCheck is to be used (as is the case for Kentucky) call ccInt rather than clmsBdlInt.

2.12.24.4 Clarifications

The first three items located under the Technical Specifications of the CO are being completed within CO1137.

2.12.24.5 Associated Requirements

Requirement ID	Type
30.090.017.002.1	Claims Enhanced Claim Editing
30.090.017.002.13	Claims Enhanced Claim Editing
30.090.017.002.16	Claims Enhanced Claim Editing
30.090.017.002.5	Claims Enhanced Claim Editing
30.090.017.002.7	Claims Enhanced Claim Editing

Requirement ID	Type
30.090.017.003.3	Claims Enhanced Claim Editing

2.12.24.6 Associated System Objects

Technical Name	Object Type	Title
clmsWrite	Program	Claims Write
clmsccInt	Program	ClaimCheck Integration Program
clmsDisp	Program	Claim Disposition

2.12.24.7 Change Order Status

Status	Date
Issue Identified	09/24/2005
Change Order Written	11/15/2005
SE Assigned	05/23/2006
Define/Analyze In Progress	05/23/2006
Design Complete	08/30/2006
Ready for Tech Walkthrough	08/30/2006
Construction in Progress	08/30/2006
Ready for Construction Walkthrough	09/14/2006
Ready for Construction Walkthrough	09/14/2006
Ready for Model Office	10/25/2006
Prod Implemented	03/08/2007

2.12.25 RPTS - CLM-8600-W Create Report - 1122

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1122	Change Order		Claims			

2.12.25.1 Desired Solution
Create the Pended Claims Aging Report in interChange.

2.12.25.2 Business Impact
Meet the Commonwealth's business needs.

2.12.25.3 Technical Specifications
1. Information on the report will include the information currently on the Commonwealth's report.
2. Aging on the iC report should remain the same as the current Commonwealth report. Break age range dates in the 30 day buckets as shown on the KY report. The last age group that will be reported is for suspended claims >= 210.
3. Add job to the weekly box - PCLWEOW.
4. Update job script doco, job stream doco, report doco, program doco, and system files doco in the PWB.

The link below is the KY claim report and related information
KY Claim Report KYMC8600-R001

2.12.25.4 Clarifications
Technical specification: As per KYMC8600-R001, a claim type of 'ALL' is produced at the end of the report for all of the listed claim types (using the same ranges)

The only file promoted in KY is the JIL box for autosys, PCLWEOW. All other Aff Objects are promoted in CORE and inherited.

2.12.25.5 Associated Requirements

Requirement ID	Type
30.050.007.001.17	Claims Reporting

2.12.25.6 Associated System Objects

Technical Name	Object Type	Title
clm8600w	Program	Pended Claims Aging Report
CLMJW860	Batch Job	Pended Claims Aging
PCLWEOW	Batch Cycle	Perform the end of week processing
CLM-8600-W	Report	Pended Claims Aging

2.12.25.7 Change Order Status

Status	Date
Issue Identified	09/25/2005

Status	Date
SE Assigned	12/02/2005
Technical Design In Progress (obsolete)	12/06/2005
Ready for Tech Walkthrough	01/04/2006
Construction in Progress	01/05/2006
Ready for Construction Walkthrough	03/01/2006
Ready for Model Office	03/13/2006
Model Office Implemented	03/16/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.26 ccInt implement cc v8.5 changes - 1135

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1135	Change Order		Claims			1

2.12.26.1 Desired Solution

Modify the ClaimCheck integration module to meet ClaimCheck v8.5 data requirements:

- Modify limit checking to allow 100 details to be sent on input, 125 to be evaluated on output
- Modify input structure to accommodate changes enabling ICD10
- Modify input structure to accommodate field size changes
- Modify input structure to accommodate removed data elements
- Modify output structure accommodate field size changes
- Modify output structure to accommodate new data elements

Add logic to accommodate new claim check edits.

2.12.26.2 Business Impact

Changing the ClaimCheck integration module to take advantage of version 8.5 changes will allow 100 total (current claim and history) details to be sent to ClaimCheck. The previous limit was 40 details (service lines). This change should result in fewer claims that can not be processed due to service line limitations.

2.12.26.3 Technical Specifications

The ClaimCheck integration module uses two structures to send/receive claim and procedure level information with ClaimCheck. Claim level data (one occurrence per claim audited) is sent using structure ca1000d.h. Procedure (detail or service line) level data may occur up to 100 times on input, 125 times on output. Procedure level data is sent using structure ca1100d.h

The structure of the claim level data area is documented in the ClaimCheck v8.5 integration manual beginning at page 4-2. The following input changes are required at the claim level:

- Data element ca1100d_claim_num length changes from 22 to 30.
- Data element clm_diag_cde length changes from 6 to 7.
- Data element ca_claim_diag_info changes from 4 to 8 occurrences.
- Data element ca1000d_provider length changes from 15 to 16.
- Data element ca1000d_specialty length changes from 5 to 10.
- Data element ca1000d_procedure_count length changes from 2 to 3.

The following input changes are required at the claim level:

- Data element ca1100d_claim_num length changes from 22 to 30.
- Data element clm_diag_cde length changes from 6 to 7.

- Data element ca_claim_diag_info changes from 4 to 8 occurrences.
- Data element ca1000d_provider length changes from 15 to 16.
- Data element ca1000d_specialty length changes from 5 to 10.
- Data element ca1000d_procedure_count length changes from 2 to 3.

The following output changes are required at the claim level:

- Data element clm_proc_cnt length changes from 2 to 3.
- Remove data element infant_indicator 3. Data element clm_diag_cde length changes from 6 to 7.
- Add data element ca1000d_asst_surg_as_pay_sw after ca1000d_pay_percent_sw.
- Remove data element ca1000d_claim_pass_switch.
- Data element ss_cat1_occur length changes from 2 to 3.
- Data element ss_cat2_occur length changes from 2 to 3.
- Data element ss_cat3_occ

The following changes need to be made to the expanded error structure:

- Add #defines for CCXF2502_DX-CODE_5_FLD, CCXF2502_DX_CODE_6_FLD, CCXF2502_DX_CODE_7_FLD, CCXF2502_DX_CODE_8_FLD.
- Data element ccxf2502_line_num changes from 2 to 3.
- Data element ccxf2502_client_claim_num changes from 22 to 30.

2.12.26.4 Clarifications

The following items under the Technical Specifications section were completed by Kentucky CO1861: 1-6 of the input changes required at the claim level, items 1, 3, 4, 6, 7, and 8 of the output changes required at the claim level. All of the expanded error structure changes were also done under the Kentucky CO. Items 2 and 5 of the output changes required at that claim level are the only ones being completed under this CO.

Additional ClaimCheck Objects Which Need To Move:_____
From: Brown, Jennifer M
Sent: Monday, November 13, 2006 7:12 PM
To: Battles, Laura C; Jones, Demond
Cc: Carter, Bob
Subject: RE: KY DDI - High - Info - Additional ClaimCheck Objects Which Need To Move

Thanks Laura -
Just did a quick check the ones that I had listed under 5 ---

These are not in test. Therefore we have no claimcheck changes that Karthi made. Cannot move these? What changes if any would be needed/how to determine?

NcpdpSrvrMgr.sh(Prod, IP, OK) - prod version has a call to claimcheck.ksh
PosSrvrMgr.sh(Prod, IP, OK) - prod version has a call to claimcheck.ksh
SoapSrvrMgr.sh(Prod, IP, OK) - already has a commented out call to claimcheck.ksh
PosServer.ksh(OK) --- NOT IN KY TEST OR PROD

From: Battles, Laura C
Sent: Monday, November 13, 2006 7:08 PM
To: Brown, Jennifer M; Jones, Demond
Cc: Carter, Bob
Subject: RE: KY DDI - High - Info - Additional ClaimCheck Objects Which Need To Move

The EDIPO200 was used in OK to process batch NCPDP transactions. Since we probably won't be getting any of those, we should be okay.

I think that we need to do something with SoapSrvrMgr.sh. It currently has claimcheck commented out... I know the TTG and eventually, the internet will use Soap to call claims.

#. claimcheck.ksh
lcb

From: Brown, Jennifer M
Sent: Monday, November 13, 2006 8:02 PM
To: Jones, Demond
Cc: Battles, Laura C; Carter, Bob
Subject: KY DDI - High - Info - Additional ClaimCheck Objects Which Need To Move

Here's a crosscheck of what's in Kentucky test, Kentucky prod, what's in OK and what's on Karthi 1861 implementation plan. I've listed below in bold and written in blue what I think needs to move with the current claimcheck objects. I listed a brief explanation of why I think they should move.

The only way I can think of to know if what I have below is correct is to test running claimcheck with the items we have listed below.

Think we'll definitely want to move anything that is in test, also on IP plan and in OK(these items are in bold and written in blue below).

Claimcheck.csh(test, IP, OK)
Claimcheck.ksh(test, IP, OK)
hboc.csh(test, IP, OK)
ncpdpsrvr.sh(test, IP, OK)
VanSrvrMgr.sh(test, IP, OK)

Think we need to move ccprcset.csh and MFEXTMAP.DAT.csh. These are currently in Kentucky test and on Karthi's implementation plan. ccprcset.csh is called in hboc.csh and it's listed in number 1. ccprcset.csh seems to be calling MFEXTMAP.DAT.csh

1132 kysun0ap /export/customer/test/dsky/job$ grep -i 'ccprcset' *
MFEXTMAP.DAT.csh:# Description: Called by ccprcset.csh

ccprcset.csh:# Script : ccprcset.csh
hboc.csh:source ccprcset.csh

1134 kysun0ap /export/customer/test/dsky/job$ grep -i 'MFEXTMAP' *
MFEXTMAP.DAT.csh:# Script : MFEXTMAP.DAT.csh
ccprcset.csh:source MFEXTMAP.DAT.csh

ccprcset.csh(test, IP)
MFEXTMAP.DAT.csh(test, IP)

Start_vansrvr does a call to claimcheck.ksh. It is call by VanSrvrMgr.sh which is listed in number 1

1142 kysun0ap /export/customer/test/dsky/job$ grep -i 'start_vansrvr' *
VanSrvrMgr.sh: start_vansrvr
VanSrvrMgr.sh: echo start_vansrvr ended with $?
VanSrvrMgr.sh: start_vansrvr

start_vansrvr(test, OK)

351 is currently in production and has a commented out call to claimcheck and does a call to sendclms. 300 is only in Kentucky prod. Our plan was to add a call to claimcheck.csh to 300(which I was thinking was suppose to take the place of 301 in Kentucky). 301 is in Kentucky test and has a call to claimcheck.csh and executes sendclms. In Kentucky model office we're running MCLD300 and MCLD350 and MCL0351. MCLD300 and MCLD350 seem to be the jobs we're running to copy the claim files over to the todays directory and to execute sendclms. MCLO351 was last run on 09/20/2006 - the description of the job says it is used to start the claim engine manually. We are not running 301 in Kentucky right now.

Job Running in Kentucky Model Office
135 kysun0ap /export/home/dskymod$ jr MCLD300

Job Name Last Start Last End ST Run Pri/Xit

MCLD300 11/13/2006 06:00:01 ----- RU 46593/1
CLMMD300 11/13/2006 06:00:09 ----- RU 46593/1
ENCMD300 11/13/2006 06:00:09 ----- RU 46593/1

136 kysun0ap /export/home/dskymod$ jr MCLD350

Job Name Last Start Last End ST Run Pri/Xit
MCLD350 11/13/2006 19:17:02 11/13/2006 19:17:11 SU 46932/1
CLMMD350 11/13/2006 19:17:05 11/13/2006 19:17:08 SU 46932/1
ENCMD350 11/13/2006 19:17:05 11/13/2006 19:17:09 SU 46932/1

138 kysun0ap /export/home/dskymod$ jr MCLO351

Job Name Last Start Last End ST Run Pri/Xit
MCLO351 09/20/2006 11:01:25 09/20/2006 11:01:33 SU 21100/1
CLMMO351 09/20/2006 11:01:29 09/20/2006 11:01:31 SU 21100/1

CLMJD301(test, OK) --- executes claimcheck.csh, executes sendclms
CLMJD300(Prod, IP, OK) --- executes sendclms
CLMJD351(Prod, IP, OK) --- has commented out call to claimcheck.csh, executes sendclms

These are not in test. Therefore we have no claimcheck changes that Karthi made. Cannot move these? What changes if any would be needed/how to determine?

NcpdpSrvrMgr.sh(Prod, IP, OK)
PosSrvrMgr.sh(Prod, IP, OK)
SoapSrvrMgr.sh(Prod, IP, OK)
PosServer.ksh(Prod, OK)

Don't think we need these. Cannot find them in Kentucky at all

CLMJM099(IP, OK) --- NOT IN KY TEST OR PROD
CLMJW099(IP, OK) --- NOT IN KY TEST OR PROD
EDIJO200(IP, OK) --- NOT IN KY TEST OR PROD
bootSoapsrvr.h(IP, OK) --- NOT IN KY TEST OR PROD
Start_vansrvr(IP) --- NOT IN KY TEST OR PROD
serverStatus.ksh(OK) --- NOT IN KY TEST OR PROD --- Jennifer Brown

From: Dara, Vamsi (Analysts International)
Sent: Tuesday, November 14, 2006 5:31 PM
To: Brown, Jennifer M; Carter, Bob; Jones, Demond
Subject: RE: KYDDI - MED - Act - Adding new Claims Job To PCLD300 Box

Need to put a dependency on CLMJD300.

insert_job: CLM$SD300 job_type: c
box_name: $SCLD300
machine: test1
permission: mx,me
condition: SUCCESS(CLM$SD310)
description: " "
alarm_if_fail: 1

From: Brown, Jennifer M
Sent: Tuesday, November 14, 2006 6:25 PM
To: Dara, Vamsi (Analysts International); Carter, Bob; Jones, Demond
Subject: RE: KYDDI - MED - Act - Adding new Claims Job To PCLD300 Box

Demond -
You will want to add the new job CLMJD310(which executes claimcheck.csh) to the PCLD300 box(see entire box below). So you will have a new entry like this –

/* ---------- CLM$SD310 ---------- */

insert_job: CLM$SD310 job_type: c
box_name: $SCLD310
command: autojob.sh CLMJD310
machine: test1
permission: mx,me

description: "execute claimcheck.csh"
alarm_if_fail: 1

My only question is CLMJD300 will need to wait for CLMJD310 to run so I believe you will need to add some kind of requirement to 300 so that it waits on 310. Vamsi, Bob - can you shed any light on this issue for us? Am I thinking about this correctly? If so - how would we add the requirement to 300? --- Jennifer Brown

1070 kysun0ap /export/customer/test/dsky/jil$ view PCLD300 "PCLD300" [Read only] 33 lines, 792 characters

```
/* ----------------- $SCLD300 ----------------- */

insert_job: $SCLD300 job_type: b
permission: mx,me
description: "Start sendclms daemon"
date_conditions: y
start_times: "06:00"
run_panel: "06:00-23:50"
run_calendar: $SDAILY5_MON_THRU_FRI
alarm_if_fail: 1

/* ----------------- CLM$SD300 ----------------- */

insert_job: CLM$SD300 job_type: c
box_name: $SCLD300
command: autojob.sh CLMJD300 "23.45" 24
machine: test1
permission: mx,me
description: "Start sendclms daemon"
alarm_if_fail: 1

/* ----------------- ENC$SD300 ----------------- */

insert_job: ENC$SD300 job_type: c
box_name: $SCLD300
command: autojob.sh ENCJD300 "23.45" 24
machine: test1
permission: mx,me
description: "Start sendclms daemon"
alarm_if_fail: 1
```

~ "PCLD300" [Read only] 33 lines, 792 characters --- Jennifer Brown

2.12.26.5 Associated Requirements

Requirement ID	Type
30.090.017.002.12	Claims Enhanced Claim Editing
30.090.017.002.3	Claims Enhanced Claim Editing

2.12.26.6 Associated System Objects

Technical Name	Object Type	Title
clmsccInt	Program	ClaimCheck Integration Program

2.12.26.7 Change Order Status

Status	Date
Issue Identified	09/26/2005
Change Order Written	10/28/2005
SE Assigned	05/23/2006
Define/Analyze In Progress	05/23/2006
Design Complete	08/30/2006
Ready for Tech Walkthrough	08/30/2006
Construction in Progress	08/30/2006
Ready for Construction Walkthrough	09/14/2006
Ready for Construction Walkthrough	09/14/2006
Ready for Model Office	10/25/2006
Prod Implemented	03/08/2007

2.12.27 ccInt process outpatient claims - 1136

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1136	Change Order		Claims			1

2.12.27.1 Desired Solution

Modify the base integration module as needed to process outpatient claims

1. Modify claim check integration module calls to include outpatient claim processing
2. Modify integration history pull to retrieve outpatient claim history
3. Modify outpatient data structures to maintain submitted and replacement procedure codes

2.12.27.2 Business Impact

Current Commonwealth business practice is to perform enhanced editing for certain outpatient claims (outpatient lab, renal dialysis and ambulatory surgical centers). This change will support the current Kentucky business practice.

2.12.27.3 Technical Specifications

For outpatient claims, the integration module will be called from the UB driver program (clmsub92.sc) just before final pricing. The call will only be made for outpatient claims. Function is_ch_outpatientClaim is used to identify outpatient claims. Final pricing begins with the call to function xref_ug_copay, so the call to claim check should occur just before function xref_ug_copay is called.

Within the integration module (ccInt.sc) modify function filterPaidHistDtls to accept a parameter to indicate the type of history to be loaded (phys or ub92). Add logic in filterPaidHistDtls to evaluate the type of history parameter to determine whether to access phys or UB history where the following function calls are made:
get_countPhysHist
load_physHistory (the corresponding function for outpatient history is load_ub92History)

Add logic in the main processing function (ccInt) to make two calls to filterPaidHistDtls, passing the parameter for physHistory in one call and ub92History in the other call.

Existing logic for setting submitted values in st_submDtl will need to be tested to verify changes made to add original values to t_ub92_dtl_ext_key.

2.12.27.4 Clarifications

The data model change was split out from this change order. The new data model change order is 2701. --- Jennifer Brown

We do not need to add logic to the claimcheck modules(dental and Group Health (Physicians, Independent Lab, Outpatient Lab, etc.) to exclude PA claims. I talked with Bonnie Feeback (McKesson BA) concerning the need to exclude PA from Claimcheck and she does not believe they need to be excluded. She referred me to Mike Hudson and Mike had previously sent an email saying that it does not appear that we are excluding PA claims from GMIS. This along with the fact that we also checked the existing transition code and saw no logic to exclude PA claims. --- Jennifer Brown

2.12.27.5 Associated Requirements

Requirement ID	Type
30.090.007.002.27	Claims Edit/Audit

Requirement ID	Type
30.090.017.002.4	Claims Enhanced Claim Editing

2.12.27.6 Associated System Objects

Technical Name	Object Type	Title
clmsccInt	Program	ClaimCheck Integration Program
clmsLoadHist	Program	Load Member Claim History
clmsAudit	Program	General Claims Auditing
clmsub92	Program	UB92 Main Driver

2.12.27.7 Change Order Status

Status	Date
Issue Identified	09/26/2005
Change Order Written	10/28/2005
SE Assigned	05/23/2006
Define/Analyze In Progress	05/23/2006
Ready for Tech Walkthrough	06/19/2006
SE Assigned	09/06/2006
Construction in Progress	09/08/2006
Unit Test in Progress (obsolete)	10/25/2006
Ready for Model Office	12/21/2006
Model Office Implemented	03/08/2007
UAT Implemented	03/08/2007
Prod Implemented	03/08/2007

2.12.28 ccInt - modify history pull - 1137

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1137	Change Order		Claims			1

2.12.28.1 Desired Solution

Modify the history pull filtering process to pull data according to Kentucky requirements:

1. Do not send denied details to ClaimCheck
2. Limit the history passed for evaluation and management vs. surgical procedures to 90 days before/after the procedure being audited
3. Limit procedures beyond the 90 day limit to those procedures identified as lifetime procedure
4. Do not send Encounter Claims to ClaimCheck

2.12.28.2 Business Impact

By selecting the correct history details to be included for ClaimCheck editing the number of claims that will conflict with the 100 detail per call limit will be minimized.

2.12.28.3 Technical Specifications

PLEASE SEE ENTIRE TECHNICAL SPECIFICATIONS BELOW IN THE CLARIFICATION SECTION OF THIS CHANGE ORDER. --- Jennifer Brown

Denied details are currently identified and added to the detail information to be passed to claim check in functions filterDnyHistDtls, getDeniedHist and addDnyHistToSendStruct. These functions should be removed from the ccInt.sc module. Calls to these functions should be removed from the main processing function ccInt.

Add a new function (called from filterPaidHistDtls where functions is_dtl_encounter, is_dtl_waiver, is_dtl_pcsClaim are called to determine if the detail should be passed to ClaimCheck. The function should do the following checks:

1. If the detail dates of service and billing provider ID match (dates may be the same or overlapping) between the history detail and one or more current claim detail(s) that survived the filtering process the history detail should be sent to ClaimCheck (checks 2 and 3 do not need to be performed).

2. Process through the details on the current claim to determine the unique dates for surgical procedure codes (if any)
   Process through the details on the current claim to determine the unique dates for any evaluation and management codes (if any)
   - If neither surgical nor E & M codes are found continue to check 3.
     - If current claim E & M codes exist, process through the history claims to determine if any surgical procedures exist within the KY limitation period (currently 90 days) for the same billing provider. These details should be sent to claim check
     - If current claim surgical codes exist, process through the history claims to determine if any E & M procedures exist within the KY limitation period (currently 90 days) for the same billing provider. These de

2.12.28.4 Clarifications

Denied details are currently identified and added to the detail information to be passed to claim check in functions filterDnyHistDtls, getDeniedHist and addDnyHistToSendStruct. These functions should be removed from the ccInt.sc module. Calls to these functions should be removed from the main processing function ccInt.

Add a new function (called from filterPaidHistDtls where functions is_dtl_encounter, is_dtl_waiver, is_dtl_pcsClaim are called to determine if the detail should be passed to ClaimCheck. The function should do the following checks:

If the detail dates of service and billing provider ID match (dates may be the same or overlapping) between the history detail and one or more current claim detail(s) that survived the filtering process the history detail should be sent to ClaimCheck (checks 2 and 3 do not need to be performed).

Process through the details on the current claim to determine the unique dates for surgical procedure codes (if any)

Process through the details on the current claim to determine the unique dates for any evaluation and management codes (if any)

If neither surgical nor E & M codes are found continue to check 3. If current claim E & M codes exist, process through the history claims to determine if any surgical procedures exist within the KY limitation period (currently 90 days) for the same billing provider. These details should be sent to claim check

If current claim surgical codes exist, process through the history claims to determine if any E & M procedures exist within the KY limitation period (currently 90 days) for the same billing provider. These details should be sent to claim check:

- Evaluation, Management, and Surgical procedures can be determined by finding the sak_bnft_group on T_GROUP_STD_BNFT using the sak_benefit associated with the procedure code being processed and then finding the sak_parent_group on T_BNFT_GROUP_STD. The benefit group/parent code relationship can be used to navigate upward in the procedure hierarchy to determine if the code is a member of the 'EVALUATION AND MANAGEMENT' or 'SURGERY' high-level groups.
- Process through the history details to determine if the procedure is a lifetime procedure. Lifetime procedure details should be sent to ClaimCheck. Lifetime procedures are identified on table T_PROC_LIMITS with column ind_lifetime = 'Y'. If a detail meets none of the above conditions it should be filtered (excluded) from the history passed to claimcheck.
- Encounter claims should not be sent to ClaimCheck. The ind_encounter field on the t_*_ub92_hdr, t_*_phys_hdr, t_*_dntl_hdr and t_*_pharm_hdr will be populated with the following values:
    - 'Y' - Encounter claim
    - 'H' - PBA Pharmacy claim
    - ' N' - FFS claim

It is necessary to have a different status for PBA pharmacy claims because these claims are not "true" encounters, these are FFS claims processed by another vendor. iC will treat them as encounters in general, however there are special processing for these claims such as TPL recoveries, etc.

Please also notice that although encounters and PBA pharmacy claims will have different regions, these could change if the claim goes through recipient linking.

For claimcheck processing claims with the ind_encounter set to 'N' are the ones which should be sent to claimcheck.

The removal of filterDnyHistDtls, getDeniedHist, and AddDnyHistToSendStruct functions were completed by Kentucky CO1861. Benefit plan group '3100' will be used to distinguish Waiver and PCS claims, which will be excluded from being passed to ClaimCheck.

2.12.28.5 Associated Requirements

Requirement ID	Type
30.090.017.002.11	Claims Enhanced Claim Editing
3005000400215	New Requirement

2.12.28.6 Associated System Objects

Technical Name	Object Type	Title
clmsccInt	Program	ClaimCheck Integration Program
clmsBenefitPlanGroup	Program	Reads Table T_BENEFIT_PLAN_GROUP

2.12.28.7 Change Order Status

Status	Date
Issue Identified	09/26/2005
Change Order Written	10/28/2005
Define/Analyze In Progress	05/22/2006
Technical Design In Progress (obsolete)	05/23/2006
Ready for Tech Walkthrough	06/06/2006
Design Complete	06/08/2006
Construction in Progress	06/09/2006
Ready for Construction Walkthrough	09/14/2006
Ready for Model Office	10/25/2006
Prod Implemented	03/08/2007

2.12.29 RPTS - CLM-9914-Q Create Report - 1141

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1141	Change Order		Claims			

2.12.29.1 Desired Solution
EDS will create a process to generate Abortions Procedure Report.

This KY CO is duplicated in the Core PWB. See Core CO 10268 - all documentation will be updated on this CO.

2.12.29.2 Business Impact
Meet the Commonwealth's business needs.

2.12.29.3 Technical Specifications
This report is used for CMS 64 reporting. This report displays and summarizes claims with abortion diagnosis for the quarter.

The name of the iC report should be "Abortion Diagnosis Report".

Per Tammy Bulluck the Commonwealth requested that the recipient ID/name remain on the report for reporting purposes. She specified that DMS will redact the information when necessary(see tech design -> claims -> Meeting Minutes ->Work Group - Existing Kentucky Report 08_18_05).

The abortion HCPCS codes that should be used when pulling the data for this report are as follows:

- S2260
- S2262
- S2265
- S2266
- S2267

There are no "Y" HCPCS codes.

Create quarterly box for new job.

Update job script doco, job stream doco, report doco, program doco, and system files doco in the PWB.

The link below is the KY claim report and related information

KY Claim Report KYMC9914-R001

2.12.29.4 Clarifications
From: Bullock, Tammy (CHFS DMS)
Sent: Tuesday, December 20, 2005 12:17 PM
To: Brown, Jennifer M
Subject: RE: KY DDI - High - ACT - Report CLM-9914-Q(Abortions Diagnosis Report)

Yes, change it to Abortion Procedures Report.

From: Bullock, Tammy (CHFS DMS)
Sent: Tuesday, December 20, 2005 1:29 PM
To: Brown, Jennifer M
Subject: RE: KY DDI - High - ACT - Report CLM-9914-Q(Abortions Diagnosis Report)

Sorry, ignore what I said about the HCPCS codes. I know nothing about the codes and have been relying on others for the correct information. Appears one of the employees was not giving me all the data or was unfamiliar with all the codes. After receiving your question, I double checked with another nurse and was advised to use the following CPT codes. Since those temporary HCPCS codes will not pay if on a claim form, do not use them. Use the abortion CPT codes listed below. Thanks!

59840, 59841, 59850, 59851, 59855, 59856, 59100, 59852, 59857, 59866
[D Spitzer]

This KY CO is duplicated in the Core PWB. See Core CO 10268 - all documentation will be updated on this CO.
[D Spitzer]

This program will be updated at a later point to be made more 'generic'. The program will use 'call-outs' for state specific changes, such as "MEMBER" in Kentucky vs. "RECIPIENT" for Core.
[D Spitzer]

From: Spitzer, Dwight (TAC)
Sent: Wednesday, February 01, 2006 5:04 PM
To: Brown, Jennifer M; Battles, Laura C; Schmidt, Kevin C; Carter, Bob; Huerta, Carlos; Michael, Jeff; Smith, Peter (AI)
Cc: Schrodel, Chuck; Yalamanchili, Manju; Stokes, Phil
Subject: KY DDI Med Dec - Signoff request for KY CO1141 Construction Walkthrough

I have completed work on the items raised from the construction walkthrough for KY CO1141, CLM-9914Q - Abortion Procedures Report. Seeking signoff on the walkthrough and then will the proceed with Core promotion procedures.

KY CO1141 has been duplicated to Core CO10268

If there are any concerns or issues with this, please let me know.

2.12.29.5 Associated Requirements

Requirement ID	Type
30.050.007.001.17	Claims Reporting

2.12.29.6 Associated System Objects

Technical Name	Object Type	Title
clm9914q	Program	Abortions Procedure Report
CLMJQ991	Batch Job	Abortions Procedure Report
CLM-9914-Q	Report	Abortions Procedure Report

Technical Name	Object Type	Title
PCLQRPTS	Batch Cycle	Generate Quarterly Claims Reports

2.12.29.7 Change Order Status

Status	Date
Issue Identified	09/27/2005
SE Assigned	12/05/2005
Technical Design In Progress (obsolete)	12/05/2005
Construction in Progress	12/27/2005
Unit Test in Progress (obsolete)	01/06/2006
Ready for Construction Walkthrough	01/06/2006
Ready for Model Office	02/24/2006
Model Office Implemented	04/03/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.30 Mass Adjustment Criteria ranges - 1228

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1228	Change Order		Claims			1

2.12.30.1 Desired Solution

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
- Revenue code

NOTE: This will be done in the KY Specific layer, not in Core the code layer.

2.12.30.2 Business Impact

Code ranges are available in the current KY MMIS. Use of ranges was identified as needed during the claims panel RV session.

2.12.30.3 Technical Specifications

Modify the Mass Adjustment Criteria panel to allow entry of code ranges for the following codes:

- Procedure codes
- DRG codes
- Revenue codes
- Diagnosis codes

The following rules should be applied to all code ranges:

- The 'from' and 'to' codes entered should be valid (found on the database) codes within the code set.
- The 'from' code should be less than the 'to' code entered.
- While the panel will accept entry of and display the code range entered, the code range will be expanded on the corresponding t_adjms_* table into individual codes for processing.

Because of the large number of procedure and diagnosis codes that could be included in a range and the potential effect on processing times, an edit will be put in place to ensure that all codes entered are within the same high level code group within the ICD9, CPT4 or HCPCS classification systems (i.e. if the parent group chain is followed to the highest level under the benefit type on t_bnft_group_std all services within the specified range must be in the same benefit group.

For diagnosis and procedure codes, the user should have the option to either enter the code range or the code group. If a code range is entered it can include all or only part of the codes

within a group. If a code group is selected, all codes within the group will be selected for adjustment.

2.12.30.4 Clarifications

This is not going to go in Core, but it will be much cleaner to make the changes in 'Core' code instead of in the KY specific layer. Therefore the Release date on this CO is being set to 7/20. It will be implemented right after KY takes a cut of Core.

IMPORTANT!! We need to find out if a data model change is required for this CO. I seem to remember seeing something about it, but I'm not 100% sure. Find out if a dm change is needed to put the extra range value out there for the criteria specified.

2.12.30.5 Associated Requirements

Requirement ID	Type
30.090.009.002.20	Claims Adjustment/Data Correct

2.12.30.6 Associated System Objects

Technical Name	Object Type	Title
Clm.MassAdjustmentCriteriaPanel.ascx	Panel	Mass Adjustment Criteria

2.12.30.7 Change Order Status

Status	Date
Issue Identified	09/30/2005
Change Order Written	10/20/2005
SE Assigned	05/30/2006
SE Assigned	06/07/2006
Construction in Progress	06/27/2006
Ready for Construction Walkthrough	08/03/2006
Ready for Model Office	08/16/2006
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.31 CORE 10358Add billed/paid MADJ - 1229

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1229	Change Order		Claims			1

2.12.31.1 Desired Solution

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.

2.12.31.2 Business Impact

The addition of this criteria is needed to support the process of selecting the desired claims for mass adjustment.

See Core CO 10358 all documentation will be updated on this CO until moved into Core MO then all doco will be copied to the state specific CO

2.12.31.3 Technical Specifications

Add an indicator to the mass adjustment criteria panel to allow a user to specify whether a comparison of the claim header billed amount vs. the claim header total reimbursement (paid amount) should be included in the adjustment criteria. The user should be able to make no entry (billed vs. paid amount not included in claim selection), indicate that claims with paid amount equal billed amount should be included or indicate that claims with paid amount equal billed amount should not be included in the mass adjustment claim selection.

The indicator will need to be saved on a new mass adjustment criteria table (to be created) t_adjms_paybill.

2.12.31.4 Clarifications

See Core CO 10358 all documentation will be updated on this CO until moved into Core MO then all doco will be copied to the state specific CO

2.12.31.5 Associated Requirements

Requirement ID	Type
30.090.009.002.21	Claims Adjustment/Data Correct

2.12.31.6 Associated System Objects

Technical Name	Object Type	Title
Clm.MassAdjustmentCriteriaPanel.ascx	Panel	Mass Adjustment Criteria

2.12.31.7 Change Order Status

Status	Date
Issue Identified	09/30/2005
Change Order Written	10/20/2005
Construction in Progress	04/25/2006

Status	Date
Cancelled	05/25/2006
SE Assigned	06/07/2006
SE Assigned	06/20/2006
Technical Design In Progress (obsolete)	06/20/2006
Construction in Progress	06/30/2006
Construction in Progress	10/02/2006
Ready for Construction Walkthrough	10/17/2006
Ready for Model Office	10/18/2006
Model Office Implemented	10/27/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.32 Adj Rqst panel add reason desc - 1230

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1230	Change Order		Claims			1

2.12.32.1 Desired Solution

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 populated the description in the same manner.

2.12.32.2 Business Impact

Adding the adjustment reason (EOB) description will help the user verify that the reason associated to the adjustment is correct.

2.12.32.3 Technical Specifications

Modify the Adjustment Request panel to add the Reason Code Description field. The field will allow display only based on the EOB Reason Code entered for an adjustment.

2.12.32.4 Clarifications

No associated clarifications found.

2.12.32.5 Associated Requirements

Requirement ID	Type
30.090.009.002.12	Claims Adjustment/Data Correct

2.12.32.6 Associated System Objects

Technical Name	Object Type	Title
Clm.AdjustmentRequestClaimsPanel.ascx	Panel	Adjustment Request

2.12.32.7 Change Order Status

Status	Date
Change Order Written	09/30/2005
SE Assigned	01/11/2006
Technical Design In Progress (obsolete)	01/11/2006
Ready for Tech Walkthrough	01/11/2006
Ready for Model Office	01/17/2006
Model Office Implemented	06/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.33 Adj rqst panel require prov id - 1239

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1239	Change Order		Claims			1

2.12.33.1 Desired Solution

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.

2.12.33.2 Business Impact

Operational procedures will need to be developed for handling adjustment requests with an ICN - provider mismatch. The user will not be able to save requests where the provider ID on the request does not match the provider on the original claim (where a keying error has occurred, the user will be able to correct the error and proceed).

The procedure should include instructions outlining when a request should be returned to the requesting provider and procedures to ensure that claim balancing counts are maintained appropriately.

2.12.33.3 Technical Specifications

The Adjustment Request panel layout should be modified to include a new field to capture the provider ID associated with an adjustment entry. The provider ID entered must be the billing provider ID corresponding to the Original ICN entered for the request.

If there is a provider ID/original ICN mismatch an error should be returned on the panel and the user should not be allowed to save the request.

The only purpose of the provider ID is to validate that the correct Original ICN was entered for a request. The provider ID is not used in processing and does not need to be saved on the adjustment.

On update processing, the provider ID can be populated from the original claim (but must be keyed for initial entry of the adjustment).

2.12.33.4 Clarifications

No associated clarifications found.

2.12.33.5 Associated Requirements

Requirement ID	Type
30.090.009.002.12	Claims Adjustment/Data Correct

2.12.33.6 Associated System Objects

Technical Name	Object Type	Title
Clm.AdjustmentRequestClaimsPanel.ascx	Panel	Adjustment Request

2.12.33.7 Change Order Status

Status	Date
Issue Identified	10/03/2005
SE Assigned	10/20/2005
Technical Design In Progress (obsolete)	01/12/2006
Ready for Construction Walkthrough	03/01/2006
Construction in Progress	04/25/2006
Construction in Progress	05/30/2006
Ready for Model Office	06/15/2006
Model Office Implemented	06/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.34 Mass Net Verf add totals - 1240

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1240	Change Order		Claims			1

2.12.34.1 Desired Solution

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

2.12.34.2 Business Impact

Adding a total line to the Mass Net Verification panel will help users determine if the correct claims were selected as a result of the mass adjustment criteria entered.

See Core CO 9626 - all documentation will be updated on this CO

2.12.34.3 Technical Specifications

Mass adjustment totals should include all claim rows associated to the mass adjustment request except those that have been removed from the request by the user (by selecting individual claims for deletion), including rows currently displayed and any rows that would be accessed via scrolling.

The total amounts should be capable of displaying the entire field total without truncation or overflow.

The net amount field must be capable of displaying both positive and negative amounts.

The total line should be displayed on the panel regardless of whether the user position (top, bottom or middle) relative to scrolling the returned claim rows for an adjustment request.

See Core CO 9626 - all documentation will be updated on this CO

2.12.34.4 Clarifications

No associated clarifications found.

2.12.34.5 Associated Requirements

Requirement ID	Type
30.090.009.002.20	Claims Adjustment/Data Correct

2.12.34.6 Associated System Objects

Technical Name	Object Type	Title
Clm.AdjustmentNetVerificationPanel.ascx -Mass Adj	Panel	Mass Net Verification

2.12.34.7 Change Order Status

Status	Date
Issue Identified	10/03/2005

Status	Date
Change Order Written	10/19/2005
SE Assigned	02/27/2006
Technical Design In Progress (obsolete)	02/27/2006
Construction in Progress	03/15/2006
Ready for Construction Walkthrough	03/30/2006
Construction in Progress	05/23/2006
Ready for Construction Walkthrough	05/29/2006
Ready for Model Office	06/01/2006
Model Office Implemented	06/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.35 Related history - add error code - 1241

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1241	Change Order		Claims			1

2.12.35.1 Desired Solution

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.

2.12.35.2 Business Impact

See CORE CO 10260 - for all the reference on this CO

Adding the error code to the related history panels will allow users to more easily determine the reason a particular audit was set in those instances where more than one audit has failed at header or an individual detail.

2.12.35.3 Technical Specifications

See CORE CO 10260 - for all the reference on this CO

Modify the sql that selects from t_susp_rlhx (related history) to include the sak_esc that is available on that table. Incorporate code to retrieve the corresponding cde_esc from t_error_disp associated to the sak_esc and display the cde_esc as the 'error code' on the related history panel.

2.12.35.4 Clarifications

After the walkthrough

These are the issues needs to be fixed for 1241ky.

- disconnect related history from error panel.
- make related history stand alone with populated data
- check fonts, text color, text type, in related history panel
- line up all the data in related history panel
- remove detail related history from detail information
- update the CO with new changes to this defect.
- update the navigation path in CO after the changes are made.

2.12.35.5 Associated Requirements

Requirement ID	Type
30.090.007.002.59	Claims Panels/Panels

2.12.35.6 Associated System Objects

Technical Name	Object Type	Title
Clm.RelatedHistoryPanel.ascx - Header	Panel	Related History
Clm.RelatedHistoryPanel.ascx	Panel	Detail Related History

2.12.35.7 Change Order Status

Status	Date
Issue Identified	10/03/2005
Change Order Written	10/19/2005
SE Assigned	01/31/2006
Construction in Progress	01/31/2006
Technical Design In Progress (obsolete)	01/31/2006
Ready for Construction Walkthrough	01/31/2006
Ready for Model Office	02/10/2006
Model Office Implemented	04/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.36 CORE 10258 MSS_VD_RTR_MCaRe CLMS - 1243

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1243	Change Order		Claims			1

2.12.36.1 Desired Solution

When retroactive Medicare Part A or Part B coverage is added for a member, the TPL subsystem will be identifying claims that have been paid by Medicaid that would have been denied if the Medicare coverage had been on file at the time the claim was processed. Providers will be notified and will be given a certain number of days to provide a refund. When a refund is made, the associated claims will be voided using the existing process (performing a region 57 (check related void) adjustment). If the provider does not send a refund within the specified time period, the TPL subsystem will initiate a 'Mass Void' request.

Claims will modify the process used for processing check void transactions to include TPL initiated retroactive Medicare voids as well. This process is driven off the t_adj_void_rqst table. A separate change order will be written and assigned to TPL to identify the affected claims and write them to the t_adj_void_rqst table. The claims process will need to be modified to identify those requests initiated by the TPL process and assign them to region 56 (non check related void) when adding rows to the t_adj_mass_claim table.

2.12.36.2 Business Impact

This change supports the business process currently used for handling the repayment of claims where retroactive Medicare eligibility is added.

See Core CO 10258 all documentation will be updated on this CO until moved into Core MO then all doco will be copied to the state specific CO

2.12.36.3 Technical Specifications

Requests for adjustment will be initiated from within the TPL system (change order 673). These requests will be written to the t_adj_void_rqst table by TPL. This table is currently used for processing check voids initiated from within the financial subsystem. To process TPL initiated voids, the following changes will be required:

- The main processing cursor will need to be modified to not require a matching row on the t_cash_receipt table. Retro Medicare voids will have a sak_cash_receipt (on t_adj_void_rqst) of -1 and will never have a matching cash receipt.
- The initialization function of the program currently sets the starting request number for check voids using a region of '54'. Logic will need to be added to also set a starting request number for Retro Medicare voids using a region of '56'.
- Modify the insert_mass_rqst function to use a unique EOB and clerk ID for Retro Medicare voids.
- Modify the main process to ensure that no cash control number is associated to Retro Medicare voids and that the correct EOB is assigned when insert_adj_mass_claim is called.
- Modify the main process to use the appropriate sequence number (region 54 or 56) for check void or Medicare voids depending on the sak_cash_receipt on t_adj_void_rqst.

2.12.36.4 Clarifications

See Core CO 10258 all documentation will be updated on this CO until moved into Core MO then all doco will be copied to the state specific CO

2.12.36.5 Associated Requirements

Requirement ID	Type
30.050.009.002.8	Claims Adjustment/Data Correct

2.12.36.6 Associated System Objects

Technical Name	Object Type	Title
clmp956d	Program	Void Adjustments

2.12.36.7 Change Order Status

Status	Date
Issue Identified	10/04/2005
Change Order Written	10/19/2005
Resource Assigned for Construction (obsolete)	12/08/2005
Technical Design In Progress (obsolete)	12/08/2005
Ready for Tech Walkthrough	01/27/2006
Construction in Progress	02/15/2006
Unit Test in Progress (obsolete)	02/15/2006
Ready for Construction Walkthrough	02/15/2006
Ready for Model Office	02/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.37 Adjustment - lock criteria - 1253

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1253	Change Order		Claims			1

2.12.37.1 Desired Solution

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'.

2.12.37.2 Business Impact

Operational procedures will need to be developed for returning 'invalid' paper adjustment requests to providers with an explanation of the reason the adjustment request could not be processed and for updating adjustment batch counts to allow for claims balancing.

2.12.37.3 Technical Specifications

Modify the Adjustment Request panel to perform checks to prevent the adjustment of claims in the following situations:

- If the 'mother' claim entered in the Original ICN field has a region value of 'check related - no further adjustment allowed' return an error message that further adjustment is not allowed for claims in this claim region. Note that a new adjustment region will be needed for these adjustments (value to be determined).
- If the 'mother' claim entered in the Original ICN field is found on the (to be created) financial table of claims with pending (or completed) fraud and abuse recoveries return an error message that adjustment is not allowed due to a fraud and abuse recovery.
- If the 'mother' claim entered in the Original ICN field is a converted claim tied to an 'invalid' recipient return an error message that adjustment is not allowed because eligibility information is not on file. This condition should only occur for certain converted paid claims where eligibility information no longer exists in the legacy system.

2.12.37.4 Clarifications

No associated clarifications found.

2.12.37.5 Associated Requirements

Requirement ID	Type
30.050.009.002.8	Claims Adjustment/Data Correct

2.12.37.6 Associated System Objects

Technical Name	Object Type	Title
Clm.AdjustmentRequestClaimsPanel.ascx	Panel	Adjustment Request

2.12.37.7 Change Order Status

Status	Date
Issue Identified	10/07/2005

Status	Date
Change Order Written	10/19/2005
SE Assigned	02/13/2006
Construction in Progress	05/11/2006
Ready for Construction Walkthrough	05/26/2006
Ready for Model Office	06/01/2006
Model Office Implemented	06/08/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.38 CORE 10280 MFY MSSADJ CLM SELCTN - 1262

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1262	Change Order		Claims			1

2.12.38.1 Desired Solution
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.

2.12.38.2 Business Impact
Addition of this criteria will facilitate the process of selecting the desired claims for mass adjustment.

See Core CO 10280 all documentation will be updated on this CO until moved into Core MO then all doco will be copied to the state specific CO

2.12.38.3 Technical Specifications
Modify processing in clmpmacr.sc (the program that selects claims for mass adjustment) to do the following:

- Create a function to select the row (if any) from the new adjustment criteria table for the paid vs. billed indicator. If no row is found, ignore the condition in claim selection. If a row is found, evaluate the indicator that determines whether claims should be included or excluded where the paid amount equals the billed amount and add the appropriate selection criteria to the dynamic sql used to select claims for mass adjustment.

2.12.38.4 Clarifications
See Core CO 10280 all documentation will be updated on this CO until moved into Core MO then all doco will be copied to the state specific CO

Check if this change will only be related to Kentucky. If that is the case we should delete the link to CORE and also CANCEL the change orders created in it.

Apparently this change couldn't be traced to the source who ask for it so it should be evaluated if it should be deferred or a manual procedure should be put in place to comply with it. The requirement appears in the RFP but in the Review Board sessions nobody mentioned it. Because of that Phil Stokes suggest to defer the associated COs until post implementation.

Scott Lowry will provide directions on how to deal with this CO that is the base for CO 1229 (.NET) and CO 1262 (BATCH). Mainly the direction is in how to get approval for this.

The requirement has been TECH REVIEWED and if we decide to proceed 2013 could go to the CHANGE BOARD for approval and 1262 has also been reviewed.

Evaluate criteria if we need to consider the TPL liability and copay fields.

In a Testing walkthrough for Claims Pages and Panels and there some discussion about KY 1229 which we show as 'Cancelled'. John Huffman and Judy Bullock from DMS were in the meeting and they both feel that the modifications for KY 1229 do need to be implemented in KY.

According to Carlos C., "The model changes have to be implemented, they were just reviewed and approved when we stopped the CO. We should make the necessary promotion to the environments. Just let me know approximately when we need this so I can schedule this tasks." K. Barker

2.12.38.5 Associated Requirements

Requirement ID	Type
30.090.009.002.21	Claims Adjustment/Data Correct

2.12.38.6 Associated System Objects

Technical Name	Object Type	Title
clmpmacr	Program	Mass Adjustment Claim Select

2.12.38.7 Change Order Status

Status	Date
Issue Identified	10/11/2005
Change Order Written	10/19/2005
Resource Assigned for Construction (obsolete)	12/08/2005
Technical Design In Progress (obsolete)	12/08/2005
Ready for Tech Walkthrough	01/27/2006
Cancelled	05/30/2006
SE Assigned	06/22/2006
Ready for Model Office	09/28/2006
Model Office Implemented	10/05/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.39 DB Model - Encounters - 1268

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1268	Change Order		Claims			1

2.12.39.1 Desired Solution
Place holder change order for data base model changes to incorporate KY encounter solution. This change order will cover the following:

- Add new tables necessary to implement KY encounter processing solution
- Change existing tables necessary to implement KY encounter processing
- Create DB requests
- Review DB request and obtain approval from TFALs
- Monitor DB reports to verify actual changes meet request
- Monitor DB reports to promote DB requests to different environments

2.12.39.2 Business Impact
Meet the Commonwealth's business needs.

2.12.39.3 Technical Specifications
None.

2.12.39.4 Clarifications
The T_CLM_NCPDP_MSG table has been added to this CO as part of the Encounter Solution. This table is being moved to test on 6/20 and moved to MO on 6/29. K. Barker

This table is going to the DM Review Board on 6/20, so it will have to be moved on an exception basis before being moved to MO on 6/28. K. Barker

2.12.39.5 Associated Requirements

Requirement ID	Type
30.090.008.002.33	Claims Encounters

2.12.39.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.39.7 Change Order Status

Status	Date
Issue Identified	10/13/2005
Ready for Model Office	02/03/2006
Model Office Implemented	04/05/2007

Status	Date
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.40 DB Model - FFS - 1270

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1270	Change Order		Claims			1

2.12.40.1 Desired Solution

Place holder change order for data base model changes to incorporate KY FFS claims solution. This change order will cover the following:

- Add new tables necessary to implement KY FFS claims processing solution
- Change existing tables necessary to implement KY FFS claims processing
- Create DB requests
- Review DB request and obtain approval from TFALs
- Monitor DB reports to verify actual changes meet request
- Monitor DB reports to promote DB requests to different environments

KY FFS claims solution changes will include identified cross over changes , "creative" fields currently billed in non standard fields that have multiple use, and other requested fields.

2.12.40.2 Business Impact

Meet the Commonwealth's business needs.

2.12.40.3 Technical Specifications

None.

2.12.40.4 Clarifications

No associated clarifications found.

2.12.40.5 Associated Requirements

Requirement ID	Type
30.090.007.002.43	Claims Pricing

2.12.40.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.40.7 Change Order Status

Status	Date
Issue Identified	10/13/2005
Construction in Progress	02/03/2006
Ready for Model Office	05/08/2006
Model Office Implemented	06/09/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.41 Add/Modify FFS Data Elements - 1271

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1271	Change Order		Claims			1

2.12.41.1 Desired Solution
Add/Modify mappings and xsds to handle changes to DB Model to incorporate KY specific FFS fields.

Make sure fields are mapped correctly to be used during claims engine processing and that they are written to the appropriate tables.

KY FFS claims solution changes will include identified cross over changes and "creative" fields currently billed in non standard fields that have multiple use.

2.12.41.2 Business Impact
Meet the Commonwealth's business needs.

2.12.41.3 Technical Specifications
This change order was created to group the work required to address data model changes identified as needed to support fee-for-service claim processing changes. Please review the associated successor change orders associated with this change for detailed technical specifications.

2.12.41.4 Clarifications
No associated clarifications found.

2.12.41.5 Associated Requirements

Requirement ID	Type
30.090.007.002.43	Claims Pricing

2.12.41.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.41.7 Change Order Status

Status	Date
Issue Identified	10/13/2005
Change Order Written	02/13/2006
Technical Design In Progress (obsolete)	03/23/2006
Ready for Tech Walkthrough	04/04/2006
Ready for Model Office	05/08/2006
Model Office Implemented	06/09/2006

Status	Date
Ready for Model Office	06/09/2006
Model Office Implemented	12/14/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.42 Configure Edit Criteria - 1272

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1272	Change Order		Claims			1

2.12.42.1 Desired Solution
Place holder change order to configure edit **criteria** for new configurable edits.

2.12.42.2 Business Impact
Meet the Commonwealth's business needs.

2.12.42.3 Technical Specifications
Place holder change order to configure edit **criteria** for new configurable edits.

These edits will use Coverage Rules or Billing Rules as applicable.

2.12.42.4 Clarifications
Separate change orders have been written for each configurable form based edit.

2.12.42.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.42.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.42.7 Change Order Status

Status	Date
Issue Identified	10/13/2005
Change Order Written	02/13/2006
SE Assigned	04/04/2006
Cancelled	07/14/2006
UAT Implemented	02/01/2007
Prod Implemented	02/01/2007

2.12.43 RPTS - Exclude Encounter Claims - 1282

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1282	Change Order		Claims			

2.12.43.1 Desired Solution
Exclude encounter claims from reports with exception of the CLM-0132-D, CLM-0132-M, CLM-0132-O.

2.12.43.2 Business Impact
Customize report for Kentucky.

2.12.43.3 Technical Specifications
Kentucky will be receiving encounters from First Health(PBA), Passport and the transportation cabinet.

All the Claims reports should report on non-encounter claims, with the exception of the CLM-0132-D, CLM-0132-M, CLM-0132-O.

The sql used to create the affected reports will need to be changed to exclude the encounters. The encounters should be assigned to a specific region.

Susy Bunk will be finalizing the criteria that should be used to determine encounters. Need to get information from Susy after is has been completed.

2.12.43.4 Clarifications
Susy Bunk updated the Region Codes we'll be using for KY. She added regions for converted pharmacy encounters and converted PBA pharmacy claims. Please refer to : Kentucky Region Codes --- Jennifer Brown

From: Bunk, Susy
Sent: Monday, February 27, 2006 10:07 AM
To: KY DDI TFALS
Cc: Stiff, Jim
Subject: KY DDI - Med - Info - ind_encounter Importance: High

Guys,
ind_encounter on t_*_ub92_hdr, t_*_phys_hdr, t_*_dntl_hdr and t_*_pharm_hdr will be populated with the following values:

- 'Y' - Encounter claim
- 'H' - PBA Pharmacy claim
- ' N' - FFS claim

It is necessary to have a different status for PBA pharmacy claims because these claims are not "true" encounters, these are FFS claims processed by another vendor. iC will treat them as encounters in general, however there are special processing for these claims such as TPL recoveries, etc.

Please also notice that although encounters and PBA pharmacy claims will have different regions, these could change if the claim goes through recipient linking. ---- Jennifer Brown

When encounters come into our system they will be either paid or denied and then as they process through the claim engine we will assign any necessary claim engine errors to these claims. These claims should then be written to either the claims paid or denied tables. ---
Jennifer Brown

From: Bunk, Susy
Sent: Monday, March 20, 2006 3:27 PM
To: Crittenden, Scott (Analysts International)
Subject: RE: KY CO 1282
Importance: High
Depending on what claims are used in the report (paid/deny/suspended) the following tables have a column "IND_ENCOUNTER". You need to include claims which IND_ENCOUNTER = 'N'.

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_DENTAL_HDR
T_SUSP_PHRM_HDR
T_SUSP_PHYS_HDR
T_SUSP_UB92_HDR

Please update CO Clarifications with above information.
Thanks,
Susy

From: Crittenden, Scott (Analysts International)
Sent: Monday, March 20, 2006 11:01 AM
To: Bunk, Susy
Subject: KY CO 1282

Hi Susy,

I'm a contractor working on Ky CO 1282 - exclude encounter claims from reports. The CO says to contact you for the criteria used to determine encounters. Is this information a available and where/how can I get it.

Thanks.
Scott
----- Jennifer Brown

From: Brown, Jennifer M
Sent: Wednesday, March 22, 2006 2:50 PM
To: Bunk, Susy
Cc: Crittenden, Scott (Analysts International)
Subject: KY DDI - Med - Act - KY CO 1282 - Encounter Questions

Hi Susy –

I have a couple of quick encounter questions. I have in my notes that when encounters come into our system they will be either be paid or denied and then as they process through the claims engine we will assign any necessary claim engine errors to these claims. I was thinking that encounters wouldn't go to the suspense tables.

[Susy Bunk] Correct. Encounters will not go to suspense tables.

I was also thinking at one time that we said that we could also use the region code as another way to filter out encounter claims. The indicator is probably the best way but just want to verify that encounters will have their own regions also.
[Susy Bunk] Yes, encounters will have their own regions, how ever these are not reliable, region may be changed if the encounters goes through recipient linking.

The link below shows you the regions KY will use. Always refer to the link to get the most current version of the document.

Kentucky Region Codes

Thanks
Jennifer
--- Jennifer Brown

Scott Crittenden Reports which reference suspended tables only will not be changed because encounters do not go the suspended tables. The cursors for reports which reference paid/denied tables, as well as suspended tables, will have the 'where clause' add to the suspended tables as well for consistency reasons.

[Scott Crittenden] clm0015d and clm0015d_cc will NOT be modified. Per Bob Carter and Jennifer Brown, encounters will not go to claim check, therefore t_cc_hist_adjust will not reference any encounters.

[Scott Crittenden] Per Bob Carter and Jennifer Brown: Now for report CM-0058-Q encounters should not be generating the errors that are showing up on this report so therefore we shouldn't need to exclude them. However as you stated in your clarifications - The cursors for reports which reference paid/denied tables, as well as suspended tables, will have the 'where clause' add to the suspended tables as well for consistency reasons. - so let's go ahead and exclude the encounters in this report. This will make the before/after test case a little strange, i.e. no differences in the reports, because the encounter was not there to begin with.

[Scott Crittenden] clmp422: In addition to excluding encounters, change the report headers to say 'PROVIDER ID' instead of 'PROVIDER NO' or 'PROVIDER NUMBER'.

[Scott Crittenden] clm0130.sc: Fixed the 'submitGroup_monthly_cursor' by adding the missing group by clauses.

[Scott Crittenden] Report clm0018d will be based on the Tennessee version, with any Tennessee specific references removed and any core changes added in. This will become the new core module.

The following reports will have encounters excluded: clm0011d clm0018d clm0020d clmp422 clm0025d clm0026d clm0050m clm0058q clm0130 clm9914q

[Scott Crittenden} The following programs were changed to incorporate the standard footers: clm0011d.sc clm0025d.sc clm0026d.sc clm0050m.sc clmp422.sc

2.12.43.5 Associated Requirements

Requirement ID	Type
30.050.007.001.17	Claims Reporting
30.090.007.003.12	Claims Reporting
30.090.007.003.13	Claims Reporting
30.090.007.003.18	Claims Reporting
30.090.007.003.21	Claims Reporting
30.090.007.003.7	Claims Reporting

2.12.43.6 Associated System Objects

Technical Name	Object Type	Title
CLM-0026-D	Report	Claims Paid Due To Force Report
CLM-0130-D	Report	Claims Submission Statistics - Daily
CLM-0017-D	Report	Original Claims Processing Daily Summary
CLM-0018-D	Report	Adjustment Credit Claims Processing Daily Summary
CLM-0020-D	Report	Aged Detail Suspense Report
CLM-0130-W	Report	Claims Submission Statistics - Weekly
CLM-0011-D	Report	Clerk ID Recycle Claims Report
CLM-0022-D	Report	Combined Claim Error
CLM-0058-Q	Report	ClaimCheck Error Report
CLM-9914-Q	Report	Abortions Procedure Report
CLM-0025-D	Report	Services to be Clerically Denied Report
CLM-0050-M	Report	Retro Active Rate Adjustment Report
CLM-0130-M	Report	Claims Submission Statistics - Monthly
CLM-0016-D	Report	Claims Processing Daily Summary

2.12.43.7 Change Order Status

Status	Date
Issue Identified	10/14/2005
SE Assigned	01/12/2006

Status	Date
SE Assigned	03/16/2006
Technical Design In Progress (obsolete)	03/28/2006
Construction in Progress	04/04/2006
Construction in Progress	04/25/2006
Ready for Model Office	05/12/2006
Model Office Implemented	05/19/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.44 Add Encounter Page - 1283

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1283	Change Order		Claims			1

2.12.44.1 Desired Solution
Add new encounter page and encounter navigation panel.

2.12.44.2 Business Impact
Meet KY Encounter Processing solution.

2.12.44.3 Technical Specifications
Add new encounter page and encounter navigation panel according to page mockups.

2.12.44.4 Clarifications
No associated clarifications found.

2.12.44.5 Associated Requirements

Requirement ID	Type
30.090.008.002.11	Claims Encounters

2.12.44.6 Associated System Objects

Technical Name	Object Type	Title
Clm.EncounterDataPage.ascx	Internal Page	Claims Encounter Page

2.12.44.7 Change Order Status

Status	Date
Issue Identified	10/14/2005
Ready for Model Office	12/16/2005
Model Office Implemented	06/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.45 Add Encounter Batch Summary - 1284

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1284	Change Order		Claims			1

2.12.45.1 Desired Solution
Add new Encounter Batch Summary Search / Encounter Batch Summary Results panels.

2.12.45.2 Business Impact
Meet KY Encounter Processing solution.

2.12.45.3 Technical Specifications
Add new Encounter Batch Summary Search / Encounter Batch Summary Results panels according to panel mockups and panel documentation.

2.12.45.4 Clarifications
This CO is Ready for MO, but a Release date can not be set until CO 1285 and 1286 are Ready for MO. All 3 COs must be released together.

2.12.45.5 Associated Requirements

Requirement ID	Type
30.090.008.002.11	Claims Encounters

2.12.45.6 Associated System Objects

Technical Name	Object Type	Title
Clm.EncounterBatchSearchPanel.ascx	Panel	Encounter Batch Summary Search
Clm.EncounterBatchSearchPanel.ascx - Search Results	Panel	Encounter Batch Summary Search Results

2.12.45.7 Change Order Status

Status	Date
Issue Identified	10/14/2005
SE Assigned	12/16/2005
Construction in Progress	02/07/2006
Ready for Model Office	03/28/2006
Model Office Implemented	06/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.46 Add Encounter Error Panel - 1285

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1285	Change Order		Claims			1

2.12.46.1 Desired Solution
Add new Encounter Errors Panel.

2.12.46.2 Business Impact
Meet KY Encounter Processing solution.

2.12.46.3 Technical Specifications
Add new Encounter Errors Panel according to panel mockups and panel documentation.

2.12.46.4 Clarifications
The percent column is showing up as Left Justified, when it should show up as Right Justified. Clay Erickson is working on a SW change, CO 11702, to ensure that a Datatype="percentage" shows up as Right Justified.. Once this is fixed, this CO will assigned a date to be moved to MO.

2.12.46.5 Associated Requirements

Requirement ID	Type
30.090.008.002.11	Claims Encounters

2.12.46.6 Associated System Objects

Technical Name	Object Type	Title
Clm.EncounterBatchSearchPanel.ascx (EncounterErrors)	Panel	Encounter Errors

2.12.46.7 Change Order Status

Status	Date
Issue Identified	10/14/2005
SE Assigned	02/01/2006
Construction in Progress	02/07/2006
Ready for Construction Walkthrough	03/29/2006
Ready for Model Office	04/05/2006
Model Office Implemented	06/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.47 Add Encounter Claim Related Data - 1286

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1286	Change Order		Claims			1

2.12.47.1 Desired Solution
Add new Encounter Claim Related Data Panel.

2.12.47.2 Business Impact
Meet KY Encounter Processing solution.

2.12.47.3 Technical Specifications
Add new Encounter Claim Related Data Panel according to panel mockups and panel documentation.

2.12.47.4 Clarifications
Two Items from the Walkthrough on 3/24 are outstanding:

- The hyperlinks for Icn and Member ID are not working. This is waiting for a SW change to go in to fix this functionality for KY entities. When this is working, a MO date will be set for this CO.
- I noticed that MCO ICN was still not on the panel. It turns out this field is not on a KY database table at this time. A meeting needs to be held between the customer/vendor/EDS to determine where this field will go. A new CO has been written to address this at a later date. New CO for MCO ICN is KY CO 2227 - Add MCO ICN to Enc Related Clms.

2.12.47.5 Associated Requirements

Requirement ID	Type
30.090.008.002.11	Claims Encounters

2.12.47.6 Associated System Objects

Technical Name	Object Type	Title
Clm.EncounterBatchSearchPanel.ascx (EncounterClaims)	Panel	Encounter Claims Related Data

2.12.47.7 Change Order Status

Status	Date
Issue Identified	10/14/2005
SE Assigned	02/01/2006
Construction in Progress	02/07/2006
Ready for Construction Walkthrough	03/29/2006
Ready for Model Office	04/05/2006

Status	Date
Model Office Implemented	06/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.48 Add Encounter EDI Batch Search - 1287

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1287	Change Order		Claims			1

2.12.48.1 Desired Solution
Add new Encounter EDI Batch Status Search / EDI Batch Status Results panels.

2.12.48.2 Business Impact
Meet KY Encounter Processing solution.

2.12.48.3 Technical Specifications
Add new Encounter EDI Batch Status Search / EDI Batch Status Results panels according to panel mockups and panel documentation.

2.12.48.4 Clarifications
The following issues are outstanding:

- It looks like the last 4 fields has not been added to the t_upload table: Cde_batch_status, id_update, Dte_update, edi_filename. I think we at least need to have cde_batch_status. Susy Bunk says there is a problem with BizTalk. This needs to be resolved.
- Here are the code values and descriptions for the Batch Status field on the EDI Encounter Batch Status panel:
  - L – Loaded
  - N - Non-Compliant
  - H- Hipaa Compliant
  - E- Hipaa Compliant Encounters
  - D - Released to Process

However, I also need to know which code values are 'Current' and which ones are 'Historical'. I cannot find this in my documentation. I am also unsure what field the Batch Status is supposed to be coming from on the EDI panel. Does it come from the t_upload table?

This is only being move to MO on 5/18 because it was moved for some reason in MO on the Core side. Just trying to stay in sync. Will have to move this back to 'Awaiting Further Definition' soon. KSB.

New table is going to be used for the panel t_file_tracking. Waiting for further information about the table.

2.12.48.5 Associated Requirements

Requirement ID	Type
30.090.008.002.11	Claims Encounters

2.12.48.6 Associated System Objects

Technical Name	Object Type	Title
Clm.EDIBatchSearchPanel.ascx - Search Results	Panel	EDI Encounter Batch Status Search Results
Clm.EDIBatchSearchPanel.ascx	Panel	EDI Encounter Batch Status Search

2.12.48.7 Change Order Status

Status	Date
Issue Identified	10/14/2005
SE Assigned	02/06/2006
Construction in Progress	02/07/2006
Ready for Model Office	05/17/2006
Construction in Progress	05/30/2006
Ready for Model Office	07/10/2006
Model Office Implemented	07/13/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.49 Add CAS Inquiry Panel - 1288

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1288	Change Order		Claims			1

2.12.49.1 Desired Solution
Add new CAS Inquiry Panel. See CORE CO 12115 - for all the reference on this CO

2.12.49.2 Business Impact
Meet KY Encounter Processing solution.

2.12.49.3 Technical Specifications
Add new CAS Inquiry Panel according to panel mockups and panel documentation.

2.12.49.4 Clarifications
None.

2.12.49.5 Associated Requirements

Requirement ID	Type
30.090.008.002.11	Claims Encounters

2.12.49.6 Associated System Objects

Technical Name	Object Type	Title
Clm.UB92ClaimPage.ascx - NavGroup	Panel	UB92 Claim Navigation
Clm.PhysicianClaimPage.ascx - NavGroup	Panel	Physician Claim Navigation
Clm.DentalClaimPage.ascx - NavGroup	Panel	Dental Claim Navigation
Clm.CAS Inquiry (Design)	Panel	CAS Inquiry

2.12.49.7 Change Order Status

Status	Date
Issue Identified	10/14/2005
Change Order Written	02/13/2006
SE Assigned	04/05/2006
Construction in Progress	04/06/2006
Ready for Construction Walkthrough	06/22/2006
Ready for Model Office	06/27/2006
Model Office Implemented	06/29/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

2.12.50 Add NCPDP Reject Codes - 1289

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1289	Change Order		Claims			1

2.12.50.1 Desired Solution
Add new NCPDP Reject Codes inquiry panel.

2.12.50.2 Business Impact
Meet KY Encounter Processing solution.

2.12.50.3 Technical Specifications
Add new NCPDP Reject Codes inquiry panel according to panel mockups and panel documentation.

2.12.50.4 Clarifications
No associated clarifications found.

2.12.50.5 Associated Requirements

Requirement ID	Type
30.090.008.002.11	Claims Encounters

2.12.50.6 Associated System Objects

Technical Name	Object Type	Title
Clm.NCPDP Reject Codes (Design)	Panel	NCPDP Reject Codes
Clm.PharmacyClaimPage.ascx - NavGroup	Panel	Pharmacy Claim Navigation

2.12.50.7 Change Order Status

Status	Date
Issue Identified	10/14/2005
SE Assigned	01/18/2006
Construction in Progress	01/18/2006
Ready for Model Office	06/26/2006
Model Office Implemented	06/30/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.51 Configure Limit Audits - 1323

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1323	Change Order		Claims			1

2.12.51.1 Desired Solution

Configure existing limitation audits in interChange.

144 existing audits have been identified as limitations. Of these, only 3 limitations involve a large number of services.

The following items will need to be addressed to configure all limit audits as they are currently defined:

- A conversion factor is sometimes applied to convert units of service to auditing units when limits involve different codes billed differently (e.g. 15 minute vs. hour units).
- Tooth quadrant is used to define different services for some dental procedures
- Some services are limited based on the number of separate dates the services were provided regardless of procedures or units performed on those dates
- Some services are limited based on a calendar week (Sunday to Saturday)
- Some services have provider specific exclusions
- Some services are counted as half units when billed with modifier 26
- Service limits that are age dependent may use birth month rather than birth date in age calculations.

2.12.51.2 Business Impact

Meet the Commonwealth's business needs.

2.12.51.3 Technical Specifications

Based on the audit criteria documented in the Kentucky Audit Manual, create the necessary SQL to load the tables involved in limitation audit processing. The following tables contain criteria and parameters needed to configure limitation audits:

T_LIMIT_PARM, T_AUDIT_CRIT, T_AUDIT_PR_TYPE_X, T_AUDIT_PROC, T_AUDIT_REV, T_AUDIT_REV_XREF, T_AUDT_PROC_XRF, T_EOB, T_ERROR_RESO_CRIT, T_ERROR_RESO_MTHD_CORR, T_ERROR_DISP, T_ESC_EOB_XREF.

Where an existing audit contains two or more unrelated limits (i.e. code A limited to five units per week, code B limited to six units per week but no restriction on the combination of A and B) the limitation will be broken into separate interChange audits.

The audit worksheet attached in the clarification section of this change order identifies the existing Kentucky audits that will be converted as limit audits and cross references the existing error code number to the new error code.

Data model and application changes needed to support audit data elements unique to Kentucky are detailed in successor change orders attached to this parent change order.

2.12.51.4 Clarifications

Audits Worksheet

2.12.51.5 Associated Requirements

Requirement ID	Type
30.090.007.002.24	Claims Edit/Audit
30.090.008.002.32	Claims Edit/Audit

2.12.51.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.51.7 Change Order Status

Status	Date
Issue Identified	10/17/2005
SE Assigned	01/17/2006
Construction in Progress	01/17/2006
Ready for Model Office	06/30/2006
Model Office Implemented	01/04/2007
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.52 Configure contraindicated audits - 1324

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1324	Change Order		Claims			1

2.12.52.1 Desired Solution

Configure existing contra indicated (and negative contra) audits in interChange.

106 existing audits have been identified as contra audits to be implemented in interChange. Of these, 70 are audit pairs (mirror image audits) that can be implemented as single audits in interChange. More than 20 of the contra audits involve a large number of services.

The following items will need to be addressed to configure all contra audits as they are currently defined:

- Some services will only fail if a KenPAC referral has not been provided and contraindicated services are billed
- Some audits are checking procedures vs. procedure code modifier combinations
- Some audits can be bypassed based on same/different diagnosis on the current vs. history detail
- Some services have special date logic for inpatient claims with an interim type of bill
- Some services require combinations of services in history (all must be present) to fail
- Some services compare time of pickup as an audit criteria

2.12.52.2 Business Impact

Meet the Commonwealth's business needs.

2.12.52.3 Technical Specifications

Based on the audit criteria documented in the Kentucky Audit Manual, create the necessary SQL to load the tables involved in contraindicated audit processing. The following tables contain criteria and parameters needed to configure contra audits:

T_CONTRA_PARM, T_CONTRA_PROC, T_AUDIT_CRIT, T_AUDIT_PR_TYPE_X, T_EOB, T_ERROR_RESO_CRIT, T_ERROR_RESO_MTHD_CORR, T_ERROR_DISP, T_ESC_EOB_XREF.

