2.7.97.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Address1	This is the primary address line of the non provider.	Field	Character	39	T_NONPROV_ADDR	ADR_STREET_1
Address2	This is the secondary address line of the non provider.	Field	Character	39	T_NONPROV_ADDR	ADR_STREET_2
City	This is the city of the non provider.	Field	Character	15	T_NONPROV_ADDR	ADR_CITY
Extension	This is the telephone extension of non provider.	Field	Number	4	T_NONPROV_ADDR	NUM_PHO_EXT
Name	This is the name of the non provider.	Field	Character	39	T_NONPROV_ADDR	NAME
Non-Provider Id	This number is system-assigned and used to track the entity.	Field	Character	9	T_NONPROV_TAX_ID	SAK_PAYEE
Phone Number	This is telephone number of the non provider.	Field	Number	7	T_NONPROV_ADDR	NUM_PHONE
State	This is the state (abbreviated) of the non provider.	Field	Character	2	T_NONPROV_ADDR	ADR_STATE
Zip Code	This is the zip code of the non provider.	Field	Number	5	T_NONPROV_ADDR	ADR_ZIP_CODE
Zip Code Suffix [Detail]	This is the zip code of the non provider.	Field	Character	4	T_NONPROV_ADDR	ADR_ZIP_CODE_4

2.7.97.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
City	Field	91006	Field is required	Type a valid city
Extension	Field	9026	Extension must be numeric	Type a valid extension
Name	Field	91007	Field is required!	Enter a lien holder name.

Field	Field Type	Error Code	Error Message	To Correct
Phone Number	Field	9026	Phone number must be numeric	Type a valid phone number
State	Field	91036	Invalid State code	Type a valid state code
Zip Code	Field	9024	Zip Code must be numeric	Type a valid zip code

2.7.97.8 Associated Requirements

ID
30.090.009.002.45

2.7.97.9 CO / Defects

ID	Type	Name	Description	Current Status
None				

2.7.98 PAGE: Financial Schedule Information

2.7.98.1 Description

The Financial Schedule Information page provides links to the panels that control the financial schedules.

Navigation Path: [Financial - Schedule Maint]

2.7.98.2 Technical Name

Fin.ScheduleMaintenance.ascx.

2.7.98.3 Web Page Name

Schedule Information

2.7.98.4 Financial Schedule Information Layout

2.7.99 PANEL: Schedule Override

2.7.99.1 Description

Use the Schedule Override panel to enter overrides to the financial schedule. These overrides are for a select period of time based on the effective and end dates.

Navigation Path: [Financial - Schedule Maint] - [(enter search criteria and select row)] - [Schedule Override]

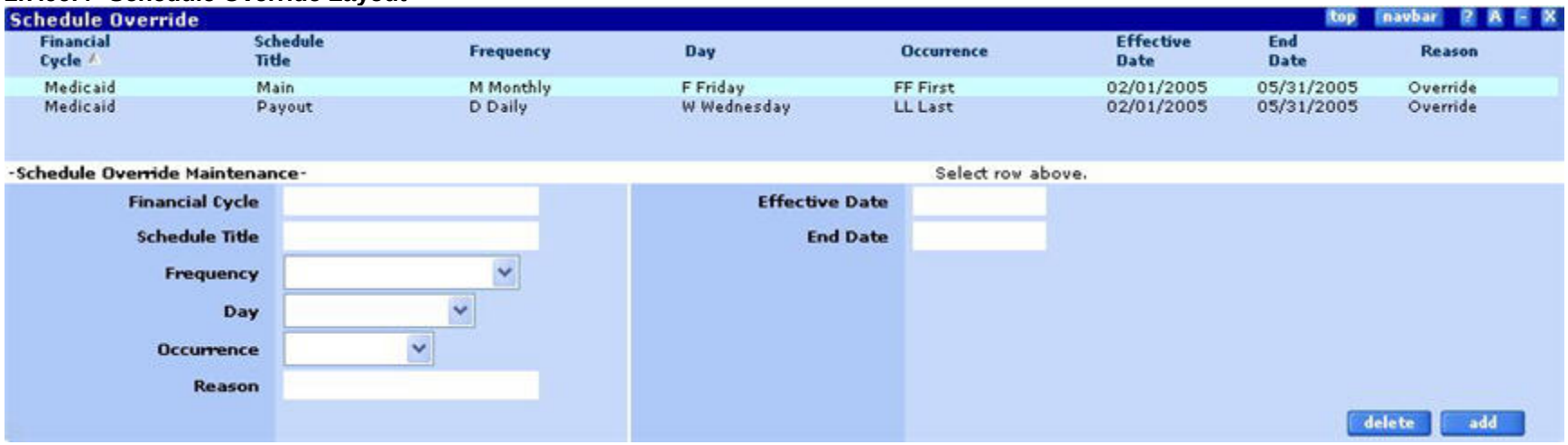
2.7.99.2 Technical Name

Fin.ScheduleOverridePanel.ascx

2.7.99.3 Panel Name

Schedule Override

2.7.99.4 Schedule Override Layout



2.7.99.5 Extra Features

This panel has no extra features.

2.7.99.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Day	The day scheduling override should occur. M = Monday, T = Tuesday, W = Wednesday, H = Thursday, F= Friday. A value of 'D' would result in any value in this field being ignored.	Field	Drop Down List Box	0	T_FIN_SCHED_OVERRIDE	CDE_DAY
Effective Date	The date the override is effective	Field	Date (MM/DD/CCYY)	8	T_FIN_SCHED_OVERRIDE	DTE_EFFECTIVE
End Date	The date the override ends	Field	Date (MM/DD/CCYY)	8	T_FIN_SCHED_OVERRIDE	DTE_END
Financial Cycle	Financial Cycle	Field	Character	9	T_FIN_SCHEDULE	SAK_FIN_CYCLE
Frequency	FF=First, SS=Second, TT=Third, LL=Last, SL=Second to Last. A value of 'D' or 'W' in would result in any value in this field being ignored	Field	Drop Down List Box	0	T_FIN_SCHED_OVERRIDE	SAK_FIN_FREQ
Occurrence	How often scheduling override occurs. D=Daily, W= Weekly, M=Monthly	Field	Drop Down List Box	0	T_FIN_SCHED_OVERRIDE	CDE_OCCUR
Reason	Reason for the override	Field	Character	80	T_FIN_SCHED_OVERRIDE	DESC_REASON
Schedule Title	Text description of scheduling	Field	Character	30	T_FIN_SCHEDULE	SCHED_TITLE

2.7.99.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	8012	Date Effective must be on or before Date End	Verify data entry. Date Effective must be < to Date End

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	91001	Invalid Date (MM/DD/CCYY)!	Verify data entry. The date must be in MM/DD/CCYY format
Effective Date	Field	91002	Date must be numeric!	Verify data entry. Date must be numeric characters only (0-9)
End Date	Field	8012	Date End must be on or after Date Effective	Verify data entry. Date End must be > to Date Effective
End Date	Field	91001	Invalid Date (MM/DD/CCYY)!	Verify data entry. The date must be in MM/DD/CCYY format.
End Date	Field	91002	Date must be numeric!	Verify data entry. Date must be numeric characters only (0-9)

2.7.99.8 Associated Requirements

ID
None

2.7.99.9 CO / Defects

ID	Type	Name	Description	Current Status
None				

2.7.100 PANEL: Schedule Hold

2.7.100.1 Description

The financial schedule information page provides links to the panels that control the financial schedules.

Navigation Path: [Financial - Schedule Information] - [Schedule Hold]

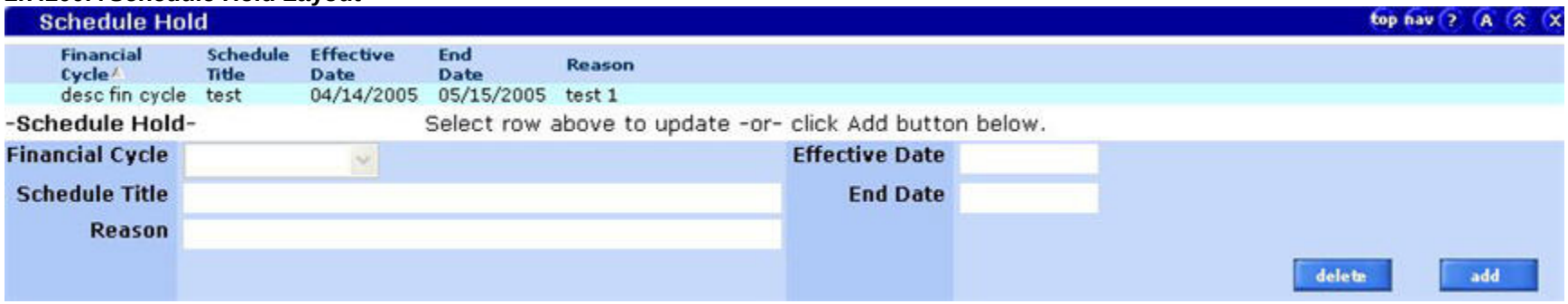
2.7.100.2 Technical Name

Fin.ScheduleHoldPanel.ascx

2.7.100.3 Panel Name

Schedule Hold

2.7.100.4 Schedule Hold Layout



2.7.100.5 Extra Features

This panel has no extra features.

2.7.100.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date	This is the date that the schedule will begin to be put on hold	Field	Date (MM/DD/CCYY)	8	T_FIN_SCHED_HOLD	DTE_EFFECTIVE
End Date	This is the date that the schedule will no longer be on hold	Field	Date (MM/DD/CCYY)	8	T_FIN_SCHED_HOLD	DTE_END

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Financial Cycle	A business description of the financial cycle that will be used for reporting and windows	Field	Character	30	T_FIN_SCHEDULE	SAK_FIN_CYCLE
Reason	The reason the schedule was placed on hold	Field	Character	80	T_FIN_SCHED_HOLD	DESC_REASON
Schedule Title	Short name describing the schedule	Field	Character	30	T_FIN_SCHEDULE	SCHED_TITLE

2.7.100.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	8012	Date Effective must be on or before Date End	Verify data entry. Date Effective must be < Date End
Effective Date	Field	91001	Invalid Date (MM/DD/CCYY)!	Verify data entry. The date must be in MM/DD/CCYY format
Effective Date	Field	91002	Date must be numeric!	Verify data entry. Date must be numeric characters only (0-9)
End Date	Field	8012	Date Effective must be on or before Date End	Verify data entry. Date End must be > Date Effective
End Date	Field	91001	Invalid Date (MM/DD/CCYY)!	Verify data entry. The date must be in MM/DD/CCYY format.
End Date	Field	91002	Date must be numeric!	Verify data entry. Date must be numeric characters only (0-9)

2.7.100.8 Associated Requirements

ID
None

2.7.100.9 CO / Defects

ID	Type	Name	Description	Current Status
None				

2.7.101 PANEL: Schedule Criteria Transaction

2.7.101.1 Description

Use the Schedule Criteria panel to identify schedule titles and define the schedule criteria transaction status. These schedule titles are used to determine which cycles are run on a given day.

Navigation Path: [Financial - Schedule Maint] - [(enter search criteria and select row)] - [Schedule Criteria Transaction]

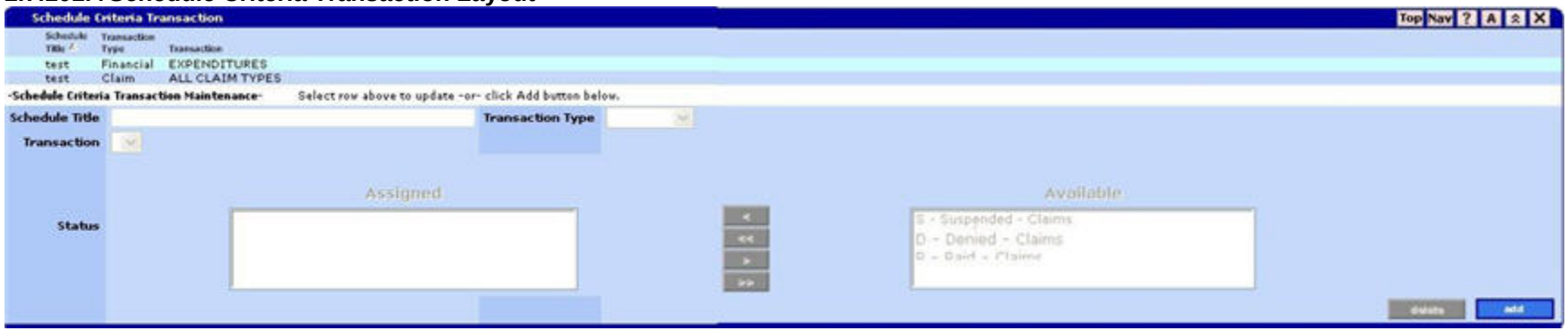
2.7.101.2 Technical Name

Fin.ScheduleCriteriaPanel.ascx

2.7.101.3 Panel Name

ScheduleCriteriaT

2.7.101.4 Schedule Criteria Transaction Layout



2.7.101.5 Extra Features

This panel has no extra features.

2.7.101.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Schedule Title	Text description of scheduled title	Field	Character	30	T_FIN_SCHEDULE	SCHED_TITLE
Status Assigned / Available	This field is status of the transaction criteria. For claims it would be an applicable claim status (Paid, Denied, Suspended). For Expenditures it can be Immediate, or Regular.	Field	Multi Selection List	1	T_FIN_SCHED_CRIT_STATUS	CDE_STATUS
Transaction	This field describes the transaction record. The drop down only claims or financial transactions based upon the Transaction Type.	Field	Drop Down List Box	1	T_FIN_SCHED_CRIT_TXN	CDE_TXN
Transaction Type	This is the type of transaction: C or F (Claim or Financial). It determines the values in the Transaction drop down.	Field	Drop Down List Box	1	T_FIN_SCHED_CRIT_TXN	CDE_TXN_TYPE

2.7.101.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Schedule Title	Field	91006	Field Required!	Verify input. Enter a valid Schedule title
Status Assigned / Available	Field	91006	Field required!	Verify input. Select a valid Status from the Status Drop Down List
Transaction	Field	91006	Field Required!	Verify input. S elect a Transaction from the Transaction Drop Down List

2.7.101.8 Associated Requirements

ID
None

2.7.101.9 CO / Defects

ID	Type	Name	Description	Current Status
None				

2.7.102 PANEL: Schedule Maintenance

2.7.102.1 Description

Use the Schedule Maintenance page to define and view the financial cycles. The user can set the schedule title, hierarchy, frequency week day, occurrence and payee types, identify schedule titles and defining the schedule criteria transaction status. These schedule titles are used to determine which cycles are run on a given day.

Navigation Path: [Financial - Schedule Maintenance] - [Schedule Maintenance]

2.7.102.2 Technical Name

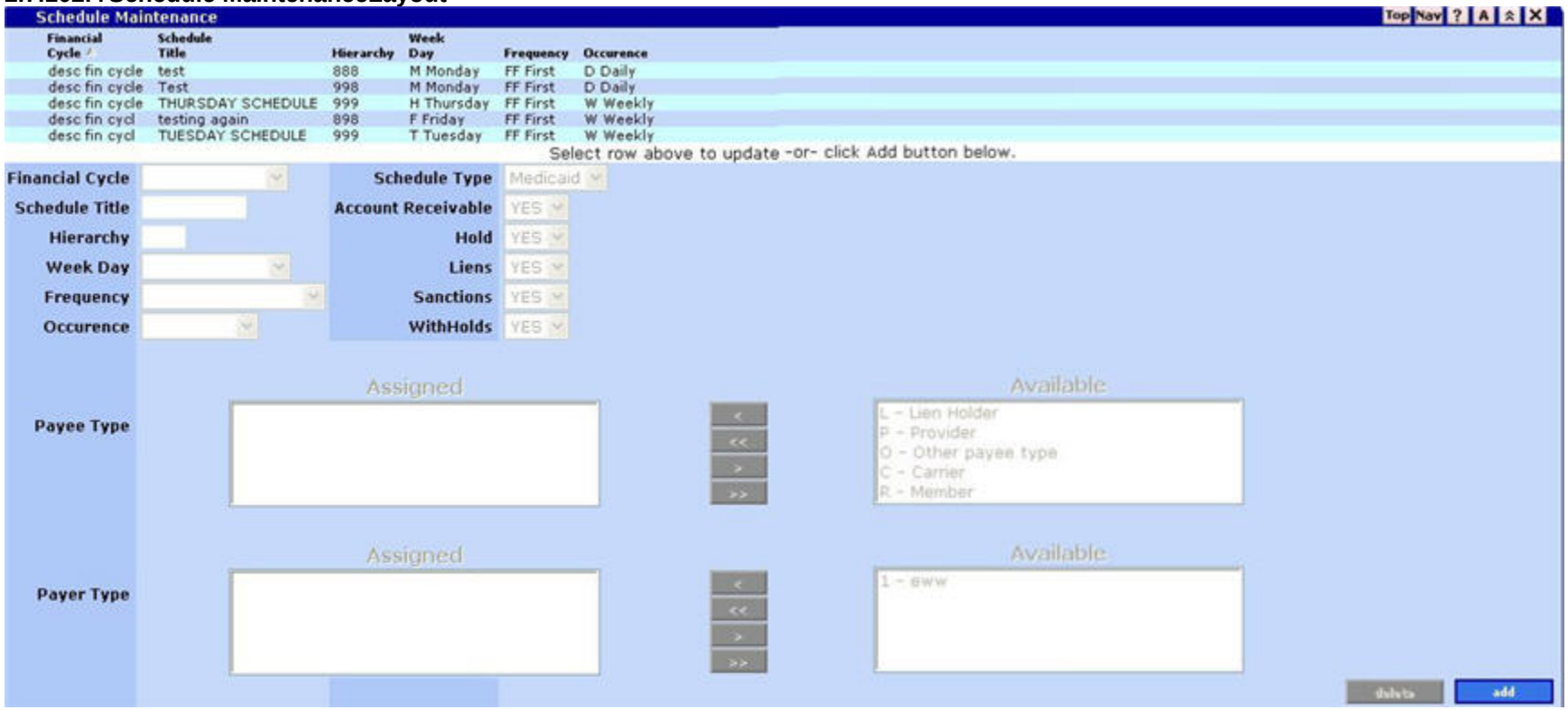
Fin.ScheduleMaintenance.ascx. - Maintenance

2.7.102.3 Panel Name

Schedule Maintenance

For readability, the layout displays on the next page.

2.7.102.4 Schedule MaintenanceLayout



2.7.102.5 Extra Features

This panel has no extra features.

2.7.102.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Account Receivable	This indicator is used to determine if AR's are brought into the schedule.	Field	Drop Down List Box	1	T_FIN_SCHEDULE	IND_AR_RECOUP
Financial Cycle	A business description of the financial cycle that will be used for reporting and windows	Field	Drop Down List Box	9	T_FIN_SCHEDULE	SAK_FIN_CYCLE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Frequency	FF=First, SS=Second, TT=Third, LL=Last, SL=Second to Last. A value of 'D' or 'W' would result in any value in this field being ignored.	Field	Drop Down List Box	2	T_FIN_SCHEDULE	CDE_FREQ
Hierarchy	A numeric value assigned to indicate the order we will check a transaction for scheduling. Once a transaction meets all criteria on a single financial schedule, it will use that assigned scheduled period. Therefore, the order in which we check the difference	Field	Number	4	T_FIN_SCHEDULE	NUM_HIERARCHY
Hold	This indicator is used to determine if the schedule is subject to payment holds.	Field	Drop Down List Box	1	T_FIN_SCHEDULE	IND_PROCESS_HOLD
Liens	This indicator is used to determine if the schedule is subject to liens.	Field	Drop Down List Box	1	T_FIN_SCHEDULE	IND_PROCESS_LIEN
Occurrence	D=Daily, W= Weekly, M=Monthly	Field	Drop Down List Box	0	T_FIN_SCHEDULE	CDE_OCCUR
Payee Type Assigned / Available	These boxes show the available and the assigned payee's for a given schedule.	Field	List	1	T_FIN_SCHED_CRIT_PAYEE	CDE_PAYEE_TYPE
Payer Type Assigned / Available	These boxes show the available and the assigned payer's for a given schedule.	Field	List	1	T_FIN_SCHED_CRIT_PAYER	SAK_FUND_PAYER
Sanctions	This indicator is used to determine if the schedule is subject to sanctions.	Field	Drop Down List Box	1	T_FIN_SCHEDULE	IND_PROCESS_SANCTIONS

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Schedule Title	Text description of scheduled maintenance plan.	Field	Character	30	T_FIN_SCHEDULE	SCHED_TITLE
Schedule Type	This field identifies the type of schedule. Medicaid, Demand, KenPAC, or LOCKIN	Field	Drop Down List Box	1	T_FIN_SCHEDULE	CDE_SCHED_TYPE
Week Day	M = Monday, T = Tuesday, W = Wednesday, H = Thursday, F= Friday. A value of 'D' would result in any value in this field being ignored	Field	Drop Down List Box	1	T_FIN_SCHEDULE	CDE_DAY
WithHolds	This indicator is used to determine if the schedule is subject to withholdings.	Field	Drop Down List Box	1	T_FIN_SCHEDULE	IND_PROCESS_WITHHOLDS

2.7.102.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Financial Cycle	Field	91006	Field required!	Verify input. Select a valid Financial Cycle from the Financial Cycle Drop Down List
Frequency	Field	91006	Field required!	Verify input. Select a valid Frequency from the Frequency Drop Down List
Hierarchy	Field	91006	Field required!	Verify input. Select a valid Hierarchy from the Hierarchy Drop Down List
Occurrence	Field	91006	Field Required!	Verify input. Select a valid Occurrence from the Occurrence Drop Down List
Schedule Title	Field	91006	Required Field!	Verify input. Enter a valid schedule title
Week Day	Field	91006	Field required!	Verify input. Select a valid Day of the Week from the Day of the Week Drop Down List

2.7.102.8 Associated Requirements

ID
None

2.7.102.9 CO / Defects

ID	Type	Name	Description	Current Status
None				

2.7.103 PAGE: Financial Withholding Information

2.7.103.1 Description

Use the Financial Withholding Information panel to view providers' withholding percent information. The page displays the withholding status, begin and end date, the total amount that has been withheld, and the expenditure ID (when the funds have been returned).

Navigation Path: [Financial - Withholding] - [(enter search criteria)]

2.7.103.2 Technical Name

Fin.WithholdingInfo.ascx

2.7.103.3 Web Page Name

Financial Withold

2.7.103.4 Financial Withholding Information Layout

2.7.104 PANEL: Withholding Mini-Search

2.7.104.1 Description

Use the Mini-Search panel above the Withholding Information panel to enter a search by provider number.

Navigation Path: [Financial - Withholding] - [(enter search criteria and select row)]

2.7.104.2 Technical Name

WithholdingMiniSearch.ascx

2.7.104.3 Panel Name

WithholdingMiniSearch

2.7.104.4 Withholding Mini-SearchLayout

2.7.104.5 Extra Features

This panel has no extra features.

2.7.104.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Provider Number	The provider for which the withhold was set up.	Field	Character	15	T_PR_IDENTIFIER	ID_PROVIDER

2.7.104.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
None				

2.7.104.8 Associated Requirements

ID
None

2.7.104.9 CO / Defects

ID	Type	Name	Description	Current Status
610	Change Order	create process to withhold CAP	Create a process to withhold payments from an MCO based on a percentage of their payment. Be able to return the held amount to the MCO at a future date.	Prod Implemented

2.7.105 PANEL: Withholding Comment

2.7.105.1 Description

Use the Withholding Comment panel to enter comments based on the withholding segment selected.

Navigation Path: [Financial - Withholding] - [(enter search criteria and select row)] - [Withholding Comment]

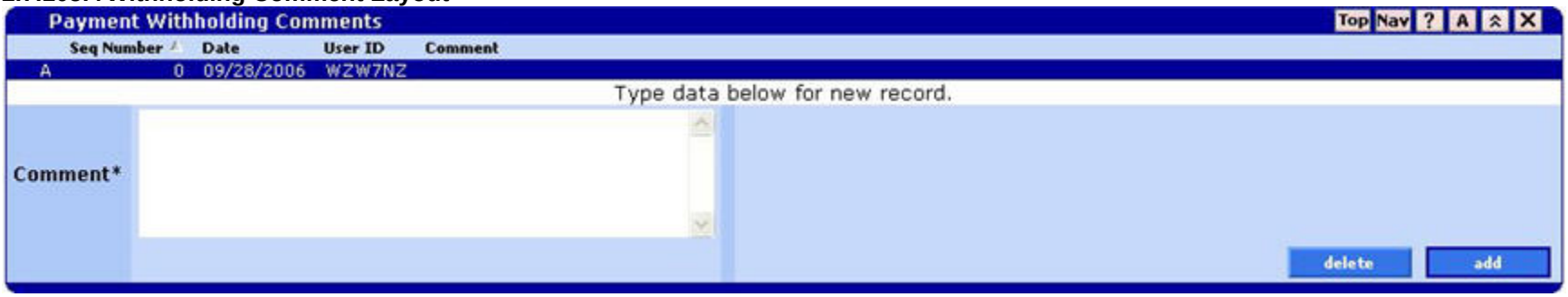
2.7.105.2 Technical Name

Fin.EntityMaintenancePanel.ascx - WithholdingComment.cs

2.7.105.3 Panel Name

WithholdingComments

2.7.105.4 Withholding Comment Layout



2.7.105.5 Extra Features

Withholding comments

2.7.105.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Comment	This field allows the user to enter comments regarding the expenditure.	Field	Alphanumeric	150	T_LIEN_COMMENT	DSC
Date	This field indicates the date the comment was entered.	Field	Date (MM/DD/CCYY)	10	T_LIEN_COMMENT	DTE_ADDED
Seq	This field indicates the sequence of the displayed	Field	Number	4	T_LIEN_COMMENT	SEQ

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Number	comment.					
User ID	This field indicates the user ID of the user who entered the comment into the system.	Field	Number	8	T_LIEN_COMMENT	ID_USER

2.7.105.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Comment	Field	1	Comment is required.	Enter a withholding a comment for the withholding segment.

2.7.105.8 Associated Requirements

ID
None

2.7.105.9 CO / Defects

ID	Type	Name	Description	Current Status
610	Change Order	create process to withhold CAP	Create a process to withhold payments from an MCO based on a percentage of their payment. Be able to return the held amount to the MCO at a future date.	Prod Implemented

2.7.106 PANEL: Withholding Information

2.7.106.1 Description

Use the Withholding Information panel to view providers' withholding percent information. The panel displays the withholding status, begin and end dates, the total amount that has been withheld, and the expenditure ID (when the funds have been returned).
Navigation Path: [Financial - Withholding] - [(enter search criteria and select row)]

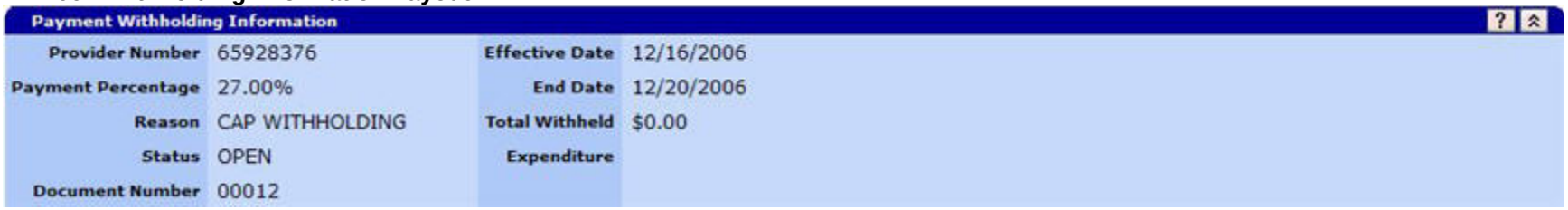
2.7.106.2 Technical Name

Fin.WithholdingInfo.ascx - Information

2.7.106.3 Panel Name

WithholdingInformation

2.7.106.4 Withholding Information Layout



2.7.106.5 Extra Features

This panel has no extra features.

2.7.106.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Begin Date	The date the withholding is to begin.	Field	Date (mmddccyy)	8	T_LIEN	DTE_EFFECTIVE_FROM
Document Number	This field contains the document tracking number related to the withholding.	Field	Alphanumeric	13	T_FIN_NUM_COR	NUM_COR
End Date	The date the withholding is to end.	Field	Date (mmddccyy)	8	T_LIEN	DTE_EFFECTIVE_THRU

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Expenditure	The expenditure that is tied to the payout of the withheld fund.	Field	Number	9	T_EXPENDITURE	SAK_EXPENDITURE
Percentage	The percentage amount to be withheld.	Field	Number	6	T_LIEN	PCT
Provider Number	The number of the provider who funds are being withheld.	Field	Number	9	T_LIEN	SAK_PROV
Reason	The reason why the withholding is being setup.	Field	Alphanumeric	4	T_LIEN	CDE_REASON_LIEN
Status	The current status of the withholding.	Field	Alphanumeric	1	T_LIEN	CDE_STATUS1
Total Withheld	The amount of funds that has been withheld.	Field	Number	11		CALCULATED FIELD

2.7.106.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
None				

2.7.106.8 Associated Requirements

ID
30.050.009.002.14
30.090.009.002.28

2.7.106.9 CO / Defects

ID	Type	Name	Description	Current Status
None				

2.7.107 PANEL: Withholding Maintenance

2.7.107.1 Description

The Withholding Maintenance panel contains links to the Withholding Base Information, Comments, and Disposition panels. Use these panels to create and track provider withholdings.

Navigation Path: [Financial - Withholding] - [(enter search criteria and select row)]

2.7.107.2 Technical Name

Fin.WithholdingInfo.ascx - Maintenance

2.7.107.3 Panel Name

WithholdingMaintenance

2.7.107.4 Withholding Maintenance Layout

2.7.107.5 Extra Features

This panel has no extra features.

2.7.107.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Base Information	Link to Base Information	Hyperlink	N/A	0	N/A	N/A
Withholding Disposition	Link to Withholding Disposition	Hyperlink	N/A	0	N/A	N/A

2.7.107.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
None				

2.7.107.8 Associated Requirements

ID
30.050.009.002.14
30.090.009.002.28

2.7.107.9 CO / Defects

ID	Type	Name	Description	Current Status
610	Change Order	create process to withhold CAP	Create a process to withhold payments from an MCO based on a percentage of their payment. Be able to return the held amount to the MCO at a future date.	Prod Implemented

2.7.108 PANEL: Withholding Base Information

2.7.108.1 Description

Use the Withholding Information panel to view providers' withholding percent information. The panel displays the withholding status, begin and end dates, the total amount that has been withheld, and the expenditure ID (when the funds have been returned).

Navigation Path: [Financial - Withholding] - [(enter search criteria and select row)]

2.7.108.2 Technical Name

Fin.WithholdingInfoBase.ascx

2.7.108.3 Panel Name

WithholdingBaseInformation

2.7.108.4 Withholding Base Information Layout

2.7.108.5 Extra Features

If disposition rows exist, all fields are read-only except for End Date.
Delete button is only available if no disposition rows exist.
Post button is only available if disposition rows exist and the withholding record status is open.

When the post button is clicked the following activities occur:

- End-date the withholding segment and change its status to closed.
- Create an expenditure for the sum of the dispositions
- Assign this expenditure to the withholding segment
- Add the expenditure payment date to each of the disposition records

2.7.108.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Add a new withholding record.	Button	N/A	0	N/A	N/A
Delete	Delete current withholding record.	Button	N/A	0	N/A	N/A
Post	Close the withholding segment and post an expenditure.	Button	N/A	0	N/A	N/A
Reason	The reason the withholding is being set up	Combo Box	Drop Down List Box	0	T_LIEN	CDE_REASON_LIEN
Status	The current status of the withholding	Combo Box	Drop Down List Box	0	T_LIEN	CDE_STATUS1
Document Number	The document control number related to the related reference documents.	Field	Number	13	T_FIN_NUM_COR	NUM_COR
Effective Date	The date the withholding is to begin	Field	Date (mmddccyy)	8	T_LIEN	DTE_EFFECTIVE_FROM
End Date	The date the withholding is to end	Field	Date (mmddccyy)	8	T_LIEN	DTE_EFFECTIVE_THRU
Percentage	The percentage amount to be withheld	Field	Number	4	T_LIEN	PCT
Provider Number	The number of the provider whose funds are being withheld	Field	Number	9	T_LIEN	SAK_PAYEE

2.7.108.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Reason	Combo Box	1	A valid Reason is required.	Select a reason code.
Status	Combo Box	1	A valid Status is required.	Select a status code.
Effective Date	Field	1	Effective Date is required.	Enter a valid effective date.

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	2	Effective Date must be less than or equal to End Date.	Enter a valid effective/end date range.
End Date	Field	1	End Date is required.	Enter a valid end date.
Percentage	Field	1	Percentage must be between 0 and 100.	Enter a valid percentage.
Percentage	Field	2	Payment Percentage must be entered.	Enter payment percentage.
Provider Number	Field	1	Provider Number is required.	Select a valid provider number.

2.7.108.8 Associated Requirements

ID
30.050.009.002.14
30.090.009.002.28

2.7.108.9 CO / Defects

ID	Type	Name	Description	Current Status
610	Change Order	create process to withhold CAP	Create a process to withhold payments from an MCO based on a percentage of their payment. Be able to return the held amount to the MCO at a future date.	Prod Implemented

2.7.109 PANEL: Withholding Disposition

2.7.109.1 Description

This panel displays all withholding dispositions related to the provider's withholding. Use the post button at the bottom of the panel to return the funds withheld by generating an expenditure to the provider and closing the withholding segment.

Navigation Path: [Financial - Withholding] - [(enter search criteria and select row)] - [Withholding Disposition]

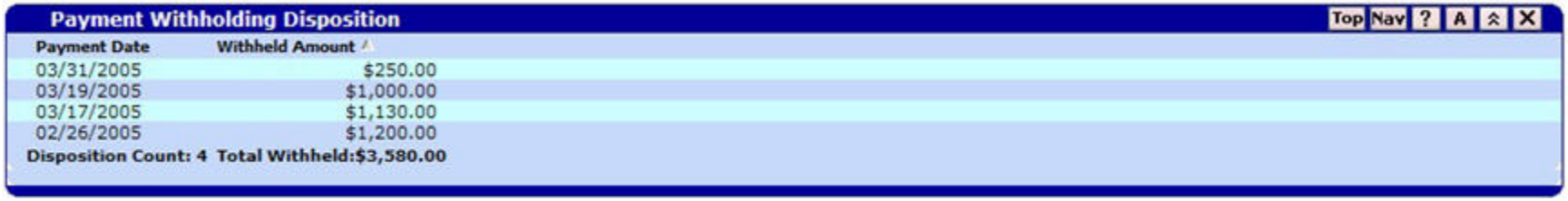
2.7.109.2 Technical Name

Fin.WithholdingDisposition.ascx

2.7.109.3 Panel Name

WithholdingDisposition

2.7.109.4 Withholding Disposition Layout



2.7.109.5 Extra Features

This panel has no extra features.

2.7.109.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Disposition Count	The total number of dispositions tied to the withholding.	Field	Number	8	N/A	CALCULATED FIELD
Payment Date	The payment date the funds were withheld.	Field	Date (mmddccyy)	8	T_LIEN_DISP	DTE_PAYMENT_ISSUE
Total Withheld	The total dollar amount of dispositions tied to the withholding.	Field	Number	13	N/A	CALCULATED FIELD

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Withheld Amount	The amount of the withholding.	Field	Number	11	T_LIEN_DISP	AMT_DISPOSITION

2.7.109.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
None				

2.7.109.8 Associated Requirements

ID
30.050.009.002.14
30.090.009.002.29

2.7.109.9 CO / Defects

ID	Type	Name	Description	Current Status
610	Change Order	create process to withhold CAP	Create a process to withhold payments from an MCO based on a percentage of their payment. Be able to return the held amount to the MCO at a future date.	Prod Implemented

2.7.110 PAGE: Financial Withholding Search

2.7.110.1 Description

Use the Financial Withholding Search page to select withholding segments tied to a provider. The search criteria are the provider ID, status code, and reason code.