Where an existing audit contains two or more unrelated contraindicated conditions (i.e. Procedure A not payable if Procedure B has been paid, Procedure C not payable if Procedure D has been paid) the existing conflict audit will be broken into separate interChange audits.
In cases where two existing audits are mirror image audits (i.e. in Audit 1 Procedure A is not payable if Procedure B has been paid, in Audit 2 Procedure B is not payable if Procedure A has been paid) those audits will be combined as two way audits in interChange.

The audit worksheet attached in the clarification section of this change order identifies the existing Kentucky audits that will be converted as conflict audits and cross references the existing error code number to the new error code.

2.12.52.4 Clarifications

Audits Worksheet

2.12.52.5 Associated Requirements

Requirement ID	Type
30.090.007.002.24	Claims Edit/Audit

2.12.52.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.52.7 Change Order Status

Status	Date
Issue Identified	10/17/2005
Construction in Progress	01/17/2006
Ready for Model Office	06/30/2006
Model Office Implemented	01/04/2007
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.53 Configure conflict audits - 1325

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1325	Change Order		Claims			1

2.12.53.1 Desired Solution
Configure existing conflict audits in interChange.

15 existing audits have been identified as conflict audits to be implemented in interChange. Of these, only two audits involve a large number of services.

The following items will need to be addressed to configure all conflict audits as they are currently defined:

- Audit that prevents EPSDT providers from billing for services on the same day as other provider types may require change to how provider type is currently used in conflict audits
- Some audits have provider specific exclusions
- Audit that checks the number of surfaces billed per tooth may require change to how surface is currently used in conflict audits
- Procedure code restrictions that can not be performed by current limitation or contra indicated audits

2.12.53.2 Business Impact
Meet the Commonwealth's business needs.

2.12.53.3 Technical Specifications
Based on the audit criteria documented in the Kentucky Audit Manual, create the necessary SQL to load the tables involved in conflict audit processing. The following tables contain criteria and parameters needed to configure conflict audits:

T_CONFLICT_PARM, T_AUDIT_CRIT, T_AUDIT_PR_TYPE_X, T_AUDIT_REV, T_AUDIT_CL_TYPE_X, T_EOB, T_ERROR_RESO_CRIT, T_ERROR_RESO_MTHD_CORR, T_ERROR_DISP, T_ESC_EOB_XREF.

Where an existing audit contains two or more unrelated conflicts (i.e. Claim Type A dates cannot Claim Type B, Claim Type C dates can't overlap Claim Type D) the existing conflict audit will be broken into separate interChange audits.

The audit worksheet attached in the clarification section of this change order identifies the existing Kentucky audits that will be converted as conflict audits and cross references the existing error code number to the new error code.

Data model and application changes needed to support audit data elements unique to Kentucky are detailed in successor change orders attached to this parent change order.

2.12.53.4 Clarifications
Audits Worksheet

Tooth surface changes are being incorporated into duplicate audit processing. See change order 1326 for additional information. [Bob Carter]

2.12.53.5 Associated Requirements

Requirement ID	Type
30.090.007.002.24	Claims Edit/Audit

2.12.53.6 Associated System Objects

Technical Name	Object Type	Title
clmsAudit	Program	General Claims Auditing

2.12.53.7 Change Order Status

Status	Date
Issue Identified	10/17/2005
Construction in Progress	02/02/2006
Ready for Model Office	06/30/2006
Model Office Implemented	07/14/2006
SE Assigned	11/20/2006
Completed	08/20/2007

2.12.54 Duplicate audit criteria - 1326

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1326	Change Order		Claims			1

2.12.54.1 Desired Solution

Modify interChange duplicate audits based on criteria specific to the Commonwealth. Ten existing audits have been identified as duplicate audits to be implemented in interChange.

The following data elements were identified as required for duplicate/suspect duplicate auditing:

- Member
- Provider
- Date of Service
- Service Code
- Modifier
- Tooth Number
- Tooth Surface
- Time of Pick-up
- Medicare coinsurance / deductible
- Billed Amount
- Admit Hour
- Special Pricing Action
- Member Date of Birth
- Five digit modifier
- Patient Account Number
- Tax ID
- Number in Group
- Local Use
- Voucher Number
- Employee ID
- Patient Account Number (Tax ID
- PA Number

- Medicare Paid

The data elements listed above will need to be evaluated based on the provider type/claim type combination being billed and the type of audit (exact or suspect) being performed.

The claims duplicate audit process will need to be modified to identify claims billed by a provider for a total of more than four surfaces for the same tooth, member, date of service.

2.12.54.2 Business Impact
Meet the Commonwealth's business needs.

2.12.54.3 Technical Specifications
The following changes are required to support duplicate audits:

- Add new auditing (medpol) tables to store the various fields used in auditing that are not available on the current auditing history tables. Two tables will be created. Fields used in crossover audits will be added to a Medicare auditing history table and all other fields will be added to a miscellaneous audit history table.
- Modify the claims write functions for physician and institutional claim forms to populate the structures used to insert data to the new audit history tables.
- Modify the history load functions (load_physHistory and load_ub92History) to include the new tables in the cursors used to select history. Modify the medpol structure used in auditing to store the claims audit data to include the new data elements. Add new 'setters' to populate the medpol structure with the new data elements.
- Modify the exact and suspect duplicate audits for each claim form to apply the Kentucky specific criteria.
    - For physician claims (claim type M):
        - Apply audit criteria by provider type
        - Tax ID (patient account number) - P/T 23 and 29
        - School ID and number in group - P/T 21
        - Employee ID - P/T 30
        - Time of pickup - P/T 55 and 56
    - For UB claims (claim type O only):
        - Admit hour
- Change the criteria used for modifier matching to reflect Kentucky audit policy.

2.12.54.4 Clarifications
Audits Worksheet

Added additional detail regarding tooth surface audit requirements to address requirements of existing audit 723. [Bob Carter]

2.12.54.5 Associated Requirements

Requirement ID	Type
30.090.007.002.24	Claims Edit/Audit

2.12.54.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.54.7 Change Order Status

Status	Date
Issue Identified	10/17/2005
Change Order Written	02/13/2006
SE Assigned	02/21/2006
Technical Design In Progress (obsolete)	03/06/2006
Model Office Implemented	07/14/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.55 Audit criteria - other - 1327

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1327	Change Order		Claims			1

2.12.55.1 Desired Solution

Modify interChange audits based on criteria specific to the Commonwealth. Two existing audits have been identified as 'hard coded' audits to be implemented in interChange.

The following audits were identified as hard coded audits:

- 437 This audit fails outpatient hospital claims with A date of service within 3 days prior to the admit date of an inpatient hospital claim submitted by the same provider for the same recipient. 540 If a home health provider bills revenue code 550 when there is a service/prior authorization on file for EPSDT special services, revenue code 552 or 559, for the same recipient and same dates of service, the home health claim will fail audit 540.

2.12.55.2 Business Impact

Meet the Commonwealth's business needs.

2.12.55.3 Technical Specifications

Audit 437 will be configured as a conflict audit. Change orders 1816, 2005 and 2020 support this change. Audit 540 will become a new interChange PA edit. The edit will be added in clmsub92Dtl.sc and will set if:

- The current detail is billed with revenue code 550 and 2. The claim type is 'H' (home health) and 3. A prior authorization is on file for the same recipient, covering the same service dates for either revenue code 552 or 559.

2.12.55.4 Clarifications

No associated clarifications found.

2.12.55.5 Associated Requirements

Requirement ID	Type
30.090.007.002.24	Claims Edit/Audit

2.12.55.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.55.7 Change Order Status

Status	Date
Issue Identified	10/17/2005
Change Order Written	02/13/2006
Construction in Progress	02/15/2006

Status	Date
Ready for Model Office	06/30/2006
Model Office Implemented	07/06/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.56 PA Logic Changes - 1328

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1328	Change Order		Claims			1

2.12.56.1 Desired Solution

Modify Service/Prior Authorization logic. Currently If the claim exceeds the units/dollars available on the PA the allowed amount/units are cut back based on the prior authorized amounts/units.

There are some programs in KY that do not cut back. They like to deny the claim so it will be rebilled with correct amounts or the PA will need to be extended.

The system will need to change to optionally based on program or other specific criteria will either cut back or deny.

(Start obsolete section - Core CO9450 was cancelled -)
PA interface will require to add a date to t_pa_item_dtl_xref, and the claims processes to populate this date. The PA functional area is responsible for PA interfaces with First Health and they will be using this date to drive the interfaces.
(...end obsolete section)

A type of service code (CDE_TOS char 1) is being added to PA table T_PA_PAUTH_STATE to be used with nursing facility prior auths. The code indicates the type of care provided for a member (e.g. ventilator, brain injury). Claim program clmsphrmWrite writes to table T_PA_PAUTH on an insert for Auto PA. This program also needs to perform an insert into table T_PA_PAUTH_STATE. Values for T_PA_PAUTH_STATE are: SAK_PA = same as SAK_PA for T_PA_PAUTH, DTE_ADMISSION = 0, DTE_DISCHARGE = 0, ID_REQUEST = O, CDE_TOS = '';

2.12.56.2 Business Impact

Meet the Commonwealth's business needs.

2.12.56.3 Technical Specifications

(Start obsolete section - Core CO9450 was cancelled -)
Add date column dte_last_update to table t_pa_item_dtl_xref (Refer to CO 1270 for DB request and impact analysis)

Modify programs mphxphys, mpmhxub92, mphxdent, mphxdrug, clmsphrmWrite:

- Add dte_last_update to the insert into t_pa_item_dtl_xref
- Set dte_last_update to the system date/time

Modify program clmsAudit, adjRegular:

- Add dte_last_update to the update of t_pa_item_dtl_xref
- Set dte_last_update to the system date/time

(end obsolete section)

Accommodate new field t_pa_pauth.cde_tos (refer to CO 2203 for DB request and impact analysis)

- Modify clmsphrmWrite to include table t_pa_pauth_state on insert
- Modify clmsPaPauth to add table t_pa_pauth_state to the select of t_pa_pauth

2.12.56.4 Clarifications
None.

2.12.56.5 Associated Requirements

Requirement ID	Type
30.090.005.002.3A	RFP Split Requirement

2.12.56.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.56.7 Change Order Status

Status	Date
Issue Identified	10/17/2005
Change Order Written	02/13/2006
SE Assigned	05/23/2006
Define/Analyze In Progress	05/23/2006
Ready for Tech Walkthrough	09/07/2006
Ready for Construction Walkthrough	09/27/2006
Ready for Model Office	09/29/2006
Model Office Implemented	11/01/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.57 Encounters - Splitter - 1329

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1329	Change Order		Claims			1

2.12.57.1 Desired Solution

Install separate Encounter Splitter and directories functions.

encpsplt
../data/encounters/input/$TODAY-work
../data/encounters/input/$TODAY

Install encounter processing functions necessary for KY solution:

- batch_sum_ err.sc
- batch_sum_err.mak
- clmEncounter.sc
- ENCJDREJ
- clmpdend.sc
- ENCJDACT
- clmpaend.sc

Add/change logic to identify encounters using the IND_ENCOUNTER instead of encounter regions.

This change order as well as the following related change orders are part of the complete Encounter Solution:

- Unix change orders 2106, 2107, 2108, 2109, 2110, 197, 1268, 158, 1089
- .NET User Interface change orders 1283, 1284, 1285, 1286, 1287, 1288, 1289 and 2064
- EDI change orders 2112, 2113 and 2114

Core Related CO 10820

2.12.57.2 Business Impact

Meet the Commonwealth's business needs.

2.12.57.3 Technical Specifications

Install separate Encounter Splitter and directories functions. These functions will be leveraged from TennCare base.

encpsplt
../data/encounters/input/$TODAY-work
../data/encounters/input/$TODAY

Install encounter processing functions necessary for KY solution. These functions will be leveraged from TennCare base:

- batch_sum_ err.sc
- batch_sum_err.mak
- clmEncounter.sc
- ENCJDREJ
- clmpdend.sc
- ENCJDACT
- clmpaend.sc

Add/change logic to identify encounters using the IND_ENCOUNTER instead of encounter regions.

2.12.57.4 Clarifications

Core Related CO 10820

Work for CO 3354 (now cancelled) was completed as part of CO 1329 back on 8/11/2006 - version 1.2 of clmsDisp.sc. [Schmidt]

2.12.57.5 Associated Requirements

Requirement ID	Type
30.050.008.002.3	Claims Encounters
30.090.008.002.11	Claims Encounters

2.12.57.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.57.7 Change Order Status

Status	Date
Issue Identified	10/17/2005
Change Order Written	02/13/2006
Construction in Progress	04/20/2006
Model Office Implemented	06/30/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.58 Change Cross Over Panels - 1347

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1347	Change Order		Claims			1

2.12.58.1 Desired Solution

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.

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.

2.12.58.2 Business Impact

Meet the Commonwealth's business needs.

2.12.58.3 Technical Specifications

Change Cross over Panels to include necessary fields to support KY policy.

Professional crossovers 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
- 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
- Add Coinsurance Days - updatable during data corrections

Update documentation and panel mockups accurately in the PWB.

Related COs: 1694 and 1695.

2.12.58.4 Clarifications

Coinsurance Days is stored in the t_clm_qty table.
Get the coinsurance days from num_quantity if qlf_quantity = 'CD'

For the UB panel, the Coinsurance days field is coming from another business entity, therefore it is difficult to update the value of Coinsurance days on the UB Xover panel. A new CO, 2194 has been written to fix this panel after the SW CO to modify the framework has been completed. The new Core SW CO is 11630. It may be decided later NOT to wait for the SW CO to be completed, and instead use CO 2194 to create a new separate panel to update coinsurance days for UB92's, the same way the Expected Date is updated for Physician claims. (Only 1 field on the panel.) This is not the best way, but it will meet the customer requirements for now.

In the walkthrough last week for 1347, Susy mentioned that she thought the capability to Add new Medicare Information records for Physician and UB claims was needed. I am in the process of making sure because we did not include an Add button on the mock-ups and an Add button was not there on the panels originally. UPDATE: Got a note from Susy on 4/4/06. We do need to have Add/Update capability on the UB panel, and Add/Update/Delete on the Physician panel. I'm changing the status of the panel back to Construction in Progress. UPDATE: I'm making a management decision. The DSD was signed off without the Add/Delete functionality, we will wait until the customer asks for it.

The Core Version of this CO, 10689 has been promoted to MO on the Core side because it was holding up other COs due to a conflict in the .Net Project file. This CO will be moved to MO as soon as the corresponding Data Model change, (KJY CO 1270, 71) is moved to MO.

2.12.58.5 Associated Requirements

Requirement ID	Type
30.090.007.002.43	Claims Pricing

2.12.58.6 Associated System Objects

Technical Name	Object Type	Title
Clm.PhysXoverPanel.ascx	Panel	Medicare Information - Physician
Clm.UB92XoverPanel.ascx	Panel	Medicare Information - UB92

2.12.58.7 Change Order Status

Status	Date
Issue Identified	10/17/2005
Change Order Written	11/28/2005
SE Assigned	02/01/2006
Define/Analyze In Progress	02/07/2006
Ready for Construction Walkthrough	03/29/2006
Construction in Progress	04/05/2006
Ready for Model Office	05/04/2006
Model Office Implemented	06/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.59 Verify mass rate adjustments - 1358

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1358	Change Order		Claims			1

2.12.59.1 Desired Solution

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

2.12.59.2 Business Impact

The ability to review and remove provider rate and mass rate adjustments aligns with current Commonwealth business practices.

See Core CO 9626 - all documentation will be updated on this CO

2.12.59.3 Technical Specifications

Make the following changes to the Mass Net Verification panel:

- For provider rate and mass rate adjustment requests (sak_rqst = 4 or 12) change the logic that allows the claim level request status (on t_adj_mass_claim) to be updated to 'D' (logical delete) to include rate adjustment claims. The current logic excludes these claims from being updated.
- The batch process that creates the rate adjustment requests will be setting a new adjustment status value (of 'Q') for unverified requests. Modify the logic to allow the user to update the status (for rate adjustments only) from 'Q' to 'P'. The current logic prevents users from updating requests to a 'P' (processing) status.

See Core CO 9626 - all documentation will be updated on this CO

2.12.59.4 Clarifications

No associated clarifications found.

2.12.59.5 Associated Requirements

Requirement ID	Type
30.090.009.002.22	Claims Adjustment/Data Correct

2.12.59.6 Associated System Objects

Technical Name	Object Type	Title
Clm.AdjustmentNetVerificationPanel.ascx -Mass Adj	Panel	Mass Net Verification

2.12.59.7 Change Order Status

Status	Date
Issue Identified	10/18/2005

Status	Date
Change Order Written	10/19/2005
SE Assigned	03/02/2006
Technical Design In Progress (obsolete)	03/02/2006
Construction in Progress	03/30/2006
Ready for Construction Walkthrough	04/12/2006
Construction in Progress	05/23/2006
Ready for Construction Walkthrough	05/29/2006
Ready for Model Office	06/02/2006
Model Office Implemented	06/08/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.60 CORE 10281Mass Rate Verification - 1359

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1359	Change Order		Claims			1

2.12.60.1 Desired Solution

Modify the Mass Rate Adjustment claims identification process to assign a new adjustment status value to be used for the initial status of provider rate adjustments on the mass adjustment request table. The new status will be used to allow a user to verify and remove any rate adjustment requests.

2.12.60.2 Business Impact

The ability to review and remove provider rate and mass rate adjustments aligns with current Commonwealth business practices. This CO is linked to one in core which number is.

See Core CO 10281 all documentation will be updated on this CO until moved into Core MO then all doco will be copied to the state specific CO

2.12.60.3 Technical Specifications

Both clmp210d.sc and clmp211d.sc currently have a function named update_request that will change the request status (cde_status1) on the mass adjustment request table (t_adj_mass_claim) value from 'S' (submitted - awaiting claim selection) to 'P' (processing).

In order to facilitate the review of rate adjustments, requests will be updated to an intermediate value ('V' - ready for verification). The Mass Net Verification panel will be updated (under change order 1358) to allow the user to remove claims from the request. Once verified, the user will update the request status from 'V' to 'P'.

2.12.60.4 Clarifications

See Core CO 10281 all documentation will be updated on this CO until moved into Core MO then all doco will be copied to the state specific CO

For the status we are going to use 'R' to avoid confusion of meanings with clmpmacr id requests that need to be populated. This is a little bit different from the solution initially described in the Technical Specifications.

2.12.60.5 Associated Requirements

Requirement ID	Type
30.090.003.002.27A	RFP Split Requirement
30.090.009.002.22	Claims Adjustment/Data Correct

2.12.60.6 Associated System Objects

Technical Name	Object Type	Title
clmp210d	Program	Claims For Provider Mass Rate Adjustments
clmp211d	Program	Claims For Provider Mass Rate Adjustments

2.12.60.7 Change Order Status

Status	Date
Issue Identified	10/18/2005
Change Order Written	10/19/2005
Resource Assigned for Construction (obsolete)	12/08/2005
Technical Design In Progress (obsolete)	12/08/2005
Ready for Tech Walkthrough	01/27/2006
Construction in Progress	02/15/2006
Unit Test in Progress (obsolete)	02/15/2006
Ready for Construction Walkthrough	02/15/2006
Ready for Model Office	02/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.61 Claims Pricing - DRGs - 1362

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1362	Change Order		Claims			

2.12.61.1 Desired Solution
Updates need to be made to the CORE system to accommodate KY DRG pricing requirements.

2.12.61.2 Business Impact
Meet the Commonwealth's business needs.

2.12.61.3 Technical Specifications
None.

2.12.61.4 Clarifications
No associated clarifications found.

2.12.61.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.61.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.61.7 Change Order Status

Status	Date
No associated Change Orders found.	

2.12.62 Add Display Of Patient Liability - 1375

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1375	Change Order		Claims			1

2.12.62.1 Desired Solution

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.

2.12.62.2 Business Impact

Meet the Commonwealth's business needs.

2.12.62.3 Technical Specifications

NUM_DTL is being added to T_CLM_PATLIAB_X to handle this issue. Display patient liability at the header if detail number is zero. Display patient liability at the detail level as appropriate if detail number is greater than zero.

2.12.62.4 Clarifications

This is being moved to MO on 5/18 because it was moved to MO in Core on 5/16. Unfortunately this occurred before the data model change. In order to get this moved to MO (to stay in sync with Core), the data model change dependency was removed. After this is released, CO 1270 and 1271 need to be added back in as Predecessors.

2.12.62.5 Associated Requirements

Requirement ID	Type
30.090.007.002.47	Claims Pricing

2.12.62.6 Associated System Objects

Technical Name	Object Type	Title
Clm.PhysicianDetailPanel.ascx	Panel	Physician Claim Detail
Clm.UB92ClaimPanel.ascx - Data Correction	Panel	UB92 Claim Correction
Clm.PhysicianClaimPanel.ascx	Panel	Physician Claim
Clm.UB92DetailPanel.ascx	Panel	UB92 Claim Detail
Clm.UB92ClaimPanel.ascx	Panel	UB92 Claim
Clm.PhysicianClaimPanel.ascx - Data Correction	Panel	Physician Claim Correction

2.12.62.7 Change Order Status

Status	Date
Issue Identified	10/20/2005
Change Order Written	11/28/2005
Define/Analyze In Progress	02/14/2006
UI - Ready for Tech Dsgn Walkthrough (obsolete)	05/02/2006
Ready for Model Office	05/05/2006
Model Office Implemented	05/24/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.63 Add Fields Display - Panels - 1376

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1376	Change Order		Claims			1

2.12.63.1 Desired Solution

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.

2.12.63.2 Business Impact

Meet the Commonwealth's business needs.

2.12.63.3 Technical Specifications

Add Display of following fields :

- Submitter ID - Submitter of Electronically submitted claims at the header level. This change applies to all claim forms.
  Get Submitter ID from T_EDI_INTERCHANGE.CDE_SENDER_ID, Use SAK_EDI_Interchange to join this table and all header key tables: T_DENTAL_HDR_KEYS, T_PHYS_HDR_KEY, T_UB92_HDR_EXT_KEY, T_PHRM_HDR_KEYS
- RA number - Header level. This change applies to all claim forms.
  Use T_FIN_REMIT_TXN_XREF.SAK_REMIT for the RA number. Read T_FIN_REMIT_TXN_XREF join SAK_CLAIM with sak_txn .

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. Create a new panel "Claim Misc. Information" panel that will display information on T_CLM_MISC table. This is a new table, add this new panel to Physician, UB92, dental and Pharmacy Navigation Panel. Highlight and if row(s) exist for the claim being displayed.
- Discharge Hour - UB header panels. Use T_UB92_HDR_EXT_KEY.time_discharge. Format field appropriately when displaying HH:MM.

- Life Time Reserve Days - Life Time Reserve Days will be displayed on the Value panel. No change necessary. Make sure UB Header mockups are updated as appropriate.

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.

The new "Claim Misc Information" panel will take care of displaying these fields.

Update documentation and panel mockups in PWB accurately.

2.12.63.4 Clarifications
No associated clarifications found.

2.12.63.5 Associated Requirements

Requirement ID	Type
30.090.007.003.8	Claims Panels/Panels

2.12.63.6 Associated System Objects

Technical Name	Object Type	Title
Clm.PharmacyClaimPanel.ascx	Panel	Pharmacy Claim
Clm.UB92ClaimPanel.ascx	Panel	UB92 Claim
Clm.PhysicianClaimPanel.ascx - Data Correction	Panel	Physician Claim Correction
Clm.DentalClaimPanel.ascx	Panel	Dental Claim
Clm.DentalClaimPanel.ascx - Data Correction	Panel	Dental Claim Correction
Clm.PhysicianClaimPanel.ascx	Panel	Physician Claim
Clm.UB92ClaimPanel.ascx - Data Correction	Panel	UB92 Claim Correction

2.12.63.7 Change Order Status

Status	Date
Issue Identified	10/20/2005
Change Order Written	11/28/2005
Construction in Progress	03/15/2006
Ready for Model Office	06/26/2006
Model Office Implemented	06/30/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.64 Change Fields - Panels - 1390

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1390	Change Order		Claims			1

2.12.64.1 Desired Solution
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.

2.12.64.2 Business Impact
Meet the Commonwealth's business needs.

2.12.64.3 Technical Specifications
Use the state localization variables to substitute TPL Amt for OI Amt. Look on all claim detail panels and header panels. A new variable for this will need to be added to the variable file and the core code will need to be updated to include brackets around 'OI Amt'.

2.12.64.4 Clarifications
When this CO was written, it included the following items:

- All instances of OI Amt to TPL Amt - this will now be handled by a state localization variable.
- All instances of Prescrib Prov to Prescriber Prov, Orig Prescrib to Orig Prescriber- this has been done by another SE.
- Prescrib Num to RX Num - this has been done by another SE.
- Days Supplys to Days Supply- this has been done by another SE.
- 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. - this is being deferred until the Core and KY code changes are more stable. This will be put on another CO at a later date. -

- 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. This will go on another CO with the last item since they are related.
- Make sure that when in the Prior Authorization Panel if the user double clicks on the PA Number, the PA Prior Authorization panel displays.

Currently this CO is awaiting for localization variables to be added to KY state localization project. - Narendra Chennamsetty

2.12.64.5 Associated Requirements

Requirement ID	Type
30.090.007.002.66	Claims Processing/Adjudication

2.12.64.6 Associated System Objects

Technical Name	Object Type	Title
Clm.PharmacyClaimPanel.ascx - Data Correction	Panel	Pharmacy Data Correction
Clm.PhysicianDetailPanel.ascx	Panel	Physician Claim Detail
Clm.ClaimCashDispPanel.ascx	Panel	Cash Disposition
Clm.UB92DetailPanel.ascx	Panel	UB92 Claim Detail
Clm.ClaimPriorAuth.ascx	Panel	Prior Authorization
Clm.PharmacyClaimPanel.ascx	Panel	Pharmacy Claim
Clm.DentalClaimPanel.ascx	Panel	Dental Claim
Clm.DentalDetailPanel.ascx	Panel	Dental Claim Detail

2.12.64.7 Change Order Status

Status	Date
Issue Identified	10/24/2005
Change Order Written	11/28/2005
Construction in Progress	04/05/2006
Ready for Construction Walkthrough	05/03/2006
Ready for Model Office	05/17/2006
Model Office Implemented	06/01/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.65 Health Program Panels - 1391

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1391	Change Order		Claims			1

2.12.65.1 Desired Solution
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.

2.12.65.2 Business Impact
Meet the Commonwealth's business needs.

2.12.65.3 Technical Specifications
Federal Share Amount - Calculated field. Calculation will be provided by Financial TFAL.

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.

Update related panel documentation and panel mockups in the PWB.

2.12.65.4 Clarifications
No associated clarifications found.

2.12.65.5 Associated Requirements

Requirement ID	Type
30.090.007.002.66	Claims Processing/Adjudication

2.12.65.6 Associated System Objects

Technical Name	Object Type	Title
Clm.PaymentInfoHdrPanel.ascx	Panel	Health Program
Clm.PaymentInfoPanel.ascx	Panel	Detail Health Program

2.12.65.7 Change Order Status

Status	Date
Issue Identified	10/24/2005
Change Order Written	11/28/2005
Define/Analyze In Progress	06/01/2006
SE Assigned	07/21/2006
Define/Analyze In Progress	08/10/2006
Construction in Progress	08/10/2006

Status	Date
Ready for Construction Walkthrough	08/16/2006
Ready for Model Office	08/17/2006
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.66 KY Prior Auth Pricing - 1416

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1416	Change Order		Claims			1

2.12.66.1 Desired Solution
Pricing using prior authorizations needs to be modified based on the manner in which the PAs are entered into the system and stored.

2.12.66.2 Business Impact
Meet the Commonwealth's business needs.

2.12.66.3 Technical Specifications
Since the Commonwealth will continue to put the entire authorized amount on a PA that pays per unit price, PA pricing will need to be modified to calculate the per unit rate when a PA is set up to "Pay Unit Fee Price". The per unit rate will be determined by dividing the amount authorized by the units authorized on the PA.

Changes also need to be made to only match the PA unit rate with the claim billed unit rate if the PA number being processed was NOT submitted on the claim.

2.12.66.4 Clarifications
No associated clarifications found.

2.12.66.5 Associated Requirements

Requirement ID	Type
20.020	RFP Requirement
30.090.006.002.13	RFP Requirement
30.090.006.002.8	RFP Requirement
30.090.007.002.41	Claims Pricing
30.090.007.002.42	Claims Pricing
30.090.007.002.43	Claims Pricing
30.090.007.002.44	Claims Pricing
30.090.007.002.47	Claims Pricing
30.090.007.002.48	Claims Pricing
30.090.007.002.49	Claims Pricing
30.090.007.002.50	Claims Pricing
30.090.007.002.51	Claims Pricing

2.12.66.6 Associated System Objects

Technical Name	Object Type	Title
clmsub92Pricing	Program	UB92 Pricing
clmsPurePricing	Program	clmPurePricing
clmsub92IPPricing	Program	UB92 Inpatient Pricing
clmsPaPauth	Program	General Claim PA
clmsub92LTCPricing	Program	UB92 Long Term Care Pricing
clmsMultiPayer	Program	Claim MultiPayer COB Pricing
clmsPricing	Program	Claims Pricing

2.12.66.7 Change Order Status

Status	Date
Change Order Written	10/27/2005
Change Order Written	06/29/2006
SE Assigned	10/04/2006
Ready for Construction Walkthrough	10/05/2006
Ready for Model Office	10/17/2006
Model Office Implemented	10/24/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.67 DRG Pricing - 1417

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1417	Change Order		Claims			1

2.12.67.1 Desired Solution
CO to handle necessary updates to implement KY Pricing policy to DRG pricing methodology.

2.12.67.2 Business Impact
Meet the Commonwealth's business needs.

2.12.67.3 Technical Specifications
Please see the DRG Requirements document in the Supplemental Documentation Section.

2.12.67.4 Clarifications
This change order cannot be coded until CORE CO 10905 is completed.

2.12.67.5 Associated Requirements

Requirement ID	Type
30.090.006.002.13	RFP Requirement
30.090.006.002.8	RFP Requirement
30.090.007.002.41	Claims Pricing
30.090.007.002.42	Claims Pricing
30.090.007.002.43	Claims Pricing
30.090.007.002.44	Claims Pricing
30.090.007.002.47	Claims Pricing
30.090.007.002.48	Claims Pricing
30.090.007.002.49	Claims Pricing
30.090.007.002.50	Claims Pricing
30.090.007.002.51	Claims Pricing

2.12.67.6 Associated System Objects

Technical Name	Object Type	Title
clmsub92DRGPricing	Program	UB92 DRG Pricing
clmsPricing	Program	Claims Pricing
clmsPurePricing	Program	clmPurePricing
clmsMultiPayer	Program	Claim MultiPayer COB Pricing

2.12.67.7 Change Order Status

Status	Date
Issue Identified	10/27/2005
SE Assigned	11/30/2005
Technical Design In Progress (obsolete)	05/23/2006
Ready for Model Office	11/21/2006
Model Office Implemented	11/27/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.68 Patient Liability - 1418

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1418	Change Order		Claims			1

2.12.68.1 Desired Solution

Patient Liability Deduction Institutional Claims (psychiatric Hospital, Nursing Facility, PRTF)

The patient liability amount listed on the member patient liability table is a monthly amount. If the claim is billed for a full month (i.e., 1/1/96 through 1/31/96), the entire patient liability amount is subtracted. If the claim is billed for less than a one month period, the patient liability amount must be prorated. To determine the prorated amount, multiply the Patient Liability amount by the number of covered days and divide the product (of Patient Liability x Covered Days) by the number of days in the month being billed.

NOTE: Patient liability is not deducted from Psychiatric Hospital claims for days a member is in Psychiatric Resident Treatment Facility (PRTF) bed reserve status.

Also, patient liability is not deducted on Mental Hospital claims if the member is QMB.

2.12.68.2 Business Impact

PATIENT LIABILITY DEDUCTION WAIVER CLAIMS (ADC, HCB, Brain injury, supports for community living, MODEL WAIVER 1 and 2, home care waiver, personal care waiver)

On the first day of each month a waiver patient liability segment for that month is systematically added to the Member Master File for each member with waiver eligibility for that month. As waiver claims with dates of service for that month are processed and approved for payment, the patient liability amount is decreased by the Medicaid allowed amount of each claim until the patient liability amount is zero. This results in waiver claims paying zero until the patient liability amount for that month is exhausted.

If the patient liability balance is less than the Medicaid allowed amount, the balance will be subtracted from the allowed amount and Medicaid reimbursement will be the difference of the two (Allowed Amount minus Patient Liability Balance = Medicaid Reimbursement Amount).
Note Patient liability is not deducted from Home and community Based Waiver claims (PT 42) if the member's waiver indicator is a C for the date of service. The waiver indicator is displayed in the WAIVER ELIG section of Member Eligibility Display Screen 13.

Also, patient liability is only deducted from Supports for Community Living, Brain Injury, Home Care Waiver, and Personal Care Waiver claims if the billing provider is the member's case manager. The case manager is displayed in the WAIVER ELIG section of Member Eligibility Display Screen 13.

Per DCR1263, the case manager listed on the Waiver Eligibility Screen will not be considered for PT. 33 Supports for Community Living when deducting patient liability. For procedure codes T2022 and X0076 we will only deduct patient liability if the member DOES NOT have a prior authorization for procedure codes T2016, H0043, S5126, S5140, X0061, X0088, X0089 and X0103 for a provider number DIFFERENT than the one on the T2022/X0076 claim. The case manager listed on the Waiver Eligibility Screen will not be considered. Also, only PAs for time frames that encompass the T2022/X0076 date of service will be considered. If there is a PA for one of these 8 procedure codes for a provider different that the billing provider, patient liability will not be deducted from the payment for T2022 or X0076.

2.12.68.3 Technical Specifications
None.

2.12.68.4 Clarifications
No associated clarifications found.

2.12.68.5 Associated Requirements

Requirement ID	Type
30.090.006.002.13	RFP Requirement
30.090.006.002.8	RFP Requirement
30.090.007.002.41	Claims Pricing
30.090.007.002.42	Claims Pricing
30.090.007.002.43	Claims Pricing
30.090.007.002.44	Claims Pricing
30.090.007.002.47	Claims Pricing
30.090.007.002.48	Claims Pricing
30.090.007.002.49	Claims Pricing
30.090.007.002.50	Claims Pricing
30.090.007.002.51	Claims Pricing

2.12.68.6 Associated System Objects

Technical Name	Object Type	Title
clmsSpendDown	Program	SpendDown

2.12.68.7 Change Order Status

Status	Date
Change Order Written	10/27/2005
SE Assigned	12/14/2006
Define/Analyze In Progress	02/03/2007
Construction in Progress	02/05/2007
Ready for Model Office	02/13/2007
Model Office Implemented	02/15/2007
UAT Implemented	02/16/2007
Prod Implemented	02/16/2007

Status	Date
Ready for Model Office	02/22/2007
Model Office Implemented	02/22/2007
UAT Implemented	02/22/2007
Prod Implemented	02/22/2007
Ready for Model Office	03/19/2007
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.69 Core 8814 Benefit Adj Factor 5 - 1474

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1474	Change Order		Claims			1

2.12.69.1 Desired Solution

See Core CO 8814 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.

2.12.69.2 Business Impact

See Core CO 8814 all documentation will be updated on this CO

This change order provides the flexibility to enhance existing pricing methodologies and apply different adjustment facts in the form of additional amounts or percentages to be applied to the pricing methodology allowed amount.

2.12.69.3 Technical Specifications

See Core CO 8814 all documentation will be updated on this CO

Add the benefit adjustment factor ID assigned from the billing rules and benefit plan to table T_CLM_PGM_XREF. This information will be utilized for research purposes if the user wants to know how the claim priced.

2.12.69.4 Clarifications

No associated clarifications found.

2.12.69.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.69.6 Associated System Objects

Technical Name	Object Type	Title
T_CLM_PGM_XREF	Database Table	

2.12.69.7 Change Order Status

Status	Date
Issue Identified	11/02/2005
Change Order Written	11/02/2005
Model Office Implemented	07/11/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.70 UI for Claim Rules Matched - 1475

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1475	Change Order		Claims			1

2.12.70.1 Desired Solution

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.

2.12.70.2 Business Impact

See Core CO 8815 all documentation will be updated on this CO

This change order provides the flexibility to enhance existing pricing methodologies and apply different adjustment factors in the form of additional amounts or percentages to be applied to the pricing methodology allowed amount.

2.12.70.3 Technical Specifications

See Core CO 8815 all documentation will be updated on this CO

Remove the Coverage Rule and Payable Benefit from the Detail Health Program and Health Program panels. (Reimbursement Rule in Mockup)

Add navigation to the new panels from:

- Dental Claim Detail Navigation
- Dental Claim Navigation
- Institutional Claim Detail Navigation
- Institutional Claim Navigation
- Pharmacy Claim Detail Navigation
- Pharmacy Claim Navigation
- Physician Claim Detail Navigation
- Physician Claim Navigation

Update the panels Detail Health Program and Health Program:

- Remove the Coverage, Billing, and Reimbursement rules.
- Add the provider contract.

Add new claims panels to display rules written to the new claim table T_CLM_RU_MATCHED similar to Error and Detail Error panels from the appropriate navigation level (claim level or dtl level). The new panel should display:

- Claim Dtl Number

- Decision Description
- Rule Sak
- Benefit Code
- Contract/Plan (When applicable)
- Status

2.12.70.4 Clarifications

Put back in Ready for MO status. Need to promote the AIM00.T_CLM_RU_MATCHED table and drop the AIM.T_CLM_RU_MATCHED table [Schmidt].

Updated status - table is now in the AIM00 schema for MO [Schmidt].

2.12.70.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing
30.090.007.002.71	Claims Panels/Panels

2.12.70.6 Associated System Objects

Technical Name	Object Type	Title
Clm.ClaimRulesPanel.ascx	Panel	Decision Rules

2.12.70.7 Change Order Status

Status	Date
Issue Identified	11/02/2005
Change Order Written	11/02/2005
Construction in Progress	06/29/2006
Model Office Implemented	07/10/2006
Ready for Model Office	09/14/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.71 Core 8816 Benefit Adj Factor 7 - 1476

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1476	Change Order		Claims			1

2.12.71.1 Desired Solution

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.

2.12.71.2 Business Impact

See Core CO 8816 all documentation will be updated on this CO

This change order provides the flexibility to enhance existing pricing methodologies and apply different adjustment facts in the form of additional amounts or percentages to be applied to the pricing methodology allowed amount.

2.12.71.3 Technical Specifications

See Core CO 8816 all documentation will be updated on this CO

Make modifications to ALL pricing methodologies to interrogate if the claim/detail has a benefit adjustment factor value assigned to the pricing indicator. If the benefit adjustment factor is present then apply it to the header/detail allowed amount to enhance the allowed amount. Some claim types/pricing methodologies will allow a payment higher than billed so the cutback will have to be set appropriately depending on the allowed amounts.

2.12.71.4 Clarifications

No associated clarifications found.

2.12.71.5 Associated Requirements

Requirement ID	Type
30.090.004.002.1	TPL Resource HIPP Maintenance
30.090.007.002.41	Claims Pricing
30.090.007.002.43	Claims Pricing

2.12.71.6 Associated System Objects

Technical Name	Object Type	Title
libclmphrm.so	Program	Pharmacy Claim Library
clmsub92DRGPricing	Program	UB DRG Pricing
clmsub92Pricing	Program	UB Pricing
clmsdntlPricing	Program	Dental Pricing
clmsub92IPPricing	Program	UB Inpatient Pricing
clmsPurePricing	Program	clmPurePricing

Technical Name	Object Type	Title
libclmdntl.so	Program	Dental Claim Library
clmsphysPricing	Program	Physician Pricing
clmsub92HHPricing	Program	UB Home Health Pricing
clmsub92OPPricing	Program	UB Outpatient Pricing
clmsphrmPricing	Program	Pharmacy Pricing
libclmcomm.so	Program	Claim Engine Common Library
libclmphys.so	Program	Physician Claim Library
libclmub92.so	Program	UB Claim Library
clmsPricing	Program	Claims Pricing
clmsub92LTCPricing	Program	UB Long Term Care Pricing

2.12.71.7 Change Order Status

Status	Date
Issue Identified	11/02/2005
Change Order Written	11/02/2005
SE Assigned	01/24/2006
Technical Design In Progress (obsolete)	01/24/2006
SE Assigned	03/07/2006
Construction in Progress	03/20/2006
Unit Test in Progress (obsolete)	04/10/2006
UI - Ready for Const Walkthrough (obsolete)	04/11/2006
Ready for Model Office	04/19/2006
Model Office Implemented	04/27/2006
UAT Implemented	11/01/2006
MO Testing in Progress	01/06/2007
MO Testing Complete	06/14/2007
UAT Implemented	06/14/2007

Status	Date
Prod Implemented	06/14/2007

2.12.72 Core 8938 Expand Cnty Cde Claims - 1579

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1579	Change Order		Claims			1

2.12.72.1 Desired Solution
This is a need to expand the county code from 2 bytes to allow states with more than 2 character county codes to function.

See Core CO 8938 all documentation will be updated on this CO until moved into Core MO then all doco will be copied to the state specific CO

2.12.72.2 Business Impact
Support the expansion of the county code.

2.12.72.3 Technical Specifications
Change the code to support the county code size change.

Example from clmsPrProvBilling.sc
In function read_pr_svcLocBilled - update - char cdeCounty[3]; to the new length of the county code.
In the structure prProv_st - update - char cdeCounty[3]; to the new length of the county code.
In the function is_pb_outOfState - update - char cdeCounty[3]; to the new length of the county code.
In the function is_pb_outOfState - need to determine from the member / recipient team the out of state county code. Currently "99".

Make sure to update any included header file that contains the county code defined as a char [2] or char [3].

FYI - Please note:
No need to update clmsWrite.sc. Although an adrCounty variable exists it is really the country code from the T_CLM_N3_N4_ADR table.

No need to update clmsPricing.sc where the cdeCounty variable exists and is being used from the T_GPCI table. This locality code is not a county code.

2.12.72.4 Clarifications
See Core CO 8938 all documentation will be updated on this CO until moved into Core MO then all doco will be copied to the state specific CO

2.12.72.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.72.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.72.7 Change Order Status

Status	Date
Change Order Written	11/10/2005
SE Assigned	12/05/2005
Unit Test in Progress (obsolete)	12/27/2005
Ready for Construction Walkthrough	12/29/2005
Ready for Model Office	01/06/2006
Model Office Implemented	03/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.73 Core 8990 Pricing Ind Expansion - 1645

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1645	Change Order		Claims			1

2.12.73.1 Desired Solution

See Core CO 8990 - all documentation will be updated on this CO

To be able to provide an easier identification of pricing methodology that was utilized to price a claim or detail it is necessary to make an expansion of the pricing indicator field. The current process utilizes a 1 digit alphanumeric field. The modifications requested impact panels, tables and programs that currently utilize the pricing indicator. The new field size will be expanded from 1 digit to 6 alphanumeric characters.

2.12.73.2 Business Impact

See Core CO 8990 - all documentation will be updated on this CO

Create a more descriptive pricing indicator to identify the pricing methodology utilized to price a claim.

2.12.73.3 Technical Specifications

See Core CO 8990 - all documentation will be updated on this CO

Make modifications to the claims engine and other programs that currently utilize a one character pricing indicator to start using a six character pricing indicator. The changes include:

- Substitute the process to store a pricing indicator in claims tables and store the pricing indicator sak.
- Replace the code where a single code is validated to identify a pricing indicator to use a string compare instead.
- Create a new ind pricing getter that uses the sak_ind_pricing to get the code.

Make modifications to reports that use the pricing indicator to:

- Expand the pricing indicator to it's new length.
- Use the pricing indicator sak to get to the actual pricing indicator code.

2.12.73.4 Clarifications

No associated clarifications found.

2.12.73.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.73.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.73.7 Change Order Status

Status	Date
Change Order Written	11/15/2005
Define/Analyze In Progress	01/05/2006
Define/Analyze In Progress	03/03/2006
Construction in Progress	03/06/2006
SE Assigned	03/06/2006
SE Assigned	03/07/2006
Construction in Progress	03/15/2006
Unit Test in Progress (obsolete)	03/31/2006
Unit Test in Progress (obsolete)	04/05/2006
Ready for Construction Walkthrough	04/11/2006
Ready for Unit Test (obsolete)	04/13/2006
Ready for Model Office	04/19/2006
Model Office Implemented	04/28/2006
MO Testing in Progress	04/28/2006
Model Office Implemented	12/14/2006
MO Testing in Progress	01/06/2007
MO Testing Complete	06/14/2007
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.74 Core 8991 Pricing Ind Expansion - 1646

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1646	Change Order		Claims			1

2.12.74.1 Desired Solution

See Core CO 8991 - all documentation will be updated on this CO

To be able to provide an easier identification of pricing methodology that was utilized to price a claim or detail it is necessary to make an expansion of the pricing indicator field. The current process utilizes a 1 digit alphanumeric field. The modifications requested impact panels, tables and programs that currently utilize the pricing indicator. The new field size will be expanded from 1 digit to 6 alphanumeric characters.

2.12.74.2 Business Impact

See Core CO 8991 - all documentation will be updated on this CO

Create a more descriptive pricing indicator to identify the pricing methodology utilized to price a claim.

2.12.74.3 Technical Specifications

See Core CO 8991 - all documentation will be updated on this CO

Make modifications to the following tables as specified under supplemental documentation.

2.12.74.4 Clarifications

No associated clarifications found.

2.12.74.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.74.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.74.7 Change Order Status

Status	Date
Change Order Written	11/15/2005
SE Assigned	12/13/2005
Define/Analyze In Progress	12/13/2005
Ready for Construction Walkthrough	12/15/2005
Ready for Unit Test (obsolete)	03/06/2006

Status	Date
Ready for Model Office	04/19/2006
Model Office Implemented	04/28/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.75 Core 8993 Pricing Ind Expansion - 1648

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1648	Change Order		Claims			1

2.12.75.1 Desired Solution

See Core CO 8993 - all documentation will be updated on this CO

To be able to provide an easier identification of pricing methodology that was utilized to price a claim or detail it is necessary to make an expansion of the pricing indicator field. The current process utilizes a 1 digit alphanumeric field. The modifications requested impact panels, tables and programs that currently utilize the pricing indicator. The new field size will be expanded from 1 digit to 6 alphanumeric characters.

2.12.75.2 Business Impact

See Core CO 8993 - all documentation will be updated on this CO

Create a more descriptive pricing indicator to identify the pricing methodology utilized to price a claim.

2.12.75.3 Technical Specifications

See Core CO 8993 - all documentation will be updated on this CO

Make modifications to claims panels that display the pricing indicator as follows:

- Expand the pricing code field to allow up to the new length.
- Read t_pricing table to get the actual code using the sak_pricing assign to the pricing indicator.

2.12.75.4 Clarifications

Getting error on PaymentInfoPanel.ascx and PaymentInfoHdrPanel.ascx panel due to `Payable Benefit'(PayableBenefit.Sak) ,'Covered Benefit' (CoveredBenefit.Sak) field's. Actual entity file CoveredBenefit.cs & PayableBenefit.cs was removed from Reference project. Temporary work around was made to show values -1 for the Payable & Covered Benefit on PaymentInfoPanel.ascx and PaymentInfoHdrPanel.ascx panels

2.12.75.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.75.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.75.7 Change Order Status

Status	Date
Change Order Written	11/15/2005

Status	Date
SE Assigned	04/17/2006
Define/Analyze In Progress	04/17/2006
Construction in Progress	04/17/2006
Ready for Construction Walkthrough	04/17/2006
Ready for Model Office	04/17/2006
Model Office Implemented	04/28/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.76 Core 8184 Add POS T_REIMB_AGREEM - 1651

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1651	Change Order		Claims			1

2.12.76.1 Desired Solution
Add the place of service (POS) & type of bill (TOB) parameter to the reimbursement rules table. This will allow support for pricing by the place of service.

2.12.76.2 Business Impact
Add the place of service (POS) & the type of bill (TOB) parameter to the reimbursement rules processing in the claims engine. This will allow support for pricing by the place of service. This need has been identified for Massachusetts and Kentucky.

2.12.76.3 Technical Specifications
Add the place of service (POS) & the type of bill (TOB)parameter to process like the other benefit plan reimbursement indicators. Follow the coding logic as it is used for the location parameter for the recipient/member.

2.12.76.4 Clarifications
No associated clarifications found.

2.12.76.5 Associated Requirements

Requirement ID	Type
30.090.004.002.1	TPL Resource HIPP Maintenance
30.090.007.002.41	Claims Pricing
30.090.007.002.43	Claims Pricing

2.12.76.6 Associated System Objects

Technical Name	Object Type	Title
libclmcomm.so	Program	Claim Engine Common Library
clmsRulesWrapper	Program	Claims Rule Wrapper

2.12.76.7 Change Order Status

Status	Date
Change Order Written	11/15/2005
SE Assigned	06/29/2006
Define/Analyze In Progress	07/22/2006
Ready for Model Office	07/26/2006
Model Office Implemented	12/14/2006
MO Testing in Progress	01/06/2007

Status	Date
MO Testing Complete	06/14/2007
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.77 Core 10357 2408 DRG 1 - 1674

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1674	Change Order		Claims			1

2.12.77.1 Desired Solution

See Core CO 10357 all documentation will be updated on this CO

See CO 2408

During the DRG grouping process the DRG grouper returns additional information that needs to be stored and displayed.

2.12.77.2 Business Impact

See Core CO 10357 all documentation will be updated on this CO

See CO 2408

Meet RFP Requirement

2.12.77.3 Technical Specifications

See Core CO 10357 all documentation will be updated on this CO

See CO 2408

When the DRG Grouper successfully groups the claim make sure that the second procedure code utilized to determine the DRG code as used by the IRP grouper is stored in table T_UB92_HDR_INP as the second significant procedure.

2.12.77.4 Clarifications

No associated clarifications found.

2.12.77.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.77.6 Associated System Objects

Technical Name	Object Type	Title
T_UB92_HDR_INP	Database Table	
clmsub92DRGPricing	Program	UB DRG Pricing
clmsub92Write	Program	UB Database Update
clmsub92Hdr	Program	UB Header

2.12.77.7 Change Order Status

Status	Date
Issue Identified	11/28/2005

Status	Date
Technical Design In Progress (obsolete)	12/12/2005
Ready for Model Office	05/30/2006
Model Office Implemented	06/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.78 Core 10356 2402 DRG 3 - 1676

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1676	Change Order		Claims			1

2.12.78.1 Desired Solution

See Core CO 10356 all documentation will be updated on this CO

See CO 2402

The Kentucky DRG pricing methodology requires that some DRG codes be replaced with more specific DRG codes. This is required to price neonatal and transplant DRG codes with the rates established by Kentucky policy.

2.12.78.2 Business Impact

See Core CO 10356 all documentation will be updated on this CO

See CO 2402

Support the current pricing policies.

2.12.78.3 Technical Specifications

See Core CO 10356 all documentation will be updated on this CO

See CO 2402

Make modifications to claims process to utilize new table T_DRG_CROSSWALK to replace the DRG grouper DRG code with the local DRG code based on information found in the table. This table will replace table T_DRG_NEONATAL because the new crosswalk table includes more information required to make the local DRG assignment.

The specifications to utilize the new table are attached under supplemental documentation.

2.12.78.4 Clarifications

No associated clarifications found.

2.12.78.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.78.6 Associated System Objects

Technical Name	Object Type	Title
T_DRG_CROSSWALK	Database Table	
clmsub92DRGPricing	Program	UB DRG Pricing

2.12.78.7 Change Order Status

Status	Date
Change Order Written	11/28/2005

Status	Date
Ready for Model Office	05/30/2006
Model Office Implemented	06/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.79 Core 10289 1555 - DRG 6 - 1679

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1679	Change Order		Claims			1

2.12.79.1 Desired Solution

See Core CO 10289 all documentation will be updated on this CO

See CO 1555

The Kentucky DRG pricing methodology requires that some DRG codes be replaced with more specific DRG codes. This is required to price neonatal and transplant DRG codes with the rates established by Kentucky policy.

2.12.79.2 Business Impact

See Core CO 10289 all documentation will be updated on this CO

See CO 1555

Support the current pricing policies.

2.12.79.3 Technical Specifications

See Core CO 10289 all documentation will be updated on this CO

See CO 1555

New table: T_DRG_CROSSWALK

Description: This table supports the DRG crosswalk from Medicare DRG codes (grouper assigned)

2.12.79.4 Clarifications

No associated clarifications found.

2.12.79.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.79.6 Associated System Objects

Technical Name	Object Type	Title
T_DRG_CROSSWALK	Database Table	

2.12.79.7 Change Order Status

Status	Date
Change Order Written	11/28/2005
Model Office Implemented	06/01/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

2.12.80 Core 10302 1463 - DRG 7 - 1680

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1680	Change Order		Claims			1

2.12.80.1 Desired Solution

See Core CO 10302 all documentation will be updated on this CO

See CO 1463

The DRG pricing methodology will utilize the amounts found in the provider DRG rate table or the peer group DRG tables and store the information utilized during the pricing process into table T_UB92_HDR_INP

The Disproportionate share hospital payment amount will be calculated during the pricing process, and stored with the claim for research purposes.

2.12.80.2 Business Impact

See Core CO 10302 all documentation will be updated on this CO

See CO 1463

Provide sufficient information through the DRG panel for research purposes.

2.12.80.3 Technical Specifications

See Core CO 10302 all documentation will be updated on this CO

See CO 1463

Add the following attributes to table T_UB92_HDR_INP:

- AMT_DISP_SHR
- SAK_DRG_ENHANCED
- CDE_PROC2

Rename the following attributes so that they are more standard and descriptive:

- CDE_DIAG --> CDE_DIAG1
- CDE_DIAG_2 --> CDE_DIAG2
- DIAG_CODE_3 --> CDE_DIAG_CC
- CDE_PROC --> CDE_PROC1

Please see the data model change form under supplemental documentation for detailed information concerning the new and renamed table attributes.

2.12.80.4 Clarifications

No associated clarifications found.

2.12.80.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.80.6 Associated System Objects

Technical Name	Object Type	Title
T_UB92_HDR_INP	Database Table	

2.12.80.7 Change Order Status

Status	Date
Change Order Written	11/28/2005
Ready for Model Office	05/30/2006
Model Office Implemented	06/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.81 Core 10355 1466 - DRG 8 - 1681

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1681	Change Order		Claims			1

2.12.81.1 Desired Solution

See Core CO 10355 all documentation will be updated on this CO.

See 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.

2.12.81.2 Business Impact

See Core CO 10355 all documentation will be updated on this CO

See CO 1466

Provide sufficient information through the DRG panel for research purposes.

2.12.81.3 Technical Specifications

See Core CO 10355 all documentation will be updated on this CO

See CO 1466

Retrieve new fields added to T_UB92_HDR_INP to display all the information utilized during the claims pricing process.

Add the disproportionate share hospital payment to the panel.

2.12.81.4 Clarifications

No associated clarifications found.

2.12.81.5 Associated Requirements

Requirement ID	Type
30.090.007.002.71	Claims Panels/Panels

2.12.81.6 Associated System Objects

Technical Name	Object Type	Title
Clm.ClaimDrgPanel.ascx	Panel	DRG

2.12.81.7 Change Order Status

Status	Date
Change Order Written	11/28/2005
Construction in Progress	04/21/2006
Ready for Model Office	05/25/2006

Status	Date
Ready for Model Office	06/01/2006
Model Office Implemented	06/09/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.82 Core 10311 1077 - DRG 10 - 1683

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1683	Change Order		Claims			1

2.12.82.1 Desired Solution

See Core CO 10311 all documentation will be updated on this CO

See CO 1077

This change order is required to support DRG (Diagnosis Related Cost) pricing methodology. Provider rates are required to be able to price the claims under this pricing methodology.

2.12.82.2 Business Impact

See Core CO 10311 all documentation will be updated on this CO

See CO 1077

The State of Kentucky uses Diagnosis Related Group (DRG) pricing methodology for inpatient claims. Providers have specific rates and weights that are used during the pricing process of inpatient claims and inpatient crossover claims. Providers are also part of a 'Peer Group' that contains rates and weights used for providers in a particular peer group based on the pricing logic.

interChange needs to support DRG pricing methodology including provider specific rates and peer group rates

2.12.82.3 Technical Specifications

See Core CO 10311 all documentation will be updated on this CO

See CO 1077

The fields added to the provider specific table in CO 1453 should also be added to the Peer Group (DRG) panel and table.

2.12.82.4 Clarifications

No associated clarifications found.

2.12.82.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.82.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.82.7 Change Order Status

Status	Date
Change Order Written	11/28/2005

Status	Date
Ready for Model Office	05/30/2006
Model Office Implemented	06/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.83 Core 10307 1448 - DRG 12 - 1685

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1685	Change Order		Claims			1

2.12.83.1 Desired Solution

See Core CO 10307 all documentation will be updated on this CO

See CO 1448

The ICD-9 code updates are done to the reference files by October 1 each year and the DRG grouper is installed by October 1 each year. The DRG grouper installation is delayed until June 1st of the following year. The delay of the installation of the DRG grouper requires that any new ICD-9 codes be cross walked to an old ICD-9 code that can be processed by the executing DRG grouper.

2.12.83.2 Business Impact

See Core CO 10307 all documentation will be updated on this CO

See CO 1448

Meets RFP requirements.

This change order is required to support the current DRG grouper policies.

2.12.83.3 Technical Specifications

See Core CO 10307 all documentation will be updated on this CO

See CO 1448

Table Name: T_DRG_PROC_ICD9_XWALK

Description: This table is required to crosswalk ICD-9 procedure codes from new ICD-9 procedure codes to an old ICD-9 procedure codes. The crosswalk is required to support DRG pricing methodology since the DRG grouper is not installed at the same time new ICD-9 procedure codes are released. The information in this table will be utilized for processing purposes, but the ICD-9 procedure codes received with the claim will not be replaced.

2.12.83.4 Clarifications

No associated clarifications found.

2.12.83.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.83.6 Associated System Objects

Technical Name	Object Type	Title
T_DRG_PROC_ICD9_XWALK	Database Table	

2.12.83.7 Change Order Status

Status	Date
Change Order Written	11/28/2005
Model Office Implemented	06/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.84 Core 10301 1447 - DRG 13 - 1686

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1686	Change Order		Claims			1

2.12.84.1 Desired Solution

See Core CO 10301 all documentation will be updated on this CO

See CO 1447

The diagnosis code updates are done to the reference files at the beginning of the fiscal year, but the new DRG grouper is not installed at the same time. The DRG grouper installation is delayed until June 1st of the following year. The delay of the installation of the DRG grouper requires that any new diagnosis codes be cross walked to an old diagnosis code that can be processed by the executing DRG grouper.

2.12.84.2 Business Impact

See Core CO 10301 all documentation will be updated on this CO

See CO 1447

Meets RFP requirements.

This change order is required to support the current DRG grouper policies.

2.12.84.3 Technical Specifications

See Core CO 10301 all documentation will be updated on this CO

See CO 1447

Table Name: T_DRG_DIAG_XWALK

Description: This table is required to crosswalk diagnosis codes from new diagnosis codes to an old diagnosis code. The crosswalk is required to support DRG pricing methodology since the DRG grouper is not installed at the same time new diagnosis codes are released. The information in this table will be utilized for processing purposes, but the Diagnosis codes received with the claim will not be replaced.

2.12.84.4 Clarifications

No associated clarifications found.

2.12.84.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.84.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.84.7 Change Order Status

Status	Date
Change Order Written	11/28/2005
Model Office Implemented	06/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.85 Xover Edits - 1694

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1694	Change Order		Claims			1

2.12.85.1 Desired Solution

Create new edits to handle processing of professional crossovers at the detail level. The following header edits for crossovers will need to be analyzed and if appropriate, a similar new edit will be created to set at the detail level.

interChange edits:

- 243
- 393
- 394
- 433
- 434
- 436
- 437
- 451
- 558
- 559
- 592
- 4230

2.12.85.2 Business Impact

Meet the Commonwealth's business needs.

2.12.85.3 Technical Specifications

Create new edits to handle processing of professional crossovers at the detail level. The following header edits for crossovers will need to be analyzed and if appropriate, a similar new edit will be created to set at the detail level.

interChange edits:

- 243
- 393
- 394
- 433
- 434

- 436
- 437
- 451
- 558
- 559
- 592
- 4230

2.12.85.4 Clarifications

No associated clarifications found.

2.12.85.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.85.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.85.7 Change Order Status

Status	Date
Change Order Written	11/28/2005
SE Assigned	03/08/2006
Technical Design In Progress (obsolete)	03/08/2006
Ready for Model Office	05/29/2006
Model Office Implemented	06/13/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.86 Xover Pricing - 1695

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1695	Change Order		Claims			1

2.12.86.1 Desired Solution

Change Cross over Pricing to include necessary fields to support KY pricing policy from both institutional and professional cross over claims.

Medicare information for Physician crossovers will be at the header and detail level.

Related COs: 1694, 1347
KY CO 1694
KY CO 1347

2.12.86.2 Business Impact

Meet the Commonwealth's business needs.

2.12.86.3 Technical Specifications

None.

2.12.86.4 Clarifications

No associated clarifications found.

2.12.86.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.86.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.86.7 Change Order Status

Status	Date
Change Order Written	11/28/2005
Ready for Model Office	05/23/2006
Model Office Implemented	12/14/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.87 Report Writer - Standard Footer - 1732

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1732	Change Order		Claims			

2.12.87.1 Desired Solution
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.

2.12.87.2 Business Impact
Add report standardization for Kentucky.

2.12.87.3 Technical Specifications
Remove hard coded standard footer logic from the program. Call report writer to create the standard footers for the reports.

2.12.87.4 Clarifications
No associated clarifications found.

2.12.87.5 Associated Requirements

Requirement ID	Type
20.050	Legacy Transition
30.050.001F	RFP Split Requirement
30.050.007.001.17	Claims Reporting

2.12.87.6 Associated System Objects

Technical Name	Object Type	Title
CLM-0023-D	Report	Claims Error Report FFS
CLM-0024-D	Report	Daily Error Summary By Claim Type
CLM-0056-D	Report	Daily Error Summary By Claim Type Adjustments
CLM-0130-M	Report	Claims Submission Statistics - Monthly
CLM-0123-D	Report	Claims Error Report Encounters
CLM-0051-D	Report	Aged Detail Adjustment Report
CLM-0021-D	Report	Suspense File Analysis by Error Code
CLM-0011-D	Report	Clerk ID Recycle Claims Report
CLM-0132-M	Report	Encounters Submission Statistics - Monthly
clm0015d_cc	Program	Claim Check Potential History To Adjust

Technical Name	Object Type	Title
CLM-0027-D	Report	Transaction Register
CLM-0020-D	Report	Aged Detail Suspense Report
CLM-0058-Q	Report	ClaimCheck Error Report
CLM-0022-D	Report	Combined Claim Error
CLM-0064-W	Report	Suspended Claims by Claim Type - Region
CLM-0055-D	Report	Daily Error Summary By Claim Type Original Claims
CLM-0132-D	Report	Encounters Submission Statistics - Daily
CLM-0046-M	Report	Potential Schedule 2 Narcotic Drug Abuse
CLM-0015-D	Report	ClaimCheck Potential History to Adjust
CLM-0054-D	Report	Error Recycle Parameters
CLM-0130-D	Report	Claims Submission Statistics - Daily
CLM-0130-W	Report	Claims Submission Statistics - Weekly
CLM-0050-M	Report	Retro Active Rate Adjustment Report
CLM-0060-D	Report	Suspense File Analysis of Current Days
CLM-0065-D	Report	Aged Suspended Claims By Location Report
CLM-0010-D	Report	Online Adjustment Daily Report
CLM-0012-D	Report	EOB Listing
CLM-0132-O	Report	Encounters Submission Statistics - On Request
CLM-0031-M	Report	Suspense File Analysis of Current and Previous Fiscal Year
CLM-0025-D	Report	Services to be Clerically Denied Report
CLM-0026-D	Report	Claims Paid Due To Force Report
CLM-0018-D	Report	Adjustment Credit Claims Processing Daily Summary

2.12.87.7 Change Order Status

Status	Date
Issue Identified	12/14/2005
Change Order Written	02/13/2006
SE Assigned	07/10/2006
Ready for Model Office	07/10/2006

Status	Date
Model Office Implemented	07/14/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.88 Data Correction of Adjustments - 1778

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1778	Change Order		Claims			1

2.12.88.1 Desired Solution

See CORE CO 10575 - for all the reference on this CO

Adjustment claims should not allow update of certain key data elements. Provider ID and Member ID should be view-only fields when adjustment claims are data corrected.

2.12.88.2 Business Impact

See CORE CO 10575 - for all the reference on this CO

Aligns processing with the Commonwealth's current business practice.

2.12.88.3 Technical Specifications

Modify the claims data correction page (header panels for all claim forms) to perform a check of the claim being processed. If the claim is an adjustment (identified by adjustment region as first two positions of the ICN) both the provider ID and member ID fields should be treated as 'read only' fields. No modification to values contained on the claim should be allowed.

2.12.88.4 Clarifications

No associated clarifications found.

2.12.88.5 Associated Requirements

Requirement ID	Type
30.090.009.002.18	Claims Adjustment/Data Correct

2.12.88.6 Associated System Objects

Technical Name	Object Type	Title
Clm.DataCorrectionPage.ascx	Internal Page	Claims Data Correction Page

2.12.88.7 Change Order Status

Status	Date
Issue Identified	12/19/2005
SE Assigned	01/20/2006
Technical Design In Progress (obsolete)	01/31/2006
Construction in Progress	02/06/2006
Ready for Construction Walkthrough	02/08/2006
Ready for Model Office	04/28/2006
Model Office Implemented	06/01/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.89 Add num_dtl t_clm_patliab_x app - 1795

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1795	Change Order		Claims			1

2.12.89.1 Desired Solution
Modify the core objects that access t_clm_patliab_x to use detail number. Existing sql is based on patient liability applied at header level so the detail number to use when modifying existing objects is zero.

2.12.89.2 Business Impact
Meet the Commonwealth's business needs.

2.12.89.3 Technical Specifications
The associated objects must be modified to use detail number when accessing t_clm_patliab_x. All updates should be applied to core and must be promoted with DB change (core change order 9446).

2.12.89.4 Clarifications
No associated clarifications found.

2.12.89.5 Associated Requirements

Requirement ID	Type
30.090.007.002.43	Claims Pricing

2.12.89.6 Associated System Objects

Technical Name	Object Type	Title
adjQuery	Program	Adjustment Query Functions
CLMJQ562	Batch Job	Copy and index the pat liab medpol file
clmsXover	Program	Crossover Edits
CLMJD595	Batch Job	Synch the Medpol Tables to Only Include Claims Since the 20 Box Started
CLMJQ560	Batch Job	Patient liability medpol purge
comClm.xsd	Program	Common Claims Schema
clm0050m	Program	Retro Active Rate Adjustment Report
CLMJD560	Batch Job	Patient Liability Medpol Refresh
clmsAudit	Program	General Claims Auditing
clmsSpendDown	Program	SpendDown
adjComm	Program	Adjustment Functions
claimList.xsd	Program	claimList Schema

2.12.89.7 Change Order Status

Status	Date
Issue Identified	12/21/2005
SE Assigned	01/13/2006
Technical Design In Progress (obsolete)	01/20/2006
Construction in Progress	01/20/2006
Ready for Construction Walkthrough	01/24/2006
Task Assigned	04/04/2006
Technical Design In Progress (obsolete)	04/05/2006
Ready for Model Office	05/23/2006
Model Office Implemented	12/14/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.90 App chgs t_*_ub92_xover - 1796

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1796	Change Order		Claims			1

2.12.90.1 Desired Solution
Modify objects that insert to the t_susp_ub92_xover, t_deny_ub92_xover, t_pd_ub92_xover tables to populate the amt_paid_mcare and amt_alwd_mcare columns being added, also modify associated xsd's. Evaluate objects that select data from these tables to determine if any modification is required.

2.12.90.2 Business Impact
Meet the Commonwealth's business needs.

2.12.90.3 Technical Specifications
All updates should be applied to core and must be promoted with DB change (core change order 9447).

2.12.90.4 Clarifications
No associated clarifications found.

2.12.90.5 Associated Requirements

Requirement ID	Type
30.090.007.002.43	Claims Pricing

2.12.90.6 Associated System Objects

Technical Name	Object Type	Title
ub92.xsd	Program	UB Schema
claimList.xsd	Program	claimList Schema
adjQuery	Program	Adjustment Query Functions
claimList.c	Program	claimList
fin_histreader.sc	Program	fin_histreader.sc

2.12.90.7 Change Order Status

Status	Date
Issue Identified	12/21/2005
Change Order Written	02/13/2006
SE Assigned	04/04/2006
Ready for Model Office	05/23/2006
Model Office Implemented	12/14/2006
UAT Implemented	06/14/2007

Status	Date
Prod Implemented	06/14/2007

2.12.91 App chgs t_*_phys_xover - 1797

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1797	Change Order		Claims			1

2.12.91.1 Desired Solution
Modify objects that access the t_susp_phys_xover, t_deny_phys_xover, t_pd_phys_xover tables to populate the num_dtl , also modify associated xsd's. Existing sql assumes values on these tables are header values, so num_dtl should be zero (0).

2.12.91.2 Business Impact
Meet the Commonwealth's business needs.

2.12.91.3 Technical Specifications
The associated objects must be modified to use detail number when accessing t_clm_patliab_x. All updates should be applied to core and must be promoted with DB change (core change order 9448).

2.12.91.4 Clarifications
No associated clarifications found.

2.12.91.5 Associated Requirements

Requirement ID	Type
30.090.007.002.43	Claims Pricing

2.12.91.6 Associated System Objects

Technical Name	Object Type	Title
adjQuery	Program	Adjustment Query Functions
phys.xsd	Program	PHYS Schema
fin_histreader.sc	Program	fin_histreader.sc
adjComm	Program	Adjustment Functions
claimList.c	Program	claimList
claimList.xsd	Program	claimList Schema

2.12.91.7 Change Order Status

Status	Date
Issue Identified	12/21/2005
Change Order Written	02/13/2006
SE Assigned	04/04/2006
Ready for Model Office	05/23/2006
Model Office Implemented	12/14/2006

Status	Date
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.92 App chgs t_pharm_hdr_keys - 1798

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1798	Change Order		Claims			1

2.12.92.1 Desired Solution
Modify objects that insert into the t_pharm_hdr_keys table to populate the sak_edi_interchange column being added, also modify associated xsd's. Evaluate objects that select data from these tables to determine if any modification is required.

2.12.92.2 Business Impact
Meet the Commonwealth's business needs.

2.12.92.3 Technical Specifications
All updates should be applied to core and must be promoted with DB change (core change order 9449).

2.12.92.4 Clarifications
No associated clarifications found.

2.12.92.5 Associated Requirements

Requirement ID	Type
30.090.007.002.43	Claims Pricing

2.12.92.6 Associated System Objects

Technical Name	Object Type	Title
fin_histreader.sc	Program	fin_histreader.sc
claimList.xsd	Program	claimList Schema
phrm.xsd	Program	Pharmacy Schema
fin_susp_list	Program	Pended Claim Sak List
clm0048w	Program	Weekly POS Activity
fin_277_process	Program	Create Pre-Map Unsolicited 277 File
claimList.c	Program	claimList

2.12.92.7 Change Order Status

Status	Date
Issue Identified	12/21/2005
Change Order Written	02/13/2006
SE Assigned	04/04/2006
Ready for Model Office	05/23/2006

Status	Date
Model Office Implemented	12/14/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.93 Claims Search Results Panel - 1822

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1822	Change Order		Claims			1

2.12.93.1 Desired Solution
Getting an error page cannot be displayed error when trying to view a claim from claim search results.

2.12.93.2 Business Impact
Cannot view a member's claim. Getting an error page cannot be displayed error when trying to view a claim from claim search results.

2.12.93.3 Technical Specifications
Navigation

Claims Search

Click on Search for a Current ID (member) & select a member ID - I selected member ID - 000001257

Click on Search brings up the claims for that member ID - I selected ICN - 2003161050026
Error returned is page cannot be displayed link listed below (this occurred on both a Suspended and Denied claim):

http://uspldssc004.edsdomdssc.dssc.eds.com/Kentucky/Claims/Search/tabId/40/Default.aspx

Get the following error on a claim that paid - same member ID- ICN - 2003142100206.

A critical error has occurred.

BoundTextBox: Could not bind field [TotalTPL] HeaderText [Total TPL] Message [Property accessor 'TotalTPL' on object 'iC.MMIS.Clm.Entity.UB92Claim' threw the following exception: 'Object reference not set to an instance of an object.']

2.12.93.4 Clarifications
Betsy Elrod - Changed from CO Type Defect to CO Type Change Order based on direction from Management.

The problem identified in this CO was fixed by another SE. Therefore no code was modified or checked in for this CO. Marking 'Closed' instead of Cancelled because this still shows up on Mike's spreadsheet.

2.12.93.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.93.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.93.7 Change Order Status

Status	Date
Issue Identified	01/10/2006
Change Order Written	01/10/2006
Closed	04/05/2006

2.12.94 Core 9704 T_REF_UCC 3 - 1922

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1922	Change Order		Claims			2

2.12.94.1 Desired Solution
See Core CO 9704 all documentation will be updated on this CO

Add rate type to table t_ref_ucc to support the reimbursement rules assignment.

2.12.94.2 Business Impact
See Core CO 9704 all documentation will be updated on this CO

2.12.94.3 Technical Specifications
See Core CO 9704 all documentation will be updated on this CO

Modify function: pric_cd_ucc Program: clmsPricing.sc

- To use new attributes to the claim.

FYI - the allow greater than billed flag will be part of the Core code, but for KY it will be set to 'N' for the KY implementation.

- Validate that Allow greater than billed flag is set to yes to pay the rate on file if not cutback to the lesser of billed or allowed.

2.12.94.4 Clarifications
No associated clarifications found.

2.12.94.5 Associated Requirements

Requirement ID	Type
20.020	RFP Requirement
30.090.004.002.1	TPL Resource HIPP Maintenance
30.090.007.002.43	Claims Pricing

2.12.94.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing
libclmcomm.so	Program	Claim Engine Common Library

2.12.94.7 Change Order Status

Status	Date
Change Order Written	01/11/2006
Ready for Model Office	05/08/2006
Model Office Implemented	05/10/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.95 Core 9740 Reimb Rule Parms 3 - 1941

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1941	Change Order		Claims			1

2.12.95.1 Desired Solution

See Core CO 9740 all documentation will be updated on this CO

Add the patient status, admission date, discharge date to the reimbursement rules table. These parameters will allow rules to be set-up to influence reimbursement.

2.12.95.2 Business Impact

See Core CO 9740 all documentation will be updated on this CO

Support enhancement benefit administration.

2.12.95.3 Technical Specifications

See Core CO 9740 all documentation will be updated on this CO

Update the claims engine to use the patient status, admission date, and discharge date.

New getters will need to be added to clmsRulesWrapper.sc to call the claims engine getters for the patient status, date of admission, and date of discharge. The getters will be called: get_ru_cdePatientStatus, get_ru_dteAdmission, and get_ru_dteDischarge. Dummy versions of these functions are already in the program.

2.12.95.4 Clarifications

No associated clarifications found.

2.12.95.5 Associated Requirements

Requirement ID	Type
30.090.007.002.43	Claims Pricing

2.12.95.6 Associated System Objects

Technical Name	Object Type	Title
clmsRulesWrapper	Program	Claims Rule Wrapper

2.12.95.7 Change Order Status

Status	Date
Change Order Written	01/12/2006
SE Assigned	08/21/2006
Construction in Progress	09/06/2006
Ready for Model Office	10/05/2006
Model Office Implemented	12/14/2006
UAT Implemented	06/14/2007

Status	Date
Prod Implemented	06/14/2007

2.12.96 DM indexes & default updates - 1963

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1963	Change Order		Claims			1

2.12.96.1 Desired Solution
Created a default KY CO for data model changes for KY MO release #1. This was done to work with the KY release process. Previously, indexes and default values were added, but no CO was created. This CO is to cover the items we want promoted for KY MO release #1.

2.12.96.2 Business Impact
KY CO creation for KY release process.

2.12.96.3 Technical Specifications
Indexes:

- AIM.T_CLM_AMT_VARIANCE
- AIM00.T_ATTACHMENT_XREF
- AIM00.T_PROF_OTH_PYR_HDR

Default values:

- AIM00.T_DENY_PHRM_DTL
- AIM00.T_PD_PHARM_DTL
- AIM00.T_SUSP_PHRM_DTL

For all the AIM00 tables targeted the AIM01 tables should also be targeted.

2.12.96.4 Clarifications
An email was sent to Scott Lowry and Dean Anderson asking that this method for this release was okay to do. I will proceed unless told otherwise. [Schmidt]

Put into MO Impl. No release in workbook yet. Done via e-mail. [Schmidt]

2.12.96.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.96.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.96.7 Change Order Status

Status	Date
Change Order Written	01/17/2006

Status	Date
Ready for Model Office	01/17/2006
Model Office Implemented	01/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.97 McKesson ClaimCheck Dental -File - 1976

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1976	Change Order		Claims			

2.12.97.1 Desired Solution
Create a process to send an extract of dental claims on a daily basis to McKesson. Format of extract still needs to be determined.

2.12.97.2 Business Impact
Meet the Commonwealth's business needs.

2.12.97.3 Technical Specifications
See McKesson Dental ClaimCheck input transaction file layout in the supplemental documentation below(ClaimCheck Dental - Chapter 9 - Input Transaction File).

2.12.97.4 Clarifications
Interface requirements from the 02/28 McKesson/EDS Status Meeting --

- Process should be run on a daily basis (5 days - Monday to Friday).
- The Input Transaction File should be sent to McKesson via FTP. A copy of a sample transin file is attached below in the supplemental documentation.
- If on a given day there are no dental claims to be sent to ClaimCheck then no file should be sent to Mckesson. --- Carlos Huerta

Documentation on the dental customizations is titled FW: KY DDI - High - Act - ClaimCheck Dental customization reports and is attached below in the supplemental documentation. We will need to take this into account when creating the extract for ClaimCheck. --- Jennifer Brown

Interface requirements taken from e-mail between Bob, Jennifer and Carlos(see email below)

From: Brown, Jennifer M
Sent: Tuesday, March 07, 2006 5:03 PM
To: Huerta, Carlos
Subject: RE: KY DDI - High - Act Agenda, Issues Lists, and Sample Reports

I've set up a meeting to discuss the dental claimcheck process for tomorrow(03/08) at 3:30 my time. See replies to your questions below in pink –

From: Huerta, Carlos
Sent: Tuesday, March 07, 2006 4:17 PM
To: Brown, Jennifer M
Subject: RE: Agenda, Issues Lists, and Sample Reports
Hi Jennifer
I'm trying to map the McKesson layout fields to our tables, I found two tables with most of the required fields , these tables are T_DENTAL_DTL_KEYS and T_DENTAL_HDR_KEYS. (I don't know if these are the tables that we need - please see excel file). [Jennifer Brown] Talked to Bob and we will only be sending paid claims which means we should take the claims from t_pd_dntl_hdr and t_pd_dntl_dtl tables.

Jennifer we are going to send dental claims to McKesson but , are these claims already paid or these claims are dental claims just processed in the system but not paid? (we need to send dental claims to McKesson before the state can pay the claims - right ?) [Jennifer Brown]We will be sending the dental claims after they are paid. This is a different process from what is being done with the other claims. The other claims are sent after the edit/audit process but before they are priced.

Last question, this interface is going to run in daily basis I'm assuming that we are going to send only current claims (we won't send history claims) - right? [Jennifer Brown] No we won't need to worry about going to history. By the time the dental claims get to history they would have already been sent.

Carlos --- Jennifer Brown

Interface requirement notes from 03/08 internal EDS meeting :

- We should be able to get the data from t_mphx_dental_dtl and the t_pd_dntl_hdr. We shouldn't need to use the t_pd_dntl_dtl. Grab the claim from t_pd_dntl_hrd and then grab the detail(service line information) information from t_mphx_dental_dtl.
- The process to determine if a claim has been sent to claimcheck will be to check the date that the claim was moved to location 98 and validate that the date is equal to the current date. i.e. find the sak_claim from t_pd_dntl_hdr on the t_claim_locat table. Validate that the claim's cde_location is 98 and validate dte_clm_locat is equal to the current date
- We should only send paid details to McKesson. i.e. the reason we are checking for a cde_location of 98 on t_claim_locat table.
- We will want to keep a count of the number of details we are sending per claim. McKesson can receive a max of 40 details.
- The job that we create will probably consist of one step to create the extract. If no extract is created(extract has no data) then the job should go to completion and not execute the next steps. A second step which may take care of the encryption of the data. And then a third step to FTP the file to McKesson.
- We shouldn't need to worry about span service dates for dental claims
- This CO will also need to create a job which takes the reports(examples of sample reports are below in the supplemental documentation -- Audit report, EXCPT report and Summary report) that McKesson creates as a result of claimcheck and upload these reports to OnBase. Reports may need to be printed also - need to follow-up on whether these reports need to be printed.
- Notes from the meeting were added to the FW: KY DDI - High - Act - ClaimCheck Dental customization reports email below in the supplemental documentation. Please review notes in document below. --- Jennifer Brown

Interface requirement notes taken from e-mail between Bob, Jennifer and Carlos (see email below)

From: Carter, Bob Sent: Thursday, March 16, 2006 11:37 AM To: Brown, Jennifer M Cc: Huerta, Carlos Subject: RE: KY DDI - High - Act - ClaimCheck Dental customization reports

It is extremely unusual for a dental claim to be billed with a modifier. I don't think we will ever have a case where we have more than one. Using the first one (if any) that actually contains a value should work fine. The alternative would be to send the detail multiple times to include each modifier.

_____

From: Brown, Jennifer M Sent: Thursday, March 16, 2006 10:06 AM To: Huerta, Carlos; Carter, Bob Subject: RE: KY DDI - High - Act - ClaimCheck Dental customization reports
If we have to choose only one I would think we will want to send the first one - cde_mod_1. From looking at the table descriptions it doesn't look like there is any distinction/one more important than the other among the modifiers - descriptions just says Code used to further define a procedure provided. In the dental extract that we are sending to HMS we send all four modifiers. Bob is this something we need to discuss with claimcheck - or is it okay just to send one modifier?

_____

From: Huerta, Carlos Sent: Thursday, March 16, 2006 11:51 AM To: Brown, Jennifer M Subject: RE: KY DDI - High - Act - ClaimCheck Dental customization reports Importance: High Jennifer I have this situation , McKesson layout requires just ONE valid modifier code but in T_MPHX_DENTAL_DTL we have five fields for this code (cde_mod_1 , _mod_2, _mod_3, _mod_4 and _mod_5) , which one I should use to get the code? Carlos

Notes taken from e-mail between Bob, Jennifer and Susy(see email below)

From: Bunk, Susy Sent: Wednesday, March 15, 2006 6:49 PM To: Brown, Jennifer M; Battles, Laura C Subject: RE: KY DDI - Med - Act - McKesson ClaimCheck Dental Interface Importance: High Jennifer, Please see answers below. Call me if you have questions. Thanks, Susy_____

From: Brown, Jennifer M Sent: Wednesday, March 15, 2006 3:00 PM To: Bunk, Susy; Battles, Laura C Subject: KY DDI - Med - Act - McKesson ClaimCheck Dental Interface

Susy, Laura –

In our discussions of the dental claimcheck interface for McKesson some questions came up concerning how we do units for dental claims. The question that I have in my notes is concerning how we do billing on the units for dental claims. Bob mentioned that I should check with you guys. [Susy Bunk] Dental claims submitted in paper form (most of KY dental claims come on paper) do not have units, However data capture will default units to '1'.

Now, converted claims may or may not have more than 1 unit. The reason I am mentioning this, is because the interface is probably include adjustments, and these could be adjustments to converted claims.

I am guessing the reason for this question is to determine if the interface will send units, If so, the answer is yes. We do want to send the units.

[Jennifer Brown] I'm understanding this to mean that we need to add a unit field to the transin file - I took a look and I didn't see one on the example file that they sent. Is this something we will need to discuss with claimcheck? I'm a little confused as to why the extract wouldn't already contain a field for units.

[Bob Carter] McKesson won't want to change the file layout. The only way to send 'units' would be to send the same detail once for each unit billed (e.g. five units would be represented by sending the detail 5 times).

Continuation from [Notes taken from e-mail between Bob, Jennifer and Susy]

[Jennifer Brown] There's a qty_billed(The number of units billed for the service. All claims will plug a '1' here. Claims converted from the MMIS may have a value greater than '1'. And a qty_allowed(the number of units allowed for the service) on the t_pd_dntl_dtl. Think qty_billed is the field that Susy is referring to above. However there is only a qty_allowed(the number of units allowed for the service) on the t_mphx_dental_dtl. So I'm thinking this means we have to get the units from the t_pd_dntl_dtl.

[Bob Carter] The qty_allowed is the correct field to use. I was just trying to explain how we would send units, not that we need to send billed units, (allowed is better). The qty_allowed is derived from the billed units and is what we want ClaimCheck to edit after the fact because this represents the units that were paid.

Susy - also in the meeting Mike mentioned that he thought there might be some dental claims which we didn't want to send to McKesson.

[Susy Bunk] You probably want to send only paid FFS dental claims correct? If so, that means exclude encounter dental claims. (exclude t_pd_dntl_hdr.ind_encounter = 'Y' or include t_pd_dntl_hdr.ind_encounter = 'N') depending on how you want to do your sql you will get the same results.

[Jennifer Brown] I just want to make sure I'm understanding. We would only want to send FFS dental claims because claimcheck is validating that we're editing/processing the claim correctly. Kentucky won't really be paying the encounter dental claims so they don't need to have claimcheck worry about these.

[Bob Carter] Yes, we don't need to send any encounters, the main thing we want to exclude details that are mentioned in the user manual as excluded from ClaimCheck.

[Jennifer Brown] you're talking about the ones that you sent previously in the FW: KY DDI - High - Act - ClaimCheck Dental customization reports email - correct? You also mentioned that we should verify these against the code in the current system. I was trying to locate these programs so that Carlos could start taking a look -- is there something I can scan for -- I tried scanning for GMIS.

[Bob Carter] KYMC4810 is the transition version of the ClaimCheck integration module any customizations handled in integration should be in this module.

Interface requirements from the 03/28 McKesson/EDS Status Meeting –

Answer to question How we do units for dental claims?

According with people from McKesson ClaimCheck dental does not has units based edits and based in Thomas answer we came up with the decision that we won't need to send units.

Change Order 2396 was created to create the job which should send the Dental transin file to Mckesson. --- Jennifer Brown

The task of creating a job which takes the reports that McKesson creates as a result of claimcheck and uploads these reports to OnBase was moved to change order 2396. ---Jennifer Brown

EMAIL FROM:-Norwicke, Thomas [Thomas.Norwicke@McKesson.com]
TO:-Brown, Jennifer M; Carter, Bob; Huerta, Carlos; Yorks, John; Kile, Mary; Hawkins, Sarah; Wajda, Mike

The following is the information concerning the name of the transin file and ClaimCheck Dental "account". Per our discussions, there is a need to provide a specific name to the transin file that will be sent to McKesson plus the need to build a specific account to process EDS claims.

The transin file name is needed due to the scheduler to process the batch. The Dental Service Bureau can support multiple customers. Customers will be identified in part by the transin file name. During the assign timeframe in which EDS claims will be processed, the scheduler and communication tools will look for a file in the queue with a specific name. This eliminates the risk of processing the wrong file if for some reason another file exists in the queue.

The transin file should be named "EDSKY". We may want to add a date to the file but I need to touch base with the McKesson Engineering team first.

A ClaimCheck account name is needed for the same reasons for the transin file. In ClaimCheck, the unique of information is segregated by account names. Claims Processing, Security, access to ClaimCheck standalone screens, and reports are driven by accounts. McKesson is building an account called "EDSKY" in ClaimCheck Dental. Therefore, the transin file needs to be configured/populated so the claims are directed to the EDSKY account.

In order to do so, you will now need to populate the TR-ACCOUNT-ID field in the Dental transin file. The account ID field is read by ClaimCheck, which uses the DCPROF file (internal file to product) to determine the customizations and configurations of ClaimCheck to use when processing the claim record. A blank TR-ACCOUNT-ID would cause ClaimCheck to use it's default account (GMISDEFAULT).

You will need to populate every claim record with EDSKY in the TR-ACCOUNT-ID field.

NOTE:-About changes above:- The transin file should be named "EDSKY" and about "I will need to populate every claim record with EDSKY in the TR-ACCOUNT-ID" field this two changes are ready.

2.12.97.5 Associated Requirements

Requirement ID	Type
30.050.017.002.1	Claims Enhanced Claim Editing
30.090.017.002.4	Claims Enhanced Claim Editing

2.12.97.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.97.7 Change Order Status

Status	Date
Issue Identified	01/22/2006
Change Order Written	02/13/2006
Define/Analyze In Progress	03/08/2006
SE Assigned	03/08/2006
Technical Design In Progress (obsolete)	03/15/2006
Construction in Progress	03/24/2006
Ready for Model Office	10/02/2006
Model Office Implemented	10/06/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.98 RPTS - Correct Source Code - 2012

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2012	Change Order		Claims			

2.12.98.1 Desired Solution

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.

2.12.98.2 Business Impact

Customize for KY reports making sure base system references are taken out.

2.12.98.3 Technical Specifications

- The source code for program edi0130.sc and edi0132.sc should be taken from TN. The EDIJD130, EDIJM130 , EDIJW130, EDIJD132 and EDIJM132 jobs should be taken from TN. Program edi0130 was updated during the TN implementation and ments were made to the code. Program edi0132 was created as part of the TN implementation for encounters. NOTE: CO 665 is changing the name of the EDI programs and jobs. The new name will be CLM. CO 665 is listed below as predecessor to this change order.

- The source code for program clm0015d_cc.sc and job CLMJD015 should be taken from the Oklahoma program clm0015d.sc and job CLMJD015. The Kentucky program clm0015d_cc.sc will be reporting on ClaimCheck. The Oklahoma version of this program is for ClaimCheck.

- The source code for program clm0018d.sc and job CLMJD018 should be taken from TN. The program was updated during the TN implementation and ments were made to the code.

- The source code for program clm0021d.sc and job CLMJD021 should be taken from TN. The program was updated during the TN implementation and ments were made to the code. This CO should start with the TN version to make changes for the Kentucky implementation.

2.12.98.4 Clarifications

EDIJM130, EDIJW130 and EDIJM132 were not taken from Tennessee environment, these jobs doesn't exist in Tennessee environment so all three should be created for Kentucky implementation using EDIJD130 and EDIJD132 as an example. The new name for these jobs will be CLMJM130, CLMJW130 and CLMJM132. NOTE: CO 665 as predecessor to this change order.

This KY CO is duplicated in Core PWB. See Core CO 10666 - all documentation will be updated on this CO.

The source code for program clm0015d_cc.sc and job CLMJD015 were taken from the Oklahoma program clm0015d.sc and job CLMJD015. Program clm0015d_cc.sc will be producing a report for the McKesson ClaimCheck solution. Program clm0015d.sc is producing a report for the ClaimCheck bundling solution.

We want the logic in TN but when making these changes it was discovered that there are some things in TN that we don't want. For example TN had more claim types than the "normal" interChange. We should also verify that we are using Kentucky regions and not TN regions. We also need to verify if any core changes were made to the original versions of this program and make sure that the needed core changes get moved into the TN version. Because of this the programs which will be affect by this CO have changed.

- clm0130.sc - this program will not be moved as part of this change order. This program will be modified and moved as part of PBM CO 6841
- clm0132.sc - this program will not be moved as part of this change order. This program will be modified in Kentucky CO 1070.
- clm0015d_cc.sc - this program will be modified and moved as part of this change order
- clm0018d.sc - this program will not be moved as part of this change order. This program will be modified and moved in Kentucky CO 1282.
- clm0021d.sc - this program will be modified and moved as part of this change order. --- Jennifer Brown

Remove the NOT IN logic from the code.

From: Huerta, Carlos
Sent: Thursday, April 20, 2006 12:26
To: Killinger, Kirsten M
Subject: Question : Report clm0015d "CLAIMCHECK POTENTIAL HISTORY TO ADJUST"
Hi Kirsten
I'm working on Kentucky Implementation and I have a question regarding code clm0015d.sc
There is a part in the sql logic where Oklahoma is excluding some edits. See below in red
AND a.cde_esc1 NOT IN (7249, 7250, 7283, 7284)
AND a.cde_esc2 NOT IN (7249, 7250, 7283, 7284)
AND a.cde_esc3 NOT IN (7249, 7250, 7283, 7284)
AND a.cde_esc4 NOT IN (7249, 7250, 7283, 7284)
AND a.cde_esc5 NOT IN (7249, 7250, 7283, 7284)
Do you know if this exclusion was a requirement from the client or can you tell why these edits were excluded ?

Killinger, Kirsten M:- I spoke to Jennifer Brown this morning concerning this.
What we decided was that if it should not be include the CC indicators should be changed not to put the data on the table. We believe that you can remove this exclusion from the query.

2.12.98.5 Associated Requirements

Requirement ID	Type
30.050.007.001.17	Claims Reporting
30.090.007.003.12	Claims Reporting
30.090.007.003.13	Claims Reporting
30.090.007.003.17	Claims Reporting

Requirement ID	Type
30.090.007.003.5	Claims Processing/Adjudication

2.12.98.6 Associated System Objects

Technical Name	Object Type	Title
CLM-0021-D	Report	Suspense File Analysis by Error Code
clm0130	Program	Claims Submission Statistics
clm0021d	Program	Suspense File Analysis By Error Code
CLM-0132-O	Report	Encounters Submission Statistics - On Request
CLMJD018	Batch Job	Claims Processing Daily Summary Reports
clm0015d_cc	Program	Claim Check Potential History To Adjust
clm0018d	Program	Claims Processing Daily Summary
CLMJD130	Batch Job	Claims Submission Statistics - Daily Report
CLMJM132	Batch Job	Encounters Submission Statistics - Monthly
CLM-0130-M	Report	Claims Submission Statistics - Monthly
CLM-0132-D	Report	Encounters Submission Statistics - Daily
CLMJO132	Batch Job	Encounters Submission Statistics - On Request
CLM-0018-D	Report	Adjustment Credit Claims Processing Daily Summary
CLMJM130	Batch Job	Claims Submission Statistics - Monthly Report
clm0132	Program	Encounters Submission Statistics
CLMJD132	Batch Job	Encounters Submission Statistics - Daily
CLM-0015-D	Report	ClaimCheck Potential History to Adjust
CLM-0130-D	Report	Claims Submission Statistics - Daily
CLMJD021	Batch Job	Suspense File Analysis By Error Code Report
CLM-0130-W	Report	Claims Submission Statistics - Weekly
CLM-0132-M	Report	Encounters Submission Statistics - Monthly
CLMJD015	Batch Job	ClaimCheck Potential History To Adjust Report
CLMJW130	Batch Job	Claims Submission Statistics - Weekly Report

2.12.98.7 Change Order Status

Status	Date
Change Order Written	01/31/2006
SE Assigned	02/06/2006
Define/Analyze In Progress	02/06/2006
Ready for Construction Walkthrough	02/09/2006
Ready for Model Office	02/10/2006
Model Office Implemented	02/16/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.99 CORE 10380 NEW T_ADJMS_PAYBILL - 2013

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2013	Change Order		Claims			

2.12.99.1 Desired Solution
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).

2.12.99.2 Business Impact
The creation of this table is needed to support the process of selecting the desired claims for mass adjustment.

This is a state specific Change

2.12.99.3 Technical Specifications
See database change request and relationship documents in supplemental documentation.

2.12.99.4 Clarifications
See Core CO 10380 all documentation will be updated on this CO until moved into Core MO then all doco will be copied to the state specific CO

Check if this change will only be related to Kentucky. If that is the case we should delete the link to CORE and also CANCEL the change orders created in it.

Apparently this change couldn't be traced to the source who ask for it so it should be evaluated if it should be deferred or a manual procedure should be put in place to comply with it. The requirement appears in the RFP but in the Review Board sessions nobody mentioned it. Because of that Phil Stokes suggest to defer the associated COs until post implementation.

Scott Lowry will provide directions on how to deal with this CO that is the base for CO 1229 (.NET) and CO 1262 (BATCH). Mainly the direction is in how to get approval for this.

The requirement has been TECH REVIEWED and if we decide to proceed 2013 could go to the CHANGE BOARD for approval and 1262 has also been reviewed.

Evaluate criteria if we need to consider the TPL liability and copay fields.

Catzin: The requirement was put again into motion (06/13/2006) because we do need it but only will be implemented in KENTUCY. The equivalent CO in CORE will be maintained in CANCELLED status.

This CO is NOW STATE SPECIFIC for KY. (Carlos Catzin)

2.12.99.5 Associated Requirements

Requirement ID	Type
30.050.001F	RFP Split Requirement
30.050.009.002.8	Claims Adjustment/Data Correct
30.090.009.002.21	Claims Adjustment/Data Correct

2.12.99.6 Associated System Objects

Technical Name	Object Type	Title
Clm.MassAdjustmentCriteriaPanel.ascx	Panel	Mass Adjustment Criteria
clmpmacr	Program	Mass Adjustment Claim Select

2.12.99.7 Change Order Status

Status	Date
Issue Identified	02/01/2006
Ready for Tech Walkthrough	02/01/2006
Ready for Construction Walkthrough	07/25/2006
Ready for DM Review	08/22/2006
DM Review Board Approved	08/23/2006
Ready for Construction Walkthrough	08/28/2006
Ready for Model Office	09/05/2006
Ready for Model Office	10/18/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.100 Diag s/d processing - core 9983 - 2014

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2014	Change Order		Claims			1

2.12.100.1 Desired Solution
A new same/different indicator and a new diagnosis type indicator are being added to the audit criteria table. A new function needs to be added in the claims audit program to process the indicator.

2.12.100.2 Business Impact
This change is needed to support current KY audit policy (e.g. existing audit 470).

2.12.100.3 Technical Specifications
Add processing in function isNEHistDiag to process the same/different indicator being added to table T_AUDIT_CRIT. This code will be executed before any of the existing code in this function. If there is a same/different value the 'indicated' diagnosis will be evaluated for the current and history service and the function will return a "no match" if the indicator is same and the primary diagnosis codes differ. A "no match" will also be returned if the indicated diagnosis codes are the same and the same different value is different. If there is a "match" processing in the function will continue with the current code. The processing will also incorporate an additional new indicator CDE_DIAG_TYPE that will be used to determine the 'indicated' diagnosis (admit, emergency, primary only, primary and secondary, any) to use for matching the same/different and include/exclude value.

2.12.100.4 Clarifications
Associated core change order is 9983

2.12.100.5 Associated Requirements

Requirement ID	Type
30.090.007.002.24	Claims Edit/Audit

2.12.100.6 Associated System Objects

Technical Name	Object Type	Title
clmsAudit	Program	General Claims Auditing

2.12.100.7 Change Order Status

Status	Date
Change Order Written	02/02/2006
Resource Assigned for Construction (obsolete)	02/07/2006
Technical Design In Progress (obsolete)	02/07/2006
Ready for Tech Walkthrough	03/08/2006
Ready for Model Office	06/16/2006

Status	Date
Model Office Implemented	06/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.101 Limit audit by quadrnt-Core 9907 - 2015

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2015	Change Order		Claims			1

2.12.101.1 Desired Solution

A new quadrant matching field is being added to the audit criteria table. A new function needs to be added in the claims audit program to process the code. There can be up to 5 "quadrant" values specified per service line. The code values will be used in processing as follows:

- If the value is "C" - (complete match) all quadrant values must match between the current and history claims.
- If the value is "I" - (inclusive match) all quadrant values on the current claim line must be found on the service in history.
- If the value is "P" - (partial match) at least one of the quadrant values must match between the current and history claim.
- If the value is "E" - (exclusive) no quadrant values can match between the current and history claim.

2.12.101.2 Business Impact

This change is needed to support current KY audit policy.

2.12.101.3 Technical Specifications

Add a new function isNEToothQuad called from checkAuditCritHist in program clmsAudit.sc. The logic used for matching will depend on the value of the quadrant matching code being added to the audit criteria table.

If code is "C" (complete match) the number of populated quadrants on the current and history claim must match and the quadrant values on the current and history claim must match (the order of the quadrant values does not need to be the same).

If code is "I" (inclusive) each of the quadrant values on the current claim must be present on the history claim (the order of the quadrant values does not need to be the same)

If the code is "P" (partial), if any of the quadrant values on the current and history claims are the same or if the quadrant value on either is "00" (entire oral cavity) the criteria is matched.

If code is "E" (exclusive) the criteria is matched if none of the codes on the current and history claim are the same.

2.12.101.4 Clarifications

Associated core change order is 9907

2.12.101.5 Associated Requirements

Requirement ID	Type
30.090.007.002.24	Claims Edit/Audit

2.12.101.6 Associated System Objects

Technical Name	Object Type	Title
clmsAudit	Program	General Claims Auditing

2.12.101.7 Change Order Status

Status	Date
Issue Identified	02/01/2006
Resource Assigned for Construction (obsolete)	02/02/2006
Technical Design In Progress (obsolete)	02/07/2006
Ready for Tech Walkthrough	03/12/2006
Ready for Model Office	05/30/2006
Model Office Implemented	06/07/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.102 Equal auditing units - Core 9902 - 2016

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2016	Change Order		Claims			1

2.12.102.1 Desired Solution

Modify the clmsAudit program to implement the Kentucky processing that allows codes measured in different unit increments to be combined on an equal basis in limitations.

This change will associate a conversion factor to each procedure code included in the audit. The conversion factor is used to allow codes with a different basis of measurement to be compared on an equal basis. For example, if two codes are both counted toward a limit of 5 hours of therapy per month and one is billed in 15 minute units, the other in 1 hour units, the conversion factor of .25 can be applied to the code billed in 15 minute units to count toward the hours limit.

2.12.102.2 Business Impact

No impact to current audits, but provides added flexibility in performing limitation auditing. This change supports current Kentucky audit requirements (e.g. KY transition audit 437).

2.12.102.3 Technical Specifications

See the attached supplemental documentation that lists the Kentucky code and differences between the affected core functions andKYcode.

2.12.102.4 Clarifications

Associated core change order is 9902

2.12.102.5 Associated Requirements

Requirement ID	Type
30.090.007.002.24	Claims Edit/Audit

2.12.102.6 Associated System Objects

Technical Name	Object Type	Title
clmsAudit	Program	General Claims Auditing

2.12.102.7 Change Order Status

Status	Date
Issue Identified	02/01/2006
Change Order Written	02/02/2006
Resource Assigned for Construction (obsolete)	02/07/2006
Technical Design In Progress (obsolete)	02/07/2006
Ready for Tech Walkthrough	03/12/2006

Status	Date
Ready for Model Office	05/30/2006
Model Office Implemented	06/07/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.103 Audt proc dbChg impact-Core 9825 - 2017

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2017	Change Order		Claims			1

2.12.103.1 Desired Solution
Modify sql in job CLMJDA01 to incorporate the addition of column NUM_UNIT_FRCT to tables T_AUDIT_PROC and T_AUDT_PROC_XRF.

2.12.103.2 Business Impact
There should be no business impact due to this change.

2.12.103.3 Technical Specifications
Modify the sql in job CLMJDA01 to include the new column NUM_UNIT_FRCT

2.12.103.4 Clarifications
Associated core change order is 9825

2.12.103.5 Associated Requirements

Requirement ID	Type
30.090.007.002.24	Claims Edit/Audit

2.12.103.6 Associated System Objects

Technical Name	Object Type	Title
CLMJDA01	Batch Job	Create audit driver tables

2.12.103.7 Change Order Status

Status	Date
Issue Identified	02/01/2006
Change Order Written	02/02/2006
Resource Assigned for Construction (obsolete)	02/07/2006
Technical Design In Progress (obsolete)	02/07/2006
Ready for Tech Walkthrough	03/12/2006
Ready for Model Office	05/30/2006
Model Office Implemented	06/07/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.104 Contact limit audit - Core 9804 - 2018

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2018	Change Order		Claims			1

2.12.104.1 Desired Solution

Kentucky has current audits that limit services by the number of 'visits' or 'contacts' rather than the units of service or dollar limitations currently supported. A visit is considered to be the entire set of services rendered by a provider to a recipient on a single date of service. To support auditing of visits a new value will be added to the group of allowed values for unit type on the limitation audit parameters table.

Processing of the new value will require that all details meeting the criteria defined for the limitation will have additional processing performed against them to count the number of unique dates of service. If the from and to dates of service on a single detail span more than one day the dates spanned in the from/to range will determine the number of 'visits' applied to the limit.

2.12.104.2 Business Impact

Limitation of services by visits is needed to support current business processes.

2.12.104.3 Technical Specifications

Modify processing in function limitAudit in program clmsDisp.sc to process the new value for cdeUnitType of 'V' (visits). Process all services identified as applying to the audit by building an array of unique service dates found on the details matching the audit criteria. The final size of the array will determine the number of 'visits' found on the matching claims. If the number of visits exceeds the limit, compute the number of days to be cut back as the total visits minus the visit limit. Incorporate limit PA checking as is currently done for services limited by units.

2.12.104.4 Clarifications

Associated core change order is 9804

2.12.104.5 Associated Requirements

Requirement ID	Type
30.090.007.002.24	Claims Edit/Audit

2.12.104.6 Associated System Objects

Technical Name	Object Type	Title
clmsAudit	Program	General Claims Auditing

2.12.104.7 Change Order Status

Status	Date
Issue Identified	02/01/2006
Change Order Written	02/02/2006
Resource Assigned for Construction (obsolete)	02/07/2006
Technical Design In Progress	02/07/2006

Status	Date
(obsolete)	
Ready for Tech Walkthrough	03/15/2006
Ready for Model Office	06/16/2006
Model Office Implemented	06/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.105 Calendar week limits - Core 9803 - 2019

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2019	Change Order		Claims			1

2.12.105.1 Desired Solution
In order to support current KY audit processing, a new value of 'calendar week' will be added to the values for limit audit time units. Corresponding processing needs to be added in the claims audit program to process calendar week limits.

2.12.105.2 Business Impact
This change will support current Kentucky audit policy.

2.12.105.3 Technical Specifications
The following changes are required in clmsAudit.sc:

- Modify the switch statement in function limitAudit to accommodate the new value 'W' in CDE_TIME_UNIT (call function getLimitDate without setting useSlidingDateRange to true as is currently done for values 'C', 'F' and 'Y'.
- Add processing in getLimitDate to set the low and high date values based on the week begin and end dates corresponding to the from date of service on the current claim.
- Create a function to be called from getLimitDate to calculate the week begin and end dates based on the claims from date of service by looking up a system parameter (or other configurable value) that defines the value of week start date (e.g. Sunday). The function will then need to set the low value to the week start date depending on the from date of service on the claim line being audited. The high value will be six days greater than the low value. For example, if the date of service on the claim is 1/16/06 (a Tuesday) if the week start date is Sunday the low and high values would be 1/14/06 and 1/20/06 respectively.

2.12.105.4 Clarifications
Associated core change order is 9803

2.12.105.5 Associated Requirements

Requirement ID	Type
30.090.007.002.24	Claims Edit/Audit

2.12.105.6 Associated System Objects

Technical Name	Object Type	Title
clmsAudit	Program	General Claims Auditing

2.12.105.7 Change Order Status

Status	Date
Issue Identified	02/01/2006
Change Order Written	02/02/2006

Status	Date
Resource Assigned for Construction (obsolete)	02/07/2006
Technical Design In Progress (obsolete)	02/07/2006
Ready for Tech Walkthrough	03/17/2006
Ready for Model Office	06/16/2006
Model Office Implemented	06/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.106 Conflict audit dates - Core 9802 - 2020

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2020	Change Order		Claims			1

2.12.106.1 Desired Solution

Add the ability to process an optional date relationship between current and history claim based on values added to (new) table T_CONFLICT_PARM. If no parameters are entered for a conflict the current overlapping date check will be performed.

2.12.106.2 Business Impact

This change is needed to support current Kentucky audit policy (e.g. audit 437 fails outpatient claims submitted with a date of service within 3 days of an inpatient admission).

2.12.106.3 Technical Specifications

Modify function isNEConflictDates in program clmsAudit.sc to select from the new conflict date parameters table T_CONFLICT_PARM.

If no rows are found use the current method of date checking found under the comment /* check overlapped dates*/. if (validComb && currFrom <= histTo && currTo >= histFrom)

If a date parameter is found, compute the days between the current and history claims using a function similar to getContraDate except that for conflict audits, the only time unit to be supported initially will be 'days'. The date will need to be computed based on either the admit date or first service date (depending on the conflict parm code associated with the date parameters).

Processing in isNEConflictDates will also need to be based on the conflict parameter (IND_FDOS_ADMIT). If the audit is based on admit date the claim_type of the current claim will determine whether the admit date is checked for the history or current claim (if current claim type is 'I' use admit on current claim, otherwise use admit date on history).

2.12.106.4 Clarifications

Associated core change order is 9802

[Susy Bunk] Discharge date in history is the DTE_LAST_SVC and CDE_PATIENT_STATUS equal to 01 thru 08.

2.12.106.5 Associated Requirements

Requirement ID	Type
30.090.007.002.24	Claims Edit/Audit

2.12.106.6 Associated System Objects

Technical Name	Object Type	Title
clmsAudit	Program	General Claims Auditing

2.12.106.7 Change Order Status

Status	Date
Issue Identified	02/01/2006

Status	Date
Change Order Written	02/07/2006
Resource Assigned for Construction (obsolete)	02/07/2006
Technical Design In Progress (obsolete)	02/07/2006
Ready for Tech Walkthrough	03/22/2006
Ready for Model Office	05/30/2006
Model Office Implemented	06/07/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.107 Bypass on referral - Core 10373 - 2028

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2028	Change Order		Claims			1

2.12.107.1 Desired Solution
Add a new function in claims audit to check for the presence of a valid referral and if present allow the claim to 'bypass' the associated audit. The new data element referral code will be added to the audit criteria table under a related reference change order (10285).

2.12.107.2 Business Impact
The primary purpose of this change is to support current Kentucky audit policy.

2.12.107.3 Technical Specifications
Add a new function in clmsAudit.sc to validate that a matching referral exists (if the value of CDE_REFERRAL contains a value other than space).

If the referral code indicates "any referral" if there is a value in the referring provider (header or current detail) the audit criteria is not matched (the audit will be bypassed).

If the referral code indicates "PCCM referral", determine the member's PCCM assignment (if any). If no assignment is found the criteria is matched.

If an assignment is found, the criteria is not matched (the audit will be bypassed) if any of the following is true:

- The billing provider is the member's PCCM provider.
- The referring provider (header or current detail) is the member's PCCM provider.
- The detail performing provider is the member's PCCM provider.
- The attending provider is the member's PCCM provider.
- The other provider1 or other provider2 is the PCCM provider.

Current code that performs these checks is contained in function xref_is_referByPccm in object clmPrProvBilling.sc.

2.12.107.4 Clarifications
No associated clarifications found.

2.12.107.5 Associated Requirements

Requirement ID	Type
30.090.007.002.24	Claims Edit/Audit

2.12.107.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.107.7 Change Order Status

Status	Date
Change Order Written	02/02/2006
Resource Assigned for Construction (obsolete)	02/07/2006
Technical Design In Progress (obsolete)	02/07/2006
Ready for Tech Walkthrough	03/28/2006
Ready for Model Office	06/16/2006
Model Office Implemented	06/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.108 CLM0022D -Invalid sak_case field - 2044

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2044	Change Order		Claims			

2.12.108.1 Desired Solution

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.

2.12.108.2 Business Impact

Customize report for KY making sure base system references are taken out.

2.12.108.3 Technical Specifications

Program is currently selecting the sak_case from the T_RE_BASE table. This field has been removed from this table. The program should select the sak_case from the T_RE_CASE_XREF table. This table has sak_recip and sak_case cross reference.

2.12.108.4 Clarifications

Copied over the supplemental documentation from the Core change order 10458. The changes to read the t_re_case_xref should be done according to the 10458 supplemental documentation. --- Jennifer Brown

Previously this change order was referencing the wrong report. Report CLM-0022-D(which we renamed in Kentucky to be the Combined Claim Error in CO 1033 and this change is moving to core) is produced by program clmp422.sc. The problem occurs in program clmp422.sc then the report that needs changing is CLM-0022-D and not the CLM-0023-D report. --- Jennifer Brown

The results to the issues which were identified in the walkthrough are answered in the email below titled FW KY DDI - HIGH - ACT - Construction Walkthrough for CO 2044 1033 and 1065

Issues:

- Kentucky CO 2044: What if there isn't something on the t_re_case_xref table?
- Kentucky CO 2044: Will we use the Core CO 10458 as our core copy of the CO?

This KY CO is duplicated in the Core PWB. See Core CO 10458 - all documentation will be updated on this CO.

2.12.108.5 Associated Requirements

Requirement ID	Type
30.090.007.003.17	Claims Reporting

2.12.108.6 Associated System Objects

Technical Name	Object Type	Title
clmp422	Program	Combined Claim Error
CLM-0022-D	Report	Combined Claim Error

2.12.108.7 Change Order Status

Status	Date
Issue Identified	02/07/2006
Change Order Written	02/13/2006
Define/Analyze In Progress	02/26/2006
Ready for Construction Walkthrough	02/27/2006
Construction in Progress	02/27/2006
Ready for Model Office	04/21/2006
Model Office Implemented	04/28/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.109 Add Standard Date Heading Line - 2045

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2045	Change Order		Claims			

2.12.109.1 Desired Solution

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.

2.12.109.2 Business Impact

Add report standardization for Kentucky.

2.12.109.3 Technical Specifications

The EXACT specifications with column positions is below in the supplemental documentation.

2.12.109.4 Clarifications

We're going to proceed with the plan of hard coding a fourth heading line for the claim reports(please see email trail attached below in the supplemental documentation for more info on decision - RE: KY DDI - High - Info - Needed Report Heading Module(mrpf.c) Changes). The fourth heading line will be a date. The format of the date for the daily reports will be one date with no tag name and two dates(a from and a to date) for weekly, monthly quarterly reports, etc with no tag names. This change can not go to Core so the change must be put in as a state specific change. We will need to go into the Core modules and code the call out process. We will then need to create a state specific module which will contain the hard coded fourth date heading line. --- Jennifer Brown

The following programs were modified to print the date on the fourth header line: CLM-0011-D, CLM-0012-D, CLM-0031-M, CLM-0060-D, CLM-0064-W, CLM-0065-D.

The following programs were already coded with the call out procedure from a previous change order CO2083: CLM-0010-D, CLM-0015-D, CLM-0020-D, CLM-0023-D, CLM-0025-D, CLM-0026-D, CLM-0027-D, CLM-0051-D, CLM-0054-D, CLMP422 (CLM-0022-D), CLMPER01 (CLM-0024-D, CLM-0055-D, CLM-0056-D). These programs were only modified to print the date on the fourth header line. PLEASE NOTE that an extra blank line was added below the date in the header section. This blank line is only used to have a space between the header and detail section.

Programs CLM-5000-D and CLM-8600-W did not need to be modified. These two reports already printed a date on the report without a prefix label.

Report CLM-0064-W was corrected as part of this change order. The report was not printing " Location: CLMPW064 " on the 3rd header line.

Programs clm0015d_cc_st.sc and clmp422_st.sc (CLM-0022-D) were corrected as part of this change order. The report detail section was printing "PROVIDER NO" and was not updated at the same time that programs clm0015d_cc.sc and clmp422.sc were updated causing an error to generate.

The following reports were already printing a date in the header; however, they were printing a label prefix that was removed to meet the desired solution for this CO: CLM-0021-D, CLM-0018-D, CLM0058-Q, CLM-9914-Q, CLM-0130, CLM-0132.

Report CLM-0123-D already prints a date in the header; therefore, no modification was required.

Program clmper01.sc was corrected as part of this CO. The PrintReportEnd for report CLM-0056-D was incorrect causing report CLM-0056-D not to generate.

2.12.109.5 Associated Requirements

Requirement ID	Type
30.050.007.001.17	Claims Reporting
30.090.007.003.12	Claims Reporting
30.090.007.003.17	Claims Reporting
30.090.007.003.21	Claims Reporting
30.090.007.003.5	Claims Processing/Adjudication

2.12.109.6 Associated System Objects

Technical Name	Object Type	Title
CLM-0017-D	Report	Original Claims Processing Daily Summary
CLM-0024-D	Report	Daily Error Summary By Claim Type
clm0010d	Program	Online Adjustment Daily Report
clm0020d	Program	Aged Detail Suspense Report
clm0058q	Program	ClaimCheck Error
clmpw064	Program	Suspended Claims By Claim Type / Region
clm0011d	Program	Clerk ID Recycle Claims Report
CLM-5000-D	Report	Top Ten Claims Approved For Payment
CLM-0132-M	Report	Encounters Submission Statistics - Monthly
CLM-0026-D	Report	Claims Paid Due To Force Report
CLM-0016-D	Report	Claims Processing Daily Summary
clmper01	Program	Daily Error Summary By Claim Type

Technical Name	Object Type	Title
clm0025d	Program	Services To Be Clerically Denied Report
clm0031m	Program	Suspense File Analysis By Claim Type
CLM-0130-M	Report	Claims Submission Statistics - Monthly
CLM-0130-W	Report	Claims Submission Statistics - Weekly
CLM-0051-D	Report	Aged Detail Adjustment Report
CLM-0060-D	Report	Suspense File Analysis of Current Days
clm0015d_cc	Program	Claim Check Potential History To Adjust
clm0026d	Program	Claims Paid Due To Force Report
CLM-0064-W	Report	Suspended Claims by Claim Type - Region
CLM-0065-D	Report	Aged Suspended Claims By Location Report
CLM-9914-Q	Report	Abortions Procedure Report
CLM-0012-D	Report	EOB Listing
clm0060d	Program	Suspense File Analysis By Claim Type
clm0027d	Program	Transaction Register
clm0132	Program	Encounters Submission Statistics
CLM-0132-D	Report	Encounters Submission Statistics - Daily
CLM-0022-D	Report	Combined Claim Error
CLM-0023-D	Report	Claims Error Report FFS
CLM-0027-D	Report	Transaction Register
CLM-0021-D	Report	Suspense File Analysis by Error Code
CLM-0056-D	Report	Daily Error Summary By Claim Type Adjustments
clm0065d	Program	Aged Suspended Claims By Location Report
clm0021d	Program	Suspense File Analysis By Error Code
clm0054d	Program	Error Recycle Parameters
clm0130	Program	Claims Submission Statistics
CLM-0130-D	Report	Claims Submission Statistics - Daily
CLM-0055-D	Report	Daily Error Summary By Claim Type Original Claims

Technical Name	Object Type	Title
CLM-0011-D	Report	Clerk ID Recycle Claims Report
CLM-0018-D	Report	Adjustment Credit Claims Processing Daily Summary
CLM-0015-D	Report	ClaimCheck Potential History to Adjust
clm0012d	Program	EOB Listing
clm0023d	Program	Claims Error Report (FFS)
CLM-0132-O	Report	Encounters Submission Statistics - On Request
CLM-0058-Q	Report	ClaimCheck Error Report
CLM-0025-D	Report	Services to be Clerically Denied Report
CLM-0010-D	Report	Online Adjustment Daily Report
CLM-0031-M	Report	Suspense File Analysis of Current and Previous Fiscal Year
CLM-0020-D	Report	Aged Detail Suspense Report
clmp422	Program	Combined Claim Error
clm0051d	Program	Aged Detail Adjustment Report
CLM-8600-W	Report	Pended Claims Aging
clm9914q	Program	Abortions Procedure Report
CLM-0054-D	Report	Error Recycle Parameters

2.12.109.7 Change Order Status

Status	Date
Issue Identified	02/07/2006
Change Order Written	02/13/2006
SE Assigned	05/23/2006
Define/Analyze In Progress	06/27/2006
Design Complete	06/27/2006
Construction in Progress	06/27/2006
Ready for Construction Walkthrough	06/30/2006
Ready for Model Office	08/14/2006
Model Office Implemented	08/18/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.110 Timely Filing Edits - CORE 6452 - 2046

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2046	Change Order		Claims			1

2.12.110.1 Desired Solution
Change Timely Filing edits to accommodate KY policy:

Professional, Outpatient, and Inpatient Cross Over Claims - iC Edit 592 - KY Edit 008

Claims must be filed within 1 year of the date of service or within 6 months of Medicare Paid Date which ever is later.

All Claim types except crossovers - iC Edits 545, 555 and 556 - KY Edit 102

Late billing date of service past one year filing limit. Verifies that each detail of a claim is received within 1 year from the date of which the service was rendered.

Exceptions:

- Adjustment Claims
- For inpatient Hospital Acute Care, Provider Type 01, claim type Inpatient, type of bill 111,112,113 and 114 bypass edit if the transaction date on the PRO file (converted to prior authorization tables) is less than one year from the receipt Julian date of the claim.

2.12.110.2 Business Impact
Meet the Commonwealth's business needs.

2.12.110.3 Technical Specifications
Change Timely Filing edits to accommodate KY policy:

Professional, Outpatient, and Inpatient Cross Over Claims - iC Edit 592 - KY Edit 008

Claims must be filed within 1 year of the date of service or within 6 months of Medicare Paid Date which ever is later.

All Claim types except crossovers - iC Edits 545, 555 and 556 - KY Edit 102

Late billing date of service past one year filing limit. Verifies that each detail of a claim is received within 1 year from the date of which the service was rendered.

Exceptions:

- Adjustment Claims
- For inpatient Hospital Acute Care, Provider Type 01, claim type Inpatient, type of bill 111,112,113 and 114 bypass edit if the transaction date on the PRO file (converted to prior authorization tables) is less than one year from the receipt Julian date of the claim.

2.12.110.4 Clarifications
Core Related CO 6452

Crossover claims and exceptions are not implemented at this time.

All pharmacy claims sets edits at header level.

Crossover claims are implemented.

2.12.110.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.110.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.110.7 Change Order Status

Status	Date
SE Assigned	02/07/2006
Construction in Progress	04/17/2006
Ready for Construction Walkthrough	05/16/2006
Ready for Model Office	06/27/2006
Model Office Implemented	11/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.111 TPL Exhaust Ind - CORE 9712 - 2058

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2058	Change Order		Claims			2

2.12.111.1 Desired Solution
Modify the TPL editing to not bill if coverage has been exhausted.

2.12.111.2 Business Impact
KY requirement 30.090.004.002.1

2.12.111.3 Technical Specifications
If t_coverage_xref.ind_exhaust = 'Y' do not edit the claim for TPL for that coverage code.

2.12.111.4 Clarifications
Core Related CO 9712

2.12.111.5 Associated Requirements

Requirement ID	Type
30.090.004.002.1	TPL Resource HIPP Maintenance

2.12.111.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.111.7 Change Order Status

Status	Date
Issue Identified	02/09/2006
Change Order Written	02/13/2006
Construction in Progress	07/05/2006
Ready for Model Office	07/20/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.112 Encounter Threshold - new panel - 2064

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2064	Change Order		Claims			2

2.12.112.1 Desired Solution

See CORE CO 11857 - for all the reference on this CO

Add new panel to maintain Encounter Threshold. This will be implemented in Core.

2.12.112.2 Business Impact

See CORE CO 11857 - for all the reference on this CO

Meet KY Encounter Processing solution.

2.12.112.3 Technical Specifications

See CORE CO 11857 - for all the reference on this CO

Display and allow update and add functionality to new panel to maintain information on T_ENC_ERR_THRESHLD.

Information on this table will be used during encounter processing to determine if the batch is rejected or accepted.

Add in the navigation panel another link to a Encounter Threshold panel that will display and update the information on this table.

Encounter Threshold panel Edits:

- Percentage - has to be from 0.00-1.00
- Effective Date - valid date, cannot be retroactive.
- End Date - valid date, default to 12312299, cannot be less than effective date
- Cannot add a overlapping segments

Update/Add PWB panel documentation.

2.12.112.4 Clarifications

These issues needs to be fixed:

- The existing panel EditRecycle is not coded correctly. the panel should inherit from an EntityMaintenenceSearchPanel, not an EntityMaintenancePanel
- EditRecycle needs to be changed, remove BusinessEntityStatus property on the ascx.
- Code the PageNav_save like the other Related Data pages.
- In order to make it EntityMaintenenceSearchPanel the whole panel needs to be recoded again
- New CO number will be created to fix all these issues and the CO number will be posted here later

This CO, 2064 has been transferred to Eduardo Canava.

2.12.112.5 Associated Requirements

Requirement ID	Type
30.090.008.002.11	Claims Encounters

2.12.112.6 Associated System Objects

Technical Name	Object Type	Title
Clm.EncounterDataPage.ascx - NavGroup	Panel	Encounter Data Navigation
T_ENC_ERR_THRESHLD	Database Table	

2.12.112.7 Change Order Status

Status	Date
Change Order Written	02/13/2006
SE Assigned	03/16/2006
Construction in Progress	03/16/2006
Construction in Progress	05/09/2006
Ready for Construction Walkthrough	06/12/2006
Ready for Model Office	06/15/2006
Model Office Implemented	06/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.113 CLM0130-Add Non-Adjudicated CLMS - 2071

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2071	Change Order		Claims			

2.12.113.1 Desired Solution
A Non-adjudicated claims count should be added to the CLM-0130 reports.

2.12.113.2 Business Impact
Customize report for Kentucky.

2.12.113.3 Technical Specifications
A count of non-adjudicated claims(claims in bad directory) should go on these reports. This count should be the difference between accepted and (suspended + paid + denied).

The count should be titled CLAIMS NOT PROCESSED and listed as the last entity on the report.

2.12.113.4 Clarifications
See email trails concerning the creation of this CO below in the supplemental documentation section. Email also discusses the possible need for more changes to the CLM-0130- reports.

This report is currently printing a file name on the reports - it's the internal file name that is used by the claims engine. This change order should stop printing the internal file name and print another name for the file(one that would mean something to the customer). I'm currently working with Manju Yalamanchili to determine what should be printed for the file name on the reports. --- Jennifer Brown

It was determined that the Kentucky CO will not change the file name that is being printed on the reports.

Email changing requirement of CO not to change the file name ---

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From: Wajda, Mike
Sent: Wednesday, April 05, 2006 4:04 PM
To: Yalamanchili, Manju; Brown, Jennifer M; Stokes, Phil
Cc: Schrodel, Chuck; Finley, Darrel
Subject: RE: KY DDI - High - Mtg - Original provider name of the claim file that is submitted from EDI -- CO 2071

Okay.
Adding the BAD claims to the report makes sense. That what our CO is for.
I still do not feel that changing the file names makes any difference. We do not need 2 file names. The internal name is the same as what came in with another node added to it. So what sense does it make to change this? We will not be doing this for KY.

Thanks,
Mike Wajda
KY MMIS Implementation - Project Manager
USGS Leveraged Delivery PgO

Email changing requirement of CO not to change the file name(continued) ---

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From: Yalamanchili, Manju
Sent: Wednesday, April 05, 2006 3:18 PM
To: Wajda, Mike; Brown, Jennifer M; Stokes, Phil
Cc: Schrodel, Chuck; Finley, Darrel
Subject: RE: KY DDI - High - Mtg - Original provider name of the claim file that is submitted from EDI -- CO 2071

When we originally started to talk about this report, Chuck suggested to me couple of additions to the report.
A) Count of Claims not processed(bad claims)
B) Original name of the file or/and the internal name that the system creates. I think he said if we have the original name, it's more user friendly to reference to the files that the user sent. On that note, we thought that there is a possibility that the user can use the same name every time which we do not have control over. So, we thought we can still display the original name along with the internal name to add uniqueness. That's when we approached Michael Chan since we needed original name capture. I didn't see this additional feature as part of the KY CO.
If I remember correctly, these were the enhancements that we were trying to make to the report, at least the second one for sure. So, if KY has time limitations to include this change, I guess we have to figure out of adding the second feature some other time. Otherwise, I'll write a corresponding core CO for this report and present it the reviews for approval.
Thanks,
Manju Yalamanchili
---- Jennifer Brown

This note is to clarify the report format that was originally requested when this change order was created. The original request was to get a count of all non-adjudicated claims and place this count in the new column called "Claims Not Processed", and was to be placed as the last entity on the report. This count was to be the difference between accepted and (suspended + paid + denied). Per telephone conversation with Manju Yalamanchili, it was decided to place the count below the Submission Type Totals. This count will now be added to the total of the accepted transaction. This grand total will then be added to the System Totals.

2.12.113.5 Associated Requirements

Requirement ID	Type
30.050.007.001.17	Claims Reporting

2.12.113.6 Associated System Objects

Technical Name	Object Type	Title
clm0130	Program	Claims Submission Statistics
CLMJM130	Batch Job	Claims Submission Statistics - Monthly Report
CLM-0130-D	Report	Claims Submission Statistics - Daily
CLMJD130	Batch Job	Claims Submission Statistics - Daily Report
CLM-0130-M	Report	Claims Submission Statistics - Monthly
CLM-0130-W	Report	Claims Submission Statistics - Weekly

Technical Name	Object Type	Title
CLMJW130	Batch Job	Claims Submission Statistics - Weekly Report

2.12.113.7 Change Order Status

Status	Date
Issue Identified	02/14/2006
Change Order Written	02/14/2006
SE Assigned	05/21/2006
Define/Analyze In Progress	05/21/2006
Construction in Progress	07/09/2006
Ready for Construction Walkthrough	07/13/2006
Ready for Model Office	07/16/2006
Model Office Implemented	08/28/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.114 CLM9914&CLM5000 - Implement NPI - 2078

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2078	Change Order		Claims			

2.12.114.1 Desired Solution

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.

2.12.114.2 Business Impact

Implement the CMS mandated National Provider Identification number functionality.

2.12.114.3 Technical Specifications

On the NPI page in the Core workbook, there is a Construction documentation link and in it are Batch and dotNet construction overview documents. The batch link is below:

Link to Batch NPI Documentation

There is also a function to be called to get the 'best' ProvID that can be found. It too is on the NPI page in the Core Workbook, and the link is below:

Link to getProvId function documentation

2.12.114.4 Clarifications

The source code for program clm0015d_cc.sc and job CLMJD015 was taken from the Oklahoma program clm0015d.sc and job CLMJD015. This source code produces report CLM-0015-D. The Kentucky program clm0015d_cc.sc will be reporting on ClaimCheck and is a new program for Kentucky and Core. This program is being added to this change order. NPI changes need to be added for any new programs. ---- Jennifer Brown

Updated KY version of CLMJD015 to execute clm0015d_cc for reporting ClaimCheck. -- James Wei

The 'Paid Amt' in report CLM-9914-Q has been shifted to right due to NPI implementation where Provider ID increased to 15 plus 3 chars. for Provider ID Type, the 'Paid Amt' is designed to accommodate 99,999,999.99. -- James Wei

2.12.114.5 Associated Requirements

Requirement ID	Type
30.050.007.001.17	Claims Reporting
30.090.007.003.12	Claims Reporting
30.090.017.003.3	Claims Enhanced Claim Editing

2.12.114.6 Associated System Objects

Technical Name	Object Type	Title
CLM-5000-D	Report	Top Ten Claims Approved For Payment
CLM-9914-Q	Report	Abortions Procedure Report
CLM-0015-D	Report	ClaimCheck Potential History to Adjust
CLMJD015	Batch Job	ClaimCheck Potential History To Adjust Report

2.12.114.7 Change Order Status

Status	Date
Issue Identified	02/15/2006
Change Order Written	02/15/2006
SE Assigned	03/07/2006
Define/Analyze In Progress	05/23/2006
Ready for Construction Walkthrough	05/31/2006
Ready for Model Office	06/02/2006
Model Office Implemented	06/09/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.115 PCTD205 -Delete Obsolete Reports - 2079

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2079	Change Order		Claims			

2.12.115.1 Desired Solution
Some Core reports will not be produced for Kentucky. These reports should not be a part of the Claims Daily Reporting job stream(PCTD205) in Kentucky.

2.12.115.2 Business Impact
Customize for KY reports making sure base system references are taken out.

2.12.115.3 Technical Specifications
Remove obsolete report jobs from the Claims Daily Reporting job script(PCTD205).

Obsolete report jobs can be determined by looking at the Reports page and the job streams page in the PWB. All reports which are being produced for Kentucky should be listed on reports page in the PWB. The reports page is accessed by going to the PWB -Tech Design -> Claims -> Reports. All report jobs should be listed on the job streams page in the PWB. The job streams page is accessed by going to the PWB - Tech Design -> Claims -> Job Streams.

2.12.115.4 Clarifications
Job streams PCLWEOW(Perform the end of week processing) and PCLMEOM(Perform the end of month report processing) were cleaned up in CO 1074. --- Jennifer Brown

2.12.115.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.115.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.115.7 Change Order Status

Status	Date
Issue Identified	02/15/2006
Change Order Written	02/15/2006
SE Assigned	03/17/2006
Define/Analyze In Progress	03/17/2006
Ready for Construction Walkthrough	03/17/2006
Ready for Model Office	03/17/2006
Model Office Implemented	07/16/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.116 Add KY Edit 054 - iC 3300 - 2080

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2080	Change Order		Claims			1

2.12.116.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 054.

2.12.116.2 Business Impact
Comply with specific KY policy.

2.12.116.3 Technical Specifications
Add KY specific edit in interChange to match KY policy for existing edit 054.

iC edit number 3300 - OTHER INSURANCE AMOUNT MUST BE MANUALLY COMPUTED

EOB 3300 / 009 - CLAIM DENIED. RESEARCH DATA UNAVAILABLE TO PROCESS CLAIM. PLEASE RESUBMIT CLAIM WITH ITEMIZED BILL/SUMMARY STATEMENT FOR ENTIRE ADMISSION.

Edit Criteria: If other insurance (TPL amount) is greater than zero and there is no discharge on the claim (Patient Status = 30 -still a patient) fail the edit.

Edit disposition:

- Configure edit as a header edit
- Configure edit for IC Inpatient Claims - 'I'
- Configure location 10
- Configure region 00 to deny
- Configure regions 10 and 11 to suspend

2.12.116.4 Clarifications
Core Related CO 11212

2.12.116.5 Associated Requirements

Requirement ID	Type
20.020	RFP Requirement
30.010	RFP Requirement
30.050.007.002.21	Claims Edit/Audit
30.090.004.002.1	TPL Resource HIPP Maintenance

2.12.116.6 Associated System Objects

Technical Name	Object Type	Title
libclmub92.so	Program	UB Claim Library

Technical Name	Object Type	Title
clmsub92	Program	UB Main Driver
clmsub92Hdr	Program	UB Header
3300	Edit	OTHER INSURANCE AMOUNT MUST BE MANUALLY COMPUTED

2.12.116.7 Change Order Status

Status	Date
Change Order Written	02/16/2006
Technical Design In Progress (obsolete)	02/17/2006
Ready for Tech Walkthrough	03/08/2006
Construction in Progress	03/14/2006
Unit Test in Progress (obsolete)	03/21/2006
Ready for Construction Walkthrough	04/04/2006
Ready for Construction Walkthrough	04/06/2006
Ready for Model Office	04/07/2006
Construction in Progress	05/02/2006
Ready for Construction Walkthrough	05/19/2006
Ready for Model Office	05/25/2006
Model Office Implemented	05/26/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.117 KY Dup Audits - 2 History Tables - 2082

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2082	Change Order		Claims			

2.12.117.1 Desired Solution

Create two new KY specific audit history tables (T_MPHX_XOVER and T_MPHX_MISC) used for duplicate claims processing. These tables will reside in core, but will contain Kentucky-specific historical data for crossover and miscellaneous claims. The columns in these tables are new to claims history processing and specific to Kentucky. State specific callback routines will access these tables to: 1) write claim history to these tables. 2) read claim history from these tables when performing duplicate audit checks. This KY CO is just a duplicate of CORE CO #10604. Successor to KY CO #1326 - Duplicate Audit Criteria.

2.12.117.2 Business Impact

None.

2.12.117.3 Technical Specifications

None.

2.12.117.4 Clarifications

No associated clarifications found.

2.12.117.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.117.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.117.7 Change Order Status

Status	Date
No associated Change Orders found.	

2.12.118 Re-Code State Specific Changes - 2083

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2083	Change Order		Claims			

2.12.118.1 Desired Solution
Add the method of incorporating state specific coding requirements within an existing core module to report programs.

2.12.118.2 Business Impact
Customize report for Kentucky.

2.12.118.3 Technical Specifications
Add the method of incorporating state specific coding requirements within an existing core module to all report programs which changed in change orders 163 and 565. These two change orders were completed prior to the rollout of the state specific coding requirements.

Change Order 163

Change Order 565

The guidelines for coding a specific change within core are at the link below:

Specific Changes Within Core

2.12.118.4 Clarifications
Carlos Huerta added the call-out procedure to program clmp422.sc while working on CO1033, and added the call-out procedure to program clmper01.sc while working on CO1065; therefore, these programs will not be worked on for CO2083. Program clmp422.sc generates report CLM-0022-D, and program clmper01.sc generates reports CLM-0024-D, CLM-0055-D, & CLM-0056-D. These programs were promoted into model office with release #29 on 04/25/06.

While working on CO2083, it was noticed that programs: clm0020d.sc, clm0023d.sc, clm0025d.sc, clm0026d.sc, clm0027d.sc, clm0050m.sc, clm0051d.sc, were inconsistent in regards to the header. Some of these programs were printing: PROVIDER NUMBER, PROVIDER NO, or PROVIDER on the report. These programs were modified so that they will be consistent with all the other programs listed in this change order. All programs listed in this change order will print "PROVIDER ID" on the report.

Please note that report CLM-0054-D was part of CO1082. CO1082 requested that the report title for this report was printing as "CLM0054D" without the dashes. The report name should be changed to match the report layout in the KY PWD. The report title was corrected in the source code (clm0054d.sc) and will print the title as "CLM-0054-D" with the dashes.

2.12.118.5 Associated Requirements

Requirement ID	Type
30.050.001F	RFP Split Requirement
30.050.007.001.17	Claims Reporting
30.090.007.003.17	Claims Reporting

2.12.118.6 Associated System Objects

Technical Name	Object Type	Title
CLM-0010-D	Report	Online Adjustment Daily Report
CLM-0015-D	Report	ClaimCheck Potential History to Adjust
CLM-0026-D	Report	Claims Paid Due To Force Report
clmper01	Program	Daily Error Summary By Claim Type
clm0026d	Program	Claims Paid Due To Force Report
CLM-0046-M	Report	Potential Schedule 2 Narcotic Drug Abuse
CLM-0055-D	Report	Daily Error Summary By Claim Type Original Claims
clm0027d	Program	Transaction Register
CLM-0050-M	Report	Retro Active Rate Adjustment Report
CLM-0024-D	Report	Daily Error Summary By Claim Type
CLM-0058-Q	Report	ClaimCheck Error Report
clm0025d	Program	Services To Be Clerically Denied Report
CLM-0022-D	Report	Combined Claim Error
CLM-0054-D	Report	Error Recycle Parameters
clm0015d_cc	Program	Claim Check Potential History To Adjust
clm0058q	Program	ClaimCheck Error
CLM-0020-D	Report	Aged Detail Suspense Report
clmp422	Program	Combined Claim Error
clm0050m	Program	Retro Active Rate Adjustment Report
CLM-0025-D	Report	Services to be Clerically Denied Report
CLM-0056-D	Report	Daily Error Summary By Claim Type Adjustments
clm0023d	Program	Claims Error Report (FFS)
clm0054d	Program	Error Recycle Parameters
clmp046m	Program	Potential Schedule 2 Narcotic Drug Abuse
CLM-0027-D	Report	Transaction Register
CLM-0051-D	Report	Aged Detail Adjustment Report
clm0020d	Program	Aged Detail Suspense Report

Technical Name	Object Type	Title
clm0051d	Program	Aged Detail Adjustment Report
clm0021d	Program	Suspense File Analysis By Error Code
clm0010d	Program	Online Adjustment Daily Report

2.12.118.7 Change Order Status

Status	Date
Issue Identified	02/17/2006
SE Assigned	04/13/2006
Define/Analyze In Progress	04/13/2006
Ready for Construction Walkthrough	04/13/2006
Ready for Model Office	05/08/2006
Model Office Implemented	05/12/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.119 Add KY Edit 056 - iC 3301 - 2084

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2084	Change Order		Claims			1

2.12.119.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 056.

2.12.119.2 Business Impact
Comply with specific KY policy.

2.12.119.3 Technical Specifications
Add KY specific edit in interChange to match KY policy for existing edit 056.

iC edit number 3301 - TOTAL CLAIM BILLED EXCEEDS DOLLAR LIMIT ($99,000)

EOB 3301 TOTAL CLAIM BILLED EXCEEDS DOLLAR LIMIT ($99,000)

Edit Criteria: If total billed amount exceeds $99,000 fail the edit.

Edit disposition:

- Configure edit as a header edit
- Configure edit for IC Inpatient Claims - 'I'
- Configure location 10
- Configure region 00 to pay
- Configure regions 10 and 11 to suspend

2.12.119.4 Clarifications
Core Related CO 11212

2.12.119.5 Associated Requirements

Requirement ID	Type
30.010	RFP Requirement
30.050.007.002.21	Claims Edit/Audit
30.090.004.002.1	TPL Resource HIPP Maintenance

2.12.119.6 Associated System Objects

Technical Name	Object Type	Title
clmsub92	Program	UB Main Driver
libclmub92.so	Program	UB Claim Library
3301	Edit	TOTAL BILLED EXCEEDS $99,000
clmsub92Hdr	Program	UB Header

2.12.119.7 Change Order Status

Status	Date
Change Order Written	02/17/2006
Technical Design In Progress (obsolete)	02/18/2006
Ready for Tech Walkthrough	03/08/2006
Construction in Progress	03/14/2006
Unit Test in Progress (obsolete)	03/21/2006
Ready for Construction Walkthrough	04/04/2006
Ready for Model Office	04/07/2006
Construction in Progress	05/02/2006
Ready for Construction Walkthrough	05/19/2006
Ready for Model Office	05/25/2006
Model Office Implemented	05/26/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.120 Add KY Edit 067 - iC 3302 - 2090

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2090	Change Order		Claims			1

2.12.120.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 067.

2.12.120.2 Business Impact
Comply with specific KY policy.

2.12.120.3 Technical Specifications
Add KY specific edit in interChange to match KY policy for existing edit 067.

iC edit number 3302 - EPSDT/FAMILY PLANNING INDICATOR INVALID

EOB 067/3302 EPSDT/FAMILY PLANNING INDICATOR INVALID

Edit Criteria: KY specific edit - If EPSDT/Family Planning indicator is not one the following values, post the edit.

- 'E' - EPSDT
- 'F' - Family Planning
- 'B' - Both EPSDT and Family Planning.

Edit disposition:

- Configure edit as a detail edit
- Configure edit for IC Professional Claims - 'M'
- Configure location 11
- Configure region 00 to deny
- Configure regions 10 and 11 to suspend

2.12.120.4 Clarifications
[Susy Bunk]
EPSD Family planning indicator will be billed different with new CMS1500. Family planning in the UB billing is indicated as condition code A24.

Add new KY specific edit 3302 to validate family planning indicator in CMS1500. UB condition codes are edited under iC edits 284-290 and 471.

Verify all other code that uses this indicator and modify as appropriately.

Error configuration will be accomplished using the Reference User Interface.