Navigation Path: [Financial - Withholding]

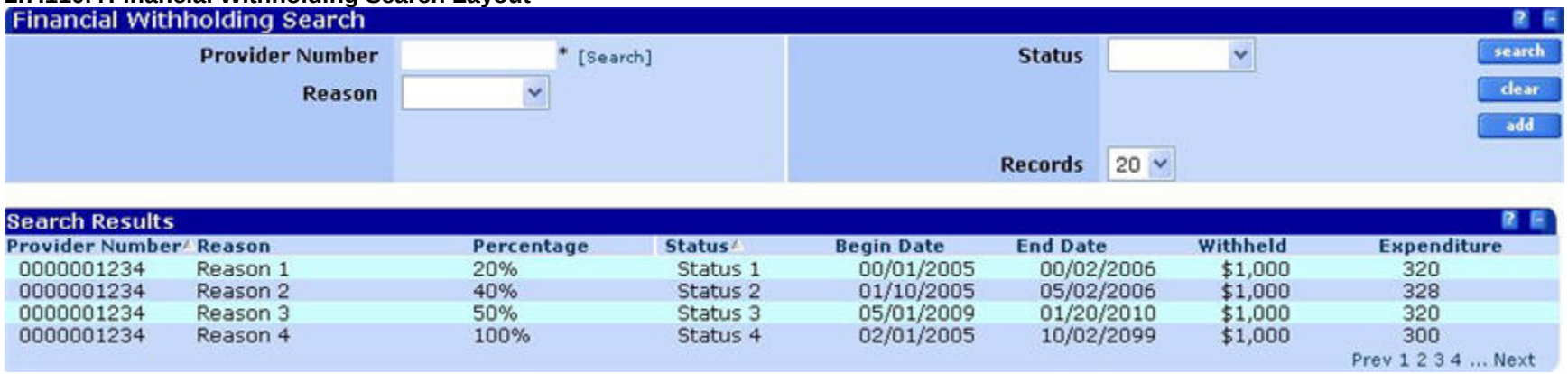
2.7.110.2 Technical Name

Fin.WithholdingSearch.ascx

2.7.110.3 Web Page Name

Financial Withhold

2.7.110.4 Financial Withholding Search Layout



2.7.111 PANEL: Withholding Results

2.7.111.1 Description

The withholding results panel displays all withholding segments tied to a provider. The results include provider ID, reason, percentage, status, begin and end dates, withheld amount, and expenditure (if the funds were returned).

Navigation Path: [Financial - Withholding] - [(enter search criteria)]

2.7.111.2 Technical Name

Fin.WithholdingSearch.ascx - Results

2.7.111.3 Panel Name

Withholding Result

2.7.111.4 Withholding Results Layout

Search Results

Provider Number	Reason	Percentage	Deduction Amount	Status	Effective Date	End Date	Withheld	Expenditure
100000019B	8503 - BACKUP WITHHOLDING	10%	$0.00	CLOSED	05/07/2004	06/08/2006	$2,500.00	1044
100000019B	8503 - BACKUP WITHHOLDING	99%	$500.00	OPEN	05/07/2000	12/31/2299		
100000019B	8503 - BACKUP WITHHOLDING	0%	$2,500.00	OPEN	05/07/2004	05/24/2006	$3,580.00	

2.7.111.5 Extra Features

This panel has no extra features.

2.7.111.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Begin Date	The date the withholding starts withholding	Field	Date	10	T_LIEN	DTE_EFFECTIVE_FROM
End Date	The date the withholding will no longer withhold funds.	Field	Date	10	T_LIEN	DTE_EFFECTIVE_THRU
Expenditure	The expenditure code if the withholding has been returned to the provider.	Field	Character	9	T_EXPENDITURE	SAK_EXPENDITURE
Percentage	The percentage of the provider's payment that will be withheld	Field	Numbeer	4	T_LIEN	PCT
Provider	The provider for which the withhold was	Field	Character	10	T_PR_INDENTIFIER	ID_PROVIDER

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Number	setup.					
Reason	The reason the withhold was setup	Field	Character	4	T_LIEN	CDE_REASON_LIEN
Status	The status of the withholding	Field	Character	1	T_LIEN	CDE_STATUS1
Withheld	The total that has been withheld.	Field	Number	13	N/A	CALCULATED FIELD

2.7.111.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
None				

2.7.111.8 Associated Requirements

ID
30.090.009.002.28

2.7.111.9 CO / Defects

ID	Type	Name	Description	Current Status
610	Change Order	create process to withhold CAP	Create a process to withhold payments from an MCO based on a percentage of their payment. Be able to return the held amount to the MCO at a future date.	Prod Implemented

2.7.112 PANEL: Withholding Search

2.7.112.1 Description

Use the Withholding Search panel to select withholding segments tied to a provider. The search criteria is the provider ID, status code, and reason code.

Navigation Path: [Financial - Withholding]

2.7.112.2 Technical Name

Fin.WithholdingSearch.ascx - Search

2.7.112.3 Panel Name

Withholding Search

2.7.112.4 Withholding Search Layout

2.7.112.5 Extra Features

This panel has no extra features.

2.7.112.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Provider Number	The provider for which the withhold was setup.	Field	Character	10	T_PR_IDENTIFIER	ID_PROVIDER
Reason	The reason the withholding was created	Field	Dropdown	4	T_LIEN	CDE_REASON_LIEN
Status	The status of the withholding	Field	Dropdown	3	T_LIEN	CDE_STATUS1

2.7.112.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Provider Number	Field	1	You must enter a provider number.	Provider number is required to search for a withholding segment.

2.7.112.8 Associated Requirements

ID
30.090.009.002.28

2.7.112.9 CO / Defects

ID	Type	Name	Description	Current Status
610	Change Order	create process to withhold CAP	Create a process to withhold payments from an MCO based on a percentage of their payment. Be able to return the held amount to the MCO at a future date.	Prod Implemented

2.8 Reports

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

This manual contains a sample page for each report for this system with a short description. Please refer to the Report Distribution Master for designee's. To determine the frequency of the report, please use the following: (this character is represented at the end of each report name)

A = ANNUAL

D = DAILY

M = MONTHLY

Q = QUARTERLY

R = ON REQUEST

W = WEEKLY

O = ON REQUEST

The following section provides a description and sample layout for each Report associated to the Financial subsystem.

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

2.8.1 CRA-DNAD-R -- Remittance Advice - Dental Claim Adjustments

This report lists dental claims that were adjusted. The report is separated by individual claims and displays the header data for the claim that is being adjusted (original claim) and both header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the dental provider a list of all dental claims that were adjusted along with explanations on why the claims were adjusted.

2.8.1.1 Technical Name

CRA-DNAD-R

2.8.1.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

2.8.1.3 Remittance Advice - Dental Claim Adjustments Layout

```
REPORT:    CRA-DNAD-R                                    COMMONWEALTH OF KENTUCKY                                                    DATE:
MM/DD/CCYY
   RA#:      999999999                            MEDICAID MANAGEMENT INFORMATION SYSTEM
         PAGE:          9
                                                        PROVIDER REMITTANCE ADVICE
                                                         DENTAL CLAIM ADJUSTMENTS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                      PAYEE ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                          NPI ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999


                 RENDERING   SERVICE DATES          BILLED       ALLOWED          TPL    SPENDDOWN      CO-PAY          PAID
     --ICN--     PROVIDER    FROM     THRU          AMOUNT       AMOUNT         AMOUNT     AMOUNT       AMOUNT         AMOUNT

INVOICE NO: 9999999999999 MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
 RRYYJJJBBBMOM  XXXXXXXXX    061501  061501  (9,999,999.99)(9,999,999.99)(9,999,999.99)(999,999.99)(999,999.99)   (9,999,999.99)
 RRYYJJJBBBSSS  XXXXXXXXX    061501  061501   9,999,999.99  9,999,999.99  9,999,999.99  999,999.99  999,999.99     9,999,999.99

                                                                            NET OVERPAYMENT                        9,999,999.99
                                                                            REFUND AMOUNT APPLIED                  9,999,999.99

ADJUSTMENT REASON:  9999
HEADER EOBS:  0556 0562 0563 0564 0565 1017 1036 1037 1039 1040

 PL SERV  PROC CD  TOOTH  SURFACE  DATE SVC        BILLED       ALLOWED
                                     PERF          AMOUNT       AMOUNT     DETAIL EOBS
   NY     XXXXXX     2     XXXXX    060101    9,999,999.99  9,999,999.99   1041 2011 2023 2024 2025 2026 2027 2033 2034 2035
                                                                           4062 4082 4083 4126 4212 4213 4215 4216 4217 4218
   NY     XXXXXX     2     XXXXX    060101    9,999,999.99  9,999,999.99   4239 6074 6075 6076 6077 6078 6079 6084 6085 6111
                                                                           6112 6113 6115 6116 6117 6118 6119 6120 6121 6122
   NY     XXXXXX     2     XXXXX    060101    9,999,999.99  9,999,999.99   6124 6235 6270 6610 6611 6648 6748 6918 6921 7503
                                                                           7504 7505 7506 7507 8020 8021 8022 8023 8024 8025
   NY     XXXXXX     2     XXXXX    060101    9,999,999.99  9,999,999.99   8026 8027 8028 8039 8060 8061 8062 8063 8064 8065
                                                                           8066 8067 8069 8079 8140 8141 8142 8143 8144 8145


TOTAL NO. OF ADJ:       9
       TOTAL DENTAL ADJUSTMENT CLAIMS:       99,999,999.99              99,999,999.99            9,999,999.99
                                                           99,999,999.99            9,999,999.99             99,999,999.99
```

2.8.1.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Additional Payment	This provides the additional payment amount when the adjustment results in a positive paid amount.	9	Number	N/A	Calculated Field
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Adjustment Reason	This is the reason code that identifies why the adjustment took place.	4	Number	T_EOB	CDE_EOB
Allowed Amount	This is the computed dollar amount allowable for the services rendered on each detail line under the medical assistance program being billed. May occur twelve times depending on the number of detail lines billed.	9	Number	T_PD_DNTL_HDR	AMT_ALWD
Billed Amount	This is the dollar amount requested by the provider for the service billed on each detail line. May occur twelve times depending on the number of detail lines billed.	9	Number	T_PD_DNTL_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Co-Pay	This is the dollar amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount.	8	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Date SVC PERF	This is the date the service was actually performed. May occur twelve times depending on the number of detail lines billed.	6	Character	T_PD_DNTL_HDR	DTE_FIRST_SVC

Field	Description	Length	Data Type	DB Table	DB Attributes
Detail EOBs	These are the detail Explanation of Benefits (EOB) codes that apply to the detail on the dental claim form. There could be a maximum of twenty EOB codes per claim detail.	4	Number	T_EOB	CDE_EOB
Header EOBs	These are the header Explanation of Benefits (EOB) codes that apply to the header on the dental claim form. These codes are used to explain why the claim was adjusted. There could be a maximum of twenty EOB codes per claim header.	4	Number	T_EOB	CDE_EOB
ICN	Unique number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Character	T_PD_DNTL_HDR	NUM_ICN
Invoice NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	9	Number	T_PD_DNTL_HDR	NUM_PAT_ACCT
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
Net Overpayment	This provides the net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established.	9	Number		Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
PL SERV	This column shows the place of service code(s) indicating where the services were actually rendered. May occur twelve times depending on the number of detail lines billed.	2	Character	T_PD_DNTL_DTL	CDE_POS
PROC CD	This column shows the American Dental Association (ADA) code used to indicate what services were actually rendered to the recipient by the provider. May occur twelve times depending on the number of detail lines billed.	5	Character	T_PROC	CDE_PROC
Paid Amount	This is the dollar amount paid for the services rendered. This is arrived at by computing the allowable amount for the services and deducting the TPL amount.	9	Number	T_PD_DNTL_DTL	AMT_PAID
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
Refund Amount Applied	This provides the refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle.	9	Number		Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_PD_DNTL_DTL	REIMBURSEMENT_AMT
Rendering Provider	The number used to identify the provider that performed the service.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Service Dates From	This is the earliest date of service on the detail lines.	6	Character	T_PD_DNTL_DTL	DTE_FIRST_SVC
Service Dates Thru	This is the latest date of service on the detail lines.	6	Character	T_PD_DNTL_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_PD_DNTL_HDR	CDE_SVC_LOC
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on.) which must be spent on medical expenses prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	The state of the payee.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Surface	This column shows the surface code pertaining to the part of the tooth that was worked on. May occur twelve times depending on the number of detail lines billed.	5	Number	T_PD_DNTL_DTL	CDE_QUADRANT

Field	Description	Length	Data Type	DB Table	DB Attributes
TPL Amount	This is the dollar amount paid for the services by any source outside of the state medical assistance program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number	T_PD_DNTL_DTL	TPL_AMT
Tooth	This column shows the tooth number of the tooth or the tooth quadrant that was worked on.	2	Number	T_PD_DNTL_DTL	CDE_TOOTH_NBR
Total Dental Adjustments Claims - Allowed	This is the total allowed amount for the payee's claims.	10	Number	N/A	Calculated Field
Total Dental Adjustments Claims - Billed	This is the total billed amount for the payee's claims.	10	Number	N/A	Calculated Field
Total Dental Adjustments Claims - Co-Pay	This is the total amount of co-pay for the payee's claims.	9	Number	N/A	Calculated Field
Total Dental Adjustments Claims - Paid	This is the total amount paid for the payee's claims.	10	Number	N/A	Calculated Field
Total Dental Adjustments Claims - Reimb	This is the total amount of reimbursement for the payee's claims.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Dental Adjustments Claims - Spenddown	This is the total amount of spenddown for the payee's claims.	9	Number	N/A	Calculated Field
Total Dental Adjustments Claims - TPL	This is the total amount of TPL for the payee's claims.	10	Number	N/A	Calculated Field
Total No. Adj	This is the total count of the number of adjustments on the RA for the provider.	6	Number	N/A	Calculated Field
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.1.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.1.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.14
30.090.009.002.15
30.090.009.002.3
30.090.009.002.4

2.8.1.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.2 CRA-DNAM-R -- Remittance Advice - Dental Claim Mass Adjustments

This report lists dental claims that were mass adjusted. The report is separated by individual claims and displays the header data for the claim that is being mass adjusted (original claim) and both header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the dental provider a list of all dental claims that were mass adjusted along with explanations on why the claims were adjusted.

2.8.2.1 Technical Name

CRA-DNAM-R

2.8.2.1 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

2.8.2.2 Remittance Advice - Dental Claim Mass Adjustments Layout

```
REPORT:   CRA-DNAM-R                                  COMMONWEALTH OF KENTUCKY                                    DATE:
MM/DD/CCYY
   RA#:    999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                              PAGE:
9,999
                                                     PROVIDER REMITTANCE ADVICE
                                                   DENTAL CLAIM MASS ADJUSTMENTS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                    PAYEE ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                        NPI ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999


                 RENDERING   SERVICE DATES          BILLED       ALLOWED         TPL     SPENDDOWN      CO-PAY         PAID
     --ICN--     PROVIDER    FROM    THRU           AMOUNT       AMOUNT         AMOUNT     AMOUNT       AMOUNT         AMOUNT

INVOICE NO: 9999999999999 MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
 RRYYJJJBBBMOM  XXXXXXXXX    MMDDYY  MMDDYY  (9,999,999.99)(9,999,999.99)(9,999,999.99)(999,999.99)(999,999.99)  (9,999,999.99)
 RRYYJJJBBBSSS  XXXXXXXXX    MMDDYY  MMDDYY   9,999,999.99  9,999,999.99  9,999,999.99  999,999.99  999,999.99    9,999,999.99

                                                                                NET OVERPAYMENT                      9,999,999.99
                                                                                REFUND AMOUNT APPLIED                9,999,999.99
ADJUSTMENT REASON:  9999
HEADER EOBS:  0556 0562 0563 0564 0565 1017 1036 1037 1039 1040

 PL SERV  PROC CD  TOOTH  SURFACE  DATE SVC         BILLED       ALLOWED
                                    PERF           AMOUNT       AMOUNT    DETAIL EOBS
   XX     XXXXXX     2     XXXXX    MMDDYY    9,999,999.99  9,999,999.99   1041 2011 2023 2024 2025 2026 2027 2033 2034 2035
                                                                            4062 4082 4083 4126 4212 4213 4215 4216 4217 4218
   XX     XXXXXX     2     XXXXX    MMDDYY    9,999,999.99  9,999,999.99   4239 6074 6075 6076 6077 6078 6079 6084 6085 6111
                                                                            6112 6113 6115 6116 6117 6118 6119 6120 6121 6122
   XX     XXXXXX     2     XXXXX    MMDDYY    9,999,999.99  9,999,999.99   6124 6235 6270 6610 6611 6648 6748 6918 6921 7503
                                                                            7504 7505 7506 7507 8020 8021 8022 8023 8024 8025
   XX     XXXXXX     2     XXXXX    MMDDYY    9,999,999.99  9,999,999.99   8026 8027 8028 8039 8060 8061 8062 8063 8064 8065
                                                                            8066 8067 8069 8079 8140 8141 8142 8143 8144 8145


TOTAL NO. OF ADJ:       9
       TOTAL DENTAL ADJUSTMENT CLAIMS:       99,999,999.99                99,999,999.99            9,999,999.99
                                                          99,999,999.99              9,999,999.99              99,999,999.99
```

2.8.2.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Additional Payment	This provides the additional payment amount when the adjustment results in a positive paid amount.	9	Number	N/A	Calculated Field
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Adjustment Reason	This is the reason code that identifies why the adjustment took place.	4	Number	T_EOB	CDE_EOB
Allowed Amount	This is the computed dollar amount allowable for the services rendered on each detail line under the medical assistance program being billed. May occur twelve times depending on the number of detail lines billed.	9	Character	T_PD_DNTL_HDR	AMT_ALWD
Billed Amount	This is the dollar amount requested by the provider for the service billed on each detail line. May occur twelve times depending on the number of detail lines billed.	9	Number	T_PD_DNTL_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Co-Pay	This is the dollar amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount.	9	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Cycle Date	This is the date the check was issued.	9	Character	N/A	N/A
Date SVC PERF	This is the date the service was actually performed. May occur twelve times depending on the number of detail lines billed.	10	Character	T_PD_DNTL_HDR	DTE_FIRST_SVC

Field	Description	Length	Data Type	DB Table	DB Attributes
Detail EOBs	These are the detail Explanation of Benefits (EOB) codes that apply to the detail on the dental claim form. There could be a maximum of twenty EOB codes per claim detail.	4	Number	T_EOB	CDE_EOB
Header EOBs	These are the header Explanation of Benefits (EOB) codes that apply to the header on the dental claim form. These codes are used to explain why the claim was adjusted. There could be a maximum of twenty EOB codes per claim header.	4	Number	T_EOB	CDE_EOB
ICN	Unique number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Character	T_PD_DNTL_HDR	NUM_ICN
Invoice NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_PD_DNTL_HDR	NUM_PAT_ACCT
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
Net Overpayment	This provides the net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established.	9	Number		Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
PL SERV	This column shows the place of service code(s) indicating where the services were actually rendered. May occur twelve times depending on the number of detail lines billed.	2	Character	T_PD_DNTL_HDR	CDE_POS
PROC CD	This column shows the American Dental Association (ADA) code used to indicate what services were actually rendered to the member by the provider. May occur twelve times depending on the number of detail lines billed.	5	Character	T_PROC	CDE_PROC
Paid Amount	This is the dollar amount paid for the services rendered. This is arrived at by computing the allowable amount for the services and deducting the TPL amount.	9	Number	T_PD_DNTL_HDR	AMT_PAID
Payee Number	The provider number for the provider receiving the payment and remittance advice.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	7	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
Refund Amount Applied	This provides the refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle.	9	Number		Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_PD_DNTL_HDR	REIMBURSEMENT_AMT
Rendering Provider	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Service Dates From	This is the earliest date of service on the detail lines.	10	Character	T_PD_DNTL_DTL	DTE_FIRST_SVC
Service Dates Thru	This is the latest date of service on the detail lines.	10	Character	T_PD_DNTL_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_PD_DNTL_HDR	CDE_SVC_LOC
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, etc.) which must be spent on medical expenses prior to Medicaid benefits being available.	9	Number	N/A	Calculated Field
State	The state of the payee.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Surface	This column shows the surface code pertaining to the part of the tooth that was worked on. May occur twelve times depending on the number of detail lines billed.	2	Number	T_PD_DNTL_DTL	CDE_QUADRANT

Field	Description	Length	Data Type	DB Table	DB Attributes
TPL Amount	This is the dollar amount paid for the services by any source outside of the state medical assistance program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number	T_PD_DNTL_DTL	TPL_AMT
Tooth	This column shows the tooth number of the tooth or the tooth quadrant that was worked on.	2	Number	T_PD_DNTL_DTL	CDE_TOOTH_NBR
Total Dental Adjustments Claims - Allowed	This is the total allowed amount for the payee's claims.	9	Number	N/A	Calculated Field
Total Dental Adjustments Claims - Billed	This is the total billed amount for the payee's claims.	9	Number	N/A	Calculated Field
Total Dental Adjustments Claims - Co-Pay	This is the total amount of co-pay for the payee's claims.	9	Number	N/A	Calculated Field
Total Dental Adjustments Claims - Paid	This is the total amount paid for the payee's claims.	9	Number	N/A	Calculated Field
Total Dental Adjustments Claims - Reimb	This is the total amount of reimbursement for the payee's claims.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Dental Adjustments Claims - Spenddown	This is the total amount of spenddown for the payee's claims.	9	Number	N/A	Calculated Field
Total Dental Adjustments Claims - TPL	This is the total amount of TPL for the payee's claims.	9	Number	N/A	Calculated Field
Total No. Adj	This is the total count of the number of adjustments on the RA for the provider.	9	Number	N/A	Calculated Field
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	9	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.2.4 Associated Programs

Program	Description
No associated Programs found.	

2.8.2.5 Associated Requirements

ID
No associated Requirements found.

2.8.2.6 Change Orders

ID	Name	Description
1133	Add Mass Adj sec to the Prov RA	Modify the RA to include a Mass Adjustment section for each claim types. This will look like the normal adjustment section only it will contain the adjustments as a result of a Mass adjustment.

2.8.3 CRA-DNDN-R -- Remittance Advice - Dental Claims Denied

This report lists dental claims that were denied. The report is separated by individual claims and displays both header and detail data. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the dental provider a list of all dental claims that were denied along with explanations on why they were denied.

2.8.3.1 Technical Name

CRA-DNDN-R

2.8.3.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.3.3 Remittance Advice - Dental Claims Denied Layout

```
REPORT:    CRA-DNDN-R                                    COMMONWEALTH OF KENTUCKY                                    DATE:
MM/DD/CCYY
   RA#:     999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM
            PAGE:          9
                                                        PROVIDER REMITTANCE ADVICE
                                                            DENTAL CLAIMS DENIED

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                          PAYEE ID
     9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                NPI ID
  9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999


                       RENDERING   SERVICE DATES          BILLED          TPL       SPENDDOWN
          --ICN--      PROVIDER    FROM    THRU           AMOUNT         AMOUNT      AMOUNT

INVOICE NO: 9999999999999 MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
       RRYYJJJBBBSSS  XXXXXXXX    061501  061501    9,999,999.99    9,999,999.99    999,999.99

HEADER EOBS:  0556 0562 0563 0564 0565 1017 1036 1037 1039 1040

 PL SERV  PROC CD  TOOTH  SURFACE  DATE SVC        BILLED
                                    PERF           AMOUNT   DETAIL EOBS
   NY     XXXXXX     2     XXXXX    060101   9,999,999.99   1041 2011 2023 2024 2025 2026 2027 2033 2034 2035
                                                             4062 4082 4083 4126 4212 4213 4215 4216 4217 4218
   NY     XXXXXX     2     XXXXX    060101   9,999,999.99   4239 6074 6075 6076 6077 6078 6079 6084 6085 6111
                                                             6112 6113 6115 6116 6117 6118 6119 6120 6121 6122
   NY     XXXXXX     2     XXXXX    060101   9,999,999.99   6124 6235 6270 6610 6611 6648 6748 6918 6921 7503
                                                             7504 7505 7506 7507 8020 8021 8022 8023 8024 8025
   NY     XXXXXX     2     XXXXX    060101   9,999,999.99   8026 8027 8028 8039 8060 8061 8062 8063 8064 8065
                                                             8066 8067 8069 8079 8140 8141 8142 8143 8144 8145
          TOTAL DENTAL CLAIMS DENIED:              99,999,999.99   99,999,999.99  9,999,999.99
```

2.8.3.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Billed Amount	This is the dollar amount requested by the provider for the service billed on each detail line. May occur twelve times depending on the number of detail lines billed.	9	Number	T_DENY_DNTL_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Date SVC PERF	This is the date the service was actually performed. May occur twelve times depending on the number of detail lines billed.	6	Character	T_DENY_DNTL_HDR	DTE_FIRST_SVC
Detail EOBs	These are the detail Explanation of Benefits (EOB) codes that apply to the detail on the dental claim form. There could be a maximum of twenty EOB codes per claim detail.	4	Number	T_EOB	CDE_EOB
Header EOBs	These are the header Explanation of Benefits (EOB) codes that apply to the header on the dental claim form. There could be a maximum of twenty EOB codes per claim header.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_DENY_DNTL_HDR	NUM_ICN
Invoice NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	9	Number	T_PD_DNTL_HDR	NUM_PAT_ACCT
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
PL SERV	This column shows the place of service code(s) indicating where the services were actually rendered. May occur twelve times depending on the number of detail lines billed.	2	Character	T_DENY_DNTL_DTL	CDE_POS
PROC CD	This column shows the American Dental Association (ADA) code used to indicate what services were actually rendered to the member by the provider. May occur twelve times depending on the number of detail lines billed.	5	Character	T_PROC	CDE_PROC
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
Rendering Provider	The number used to identify the provider that performed the service.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Service Dates From	This is the earliest date of service on the detail lines.	6	Character	T_DENY_DNTL_DTL	DTE_FIRST_SVC
Service Dates Thru	This is the latest date of service on the detail lines.	6	Character	T_DENY_DNTL_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_DENY_DNTL_HDR	CDE_SVC_LOC

Field	Description	Length	Data Type	DB Table	DB Attributes
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on) which must be spent on medical needs prior to Medicaid benefits being available.	8	Number		Calculated Field
State	The state of the payee.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Surface	This column shows the surface code pertaining to the part of the tooth that was worked on. May occur twelve times depending on the number of detail lines billed.	5	Number	T_DENY_DNTL_DTL	CDE_QUADRANT
TPL Amount	This is the dollar amount paid for the services by any source outside of the state medical assistance program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number	T_DENY_DNTL_DTL	TPL_AMT
Tooth	This column shows the tooth number of the tooth or the tooth quadrant that was worked on.	2	Number	T_DENY_DNTL_DTL	CDE_TOOTH_NBR
Total Dental Claims Denied - Billed	This is the total billed amount for the payee's claims.	10	Number	N/A	Calculated Field
Total Dental Claims Denied - Spenddown	This is the total amount of spenddown for the payee's claims.	9	Number	N/A	Calculated Field
Total Dental Claims Denied - TPL	This is the total amount of TPL for the payee's claims.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.3.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.3.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.3.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.4 CRA-DNPD-R -- Remittance Advice - Dental Claims Paid

This report lists dental claims that were paid. The report is separated by individual claims and displays both header and detail data. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the dental provider a list of all dental claims that were paid along with explanations of any discrepancies between the billed and the paid amount.

2.8.4.1 Technical Name

CRA-DNPD-R

2.8.4.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.4.3 Remittance Advice - Dental Claims Paid Layout

```
REPORT:    CRA-DNPD-R                           COMMONWEALTH OF KENTUCKY                                                     DATE:
MM/DD/CCYY
   RA#:     999999999                      MEDICAID MANAGEMENT INFORMATION SYSTEM
            PAGE:          9
                                                   PROVIDER REMITTANCE ADVICE
                                                      DENTAL CLAIMS PAID

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                  PAYEE ID
 9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                      NPI ID
        9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999


                 RENDERING   SERVICE DATES         BILLED       ALLOWED         TPL     SPENDDOWN      CO-PAY        REIMB.
PAID
     --ICN--     PROVIDER    FROM    THRU          AMOUNT       AMOUNT        AMOUNT     AMOUNT        AMOUNT        AMOUNT
AMOUNT

INVOICE NO: 9999999999999 MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
 RRYYJJJBBBSSS  XXXXXXXXX    061501  061501  9,999,999.99 9,999,999.99 9,999,999.99 999,999.99  999,999.99   9,999,999.99
9,999,999.99

HEADER EOBS:  0556 0562 0563 0564 0565 1017 1036 1037 1039 1040

 PL SERV  PROC CD  TOOTH  SURFACE  DATE SVC        BILLED       ALLOWED
                                     PERF          AMOUNT       AMOUNT     DETAIL EOBS
   NY     XXXXXX     2     XXXXX    060101   9,999,999.99 9,999,999.99   1041 2011 2023 2024 2025 2026 2027 2033 2034 2035
                                                                         4062 4082 4083 4126 4212 4213 4215 4216 4217 4218
   NY     XXXXXX     2     XXXXX    060101   9,999,999.99 9,999,999.99   4239 6074 6075 6076 6077 6078 6079 6084 6085 6111
                                                                         6112 6113 6115 6116 6117 6118 6119 6120 6121 6122
   NY     XXXXXX     2     XXXXX    060101   9,999,999.99 9,999,999.99   6124 6235 6270 6610 6611 6648 6748 6918 6921 7503
                                                                         7504 7505 7506 7507 8020 8021 8022 8023 8024 8025
   NY     XXXXXX     2     XXXXX    060101   9,999,999.99 9,999,999.99   8026 8027 8028 8039 8060 8061 8062 8063 8064 8065
                                                                         8066 8067 8069 8079 8140 8141 8142 8143 8144 8145

       TOTAL DENTAL CLAIMS PAID:            99,999,999.99              99,999,999.99          9,999,999.99
99,999,999.99
                                                          99,999,999.99           9,999,999.99            99,999,999.99
```

2.8.4.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Allowed Amount	This is the computed dollar amount allowable for the services rendered on each detail line under the medical assistance program being billed. May occur twelve times depending on the number of detail lines billed.	9	Number	T_PD_DNTL_HDR	AMT_ALWD
Billed Amount	This is the dollar amount requested by the provider for the service billed on each detail line. May occur twelve times depending on the number of detail lines billed.	9	Number	T_PD_DNTL_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Co-Pay Amount	This is the dollar amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount.	8	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Date SVC PERF	This is the date the service was actually performed. May occur twelve times depending on the number of detail lines billed.	6	Character	T_PD_DNTL_DTL	DTE_FIRST_SVC
Detail EOBs	These are the detail Explanation of Benefits (EOB) codes that apply to the detail on the dental claim form. There could be a maximum of twenty EOB codes per claim detail.	4	Number	T_EOB	CDE_EOB

Field	Description	Length	Data Type	DB Table	DB Attributes
Header EOBs	These are the header Explanation of Benefits (EOB) codes that apply to the header on the dental claim form. There could be a maximum of twenty EOB codes per claim header.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_PD_DNTL_HDR	NUM_ICN
Invoice NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	9	Number	T_PD_DNTL	NUM_PAT_ACCT
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
NPI ID	This is the NPI number assigned to the provider	10	Number	T_FIN_PROCESS_PROV_ID	ID_PROV_NPI
PL SERV	This column shows the place of service code(s) indicating where the services were actually rendered. May occur twelve times depending on the number of detail lines billed.	2	Character	T_PD_DNTL_HDR	CDE_POS
PROC CD	This column shows the American Dental Association (ADA) code used to indicate what services were actually rendered to the recipient by the provider. May occur twelve times depending on the number of detail lines billed.	5	Character	T_PROC	CDE_PROC

Field	Description	Length	Data Type	DB Table	DB Attributes
Paid Amount	This is the dollar amount paid for the services rendered. This is arrived at by computing the allowable amount for the services and deducting the TPL amount.	9	Number	T_PD_DNTL_HDR	AMT_PAID
Payee ID	This is the primary provider id assigned to the provider.	10	Number	T_FIN_PROCESS_PROV_ID	ID_PROV_PRIMARY
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
RA#	This is the unique identifier assigned to the RA.	9	Number	T_FIN_REMIT	SAK_REMIT
Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_PD_DNTL_DTL	REIMBURSEMENT_AMT
Rendering Provider	The number used to identify the provider that performed the service.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER

Field	Description	Length	Data Type	DB Table	DB Attributes
Service Dates From	This is the earliest date of service on the detail lines.	6	Character	T_PD_DNTL_HDR	DTE_FIRST_SVC
Service Dates Thru	This is the latest date of service on the detail lines.	6	Character	T_PD_DNTL_HDR	DTE_LAST_SVC
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on.) which must be spent on medical expenses prior to Medicaid benefits being available.	8	Number		Calculated Field
State	The state of the payee.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Surface	This column shows the surface code pertaining to the part of the tooth that was worked on. May occur twelve times depending on the number of detail lines billed.	5	Number	T_PD_DNTL_DTL	CDE_QUADRANT
TPL Amount	This is the dollar amount paid for the services by any source outside of the state medical assistance program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number	T_PD_DNTL_HDR	TPL_AMT
Tooth	This column shows the tooth number of the tooth or the tooth quadrant that was worked on.	2	Number	T_PD_DNTL_DTL	CDE_TOOTH_NBR

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Dental Claims Paid - Allowed	This is the total allowed amount for the payee's claims.	10	Number	N/A	Calculated Field
Total Dental Claims Paid - Billed	This is the total billed amount for the payee's claims.	10	Number	N/A	Calculated Field
Total Dental Claims Paid - Co-Pay	This is the total amount of co-pay for the payee's claims.	9	Number	N/A	Calculated Field
Total Dental Claims Paid - Paid	This is the total amount paid for the payee's claims.	10	Number	N/A	Calculated Field
Total Dental Claims Paid - Reimb	This is the total amount of reimbursement for the payee's claims.	10	Number	N/A	Calculated Field
Total Dental Claims Paid - Spenddown	This is the total amount of spenddown for the payee's claims.	9	Number	N/A	Calculated Field
Total Dental Claims Paid - TPL	This is the total amount of TPL for the payee's claims.	10	Number	N/A	Calculated Field
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.4.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.4.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.4.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.5 CRA-DNSU-R -- Remittance Advice - Dental Claims In Process

This report lists dental claims that are in suspense. The report is separated by individual claims and displays both header and detail data. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the dental provider a list of all dental claims that are in suspense along with explanations on what caused the claims to be suspended.

2.8.5.1 Technical Name

CRA-DNSU-R

2.8.5.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.5.3 Remittance Advice - Dental Claims In Process Layout

```
REPORT:    CRA-DNSU-R                                    COMMONWEALTH OF KENTUCKY                                    DATE:
MM/DD/CCYY
   RA#:     999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM
         PAGE:           9
                                                        PROVIDER REMITTANCE ADVICE
                                                         DENTAL CLAIMS IN PROCESS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                          PAYEE ID
   9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                NPI ID
         9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999


                       RENDERING   SERVICE DATES          BILLED          TPL       SPENDDOWN
          --ICN--      PROVIDER    FROM    THRU           AMOUNT         AMOUNT      AMOUNT

INVOICE NO: 9999999999999 MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
       RRYYJJJBBBSSS  XXXXXXXXX    061501  061501    9,999,999.99    9,999,999.99    999,999.99

HEADER EOBS:  0556 0562 0563 0564 0565 1017 1036 1037 1039 1040

 PL SERV  PROC CD  TOOTH  SURFACE  DATE SVC        BILLED
                                     PERF          AMOUNT   DETAIL EOBS
   NY     XXXXXX     2     XXXXX    060101   9,999,999.99   1041 2011 2023 2024 2025 2026 2027 2033 2034 2035
                                                             4062 4082 4083 4126 4212 4213 4215 4216 4217 4218
   NY     XXXXXX     2     XXXXX    060101   9,999,999.99   4239 6074 6075 6076 6077 6078 6079 6084 6085 6111
                                                             6112 6113 6115 6116 6117 6118 6119 6120 6121 6122
   NY     XXXXXX     2     XXXXX    060101   9,999,999.99   6124 6235 6270 6610 6611 6648 6748 6918 6921 7503
                                                             7504 7505 7506 7507 8020 8021 8022 8023 8024 8025
   NY     XXXXXX     2     XXXXX    060101   9,999,999.99   8026 8027 8028 8039 8060 8061 8062 8063 8064 8065
                                                             8066 8067 8069 8079 8140 8141 8142 8143 8144 8145
                 TOTAL DENTAL CLAIMS IN PROCESS:    99,999,999.99   99,999,999.99  9,999,999.99
```

2.8.5.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Billed Amount	This is the dollar amount requested by the provider for the service billed on each detail line. May occur twelve times depending on the number of detail lines billed.	9	Number	T_SUSP_DNTL_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Date SVC PERF	This is the date the service was actually performed. May occur twelve times depending on the number of detail lines billed.	6	Character	T_SUSP_DNTL_HDR	DTE_FIRST_SVC
Detail EOBs	These are the detail Explanation of Benefits (EOB) codes that apply to the detail on the dental claim form. There could be a maximum of twenty EOB codes per claim detail.	4	Number	T_EOB	CDE_EOB
Header EOBs	These are the header Explanation of Benefits (EOB) codes that apply to the header on the dental claim form. There could be a maximum of twenty EOB codes per claim header.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_SUSP_DNTL_HDR	NUM_ICN
Invoice NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	9	Number	T_SUSP_DNTL_HDR	NUM_PAT_ACCT
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
PL SERV	This column shows the place of service code(s) indicating where the services were actually rendered. May occur twelve times depending on the number of detail lines billed.	2	Character	T_SUSP_DNTL_DTL	CDE_POS
PROC CD	This column shows the American Dental Association (ADA) code used to indicate what services were actually rendered to the recipient by the provider. May occur twelve times depending on the number of detail lines billed.	5	Character	T_PROC	CDE_PROC
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
Rendering Provider	The number used to identify the provider that performed the service.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Service Dates From	This is the earliest date of service on the detail lines.	6	Character	T_SUSP_DNTL_DTL	DTE_FIRST_SVC
Service Dates Thru	This is the latest date of service on the detail lines.	6	Character	T_SUSP_DNTL_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_SUSP_DNTL_HDR	CDE_SVC_LOC

Field	Description	Length	Data Type	DB Table	DB Attributes
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on.) which must be spent on medical expenses prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	The state of the payee.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Surface	This column shows the surface code pertaining to the part of the tooth that was worked on. May occur twelve times depending on the number of detail lines billed.	5	Number	T_SUSP_DNTL_DTL	CDE_QUADRANT
TPL Amount	This is the dollar amount paid for the services by any source outside of the state medical assistance program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number	T_SUSP_DNTL_DTL	TPL_AMT
Tooth	This column shows the tooth number of the tooth or the tooth quadrant that was worked on.	2	Number	N/A	CDE_TOOTH_NBR
Total Dental Claims In Process - Billed	This is the total billed amount for the payee's claims.	10	Number	N/A	Calculated Field
Total Dental Claims In Process - Spenddown	This is the total amount of spenddown for the payee's claims.	9	Number	N/A	Calculated Field
Total Dental Claims In Process - TPL	This is the total amount of TPL for the payee's claims.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.5.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.5.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.5.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.6 CRA-EOBM-R -- Remittance Advice - EOB Code Descriptions

This report lists all the Explanation of Benefits (EOB) codes used in the preceding Remittance Advice (R/A) pages and displays their corresponding descriptions. The purpose of this report is to give the provider a better explanation of the reasons why claims were either suspended or denied. The EOB codes are also used to explain any discrepancies between amounts billed and amounts paid on paid claims.