Core Related CO 11667

2.12.120.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.120.6 Associated System Objects

Technical Name	Object Type	Title
clmsphys.sc	Program	Physician claim driver
clmsphysDtl.sc	Program	Physician Detail Script
3302	Edit	EPSDT/FAMILY PLANNING INDICATOR INVALID

2.12.120.7 Change Order Status

Status	Date
Change Order Written	02/17/2006
SE Assigned	02/21/2006
Technical Design In Progress (obsolete)	02/21/2006
Ready for Tech Walkthrough	03/01/2006
Construction in Progress	03/02/2006
Ready for Construction Walkthrough	03/29/2006
Ready for Construction Walkthrough	04/04/2006
Ready for Model Office	06/09/2006
Model Office Implemented	07/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.121 Add KY Edit 070 - iC 3303 - 2091

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2091	Change Order		Claims			1

2.12.121.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 070

2.12.121.2 Business Impact
Comply with specific KY policy.

2.12.121.3 Technical Specifications
Add KY specific edit in interChange to match KY policy for existing edit 070.

iC edit number 3303 - TIME OF PICK-UP MISSING OR INVALID

EOB 070 /3303 TIME OF PICK-UP IS MISSING OR INVALID.

Edit Criteria: KY specific edit - If the Time of Pick-up is missing or invalid, post the edit.

If provider type = "55" - transportation or "56" - non emergency transportation, the following fields are required:
T_CLM_MISC.QLF_MISC_TYPE = 'PT' required
T_CLM_MISC.CDE_MISC = valid time in HHMM format "military format" required

Edit disposition:

- Configure edit as a detail edit
- Configure edit for IC Professional and Professional Cross over Claims - 'M' and 'B'
- Configure location 14
- Configure region 00 to deny
- Configure regions 10 and 11 to suspend

Make sure EDI, Data capture and Web Claims Interface are mapping the time of pick-up correctly and that billing instructions are updated.

Paper claims will bill time of pick up in new CMS1500 form in the following fields:

- ID Qual. (Shaded Area)
- Field Number 24i - Enter 'PT' qualifier for pick-up time in the shaded area of 24i.
- Rendering Provider ID# (Shaded Area)
- Field number24j - Enter time of pick-up - enter the "military time" that the recipient was actually picked-up at the origin of service (HHMM) in the shaded area of 24j.

Electronic 837P claims bill time of pick-up in the Notes segment.

Make sure claims engine is writing these new fields to T_CLM_MISC

2.12.121.4 Clarifications

[Susy Bunk] - Testing should use new edit 3303 criteria.

2.12.121.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.121.6 Associated System Objects

Technical Name	Object Type	Title
3303	Edit	TIME OF PICK-UP MISSING OR INVALID

2.12.121.7 Change Order Status

Status	Date
Change Order Written	02/17/2006
SE Assigned	03/02/2006
Define/Analyze In Progress	03/03/2006
Technical Design In Progress (obsolete)	03/17/2006
Ready for Tech Walkthrough	04/04/2006
Ready for Model Office	06/09/2006
Model Office Implemented	07/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.122 Dup audits - dental - 2101

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2101	Change Order		Claims			1

2.12.122.1 Desired Solution
This CO describes changes needed to meet KY Dental Exact Duplicate requirements, as described in KY Audit 482. This CO will require data updates to the t_proc_code_group table to include KY specific procedure codes, and application logic to perform the audit check.

2.12.122.2 Business Impact
Required to meet existing KY auditing requirements.

2.12.122.3 Technical Specifications
None.

2.12.122.4 Clarifications
CORE Related CO 11002

2.12.122.5 Associated Requirements

Requirement ID	Type
30.090.007.002.24	Claims Edit/Audit

2.12.122.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.122.7 Change Order Status

Status	Date
Issue Identified	02/21/2006
Technical Design In Progress (obsolete)	03/06/2006
Define/Analyze In Progress	05/23/2006
Design Complete	05/23/2006
Construction in Progress	05/23/2006
Ready for Tech Walkthrough	05/23/2006
Ready for Construction Walkthrough	05/23/2006
Ready for Model Office	06/12/2006
Model Office Implemented	06/16/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

2.12.123 Dup audits - ub92 - 2102

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2102	Change Order		Claims			1

2.12.123.1 Desired Solution
This CO describes changes required to meet KY UB Duplicate audits per criteria described in the Kentucky MMIS audit Manual for audits 480, 486, and 490.

2.12.123.2 Business Impact
Required to meet existing KY auditing requirements.

2.12.123.3 Technical Specifications
None.

2.12.123.4 Clarifications
CORE Related CO 11003

2.12.123.5 Associated Requirements

Requirement ID	Type
30.090.007.002.24	Claims Edit/Audit

2.12.123.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.123.7 Change Order Status

Status	Date
Issue Identified	02/21/2006
Technical Design In Progress (obsolete)	03/06/2006
Construction in Progress	05/01/2006
Design Complete	05/11/2006
Ready for Tech Walkthrough	05/15/2006
Ready for Construction Walkthrough	05/23/2006
Ready for Model Office	06/12/2006
Model Office Implemented	06/16/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.124 CORE Dup audits - new tables - 2103

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2103	Change Order		Claims			1

2.12.124.1 Desired Solution

This CO is a duplicate of CORE CO#10604. Create 2 new KY specific audit history tables (T_MPHX_XOVER and T_MPHX_MISC) used for duplicate claims processing. These tables will reside in core, but will contain Kentucky-specific historical data for crossover and miscellaneous claims. The columns in these tables are new to claims history processing and specific to Kentucky. State specific callback routines will access these tables to: 1) write claim history to these tables. 2) read claim history from these tables when performing duplicate audit checks. This CORE CO is used to drive these changes, and is a successor to KY CO #1326 - Duplicate Audit Criteria. See "KY Audit: " sections in Supplemental Documentation "KY_duplicate_reqs_*.doc".

2.12.124.2 Business Impact

These tables are required to meet existing Kentucky auditing requirements.

2.12.124.3 Technical Specifications

None.

2.12.124.4 Clarifications

CORE Related CO 10604

2.12.124.5 Associated Requirements

Requirement ID	Type
30.090.007.002.24	Claims Edit/Audit

2.12.124.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.124.7 Change Order Status

Status	Date
Issue Identified	02/21/2006
Technical Design In Progress (obsolete)	03/06/2006
Ready for Tech Walkthrough	03/14/2006
Ready for Construction Walkthrough	04/18/2006
Ready for Model Office	06/09/2006
Model Office Implemented	06/16/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.125 CORE Dup audits - ub92 write - 2104

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2104	Change Order		Claims			1

2.12.125.1 Desired Solution
This is a duplicate of CORE CO #10686 Update claims history - write XOVER history data to new table T_MPHX_XOVER. This CO is a child of CORE CO#10604 CO #10604 is a child of KY CO#1326 See "KY Audit: " sections in Supplemental Documentation "KY_duplicate_reqs_ub92_dental.doc".

2.12.125.2 Business Impact
Required to meet existing KY auditing requirements.

2.12.125.3 Technical Specifications
This core change will require changes to the objects listed below. Tech spec to follow. lib/libclmwrite.so new build inc/claimList.h new C struct XMPHX_XOVER new bit #defines XMPHX_XOVER(?) src/clmsub92Write.sc updates to process_ub_mphxDtl() function gather XOVER data via get_cx_amtCoinsurance, get_cx_amtDeductible() define in clmsXover.sc SAK_CLAIM, NUM_DTL, AMT_COINSURANCE, AMT_DEDUCTIBLE list_push(xover_data) schema/T_MPHX_XOVER.xsd this is a new .xsd generated from the new table definition schema/claimList.xsd schema/histDirectorys.xsd

2.12.125.4 Clarifications
CORE Related CO 10686

2.12.125.5 Associated Requirements

Requirement ID	Type
30.090.001.004.4	RFP Requirement
30.090.007.002.24	Claims Edit/Audit

2.12.125.6 Associated System Objects

Technical Name	Object Type	Title
clmsub92Write	Program	UB Database Update

2.12.125.7 Change Order Status

Status	Date
Issue Identified	02/21/2006
Technical Design In Progress (obsolete)	03/06/2006
Ready for Tech Walkthrough	03/14/2006
Design Complete	05/01/2006
Construction in Progress	05/02/2006

Status	Date
Unit Test in Progress (obsolete)	05/03/2006
Ready for Construction Walkthrough	05/08/2006
Ready for Model Office	06/09/2006
Model Office Implemented	06/16/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.126 Encounters - Pricing - 2106

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2106	Change Order		Claims			1

2.12.126.1 Desired Solution
Allow for pricing of encounter claims.

Encounter claims are priced using fee-for-service pricing methods, when they can be determined. These claims store the calculated price on the claim but no payment is made to the provider. When the system is unable to establish a price for an encounter claim, the encounter is priced at zero.

2.12.126.2 Business Impact
Meet the Commonwealth's business needs.

2.12.126.3 Technical Specifications
Allow for pricing of encounter claims.

Encounter claims are priced using fee-for-service pricing methods, when they can be determined. These claims store the calculated price on the claim but no payment is made to the provider. When the system is unable to establish a price for an encounter claim, the encounter is priced at zero.

2.12.126.4 Clarifications
No associated clarifications found.

2.12.126.5 Associated Requirements

Requirement ID	Type
30.090.008.002.43	Claims Encounters

2.12.126.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.126.7 Change Order Status

Status	Date
Change Order Written	02/21/2006
SE Assigned	02/24/2006
Construction in Progress	02/24/2006
Model Office Implemented	06/30/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.127 Encounters - Determination - 2107

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2107	Change Order		Claims			1

2.12.127.1 Desired Solution
Determine if claim is an encounter and implement is_ecounter and is_PBA logic through out the claims engine.

2.12.127.2 Business Impact
Meet the Commonwealth's business needs.

2.12.127.3 Technical Specifications
Determine if claim is an encounter and implement is_ecounter, is_PBA logic or is_encounter_PBA through out the claims engine.

ind_encounter on t_*_ub92_hdr, t_*_phys_hdr, t_*_dntl_hdr and t_*_pharm_hdr will have the following values:

- 'Y' - Encounter claim
- 'H' - PBA Pharmacy claim
- 'N' - FFS claim

2.12.127.4 Clarifications
No associated clarifications found.

2.12.127.5 Associated Requirements

Requirement ID	Type
30.050.008.002.3	Claims Encounters
30.090.008.002.11	Claims Encounters

2.12.127.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.127.7 Change Order Status

Status	Date
Change Order Written	02/21/2006
Construction in Progress	03/28/2006
Ready for Model Office	04/21/2006
Model Office Implemented	07/14/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

2.12.128 Encounters - Disposition - 2108

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2108	Change Order		Claims			1

2.12.128.1 Desired Solution
Implement Encounter Disposition and Final Internal Encounter Status, allowing for Threshold and Informational Errors.

2.12.128.2 Business Impact
Meet the Commonwealth's business needs.

2.12.128.3 Technical Specifications
Implement Encounter Disposition and Final Internal Encounter Status, allowing for Threshold and Informational Errors.

2.12.128.4 Clarifications
No associated clarifications found.

2.12.128.5 Associated Requirements

Requirement ID	Type
30.050.008.002.3	Claims Encounters
30.090.008.002.11	Claims Encounters

2.12.128.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.128.7 Change Order Status

Status	Date
Change Order Written	02/21/2006
Construction in Progress	03/07/2006
Model Office Implemented	06/30/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.129 Encounters - End Batch Process - 2109

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2109	Change Order		Claims			1

2.12.129.1 Desired Solution
Implement end batch process to claim's engine send claims process which determines if a batch of encounters is rejected or accepted based on threshold error percentage.

2.12.129.2 Business Impact
None.

2.12.129.3 Technical Specifications
Implement end batch process to claim's engine send claims process which determines if a batch of encounters is rejected or accepted based on threshold error percentage.

2.12.129.4 Clarifications
No associated clarifications found.

2.12.129.5 Associated Requirements

Requirement ID	Type
30.050.008.002.3	Claims Encounters
30.090.008.002.11	Claims Encounters

2.12.129.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.129.7 Change Order Status

Status	Date
Change Order Written	02/21/2006
Construction in Progress	03/07/2006
Model Office Implemented	06/30/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.130 Encounters - Accept/Reject - 2110

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2110	Change Order		Claims			1

2.12.130.1 Desired Solution

Implement system accept or reject of batch of encounters. The encounters are processed and added to the database. The accept/reject processes will run as part of the nightly cycle to actually mark all the encounters on a batch as accepted or rejected.

If accepted these encounters will be available for reporting and can be move to history.

If rejected, the encounters will need to be deleted from the database. The deletion of these encounters should be parm driven. The encounters need to stay in the database for Encounter reporting and User Interface display of information for a period of time specified by the State. Rejected encounters should not be moved to history.

2.12.130.2 Business Impact

Meet the Commonwealth's business needs.

2.12.130.3 Technical Specifications

Leverage these functions from TennCare base:

- ENCJDREJ
- clmpdend.sc
- ENCJDACT
- clmpaend.sc

2.12.130.4 Clarifications

No associated clarifications found.

2.12.130.5 Associated Requirements

Requirement ID	Type
30.050.008.002.3	Claims Encounters
30.090.008.002.11	Claims Encounters

2.12.130.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.130.7 Change Order Status

Status	Date
Change Order Written	02/21/2006
Construction in Progress	03/28/2006

Status	Date
Model Office Implemented	06/30/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.131 Encounters - Directories - 2114

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2114	Change Order		Claims			1

2.12.131.1 Desired Solution

Route encounters to a different set of directories than regular claims.

- ../data/encounters/newday
- ../data/encounters/input/$TODAY-work
- ../data/encounters/input/$TODAY

The encounter files should also include the sak_upload from t_upload as part of the file name.

Add the following attributes to t t_upload table and populate the fields appropriately. Claims functional area has a panel that will display the information.

The attributes needed are:

- CDE_BATCH_STATUS - The status of the batch, valid values L- Loaded, N-Non Compliant, X-Non Compliant Encounter, H- HIPAA Compliant, E- HIPAA Compliant Encounters.
- EDI_FILENAME - The EDI name for the file. These functions will be leveraged from TennCare base.

2.12.131.2 Business Impact

Meet the Commonwealth's business needs. Need to provide a user interface as part of the encounter process that displays information on encounter files received and processed by EDI.

2.12.131.3 Technical Specifications

The format of the encounter file should have three parts:

media_type.sak_batch.traiding_partner_id.xml

The media type can be: F,W,D,T,C,N or f.w.d.t.c.n (F - FTP, W - Web ...)

sak_batch = sak_upload from t_upload

For example : F.123456789.1111111.xml

2.12.131.4 Clarifications

Encounters will be received in both 837 I, P, D and NCPDP 5.1 formats

researching to find what CO this is associated with and if this is in production. BF

2.12.131.5 Associated Requirements

Requirement ID	Type
30.090.008.002.11	Claims Encounters
30.090.008.002.3	Claims Encounters

2.12.131.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.131.7 Change Order Status

Status	Date
Change Order Written	02/22/2006
In Progress	08/14/2007
Completed	08/20/2007

2.12.132 CORE Dup audits - phys write - 2115

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2115	Change Order		Claims			1

2.12.132.1 Desired Solution
This is a duplicate for CORE CO 10783. Update core to write state specific physician history data to T_MPHX_MISC.

2.12.132.2 Business Impact
Required to meet existing KY auditing requirements.

2.12.132.3 Technical Specifications
None.

2.12.132.4 Clarifications
CORE Related CO 10783

2.12.132.5 Associated Requirements

Requirement ID	Type
20.020	RFP Requirement
30.090.007.002.24	Claims Edit/Audit

2.12.132.6 Associated System Objects

Technical Name	Object Type	Title
clmsphysWrite	Program	Physician Database Update

2.12.132.7 Change Order Status

Status	Date
Issue Identified	02/23/2006
Technical Design In Progress (obsolete)	03/06/2006
Ready for Tech Walkthrough	03/14/2006
Design Complete	05/01/2006
Construction in Progress	05/02/2006
Unit Test in Progress (obsolete)	05/03/2006
Ready for Construction Walkthrough	05/08/2006
Ready for Model Office	06/09/2006
Model Office Implemented	06/16/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.133 Dup audits - phys - 2116

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2116	Change Order		Claims			1

2.12.133.1 Desired Solution
This CO describes changes required to meet KY PHYS Duplicate audits per criteria described in the Kentucky MMIS audit Manual for audits 490, 483, 487, 488, 493, and 498.

2.12.133.2 Business Impact
Required to meet existing KY auditing requirements.

2.12.133.3 Technical Specifications
None.

2.12.133.4 Clarifications
CORE Related CO 11004

2.12.133.5 Associated Requirements

Requirement ID	Type
30.090.007.002.24	Claims Edit/Audit

2.12.133.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.133.7 Change Order Status

Status	Date
Issue Identified	02/23/2006
Technical Design In Progress (obsolete)	03/06/2006
Define/Analyze In Progress	05/23/2006
Design Complete	05/23/2006
Construction in Progress	05/23/2006
Ready for Tech Walkthrough	05/23/2006
Ready for Unit Test (obsolete)	05/25/2006
Ready for Construction Walkthrough	06/06/2006
Ready for Model Office	06/12/2006
Model Office Implemented	06/16/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.134 Dup audits - ub/phys read - 2126

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2126	Change Order		Claims			1

2.12.134.1 Desired Solution
Changes required for loading UB & phys history from custom state tables T_MPHX_XOVER and T_MPHX_MISC.

2.12.134.2 Business Impact
Required to meet existing KY auditing requirements.

2.12.134.3 Technical Specifications
None.

2.12.134.4 Clarifications
CORE Related CO 11005

2.12.134.5 Associated Requirements

Requirement ID	Type
30.090.007.002.24	Claims Edit/Audit

2.12.134.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.134.7 Change Order Status

Status	Date
Issue Identified	03/01/2006
Technical Design In Progress (obsolete)	03/06/2006
Ready for Tech Walkthrough	03/14/2006
Construction in Progress	05/08/2006
Ready for Construction Walkthrough	05/08/2006
Ready for Model Office	06/09/2006
Model Office Implemented	06/16/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.135 Multiple Surgery - CE - 2136

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2136	Change Order		Claims			2

2.12.135.1 Desired Solution
Pricing method needed for multiple surgeries (same date of service).

2.12.135.2 Business Impact
Be able to support pricing multiple surgeries (same date of service).

This CO has been added to the single source to come up with a solution that will benefit multiple implementations. Single Source CO is 11013.
Single Source 11013

2.12.135.3 Technical Specifications
For the KY implementation:

Medical - Physician (PT 64/65) & Podiatry (PT 80) & Ambulatory Surgery (PT 36)

Processing

- Pay the highest surgical procedure on the claim
- Pay all other surgical procedures at 50% (for the same date of service)
- if assistance at surgery (modifier 80, 81, 82) occurred for a multiple surgery, same date of service, apply the assistance at surgery factor (16% or the procedure rate) before applying the multiple surgery factor (50%).

Exclusions when pricing multiple surgery:

- a detail with modifier 26 present
- certain procedure codes need to be excluded - this varies by date (1/2/2004 to current date & prior to 1/2/2004) - listed in the KY pricing manual.
- Two or more surgeries performed by the same physician, on the same date of service and one or more procedure is excluded, then the multiple surgery factor is not applied to any procedure on the claim.

2.12.135.4 Clarifications
No associated clarifications found.

2.12.135.5 Associated Requirements

Requirement ID	Type
30.090.007.002.43	Claims Pricing

2.12.135.6 Associated System Objects

Technical Name	Object Type	Title
libclmcomm.so	Program	Claim Engine Common Library

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing
clmsphys	Program	Physician Main Driver

2.12.135.7 Change Order Status

Status	Date
Issue Identified	03/06/2006
SE Assigned	05/12/2006
SE Assigned	05/24/2006
Construction in Progress	06/24/2006
Ready for Tech Walkthrough	06/24/2006
Ready for Construction Walkthrough	07/07/2006
Ready for Model Office	07/13/2006
Model Office Implemented	07/21/2006
UAT Implemented	11/01/2006
Defect Corrected	01/09/2007
Ready for Model Office	01/09/2007
Model Office Implemented	01/11/2007
UAT Implemented	01/11/2007
Prod Implemented	06/14/2007

2.12.136 KY - Add Hotlinks for PA#, CCN - 2164

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2164	Change Order		Claims			

2.12.136.1 Desired Solution

Add Hotlinks for the following: (1) 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. (2) Make sure that when in the Prior Authorization Panel if the user double clicks on the PA Number, the PA Prior Authorization panel displays.

NOTE: This requirement was part of KY CO 1390. It has been split off so that more than one person could work on the tasks listed in 1390.

Clicking on a row will access the PA / CCN panel.

2.12.136.2 Business Impact

Hotlinks allow the user to quickly seen information about another main entity without having to leave the current screen.

2.12.136.3 Technical Specifications

Add hotlinks per the latest .Net instructions.

2.12.136.4 Clarifications

No associated clarifications found.

2.12.136.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.136.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.136.7 Change Order Status

Status	Date
SE Assigned	05/30/2006
Construction in Progress	06/27/2006
Ready for Model Office	07/13/2006
Model Office Implemented	07/13/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.137 PA - Modify calls to find PA - 2167

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2167	Change Order		Claims			1

2.12.137.1 Desired Solution

Background:
Functions in the base system that match claim services requiring authorization to a PA (service authorization) currently do not use the prior authorization number submitted on the claim as part of the matching criteria.

Certain services billed by Kentucky providers that currently require authorization are billed using non-specific codes and are priced from the PA. It is possible for a given member to require multiple services during the same time period that will be billed under the same procedure code. In these cases, the only way to ensure that the claim is priced appropriately is to match the PA number submitted on the claim to the service authorization or suspend the claim for manual pricing.

Proposed solution:
Modify is_allpa_available function in clmsPaPauth.sc to find a matching PA number (t_pa_pauth vs. PA number supplied on the claim). Look up matches in t_clm_ref table and process using the criteria below:

- Check for the presence of a clmRef node on the claim and if present
- Process through each clmRef node checking for the QLF_REFERENCE_ID for a value of 'G1' (prior authorization) and if present
- Check the CDE_REF_ID for a value that matches one of the PA numbers found in processing the PA cursor and ifa match is found
- Check the NUM_DTL to verify that it is zero or matches the detail number passed in the call to is_allpa_available.

2.12.137.2 Business Impact

Kentucky providers are required to submit the correct PA number on their claims. This change will support use of the submitted PA number where needed to correctly identify the correct service authorization.

2.12.137.3 Technical Specifications

1. Modify clmsub92.sc, clmsphys.sc, and clmsdntl.sc to include xml processing for the <u>hdr</u> keys. Modify clmsphys.sc and clmsdntl.sc to include xml processing for the <u>dtl</u> keys . **Note: Do not add xml processing for clmRef node to clmsub92.sc. The clmRef node is not applicable for pharmacy claims.

2. <u>clmsDtl.sc changes:</u>
*create clmRef structure
*create clmRef initialization function
*create getter/setter functions for num_dtl, cde_ref_id, and qlf_reference_id

3. <u>clmsPaPauth.sc changes:</u>
*rename existing is_allpa_available function to is_allpa_available_wrapped.
*create additional cursor in is_allpa_available_wrapped to process matching PA, otherwise, use

existing cursor
*create new function is_allpa_available to process clmRef node and call is_allpa_available_wrapped passing PA number

4. main module changes
*create function calls for getters
*create new XMLElement and XMLNodeList for clmRef node
*create XML processing for clmRef node in main() function.

5. Modify clmsPaPauth.h to include external structures/functions for modified is_allpa_available function.

2.12.137.4 Clarifications
No associated clarifications found.

2.12.137.5 Associated Requirements

Requirement ID	Type
30.090.007.002.20	Claims Edit/Audit
30.090.007.002.23	Claims Edit/Audit

2.12.137.6 Associated System Objects

Technical Name	Object Type	Title
clmsPaPauth	Program	General Claim PA
clmsub92	Program	UB Main Driver
clmsphys	Program	Physician Main Driver
clmsdntl	Program	Dental Main Driver
clmsDtl	Program	General Claim Detail

2.12.137.7 Change Order Status

Status	Date
Issue Identified	03/17/2006
Define/Analyze In Progress	05/23/2006
Construction in Progress	05/30/2006
Ready for Construction Walkthrough	07/10/2006
Ready for Model Office	07/18/2006
Awaiting Further Definition	09/13/2006
Ready for Model Office	09/25/2006
Model Office Implemented	04/05/2007

Status	Date
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.138 AVR - XML Transactions - 2174

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2174	Change Order		Claims			

2.12.138.1 Desired Solution
Create a service that will accept real time AVR request Claim Status transactions via IP/TCP in an XML format. Parse the data and use it to query the database as requested. Send a response transaction back through the same channels, confirming receipt and the status of the update.

2.12.138.2 Business Impact
None.

2.12.138.3 Technical Specifications
None.

2.12.138.4 Clarifications
From: Browning, Michael E
Sent: Monday, April 24, 2006 5:43 PM
To: Brown, Jennifer M
Cc: Mutschler, Jacob; Spitzer, Dwight (TAC)
Subject: RE: KY COs

I know that there IS a program that does something pretty much the same as what we want in Oklahoma, as I just looked at the Oklahoma AVR application to verify

But I don't know what the name of that program would be. I would guess something like evsclm.sc or something similar. All the other files started with evs and end with the .sc extension. So maybe a wildcard search on evs*.sc will find the file. I'll try looking in another few places as well to see if I can find anything.

--- Jennifer Brown

EMAIL CONTINUED ---- Jennifer Brown

From: Brown, Jennifer M
Sent: Monday, April 24, 2006 5:20 PM
To: Browning, Michael E
Cc: Mutschler, Jacob; Spitzer, Dwight (TAC)
Subject: RE: KY COs

Please see question below --

From: Browning, Michael E
Sent: Monday, April 24, 2006 5:16 PM
To: Brown, Jennifer M
Cc: Wajda, Mike; Mutschler, Jacob; Spitzer, Dwight (TAC)
Subject: RE: KY COs

For 2161, you will be working through Jake to help him build the Eligibility verification transaction. Jake is in charge of taking pieces from Claims, Member, TPL and Managed Care

and building them together for that transaction. You'll be helping with the queries for the Claims portion of that transaction.

2174 will be building a similar (and also smaller) transaction for a Claim Status inquiry. You'll be working directly with me on that CO doing basically what Jake is doing for Eligibility. Except there won't be any other subsystems you'll have to integrate with. There should be a similar Claims program used in another state, Oklahoma, for example, that could probably be used with this transaction. Where you'll have a base product in place and you'll just need to tweak it to make it Kentucky specific - [Jennifer Brown] Do you guys know if there is something that Dwight can search for in OK to determine if a program already exist?

So what I would recommend is doing 2161 first. That way Jake can give you some pointers on the backside process and exactly what is going on and the types of things you'll need to do for 2174. My experience is very limited on that side, as I only have dealt with the XML code that I send and receive to the web listeners.

Thanks!
Mike.

Per meeting with Michael Browning on 11-May-2006, I'm stopping work on this CO pending his further research and determination on the need for the CO or its cancellation. -- Dwight Spitzer

Returning to work on this CO and continuing research. -- Dwight Spitzer

Restoring Core version 1.3 of clminq.sc to Kentucky for NPI changes implemented in Core, after conversations with Michael Browning and Jacob Mutschler. -- Dwight Spitzer

After peer review, per instruction by Michael Browning, preparing the CO for KY MO Rel. 41, 6/8/2006. This release will also include KY CO 2397, for libevs.so, by Jacob Mutschler.
-- Dwight Spitzer

2.12.138.5 Associated Requirements

Requirement ID	Type
30.100.018	RFP Requirement

2.12.138.6 Associated System Objects

Technical Name	Object Type	Title
libevs.so	Program	Common eligibility and verification functions
clminq	Program	Claim Status Inquiry Host Service

2.12.138.7 Change Order Status

Status	Date
Change Order Written	03/21/2006
Define/Analyze In Progress	04/26/2006
Construction in Progress	05/19/2006

Status	Date
Ready for Model Office	06/06/2006
Model Office Implemented	06/09/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.139 PA - use admit date for C/T I - 2181

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2181	Change Order		Claims			1

2.12.139.1 Desired Solution

Modify code that checks the service dates against the PA effective and end dates to use admit date for inpatient claims when testing the effective date. For all inpatient claims, check for an accommodation code. If there is an accommodation code, then use dteAdmission in place of dteFirst, then check for DRG pricing. Where the claim is priced using DRG pricing, use dteAdmission in place of dteLast when checking whether the PA matches the claim.

2.12.139.2 Business Impact

This change is required to support current Kentucky policy for authorization of inpatient stays.

2.12.139.3 Technical Specifications

Modify clmsPaPauth.sc (get_pa_revenue function) to:

- Check for inpatient (I) claim type
- If inpatient claim, check for accommodation code
- If accommodation code, modify revPaLine cursor to use dteAdmission in place of dteFirst. Then check for DRG pricing.
- If it is DRG, use dteAdmission in place of dteLast. **Note: Only check for DRG if it is an accommodation code.

2.12.139.4 Clarifications

No associated clarifications found.

2.12.139.5 Associated Requirements

Requirement ID	Type
30.090.007.002.20	Claims Edit/Audit
30.090.007.002.23	Claims Edit/Audit

2.12.139.6 Associated System Objects

Technical Name	Object Type	Title
clmsPaPauth	Program	General Claim PA

2.12.139.7 Change Order Status

Status	Date
Issue Identified	03/21/2006
SE Assigned	05/23/2006
Define/Analyze In Progress	07/10/2006
Construction in Progress	07/12/2006

Status	Date
Ready for Construction Walkthrough	07/20/2006
Construction in Progress	07/21/2006
Ready for Model Office	07/28/2006
Awaiting Further Definition	09/13/2006
Ready for Model Office	10/03/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.140 Allow Update of Coinsurance Days - 2194

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2194	Change Order		Claims			2

2.12.140.1 Desired Solution

On the KY version of the Medicaid Information Panel for UB Xover Claims, the Coinsurance Days field is currently not updatable. The user needs to be able to enter or update the value in this field. The Coinsurance Days field is coming from the t_clm_quantity table. If a record with 'CD' in the qualifier field does not exist for this claim, then a record needs to be added. If a record does exist, then it needs to be updated. This is currently outside of the current framework, so a System Wide CO may need to be written to address this issue. (See Tech Specs for an alternate plan if this does not work.)

2.12.140.2 Business Impact

KY has a requirement to be able to update the Coinsurance Days field for UB Xover claims.

2.12.140.3 Technical Specifications

On the Medicaid Information Panel for UB Xover Claims, the Coinsurance Days field is currently not updatable. The user needs to be able to enter or update the value in this field. The Coinsurance Days field is coming from the t_clm_quantity table. If a record with 'CD' in the qualifier field does not exist for this claim, then a record needs to be added. If a record does exist, then it needs to be updated.

There is a KY specific panel for Medicaid Information for UB Xovers. The only difference at this time is the Coinsurance Days field. We may decide that the field needs to be put on a separate panel since the field is coming from a different business entity. In that case, the KY specific panel for Medicaid Information can be removed. Instead, a KY version of the UB92Claim.cs will need to be created that includes a property for Coinsurance Days marked as 'active="true"'. The MMIS version of UB92Claim.cs and config will need to be changed to include a property for Coinsurance Days, marked as 'active="false"' so the panel will not display on the page. (The property added for Coinsurance Days that was added to the UB92XoverAmount will need to be removed.)

2.12.140.4 Clarifications

Go with the alternate plan for now. Create a new panel to display Coinsurance days.

2.12.140.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.140.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.140.7 Change Order Status

Status	Date
Issue Identified	03/24/2006

Status	Date
SE Assigned	05/09/2006
Construction in Progress	06/30/2006
Ready for Construction Walkthrough	06/30/2006
Ready for Model Office	06/30/2006
Model Office Implemented	07/13/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.141 Send Enc Panel Data to Excel - 2196

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2196	Change Order		Claims			3

2.12.141.1 Desired Solution

The data returned from the Encounter Batch Search and the Encounter Related Data information needs to be able to be sent to an Excel spreadsheet. In addition, the user needs to be able to print the data displayed as well. Determine if either can be done, and if not, write up a System Wide CO. At this time a DR panel has the code there to print to Excel, but it does not appear to be working successfully. This will need to be researched.

2.12.141.2 Business Impact

KY users need to be able to send the data returned from the Encounter Batch Search and the Encounter Related Data information to an Excel spreadsheet. In addition, the user needs to be able to print the data displayed as well.

2.12.141.3 Technical Specifications

The data returned from the Encounter Batch Search and the Encounter Related Data information needs to be able to be sent to an Excel spreadsheet. In addition, the user needs to be able to print the data displayed as well. Determine if either can be done, and if not, write up a System Wide CO.

There is an entry in the FAQ document about how to print to Excel and there is also a panel in DR that is supposed to do this. I have not been able to make this work, so I am doubting that it actually does work.

The way the Encounter Batch Search panel was constructed, the additional data lists that needed to be displayed when the user clicked on a row returned from the Search are included in the same panel. A way will need to be devised to add a button somewhere (don't think it can go on the separate data lists) that will print to Excel.

2.12.141.4 Clarifications

The request will wait until later since it is not tied directly to a requirement and it was not promised in the DSD.

2.12.141.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.141.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.141.7 Change Order Status

Status	Date
Issue Identified	03/24/2006
Deferred	05/09/2006

2.12.142 CLM0031M- Remove - 2198

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2198	Change Order		Claims			

2.12.142.1 Desired Solution

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.

2.12.142.2 Business Impact

None.

2.12.142.3 Technical Specifications

None.

2.12.142.4 Clarifications

No associated clarifications found.

2.12.142.5 Associated Requirements

Requirement ID	Type
30.050.007.001.17	Claims Reporting

2.12.142.6 Associated System Objects

Technical Name	Object Type	Title
CLM-0031-M	Report	Suspense File Analysis of Current and Previous Fiscal Year

2.12.142.7 Change Order Status

Status	Date
Issue Identified	03/26/2006
SE Assigned	05/16/2006
Define/Analyze In Progress	05/16/2006
Construction in Progress	05/16/2006
Ready for Construction Walkthrough	05/16/2006
Ready for Model Office	05/21/2006
Model Office Implemented	05/26/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.143 CLM0031M&CLM0060D-New Rpt Title - 2199

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2199	Change Order		Claims			

2.12.143.1 Desired Solution

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.

2.12.143.2 Business Impact

None.

2.12.143.3 Technical Specifications

None.

2.12.143.4 Clarifications

Judy Bullock approved the following new names for the reports:

- CLM-0031-M - Suspense File Analysis Of Current and Previous Fiscal Year
- CLM-0060-D - Suspense File Analysis Of Current Days

see email attached in the supplemental documentation for more information on approval. --- Jennifer Brown

2.12.143.5 Associated Requirements

Requirement ID	Type
30.050.007.001.17	Claims Reporting

2.12.143.6 Associated System Objects

Technical Name	Object Type	Title
CLM-0060-D	Report	Suspense File Analysis of Current Days
CLM-0031-M	Report	Suspense File Analysis of Current and Previous Fiscal Year

2.12.143.7 Change Order Status

Status	Date
Issue Identified	03/26/2006
SE Assigned	05/16/2006
Define/Analyze In Progress	05/16/2006
Construction in Progress	05/16/2006
Ready for Construction Walkthrough	05/16/2006

Status	Date
Ready for Model Office	05/21/2006
Model Office Implemented	05/26/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.144 CLM5000-Remove COS Field - 2208

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2208	Change Order		Claims			

2.12.144.1 Desired Solution

This report is the re-creation an existing report in the Kentucky system. The description of COS on the existing Kentucky report is "The category of service of the servicing provider". The new report is populating this field with the cde_prov_type from the T_PR_TYPE table. The COS will not be assigned until Financial we should not display a COS on the claim reports.

This KY CO is duplicated in the Core PWB. See Core CO 12077 - all documentation will be updated on this CO.

2.12.144.2 Business Impact

None.

2.12.144.3 Technical Specifications

Remove COS field from report.

2.12.144.4 Clarifications

No associated clarifications found.

2.12.144.5 Associated Requirements

Requirement ID	Type
30.050.007.001.17	Claims Reporting

2.12.144.6 Associated System Objects

Technical Name	Object Type	Title
CLM-5000-D	Report	Top Ten Claims Approved For Payment

2.12.144.7 Change Order Status

Status	Date
Issue Identified	03/27/2006
Define/Analyze In Progress	05/24/2006
Ready for Construction Walkthrough	05/31/2006
Ready for Model Office	06/02/2006
Model Office Implemented	06/09/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.145 Enable ECS claim attachment - 2213

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2213	Change Order		Claims			3

2.12.145.1 Desired Solution

Job CLMJD075 will accept and consolidate files created by data capture that contain information needed to match paper attachments to electronic claims referencing an attachment control number found on the paper attachment. Current Commonwealth billing practices do not allow providers to send electronic claims with separate paper attachments, but this solution is desired for future processing. This job will need to be tested and activated before electronic attachment processing can begin. Coordination with data capture will be required (separate change orders for data capture should be generated when this change order is ready for assignment).

2.12.145.2 Business Impact

Updates to billing instructions will need to be drafted, approved and distributed to providers for each provider type required to send attachments.

Operational procedures will need to be developed for handling paper attachments received for electronic claims.

2.12.145.3 Technical Specifications

Update CLMJD075 in autosys to change the status from on ice to active. Coordinate this change with the data capture subsystem and create the necessary co-release change orders to implement data capture processing of claims attachments for electronic claims.

2.12.145.4 Clarifications

Completion of this change order will be deferred for completion after the initial implementation of interChange into production.

2.12.145.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.145.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.145.7 Change Order Status

Status	Date
Issue Identified	03/28/2006
Deferred	03/28/2006

2.12.146 Check panel - add totals - 2214

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2214	Change Order		Claims			3

2.12.146.1 Desired Solution

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.

2.12.146.2 Business Impact

None expected, most claims pay under a single fund code.

2.12.146.3 Technical Specifications

Modify the check panel to include an overall total paid amount. The overall total should appear at the bottom of the panel and the amount should align under the Total Paid Amount heading. No other fields need to be totaled or displayed on the overall total line.

2.12.146.4 Clarifications

No associated clarifications found.

2.12.146.5 Associated Requirements

Requirement ID	Type
30.090.007.002.71	Claims Panels/Panels
30.090.007.003.1	Claims Panels/Panels

2.12.146.6 Associated System Objects

Technical Name	Object Type	Title
Clm.ClaimCheckPanel.ascx	Panel	Check

2.12.146.7 Change Order Status

Status	Date
Change Order Written	03/28/2006
SE Assigned	06/07/2006
Define/Analyze In Progress	07/10/2006
Construction in Progress	07/10/2006
Ready for Construction Walkthrough	07/10/2006
Ready for Model Office	07/10/2006

Status	Date
Ready for Model Office	07/11/2006
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.147 Provider License Batch changes - 2219

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2219	Change Order		Claims			1

2.12.147.1 Desired Solution
There is a need to change the claims batch programs to use the new table structure for obtaining a provider license number.

See Provider CF8970 for the data model changes.

2.12.147.2 Business Impact
None.

2.12.147.3 Technical Specifications
The following claims programs reference num_prov_lic:

- clmPrProvBilling.sc
- clmsPrProvBilling.sc
- clmsub92Dtl.sc
- clmsub92Hdr.sc
- ub92Dtl.sc
- ub92Hdr.sc
- ub92tap5.sc
- ub92tape.sc
- phrmHdr.sc

For example the program clmsPrProvBilling returns the license number from the t_pr_type table using this sql.

```
exec sql select cde_prov_type,
cde_prov_spec_prim,
num_prov_lic
into :cdeProvType,
:cdeProvSpec,
:numProvLic
from t_pr_type
where sak_prov_loc = :sakSvcLoc;
```

With the data model changes it is possible for a provider to have multiple licenses on file, one for in state and one for out of state. The sql below returns the KY License number if it exists, otherwise it returns the out of state license.

```
select num_prov_lic
from
( select distinct num_prov_lic,
```

```
case when cde_state_issue = 'KY' then 1 else 2 end as lic_rank
from aim.t_pr_license l,
aim.t_pr_hb_lic h
where l.sak_prov_lic = h.sak_prov_lic
and :dateofservice between l.dte_effective and l.dte_end
and :dateofservice between h.dte_effective and h.dte_end
and l.sak_prov_loc = :sakSvcLoc
order by 2
)
where rownum = 1
```

2.12.147.4 Clarifications

Apparently the changes needed in the DB were made but the code changes are still missing. I will work on this.
Carlos Catzin

2.12.147.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.147.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.147.7 Change Order Status

Status	Date
Change Order Written	03/30/2006
Assigned SE	05/27/2007

2.12.148 Add MCO ICN to Enc Related Clms - 2227

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2227	Change Order		Claims			3

2.12.148.1 Desired Solution
Once the MCO ICN is added to the KY database (and available on t_hist_directory) add the column to the Encounter Related Claims panel.

2.12.148.2 Business Impact
Once the MCO ICN is added to the KY database (and available on t_hist_directory) add the column to the Encounter Related Claims panel. This is data the customer needs to see when they are viewing Encounter Data and Encounter Claims Related to errors.

2.12.148.3 Technical Specifications
Once the MCO ICN is added to the KY database (and available on t_hist_directory) add the column to the Encounter Related Claims panel.

2.12.148.4 Clarifications
Need to wait until the MCO ID field is available on a table. A meeting will be held with the customer to determine this.

2.12.148.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.148.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.148.7 Change Order Status

Status	Date
Change Order Written	03/31/2006
Issue Identified	05/09/2006
Awaiting Further Definition	06/27/2006
Ready for Model Office	07/10/2006
Model Office Implemented	07/13/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.149 CLM0023D - Add Encounter Section - 2232

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2232	Change Order		Claims			

2.12.149.1 Desired Solution
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.

2.12.149.2 Business Impact
None.

2.12.149.3 Technical Specifications
Report CLM-0023-D should report the encounter information in a separate section.

- The third title line for the FFS section of the report should be CLAIMS ERROR REPORT(FFS).
- The third title line for the Encounter section should be CLAIMS ERROR REPORT(Encounters).
- The column heading line "CLAIM DISP PD SUSP DENY" should be "CLAIM DISP TH IF PD" for the encounter section.
- The information for the "CLAIM DISP TH IF PD" should be taken from the new encounter status field -- cde_enc_status.
- The column heading and information for "ERROR FORCED" should be removed for the encounter section.

Report CLM-0023-D will be separated into two reports. Report CLAIMS ERROR REPORT (FFS), CLM-0023-D will be generated by program clm0023d.sc, and report CLAIMS ERROR REPORT (ENCOUNTERS), CLM-0123-D will be generated by program clm0123d.sc.

2.12.149.4 Clarifications
Susy Bunk updated the Region Codes we'll be using for KY. She added regions for converted pharmacy encounters and converted PBA pharmacy claims. Please refer to : Kentucky Region Codes --- Jennifer Brown

From: Bunk, Susy
Sent: Monday, February 27, 2006 10:07 AM
To: KY DDI TFALS
Cc: Stiff, Jim
Subject: KY DDI - Med - Info - ind_encounter Importance: High

Guys,
ind_encounter on t_*_ub92_hdr, t_*_phys_hdr, t_*_dntl_hdr and t_*_pharm_hdr will be populated with the following values:

- 'Y' - Encounter claim

- 'H' - PBA Pharmacy claim
- 'N' - FFS claim

It is necessary to have a different status for PBA pharmacy claims because these claims are not "true" encounters, these are FFS claims processed by another vendor. iC will treat them as encounters in general, however there are special processing for these claims such as TPL recoveries, etc.

Please also notice that although encounters and PBA pharmacy claims will have different regions, these could change if the claim goes through recipient linking. ---- Jennifer Brown

The footer for clm0023d.sc was updated to match the report layout. The footer ***NO DATA THIS RUN*** AND ***END OF REPORT*** were corrected in the source code to print correctly on the report.

During the design walkthrough, I, Daniel Calderon, decided to split the FFS claims and Encounter claims into two separate reports. It was approved during the design walkthrough. Program clm0023d.sc will generate report CLM-0023-D CLAIMS ERROR REPORT (FFS), and program clm0123d.sc will generate report CLM-0123-D CLAIMS ERROR REPORT (ENCOUNTERS).

For the Encounter claims report CLM-0123-D, pharmacy tables: t_deny_phrm_hdr, t_pd_pharm_hdr, t_susp_phrm_hdr containing the new field ind_encounter will be checking for codes ' Y ' encounter claim and ' H ' PBA pharmacy claim. For more information on this issue, please read the email titled KY DDI-HIGH-ACT-Design Walkthrough for KY CO 2232 in the supplemental documentation section.

2.12.149.5 Associated Requirements

Requirement ID	Type
30.050.007.001.17	Claims Reporting

2.12.149.6 Associated System Objects

Technical Name	Object Type	Title
clm0123d	Program	Claims Error Report (Encounters)
CLMJD123	Batch Job	Claims Error Report (Encounters)
CLM-0123-D	Report	Claims Error Report Encounters
CLM-0023-D	Report	Claims Error Report FFS

2.12.149.7 Change Order Status

Status	Date
Issue Identified	04/05/2006
SE Assigned	05/08/2006
Define/Analyze In Progress	05/08/2006

Status	Date
Design Complete	05/15/2006
Ready for Construction Walkthrough	05/21/2006
Ready for Model Office	06/05/2006
Model Office Implemented	06/16/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.150 Add Non-Covered Charges - 2238

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2238	Change Order		Claims			1

2.12.150.1 Desired Solution
DMS has requested to add Non-Covered Charges to the UB Claim Detail panel. (Related Core CO is 12164.)

2.12.150.2 Business Impact
DMS has requested to add Non-Covered Charges to the UB Claim Detail panel to keep current functionality.

2.12.150.3 Technical Specifications
The non-covered charges will be captured and stored in the T_UB92_DTL_EXT_KEY.amt_non_covered. Modify the UB Claim Detail panel - Clm.UB92DetailPanel.ascx to add display and data correction of non-covered charges.

Update panel documentation as appropriate.

2.12.150.4 Clarifications
[Susy Bunk] During RV sessions an action item was open regarding non-covered charges.

DMS response at that time was that non-covered charges was not being used.

DMS changed requested to add non-covered charges to the UB detail panel during DSD review.

[Susy Bunk] Current practice to change submitted data will not be propagated in iC.

iC will not be moving billed charges to non-covered charges, this practice is not compliant, and iC has to pass CMS certification.

2.12.150.5 Associated Requirements

Requirement ID	Type
30.090.007.002.55	Claims Panels/Panels

2.12.150.6 Associated System Objects

Technical Name	Object Type	Title
Clm.UB92DetailPanel.ascx	Panel	UB Claim Detail

2.12.150.7 Change Order Status

Status	Date
Change Order Written	04/10/2006
SE Assigned	05/23/2006
Ready for Model Office	05/25/2006
Ready for Model Office	06/01/2006

Status	Date
Model Office Implemented	06/09/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.151 Decision Form Rules Call - 2249

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2249	Change Order		Claims			1

2.12.151.1 Desired Solution

Add calls to new "Form specific" decision to configure edits that closely match current policy implementation as defined in the existing edits.

Add every form type within the claims engine a header and detail call to the rules engine using a new decision, which is called "Form Specific" decision. The purpose of these new decision are to set edits using the claim form parameters for UB, Pharmacy, Physician and Dental.

2.12.151.2 Business Impact

Refer to Supplemental Documentation on related CO 2248..

2.12.151.3 Technical Specifications

Add calls to new "Form specific" decision to configure edits that closely match current policy implementation as defined in the existing edits.

Add every form type within the claims engine a header and detail call to the rules engine using a new decision, which is called "Form Specific" decision. The purpose of these new decision are to set edits using the claim form parameters for UB, Pharmacy, Physician and Dental.

Form Specific decision calls will be after the benefit plan calls within each form driver:

- clmsub92.sc
- clmsphys.sc
- clmsphrm.sc
- clmsdntl.sc

2.12.151.4 Clarifications

Dave: Several variables (DDP, DDS, DDO, DDA, DHA, DRG, and ICDX) will be implemented in another CO due to COs 4012, 4843, and 4844 having higher priority and requiring variables CT, PTPS, TOB, and PDH, which are implemented in this CO.

2.12.151.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.151.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.151.7 Change Order Status

Status	Date
Change Order Written	04/11/2006

Status	Date
SE Assigned	05/26/2006
Define/Analyze In Progress	05/26/2006
Define/Analyze In Progress	06/28/2006
Construction in Progress	08/18/2006
SE Assigned	11/03/2006
Ready for Tech Walkthrough	11/15/2006
Ready for Construction Walkthrough	11/21/2006
Ready for Model Office	11/21/2006
Model Office Implemented	11/28/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.152 Decision Form Rule Getter-EE 163 - 2250

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2250	Change Order		Claims			1

2.12.152.1 Desired Solution
KY specific CO

Add getter for miscellaneous code Employer ID when the qualifier is = EI

2.12.152.2 Business Impact
Meet current policy.

2.12.152.3 Technical Specifications
Add getter for miscellaneous code (Employer ID - 3 digit) when the qualifier is = EI

This rule will set iC KY specific edit 3304 - Existing edit 163.

Add getter for miscellaneous code (Employer ID - 4 digit) when the qualifier is = EI

This rule will set iC KY specific edit 3304 - Existing edit 163.

Configure Decision Form edit 3304 rules according to spread sheet.

Configure Disposition of edit 3304 for:

- Claim type M
- provider types 21 and 30
- default location 24
- Region 10 and 11 to suspend
- Region 00 to deny

2.12.152.4 Clarifications
Per discussion with Bob Carter, changing this CO to be treated as a hard-coded edit and disassociating from COs 2248/2249. [Dwight Spitzer]

Link to Edit 3304 info.

2.12.152.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.152.6 Associated System Objects

Technical Name	Object Type	Title
3304	Edit	EMPLOYER ID/PERSONAL IDENTIFIER MISSING OR INVALID
libclmphys_st.so	Program	KY PHYS Claim Library

Technical Name	Object Type	Title
clmsphysDtl_st	Program	KY Physician Detail

2.12.152.7 Change Order Status

Status	Date
Change Order Written	04/11/2006
SE Assigned	05/26/2006
Define/Analyze In Progress	05/26/2006
Define/Analyze In Progress	06/28/2006
Construction in Progress	08/18/2006
Ready for Construction Walkthrough	09/05/2006
Ready for Model Office	09/07/2006
Model Office Implemented	09/16/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.153 Multiple Surgery - DM - 2268

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2268	Change Order		Claims			2

2.12.153.1 Desired Solution
Pricing method needed for multiple surgeries (same dates of service).

2.12.153.2 Business Impact
Be able to support existing state(s)/Commonwealth(s) functionality when pricing multiple surgeries (same dates of service).

Multi-State CO 11904

2.12.153.3 Technical Specifications
For the KY implementation:

Medical - Physician (PT 64/65) & Podiatry (PT 80) & Ambulatory Surgery (PT 36)

Processing

- Pay the highest surgical procedure on the claim
- Pay all other surgical procedures at 50% (for the same date of service)
- if assistance at surgery (modifier 80, 81, 82) occurred for a multiple surgery, same date of service, apply the assistance at surgery factor (16% or the procedure rate) before applying the multiple surgery factor (50%).

Exclusions when pricing multiple surgery:

- a detail with modifier 26 present
- certain procedure codes need to be excluded - this varies by date (1/2/2004 to current date & prior to 1/2/2004) - listed in the KY pricing manual.
- Two or more surgeries performed by the same physician, on the same date of service and one or more procedure is excluded, then the multiple surgery factor is not applied to any procedure on the claim.

2.12.153.4 Clarifications
No associated clarifications found.

2.12.153.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.153.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.153.7 Change Order Status

Status	Date
Issue Identified	04/18/2006
SE Assigned	05/12/2006
SE Assigned	05/24/2006
Ready for Construction Walkthrough	06/08/2006
Ready for Construction Walkthrough	06/16/2006
Design Complete	06/21/2006
Ready for Model Office	06/29/2006
Model Office Implemented	11/01/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.154 KY Pricing No proc found def % - 2276

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2276	Change Order		Claims			1

2.12.154.1 Desired Solution

Many KY programs operate in the following manner. If no procedure rate is found, they take the billed amount and multiple it by a percentage for the Medicaid reimbursement.

2.12.154.2 Business Impact

Many KY programs operate in the following manner. If no procedure rate is found, they take the billed amount and multiple it by a percentage for the Medicaid reimbursement.

Criteria found:

- place of service (POS)
- provider type (PT)
- procedure code
- date of service (DOS)
- benefit adjustment factor (BAF)

These are the following KY programs / provider types / criteria / and percentages discovered:
Indep Lab / (PT 37) / place of service, provider type / outpatient - 65%

Other Lab / (PT 86) / place of service, provider type, Benefit Adjustment Factor (BAF) / inpatient - 50%, outpatient 65%

Audiology / (PT 50/70) / place of service, provider type / outpatient 65%

Optician / (PT 52) / place of service, provider type, proc code / inpatient 50%, outpatient 65%, Lab 65%

Optometrist / (PT 77) / place of service, provider type, proc code / inpatient 50%, outpatient 65%, Lab 65%

Chiropractor / (PT 85) / place of service, provider type / inpatient 50%, outpatient 65%

Podiatry / (PT 80) / place of service, provider type, proc code / inpatient 50%, outpatient 65%, Lab 65%

Nurse Anesthetist / (PT 74) / place of service, provider type / inpatient 50%, outpatient 65%

Nurse Practitioner / (PT 78) / place of service, provider type, Benefit Adjustment Factor (BAF), proc code / inpatient 50%, outpatient 65%, Lab 65%

Dental / (PT 60, 61) / provider type / outpatient 65%

Preventative Health / (PT 20) / provider type / if no rate found - reimbursement = $0.00

ASC / (PT 36) / provider type, proc code / LAB 65%, if rate found is $0.00 -> then multiple the billed amount by 62%

Physician / (PT 64, 65) / place of service, provider type, date of service /
Need to verify DOS and percentages
DOS 12/12/94 - 1/1/04 -inpatient 50%, outpatient 65%
DOS 1/2/04 - Current Date

2.12.154.3 Technical Specifications

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.

Criteria found:

- place of service (POS)
- provider type (PT)
- procedure code
- date of service (DOS)
- benefit adjustment factor (BAF)

Claims pricing needs to be modified to apply these default percentages rather than posting errors for missing rates, when appropriate.

2.12.154.4 Clarifications

No associated clarifications found.

2.12.154.5 Associated Requirements

Requirement ID	Type
30.090.007.002.43	Claims Pricing

2.12.154.6 Associated System Objects

Technical Name	Object Type	Title
libclmcomm.so	Program	Claim Engine Common Library

2.12.154.7 Change Order Status

Status	Date
Issue Identified	04/20/2006
Change Order Written	06/29/2006
SE Assigned	10/03/2006
Define/Analyze In Progress	10/15/2006
Design Complete	12/13/2006
Construction in Progress	12/14/2006
Ready for Model Office	12/18/2006
UAT Implemented	01/02/2007

Status	Date
Prod Implemented	06/14/2007

2.12.155 KY Pricing - MAXFLT - 2277

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2277	Change Order		Claims			

2.12.155.1 Desired Solution
In some current KY programs, some procedure codes (benefits) price on a flat fee (not multiplied by the units on the claim).

2.12.155.2 Business Impact
In some current KY programs, some procedure codes (benefits) price on a flat fee (not multiplied by the units on the claim). This new pricing methodology has been expanded to CORE as well.

Programs identified so far are:

- Provider Type 52 (Optician) - Proc Code 92499
- Provider Type 77 (Optometrist) - Proc Code 92499
- Provider Type 32 (Family Planning) - Proc Code (several)
- Provider Type 13 (SCCS) - Proc Code 99499
- Provider Type 15 (HANDS) - Proc Code (several)
- Provider Type 27 (Children Targeted Case) - Proc Code (several)
- Provider Type 28 (Adult Targeted Case) - Proc Code (several)
- Provider Type 40 (EPSDT) - Proc Code (several)

2.12.155.3 Technical Specifications
Currently, investigating if the customer might be willing to use units in the calculation. In the billing instructions it states to use one unit. Also, plan on running some queries for the PTs (provider type's) and procedure code / modifier combination to see what units were billed on the claim(s).

If we are unable to use the max fee pricing methodology, create a new pricing methodology (MAXFLT - pricing indicator). Read the procedure code(s) / modifier combinations from the T_MAX_FEE table. Establish a rule for these procedure code(s) / modifier combination using the provider type as a rule parameter.

The pricing methodology needs to compare the rate obtained against the detailed billed amount. FYI - the detailed billed amount is not multiplied by the units on the claim.

Note: It is important to always set the allowed_units to 1 before leaving the pricing function to prevent potential problems in audits.

2.12.155.4 Clarifications
No associated clarifications found.

2.12.155.5 Associated Requirements

Requirement ID	Type
30.090.007.002.43	Claims Pricing

2.12.155.6 Associated System Objects

Technical Name	Object Type	Title
libclmcomm.so	Program	Claim Engine Common Library
clmsphysPricing	Program	Physician Pricing
libclmphys.so	Program	Physician Claim Library
libclmub92.so	Program	UB Claim Library
clmsPricing	Program	Claims Pricing
clmsub92OPPricing	Program	UB Outpatient Pricing

2.12.155.7 Change Order Status

Status	Date
Issue Identified	04/20/2006
SE Assigned	05/02/2006
Define/Analyze In Progress	05/02/2006
Construction in Progress	05/05/2006
Ready for Construction Walkthrough	05/12/2006
Ready for Model Office	05/15/2006
Model Office Implemented	05/23/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.156 KY Pricing PT 21 Federal Match - 2278

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2278	Change Order		Claims			

2.12.156.1 Desired Solution
The existing state share processing in CORE should meet the needs of the School Corporations that only receive the federal match from the Medicaid program. Since KCHIP normally has a higher federal matching rate, the fund code needs to be used on the federal match table to indicate if the percentage is for KCHIP or non-KCHIP claims.

2.12.156.2 Business Impact
None.

2.12.156.3 Technical Specifications
Modify the claims engine to determine if a member is KCHIP eligible and select the KCHIP federal matching percentage rather than the regular percentage if they are KCHIP eligible. The KCHIP eligibles will have a different fund code assigned to the claim detail.

The fund code assigned to the detail will be used to read t_cde_fund_ffp_rate. References to reading t_fmap_pct need to be replaced with the new table, t_cde_fund_ffp_rate.

2.12.156.4 Clarifications
No associated clarifications found.

2.12.156.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.156.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.156.7 Change Order Status

Status	Date
Issue Identified	04/20/2006
Change Order Written	06/29/2006
Ready for Construction Walkthrough	09/11/2006
Ready for Model Office	09/29/2006
Model Office Implemented	10/16/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.157 KY Phys Eval & Management - 2279

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2279	Change Order		Claims			

2.12.157.1 Desired Solution

In the KY physician program evaluation and management procedures are reimbursed one per year (12 month period). Specific procedures, if billed within a 12-month period, will be paid at a reduced rate (which is usually the max fee amount for a lower coded service).

2.12.157.2 Business Impact

In the KY physician program evaluation and management procedures are reimbursed one per year (12 month period). Specific procedures, if billed within a 12-month period, will be reduced to a specific rate.

Procedure code 99214 & 99215 will pay $27.06 - this is the rate for procedure code 99213 - OFFICE/OUTPATIENT VISIT, EST

Procedure code 99349 & 99350 will pay $50.96 (pricing manual shows 50.90, PR files shows $50.96) - this is the rate for procedure code 99348 - HOME VISIT, EST PATIENT

If the physician modifier (U1) is used with these procedure codes, pay the rate at 75%.

Example:
Claim with 99214 and U1 modifier - member already has a paid 99214 within the past 12 month period.

The rate that would be paid is $20.29 = ($27.06 * .75) - prior to any other cost sharing.

2.12.157.3 Technical Specifications

Allow the claim to process through pricing and auditing process. If the limit audit for the evaluation and management has been set then the procedure on the current detail will need to be assigned the price for a lower paying procedure code.

One possibility would be to have special logic for the E&M limitation audit to reprice the claim when the audit is posted. A new table could be created to contain the crosswalk of codes.

A second solution is to create a new cross reference table to swap and add the "new" procedure code to the claim. Similar process as the claim check processing.

The T_PHYS_DEXT_KEY (physician detail key) table already supports an original and a substituted procedure code and modifier.

2.12.157.4 Clarifications

No associated clarifications found.

2.12.157.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.157.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.157.7 Change Order Status

Status	Date
Issue Identified	04/20/2006
Change Order Written	06/29/2006
SE Assigned	09/25/2006
Construction in Progress	09/25/2006
Ready for Model Office	10/04/2006
Model Office Implemented	10/13/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.158 KY School Based Group Pricing - 2280

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2280	Change Order		Claims			

2.12.158.1 Desired Solution

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.

2.12.158.2 Business Impact

For this KY program (School Based - Provider Type 21) pricing the benefit(s) is done by getting the procedure rate times the units and dividing it by the number of people (students) in the group session.

The identified group procedure codes are (DOS 10/16/2003 to Current Date):
96153, 97530, 92508, 97110

The old local codes are (DOS ??/??/???? To 10/15/2003):
X0081, X0082, X0083, and X0084

2.12.158.3 Technical Specifications

Create a new pricing indicator (i.e. SBGRP - School Based Group). Use the rate type of DEF (default) with this pricing indicator. This pricing methodology needs to be KY specific.

Pricing Methodology:
((get procedure rate * units) / number of people in the group session) for that detail. Read the procedure code(s) / modifier combinations on the T_MAX_FEE table.

This pricing methodology will only apply to professional / medical claims.

The number of people in the group session will be in the new attribute from the T_CLM_MISC node (see KY CO 1270 - num_indv_group).

If the number of students is missing (blank) or is invalid (< 1 or > 6) set an edit. This will need to be a new interChange edit (The edit number should be in the 3300 - 3599 range - State specific Reference edit
interChange edit audit guidelines

In the current KY system, this is KY edit 996. KY edits to interChange edits Xref

Also, create a new EOB for this pricing method (99xx).

Reimbursement Rule set-up / info
DOS 10/16/2003 - 12/31/2299 - SBGRP pricing ind; rate type DEF
Performing Prov Type 21 - all Prov Spec
Proc Codes:
92508, 96153, 97530, 97110

Reimbursement Rule set-up / info
DOS 1/1/2000 - 10/15/2003 - SBGRP pricing ind; rate type DEF
Performing Prov Type 21 - all Prov Spec

Proc Codes:
X0081, X0082, X0083, X0084

Example of reimbursement rules configuration:
using proc code 96150 (non group proc code), but it shows an example for the possible modifier / mode (KY) combinations. This example is used because this procedure code uses all 28 modes (modifier combination) in the current KY system.

Below is how it would be configured for interChange for this proc code (96150).
Modifier min=1 max=1 (SA, TD, TE, U1, U2, AH, UD, U2, AJ, U8, U9, UB, UC) OR
Modifier min=1 max=1 (GN) AND
Modifier min=0 max=1 (U3) OR
Modifier min=1 max=1 (GO) AND
Modifier min=0 max=1 (U3, UA) OR
Modifier min=1 max=1 (GP) AND
Modifier min=0 max=1 (U3, HL, UA) OR
Modifier min=1 max=1 (U4) AND
Modifier min=0 max=1 (HP, HO) OR
Modifier min=1 max=1 (U5) AND
Modifier min=0 max=1 (HO) OR
Modifier min=2 max=2 (U6, HO)

2.12.158.4 Clarifications
This CO and CO#1271 has dependencies on components that need to be changed. It is require to coordinate all changes together between FDAs. Jaime Zavala and Fabiola Peralta are responsible for these changes respectively.

2.12.158.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit
30.090.007.002.43	Claims Pricing

2.12.158.6 Associated System Objects

Technical Name	Object Type	Title
clmsphysPricing	Program	Physician Pricing
libclmphys.so	Program	Physician Claim Library
clmsphysPricing_st	Program	KY PHYS Pricing Module
libclmphys_st.so	Program	KY PHYS Claim Library
clmsphysDtl.sc	Program	Physician Detail Script

2.12.158.7 Change Order Status

Status	Date
Issue Identified	04/20/2006
SE Assigned	05/15/2006

Status	Date
Define/Analyze In Progress	05/15/2006
Technical Design In Progress (obsolete)	05/25/2006
Construction in Progress	06/01/2006
Ready for Tech Walkthrough	07/10/2006
Ready for Model Office	08/18/2006
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.159 Add KY Edit 271 - iC 3305 - 2283

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2283	Change Order		Claims			1

2.12.159.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edits 103 and 271 (Legacy edit recycles for edit 271)

Edit 103/271 - Member applied income not current for date of service.

2.12.159.2 Business Impact
Comply with specific KY policy.

2.12.159.3 Technical Specifications
iC edit number 3305 - Member applied income not current for DOS
Edit Criteria: For claim types I (provider types 02 and 04), L, and A (provider types 02, 04, 11, and 12), edit fails at the header if there is not a valid patient liability segment on the patient eligibility display screen for the date of service. Valid patient liability segments are defined as:

- A segment with an amount greater than zero and an indicator of 'L', or
- A segment with an amount of zero and an indicator of 'Y', or
- A segment with an amount of zero and an indicator of 'L' if the month billed is equal to the segment begin date month. If the applicable liability segment has a zero amount and the month being billed is greater than the segment begin date month, the segment must have an indicator of 'Y' to be considered valid (see #2 above).

EXCLUSIONS:
Claims for QMB-only recipients (program code 'Z') bypass edit.
For claim type A (provider type 11 and 12), claims with a type of bill other than '21x' or '81x' bypass edit.

Edit Disposition:
Configure edit as a header edit
Configure edit for iC Claim Types A (provider types 02, 04, 11, 12), I (provider types 02, 04), and L
Configure location 60 (recycle)

2.12.159.4 Clarifications
This edit is a recycle edit. For claim regions 10 and 11 the claim will suspend for data corrections, if appropriate. If the system age is less than 21 days, the claim is to recycle. If a patient liability segment has not been added the claim is to deny after the recycle period. All regions will recycle for the 21 days.

2.12.159.5 Associated Requirements

Requirement ID	Type
20.020	RFP Requirement
30.050.007.002.21	Claims Edit/Audit

2.12.159.6 Associated System Objects

Technical Name	Object Type	Title
clmsub92	Program	UB Main Driver

2.12.159.7 Change Order Status

Status	Date
Issue Identified	04/21/2006
Change Order Written	05/09/2006
SE Assigned	08/01/2006
Ready for Model Office	08/01/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.160 KY DME Pricing E1399 - 2290

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2290	Change Order		Claims			

2.12.160.1 Desired Solution

When billed by a DME provider, procedure code E1399 is manually priced under the following conditions:

For detail dates of service (DOS) from 7/1/2002 to 1/2/2003 (inclusive)
- The billed amount of the detail is less than or equal to $300.00
- There is no PA number on the claim

FYI - The Manual pricing formula is:
Price amount is the net cost plus .20% or the detailed billed amount, whichever is the lesser.

2.12.160.2 Business Impact

For procedure code E1399 outside of the DOS of 7/1/2002 to 1/2/2003 are priced using PA purchase pricing methodology.

2.12.160.3 Technical Specifications

Modify the logic for pricing indicator "SYSMAN" to set edit 6000 (Manual Pricing Required) if the following conditions are met:

- Procedure code is in a new procedure group (SYSMAN Bypass) for the service dates on the claim
- The billed amount on the detail is less than $300.00
- There is no PA number on the claim

2.12.160.4 Clarifications

This change order must be worked in conjunction with CO xxxx in order to ensure that the prior authorization edits are not being posted on these claims.
Laura Battles

2.12.160.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.160.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.160.7 Change Order Status

Status	Date
Issue Identified	04/24/2006
Change Order Written	06/29/2006

Status	Date
Define/Analyze In Progress	07/21/2006
Construction in Progress	08/04/2006
Ready for Model Office	08/18/2006
Model Office Implemented	08/29/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.161 KY DME Pricing PA Purchases - 2291

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2291	Change Order		Claims			

2.12.161.1 Desired Solution

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).

2.12.161.2 Business Impact

PA Purchases
DME purchases which require prior authorization (PA indicator of Y on the Procedure Code File) are reimbursed using the MCAID-1 amount listed on the PDD Procedure Code File and the unit authorized amount (total amount divided by authorized units) listed on the Prior Authorization (PA) File. The Medicaid 1 amount is compared to the Unit prior authorized amount and the lesser of the two is multiplied by the units of service to determine the Medicaid allowed amount. The Medicaid allowed amount is compared to the billed amount and Medicaid reimbursement is the lesser of the two (less other insurance and spenddown, if any).

Rentals
DME rentals (RR procedure modifier) are priced using the Procedure Rate (PR) Pricing File and the Prior Authorization File. The applicable Procedure Rate amount * is compared to the unit prior authorized amount (total authorized amount divided by authorized units), then the lesser of the two is multiplied by the units of service to determine the Medicaid allowed amount. The Medicaid allowed amount is compared to the billed amount and Medicaid reimbursement is the lesser of the two (less other insurance and spenddown, if any).

2.12.161.3 Technical Specifications

Create a new pricing method (LPAALW) which will determine the detail allowed amount in the following manner:

- Determine the PA per unit rate on the PA associated with the detail by dividing the amount prior authorized by the number of units prior authorized.
- Select the Medicaid max fee rate from the max fee table (T_MAX_FEE) based on the procedure code and modifiers on the detail. - Multiply the lesser of the PA per unit rate and the Medicaid max fee rate by the units allowed on the detail. This is the detail allowed amount.

Example 1:
PA amount = $200.00; PA units = 2
procedure/modifier rate = $110
units = 3 (from claim)
billed amount = $350 (from claim)

PA unit authorized = $100 (200 / 2)
Rate found = $110

Take the lesser of the two - $100
Allowed amount = $300 ($100 * 3 units)
Billed amount = $350

Medicaid Reimbursement = $300 (allowed amount in this case)

Example 2:
PA amount = $200.00; PA units = 2
procedure/modifier rate = $110
units = 3 (from claim)
billed amount = $250 (from claim)

PA unit authorized = $100 (200 / 2)
Rate found = $110
Take the lesser of the two - $100
Allowed amount = $300 ($100 * 3 units)
Billed amount = $250
Medicaid Reimbursement = $250 (billed amount in this case)

2.12.161.4 Clarifications
No associated clarifications found.

2.12.161.5 Associated Requirements

Requirement ID	Type
30.090.002.002.2	RFP Requirement
30.090.004.002.1	TPL Resource HIPP Maintenance
30.090.007.002.43	Claims Pricing

2.12.161.6 Associated System Objects

Technical Name	Object Type	Title
libclmcomm.so	Program	Claim Engine Common Library
clmsProgram	Program	Process claims by member benefit plan
libclmphys.so	Program	Physician Claim Library
clmsphysPricing	Program	Physician Pricing

2.12.161.7 Change Order Status

Status	Date
Issue Identified	04/24/2006
Change Order Written	06/29/2006
Define/Analyze In Progress	08/29/2006
Construction in Progress	09/05/2006
Ready for Tech Walkthrough	09/21/2006

Status	Date
Ready for Model Office	09/22/2006
Model Office Implemented	10/02/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.162 KY Adult/Child Case Pricing - 2292

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2292	Change Order		Claims			

2.12.162.1 Desired Solution

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.

2.12.162.2 Business Impact

Meet KY requirements for pricing Adult and Child Targeted Case programs. Pricing is done by comparing the Average Unit Cost vs. the rate on file.

The median (average unit) cost is derived from annual cost reports received by the department (Division of Long Term Care and Community Alternatives). Staff within DMS enters the reimbursement rates into the system when a change in rate is required (currently rates are frozen).

2.12.162.3 Technical Specifications

KY specific pricing methodology. Create a new pricing indicator (LMXUCC - Lesser of Max Fee or UCC) and new rate type for this pricing method.

The same pricing indicator will be used for both Adult & Children's targeted case. This new KY pricing methodology can be modeled after the pric_cd_normal pricing methodology.

FYI - Both of these KY programs use the same procedure code, but have different rates. In the current KY system - MCAID-1 (PDD file) is used for Children's Targeted Case and MCAID-2 (PDD file) is used for Adult Targeted Case.

Using the procedure code, rate type, from/first date of service, and the detail number get the rate for the procedure/modifier from the max fee table (T_MAX_FEE). Set the max fee amount to the value found or set it to 0.

If the max fee rate is found, then get the rate from the UCC (T_REF_UCC) table using the procedure code, from/first date of service, modifier, and provider's SAK location. If no rate found for UCC, set the rate to 0.

Compare the rates and set the allowed amount to the lesser of the two values obtained. For this pricing methodology we do not multiply the rate times the units on the claim, nor do we compare the lesser rate to the claim detail billed amount.

If the max fee amount is 0, set the interChange error 4014 (this maps to KY edit 374).

FYI - Reimbursement Rule set-up / info
DOS 10/16/2003 - 12/31/2299 - pricing ind - LMXUCC;
Performing PT 27 - all Prov Specs
Proc Code:
T2022

DOS 1/1/2003 - 10/15/2003 - pricing ind - LMXUCC;
Performing PT 27 - all Prov Specs
Proc Code:
X0064

DOS 1/1/2000 - 12/31/2002 - pricing ind - MXFLT;
Performing PT 27 - all Prov Specs
Proc Code:
X0064

DOS 10/16/2003 - 12/31/2299 - pricing ind - LMXUCC;
Performing PT 28 - all Prov Specs
Proc Code:
T2022

DOS 1/1/2003 - 10/15/2003 - pricing ind - LMXUC
Performing PT 28 - all Prov Specs
Proc Code:
X0064

DOS 1/1/2000 - 12/31/2002 - pricing ind - MXFLT;
Performing PT 28 - all Prov Specs
Proc Code:
X0064

2.12.162.4 Clarifications
No associated clarifications found.

2.12.162.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit
30.090.007.002.43	Claims Pricing

2.12.162.6 Associated System Objects

Technical Name	Object Type	Title
libclmphys.so	Program	Physician Claim Library
clmsphysPricing_st	Program	KY PHYS Pricing Module
clmsphysDtl.sc	Program	Physician Detail Script
libclmphys_st.so	Program	KY PHYS Claim Library

Technical Name	Object Type	Title
clmsphysPricing	Program	Physician Pricing

2.12.162.7 Change Order Status

Status	Date
Issue Identified	04/24/2006
Change Order Written	06/06/2006
Define/Analyze In Progress	07/04/2006
Technical Design In Progress (obsolete)	07/06/2006
Construction in Progress	07/10/2006
Ready for Tech Walkthrough	07/20/2006
Ready for Model Office	08/18/2006
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.163 KY CE Add Member County - 2294

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2294	Change Order		Claims			2

2.12.163.1 Desired Solution
Non Emergency transportation claims from 1/1/2000 through 4/30/2003 are billed on paper and use the member's county code, detail procedure code, and the billing provider's specialty to determine the method to be used to price each detail.

2.12.163.2 Business Impact
None.

2.12.163.3 Technical Specifications
Create a new input variable, "Member County" that will be compared to the cde_county on t_re_base for the member on the claim. If the values match, then the rule will continue to be evaluated for the claim.

A new getter will need to be added to clmsRulesWrapper.sc to call the claims engine getter for the member county. The getter will be called: get_ru_cdeCounty. A dummy version of this function is already in the program.

2.12.163.4 Clarifications
Since the following Multi-State (Core) COs are not scheduled to be completed prior to the start of this CO, KY will only be adding the member county attribute to reimbursement rules:

- 8191
- 8192
- 8193
- 10692
- 10693

Laura Battles - Moved to clarifications from Technical Specifications

2.12.163.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.163.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.163.7 Change Order Status

Status	Date
Issue Identified	05/24/2006

Status	Date
Change Order Written	06/29/2006
SE Assigned	08/21/2006
Construction in Progress	12/14/2006
Ready for Model Office	01/26/2007
UAT Implemented	02/01/2007
Prod Implemented	02/01/2007

2.12.164 CLM0140D-Encounter Batch Summary - 2295

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2295	Change Order		Claims			

2.12.164.1 Desired Solution
Create a new daily claims report which tells how the Managed Care Organization entire batch file of encounter claims processed.

2.12.164.2 Business Impact
Meet KY Encounter Processing solution.

2.12.164.3 Technical Specifications
- For report name, report program name, and report job name see report layout CLM-0140-D located in the PWB.
- For report heading, report field headings, report field format, and report field lengths see report layout CLM-0140-D located in the PWB.
- There is a field on this report called the Submitter ID. Need to talk with Michael Chan to determine how this field should be obtained in the Kentucky subsystem.
- For database field name and database table information see report layout CLM-0140-D located in the PWB.
- The t_enc_batch_process table will drive the report.
- Report CLM-0140-D is providing some of the exact same information as the Encounter Batch Results panel -- Encounter Batch Results
- The report will need to put into the OnBase System. A copy of this report will also need to be sent to the three different submitters - Passport, Transportation Cabinet and the PBA. We will either need to FTP the file or possibly get the submitters access to OnBase.

2.12.164.4 Clarifications
[Scott Crittenden] The report will be by provider id. The provider id and MCO name will be listed on a separate line, and then all the batches for the provider will be listed.

[Scott Crittenden] The report will be limited to all the batches with cde_batch_status = R, D, C, A. The date will be for dte_update in t_enc_batch_process.

[Scott Crittenden] Because of space constraints, only the file name will be printed. The path will be cleaned off.

[Scott Crittenden] Bill Ponder has provided the FTP directories we will use for the transfer of the report to Passport, Transportation Cabinet and PBA. The job script will move the report file to the FTP directories and FTS will send them to the submitters. The locations are: Dskysun0ap /export/customer/mod/dsky/data/claims/outbound/passport Dskysun0ap /export/customer/mod/dsky/data/claims/outbound/pba Dskysun0ap /export/customer/mod/dsky/data/claims/outbound/transportation The environment variable $DATADIR is defined as '/export/customer/mod/dsky/data' in the MO and Production

environments, so it will be used with '/claims/outbound/..' concatenated to it. $DATADIR is defined in the dev environment as '../data', so the job script can be tested.

[Scott Crittenden] The EDI table reorganization dropped T_UPDATE and replaced it with T_FILE_TRACK. Per Michael Chan, T_ENC_BATCH_PROCESS can be joined to T_FILE_TRACK via sak_batch = sak_tracking_id. The EDI table reorganization was promoted the week of 6/12, per Rich King.

2.12.164.5 Associated Requirements

Requirement ID	Type
30.090.007.003.5	Claims Processing/Adjudication

2.12.164.6 Associated System Objects

Technical Name	Object Type	Title
CLM-0140-D	Report	Encounter Batch Summary

2.12.164.7 Change Order Status

Status	Date
Issue Identified	04/25/2006
SE Assigned	05/09/2006
Define/Analyze In Progress	05/16/2006
Ready for Construction Walkthrough	05/18/2006
Ready for Construction Walkthrough	05/22/2006
Ready for Model Office	07/03/2006
Model Office Implemented	07/07/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.165 KY Member County Pricing Method - 2297

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2297	Change Order		Claims			

2.12.165.1 Desired Solution
Some claims in Kentucky are priced using rates based on the county in which the member receiving the service resides. The revenue code on the claim will indicate if this pricing method should be used. Currently, hospice claims determine rates in this manner.

2.12.165.2 Business Impact
None.

2.12.165.3 Technical Specifications
A new pricing method (MBRCTY) needs to be created. It will need to be valid for UB claims. For the revenue code based rates, the ability to set a default rate needs to exist so that the default rate will be used if a rate does not exist for the revenue/county code combination submitted.

When a revenue code with this new pricing method is submitted on a claim, the member's county will be used along with the rate type associated with the revenue code and the service dates on the detail to look up the appropriate row on T_COUNTY_RATE. If no row is found on the table, the default rate should be used (indicated by a county of 999 and a rate type of DEF for the service dates on the detail).

The rate found on the T_COUNTY_RATE table will be multiplied by the units allowed on the claim detail. The lesser of this calculated amount and the billed amount on the detail will be the detail allowed amount.

2.12.165.4 Clarifications
No associated clarifications found.

2.12.165.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.165.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.165.7 Change Order Status

Status	Date
Issue Identified	04/26/2006
Change Order Written	05/22/2006
SE Assigned	10/03/2006
Define/Analyze In Progress	10/06/2006

Status	Date
Design Complete	10/10/2006
Construction in Progress	10/11/2006
Ready for Model Office	10/14/2006
Model Office Implemented	10/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.166 KY Non DRG Inpatient Pricing - 2298

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2298	Change Order		Claims			

2.12.166.1 Desired Solution
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.

2.12.166.2 Business Impact
None.

2.12.166.3 Technical Specifications
Please see Requirements and Specifications document under Supplemental Documentation.

2.12.166.4 Clarifications
None.

2.12.166.5 Associated Requirements

Requirement ID	Type
30.090.002.002.2	RFP Requirement
30.090.007.002.23	Claims Edit/Audit
30.090.007.002.43	Claims Pricing
30.090.007.002.45	Claims Pricing
30.110.008.001	Claims Encounters

2.12.166.6 Associated System Objects

Technical Name	Object Type	Title
clmsDtl	Program	General Claim Detail
libclmub92.so	Program	UB Claim Library
clmsHdr	Program	General Claim Header
clmsub92Hdr	Program	UB Header
clmsub92IPPricing	Program	UB Inpatient Pricing
clmsub92Pricing	Program	UB Pricing
clmsProgram	Program	Process claims by member benefit plan

2.12.166.7 Change Order Status

Status	Date
Issue Identified	04/26/2006
Change Order Written	06/07/2006
SE Assigned	06/29/2006
Define/Analyze In Progress	07/12/2006
Design Complete	10/31/2006
Construction in Progress	11/02/2006
Ready for Model Office	11/21/2006
Model Office Implemented	11/28/2006
Ready for Model Office	12/04/2006
Model Office Implemented	12/12/2006
UAT Implemented	12/12/2006
Model Office Implemented	12/14/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.167 KY UB92 Lab Rate Defaults - 2299

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2299	Change Order		Claims			

2.12.167.1 Desired Solution

When institutional claims are submitted with lab services, a different default method is used to determine the payment amount if there is no rate on file for the lab service. A provider specific reimbursement percentage is used, rather than the non-provider specific percentage used on physician claims.

See CO 2306 - all documentation will be updated on this CO.

2.12.167.2 Business Impact

None.

2.12.167.3 Technical Specifications

Default pricing for lab services needs to be modified to look up the provider specific percentage for the lab revenue code when there is no lab rate on file for the HCPCS code billed with the revenue code on outpatient claims.

On long term care claims, details with services that price using the HCPCS procedure code should zero pay if there is no rate on file.

2.12.167.4 Clarifications

Per Laura Battles, this change affects Outpatient claim.

2.12.167.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.167.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.167.7 Change Order Status

Status	Date
Issue Identified	04/26/2006
Change Order Written	06/29/2006
Define/Analyze In Progress	08/11/2006
Ready for Construction Walkthrough	08/23/2006
Ready for Model Office	08/28/2006
Model Office Implemented	09/08/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.168 KY Pct of Charge Pricing Method - 2300

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2300	Change Order		Claims			

2.12.168.1 Desired Solution
Some institutional claims are priced using a provider specific percentage of billed charges for specific revenue codes.

2.12.168.2 Business Impact
None.

2.12.168.3 Technical Specifications
Create a new pricing method (PPRPCT) that will look up the provider specific percentage associated with the revenue code on the claim detail and multiply it by the billed amount on the detail. This will be the allowed charge for the detail. The provider specific rate will be located on T_PR_RATE. The rate type associated with the revenue code will indicate the percentage that needs to be selected.

Criteria that will be used to determine the pricing method are:

- dates of service
- specific revenue codes
- provider type
- claim type
- procedure code/provider id (one instance)

2.12.168.4 Clarifications
No associated clarifications found.

2.12.168.5 Associated Requirements

Requirement ID	Type
30.090.007.002.43	Claims Pricing

2.12.168.6 Associated System Objects

Technical Name	Object Type	Title
clmsub92Pricing	Program	UB Pricing
clmsub92LTCPricing	Program	UB Long Term Care Pricing
clmsub92Pricing_st	Program	KY UB Pricing Module
clmsPricing	Program	Claims Pricing
clmsub92HHPricing	Program	UB Home Health Pricing
libclmub92.so	Program	UB Claim Library

Technical Name	Object Type	Title
libclmcomm_st.so	Program	KY Claim Engine Common Library
libclmcomm.so	Program	Claim Engine Common Library
clmsPricing_st	Program	KY Specific Claims Pricing
clmsub92OPPricing	Program	UB Outpatient Pricing
libclmub92_st.so	Program	KY UB Claim Library
clmsub92IPPricing	Program	UB Inpatient Pricing

2.12.168.7 Change Order Status

Status	Date
Issue Identified	04/26/2006
SE Assigned	05/31/2006
Construction in Progress	06/05/2006
Unit Test in Progress (obsolete)	06/06/2006
Ready for Model Office	07/13/2006
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.169 KY Hospice Uses LTC Rates - 2301

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2301	Change Order	1	Claims			1

2.12.169.1 Desired Solution
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.

2.12.169.2 Business Impact
None.

2.12.169.3 Technical Specifications
Create a new pricing method (NFUNIT) that will look up the per diem rate for the LTC facility contained in the facility provider id field on the claim header. The LTC provider's specific rate will be located on T_PR_RATE under the NF1 rate type. This rate type will be associated with the revenue code on the reimbursement rules

Multiply the LTC provider's per diem rate (using the rate type associated with the respite care revenue code) by the allowed units on the detail to determine the detail allowed amount.

This pricing method will only apply to hospice claims, which will be billed as a home health claim type.

A BAF will also need to be set up to reduce the detail allowed amount to 95% of the allowed amount.

Criteria that will be used to determine the pricing method are:

- hospice billing provider type
- specific revenue codes

2.12.169.4 Clarifications
No associated clarifications found.

2.12.169.5 Associated Requirements

Requirement ID	Type
30.090.007.002.43	Claims Pricing

2.12.169.6 Associated System Objects

Technical Name	Object Type	Title
clmsub92HHPricing	Program	UB Home Health Pricing
libclmub92.so	Program	UB Claim Library
libclmub92_st.so	Program	KY UB Claim Library

2.12.169.7 Change Order Status

Status	Date
Issue Identified	04/26/2006
SE Assigned	06/01/2006
Define/Analyze In Progress	06/05/2006
Design Complete	06/08/2006
Construction in Progress	06/08/2006
Ready for Unit Test (obsolete)	06/11/2006
Ready for Construction Walkthrough	06/15/2006
Ready for Model Office	06/28/2006
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.170 KY UB92 Rev Code Rates - 2302

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2302	Change Order		Claims			

2.12.170.1 Desired Solution
Some institutional claims are priced using a provider specific per unit rate for specific revenue codes.

2.12.170.2 Business Impact
None.

2.12.170.3 Technical Specifications
Create two new pricing methods (PPRUNT and PPRUNL) that will look up the provider specific rate type associated with the revenue code on the claim detail and multiply it by the number of allowed units on the detail. For pricing method PPRUNT, this will be the allowed charge for the detail. For pricing method PPRUNL, the allowed charge will be the lesser of this calculation and the detail billed amount.

The provider specific rate will be located on T_PR_RATE.

Criteria that will be used to determine the pricing method are:

- provider type
- revenue code

2.12.170.4 Clarifications
No associated clarifications found.

2.12.170.5 Associated Requirements

Requirement ID	Type
30.090.007.002.43	Claims Pricing

2.12.170.6 Associated System Objects

Technical Name	Object Type	Title
clmsub92HHPricing	Program	UB Home Health Pricing
libclmcomm.so	Program	Claim Engine Common Library
clmsPricing_st	Program	KY Specific Claims Pricing
clmsPricing	Program	Claims Pricing
clmsub92IPPricing	Program	UB Inpatient Pricing
clmsub92LTCPricing	Program	UB Long Term Care Pricing
clmsub92Pricing	Program	UB Pricing
clmsub92OPPricing	Program	UB Outpatient Pricing

Technical Name	Object Type	Title
clmsub92Pricing_st	Program	KY UB Pricing Module
libclmcomm_st.so	Program	KY Claim Engine Common Library
libclmub92.so	Program	UB Claim Library
libclmub92_st.so	Program	KY UB Claim Library

2.12.170.7 Change Order Status

Status	Date
Issue Identified	04/26/2006
SE Assigned	05/31/2006
Technical Design In Progress (obsolete)	06/01/2006
Construction in Progress	06/05/2006
Unit Test in Progress (obsolete)	06/06/2006
Ready for Model Office	07/13/2006
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.171 KY UB92 Single Unit Flat Rate - 2303

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2303	Change Order		Claims			

2.12.171.1 Desired Solution
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.

2.12.171.2 Business Impact
None.

2.12.171.3 Technical Specifications
Create a new pricing method (REVFEE) that will look up the flat rate associated with the revenue code on the claim detail. The allowed charge for the detail will be the lesser of the flat rate times the units billed on the detail or the detail billed amount. This will replace the FLTFEE call in Home Health pricing that is currently being used.

The function that reads the flat fee rate table (read_cp_revFlatfee) also needs to be updated to match the rate type passed into the function with the rate type on the table.

2.12.171.4 Clarifications
No associated clarifications found.

2.12.171.5 Associated Requirements

Requirement ID	Type
30.090.007.002.43	Claims Pricing

2.12.171.6 Associated System Objects

Technical Name	Object Type	Title
libclmub92.so	Program	UB Claim Library
libclmcomm.so	Program	Claim Engine Common Library
libclmcomm_st.so	Program	KY Claim Engine Common Library
clmsPricing_st	Program	KY Specific Claims Pricing
libclmub92_st.so	Program	KY UB Claim Library
clmsPricing	Program	Claims Pricing
clmsub92HHPricing	Program	UB Home Health Pricing

2.12.171.7 Change Order Status

Status	Date
Issue Identified	04/26/2006
Change Order Written	06/12/2006

Status	Date
Construction in Progress	06/27/2006
Unit Test in Progress (obsolete)	07/11/2006
Ready for Model Office	07/13/2006
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.172 KY Rev Code Pricing Xwalk - 2304

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2304	Change Order		Claims			

2.12.172.1 Desired Solution

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:

- 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.
- 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.

2.12.172.2 Business Impact

None.

2.12.172.3 Technical Specifications

A new pricing method (HSXWLK) needs to be created. When this pricing method is used to price a detail, the allowed amount will be calculated in the following manner:

- Look up the unit rate on T_PR_RATE for the rate type associated with the revenue code.
- Read T_REV_HOSPICE_XWALK to determine which crosswalk method to use. The service dates, revenue code, and units billed must match a row on the table. The pricing revenue code on the table should be retrieved, along with the unit type indicator and minimum units.
- If the unit type indicator is "L", then only the last unit on the detail will be priced using the pricing revenue code.
- If the unit type indicator is "A", then the difference between the number of units billed on the claim and the minimum units will be the number of units to price using the pricing revenue code.
- The pricing revenue code will be priced using the rate from the T_COUNTY_RATE table. This rate is based on the member's county of residence and will be multiplied by the number of units determined based on the unit type indicator.
- The units priced using the revenue code on the detail will be multiplied by the unit rate from the provider rate table.
- These two amounts will be added together to get the detail allowed amount.

2.12.172.4 Clarifications

No associated clarifications found.

2.12.172.5 Associated Requirements

Requirement ID	Type
30.090.007.002.43	Claims Pricing

2.12.172.6 Associated System Objects

Technical Name	Object Type	Title
libclmub92_st.so	Program	KY UB Claim Library
libclmub92.so	Program	UB Claim Library
clmsub92HHPricing	Program	UB Home Health Pricing

2.12.172.7 Change Order Status

Status	Date
Issue Identified	04/26/2006
SE Assigned	06/07/2006
SE Assigned	10/03/2006
Design Complete	10/09/2006
Define/Analyze In Progress	10/11/2006
Construction in Progress	10/11/2006
Ready for Construction Walkthrough	10/25/2006
Ready for Model Office	10/30/2006
Model Office Implemented	11/03/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.173 KY Price Pct by Member Prov DOS - 2305

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2305	Change Order		Claims			

2.12.173.1 Desired Solution
There are situations when the Commonwealth chooses to price institutional claims by a percentage of billed charges. The percentage is assigned based on the combination of member id, billing provider id, and claim service dates. This is often used for out of state organ transplant claims.

2.12.173.2 Business Impact
This eliminates the need to suspend a claim for manual review and pricing, since the rate the provider will be paid is normally determined prior to the provision of the service.

2.12.173.3 Technical Specifications
Create a new, Kentucky specific, pricing method (PAPCTB) that will check T_PR_CONTRACT_RATE for a row that contains the member, provider, service dates, and claim type submitted on the current claim. If a row is found, the claim allowed amount will be a percentage (found on the table) of the billed charges on the claim.

This pricing method overrides all other pricing methods on inpatient and outpatient claims, so the table should be checked before looking for other pricing methods. There will not be any services (e.g. revenue codes) configured with this pricing method.

2.12.173.4 Clarifications
No associated clarifications found.

2.12.173.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.173.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.173.7 Change Order Status

Status	Date
Issue Identified	04/26/2006
Change Order Written	06/02/2006
Construction in Progress	10/02/2006
Ready for Model Office	01/23/2007
UAT Implemented	02/01/2007
Prod Implemented	02/01/2007

2.12.174 KY Rev Proc Fee Pricing - 2306

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2306	Change Order		Claims			

2.12.174.1 Desired Solution
Some institutional claims are priced using a max fee rate assigned to the procedure code that is billed with the revenue code on the detail.

2.12.174.2 Business Impact
None.

2.12.174.3 Technical Specifications
Create a new pricing method (REVMXF) which will look up the max fee rate on file for the procedure code billed on the claim detail using the rate type associated with the revenue code.

Criteria used to determine if this pricing method should be used:

- revenue code
- provider type and specialty
- claim type

2.12.174.4 Clarifications
Per Laura Battles, this change affects Outpatient, Home Health, and LTC claims.

2.12.174.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.174.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.174.7 Change Order Status

Status	Date
Issue Identified	04/26/2006
Change Order Written	06/05/2006
Define/Analyze In Progress	08/09/2006
Ready for Construction Walkthrough	08/23/2006
Ready for Model Office	08/28/2006
Model Office Implemented	09/08/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.175 KY Bundled Rate Pricing - 2307

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2307	Change Order		Claims			

2.12.175.1 Desired Solution

Some institutional claims are priced using a provider bundled rate for specific revenue codes. When a bundled rate revenue code is billed on a claim, all non-bundled rate revenue codes are zero paid.

Additionally, some professional claims will price using a provider specific bundled rate for certain procedure codes. Once one bundled code on a claim has been priced, all reaming services, including ones that are bundled should be zero paid.

2.12.175.2 Business Impact

None.

2.12.175.3 Technical Specifications

The pricing process needs to be modified to determine if "flat rate" pricing should occur on a claim. This should happen before a detail is priced.

A new output variable called "Bundled Pricing" is being added to reimbursement rules. The claims engine will need to have a new header variable added to the program structure that contains a flag to indicate when a bundled service has been processed on the claim. This will be initialized to "N".

When a detail is processed that contains the new "Bundled Pricing" indicator set to "Y", then the header flag should be checked to see if it has already been set to "Y". If it has not, then the current detail should be priced using the pricing method that was set by the reimbursement rule. The header flag should be set to "Y" for the program being processed. At this time, if the current detail is not the first detail on the claim, a new function should be called to loop through the details on the claim that have already been processed and if the detail has a paid status, the allowed amount should be set to zero. An informational EOB should also be posted to the detail.

If the header flag had already been set to "Y" and the "Bundled Pricing" indicator is "Y", the detail should price using its assigned pricing method. If the "Bundled Pricing" indicator is set to "F", then the current detail should be zero paid. If the "Bundled Pricing" indicator is "N", then the detail should be zero paid with an informational EOB.

NOTE: If there are any details on the claim with a pricing method of OPASC, then the details with a bundled indicator of "N" cannot be zero paid until ALL details on the claim have been priced. CO 2476 will be setting an indicator called numOPASC. If the value of the indicator is greater than zero, then there are OPASC services on the claim.

2.12.175.4 Clarifications

A note pertaining to how to handle claims with outpatient ASC services on them was added to the technical specs on 8/8/2006.

-- Laura Battles

2.12.175.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.175.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.175.7 Change Order Status

Status	Date
Issue Identified	04/26/2006
Change Order Written	07/25/2006
Construction in Progress	08/22/2006
Ready for Model Office	09/01/2006
Model Office Implemented	10/16/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.176 KY Zero Pay Inclusive Rev Codes - 2308

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2308	Change Order		Claims			

2.12.176.1 Desired Solution
Many institutional claims are priced using per diem rates that are inclusive of other services billed on a claim. When inclusive payments are made on a claim, the revenue codes that are not priced using the per diem rates should be zero paid.

2.12.176.2 Business Impact
When setting up reimbursement rules for non-DRG inpatient claims and psychiatric hospital claims, this pricing method can be used as the default pricing method for revenue codes that are included in per diem rates.

2.12.176.3 Technical Specifications
Create a new pricing method (ZEROPD) that will set the detail allowed amount to zero. A new EOB should be created that will post with this pricing method.

This pricing method should apply to physician and UB claim forms (CT A, B, C, H, I, L, M, and O).

2.12.176.4 Clarifications
No associated clarifications found.

2.12.176.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.176.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.176.7 Change Order Status

Status	Date
Issue Identified	04/26/2006
Change Order Written	06/29/2006
SE Assigned	10/03/2006
Define/Analyze In Progress	11/08/2006
Construction in Progress	11/29/2006
Ready for Model Office	12/02/2006
Model Office Implemented	12/12/2006
UAT Implemented	12/12/2006

Status	Date
Model Office Implemented	12/14/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.177 KY Max Flat 2 Pricing - 2309

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2309	Change Order		Claims			1

2.12.177.1 Desired Solution

Create new pricing methods to support the pricing methods currently used.

This KY CO is duplicated in the Core PWB. See Core CO 12480 - all documentation will be updated on this CO.

2.12.177.2 Business Impact

KY programs identified that use this pricing methodology.
Provider Type 15 - HANDS

For the KY HANDS program (Child Services) for DOS on and after 10/30/2002 to current date are priced by the rate on the PDD file for the benefit/service. The rate comes from the MCAID-2 rate on the PDD file.

2.12.177.3 Technical Specifications

Create a new pricing indicator (T_PRICING_IND) - MXFLT2; create a new rate type (T_RATE_TYPE) - MX2.
The rate(s) for the procedure codes will be on the max fee table (T_MAX_FEE) for PT 15 (HANDS).

For MXFLT2
Medicaid Reimbursement =
The rate from the T_MAX_FEE - [other insurance] (if any).

This pricing method is only used for Medical/Professional claims.
The rates for this pricing method will be read from the T_MAX_FEE table.

This pricing methodology will only apply to professional / medical claims.

Note: Think about using the pricing indicator to determine how to set the allowed amount.

Note: It is important to always set the allowed_units to 1 before leaving the pricing function to prevent potential problems in audits.

Reimbursement Rule set-up / info
DOS 10/16/2003 - 12/31/2299 - MXFLT2 pricing ind; rate type MX2
Performing Prov Type 15 - all Prov Spec
Proc Codes:
S9444
S9434
T1023

DOS 10/30/2002 - 10/15/2003 - MXFLT2 pricing ind; rate type MX2
Performing Prov Type 15 - all Prov Spec
Proc Codes:
99347
99348
XH100

DOS 1/1/2000 - 10/29/2002 - MAXFLT pricing ind; rate type MX1
Performing Prov Type 15 - all Prov Spec
Proc Codes:
99347
99348
XH100

FYI - HIPAA date is on 10/16/2003

2.12.177.4 Clarifications

Note:
The objects for this CO libclmcomm.so (1.422) & libclmphys.so (1.59) will move up with tonight's release (6/1/2006). These objects have not moved into Core MO yet. This will occur because the release process for KY is still not correct. [Schmidt]

2.12.177.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.177.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.177.7 Change Order Status

Status	Date
Issue Identified	04/26/2006
Change Order Written	05/11/2006
SE Assigned	05/17/2006
Define/Analyze In Progress	05/18/2006
Design Complete	05/19/2006
Construction in Progress	05/19/2006
Ready for Unit Test (obsolete)	05/22/2006
Ready for Construction Walkthrough	05/25/2006
Ready for Model Office	05/30/2006
Model Office Implemented	12/14/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.178 KY Pricing Child Special Hlth - 2337

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2337	Change Order		Claims			

2.12.178.1 Desired Solution
There are some professional services that are priced using a provider specific percent of charges or unit rate.

2.12.178.2 Business Impact
None.

2.12.178.3 Technical Specifications
Add pricing methods PPRPCT, PPRUNL, and PPRUNT to professional pricing. These pricing methods already exist for UB claims.

2.12.178.4 Clarifications
No associated clarifications found.

2.12.178.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.178.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.178.7 Change Order Status

Status	Date
Issue Identified	04/28/2006
Change Order Written	06/29/2006
Construction in Progress	09/26/2006
Ready for Model Office	10/30/2006
Model Office Implemented	11/06/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.179 KY Pricing Impact Plus - 2338

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2338	Change Order		Claims			

2.12.179.1 Desired Solution
Impact Plus services are priced using a rate set up on a prior authorization. When the provider submits a claim with a per unit charge that is less than the prior approved amount, the system should only pay the amount billed by the provider.

2.12.179.2 Business Impact
None.

2.12.179.3 Technical Specifications
Create a new pricing method (LPABIL) that will calculate an allowed amount based on the PA price on file. If the allowed PA amount is less than the covered billed amount (per unit billed amount times allowed units), then the allowed amount should be set to the covered billed amount.

For example -
Billed amount = $200, billed units = 5, allowed units = 4
PA amount = $45 per unit
Covered billed amount = ($200/5) * 4 = $160
PA allowed amount = $45 * 4 = $180
The claim would pay $160, which is the lesser of the two amounts.

2.12.179.4 Clarifications
No associated clarifications found.

2.12.179.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.179.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.179.7 Change Order Status

Status	Date
Issue Identified	04/28/2006
Change Order Written	06/29/2006
Define/Analyze In Progress	08/01/2006
Construction in Progress	09/08/2006
Ready for Construction Walkthrough	09/18/2006

Status	Date
Ready for Model Office	09/20/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.180 KY Pricing Support Comm Living - 2340

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2340	Change Order		Claims			

2.12.180.1 Desired Solution
Price claims for the Supports for Community Living based on the provider, member and claim data. This is a new pricing methodology that is KY specific.

2.12.180.2 Business Impact
For this KY program (Supports for Community Living - Provider Type 33) pricing is based on the provider, the service, and if the member (recipient) is a high intensity member or not.

2.12.180.3 Technical Specifications
For the services used we will use the UCBILL pricing indicator. We'll need to add 4 unique rate types:

- SC1 - Supports for Community Living 1 - non high intensity indicator
- SC2 - Supports for Community Living 2 - high intensity
- SC3 - Supports for Community Living 3 - non high intensity indicator
- SC4 - Supports for Community Living 4 - high intensity indicator

For the getter, need to read the T_RE_SNAP_STATE table for the high intensity indicator for that member (recipient), for that detail FDOS between the member effective and end date.

The rate data will be read from the T_REF_UCC table for a given provider id, procedure code / modifier combination.

A new getter will need to be added to clmsRulesWrapper.sc to call the claims engine getter for the high intensity indicator. The getter will be called: get_ru_indHighInt. A dummy version of this function is already in the program.

This will be a KY specific change only. Will only be submitted as a medical / professional claim.

Reimbursement Rule set-up / info
DOS 10/16/2003 - 12/31/2299 - UCBILL pricing ind; rate type SC1
Performing Prov Type 33 - all Prov Spec
Proc Codes:
90804, 90807, 92507, 97110, 97530, H0002, H0004, H0032, H0038, H0039, T2022
High Intensity indicator = 'N'

Reimbursement Rule set-up / info
DOS 10/16/2003 - 12/31/2299 - UCBILL pricing ind; rate type SC2
Performing Prov Type 33 - all Prov Spec
Proc Codes:
97535, 97537, H0043, S5126, S5140, T1005, T2016
High Intensity indicator = 'Y'

Reimbursement Rule set-up / info
DOS 7/1/2003 - 10/15/2003 - UCBILL pricing ind; rate type SC1

Performing Prov Type 33 - all Prov Spec
Proc Codes:
X0076, X0078, X0079, X0080, X0081, X0082, X0083, X0084
High Intensity indicator = 'N'

Reimbursement Rule set-up / info
DOS 7/1/2003 - 10/15/2003 - UCBILL pricing ind; rate type SC2
Performing Prov Type 33 - all Prov Spec
Proc Codes:
X0061, X0063, X0088, X0089, X0090, X0091, X0103
High Intensity indicator = 'Y'

Reimbursement Rule set-up / info
DOS 7/1/2000 - 6/30/2003 - UCBILL pricing ind; rate type SC3
Performing Prov Type 33 - all Prov Spec
Proc Codes:
X0076, X0078, X0079, X0080, X0081, X0082, X0083, X0084
High Intensity indicator = 'N'

Reimbursement Rule set-up / info
DOS 7/1/2000 - 6/30/2003 - UCBILL pricing ind; rate type SC4
Performing Prov Type 33 - all Prov Spec
Proc Codes:
X0061, X0063, X0088, X0089, X0090, X0091, X0103
High Intensity indicator = 'Y'

Reimbursement Rule set-up / info
DOS 1/1/2000 - 6/30/2000 - UCBILL pricing ind; rate type SC3
Performing Prov Type 33 - all Prov Spec
Proc Codes:
X0076, X0078, X0079, X0080, X0081, X0082, X0083, X0084
High Intensity indicator = 'N'

Reimbursement Rule set-up / info
DOS 1/1/2000 - 6/30/2000 - UCBILL pricing ind; rate type SC4
Performing Prov Type 33 - all Prov Spec
Proc Codes:
X0061, X0063, X0088, X0089, X0090, X0091, X0103
High Intensity indicator = 'Y'

2.12.180.4 Clarifications
No associated clarifications found.

2.12.180.5 Associated Requirements

Requirement ID	Type
30.090.007.002.23	Claims Edit/Audit
30.090.007.002.43	Claims Pricing

2.12.180.6 Associated System Objects

Technical Name	Object Type	Title
clmsRulesWrapper	Program	Claims Rule Wrapper
clmsReBase	Program	Claims Member
libclmcomm.so	Program	Claim Engine Common Library

2.12.180.7 Change Order Status

Status	Date
Issue Identified	04/28/2006
Change Order Written	05/16/2006
SE Assigned	08/04/2006
Define/Analyze In Progress	08/06/2006
Design Complete	09/14/2006
Ready for Construction Walkthrough	09/29/2006
Ready for Model Office	10/01/2006
Model Office Implemented	10/06/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.181 Fix record length in clmsidx.ctl - 2359

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2359	Change Order		Claims			1

2.12.181.1 Desired Solution
Current record length is 26; the two new fields CDE_BENEFIT_CATEGORY and CDE_BENFIT_LIMIT_KEY increase the length of the record by 4.

2.12.181.2 Business Impact
Keep table downloads in sync when increasing the size of t_limit_parm

2.12.181.3 Technical Specifications
Current record length is 26; the two new fields CDE_BENEFIT_CATEGORY and CDE_BENFIT_LIMIT_KEY increase the length of the record by 4.

2.12.181.4 Clarifications
No associated clarifications found.

2.12.181.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.181.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.181.7 Change Order Status

Status	Date
Change Order Written	05/01/2006
Ready for Model Office	08/08/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.182 Update xsd for T_LIMIT_PARM - 2361

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2361	Change Order		Claims			1

2.12.182.1 Desired Solution
Update T_LIMIT_PARM.xsd with two fields: CDE_BENEFIT_CATEGORY and CDE_BENFIT_LIMIT_KEY

2.12.182.2 Business Impact
Update T_LIMIT_PARM.xsd with two fields: CDE_BENEFIT_CATEGORY and CDE_BENFIT_LIMIT_KEY

2.12.182.3 Technical Specifications
Update T_LIMIT_PARM.xsd with two fields: CDE_BENEFIT_CATEGORY and CDE_BENFIT_LIMIT_KEY

2.12.182.4 Clarifications
No associated clarifications found.

2.12.182.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.182.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.182.7 Change Order Status

Status	Date
Change Order Written	05/01/2006
Ready for Model Office	06/12/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.183 Create new panel for Recipient B - 2365

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2365	Change Order		Claims			1

2.12.183.1 Desired Solution
The panels are derived from power builder panels displayed in the attached document. The power builder code is also included to describe the functionality.

2.12.183.2 Business Impact
Create a new panel under the recipient panel to show service usage. each benefit category is listed separately with counts specified for each month.

2.12.183.3 Technical Specifications
The panels are derived from power builder panels displayed in the attached document. The power builder code is also included to describe the functionality.

2.12.183.4 Clarifications
No associated clarifications found.

2.12.183.5 Associated Requirements

Requirement ID	Type
2904	Member Data Maintenance

2.12.183.6 Associated System Objects

Technical Name	Object Type	Title
RecipientServiceUsageSearchPage	Internal Page	Member Service Usage Search Page

2.12.183.7 Change Order Status

Status	Date
Change Order Written	05/01/2006
SE Assigned	07/25/2006
Define/Analyze In Progress	07/25/2006
Construction in Progress	07/25/2006
Ready for Construction Walkthrough	07/25/2006
Ready for Model Office	07/25/2006
Model Office Implemented	08/04/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.184 KY Pricing Primary Care / Rural - 2395

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2395	Change Order		Claims			

2.12.184.1 Desired Solution
Primary care and rural health providers are reimbursed using provider specific per diem rates. Some rural health providers are reimbursed using a provider specific percent of charges. The per diem rate is only paid once per claim and is only paid if specific services are billed.

2.12.184.2 Business Impact
When setting up the reimbursement rules for these services, the procedures associated with the new pricing method will also need to have a "Bundled Pricing" flag set to "First Only".

2.12.184.3 Technical Specifications
Create a new pricing method (PCRURL), which will retrieve the provider's per diem rate from T_PR_RATE using the rate type associated with the service. The allowed amount on the detail will be the per diem rate, even if it is greater than the billed amount on the detail.

Only one per diem rate will be paid on a claim. Change order 2307 addresses the logic needed to ensure that only one per diem is paid per claim.

2.12.184.4 Clarifications
No associated clarifications found.

2.12.184.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.184.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.184.7 Change Order Status

Status	Date
Issue Identified	05/09/2006
Change Order Written	06/29/2006
SE Assigned	07/24/2006
Define/Analyze In Progress	07/26/2006
Design Complete	07/26/2006
Construction in Progress	07/27/2006
Ready for Unit Test (obsolete)	07/28/2006

Status	Date
Ready for Construction Walkthrough	08/09/2006
Model Office Implemented	12/14/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.185 McKesson ClaimCheck Dental-Job - 2396

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2396	Change Order		Claims			

2.12.185.1 Desired Solution

The McKesson dental transin file will be created in Kentucky CO 1976. This CO should create the process which sends the dental transin file to Mckesson. This CO will also need to create a job which take the reports(examples of sample reports are below in the supplemental documentation -- Audit report, EXCPT report and Summary report) that McKesson creates as a result of claimcheck and upload these reports to OnBase. Reports may need to be printed also - need to follow-up on whether these reports need to be printed.

2.12.185.2 Business Impact

Meet the Commonwealth's business needs.

2.12.185.3 Technical Specifications

See McKesson Dental ClaimCheck transin file layout in McKesson ClaimCheck Dental -File - 1976

- This CO should create the process which sends the dental transin file to Mckesson.
- This CO will also need to create a job which take the reports(examples of sample reports are below in the supplemental documentation -- Audit report, EXCPT report and Summary report) that McKesson creates as a result of claimcheck and upload these reports to OnBase. Reports may need to be printed also - need to follow-up on whether these reports need to be printed.

2.12.185.4 Clarifications

EDI will write the report files to the $MODDIR/cold directory on the Unix box (for MO of Course) and to $PRODDIR/cold for production reports. An FTP ID will be used to pull the reports from the $MODDIR/cold directory. This ID will be shared with the EDI team along with the IP address of the Unix box. All the EDI team (FTS) should have to do is log into the Unix box and do an FTP put of the files. The ID will land them in the directory that they need to be in. Then the files will be in the source directory for OnBase and will be transferred and loaded to OnBase on the next Pull initiated by a process running on the OnBase server. Claims should not need to do any additional changes to accommodate this at this time. See email titled RE: KY DDI - High - Act - McKesson Extract - Reports Loading To OnBase- 0725 in supplemental documentation below for more information.. --- Jennifer Brown

The CLMJDI20 job which produces the dental claim transin file will be added to the daily claims report box(PCTD205). This box currently runs each day(Sunday - Saturday) at 7:00 p.m. eastern. -- Jennifer Brown

The naming standard for the claimcheck reports should be :

- dcb8003_ccyymmdd_hhmmss.dat = summary report
- dcb9001_ccyymmdd_hhmmss.dat = audit report
- dcb9002_ccyymmdd_hhmmss.dat = exception report

--- Jennifer Brown

McKesson will also be sending an additional report - an error report. This makes a total of four reports which will be sent by McKesson. The naming of the fourth report is dcd9004_ccyymmdd_hhmmss.dat. All four reports will be loaded to OnBase. --- Jennifer Brown

We do not need to add logic to the claimcheck modules(dental and Group Health (Physicians, Independent Lab, Outpatient Lab, etc.) to exclude PA claims. I talked with Bonnie Feeback (McKesson BA) concerning the need to exclude PA from Claimcheck and she does not believe they need to be excluded. She referred me to Mike Hudson and Mike had previously sent an email saying that it does not appear that we are excluding PA claims from GMIS. This along with the fact that we also checked the existing transition code and saw no logic to exclude PA claims. --- Jennifer Brown

From: Wajda, Mike
Sent: Thursday, March 29, 2007 2:20 PM
To: Brown, Jennifer M
Cc: Ponder, Bill
Subject: RE: KY DDI - High - Act - McKesson Dental Transin File - Number of Extract Files Per Day

They should only get one or the other. One we go live anything other than prod would be handled separately.

Thanks,
Mike Wajda

From: Brown, Jennifer M
Sent: Thursday, March 29, 2007 3:07 PM
To: Wajda, Mike
Cc: Ponder, Bill
Subject: KY DDI - High - Act - McKesson Dental Transin File - Number of Extract Files Per Day

Mike –

Right now McKesson is set up to handle us sending them one extract file per day. They will be expecting to receive this file each night. They process the file and then send the reports back to our mod/inbound directory. Since we are running in UAT we've asked them to put the reports in the uat/inbound directory. The reports will get loaded into model/uat OnBase. Once we go live this will change to prod/inbound. The reports will then get loaded to production in OnBase.

McKesson does not need to be able to distinguish between a test run of the transin file and a production run of the transin file. They don't need to be able to automatically drop the reports off in two locations. --- Jennifer Brown

2.12.185.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.185.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.185.7 Change Order Status

Status	Date
Issue Identified	05/03/2006
SE Assigned	07/20/2006
Define/Analyze In Progress	07/20/2006
Ready for Construction Walkthrough	08/07/2006
Ready for Model Office	01/10/2007
UAT Implemented	01/18/2007
Prod Implemented	01/23/2007

2.12.186 KY Rev Units Flat Pricing - 2423

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2423	Change Order		Claims			

2.12.186.1 Desired Solution
Some outpatient claims can be priced using a revenue code per unit rate that will always be the allowed amount, even if the provider submits a lower charge for the services.

2.12.186.2 Business Impact
None.

2.12.186.3 Technical Specifications
Create a new pricing method (REVUNT) that will multiply the flat rate from the t_revenue_flat_rate table by the number of units allowed on the detail. This will be the allowed amount on the detail, even if it is greater than the detail billed amount. There should be no cutback to the lesser of the billed and allowed amounts.

This pricing method will apply to outpatient claims.

2.12.186.4 Clarifications
No associated clarifications found.

2.12.186.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.186.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.186.7 Change Order Status

Status	Date
Issue Identified	05/05/2006
Change Order Written	06/29/2006
Design Complete	08/14/2006
Construction in Progress	08/14/2006
Ready for Tech Walkthrough	08/14/2006
Ready for Unit Test (obsolete)	08/25/2006
Ready for Model Office	08/28/2006
Model Office Implemented	12/14/2006

Status	Date
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.187 KY Pct of Per Diem Pricing - 2429

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2429	Change Order		Claims			

2.12.187.1 Desired Solution
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.

2.12.187.2 Business Impact
None.

2.12.187.3 Technical Specifications
Create a new pricing method (PPCTUN) which will price a detail using the per unit rate and percentage on file for the provider billing the claim based on the rate type associated with the revenue code on the claim. The rate and percentage will be found on the T_PR_RATE table.

The allowed amount for the detail will be the number of units times the unit rate on file. This amount will then be multiplied by the percentage on the rate table to get the final allowed amount.

This pricing method applies to long term care and inpatient claims.

2.12.187.4 Clarifications
No associated clarifications found.

2.12.187.5 Associated Requirements

Requirement ID	Type
30.090.007.002.43	Claims Pricing

2.12.187.6 Associated System Objects

Technical Name	Object Type	Title
libclmub92.so	Program	UB Claim Library
clmsub92Pricing	Program	UB Pricing
clmsub92Pricing_st	Program	KY UB Pricing Module
clmsub92LTCPricing	Program	UB Long Term Care Pricing
libclmub92_st.so	Program	KY UB Claim Library

2.12.187.7 Change Order Status

Status	Date
Issue Identified	05/05/2006
Change Order Written	06/07/2006
SE Assigned	06/12/2006

Status	Date
Construction in Progress	07/08/2006
Ready for Construction Walkthrough	07/11/2006
Ready for Model Office	07/11/2006
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.188 KY UCC Flat Rate Pricing - 2446

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2446	Change Order		Claims			1

2.12.188.1 Desired Solution

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.

2.12.188.2 Business Impact

KY programs identified that use this pricing methodology.
Provider Type 23 - Title V

Rates in the current KY (legacy) system come from the PPR (Provider Procedure Rate) file using Rate 1.
Sample data from the KY PPR file (kycust DB table - N1500500_PROV_PROC_RATE1):

```
select distinct(N1500512_PROC_CODE)
from N1500500_PROV_PROC_RATE1
where N1500522_PROV_NUMBER like '23%'
order by N1500512_PROC_CODE
```

```
N1500
-----
99199
99244
99245
H0043
H2012
T1025
T2023
X0064
X0073
X0088
```

2.12.188.3 Technical Specifications

Create a new pricing indicator (T_PRICING_IND) - UCCFLT; create a new rate type (T_RATE_TYPE) - MX1.
Create a new pricing indicator (T_PRICING_IND) - UCCFL2; create a new rate type (T_RATE_TYPE) - MX2.

For UCCFLT
Medicaid Reimbursement =
The lesser of (UCC rate vs. the detailed billed amount) - [other insurance] - [spenddown] (if any).

For UCCFL2
Medicaid Reimbursement =
The rate from the T_REF_UCC table.

This pricing method is only used for professional / medical claims.
The rates for this pricing method will be read from the T_REF_UCC table.

Note: It is important to always set the allowed_units to 1 before leaving the pricing function to prevent potential problems in audits.

Reimbursement Rule set-up / info
DOS 2/6/2004 - 12/31/2299 - UCCFL2 pricing ind; rate type MX2
Performing Prov Type 23 - all Prov Spec
Proc Codes:
99199, 99244, 99245, H0043, H2012, T1025, T2023

DOS 10/16/2003 - 2/5/2004 - UCCFLT pricing ind; rate type MX1
Performing Prov Type 23 - all Prov Spec
Proc Codes:
99199, 99244, 99245, H0043, H2012, T1025, T2023

DOS 11/1/2002 - 10/15/2003 - UCCFLT pricing ind; rate type MX1
Performing Prov Type 23 - all Prov Spec
Proc Codes:
99199, 99244, 99245, X0088, X0073, X0064

FYI - HIPAA date is on 10/16/2003

2.12.188.4 Clarifications
No associated clarifications found.

2.12.188.5 Associated Requirements

Requirement ID	Type
30.090.007.002.43	Claims Pricing

2.12.188.6 Associated System Objects

Technical Name	Object Type	Title
clmsphysPricing	Program	Physician Pricing
clmsPricing	Program	Claims Pricing
libclmphys.so	Program	Physician Claim Library
libclmcomm.so	Program	Claim Engine Common Library

2.12.188.7 Change Order Status

Status	Date
Issue Identified	05/09/2006
Change Order Written	05/11/2006
SE Assigned	05/19/2006
Define/Analyze In Progress	05/30/2006

Status	Date
Construction in Progress	05/30/2006
Ready for Construction Walkthrough	05/31/2006
Ready for Model Office	06/06/2006
Model Office Implemented	06/09/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.189 Add KY Edit 271 (103) - iC 3306 - 2448

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2448	Change Order		Claims			

2.12.189.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 103/271.

Edit 103/271 - Member applied income not current for date of service.

2.12.189.2 Business Impact
Comply with specific KY policy.

2.12.189.3 Technical Specifications
iC edit number 3306 - Member applied income not current for DOS-recycle for edit 271

Edit Criteria: For claim types H (provider types 42 and 44), M (provider types 33 and 43), and O (provider type 41), edit fails at the detail if there is not a valid patient liability segment on the patient eligibility display screen for the date of service.

For claim type H (provider type 42), M, and O a valid segment is defined as a segment with an indicator of `W' (Waiver).
For claim type H (provider type 44) a valid segment is defined as a segment with an indicator of `H' or `L' (Hospice or LTC).

EXCLUSIONS
Claims for QMB-only recipients (program code 'Z') bypass edit.

EOB 271: Claim denied. Member available income information not on file for the month of service. Please contact DMS at 502-564-6885.

Edit Disposition:
Configure edit as a detail edit
Configure edit for iC Claim Types A (provider types 02, 04, 11, 12), I (provider types 02, 04), and L
Configure location 60 (recycle)

2.12.189.4 Clarifications
Valid patient liability segments are defined as:

- A segment with an amount greater than zero and an indicator of 'L', or
- A segment with an amount of zero and an indicator of 'Y', or
- A segment with an amount of zero and an indicator of 'L' if the month billed is equal to the segment begin date month. If the applicable liability segment has a zero amount and the month being billed is greater than the segment begin date month, the segment must have an indicator of 'Y' to be considered valid (see #2 above).

Note, the patient liability amount can be $0.00.

Edit Disposition:
Configure edit as a detail edit
Configure edit for iC Claim Types H (provider types 42 and 44), M (provider types 33 and 43),

and O (provider type 41)
Configure location 60 (recycle)

This edit is a recycle edit. For claim regions 10 and 11 the claim will suspend for data corrections, if appropriate. If the system age is less than 21 days, the claim is to recycle. If a patient liability segment has not been added the claim is to deny after the recycle period. All regions will recycle for the 21 days.

2.12.189.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.189.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.189.7 Change Order Status

Status	Date
Change Order Written	05/09/2006
Ready for Model Office	08/18/2006
Model Office Implemented	09/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.190 Add KY Edit 026 - iC 3308 - 2450

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2450	Change Order		Claims			

2.12.190.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 026.

2.12.190.2 Business Impact
Comply with specific KY policy.

2.12.190.3 Technical Specifications
iC edit number 3308: Supplemental billings for long term care.

Edit Criteria: When ancillaries are billed and no total days are billed, suspend the claim.

EOB 026: Claim denied. Long term care supplemental billing must be submitted as adjustments.

Edit Disposition:
Configure edit as a detail edit
Configure edit for iC Claim Type L
Configure location 10
Configure region 00 to Deny
Configure region 10 and 11 to Suspend

2.12.190.4 Clarifications
No associated clarifications found.

2.12.190.5 Associated Requirements

Requirement ID	Type
20.020	RFP Requirement
30.050.007.002.21	Claims Edit/Audit

2.12.190.6 Associated System Objects

Technical Name	Object Type	Title
clmsub92	Program	UB Main Driver

2.12.190.7 Change Order Status

Status	Date
Change Order Written	05/09/2006
SE Assigned	08/02/2006
Construction in Progress	08/02/2006
Ready for Model Office	08/07/2006
Model Office Implemented	12/15/2006

Status	Date
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.191 Add KY Edit 036 - iC 3309 - 2451

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2451	Change Order		Claims			

2.12.191.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 036.

2.12.191.2 Business Impact
Comply with specific KY policy.

2.12.191.3 Technical Specifications
iC edit number 3309: Only one date of service per claim form.

Edit criteria: Fails if the header From DOS and To DOS are not equal.

EOB 036: Claim denied. Only one date of service allowed per claim form.

Edit Disposition:
Configure edit as a header edit
Configure edit for iC Claim Type M and B
Configure for Provider types 31 and 35 only
Configure location 13
Configure region 00 to Deny
Configure region 10 and 11 to Suspend

2.12.191.4 Clarifications
No associated clarifications found.

2.12.191.5 Associated Requirements

Requirement ID	Type
20.020	RFP Requirement
30.050.007.002.21	Claims Edit/Audit

2.12.191.6 Associated System Objects

Technical Name	Object Type	Title
clmsphys	Program	Physician Main Driver

2.12.191.7 Change Order Status

Status	Date
Change Order Written	05/09/2006
SE Assigned	08/02/2006
Ready for Construction Walkthrough	08/02/2006
Ready for Model Office	08/07/2006

Status	Date
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.192 Add KY Edit 051 - iC 3361 - 2452

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2452	Change Order		Claims			

2.12.192.1 Desired Solution
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.

2.12.192.2 Business Impact
Comply with specific KY policy.

2.12.192.3 Technical Specifications
iC edit number 3361: Invalid Patient Status Code

Edit criteria: Fails if the patient status code is missing or invalid. For claim type A and L, provider types 11 and 12, also fails if patient status code is 30 and the last digit of the type of bill (TOB) is 1 or 4. If patient status code is other than 30 and last digit of the TOB is 2 or 3, fail the edit.

Exclusion: Claim Type A submitted electronically with type of bill 121, 122, 123, or 124 are excluded from edit.

EOB 051: Patient status code is missing or invalid.

Edit Disposition:
Configure edit as a header edit
Configure edit for iC Claim Type A and L
Configure for Provider types 01, 02, 11, and 12 only
Configure location 10
Configure region 00 to Deny
Configure region 10 and 11 to Suspend

2.12.192.4 Clarifications
Legacy edit 051, iC edit 3361, was completed as a form edit under IHDR (Institutional Header). Program specifications related to iC edit 3361 was removed per Laura Battles.

2.12.192.5 Associated Requirements

Requirement ID	Type
20.020	RFP Requirement
30.050.007.002.21	Claims Edit/Audit
30.090.004.002.1	TPL Resource HIPP Maintenance

2.12.192.6 Associated System Objects

Technical Name	Object Type	Title
clmsub92	Program	UB Main Driver
clmsub92Hdr	Program	UB Header

Technical Name	Object Type	Title
libclmub92.so	Program	UB Claim Library

2.12.192.7 Change Order Status

Status	Date
Change Order Written	05/09/2006
Ready for Construction Walkthrough	08/07/2006
Ready for Model Office	08/14/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.193 Add KY Edit 052 - iC 3311 - 2453

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2453	Change Order		Claims			

2.12.193.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 052.

2.12.193.2 Business Impact
Comply with specific KY policy.

2.12.193.3 Technical Specifications
iC edit number 3311: Medicare net pay does not equal the Medicare total minus other deductions (coinsurance + deductible + non-covered + Medicare adjustment, if applicable).

Edit criteria: Suspend the claim if the Medicare net pay does not equal the Medicare total billed minus other deductions.

EOB: N/A

Edit Disposition:
Configure edit as a header edit
Configure edit for iC Claim Type B and C, Paper claims only
Configure for Provider types 20, 30, 34, 36, 37, 50, 52, 60-61, 64-65, 70, 72, 74, 77 and 78
Configure location 16 (for provider type 34)
Configure location 15 (for all other provider types listed)
Configure region 10 and 11 to Suspend

2.12.193.4 Clarifications
The logic of this change order is changed to: Medicare allowed amount = Medicare paid + coinsurance + deductible + other amount
The legacy edit manual does not match the current MMIS code, the code change history is in the attached document CO_history

2.12.193.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.193.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.193.7 Change Order Status

Status	Date
Change Order Written	05/09/2006
Construction in Progress	10/10/2006
Ready for Model Office	10/27/2006

Status	Date
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.194 Add KY Edit 073 - iC 3312 - 2454

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2454	Change Order		Claims			

2.12.194.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 073.

2.12.194.2 Business Impact
Comply with specific KY policy.

2.12.194.3 Technical Specifications
iC edit number 3312: EPSDT/Primary Care Referral Code Invalid

Edit Criteria: Suspend claim if referral reference other code is not BR, BT, CR, CT, DR, ER, ET, FR, FT, GR, GT, HR, HT, IB, ID, IM, IO, IP, LR, LT MR, MT, NR, NT, OR, OT, ST, ST, TR, TT, UR, UT, VR, VT, OR BLANK. (Table will be created in Reference with referral value codes).

EOB 073: Referred to 'other' code is invalid.

Edit Disposition:
Configure edit as a detail edit
Configure edit for iC claim type M
Configure for Provider types 15, 20, 22, 23,and 40
Configure location 11
Configure region 00 to deny
Configure region 10 and 11 to Suspend

2.12.194.4 Clarifications
DT and SR need to be included in the list of EPSDT referral codes.
[Dave Ross: DT and SR are included in CO 3306)

2.12.194.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.194.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.194.7 Change Order Status

Status	Date
Change Order Written	05/09/2006
SE Assigned	06/26/2006
Define/Analyze In Progress	07/25/2006
Ready for Construction	07/28/2006

Status	Date
Walkthrough	
Design Complete	07/28/2006
Construction in Progress	07/28/2006
Ready for Tech Walkthrough	07/28/2006
Ready for Model Office	09/01/2006
Model Office Implemented	09/08/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.195 Add KY Edit 124 - iC 3380 - 2457

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2457	Change Order		Claims			

2.12.195.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 124 for disproportionate share hospital claims cannot span a member's 6th birthday

2.12.195.2 Business Impact
Comply with specific KY policy

2.12.195.3 Technical Specifications
iC edit number 3391 Disproportionate share hospital claims cannot span a member's 6th birthday.

Edit criteria: Fails disproportionate share hospital (payment mode of 3 or 4 for FDOS) claims if the member's 6th birthday is after the from date of service and on or before the to date of service.

Exceptions: Does not fail if the type of bill is final (111 or 114) and the to dte of service is on the member's 1st birthday.

Does not apply to claim type I, provider type 01 for claims with an admission date greater than 3/31/03. This edit still applies to critical access, rehabilitation and ventilator facilities.

EOB 924: Disproportionate share hospital claims which span a member's 6th birthday must be split billed. Please refer to the billing instructions in your provider manual.

Edit Disposition:
Configure edit as a header edit
Configure edit for claim type I, provider types 01, 02
Configure location 10
Configure region 00 to Deny
Configure region 10 and 11 to Suspend

2.12.195.4 Clarifications
The edit number 3315 is already used, so for this change order, change the edit 3315 to 3391

2.12.195.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.195.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.195.7 Change Order Status

Status	Date
Change Order Written	05/09/2006
SE Assigned	12/14/2006
Construction in Progress	12/14/2006
Ready for Model Office	02/23/2007
Model Office Implemented	03/01/2007
UAT Implemented	03/01/2007
Prod Implemented	03/01/2007

2.12.196 Add KY Edit 123 - iC 3372 - 2458

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2458	Change Order		Claims			

2.12.196.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 123 for claim may not span a member's 1st birthday.

2.12.196.2 Business Impact
Comply with specific KY policy

2.12.196.3 Technical Specifications
iC edit number 3372 This claim may not span a Member's 1st Birthday.

Edit criteria: Fails non-disproportionate share hospital claims if the member's 1st birthday is after the from date of service and on or before the to date of service. .

Exceptions: Does not fail if the type of bill is final (111 or 114) and the to date of service is on the member's 1st birthday.

EOB 123: This claim my not span the member's 1st birthday. Please refer to the billing instructions in your provider manual.

Edit Disposition:
Configure edit as a header edit
Configure edit for claim type I, provider types 01, 02
Configure location 10
Configure region 00 to Deny
Configure region 10 and 11 to Suspend

2.12.196.4 Clarifications
No associated clarifications found.

2.12.196.5 Associated Requirements

Requirement ID	Type
20.020	RFP Requirement
30.050.007.002.21	Claims Edit/Audit
30.090.004.002.1	TPL Resource HIPP Maintenance

2.12.196.6 Associated System Objects

Technical Name	Object Type	Title
clmsub92	Program	UB Main Driver
libclmub92.so	Program	UB Claim Library
clmsub92Hdr	Program	UB Header
clmsub92TobGroup	Program	UB Type Of Bill Groups

2.12.196.7 Change Order Status

Status	Date
Change Order Written	05/09/2006
Construction in Progress	10/30/2006
Ready for Construction Walkthrough	11/01/2006
Ready for Model Office	11/06/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.197 Add KY edit 122 - iC 3317 - 2459

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2459	Change Order		Claims			

2.12.197.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 122 for services not approved by Medicare

2.12.197.2 Business Impact
Comply with specific KY policy

2.12.197.3 Technical Specifications
iC edit number 3317 This Service was not Approved by Medicare.

Edit criteria: Fails tape crossovers with detail Medicare approved amounts of zero if the recipient is NOT QMB-Only (the QMB indicator is other than Z).

EOB 122: This Service was not Approved by Medicare. Please Resubmit this Service to Medicaid with a copy of the Medicare EOMB.

Edit Disposition:
Configure edit as a detail edit
Configure edit for claim type B, provider types
20,30,36,37,50,52,54,60,61,64,65,70,72,74,75,77,78,90 and claim type C, provider type 34
Configure location 15
Configure region 00 to Deny

2.12.197.4 Clarifications
UB claim type 'C' does not have the crossover amounts at the detail level

2.12.197.5 Associated Requirements

Requirement ID	Type
20.020	RFP Requirement
30.010	RFP Requirement
30.050.007.002.21	Claims Edit/Audit
30.090.004.002.1	TPL Resource HIPP Maintenance

2.12.197.6 Associated System Objects

Technical Name	Object Type	Title
clmsXover	Program	Crossover Edits
libclmphys.so	Program	Physician Claim Library
clmsphys	Program	Physician Main Driver
libclmcomm.so	Program	Claim Engine Common Library

2.12.197.7 Change Order Status

Status	Date
Change Order Written	05/09/2006
SE Assigned	11/06/2006
Ready for Construction Walkthrough	11/14/2006
Ready for Model Office	11/16/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.198 Add KY Edit 117 - iC 3318 - 2460

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2460	Change Order		Claims			

2.12.198.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 117 where the type of bill is invalid for DRG-related claim.

2.12.198.2 Business Impact
Comply with specific KY policy

2.12.198.3 Technical Specifications
iC edit number 3318 Type of Bill Invalid for DRG-Related Claim

Edit criteria: Fails if the Type of Bill is not a 110 or 111 for Claim Type I, PT 01. Fails if the Type of Bill is 112, 113 or 114 for Claim Type A, PT 01.

Exclusions: The following Critical Access, Rehabilitation and Ventilator Facilities are excluded from this edit:
01000140;01002724;01022110;01021237;01022243;
01022110;01022532;01004233;01022458;
01000181;01005339;01000173;01008044;01000256;01016732;01022326;01021773;01002526;
01021930;01022540;01022060;01400480 04/01/03;01000272 05/01/03;01006931
07/01/04;01000306 03/29/04;01000314 01/01/04;01021781 12/31/04;01000330
07/01/05;01000322 02/01/04;01600691 08/01/04 ;01000355 02/01/05;01000363
03/01/05;01600774 04/01/03;01022482 05/24/05;01014232 06/14/05;01000223 remove w/DOS effective 7/1/03;01021815 remove w/DOS effective 7/1/03;01021898 remove w/DOS effective 8/3/05

EOB 117: Claim Denied. Type of Bill not valid for DRG-Related Claim

Edit Disposition:
Configure edit as a header edit
Configure edit for claim type I, provider type 01 and claim type A, provider type 01
Configure location 10
Configure region 00 to Deny
Configure region 10 and 11 to Suspend

2.12.198.4 Clarifications
No associated clarifications found.

2.12.198.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.198.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.198.7 Change Order Status

Status	Date
Change Order Written	05/09/2006
Construction in Progress	12/14/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.199 Add KY Edit 412 - iC 3320 - 2462

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2462	Change Order		Claims			

2.12.199.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 412 where only 1 date of service is allowed per detail.

2.12.199.2 Business Impact
Comply with specific KY policy

2.12.199.3 Technical Specifications
iC edit number 3320 Only One Date of Service Allowed per Detail.

Edit criteria: Fails if the Detail from date of service is not equal tot eh detail to date of service.
EOB 412: Detail Denied. Only one date of service allowed per detail.

Edit Disposition:
Configure edit as a detail edit
Configure edit for claim type M, provider type 23 and 24
Configure location 13
Configure region 00 to Deny
Configure region 10 and 11 to Suspend

2.12.199.4 Clarifications
No associated clarifications found.

2.12.199.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.199.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.199.7 Change Order Status

Status	Date
Change Order Written	05/09/2006
SE Assigned	08/10/2006
Ready for Construction Walkthrough	10/17/2006
Ready for Model Office	10/19/2006
Model Office Implemented	11/07/2006

Status	Date
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.200 Add KY Edit 354 - iC 3321 - 2463

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2463	Change Order		Claims			

2.12.200.1 Desired Solution
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.

2.12.200.2 Business Impact
Comply with specific KY policy

2.12.200.3 Technical Specifications
iC edit number 3321 Manual Price Invalid or Not Accompanied by a Manual Price EOB

Edit criteria: Fails if the manual price input is not all numeric and is greater than the billed amount. Fails if there is a manual price and there is not a cutback manual price EOB. Fails if the manual price is greater than the price on file for manual price EOBs requiring this check.

EOB: None

Edit Disposition:
Configure edit as a detail edit
Configure edit for all claim type M (excluding P/T 15,20,21,22,23,24,29,27,28,40,45), D, O, B (P/T 31,35), H (P/T 34,42)
Configure location
Configure region 00 to Deny
Configure region 10 and 11 to Suspend

NEW TECH SPECS from Clarifications:

- If the Allowed Amount is > 0.01, set the Pricing Indicator on the t_clm_pgm_xref table to 'MANUAL' instead of '5'.
- Add an edit to ensure that the Allowed Amount is less than or equal to the Billed Amount. Use the Billed amount on the claim detail or the header depending on the detail number (0 is for the header level) on the t_clm_pgm_xref table. (This is the table used on the Health Program panel.)

2.12.200.4 Clarifications
There has been some discussion that all, or part, of this CO should be covered in the UI. Has this been resolved?

The error disposition panels require a valid EOB. What should it be?

The panels require a valid Location code. What should it be?

Note to Bob Carter 8/11/06, waiting for his answers, K. Barker:
I see the Allowed Amount on the Health Program panel now. Can you please try to answer the 3 questions I have marked in Bold below?

Edit criteria from the CO:
-Fails if the manual price input is not all numeric and is greater than the billed amount. - this can be added in

-Fails if there is a manual price and there is not a cutback manual price EOB. - Is this what you will test today?
-Fails if the manual price is greater than the price on file for manual price EOBs requiring this check. - Do you know if this is a valid edit? If so, do you know how to check this?

At this time there are no edits in the panel if the Allowed Amount is > 0.01. However if the Allowed Amount is > 0.01, it is trying to set the Pricing Indicator on the t_clm_pgm_xref table to '5'. However when I look at the values on the t_pricing_ind table, I do not see a valid ind_pricing of '5'. Do you think this is leftover from old PowerBuilder code and that it needs to be changed? There does appear to be a ind_pricing = 'MANUAL' on the t_pricing_ind table, perhaps that should be used instead.

2.12.200.5 Associated Requirements

Requirement ID	Type
30.050.001F	RFP Split Requirement
30.050.007.002.21	Claims Edit/Audit

2.12.200.6 Associated System Objects

Technical Name	Object Type	Title
Clm.PaymentInfoHdrPanel.ascx	Panel	Health Program

2.12.200.7 Change Order Status

Status	Date
Change Order Written	05/09/2006
SE Assigned	07/25/2006
Define/Analyze In Progress	07/25/2006
Awaiting Further Definition	08/14/2006
SE Assigned	08/17/2006
SE Assigned	08/28/2006
Ready for Model Office	09/18/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.201 Add KY Edit 101 - iC 3322 - 2472

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2472	Change Order		Claims			

2.12.201.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 101 where the To Date of Service is after the TCN Julian Date (future dated claim).

2.12.201.2 Business Impact
Comply with specific KY policy

2.12.201.3 Technical Specifications
iC edit number 3322 Invalid TDOS Future Date

Edit criteria: Fails if the To Date of service on the claim is after the TCN Julian date.

Exclusions:
The following procedure codes are excluded from edit:

- A4221;A4222;A4253;A4256;A4259;A4625;A4629;B4034;B4053;B4036;B4150;B4151;B4152
- B4153;B4154;B4155;B4156;B4164;B4168;B4172;B4176;B4178;B4180;B4184;B4189;B4193;B4197
- B4199;B4216;B4220;B4222;B4224;B5000;B5100;B5200;E0935;B4102;B4103;B4104;B4149;B4157
- B4158;B4159;B4160;B4161;B4162

EOB: 101 Detail TDOS is invalid.

Edit Disposition:
Configure edit as a detail edit
Configure edit for claim type B, provider type 90
Configure location 13
Configure region 00 to Deny
Configure region 10 and 11 to Suspend

2.12.201.4 Clarifications
No associated clarifications found.

2.12.201.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.201.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.201.7 Change Order Status

Status	Date
Change Order Written	05/10/2006
SE Assigned	07/24/2006
SE Assigned	08/14/2006
Construction in Progress	08/14/2006
Ready for Model Office	10/13/2006
Model Office Implemented	10/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.202 Add KY Edit 377 - iC 3323 - 2474

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2474	Change Order		Claims			

2.12.202.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 377 where the Medicare Amounts Exceed $999.99.

2.12.202.2 Business Impact
Comply with specific KY policy.

2.12.202.3 Technical Specifications
iC edit number 3323 Medicare Amounts Exceed $999.99

Edit criteria: Claim fails if the detail Medicare allowed amount exceeds $999.99.

For Claim Type A, B (P/T 01,55), C Claim fails if the combination of the Medicare deductible and coinsurance amounts exceed $999.99. NOTE: For Claim type A claims billed on the UB-92, Coinsurance and Deductible amounts are plugged based on value codes and their corresponding value amounts. (Form Locators #39, 40, 41 on the UB-92). Value codes of A1 and B1 indicate deductible, codes of A2 and B2 indicate coinsurance.

For Claim Type B (P/T 30,31,35) Claim fails for either of the two reasons:

- If the recipient is QMB-Only (Program Code Z) and the combination of the Medicare deductible and coinsurance amounts exceed $999.99.
- If the recipient is not QMB-Only (Program code other than Z) and the Medicare paid amount exceeds $999.99.

EOB: None

Edit Disposition:
Configure edit as a header/detail edit
Configure edit for claim types A, B and C
Configure location 15
Configure region 00 to Suspend

2.12.202.4 Clarifications
No associated clarifications found.

2.12.202.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.202.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.202.7 Change Order Status

Status	Date
Change Order Written	05/10/2006
Construction in Progress	08/23/2006
Ready for Model Office	10/18/2006
Model Office Implemented	10/27/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.203 KY OP ASC Pricing - 2476

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2476	Change Order		Claims			

2.12.203.1 Desired Solution

Outpatient claims submitted with revenue code 360 are paid the ASC rate on file for the procedure code billed with the revenue code. These are considered flat rate services and other services submitted on the claim that are not included in the list of flat rate services will be denied.

2.12.203.2 Business Impact

None.