2.8.6.1 Technical Name

CRA-EOBM-R

2.8.6.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.6.3 Remittance Advice - EOB Code Descriptions Layout

```
REPORT:   CRA-EOBM-R                                                  COMMONWEALTH OF KENTUCKY                                                      DATE:
MM/DD/CCYY
   RA#:    999999999                                           MEDICAID MANAGEMENT INFORMATION SYSTEM                                                PAGE:
     9,999
                                                                     PROVIDER REMITTANCE ADVICE
                                                                         EOB CODE DESCRIPTIONS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                  PAYEE ID
 9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                                      NPI ID
         9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

EOB CODE                         EOB CODE DESCRIPTION
  9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

HIPAA REASON CODE                HIPAA ADJ REASON CODE DESCRIPTION
  9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

2.8.6.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED

Field	Description	Length	Data Type	DB Table	DB Attributes
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
EOB Code	These are the Explanation of Benefits (EOB) codes that were applied to the submitted claims - either on the header or detail lines. These codes are used to explain why the claim is in suspense. There could be a maximum of twenty EOB codes per claim header and twenty EOB codes per detail line.	4	Number	T_EOB	CDE_EOB
EOB Code Description	These are the English descriptions corresponding to the EOB codes that were used. These descriptions give the provider the reasons why submitted claims were suspended, denied or not paid in full.	100	Character	T_EOB	DSC_EOB
HIPAA Adj Reason Code Description	These are the English descriptions corresponding to the HIPAA EOB codes that were used. These descriptions give the provider the reasons why submitted claims were suspended, denied or not paid in full.	100	Character	T_EOB	DSC_EOB
HIPAA Reason Code	These are the HIPAA Explanation of Benefits (EOB) codes that were applied to the submitted claims - either on the header or detail lines. These codes are used to explain why the claim is in suspense. There could be a maximum of twenty EOB codes per claim header and twenty EOB codes per detail line.	4	Number	T_EOB	CDE_EOB
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER

Field	Description	Length	Data Type	DB Table	DB Attributes
Payment Number	If a check was generated to the billing provider for this week's cycle, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_PR_INDENTIFIER	CDE_SVC_LOC
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.6.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.6.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3

2.8.6.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.7 CRA-HHAD-R -- Remittance Advice - Home Health Claim Adjustments

This report lists Home Health claims that were adjusted. The report is separated by individual claims. It displays header data for the claim being adjusted (Original) and both displays header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the home health provider a list of all home health claims that were adjusted along with explanations on why the claims were adjusted.

2.8.7.1 Technical Name

CRA-HHAD-R

2.8.7.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.7.3 Remittance Advice - Home Health Claim Adjustments Layout

```
REPORT:   CRA-HHAD-R                                        COMMONWEALTH OF KENTUCKY                                          DATE:
MM/DD/CCYY
   RA#:    999999999                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                                   PAGE:
9,999
                                                           PROVIDER REMITTANCE ADVICE
                                                         HOME HEALTH CLAIM ADJUSTMENTS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                               PAYEE ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                   NPI ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

                              SERVICE DATES     BILLED       ALLOWED        TPL      SPENDDOWN                  PAID
   --ICN--        PAT NO.      FROM   THRU      AMOUNT       AMOUNT        AMOUNT      AMOUNT        COPAY      AMOUNT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
 RRYYJJJBBBSSS  XXXXXXXXXXXX  MMDDYY MMDDYY (9,999,999.99)(9,999,999.99)(9,999,999.99)(999,999.99)(999,999.99)(9,999,999.99)
 RRYYJJJBBBSSS  XXXXXXXXXXXX  MMDDYY MMDDYY  9,999,999.99  9,999,999.99  9,999,999.99  999,999.99  999,999.99  9,999,999.99
                                                                                                    NET OVERPAYMENT          99,999,999.99
                                                                                                    REFUND AMOUNT APPLIED    99,999,999.99

ADJUSTMENT REASON:  9999
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

REV CD HCPCS/RATE  MODIFIERS  REND PROV  SRV DATE  UNITS   BILLED AMT   ALWD AMT   DETAIL EOBS
999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                   9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                   9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                   9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                   9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

   TOTAL HOME HEALTH ADJUSTMENT CLAIMS PAID:  99,999,999.99              99,999,999.99            9,999,999.99
                                                            99,999.999.99            9,999,999.99
99,999,999.99
TOTAL NO. ADJ:  9,999,999
```

2.8.7.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Additional Payment	This provides the additional payment amount when the adjustment results in a positive paid amount.	9	Number	N/A	Calculated Field
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Adjustment Reason	This is the reason code that identifies why the adjustment took place.	4	Number	T_EOB	CDE_EOB
Allowed Amount	This is the computed dollar amount allowable for the services rendered under the medical assistance program being billed. This amount is arrived at by adding all the allowable amounts for all the services described on the detail lines. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_UB92_HDR	AMT_ALWD
Attending Prov	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Billed Amount	This is the dollar amount billed by the provider for the services rendered.	9	Number	T_PD_UB92_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY

Field	Description	Length	Data Type	DB Table	DB Attributes
Co-Pay Amount	This is the dollar amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	8	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Detail EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim detail lines. These codes are used to explain why the claim was denied. There could be a maximum of twenty EOB codes per detail line.	4	Number	T_EOB	CDE_EOB
HCPCS/Rate	These are the HCPCS codes that correspond to the revenue codes on each of the adjusted detail lines being billed. These codes are used to compute the allowable amount for the services rendered. May occur twenty three times depending on the number of detail lines billed.	8	Character	T_PROC	CDE_PROC
Header EOBS	These are the Explanation of Benefits (EOB) codes that apply to the adjusted claim header. There could be a maximum of twenty EOB codes.	4	Number	T_EOB	CDE_EOB

Field	Description	Length	Data Type	DB Table	DB Attributes
ICN	This is a unique number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Character	T_PD_UB92_HDR	NUM_ICN
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
Member Number	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes. This is the same for both the original and adjusted claims.	30	Character	T_RE_BASE	ID MEDICAID
Modifiers	This column shows the modifiers used to further describe the service rendered. Up to four modifiers may be entered on each detail line.	2	Character	T_MODIFIER	CDE_PROC_MOD
Net Overpayment	This provides the net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established.	9	Number	N/A	Calculated Field
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_PD_UB92_HDR	NUM_PAT_ACCT

Field	Description	Length	Data Type	DB Table	DB Attributes
Paid Amount	This is the dollar amount that is payable for the services rendered. This represents the allowable amount plus the overhead amount, minus the TPL and deductible amounts.	9	Number	T_PD_UB92_HDR	AMT_PAID
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the Provider/Payee.	50	Character	T_PR_NAM	NAME
REV CD	These are the revenue codes that pertain to the services being billed on the adjusted detail lines. May occur twenty-three times depending on the number of detail lines billed.	3	Number	T_REVENUE_CODE	CDE_REVENUE
Refund Amount Applied	This provides the refund amount applied when the adjustment results in a negative Paid Amount and cash is applied in the payment cycle.	9	Number	N/A	Calculated Field
Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_PD_UB92_HDR	REIMBURSEMENT_AMT

Field	Description	Length	Data Type	DB Table	DB Attributes
Rend Prov	The number used to identify the rendering provider.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
SRV Date	These are the dates the services were actually rendered. Each adjusted detail line will have a date on which the service billed on that line was rendered to the member. May occur twenty three times depending on the number of detail lines billed.	6	Character	T_PD_UB92_DTL	DTE_FIRST_SVC
Service Dates - From	This is the earliest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	6	Character	T_PD_UB92_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	6	Character	T_PD_UB92_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_PD_UB92_HDR	CDE_SVC_LOC

Field	Description	Length	Data Type	DB Table	DB Attributes
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on.) which must be spent on medical expenses prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
TPL Amount	This is the dollar amount paid for the services by any source outside of the state Medical Assistance program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_UB92_DTL	TPL_AMT
Total Home Health Adjustment Claims Paid - Allowed Amt	This amount reflects the allowed amount total of all the Home Health Adjustment Claims Paid, for the provider.	10	Number	N/A	Calculated Field
Total Home Health Adjustment Claims Paid - Billed Amt	This amount reflects the total of all the Home Health Adjustment Claims billed for the provider.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Home Health Adjustment Claims Paid - Co-Pay	This amount reflects the total of co-pay amounts for all the Home Health Adjustment Claims Paid, for the provider.	9	Number	N/A	Calculated Field
Total Home Health Adjustment Claims Paid - Paid Amt	This amount reflects the total of all the Home Health Adjustment Claims Paid, for the provider.	10	Number	N/A	Calculated Field
Total Home Health Adjustment Claims Paid - Reimb Amt	This amount reflects the total of all reimbursement amounts for the Home Health Adjustment Claims Paid, for the provider.	10	Number	N/A	Calculated Field
Total Home Health Adjustment Claims Paid - Spenddown	This amount reflects the total of spenddown amounts for all the Home Health Claims Adjustment Paid, for the provider.	9	Number	N/A	Calculated Field
Total Home Health Adjustment Claims Paid - TPL Amt	This amount reflects the total of all TPL amounts for the Home Health Claims Adjustment Paid, for the provider.	10	Number	N/A	Calculated Field
Total No. Adj	This is the total number of all claims adjusted for the current financial cycle.	6	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Units	This shows the units of service rendered on the adjusted claim. May occur twenty-three times depending on the number of detail lines billed.	8	Decimal	T_PD_UB92_DTL	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.7.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.7.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.14
30.090.009.002.15
30.090.009.002.3
30.090.009.002.4

2.8.7.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.8 CRA-HHAM-R -- Remittance Advice - Home Health Claim Mass Adjustments

This report lists Home Health claims that were mass adjusted. The report is separated by individual claims. It displays header data for the claim being mass adjusted (original) and displays both header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the home health provider a list of all home health claims that were mass adjusted along with explanations on why the claims were adjusted.

2.8.8.1 Technical Name

CRA-HHAM-R

2.8.8.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.8.3 Remittance Advice - Home Health Claim Mass Adjustments Layout

```
REPORT:   CRA-HHAM-R                                   COMMONWEALTH OF KENTUCKY                                   DATE:
MM/DD/CCYY
   RA#:    999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE:
9,999
                                                       PROVIDER REMITTANCE ADVICE
                                                   HOME HEALTH CLAIM MASS ADJUSTMENTS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXTOTAL HOME HEALTH ADJUSTMENT CLAIMS PAID:  99,999,999.99              99,999,999.99            9,999,999.99
                                                                  99,999.999.99              9,999,999.99
99,999,999.99
TOTAL NO. ADJ:  9,999,999
```

2.8.8.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Additional Payment	This provides the additional payment amount when the adjustment results in a positive paid amount.	9	Number	N/A	Calculated Field
Address	The address of the payee.	31	Character	T_PR_ADR	Concatenated
Adjustment Reason	This is the reason code that identifies why the adjustment took place.	4	Number	T_EOB	CDE_EOB
Allowed Amount	This is the computed dollar amount allowable for the services rendered under the medical assistance program being billed. This amount is arrived at by adding all the allowable amounts for all the services described on the detail lines. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PR_PHYS_HDR	AMT_ALWD
Attending Prov	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Billed Amount	The number used to identify the provider that performed the service.	9	Number	T_PR_PHYS_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY

Field	Description	Length	Data Type	DB Table	DB Attributes
Co-Pay Amount	This is the dollar amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Detail EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim detail lines. These codes are used to explain why the claim was denied. There could be a maximum of 20 EOB codes per detail line.	4	Number	T_EOB	CDE_EOB
HCPCS/Rate	These are the HCPCS codes that correspond to the revenue codes on each of the adjusted detail lines being billed. These codes are used to compute the allowable amount for the services rendered. May occur 23 times depending on the number of detail lines billed.	8	Character	T_PROC	CDE_PROC
Header EOBS	These are the Explanation of Benefits (EOB) codes that apply to the adjusted claim header. There could be a maximum of 20 EOB codes.	4	Number	T_EOB	CDE_EOB

Field	Description	Length	Data Type	DB Table	DB Attributes
ICN	This is a unique number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Character	T_PR_PHYS_HDR	NUM_ICN
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	Concatenation
Member Number	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes. This is the same for both the original and adjusted claims.	30	Character	T_RE_BASE	ID MEDICAID
Modifiers	This column shows the modifiers used to further describe the service rendered. Up to four modifiers may be entered on each detail line.	2	Character	T_MODIFIER	CDE_PROC_MOD
Net Overpayment	This provides the net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established.	9	Number	N/A	Calculated Field
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_PD_PHYS_HDR	NUM_PAT_ACCT

Field	Description	Length	Data Type	DB Table	DB Attributes
Paid Amount	This is the dollar amount that is payable for the services rendered. This represents the allowable amount plus the overhead amount, minus the TPL and deductible amounts	9	Number	T_PR_PHYS_HDR	AMT_PAID
Payee Number	The provider number for the provider receiving the payment and remittance advice.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
REV CD	These are the revenue codes that pertain to the services being billed on the adjusted detail lines. May occur 23 times depending on the number of detail lines billed.	3	Number	T_REVENUE_CODE	CDE_REVENUE
Refund Amount Applied	This provides the refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle.	9	Number	N/A	Calculated Field
Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_PR_PHYS_HDR	REIMBURSEMENT_AMT

Field	Description	Length	Data Type	DB Table	DB Attributes
Rend Prov	The number used to identify the rendering provider.	10	Number	T_PR_INDENTIFIER	ID_PROVIDER
SRV Date	These are the dates the services were actually rendered. Each adjusted detail line has a date on which the service billed on that line was rendered to the member. May occur 23 times depending on the number of detail lines billed.	10	Character	T_PD_PHYS_DTL	DTE_FIRST_SVC
Service Dates - From	This is the earliest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	10	Character	T_PD_PHYS_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	10	Character	T_PD_PHYS_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	10	Character	T_PD_PHYS_HDR	CDE_SVC_LOC

Field	Description	Length	Data Type	DB Table	DB Attributes
Spenddown Amount	The amount of money that a member pays toward their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on.) which must be spent on medical expenses prior to Medicaid benefits being available.	9	Number	N/A	Calculated Field
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
TPL Amount	This is the dollar amount paid for the services by any source outside of the state medical assistance program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_PHYS_HDR	TPL_AMT
Total Home Health Adjustment Claims Paid - Allowed Amt	This amount reflects the allowed amount total of all the home health adjustment claims paid for the provider.	9	Number	N/A	Calculated Field
Total Home Health Adjustment Claims Paid - Billed Amt	This amount reflects the total of all the home health adjustment claims billed for the provider.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Home Health Adjustment Claims Paid - Co-Pay	This amount reflects the total of co-pay amounts for all the home health adjustment claims paid for the provider.	9	Number	N/A	Calculated Field
Total Home Health Adjustment Claims Paid - Paid Amt	This amount reflects the total of all the home health adjustment claims paid for the provider.	9	Number	N/A	Calculated Field
Total Home Health Adjustment Claims Paid - Reimb Amt	This amount reflects the total of all the home health adjustment claims paid for the provider.	9	Number	N/A	Calculated Field
Total Home Health Adjustment Claims Paid - Spenddown	This amount reflects the total of all reimbursement amounts for the home health adjustment claims paid for the provider.	9	Number	N/A	Calculated Field
Total Home Health Adjustment Claims Paid - TPL Amt	This amount reflects the total of spenddown amounts for all the home health claims adjustment paid for the provider.	9	Number	N/A	Calculated Field
Total No. Adj	This is the total number of all claims adjusted for the current financial cycle.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Units	This shows the units of service rendered on the adjusted claim. May occur 23 times depending on the number of detail lines billed.	6	Decimal	T_PD_PHYS_HDR	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.8.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.8.6 Associated Requirements

ID
No associated Requirements found.

2.8.8.7 Change Orders

ID	Name	Description
1133	Add Mass Adj sec to the Prov RA	Modify the RA to include a Mass Adjustment section for each claim types. This will look like the normal adjustment section only it will contain the adjustments as a result of a Mass adjustment.

2.8.9 CRA-HHDN-R -- Remittance Advice - Home Health Claims Denied

This report lists home health claims that were denied. The report is separated by individual claims and displays header and detail data. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the home health provider a list of all home health claims that were denied along with explanations on why the claims were denied.

2.8.9.1 Technical Name

CRA-HHDN-R

2.8.9.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.9.3 Remittance Advice - Home Health Claims Denied Layout

```
REPORT:   CRA-HHDN-R                              COMMONWEALTH OF KENTUCKY                                        DATE:
MM/DD/CCYY
   RA#:    999999999                         MEDICAID MANAGEMENT INFORMATION SYSTEM                                PAGE:
     9,999
                                                PROVIDER REMITTANCE ADVICE
                                                 HOME HEALTH CLAIMS DENIED


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                          PAYEE ID
 9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                              NPI ID
         9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

                                SERVICE DATES                BILLED         TPL       SPENDDOWN
     --ICN--        PAT NO.      FROM    THRU                AMOUNT        AMOUNT      AMOUNT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
  RRYYJJJBBBSSS  XXXXXXXXXXXX  MMDDYY MMDDYY          9,999,999.99   9,999,999.99   999,999.99

HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

REV CD HCPCS/RATE  MODIFIERS  REND. PROV SRV DATE  UNITS   BILLED AMT   DETAIL EOBS
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                        9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                        9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                        9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                        9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                        9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

              TOTAL HOME HEALTH CLAIMS DENIED:          99,999,999.99  99,999,999.99 9,999,999.99
```

2.8.9.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Attending Prov	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Billed Amount	This is the dollar amount billed by the provider for the services rendered.	9	Number	T_DENY_UB92_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Detail EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim detail lines. These codes are used to explain why the claim was denied. There could be a maximum of 20 EOB codes per detail line.	4	Number	T_EOB	CDE_EOB
HCPCS/Rate	These are the HCPCS codes that correspond to the revenue codes on each of the detail lines being billed. These codes are used to compute the allowable amount for the services rendered. May occur 23 times depending on the number of detail lines billed.	8	Character	T_PROC	CDE_PROC
Header EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim header. There could be a maximum of 20 EOB codes.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_DENY_UB92_HDR	NUM_ICN
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION

Field	Description	Length	Data Type	DB Table	DB Attributes
Member Number	Unique number assigned by the provider. This is usually used for filing or tracking purposes.	30	Character	T_RE_BASE	ID MEDICAID
Modifiers	This column shows the modifiers used to further describe the service rendered. Up to four modifiers may be entered on each detail line.	2	Character	T_MODIFIER	CDE_PROC_MOD
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_DENY_UB92_HDR	NUM_PAT_ACCT
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
REV CD	These are the revenue codes that pertain to the services being billed on the detail lines. May occur 23 times depending on the number of detail lines billed.	3	Number	T_REVENUE_CODE	CDE_REVENUE
Rend Prov	The number used to identify the rendering provider.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER

Field	Description	Length	Data Type	DB Table	DB Attributes
SRV Date	These are the dates the services were actually rendered. Each detail line will have a date on which the service billed on that line was rendered to the member. May occur 23 times depending on the number of detail lines billed.	6	Character	T_DENY_UB92_DTL	DTE_FIRST_SVC
Service Dates - From	This is the earliest date of service on all the detail lines.	6	Character	T_DENY_UB92_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines.	6	Character	T_DENY_UB92_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_DENY_UB92_HDR	CDE_SVC_LOC
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on) which must be spent on medical expenses prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
TPL Amount	Payments made by sources outside of the state medical assistance programs. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number	T_DENY_UB92_DTL	TPL_AMT
Total Home Health Claims Denied - Billed Amt	This amount reflects the total of all the home health claims billed for the provider.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Home Health Claims Denied - Spenddown	This amount reflects the total of spenddown amounts for all the home health claims denied for the provider.	9	Number	N/A	Calculated Field
Total Home Health Claims Denied - TPL Amt	This amount reflects the total of all TPL amounts for the home health claims denied for the provider.	10	Number	N/A	Calculated Field
Units	This shows the units of service rendered on the claim. May occur twenty-three times depending on the number of detail lines billed.	8	Decimal	T_DENY_UB92_DTL	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.9.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.9.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.9.7 Change Orders

ID	Name	Description
6044	No RA Page Headings	There were not page headings for all Home Health Claims Denied and Home Health Claims In Process pages on RA Number 6552698 for Provider Number 44034015.

2.8.10 CRA-HHPD-R -- Remittance Advice - Home Health Claims Paid

This report lists home health claims that are paid. The report is separated by individual claims and displays header and detail data. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the home health provider a list of all home health claims that are paid along with explanations on any discrepancies between the billed and paid amounts.

2.8.10.1 Technical Name

CRA-HHPD-R

2.8.10.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.10.3 Remittance Advice - Home Health Claims Paid Layout

```
REPORT:   CRA-HHPD-R                                   COMMONWEALTH OF KENTUCKY                                   DATE:
MM/DD/CCYY
   RA#:    999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE:
      9,999
                                                       PROVIDER REMITTANCE ADVICE
                                                         HOME HEALTH CLAIMS PAID


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                    PAYEE ID
 9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                        NPI ID
          9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

                              SERVICE DATES     BILLED       ALLOWED        TPL      SPENDDOWN                  REIMB.         PAID
     --ICN--        PAT NO.     FROM   THRU     AMOUNT       AMOUNT       AMOUNT      AMOUNT        COPAY      AMOUNT        AMOUNT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
   RRYYJJJBBBSSS  XXXXXXXXXXXX  MMDDYY MMDDYY  9,999,999.99  9,999,999.99  9,999,999.99  999,999.99  999,999.99  9,999,99.99
9,999,999.99

HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

REV CD HCPCS/RATE  MODIFIERS  REND PROV  SRV DATE  UNITS   BILLED AMT   ALWD AMT    DETAIL EOBS
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                    9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                    9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                    9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                    9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                    9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

              TOTAL HOME HEALTH CLAIMS PAID:  99,999,999.99               99,999,999.99            9,999,999.99
99,999,999.99
                                                                 99,999.999.99              9,999,999.99
99,999,999.99
```

2.8.10.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Allowed Amount	This is the computed dollar amount allowable for the services rendered under the Medical Assistance Program being billed. This amount is arrived at by adding all the allowable amounts for all the services described on the detail lines.	9	Number	T_PD_UB92_HDR	AMT_ALWD
Attending Prov	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Billed Amount	This is the dollar amount billed by the provider for the services rendered.	9	Number	T_PD_UB92_DTL	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Co-Pay Amount	This is the dollar amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount.	8	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Detail EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim detail lines. These codes are used to explain why the claim was denied. There could be a maximum of 20 EOB codes per detail line.	4	Number	T_EOB	CDE_EOB

Field	Description	Length	Data Type	DB Table	DB Attributes
HCPCS/Rate	These are the HCPCS codes that correspond to the revenue codes on each of the detail lines being billed. These codes are used to compute the allowable amount for the services rendered. May occur twenty-three times depending on the number of detail lines billed.	8	Character	T_PROC	CDE_PROC
Header EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim header. There could be a maximum of 20 EOB codes.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_PD_UB92_HDR	NUM_ICN
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
Member Number	Unique number assigned by the provider. This is usually used for filing or tracking purposes.	30	Character	T_RE_BASE	ID MEDICAID
Modifiers	This column shows the modifiers used to further describe the service rendered. Up to four modifiers may be entered on each detail line.	2	Character	T_MODIFIER	CDE_PROC_MOD
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_PD_UB92_HDR	NUM_PAT_ACCT

Field	Description	Length	Data Type	DB Table	DB Attributes
Paid Amount	This is the dollar amount that is payable for the services rendered. This represents the allowable amount plus the overhead amount, minus the TPL and deductible amounts.	9	Number	T_PD_UB92_HDR	AMT_PAID
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
REV CD	These are the revenue codes that pertain to the services being billed on the detail lines. May occur 23 times depending on the number of detail lines billed.	3	Number	T_REVENUE_CODE	CDE_REVENUE
Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_PD_UB92_HDR	REIMBURSEMENT_AMT
Rend Provider	The number used to identify the rendering provider.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER

Field	Description	Length	Data Type	DB Table	DB Attributes
SRV Date	These are the dates the services were actually rendered. Each detail line will have a date on which the service billed on that line was rendered to the member. May occur 23 times depending on the number of detail lines billed.	6	Character	T_PD_UB92_DTL	DTE_FIRST_SVC
Service Dates - From	This is the earliest date of service on all the detail lines.	6	Character	T_PD_UB92_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines.	6	Character	T_PD_UB92_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_PD_UB92_HDR	CDE_SVC_LOC
Spenddown Amount	The amount of money that a member pays toward their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on) which must be spent on medical expenses prior to Medicaid benefits being available.	8	Number		Calculated Field
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
TPL Amount	Payments made by sources outside of the state medical assistance programs. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number	T_PD_UB92_DTL	TPL_AMT

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Home Health Claims Paid - Allowed Amt	This amount reflects the allowed amount total of all the home health claims paid.	10	Number	N/A	Calculated Field
Total Home Health Claims Paid - Billed Amt	This amount reflects the total billed amount of all the home health claims.	10	Number	N/A	Calculated Field
Total Home Health Claims Paid - Co-Pay	This amount reflects the total of co-pay amounts for all the home health claims paid.	9	Number	N/A	Calculated Field
Total Home Health Claims Paid - Paid Amt	This amount reflects the total of all the home health claims paid.	10	Number	N/A	Calculated Field
Total Home Health Claims Paid - Reimb Amt	This amount reflects the total of all reimbursement amounts for the home health claims paid.	10	Number	N/A	Calculated Field
Total Home Health Claims Paid - Spenddown	This amount reflects the total of spenddown amounts for all the home health claims paid.	9	Number	N/A	Calculated Field
Total Home Health Claims Paid - TPL Amt	This amount reflects the total of all TPL amounts for the home health claims paid.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Units	This shows the units of service rendered on the claim. May occur 23 times depending on the number of detail lines billed.	8	Decimal	T_PD_UB92_DTL	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.10.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.10.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.10.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.11 CRA-HHSU-R -- Remittance Advice - Home Health Claims In Process

This report lists home health claims that are in suspense. The report is separated by individual claims and displays header and detail data. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the home health provider a list of all home health claims that are in suspense along with explanations on why the claims were suspended.

2.8.11.1 Technical Name

CRA-HHSU-R

2.8.11.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.11.3 Remittance Advice - Home Health Claims In Process Layout

```
REPORT:   CRA-HHSU-R                          COMMONWEALTH OF KENTUCKY                                    DATE:
MM/DD/CCYY
   RA#:    999999999                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE:
      9,999
                                                PROVIDER REMITTANCE ADVICE
                                               HOME HEALTH CLAIMS IN PROCESS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                              PAYEE ID
      9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                  NPI ID
         9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXX, XX 99999-9999

                                SERVICE DATES                BILLED          TPL       SPENDDOWN
     --ICN--        PAT NO.      FROM   THRU                 AMOUNT        AMOUNT        AMOUNT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
  RRYYJJJBBBSSS  XXXXXXXXXXXX  MMDDYY MMDDYY           9,999,999.99  9,999,999.99  999,999.99

HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

REV CD HCPCS/RATE  MODIFIERS  REND. PROV SRV DATE  UNITS   BILLED AMT   DETAIL EOBS
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                        9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                        9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                        9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                        9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                        9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

          TOTAL HOME HEALTH CLAIMS IN PROCESS:          99,999,999.99  99,999,999.99 9,999,999.99
```

2.8.11.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Attending Prov	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Billed Amount	This is the dollar amount billed by the provider for the services rendered.	9	Number	T_SUSP_UB92_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This column shows the level of care.	1	Character	N/A	N/A
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Detail EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim detail lines. These codes are used to explain why the claim was denied. There could be a maximum of 20 EOB codes per detail line.	4	Number	T_EOB	CDE_EOB
HCPCS/Rate	These are the HCPCS codes that correspond to the revenue codes on each of the detail lines being billed. These codes are used to compute the allowable amount for the services rendered. May occur 23 times depending on the number of detail lines billed.	8	Character	T_PROC	CDE_PROC
Header EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim header. There could be a maximum of 20 EOB codes.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_SUSP_UB92_HDR	NUM_ICN
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
Member Number	Unique number assigned by the provider. This is usually used for filing or tracking purposes.	30	Character	T_RE_BASE	ID MEDICAID
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_SUSP_UB92_HDR	NUM_PAT_ACCT
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
REV CD	These are the revenue codes that pertain to the services being billed on the detail lines. May occur 23 times depending on the number of detail lines billed.	3	Number	T_REVENUE_CODE	CDE_REVENUE
Rend Prov	The number used to identify the rendering provider.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
SRV Date	These are the dates the services were actually rendered. Each detail line will have a date on which the service billed on that line was rendered to the member. May occur 23 times depending on the number of detail lines billed.	6	Character	T_SUSP_UB92_DTL	DTE_FIRST_SVC

Field	Description	Length	Data Type	DB Table	DB Attributes
Service Dates - From	This is the earliest date of service on all the detail lines.	6	Character	T_SUSP_UB92_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines.	6	Character	T_SUSP_UB92_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_SUSP_UB92_HDR	CDE_SVC_LOC
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on) which must be spent on medical needs prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
TPL Amount	Payments made by sources outside of the state medical assistance programs. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number	T_SUSP_UB92_DTL	TPL_AMT
Total Home Health Claims In Process - Billed Amt	This amount reflects the total billed amount of all the home health claims.	10	Number	N/A	Calculated Field
Total Home Health Claims In Process - Spenddown	This amount reflects the total of spenddown amounts for all the home health claims in process.	9	Number	N/A	Calculated Field
Total Home Health Claims In Process - TPL Amt	This amount reflects the total of all TPL amounts for the home health claims in process.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Units	This shows the units of service rendered on the claim. May occur 23 times depending on the number of detail lines billed.	8	Decimal	T_SUSP_UB92_DTL	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.11.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.11.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.11.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.12 CRA-IPAD-R -- Remittance Advice - Inpatient Claim Adjustments

This report lists inpatient claims that were adjusted. The report is separated by individual claims. It displays header data for both the claim being adjusted (original) and the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the acute inpatient provider a list of all inpatient claims that were adjusted along with explanations on why the claims were adjusted.

2.8.12.1 Technical Name

CRA-IPAD-R

2.8.12.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.12.3 Remittance Advice - Inpatient Claim Adjustments Layout

```
REPORT:   CRA-IPAD-R                                    COMMONWEALTH OF KENTUCKY                                    DATE:
MM/DD/CCYY
   RA#:    999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                            PAGE:
9,999
                                                       PROVIDER REMITTANCE ADVICE
                                                       INPATIENT CLAIM ADJUSTMENTS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                    PAYEE ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                        NPI ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

                            SERVICE  DATES  DAYS   ADMIT    BILLED AMT    ALLOWED AMT    SPENDDOWN     TPL AMT         PAID AMT
    ICN         PATIENT NO. FROM     THRU          DATE                                    COPAY

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
 RRYYJJJBBBSSS XXXXXXXXXXXX  MMDDYY  MMDDYY  999   MMDDYY  (9,999,999.99) (9,999,999.99)  (999,999.99) (9,999,999.99) (9,999,999.99)
                                                                                          (999,999.99)
 RRYYJJJBBBSSS XXXXXXXXXXXX  MMDDYY  MMDDYY  999   MMDDYY   9,999,999.99   9,999,999.99    999,999.99   9,999,999.99   9,999,999.99
                                                                                           999,999.99

                                                                                               NET OVERPAYMENT
9,999,999.99
                                                                                               REFUND AMOUNT APPLIED
    9,999,999.99

ADJUSTMENT REASON:  9999
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                           LVL  RENDERING
REV CD HCPCS/RATE SRV DATE CARE PROVIDER    UNITS   BILLED AMT    ALWD AMT   DETAIL EOBS
 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                              9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                              9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                              9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                              9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                              9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                  TOTAL INPATIENT ADJUSTMENT CLAIMS PAID:  99,999.999,99  99,999,999.99  9,999,999.99  99,999,999.99  99,999,999,99
                                                                          9,999,999.99
TOTAL NO. ADJUSTMENTS   999,999
```

2.8.12.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Additional Payment	This provides the additional payment amount when the adjustment results in a positive paid amount.	9	Number	N/A	Calculated Field
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Adjustment Reason	This is the reason code that identifies why the adjustment took place.	4	Number	T_EOB	CDE_EOB
Admit Date	This is the date the recipient was admitted into the hospital.	6	Character	T_PD_UB92_HDR	DTE ADMISSION
Allowed Amount	This is the computed allowable dollar amount for the hospitalization stay. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_UB92_HDR	AMT_ALWD
Attending Prov	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Billed Amount	This is the dollar amount billed by the provider for the hospitalization stay. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_UB92_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY

Field	Description	Length	Data Type	DB Table	DB Attributes
Co-Pay	This is the dollar amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	8	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Days	This is the number of days the member was in the hospital.	3	Number	N/A	Calculated Field
Detail EOBs	These are the EOB codes.	4	Number	T_EOB	CDE_EOB
HCPCS/Rate	These are the HCPCS codes that correspond to the revenue codes on each of the detail lines being billed. These codes are used to compute the allowable amount for the services rendered. May occur 23 times depending on the number of detail lines billed.	8	Character	T_PROC	CDE_PROC
Header EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number	T_EOB	CDE_EOB

Field	Description	Length	Data Type	DB Table	DB Attributes
ICN	This is the unique number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Character	T_PD_UB92_HDR	NUM_ICN
LVL Care	This field indicates what level of care the patient was rendered.	3	Character	N/A	N/A
Member	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes. This is the same for both the original and adjusted claims.	30	Character	T_RE_BASE	ID MEDICAID
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
Net Overpayment	This provides the net overpayment amount when the adjustment results in a negative Paid Amount and an accounts receivable (setup) transaction is established.	9	Number	N/A	Calculated Field
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_PD_UB92_HDR	NUM_PAT_ACCT

Field	Description	Length	Data Type	DB Table	DB Attributes
Paid Amount	This is the dollar amount that is payable for the hospitalization stay. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_UB92_DTL	AMT_PAID
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
REV CD	These are the revenue codes that pertain to the services being billed on the detail lines. May occur 23 times depending on the number of detail lines billed.	3	Number	T_REVENUE_CODE	CDE_REVENUE
Refund Amount Applied	This provides the refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle.	9	Number	N/A	Calculated Field
Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_PD_UB92_DTL	REIMBURSEMENT_AMT

Field	Description	Length	Data Type	DB Table	DB Attributes
Rend Prov	This is the number that identifies the rendering provider	10	Number	T_PR_INDENTIFIER	ID_PROVIDER
SRV Date	These are the dates the services were actually rendered. Each detail line will have a date on which the service billed on that line was rendered to the member. May occur 23 times depending on the number of detail lines billed.	6	Character	T_PD_UB92_DTL	DTE_FIRST_SVC
Service Dates - From	This is the earliest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	6	Character	T_PD_UB92_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	6	Character	T_PD_UB92_DTL	DTE_LAST_SVC
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on) which must be spent on medical expenses prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE

Field	Description	Length	Data Type	DB Table	DB Attributes
TPL Amount	This is the dollar amount paid for the services by any source outside of the state medical assistance program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_UB92_HDR	TPL_AMT
Total Inpatient Claims Adjustments - Allowed Amt	This amount reflects the allowed amount total of all the inpatient claims.	10	Number	N/A	Calculated Field
Total Inpatient Claims Adjustments - Billed Amt	This amount reflects the total billed amount of all the inpatient claims.	10	Number	N/A	Calculated Field
Total Inpatient Claims Adjustments - Co-Pay Amt	This amount reflects the total of all co-pay amounts for the inpatient claims.	9	Number	N/A	Calculated Field
Total Inpatient Claims Adjustments - Paid Amt	This amount reflects the total of all the inpatient claims adjustments.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Inpatient Claims Adjustments - Reimb Amt	This amount reflects the total of all reimbursement amounts for the inpatient claims adjustments.	10	Number	N/A	Calculated Field
Total Inpatient Claims Adjustments - Spenddown Amt	This amount reflects the total of spenddown amounts for all the inpatient claims adjustments.	9	Number	N/A	Calculated Field
Total Inpatient Claims Adjustments - TPL Amt	This amount reflects the total of all TPL amounts for the inpatient claims adjustments.	10	Number	N/A	Calculated Field
Total No. Adj	This is the total number of all claims adjusted for the current financial cycle.	6	Number	N/A	Calculated Field
Units	This shows the units of service rendered. May occur 23 times depending on the number of detail lines billed.	8	Decimal	T_PD_UB92_HDR	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.12.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.12.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.4

2.8.12.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.13 CRA-IPAM-R -- Remittance Advice - Inpatient Claim Mass Adjustments

This report lists inpatient claims that were mass adjusted. The report is separated by individual claims. It displays header data for both the claim being mass adjusted (original) and the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the acute inpatient provider a list of all inpatient claims that were mass adjusted along with explanations on why the claims were adjusted.

2.8.13.1 Technical Name

CRA-IPAM-R

2.8.13.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.13.3 Remittance Advice - Inpatient Claim Mass Adjustments Layout