2.12.203.3 Technical Specifications

Create a new pricing method (OPASC) that will look up the ASC rate associated with the procedure code submitted on the claim detail and set the allowed amount to the rate on file.

When there is no ASC code associated with the procedure submitted with the revenue code, the detail should be priced using the provider's outpatient percentage of billed charges.

Modify read_cp_ascPricing to retrieve the ASC rate from the ASC rate table, rather than the max fee table. The changes to do this can be found under supplemental documentation.

2.12.203.4 Clarifications

There is also logic to address a situation when there is not a row on the procedure rate file, but I think the only way that could happen in interChange is if the procedure code is not on file. In that case, the detail should be denied.

If this were to ever happen AND there is not other flat rate revenue code paid on the claim (see CO 2307), here is the logic:
Pay provider specific percentage of charges based on revenue code, except lab which follows the regular lab logic.

Laura Battles

2.12.203.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.203.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.203.7 Change Order Status

Status	Date
Issue Identified	05/10/2006
Change Order Written	06/29/2006

Status	Date
SE Assigned	08/11/2006
Construction in Progress	08/11/2006
Construction in Progress	08/28/2006
Ready for Model Office	10/02/2006
Model Office Implemented	10/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.204 KY Transplant Pricing - 2486

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2486	Change Order		Claims			

2.12.204.1 Desired Solution
Inpatient claims related to specific types of transplants are manually or systematically manually priced, rather than using the DRG payment method.

2.12.204.2 Business Impact
None.

2.12.204.3 Technical Specifications
Claims should be configured to use the MANUAL pricing method (which will cause them to suspend for edit 6000 - Manual pricing required) for the following criteria:

- FDOS on or after 2002/07/12
- Out of State provider (who is not treated as an in state provider)
- ICD9 procedure on the claim of 4100 - 4109, 335, 3350, 3351, 3352, 336, 375, 4697, 505, 5051, 5059, 6353, or 6592

OR

- FDOS on or after 2002/07/12
- In state and out of state providers
- ICD9 procedure on the claim of 4100 - 4109, 335, 3350, 3351, 3352, 336, 375, 4697, 505, 5051, 5059, 6353, or 6592

AND

- ICD9 procedure on the claim of 556, 5561, 5569, 116, 1160, 1161, 1162, 1163, 1164, 1169, 528, 5280, 5281, 5283, 5284, 5285, or 5286

Create a new pricing method (AUTMAN) that will pay the lesser of $75,000.00 or 80% of the net billed amount. The net billed amount is the total billed amount less any non-covered charges. When this pricing method applies to the claim, pricing will have to be done once all details have been processed through the benefit coverage edits in order to determine what services were non-covered.

Claims should be configured to use the new AUTMAN pricing method for the following criteria:

- FDOS on or after 2002/07/12
- In state providers or selected out of state providers
- ICD9 procedure on the claim of 4100 - 4109, 335, 3350, 3351, 3352, 336, 375, 4697, 505, 5051, 5059, 6353, or 6592

2.12.204.4 Clarifications

This change order basically documents the reimbursement rules that must be set up once the predecessor change orders have been completed and the criteria for these rules can be entered.
Laura Battles

2.12.204.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.204.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.204.7 Change Order Status

Status	Date
Issue Identified	05/11/2006
Change Order Written	06/28/2006
SE Assigned	08/11/2006
Construction in Progress	08/28/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.205 Modify iC edit 368 (KY edit 083) - 2502

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2502	Change Order		Claims			

2.12.205.1 Desired Solution
Modify interchange edit 368 to match KY policy for existing edit 083. See exclusion criteria under technical specifications.

2.12.205.2 Business Impact
Comply with specific KY policy.

2.12.205.3 Technical Specifications
iC edit number 368 - First other procedure date invalid.

EXCLUSION
As of 08/20/03 claims with a secondary surgery date within three days prior to the admission date do not fail.

2.12.205.4 Clarifications
No associated clarifications found.

2.12.205.5 Associated Requirements

Requirement ID	Type
20.020	RFP Requirement
30.050.007.002.21	Claims Edit/Audit
30.090.004.002.1	TPL Resource HIPP Maintenance

2.12.205.6 Associated System Objects

Technical Name	Object Type	Title
clmsub92	Program	UB Main Driver
clmsub92Hdr	Program	UB Header
libclmub92.so	Program	UB Claim Library

2.12.205.7 Change Order Status

Status	Date
Change Order Written	05/12/2006
SE Assigned	06/14/2006
Ready for Construction Walkthrough	08/21/2006
Ready for Model Office	08/28/2006
Model Office Implemented	09/06/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.206 Modify iC edit 365 (KY edit 084) - 2503

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2503	Change Order		Claims			

2.12.206.1 Desired Solution
Modify interchange edit 365 to match KY policy for existing edit 084. See exclusion criteria under technical specifications.

2.12.206.2 Business Impact
Comply with specific KY policy.

2.12.206.3 Technical Specifications
iC edit number 365 - Principal procedure date invalid.

EXCLUSION
As of 08/20/03 claims with a primary surgery date within three days prior to the admission date do not fail.

2.12.206.4 Clarifications
No associated clarifications found.

2.12.206.5 Associated Requirements

Requirement ID	Type
20.020	RFP Requirement
30.050.007.002.21	Claims Edit/Audit
30.090.004.002.1	TPL Resource HIPP Maintenance

2.12.206.6 Associated System Objects

Technical Name	Object Type	Title
clmsub92Hdr	Program	UB Header
libclmub92.so	Program	UB Claim Library
clmsub92	Program	UB Main Driver

2.12.206.7 Change Order Status

Status	Date
Change Order Written	05/12/2006
SE Assigned	06/14/2006
Ready for Construction Walkthrough	08/21/2006
Ready for Model Office	08/28/2006
Model Office Implemented	09/06/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.207 KY Supports Comm Living - Config - 2535

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2535	Change Order		Claims			2

2.12.207.1 Desired Solution
Create new pricing method to support current pricing method used for Supports for Community Living.

2.12.207.2 Business Impact
KY programs identified that use this pricing methodology. Provider Type 33 - Supports for Community Living

The rates come from the PPR (Provider Procedure Rate) file using Rate 1, 2, 3, 4.

2.12.207.3 Technical Specifications
The value of the high intensity indicator will determine the reimbursement rate used for the service for the given member.

Need to set the Domain equal to the table name

Need to have the Hi Intensity variable point to the column (IND_INTENSITY) on the T_RE_SNAP_STATE table. The variable must be in the decision.

The configuration is achieved using a C# program. Troy (KY Ref TFAL) has a copy of this program and is familiar with its use. This program allows us to properly populate the T_RU_* tables.

2.12.207.4 Clarifications
No associated clarifications found.

2.12.207.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.207.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.207.7 Change Order Status

Status	Date
Issue Identified	05/15/2006
Model Office Implemented	12/14/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.208 KY Edit 282 - iC Edit 2500 - 2539

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2539	Change Order		Claims			

2.12.208.1 Desired Solution
Modify interChange edit 2500 to match KY policy for existing edit 282 where records indicate member has Medicare Part A coverage.

2.12.208.2 Business Impact
Comply with specific KY policy

2.12.208.3 Technical Specifications
iC edit number 2500 Recipient Covered by Medicare A (No Attachment)

Exclusions to be added to existing edit:

Provider numbers 01022532 and 01000256 bypass this edit.

For claim type I, claims with a type of bill 110 are excluded.

Encounter claims with a TPL Indicator of 13 bypass this edit

Edit Disposition:
Configure edit as a header edit
Configure edit for claim type I, Provider types 01, 02 ,92, 93
Configure location 13
Configure region 00 to Deny
Configure region 10 and 11 to Suspend

2.12.208.4 Clarifications
Change order updated. Reference to edit 284 and exclusion criteria for claim type 'H' removed. Claim type 'H' denies at the detail and iC edit 2500 is a header edit. Edit 284 is a detail edit, for claim type 'H'. A new edit will be created for Edit 284, claim type H.

2.12.208.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.208.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.208.7 Change Order Status

Status	Date
Change Order Written	05/16/2006
SE Assigned	06/01/2006
Ready for Model Office	06/21/2006

Status	Date
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.209 KY Edit 282 - iC Edit 2501 - 2540

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2540	Change Order		Claims			

2.12.209.1 Desired Solution
Modify interChange edit 2501 to match KY policy for existing edit 282 where records indicate member has Medicare Part A coverage.

2.12.209.2 Business Impact
Comply with specific KY policy.

2.12.209.3 Technical Specifications
iC edit number 2501 Recipient Covered by Medicare A (With Attachment)

Exclusions to be added to existing edit:

Provider numbers 01022532 and 01000256 bypass this edit.

For claim type I, claims with a type of bill 110 are excluded.

Encounter claims with a TPL Indicator of 13 bypass this edit

Edit Disposition:
Configure edit as a header edit
Configure edit for claim type I, Provider types 01, 02 ,92, 93
Configure location 13
Configure region 00 to Deny
Configure region 10 and 11 to Suspend

2.12.209.4 Clarifications
Change order updated. Reference to edit 284 and exclusion criteria for claim type 'H' removed. Claim type 'H' denies at the detail and iC edit 2500 is a header edit. Edit 284 is a detail edit, for claim type 'H'. A new edit will be created for Edit 284, claim type H.

2.12.209.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.209.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.209.7 Change Order Status

Status	Date
Change Order Written	05/16/2006
SE Assigned	06/01/2006
Ready for Model Office	06/21/2006

Status	Date
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.210 KY Edit 299 - iC Edit 2602 - 2541

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2541	Change Order		Claims			

2.12.210.1 Desired Solution
Modify interChange edit 2602 to match KY policy for existing edit 299 where member is covered under another hospice for dates of service.

2.12.210.2 Business Impact
Comply with specific KY policy.

2.12.210.3 Technical Specifications
iC edit number 2602 Member locked-in to specific provider

Edit criteria: Modify the program to look at UB-92s.

Edit Disposition:

- Configure edit as a detail edit
- Configure edit for all claim types H (P/T 44)
- Configure location 10
- Configure region 00 to Deny
- Configure region 10 and 11 to Suspend

2.12.210.4 Clarifications
No associated clarifications found.

2.12.210.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.210.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.210.7 Change Order Status

Status	Date
Change Order Written	05/16/2006
SE Assigned	08/07/2006
Define/Analyze In Progress	08/07/2006
Model Office Implemented	12/15/2006

Status	Date
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.211 KY Specific - iC Edit 1008 - 2543

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2543	Change Order		Claims			

2.12.211.1 Desired Solution
Modify interChange edit 1008 to match KY policy by removing logic around provider specialty

2.12.211.2 Business Impact
Comply with specific KY policy

2.12.211.3 Technical Specifications
iC edit number 1008 Rendering Provider must have an Individual Number.

Edit criteria: Take out the logic around the performing provider's specialty is Medical Clinic (082)

2.12.211.4 Clarifications
No associated clarifications found.

2.12.211.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.211.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.211.7 Change Order Status

Status	Date
Change Order Written	05/16/2006
SE Assigned	08/10/2006
Define/Analyze In Progress	08/10/2006
Design Complete	08/17/2006
Construction in Progress	09/11/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.212 Add KY Edit 188 - iC 3307 - 2544

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2544	Change Order		Claims			

2.12.212.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 188.

2.12.212.2 Business Impact
Comply with specific KY policy.

2.12.212.3 Technical Specifications
iC edit number 3307 Revenue code not payable with revenue code 240.

Edit Criteria: Will fail details with any revenue code other than 114, 124, 129, 134, 154, 960, or 961 billed on the same claim as 240 (all inclusive ancillary). Details with the billed amount listed in the non-covered field will not fail this edit.

For all failures, the billed amount is systematically moved to the non-covered column.

EOB 388: This revenue code is not payable when billed with all inclusive ancillary revenue code (240). Charges moved to non-covered.

Edit Disposition:
Configure edit as a detail edit
Configure edit for iC claim type I
Configure for Provider type 02 only
Claim details do not suspend/deny the detail billed amount is moved to the non-covered column, EOB 388 is posted at the detail

2.12.212.4 Clarifications
No associated clarifications found.

2.12.212.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.212.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.212.7 Change Order Status

Status	Date
Change Order Written	05/16/2006
SE Assigned	07/18/2006
Define/Analyze In Progress	07/18/2006
Construction in Progress	08/16/2006

Status	Date
Ready for Tech Walkthrough	10/20/2006
Ready for Model Office	10/24/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.213 Add KY Edit 921 - iC 3326 - 2559

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2559	Change Order		Claims			

2.12.213.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 921 where the TPL amount is equal to the Medicare paid amount or greater than the sum of coinsurance and deductible

2.12.213.2 Business Impact
Comply with specific KY policy.

2.12.213.3 Technical Specifications
iC Edit number 3326 TPL AMOUNT IS EQUAL TO THE MEDICARE PAID AMOUNT OR GREATER THAN THE SUM OF COINSURANCE AND DEDUCTIBLE.

Edit criteria: Fails crossover claims if the TPL amount is equal to the Medicare paid amount or greater than header coinsurance + header deductible.

EOB: 921 Third Party Liability amount is equal to the Medicare paid amount or greater than header coinsurance plus header deductible.

Edit Disposition:
Configure edit as a header edit
Configure edit for claim types A, B, and C
Configure location 16
Configure region 00 to Deny
Configure region 10 and 11 to Suspend

2.12.213.4 Clarifications
None.

2.12.213.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.213.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.213.7 Change Order Status

Status	Date
Change Order Written	05/18/2006
SE Assigned	07/18/2006
Construction in Progress	10/25/2006

Status	Date
Ready for Tech Walkthrough	11/07/2006
Ready for Model Office	11/07/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.214 Add KY Edit 918 - iC 3327 - 2560

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2560	Change Order		Claims			

2.12.214.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 918 where the detail dates of service are not equal to or within the header dates of service.

2.12.214.2 Business Impact
Comply with specific KY policy

2.12.214.3 Technical Specifications
iC edit number 3327 DETAIL DATES OF SERVICE NOT EQUAL TO OR WITHIN THE HEADER DATES OF SERVICE

Edit criteria: Fails if the detail dates of service are not equal to or within the header dates of service.

EOB: 918 - The detail dates of service are not equal to or within the header dates of service.

Edit Disposition:
Configure edit as a detail edit
Configure edit for claim type H (P/T 42,44) and O (P/T 41,46,47)
Configure location 13
Configure region 00 to Deny
Configure region 10 and 11 to Suspend

2.12.214.4 Clarifications
No associated clarifications found.

2.12.214.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.214.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.214.7 Change Order Status

Status	Date
Change Order Written	05/18/2006
SE Assigned	06/01/2006
Ready for Construction Walkthrough	07/09/2006
Ready for Model Office	07/13/2006

Status	Date
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.215 Add KY Header E915 - iC 3329 - 2562

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2562	Change Order		Claims			

2.12.215.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 915 where the Non-Covered amount is greater than billed amount.

2.12.215.2 Business Impact
Comply with specific KY policy

2.12.215.3 Technical Specifications
iC edit number 3329 NON-COVERED AMOUNT IS GREATER THAN BILLED AMOUNT

Edit criteria: Fails type I and L claims at the header if the header non-covered amount is greater than the header billed amount.

EOB: 915 - Claim Denied. The Non-covered amount cannot be greater than the billed amount.

Edit Disposition:
Configure edit as a header edit
Configure edit for claim types I and L
Configure location 10
Configure region 00 to Deny
Configure region 10 and 11 to Suspend

2.12.215.4 Clarifications
None.

2.12.215.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.215.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.215.7 Change Order Status

Status	Date
Change Order Written	05/18/2006
SE Assigned	08/16/2006
Define/Analyze In Progress	08/16/2006
Design Complete	09/06/2006
Construction in Progress	09/06/2006

Status	Date
Ready for Construction Walkthrough	09/06/2006
Ready for Model Office	09/15/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.216 Add KY Detail E915 - iC 3330 - 2563

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2563	Change Order		Claims			

2.12.216.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 915 where the Non-Covered amount is greater than billed amount.

2.12.216.2 Business Impact
Comply with specific KY policy

2.12.216.3 Technical Specifications
iC edit number 3330 NON-COVERED AMOUNT IS GREATER THAN BILLED AMOUNT

Edit criteria: Fails type H and O (P/T 01,39,41) claims at the detail if the detail non-covered amount is greater than the detail billed amount.

EOB: 915 - Claim Denied. The Non-covered amount cannot be greater than the billed amount.

Edit Disposition:
Configure edit as a detail edit
Configure edit for claim types H and O (P/T 01,39,41)
Configure location 10
Configure region 00 to Deny
Configure region 10 and 11 to Suspend

2.12.216.4 Clarifications
No associated clarifications found.

2.12.216.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.216.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.216.7 Change Order Status

Status	Date
Change Order Written	05/18/2006
SE Assigned	08/16/2006
Define/Analyze In Progress	08/16/2006
Design Complete	09/06/2006
Construction in Progress	09/06/2006

Status	Date
Ready for Construction Walkthrough	09/06/2006
Ready for Model Office	09/15/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.217 Add KY Edit 912 - iC 3331 - 2567

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2567	Change Order		Claims			

2.12.217.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 912 where the Medicare paid amount greater than $250.00.

2.12.217.2 Business Impact
Comply with specific KY policy

2.12.217.3 Technical Specifications
iC edit number 3331 MEDICARE PAID AMOUNT GREATER THAN $250.00

Edit criteria: Fails if a Primary Care or Rural Health crossover submitted on paper has a Medicare paid amount in excess of $250.00.

EOB: n/a

Edit Disposition:
Configure edit as a header edit
Configure edit for claim type B (P/T 31,35)
Configure location 16
Configure region 00 to Suspend

2.12.217.4 Clarifications
No associated clarifications found.

2.12.217.5 Associated Requirements

Requirement ID	Type
20.020	RFP Requirement
30.010	RFP Requirement
30.050.007.002.21	Claims Edit/Audit
30.090.004.002.1	TPL Resource HIPP Maintenance

2.12.217.6 Associated System Objects

Technical Name	Object Type	Title
clmsXover	Program	Crossover Edits
libclmphys.so	Program	Physician Claim Library
clmsphys	Program	Physician Main Driver
libclmcomm.so	Program	Claim Engine Common Library

2.12.217.7 Change Order Status

Status	Date
Change Order Written	05/18/2006
SE Assigned	10/16/2006
Construction in Progress	10/18/2006
Ready for Construction Walkthrough	10/20/2006
Ready for Model Office	10/24/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.218 Add KY Edit 835 - iC 3332 - 2568

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2568	Change Order		Claims			

2.12.218.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 835 where the DRG discharge status is invalid.

2.12.218.2 Business Impact
Comply with specific KY policy

2.12.218.3 Technical Specifications
iC edit number 3332 DRG INVALID DISCHARGE STATUS

Edit criteria: Fails if the Discharge Status is Invalid for the DRG claim.

EOB: 835 - Claim Denied. DRG Invalid Discharge Status.

Edit Disposition:
Configure edit as a header edit
Configure edit for claim type A (P/T 01,02) and I
Configure location 10
Configure region 00 to Deny
Configure region 10 and 11 to Suspend

2.12.218.4 Clarifications
No associated clarifications found.

2.12.218.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.218.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.218.7 Change Order Status

Status	Date
Change Order Written	05/18/2006
SE Assigned	08/10/2006
Define/Analyze In Progress	09/11/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.219 Add KY Edit 923 - iC 3333 - 2569

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2569	Change Order		Claims			

2.12.219.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 923 where nine-byte tax ID number is required.

2.12.219.2 Business Impact
Comply with specific KY policy

2.12.219.3 Technical Specifications
iC edit number 3333 NINE-BYTE TAX ID NUMBER REQUIRED.

Edit criteria: Fails if nine-byte (or more), all-numeric tax ID number is not entered in the patient's account number field.

For provider type 23, the nine-byte tax ID can be alpha or numeric characters.

EOB: 923 - A nine-byte, all-numeric tax ID number must be entered in the patient's account number field on the claim.

Edit Disposition:
Configure edit as a detail edit
Configure edit for claim type M (P/T 23 and 29 only)
Configure location 21
Configure region 00 to Deny
Configure region 10 and 11 to Suspend

2.12.219.4 Clarifications
Requested by KY CO 2569:
EOB: 923 - A nine-byte, all-numeric tax ID number must be entered in the patient's account number field on the claim.

Already in use:
EOB: 0923 - ITEMIZE CHARGES FOR SUPPLIES

Used:
EOB: 9990 - NINE-BYTE TAX ID NUMBER REQUIRED, P/T 23 ALPHA OR NUMERIC ID, P/T 29 NUMERIC ID

2.12.219.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.219.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.219.7 Change Order Status

Status	Date
Change Order Written	05/18/2006
SE Assigned	06/01/2006
Define/Analyze In Progress	07/10/2006
Ready for Construction Walkthrough	07/24/2006
Ready for Model Office	07/25/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.220 Modify iC edit 2502 for KY E283 - 2571

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2571	Change Order		Claims			

2.12.220.1 Desired Solution
Modify interChange edit 2502 to match KY policy for existing edit 283 where records indicate member has Medicare Part B coverage.

2.12.220.2 Business Impact
Comply with specific KY policy.

2.12.220.3 Technical Specifications
iC edit number 2502 Recipient Covered by Medicare B (No Attachment)

Exclusions to be added to existing edit:

- FOR CLAIM TYPE "M" (P/T 21) PROCEDURE CODES A0160, X0081, AND X0082 ARE EXCLUDED. CLAIM TYPE M (P/T 23) CLAIMS ARE EXCLUDED. ENCOUNTER CLAIMS WITH A TPL INDICATOR OF 13 BYPASS THIS EDIT. FOR PROVIDER TYPE 20, ONLY THE FOLLOWING PROCEDURES WILL FAIL THIS EDIT: (EXCEPT FOR EPSDT NEW PROCEDURE CODE (CPT 4) SHOULD FAIL) WP511, S9140, WP513, 92002

FOR PROVIDER TYPE 30, ONLY DETAILS BILLED WITH THE FOLLOWING PROCEDURE CODES WILL FAIL THIS EDIT:

- X0110, X0111, X0130, X0140, X0150, X0151, X0152, X0153, X0155, X0156, X0157, 90816, 99221, H0046, H2011, 90804, 90853, 90801, 99201, H0012, 90862, 90847

FOR PROVIDER TYPE 77, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM THIS EDIT:

- 76515, 76517, 92015, 92230, 92235, 92283, 92284, 92310, 92313

FOR PROVIDER TYPE 78, DETAILS WITH A PLACE OF SERVICE CODE OF 31, 32, 54 OR 56 ARE EXCLUDED FROM THIS EDIT.

NOTE: CLAIM DETAILS PROCESSED EFFECTIVE MAY 11, 2004 AND AFTER UNDER PROVIDER TYPE 78 WITH A PLACE OF SERVICE 31, 32, 54, OR 56 ARE EDITED. DCR01114 REMOVED THE EXCLUSION CRITERIA FROM EDIT 283 AND APPLIED TO PROVIDER TYPE 78.

DETAILS WITH A PROCEDURE CODE OF Y2870 ARE EXCLUDED FROM THIS EDIT.

FOR PROVIDER TYPE 01, CLAIMS WITH A TYPE OF BILL OF 134 ARE EXCLUDED.

FOR PROVIDER TYPE 01, CLAIMS WITH A TYPE OF BILL OF 134 ARE EXCLUDED.

FOR PROVIDER TYPE 34 CLAIMS BILLED ON A UB-92, IF A CONDITION CODE OF Y1 IS ENTERED (FORM LOCATORS 24-30), THE CLAIM WILL BYPASS THIS EDIT.

FOR PROVIDER TYPE 20, ONLY DETAILS BILLED WITH THE FOLLOWING MODIFIERS WILL FAIL THIS EDIT:

- A1, A2, A3, A4, J1, J2, K1, K2, K3, K4, K5, K6, AM

FOR PROVIDER TYPE 30, EFFECTIVE FOR DATES OF SERVICE BEGINNING 12/15/2000, PROCEDURE CODES X0110, X0111, X0130, X0140, X0150, X0151, X0152, X0153, X0155, X0156 AND X0157, 90816, 99221, H0046, H2011, 90804, 90853, 90801, 99201, H0012,

2.12.220.4 Clarifications

The edit criteria for this change order has been updated. Please see attached document titled CO 2571 Edit 283 criteria'.

2.12.220.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.220.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.220.7 Change Order Status

Status	Date
Change Order Written	05/18/2006
SE Assigned	06/07/2006
Ready for Model Office	06/21/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.221 Add Ky Edit 942 - iC 3334 - 2606

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2606	Change Order		Claims			

2.12.221.1 Desired Solution
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.

2.12.221.2 Business Impact
Comply with specific KY policy

2.12.221.3 Technical Specifications
iC edit number 3334 REVENUE CODE 129 IS NOT VALID WITH ANY OTHER ACCOMODATION REVNUE CODE.

Edit criteria: Fails if the accommodation code 129 is present no other accommodation revenue code is billed (114, 118, 124, 128, 134, 148, 154, 158, 208)

EOB: 942-Claim denied. Revenue code 129 is not valid with any other accommodation revenue code.

Edit Disposition:
Configure edit as a header edit
Configure edit for claim type (P/T 02)
Configure location 10
Configure region 00 to Deny Configure region 10 & 11 to Suspend

2.12.221.4 Clarifications
No associated clarifications found.

2.12.221.5 Associated Requirements

Requirement ID	Type
20.020	RFP Requirement
30.010	RFP Requirement
30.050.007.002.21	Claims Edit/Audit
30.090.004.002.1	TPL Resource HIPP Maintenance
30.090.007.002.23	Claims Edit/Audit

2.12.221.6 Associated System Objects

Technical Name	Object Type	Title
clmsub92Dtl	Program	UB Detail
clmsRevenueGroup	Program	Claims Revenue Groups
libclmub92.so	Program	UB Claim Library

Technical Name	Object Type	Title
clmsub92	Program	UB Main Driver
libclmcomm.so	Program	Claim Engine Common Library

2.12.221.7 Change Order Status

Status	Date
Change Order Written	05/25/2006
SE Assigned	10/25/2006
Ready for Construction Walkthrough	10/25/2006
Ready for Model Office	11/06/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.222 Add KY Edit 981 - iC 3335 - 2609

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2609	Change Order		Claims			

2.12.222.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 981 where non-emergency transportation claims cannot be billed on paper.

2.12.222.2 Business Impact
Comply with specific KY policy.

2.12.222.3 Technical Specifications
iC edit number 3335 NON-EMERGENCY TRANSPORTATION CLAIMS CANNOT BE BILLED ON PAPER.

Edit criteria: Fails if non-emergency transportation claims billed on paper (region 10 & 11).

Effective for dates of service 7/1/03 and after, provider specialty 16 non-emergency transportation claims billed on paper are excluded form edit 981

Effective for dates of service 12/1/02 through 4/30/03, non-emergency transportation claims billed on paper for recipients living in counties 015, 056, 093, 106, and 108 are excluded from edit 981.

EOB: 981 - Provider not allowed to bill claims on paper.

Edit Disposition:
Configure edit as a header edit
Configure edit for claim type M (P/T 56)
Configure location 14
Configure region 00 to Suspend

2.12.222.4 Clarifications
No associated clarifications found.

2.12.222.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.222.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.222.7 Change Order Status

Status	Date
Change Order Written	05/26/2006
Construction in Progress	08/07/2006

Status	Date
Ready for Model Office	11/13/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.223 Update UB92 Submitted Data - 2610

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2610	Change Order		Claims			

2.12.223.1 Desired Solution
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).

2.12.223.2 Business Impact
Panel is needed as part of new requirements for claimcheck processing.

2.12.223.3 Technical Specifications
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)
- CDE_PROC_MOD4_ORIG CHAR(2)

2.12.223.4 Clarifications
Found a problem in the factory. Modified the code and reset the MO date to 9/28 to have it released again.

2.12.223.5 Associated Requirements

Requirement ID	Type
30.090.007.002.71	Claims Panels/Panels

2.12.223.6 Associated System Objects

Technical Name	Object Type	Title
Clm.UB92DetailKeyPanel.ascx	Panel	Detail Submitted Data - UB92

2.12.223.7 Change Order Status

Status	Date
Change Order Written	05/26/2006
SE Assigned	06/26/2006
Define/Analyze In Progress	06/26/2006
Ready for Tech Walkthrough	08/25/2006
Ready for Model Office	09/05/2006
Ready for Model Office	09/25/2006
Model Office Implemented	10/02/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.224 Encounter Panel table change - 2611

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2611	Change Order		Claims			

2.12.224.1 Desired Solution
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.

2.12.224.2 Business Impact
Recent Encounter requirements initiated the table change.

2.12.224.3 Technical Specifications
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.

2.12.224.4 Clarifications
No associated clarifications found.

2.12.224.5 Associated Requirements

Requirement ID	Type
30.090.007.002.71	Claims Panels/Panels

2.12.224.6 Associated System Objects

Technical Name	Object Type	Title
Clm.UB92DetailKeyPanel.ascx	Panel	Detail Submitted Data - UB92

2.12.224.7 Change Order Status

Status	Date
Change Order Written	05/26/2006
Construction in Progress	06/27/2006
Ready for Model Office	07/10/2006
Model Office Implemented	07/13/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.225 Modify iC to match KY Edit 180 - 2613

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2613	Change Order		Claims			

2.12.225.1 Desired Solution
Modify interchange to match KY policy for existing edit 180.

2.12.225.2 Business Impact
Comply with specific KY policy.

2.12.225.3 Technical Specifications
Legacy Edit 180 - Detail procedure/NDC code indicated as on review.

(4813 - Med RVW Restriction For Billed Procedure. New interChange configurable billing rule edit.)

Modify for the following exclusion: For claim type `M , provider types 13, 64, 65, and 85, for date of service on and after 01/02/2004, Edit 180 is bypassed if a prior authorization (PA) number is entered on the claim.

Create a new input variable that will apply to benefit plans, provider contract, and reimbursement decisions:

- cde_variable - CLPA
- getter function - get_ru_PAonClaim
- library - libclmcomm.so

2.12.225.4 Clarifications
No associated clarifications found.

2.12.225.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.225.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.225.7 Change Order Status

Status	Date
Change Order Written	05/30/2006
Construction in Progress	07/20/2006
Model Office Implemented	12/15/2006

Status	Date
UAT Implemented	03/29/2007
Prod Implemented	03/29/2007

2.12.226 Modify iC to Match KY Edit 181 - 2614

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2614	Change Order		Claims			

2.12.226.1 Desired Solution
Modify interchange to match KY policy for existing edit 181.

2.12.226.2 Business Impact
Comply with specific KY policy.

2.12.226.3 Technical Specifications
Legacy Edit 181 - Procedure/Diagnosis related to sterilization - suspend.

Modify for the following exclusion: For claim type `M , provider types 64 and 65, Edit 181 is bypassed if a prior authorization (PA) number (number greater than zero) is entered on the claim.

The IC edit for this 4019 and 4065

2.12.226.4 Clarifications
No associated clarifications found.

2.12.226.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.226.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.226.7 Change Order Status

Status	Date
Change Order Written	05/30/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.227 Modify iC to Match KY Edit 182 - 2615

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2615	Change Order		Claims			

2.12.227.1 Desired Solution
Modify interchange to match KY policy for existing edit 182.

2.12.227.2 Business Impact
Comply with specific KY policy.

2.12.227.3 Technical Specifications
Legacy Edit 182 - Procedure/Diagnosis related to abortion - suspend.

Modify for the following exclusion: For claim type `M , provider types 64 and 65, Edit 182 is bypassed if a prior authorization (PA) number (number greater than zero) is entered on the claim.

IC edit is 4012 and 4022

2.12.227.4 Clarifications
No associated clarifications found.

2.12.227.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.227.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.227.7 Change Order Status

Status	Date
Change Order Written	05/30/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.228 Modify iC to Match KY Edit 183 - 2616

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2616	Change Order		Claims			

2.12.228.1 Desired Solution
Modify interchange to match KY policy for existing edit 183.

2.12.228.2 Business Impact
Comply with specific KY policy.

2.12.228.3 Technical Specifications
Legacy Edit 182 - Procedure related to hysterectomy - suspend.

Modify for the following exclusion: For claim type `M , provider types 64 and 65, Edit 183 is bypassed if a prior authorization (PA) number (number greater than zero) is entered on the claim.

IC edit is 4019, 4065

2.12.228.4 Clarifications
No associated clarifications found.

2.12.228.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.228.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.228.7 Change Order Status

Status	Date
Change Order Written	05/30/2006
Construction in Progress	09/12/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.229 KY Edit 198 - iC Edit 2057 - 2617

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2617	Change Order		Claims			

2.12.229.1 Desired Solution
Modify interchange edit 2057 to match KY policy for existing edit 198.

2.12.229.2 Business Impact
Comply with specific KY policy.

2.12.229.3 Technical Specifications
iC edit number 2057 - DOS span months-file separate claims for each month.

Edit Criteria: For PT 01 this edit only applies to claim type I and only applies in the following situations:

- For dos after 6/30/91 this edit only applies to claims filed on recipients under age 6 by disproportionate share hospitals (payment mode 3 or 4 for DOS). This edit also applies to claims filed on recipients under age 1 by non-disproportionate share hospitals.

Note: this edit does not apply to claim type I and A, PT 01 claims with an admission date greater than 03/31/03. The edit still applies to critical access, rehabilitation and ventilator facilities.

Edit Disposition:

- Configure edit as a header edit
- Configure edit for the following iC claim types and provider types:
- CT A; PTs 01, 02, 11 and 12
- CT H; PTs 34 and 42
- CT I; PTs 01 and 02
- CT L; PTs 11 and 12
- CT O; PTs 01, 39, and 41
- Configure location 10
- Configure region 00 to deny
- Configure region 10 and 11 to Suspend

2.12.229.4 Clarifications
Critical Access Facilities: 01000074 (effective 09/02/03); 01000140; 01000181; 01000223 (effective 09/01/03); 01000280 (effective 09/15/03); 01000306 (effective 03/29/04); 01000330 (effective 07/01/04); 01001619 (effective 01/01/04); 01002526; 01002724; 01004233; 01005339; 01006931 (effective 07/01/04); 01008044; 01014232 (effective 06/14/05); 01015239 (effective 09/01/03); 01015833 (effective 08/01/03); 01015932 (effective 12/01/03); 01016732; 01021773; 01021781 (effective 12/31/04); 01021815 (effective 09/01/03); 01021898 (removed

08/03/2005); 01021930; 01022052 (effective 08/01/04); 01022060; 01022110; 01022458; 01022466; 01022482 (effective 05/24/05); 01330034 (effective 07/01/04); 01400480; and 01600774.

Free Standing Rehab Facilities: 01021237; 01000173; 01022326; 01022540; 01022243; 01000264 (08/01/03); 01000272 (05/01/03); 01006931 (07/01/04); 01022052 (08/01/04); and 01000314 (01/01/04).

Ventilator Facilities: 01022532; 01000256; 01000306 (03/29/04); 01000322 (02/01/04); 01000355 (02/01/05); and 01000363 (03/01/05).

2.12.229.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.229.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.229.7 Change Order Status

Status	Date
Change Order Written	05/30/2006
Construction in Progress	09/26/2006
Ready for Model Office	11/13/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.230 CLM0140D-Replace T_UPLOAD Table - 2622

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2622	Change Order		Claims			

2.12.230.1 Desired Solution
The t_upload table will be replaced with the t_file_tracking table. The impact to this is that the Claims report CLM-0140-D(ENCOUNTER BATCH) will need to be updated to use the new table.

2.12.230.2 Business Impact
Meet the Commonwealth's business needs.

2.12.230.3 Technical Specifications
The t_upload table will be replaced with the t_file_tracking table. The impact to this the Claims report CLM-0140-D(ENCOUNTER BATCH) will need to be updated to use the new table. EDI is in the process of finalizing these changes and preparing the changes so that they can be moved to Core. This CO is dependant upon the EDI changes being finalized and moving to Core.

2.12.230.4 Clarifications
This change was done as part of CO 2295. Please see CO 2295 for supplemental documentation on the change. --- Jennifer Brown

2.12.230.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.230.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.230.7 Change Order Status

Status	Date
Issue Identified	05/30/2006
SE Assigned	06/21/2006
Ready for Construction Walkthrough	06/21/2006
Model Office Implemented	07/07/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.231 Add KY Edit 989 - iC 3337 - 2626

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2626	Change Order		Claims			

2.12.231.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 989 where the return mileage not payable if billing for a one-way trip.

2.12.231.2 Business Impact
Comply with specific KY policy

2.12.231.3 Technical Specifications
iC edit number 3337 RETURN MILEAGE NOT PAYABLE IF BILLING FOR A ONE-WAY TRIP.

Edit criteria: Fails for DOS on or after 10/16/03 fails details with procedure code A0425 if the base rate procedure code (A0427, A4029, A0429 UC) has 1 unit of service.

For DOS after 12/31/01 and prior to 10/16/03 fails details with procedure code A0420 if the base rate procedure code (A0426, A0427, A0433, A0434, A0428, A0429) has 1 unit of service.

For DOS after 3/31/97 and prior to 1/01/02 fails details with procedure code A0420 if the base rate procedure code (A0330, A0360, A0362) has 1 unit of service.

EOB: 989 - Claim/Detail Denied. Return Mileage Not Payable When Billing For One Way Trip.

Edit Disposition:
Configure edit as a detail edit
Configure edit for claim type M (P/T 55)
Configure location 13
Configure region 00 to Suspend

2.12.231.4 Clarifications
As part of the code consolidation - moving state callout code back to base modules - the phys dupe audit denied history code and data structures were also removed. Claim Check was also making calls to the routines in clmsphysAudit.sc denied history setters/getter so those calls had to be removed. KY does not use denied phys history for duplicate audits or claim check.

2.12.231.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.231.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.231.7 Change Order Status

Status	Date
Change Order Written	05/31/2006
SE Assigned	12/14/2006
Define/Analyze In Progress	03/24/2007
Ready for Construction Walkthrough	03/24/2007
Ready for Model Office	03/24/2007
Model Office Implemented	03/29/2007
UAT Implemented	03/29/2007
Prod Implemented	03/29/2007

2.12.232 DB changes to include Level of C - 2694

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2694	Change Order		Claims			1

2.12.232.1 Desired Solution

Eliminate the provider level of care crosswalk process and allow the level of care assignment using the rules process. The recipient must be assigned a level of care plan by the coverage rules. The provider must be assigned a contract that covers the recipients level of care plan. Multiple contracts will be required to support multiple recipient level of care plans.

This change order has been assigned to Greg Hess, but his name is not in the drop down list so I can't officially indicate that Greg is the SE working on this change.

2.12.232.2 Business Impact

Utilize the rules process to assign the level of care plan and provider contract to take advantage of all the criteria available through the rules process. This new process eliminates the system limitations that the current level of care crosswalk table imposes to the process.

2.12.232.3 Technical Specifications

Make the following modifications to tables: T_DENY_UB92_DTL, T_PD_UB92_DTL and T_SUSP_UB92_DTL

Action	Column Name	Description	Type	Length	Precision	Primary Key
Remove	CDE_LOC_PRICING	The level of care used to price the detail allowed amount.	CHAR	3	0	No

2.12.232.4 Clarifications

Status updated; not in 'resp person' list yet.

In Assignment Plan meeting held 5/22, it was determined that the Claims tables will not be changed anytime soon. When they are, CO 10990 will need to address the change to the .Net Configuration files and follow up to ensure the KY database tables are changed as well.

The field will be removed from the UB tables. Will follow up to ensure the change is made to KY tables.

2.12.232.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.232.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.232.7 Change Order Status

Status	Date
Change Order Written	06/02/2006
Ready for Model Office	06/16/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.233 Update T_UB92_DTL_EXT_KEY Table - 2701

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2701	Change Order		Claims			

2.12.233.1 Desired Solution

This data model change was split out from ClaimCheck change order 1136. This change order should add new fields to the t_ub92_dtl_ext_key table.

This KY CO is duplicated in the Core PWB. See Core CO 13265 - all documentation will be updated on this CO.

2.12.233.2 Business Impact

Meet the Commonwealth's business needs.

2.12.233.3 Technical Specifications

The fields below need to be added to the t_ub92_dtl_ext_key table:

- AMT_BILLED_ORIG NUMBER(8,2)
- QTY_BILLED_ORIG NUMBER(6,2)
- CDE_PROC_SUB CHAR(6)
- CDE_PROC_MOD1_ORIG CHAR(2)
- CDE_PROC_MOD2_ORIG CHAR(2)
- CDE_PROC_MOD3_ORIG CHAR(2)
- CDE_PROC_MOD4_ORIG CHAR(2)

2.12.233.4 Clarifications

No associated clarifications found.

2.12.233.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.233.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.233.7 Change Order Status

Status	Date
Issue Identified	06/05/2006
Ready for DM Review	07/19/2006
DM Review Board Approved	07/20/2006

Status	Date
Ready for Construction Walkthrough	07/20/2006
Ready for Construction Walkthrough	09/18/2006
Ready for DM Review	09/18/2006
Ready for Model Office	09/25/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.234 Modify Prescb Prov on Pharm Hdr - 2711

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2711	Change Order		Claims			1

2.12.234.1 Desired Solution

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.

2.12.234.2 Business Impact

Until this problem is corrected, the user is not able to view Pharmacy claims in KY on the claims information panel.

2.12.234.3 Technical Specifications

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.

The table containing the num_prov_lic has only been modified for KY, so this is a KY specific change. Please see the word document containing an email that explains the situation.

2.12.234.4 Clarifications

No associated clarifications found.

2.12.234.5 Associated Requirements

Requirement ID	Type
30.050.001F	RFP Split Requirement

2.12.234.6 Associated System Objects

Technical Name	Object Type	Title
Clm.PharmacyClaimPanel.ascx	Panel	Pharmacy Claim

2.12.234.7 Change Order Status

Status	Date
Change Order Written	06/06/2006
SE Assigned	06/27/2006
Construction in Progress	06/27/2006

Status	Date
Ready for Model Office	08/15/2006
Model Office Implemented	08/17/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.235 Update T_UB92_EXT_KEY.XSD - 2713

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2713	Change Order		Claims			

2.12.235.1 Desired Solution

This data model change was split out from ClaimCheck change order 1136. Change order 2701 added new fields to table t_ub92_dtl_ext_key. This change order should add new fields to the t_ub92_dtl_ext_key.xsd.

This KY CO is duplicated in the Core PWB. See Core CO 13261 - all documentation will be updated on this CO.

2.12.235.2 Business Impact

Meet the Commonwealth's business needs.

2.12.235.3 Technical Specifications

The following fields should be added to T_UB92_DTL_EXT_KEY.xsd :

- AMT_BILLED_ORIG NUMBER(8,2)
- QTY_BILLED_ORIG NUMBER(6,2)
- CDE_PROC_SUB CHAR(6)
- CDE_PROC_MOD1_ORIG CHAR(2)
- CDE_PROC_MOD2_ORIG CHAR(2)
- CDE_PROC_MOD3_ORIG CHAR(2)
- CDE_PROC_MOD4_ORIG CHAR(2)

2.12.235.4 Clarifications

No associated clarifications found.

2.12.235.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.235.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.235.7 Change Order Status

Status	Date
Issue Identified	06/06/2006
Ready for Model Office	09/26/2006

Status	Date
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.236 Add Ky Edit 996 - iC 3339 - 2741

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2741	Change Order		Claims			

2.12.236.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 996 where the number of students in the group is missing/invalid.

2.12.236.2 Business Impact
Comply with specific KY policy

2.12.236.3 Technical Specifications
iC edit number 3339 THE NUMBER OF STUDENTS IN THE GROUP IS MISSING/INVALID.

Edit criteria: Fails if the procedure code is X0081, X0082, X0083, X0084, 96153, 97530, 92508 or 97110 and the number of students in a group (type of service field-field24c) does not have a value of 1 through 6.

EOB: 996 The number of students in the group is missing or invalid.

Edit Disposition:
Configure edit as a Header edit
Configure edit for claim type M (P/T 21)
Configure location 11
Configure region 00 to Deny
Configure region 10 to suspend
Configure region 11 to suspend

2.12.236.4 Clarifications
No associated clarifications found.

2.12.236.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.236.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.236.7 Change Order Status

Status	Date
Change Order Written	06/12/2006
SE Assigned	07/10/2006
Define/Analyze In Progress	07/10/2006
Construction in Progress	08/07/2006

Status	Date
Ready for Model Office	01/26/2007
UAT Implemented	02/01/2007
Prod Implemented	02/01/2007

2.12.237 Add Ky Edit 977 - iC 3340 - 2742

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2742	Change Order		Claims			

2.12.237.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 977 where the type of bill is invalid for the provider type

2.12.237.2 Business Impact
None.

2.12.237.3 Technical Specifications
None.

2.12.237.4 Clarifications
No associated clarifications found.

2.12.237.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.237.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.237.7 Change Order Status

Status	Date
No associated Change Orders found.	

2.12.238 Add Ky Edit 930 Header- iC 3341 - 2764

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2764	Change Order		Claims			

2.12.238.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 930 where the records indicate member has TPL (Medicare replacement policy) coverage on file.

2.12.238.2 Business Impact
Comply with specific KY policy.

2.12.238.3 Technical Specifications
iC edit number 3341 RECORDS INDICATE MEMBER HAS TPL (MEDICARE REPLACEMENT POLICY) COVERAGE ON FILE.

Edit criteria: Fails if the member has a TPL segment on file with coverage code 25 on the TPL resource screen.

Exclusions: Provider #s 01022532 & 01000256 bypass E930. Claim type M, with TOB 110.

EOB: 930 Member has TPL (Medicare Replacement Policy) coverage on file.

Edit Disposition:
Configure edit as a Header edit
Configure edit for claim type H(34), I(01,02,04,39,92)
Configure location 19
Configure region 00 to Deny
Configure region 10, 11 to Suspend

2.12.238.4 Clarifications
No associated clarifications found.

2.12.238.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.238.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.238.7 Change Order Status

Status	Date
Change Order Written	06/14/2006
SE Assigned	08/28/2006
Construction in Progress	09/12/2006
Ready for Tech Walkthrough	11/03/2006

Status	Date
Ready for Model Office	01/29/2007
UAT Implemented	02/01/2007
Prod Implemented	02/01/2007

2.12.239 Add Ky E930 (Detail) - iC 3342 - 2767

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2767	Change Order		Claims			

2.12.239.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 930 where the records indicate member has TPL (Medicare replacement policy) coverage on file. (Detail)

2.12.239.2 Business Impact
Comply with specific KY policy.

2.12.239.3 Technical Specifications
Fails if the member has a TPL segment on file with coverage code 25 on the TPL resource screen.

2.12.239.4 Clarifications
No associated clarifications found.

2.12.239.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.239.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.239.7 Change Order Status

Status	Date
Change Order Written	06/14/2006
SE Assigned	08/28/2006
Construction in Progress	09/12/2006
Ready for Tech Walkthrough	11/03/2006
Ready for Model Office	01/29/2007
UAT Implemented	02/01/2007
Prod Implemented	02/01/2007

2.12.240 Add KY Edit 953 - iC 3343 - 2775

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2775	Change Order		Claims			

2.12.240.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 953.

2.12.240.2 Business Impact
Comply with specific KY policy.

2.12.240.3 Technical Specifications
iC edit number 3343 Only one unit allowed per podiatry modifier.

Edit Criteria: Fails if the provider has billed more units of service on the detail than there are modifiers. The edit only applies to modifiers LT, RT, TA, T1, T2, T3, T4, T5, T6, T7, T8, or T9 and only if billed in conjunction with one of the following procedure codes: 10060, 10120, 10140, 10160, 11000, 11100, 11420-11423, 11730, 11750, 11900, 12001, 12002, 16000, 16010, 16020, 20600, 20670, 28024, 28092, 28108, 28122, 28124, 28140, 28232, 28272, 28285, 28298, 28299, 28308, 28410, 28465, 28470, 28475, 28476, 28485, 28490, 28495, 28496, 28505, 28510, 28515, 28520, 28525, 28660, 28675, 28750, 28755, 28810, 28820, 73660, Y1154 and Y0226.

EOB 953 Claim detail denied. Only one unit of service allowed per modifier.

Edit Disposition:

- Configure edit as a detail edit
- Configure edit for claim type M, provider type 80
- Configure location 13
- Configure region 00 to Deny
- Configure region 10 and 11 to Suspend

2.12.240.4 Clarifications
No associated clarifications found.

2.12.240.5 Associated Requirements

Requirement ID	Type
2868	KY Amend
30.050.007.002.21	Claims Edit/Audit

2.12.240.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.240.7 Change Order Status

Status	Date
Change Order Written	06/15/2006
SE Assigned	07/10/2006
Construction in Progress	08/07/2006
Ready for Model Office	01/26/2007
UAT Implemented	02/01/2007
Prod Implemented	02/01/2007

2.12.241 Add KY Edit 078 - 3344 - 2776

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2776	Change Order		Claims			

2.12.241.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 078.

2.12.241.2 Business Impact
Comply with specific KY policy.

2.12.241.3 Technical Specifications
iC edit number 3344 Base rate missing or invalid.

Edit Criteria: Fails if a claim is billed without a base rate code.

P/T 55: dates of service on or after 10/16/2003 the following codes are base rate codes: A0427, A0427 GM, A0429, A0429 GM, A0429 UC, A0430, AND A0431.

P/T 55: dates of service 01/01/2002 through 10/15/2003 the following codes are base rate codes: A0430, A0431, A0426, A0427, A0433, A0434, A0340, A0342, A0348, A0428, A0429.

P/T 55: dates of service 04/01/1997 through 12/31/2001 the following codes are base rate codes: A0030, A0330, A0340, A0342, A0348, A0360, A0362.

P/T 55: dates of service prior to 04/01/1997 the following codes are base rate codes: A0010, A0030, A0342, A0348, A0362, A0368, A0999.

P/T 56, Specialty 16: dates of service on or after 07/01/2003 the following codes are base rate codes: T2005 T2005 GM.

EOB 078 Claim denied. Base rate procedure code missing or invalid.

Edit Disposition:

- Configure edit as a detail edit
- Configure edit for claim type M, provider type 55 and provider type 56, specialty 16
- Configure location 14
- Configure region 00 to Deny
- Configure region 10 and 11 to Suspend

2.12.241.4 Clarifications
KY Edit 078 will be set up as a negative-contra audit.

Audits created are 5411, 5412, 5413, 5414, 5415.

2.12.241.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.241.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.241.7 Change Order Status

Status	Date
Change Order Written	06/15/2006
Cancelled	06/22/2006
Change Order Written	06/23/2006
Construction in Progress	07/18/2006
Ready for Model Office	08/10/2006
Model Office Implemented	12/14/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.242 Add KY Edit 011 - iC 3345 - 2777

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2777	Change Order		Claims			

2.12.242.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 011.

2.12.242.2 Business Impact
Comply with specific KY policy.

2.12.242.3 Technical Specifications
iC edit number 3345 - Date span does not equal units billed.

Edit Criteria: Fails if the `through' date of service minus the `from' date of service plus one does not equal the number of units.

Exclusions: Procedure codes 77427, 77431, 90918, 90919, 90920, and 90921.

Revenue codes 250, 652, and 659.

For dates of service prior to 4/1/00 77420, 77425, and 77430 are excluded.

EOB 011 - Number of units billed is not equal to date span..

EOB 058 - Claim/detail denied. Only one date of service allowed per detail. Edit Disposition:

- Configure edit as a detail edit
- Configure edit for the following: CT M, PTs 13, 15, 20, 21, 64, 65, 85, and 78; CT H, PT 44
- Configure location 11
- Configure region 00 to Deny
- Configure region 10 and 11 to Suspend

2.12.242.4 Clarifications
No associated clarifications found.

2.12.242.5 Associated Requirements

Requirement ID	Type
20.020	RFP Requirement
30.010	RFP Requirement
30.050.007.002.21	Claims Edit/Audit
30.090.004.002.1	TPL Resource HIPP Maintenance

2.12.242.6 Associated System Objects

Technical Name	Object Type	Title
libclmub92.so	Program	UB Claim Library
clmsub92	Program	UB Main Driver
libclmphys.so	Program	Physician Claim Library
clmsphys	Program	Physician Main Driver
libclmcomm.so	Program	Claim Engine Common Library
clmsDtl	Program	General Claim Detail
clmsProcGroup	Program	Claims Procedure Groups
clmsRevenueGroup	Program	Claims Revenue Groups

2.12.242.7 Change Order Status

Status	Date
Change Order Written	06/15/2006
Ready for Construction Walkthrough	08/04/2006
Ready for Model Office	08/14/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.243 Modify iC to Match KY Edit 146 - 2779

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2779	Change Order		Claims			

2.12.243.1 Desired Solution
Modify interchange edit 4151 to match KY policy for existing edit 146.

2.12.243.2 Business Impact
Comply with specific KY policy.

2.12.243.3 Technical Specifications
iC Edit 4151 - Billing PT/PS restriction for billed revenue code.

Modify for the following : For claim type `I' failures for revenue codes 220 through 999 the detail billed amount is systematically moved to the non-covered column and EOB 753 is set. The claim does not suspend.

Fails if a provider other than 02000016 bills the revenue code 129.

EOB 753 - Invalid revenue code. Charges are not allowed.

2.12.243.4 Clarifications
[Dave] Edits 4151, 4162, and 4804 are all covered in this CO. If additional revenue code related edits are required those edits will just need to be added to t_edit_parms with cde_parm_type = 'NCV'.

2.12.243.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.243.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.243.7 Change Order Status

Status	Date
Change Order Written	06/15/2006
SE Assigned	08/30/2006
Define/Analyze In Progress	08/30/2006
Ready for Tech Walkthrough	10/03/2006
Ready for Construction Walkthrough	10/13/2006
Ready for Model Office	10/20/2006

Status	Date
Model Office Implemented	11/01/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.244 Modify iC to Match KY Edit 151 - 2780

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2780	Change Order		Claims			

2.12.244.1 Desired Solution
Modify interchange edit 4077 to match KY policy for existing edit 151.

2.12.244.2 Business Impact
Comply with specific KY policy.

2.12.244.3 Technical Specifications
iC Edit 4077 Revenue code not found.

Modify for the following : For claim type `I' failures for revenue codes 220 through 999 the detail billed amount is systematically moved to the non-covered column and EOB 753 is set. The claim does not suspend.

EOB 753 - Invalid revenue code. Charges are not allowed.

2.12.244.4 Clarifications
No associated clarifications found.

2.12.244.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.244.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.244.7 Change Order Status

Status	Date
Change Order Written	06/15/2006
SE Assigned	08/30/2006
Define/Analyze In Progress	08/30/2006
Ready for Tech Walkthrough	10/03/2006
Ready for Construction Walkthrough	10/06/2006
Ready for Model Office	10/10/2006
Model Office Implemented	11/01/2006
UAT Implemented	06/14/2007

Status	Date
Prod Implemented	06/14/2007

2.12.245 Modify iC to Match KY Edit 152 - 2786

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2786	Change Order		Claims			

2.12.245.1 Desired Solution
Modify interchange edit 4059 to match KY policy for existing edit 152.

2.12.245.2 Business Impact
Comply with specific KY policy.

2.12.245.3 Technical Specifications
iC Edit 4059 - Revenue code not on file.

Modify for the following : For claim type `I' failures for revenue codes 220 through 999 the detail billed amount is systematically moved to the non-covered column and EOB 753 is set. The claim does not suspend.

EOB 753 - Invalid revenue code. Charges are not allowed.

2.12.245.4 Clarifications
No associated clarifications found.

2.12.245.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.245.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.245.7 Change Order Status

Status	Date
Change Order Written	06/15/2006
Define/Analyze In Progress	09/21/2006
Ready for Tech Walkthrough	10/03/2006
Ready for Construction Walkthrough	10/06/2006
Ready for Model Office	10/10/2006
Model Office Implemented	12/14/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.246 Add Ky Edit 972 - iC 3346 - 2794

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2794	Change Order		Claims			

2.12.246.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 972 where the procedure codes for mileage, oxygen, and supplies must match the base rate category.

2.12.246.2 Business Impact
Comply with specific KY policy.

2.12.246.3 Technical Specifications
iC edit number 3346 PROCEDURE CODES FOR MILEAGE, OXYGEN, AND SUPPLIES MUST MATCH THE BASE RATE CATEGORY.

Edit criteria: Fails for P/T 56, Spec. 16, for DOS on or after 7/1/03, fails if the base rate proc code in Col A is billed with a proc code other than the corresponding code in Col B. (DCR 00699).

2.12.246.4 Clarifications
KY edit 972 has been configured as Negative Contra audits:

- PT 56 PS 016, DOS on or after 7/1/2003 audit 5400
- PT 55, DOS on or after 10/16/2003 audit 5401, 5402, 5403, 5404
- PT 55, DOS between 12/31/2001 and 10/16/2003 audit 5405, 5406, 5407
- PT 55, DOS between 3/30/1997 and 1/1/2002 audit 5408, 5409, 5410

2.12.246.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.246.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.246.7 Change Order Status

Status	Date
Change Order Written	06/15/2006
SE Assigned	06/23/2006
Construction in Progress	07/14/2006
Ready for Model Office	07/20/2006
Model Office Implemented	12/14/2006

Status	Date
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.247 Add Ky Edit 978 - iC 3347 - 2823

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2823	Change Order		Claims			

2.12.247.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 978 where only one base rate procedure code allowed per claim.

2.12.247.2 Business Impact
Comply with specific KY policy.

2.12.247.3 Technical Specifications
iC edit number 3347 ONLY ONE BASE RATE PROCEDURE CODE ALLOWED PER CLAIM.

Edit criteria: Fails for P/T 56, Spec. 16, for DOS on or after 7/1/03, fails if more than one of the following proc codes are billed on the same claim, T2005 or T2005GM.

For P/T 55, DOS on or after 7/1/03 fails if more than one of the following procedure codes are billed on the same claim: A0427, A0427GM, A0429, A0429UC, A0430, OR A0431. For P/T 55, for DOS after 12/31/01 and prior to 10/16/03 fails if more than one of the following procedure codes are billed on the same claim: A0340, A0342, A0348, A0426, A0427, A0428, A0429, A0430, A0431, A0433, A0434.

EOB: 978 Claim Denied. Only one base rate procedure code allowed per claim.

Edit Disposition:
Configure edit as a Header edit
Configure edit for claim type M (P/T 55,56)
Configure location 14
Configure region 00 to suspend

2.12.247.4 Clarifications
KY edit 978 has been configured as audit 5201, 5202, and 5210 in interChange. James

2.12.247.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.247.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.247.7 Change Order Status

Status	Date
Change Order Written	06/15/2006
SE Assigned	06/23/2006

Status	Date
Construction in Progress	07/07/2006
Ready for Model Office	08/07/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.248 Add Ky Edit 986 - iC 3348 - 2824

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2824	Change Order		Claims			

2.12.248.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 986 where the return trip mileage procedure code must be billed if an extra mileage procedure is billed in conjunction with a round trip

2.12.248.2 Business Impact
Comply with specific KY policy

2.12.248.3 Technical Specifications
iC edit number 3348 THE RETURN TRIP MILEAGE PROCEDURE CODE MUST BE BILLED IF AN EXTRA MILEAGE PROCEDURE IS BILLED IN CONJUNCTION WITH A ROUND TRIP.

2.12.248.4 Clarifications
No associated clarifications found.

2.12.248.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.248.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.248.7 Change Order Status

Status	Date
Change Order Written	06/15/2006
Define/Analyze In Progress	09/08/2006
Construction in Progress	09/22/2006
Ready for Model Office	10/02/2006
Model Office Implemented	10/06/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.249 Add Ky Edit 987 - iC 3349 - 2834

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2834	Change Order		Claims			

2.12.249.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 987 where oxygen codes are limited to 1 unit of service if base rate is only 1 unit.

2.12.249.2 Business Impact
Comply with specific KY policy.

2.12.249.3 Technical Specifications
iC edit number 3349 OXYGEN CODES ARE LIMITED TO 1 UNIT OF SERVICE IF BASE RATE IS ONLY 1 UNIT.

Edit criteria: Fails P/T 56, specialty 16, DOS on or after 10/16/03 oxygen details billed with 2 units of serv if the base rate proc code is billed with only 1 unit of serv. A0422 (oxygen codes), T2005 (base rate codes). P/T 55 DOS on or after 10/16/03 fails oxygen details billed with 2 units of serv if the base rate proc code is billed with only 1 unit of serv. A0422 (oxygen codes), A0427, A0429, A0429UC (base rate codes). P/T 55 DOS after 12/31/01 and prior to 10/16/03 fails oxygen details billed with 2 units of serv if the base rate proc code is billed with only 1 unit of serv. A0422 (oxygen codes), A0426, A0427, A0433, A0434, A0340, A0342, A0348, A0428, A0429 (base rate codes).

EOB: 987 Detail Denied. Procedure code A0422 limited to 1 unit of service if base rate indicates one way trip.

Edit Disposition:
Configure edit as a Detail edit
Configure edit for claim type M (P/T 55,56)
Configure location 14
Configure region 00 to deny
Configure region 10 & 11 to suspend

2.12.249.4 Clarifications
No associated clarifications found.

2.12.249.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.249.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.249.7 Change Order Status

Status	Date
Change Order Written	06/16/2006

Status	Date
SE Assigned	12/14/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.250 Add KY Edit 284 - iC 3351 - 2919

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2919	Change Order		Claims			

2.12.250.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 284

2.12.250.2 Business Impact
Comply with specific KY policy.

2.12.250.3 Technical Specifications
The legacy edit criteria below can not be implemented in interChange because the member data (hospice type) is not being carried forward to interChange. The following criteria should be implemented instead:

- Determine whether the claim is a hospice claim (provider type 44). If yes, continue, return otherwise.
- Determine whether the member has Medicare Part A coverage (using is_partAEligible). If yes, continue, return otherwise.
- If the revenue code is in (651, 652, 655, 656, 658, 659) continue, return otherwise. This will require a new revenue group.
- If all the above conditions are met, post the edit with EOB 0284. This change should be implemented in clmsTpl.sc within the function get_tpl_medicareCoverage.

Legacy edit criteria:

- iC edit number 3351 - The recipient is eligible for Medicare payment.

Edit Criteria: If the recipient has a Medicare type indicator of `A', `C', `R', or `S' on the recipient eligibility file, fail the edit. If the recipient is hospice-type 2 and the revenue codes for dates of service are 651, 652, 655 or 656 apply the edit. If recipient is hospice type 1 or 3 for dates of service and revenue codes are 658 and 659, apply the edit. Hospice type is found on the recipient hospice screen (KYVR031). The values are as follows:

- Medicare Only
- Medicare and Medicaid
- Medicare Exhausted
- Medicaid Only

EOB 284 - Our records indicate that this recipient is eligible for hospice payment from Medicare. Please bill Medicare first.

EOB 113 - Claim denied. Record documentation missing/incomplete.

Edit Disposition:

- Configure edit as a detail edit
- Configure edit for the following: Claim type H, PT 44
- Configure location 19 (TPL edit)
- Configure region 00 to Deny
- Configure region 10 and 11 to Suspend

2.12.250.4 Clarifications

No associated clarifications found.

2.12.250.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.250.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.250.7 Change Order Status

Status	Date
Change Order Written	06/23/2006
SE Assigned	02/07/2007
Define/Analyze In Progress	03/07/2007
Construction in Progress	03/09/2007
Ready for Model Office	03/12/2007
Model Office Implemented	03/15/2007
UAT Implemented	03/15/2007
Prod Implemented	03/15/2007

2.12.251 Modify iC to Match KY Edit 283 - 2920

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2920	Change Order		Claims			

2.12.251.1 Desired Solution
Modify interChange edit 2503 to match KY policy for existing edit 283 where records indicate member has Medicare Part B coverage.

2.12.251.2 Business Impact
Comply with specific KY policy.

2.12.251.3 Technical Specifications
Edit Criteria: Fails if the recipient has Medicare Part B segment for the dates of service on the Medicare Entitlement Screen. See attached document for exclusion criteria.

For the following provider types, only the following procedure codes and/or modifiers listed apply to Edit 283:

Provider Type 20: Details with Modifier A1-A4, J1, J2, K1-K6, and AM

For provider type 20, only the following procedures will fail edit 283: WP120, WP121, WP122, WP123, WP124, WP140, WP141, WP142, WP143, WP172, WP341, WP342, WP343, WP375, WP379, WP510, WP511, S9140, WP513, 92002, WP514, WP516, WP517, WP530, WP531, WP550, WP551, WP560, WP561, WP562, WP565, WP571, WP572, WP574, WP575, WP700, WP702, WP703, WP705, WP706, WP708, WP900

Provider Type 30: Only details billed with the following procedure codes will fail edit 283: X0110, X0111, X0130, X0140, X0150, X0151, X0152, X0153, X0155, X0156, X0157, H0012, H0046, H2011, 90801, 90804, 90816, 90853, 90862, 90847, 99201, 99221

Procedure codes X0110, X0111, X0130, X0140, X0150, X0151 X0153, X0155 X0157, H0012, H0046, H2011, 90801, 90804, 90816, 90853, 90862, 90847, 99201, 99221, BYPASS edit 283 if the code is billed with modifier `X', `GC', `F', or `SA'.

2.12.251.4 Clarifications
No associated clarifications found.

2.12.251.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.251.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.251.7 Change Order Status

Status	Date
Change Order Written	06/23/2006
SE Assigned	09/01/2006
Define/Analyze In Progress	09/01/2006
Define/Analyze In Progress	10/19/2006
Ready for Construction Walkthrough	02/21/2007
Ready for Model Office	02/23/2007
Model Office Implemented	03/07/2007
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.252 KY CE Add Relationships - 2990

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2990	Change Order		Claims			

2.12.252.1 Desired Solution
In order to price KY claims correctly, users need to be able to establish reimbursement rules using combinations of the following attributes: revenue code, DRG codes, ICD9 procedure code, and HCPCS procedure codes.

2.12.252.2 Business Impact
None.

2.12.252.3 Technical Specifications
The following relationships need to be added to reimbursement rules:

- Revenue Code to ICD9 Procedure Code
- DRG Code to ICD9 Procedure Code
- Revenue Code to HCPCS/CPT Procedure Code
- ICD9 Procedure Code to ICD9 Procedure Code

ICD9 Procedure Codes will need a getter that returns an array since there can be multiple ICD9 Procedures on a claim. This is currently being done for modifiers.

The ability to compare lists of ICD9 Procedures against the ones submitted on a claim must also be available. For example, a user needs to be able to set up a reimbursement rule based on the existence of at least one ICD9 Procedure from each of two different lists.

New getters will need to be added to clmsRulesWrapper.sc to call the claims engine getters for the HCPCS procedure code and ICD9 procedure codes. The getters will be called: get_ru_cdeProc and get_ru_cdeIcd9. Dummy versions of these functions are already in the program.

2.12.252.4 Clarifications
No associated clarifications found.

2.12.252.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.252.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.252.7 Change Order Status

Status	Date
Issue Identified	06/28/2006

Status	Date
Change Order Written	06/29/2006
Define/Analyze In Progress	08/14/2006
Completed	08/20/2007

2.12.253 KY CE Bundled Pricing Variable - 2996

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2996	Change Order		Claims			

2.12.253.1 Desired Solution
Some institutional and professional claims are priced using a provider bundled rate for specific revenue and/or procedure codes. When a bundled rate revenue/procedure code is billed on a claim, all non-bundled rate codes are zero paid.

2.12.253.2 Business Impact
None.

2.12.253.3 Technical Specifications
Create a new output variable that can be set in the reimbursement rules. This will be called "Bundled Pricing". A new setter and getter need to be added to that the claims engine can check for this variable.

The valid values will be:

- F - First Bundled Service Only
- Y - Pay All Bundled Services
- N - Bundled Pricing Does Not Apply

A new setter will need to be added to clmsRulesWrapper.sc to call the claims engine setter for the bundled pricing indicator. The setter will be called: set_ru_indBundledPricing. A dummy version of this function is already in the program.

2.12.253.4 Clarifications
No associated clarifications found.

2.12.253.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.253.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.253.7 Change Order Status

Status	Date
Issue Identified	06/28/2006
Change Order Written	06/29/2006
SE Assigned	08/21/2006
Construction in Progress	08/29/2006

Status	Date
Ready for Model Office	09/01/2006
Model Office Implemented	10/16/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.254 KY CE Add OOS Ind Variable - 2999

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2999	Change Order		Claims			

2.12.254.1 Desired Solution
Some institutional claims are priced based on the type of out-of-state indicator assigned to the billing provider on the claim. The billing provider's bed size and disproportionate share status are also used to determine the pricing method. These attributes need to be available to assign the appropriate pricing methods in the reimbursement rules.

2.12.254.2 Business Impact
None.

2.12.254.3 Technical Specifications
Create a new input variable, "OOS Provider" that will be compared to the ind_oos on t_pr_svc_loc_state for the billing provider on the claim. If the values match, then the rule will continue to be evaluated for the claim. A new setter and getter need to be added to clmsPrProvBilling. The indOOS can be added to the billing provider structure. A new function to set the cdeDSH should be added that is called at the end of xref_pb_prProvBilling. The new setter will be called set_pb_cdeOOS and will need to look up the ind_oos on t_pr_svc_loc_state for the billing provider on the claim. The getter will be called get_pb_cdeOOS.

Create a new input variable range "Bed Size" that will be compared to the num_both_beds on t_pr_beds. If the total number of beds associated with the facility falls within the range on the reimbursement rules, then the rule will continue to be evaluated for the claim. A new setter and getter need to be added to clmsPrProvBilling. The numBedSize can be added to the billing provider structure. A new function to set the numBedSize should be added that is called at the end of xref_pb_prProvBilling. The new setter will be called set_pb_numBedSize and will need to look up the num_both_beds on t_pr_beds for the billing provider on the claim. The getter will be called get_pb_numBedSize.

Create a new input variable, "DSH Provider" that will be compared to the ind_dsh which will need to be derived by the claims engine for the billing provider on the claim. If the values match, then the rule will continue to be evaluated for the claim. A new setter and getter need to be added to clmsPrProvBilling. The indDSH can be added to the billing provider structure. A new function to derive the indDSH should be added that is called at the end of xref_pb_prProvBilling. In order to determine if a provider is DSH, the t_pr_rate table needs to be read for the billing provider on the claim. If there are any rows on the table for the provider, service dates, and a DSH rate type (a list of these rate types will be supplied later), then the indDSH should be set to "Y". Otherwise, it should be set to "N". This value only needs to be derived if the claim type is "I" or "A". The getter will be called get_pb_indDSH.

Three new getters will need to be added to clmsRulesWrapper.sc to call the claims engine getter for the OOS indicator, Bed Size, and DSH Provider Indicator. The getters will be called: get_ru_cdeOOS, get_ru_numBedSize, and get_ru_indDSH. Dummy versions of these functions are already in the program.

2.12.254.4 Clarifications
No associated clarifications found.

2.12.254.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.254.6 Associated System Objects

Technical Name	Object Type	Title
clmsPrProvBilling	Program	Claims Billing Provider

2.12.254.7 Change Order Status

Status	Date
Issue Identified	06/28/2006
Change Order Written	06/29/2006
SE Assigned	07/29/2006
Define/Analyze In Progress	07/31/2006
Ready for Unit Test (obsolete)	08/06/2006
Ready for Construction Walkthrough	09/29/2006
Ready for Model Office	10/01/2006
Model Office Implemented	12/14/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.255 Add KY Edit 074 - iC 3352 - 3002

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3002	Change Order		Claims			

2.12.255.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 074.

2.12.255.2 Business Impact
Comply with specific KY policy.

2.12.255.3 Technical Specifications
iC edit number 3352 Ancillaries may not be billed in conjunction with ventilator or brain injury program reimbursement.

Edit Criteria: If there is an H or V in the pro indicator field, then the ancillary charges will suspend.

EOB 074 Ancillary charges not allowed in conjunction with ventilator or brain injury program reimbursement.

Edit Disposition:

- Configure edit as a detail edit
- Configure edit for the claim type L
- Configure location 10 (TPL edit)
- Configure region 00 to Deny
- Configure region 10 and 11 to Suspend

2.12.255.4 Clarifications
No associated clarifications found.

2.12.255.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.255.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.255.7 Change Order Status

Status	Date
Change Order Written	06/29/2006
Construction in Progress	10/17/2006

Status	Date
Ready for Tech Walkthrough	11/03/2006
Ready for Model Office	01/30/2007
UAT Implemented	02/01/2007
Prod Implemented	02/01/2007

2.12.256 Add KY Edit 007 - iC 3353 - 3003

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3003	Change Order		Claims			

2.12.256.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 007.

2.12.256.2 Business Impact
Comply with specific KY policy.

2.12.256.3 Technical Specifications
iC edit number 3353 Total days not equal to the difference between from and to DOS.

Edit Criteria: The following criteria is to be configured as a form decision, UB Form.

For claim types `I and `A the TO date is not computed if the type of bill (TOB) is a final. TOB: 110, 111, 114, 211, 214, 811, 814.

For claim type `T the TO date is not computed if the type of bill indicates a discharge or death. TOB: 891, 894, 691, 694.

For claim types A and I final bills for one (1) day will not fail if the admit date equals the from date of service.

Exclusions:
UB claims with type of bill 121, 122, 123, 124, 131, 141, 221, 222, 223, 224, 651, 652, 653, 654, 661, 662, 663, 664, 821, 822, 823 and 824.

Claim type `A, provider types 11 and 12, with dates of service prior to 09/01/2002 are excluded.
Edit Disposition:

- Configure edit as a header edit
- Configure edit for the claim type I, A, and L
- Configure location 10
- Configure region 00 to Deny
- Configure region 10 and 11 to Suspend

2.12.256.4 Clarifications
No associated clarifications found.

2.12.256.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.256.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.256.7 Change Order Status

Status	Date
Change Order Written	06/29/2006
SE Assigned	10/16/2006
Construction in Progress	10/16/2006
Ready for Tech Walkthrough	10/16/2006
Ready for Model Office	11/16/2006
Model Office Implemented	11/28/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.257 Modify iC to Match KY Edit 007 - 3004

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3004	Change Order		Claims			

2.12.257.1 Desired Solution
Modify interchange edit 573 to match KY policy for existing edit 007.

2.12.257.2 Business Impact
Comply with specific KY policy.

2.12.257.3 Technical Specifications
iC edit number 573 Covered days conflict with HDR from and to dates

Edit 007 Criteria: Verifies that the total number of covered days plus non-covered days is equal to the difference between the header `from and `to date of service.

Note, for claim type A (PTs 01, 02, 92, 93) with DOS prior to 09/01/2002, if either the covered days or coinsurance days match the difference between the FROM and TO dates of service, the claim will not fail. For DOS after 08/31/2002, the total of covered days + non-covered days must match the difference between the from and through dates.

Remove the following from iC edit 573: If an occurrence code 51 is billed with an overnight delivery revenue code only (one day is billed), bypass the edit. This criteria is not referenced in Legacy edit 007.

Edit Disposition:

- Configure edit as a header edit
- Configure edit for the claim type A, I, L; PTs 01, 02, 04, 11, 12, 92, 93
- Configure location 10
- Configure region 00 to Deny
- Configure region 10 and 11 to Suspend

2.12.257.4 Clarifications
No associated clarifications found.

2.12.257.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.257.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.257.7 Change Order Status

Status	Date
Change Order Written	06/29/2006
SE Assigned	09/01/2006
Define/Analyze In Progress	09/01/2006
Ready for Tech Walkthrough	09/08/2006
Ready for Tech Walkthrough	09/15/2006
Construction in Progress	10/31/2006
Ready for Construction Walkthrough	11/07/2006
Ready for Model Office	11/09/2006
Model Office Implemented	12/14/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.258 Add KY Edit 063 - iC 3354 - 3005

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3005	Change Order		Claims			

2.12.258.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 063.

2.12.258.2 Business Impact
Comply with specific KY policy.

2.12.258.3 Technical Specifications
Form Decision UB:

iC edit number 3354 A LTC provider number must be entered.

Edit Criteria: The following criteria is to be configured as a form decision, UB Form.

Fails hospice claims billed with :
revenue code 155, 183, or 185;
if an eight (8) digit provider number beginning with `12 is not entered in form locator field 11 (UB92) or form locator field 78 (UB04);
qualifier '1D',
then NF NPI.

UB-04: FL78 NPI - Enter the NPI of the nursing facility where the Hospice recipient is a resident.

FormUB
Revenue Codes: 155, 183, 185
Effective Date : 07/01/1991; End Date : 12312299; Inactive Date : 12312299
Claim Type : H
Provider Type : 44
Fail if a NF number beginning with `12 is not found in field 11 (UB92) or field 78 (UB04).
Note, this edit only applies to claims with dates of service after 06/30/1991.

Edit Disposition:

- Configure edit as a header edit
- Configure edit for the claim type H, provider type 44
- Configure location 10
- Configure region 00 to Deny
- Configure region 10 and 11 to Suspend

2.12.258.4 Clarifications
No associated clarifications found.

2.12.258.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.258.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.258.7 Change Order Status

Status	Date
Change Order Written	06/29/2006
SE Assigned	08/29/2006
Ready for Construction Walkthrough	09/13/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.259 Add KY Edit 096 - iC 3355 - 3006

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3006	Change Order		Claims			

2.12.259.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 096.

2.12.259.2 Business Impact
Comply with specific KY policy.

2.12.259.3 Technical Specifications
Form Decision UB:

iC edit number 3355 Ancillaries may not be billed with revenue code 180 and 185.

Edit Criteria: The following criteria is to be configured as a form decision, UB Form.

Ancillary charges may not be billed in conjunction with revenue codes 180 and 185, claim type L, provider types 11 and 12.

FormUB
Revenue Codes: 180, 185; Revenue Y 1-1 180 ,185 AND Exclude ancillary revenue codes 220-999
Effective Date : 01/01/1990; End Date : 12312299; Inactive Date : 12312299
Claim Type : L
Provider Types : 11, 12

Edit Disposition:

- Configure edit as a header edit
- Configure edit for the claim type L, provider type 11, 12
- Configure location 10
- Configure region 00 to Deny
- Configure region 10 and 11 to Suspend

2.12.259.4 Clarifications
No associated clarifications found.

2.12.259.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.259.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.259.7 Change Order Status

Status	Date
Change Order Written	06/29/2006
SE Assigned	08/29/2006
Ready for Construction Walkthrough	09/13/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.260 Modify iC edit 226 - 3009

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3009	Change Order		Claims			

2.12.260.1 Desired Solution
Modify interchange edit 226 to match KY policy for existing edit 290.

2.12.260.2 Business Impact
Comply with specific KY policy.

2.12.260.3 Technical Specifications
iC edit number 226 - KENPAC Provider number for dates of service must be entered in referring provider field .

EXCLUSIONS:

- Details with dates of service on or after 09/14/01 do not fail the edit if the member has a hospice segment for the date of service.
- Claims with a `SPECIAL AUTHORIZATION NUMBER in the referring provider field are excluded from edit 290 with the exception of 99301896,99301471, 99301528,99301627. SPECIAL AUTHORIZATION NUMBERS are 8-digit numbers beginning with 993.
- Claims submitted by providers located in states other than Kentucky, Tennessee, West Virginia , Ohio , Virginia , Indiana , Illinois, Missouri are Excluded from edit 290.

Edit Disposition:
Configure edit as a detail edit
Configure edit for iC Provider Types 01 , 20 , 34 , 36 , 37 , 74 , 78 , 90 ,92 , 93 .
Configure location (18)
Configure region 00 Deny
Configure region 10 and 11 Suspend

2.12.260.4 Clarifications
Include claim types O ,M , I , H , for this edit .

Edit 226 is used for DME referrals. This CO will address exclusions for Edit 1050.

Regarding the requirement:

"Details with dates of service on or after 09/14/01 do not fail the edit if the member has a hospice segment for the date of service."

There is an open question with the Commonwealth regarding implementation of hospice segments. Once they are identified they will be configured as part of the assignment plans and will not be part of the hard-coded solution.

2.12.260.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.260.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.260.7 Change Order Status

Status	Date
Change Order Written	06/29/2006
SE Assigned	08/29/2006
SE Assigned	10/02/2006
Ready for Tech Walkthrough	10/25/2006
Ready for Construction Walkthrough	10/30/2006
Ready for Model Office	11/03/2006
Model Office Implemented	11/10/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.261 KY Remove Old Mult Surg ASCs - 3011

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3011	Change Order		Claims			

2.12.261.1 Desired Solution
The multiple surgery pricing logic in the CORE system needs to be removed from KY code. It is being replaced with new multiple surgery pricing logic.

2.12.261.2 Business Impact
This logic is no longer needed and could cause ASC claims to be priced incorrectly when multiple surgeries are billed on the same claim.

2.12.261.3 Technical Specifications
Remove all logic in pric_md_ascPricing (clmsphysPricing.sc) that refers to paying multiple surgeries, or not.

2.12.261.4 Clarifications
Removed this requirement: pric_op_ambulatorySurgery (clmsub92OPPricing.sc). It was handled in CO 2476.

2.12.261.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.261.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.261.7 Change Order Status

Status	Date
Change Order Written	06/29/2006
Construction in Progress	12/14/2006
Ready for Model Office	01/23/2007
UAT Implemented	02/01/2007
Prod Implemented	02/01/2007

2.12.262 KY PA Edits DME Bypass - 3017

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3017	Change Order		Claims			

2.12.262.1 Desired Solution

When billed by a DME provider, procedure code E1399 should not fail prior authorization edits under the following conditions:

- Detail dates of service (DOS) from 7/1/2002 to 1/2/2003 (inclusive)
- The billed amount of the detail is less than or equal to $300.00
- There is no PA number on the claim

2.12.262.2 Business Impact

None.

2.12.262.3 Technical Specifications

Modify the prior authorization edit(s) to not post for a missing PA when the following conditions are met:

- Billed by a DME provider
- Procedure code E1399
- Detail dates of service (DOS) from 7/1/2002 to 1/2/2003 (inclusive)
- The billed amount of the detail is less than or equal to $300.00
- There is no PA number on the claim

A new procedure code group needs to be created that will contain the procedure code and effective dates.

2.12.262.4 Clarifications

No associated clarifications found.

2.12.262.5 Associated Requirements

Requirement ID	Type
30.010	RFP Requirement
30.090.007.002.23	Claims Edit/Audit
30.090.007.002.43	Claims Pricing

2.12.262.6 Associated System Objects

Technical Name	Object Type	Title
clmsPRTypeSpecGroup.sc	Program	Adjudicated Claims
clmsPaPauth	Program	General Claim PA

Technical Name	Object Type	Title
libclmcomm.so	Program	Claim Engine Common Library
clmsProcGroup	Program	Claims Procedure Groups

2.12.262.7 Change Order Status

Status	Date
Change Order Written	06/29/2006
Define/Analyze In Progress	07/24/2006
Construction in Progress	07/29/2006
Ready for Tech Walkthrough	08/07/2006
Ready for Model Office	08/18/2006
Model Office Implemented	08/29/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.263 Add KY Edit 279 - iC 3356 - 3025

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3025	Change Order		Claims			

2.12.263.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 279 where the claim indicates member has other insurance but no insurance amount.

2.12.263.2 Business Impact
Comply with specific KY policy.

2.12.263.3 Technical Specifications
Form Decision ALL:
iC edit number 3356 CLAIM INDICATES MEMBER HAS OTHER INSURANCE BUT NO INSURANCE AMOUNT.

Edit criteria: The following criteria is to be configured as a form decision, UB Form.
The following criteria is to be configured as a form decision, Dntl Form.
The following criteria is to be configured as a form decision, CMS Form
Fails if the other insurance indicator was entered on the claim and no other insurance payment amount is entered.

EOB: 279 Claim denied. Claim indicates member has other insurance but no insurance amount entered on claims.

FormUB
Claim Type: A, C, H, I, L, M, O, U
Provider Types: 01, 02, 04, 11, 12, 34, 39, 41, 42, 44, 46, 47, 91, 92, 93

FormDntl
Claim Type: D
Provider Type: 60, 61

FormCMS
Claim Type: B, M
Provider Type: All except 24, 40, 45

Edit Disposition:

- Configure edit as a Header edit
- Configure edit for claim type
- Configure location 19
- Configure region 00 to Deny
- Configure region 10 and 11 to suspend

2.12.263.4 Clarifications
Additional EOBs

- 277 - Claim/detail denied. The attached third party documentation is not sufficient. Contact EDS provider relations for assistance.
- 278 - Claim denied. Claim/documentation indicates third party payment was received by member.

2.12.263.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.263.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.263.7 Change Order Status

Status	Date
Change Order Written	06/30/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.264 Add KY Edit 280 - iC 3357 - 3026

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3026	Change Order		Claims			

2.12.264.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 280 where the claim indicates this service is due to a work-related accident/injury.

2.12.264.2 Business Impact
Comply with specific KY policy.

2.12.264.3 Technical Specifications
Technical Specifications
Form Decision ALL:
iC edit #3357 CLAIM INDICATES THIS SERVICE IS DUE TO A WORK-RELATED ACCIDENT/INJURY.

Edit criteria:
The following criteria is to be configured as a form decision, UB Form.
The following criteria is to be configured as a form decision, Dntl Form.
The following criteria is to be configured as a form decision, CMSForm

Fails CMS & Dntl claims if there is a `Y in the employment-related accident indicator & the other ins amt is 0.

Fails UB claims if an occurrence code of `04 is entered and the other insurance amount is zero.

EOB: 280 Claim denied. Your claim indicates this serv is due to a work-related accident/injury. Please bill other insurance first.

FormUB - Claim Type:A, C, H, I, L, M, O, U - Prov Types:
01,02,04,11,12,34,39,41,42,44,46,47,91,92,93
FormDntl - Claim Type: D - Provider Type: 60, 61
FormCMS - Claim Type: B, M - Provider Type: All except 24, 40, 45

Edit Disposition:

- Configure edit as a Header edit
- Configure edit for claim type
- Configure location 19
- Configure region 00 to Deny
- Configure region 10 and 11 to suspend

2.12.264.4 Clarifications
Additional EOBs

- 277 The attached third party documentation is not sufficient. Contact EDS prov relations for assistance

- 278 Claim denied. Claim/documentation indicates third party payment was received by member

2.12.264.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.264.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.264.7 Change Order Status

Status	Date
Change Order Written	06/30/2006
SE Assigned	09/15/2006
Construction in Progress	09/15/2006
Ready for Model Office	10/12/2006
Model Office Implemented	10/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.265 Add Ky Edit 319 - iC 3358 - 3028

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3028	Change Order		Claims			

2.12.265.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 319 where outpatient hospital claims for more than two days are not allowed.

2.12.265.2 Business Impact
Comply with specific KY policy.

2.12.265.3 Technical Specifications
Form Decision UB:
iC edit number 3358 OUTPATIENT HOSPITAL CLAIMS FOR MORE THAN TWO DAYS ARE NOT ALLOWED.

Edit criteria: The following criteria is to be configured as a form decision, UB Form.

Verifies the from and through dates do not exceed 2 days.
Claims with the revenue code 760 or 762 (observation) are excluded.

EOB: 913 Claim denied. Outpatient hospital claims for more than two days are not allowed.

FormUB
Effective Date: 01/01/1990; End Date: 12/31/2299; Inactive Date: 12/31/2299
Claim Type: O
Provider Type: 01

Edit Disposition:

- Configure edit as a Header edit
- Configure edit for claim type O, provider 01
- Configure location 10
- Configure region 00 to Deny
- Configure region 10 and 11 to suspend

2.12.265.4 Clarifications
No associated clarifications found.

2.12.265.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.265.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.265.7 Change Order Status

Status	Date
Change Order Written	06/30/2006
SE Assigned	09/15/2006
Construction in Progress	09/15/2006
Ready for Model Office	10/12/2006
Model Office Implemented	10/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.266 Add Partition Key To ADJ XREF Un - 3029

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3029	Change Order		Claims			

2.12.266.1 Desired Solution

The claims history tables are designed to be partitioned tables. One of the requirements for a partitioned table is that all unique indexes contain the partition key. Three of the claims adjustment cross-reference tables do not currently meet this requirement. As a result, it is impossible to partition the table and to create the unique indexes.

The purpose of this change order is to add the partition keyto the unique indexes of the following tables:

- T_ADJ_PHRM_XREF
- T_ADJ_PHYS_XREF
- T_ADJ_UB92_XREF

Note : The unique indexes onT_ADJ_DENT_XREF already contain the partition key so no change is necessary for this. However, the I_ADJ_DENT_XREF index is inconsistent with the other ADJ XREF tables. It is being changed to be consistent.

2.12.266.2 Business Impact

This change is needed to partition the adjustment cross-reference tables in large volume databases such as production. This change requires no code modifications. It is expected to be a transparent change.

2.12.266.3 Technical Specifications

Add the SAK_CLAIM column as the least significantkey column to the following indexes (rename non-standard index names):

- T_ADJ_PHRM_XREF.X_ADJ_PHRM_XREF (rename index to I_ADJ_PHRM_XREF_ADJ)
- T_ADJ_PHYS_XREF.X_ADJ_PHYS_XREF (rename index to I_ADJ_PHYS_XREF_ADJ)
- T_ADJ_UB92_XREF.I_ADJ_UB92_XREF_ADJ

The index columns for each of these should be SAK_CLAIM_ADJ, SAK_CLAIM.

Both the SAK_CLAIM_ADJ and SAK_CLAIM columns are currently unique keys so no unique constraint data issues are expected from this change.

Also, remove the SAK_CLAIM_ADJ column from the least significant key column of the following index:

- T_ADJ_DENT_XREF.I_ADJ_DENT_XREF

The index column for this index should contain SAK_CLAIM only.

2.12.266.4 Clarifications

This CO is included on the MUST HAVE list for Core stabilization project.

Awaiting the final Core stabilization CO list before this can be entered in the data model.

2.12.266.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.266.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.266.7 Change Order Status

Status	Date
Ready for Model Office	06/30/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.267 Dummy CO 4 unlinked binaries/XSD - 3074

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3074	Change Order		Claims			

2.12.267.1 Desired Solution

CO to identify the changes in binaries and XSDs from CORE TEST to CORE MO and need to be promoted also in KENTUCKY TEST to MO to keep the systems in SYNC.

2.12.267.2 Business Impact

The systems must stay in SYNC in order to keep the KENTUCKY MODEL OFFICE CLAIM ENGINE working properly without abending because of out of date binaries or tables. The source code originally comes from CORE BASE.

2.12.267.3 Technical Specifications

To be defined.

2.12.267.4 Clarifications

Library / Binary / XSD	CO in CORE
libclmwrite.so	Associated core change order is 1090
libclmub92.so	Associated core change order is 12897
libclmdntl.so	Associated core change order is 12897
libclmcomm.so	Associated core change order is 9983
libclmcomm.so	Associated core change order is 10984
libclmphys.so	Associated core change order is 9983

2.12.267.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.267.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.267.7 Change Order Status

Status	Date
Issue Identified	07/05/2006
Ready for Model Office	07/05/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007

Status	Date
Prod Implemented	06/14/2007

2.12.268 Add Ky Edit 961 - iC 3359 - 3101

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3101	Change Order		Claims			

2.12.268.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 961 where the revenue code not payable with 101 and 240.

2.12.268.2 Business Impact
Comply with specific KY policy.

2.12.268.3 Technical Specifications
iC edit number 3359 REVENUE CODE NOT PAYABLE WITH 101 AND 240.

Edit criteria: Fails details with any revenue code other than 100, 963, 971, 972, 973, 974, 985, and 98 billed on the same claim as 101 or 240 (all inclusive ancillary).

For all failures, the billed amount is systematically moved to non-covered field.

EOB: 961 This revenue code is not payable when billed with all inclusive revenue code 101 and all inclusive ancillary revenue code 240. Charges moved to non-covered.

Edit Disposition:
Configure edit as a Detail edit
Configure edit for claim type I (P/T 02,04,92,93)
Configure location 10
Claim details do not suspend/deny the detail billed amount is moved to the non-covered column, EOB 388 is posted at the detail

2.12.268.4 Clarifications
None.

2.12.268.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.268.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.268.7 Change Order Status

Status	Date
Change Order Written	07/10/2006
SE Assigned	08/24/2006
Define/Analyze In Progress	08/24/2006
Ready for Tech Walkthrough	09/06/2006

Status	Date
Ready for Construction Walkthrough	09/13/2006
Ready for Model Office	09/22/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.269 KYAMEND Support PA mass updates - 3102

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3102	Change Order		Claims			

2.12.269.1 Desired Solution

There is a requirement for mass update of prior authorizations. This change order supports mass updates of PA rates and service codes. A table (t_pa_mass_upd) will be created to hold multiple service codes and rates with effective begin and end dates associated with a PA line item. Claims processing will include this table in determining if a valid PA exists for a claim to process against.

2.12.269.2 Business Impact

Meet the Commonwealth's business needs.

2.12.269.3 Technical Specifications

Modify get_pa_proc function (clmsPaPauth.sc):
Override the values from t_pa_line_item with those in t_pa_mass_upd if a matching num_pa_line_item for a specific PA is found in both tables.

A match will override t_pa_line_item with the following values from the update table: sak_procedure, sak_procedure_thru, amt_new_rate, dte_effective, and dte_end.

Modify get_pa_revenue function (clmsPaPauth.sc):
Override the values from t_pa_line_item with those in t_pa_mass_upd if a matching num_pa_line_item for a specific PA is found in both tables.

A match will override t_pa_line_item with the following values from the update table: sak_revenue, sak_revenue_thru, amt_new_rate, dte_effective, and dte_end.

2.12.269.4 Clarifications

No associated clarifications found.

2.12.269.5 Associated Requirements

Requirement ID	Type
30.050.005.002.14	KY Amend
30.090.005.002.13	RFP Requirement
30.090.007.002.23	Claims Edit/Audit

2.12.269.6 Associated System Objects

Technical Name	Object Type	Title
clmsPaPauth	Program	General Claim PA

2.12.269.7 Change Order Status

Status	Date
Change Order Written	07/10/2006

Status	Date
SE Assigned	08/16/2006
Construction in Progress	09/08/2006
Ready for Model Office	10/09/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.270 Benefit Limits - Visit/contact l - 3131

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3131	Change Order		Claims			1

2.12.270.1 Desired Solution

Data model change to address audit requirements that limit services by the number of 'visits' or 'contacts' rather than the units of service or dollar limitations currently supported. A visit is considered to be the entire set of services rendered by a provider to a recipient on a single date of service. To support auditing of visits a new value will be added to the group of allowed values for unit type on the table the limitation audit parameters table.

Processing of the new value will require that all details meeting the criteria defined for the limitation will have additional processing performed against them to count the number of unique dates of service. If the from and to dates of service on a single detail span more than one day the dates spanned in the from/to range will determine the number of 'visits' applied to the limit.

2.12.270.2 Business Impact

Limitation of services by visits is needed to support current Kentucky business processes. This CO is the data model change CO for benefit limit audits.

2.12.270.3 Technical Specifications

A new audit type for benefit limits will be added. The audit type code is BL and is used to count the number of unduplicated visits as defined by the audit criteria. If the number of visits exceeds the limit, compute the number of days to be cut back as the total visits minus the visit limit. Incorporate limit PA checking as is currently done for services limited by units.

2.12.270.4 Clarifications

Associated Kentucky change order (CO 2018).

This CO is back in ready for DM review because of the addition of one attribute on the t_limit_parm table identified in dbchgreq_9804_t_limit_parm_v2.doc. This attribute is used to track counts of suspended claims that meet benefit limit criteria.

2.12.270.5 Associated Requirements

Requirement ID	Type
30.050.007.002.31	Claims Edit/Audit

2.12.270.6 Associated System Objects

Technical Name	Object Type	Title
T_LIMIT_PARM	Database Table	
T_CLM_BENEFIT_LIMITS	Database Table	
T_BENEFIT_LIMIT_CATEGORY	Database Table	

2.12.270.7 Change Order Status

Status	Date
Change Order Written	07/17/2006

Status	Date
Ready for DM Review	07/18/2006
Ready for Construction Walkthrough	07/24/2006
Completed	08/20/2007

2.12.271 KYAMEND new PA fields - 3137

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3137	Change Order		Claims			

2.12.271.1 Desired Solution
Add new PA fields to clmsphrmWrite.on inserts into T_PA_PAUTH_STATE and T_PA_LINE_ITEM.

2.12.271.2 Business Impact
Meet the Commonwealth's business needs.

2.12.271.3 Technical Specifications
Add the following fields to inserts in clmsphrmWrite:

- T_PA_PAUTH_STATE ID_CASE, CDE_ORTHO_STATUS
- T_PA_LINE_ITEM ID_IMPACT_TAX, ID_IMPACT_SUB

Initialize fields to spaces.

2.12.271.4 Clarifications
No associated clarifications found.

2.12.271.5 Associated Requirements

Requirement ID	Type
30.050.005.002.14	KY Amend
30.090.005.002.13	RFP Requirement

2.12.271.6 Associated System Objects

Technical Name	Object Type	Title
clmsphrmWrite	Program	Pharmacy Database Update

2.12.271.7 Change Order Status

Status	Date
Change Order Written	07/18/2006
SE Assigned	08/16/2006
Construction in Progress	08/16/2006
Ready for Tech Walkthrough	11/03/2006
Ready for Model Office	01/12/2007
UAT Implemented	01/18/2007
Prod Implemented	01/23/2007

2.12.272 Add Ky Edit 310 - iC 3360 - 3149

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3149	Change Order		Claims			

2.12.272.1 Desired Solution
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.

2.12.272.2 Business Impact
Comply with specific KY policy

2.12.272.3 Technical Specifications
iC edit number 3360 NEW ADMISSION NOT PAYABLE BECAUSE OF PROVIDER NON-COMPLIANCE.

Edit criteria: Fails if the provider has a Z provider eligibility segment for the date of admission.

EOB: 310 Claim denied. New admission not payable because of non-compliance.

Edit Disposition:
Configure edit as a Header edit
Configure edit for claim type L (P/T 11,12) A (P/T 11,12)
Configure location 13
Configure region 00 to Deny
Configure region 10, 11 to suspend

2.12.272.4 Clarifications
No associated clarifications found.

2.12.272.5 Associated Requirements

Requirement ID	Type
20.020	RFP Requirement
30.010	RFP Requirement
30.050.007.002.21	Claims Edit/Audit
30.090.004.002.1	TPL Resource HIPP Maintenance

2.12.272.6 Associated System Objects

Technical Name	Object Type	Title
clmsub92	Program	UB Main Driver
clmsDtl	Program	General Claim Detail
clmsub92Hdr	Program	UB Header
libclmub92.so	Program	UB Claim Library

2.12.272.7 Change Order Status

Status	Date
Change Order Written	07/21/2006
SE Assigned	09/11/2006
Ready for Construction Walkthrough	09/14/2006
Ready for Model Office	09/15/2006
Model Office Implemented	12/15/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.273 Add Ky Edit 908 - iC 3363 - 3155

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3155	Change Order		Claims			

2.12.273.1 Desired Solution
Add KY specific edit in interChange to match KY policy for existing edit 908 where the member is in a nursing facility on the date of service.

2.12.273.2 Business Impact
Comply with specific KY policy.

2.12.273.3 Technical Specifications
iC edit number 3363 MEMBER IN A NURSING FACILITY ON THE DATE OF SERVICE.

Edit criteria: Fails DME claims if the member eligibility file nursing facility segment has an institutional status code of M1, M3, M4, or M5 for the claim date of service.

Exclusions: Details with a procedure code beginning with L and date of service after 11/21/00 are excluded.

Details with a date of service the same as LTC segment date of discharge from the nursing facility and no other LTC segment is on file are excluded.

EOB: 908 Claim/Detail is Denied. The recipient is in a nursing facility on the date of service.

Edit Disposition:
Configure edit as a Detail edit
Configure edit for claim type M (P/T 90)
Configure location 11
Configure region 00 to deny
Configure region 10 & 11 to suspend

2.12.273.4 Clarifications
No associated clarifications found.

2.12.273.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.273.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.273.7 Change Order Status

Status	Date
Change Order Written	07/24/2006
SE Assigned	08/24/2006

Status	Date
Construction in Progress	08/24/2006
Ready for Tech Walkthrough	09/26/2006
Ready for Model Office	12/15/2006
UAT Implemented	02/01/2007
Prod Implemented	02/01/2007

2.12.274 Update KY DNN file - 3175

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3175	Change Order		Claims			

2.12.274.1 Desired Solution
Update KY DNN file (iC.Clm.DNN) due to a CO/Defect change in the Core code. Typically from Core adding a new panel.

2.12.274.2 Business Impact
None.

2.12.274.3 Technical Specifications
None.

2.12.274.4 Clarifications
No associated clarifications found.

2.12.274.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.274.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.274.7 Change Order Status

Status	Date
Issue Identified	07/27/2006
Ready for Model Office	07/27/2006
Model Office Implemented	08/03/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.275 Add Hyperlinks for ICN / Check - 3199

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3199	Change Order		Claims			3

2.12.275.1 Desired Solution

Three Claims panels have been identified that contain code to open a new panel when the user clicks on a row in the original panel. However, the user is not able to navigate back to the original panel when the second panel is opened. This logic needs to be replaced with the more current 'hyperlink' logic. The three panels are Adjustment Information, Related Data, and Check.

2.12.275.2 Business Impact

If the user clicks on a row in the Related Data panel, they are taken to the ICN information for the Related ICN, but they are unable to return to the original ICN on the Claims Information panel without re-entering the original ICN. (Same case with the Check panel and the Adjustment Information panel.) A new process has been developed to open a second panel as a pop-up, where the original panel remains open.

2.12.275.3 Technical Specifications

If the user clicks on a row in the Related Data panel, they are taken to the ICN information for the Related ICN, but they are unable to return to the original ICN on the Claims Information panel without re-entering the original ICN. (Same case with the Check panel and the Adjustment Information panel.) Implement the new process that has been developed to open a second panel as a pop-up using hyperlinks, where the original panel remains open.
For the Claim Check panel, a new entry will need to be added to the entitytabs.xml file. Look at the current hard coded logic in the code-behind for the check panel to figure out what the entry in entitytabs.xml should be. This will need to be done in the KY version of entitytabs.xml. It may not be necessary to update entitytabs.xml in Core, since KY will be taking a cut of Core code before this CO will be implemented.

2.12.275.4 Clarifications

At this time it appears that a hyperlink only works on properties that are returned from an SQL (actual database fields like from a Search Results panel) or on properties that are Business Entities. The hyperlinks cannot be assigned to properties that are just regular data fields. In these three panels, the properties that we needed hyperlinks on were not business entities or database fields. Therefore in order to have similar functionality as the hyperlinks, the logic was changed to create a pop-up browser when the row is clicked instead of navigating to a new browser panel. A System Wide CO will be written at some point to modify the SW code to allow hyperlinks on regular data fields. In the meantime, the modifications made to the panels for this CO meet the business requirement for now. (To be able to view Check, Related ICN and Adjustment Information on a new panel, but still be able to view the original panel.)

2.12.275.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.275.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.275.7 Change Order Status

Status	Date
Defect Identified	07/31/2006
SE Assigned	07/31/2006
Construction in Progress	08/03/2006
Construction in Progress	08/15/2006
Ready for Model Office	08/16/2006
Model Office Implemented	08/17/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.276 KY DRG Claims Panel Updates - 3246

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3246	Change Order		Claims			

2.12.276.1 Desired Solution
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.

2.12.276.2 Business Impact
None.

2.12.276.3 Technical Specifications
Under Claims -> Search -> UB92Claim -> DRG, the following changes need to be made:

- Remove "Disproportionate Amount"
- Remove "Day Outlier"
- Add "Base Payment Amount"
- The "Total" should be the sum of the base payment amount and the cost outlier amount

2.12.276.4 Clarifications
No associated clarifications found.

2.12.276.5 Associated Requirements

Requirement ID	Type
30.090.007.002.71	Claims Panels/Panels

2.12.276.6 Associated System Objects

Technical Name	Object Type	Title
Clm.ClaimDrgPanel.ascx	Panel	DRG

2.12.276.7 Change Order Status

Status	Date
Change Order Written	08/03/2006
Construction in Progress	08/09/2006
Ready for Model Office	08/15/2006
Model Office Implemented	08/17/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.277 DM - add columns to T_CLM_MISC - 3272

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3272	Change Order		Claims			1

2.12.277.1 Desired Solution
Add three columns to existing table T_CLM_MISC for storing three EPSDT/primary Care Referral Codes that will be present on KY phys claims.

2.12.277.2 Business Impact
These columns are required to meet existing Kentucky auditing requirements.

2.12.277.3 Technical Specifications
table: T_CLM_MISC

Name	Null	Type
SAK_CLAIM	NOT NULL	NUMBER(9)
NUM_DTL	NOT NULL	NUMBER(4)
QLF_MISC_TYPE	NOT NULL	VARCHAR2(5)
CDE_MISC	NOT NULL	VARCHAR2(11)
NUM_INDV_GROUP	NOT NULL	NUMBER(2)
SEQ_NUM_IMMUN	NOT NULL	NUMBER(2)
SEQ_NUM_IMMUN_2	NOT NULL	NUMBER(2)
SEQ_NUM_IMMUN_3	NOT NULL	NUMBER(2)
CDE_REFERRAL_1	NOT NULL	CHAR(2)
CDE_REFERRAL_2	NOT NULL	CHAR(2)
CDE_REFERRAL_3	NOT NULL	CHAR(2)

new attributes:

- CDE_REFERRAL_1
- CDE_REFERRAL_2
- CDE_REFERRAL_3

Index: None

Conversion impact: Unknown

2.12.277.4 Clarifications
No associated clarifications found.

2.12.277.5 Associated Requirements

Requirement ID	Type
30.050.007.002.21	Claims Edit/Audit

2.12.277.6 Associated System Objects

Technical Name	Object Type	Title
T_CLM_MISC	Database Table	

2.12.277.7 Change Order Status

Status	Date
Issue Identified	08/04/2006
Ready for Tech Walkthrough	08/08/2006
Ready for DM Review	08/14/2006
DM Review Board Approved	08/14/2006
Ready for Construction Walkthrough	08/14/2006
Ready for Model Office	09/01/2006
Model Office Implemented	09/08/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.278 KY Pricing Lesser Of Bill/Allow - 3338

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3338	Change Order		Claims			

2.12.278.1 Desired Solution
Some of the pricing methods utilized by the Commonwealth pay the calculated allowed amount, even if it exceeds the billed amount on the claim. The claims pricing finalization process needs to be able to pay these claims at the full allowed amount, rather than cutting back to the lesser of the claim billed or allowed amount.

2.12.278.2 Business Impact
None.

2.12.278.3 Technical Specifications
Modify the claims final pricing logic to NOT cut back to the lesser of the billed or allowed amount. The pricing methods in the KY claims engine are already set up to determine if a cut back should occur, or not, with the exception of MAXFEE, RBRVS, UCBILL, and UCPERF. These pricing methods need to be updated to set the allowed amount to the lesser of the calculated or billed amount on the claim.

2.12.278.4 Clarifications
No associated clarifications found.

2.12.278.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.278.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.278.7 Change Order Status

Status	Date
Change Order Written	08/08/2006
Define/Analyze In Progress	08/15/2006
Construction in Progress	09/05/2006
Ready for Tech Walkthrough	09/27/2006
Ready for Model Office	11/01/2006
Model Office Implemented	12/14/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.279 Claim Misc Info Config Change - 3347

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3347	Change Order		Claims			2

2.12.279.1 Desired Solution
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.

2.12.279.2 Business Impact
Changing the configuration files and business entity files to match the new table structure is required in order to prevent a critical error on the UI.

2.12.279.3 Technical Specifications
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 to continues to work correctly when new records are added to the database.

Please refer to CO 3347 to get the details about the fields being added to the T_CLM_MISC table.

To test the changes, display the Misc Information panel accessed from the UB Claim Information navigation panel. Add a new record after the new fields have been added to a test table and the config/BE files have been modified. If a critical error does not occur, then the changes made to the UI files were successful.

2.12.279.4 Clarifications
This is not a major panel, it is only used for Physician claims and it only contains one field (pick-up time). The Predecessor is set as CO 3272, but if this change goes in a week before or after the DM change, it is not a big deal. It is not worth holding up a release to ensure the changes for this CO are promoted at exactly the same time as CO 3272. Regardless, the Release Together switch is set to Yes. KSB.

2.12.279.5 Associated Requirements

Requirement ID	Type
30.050.001F	RFP Split Requirement

2.12.279.6 Associated System Objects

Technical Name	Object Type	Title
Clm.ClaimMiscInfoHdrPnl.ascx	Panel	Misc Information

2.12.279.7 Change Order Status

Status	Date
Change Order Written	08/09/2006
SE Assigned	08/18/2006

Status	Date
Construction in Progress	08/24/2006
Ready for Model Office	09/01/2006
Model Office Implemented	09/11/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.280 Require full ICN to limit search - 3362

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3362	Change Order		Claims			3

2.12.280.1 Desired Solution
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.

2.12.280.2 Business Impact
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.

2.12.280.3 Technical Specifications
At this time the user is allowed to enter '2' or '5' in the ICN field and click Search. During development this takes awhile to retrieve records, but it is sometimes helpful to find ICNs to work with. In a production environment we don't want to let the users do this and attempt to retrieve thousands of records at once. Add an edit to the panel that requires the user to enter at least a partial ICN, something larger than a few numbers in the ICN field. Perhaps ask the customer if a partial ICN would be helpful. If not, then restrict the user to enter the entire ICN if they are using that field in the search.

2.12.280.4 Clarifications
No associated clarifications found.

2.12.280.5 Associated Requirements

Requirement ID	Type
30.050.001F	RFP Split Requirement

2.12.280.6 Associated System Objects

Technical Name	Object Type	Title
Clm.ClaimSearchPanel.ascx	Panel	Claims Search

2.12.280.7 Change Order Status

Status	Date
Change Order Written	08/10/2006
On Hold	08/11/2006
Ready for Model Office	11/07/2006
Model Office Implemented	11/10/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.281 Re-write Decision Rules panel - 3363

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3363	Change Order		Claims			3

2.12.281.1 Desired Solution

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.

2.12.281.2 Business Impact

At this time the Decision rules panel does not work the same way the other header/detail level panels work. This may cause confusion for the customer and disrupts the uniform consistency of the Claims Information panel.

2.12.281.3 Technical Specifications

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 panels 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.

2.12.281.4 Clarifications

Changed the status to Deferred, but we may complete this sooner rather than later. It is possible to redesign the panel even though the data is not 100% correct. K. Barker

2.12.281.5 Associated Requirements

Requirement ID	Type
30.090.007.002.71	Claims Panels/Panels

2.12.281.6 Associated System Objects

Technical Name	Object Type	Title
Clm.ClaimRulesPanel.ascx	Panel	Decision Rules

2.12.281.7 Change Order Status

Status	Date
Change Order Written	08/10/2006
On Hold	08/11/2006
Deferred	02/20/2007
Ready for Model Office	03/17/2007
Model Office Implemented	03/27/2007
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.282 LTC DME Pricing Cutbacks - 3394

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3394	Change Order		Claims			

2.12.282.1 Desired Solution
DME services billed by Nursing Facilities on LTC claims are priced at a different rate if multiple services are submitted.

2.12.282.2 Business Impact
None.

2.12.282.3 Technical Specifications
Create a new pricing method (LTCDME) that will be used to price respiratory DME services.

Revenue codes submitted with this pricing method should be priced using the rental rate on the T_MAX_FEE table. In order to look up the correct rate, a modifier of "RR" will need to be used to look up the rate. This rate is not multiplied by the units of service submitted on the detail.

The following processing modifiers will also need to be applied to the max fee rate:

- QE = 50% of rate
- QG = 150% of rate
- QF = 150% of rate plus $30.67 add-on rate

If a second service is submitted on the claim with this pricing method, it should only be paid if the procedure code is in a new procedure group that will be created called "is_pr_secondDME". Currently, procedure codes E0431 and E0434 will need to be included in this group.

If one of these procedure codes is billed, then the detail should be priced at a flat rate of $30.67. This rate will be loaded on the T_REVENUE_FLAT_FEE table with a rate type of DME.

If there is no rate on file for these services, the detail should zero pay.

This pricing method only applies to LTC and LTC Crossover claims.

2.12.282.4 Clarifications
No associated clarifications found.

2.12.282.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.282.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.282.7 Change Order Status

Status	Date
Change Order Written	08/16/2006
Define/Analyze In Progress	10/17/2006
Construction in Progress	10/27/2006
SE Assigned	12/14/2006
Define/Analyze In Progress	12/14/2006
SE Assigned	02/28/2007
Define/Analyze In Progress	03/02/2007
Construction in Progress	03/06/2007
Ready for Model Office	03/06/2007
Model Office Implemented	03/08/2007
UAT Implemented	03/08/2007
Prod Implemented	03/08/2007

2.12.283 Add Rules Setter Xover Pricing - 3415

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3415	Change Order		Claims			1

2.12.283.1 Desired Solution

Many crossover claims are priced using methods that compare the regular Medicaid allowable with the Medicare paid amount. As a result, crossover claims will need to first be priced as if they were "straight" Medicaid claims. Once this has been done, a special crossover pricing method will need to be applied to determine the final claim payment amount. In order for the claims engine to know which special crossover pricing method to use, a new field needs to be added to the reimbursement rules panel to allow users to enter the crossover pricing method that applies to the rule for crossover claims.

2.12.283.2 Business Impact

None.

2.12.283.3 Technical Specifications

Create a new setter for the crossover pricing indicator that can be called within the rules engine. The rules wrapper setter name should be set_ru_cdePricingXover.

A setter and getter will also need to be defined in the claims engine under the program xref structure, which is where the regular pricing indicator is also defined.

2.12.283.4 Clarifications

No associated clarifications found.

2.12.283.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.283.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.283.7 Change Order Status

Status	Date
Change Order Written	08/17/2006
SE Assigned	08/28/2006
Ready for Model Office	09/18/2006
Model Office Implemented	10/16/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.284 Crossover Pricing - 3418

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3418	Change Order		Claims			

2.12.284.1 Desired Solution

Many crossover claims are priced using methods that compare the regular Medicaid allowable with the Medicare paid amount. As a result, crossover claims will need to first be priced as if they were "straight" Medicaid claims. Once this has been done, a special crossover pricing method will need to be applied to determine the final claim payment amount. In order for the claims engine to know which special crossover pricing method to use, a new field needs to be added to the reimbursement rules panel to allow users to enter the crossover pricing method that applies to the rule for crossover claims.

2.12.284.2 Business Impact

None.

2.12.284.3 Technical Specifications

Crossover claims need to be priced using the pricing method assigned by the reimbursement rules. In order to facilitate this new way of pricing crossovers, the following changes need to be made:

- In clmsProgram.sc - process_program function - Remove the call to perform crossover pricing. Remove the logic that causes crossover claims to bypass the regular pricing function call.
- Create two new regular pricing methods (PCH100 and PCD100). These pricing methods will pay 100% of the Medicare coinsurance and deductible. Method PCH100 will price at the claim header. Method PCD100 will price at the claim detail.
- After the claim has been processed, but before calling the function to assign the fund code to a claim, a new function needs to be created that will be called for crossover claims. This function will need to check each detail for the special crossover pricing method and if one is found, that pricing method should be applied to the claim.
- A new crossover flag needs to be set that will indicate if the claim has been priced at the header or detail level. This will be used when fund codes are assigned. This will only be set for crossover claims.

Create the following new crossover pricing methods:

- - LT1918 - This pricing method will compare the regular Medicaid allowed amount to the Medicare paid amount. If the Medicare paid amount is greater than the Medicaid allowed amount, the claim will zero pay. If the Medicaid allowed amount is less than the Medicare paid amount, then the details will be priced at the deductible and coinsurance amounts until the Medicaid allowed amount has been reached OR there is no more coinsurance and deductible to pay. Note that coinsurance is not applied until the Medicare deductible has been satisfied. Then, the coinsurance is 20% of the remaining Medicare allowed amount. Provider types 90 and 54 need exception logic to pay 100% of the deductible and coinsurance if there is no rate on file for the regular Medicaid pricing method

- - LTCPTA - This pricing method will compare the regular Medicaid allowed amount to the Medicare paid amount for days that were fully covered by Medicare. The Medicaid allowed amount then needs to be determined for coinsurance days. Please see the supplemental documentation for the nursing facility crossover pricing methods and examples from the pricing manual.
- - LTNQMB - This pricing method is like LT1918, except that the TPL amount on the claim needs to be added to the Medicare paid amount prior to comparison to the Medicaid allowed amount.
- - LTPD18 - This pricing method will pay the difference between the Medicaid per diem amount (the allowed amount) and the Medicare paid amount if the Medicaid allowed amount is less than the Medicare paid amount. The coinsurance and deductible are not taken into consideration.

NOTE: As reimbursement rules are set up for regular Medicaid claim types, the appropriate Crossover claim type needs to be included on the rule, as well.

2.12.284.4 Clarifications

Transportation pricing changes for crossovers were moved to CO 5114.
Laura Battles

2.12.284.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.284.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.284.7 Change Order Status

Status	Date
Issue Identified	08/17/2006
Change Order Written	08/23/2006
Construction in Progress	09/26/2006
Ready for Model Office	12/20/2006
Model Office Implemented	01/02/2007
UAT Implemented	01/08/2007
Prod Implemented	06/14/2007

2.12.285 Binary update test-mod - 3427

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3427	Change Order		Claims			1

2.12.285.1 Desired Solution
This CO would be the base for all the changes needed in MOD that result from the cycle support activities and should be updated every time as needed.

2.12.285.2 Business Impact
Manage the synchrony of the binaries inside KY MOD against CORE TEST CORE MOD and DSKY TEST.

2.12.285.3 Technical Specifications
This CO should be used to record all the promotions or changes made to the DSKY MOD binaries in order to keep the engine working and in sync against all other environments (CORE TEST - CORE MOD - DSKY TEST)

2.12.285.4 Clarifications
Email From Bob Carter
Please Carlos get the KY test version of claimList.xsd promoted to KY model. There was an old version of claimList.xsd that was left in MO override
Also T_COS_DTL_XREF should be promoted to KY MO.

Changes to fix a table in the correct schema: T_CLM_COINS_X, T_CLM_COPAY_X are AIM not AIM00

A call to strcpy was changed for sprintf inside the function pric_md_pricing since it was making sendclms to core dump, as well as rgrptest.

19000100 addressed inside xcConvertStringToCBinary inside XML.c

Some changes added to the make files so claimcheck is added and we stop receiving errors in the autosys jobs. Claims

dsky/ubin/clmpda01 CO3427
dsky/ubin/clmpma03 CO3427
dsky/ubin/clmpma_mass_adj CO3427

Changes to pickup the right sakEdiInterchange when numIsaControl, numGsControl and numSTControl match an existing record.

clmpdi15.sc:- Set a default value for STC011 , STC012 and STC013 if values are not present.

Changes to parse the batch number from the file name to update the t_batch table. (encsplit_mm and clmpsplt)

Changes to pickup the right sakEdiInterchange when numIsaControl, numGsControl and numSTControl match an existing record. (libclmwrite.so)

Changes merged from core CO 15410 to address a defect. (libclmub92.so)

I was asked to make some changes in the logic of the adjustments and voids related to EDI and regions 50 and 56. Carlos Catzin

CLMJDA01 Refresh materialized views added. Changes sent by Ravi Ganti
Carlos Catzin

Added a : char to a sql in function processOngoingRecycle failing because of this.
Carlos Catzin

Changes tu function ins_cb_clmLocat
*** 115,126 ****
--- 115,140 ----
{

get_ch_cdeClmStatus(cdeClmStatus);
+
if (cdeClmStatus[0] == 'D')
{
+ if (is_ch_encounter())
+ set_ch_payerCdeClmLocation(sakFinPayer, "63");
+ else
+ set_ch_payerCdeClmLocation(sakFinPayer, "66");
+
get_ch_cdeClmLocation(payerCdeClmLocation);
}
+ else
+ {
+ if (is_ch_encounter())
+ set_ch_payerCdeClmLocation(sakFinPayer, "93");
+ else
+ set_ch_payerCdeClmLocation(sakFinPayer, "98");

+ get_ch_cdeClmLocation(payerCdeClmLocation);
}
+ }
else
{

is_encounter_region function updated to comply with the following regions:
The encounter regions for interChange are 25, 26, 59, 60, 70 and 71.
The converted encounter regions are 44, 46, 47, 61, 63, 64, 72, 73.
This was affecting the claims coming from the SOAP services.
Carlos Catzin

Additional changes to deal with adjDelete.sc batchXref. The following libraries were updated:
libadjcomm.so and libadjxml.so. This change should be in by 05/15/2007
Carlos Catzin.

Changes to add more information to the restart file. The changes were brought from TN code.
This change should be in by 05/15/2007
Carlos Catzin.

Changes in the encounter functions to use cde_enc_status instead of the cde_clm_status. Files and library changed are:
clmpdi10.sc
clmpdi15.sc

era_277U_saklist.h
********clmpdi10.mak 1.5
********clmpdi15.mak 1.9
clmsDisp.sc
********libclmcomm.so.mak
clmsdntlWrite.sc
clmsphrmWrite.sc
clmsphysWrite.sc
clmsub92Write.sc
********libclmwrite.s
Carlos Catzin

Changes to clmpdr01 to have a larger buffer to avoid overflows.
Carlos Catzin

Changes in EDI interphase clmpdi10, clmpdi15 and clm00i10.ctl to filter the data to give back only thresholds and add the DUP icn data in the 277 file.
Carlos Catzin.

We had a problem with table T_SUSP_PHYS_XOVER setting 19000100 to the DTE_MCARE_PAID field. The file modified is db_oci.c version 1.6

Other change added is the job CLMJDA01 where I added EXECUTE DBMS_MVIEW.REFRESH('T_DRG_CODE_GROUP', 'c'); per Dean Anderson request to add some views

Carlos Catzin

Changes to insert small fixes needed by claims.

libxml.*so libraries recompiled with some changes to fix the 19000100 issues.

CLMJDA01 job was modified to add the materialized view: EXECUTE DBMS_MVIEW.REFRESH('T_DRG_CODE_GROUP', 'c');

2.12.285.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.285.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.285.7 Change Order Status

Status	Date
Issue Identified	08/21/2006
Ready for Model Office	08/21/2006
Ready for Model Office	01/15/2007

Status	Date
UAT Implemented	01/18/2007
Prod Implemented	01/23/2007
Ready for Model Office	01/29/2007
Model Office Implemented	02/01/2007
Ready for Model Office	02/01/2007
UAT Implemented	02/01/2007
Prod Implemented	02/01/2007
Ready for Model Office	02/05/2007
Model Office Implemented	02/08/2007
UAT Implemented	02/09/2007
Prod Implemented	02/09/2007
Ready for Model Office	02/12/2007
Model Office Implemented	02/15/2007
UAT Implemented	02/16/2007
Prod Implemented	02/16/2007
Ready for Model Office	02/19/2007
Model Office Implemented	02/22/2007
UAT Implemented	02/22/2007
Prod Implemented	02/22/2007
Ready for Model Office	03/01/2007
Model Office Implemented	03/01/2007
UAT Implemented	03/01/2007
Prod Implemented	03/01/2007
Model Office Implemented	03/08/2007
UAT Implemented	03/08/2007
Prod Implemented	03/08/2007
Ready for Model Office	03/13/2007

Status	Date
Model Office Implemented	03/15/2007
UAT Implemented	03/15/2007
Prod Implemented	03/15/2007
Ready for Model Office	03/26/2007
Model Office Implemented	03/29/2007
UAT Implemented	03/29/2007
Prod Implemented	03/29/2007
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	04/05/2007
Model Office Implemented	04/26/2007
UAT Implemented	04/26/2007
Prod Implemented	04/26/2007
Ready for Model Office	05/01/2007
Model Office Implemented	05/03/2007
UAT Implemented	05/03/2007
Prod Implemented	05/03/2007
Ready for Model Office	05/07/2007
Model Office Implemented	05/10/2007
UAT Implemented	05/10/2007
Prod Implemented	05/10/2007
Model Office Implemented	05/17/2007
UAT Implemented	05/17/2007
Prod Implemented	05/17/2007
Model Office Implemented	05/25/2007
UAT Implemented	05/25/2007
Prod Implemented	05/25/2007

Status	Date
Ready for Model Office	05/30/2007
Model Office Implemented	05/31/2007
UAT Implemented	05/31/2007
Prod Implemented	05/31/2007
Model Office Implemented	06/02/2007
UAT Implemented	06/02/2007
Prod Implemented	06/02/2007
Ready for Model Office	06/06/2007
Model Office Implemented	06/07/2007
UAT Implemented	06/07/2007
Model Office Implemented	06/09/2007
UAT Implemented	06/09/2007
Prod Implemented	06/09/2007
Model Office Implemented	06/09/2007
UAT Implemented	06/09/2007
Prod Implemented	06/09/2007
Ready for Model Office	06/11/2007
Model Office Implemented	06/14/2007
UAT Implemented	06/14/2007
Prod Implemented	06/29/2007

2.12.286 Xover and DRG Fund Code Asg - 3464

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3464	Change Order		Claims			1

2.12.286.1 Desired Solution
Fund codes are not currently being assigned correctly for DRG inpatient claims. Additionally, the changes to crossover pricing methods required by the Commonwealth are going to change the way that the fund code is assigned on some crossover claims.

2.12.286.2 Business Impact
None.

2.12.286.3 Technical Specifications
The function in clmsProgram that assigns fund codes (xref_process_fundCode) needs to be modified to look at different criteria when determining if the fund code should be assigned at the header or the detail. Currently, only claims that have a type indicated as is_ch_payOnOneProgram are assigned a header fund code. All others are assigned a detail level fund code.

Claims that meet the following criteria should also be assigned a header fund code: Inpatient DRG (indDRGPriced), header paid crossovers (this indicator will be set by CO 3418), and pharmacy claims (CT P and Q).

The clmsWrite module will also need to be updated to correctly get the header or detail fund code based on the criteria listed above.

2.12.286.4 Clarifications
No associated clarifications found.

2.12.286.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.286.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.286.7 Change Order Status

Status	Date
Change Order Written	08/24/2006
Construction in Progress	10/16/2006

2.12.287 Redesign Claim Detail Panels - 3481

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3481	Change Order		Claims			2

2.12.287.1 Desired Solution

In order to meet the customer requirements for the Claims Detail panels, we need to display more than 1 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 5th 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).

2.12.287.2 Business Impact

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.

2.12.287.3 Technical Specifications

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 5th 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). Pharmacy claims are not affected by this CO.

2.12.287.4 Clarifications

The data panel (bottom portion) of the detail panel was removed from the Claim Information page when the user was viewing a claim, but then they could not display procedure information by clicking on the information icon. The data panel has now been put back on the Claims Information page.

2.12.287.5 Associated Requirements

Requirement ID	Type
30.090.007.002.14	Claims Processing/Adjudication
30.090.007.002.47	Claims Pricing
30.090.007.002.55	Claims Panels/Panels

2.12.287.6 Associated System Objects

Technical Name	Object Type	Title
Clm.DentalDetailPanel.ascx	Panel	Dental Claim Detail

Technical Name	Object Type	Title
Clm.PhysicianDetailPanel.ascx	Panel	Physician Claim Detail
Clm.UB92DetailPanel.ascx	Panel	UB Claim Detail

2.12.287.7 Change Order Status

Status	Date
Change Order Written	08/25/2006
SE Assigned	08/26/2006
Construction in Progress	08/28/2006
Ready for Construction Walkthrough	09/13/2006
Ready for Model Office	09/14/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/03/2006
Model Office Implemented	11/10/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.288 No navigation to return to Adj's - 3506

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3506	Change Order		Claims	60.00		2

2.12.288.1 Desired Solution
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.

2.12.288.2 Business Impact
Completing adjustment batches does not follow a simple navigation path.

2.12.288.3 Technical Specifications
The navigation from the adjustment request to the data corrections panel should pass the adjustment request number. When the request number is present, a new button should appear allowing the user to navigate back to the adjustment request, initiating a search on the adjustment request, presenting the user the adjustment the request panel in a state that allows them to continue adding adjustments to the current request.

2.12.288.4 Clarifications
Requested clarification on which object(s) needs the data correction feature and an example request number to use for testing. This will help to be sure I implement the correct resolution.

After a demo attempt, it was realized that neither MO nor TEST were able to reproduce the error by the Tester leaving the situation in need of other fixes before the tester can show the exact issues.

Still waiting for the Tester to be able to repro the issue for clarification.

This CO is now waiting for other COs to be completed before a fix can be implemented. It has taken many hours to come to this conclusion.

The navigation path for this CO is Claims->Adjustments->New Single->(Enter in a Batch Number and the Adjustments in Request number)Save->Add->(enter in the Original ICN number and the EOB Reason Code) Adj Claim. At this point you are supposed to be taken to the data corrections panel, if a valid ICN number has been used. The trick is finding enough valid ICN numbers. Once you get to the data corrections panel, a navigation is needed (button) to put the user back to the adjustments panel with all of the relevant information pulled up.

Was initially assigned to two different SE's but was never completed. Will be assigned to the India team.

2.12.288.5 Associated Requirements

Requirement ID	Type
30.090.004.003	Interfaces - Outbound
30.090.009.002.17	Claims Adjustment/Data Correct

2.12.288.6 Associated System Objects

Technical Name	Object Type	Title
Clm.DataCorrectionPage.ascx	Internal Page	Claims Data Correction Page
Clm.AdjustmentSearchPanel.ascx - Search Results	Panel	Adjustment Search Results

2.12.288.7 Change Order Status

Status	Date
Defect Identified	08/28/2006
On Hold	08/30/2006
Ready for Model Office	02/07/2007
Model Office Implemented	02/16/2007
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.289 UB Dtl Keys - Add subNonCovAmt - 3529

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3529	Change Order		Claims			1

2.12.289.1 Desired Solution
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.

2.12.289.2 Business Impact
None.

2.12.289.3 Technical Specifications
Add the following attribute, AMT_NON_COVERED_SUB to table, T_UB92_DTL_EXT_KEY.

Column Name	Description	Type	Length	Precision	Primary Key	Action
AMT_NON_COVERED_SUB	This is the service line non-covered amount that was submitted on the claim.	NUMBER	9	2	N	Add

2.12.289.4 Clarifications
No associated clarifications found.

2.12.289.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.289.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.289.7 Change Order Status

Status	Date
Change Order Written	08/29/2006
SE Assigned	08/29/2006
Ready for DM Review	09/05/2006
DM Review Board Approved	09/05/2006
Ready for Construction Walkthrough	09/06/2006

Status	Date
Ready for Model Office	09/26/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.290 Save Submitted Non Covered Amoun - 3530

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3530	Change Order		Claims			1

2.12.290.1 Desired Solution
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.

2.12.290.2 Business Impact
None.

2.12.290.3 Technical Specifications
A new attribute, AMT_NON_COVERED_SUB, is being added to T_UB92_DTL_EXT_KEY. The claims engine needs to be updated to set this attribute to the non-covered amount that is submitted on the claim form.

A getter will need to be defined for this new attribute, as it will be reference by new edits created for COs 2562 and 2563.

The setter for the non-covered amount that was created by CO 2563 needs to be modified to set the amtNonCoveredSub to the amtNonCovered on the claim. There will need to be consideration given to how the amtNonCovered can be "set" when the claims engine needs to update this value during processing. This could be done with a separate setter.

The claim xsd will need to be updated to contain this new attribute and regenerated. The UB claim write modules will also need to be updated to write the new attribute to the data base.

2.12.290.4 Clarifications
No associated clarifications found.

2.12.290.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.290.6 Associated System Objects

Technical Name	Object Type	Title
clmsub92Write	Program	UB Database Update

2.12.290.7 Change Order Status

Status	Date
Change Order Written	08/29/2006
SE Assigned	08/30/2006
Define/Analyze In Progress	08/30/2006
Design Complete	09/06/2006

Status	Date
Construction in Progress	09/06/2006
Ready for Construction Walkthrough	09/06/2006
Ready for Model Office	09/15/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.291 Add Submitted Non Cov Amount UI - 3531

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3531	Change Order		Claims			1

2.12.291.1 Desired Solution
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.

2.12.291.2 Business Impact
None.

2.12.291.3 Technical Specifications
Add the following field to the Detail Submitted Data - UB panel: AMT_NON_COVERED_SUB (NUMBER 8,2).

2.12.291.4 Clarifications
No associated clarifications found.

2.12.291.5 Associated Requirements

Requirement ID	Type
30.090.007.002.71	Claims Panels/Panels

2.12.291.6 Associated System Objects

Technical Name	Object Type	Title
Clm.UB92DetailKeyPanel.ascx	Panel	Detail Submitted Data - UB92

2.12.291.7 Change Order Status

Status	Date
Change Order Written	08/29/2006
SE Assigned	08/30/2006
Construction in Progress	09/14/2006
Ready for Tech Walkthrough	09/14/2006
Ready for Model Office	09/25/2006
Model Office Implemented	10/02/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.292 Change Provider ID to Number - 3541

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3541	Change Order		Claims			3

2.12.292.1 Desired Solution
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

2.12.292.2 Business Impact
To meet KY requirements, every panel and error message that show a heading as 'Provider ID' needs to be replaced with 'Provider Number'.

2.12.292.3 Technical Specifications
To meet KY requirements, every panel and error message that show a heading as 'Provider ID' needs to be replaced with 'Provider Number'. Try to use the established state-localization variable that has been set up for 'ProviderID' in the InterChange/Kentucky/Statelocalization/StateLocalization.resx file. therefore all we have to do is replace 'Provider ID' with {ProviderID}.

2.12.292.4 Clarifications
No associated clarifications found.

2.12.292.5 Associated Requirements

Requirement ID	Type
30.050.001F	RFP Split Requirement
30.050.009.002.8	Claims Adjustment/Data Correct

2.12.292.6 Associated System Objects

Technical Name	Object Type	Title
Clm.MassAdjustmentCriteriaPanel.ascx	Panel	Mass Adjustment Criteria
Clm.ClaimSearchPanel.ascx - Search Results	Panel	Claims Search Results
Clm.PharmacyClaimPanel.ascx	Panel	Pharmacy Claim
Clm.DentalClaimPanel.ascx	Panel	Dental Claim
Clm.ClaimSearchPanel.ascx	Panel	Claims Search
Clm.PhysicianClaimPanel.ascx	Panel	Physician Claim
Clm.AdjustmentRequestClaimsPanel.ascx	Panel	Adjustment Request

2.12.292.7 Change Order Status

Status	Date
Change Order Written	08/30/2006

Status	Date
SE Assigned	08/31/2006
Define/Analyze In Progress	09/26/2006
Ready for Tech Walkthrough	09/26/2006
Ready for Model Office	09/26/2006
Model Office Implemented	09/27/2006
Ready for Model Office	10/02/2006
Model Office Implemented	10/05/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.293 Post Hdr-Dtl - 3552

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3552	Change Order		Claims			

2.12.293.1 Desired Solution
Edits are hard-coded to post at the hdr or dtl. If the edit is hard-coded to post at the dtl, and the disposition table is set up for the dtl or hdr there is not a problem. But if the edit is hard-coded to post at the hdr and the disposition table is set up for the dtl, the claim will not disposition correctly.

2.12.293.2 Business Impact
None.

2.12.293.3 Technical Specifications
Update the claims disposition process to recognize if an edit was hard-coded to post at the hdr and the disposition level is at the dtl. Super-suspend the claim in this situation. This process should be similar to forceClaimToSuperSuspense where if an error disp line is not found we super suspend the claim with an EOB that tells what edit we are talking about and sends the claim to location 00.

2.12.293.4 Clarifications
This was moved to the parking lot because no state sponsor - the change order can be recalled if a state deems necessary

2.12.293.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.293.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.293.7 Change Order Status

Status	Date
Issue Identified	09/05/2006
SE Assigned	09/05/2006
Construction in Progress	09/07/2006
Ready for Model Office	10/10/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.294 Reimb Modifier Pricing Type - CE - 3553

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3553	Change Order		Claims			

2.12.294.1 Desired Solution

Reimbursement Agreement rules are used in the claim-engine to decide how a service is priced. Currently, these rules can be restricted to specific modifier codes. And modifier codes have a default pricing type. States have a need to create reimbursement rules that vary the pricing type a modifier uses. The claim-engine must handle reimbursement rules with modifier pricing types.

2.12.294.2 Business Impact

Today, exceptions to modifier pricing are hard-coded in the claim-engine. This change would allow pricing rules to be configured by a business analyst.

2.12.294.3 Technical Specifications

- the claims engine sets modifier type for each modifier on the claim, clmsDtl.sc, set_cd_cdeMod() from t_modifier_type.
- new reimb rule feature in Modifier Override will allow users to assign a modifier type (t_modifier_type) to a modifier specified in the rule.
- if an overridden modifier is on the claim, take the modifier type override from the rule and update the claim.
- some code in clmsPricing that looks at modifier group will have to go away. clmsPricing.sc, is_mod_pricing(). This logic will have to look at the updated values in the claim.
- the wrapper function set_ru_Override(List *) exists. This function will take values from the rule, push onto a list, and pass into the function. (Found a couple of bugs in RulesEngine.sc)

2.12.294.4 Clarifications

Changed status to HOLD. Waiting for configurator completion. Changed estimate. Co-released 8736 and 8735. Notified FAA's and TFALs.

2.12.294.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.294.6 Associated System Objects

Technical Name	Object Type	Title
clmsPricing	Program	Claims Pricing

2.12.294.7 Change Order Status

Status	Date
Issue Identified	09/05/2006

Status	Date
Awaiting Further Definition	11/03/2006
SE Assigned	11/03/2006
SE Assigned	02/20/2007
Define/Analyze In Progress	02/20/2007
Ready for Tech Walkthrough	02/23/2007
Ready for Construction Walkthrough	02/23/2007
Ready for Model Office	02/23/2007
Model Office Implemented	02/26/2007
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.295 2652 Spenddown by Benefit Plan - 3557

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3557	Change Order		Claims			5

2.12.295.1 Desired Solution
Spenddown processing needs to be processed by Benefit Plan. Kentucky CO # 2652

2.12.295.2 Business Impact
Flexible cost share.

2.12.295.3 Technical Specifications
Currently in CORE Spenddown is Payer Specific. Kentucky needs Spenddown should be by Benefit Plan. T_RE_SPEND_LIAB table will be changed to have Benefit Plan

2.12.295.4 Clarifications
PR 10/20/2005 - The spenddown process will utilize the hierarchy code to identify if the billed amount should be used for SD deduction or the allowed amount. This process should always check for the hierarchy code prior to applying the SD amount.

Review and approve change orders for cost share. During the 10/24/05 cost share meeting, reviewed and approved the following CO including medications made from comments from the 10/20/05 meeting

This change order is to be done in the future, when the cost share hierarchy is written. Priority has been set to 5.

2.12.295.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.295.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.295.7 Change Order Status

Status	Date
Change Order Written	09/05/2006
Completed	08/20/2007

2.12.296 7472 Cost Share Amounts on Clm - 3558

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3558	Change Order		Claims			5

2.12.296.1 Desired Solution

The panels for the claims headers, including data corrections, and details need to be modified to display additional amounts for cost share. See 'Claim Panel Changes.doc' under Supplemental Documentation for desired changes. Kentucky CO #7472

2.12.296.2 Business Impact

None.

2.12.296.3 Technical Specifications

None.

2.12.296.4 Clarifications

This change order has been set to priority five, and to be done when cost change hierarchy has been set in place.

2.12.296.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.296.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.296.7 Change Order Status

Status	Date
Change Order Written	09/05/2006
Completed	08/20/2007

2.12.297 Enable image access - 3559

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3559	Change Order		Claims			1

2.12.297.1 Desired Solution
Modify claims pages to add the icon which allows access to the scanned image of the claim.

2.12.297.2 Business Impact
Meet the Commonwealth's business needs.

2.12.297.3 Technical Specifications
Modify claims pages panels to allow access to imaged claims documents (submitted claim, adjustment request and/or attachment) via the image icon. The following claim pages must be modified to allow access to imaged documents:

- Claims Information Page
- Claims Adjustment Page
- Claims Data Correction Page

2.12.297.4 Clarifications
NOTE: An icon is not going to be used. Instead a 'View Image' button is going to be put on the navigation panel. For an example, see the Claims Information Page screen print in the Supplemental Documentation section of this CO.

The link between the claims panels and the on-base data will be an API. The document management subsystem will notify claims when the API is ready so that claims can continue working on this.

2.12.297.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.297.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.297.7 Change Order Status

Status	Date
Change Order Written	09/05/2006

2.12.298 DM - Update Dental Header Tbls - 3560

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3560	Change Order		Claims			2

2.12.298.1 Desired Solution

This Change Order is to add the accident date to the Dental Header tables - T_(pd, deny, susp)_PHYS_HDR. FYI - Edit 427 is used for the accident date invalid.

The changes need to include getting and storing the accident date for dental claims at the header level. We should be consistent with the physician claim.

2.12.298.2 Business Impact

The accident date was missed for Dental claims for storing it at the header level.

2.12.298.3 Technical Specifications

Add the following column DTE_ACCIDENT- NUMBER(8) to the dental header tables:

- T_PD_DNTL_HDR
- T_DENY_DNTL_HDR
- T_SUSP_DENTAL_HDR

Be consistent with the Physician "header" tables T_(pd, deny, susp)_PHYS_HDR.

2.12.298.4 Clarifications

This CO needs to be co-release with CO 5529 (CE). [Schmidt]

This CO should be co-released with the following COs: [Schmidt]

- 5529
- 5761
- 5762

This change is being moved to the parking lot because there is not state sponsor - the CO can be recalled if a state deems necessary

Moved to a deferred status. CO will be worked after go-live. This CO grouping is to make the dental and physician of this data more consistent. [Schmidt]

2.12.298.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.298.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.298.7 Change Order Status

Status	Date
SE Assigned	09/05/2006
Ready for Construction Walkthrough	09/12/2006
Deferred	01/02/2007

2.12.299 UI - Dntl - Accident Date/Cause - 3563

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3563	Change Order		Claims			2

2.12.299.1 Desired Solution
Update the UI to populate the accident date for a Dental claim at the header panel (level).

Lets do this just like the Physician panel currently does to show the accident date.

2.12.299.2 Business Impact
Update the UI to populate the accident date for a Dental claim at the header panel (level).

2.12.299.3 Technical Specifications
None.

2.12.299.4 Clarifications
This CO should be co-released with the following COs:

- 5527
- 5529
- 5761

Waiting on the table change to be made before this change can be completed. Dte_accident needs to be added to the dental header tables.

Moved to a deferred status. CO will be worked after go-live. This CO grouping is to make the dental and physician of this data more consistent.

2.12.299.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.299.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.299.7 Change Order Status

Status	Date
Issue Identified	09/05/2006
SE Assigned	10/18/2006
On Hold	12/14/2006
Deferred	01/02/2007

2.12.300 UF - E593 - Can't Adj a Susp Cla - 3565

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3565	Change Order		Claims			

2.12.300.1 Desired Solution
From Core edit review:

Add KY edit 593 to Core claims adjustment code.

2.12.300.2 Business Impact
Add KY edit 593 to Core claims adjustment code.

2.12.300.3 Technical Specifications
Add KY edit 593 to Core claims adjustment code.

See KY CO 5599 for specifics.

2.12.300.4 Clarifications
This is being moved because there is no state sponsor - it can be recalled if a state deems necessary.

2.12.300.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.300.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.300.7 Change Order Status

Status	Date
Change Order Written	09/05/2006
Closed	08/20/2007

2.12.301 Add error eobs to adjustments - 3566

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3566	Change Order		Claims			

2.12.301.1 Desired Solution

When a bad adjustment request (say Medicaid id missing) is processed by the claims engine, it creates a region 20 claim with denied status and posts generic edit 550 on it. That gives the claim submitter no idea as to what is wrong with the claim and how to fix it. Since we addressed this issue by adding 9 different EOBs in KY, it should not be difficult to merge the code into Core from KY adjustment code.