```
REPORT:   CRA-IPAM-R                                   COMMONWEALTH OF KENTUCKY                                        DATE:
MM/DD/CCYY
   RA#:    999999999                            MEDICAID MANAGEMENT INFORMATION SYSTEM                                 PAGE:
9,999
                                                          PROVIDER REMITTANCE ADVICE
                                                       INPATIENT CLAIM MASS ADJUSTMENTS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                         PAYEE ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                              NPI ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

                             SERVICE  DATES  DAYS  ADMIT    BILLED AMT    ALLOWED AMT    SPENDDOWN    TPL AMT       PAID AMT
    ICN         PATIENT NO.  FROM     THRU         DATE                                    COPAY

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
 RRYYJJJBBBSSS XXXXXXXXXXXX  MMDDYY  MMDDYY  999   MMDDYY  (9,999,999.99) (9,999,999.99)  (999,999.99) (9,999,999.99) (9,999,999.99)
                                                                                          (999,999.99)
 RRYYJJJBBBSSS XXXXXXXXXXXX  MMDDYY  MMDDYY  999   MMDDYY   9,999,999.99   9,999,999.99    999,999.99   9,999,999.99   9,999,999.99
                                                                                           999,999.99

                                                                                               NET OVERPAYMENT
9,999,999.99
                                                                                               REFUND AMOUNT APPLIED
    9,999,999.99

ADJUSTMENT REASON:  9999
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                           LVL  RENDERING
REV CD HCPCS/RATE SRV DATE CARE PROVIDER    UNITS   BILLED AMT    ALWD AMT   DETAIL EOBS
 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                             9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                             9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                             9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                             9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                             9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                  TOTAL INPATIENT ADJUSTMENT CLAIMS PAID:  99,999.999,99  99,999,999.99  9,999,999.99  99,999,999.99  99,999,999,99
                                                                                         9,999,999.99
TOTAL NO. ADJUSTMENTS   999,999
```

2.8.13.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Additional Payment	This provides the additional payment amount when the adjustment results in a positive paid amount.	9	Number	N/A	Calculated Field
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Adjustment Reason	This is the reason code that identifies why the adjustment took place.	4	Number	T_EOB	CDE_EOB
Admit Date	This is the date the member was admitted into the hospital.	10	Character	T_PD_UB92_HDR	DTE ADMISSION
Allowed Amount	This is the computed allowable dollar amount for the hospitalization stay. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_UB92_HDR	AMT_ALWD
Attending Prov	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Billed Amount	This is the dollar amount billed by the provider for the hospitalization stay. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_UB92_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY

Field	Description	Length	Data Type	DB Table	DB Attributes
Co-Pay	This is the dollar amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Cycle Date	This is the date the check was issued.	9	Character	N/A	N/A
Days	This is the number of days the member was in the hospital.	9	Number	N/A	Calculated Field
Detail EOBs	These are the EOB codes.	4	Number	T_EOB	CDE_EOB
HCPCS/Rate	These are the HCPCS codes that correspond to the revenue codes on each of the detail lines being billed. These codes are used to compute the allowable amount for the services rendered. May occur 23 times depending on the number of detail lines billed.	4	Character	T_PROC	CDE_PROC
Header EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number	T_EOB	CDE_EOB

Field	Description	Length	Data Type	DB Table	DB Attributes
ICN	This is the unique number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Character	T_PD_UB92_HDR	NUM_ICN
LVL Care	This field indicates what level of care the patient was rendered.	9	Character	T_UB92_NH_HDR	CDE_LOC
MEMBER	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes. This is the same for both the original and adjusted claims.	12	Character	T_RE_BASE	ID MEDICAID
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
Net Overpayment	This provides the net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established.	9	Number	N/A	Calculated Field
Paid Amount	This is the dollar amount that is payable for the hospitalization stay. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_UB92_HDR	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Patient No	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_PD_UB92_HDR	NUM_PAT_ACCT
Payee Number	The provider number for the provider receiving the payment and remittance advice.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	7	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
REV CD	These are the revenue codes that pertain to the services being billed on the detail lines. May occur twenty-three times depending on the number of detail lines billed.	4	Number	T_REVENUE_CODE	CDE_REVENUE
Refund Amount Applied	This provides the refund amount applied when the adjustment results in a negative Paid Amount and cash is applied in the payment cycle.	9	Number	N/A	Calculated Field
Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_PD_UB92_HDR	REIMBURSEMENT_AMT
Rendering Provider	The number used to identify the rendering provider.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER

Field	Description	Length	Data Type	DB Table	DB Attributes
SRV Date	These are the dates the services were actually rendered. Each detail line will have a date on which the service billed on that line was rendered to the member. May occur twenty-three times depending on the number of detail lines billed.	10	Character	T_PD_UB92_DTL	DTE_FIRST_SVC
Service Dates - From	This is the earliest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	10	Character	T_PD_UB92_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	10	Character	T_PD_UB92_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_PD_UB92_HDR	CDE_SVC_LOC
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on.) which must be spent on medical expenses prior to Medicaid benefits being available.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
State	This is the state in which the payee resides.	15	Character	T_PR_ADR	ADR_MAIL_STATE
TPL Amount	This is the dollar amount paid for the services by any source outside of the state medical assistance program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_UB92_HDR	TPL_AMT
Total Inpatient Claims Adjustments - Allowed Amt	This amount reflects the allowed amount total of all the inpatient claims.	9	Number	N/A	Calculated Field
Total Inpatient Claims Adjustments - Billed Amt	This amount reflects the total billed amount of all the inpatient claims.	9	Number	N/A	Calculated Field
Total Inpatient Claims Adjustments - Co-Pay Amt	This amount reflects the total of all co-pay amounts for the inpatient claims.	9	Number	N/A	Calculated Field
Total Inpatient Claims Adjustments - Paid Amt	This amount reflects the total of all the inpatient claims adjustments.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Inpatient Claims Adjustments - Reimb Amt	This amount reflects the total of all reimbursement amounts for the inpatient claims adjustments.	9	Number	N/A	Calculated Field
Total Inpatient Claims Adjustments - Spenddown Amt	This amount reflects the total of spenddown amounts for all the inpatient claims adjustments.	9	Number	N/A	Calculated Field
Total Inpatient Claims Adjustments - TPL Amt	This amount reflects the total of all TPL amounts for the inpatient claims adjustments.	9	Number	N/A	Calculated Field
Total No. Adj	This is the total number of all claims adjusted for the current financial cycle.	9	Number	N/A	Calculated Field
Units	This shows the units of service rendered. May occur 23 times depending on the number of detail lines billed.	9	Decimal	T_PD_UB92_HDR	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.13.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.13.6 Associated Requirements

ID
No associated Requirements found.

2.8.13.7 Change Orders

ID	Name	Description
1133	Add Mass Adj sec to the Prov RA	Modify the RA to include a Mass Adjustment section for each claim types. This will look like the normal adjustment section only it will contain the adjustments as a result of a Mass adjustment.

2.8.14 CRA-IPDN-R -- Remittance Advice - Inpatient Claims Denied

This report lists inpatient claims that were denied. The report is separated by individual claims and displays header data only. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the acute inpatient provider a list of all inpatient claims that were denied along with an explanation as to why they were denied.

2.8.14.1 Technical Name

CRA-IPDN-R

2.8.14.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.14.3 Remittance Advice - Inpatient Claims Denied Layout

```
REPORT:   CRA-IPDN-R                                    COMMONWEALTH OF KENTUCKY                                    DATE:
MM/DD/CCYY
   RA#:    999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                            PAGE:
     9,999
                                                       PROVIDER REMITTANCE ADVICE
                                                         INPATIENT CLAIMS DENIED


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                          PAYEE ID
 9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                              NPI ID
        9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

                              SERVICE DATES  DAYS   ADMIT     BILLED          TPL         SPENDDOWN
     ICN          PAT NO.      FROM    THRU          DATE      AMOUNT         AMOUNT        AMOUNT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
 RRYYJJJBBBSSS   XXXXXXXXXXXX  MMDDYY  MMDDYY   999  MMDDYY  9,999,999.99   9,999,999.99   999,999.99

HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                            LVL  RENDERING
REV CD HCPCS/RATE SRV DATE CARE PROVIDER    UNITS   BILLED AMT  DETAIL EOBS
 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                            TOTAL INPATIENT CLAIMS DENIED:  99,999,999.99  99,999,999.99 9,999,999.99
```

2.8.14.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the Payee.	31	Character	T_PR_ADR	CONCATENATED
Admit Date	This is the date the recipient was admitted into the hospital.	6	Character	T_DENY_UB92_HDR	DTE ADMISSION
Attending Prov	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Billed Amount	This is the dollar amount billed by the provider for the claim.	9	Number	T_DENY_UB92_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Days	This is the number of days the recipient was in the hospital.	3	Number	N/A	Calculated Field
Detail EOBs	These are the EOB codes.	4	Number	T_EOB	CDE_EOB
HCPCS/Rate	These are the HCPCS codes that correspond to the revenue codes on each of the detail lines being billed. These codes are used to compute the allowable amount for the services rendered. May occur twenty three times depending on the number of detail lines billed.	8	Character	T_PROC	CDE_PROC
Header EOBs	These are the Explanation of Benefits (EOB) codes that apply to the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number	T_EOB	CDE_EOB

Field	Description	Length	Data Type	DB Table	DB Attributes
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_DENY_UB92_HDR	NUM_ICN
LVL Care	This field indicates what level of care the patient was rendered.	3	Character	T_UB92_NH_HDR	CDE_LOC
Member	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	30	Character	T_RE_BASE	ID MEDICAID
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_DENY_UB92_HDR	NUM_PAT_ACCT
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the Provider/Payee.	50	Character	T_PR_NAM	NAME
REV CD	These are the revenue codes that pertain to the services being billed on the detail lines. May occur twenty three times depending on the number of detail lines billed.	3	Number	T_REVENUE_CODE	CDE_REVENUE
Rendering Provider	The number used to identify the rendering provider	10	Number	T_PR_IDENTIFIER	ID_PROVIDER

Field	Description	Length	Data Type	DB Table	DB Attributes
SRV Date	These are the dates the services were actually rendered. Each detail line will have a date on which the service billed on that line was rendered to the recipient. May occur twenty-three times depending on the number of detail lines billed.	6	Character	T_DENY_UB92_DTL	DTE_FIRST_SVC
Service Dates - From	This is the earliest date of service on all the detail lines.	6	Character	T_DENY_UB92_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines.	6	Character	T_DENY_UB92_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_DENY_UB92_HDR	CDE_SVC_LOC
Spenddown Amount	The amount of money that a recipient pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a recipient (based on the recipient's income, and so on.) which must be spent on medical needs prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
TPL Amount	This is the dollar amount paid by sources other than the Medical Assistance Program being billed for the recipient's stay. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number	T_DENY_UB92_HDR	TPL_AMT
Total Inpatient Claims Denied - Billed Amt	This amount reflects the total billed amount of all the Inpatient Claims.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Inpatient Claims Denied - Spenddown Amt	This amount reflects the total of spenddown amounts for all the Inpatient Claims Denied.	9	Number	N/A	Calculated Field
Total Inpatient Claims Denied - TPL Amt	This amount reflects the total of all TPL amounts for the Inpatient Claims Denied.	10	Number	N/A	Calculated Field
Units	This shows the units of service rendered. May occur twenty-three times depending on the number of detail lines billed.	8	Decimal	T_DENY_UB92_HDR	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.14.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.14.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.14.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.15 CRA-IPPD-R -- Remittance Advice - Inpatient Claims Paid

This report lists inpatient claims that were paid. The report is separated by individual claims and displays header data only. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the acute inpatient provider a list of all inpatient claims that were paid along with explanations on any discrepancies between the billed and the paid amount.

2.8.15.1 Technical Name

CRA-IPPD-R

2.8.15.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.15.3 Remittance Advice - Inpatient Claims Paid Layout

```
REPORT:   CRA-IPPD-R                                                    COMMONWEALTH OF KENTUCKY                                              DATE:
MM/DD/CCYY
   RA#:    999999999                                             MEDICAID MANAGEMENT INFORMATION SYSTEM                                       PAGE:
     9,999
                                                                       PROVIDER REMITTANCE ADVICE
                                                                          INPATIENT CLAIMS PAID


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                  PAYEE ID
 9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                                      NPI ID
         9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

                             SERVICE DATES   DAYS   ADMIT     BILLED AMT    ALLOWED AMT    SPENDDOWN     TPL AMT      PAID AMT
  --ICN--       PATIENT NO.  FROM     THRU          DATE                                    COPAY       REIMB AMT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
 RRYYJJJBBBSSS XXXXXXXXXXXX  MMDDYY  MMDDYY  999   MMDDYY  9,999,999.99  9,999,999.99   999,999.99  9,999,999.99  9,999,999.99
                                                                                        999,999.99  9,999,999.99
                           LVL  RENDERING
REV CD HCPCS/RATE SRV DATE CARE PROVIDER    UNITS   BILLED AMT    ALWD AMT    DETAIL EOBS
 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                             9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                             9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                             9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                             9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                             9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                             TOTAL INPATIENT CLAIMS PAID:  99,999.999,99  99,999,999.99  9,999,999.99  99,999,999.99  99,999,999,99
                                                                                      9,999,999.99  99,999,999.99
```

2.8.15.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Admit Date	This is the date the member was admitted into the hospital.	6	Character	T_PD_UB92_HDR	DTE ADMISSION
Allowed Amount	This is the computed allowable dollar amount for claim.	9	Number	T_PD_UB92_DTL	AMT_ALWD
Attending Prov	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Billed Amount	This is the dollar amount billed by the provider for the claim.	9	Number	T_PD_UB92_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Co-Pay	This is the dollar amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount.	8	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Days	This is the number of days the member was in the hospital.	3	Number	N/A	Calculated Field
Detail EOBs	These are the EOB codes.	4	Number	T_EOB	CDE_EOB
HCPCS/Rate	These are the HCPCS codes that correspond to the revenue codes on each of the detail lines being billed. These codes are used to compute the allowable amount for the services rendered. May occur 23 times depending on the number of detail lines billed.	8	Character	T_PROC	CDE_PROC

Field	Description	Length	Data Type	DB Table	DB Attributes
Header EOBs	These are the header Explanation of Benefits (EOB) codes that apply to the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of 20 EOB codes.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_PD_UB92_HDR	NUM_ICN
LVL Care	This field indicates what level of care the patient was rendered.	3	Character	T_UB92_NH_HDR	CDE_LOC
Member	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	30	Character	T_RE_BASE	ID MEDICAID
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
Paid Amount	This is the dollar amount that is payable for the claim.	9	Number	T_PD_UB92_HDR	AMT_PAID
Patient No	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_PD_UB92_HDR	NUM_PAT_ACCT
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER

Field	Description	Length	Data Type	DB Table	DB Attributes
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
REV CD	These are the revenue codes that pertain to the services being billed on the detail lines. May occur 23 times depending on the number of detail lines billed.	3	Number	T_REVENUE_CODE	CDE_REVENUE
Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_PD_UB92_DTL	REIMBURSEMENT_AMT
Rendering Provider	This is the rendering provider number.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
SRV Date	These are the dates the services were actually rendered. Each detail line has a date on which the service billed on that line was rendered to the member. May occur 23 times depending on the number of detail lines billed.	6	Character	T_PD_UB92_DTL	DTE_FIRST_SVC
Service Dates - From	This is the earliest date of service on all the detail lines.	6	Character	T_PD_UB92_HDR	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines.	6	Character	T_PD_UB92_HDR	DTE_LAST_SVC

Field	Description	Length	Data Type	DB Table	DB Attributes
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_PD_UB92_HDR	CDE_SVC_LOC
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on) which must be spent on medical expenses prior to Medicaid benefits being available.	8	Number		Calculated Field
State	The state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
TPL Amount	This is the dollar amount paid by sources other than the medical assistance program being billed for the member's stay. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number	T_PD_UB92_HDR	TPL_AMT
Total Inpatient Claims Paid - Allowed Amt	This amount reflects the allowed amount total of all the inpatient claims.	10	Number	N/A	Calculated Field
Total Inpatient Claims Paid - Billed Amt	This amount reflects the total billed amount of all the inpatient claims.	10	Number	N/A	Calculated Field
Total Inpatient Claims Paid - Co-Pay Amt	This amount reflects the total of all co-pay amounts for the inpatient claims paid.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Inpatient Claims Paid - Paid Amt	This amount reflects the total of all the inpatient claims paid.	10	Number	N/A	Calculated Field
Total Inpatient Claims Paid - Reimb Amt	This amount reflects the total of all reimbursement amounts for the inpatient claims paid.	10	Number	N/A	Calculated Field
Total Inpatient Claims Paid - Spenddown Amt	This amount reflects the total of spenddown amounts for all the inpatient claims paid.	9	Number	N/A	Calculated Field
Total Inpatient Claims Paid - TPL Amt	This amount reflects the total of all TPL amounts for the inpatient claims paid.	10	Number	N/A	Calculated Field
Units	This shows the units of service rendered. May occur 23 times depending on the number of detail lines billed.	8	Decimal	T_PD_UB92_DTL	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.15.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.15.6 Associated Requirements

ID
30.090.007.002.63

ID
30.090.009.002.3
30.090.009.002.4

2.8.15.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.16 CRA-IPSU-R -- Remittance Advice - Inpatient Claims In Process

This report lists inpatient claims that are in suspense. The report is separated by individual claims and displays header data only. Pertinent EOB codes and EOB descriptions are also displayed on this report.

2.8.16.1 Technical Name

CRA-IPSU-R

2.8.16.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.16.3 Remittance Advice - Inpatient Claims In Process Layout

```
REPORT:   CRA-IPSU-R                                    COMMONWEALTH OF KENTUCKY                                    DATE:
MM/DD/CCYY
   RA#:    999999999                                MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE:
     9,999
                                                          PROVIDER REMITTANCE ADVICE
                                                         INPATIENT CLAIMS IN PROCESS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                          PAYEE ID
 9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                              NPI ID
         9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

                              SERVICE DATES  DAYS   ADMIT     BILLED          TPL         SPENDDOWN
   --ICN--        PAT NO.      FROM    THRU          DATE      AMOUNT         AMOUNT        AMOUNT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
 RRYYJJJBBBSSS   XXXXXXXXXXXX  MMDDYY  MMDDYY   999  MMDDYY  9,999,999.99   9,999,999.99   999,999.99

HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                            LVL  RENDERING
REV CD HCPCS/RATE SRV DATE CARE PROVIDER    UNITS   BILLED AMT  DETAIL EOBS
 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

 999    XXXXXXXX   MMDDYY   XX  999999999  9999999 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                        TOTAL INPATIENT CLAIMS IN PROCESS:  99,999,999.99  99,999,999.99 9,999,999.99
```

2.8.16.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Admit Date	This is the date the member was admitted into the hospital.	6	Character	T_SUSP_UB92_HDR	DTE ADMISSION
Attending Prov	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Billed Amount	This is the dollar amount billed by the provider for the claim.	9	Number	T_SUSP_UB92_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Days	This is the number of days the member was in the hospital.	3	Number	N/A	Calculated Field
Detail EOBs	These are the EOB codes.	4	Number	T_EOB	CDE_EOB
HCPCS/Rate	These are the HCPCS codes that correspond to the revenue codes on each of the detail lines being billed. These codes are used to compute the allowable amount for the services rendered. May occur 23 times depending on the number of detail lines billed.	8	Character	T_PROC	CDE_PROC
Header EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of 20 EOB codes.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_SUSP_UB92_HDR	NUM_ICN

Field	Description	Length	Data Type	DB Table	DB Attributes
LVL Care	This field indicates what level of care the patient was rendered.	3	Character	T_UB92_NH_HDR	CDE_LOC
MEMBER	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	30	Character	T_RE_BASE	ID MEDICAID
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_SUSP_UB92_HDR	NUM_PAT_ACCT
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
REV CD	These are the revenue codes that pertain to the services being billed on the detail lines. May occur 23 times depending on the number of detail lines billed.	3	Number	T_REVENUE_CODE	CDE_REVENUE
Rendering Provider	This number is used to identify the rendering provider	10	Number	T_PR_IDENTIFIER	ID_PROVIDER

Field	Description	Length	Data Type	DB Table	DB Attributes
SRV Date	These are the dates the services were actually rendered. Each detail line has a date on which the service billed on that line was rendered to the member. May occur 23 times depending on the number of detail lines billed.	6	Character	T_SUSP_UB92_DTL	DTE_FIRST_SVC
Service Dates - From	This is the earliest date of service on all the detail lines.	6	Character	T_SUSP_UB92_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines.	6	Character	T_SUSP_UB92_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_SUSP_UB92_HDR	CDE_SVC_LOC
Spenddown Amount	This is the amount of money that a member pays toward their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on) which must be spent on medical expenses prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
TPL Amount	This is the dollar amount paid by sources other than the medical assistance program being billed for the member's stay. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number	T_SUSP_UB92_DTL	TPL_AMT
Total Inpatient Claims In Process - Billed Amt	This amount reflects the total billed amount of all the inpatient claims.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Inpatient Claims In Process - Spenddown Amt	This amount reflects the total of spenddown amounts for all the inpatient claims.	9	Number	N/A	Calculated Field
Total Inpatient Claims In Process - TPL Amt	This amount reflects the total of all TPL amounts for the inpatient claims.	10	Number	N/A	Calculated Field
Units	This shows the units of service rendered. May occur 23 times depending on the number of detail lines billed.	8	Decimal	T_SUSP_UB92_DTL	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.16.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.16.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.16.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.17 CRA-LTAD-R -- Remittance Advice - Long Term Care Claim Adjustments

This report lists long term care claims that were adjusted. The report is separated by individual claims. It displays the header data for the claim being adjusted (original) and both header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded monies. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the provider a list of all long term care claims that were adjusted along with explanations on why the claims were adjusted.

2.8.17.1 Technical Name

CRA-LTAD-R

2.8.17.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.17.3 Remittance Advice - Long Term Care Claim Adjustments Layout

```
REPORT:   CRA-LTAD-R                                    COMMONWEALTH OF KENTUCKY                                              DATE:
MM/DD/CCYY
   RA#:    999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                                      PAGE:
9,999
                                                        PROVIDER REMITTANCE ADVICE
                                                  LONG TERM CARE FACILITY CLAIMS ADJUSTMENTS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                            PAYEE ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                NPI ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999


                               SERVICE DATES DAYS/ LVL     BILLED     ALLOWED      TPL       PATIENT          PAID
     --ICN--        PAT NO.     FROM   THRU  UNITS CARE    AMOUNT     AMOUNT      AMOUNT      LIAB            AMOUNT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
 RRYYJJJBBBSSS  XXXXXXXXXXXX  MMDDYY MMDDYY  999    XX  (9,999,999.99)          (9,999,999.99)           (9,999,999.99)
                                                                  (9,999,999.99)          (999,999.99)
 RRYYJJJBBBSSS  XXXXXXXXXXXX  MMDDYY MMDDYY  999    XX   9,999,999.99            9,999,999.99             9,999,999.99
                                                                   9,999,999.99           999,999.99

ADJUSTMENT REASON:  9999
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                             RENDERING
REV CD HCPCS/RATE SRV DATE  PROVIDER    UNITS   BILLED AMT    ALWD AMT    DETAIL EOBS
 999    XXXXXXXX   MMDDYY  999999999   9999999  9,999,999.99  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                            9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX   MMDDYY  999999999   9999999  9,999,999.99  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                            9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX   MMDDYY  999999999   9999999  9,999,999.99  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                            9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX   MMDDYY  999999999   9999999  9,999,999.99  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                            9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                                                                                             NET OVERPAYMENT           9,999,999.99
                                                                                             REFUND AMOUNT APPLIED     9,999,999.99

                   TOTAL LONG TERM CARE CLAIMS ADJ:    99,999,999.99           99,999,999.99            99,999,999.99
                                                                  99,999,999.99          9,999,999.99
TOTAL NO. OF ADJ:  999,999
```

2.8.17.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Additional Payment	This provides the additional payment amount when the adjustment results in a positive paid amount.	9	Number	N/A	Calculated Field
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Adjustment Reason	This is the reason code that identifies why the adjustment took place.	4	Number	T_EOB	CDE_EOB
Allowed Amount	This is the computed allowable amount for the services billed. The data displayed pertain to the adjusted claim.	9	Number	T_PD_UB92_DTL	AMT_ALWD
Attending Prov	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Billed Amount	This is the dollar amount requested by the provider for the service billed on the detail line. This may occur 23 times depending on the number of detail lines billed. The data displayed pertain to the adjusted claim.	9	Number	T_PD_UB92_DTL	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Days	This is the number of days the member was in the nursing home.	3	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Detail EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim detail lines. These codes are used to explain why the claim was adjusted. There could be a maximum of 20 EOB codes per detail line.	4	Character	T_EOB	CDE_EOB
HCPCS/Rate	This is the billed rate for the revenue code billed on the detail line. This may occur twenty-three times depending on the number of detail lines billed.	8	Character	T_PROC	CDE_PROC
Header EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim header. These codes are used to explain how the claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number	T_EOB	CDE_EOB
ICN	Unique number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Character	T_PD_UB92_HDR	NUM_ICN
LVL Care	Indicates level of care rendered for patient.	3	Character	T_UB92_NH_HDR	CDE_LOC
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
Member Number	Unique number assigned by the provider. This is usually used for filing or tracking purposes. This is the same for both the original and adjusted claims.	30	Character	T_RE_BASE	ID MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Net Overpayment	This provides the net overpayment amount when the adjustment results in a negative Paid Amount and an accounts receivable (setup) transaction is established.	9	Number	N/A	Calculated Field
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_PD_UB92_HDR	NUM_PAT_ACCT
Paid Amount	This is the dollar amount that is payable for the member's stay.	9	Number	T_PD_UB92_HDR	AMT_PAID
Patient Liability	This is the patient liability amount that the member is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	8	Number	T_PD_UB92_HDR	AMT_PD_PAT_UB92
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
REV CD	This shows the revenue code pertaining to the service billed on the detail line. This may occur twenty-three times depending on the number of detail lines billed.	3	Number	T_REVENUE_CODE	CDE_REVENUE

Field	Description	Length	Data Type	DB Table	DB Attributes
Refund Amount Applied	This provides the refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle.	9	Number	N/A	Calculated Field
Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_PD_UB92_HDR	REIMBURSEMENT_AMT
Rendering Provider	The number used to identify the rendering provider.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
SRV Date	If other services or supplies are billed aside from the patient stay (accommodation code), then the service date is entered and displayed. The occurrence of this field depends on the number of detail lines used to bill other than accommodation codes. The data displayed pertain to the adjusted claim.	6	Character	T_PD_UB92_DTL	DTE_FIRST_SVC
Service Dates - From	This is the earliest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	6	Character	T_PD_UB92_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	6	Character	T_PD_UB92_DTL	DTE_LAST_SVC

Field	Description	Length	Data Type	DB Table	DB Attributes
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_PD_UB92_HDR	CDE_SVC_LOC
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
TPL Amount	This is the dollar amount paid for the services by any source outside of the state medical assistance program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_UB92_DTL	TPL_AMT
Total Long Term Care Claims ADJ - Allowed Amt	This amount reflects the allowed amount total of all the long term care claims adjustments.	10	Number	N/A	Calculated Field
Total Long Term Care Claims ADJ - Billed Amt	This amount reflects the total billed amount of all the Medicare crossover Part A claims.	10	Number	N/A	Calculated Field
Total Long Term Care Claims ADJ - Paid Amt	This amount reflects the total of all the long term care claims adjustments.	10	Number	N/A	Calculated Field
Total Long Term Care Claims ADJ - Patient Liability	This amount reflects the total of patient liability amounts for all the long term care claims adjustments.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Long Term Care Claims ADJ - Reimb Amt	This amount reflects the total of all reimbursement amounts for the long term care claims adjustments.	10	Number	N/A	Calculated Field
Total Long Term Care Claims ADJ - TPL Amt	This amount reflects the total of all TPL amounts for the long term care claims adjustments.	10	Number	N/A	Calculated Field
Total No. Adj	This is the total number of all claims adjusted for the current financial cycle.	6	Number	N/A	Calculated Field
Units	This is the number of units of service.	8	Number	T_PD_UB92_DTL	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.17.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.17.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.14
30.090.009.002.15
30.090.009.002.3
30.090.009.002.4

2.8.17.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.18 CRA-LTDN-R -- Remittance Advice - Long Term Care Claims Denied

This report lists long term care claims that were denied. The report is separated by individual claims and displays header and detail data. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the provider a list of all long term care claims that were denied along with explanations on why they were denied.

2.8.18.1 Technical Name

CRA-LTDN-R

2.8.18.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.18.3 Remittance Advice - Long Term Care Claims Denied Layout

```
REPORT:   CRA-LTDN-R                                  COMMONWEALTH OF KENTUCKY                                    DATE:
MM/DD/CCYY
   RA#:    999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM
           PAGE:        9,999
                                                        PROVIDER REMITTANCE ADVICE
                                                   LONG TERM CARE FACILITY CLAIMS DENIED


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXTOTAL LONG TERM CARE CLAIMS DENIED:  99,999,999.99  99,999,999.99  9,999,999.99
```

2.8.18.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Attending Prov	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER

Field	Description	Length	Data Type	DB Table	DB Attributes
Billed Amount	This is the dollar amount requested by the provider for the service billed on the detail line. This may occur 23 times depending on the number of detail lines billed.	9	Number	T_DENY_UB92_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Days	This is the number of days the member was in the nursing home.	3	Number	N/A	Calculated Field
Detail EOBS	These are the EOB codes that apply to the claim detail lines. There could be a maximum of 20 EOB codes per detail line.	4	Character	T_EOB	CDE_EOB
HCPCS/Rate	This is the billed rate for the revenue code billed on the detail line. This may occur 23 times depending on the number of detail lines billed.	8	Character	T_PROC	CDE_PROC
Header EOBS	These are the EOB codes that apply to the claim header. These codes are used to explain how the claim was processed or priced. There could be a maximum of 20 EOB codes.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_DENY_UB92_HDR	NUM_ICN
LVL Care	This indicates the level of care rendered for the patient.	3	Character	N/A	N/A
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION

Field	Description	Length	Data Type	DB Table	DB Attributes
Member Number	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	30	Character	T_RE_BASE	ID MEDICAID
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_DENY_UB92_HDR	NUM_PAT_ACCT
Patient Liability	This is the patient liability amount that the member is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	8	Number	T_PD_UB92_HDR	AMT_PD_PAT_UB92
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
REV CD	This shows the revenue code pertaining to the service billed on the detail line. This may occur 23 times depending on the number of detail lines billed.	3	Number	T_REVENUE_CODE	CDE_REVENUE
Rendering Provider	The number used to identify the rendering provider.	10	Number	T_PR_INDENTIFIER	ID_PROVIDER

Field	Description	Length	Data Type	DB Table	DB Attributes
SRV Date	If other services or supplies are billed aside from the patient stay (accommodation code), then the service date is entered and displayed. The occurrence of this field depends on the number of detail lines used to bill other than accommodation codes.	6	Character	T_DENY_UB92_DTL	DTE_FIRST_SVC
Service Dates - From	This is the earliest date of service on all the detail lines.	6	Character	T_DENY_UB92_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines.	6	Character	T_DENY_UB92_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_DENY_UB92_HDR	CDE_SVC_LOC
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
TPL Amount	This is the dollar amount paid by sources other than the medical assistance program being billed for the member's stay. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number	T_DENY_UB92_HDR	TPL_AMT
Total Long Term Care Claims Denied - Billed Amt	This amount reflects the total billed amount of all the long term care claims.	10	Number	N/A	Calculated Field
Total Long Term Care Claims Denied - Patient Liability	This amount reflects the total of patient liability amounts for all the long term care claims denied.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Long Term Care Claims Denied - TPL Amt	This amount reflects the total of all TPL amounts for the long term care claims denied.	10	Number	N/A	Calculated Field
Units	This is the number of units of service.	8	Number	T_DENY_UB92_HDR	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.18.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.18.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.18.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.19 CRA-LTMA-R -- Remittance Advice - Long Term Care Claim Mass Adjustments

This report lists long term care claims that were mass adjusted. The report is separated by individual claims. It displays the header data for the claim being mass adjusted (original) and both header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded monies. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the provider a list of all long term care claims that were mass adjusted along with explanations on why the claims were adjusted.

2.8.19.1 Technical Name

CRA-LTMA-R

2.8.19.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.19.3 Remittance Advice - Long Term Care Claim Mass Adjustments Layout

```
REPORT:   CRA-LTMA-R                                   COMMONWEALTH OF KENTUCKY                                        DATE:
MM/DD/CCYY
  RA#:    999999999                               MEDICAID MANAGEMENT INFORMATION SYSTEM                               PAGE:
9,999
                                                        PROVIDER REMITTANCE ADVICE
                                                  LONG TERM CARE FACILITY CLAIMS MASS ADJUSTMENTS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                           PAYEE ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                               NPI ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

                              SERVICE DATES DAYS/ LVL     BILLED      ALLOWED       TPL       PATIENT       PAID
     --ICN--        PAT NO.     FROM   THRU  UNITS CARE   AMOUNT      AMOUNT      AMOUNT       LIAB        AMOUNT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
 RRYYJJJBBBSSS  XXXXXXXXXXXX  MMDDYY MMDDYY  999   XX  (9,999,999.99)         (9,999,999.99)         (9,999,999.99)
                                                                (9,999,999.99)         (999,999.99)
 RRYYJJJBBBSSS  XXXXXXXXXXXX  MMDDYY MMDDYY  999   XX   9,999,999.99           9,999,999.99           9,999,999.99
                                                                 9,999,999.99           999,999.99

ADJUSTMENT REASON:  9999
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                                RENDERING
REV CD HCPCS/RATE SRV DATE  PROVIDER    UNITS    BILLED AMT     ALWD AMT    DETAIL EOBS
 999    XXXXXXXX   MMDDYY  999999999   9999999  9,999,999.99  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                            9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX   MMDDYY  999999999   9999999  9,999,999.99  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                            9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX   MMDDYY  999999999   9999999  9,999,999.99  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                            9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX   MMDDYY  999999999   9999999  9,999,999.99  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                            9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                                                                                             NET OVERPAYMENT         9,999,999.99
                                                                                             REFUND AMOUNT APPLIED   9,999,999.99

                   TOTAL LONG TERM CARE CLAIMS ADJ:    99,999,999.99          99,999,999.99          99,999,999.99
                                                                99,999,999.99          9,999,999.99
```

2.8.19.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Additional Payment	This provides the additional payment amount when the adjustment results in a positive paid amount.	9	Number	N/A	Calculated Field
Address	The address of the payee.	39	Character	T_PR_ADR	CONCATENATED
Allowed Amount	This is the computed allowable amount for the services billed. The data displayed pertain to the adjusted claim	9	Number	T_PD_UB92_HDR	AMT_ALWD
Attending Prov	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Billed Amount	This is the dollar amount requested by the provider for the service billed on the detail line. This may occur 23 times depending on the number of detail lines billed. The data displayed pertain to the adjusted claim	10	Number	T_PD_UB92_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Days	This is the number of days the member was in the nursing home.	3	Number	N/A	Calculated Field
Detail EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim detail lines. These codes are used to explain why the claim was adjusted. There could be a maximum of 20 EOB codes per detail line.	4	Character	T_EOB	CDE_EOB

Field	Description	Length	Data Type	DB Table	DB Attributes
HCPCS/Rate	This is the billed rate for the revenue code billed on the detail line. This may occur 23 times depending on the number of detail lines billed.	8	Character	T_PROC	CDE_PROC
Header EOBS	These are the EOB codes that apply to the claim header. These codes are used to explain how the claim was processed or priced. There could be a maximum of 20 EOB codes.	4	Number	T_EOB	CDE_EOB
ICN	Unique number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Character	T_PD_UB92_HDR	NUM_ICN
LVL Care	Indicates level of care rendered for patient.	3	Character	N/A	N/A
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
Member Number	Unique number assigned by the provider. This is usually used for filing or tracking purposes. This is the same for both the original and adjusted claims.	30	Character	T_RE_BASE	ID MEDICAID
Net Overpayment	This provides the net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_PD_UB92_HDR	NUM_PAT_ACCT
Paid Amount	This is the dollar amount that is payable for the member's stay.	9	Number	T_PD_UB92_HDR	AMT_PAID
Patient Liability	This is the patient liability amount that the member is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number	T_PD_UB92_HDR	AMT_PD_PAT_UB92
Payee Number	The provider number for the provider receiving the payment and remittance advice.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
REV CD	This shows the revenue code pertaining to the service billed on the detail line. This may occur 23 times depending on the number of detail lines billed.	3	Number	T_REVENUE_CODE	CDE_REVENUE
Refund Amount Applied	This provides the refund amount applied when the adjustment results in a negative Paid Amount and cash is applied in the payment cycle.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_PD_UB92_HDR	REIMBURSEMENT_AMT
Rendering Provider	The number used to identify the rendering provider.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
SRV Date	If other services or supplies are billed aside from the patient stay (accommodation code), then the service date is entered and displayed. The occurrence of this field depends on the number of detail lines used to bill other than accommodation codes. The data displayed pertain to the adjusted claim.	10	Character	T_PD_UB92_DTL	DTE_FIRST_SVC
Service Dates - From	This is the earliest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	10	Character	T_PD_UB92_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	10	Character	T_PD_UB92_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_PD_UB92_HDR	CDE_SVC_LOC
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE

Field	Description	Length	Data Type	DB Table	DB Attributes
TPL Amount	This is the dollar amount paid for the services by any source outside of the state medical assistance program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_UB92_HDR	TPL_AMT
Total Long Term Care Claims ADJ - Allowed Amt	This amount reflects the allowed amount total of all the long term care claims adjustments.	9	Number	N/A	Calculated Field
Total Long Term Care Claims ADJ - Billed Amt	This amount reflects the total billed amount of all the Medicare crossover Part A claims.	9	Number	N/A	Calculated Field
Total Long Term Care Claims ADJ - Paid Amt	This amount reflects the total of all the long term care claims adjustments.	9	Number	N/A	Calculated Field
Total Long Term Care Claims ADJ - Patient Liability	This amount reflects the total of patient liability amounts for all the long term care claims adjustments.	9	Number	N/A	Calculated Field
Total Long Term Care Claims ADJ - Reimb Amt	This amount reflects the total of all reimbursement amounts for the long term care claims adjustments.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Long Term Care Claims ADJ - TPL Amt	This amount reflects the total of all TPL amounts for the long term care claims adjustments.	9	Number	N/A	Calculated Field
Total No. Adj	This is the total number of all claims adjusted for the current financial cycle.	9	Number	N/A	Calculated Field
Units	This is the number of units of service.	9	Number	T_PD_UB92_HDR	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.19.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.19.6 Associated Requirements

ID
No associated Requirements found.

2.8.19.7 Change Orders

ID	Name	Description
1133	Add Mass Adj sec to the Prov RA	Modify the RA to include a Mass Adjustment section for each claim types. This will look like the normal adjustment section only it will contain the adjustments as a result of a Mass adjustment.

2.8.20 CRA-LTPD-R -- Remittance Advice - Long Term Care Claims Paid

This report lists long term care claims that were paid. The report is separated by individual claims and displays header and detail data. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the provider a list of all long term care claims that are being paid along with explanations on any discrepancies between the billed and the paid amount.

2.8.20.1 Technical Name

CRA-LTPD-R

2.8.20.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.20.3 Remittance Advice - Long Term Care Claims Paid Layout

```
REPORT:   CRA-LTPD-R                                  COMMONWEALTH OF KENTUCKY                                    DATE:
MM/DD/CCYY
   RA#:    999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE:
     9,999
                                                       PROVIDER REMITTANCE ADVICE
                                                 LONG TERM CARE FACILITY CLAIMS PAID


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                          PAYEE ID
 9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                            NPI ID
         9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXX, XX 99999-9999


                              SERVICE DATES DAYS  LVL     BILLED     ALLOWED      TPL       PATIENT    REIMB         PAID
     --ICN--        PAT NO.    FROM   THRU        CARE    AMOUNT     AMOUNT      AMOUNT      LIAB      AMOUNT       AMOUNT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
 RRYYJJJBBBSSS  XXXXXXXXXXXX  MMDDYY MMDDYY  999  XXX   9,999,999.99            9,999,999.99          9,999,999.99
                                                                  9,999,999.99             999,999.99            9,999,999.99

 HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                              RENDERING
REV CD HCPCS/RATE SRV DATE  PROVIDER    UNITS    BILLED AMT     ALWD AMT     DETAIL EOBS
 999    XXXXXXXX   MMDDYY   999999999  9999999  9,999,999.99  9,999,999.99   9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                             9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                    TOTAL LONG TERM CARE CLAIMS PAID:  99,999,999.99           99,999,999.99         99,999,999.99
                                                                  99,999,999.99           9,999,999.99
```

2.8.20.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Allowed Amount	This is the computed allowable amount for the services billed.	9	Number	T_PD_UB92_DTL	AMT_ALWD

Field	Description	Length	Data Type	DB Table	DB Attributes
Attending Prov	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Billed Amount	This is the dollar amount requested by the provider for the service billed on the detail line. This may occur 23 times depending on the number of detail lines billed.	9	Number	T_PD_UB92_DTL	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Days	This is the number of days the member was in the nursing home.	3	Number	N/A	Calculated Field
Detail EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim detail lines. There could be a maximum of 20 EOB codes per detail line.	4	Character	T_EOB	CDE_EOB
HCPCS/Rate	This is the billed rate for the revenue code billed on the detail line. This may occur 23 times depending on the number of detail lines billed.	8	Character	T_PROC	CDE_PROC
Header EOBS	These are the EOB codes that apply to the claim header. These codes are used to explain how the claim was processed or priced. There could be a maximum of 20 EOB codes.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_PD_UB92_HDR	NUM_ICN

Field	Description	Length	Data Type	DB Table	DB Attributes
LVL Care	This indicates level of care rendered for patient.	3	Character	T_UB92_NH_HDR	CDE_LOC
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
Member Number	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	30	Character	T_RE_BASE	ID MEDICAID
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_PD_UB92_HDR	NUM_PAT_ACCT
Paid Amount	This is the dollar amount that is payable for the member's stay.	9	Number	T_PD_UB92_DTL	AMT_PAID
Patient Liability	This is the patient liability amount that the member is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	8	Number	T_PD_UB92_HDR	AMT_PD_PAT_UB92
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME

Field	Description	Length	Data Type	DB Table	DB Attributes
REV CD	This shows the revenue code pertaining to the service billed on the detail line. This may occur 23 times depending on the number of detail lines billed.	3	Number	T_REVENUE_CODE	CDE_REVENUE
Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_PD_UB92_DTL	REIMBURSEMENT_AMT
Rendering Provider	The number used to identify the rendering provider.	10	Number	T_PR_INDENTIFIER	ID_PROVIDER
SRV Date	If other services or supplies are billed aside from the patient stay (accommodation code), then the service date is entered and displayed. The occurrence of this field depends on the number of detail lines used to bill other than accommodation codes.	6	Character	T_PD_UB92_DTL	DTE_FIRST_SVC
Service Dates - From	This is the earliest date of service on all the detail lines.	6	Character	T_PD_UB92_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines.	6	Character	T_PD_UB92_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_PD_UB92_HDR	CDE_SVC_LOC
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
TPL Amount	This is the dollar amount paid by sources other than the medical assistance program being billed for the member's stay. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number	T_PD_UB92_DTL	TPL_AMT

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Long Term Care Claims Paid - Allowed Amt	This amount reflects the allowed amount total of all the long term care claims paid.	10	Number	N/A	Calculated Field
Total Long Term Care Claims Paid - Billed Amt	This amount reflects the total billed amount of the long term care claims.	10	Number	N/A	Calculated Field
Total Long Term Care Claims Paid - Paid Amt	This amount reflects the total of all the long term care claims paid.	10	Number	N/A	Calculated Field
Total Long Term Care Claims Paid - Patient Liability	This amount reflects the total of patient liability amounts for all the long term care claims paid.	9	Number	N/A	Calculated Field
Total Long Term Care Claims Paid - Reim Amt	This amount reflects the total of all reimbursement amounts for the long term care claims paid.	10	Number	N/A	Calculated Field
Total Long Term Care Claims Paid - TPL Amt	This amount reflects the total of all TPL amounts for the long term care claims paid.	10	Number	N/A	Calculated Field
Units	This is the number of units of service.	8	Number	T_PD_UB92_DTL	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.20.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.20.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.20.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.21 CRA-LTSU-R -- Remittance Advice - Long Term Care Claims In Process

This report lists Long Term Care claims that are in suspense. The report is separated by individual claims and displays header and detail data. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the provider a list of all long term care claims that are in suspense along with explanations as to why they were suspended.

2.8.21.1 Technical Name

CRA-LTSU-R

2.8.21.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.21.3 Remittance Advice - Long Term Care Claims In Process Layout

```
REPORT:   CRA-LTSU-R                                   COMMONWEALTH OF KENTUCKY                                    DATE:
MM/DD/CCYY
   RA#:    999999999                                MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE:
     9,999
                                                          PROVIDER REMITTANCE ADVICE
                                                     LONG TERM CARE FACILITY CLAIMS IN PROCESS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                          PAYEE ID
 9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                NPI ID
         9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXX, XX 99999-9999


                              SERVICE DATES  DAYS/ LVL    BILLED         TPL           PATIENT
     --ICN--        PAT NO.    FROM   THRU        CARE    AMOUNT        AMOUNT        LIABILITY

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
 RRYYJJJBBBSSS  XXXXXXXXXXXX  MMDDYY MMDDYY  999   XX   9,999,999.99   9,999,999.99    999,999.99

HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                              RENDERING
REV CD HCPCS/RATE SRV DATE  PROVIDER    UNITS    BILLED AMT   DETAIL EOBS
 999    XXXXXXXX   MMDDYY  999999999   9999999  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                               9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX   MMDDYY  999999999   9999999  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                               9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX   MMDDYY  999999999   9999999  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                               9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX   MMDDYY  999999999   9999999  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                               9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

              TOTAL LONG TERM CARE CLAIMS IN PROCESS:  99,999,999.99  99,999,999.99  9,999,999.99
```

2.8.21.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Attending Prov	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Billed Amount	This is the dollar amount requested by the provider for the service billed on the detail line. This may occur 23 times depending on the number of detail lines billed.	9	Number	T_SUSP_UB92_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Days	This is the number of days the member was in the nursing home.	3	Number	N/A	Calculated Field
Detail EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim detail lines. There could be a maximum of twenty EOB codes per detail line.	4	Character	T_EOB	CDE_EOB
HCPCS/Rate	This is the billed rate for the revenue code billed on the detail line. This may occur twenty-three times depending on the number of detail lines billed.	8	Character	T_PROC	CDE_PROC
Header EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim header. These codes are used to explain how the claim was processed or priced. There could be a maximum of 20 EOB codes.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_SUSP_UB92_HDR	NUM_ICN

Field	Description	Length	Data Type	DB Table	DB Attributes
LVL Care	This indicates level of care rendered for patient.	3	Character	N/A	N/A
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The first name of the member.	29	Character	T_RE_BASE	CONCATENATION
Member Number	This unique number assigned by the provider. This is usually used for filing or tracking purposes.	30	Character	T_RE_BASE	ID MEDICAID
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_SUSP_UB92_HDR	NUM_PAT_ACCT
Patient Liability	This is the patient liability amount that the member is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	8	Number	T_PD_UB92_HDR	AMT_PD_PAT_UB92
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
REV CD	This shows the revenue code pertaining to the service billed on the detail line. This may occur 23 times depending on the number of detail lines billed.	3	Number	T_REVENUE_CODE	CDE_REVENUE

Field	Description	Length	Data Type	DB Table	DB Attributes
Rendering Provider	The number used to identify the rendering provider.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
SRV Date	If other services or supplies are billed aside from the patient stay (accommodation code), then the service date is entered and displayed. The occurrence of this field depends on the number of detail lines used to bill other than accommodation codes.	6	Character	T_SUSP_UB92_DTL	DTE_FIRST_SVC
Service Dates - From	This is the earliest date of service on all the detail lines.	6	Character	T_SUSP_UB92_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines.	6	Character	T_SUSP_UB92_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_SUSP_UB92_HDR	CDE_SVC_LOC
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
TPL Amount	This is the dollar amount paid by sources other than the medical assistance program being billed for the member's stay. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number	T_SUSP_UB92_DTL	TPL_AMT
Total Long Term Care Claims In Process - Billed Amt	This amount reflects the total billed amount of the long term care claims.	10	Number	N/A	Calculated Field
Total Long Term Care Claims In Process - Patient Liability	This amount reflects the total of patient liability amounts for all the long term care claims in process.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Long Term Care Claims In Process - TPL Amt	This amount reflects the total of all TPL amounts for the long term care claims in process.	10	Number	N/A	Calculated Field
Units	This is the number of units of service.	8	Number	T_SUSP_UB92_DTL	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.21.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.21.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.21.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.22 CRA-OPAD-R -- Remittance Advice - Outpatient Claim Adjustments

This report lists outpatient claims that were adjusted. The report is separated by individual claims. It displays the header data for the claim being adjusted (original) and both header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the outpatient provider a list of all outpatient claims that were adjusted along with explanations on why they were adjusted.

2.8.22.1 Technical Name

CRA-OPAD-R

2.8.22.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.22.3 Remittance Advice - Outpatient Claim Adjustments Layout

```
REPORT:   CRA-OPAD-R                                  COMMONWEALTH OF KENTUCKY                                    DATE:
MM/DD/CCYY
   RA#:    999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE:
9,999
                                                      PROVIDER REMITTANCE ADVICE
                                                     OUTPATIENT CLAIM ADJUSTMENTS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                    PAYEE ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                          NPI ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999


                              SERVICE DATES     BILLED       ALLOWED        TPL                    SPENDDOWN        PAID
     --ICN--      PAT NO.      FROM     THRU     AMOUNT       AMOUNT        AMOUNT        COPAY      AMOUNT         AMOUNT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
  RRYYJJJBBBSSS  XXXXXXXXXXXX  MMDDYY MMDDYY (9,999,999.99)(9,999,999.99)(9,999,999.99)(999,999.99)(999,999.99) (9,999,999.99)
  RRYYJJJBBBSSS  XXXXXXXXXXXX  MMDDYY MMDDYY  9,999,999.99  9,999,999.99  9,999,999.99  999,999.99  999,999.99   9,999,999.99

                                                                                                NET OVERPAYMENT              9,999,999.99
                                                                                                REFUND AMOUNT APPLIED        9,999,999.99

ADJUSTMENT REASON:  9999
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

REV CD HCPCS/RATE  MODIFIERS  REND PROV  SRV DATE  UNITS   BILLED AMT    ALWD AMT    DETAIL EOBS
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

     TOTAL OUTPATIENT ADJUSTMENT CLAIMS:     99,999,999.99               99,999,999.99            9,999,999.99
                                                          99,999,999.99              9,999,999.99
99,999,999.99
TOTAL NO. ADJ:  999,999
```

2.8.22.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Additional Payment	This provides the net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established.	9	Number	N/A	Calculated Field
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Adjustment Reason	This is the reason code that identifies why the adjustment took place.	4	Number	T_EOB	CDE_EOB
Allowed Amount	This is the computed allowable dollar amount for claim.	9	Number	T_PD_UB92_HDR	AMT_ALWD
Attending Prov	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Billed Amount	This is the dollar amount billed by the provider for the claim.	9	Number	T_PD_UB92_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Co-Pay	This is the dollar amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount.	8	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Detail EOBs	These are the EOB codes.	4	Number	T_EOB	CDE_EOB

Field	Description	Length	Data Type	DB Table	DB Attributes
HCPCS/Rate	These are the HCPCS codes that correspond to the revenue codes on each of the detail lines being billed. These codes are used to compute the allowable amount for the services rendered. May occur 23 times depending on the number of detail lines billed.	8	Character	T_PROC	CDE_PROC
Header EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of 20 EOB codes.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_PD_UB92_HDR	NUM_ICN
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
Member Number	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes. This is the same for both the original and adjusted claims.	30	Character	T_RE_BASE	ID MEDICAID
Modifiers	This column shows the modifiers used to further describe the service rendered. Up to four modifiers may be entered on each detail line.	2	Character	T_MODIFIER	CDE_PROC_MOD

Field	Description	Length	Data Type	DB Table	DB Attributes
Net Overpayment	This provides the net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established.	9	Number	N/A	Calculated Field
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_PD_UB92_HDR	NUM_PAT_ACCT
Paid Amount	This is the dollar amount that is payable for the claim.	9	Number	T_PD_UB92_HDR	AMT_PAID
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
REV CD	These are the revenue codes that pertain to the services being billed on the detail lines. May occur 23 times depending on the number of detail lines billed.	3	Number	T_REVENUE_CODE	CDE_REVENUE
Refund Amount Applied	This provides the refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_PD_UB92_HDR	REIMBURSEMENT_AMT
Rend Prov	The number that identifies the rendering provider.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
SRV Date	These are the dates the services were actually rendered. Each detail line will have a date on which the service billed on that line was rendered to the member. May occur 23 times depending on the number of detail lines billed.	6	Character	T_PD_UB92_DTL	DTE_FIRST_SVC
Service Dates - From	This is the earliest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	6	Character	T_PD_UB92_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	6	Character	T_PD_UB92_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_PD_UB92_HDR	CDE_SVC_LOC

Field	Description	Length	Data Type	DB Table	DB Attributes
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on) which must be spent on medical expenses prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	The state in which the payee lives.	2	Character	T_PR_ADR	ADR_MAIL_STATE
TPL Amount	Payments made by sources outside of the state medical assistance programs. This amount is deducted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_UB92_DTL	TPL_AMT
Total No. Adj	This is the total number of all claims adjusted for the current financial cycle.	6	Number	N/A	Calculated Field
Total Outpatient Adjustment Claims - Allowed Amt	This amount reflects the allowed amount total of all the adjustment claims.	10	Number	N/A	Calculated Field
Total Outpatient Adjustment Claims - Billed Amt	This amount reflects the total billed amount of all the adjustment claims.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Outpatient Adjustment Claims - Co-Pay Amt	This amount reflects the total of all co-pay amounts for the adjustment claims paid.	9	Number	N/A	Calculated Field
Total Outpatient Adjustment Claims - Paid Amt	This amount reflects the total of all the adjustment claims paid.	10	Number	N/A	Calculated Field
Total Outpatient Adjustment Claims - Reimb Amt	This amount reflects the total of all reimbursement amounts for the adjustment claims paid.	10	Number	N/A	Calculated Field
Total Outpatient Adjustment Claims - Spenddown Amt	This amount reflects the total of spenddown amounts for all the adjustment claims paid.	9	Number	N/A	Calculated Field
Total Outpatient Adjustment Claims - TPL Amt	This amount reflects the total of all TPL amounts for the adjustment claims paid.	10	Number	N/A	Calculated Field
Units	This shows the units of service rendered. May occur 23 times depending on the number of detail lines billed.	8	Decimal	T_PD_UB92_DTL	QTY_BILLED

Field	Description	Length	Data Type	DB Table	DB Attributes
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.22.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.22.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.14
30.090.009.002.15
30.090.009.002.3
30.090.009.002.4

2.8.22.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.23 CRA-OPAM-R -- Remittance Advice - Outpatient Claim Mass Adjustments

This report lists outpatient claims that were mass adjusted. The report is separated by individual claims. It displays the header data for the claim being mass adjusted (original) and both header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the outpatient provider a list of all outpatient claims that were mass adjusted along with explanations on why they were adjusted.

2.8.23.1 Technical Name

CRA-OPAM-R

2.8.23.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.23.3 Remittance Advice - Outpatient Claim Mass Adjustments Layout

```
REPORT:   CRA-OPAM-R                                  COMMONWEALTH OF KENTUCKY                                    DATE:
MM/DD/CCYY
   RA#:    999999999                            MEDICAID MANAGEMENT INFORMATION SYSTEM                           PAGE:
9,999
                                                     PROVIDER REMITTANCE ADVICE
                                                  OUTPATIENT CLAIM MASS ADJUSTMENTS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXDETAIL EOBS
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                      9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                      9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                      9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                      9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

     TOTAL OUTPATIENT ADJUSTMENT CLAIMS:     99,999,999.99               99,999,999.99            9,999,999.99
                                                          99,999,999.99              9,999,999.99
99,999,999.99
TOTAL NO. ADJ:  999,999
```

2.8.23.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Additional Payment	This provides the net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established.	9	Number	N/A	Calculated Field
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Adjustment Reason	This is the reason code that identifies why the adjustment took place.	4	Number	T_EOB	CDE_EOB
Allowed Amount	This is the computed allowable dollar amount for claim.	9	Number	T_PD_UB92_HDR	AMT_ALWD
Attending Prov	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Billed Amount	This is the dollar amount billed by the provider for the claim.	9	Number	T_PD_UB92_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Co-Pay	This is the dollar amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount.	9	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Detail EOBs	These are the EOB codes.	4	Number	T_EOB	CDE_EOB

Field	Description	Length	Data Type	DB Table	DB Attributes
HCPCS/Rate	These are the HCPCS codes that correspond to the revenue codes on each of the detail lines being billed. These codes are used to compute the allowable amount for the services rendered. May occur 23 times depending on the number of detail lines billed.	8	Character	T_PROC	CDE_PROC
Header EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of 20 EOB codes.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_PD_UB92_HDR	NUM_ICN
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
Member Number	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes. This is the same for both the original and adjusted claims.	30	Character	T_RE_BASE	ID MEDICAID
Modifiers	This column shows the modifiers used to further describe the service rendered. Up to four modifiers may be entered on each detail line.	2	Character	T_MODIFIER	CDE_PROC_MOD

Field	Description	Length	Data Type	DB Table	DB Attributes
Net Overpayment	This provides the net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established.	9	Number	N/A	Calculated Field
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_PD_UB92_HDR	NUM_PAT_ACCT
Paid Amount	This is the dollar amount that is payable for the claim.	9	Number	T_PD_UB92_HDR	AMT_PAID
Payee Number	The provider number for the provider receiving the payment and remittance advice.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
REV CD	These are the revenue codes that pertain to the services being billed on the detail lines. May occur 23 times depending on the number of detail lines billed.	3	Number	T_REVENUE_CODE	CDE_REVENUE
Refund Amount Applied	This provides the refund amount applied when the adjustment results in a negative Paid Amount and cash is applied in the payment cycle.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_PD_UB92_HDR	REIMBURSEMENT_AMT
Rendering Provider	The number used to identify the rendering provider.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
SRV Date	These are the dates the services were actually rendered. Each detail line will have a date on which the service billed on that line was rendered to the member. May occur 23 times depending on the number of detail lines billed.	10	Character	T_PD_UB92_DTL	DTE_FIRST_SVC
Service Dates - From Service Dates From	This is the earliest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	10	Character	T_PD_UB92_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	10	Character	T_PD_UB92_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_PD_UB92_HDR	CDE_SVC_LOC

Field	Description	Length	Data Type	DB Table	DB Attributes
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on.) which must be spent on medical expenses prior to Medicaid benefits being available.	10	Number	N/A	Calculated Field
State	The state in which the payee lives.	2	Character	T_PR_ADR	ADR_MAIL_STATE
TPL Amount	Payments made by sources outside of the state medical assistance programs. This amount is deducted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_UB92_HDR	TPL_AMT
Total No. Adj	This is the total number of all claims adjusted for the current financial cycle.	6	Number	N/A	Calculated Field
Total Outpatient Adjustment Claims - Allowed Amt	This amount reflects the allowed amount total of all the adjustment claims.	10	Number	N/A	Calculated Field
Total Outpatient Adjustment Claims - Billed Amt	This amount reflects the total billed amount of all the adjustment claims.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Outpatient Adjustment Claims - Co-Pay Amt	This amount reflects the total of all co-pay amounts for the adjustment claims paid.	10	Number	N/A	Calculated Field
Total Outpatient Adjustment Claims - Paid Amt	This amount reflects the total of all the adjustment claims paid.	10	Number	N/A	Calculated Field
Total Outpatient Adjustment Claims - Reimb Amt	This amount reflects the total of all reimbursement amounts for the adjustment claims paid.	10	Number	N/A	Calculated Field
Total Outpatient Adjustment Claims - Spenddown Amt	This amount reflects the total of spenddown amounts for all the adjustment claims paid.	10	Number	N/A	Calculated Field
Total Outpatient Adjustment Claims - TPL Amt	This amount reflects the total of all TPL amounts for the adjustment claims paid.	10	Number	N/A	Calculated Field
Units	This shows the units of service rendered. May occur 23 times depending on the number of detail lines billed.	8	Decimal	T_PD_UB92_HDR	QTY_BILLED

Field	Description	Length	Data Type	DB Table	DB Attributes
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.23.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.23.6 Associated Requirements

ID
No associated Requirements found.

2.8.23.7 Change Orders

ID	Name	Description
1133	Add Mass Adj sec to the Prov RA	Modify the RA to include a Mass Adjustment section for each claim types. This will look like the normal adjustment section only it will contain the adjustments as a result of a Mass adjustment.

2.8.24 CRA-OPDN-R -- Remittance Advice - Outpatient Claims Denied

This report lists outpatient claims that were denied. The report is separated by individual claims and displays header and detail data. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the outpatient provider a list of all outpatient claims that were denied along with explanations on why they were denied.

2.8.24.1 Technical Name

CRA-OPDN-R

2.8.24.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.24.3 Remittance Advice - Outpatient Claims Denied Layout

```
REPORT:   CRA-OPDN-R                                        COMMONWEALTH OF KENTUCKY                                              DATE:
MM/DD/CCYY
   RA#:     999999999                                MEDICAID MANAGEMENT INFORMATION SYSTEM                                       PAGE:
     9,999
                                                           PROVIDER REMITTANCE ADVICE
                                                            OUTPATIENT CLAIMS DENIED


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                        PAYEE ID
 9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                            NPI ID
         9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

                              SERVICE DATES     BILLED         TPL         SPENDDOWN
    ICN          PAT NO.      FROM   THRU       AMOUNT        AMOUNT         AMOUNT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
 RRYYJJJBBBSSS  XXXXXXXXXXXX   MMDDYY MMDDYY  9,999,999.99   9,999,999.99   999,999.99

HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

REV CD HCPCS/RATE  MODIFIERS   REND PROV.  SRV DATE  UNITS   BILLED AMT   DETAIL EOBS
 999    XXXXXXXX  XX XX XX XX  999999999    MMDDYY  9999999 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                          9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX  999999999    MMDDYY  9999999 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                          9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX  999999999    MMDDYY  9999999 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                          9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX  999999999    MMDDYY  9999999 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                          9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX  999999999    MMDDYY  9999999 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                          9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

            TOTAL OUTPATIENT CLAIMS DENIED:  99,999,999.99  99,999,999.99 9,999,999.99
```

2.8.24.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Attending Prov	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Billed Amount	This is the dollar amount billed by the provider for the claim.	9	Number	T_DENY_UB92_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Detail EOBs	These are the EOB codes.	4	Number	T_EOB	CDE_EOB
HCPCS/Rate	These are the HCPCS codes that correspond to the revenue codes on each of the detail lines being billed. These codes are used to compute the allowable amount for the services rendered. May occur 23 times depending on the number of detail lines billed.	8	Character	T_PROC	CDE_PROC
Header EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of 20 EOB codes.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_DENY_UB92_HDR	NUM_ICN
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION

Field	Description	Length	Data Type	DB Table	DB Attributes
Member Number	This is the unique number assigned by the provider. This is usually used for filing or tracking purposes.	30	Character	T_RE_BASE	ID MEDICAID
Modifiers	This column shows the modifiers used to further describe the service rendered. Up to four modifiers may be entered on each detail line.	2	Character	T_MODIFIER	CDE_PROC_MOD
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_DENY_UB92_HDR	NUM_PAT_ACCT
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
REV CD	These are the revenue codes that pertain to the services being billed on the detail lines. May occur 23 times depending on the number of detail lines billed.	3	Number	T_REVENUE_CODE	CDE_REVENUE
Rend Prov	The number used to identify the rendering provider.	10	Number	T_PR_INDENTIFIER	ID_PROVIDER

Field	Description	Length	Data Type	DB Table	DB Attributes
SRV Date	These are the dates the services were actually rendered. Each detail line has a date on which the service billed on that line was rendered to the member. May occur 23 times depending on the number of detail lines billed.	6	Character	T_DENY_UB92_DTL	DTE_FIRST_SVC
Service Dates - From	This is the earliest date of service on all the detail lines.	6	Character	T_DENY_UB92_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines.	6	Character	T_DENY_UB92_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_DENY_UB92_HDR	CDE_SVC_LOC
Spenddown Amount	The amount of money that a member pays toward their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on) which must be spent on medical needs prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	The state of the payee.	2	Character	T_PR_ADR	ADR_MAIL_STATE
TPL Amount	This is the dollar amount paid by sources other than the medical assistance program being billed for the member's services. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number	T_DENY_UB92_DTL	TPL_AMT
Total Outpatient Claims Denied - Billed Amt	This amount reflects the total of all the outpatient claims billed for the provider.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Outpatient Claims Denied - Spenddown Amt	This amount reflects the total of spenddown amounts for all the outpatient claims denied for the provider.	9	Number	N/A	Calculated Field
Total Outpatient Claims Denied - TPL Amt	This amount reflects the total of all TPL amounts for the outpatient claims denied for the provider.	10	Number	N/A	Calculated Field
Units	This shows the units of service rendered. May occur 23 times depending on the number of detail lines billed.	8	Decimal	T_DENY_UB92_DTL	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.24.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.24.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.24.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.25 CRA-OPPD-R -- Remittance Advice - Outpatient Claims Paid

This report lists outpatient claims that were paid. The report is separated by individual claims and displays header and detail data. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the outpatient provider a list of all outpatient claims that are being paid along with explanations on any discrepancies between the billed and the paid amount.

2.8.25.1 Technical Name

CRA-OPPD-R

2.8.25.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.25.3 Remittance Advice - Outpatient Claims Paid Layout

```
REPORT:   CRA-OPPD-R                                   COMMONWEALTH OF KENTUCKY                                    DATE:
MM/DD/CCYY
   RA#:    999999999                             MEDICAID MANAGEMENT INFORMATION SYSTEM                            PAGE:
     9,999
                                                     PROVIDER REMITTANCE ADVICE
                                                       OUTPATIENT CLAIMS PAID


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                    PAYEE ID
 9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                        NPI ID
         9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

                              SERVICE DATES     BILLED       ALLOWED        TPL                   SPENDDOWN        REIMB.          PAID
   ICN          PAT NO.        FROM   THRU      AMOUNT       AMOUNT        AMOUNT        COPAY      AMOUNT         AMOUNT        AMOUNT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
RRYYJJJBBBSSS  XXXXXXXXXXXX   MMDDYY MMDDYY  9,999,999.99  9,999,999.99  9,999,999.99  999,999.99  999,999.99   9,999,999.99
9,999,999.99

HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

REV CD HCPCS/RATE  MODIFIERS  REND PROV  SRV DATE  UNITS   BILLED AMT    ALWD AMT    DETAIL EOBS
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                      9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                      9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                      9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX 999999999   MMDDYY  9999999 9,999,999.99 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                      9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

      TOTAL OUTPATIENT CLAIMS PAID:         99,999,999.99               99,999,999.99            9,999,999.99
99,999,999.99
                                                          99,999.999.99              9,999,999.99
99,999,999.99
```

2.8.25.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Allowed Amount	This is the computed allowable dollar amount for claim.	9	Number	T_PD_UB92_HDR	AMT_ALWD
Attending Prov	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Billed Amount	This is the dollar amount billed by the provider for the claim.	9	Number	T_PD_UB92_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Co-Pay	This is the dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount.	8	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Detail EOBs	These are the EOB codes.	4	Number	T_EOB	CDE_EOB
HCPCS/Rate	These are the HCPCS codes that correspond to the revenue codes on each of the detail lines being billed. These codes are used to compute the allowable amount for the services rendered. May occur 23 times depending on the number of detail lines billed.	8	Character	T_PROC	CDE_PROC
Header EOBs	These are the Explanation of Benefits (EOB) codes that apply to the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of 20 EOB codes.	4	Number	T_EOB	CDE_EOB

Field	Description	Length	Data Type	DB Table	DB Attributes
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_PD_UB92_HDR	NUM_ICN
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	This is the name of the member.	29	Character	T_RE_BASE	CONCATENATION
Member Number	Unique number assigned by the provider. This is usually used for filing or tracking purposes.	30	Character	T_RE_BASE	ID MEDICAID
Modifiers	This column shows the modifiers used to further describe the service rendered. Up to four modifiers may be entered on each detail line.	2	Character	T_MODIFIER	CDE_PROC_MOD
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_PD_UB92_HDR	NUM_PAT_ACCT
Paid Amount	This is the dollar amount that is payable for the claim.	9	Number	T_PD_UB92_HDR	AMT_PAID
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME

Field	Description	Length	Data Type	DB Table	DB Attributes
REV CD	These are the revenue codes that pertain to the services being billed on the detail lines. May occur 23 times depending on the number of detail lines billed.	3	Number	T_REVENUE_CODE	CDE_REVENUE
Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_PD_UB92_HDR	REIMBURSEMENT_AMT
Rend Prov	The number used to identify the rendering provider.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
SRV Date	These are the dates the services were actually rendered. Each detail line will have a date on which the service billed on that line was rendered to the member. May occur 23 times depending on the number of detail lines billed.	6	Character	T_PD_UB92_DTL	DTE_FIRST_SVC
Service Dates - From	This is the earliest date of service on all the detail lines.	6	Character	T_PD_UB92_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines.	6	Character	T_PD_UB92_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_PD_UB92_HDR	CDE_SVC_LOC

Field	Description	Length	Data Type	DB Table	DB Attributes
Spenddown Amount	The amount of money that a member pays toward their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on) which must be spent on medical needs prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
TPL Amount	This is the dollar amount paid by sources other than the medical assistance program being billed for the member's services. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number	T_PD_UB92_DTL	TPL_AMT
Total Outpatient Claims Paid - Allowed Amt	This amount reflects the allowed amount total of all the outpatient claims.	10	Number	N/A	Calculated Field
Total Outpatient Claims Paid - Billed Amt	This amount reflects the total billed amount of all the outpatient claims.	10	Number	N/A	Calculated Field
Total Outpatient Claims Paid - Co-Pay Amt	This amount reflects the total of all co-pay amounts for the outpatient claims.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Outpatient Claims Paid - Paid Amt	This amount reflects the total of all the outpatient claims paid.	10	Number	N/A	Calculated Field
Total Outpatient Claims Paid - Reim Amt	This amount reflects the total of all reimbursement amounts for the outpatient claims.	10	Number	N/A	Calculated Field
Total Outpatient Claims Paid - Spenddown Amt	This amount reflects the total of spenddown amounts for all the outpatient claims.	9	Number	N/A	Calculated Field
Total Outpatient Claims Paid - TPL Amt	This amount reflects the total of all TPL amounts for the outpatient claims paid.	10	Number	N/A	Calculated Field
Units	This shows the units of service rendered. May occur 23 times depending on the number of detail lines billed.	8	Decimal	T_PD_UB92_DTL	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.25.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.25.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.25.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.26 CRA-OPSU-R -- Remittance Advice - Outpatient Claims In Process

This report lists outpatient claims that are in suspense. The report is separated by individual claims and displays header and detail data. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the outpatient provider a list of all outpatient claims that are in suspense along with explanations on why they were suspended.

2.8.26.1 Technical Name

CRA-OPSU-R

2.8.26.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.26.3 Remittance Advice - Outpatient Claims In Process Layout

```
REPORT:   CRA-OPSU-R                                   COMMONWEALTH OF KENTUCKY                                   DATE:
MM/DD/CCYY
  RA#:    999999999                               MEDICAID MANAGEMENT INFORMATION SYSTEM                            PAGE:
    9,999
                                                     PROVIDER REMITTANCE ADVICE
                                                    OUTPATIENT CLAIMS IN PROCESS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                          PAYEE ID
 9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                              NPI ID
         9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