2.12.301.2 Business Impact

Provider submitting the bad adjustment request, does not get exact notification as to why the adjustment request was denied.

2.12.301.3 Technical Specifications

Bring in the nine EOBs from adj837.sc from KY implementation.
9011: No Medicaid id.
9012: No xover provider number
9013: No provider number.
9014: No original ICN.
9015: Recipient

2.13 Data Element Dictionary

Because of the length of some column names and the use of underscore characters, some names in the tables below may wrap to the next line.

2.13.1 T_ADJMS_AGE_SEX

Mass Adjustment criteria table. Used to capture criteria for a member's age range and sex that is used during selection of paid claims for mass adjustments.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASS_RQST	A 10 byte unique number that identifies the mass adjustment request . Format: RRYYJJJBBB. It is user-keyed for manually entered adjustment requests, and system-assigned for system generated adjustments.	NUMBER	10	0	Y
SAK_RQST	System assigned key that uniquely identifies the reason for the adjustment. Values: 1 -Claim Mass Adjustment, 2 -Claim Single Adjustment, 3 -Void Adjustment, 4 -Provider Mass Rate Adjustment, 5 -TPL Recoupment Adjustment, 6 -Claims Recycle, 8 -Reversal Void, 9 -History Only Suspense Copy, 10 -Create History Only, 11 -Recipient Linking, 12 -Provider Repricing.	NUMBER	4	0	Y
CDE_SEX	The sex of the recipient. Valid values are 'B' - Both, 'F' - Female, 'M' - Male.	CHAR	1	0	Y
AGE_LOW	The low age range of the recipient.	NUMBER	3	0	Y
AGE_HIGH	The high age range of the recipient.	NUMBER	3	0	Y

2.13.2 T_ADJMS_AID_CAT

Optional Mass Adjustment criteria table. Specifies type(s) of member aid categories that are used during selection of paid claims for mass adjustments.

Column Name	Description	Type	Length	Precision	Primary Key

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASS_RQST	A 10 byte unique number that identifies the mass adjustment request . Format: RRYYJJJBBB. It is user-keyed for manually entered adjustment requests, and system-assigned for system generated adjustments.	NUMBER	10	0	Y
SAK_RQST	System assigned key that uniquely identifies the reason for the adjustment. Values: 1 -Claim Mass Adjustment, 2 -Claim Single Adjustment, 3 -Void Adjustment, 4 -Provider Mass Rate Adjustment, 5 -TPL Recoupment Adjustment, 6 -Claims Recycle, 8 -Reversal Void, 9 -History Only Suspense Copy, 10 -Create History Only, 11 -Recipient Linking, 12 -Provider Repricing.	NUMBER	4	0	Y
SAK_CDE_AID	System assigned key that uniquely identifies the type of aid category that should be used in selection of claims for Mass Adjustments.	NUMBER	9	0	Y

2.13.3 T_ADJMS_CT

Optional Mass Adjustment criteria table. Specifies claim type(s) that are included in the selection of paid claims to generate mass adjustments.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASS_RQST	A 10 byte unique number that identifies the mass adjustment request . Format: RRYYJJJBBB. It is user-keyed for manually entered adjustment requests, and system-assigned for system generated adjustments.	NUMBER	10	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RQST	System assigned key that uniquely identifies the reason for the adjustment. Values: 1 -Claim Mass Adjustment, 2 -Claim Single Adjustment, 3 -Void Adjustment, 4 -Provider Mass Rate Adjustment, 5 -TPL Recoupment Adjustment, 6 -Claims Recycle, 8 -Reversal Void, 9 -History Only Suspense Copy, 10 -Create History Only, 11 -Recipient Linking, 12 -Provider Repricing.	NUMBER	4	0	Y
CDE_CLM_TYPE	Code that specifies the type of claim record that should be included in the selection. Valid claim type values to be used in claim selection.	CHAR	1	0	Y

2.13.4 T_ADJMS_DATES

Required Mass Adjustment criteria table. Specifies the date range(s) that is used during selection of paid claims for mass adjustments. Date can represent Service, Payment or Receipt.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASS_RQST	A 10 byte unique number that identifies the mass adjustment request . Format: RRYYJJJBBB. It is user-keyed for manually entered adjustment requests, and system-assigned for system generated adjustments.	NUMBER	10	0	Y
SAK_RQST	System assigned key that uniquely identifies the reason for the adjustment. Values: 1 -Claim Mass Adjustment, 2 -Claim Single Adjustment, 3 -Void Adjustment, 4 -Provider Mass Rate Adjustment, 5 -TPL Recoupment Adjustment, 6 -Claims Recycle, 8 -Reversal Void, 9 -History Only Suspense Copy, 10 -Create History Only, 11 -Recipient Linking, 12 -Provider Repricing.	NUMBER	4	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE	Code that indicates whether date range represents 'S'ervice, 'P'ayment or 'R'eceipt.	CHAR	1	0	Y
DTE_SERVICE	The first from date of service, payment, or receipt date that will be checked to select claims.	NUMBER	8	0	Y
DTE_SERVICE_TO	The last from date of service, payment, or receipt date that will be checked to select claims.	NUMBER	8	0	Y

2.13.5 T_ADJMS_DIAG

Optional Mass Adjustment criteria table. Specifies diagnosis that is included in the selection of paid claims to generate mass adjustments.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASS_RQST	A 10 byte unique number that identifies the mass adjustment request . Format: RRYYJJJBBB. It is user-keyed for manually entered adjustment requests, and system-assigned for system generated adjustments.	NUMBER	10	0	Y
SAK_RQST	System assigned key that uniquely identifies the reason for the adjustment. Values: 1 -Claim Mass Adjustment, 2 -Claim Single Adjustment, 3 -Void Adjustment, 4 -Provider Mass Rate Adjustment, 5 -TPL Recoupment Adjustment, 6 -Claims Recycle, 8 -Reversal Void, 9 -History Only Suspense Copy, 10 -Create History Only, 11 -Recipient Linking, 12 -Provider Repricing.	NUMBER	4	0	Y
SAK_DIAG	System assigned key that describes the condition that required medical attention that should be included in the selection.	NUMBER	9	0	Y

2.13.6 T_ADJMS_DRG

Optional Mass Adjustment criteria table. Specifies DRG code(s) that is included in selection of paid claims to generate mass adjustments.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASS_RQST	A 10 byte unique number that identifies the mass adjustment request . Format: RRYYJJJBBB. It is user-keyed for manually entered adjustment requests, and system-assigned for system generated adjustments.	NUMBER	10	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RQST	System assigned key that uniquely identifies the reason for the adjustment. Values: 1 -Claim Mass Adjustment, 2 -Claim Single Adjustment, 3 -Void Adjustment, 4 -Provider Mass Rate Adjustment, 5 -TPL Recoupment Adjustment, 6 -Claims Recycle, 8 -Reversal Void, 9 -History Only Suspense Copy, 10 -Create History Only, 11 -Recipient Linking, 12 -Provider Repricing.	NUMBER	4	0	Y
SAK_DRG	System assigned key that uniquely identifies a drug code (NDC).	NUMBER	9	0	N

2.13.7 T_ADJMS_DRUG

Optional Mass Adjustment criteria table. Specifies drug codes (NDC) that are used during selection of paid claims to generate mass adjustments.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASS_RQST	A 10 byte unique number that identifies the mass adjustment request . Format: RRYYJJJBBB. It is user-keyed for manually entered adjustment requests, and system-assigned for system generated adjustments.	NUMBER	10	0	Y
SAK_RQST	System assigned key that uniquely identifies the reason for the adjustment. Values: 1 -Claim Mass Adjustment, 2 -Claim Single Adjustment, 3 -Void Adjustment, 4 -Provider Mass Rate Adjustment, 5 -TPL Recoupment Adjustment, 6 -Claims Recycle, 8 -Reversal Void, 9 -History Only Suspense Copy, 10 -Create History Only, 11 -Recipient Linking, 12 -Provider Repricing.	NUMBER	4	0	Y
SAK_DRUG	System assigned key that uniquely identifies a drug code (NDC).	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_NDC	National Drug Code prescribed/dispensed to a recipient.	CHAR	11	0	N

2.13.8 T_ADJMS_ERROR

Optional Mass Adjustment criteria table. Specifies error(s) (edit/audit) that are included in the selection of paid claims to generate mass adjustments. Error is checked at header, detail or both header and detail level.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASS_RQST	A 10 byte unique number that identifies the mass adjustment request . Format: RRYYJJJBBB. It is user-keyed for manually entered adjustment requests, and system-assigned for system generated adjustments.	NUMBER	10	0	Y
SAK_RQST	System assigned key that uniquely identifies the reason for the adjustment. Values: 1 -Claim Mass Adjustment, 2 -Claim Single Adjustment, 3 -Void Adjustment, 4 -Provider Mass Rate Adjustment, 5 -TPL Recoupment Adjustment, 6 -Claims Recycle, 8 -Reversal Void, 9 -History Only Suspense Copy, 10 -Create History Only, 11 -Recipient Linking, 12 -Provider Repricing.	NUMBER	4	0	Y
SAK_ESC	System assigned key that uniquely identifies an edit/audit code.	NUMBER	9	0	Y
CDE	Code used to indicate whether error should be checked for at 'H' - header, 'D' - detail, 'B' - both header and detail.	CHAR	1	0	Y

2.13.9 T_ADJMS_LOC

Optional Mass Adjustment criteria table. Specifies the level of care code that is used in the selection of paid claims to generate mass adjustments.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASS_RQST	A 10 byte unique number that identifies the mass adjustment request . Format: RRYYJJJBBB. It is user-keyed for manually entered adjustment requests, and system-assigned for system generated adjustments.	NUMBER	10	0	Y
SAK_RQST	System assigned key that uniquely identifies the reason for the adjustment. Values: 1 -Claim Mass Adjustment, 2 -Claim Single Adjustment, 3 -Void Adjustment, 4 -Provider Mass Rate Adjustment, 5 -TPL Recoupment Adjustment, 6 -Claims Recycle, 8 -Reversal Void, 9 -History Only Suspense Copy, 10 -Create History Only, 11 -Recipient Linking, 12 -Provider Repricing.	NUMBER	4	0	Y
CDE_LOC	The level of care code associated with a provider's claim.	CHAR	3	0	Y

2.13.10 T_ADJMS_MEDAST

Optional Mass Adjustment criteria table. Specifies medical assistance program(s) that are used during selection of paid claims to generate mass adjustments

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASS_RQST	A 10 byte unique number that identifies the mass adjustment request . Format: RRYYJJJBBB. It is user-keyed for manually entered adjustment requests, and system-assigned for system generated adjustments.	NUMBER	10	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RQST	System assigned key that uniquely identifies the reason for the adjustment. Values: 1 -Claim Mass Adjustment, 2 -Claim Single Adjustment, 3 -Void Adjustment, 4 -Provider Mass Rate Adjustment, 5 -TPL Recoupment Adjustment, 6 -Claims Recycle, 8 -Reversal Void, 9 -History Only Suspense Copy, 10 -Create History Only, 11 -Recipient Linking, 12 -Provider Repricing.	NUMBER	4	0	Y
SAK_PUB_HLTH	System assigned internal key for a recipient plan.	NUMBER	9	0	Y
CDE_PGM_HEALTH	Code identifies the type medical assistance program that should be included in the selection.	CHAR	5	0	N

2.13.11 T_ADJMS_MODIF

Optional Mass Adjustment criteria table. Specifies modifier(s) that are used during selection of paid claims to generate mass adjustments.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASS_RQST	A 10 byte unique number that identifies the mass adjustment request . Format: RRYYJJJBBB. It is user-keyed for manually entered adjustment requests, and system-assigned for system generated adjustments.	NUMBER	10	0	Y
SAK_RQST	System assigned key that uniquely identifies the reason for the adjustment. Values: 1 -Claim Mass Adjustment, 2 -Claim Single Adjustment, 3 -Void Adjustment, 4 -Provider Mass Rate Adjustment, 5 -TPL Recoupment Adjustment, 6 -Claims Recycle, 8 -Reversal Void, 9 -History Only Suspense Copy, 10 -Create History Only, 11 -Recipient Linking, 12 -Provider Repricing.	NUMBER	4	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROC	Five byte code that specifies a service rendered to a recipient.	CHAR	6	0	Y
CDE_PROC_MOD	Two byte character that represents the first modifier code(s) that will be used in selection.	CHAR	2	0	Y
CDE_MODIFIER_2	Two byte character that represents the second of the modifier code(s) that will be used in selection.	CHAR	2	0	N
CDE_MODIFIER_3	Two byte character that represents the third of the modifier code(s) that will be used in selection.	CHAR	2	0	N
CDE_MODIFIER_4	Two byte character that represents the fourth of the modifier code(s) that will be used in selection.	CHAR	2	0	N
SAK_PROCEDURE	The unique system assigned key associated with the procedure which was performed.	NUMBER	9	0	N

2.13.12 T_ADJMS_PROV

Mass Adjustment criteria table. Optional for manually entered mass adjustment requests. Required (propagated automatically) for retro rate and void adjustments. Specifies the provider(s) that is included in the selection of paid claims to generate mass adjustments.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASS_RQST	A 10 byte unique number that identifies the mass adjustment request . Format: RRYYJJJBBB. It is user-keyed for manually entered adjustment requests, and system-assigned for system generated adjustments.	NUMBER	10	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RQST	System assigned key that uniquely identifies the reason for the adjustment. Values: 1 -Claim Mass Adjustment, 2 -Claim Single Adjustment, 3 -Void Adjustment, 4 -Provider Mass Rate Adjustment, 5 -TPL Recoupment Adjustment, 6 -Claims Recycle, 8 -Reversal Void, 9 -History Only Suspense Copy, 10 -Create History Only, 11 -Recipient Linking, 12 -Provider Repricing.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	Unique identifier for the provider service location	NUMBER	9	0	N
ID_PROVIDER	This is the unique number assigned to a provider for billing Medicaid services.	CHARACTER	15	0	N

2.13.13 T_ADJMS_PROVTYP

Optional Mass Adjustment criteria table. Specifies provider type(s) that is included in selection of paid claims to generate mass adjustments.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASS_RQST	A 10 byte unique number that identifies the mass adjustment request . Format: RRYYJJJBBB. It is user-keyed for manually entered adjustment requests, and system-assigned for system generated adjustments.	NUMBER	10	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RQST	System assigned key that uniquely identifies the reason for the adjustment. Values: 1 -Claim Mass Adjustment, 2 -Claim Single Adjustment, 3 -Void Adjustment, 4 -Provider Mass Rate Adjustment, 5 -TPL Recoupment Adjustment, 6 -Claims Recycle, 8 -Reversal Void, 9 -History Only Suspense Copy, 10 -Create History Only, 11 -Recipient Linking, 12 -Provider Repricing.	NUMBER	4	0	Y
CDE_PROV_TYPE	Type that a provider is licensed for or 'ZZ' to indicate all provider types should be used in selection.	CHAR	2	0	Y

2.13.14 T_ADJMS_PRSPEC

Optional Mass Adjustment criteria table. Specifies provider specialty(s) that is included in selection of paid claims to generate mass adjustments.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASS_RQST	A 10 byte unique number that identifies the mass adjustment request . Format: RRYYJJJBBB. It is user-keyed for manually entered adjustment requests, and system-assigned for system generated adjustments.	NUMBER	10	0	Y
SAK_RQST	System assigned key that uniquely identifies the reason for the adjustment. Values: 1 -Claim Mass Adjustment, 2 -Claim Single Adjustment, 3 -Void Adjustment, 4 -Provider Mass Rate Adjustment, 5 -TPL Recoupment Adjustment, 6 -Claims Recycle, 8 -Reversal Void, 9 -History Only Suspense Copy, 10 -Create History Only, 11 -Recipient Linking, 12 -Provider Repricing.	NUMBER	4	0	Y
CDE_PROV_SPEC	Code which indicates the scope of practice or operations of the provider that will be used in selection.	CHAR	3	0	Y

2.13.15 T_ADJMS_PRSVC

Optional Mass Adjustment criteria table. Specifies service location(s) for providers included in selection of paid claims to generate mass adjustments.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASS_RQST	A 10 byte unique number that identifies the mass adjustment request . Format: RRYYJJJBBB. It is user-keyed for manually entered adjustment requests, and system-assigned for system generated adjustments.	NUMBER	10	0	Y
SAK_RQST	System assigned key that uniquely identifies the reason for the adjustment. Values: 1 -Claim Mass Adjustment, 2 -Claim Single Adjustment, 3 -Void Adjustment, 4 -Provider Mass Rate Adjustment, 5 -TPL Recoupment Adjustment, 6 -Claims Recycle, 8 -Reversal Void, 9 -History Only Suspense Copy, 10 -Create History Only, 11 -Recipient Linking, 12 -Provider Repricing.	NUMBER	4	0	Y
SAK_PROV_LOC	Unique identifier for the provider service location	NUMBER	9	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N

2.13.16 T_ADJMS_RECIP

Optional Mass Adjustment criteria table. Specifies the member(s) that is included in the selection of paid claims for mass adjustment.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASS_RQST	A 10 byte unique number that identifies the mass adjustment request . Format: RRYYJJJBBB. It is user-keyed for manually entered adjustment requests, and system-assigned for system generated adjustments.	NUMBER	10	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RQST	System assigned key that uniquely identifies the reason for the adjustment. Values: 1 -Claim Mass Adjustment, 2 -Claim Single Adjustment, 3 -Void Adjustment, 4 -Provider Mass Rate Adjustment, 5 -TPL Recoupment Adjustment, 6 -Claims Recycle, 8 -Reversal Void, 9 -History Only Suspense Copy, 10 -Create History Only, 11 -Recipient Linking, 12 -Provider Repricing.	NUMBER	4	0	Y
SAK_RECIP	System assigned key that uniquely identifies a recipient that should be included in the selection.	NUMBER	9	0	Y

2.13.17 T_ADJMS_REGION

Optional Mass Adjustment criteria table. Specifies the media(s) and/or type of claim(s) that is included in selection of paid claims for mass adjustments. Region number is the first two characters of the Internal Control Number (ICN) assigned to every claim that processes in the MMIS.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASS_RQST	A 10 byte unique number that identifies the mass adjustment request . Format: RRYYJJJBBB. It is user-keyed for manually entered adjustment requests, and system-assigned for system generated adjustments.	NUMBER	10	0	Y
SAK_RQST	System assigned key that uniquely identifies the reason for the adjustment. Values: 1 -Claim Mass Adjustment, 2 -Claim Single Adjustment, 3 -Void Adjustment, 4 -Provider Mass Rate Adjustment, 5 -TPL Recoupment Adjustment, 6 -Claims Recycle, 8 -Reversal Void, 9 -History Only Suspense Copy, 10 -Create History Only, 11 -Recipient Linking, 12 -Provider Repricing.	NUMBER	4	0	Y
CDE_REGION	Code which identifies the claim type and media of the claim.	CHAR	2	0	Y

2.13.18 T_ADJMS_REVENUE

Optional Mass Adjustment criteria table. Specifies revenue code(s) that is included in selection of paid claims to generate mass adjustments.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASS_RQST	A 10 byte unique number that identifies the mass adjustment request . Format: RRYYJJJBBB. It is user-keyed for manually entered adjustment requests, and system-assigned for system generated adjustments.	NUMBER	10	0	Y
SAK_RQST	System assigned key that uniquely identifies the reason for the adjustment. Values: 1 -Claim Mass Adjustment, 2 -Claim Single Adjustment, 3 -Void Adjustment, 4 -Provider Mass Rate Adjustment, 5 -TPL Recoupment Adjustment, 6 -Claims Recycle, 8 -Reversal Void, 9 -History Only Suspense Copy, 10 -Create History Only, 11 -Recipient Linking, 12 -Provider Repricing.	NUMBER	4	0	Y
CDE_REVENUE	Code which identifies a specific accommodation or ancillary service. '999' will indicate that all revenue codes should be included.	NUMBER	4	0	Y

2.13.19 T_ADJMS_SERV

Optional Mass Adjustment criteria table. Specifies procedure code(s) that should be included in selection of paid claims to generate mass adjustments.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASS_RQST	A 10 byte unique number that identifies the mass adjustment request . Format: RRYYJJJBBB. It is user-keyed for manually entered adjustment requests, and system-assigned for system generated adjustments.	NUMBER	10	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RQST	System assigned key that uniquely identifies the reason for the adjustment. Values: 1 -Claim Mass Adjustment, 2 -Claim Single Adjustment, 3 -Void Adjustment, 4 -Provider Mass Rate Adjustment, 5 -TPL Recoupment Adjustment, 6 -Claims Recycle, 8 -Reversal Void, 9 -History Only Suspense Copy, 10 -Create History Only, 11 -Recipient Linking, 12 -Provider Repricing.	NUMBER	4	0	Y
SAK_PROCEDURE	The unique system assigned key associated with the procedure which was performed.	NUMBER	9	0	Y

2.13.20 T_ADJ_DENT_XREF

Associates adjusted dental claims. Links an original paid dental claim (mother) and the claim that was created to modify it (daughter).

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
SAK_CLAIM_ADJ	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	N
SAK_EOB	System assigned key that uniquely identifies the explanation of benefit code that provides the reason for which the adjustment was created.	NUMBER	9	0	N
DTE_ADJUSTED	Date on which adjustment request was initiated.	NUMBER	8	0	N
ID_CLERK	Identification of clerk that generated adjustment request. The clerk who originates the adjustment request is responsible for the complete processing of the claim. In other words, if the adjustment suspends this clerk is responsible for working it.	CHAR	8	0	N

2.13.21 T_ADJ_MASS_CLAIM

Required Adjustment table. This table is populated by paid claims which are selected based upon criteria from the T_ADJ_MASS_RQST table (single adjustment) or criteria from the T_ADJ_MASS_RQST table along with the many related ADJMS criteria tables (mass adjustment). Each entry on this table corresponds with one claim to be adjusted.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASS_RQST	A 10 byte unique number that identifies the mass adjustment request . Format: RRYYJJJBBB. It is user-keyed for manually entered adjustment requests, and system-assigned for system generated adjustments.	NUMBER	10	0	Y
SAK_RQST	System assigned key that uniquely identifies the reason for the adjustment. Values: 1 -Claim Mass Adjustment, 2 -Claim Single Adjustment, 3 -Void Adjustment, 4 -Provider Mass Rate Adjustment, 5 -TPL Recoupment Adjustment, 6 -Claims Recycle, 8 -Reversal Void, 9 -History Only Suspense Copy, 10 -Create History Only, 11 -Recipient Linking, 12 -Provider Repricing.	NUMBER	4	0	Y
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
SEQ	Sequence number which uniquely identifies each claim within an adjustment request.	NUMBER	4	0	N
CDE_STATUS1	The status code of the claim selected for mass adjustment. Valid values are: "R" - Released, "S" - Suspended, "D" Deleted and "P" - Processed	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLM_TYPE	Value used to describe the type of Medicaid claim being processed.	CHAR	1	0	N
CDE_PARTITION_ID	History database partition id.	CHAR	2	0	N
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
SAK_PROV_LOC	Unique identifier for the provider service location	NUMBER	9	0	N
SAK_RECIP	The system assigned internal key for a unique recipient.	NUMBER	9	0	N
NUM_ICN	This represents the unique internal control number for a Medicaid claim. RRYYJJJBBBSSS	CHAR	13	0	N
AMT_PAID	The amount of money (check or EFT) we will pay to an external entity for a paid claim.	NUMBER	9	2	N
DTE_FIRST_SVC	The first date on which services are rendered for a Medicaid recipient.	NUMBER	8	0	N
DTE_LAST_SVC	The last date on which services were rendered for a Medicaid recipient.	NUMBER	8	0	N
CDE_CLM_STATUS	Indicates the status of a claim in the MMIS system. The valid values are: D-Denied, P-Paid, R-Resubmitted, S-Suspended, and Q-Quality Review by Supervisor is pending.	CHAR	1	0	N
CASH_CTL_NO	Cash Control Number used to assign cash to the adjustment.	CHAR	11	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EOB	System assigned key that uniquely identifies the reason for the adjustment.	NUMBER	9	0	N
CDE_ADJ_ACTION	The action that claims engine need to take on this adjustment: A or blank - reprocess the whole claim; P - reprocess specific details; H - update history only do not edit, audit, ore re-price.	CHAR	1	0	N
IND_SUSPEND	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.	CHAR	1	0	N
DATE_PAID	A claim may be adjudicated by more than one Payer depending on the beneficiary/recipient coverage. Financial may run different cycles for different Payers on different dates. This date represents THE CHECK ISSUE date on which the first financial cycle run for Payers that finalize the claim.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_FINAL_LAST_PAYER	A claim may be adjudicated by more than one Payer depending on the beneficiary/recipient coverage. Financial may run different cycles for different Payers on different dates. This date represents THE CHECK ISSUE date on which the last financial cycle run for Payers that finalize the claim.	NUMBER	8	0	N

2.13.22 T_ADJ_MASS_RQST

Required Adjustment table. This adjustment request table is used singularly for single adjustments to help populate the T_ADJ_MASS_CLAIM table, which drives adjustments. For mass adjustments, this request table is used along with the ADJMS (mass adjustment criteria tables) to populate the T_ADJ_MASS_CLAIM table. Types of mass adjustments include manually entered, long term care rate changes (retroactive rate) and voided checks.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASS_RQST	A 10 byte unique number that identifies the mass adjustment request . Format: RRYYJJJBBB. It is user-keyed for manually entered adjustment requests, and system-assigned for system generated adjustments.	NUMBER	10	0	Y
SAK_RQST	System assigned key that uniquely identifies the reason for the adjustment. Values: 1 -Claim Mass Adjustment, 2 -Claim Single Adjustment, 3 -Void Adjustment, 4 -Provider Mass Rate Adjustment, 5 -TPL Recoupment Adjustment, 6 -Claims Recycle, 8 -Reversal Void, 9 -History Only Suspense Copy, 10 -Create History Only, 11 -Recipient Linking, 12 -Provider Repricing.	NUMBER	4	0	Y
SAK_EOB	System assigned key for the Explanation of Benefits.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_REQUEST	Date on which mass adjustment request was entered or generated (retro rate and void).	NUMBER	8	0	N
CDE_STATUS1	Indicates whether adjustment request is 'S' - submitted, 'I' - Claims Identified, 'P' - Processing, or 'F' - Finalized	CHAR	1	0	N
NUM_COUNT	The number of claims found for the adjustment request.	NUMBER	9	0	N
NUM_COUNT_ADJ	This field is a counter for the number of adjustments processed for an adjustment request.	NUMBER	9	0	N
NUM_COUNT_DEL	This field is a counter of the adjustments deleted or errored off for an adjustment request.	NUMBER	9	0	N
ID_CLERK	Indicates a specific user of the system and can be used to identify who entered or last updated the Adjustment Request.	CHAR	8	0	N
CASH_CTL_NO	Cash Control Number used to assign cash to the adjustment.	CHAR	11	0	N
IND_HIST	Indicate update history only do not edit, audit, ore re-price: Y - yes; N - No	CHAR	1	0	N
IND_SUSPEND	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.	CHAR	1	0	N

2.13.23 T_ADJ_PHRM_XREF

Associates adjusted pharmacy claims. Links an original paid pharmacy claim (mother) and the claim that was created to modify it (daughter).

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM_ADJ	System assigned key that uniquely identifies the claim that was created (daughter) during the adjustment process.	NUMBER	9	0	N
SAK_EOB	System assigned key that uniquely identifies the explanation of benefit code that provides the reason for which the adjustment was created.	NUMBER	9	0	N
DTE_ADJUSTED	Date on which adjustment request was initiated.	NUMBER	8	0	N
ID_CLERK	Identification of clerk that generated adjustment request. The clerk who originates the adjustment request is responsible for the complete processing of the claim. In other words, if the adjustment suspends this clerk is responsible for working it.	CHAR	8	0	N

2.13.24 T_ADJ_PHYS_XREF

Associates adjusted HCFA1500 physician (medical, transportation and crossover part B) claims. Links an original paid physician claim (mother) and the claim that was created to modify it (daughter).

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
SAK_CLAIM_ADJ	System assigned key that uniquely identifies the claim that was created (daughter) during the adjustment process.	NUMBER	9	0	N
SAK_EOB	System assigned key that uniquely identifies the explanation of benefit code that provides the reason for which the adjustment was created.	NUMBER	9	0	N
DTE_ADJUSTED	Date on which adjustment request was initiated.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_CLERK	Identification of clerk that generated adjustment request. The clerk who originates the adjustment request is responsible for the complete processing of the claim. In other words, if the adjustment suspends this clerk is responsible for working it.	CHAR	8	0	N

2.13.25 T_ADJ_RET_RQST_ERR

This table holds the LTC RETRO ADJUSTMENT REQUESTS that errored off during processing because there were no claims found for the provider that met the criteria.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
CDE_LEVEL_OF_CARE	The code assigned to the recipient's level of care.	CHAR	2	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long.	NUMBER	4	0	Y
CDE_ERROR_ICES	The code assigned to a particular ICES error.	CHAR	1	0	N

2.13.26 T_ADJ_REV_RQST

This entity contains reversal information initiated by interactive reversals. The reversal information is used for provider inquiries.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_PRSCRIP	Prescription number assigned by a pharmacy to a drug dispensed to a Medicaid recipient.	CHAR	7	0	Y
DTE_CLM_LOCAT	Date on which a claim was placed in a specific system location.	NUMBER	8	0	Y
TIME_SYSTEM	Indicates the system time that a reversal record was created.	NUMBER	8	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	This is the unique number assigned to a provider for billing Medicaid services.	CHARACTER	15	0	Y
SAK_CLAIM	System assigned key assigned to the original claim that is being reversed.	NUMBER	9	0	N
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
SAK_PROV_LOC	Unique identifier for the provider service location	NUMBER	9	0	N
CLM_DISPNSE_DT	Date the drug was dispensed or if other claim type, date claim was processed.	CHAR	8	0	N
SAK_EOB	System assigned key for reversal EOB.	NUMBER	9	0	N
AMT_DISPOSITION	Amount of claim being reversed.	NUMBER	10	2	N

2.13.27 T_ADJ_RULES

Table containing various rules/parameters for adjMain.sc to use when loading claims from Paid to Suspense for adjustments.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_FORM	Claim form (PHRM, DNTL, PHYS, UB92) or env (to get env variable).	CHAR	4	0	Y
CDE_PARENT	The parent name of a element in a schema.	CHAR	20	0	Y
CDE_ELEMENT	The element name of an element in a schema.	CHAR	20	0	Y
CDE_ACTION	A list of actions for an element.	CHAR	10	0	N
CDE_TEXT_1	An environment variable definition or element description.	VARCHAR2	100	0	N
CDE_TEXT_2	Element description used to process an action.	VARCHAR2	100	0	N
CDE_TEXT_3	Element description used to process an action.	VARCHAR2	100	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TEXT_4	Element description used to process an action.	VARCHAR2	100	0	N
CDE_TEXT_5	Element description used to process an action.	VARCHAR2	100	0	N
CDE_TEXT_6	Element description used to process an action.	VARCHAR2	100	0	N

2.13.28 T_ADJ_UB92_XREF

Associates adjusted UB claims (inpatient, outpatient, nursing home, home health, crossover part A and crossover part C). Links an original paid UB claim (mother) and the claim that was created to modify it (daughter).

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
SAK_CLAIM_ADJ	System assigned key that uniquely identifies the claim that was created (daughter) during the adjustment process.	NUMBER	9	0	N
SAK_EOB	System assigned key that uniquely identifies the explanation of benefit code that provides the reason for which the adjustment was created.	NUMBER	9	0	N
DTE_ADJUSTED	Date on which adjustment request was initiated.	NUMBER	8	0	N
ID_CLERK	Identification of clerk that generated adjustment request. The clerk who originates the adjustment request is responsible for the complete processing of the claim. In other words, if the adjustment suspends, this clerk is responsible for working it.	CHAR	8	0	N

2.13.29 T_ADJ_VOID_RQST

Contains a record for each cash receipt disposition line item that has been created due to the void of a check for a specific claim. This is used to generate mass adjustments for claims (mothers) associated with the voided check. The adjusted claims (daughters) receive a denied status with zero payment.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASH_RECEIPT	System assigned key that uniquely identifies a check submitted to the state from an external source. In this cash it represents a check that has been returned and voided.	NUMBER	9	0	Y
SAK_CLAIM	System assigned key for the claim's internal control number. This uniquely identifies a claim in the MMIS system.	NUMBER	9	0	Y
NUM_SEQ_BATCH	Number that uniquely identifies each individual cash receipt disposition which was applied to a cash receipt.	NUMBER	9	0	N
AMT_DISPOSITION	The amount being applied from a check for a single transaction (void).	NUMBER	10	2	N
CDE_CLM_TYPE	Code that specifies the type of claim record. Such as A - UB Crossover Part A, B- HCFA 1500 Crossover Part B, I - UB Inpatient, M - HCFA 1500 Medical/Professional.	CHAR	1	0	N
SAK_EOB	System assigned key that uniquely identifies the explanation of benefit code that provides the reason for which the adjustment will be created.	NUMBER	9	0	N
ID_CLERK	Indicates the clerk who initiated the void check cash receipt that will cause the adjustment of all claims associated with the voided check.	CHAR	8	0	N

2.13.30 T_ATTACHMENT_XREF

This table contains a cross reference between electronic claims and the attachments that were sent by mail or fax to be used as supporting documentation for the claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
NUM_DTL	The number of the detail on the claim.	NUMBER	4	0	Y
SAK_PROV	System assigned key which uniquely identifies a provider in the system.	NUMBER	9	0	N
SAK_RECIP	The system assigned internal key for a unique recipient.	NUMBER	9	0	N
CDE_ATTACHMENT_CONTROL	The control number associated with an attachment that is being sent by the provider for an electronically submitted claim.	VARCHAR2	80	0	N
IND_ATTACH_RECEIVED	Indicates if the attachment has been received.	CHAR	1	0	N

2.13.31 T_BATCH_ERR_SUM

Table contains summary information (error counts) of batch encounter errors.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BATCH	System assigned key for the batch. This sak is the same as the SAK_UPLOAD in T_UPLOAD	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ESC	System assigned key that uniquely identifies an error number	NUMBER	9	0	Y
SAK_SUM_ERR	System assigned key for the batch/error/claim relationship	NUMBER	9	0	N
CNT_ERROR	Number of claims setting an error.	NUMBER	9	0	N
CDE_DISP_STATUS	Code indicating disposition status.	CHAR	1	0	N

2.13.32 T_CCF_ERROR_DATA

This table contains information about the fields that could possibly cause a particular error to fail.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ERROR_DISP	System assigned key used to define an occurrence of an error disposition for a specific edit/audit.	NUMBER	4	0	N
SAK_ESC	System assigned key for error number defined.	NUMBER	9	0	N
NAM_ATTRIBUTE	Name of the attribute that caused a particular edit to fail.	CHAR	15	0	N
NUM_SEQ	Sequence number of an attribute that caused a particular edit to fail. This sequence number is necessary in order to differentiate between the different claim types on which a particular field appears.	NUMBER	4	0	N
CDE_CLM_TYPE	Indicator that identifies the type of Medicaid claim; medical, pharmacy, nursing home, and others	CHAR	1	0	N
CDE_AREA	Code which indicates the internal area on which a particular field resides. This is used during the production of Claim Correction Forms in order to identify which tables should be accessed to retrieve the appropriate data.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE	Code which is used to control dependencies.	CHAR	1	0	N
DSC_ATTRIBUTE	Description of the attribute that caused a particular edit to fail. This description will appear on the Claim Correction Form.	CHAR	20	0	N

2.13.33 T_CC_CR_SAVE

This table contains information required for the ClaimCheck/ClaimReview Savings Report. This is a table used for reporting and historical data not kept.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key for claim that was modified by ClaimCheck.	NUMBER	9	0	Y
NUM_DTL	The number of the claim detail that was modified by ClaimCheck.	NUMBER	4	0	Y
HIST_IND	History indicator for the claim detail.	CHAR	1	0	N
AMT_BILLED_OLD	The previous amount of money requested for payment by a provider for services rendered to a recipient. Used specifically for ClaimCheck processing and Savings Report.	NUMBER	9	2	N
AMT_ALWD_OLD	The previous amount that would have been paid for services provided to a recipient. Used specifically for ClaimCheck processing and Savings Report.	NUMBER	9	2	N
CDE_PROC_OLD	The procedure that ClaimCheck was the original submitted procedure.	CHAR	6	0	N
SAK_CLAIM_REF	The claim that contains the procedure that ClaimChreck indicates is the bundled procedure.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_DTL_REF	The claim detail that contains the procedure that ClaimChreck indicates is the bundled procedure.	NUMBER	4	0	N
HIST_IND_REF	History indicator for referenced claim detail or the survivor detail.	CHAR	1	0	N
CDE_PROC_REPL	The procedure that ClaimCheck indicates should replace the submitted procedure.	CHAR	6	0	N
AMT_BILLED_REPL	The amount of money requested for payment by a provider for services rendered to a recipient.	NUMBER	9	2	N
AMT_ALWD_REPL	The amount that would have been paid for services provided to a recipient.	NUMBER	9	2	N
CDE_ESC	The CC edit code that was posted.	NUMBER	4	0	N
RANK_ESC	The rank for the CC edit.	NUMBER	2	0	N
PCT_ESC	The percentage of savings for that CC edit.	NUMBER	3	0	N
SAK_CLAIM_RELATED	The claim that was being processed that caused ClaimCheck to perform the edits.	NUMBER	9	0	N
DTE_CC_PROCESSED	Date/time that current claim was process via ClaimCheck.	DATE	0	0	N

2.13.34 T_CC_HIST_ADJUST

This table contains claims on history that ClaimCheck recommends denial of, as well as the details that were used by ClaimCheck to make this decision.

Column Name	Description	Type	Length	Precision	Primary Key
ID_MEDICAID	Identification number assigned to a recipient of services.	CHAR	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM_RELATED	System assigned key for claim's internal control number. This one corresponds to processed claim.	NUMBER	9	0	N
IND_HIST_CURR	Type of record: 'P' - Processed claim information 'A' - Affected history claim detail 'C' - Current supporting detail 'H' - History supporting detail.	CHAR	1	0	N
NUM_ICN	Number assigned to a claim processed in the system; used for control purposes.	CHAR	13	0	N
NUM_DTL	The number of the detail for the claim record identified by ICN.	NUMBER	4	0	N
ID_PROVIDER	Identification number assigned to a group or individual that provides medical services to recipients.	CHAR	15	0	N
CDE_POS	Location where service was rendered.	CHAR	2	0	N
DTE_FIRST_SVC	Date on which services were first performed for a recipient.	NUMBER	8	0	N
CDE_PROC	Six byte code that specifies a service rendered to a recipient.	CHAR	6	0	N
CDE_PROC_MOD1	Code used to further define a procedure provided.	CHAR	2	0	N
CDE_PROC_MOD2	Code used to further define a procedure provided.	CHAR	2	0	N
CDE_PROC_MOD3	Code used to further define a procedure provided.	CHAR	2	0	N
CDE_PROC_MOD4	Code used to further define a procedure provided.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROC_REPL	The service that ClaimCheck indicates should replace the submitted service.	CHAR	6	0	N
QTY_BILLED	Number of units of service that were provided.	NUMBER	8	2	N
AMT_ALWD	Amount approved to pay for services provided to a recipient.	NUMBER	9	2	N
CDE_ESC1	Code used to indicate an error was discovered during ClaimCheck processing.	NUMBER	4	0	N
CDE_ESC2	Code used to indicate an error was discovered during ClaimCheck processing.	NUMBER	4	0	N
CDE_ESC3	Code used to indicate an error was discovered during ClaimCheck processing.	NUMBER	4	0	N
CDE_ESC4	Code used to indicate an error was discovered during ClaimCheck processing.	NUMBER	4	0	N
CDE_ESC5	Code used to indicate an error was discovered during ClaimCheck processing.	NUMBER	4	0	N
DTE_CC_PROCESSED	Date when claim was processed in ClaimCheck.	NUMBER	22	8	N
TME_CC_PROCESSED	Time when claim was processed in ClaimCheck.	NUMBER	8	0	N

2.13.35 T_CDE_AID

Contains the valid aid categories and descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CDE_AID	System assigned key to uniquely identify a valid aid category.	NUMBER	9	0	Y
CDE_AID_CATEGORY	Identifies the type of aid for which a recipient is eligible.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_AID_CATEGORY	Describes the type of aid for which a recipient is eligible.	CHAR	50	0	N
IND_DIAG_IN_EXCLUD	Not used currently	CHAR	1	0	N
IND_SPEC_IN_EXCLUD	Not used currently	CHAR	1	0	N
IND_EMERGENCY	Not used currently	CHAR	1	0	N

2.13.36 T_CHCK_CLM_XREF

This identifies each claim or other transaction that was paid for by a particular check. One check can pay multiple claims. This table is partitioned. If the CDE is a claim type, then the data must be found on the valid partition. If the CDE is of a financial transaction, then the data can be found on the week-to-date tables (AIM00). No partition search is required for financial transactions. The SAK represents the SAK_CLAIM if the CDE is a claim type. The SAK represents the SAK_EXPENDITURE, SAK_CAPITATION, SAK_AR_DISP OR SAK_ADMIN_FEE, if the CDE is of financial transaction.

Column Name	Description	Type	Length	Precision	Primary Key
CHECK_SAK	The unique system assigned key that identifies a remittance advice\letter in the system. The actual check is on t_fin_payment.	NUMBER	9	0	Y
SAK	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	N
CDE	Code that identifies the type of txn (Claim Type or Financial Txn) that required a payment. This code may be any of the claim types (D,M,B,H,I,L,O,P,Q,A,C) OR financial txns R (Acct Recs), S (expenditures), V (capitation), X (Lien recovery), F (FICA reduction)	CHAR	1	0	N
NUM_DTL	This is the detail number of the claim if the transaction is a claim. For a claim, 0 would indicate that the claim was paid at the header and not the detail level.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FUND_CODE	This is the unique system assigned key to the Financial Fund Codes.	NUMBER	9	0	N
SAK_FIN_COS	This is unique key for the Financial Category of Service.	NUMBER	9	0	N
AMT_PAID	The amount that a specific transaction paid for the payment specified.	NUMBER	10	2	N
AMT_STATE_SHARE	The amount that a specific transaction paid for state share.	NUMBER	10	2	N
SAK_PUB_HLTH	System assigned internal key for a recipient plan.	NUMBER	9	0	N

2.13.37 T_CLAIM_ERROR

Contains the edit/audit number that was set for a specific claim header and/or detail during processing or that was added/overridden/forced from Data Corrections or the Adjustment panels.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
SAK_ESC	System assigned key that uniquely identifies an error number.	NUMBER	9	0	Y
SAK_ERROR_DISP	System assigned key used to define an occurrence of an error disposition for a specific edit/audit.	NUMBER	4	0	Y
SAK_PUB_HLTH	System assigned internal key for a recipient plan.	NUMBER	9	0	Y
DTE_GENERIC	Date that the error occurred.	NUMBER	8	0	Y
TME_STAMP	Time that the error occurred.	NUMBER	8	0	Y
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STAT_ERROR	Code used to indicate whether the error on the claim is a current error ('C') - one that failed in the current cycle, or an historical error ('H') - one that previously failed.	CHAR	1	0	N
CDE_DISP_STATUS	"Code that represents the action (pay(P), deny(D), suspend(S), force override(F), reject(J), batch suspend(B), or recycle limit of the original error has expired(O)) that is taken on a claim at disposition time. "	CHAR	1	0	N
SAK_EOB	System assigned key that uniquely identifies the explanation of benefit code associated with a particular edit/audit for a detail.	NUMBER	9	0	N
CDE_STATUS1	Code that indicates whether the Error Status Code was added to the claim during Claims processing or through Data Corrections or Adjustments. The values are 'S' for errors encountered in processing, and 'U' for user added from the panels application.	CHAR	1	0	N
CDE_CLM_TYPE	Code that specifies the type of claim record on which the error occurred.	CHAR	1	0	N
ID_CLERK	Number used to identify the user who last updated the error record.	CHAR	8	0	N
CDE_REGION	Code which indicates the media on which a claim was submitted.	CHAR	2	0	N
IND_RPT	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.	CHAR	1	0	N

2.13.38 T_CLAIM_LOCAT

The location of a claim while processing in the MMIS. This identifies the type of edit or audit failed; department or group of examiners responsible for adjudicating the claim; and the type of claim that failed. For finalized paid claims the location is 99. For finalized denied claims the location is 66.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
CDE_LOCATION	Type of location in which a claim can be placed during processing in the MMIS system.	CHAR	2	0	Y
DTE_CLM_LOCAT	Date on which a claim was placed in a specific system location.	NUMBER	8	0	Y
TIME_SYSTEM	Indicates the system time that a claim location record was created for a claim. This helps indicate the most recent location for a claim.	NUMBER	8	0	Y
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	Y
CDE_CLM_TYPE	Code that specifies the type of claim record which resides in the specified location.	CHAR	1	0	N
NUM_ICN	Number assigned to a claim processed in the system which is used for control purposes.	CHAR	13	0	N

2.13.39 T_CLAIM_TYPE

List of the valid types of claims that can be submitted and processed in the MMIS.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLM_TYPE	Value for the type of claim that can be processed in the MMIS system.	CHAR	1	0	Y
DSC_CLM_TYP	Description of the value assigned to a specific claim type.	CHAR	50	0	N

2.13.40 T_CLM_ADR_N3_N4

This table contains the addresses of providers and members that were submitted on 837 transactions. The information is used if an outbound 837 needs to be generated. Addresses for a provider or member only appear on the table once unless there are differences in the values received on the 837 transactions.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLM_ADDR	Unique identifier for rows on this table.	NUMBER	9	0	Y
ADR_STREET_1	The first address line of the recipient/provider	VARCHAR2	55	0	N
ADR_STREET_2	The second address line of the recipient/provider	VARCHAR2	55	0	N
ADR_CITY	The city associated with the address for the recipient/provider	VARCHAR2	30	0	N
ADR_STATE	The city associated with the address for the recipient/provider	CHAR	2	0	N
ADR_ZIP_CODE	The zip code associated with the address for the recipient/provider	VARCHAR2	15	0	N
ADR_COUNTRY	The country associated with the address for the recipient/provider	CHAR	3	0	N

2.13.41 T_CLM_AMT

This table contains information on the payer estimated amount due when received on an 837 transaction. The purpose is to indicate the total monetary amount. For additional information, refer to the 837 HIPAA Implementation Guide applicable to the claim type being reviewed.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
NUM_DTL	The number of the detail on the claim.	NUMBER	4	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PAYER	Unique identifier for a Payer.	NUMBER	9	0	Y
QLF_AMOUNT	Qualifier for Payer Estimated Amount Due. <p> X12 - 837P, I, D - Loop 2300 - AMT01 X12 - 837P, I, D - Loop 2320 - AMT01 X12 - 837P, I, D - Loop 2400 - AMT01	CHAR	3	0	Y
AMT_MONETARY	Payer Estimated Amount Due. <p> X12 - 837P, I, D - Loop 2300 - AMT02 X12 - 837P, I, D - Loop 2320 - AMT02 X12 - 837P, I, D - Loop 2400 - AMT02	NUMBER	9	2	N

2.13.42 T_CLM_AMT_VARIANCE

Provides the capability to determine if the difference between the submitted charge on the claim and the computed payment for the claim is greater than system set percentages

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLM_TYPE	Value for the type of claim that can be processed in the MMIS system.	CHAR	1	0	Y
DTE_EFFECTIVE	Effective Date of percent variance record	NUMBER	8	0	Y
IND_ABOVE_BELOW	Ratio indicator to specify if the percentage variance is for 'Billed to Allowed' ratio or 'Allowed to Billed' ratio. Valid values are A - Allowed to Billed rate ratio and B - Billed to Allowed rate.	CHAR	1	0	Y
DTE_END	End date of percent variance record	NUMBER	8	0	N
PERCENT_VARIANCE	Percentage variance used in comparing if billed amount differs excessively from allowed amount.	NUMBER	7	2	N

2.13.43 T_CLM_BATCH_RNG

This entity defines the begin and end numbers that are to be used in the batch number portion of the ICN during batch processing on a particular Julian date.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ERM_TXN	The transaction type code identifies the type of driver we are executing for claims processing (POS, Pharmacy, Physician, and so on). Each electronic driver type will have batch ranges assigned based on its transaction type.	NUMBER	9	0	N
NUM_REGION	The region number is the first two digits of the ICN. It identifies the medium of the claim.	CHAR	2	0	N
NUM_BATCH_BEGIN	The beginning batch number is the first batch number assigned to a claim each day for a particular transaction type.	NUMBER	9	0	N
NUM_BATCH_END	The ending batch number is the last possible batch number that can be assigned to an ICN. If we increment past the ending batch number , the job will terminate.	NUMBER	9	0	N
NUM_SEQ	Number used to further identify an occurrence of a batch range.	NUMBER	4	0	N
NUM_BATCH_NEXT	The next batch number is the batch that will be used when we fill the current batch.	NUMBER	9	0	N
DTE_TODAY_JULIAN	The current Julian date is the date that this batch range was last accessed. We will compare this to today's date to decide if we should start over with the beginning batch range.	CHAR	5	0	N

2.13.44 T_CLM_BATCH_XREF

Table to cross reference claims to a batch of encounters.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BATCH	System assigned key for the batch. This sak is the same as the SAK_UPLOAD in T_UPLOAD	NUMBER	9	0	Y
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y

2.13.45 T_CLM_CAS

This table contains information on the other subscriber information received on an 837 transaction. The purpose is to supply adjustment reason codes and amounts as needed for an entire claim or for a particular service with the claim being paid. For additional information, refer to the 837 HIPAA Implementation Guide applicable to the claim type being reviewed.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
NUM_DTL	The number of the detail on the claim.	NUMBER	4	0	Y
SAK_PAYER	Unique identifier for a Payer.	NUMBER	9	0	Y
NUM_DTL_SVD	This is the sequence number of the SVD segment within a claim detail. Up to 25 SVD segments may be related to a detail.	NUMBER	4	0	Y
num_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.	NUMBER	4	0	Y
cde_clm_adj_reason	Claim Adjustment Reason Code. Code identifying the detailed reason the adjustment was made.	CHAR	5	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
cde_clm_adj_group	Claim Adjustment Group Code. Code identifying the general category of payment adjustment.	CHAR	2	0	N
amt_adjustment	Adjustment Amount. Monetary Amount of the Adjustment.	NUMBER	9	2	N
qty_adjustment	Adjustment Quantity. Number of units of service being adjusted.	NUMBER	8	2	N

2.13.46 T_CLM_CN1

This table specifies basic data about the contract or contract line item received on an 837 transaction. Refer to the 837 Professional or Institutional HIPAA Implementation Guide for additional information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
cde_contract_type	Contract Type Code. Code identifying a contract type	CHAR	2	0	N
amt_contract	Contract Amount. Monetary Contract Amount.	NUMBER	9	2	N
num_contract_percent	Contract Percentage, expressed as a percent. AKA Allowance or Charge Percent.	NUMBER	6	2	N
cde_contract_id	Contract reference ID. Required if the provider is required by contract to supply this information on the claim.	VARCHAR2	30	0	N
num_terms_disc_pcnt	Terms Discount Percentage, expressed as a percent, available to the purchaser if an invoice is paid on or before the Terms Discount Due Date.	NUMBER	6	2	N

Column Name	Description	Type	Length	Precision	Primary Key
cde_contract_version	Contract Version Identifier. Revision level of a particular contract.	VARCHAR2	30	0	N

2.13.47 T_CLM_COMP_DAYS

This table maintains by member identification number information pertaining to the last compensable inpatient day.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique recipient.	NUMBER	9	0	Y
DTE_FISCAL_YEAR	The state fiscal year which begins on July first and ends on June 30th of the following calendar year	NUMBER	8	0	Y
DTE_LAST_COMP	The last day during the fiscal year for which inpatient services will be covered	NUMBER	8	0	N

2.13.48 T_CLM_CR1

This table specifies information related to the ambulance service rendered to a patient. Refer to the 837 Professional HIPAA Implementation Guide for additional information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
cde_weight_UoM	Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Required if CR102 is present.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
Num_Patient_Weight	CR1 - Ambulance Patient Weight	NUMBER	4	0	N
Cde_Amb_Transport	CR1 - Code indicating the type of ambulance transport	CHAR	1	0	N
Cde_Amb_Trans_Rsn	CR1 - Code indicating the reason for the ambulance transport	CHAR	1	0	N
Cde_UoM_Amb	CR1 - Code specifying the units in which a value is expressed	CHAR	2	0	N
Qty_Trans_Distance	CR1 - Distance traveled in transport	NUMBER	5	0	N
Dsc_Trip_Purpose	CR1 - Round Trip purpose description	VARCHAR2	80	0	N
Dsc_Strand so onh_Purpose	CR1 -Strand so onher purpose description	VARCHAR2	80	0	N

2.13.49 T_CLM_CR2

This table contains spinal manipulation service information received on an 837 Professional claim. The purpose is to supply information related to the chiropractic service rendered to a patient. Required on all claims involving spinal manipulation. Such claims could originate with chiropractors, physical therapists, DOs and many other types of health care providers. For additional information, refer to the 837 Professional HIPAA Implementation Guide

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
cde_pat_condition	Nature of Condition Code. Code indicating the nature of the patient's condition.	CHAR	1	0	Y
Dsc_Patient_Condition	Description. Free-form description of the patient's condition.	VARCHAR2	80	0	N

Column Name	Description	Type	Length	Precision	Primary Key
Dsc_Patient_Condition_2	Description. Free-form description of the patient's condition.	VARCHAR2	80	0	N
Ind_Xray_Available	Yes/No Condition or Response Code. Indication of availability of xrays.	CHAR	1	0	N

2.13.50 T_CLM_CR3

This table contains Durable Medical Equipment information received on a 837 Professional claim. The purpose is to supply information regarding a physician's certification for durable medical equipment. This information is required if it is necessary to include supporting documentation in an electronic form for Medicare DMERC claims for which the provider is required to obtain a certificate of medical necessity (CMN) from the physician. For additional information, refer to the 837 Professional HIPAA Implementation Guide.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
Cde_DME_Cert_Type	CR3 - Code indicating the type of certification. Valid values are: I - Initial, R - Renewal, S - Revised	CHAR	1	0	N
Cde_DME_UoM	CR3 - Code specifying the units in which a value is expressed. SEMANTIC: CR302 and CR303 specify the time period covered by this certification. CODE DEFINITION MO Months	CHAR	2	0	N
Qty_DME_Duration	CR3 - Length of time DME equipment is needed	NUMBER	6	0	N

2.13.51 T_CLM_CR3_TEST

This table contains Durable Medical Equipment information received on an 837 Professional claim. The purpose is to supply information regarding a physician's certification for durable medical equipment. This information is required if it is necessary to include supporting documentation in an electronic form for Medicare DMERC claims for which the provider is required to obtain a certificate of medical necessity (CMN) from the physician. For additional information refer to the 837 Professional HIPAA Implementation Guide.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
Cde_DME_Cert_Type	CR3 - Code indicating the type of certification. Valid values are: I - Initial, R - Renewal, S - Revised	CHAR	1	0	N
Cde_DME_UoM	CR3 - Code specifying the units in which a value is expressed. SEMANTIC: CR302 and CR303 specify the time period covered by this certification. CODE DEFINITION MO Months	CHAR	2	0	N
Qty_DME_Duration	CR3 - Length of time DME equipment is needed	NUMBER	6	0	N
TEST_1		DATE	0	0	N
TEST_2		CHAR	1	0	N
TEST_3		NUMBER	9	0	N

2.13.52 T_CLM_CR5

This table contains home oxygen therapy information received on an 837 Professional claim. The purpose is to supply information regarding certification of medical necessity for home oxygen therapy. This information is required on all initial, renewal and revision home oxygen therapy claims. For additional information, refer to the 837 Professional HIPAA Implementation Guide.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
Cde_Oxy_Cert_Type	Code indicating the type of certification. Valid values are I - Initial, R - Renewal, S - Revised	CHAR	1	0	N
Qty_Oxy_Trtmnt_Prd	Number of months covered in this certification	NUMBER	6	0	N
Qty_Arterial_Blood_Gas	Arterial Blood Gas Quantity	NUMBER	10	0	N
Qty_Oxygen_Saturation	Oxygen Saturation Quantity. CR511 is the oxygen saturation. Either CR510 or CR511 is required. Required on claims that report oxygen saturation quantity.	NUMBER	10	0	N
Cde_Oxy_Test_Cond	Code indicating the conditions under which a patient was tested. Valid values are E - Exercising, R - At rest on room air, S - Sleeping	CHAR	1	0	N
Cde_Oxy_Test_Find	CODE DEFINITION - Dependent edema suggesting congestive heart failure. Code indicating the findings of oxygen tests performed on a patient. Required if patient's arterial PO2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%.	CHAR	1	0	N
Cde_Oxy_Test_Find2	CODE DEFINITION - "P" Pulmonale on Electrocardiogram (EKG) Code indicating the findings of oxygen tests performed on a patient. Required if patient's arterial PO2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
Cde_Oxy_Test_Find3	CODE DEFINITION 3 Erythrocythemia with a hematocrit greater than 56 percent Code indicating the findings of oxygen tests performed on a patient. Required if patient's arterial PO2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%.	CHAR	1	0	N

2.13.53 T_CLM_CR6

This table contains home health care information received on an 837 Institutional transaction. The purpose is to supply information related to the certification of a home health care patient. For additional information, refer to the 837 Institutional HIPAA Implementation Guide.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
cde_hhlth_prognosis	Prognosis Code indicating physician's prognosis for the patient. Component of Home Health Care information.	CHAR	1	0	N
dte_hh_service_from	This is the beginning date of service that home health services began.	DATE	0	0	N
qlf_hh_period_fmt	The Date Time Period Format Qualifier is the code indicating the date format, time format, or date and time format.	CHAR	3	0	N
dte_hh_period_start	Home Health Certification Period - Start Date.	DATE	0	0	N
dte_hh_period_end	Home Health Certification Period - End Date.	DATE	0	0	N
dte_hh_princip_diag	The principal diagnosis date. Date of onset of exacerbation of the principal diagnosis.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ind_hh_SNF	Skilled Nursing Facility Indicator. Indicates whether (Yes) or not (No) the patient is receiving care in a Skilled Nursing Facility.	CHAR	1	0	N
ind_hh_medicare_cov	Medicare Coverage Indicator. Indicates whether (Yes) or not (No) the patient is covered by Medicare.	CHAR	1	0	N
cde_hh_cert_type	Certification Type Code. Code indicating the type of certification.	CHAR	1	0	N
dte_hh_surgery	Surgery Date. Date Surgical Procedure performed.	DATE	0	0	N
qlf_hh_surgical_proc	Surgical Procedure Code Value Qualifier. Code identifying the type/source of the Surgical Procedure Code. FOR EXAMPLE HCPCS, ICD9, and so on.	CHAR	2	0	N
cde_hh_surgical_proc	Surgical Procedure Code. Code value for describing the surgical procedure.	VARCHAR2	15	0	N
dte_hh_phys_order	Physician Order Date. AKA Verbal SOC Date. The date verbal orders were received from the physician for start of care.	DATE	0	0	N
dte_hh_last_visit	Last Visit Date. The Date the patient was last seen by the physician.	DATE	0	0	N
dte_hh_phys_contact	Physician Contact Date. The date of the Home Health Agency's most recent contact with the physician.	DATE	0	0	N
qlf_hh_last_admit	Date Time Period Format Qualifier. Code qualifying the format for Last Admission Period.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
dte_hh_admission	Last Admission Period - Admission Date.	DATE	0	0	N
dte_hh_discharge	Last Admission Period - Discharge Date.	DATE	0	0	N
cde_hh_pat_location	Patient Location Code. AKA Patient Discharge Facility Type Code. Code identifying the location where patient is receiving medical treatment.	CHAR	1	0	N
dte_hh_2ndary_diag1	Secondary Diagnosis Date. Date of onset or exacerbation of the first secondary diagnosis.	DATE	0	0	N
dte_hh_2ndary_diag2	Secondary Diagnosis Date. Date of onset or exacerbation of the second secondary diagnosis.	DATE	0	0	N
dte_hh_2ndary_diag3	Secondary Diagnosis Date. Date of onset or exacerbation of the third secondary diagnosis.	DATE	0	0	N
dte_hh_2ndary_diag4	Secondary Diagnosis Date. Date of onset or exacerbation of the fourth secondary diagnosis.	DATE	0	0	N

2.13.54 T_CLM_CRC

This table contains ambulance certification information received on an 837 Professional transaction. The purpose is to supply information on conditions. For additional information, refer to the 837 Professional HIPAA Implementation Guide.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
cde_category	Specifies the situation or category to which the code applies.	CHAR	2	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
cde_condition	Code(s) indicating a condition. The 837 Professional HIPAA Implementation Guide provides the valid values.	VARCHAR2	10	0	Y
ind_condition	Code (Y or N) indicating a Yes or No condition or response.	CHAR	1	0	N

2.13.55 T_CLM_DIAG_XREF

This table stores the diagnosis code cross-reference between the claim and the diagnosis code.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
SAK_DIAG	System assigned key assigned to the code that describes the condition that requires medical attention.	NUMBER	9	0	Y
CDE_DIAG_SEQ	Indicates whether diagnosis is primary, second, third, or fourth in the header. Values are 1,2,3 or 4 for paper claims. Values 1 through 8 for electronic claims.	CHAR	1	0	Y
CDE_DIAG	The diagnosis code that was keyed on the claim.	CHAR	7	0	N
qlf_code_list	Code List Qualifier - Code identifying a specific industry (Diagnosis) code list.	CHAR	3	0	N

2.13.56 T_CLM_DN2

This table contains the tooth status received on an 837 Dental transaction. The purpose is to supply information on individual teeth. For additional information, refer to the 837 Dental HIPAA Implementation Guide.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
cde_tooth_number	Reference Identification. Code identifying the tooth number	VARCHAR2	30	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
cde_tooth_status	Tooth Status Code. Code specifying the status of the tooth. Valid values are: E-To Be Extracted, I-Impacted, or M-Missing.	CHAR	2	0	Y

2.13.57 T_CLM_DTL_TTH_SFC

Cross-reference between the claim and the tooth surface values that were entered on a particular detail of that claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
CDE_TOOTH_SURFACE	Code that indicates the tooth surface of a particular tooth.	CHAR	1	0	Y
NUM_SEQ	Sequence number that indicates the position in which the tooth surface code occurred on the claim detail.	NUMBER	4	0	Y

2.13.58 T_CLM_DTP

This table contains the date, time or time period on the HIPAA transaction. For additional information, refer to the 837 Dental, Professional or Institutional HIPAA Implementation Guide.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
qlf_date_time	Date Time Qualifier. Code specifying type of date or time, or both date and time.	CHAR	3	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
qlf_dte_time_prd_fmt	Date Time Period Format Qualifier. Code indicating the date format, time format, or date and time format.	CHAR	3	0	N
dte_time_period	Date Time Period. Expression of a date, a time, or range of dates.	DATE	0	0	N

2.13.59 T_CLM_ENTITY

These are the different entities that appear on the claim header and detail, such as the different types of Providers, Facility Service Location and Member. These entities are part of the Claim Header or Claim Detail. Other Payer(s) - if any - are also stored in this table. Only Provider entities have Taxonomy codes.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
QLF_ENTITY_TYPE	The value of PR is stored here so that it can be mapped to the outbound 837 transaction. Indicates the type of entity. Example: DN - Referring Provider, P3 - Primary Care Provider, 82 - Rendering Provider, IL - Insured ,or Subscriber, PR - Payer QC - Patient. The list above is not exhaustive.	CHAR	3	0	Y
QLF_TYPE_ORG	Indicates whether the entity is a person or a non-person. Values are: 1 - Person 2 - Non-Person Entity	CHAR	2	0	N
Cde_Prov_Taxonomy	Referring Provider Taxonomy. The providers specialty.	VARCHAR2	30	0	N
Qlf_ID_Taxonomy	Qualification identification for the providers specialty.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
cde_provider_type	The type of practice for a provider.	CHAR	3	0	N

2.13.60 T_CLM_ENT_NM_ADR

This entity provides identifier(s) for an entity within the claim header or detail as well as name and address. For example, identifier(s) for referring provider, rendering provider and others. This information is populated from the 837 transaction.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
QLF_ENTITY_TYPE	The value of PR is stored here so that it can be mapped to the outbound 837 transaction. Indicates the type of entity. Example: DN - Referring Provider, P3 - Primary Care Provider, 82 - Rendering Provider, IL - Insured ,or Subscriber, PR - Payer QC - Patient. The list above is not exhaustive.	CHAR	3	0	Y
SAK_PARTY_IDENTIFIER	Unique identifier for a Payer.	NUMBER	9	0	Y
SAK_CLM_ADDR	Unique identifier for rows on this table.	NUMBER	9	0	Y
SAK_CLM_NAME	The sak of the name fields on the table. Uniquely identifies each row of this table.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
ind_Primary_ID	Entity represented by this row. This is set to Y if the SAK_PARTY_IDENTIFIER is populated from NM109 attribute of the NM1 segment The value is set to N if SAK_PARTY_IDENTIFIER is populated from the REF02 attribute of the REF segment meaning that it is a secondary identifier.	CHAR	1	0	N

2.13.61 T_CLM_EOB_XREF

Explanation of payment (benefit) or error applied to a claim header and/or detail.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
SAK_EOB	The system assigned key for the EOB table. This key will make it possible to renumber the EOB file in the future without affecting the other tables that carry EOB (such as claim or ESC).	NUMBER	9	0	Y
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	Y
SAK_PUB_HLTH	System assigned internal key for a recipient plan.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique recipient.	NUMBER	9	0	Y
CDE_STAT_ERROR	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.	CHAR	1	0	N
CDE_STATUS1	Indicates whether an EOB was added to the claim manually in data corrections or adjustments ('U') or systematically in the claims process ('S').	CHAR	1	0	N
IND_RA_PRINT	Indicates if the error should be posted on the RA	CHAR	1	0	N
AMT_ADJUSTED	The dollar amount adjusted on the detail.	NUMBER	9	2	N
QTY_ADJUSTED	The quantity adjusted on the detail.	NUMBER	10	3	N
NUM_SEQUENCE_THREAD	This column determines the processing order for the entities participating in the thread. For example, if the thread is of type 'PAYR', then this sequence number determines which Financial Payer will be processed first, second, and so on.	NUMBER	4	0	N

2.13.62 T_CLM_HDR_CCF

Used to cross reference the Claim Correction Form (CCF) that was returned by the provider to the original claim for which the CCF was generated.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
NUM_ICN_CCF	Number assigned to a claim correction form processed in the system; used for control purposes.	CHAR	13	0	Y

2.13.63 T_CLM_HDR_DELIVERY

Date expected or actual on which a pregnant woman should have a baby. Entries in this table only exist if pregnancy is indicated on physician claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
DTE_DELIVERY	Estimated date on which a pregnant woman should have her baby.	NUMBER	8	0	Y

2.13.64 T_CLM_HH_CARE_PLAN

This table contains information related to the home health care plan of treatment and services. The information is received on an 837 Institutional transaction. For additional information about the data refer to the 837 Institutional HIPAA Implementation Guide.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
cde_discipline_type	Discipline Type Code. Code indicating disciplines ordered by a physician	CHAR	2	0	Y
num_visits	Total visits on this bill rendered prior to the recertification to date.	NUMBER	9	0	N
num_projected_visits	Total visits projected during this certification period.	NUMBER	9	0	N

2.13.65 T_CLM_HSD

This table contains information from the HSD segment of an 837 Institutional transaction. The purpose of the HSD segment is to specify the delivery pattern of health care services. For additional information about the data refer to the 837 Institutional HIPAA Implementation Guide.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
cde_discipline_type	Discipline Type Code. Code indicating disciplines ordered by a physician	CHAR	2	0	Y
qlf_quantity	Quantity Qualifier. Code specifying the type of quantity. FOR EXAMPLE Type is Visits. Required if the order/prescription for the service contains the data.	CHAR	2	0	Y
qty_visits	Number of Visits. Required if the order/prescription for the service contains the data.	NUMBER	15	0	Y
cde_unit_of_measure	Unit or Basis for Measurement Code. Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken. FOR EXAMPLE Frequency Period could be Days or Months, and so on.	CHAR	2	0	Y
num_sample_selection	Sample Selection Modules. To specify the sampling frequency in terms of a modulus of the Unit of Measure. For example, every 5th bag, every 1.5 minutes.	NUMBER	6	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
qlf_time_period	Time Period Qualifier. Code defining periods. For example, duration of visits units, frequency time period. Day and Week are examples.	CHAR	2	0	Y
num_periods	Number of Periods. Total number of periods. For example, duration of visits and, number of units.	NUMBER	3	0	Y
cde_ship_pattern	Ship/Delivery or Calendar Pattern Code. Code that specifies the routine shipments, deliveries, or calendar pattern.	CHAR	2	0	Y
cde_ship_time	Ship/Delivery Pattern Time Code. Code that specifies the time for routine shipments or deliveries.	CHAR	1	0	Y

2.13.66 T_CLM_K3

This table contains information from the K3 segment of an 837 transaction. At the time the HIPAA Implementation Guides were published, K3 segments had no specific use. For additional information about the data, refer to the appropriate 837 HIPAA Implementation Guide.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
DSC_FILE_INFO	Description of information in the K3 segment.	VARCHAR2	80	0	Y

2.13.67 T_CLM_MEA

This table contains information received from the 837 Professional transaction regarding measurements. The purpose of the data on the 837 Professional transaction is to specify physical measurements or counts, including dimensions, tolerances, variances and weights. For additional information about the data, refer to the appropriate 837 Professional HIPAA Implementation Guide.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	Y
cde_Measurement_Category	Code identifying the broad category to which a measurement applies. Valid values are: OG - Original Starting Dosage and TR - Test Results.	CHAR	2	0	Y
Qlf_Measurement	Code identifying a specific product or process characteristic to which a measurement applies. Valid values are provided in the 837 Professional HIPAA Implementation Guide	CHAR	3	0	Y
Num_Measurement	The value of the measurement. Valid values are provided in the 837 Professional HIPAA Implementation Guide.	NUMBER	9	2	Y

2.13.68 T_CLM_MIA

This table contains information received from the 837 Institutional transaction. The purpose of the data is to provide claim level data related to the adjudication of Medicare inpatient claims. For additional information about the data, refer to the appropriate 837 Institutional HIPAA Implementation Guide.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
SAK_PAYER	Unique identifier for a Payer.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
cnt_mia_covered_days	Medicare Inpatient Adjudication - Covered Days or Visits Count.	NUMBER	6	0	N
cnt_mia_life_reserve	Medicare Inpatient Adjudication - Lifetime Reserve Days Count. This quantity indicates the lifetime reserve days.	NUMBER	6	0	N
cnt_mia_life_psych	Medicare Inpatient Adjudication - Lifetime Psychiatric Days Count	NUMBER	6	0	N
amt_mia_clm_DRG	Medicare Inpatient Adjudication - Claim DRG Amount.	NUMBER	9	2	N
cde_mia_remark_1	Medicare Inpatient Adjudication - Remark Code This reference identification is the Health Care Financing Administration claim payment remark code.	VARCHAR2	30	0	N
amt_mia_clm_disp_shr	Medicare Inpatient Adjudication - Claim Disproportionate Share Amount. This is the disproportionate share amount.	NUMBER	9	2	N
amt_mia_msp_passthru	Medicare Inpatient Adjudication - Claim Medicare Secondary Payor (MSP) Pass-through Amount. This amount to indicate the Medicare Secondary Payer (MSP) pass-through amount.	NUMBER	9	2	N
amt_mia_clm_pps_cap	Claim PPS Capital Amount - This is the total Prospective Payment System (PPS) capital amount	NUMBER	9	2	N