                              SERVICE DATES    BIILLED         TPL         SPENDDOWN
    ICN          PAT NO.       FROM   THRU     AMOUNT         AMOUNT         AMOUNT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
 RRYYJJJBBBSSS  XXXXXXXXXXXX   MMDDYY MMDDYY  9,999,999.99   9,999,999.99   999,999.99

HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

REV CD HCPCS/RATE  MODIFIERS   REND PROV.  SRV DATE  UNITS   BILLED AMT   DETAIL EOBS
 999    XXXXXXXX  XX XX XX XX  999999999    MMDDYY  9999999 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                          9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX  999999999    MMDDYY  9999999 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                          9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX  999999999    MMDDYY  9999999 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                          9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX  999999999    MMDDYY  9999999 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                          9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXXXX  XX XX XX XX  999999999    MMDDYY  9999999 9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                          9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

        TOTAL OUTPATIENT CLAIMS IN PROCESS:  99,999,999.99  99,999,999.99 9,999,999.99
```

2.8.26.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Attending Prov	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Billed Amount	This is the dollar amount billed by the provider for the claim.	9	Number	T_SUSP_UB92_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Detail EOBS	This is the line level EOB.	4	Number	T_EOB	CDE_EOB
HCPCS/Rate	These are the HCPCS codes that correspond to the revenue codes on each of the detail lines being billed. These codes are used to compute the allowable amount for the services rendered. May occur 23 times depending on the number of detail lines billed.	8	Character	T_PROC	CDE_PROC
Header EOBs	These are the EOB codes.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_SUSP_UB92_HDR	NUM_ICN
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
Member Number	Unique number assigned by the provider. This is usually used for filing or tracking purposes.	30	Character	T_RE_BASE	ID MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Modifiers	This column shows the modifiers used to further describe the service rendered. Up to four modifiers may be entered on each detail line.	2	Character	T_MODIFIER	CDE_PROC_MOD
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_SUSP_UB92_HDR	NUM_PAT_ACCT
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
REV CD	These are the revenue codes that pertain to the services being billed on the detail lines. May occur 23 times depending on the number of detail lines billed.	3	Number	T_REVENUE_CODE	CDE_REVENUE
Rend Prov	The number that identifies the rendering provider.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
SRV Date	These are the dates the services were actually rendered. Each detail line has a date on which the service billed on that line was rendered to the member. May occur 23 times depending on the number of detail lines billed.	6	Character	T_SUSP_UB92_DTL	DTE_FIRST_SVC
Service Dates - From	This is the earliest date of service on all the detail lines.	6	Character	T_SUSP_UB92_DTL	DTE_FIRST_SVC

Field	Description	Length	Data Type	DB Table	DB Attributes
Service Dates - Thru	This is the latest date of service on all the detail lines.	6	Character	T_SUSP_UB92_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_SUSP_UB92_HDR	CDE_SVC_LOC
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on) which must be spent on medical expenses prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
TPL Amount	This is the dollar amount paid by sources other than the medical assistance program being billed for the member's services. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number	T_SUSP_UB92_DTL	TPL_AMT
Total Outpatient Claims In Process - Billed Amt	This amount reflects the total of all the outpatient claims billed for the provider.	10	Number	N/A	Calculated Field
Total Outpatient Claims In Process - Spenddown Amt	This amount reflects the total of spenddown amounts for all the outpatient claims in process.	9	Number	N/A	Calculated Field
Total Outpatient Claims In Process - TPL Amt	This amount reflects the total of all TPL amounts for the outpatient claims in process.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Units	This shows the units of service rendered. May occur 23 times depending on the number of detail lines billed.	8	Decimal	T_SUSP_UB92_DTL	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.26.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.26.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.26.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.27 CRA-PRAD-R -- Remittance Advice - CMS 1500 Claim Adjustments

This report lists CMS 1500 claims that were adjusted. The report is separated by individual claims. It displays the header data for the claim being adjusted (original) and both header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the medical professional provider a list of all CMS 1500 claims that were adjusted along with explanations on why they were adjusted.

2.8.27.1 Technical Name

CRA-PRAD-R

2.8.27.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.27.3 Remittance Advice - CMS 1500 Claim Adjustments Layout

```
REPORT:   CRA-PRAD-R                                    COMMONWEALTH OF KENTUCKY                                    DATE:
MM/DD/CCYY
   RA#:    999999999                                MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE:  9,999
                                                          PROVIDER REMITTANCE ADVICE
                                                          CMS 1500 CLAIM ADJUSTMENTS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                          PAYEE ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                              NPI ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

              --ICN--        PAT NO.   SERVICE DATES                BILLED        ALLOWED      TPL   SPENDDOWN   CO-PAY  REIMB.     PAID
                                        FROM   THRU                 AMOUNT        AMOUNT      AMOUNT  AMOUNT     AMOUNT  AMOUNT
AMOUNT
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
             RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY           (9,999,999.99)(9,999,999.99)(9,999,999.99)     (999,999.99)
(9,999,999.99)
                                                                                                  (999,999.99)     (9,999,999.99)
             RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY            9,999,999.99  9,999,999.99  9,999,999.99       999,999.99
9,999,999.99
                                                                                                   999,999.99       9,999,999.99

ADJUSTMENT REASON:  9999
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                                        SERVICE DATES RENDERING     BILLED        ALLOWED
PL SERV  PROC CD  MODIFIERS    UNITS    FROM     THRU PROVIDER      AMOUNT        AMOUNT    DETAIL EOBS
  XX      XXXXX  XX XX XX XX  9999.99  MMDDYY MMDDYY 999999999  9,999,999.99  9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                            9999 9999 9999 9999 9999 9999 9999 9999 9999
9999

  XX      XXXXX  XX XX XX XX  9999.99  MMDDYY MMDDYY 999999999  9,999,999.99  9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                            9999 9999 9999 9999 9999 9999 9999 9999 9999
9999

  XX      XXXXX  XX XX XX XX  9999.99  MMDDYY MMDDYY 999999999  9,999,999.99  9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                            9999 9999 9999 9999 9999 9999 9999 9999 9999
9999

  XX      XXXXX  XX XX XX XX  9999.99  MMDDYY MMDDYY 999999999  9,999,999.99  9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                            9999 9999 9999 9999 9999 9999 9999 9999 9999
9999


                                                                                                 NET OVERPAYMENT
             9,999,999.99
                                                                                                 REFUND AMOUNT APPLIED
9,999,999.99


                                TOTAL CMS 1500 CLAIMS ADJ:   99,999,999.                 99,999,999.99     9,999,999.99
99,999,999.99
TOTAL NO. OF ADJUSTMENTS:  999,999                                          99 99,999,999        9,999,999.99
99,999,999.99
```

2.8.27.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Additional Payment	This provides the additional payment amount when the adjustment results in a positive paid amount.	9	Number	N/A	Calculated Field
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Adjustment Reason	This is the reason code that identifies why the adjustment took place.	4	Number	T_EOB	CDE_EOB
Allowed Amount	This is the computed dollar amount allowable for the services rendered under the medical assistance program being billed. This amount is arrived at by adding all the allowable amounts for all the services described on the detail lines. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_PHYS_DTL	AMT_ALWD
Billed Amount	This is the total dollar amount requested by the provider for the services billed on all the detail lines. This is arrived at by adding all the billed amounts on all the detail lines. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_PHYS_DTL	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY

Field	Description	Length	Data Type	DB Table	DB Attributes
Co-Pay Amount	This is the dollar amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	8	Number	T_PD_PHYS_DTL	AMT_CO_PAY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Detail EOBS	These are the EOB codes that apply to each detail line on the claim form.	4	Character	T_EOB	CDE_EOB
Header EOBS	These are the EOB codes that apply to the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of 20 EOB codes.	4	Character	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Character	T_PD_PHYS_HDR	NUM_ICN
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
Member Number	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes. This is the same for both the original and adjusted claims.	30	Character	T_RE_BASE	ID MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Modifiers	This column shows the modifiers used to further describe the service rendered. Up to four modifiers may be entered on each detail line.	2	Character	T_MODIFIER	CDE_PROC_MOD
Net Overpayment	This provides the net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established.	9	Number	N/A	Calculated Field
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_PD_PHYS_HDR	NUM_PAT_ACCT
PL SERV	This column shows the place of service code(s) indicating where the services were actually rendered. May occur six times depending on the number of detail lines billed. The data displayed pertain to the adjusted claim.	2	Character	T_PD_PHYS_DTL	CDE_POS
PROC CD	This column shows the HCPCS procedure code used to indicate what services were actually rendered to the member by the provider. May occur six times depending on the number of detail lines billed. The data displayed pertain to the adjusted claim.	5	Character	T_PROC	CDE_PROC

Field	Description	Length	Data Type	DB Table	DB Attributes
Paid Amount	This is the dollar amount paid for the services rendered. This is arrived at by computing the allowable amount for the services and deducting the TPL amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_PHYS_DTL	AMT_PAID
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
Refund Amount Applied	This provides the refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle.	9	Number		Calculated Field
Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_PD_PHYS_DTL	REIMBURSEMENT_AMT
Rendering Provider	The number used to identify the provider that performed the service.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER

Field	Description	Length	Data Type	DB Table	DB Attributes
Service Dates - From	This is the earliest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	6	Character	T_PD_PHYS_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	6	Character	T_PD_PHYS_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_PD_PHYS_HDR	CDE_SVC_LOC
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on) which must be spent on medical expenses prior to Medicaid benefits being available.	8	Number		Calculated Field
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE

Field	Description	Length	Data Type	DB Table	DB Attributes
TPL Amount	This is the dollar amount paid for the services by any source outside of the state medical assistance program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_PHYS_DTL	TPL_AMT
Total CMS 1500 Claims Adj Paid - Allowed Amt	This amount reflects the allowed amount total of all the CMS 1500 claims adjustments paid.	10	Number	N/A	Calculated Field
Total CMS 1500 Claims Adj Paid - Billed Amt	This amount reflects the total billed amount of all the CMS 1500 claims.	10	Number	N/A	Calculated Field
Total CMS 1500 Claims Adj Paid - Co-Pay Amt	This amount reflects the total of co-pay amounts for all the CMS 1500 claims adjustments paid.	9	Number	N/A	Calculated Field
Total CMS 1500 Claims Adj Paid - Paid Amt	This amount reflects the total of all the CMS 1500 claims adjustments paid.	10	Number	N/A	Calculated Field
Total CMS 1500 Claims Adj Paid - Reimb Amt	This amount reflects the total of all reimbursement amounts for the CMS 1500 claims adjustments paid.	10	Number	N/A	Calculated Field
Total CMS 1500 Claims Adj Paid - Spenddown Amt	This amount reflects the total of spenddown amounts for all the CMS 1500 adjustments paid.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total CMS 1500 Claims Adj Paid - TPL Amt	This amount reflects the total of all TPL amounts for the CMS 1500 claims adjustments paid.	10	Number	N/A	Calculated Field
Total No. Adj	This is the total number of claims adjusted for the current financial cycle.	6	Number	N/A	Calculated Field
Units	This shows the units of service being billed on each detail line. May occur six times depending on the number of detail lines billed. The data displayed pertain to the adjusted claim.	6	Number	T_PD_PHYS_DTL	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.27.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.27.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.27.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.28 CRA-PRAM-R -- Remittance Advice - CMS 1500 Claim Mass Adjustments

This report lists CMS 1500 claims that were mass adjusted. The report is separated by individual claims. It displays the header data for the claim being mass adjusted (original) and both header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the medical professional provider a list of all CMS 1500 claims that were mass adjusted along with explanations on why they were adjusted.

2.8.28.1 Technical Name

CRA-PRAM-R

2.8.28.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.28.3 Remittance Advice - CMS 1500 Claim Mass Adjustments Layout

```
REPORT:   CRA-PRAM-R                                    COMMONWEALTH OF KENTUCKY                                    DATE:
MM/DD/CCYY
   RA#:    999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                            PAGE:  9,999
                                                        PROVIDER REMITTANCE ADVICE
                                                    CMS 1500 CLAIM MASS ADJUSTMENTS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                    PAYEE ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                         NPI ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXX, XX 99999-9999


              --ICN--        PAT NO.   SERVICE DATES                BILLED        ALLOWED      TPL   SPENDDOWN   CO-PAY  REIMB.     PAID
                                        FROM   THRU                 AMOUNT        AMOUNT      AMOUNT  AMOUNT     AMOUNT  AMOUNT
AMOUNT
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
            RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY            (9,999,999.99)(9,999,999.99)(9,999,999.99)     (999,999.99)
(9,999,999.99)
                                                                                                 (999,999.99)     (9,999,999.99)
            RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY             9,999,999.99  9,999,999.99  9,999,999.99       999,999.99
9,999,999.99
                                                                                                  999,999.99       9,999,999.99


ADJUSTMENT REASON:  9999
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                                   SERVICE DATES RENDERING     BILLED        ALLOWED
PL SERV  PROC CD  MODIFIERS    UNITS   FROM     THRU PROVIDER      AMOUNT        AMOUNT    DETAIL EOBS
  XX      XXXXX  XX XX XX XX  9999.99  MMDDYY MMDDYY 999999999  9,999,999.99  9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                            9999 9999 9999 9999 9999 9999 9999 9999 9999
9999

  XX      XXXXX  XX XX XX XX  9999.99  MMDDYY MMDDYY 999999999  9,999,999.99  9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                            9999 9999 9999 9999 9999 9999 9999 9999 9999
9999

  XX      XXXXX  XX XX XX XX  9999.99  MMDDYY MMDDYY 999999999  9,999,999.99  9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                            9999 9999 9999 9999 9999 9999 9999 9999 9999
9999

  XX      XXXXX  XX XX XX XX  9999.99  MMDDYY MMDDYY 999999999  9,999,999.99  9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                            9999 9999 9999 9999 9999 9999 9999 9999 9999
9999

                                                                                                   NET OVERPAYMENT
9,999,999.99
                                                                                                   REFUND AMOUNT APPLIED
9,999,999.99

                                  TOTAL CMS 1500 CLAIMS ADJ:   99,999,999.                 99,999,999.99     9,999,999.99
99,999,999.99
TOTAL NO. OF ADJUSTMENTS:  999,999                                          99 99,999,999        9,999,999.99
99,999,999.99
```

2.8.28.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Additional Payment	This provides the additional payment amount when the adjustment results in a positive paid amount.	9	Number	N/A	Calculated Field
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Adjustment Reason	This is the reason code that identifies why the adjustment took place.	4	Number	T_EOB	CDE_EOB
Allowed Amount	This is the computed dollar amount allowable for the services rendered under the medical assistance program being billed. This amount is arrived at by adding all the allowable amounts for all the services described on the detail lines. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_PHYS_HDR	AMT_ALWD
Billed Amount	This is the total dollar amount requested by the provider for the services billed on all the detail lines. This is arrived at by adding all the billed amounts on all the detail lines. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_PHYS_HDR	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY

Field	Description	Length	Data Type	DB Table	DB Attributes
Co-Pay Amount	This is the dollar amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Detail EOBS	These are the Explanation of Benefits (EOB) codes that apply to each detail line on the claim form.	4	Character	T_EOB	CDE_EOB
Header EOBS	These are the EOB codes that apply to the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of 20 EOB codes.	4	Character	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Character	T_PD_PHYS_HDR	NUM_ICN
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
Member Number	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes. This is the same for both the original and adjusted claims.	30	Character	T_RE_BASE	ID MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Modifiers	This is the date the check was issued.	2	Character	T_MODIFIER	CDE_PROC_MOD
Net Overpayment	This provides the net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established.	9	Number	N/A	Calculated Field
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_PD_PHYS_HDR	NUM_PAT_ACCT
PL SERV	This column shows the place of service code(s) indicating where the services were actually rendered. May occur six times depending on the number of detail lines billed. The data displayed pertain to the adjusted claim.	2	Character	T_PD_PHYS_HDR	CDE_POS
PROC CD	This column shows the HCPCS procedure code used to indicate what services were actually rendered to the member by the provider. May occur six times depending on the number of detail lines billed. The data displayed pertain to the adjusted claim.	8	Character	T_PROC	CDE_PROC

Field	Description	Length	Data Type	DB Table	DB Attributes
Paid Amount	This is the dollar amount paid for the services rendered. This is arrived at by computing the allowable amount for the services and deducting the TPL amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_PHYS_HDR	AMT_PAID
Payee Number	The provider number for the provider receiving the payment and remittance advice.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
Refund Amount Applied	This provides the refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle.	9	Number	N/A	Calculated Field
Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_PD_PHYS_HDR	REIMBURSEMENT_AMT
Rendering Provider	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER

Field	Description	Length	Data Type	DB Table	DB Attributes
Service Dates - From	This is the earliest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	10	Character	T_PD_PHYS_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	10	Character	T_PD_PHYS_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_PD_PHYS_HDR	CDE_SVC_LOC
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, etc.) which must be spent on medical expenses prior to Medicaid benefits being available.	9	Number	N/A	Calculated Field
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE

Field	Description	Length	Data Type	DB Table	DB Attributes
TPL Amount	This is the dollar amount paid for the services by any source outside of the state medical assistance program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number	T_PD_PHYS_HDR	TPL_AMT
Total CMS 1500 Claims Adj Paid - Allowed Amt	This amount reflects the allowed amount total of all the CMS 1500 claims adjustments paid.	9	Number	N/A	Calculated Field
Total CMS 1500 Claims Adj Paid - Billed Amt	This amount reflects the total billed amount of all the CMS 1500 claims.	9	Number	N/A	Calculated Field
Total CMS 1500 Claims Adj Paid - Co-Pay Amt	This amount reflects the total of co-pay amounts for all the CMS 1500 claims adjustments paid.	9	Number	N/A	Calculated Field
Total CMS 1500 Claims Adj Paid - Paid Amt	This amount reflects the total of all the CMS 1500 claims adjustments paid.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total CMS 1500 Claims Adj Paid - Reimb Amt	This amount reflects the total of all reimbursement amounts for the CMS 1500 claims adjustments paid.	9	Number	N/A	Calculated Field
Total CMS 1500 Claims Adj Paid - Spenddown Amt	This amount reflects the total of spenddown amounts for all the CMS 1500 adjustments paid.	9	Number	N/A	Calculated Field
Total CMS 1500 Claims Adj Paid - TPL Amt	This amount reflects the total of all TPL amounts for the CMS 1500 claims adjustments paid.	9	Number	N/A	Calculated Field
Total No. Adj	This is the total number of claims adjusted for the current financial cycle.	6	Number	N/A	Calculated Field
Units	This shows the units of service being billed on each detail line. May occur six times depending on the number of detail lines billed. The data displayed pertain to the adjusted claim.	6	Number	T_PD_PHYS_HDR	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.28.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.28.6 Associated Requirements

ID
No associated Requirements found.

2.8.28.7 Change Orders

ID	Name	Description
1133	Add Mass Adj sec to the Prov RA	Modify the RA to include a Mass Adjustment section for each claim types. This will look like the normal adjustment section only it will contain the adjustments as a result of a Mass adjustment.

2.8.29 CRA-PRDN-R -- Remittance Advice - CMS 1500 Claims Denied

This report lists CMS 1500 claims that were denied. The report is separated by individual claims and displays both header and detail data. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the medical professional provider a list of all CMS 1500 claims that were denied along with explanations on why they were denied.

2.8.29.1 Technical Name

CRA-PRDN-R

2.8.29.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.29.3 Remittance Advice - CMS 1500 Claims Denied Layout

```
REPORT:    CRA-PRDN-R                                    COMMONWEALTH OF KENTUCKY                                    DATE:
MM/DD/CCYY
   RA#:     999999999                                MEDICAID MANAGEMENT INFORMATION SYSTEM
                        PAGE:          9
                                                        PROVIDER REMITTANCE ADVICE
                                                          CMS 1500 CLAIMS DENIED

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                    PAYEE ID
       9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                          NPI ID
        9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

              --ICN--        PAT NO.   SERVICE DATES                  BILLED          TPL        SPENDDOWN
                                        FROM   THRU                   AMOUNT         AMOUNT       AMOUNT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
            RRYYJJJBBBSSS 999999999999 MMDDYY MMDDYY            9,999,999.99    9,999,999.99     999,999.99

HEADER EOBS:  0556 0562 0563 0564 0565 1017 1036 1037 1039 1040

                                        SERVICE DATES RENDERING         BILLED
PL SERV  PROC CD  MODIFIERS   UNITS      FROM   THRU  PROVIDER          AMOUNT   DETAIL EOBS
  XX     XXXXXX  XX XX XX XX 9999.00   MMDDYY MMDDYY XXXXXXXXX   9,999,999.99   1041 2011 2023 2024 2025 2026 2027 2033 2034 2035
                                                                                 4062 4082 4083 4126 4212 4213 4215 4216 4217 4218
  XX     XXXXXX  XX XX XX XX 9999.00   MMDDYY MMDDYY XXXXXXXXX   9,999,999.99   4239 6074 6075 6076 6077 6078 6079 6084 6085 6111
                                                                                 6112 6113 6115 6116 6117 6118 6119 6120 6121 6122
  XX     XXXXXX  XX XX XX XX 9999.00   MMDDYY MMDDYY XXXXXXXXX   9,999,999.99   6124 6235 6270 6610 6611 6648 6748 6918 6921 7503
                                                                                 7504 7505 7506 7507 8020 8021 8022 8023 8024 8025
  XX     XXXXXX  XX XX XX XX 9999.00   MMDDYY MMDDYY XXXXXXXXX   9,999,999.99   8026 8027 8028 8039 8060 8061 8062 8063 8064 8065
                                                                                 8066 8067 8069 8079 8140 8141 8142 8143 8144 8145
                                TOTAL CMS 1500 CLAIMS DENIED:   99,999,999.99   99,999,999.99   9,999,999.99
```

2.8.29.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Billed Amount	This is the total dollar amount requested by the provider for the services billed on all the detail lines. This is arrived at by adding all the billed amounts on all the detail lines.	9	Number	T_DENY_PHYS_DTL	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Detail EOBS	These are the Explanation of Benefits (EOB) codes that apply to each detail line on the claim form.	4	Character	T_EOB	CDE_EOB
Header EOBS	These are the EOB codes that apply to the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of 20 EOB codes.	4	Character	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_DENY_PHYS_HDR	NUM_ICN
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
Member Number	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	30	Character	T_RE_BASE	ID MEDICAID
Modifiers	This column shows the modifiers used to further describe the service rendered. Up to four modifiers may be entered on each detail line.	2	Character	T_MODIFIER	CDE_PROC_MOD

Field	Description	Length	Data Type	DB Table	DB Attributes
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_DENY_PHYS_HDR	NUM_PAT_ACCT
PL SERV	This column shows the place of service code(s) indicating where the services were actually rendered. May occur six times depending on the number of detail lines billed.	2	Character	T_DENY_PHYS_DTL	CDE_POS
PROC CD	This column shows the HCPCS procedure code used to indicate what services were actually rendered to the member by the provider. May occur six times depending on the number of detail lines billed.	5	Character	T_PROC	CDE_PROC
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the Provider/Payee.	50	Character	T_PR_NAM	NAME
Rendering Provider	The number used to identify the provider that performed the service.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Service Dates - From	This is the earliest date of service on all the detail lines.	6	Character	T_DENY_PHYS_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines.	6	Character	T_DENY_PHYS_DTL	DTE_LAST_SVC

Field	Description	Length	Data Type	DB Table	DB Attributes
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_DENY_PHYS_HDR	CDE_SVC_LOC
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on) which must be spent on medical expenses prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	The state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
TPL Amount	Payments made by sources outside of the state medical assistance programs. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number	T_DENY_PHYS_DTL	TPL_AMT
Total CMS 1500 Claims Denied - Billed Amt	This amount reflects the total billed amount of all the CMS 1500 claims.	10	Number	N/A	Calculated Field
Total CMS 1500 Claims Denied - Spenddown Amt	This amount reflects the total of spenddown amounts for all the CMS 1500 claims denied.	9	Number	N/A	Calculated Field
Total CMS 1500 Claims Denied - TPL Amt	This amount reflects the total of all TPL amounts for the CMS 1500 claims denied.	10	Number	N/A	Calculated Field
Units	This shows the units of service being billed on each detail line. May occur six times depending on the number of detail lines billed.	6	Number	T_DENY_PHYS_DTL	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.29.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.29.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.29.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.30 CRA-PRPD-R -- Remittance Advice - CMS 1500 Claims Paid

This report lists CMS 1500 claims that were paid. The report is separated by individual claims and displays both header and detail data. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the medical professional provider a list of all CMS 1500 claims that are being paid along with explanations on any discrepancies between the billed and the paid amount.

2.8.30.1 Technical Name

CRA-PRPD-R

2.8.30.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.30.3 Remittance Advice - CMS 1500 Claims Paid Layout

```
REPORT:    CRA-PRPD-R                                    COMMONWEALTH OF KENTUCKY                                    DATE:
MM/DD/CCYY
   RA#:     999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM
                         PAGE:           5
                                                      PROVIDER REMITTANCE ADVICE
                                                         CMS 1500 CLAIMS PAID

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                    PAYEE ID
 9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                          NPI ID
         9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

              --ICN--        PAT NO.   SERVICE DATES                  BILLED       ALLOWED         TPL   SPENDDOWN    CO-PAY
REIMB.        PAID
                                        FROM   THRU                   AMOUNT        AMOUNT        AMOUNT   AMOUNT     AMOUNT
AMOUNT       AMOUNT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
            RRYYJJJBBBSSS 999999999999 MMDDYY MMDDYY            9,999,999.99                9,999,999.99
999,999.99              9,999,999.99
                                                                                9,999,999.99              999,999.99
9,999,999.99

HEADER EOBS:  0556 0562 0563 0564 0565 1017 1036 1037 1039 1040

                                      SERVICE DATES RENDERING        BILLED       ALLOWED
PL SERV  PROC CD  MODIFIERS   UNITS     FROM   THRU  PROVIDER         AMOUNT       AMOUNT    DETAIL EOBS
  NY     XXXXXX  XX XX XX XX 9999.00   MMDDYY MMDDYY XXXXXXXXX  9,999,999.99  9,999,999.99   1041 2011 2023 2024 2025 2026 2027 2033
2034 2035
                                                                                              4062 4082 4083 4126 4212 4213 4215 4216
4217 4218
  NY     XXXXXX  XX XX XX XX 9999.00   MMDDYY MMDDYY XXXXXXXXX  9,999,999.99  9,999,999.99   4239 6074 6075 6076 6077 6078 6079 6084
6085 6111
                                                                                              6112 6113 6115 6116 6117 6118 6119 6120
6121 6122
  NY     XXXXXX  XX XX XX XX 9999.00   MMDDYY MMDDYY XXXXXXXXX  9,999,999.99  9,999,999.99   6124 6235 6270 6610 6611 6648 6748 6918
6921 7503
                                                                                              7504 7505 7506 7507 8020 8021 8022 8023
8024 8025
  NY     XXXXXX  XX XX XX XX 9999.00   MMDDYY MMDDYY XXXXXXXXX  9,999,999.99  9,999,999.99   8026 8027 8028 8039 8060 8061 8062 8063
8064 8065
                                                                                              8066 8067 8069 8079 8140 8141 8142 8143
8144 8145

                                TOTAL CMS 1500 CLAIMS PAID:    99,999,999.99               99,999,999.99
9,999,999.99             99,999,999.99
                                                                                99,999,999.99            9,999,999.99
99,999,999.99
```

2.8.30.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Allowed Amount	This is the computed dollar amount allowable for the services rendered under the medical assistance program being billed. This amount is arrived at by adding all the allowable amounts for all the services described on the detail lines.	9	Number	T_PD_PHYS_DTL	AMT_ALWD
Billed Amount	This is the total dollar amount requested by the provider for the services billed on all the detail lines. This is arrived at by adding all the billed amounts on all the detail lines.	9	Number	T_PD_PHYS_DTL	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Co-Pay Amount	This is the dollar amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount.	8	Number	T_PD_PHYS_DTL	AMT_CO_PAY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Detail EOBS	These are the Explanation of Benefits (EOB) codes that apply to each detail line on the claim form.	4	Character	T_EOB	CDE_EOB
Header EOBS	These are the EOB codes that apply to the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of 20 EOB codes.	4	Character	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_PD_PHYS_HDR	NUM_ICN
Member NO	The unique identifier of the client.	12	Character	T_RE_BASE	ID MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Member Name	The name of the client.	29	Character	T_RE_BASE	CONCATENATION
Member Number	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	30	Character	T_RE_BASE	ID MEDICAID
Modifiers	This column shows the modifiers used to further describe the service rendered. Up to four modifiers may be entered on each detail line.	2	Character	T_MODIFIER	CDE_PROC_MOD
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_PD_PHYS_HDR	NUM_PAT_ACCT
PL SERV	This column shows the place of service code(s) indicating where the services were actually rendered. May occur six times depending on the number of detail lines billed.	2	Character	T_PD_PHYS_HDR	CDE_POS
PROC CD	This column shows the HCPCS procedure code used to indicate what services were actually rendered to the recipient by the provider. May occur six times depending on the number of detail lines billed.	5	Character	T_PROC	CDE_PROC
Paid Amount	This is the dollar amount paid for the services rendered. This is arrived at by computing the allowable amount for the services and deducting the TPL amount.	9	Number	T_PD_PHYS_DTL	AMT_PAID
Payee	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER

Field	Description	Length	Data Type	DB Table	DB Attributes
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_PD_PHYS_DTL	REIMBURSEMENT_AMT
Rendering Provider	The number used to identify the provider that performed the service.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Service Dates - From	This is the earliest date of service on all the detail lines.	6	Character	T_PD_PHYS_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines.	6	Character	T_PD_PHYS_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_PD_PHYS_HDR	CDE_SVC_LOC
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on) which must be spent on medical expenses prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE

Field	Description	Length	Data Type	DB Table	DB Attributes
TPL Amount	This is payments made by sources outside of the state Medical assistance programs. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number	T_PD_PHYS_HDR	TPL_AMT
Total CMS 1500 Claims Paid - Allowed Amt	This amount reflects the allowed amount total of all the CMS 1500 claims paid.	10	Number	N/A	Calculated Field
Total CMS 1500 Claims Paid - Billed Amt	This amount reflects the total billed amount of all the CMS 1500 claims.	10	Number	N/A	Calculated Field
Total CMS 1500 Claims Paid - Co-Pay Amt	This amount reflects the total of co-pay amounts for all the CMS 1500 claims paid.	9	Number	N/A	Calculated Field
Total CMS 1500 Claims Paid - Paid Amt	This amount reflects the total of all the CMS 1500 claims paid.	10	Number	N/A	Calculated Field
Total CMS 1500 Claims Paid - Reimb Amt	This amount reflects the total of all reimbursement amounts for the CMS 1500 claims paid.	10	Number	N/A	Calculated Field
Total CMS 1500 Claims Paid - Spenddown Amt	This amount reflects the total of spenddown amounts for all the CMS 1500 claims paid.	9	Number	N/A	Calculated Field
Total CMS 1500 Claims Paid - TPL Amt	This amount reflects the total of all TPL amounts for the CMS 1500 claims paid.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Units	This shows the units of service being billed on each detail line. May occur six times depending on the number of detail lines billed.	6	Number	T_PD_PHYS_DTL	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.30.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.30.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.30.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.31 CRA-PRSU-R -- Remittance Advice - CMS 1500 Claims In Process

This report lists CMS 1500 claims that are in suspense. The report is separated by individual claims and displays both header and detail data. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the medical professional provider a list of all CMS 1500 claims that are in suspense along with explanations on why they were suspended.

2.8.31.1 Technical Name

CRA-PRSU-R

2.8.31.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.31.3 Remittance Advice - CMS 1500 Claims In Process Layout

```
REPORT:    CRA-PRSU-R                                              COMMONWEALTH OF KENTUCKY                                 DATE:
MM/DD/CCYY
   RA#:     999999999                                        MEDICAID MANAGEMENT INFORMATION SYSTEM
      PAGE:           9
                                                                   PROVIDER REMITTANCE ADVICE
                                                                   CMS 1500 CLAIMS IN PROCESS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                  PAYEE ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                      NPI ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXX, XX 99999-9999

              --ICN--        PAT NO.   SERVICE DATES                 BILLED           TPL        SPENDDOWN
                                         FROM    THRU                AMOUNT         AMOUNT        AMOUNT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
            RRYYJJJBBBSSS 999999999999 MMDDYY MMDDYY            9,999,999.99   9,999,999.99    999,999.99

HEADER EOBS:  0556 0562 0563 0564 0565 1017 1036 1037 1039 1040

                                       SERVICE DATES RENDERING       BILLED
PL SERV  PROC CD  MODIFIERS   UNITS     FROM    THRU  PROVIDER       AMOUNT   DETAIL EOBS
  XX     XXXXXX  XX XX XX XX 9999.00   MMDDYY MMDDYY XXXXXXXXX  9,999,999.99  1041 2011 2023 2024 2025 2026 2027 2033 2034 2035
                                                                              4062 4082 4083 4126 4212 4213 4215 4216 4217 4218
  XX     XXXXXX  XX XX XX XX 9999.00   MMDDYY MMDDYY XXXXXXXXX  9,999,999.99  4239 6074 6075 6076 6077 6078 6079 6084 6085 6111
                                                                              6112 6113 6115 6116 6117 6118 6119 6120 6121 6122
  XX     XXXXXX  XX XX XX XX 9999.00   MMDDYY MMDDYY XXXXXXXXX  9,999,999.99  6124 6235 6270 6610 6611 6648 6748 6918 6921 7503
                                                                              7504 7505 7506 7507 8020 8021 8022 8023 8024 8025
  XX     XXXXXX  XX XX XX XX 9999.00   MMDDYY MMDDYY XXXXXXXXX  9,999,999.99  8026 8027 8028 8039 8060 8061 8062 8063 8064 8065
                                                                              8066 8067 8069 8079 8140 8141 8142 8143 8144 8145
                          TOTAL CMS 1500 CLAIMS IN PROCESS:    99,999,999.99  99,999,999.99   9,999,999.99
```

2.8.31.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the Payee.	31	Character	T_PR_ADR	CONCATENATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Billed Amount	This is the total dollar amount requested by the provider for the services billed on all the detail lines. This is arrived at by adding all the billed amounts on all the detail lines.	9	Number	T_SUSP_PHYS_DTL	AMT_BILLED
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Detail EOBS	These are the Explanation of Benefits (EOB) codes that apply to each detail line on the claim form.	4	Character	T_EOB	CDE_EOB
Header EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Character	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_SUSP_PHYS_HDR	NUM_ICN
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
Member Number	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	30	Character	T_RE_BASE	ID MEDICAID
Modifiers	This column shows the modifiers used to further describe the service rendered. Up to four modifiers may be entered on each detail line.	2	Character	T_MODIFIER	CDE_PROC_MOD

Field	Description	Length	Data Type	DB Table	DB Attributes
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	13	Character	T_SUSP_PHYS_HDR	NUM_PAT_ACCT
PL SERV	This column shows the place of service code(s) indicating where the services were actually rendered. May occur six times depending on the number of detail lines billed.	2	Character	T_SUSP_PHYS_DTL	CDE_POS
PROC CD	This column shows the HCPCS procedure code used to indicate what services were actually rendered to the member by the provider. May occur six times depending on the number of detail lines billed.	5	Character	T_PROC	CDE_PROC
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the Provider/Payee.	50	Character	T_PR_NAM	NAME
Rendering Provider	The number used to identify the provider that performed the service.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Service Dates - From	This is the earliest date of service on all the detail lines.	6	Character	T_SUSP_PHYS_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service on all the detail lines.	6	Character	T_SUSP_PHYS_DTL	DTE_LAST_SVC

Field	Description	Length	Data Type	DB Table	DB Attributes
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_SUSP_PHYS_HDR	CDE_SVC_LOC
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on.) which must be spent on medical expenses prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
TPL Amount	Payments made by sources outside of the state Medical assistance programs. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number	T_SUSP_PHYS_DTL	TPL_AMT
Total CMS 1500 Claims In Process - Billed Amt	This amount reflects the total billed amount of all the CMS 1500 Claims.	10	Number	N/A	Calculated Field
Total CMS 1500 Claims In Process - Spenddown Amt	This amount reflects the total of Spenddown amounts for all the CMS 1500 Claims In Process.	9	Number	N/A	Calculated Field
Total CMS 1500 Claims In Process - TPL Amt	This amount reflects the total of all TPL amounts for the CMS 1500 Claims In Process.	10	Number	N/A	Calculated Field
Units	This shows the units of service being billed on each detail line. May occur six times depending on the number of detail lines billed.	6	Number	T_SUSP_PHYS_DTL	QTY_BILLED
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.31.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.31.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.31.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.32 CRA-RTPM-R -- Remittance Advice - Return To Provider

The Provider Remittance Advice Return to Provider report is generated each claims payment cycle. Its purpose is to display ICN and reason code for each claim that was returned to the provider during the week.

2.8.32.1 Technical Name

CRA-RTPM-R

2.8.32.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

2.8.32.3 Remittance Advice - Return To Provider Layout

```
REPORT:    CRA-RTPM-R                         COMMONWEALTH OF KENTUCKY                                DATE:  MM/DD/CCYY
   RA#:     999999999                   MEDICAID MANAGEMENT INFORMATION SYSTEM                        PAGE:          9
                                              PROVIDER REMITTANCE ADVICE
                                                  RETURN TO PROVIDER

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                PAYEE ID
 9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                    NPI ID
        9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

CLAIM TYPE: XXXXXXXXXXXXXXXXXXXXXXX
                                             *  C L A I M S   R E T U R N E D  *
       ICN        REASON CODE
00524500562007799      21
00525000563007399      21

  CLAIMS RETURNED      ON THIS RA:        2
```

2.8.32.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
City	This is the provider's city.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Claim Type	This is the description of the claim type that was RTP'ed.	25	Character	DSC_CLM_TYP	T_CLAIM_TYPE
Claims Returned On This RA	This is the total count of all the RTP'ed claims for the cycle.	6	Number	Calculated Field	
Cycle Date	This is the date the payment was issued.	10	Character	N/A	N/A
ICN	The unique identifying accounts receivable number assigned during processing.	13	Character	N/A	N/A
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
Reason Code	The reason the return of the claim.	4	Number	N/A	N/A
State	This is the provider's state.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Zip	This is the provider's zip code.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.32.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.32.6 Associated Requirements

ID
30.050.007.002.7A

2.8.32.7 Change Orders

ID	Name	Description
615	rejected claims on the RA	There is a request to add rejected claims on the providers RA. These are claims that were not able to be processed by the claims engine yet had enough information to identify the provider. Examples of the RA are included at the bottom of the CO.

2.8.33 CRA-SUMM-R -- Remittance Advice Summary

The Provider Remittance Advice Summary is generated each claims payment cycle. Its purpose is to summarize for the provider all claim and financial activity for each weekly cycle and to report year-to-date totals of all claim and financial activity. In addition, it will supply the provider with information regarding lien payments which were made to lien holders by EDS during the current cycle and year-to-date.

2.8.33.1 Technical Name

CRA-SUMM-R

2.8.33.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.33.3 Remittance Advice Summary Layout

```
REPORT:   CRA-SUMM-R                                  COMMONWEALTH OF KENTUCKY                                    DATE:
MM/DD/CCYY
   RA#:    999999999                            MEDICAID MANAGEMENT INFORMATION SYSTEM                           PAGE:
     9,999
                                                      PROVIDER REMITTANCE ADVICE


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                    PAYEE ID
 9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                        NPI ID
         9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXX, XX 99999-9999

CHECK NUMBER 9999999
                                          --------------------------------CLAIMS DATA----------------------------

                                           CURRENT    BILLED        CURRENT          YEAR-TO-DATE    YEAR-TO-DATE
                                            NUMBER    AMOUNT         AMOUNT              NUMBER          AMOUNT
          CLAIMS PAID                      999,999  99,999,999.99  99,999,999.99        9,999,999     999,999,999.99
          CLAIM ADJUSTMENTS                999,999  99,999,999.99  99,999,999.99        9,999,999     999,999,999.99
          CLAIM MASS ADJUSTMENTS           999,999  99,999,999.99  99,999,999.99        9,999,999     999,999,999.99

             TOTAL CLAIMS PAYMENTS         999,999  99,999,999.99  99,999,999.99        9,999,999     999,999,999.99
          CLAIMS DENIED                    999,999  99,999,999.99                       9,999,999
          CLAIMS IN PROCESS                999,999  99,999,999.99                       9,999,999

                                               -----------------------EARNINGS DATA-----------------------
          PAYMENTS:
             CLAIMS PAYMENTS                                          99,999,999.99                     999,999,999.99

             CAPITATION PAYMENT†                                      99,999,999.99                     999,999,999.99
             PAYOUTS                                                  99,999,999.99                     999,999,999.99
             ACCOUNTS RECEIVABLE:
                CLAIM SPECIFIC:
                   CURRENT CYCLE                                     (99,999,999.99)                   (999,999,999.99)
                   OUTSTANDING FROM PREVIOUS CYCLES                  (99,999,999.99)                   (999,999,999.99)
                NON-CLAIM SPECIFIC                                   (99,999,999.99)                   (999,999,999.99)

             NET PAYMENT                                              99,999,999.99                     999,999,999.99

          NET EARNINGS                                                99,999,999.99                     999,999,999.99


† THIS AMOUNT MAY INCLUDE CAPITATION, CASE MANAGEMENT AND\OR LOCK-IN PAYMENTS.
  PLEASE REFER TO YOUR ROSTER FOR ADDITIONAL DETAIL.
```

2.8.33.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the payee.	31	Character	T_PR_ADR	CONCATENATED
Check/EFT Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	N/A	Calculated Field
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Current Amount Capitation Payment	The total dollar amount of the capitation payment for the current month. This dollar amount will only be reported on the first financial cycle of every month. In addition, this number will be reported on the Remittance Advice only for those providers who have received admin payments during the current year.	9	Number	N/A	Calculated Field
Current Amount Claim Adjustments	The total net dollar amount of all positive adjustments finalized during the current financial cycle. Negative adjustments which result in an A/R are reported below in the offsets section. Refund adjustments are reported in the Refunds section of the Remittance Advice.	9	Number	N/A	Calculated Field
Current Amount Claim Specific A/R (Offsets Current Cycle)	The total dollar amount of all claim specific accounts receivables established during the current financial cycle.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Current Amount Claim Specific Adjustment Refunds	The sum dollar amount of all claim specific refunds received and applied during the current weekly financial cycle.	9	Number	N/A	Calculated Field
Current Amount Claims Paid	The total dollar amount of the claims paid during the current weekly financial cycle.	9	Number	N/A	Calculated Field
Current Amount Claims Payments	The total dollar amount of all claims paid and positive adjustments finalized from the current weekly financial cycle. This number is propagated from the Total Claims Payment field of the Claims Data section.	9	Number	N/A	Calculated Field
Current Amount Lien Holder Payment	The total dollar amount which is being paid to the lien holder during the current weekly financial cycle. If there is more than one lien holder, each lien will be printed separately.	9	Number	N/A	Calculated Field
Current Amount Manual Payouts (Non Claim Specific)	Manual payouts entered into the system during the current financial cycle. This only includes those checks which were issued outside the system through a manual check write versus a system payout which is issued through the system.	9	Number	N/A	Calculated Field
Current Amount Net Earnings	Calculates the net earnings for the current weekly financial cycle. Calculation is as follows: Payments and manual payouts less offsets, refunds and voids.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Current Amount Net Payment	The sum of all claims payments less any offsets for the current financial cycle. This amount will equal the provider's weekly payment and the provider's check write. NOTE: If a lien has been assessed against a provider's payments, this number will still represent the total net payment for the provider, but the check write will be the payment less any lien payment amounts. A double asterisk (**) next to the net payment amount denotes that the actual check amount will be reduced by a lien which has been assessed against a provider's payments.	9	Number	N/A	Calculated Field
Current Amount Non Claim Specific Offsets	The total dollar amount of all non-claim specific accounts receivables established during the current financial cycle.	9	Number	N/A	Calculated Field
Current Amount Non Claim Specific Refunds	The sum dollar amount of all non-claim specific refunds received and applied during the current weekly financial cycle.	9	Number	N/A	Calculated Field
Current Amount Outstanding A/R from Prev Cycles	The total dollar amount of all claim specific accounts receivables established in previous cycles which have not been satisfied.	9	Number	N/A	Calculated Field
Current Amount State Share Amount	This is the amount of state share (a negative amount) for the current period.	9	Number	N/A	Calculated Field
Current Amount System Payouts (Non Claim Specific)	The total dollar amount of all non-claim specific payouts made to the provider for the current financial cycle.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Current Amount Total Claims Payments	The total dollar amount of all claims paid and the net dollar amount of all positive adjustments finalized during the current weekly cycle.	9	Number	N/A	Calculated Field
Current Amount Voids	The total dollar amount of all EDS issued checks which were voided during the current weekly financial cycle.	9	Number	N/A	Calculated Field
Current Number Claim Adjustments	The total net dollar amount of all positive adjustments finalized during the current financial cycle. Negative adjustments which result in an A/R are reported below in the offsets section. Refund adjustments are reported in the Refunds section of the Remittance Advice.	6	Number	N/A	Calculated Field
Current Number Claims Denied	The total number of claims denied during the current financial cycle.	6	Number	N/A	Calculated Field
Current Number Claims Paid	The total number of claims paid during the current weekly financial cycle.	6	Number	N/A	Calculated Field
Current Number Claims in Process	The total number of claims in process during the current weekly financial cycle.	6	Number	N/A	Calculated Field
Current Number Total Claims Payments	The total number of claims paid and adjustments finalized during the current weekly financial cycle.	6	Number	N/A	Calculated Field
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Lien Holder Name	Prints the name of the lien holder if a lien has been assessed against a provider' payments.	39	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated to the billing provider for this week's cycle, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the provider/payee.	50	Character	T_PR_NAM	NAME
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_PR_IDENTIFIER	CDE_SVC_LOC
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Y-T-D Amount Capitation Payment	The total dollar amount of the Capitation Payment year to date. This number will be reported on the Remittance Advice only for those providers who have received admin payments during the current year.	10	Number	N/A	Calculated Field
Y-T-D Amount Claim Specific A/R (Offsets Current Cycle)	The total dollar amount of all current cycle claim specific Accounts Receivables established year to date. This will be equal to the current cycle amount. Accumulated year to date totals for claims specific offsets will be reported in the previous cycle A/R year to date field.	10	Number	N/A	Calculated Field
Y-T-D Amount Claim Specific Adjustment Refunds	The sum dollar amount of all claims specific refunds received and applied year to date.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Y-T-D Amount Claims Adjustments	The total net dollar amount of all positive adjustments finalized year to date Negative adjustments and Refund adjustments are reported elsewhere on the Remittance Advice.	10	Number	N/A	Calculated Field
Y-T-D Amount Claims Paid	The total dollar amount of claims paid year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Claims Payments	The total dollar amount of all claims paid and the net dollar amount of all positive adjustments finalized year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Lien Holder Payment	The total dollar amount which has been paid to the lien holder year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Manual Payouts (Non Claim Specific)	Manual payouts issued year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Net Earnings	Calculates the net earnings year to date (calculation is the same as above).	10	Number	N/A	Calculated Field
Y-T-D Amount Net Payment	The sum of all claims payments less any offsets year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Non Claim Specific Refunds	The sum dollar amount of all non-claim specific refunds received and applied year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Non-Claim Specific Offsets	The total dollar amount of all non-claim specific Accounts Receivables established year to date.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Y-T-D Amount Outstanding A/R from Prev Cycles	The total dollar amount of all claim specific Accounts Receivables established year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount State Share Amount	This is the amount of State Share (a negative amount) for year-to-date.	10	Number	N/A	Calculated Field
Y-T-D Amount System Payouts (Non-Claim Specific)	The total dollar amount of all non-claim specific payouts made to the provider year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Total Claims Payments	The total dollar amount of all claims paid and positive adjustments finalized year to date. This number is propagated from the Total Claims Payment field of the Claims Data section.	10	Number	N/A	Calculated Field
Y-T-D Amount Voids	The total dollar amount of all voids for year.	10	Number	N/A	Calculated Field
Y-T-D Number Claims Adjustments	The total number of adjustments finalized year to date.	7	Number	N/A	Calculated Field
Y-T-D Number Claims Denied	The total number of claims denied year to date.	7	Number	N/A	Calculated Field
Y-T-D Number Claims In Process	The total number of claims in process year to date.	7	Number	N/A	Calculated Field
Y-T-D Number Claims Paid	The total number of claims paid year to date.	7	Number	N/A	Calculated Field
Y-T-D Number Total Claims Payments	The total number of claims paid and adjustments finalized year to date.	7	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.33.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.33.6 Associated Requirements

ID
30.050.009.002.2
30.090.009.002.3
30.090.009.003.1

2.8.33.7 Change Orders

ID	Name	Description
205	RA layout add MTD, AR scheds	The RA needs to be modified to display Month to Date totals on the summary page. The financial transaction section will also need to have additional A/R information displayed including the recoupment schedule.

2.8.34 CRA-TPLM-R -- Remittance Advice - TPL Information

This report lists Third Party Liability (TPL) information pertinent to claims processed during the current financial cycle. The purpose of this report is to give the provider a listing of all TPL carriers pertinent to the recipients to whom services were rendered. This report will provide information necessary for billing a third party carrier on claims denied for failing TPL edits.

2.8.34.1 Technical Name

CRA-TPLM-R

2.8.34.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.34.3 Remittance Advice - TPL Information Layout

```
REPORT:   CRA-TPLM-R                                              COMMONWEALTH OF KENTUCKY                                            DATE:
MM/DD/CCYY
   RA#:    999999999                                      MEDICAID MANAGEMENT INFORMATION SYSTEM                                      PAGE:
     9,999
                                                                 PROVIDER REMITTANCE ADVICE
                                                                         TPL INFORMATION

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                           PAYEE ID
 9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                               NPI ID
         9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

MEMBER NAME                       MEMBER NO.        --ICN--            CARRIER/EMP ID      CARRIER/EMPLOYER NAME
POLICY HOLDER NAME                POLICY NUMBER  /  GROUP NUMBER       BILLING ADDRESS

XXXXXXXXXXXXX X XXXXXXXXXXXXXXXX  XXXXXXXXXXXX   RRYYJJJBBBSS         XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXX/XXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX, XX  XXXXX-XXXX

XXXXXXXXXXXXX X XXXXXXXXXXXXXXXX  XXXXXXXXXXXX   RRYYJJJBBBSS         XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXX/XXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX, XX  XXXXX-XXXX

XXXXXXXXXXXXX X XXXXXXXXXXXXXXXX  XXXXXXXXXXXX   RRYYJJJBBBSS         XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXX/XXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX, XX  XXXXX-XXXX

XXXXXXXXXXXXX X XXXXXXXXXXXXXXXX  XXXXXXXXXXXX   RRYYJJJBBBSS         XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXX/XXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX, XX  XXXXX-XXXX

XXXXXXXXXXXXX X XXXXXXXXXXXXXXXX  XXXXXXXXXXXX   RRYYJJJBBBSS         XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXX/XXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX, XX  XXXXX-XXXX
```

2.8.34.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the Payee.	31	Character	T_PR_ADR	CONCATENATED
Billing Address	The address where insurance claims are to be sent to bill the other insurance carrier. This includes the street address, city, and state and nine-digit zip code.	80	Character	T_CARRIER	CONCATENATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Carrier/EMP ID	Number assigned to the member's insurance carrier or employer, if the employer is self insured.	7	Character	T_CARRIER	CDE_CARRIER
Carrier/Employer Name	The name of the insurance carrier or the name of the member's employer if the employer is self-insured.	45	Character	T_CARRIER	NAM_BUS
City	The city of the payee.	18	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Group Number	This is the number assigned to the employer group insured under the other insurance carrier. The group number does not apply to non-employer based policies.	16	Character	N/A	N/A
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_CLM_PGM_XREF	NUM_ICN
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	This is the name of the member.	29	Character	T_RE_BASE	CONCATENATION
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Policy Number	The individual identification number assigned to the policyholder by the private insurance carrier.	16	Character	T_POLICY_HOLDER	SAK_POL_HOLD

Field	Description	Length	Data Type	DB Table	DB Attributes
Policyholder Name	The name of the owner of the insurance policy under which the member could be covered. This may or may not be the member.	29	Character	T_POLICY_HOLDER	CONCATENATE
Provider Name	The name of the Provider/Payee.	50	Character	T_PR_NAM	NAME
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_CLM_PGM_XREF	CDE_SVC_LOC
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP
member Middle Initial	This is the middle initial of the member.	1	Character	T_RE_BASE	CONCATENATION

2.8.34.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.34.6 Associated Requirements

ID
30.090.009.002.11
30.090.009.002.3

2.8.34.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.35 CRA-TRAN-K -- Provider Remittance Advice (KenPAC Cycle)

The remittance advice lists KenPAC capitation claims, by provider, processed during the KenPAC cycle. The remittance advice is mailed to each provider having activity that cycle.

2.8.35.1 Technical Name

CRA-TRAN-K

2.8.35.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.35.3 Provider Remittance Advice (KenPAC Cycle) Layout

```
REPORT:    CRA-TRAN-R                                          COMMONWEALTH OF KENTUCKY                                     DATE:
MM/DD/CCYY
   RA#:    999999999                                    MEDICAID MANAGEMENT INFORMATION SYSTEM                              PAGE:
     9,999
                                                          PROVIDER REMITTANCE ADVICE - KENPAC
                                                                 FINANCIAL TRANSACTIONS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                 PAYEE ID
 9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                      NPI ID
        9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

                              ---------------NON-CLAIM SPECIFIC PAYOUTS TO PROVIDERS---------------

   TRANSACTION      PAYOUT     REASON   RENDERING     SVC DATE      MEMBER
     NUMBER         AMOUNT      CODE    PROVIDER     FROM   THRU    ID               MEMBER NAME

   99999999999  9,999,999.99  9999    999999999  MMDDYY MMDDYY  XXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   99999999999  9,999,999.99  9999    999999999  MMDDYY MMDDYY  XXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   99999999999  9,999,999.99  9999    999999999  MMDDYY MMDDYY  XXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   99999999999  9,999,999.99  9999    999999999  MMDDYY MMDDYY  XXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   99999999999  9,999,999.99  9999    999999999  MMDDYY MMDDYY  XXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   99999999999  9,999,999.99  9999    999999999  MMDDYY MMDDYY  XXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

            TOTAL PAYOUTS:    99,999,999.99

                              ----------------------------ACCOUNTS RECEIVABLE----------------------

                     SETUP       ORIGINAL      RECOUPMENT                          REASON   ADJUSTMENT
     A/R NUMBER      DATE         AMOUNT         AMOUNT          BALANCE            CODE     --ICN--
   XXXXXXXXXXXXX    MMDDYY    9,999,999.99   9,999,999.99    9,999,999.99      9999    RRYYJJJBBBSSS
                                          RECOUPMENT/PAYMENT SCHEDULE
    DUE DATE     AMOUNT DUE       DUE DATE     AMOUNT DUE       DUE DATE     AMOUNT DUE       DUE DATE      AMOUNT DUE
    MMDDCCYY   9,999,999.99       MMDDCCYY   9,999,999.99       MMDDCCYY   9,999,999.99       MMDDCCYY    9,999,999.99
    MMDDCCYY   9,999,999.99       MMDDCCYY   9,999,999.99       MMDDCCYY   9,999,999.99       MMDDCCYY    9,999,999.99

   XXXXXXXXXXXXX    MMDDYY    9,999,999.99   9,999,999.99    9,999,999.99      9999    RRYYJJJBBBSSS
   XXXXXXXXXXXXX    MMDDYY    9,999,999.99   9,999,999.99    9,999,999.99      9999    RRYYJJJBBBSSS
   XXXXXXXXXXXXX    MMDDYY    9,999,999.99   9,999,999.99    9,999,999.99      9999    RRYYJJJBBBSSS
   XXXXXXXXXXXXX    MMDDYY    9,999,999.99   9,999,999.99    9,999,999.99      9999    RRYYJJJBBBSSS
   XXXXXXXXXXXXX    MMDDYY    9,999,999.99   9,999,999.99    9,999,999.99      9999    RRYYJJJBBBSSS
   XXXXXXXXXXXXX    MMDDYY    9,999,999.99   9,999,999.99    9,999,999.99      9999    RRYYJJJBBBSSS

                    TOTAL RECOUPMENT        99,999,999.99


REPORT:    CRA-SUMM-R                                          COMMONWEALTH OF KENTUCKY                                     DATE:
MM/DD/CCYY
   RA#:    999999999                                    MEDICAID MANAGEMENT INFORMATION SYSTEM                              PAGE:
     9,999
                                                          PROVIDER REMITTANCE ADVICE - KENPAC
                                                                       SUMMARY

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                 PAYEE ID
 9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                      NPI ID
      9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

CHECK NUMBER 9999999
                                                 --------------------------------CLAIMS DATA-----------------------------

                                                  CURRENT     BILLED          CURRENT              YEAR-TO-DATE    YEAR-TO-DATE
                                                  NUMBER      AMOUNT           AMOUNT                 NUMBER          AMOUNT
          CLAIMS PAID                            999,999  99,999,999.99  99,999,999.99             9,999,999    999,999,999.99
          CLAIM ADJUSTMENTS                      999,999  99,999,999.99  99,999,999.99             9,999,999    999,999,999.99
          CLAIM MASS ADJUSTMENTS                 999,999  99,999,999.99  99,999,999.99             9,999,999    999,999,999.99

             TOTAL CLAIMS PAYMENTS               999,999  99,999,999.99  99,999,999.99             9,999,999    999,999,999.99
          CLAIMS DENIED                          999,999  99,999,999.99                            9,999,999
          CLAIMS IN PROCESS                      999,999  99,999,999.99                            9,999,999
                                                       -----------------------EARNINGS DATA-----------------------
          PAYMENTS:
             CLAIMS PAYMENTS                                             99,999,999.99                          999,999,999.99

             CAPITATION PAYMENT+                                         99,999,999.99                          999,999,999.99
             PAYOUTS                                                     99,999,999.99                          999,999,999.99
             ACCOUNTS RECEIVABLE:
                CLAIM SPECIFIC:
                   CURRENT CYCLE                                        (99,999,999.99)                        (999,999,999.99)
                   OUTSTANDING FROM PREVIOUS CYCLES                     (99,999,999.99)                        (999,999,999.99)
                NON-CLAIM SPECIFIC                                      (99,999,999.99)                        (999,999,999.99)

             NET PAYMENT                                                 99,999,999.99                          999,999,999.99

          NET EARNINGS                                                   99,999,999.99                          999,999,999.99

+ THIS AMOUNT MAY INCLUDE CAPITATION, CASE MANAGEMENT AND\OR LOCK-IN PAYMENTS.
  PLEASE REFER TO YOUR ROSTER FOR ADDITIONAL DETAIL.
```

2.8.35.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
A/R Number/ICN	The unique identifying Accounts Receivable number assigned during processing.	13	Character	T_ACCT_REC	SAK_ACCT_REC
Address	The address of the Payee.	31	Character	T_PR_ADR	CONCATENATED
Balance	The Account Receivable balance remaining after the current weekly financial cycle processes.	9	Number		Calculated Field
CCN (Cash Control Number)	This is the CCN assigned to the cash receipt.	11	Number	T_CASH_RECEIPT	SAK_CASH_RECEIPT
Check/EFT Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	N/A	Calculated Field
City	This is the provider's city.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Current Amount Capitation Payment	The total dollar amount of the Capitation Payment for the current month. This dollar amount will only be reported on the first financial cycle of every month. In addition, this number will be reported on the Remittance Advice only for those provider's w	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Current Amount Claim Adjustments	The total net dollar amount of all positive adjustments finalized during the current financial cycle. Negative adjustments which result in an A/R are reported below in the offsets section. Refund adjustments are reported in the Refunds section of the Re	9	Number	N/A	Calculated Field
Current Amount Claim Specific A/R (Offsets Current Cycle)	The total dollar amount of all claim specific Accounts Receivables established during the current financial cycle.	9	Number	N/A	Calculated Field
Current Amount Claim Specific Adjustment Refunds	The sum dollar amount of all claim specific refunds received and applied during the current weekly financial cycle.	9	Number	N/A	Calculated Field
Current Amount Claims Paid	The total dollar amount of the claims paid during the current weekly financial cycle.	9	Number	N/A	Calculated Field
Current Amount Claims Payments	The total dollar amount of all claims paid and positive adjustments finalized from the current weekly financial cycle. This number is propagated from the Total Claims Payment field of the Claims Data section.	9	Number	N/A	Calculated Field
Current Amount Lien Holder Payment	The total dollar amount which is being paid to the lien holder during the current weekly financial cycle. If there is more than one lien holder, each lien will be printed separately.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Current Amount Manual Payouts (Non Claim Specific)	Manual payouts entered into the system during the current financial cycle. This only includes those checks which were issued outside the system through a manual check write versus a system payout which is issued through the system.	9	Number	N/A	Calculated Field
Current Amount Net Earnings	Calculates the net earnings for the current weekly financial cycle. Calculation is as follows: Payments and manual payouts less offsets, refunds and voids.	9	Number	N/A	Calculated Field
Current Amount Net Payment	The sum of all claims payments less any offsets for the current financial cycle. This amount will equal the provider's weekly payment and the provider's check write. NOTE: If a lien has been assessed against a provider's payments, this number will stil	9	Number	N/A	Calculated Field
Current Amount Non Claim Specific Offsets	The total dollar amount of all non-claim specific accounts receivables established during the current financial cycle.	9	Number	N/A	Calculated Field
Current Amount Non Claim Specific Refunds	The sum dollar amount of all non-claim specific refunds received and applied during the current weekly financial cycle.	9	Number	N/A	Calculated Field
Current Amount Outstanding A/R from Prev Cycles	The total dollar amount of all claim specific Accounts Receivables established in previous cycles which have not been satisfied.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Current Amount State Share Amount	This is the amount of State Share (a negative amount) for the current period.	9	Number	N/A	Calculated Field
Current Amount System Payouts (Non Claim Specific)	The total dollar amount of all non-claim specific payouts made to the provider for the current financial cycle.	9	Number	N/A	Calculated Field
Current Amount Total Claims Payments	The total dollar amount of all claims paid and the net dollar amount of all positive adjustments finalized during the current weekly cycle.	9	Number	N/A	Calculated Field
Current Amount Voids	The total dollar amount of all EDS issued checks which were voided during the current weekly financial cycle.	9	Number	N/A	Calculated Field
Current Number Claim Adjustments	The total net dollar amount of all positive adjustments finalized during the current financial cycle. Negative adjustments which result in an A/R are reported below in the offsets section. Refund adjustments are reported in the Refunds section of the Re	6	Number	N/A	Calculated Field
Current Number Claims Denied	The total number of claims denied during the current financial cycle.	6	Number	N/A	Calculated Field
Current Number Claims Paid	The total number of claims paid during the current weekly financial cycle.	6	Number	N/A	Calculated Field
Current Number Claims in Process	The total number of claims in process during the current weekly financial cycle.	6	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Current Number Total Claims Payments	The total number of claims paid and adjustments finalized during the current weekly financial cycle.	6	Number	N/A	Calculated Field
Cycle Date	This is the date the payment was issued.	10	Character	N/A	N/A
Description	These are the English descriptions corresponding to the EOB codes that were used. These descriptions give the provider the reasons why submitted claims were suspended, denied or not paid in full.	100	Character	T_EOB	DSC_EOB
EOB Code	These are the Explanation of Benefits (EOB) codes that were applied to the submitted claims - either on the header or detail lines. These codes are used to explain why the claim is in suspense. There could be a maximum of twenty EOB codes per claim head	4	Number	T_EOB	CDE_EOB
Member Name	This is the Member's First and Last name. For expenditures, if there is member associated with this expenditure then a name will appear otherwise it will be blank.	30	Character	T_RE_BASE	CONCATENATION
Member Number	This is the Member's Medicaid identification number. For expenditures, if there is member associated with this expenditure then an id will appear otherwise it will be blank.	13	Character	T_RE_BASE	ID MEDICAID
Original Amount	The amount of the original A/R setup.	9	Number	T_ACCT_REC	AMT_SETUP
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER

Field	Description	Length	Data Type	DB Table	DB Attributes
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Payout Amount	The amount of the payout transaction.	9	Number	T_EXPENDITURE	AMT_PAID
Provider Name	The name of the Provider/Payee.	50	Character	T_PR_NAM	NAME
Reason Code (A/R)	The reason code which identifies the type and reason the A/R was established. This also will generate an Explanation of Benefits which gives a brief explanation of the A/R transaction.	4	Number	T_ACCT_REC	CDE_REASON_FOUR
Reason Code (Payout)	The reason code assigned to indicate why the payout/refund action was taken. This will also generate an associated Explanation of Benefits which gives a brief explanation of why the payout was issued.	4	Number	T_ACCT_REC	CDE_REASON_FOUR
Reason Code (Refund)	The reason the non-claim specific refund transaction was performed. This will also generate an associated Explanation of Benefits to be printed which gives a brief description of the action taken.	4	Number	T_ACCT_REC	CDE_REASON_FOUR
Recouped this Cycle	This is the dollar amount recouped this financial cycle.	9	Number	N/A	Calculated Field
Refund Amount	The non-claim specific refund amount.	9	Number	N/A	Calculated Field
Rendering Provider	The number used to identify the provider that performed the service.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER

Field	Description	Length	Data Type	DB Table	DB Attributes
SVC Date From	This is the earliest date of service on the expenditure.	6	Character	T_EXPENDITURE_SUPP_DTL	DTE_TO_DOS
SVC Date Thru	This is the last date of service of the expenditure.	6	Character	T_EXPENDITURE_SUPP_DTL	DTE_FROM_DOS
Setup Date	The date of the original A/R setup.	6	Character	T_ACCT_REC	DTE_AR_LIABILITY
State	This is the Provider's State.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Total Balance Amount	This is the sum of all balance amounts reported.	10	Number	N/A	Calculated Field
Total Payouts Amount	This is the sum of all payouts amounts reported.	10	Number	N/A	Calculated Field
Total Recouped	This is the total dollar amount recouped this cycle.	9	Number	N/A	Calculated Field
Total Refund Amount	This is the sum of all refund amounts reported.	10	Number	N/A	Calculated Field
Transaction Number	This is the number assigned by the system to uniquely identify the payout transaction.	11	Number	T_ACCT_REC	SAK_ACCT_REC
Y-T-D Amount Capitation Payment	The total dollar amount of the Capitation Payment year to date. This number will be reported on the Remittance Advice only for those providers who have received admin payments during the current year.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Y-T-D Amount Claim Specific A/R (Offsets Current Cycle)	The total dollar amount of all current cycle claim specific Accounts Receivables established year to date. This will be equal to the current cycle amount. Accumulated year to date totals for claims specific offsets will be reported in the previous cycle	10	Number	N/A	Calculated Field
Y-T-D Amount Claim Specific Adjustment Refunds	The sum dollar amount of all claims specific refunds received and applied year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Claims Adjustments	The total net dollar amount of all positive adjustments finalized year to date Negative adjustments and Refund adjustments are reported elsewhere on the Remittance Advice.	10	Number	N/A	Calculated Field
Y-T-D Amount Claims Paid	The total dollar amount of claims paid year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Claims Payments	The total dollar amount of all claims paid and the net dollar amount of all positive adjustments finalized year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Lien Holder Payment	The total dollar amount which has been paid to the lien holder year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Manual Payouts (Non Claim Specific)	Manual payouts issued year to date.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Y-T-D Amount Net Earnings	Calculates the net earnings year to date (calculation is the same as above).	10	Number	N/A	Calculated Field
Y-T-D Amount Net Payment	The sum of all claims payments less any offsets year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Non Claim Specific Refunds	The sum dollar amount of all non-claim specific refunds received and applied year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Non-Claim Specific Offsets	The total dollar amount of all non-claim specific Accounts Receivables established year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Outstanding A/R from Prev Cycles	The total dollar amount of all claim specific Accounts Receivables established year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount State Share Amount	This is the amount of State Share (a negative amount) for year-to-date.	10	Number	N/A	Calculated Field
Y-T-D Amount System Payouts (Non-Claim Specific)	The total dollar amount of all non-claim specific payouts made to the provider year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Total Claims Payments	The total dollar amount of all claims paid and positive adjustments finalized year to date. This number is propagated from the Total Claims Payment field of the Claims Data section.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Y-T-D Amount Voids	The total dollar amount of all voids for year.	10	Number	N/A	Calculated Field
Y-T-D Number Claims Adjustments	The total number of adjustments finalized year to date.	7	Number	N/A	Calculated Field
Y-T-D Number Claims Denied	The total number of claims denied year to date.	7	Number	N/A	Calculated Field
Y-T-D Number Claims In Process	The total number of claims in process year to date.	7	Number	N/A	Calculated Field
Y-T-D Number Claims Paid	The total number of claims paid year to date.	7	Number	N/A	Calculated Field
Y-T-D Number Total Claims Payments	The total number of claims paid and adjustments finalized year to date.	7	Number	N/A	Calculated Field
Zip	This is the Provider's Zip code.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.35.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.35.6 Associated Requirements

ID
No associated Requirements found.

2.8.35.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.36 CRA-TRAN-L -- Provider Remittance Advice (Lockin Cycle)

The remittance advice lists Lockin capitation claims, by provider, processed during the Lockin cycle. The remittance advice is mailed to each provider having activity that cycle.

2.8.36.1 Technical Name

CRA-TRAN-L

2.8.36.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.36.3 Provider Remittance Advice (Lockin Cycle) Layout

```
REPORT:   CRA-TRAN-R                                      COMMONWEALTH OF KENTUCKY                                              DATE:
MM/DD/CCYY
   RA#:    999999999                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                                     PAGE:
     9,999
                                                    PROVIDER REMITTANCE ADVICE - LOCKIN
                                                                 SUMMARY

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                   PAYEE ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                       NPI ID
         9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

CHECK NUMBER 9999999
                                                 --------------------------------CLAIMS DATA-----------------------------

                                                  CURRENT   BILLED         CURRENT           YEAR-TO-DATE    YEAR-TO-DATE
                                                   NUMBER   AMOUNT          AMOUNT              NUMBER          AMOUNT
          CLAIMS PAID                             999,999  99,999,999.99  99,999,999.99        9,999,999     999,999,999.99
          CLAIM ADJUSTMENTS                       999,999  99,999,999.99  99,999,999.99        9,999,999     999,999,999.99
          CLAIM MASS ADJUSTMENTS                  999,999  99,999,999.99  99,999,999.99        9,999,999     999,999,999.99

             TOTAL CLAIMS PAYMENTS                999,999  99,999,999.99  99,999,999.99        9,999,999     999,999,999.99
          CLAIMS DENIED                           999,999  99,999,999.99                       9,999,999
          CLAIMS IN PROCESS                       999,999  99,999,999.99                       9,999,999

                                                       -----------------------EARNINGS DATA-----------------------
          PAYMENTS:
             CLAIMS PAYMENTS                                              99,999,999.99                      999,999,999.99

             CAPITATION PAYMENT+                                          99,999,999.99                      999,999,999.99
             PAYOUTS                                                      99,999,999.99                      999,999,999.99
             ACCOUNTS RECEIVABLE:
                CLAIM SPECIFIC:
                   CURRENT CYCLE                                         (99,999,999.99)                    (999,999,999.99)
                   OUTSTANDING FROM PREVIOUS CYCLES                      (99,999,999.99)                    (999,999,999.99)
                NON-CLAIM SPECIFIC                                       (99,999,999.99)                    (999,999,999.99)

             NET PAYMENT                                                  99,999,999.99                      999,999,999.99

          NET EARNINGS                                                    99,999,999.99                      999,999,999.99

+ THIS AMOUNT MAY INCLUDE CAPITATION, CASE MANAGEMENT AND\OR LOCK-IN PAYMENTS.
  PLEASE REFER TO YOUR ROSTER FOR ADDITIONAL DETAIL.
```

2.8.36.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
A/R Number/ICN	The unique identifying Accounts Receivable number assigned during processing.	13	Character	T_ACCT_REC	SAK_ACCT_REC
Address	The address of the Payee.	31	Character	T_PR_ADR	CONCATENATED
Balance	The Account Receivable balance remaining after the current weekly financial cycle processes.	9	Number	N/A	Calculated Field
CCN (Cash Control Number)	This is the CCN assigned to the cash receipt.	11	Number	T_CASH_RECEIPT	SAK_CASH_RECEIPT
Check/EFT Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	N/A	Calculated Field
City	This is the provider's city.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Current Amount Capitation Payment	The total dollar amount of the Capitation Payment for the current month. This dollar amount will only be reported on the first financial cycle of every month. In addition, this number will be reported on the Remittance Advice only for those provider's w	9	Number	N/A	Calculated Field
Current Amount Claim Adjustments	The total net dollar amount of all positive adjustments finalized during the current financial cycle. Negative adjustments which result in an A/R are reported below in the offsets section. Refund adjustments are reported in the Refunds section of the Re	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Current Amount Claim Specific A/R (Offsets Current Cycle)	The total dollar amount of all claim specific Accounts Receivables established during the current financial cycle.	9	Number	N/A	Calculated Field
Current Amount Claim Specific Adjustment Refunds	The sum dollar amount of all claim specific refunds received and applied during the current weekly financial cycle.	9	Number	N/A	Calculated Field
Current Amount Claims Paid	The total dollar amount of the claims paid during the current weekly financial cycle.	9	Number	N/A	Calculated Field
Current Amount Claims Payments	The total dollar amount of all claims paid and positive adjustments finalized from the current weekly financial cycle. This number is propagated from the Total Claims Payment field of the Claims Data section.	9	Number	N/A	Calculated Field
Current Amount Lien Holder Payment	The total dollar amount which is being paid to the lien holder during the current weekly financial cycle. If there is more than one lien holder, each lien will be printed separately.	9	Number	N/A	Calculated Field
Current Amount Manual Payouts (Non Claim Specific)	Manual payouts entered into the system during the current financial cycle. This only includes those checks which were issued outside the system through a manual check write versus a system payout which is issued through the system.	9	Number	N/A	Calculated Field
Current Amount Net Earnings	Calculates the net earnings for the current weekly financial cycle. Calculation is as follows: Payments and manual payouts less offsets, refunds and voids.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Current Amount Net Payment	The sum of all claims payments less any offsets for the current financial cycle. This amount will equal the provider's weekly payment and the provider's check write. NOTE: If a lien has been assessed against a provider's payments, this number will stil	9	Number	N/A	Calculated Field
Current Amount Non Claim Specific Offsets	The total dollar amount of all non-claim specific accounts receivables established during the current financial cycle.	9	Number	N/A	Calculated Field
Current Amount Non Claim Specific Refunds	The sum dollar amount of all non-claim specific refunds received and applied during the current weekly financial cycle.	9	Number	N/A	Calculated Field
Current Amount Outstanding A/R from Prev Cycles	The total dollar amount of all claim specific Accounts Receivables established in previous cycles which have not been satisfied.	9	Number	N/A	Calculated Field
Current Amount State Share Amount	This is the amount of State Share (a negative amount) for the current period.	9	Number	N/A	Calculated Field
Current Amount System Payouts (Non Claim Specific)	The total dollar amount of all non-claim specific payouts made to the provider for the current financial cycle.	9	Number	N/A	Calculated Field
Current Amount Total Claims Payments	The total dollar amount of all claims paid and the net dollar amount of all positive adjustments finalized during the current weekly cycle.	9	Number	N/A	Calculated Field
Current Amount Voids	The total dollar amount of all EDS issued checks which were voided during the current weekly financial cycle.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Current Number Claim Adjustments	The total net dollar amount of all positive adjustments finalized during the current financial cycle. Negative adjustments which result in an A/R are reported below in the offsets section. Refund adjustments are reported in the Refunds section of the Re	6	Number	N/A	Calculated Field
Current Number Claims Denied	The total number of claims denied during the current financial cycle.	6	Number	N/A	Calculated Field
Current Number Claims Paid	The total number of claims paid during the current weekly financial cycle.	6	Number	N/A	Calculated Field
Current Number Claims in Process	The total number of claims in process during the current weekly financial cycle.	6	Number	N/A	Calculated Field
Current Number Total Claims Payments	The total number of claims paid and adjustments finalized during the current weekly financial cycle.	6	Number	N/A	Calculated Field
Cycle Date	This is the date the payment was issued.	10	Character	N/A	N/A
Description	These are the English descriptions corresponding to the EOB codes that were used. These descriptions give the provider the reasons why submitted claims were suspended, denied or not paid in full.	100	Character	T_EOB	DSC_EOB
EOB Code	These are the Explanation of Benefits (EOB) codes that were applied to the submitted claims - either on the header or detail lines. These codes are used to explain why the claim is in suspense. There could be a maximum of twenty EOB codes per claim head	4	Number	T_EOB	CDE_EOB

Field	Description	Length	Data Type	DB Table	DB Attributes
Member Name	This is the Member's First and Last name. For expenditures, if there is member associated with this expenditure then a name will appear otherwise it will be blank.	30	Character	T_RE_BASE	CONCATENATION
Member Number	This is the Member's Medicaid identification number. For expenditures, if there is member associated with this expenditure then an id will appear otherwise it will be blank.	13	Character	T_RE_BASE	ID MEDICAID
Original Amount	The amount of the original A/R setup.	9	Number	T_ACCT_REC	AMT_SETUP
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Payout Amount	The amount of the payout transaction.	9	Number	T_EXPENDITURE	AMT_PAID
Provider Name	The name of the Provider/Payee.	50	Character	T_PR_NAM	NAME
Reason Code (A/R)	The reason code which identifies the type and reason the A/R was established. This also will generate an Explanation of Benefits which gives a brief explanation of the A/R transaction.	4	Number	T_ACCT_REC	CDE_REASON_FOUR

Field	Description	Length	Data Type	DB Table	DB Attributes
Reason Code (Payout)	The reason code assigned to indicate why the payout/refund action was taken. This will also generate an associated Explanation of Benefits which gives a brief explanation of why the payout was issued.	4	Number	T_ACCT_REC	CDE_REASON_FOUR
Reason Code (Refund)	The reason the non-claim specific refund transaction was performed. This will also generate an associated Explanation of Benefits to be printed which gives a brief description of the action taken.	4	Number	T_ACCT_REC	CDE_REASON_FOUR
Recouped this Cycle	This is the dollar amount recouped this financial cycle.	9	Number	N/A	Calculated Field
Refund Amount	The non-claim specific refund amount.	9	Number	N/A	Calculated Field
Rendering Provider	The number used to identify the provider that performed the service.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
SVC Date From	This is the earliest date of service on the expenditure.	6	Character	T_EXPENDITURE_SUPP_DTL	DTE_TO_DOS
SVC Date Thru	This is the last date of service of the expenditure.	6	Character	T_EXPENDITURE_SUPP_DTL	DTE_FROM_DOS
Setup Date	The date of the original A/R setup.	6	Character	T_ACCT_REC	DTE_AR_LIABILITY
State	This is the Provider's State.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Total Balance Amount	This is the sum of all balance amounts reported.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Payouts Amount	This is the sum of all payouts amounts reported.	10	Number	N/A	Calculated Field
Total Recouped	This is the total dollar amount recouped this cycle.	9	Number	N/A	Calculated Field
Total Refund Amount	This is the sum of all refund amounts reported.	10	Number	N/A	Calculated Field
Transaction Number	This is the number assigned by the system to uniquely identify the payout transaction.	11	Number	T_ACCT_REC	SAK_ACCT_REC
Y-T-D Amount Capitation Payment	The total dollar amount of the Capitation Payment year to date. This number will be reported on the Remittance Advice only for those providers who have received admin payments during the current year.	10	Number	N/A	Calculated Field
Y-T-D Amount Claim Specific A/R (Offsets Current Cycle)	The total dollar amount of all current cycle claim specific Accounts Receivables established year to date. This will be equal to the current cycle amount. Accumulated year to date totals for claims specific offsets will be reported in the previous cycle	10	Number	N/A	Calculated Field
Y-T-D Amount Claim Specific Adjustment Refunds	The sum dollar amount of all claims specific refunds received and applied year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Claims Adjustments	The total net dollar amount of all positive adjustments finalized year to date Negative adjustments and Refund adjustments are reported elsewhere on the Remittance Advice.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Y-T-D Amount Claims Paid	The total dollar amount of claims paid year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Claims Payments	The total dollar amount of all claims paid and the net dollar amount of all positive adjustments finalized year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Lien Holder Payment	The total dollar amount which has been paid to the lien holder year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Manual Payouts (Non Claim Specific)	Manual payouts issued year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Net Earnings	Calculates the net earnings year to date (calculation is the same as above).	10	Number	N/A	Calculated Field
Y-T-D Amount Net Payment	The sum of all claims payments less any offsets year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Non Claim Specific Refunds	The sum dollar amount of all non-claim specific refunds received and applied year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Non-Claim Specific Offsets	The total dollar amount of all non-claim specific Accounts Receivables established year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Outstanding A/R from Prev Cycles	The total dollar amount of all claim specific Accounts Receivables established year to date.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Y-T-D Amount State Share Amount	This is the amount of State Share (a negative amount) for year-to-date.	10	Number	N/A	Calculated Field
Y-T-D Amount System Payouts (Non-Claim Specific)	The total dollar amount of all non-claim specific payouts made to the provider year to date.	10	Number	N/A	Calculated Field
Y-T-D Amount Total Claims Payments	The total dollar amount of all claims paid and positive adjustments finalized year to date. This number is propagated from the Total Claims Payment field of the Claims Data section.	10	Number	N/A	Calculated Field
Y-T-D Amount Voids	The total dollar amount of all voids for year.	10	Number	N/A	Calculated Field
Y-T-D Number Claims Adjustments	The total number of adjustments finalized year to date.	7	Number	N/A	Calculated Field
Y-T-D Number Claims Denied	The total number of claims denied year to date.	7	Number	N/A	Calculated Field
Y-T-D Number Claims In Process	The total number of claims in process year to date.	7	Number	N/A	Calculated Field
Y-T-D Number Claims Paid	The total number of claims paid year to date.	7	Number	N/A	Calculated Field
Y-T-D Number Total Claims Payments	The total number of claims paid and adjustments finalized year to date.	7	Number	N/A	Calculated Field
Zip	This is the Provider's Zip code.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.36.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.36.6 Associated Requirements

ID
No associated Requirements found.

2.8.36.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.37 CRA-TRAN-R -- Remittance Advice - Financial Transactions

This section of the Provider's Remittance Advice details the provider's weekly financial activity for both payouts and non-claim specific refunds received and applied during the current financial cycle. In addition, it lists all outstanding accounts receivables in A/R number order. The purpose is to give the provider a full accounting of their weekly financial activity. In addition, it informs the provider on a weekly basis of all of their outstanding accounts receivables.

2.8.37.1 Technical Name

CRA-TRAN-R

2.8.37.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.37.3 Remittance Advice - Financial Transactions Layout

```
REPORT:    CRA-TRAN-R                          COMMONWEALTH OF KENTUCKY                                    DATE:  MM/DD/CCYY
  RA#:      999999999                   MEDICAID MANAGEMENT INFORMATION SYSTEM                            PAGE:           9
                                              PROVIDER REMITTANCE ADVICE
                                                FINANCIAL TRANSACTIONS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                  PAYEE ID        9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                   NPI ID          9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 10000-9999

                          ---------------NON-CLAIM SPECIFIC PAYOUTS TO PROVIDERS---------------

  TRANSACTION                  PAYOUT    REASON  RENDERING          SVC DATE
    NUMBER      --CCN--       --AMOUNT--  CODE    PROVIDER           FROM   THRU          MEMBER NO.   MEMBER NAME

  99999999999  9999999999999  999,999,999.99  XXXX   XXXXXXXXXX       MMDDCCYY MMDDCCYY     XXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  99999999999  9999999999999  999,999,999.99  XXXX   XXXXXXXXXX       MMDDCCYY MMDDCCYY     XXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  99999999999  9999999999999  999,999,999.99  XXXX   XXXXXXXXXX       MMDDCCYY MMDDCCYY     XXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  99999999999  9999999999999  999,999,999.99  XXXX   XXXXXXXXXX       MMDDCCYY MMDDCCYY     XXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  99999999999  9999999999999  999,999,999.99  XXXX   XXXXXXXXXX       MMDDCCYY MMDDCCYY     XXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

          TOTAL PAYOUTS:   99,999,999.99

      ---------------NON-CLAIM SPECIFIC REFUNDS FROM PROVIDERS---------------

                   REFUND     REASON
    --CCN--      --AMOUNT--    CODE     MEMBER NO.   MEMBER NAME

   99999999999   9,999,999.99   XXXX     XXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   99999999999   9,999,999.99   XXXX     XXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   99999999999   9,999,999.99   XXXX     XXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   99999999999   9,999,999.99   XXXX     XXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                          ----------------------------ACCOUNTS RECEIVABLE----------------------

                   SETUP      RECOUPED      ORIGINAL    RECOUPMENT/ADJ                REASON
    A/R NUMBER     DATE      THIS CYCLE       AMOUNT        AMOUNT        BALANCE      CODE
  XXXXXXXXXXXXX   MMDDYY   9,999,999.99   99,999,999.99   9,999,999.99   9,999,999.99   9999
  XXXXXXXXXXXXX   MMDDYY   9,999,999.99   99,999,999.99   9,999,999.99   9,999,999.99   9999
                                   RECOUPMENT/PAYMENT SCHEDULE
   DUE DATE      AMOUNT DUE    DUE DATE      AMOUNT DUE    DUE DATE      AMOUNT DUE    DUE DATE      AMOUNT DUE
   MMDDCCYY   9,999,999.99    MMDDCCYY   9,999,999.99    MMDDCCYY   9,999,999.99    MMDDCCYY   9,999,999.99
   MMDDCCYY   9,999,999.99    MMDDCCYY   9,999,999.99    MMDDCCYY   9,999,999.99    MMDDCCYY   9,999,999.99

  XXXXXXXXXXXXX   MMDDYY   9,999,999.99   99,999,999.99   9,999,999.99   9,999,999.99   9999
  XXXXXXXXXXXXX   MMDDYY   9,999,999.99   99,999,999.99   9,999,999.99   9,999,999.99   9999

                   TOTAL RECOUPMENT      99,999,999.99
```

2.8.37.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
A/R Number/ICN	The unique identifying Accounts Receivable number assigned during processing.	13	Character	T_ACCT_REC	SAK_ACCT_REC
Address	The address of the Payee.	31	Character	T_PR_ADR	CONCATENATED
Amount Due	This is the amount of payment required for the payment plan.	13	Number	calculated field	
Balance	The Account Receivable balance remaining after the current weekly financial cycle processes.	9	Number	N/A	Calculated Field
CCN (Cash Control Number)	This is the CCN assigned to the cash receipt. This will be used when a provider has refunded a Medical Assistance Program in error or has over refunded one or more of the Medical Assistance Programs. For expenditures, if expenditure is tied to a cash receipt then this field will contain the corresponding CCN for the cash receipt otherwise it will remain blank.	11	Number	T_CASH_RECEIPT	SAK_CASH_RECEIPT
City	This is the provider's city.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This is the date the payment was issued.	10	Character	N/A	N/A
Due Date	This is the date a payment is due based on the AR payment plan setup for the AR.	10	Number	T_AR_PAYMENT_PLAN	DTE_DUE

Field	Description	Length	Data Type	DB Table	DB Attributes
Member Name	This is the Member's First and Last name. For expenditures, if there is member associated with this expenditure then a name will appear otherwise it will be blank.	30	Character	T_RE_BASE	CONCATENATION
Member Number	This is the Members' Medicaid identification number. For expenditures, if there is member associated with this expenditure then an id will appear otherwise it will be blank.	13	Character	T_RE_BASE	ID MEDICAID
NPI ID	This is the NPI number assigned to the provider	10	Number	T_FIN_PROCESS_PROV_ID	ID_PROV_NPI
Original Amount	The amount of the original A/R setup.	9	Number	T_ACCT_REC	AMT_SETUP
Payee ID	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Payout Amount	The amount of the payout transaction.	9	Number	T_EXPENDITURE	AMT_PAID
Provider Name	The name of the Provider/Payee.	50	Character	T_PR_NAM	NAME

Field	Description	Length	Data Type	DB Table	DB Attributes
RA#	This is the unique identifier assigned to the RA.	9	Number	T_FIN_REMIT	SAK_REMIT
Reason Code (A/R)	The reason code which identifies the type and reason the A/R was established. This also will generate an Explanation of Benefits which gives a brief explanation of the A/R transaction.	4	Number	T_ACCT_REC	CDE_REASON_FOUR
Reason Code (Payout)	The reason code assigned to indicate why the payout/refund action was taken. This will also generate an associated Explanation of Benefits which gives a brief explanation of why the payout was issued.	4	Number	T_ACCT_REC	CDE_REASON_FOUR
Reason Code (Refund)	The reason the non-claim specific refund transaction was performed. This will also generate an associated Explanation of Benefits to be printed which gives a brief description of the action taken.	4	Number	T_ACCT_REC	CDE_REASON_FOUR
Recouped this Cycle	This is the dollar amount recouped this financial cycle.	9	Number	N/A	Calculated Field
Recoupment/Adj/Amount	This is the amount of adjustment and recoupment dispositions that have occurred against the AR.	13	Number	T_AR_DISP	AMT

Field	Description	Length	Data Type	DB Table	DB Attributes
Refund Amount	The non-claim specific refund amount.	9	Number	N/A	Calculated Field
Rendering Provider	The number used to identify the provider that performed the service.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
SVC Date From	This is the earliest date of service on the expenditure.	6	Character	T_EXPENDITURE_SUPP_DTL	DTE_TO_DOS
SVC Date Thru	This is the last date of service of the expenditure.	6	Character	T_EXPENDITURE_SUPP_DTL	DTE_FROM_DOS
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_PR_IDENTIFIER	CDE_SVC_LOC
Setup Date	The date of the original A/R setup.	6	Character	T_ACCT_REC	DTE_AR_LIABILITY
State	This is the Provider's State.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Total Balance Amount	This is the sum of all balance amounts reported.	10	Number	N/A	Calculated Field
Total Payouts Amount	This is the sum of all payouts amounts reported.	10	Number	N/A	Calculated Field
Total Recouped	This is the total dollar amount recouped this cycle.	9	Number	N/A	Calculated Field
Total Refund Amount	This is the sum of all refund amounts reported.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Transaction Number	This is the number assigned by the system to uniquely identify the payout transaction.	11	Number	T_ACCT_REC	SAK_ACCT_REC
Zip	This is the Provider's Zip code.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.37.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.37.6 Associated Requirements

ID
30.050.009.002.2
30.090.009.002.11
30.090.009.002.3
30.090.009.002.6

2.8.37.7 Change Orders

ID	Name	Description
205	RA layout add MTD, AR scheds	The RA needs to be modified to display Month to Date totals on the summary page. The financial transaction section will also need to have additional A/R information displayed including the recoupment schedule.

2.8.38 CRA-XAAD-R -- Remittance Advice - Medicare Crossover Part A Claim Adjustments

This report lists Medicare crossover part A claims that were adjusted. The report is separated by individual claims. It displays the header data for both the claims being adjusted (Original) and the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the provider a list of all Medicare crossover part A claims that were adjusted along with explanations on why they were adjusted.

2.8.38.1 Technical Name

CRA-XAAD-R

2.8.38.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.38.3 Remittance Advice - Medicare Crossover Part A Claim Adjustments Layout

```
REPORT:   CRA-XAAD-R                                           COMMONWEALTH OF KENTUCKY                                          DATE:
MM/DD/CCYY
   RA#:    999999999                                    MEDICAID MANAGEMENT INFORMATION SYSTEM                                    PAGE:
9,999
                                                              PROVIDER REMITTANCE ADVICE
                                                        MEDICARE CROSSOVER PART A CLAIM ADJUSTMENTS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                     PAYEE ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                         NPI ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

              ICN       SERVICE DATES      ADMIT  ATTENDING   SPENDDOWN    BLOOD    M E D I C A R E        M  E  D  I  C  A  I  D
             PAT NO.     FROM   THRU  DAYS DATE   PROVIDER    COPAY AMT    DEDUCT   DEDUCT  CO-INS   BILLED   TPL AMT     PAID AMT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
          RRYYJJJBBBSSS MMDDYY MMDDYY 999 MMDDYY  999999999 (999,999.99) (999,999.99)    (999,999.99)     (9,999,999.99)
           XXXXXXXXXXXX                                     (999,999.99)        (999,999.99)     (9,999,999.99)     (9,999,999.99)
          RRYYJJJBBBSSS MMDDYY MMDDYY 999 MMDDYY  999999999  999,999.99   999,999.99      999,999.99       9,999,999.99
           XXXXXXXXXXXX                                      999,999.99         999,999.99       9,999,999.99       9,999,999.99

                                                                                                     NET OVERPAYMENT
             9,999,999.99
                                                                                                     REFUND AMOUNT APPLIED
9,999,999.99

ADJUSTMENT REASON:  9999
EOBS  00  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      01  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      02  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      03  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      04  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      05  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      06  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
```

2.8.38.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Additional Payment	This provides the additional payment amount when the adjustment results in a positive Paid Amount.	9	Number	N/A	Calculated Field
Address	The address of the Payee.	31	Character	T_PR_ADR	CONCATENATED
Adjustment Reason	This is the reason code that identifies why the adjustment took place.	4	Number	T_EOB	CDE_EOB
Admit Date	This is the date the member was admitted into the hospital.	6	Character	T_MPHX_UB92_HDR2	DTE ADMISSION
Attending Provider	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Blood Deduct Amount	Amount that is paid towards a Medicare claim for blood deduct.	8	Number	T_FINAL_UB92_XOVER	AMT_DECUCT_BLOOD
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Co-Pay	The dollar amount of member liability on a claim that is to be collected by the provider at the time the service is rendered. Copay is used interchangeably with coinsurance. It is the patient's liability for a medical bill. For example, some pharmacy programs require that the patient pay a specific amount toward each prescription filled. The fee will not be charged for the following members: individuals under 21, or members in nursing facilities and intermediate care facilities for the mentally retarded.	8	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE

Field	Description	Length	Data Type	DB Table	DB Attributes
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Days	This is the number of days the member was in the hospital.	3	Number	N/A	Calculated Field
EOB Sequence Number	This is the sequential line number of the EOB code line.	2	Number	T_EOB	CDE_EOB
EOBS	These are the Explanation of Benefits (EOB) codes that apply to the adjusted claim. These codes are used to explain why the claim was adjusted. There could be a maximum of twenty EOB codes.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Character	T_MPHX_UB92_HDR2	NUM_ICN
Medicaid Billed Amount	This is the dollar amount billed by the provider for the hospitalization stay.	9	Number	T_MPHX_UB92_HDR2	AMT_BILLED
Medicaid Paid Amount	This is the dollar amount that is payable for the hospitalization stay.	9	Number	T_MPHX_UB92_HDR2	AMT_PAID
Medicaid Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_MPHX_UB92_HDR2	AMT_REIMBURSEMENT

Field	Description	Length	Data Type	DB Table	DB Attributes
Medicaid TPL Amount	Indicates the payments made by sources outside of the state Medical Assistance Programs. This amount is deducted from the allowed amount to arrive at the paid amount. The Medicaid TPL amount includes the Medicaid TPL and spenddown dollar amounts.	9	Number	T_MPHX_UB92_HDR2	AMT_TPL
Medicare CO-INS Amount	This is the dollar amount that the member should pay and is deducted from the allowed amount to arrive at the Medicare paid amount.	8	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Medicare Deduct Amount	Indicates the dollar amount that the member is responsible for paying. The Medicare deductible amount includes the Medicare deductible and blood deductible dollar amounts. This dollar amount will crossover and be paid by Medicaid.	8	Number	T_FINAL_UB92_XOVER	AMT_DEDUCT
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
Net Overpayment	This provides the net overpayment amount when the adjustment results in a negative Paid Amount and an accounts receivable (setup) transaction is established.	9	Number	N/A	Calculated Field
PAT NO	Unique number assigned by the provider. This is usually used for filing or tracking purposes.	30	Character	T_MPHX_UB92_HDR2	NUM_PAT_ACCT

Field	Description	Length	Data Type	DB Table	DB Attributes
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the Provider/Payee.	50	Character	T_PR_NAM	NAME
Refund Amount Applied	This provides the refund amount applied when the adjustment results in a negative Paid Amount and cash is applied in the payment cycle.	9	Number	N/A	Calculated Field
Rendering Provider	The number used to identify the rendering provider.	10	Number	T_PR_INDENTIFIER	ID_PROVIDER
Service Dates - From	This is the earliest date of service or the admit date.	6	Character	T_MPHX_UB92_HDR2	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service or discharge date.	6	Character	T_MPHX_UB92_HDR2	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_MPHX_UB92_HDR2	CDE_SVC_LOC

Field	Description	Length	Data Type	DB Table	DB Attributes
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on.) which must be spent on medical needs prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Total Medicare Crossover Part A Claim Adjustments - Billed Amt	This amount reflects the total billed amount of the Medicare Crossover Part A Claims.	10	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claim Adjustments - Blood Deduct	This amount reflects the total of all blood deduct amounts for the Medicare Crossover Part A Claim Adjustments.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claim Adjustments - Co-Pay Amt	This amount reflects the total of all co-pay amounts for the Medicare Crossover Part A Claim Adjustments.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claim Adjustments - Co-ins Amt	This amount reflects the total of all co-ins amounts for the Medicare Crossover Part A Claim Adjustments.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Medicare Crossover Part A Claim Adjustments - Deduct	This amount reflects the total of all deduct amounts for the Medicare Crossover Part A Claim Adjustments.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claim Adjustments - Paid Amt	This amount reflects the total of all the Medicare Crossover Part A Claim Adjustments.	10	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claim Adjustments - Spenddown Amt	This amount reflects the total of spenddown amounts for all the Medicare Crossover Part A Claim Adjustments.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claim Adjustments - TPL Amt	This amount reflects the total of all TPL amounts for the Medicare Crossover Part A Claim Adjustments.	10	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claims Adjustments - Reimb Amt	This amount reflects the total of all reimbursement amounts for the Medicare Crossover Part A claims.	10	Number	N/A	Calculated Field
Total No. Adj	This is the total number of all claims adjusted for the current financial cycle.	6	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.38.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.38.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.14
30.090.009.002.15
30.090.009.002.3
30.090.009.002.4

2.8.38.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.39 CRA-XAAM-R -- Remittance Advice - Medicare Crossover Part A Claim Mass Adjustments

This report lists Medicare crossover part A claims that were mass adjusted. The report is separated by individual claims. It displays the header data for both the claims being mass adjusted (Original) and the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the provider a list of all Medicare crossover part A claims that were mass adjusted along with explanations on why they were adjusted.

2.8.39.1 Technical Name

CRA-XAAM-R

2.8.39.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.39.3 Remittance Advice - Medicare Crossover Part A Claim Mass Adjustments Layout

```
REPORT:   CRA-XAAM-R                            COMMONWEALTH OF KENTUCKY                                    DATE:
MM/DD/CCYY
   RA#:    999999999                        MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE:
9,999
                                                   PROVIDER REMITTANCE ADVICE
                                          MEDICARE CROSSOVER PART A CLAIM MASS ADJUSTMENTS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                 PAYEE ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                     NPI ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

              ICN       SERVICE DATES      ADMIT  ATTENDING   SPENDDOWN    BLOOD    M E D I C A R E       M  E  D  I  C  A  I  D
             PAT NO.      FROM   THRU  DAYS DATE   PROVIDER    COPAY AMT    DEDUCT   DEDUCT  CO-INS   BILLED   TPL AMT     PAID AMT

MEMBER NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX    MEMBER NO.: XXXXXXXXXXXX
          RRYYJJJBBBSSS MMDDYY MMDDYY 999 MMDDYY  999999999  (999,999.99) (999,999.99)    (999,999.99)     (9,999,999.99)
           XXXXXXXXXXXX                                      (999,999.99)       (999,999.99)     (9,999,999.99)     (9,999,999.99)
          RRYYJJJBBBSSS MMDDYY MMDDYY 999 MMDDYY  999999999   999,999.99   999,999.99      999,999.99       9,999,999.99
           XXXXXXXXXXXX                                       999,999.99         999,999.99      9,999,999.99       9,999,999.99

                                                                                                                NET OVERPAYMENT
9,999,999.99
                                                                                                                REFUND AMOUNT APPLIED
9,999,999.99
ADJUSTMENT REASON:  9999
EOBS  00  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      01  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      02  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      03  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      04  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      05  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      06  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

            TOTAL MEDICARE CROSSOVER PART A ADJ CLAIMS:     9,999,999.99 9,999,999.99    9,999,999.99      99,999,999.99
                                                            9,999,999.99         9,999,999.99     99,999,999.99      99,999,999.99
```

2.8.39.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Additional Payment	This provides the additional payment amount when the adjustment results in a positive Paid Amount.	9	Number	N/A	Calculated Field
Address	The address of the Payee.	31	Character	T_PR_ADR	CONCATENATED
Adjustment Reason	This is the reason code that identifies why the adjustment took place.	4	Number	T_EOB	CDE_EOB
Admit Date	This is the date the member was admitted into the hospital.	10	Character	T_MPHX_INP_HDR	DTE ADMISSION
Attending Provider	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Blood Deduct Amount	Amount that is paid towards a Medicare claim for blood deduct.	9	Number	T_FINAL_UB92_XOVER	AMT_DECUCT_BLOOD
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Co-Pay	The dollar amount of member liability on a claim that is to be collected by the provider at the time the service is rendered. Copay is used interchangeably with coinsurance. It is the patient's liability for a medical bill. For example, some pharmacy programs require that the patient pay a specific amount toward each prescription filled. The fee will not be charged for the following members: individuals under 21, or members in nursing facilities and intermediate care facilities for the mentally retarded.	9	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE

Field	Description	Length	Data Type	DB Table	DB Attributes
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Days	This is the number of days the member was in the hospital.	3	Number	N/A	Calculated Field
EOB Sequence Number	This is the sequential line number of the EOB code line.	4	Number	T_EOB	CDE_EOB
EOBS	These are the Explanation of Benefits (EOB) codes that apply to the adjusted claim. These codes are used to explain why the claim was adjusted. There could be a maximum of twenty EOB codes.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Character	T_MPHX_INP_HDR	NUM_ICN
Medicaid Billed Amount	This is the dollar amount billed by the provider for the hospitalization stay.	9	Number		Calculated Field
Medicaid Paid Amount	This is the dollar amount that is payable for the hospitalization stay.	9	Number	T_MPHX_INP_HDR	AMT_PAID
Medicaid Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_MPHX_INP_HDR	AMT_REIMBURSEMENT

Field	Description	Length	Data Type	DB Table	DB Attributes
Medicaid TPL Amount	Indicates the payments made by sources outside of the state Medical Assistance Programs. This amount is deducted from the allowed amount to arrive at the paid amount. The Medicaid TPL amount includes the Medicaid TPL and spenddown dollar amounts.	9	Number	T_MPHX_INP_HDR	AMT_TPL
Medicare CO-INS Amount	This is the dollar amount that the member should pay and is deducted from the allowed amount to arrive at the Medicare paid amount.	9	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Medicare Deduct Amount	Indicates the dollar amount that the member is responsible for paying. The Medicare deductible amount includes the Medicare deductible and blood deductible dollar amounts. This dollar amount will crossover and be paid by Medicaid.	9	Number	T_FINAL_UB92_XOVER	AMT_DEDUCT
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member	29	Character	T_RE_BASE	CONCATENATION
Net Overpayment	This provides the net overpayment amount when the adjustment results in a negative Paid Amount and an accounts receivable (setup) transaction is established.	9	Number	N/A	Calculated Field
PAT NO	Unique number assigned by the provider. This is usually used for filing or tracking purposes.	9	Character	T_MPHX_INP_HDR	NUM_PAT_ACCT

Field	Description	Length	Data Type	DB Table	DB Attributes
Payee Number	The provider number for the provider receiving the payment and remittance advice.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the Provider/Payee.	50	Character	T_PR_NAM	NAME
Refund Amount Applied	This provides the refund amount applied when the adjustment results in a negative Paid Amount and cash is applied in the payment cycle.	9	Number	N/A	Calculated Field
Rendering Provider	The number used to identify the rendering provider.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Service Dates - From	This is the earliest date of service or the admit date.	10	Character	T_MPHX_INP_HDR	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service or discharge date.	10	Character	T_MPHX_INP_HDR	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_MPHX_INP_HDR	CDE_SVC_LOC

Field	Description	Length	Data Type	DB Table	DB Attributes
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on.) which must be spent on medical needs prior to Medicaid benefits being available.	9	Number	N/A	Calculated Field
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Total Medicare Crossover Part A Claim Adjustments - Billed Amt	This amount reflects the total billed amount of the Medicare Crossover Part A Claims.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claim Adjustments - Blood Deduct	This amount reflects the total of all blood deduct amounts for the Medicare Crossover Part A Claim Adjustments.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claim Adjustments - Co-Pay Amt	This amount reflects the total of all co-pay amounts for the Medicare Crossover Part A Claim Adjustments.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claim Adjustments - Co-ins Amt	This amount reflects the total of all co-ins amounts for the Medicare Crossover Part A Claim Adjustments.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Medicare Crossover Part A Claim Adjustments - Deduct	This amount reflects the total of all deduct amounts for the Medicare Crossover Part A Claim Adjustments.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claim Adjustments - Paid Amt	This amount reflects the total of all the Medicare Crossover Part A Claim Adjustments.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claim Adjustments - Paid Amt	This amount reflects the total of spenddown amounts for all the Medicare Crossover Part A Claim Adjustments.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claim Adjustments - TPL Amt	This amount reflects the total of all TPL amounts for the Medicare Crossover Part A Claim Adjustments.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claims Adjustments - Reimb Amt	This amount reflects the total of all reimbursement amounts for the Medicare Crossover Part A claims.	9	Number	N/A	Calculated Field
Total No. Adj	This is the total number of all claims adjusted for the current financial cycle.	6	Number	N/A	Calculated Field
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.39.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.39.6 Associated Requirements

ID
No associated Requirements found.

2.8.39.7 Change Orders

ID	Name	Description
1133	Add Mass Adj sec to the Prov RA	Modify the RA to include a Mass Adjustment section for each claim types. This will look like the normal adjustment section only it will contain the adjustments as a result of a Mass adjustment.

2.8.40 CRA-XADN-R -- Remittance Advice - Medicare Crossover Part A Claims Denied

This report lists Medicare crossover part A claims that were denied. Part A crossover claims consist of inpatient, home health, and extended care claims. The report is separated by individual claims and displays header and detail data. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the provider a list of all Medicare crossover part A claims that denied along with the explanations of benefits explaining the reason for denial.

2.8.40.1 Technical Name

CRA-XADN-R

2.8.40.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.40.3 Remittance Advice - Medicare Crossover Part A Claims Denied Layout

```
REPORT:   CRA-XADN-R                                    COMMONWEALTH OF KENTUCKY                                    DATE:
MM/DD/CCYY
   RA#:    999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                            PAGE:
9,999
                                                       PROVIDER REMITTANCE ADVICE
                                                 MEDICARE CROSSOVER PART A CLAIMS DENIED


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                    PAYEE ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                         NPI ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999


            --ICN--    SERVICE DATES      ADMIT  ATTENDING   SPENDDOWN      BLOOD      M E D I C A R E        M  E  D  I  C  A  I  D
            PAT NO.     FROM   THRU  DAYS DATE   PROVIDER                   DEDUCT     DEDUCT        CO-INS      BILLED     TPL AMT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
          RRYYJJJBBBSSS MMDDYY MMDDYY 999 MMDDYY  999999999   999,999.99   999,999.99              999,999.99             9,999,999.99
           XXXXXXXXXXXX                                                                  999,999.99             9,999,999.99

EOBS  00  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      01  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      02  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      03  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      04  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      05  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      06  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

         TOTAL MEDICARE CROSSOVER PART A CLAIMS DENIED:                  9,999,999.99            9,999,999.99
99,999,999.99
                                                                 9,999,999.99            9,999,999.99            99,999,999.99
```

2.8.40.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the Payee.	31	Character	T_PR_ADR	CONCATENATED
Admit Date	This is the date the member was admitted into the hospital.	6	Character	T_MPHX_UB92_HDR2	DTE ADMISSION

Field	Description	Length	Data Type	DB Table	DB Attributes
Attending Provider	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Blood Deduct Amount	Amount that is paid towards a Medicare claim for blood deduct.	8	Number	T_FINAL_UB92_XOVER	AMT_DECUCT_BLOOD
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Days	This is the number of days the member was in the hospital.	3	Number	N/A	Calculated Field
EOB Sequence Number	This is the sequential line number of the EOB code line.	2	Number	T_EOB	CDE_EOB
EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim. There could be a maximum of twenty EOB codes.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_MPHX_UB92_HDR2	NUM_ICN
Medicaid Billed Amount	This is the dollar amount billed by the provider for the hospitalization stay.	9	Number	T_MPHX_UB92_HDR2	AMT_BILLED
Medicaid TPL Amount	This indicates the payments made by sources outside of the state Medical Assistance Programs. This amount is deducted from the allowed amount to arrive at the paid amount. The Medicaid TPL amount includes the Medicaid TPL and spenddown dollar amounts.	9	Number	T_MPHX_UB92_HDR2	AMT_TPL

Field	Description	Length	Data Type	DB Table	DB Attributes
Medicare CO-INS Amount	This is the dollar amount that the member should pay and is deducted from the allowed amount to arrive at the Medicare paid amount.	8	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Medicare Deduct Amount	This indicates the dollar amount that the member is responsible for paying. The Medicare deductible amount includes the Medicare deductible and blood deductible dollar amounts. This dollar amount will crossover and be paid by Medicaid.	8	Number	T_FINAL_UB92_XOVER	AMT_DEDUCT
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
PAT NO	Unique number assigned by the provider. This is usually used for filing or tracking purposes.	30	Character	T_MPHX_UB92_HDR2	NUM_PAT_ACCT
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the Provider/Payee.	50	Character	T_PR_NAM	NAME
Rendering Provider	The number that identifies the rendering provider.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER

Field	Description	Length	Data Type	DB Table	DB Attributes
Service Dates - From	This is the earliest date of service or the admit date.	6	Character	T_MPHX_UB92_HDR2	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service or discharge date.	6	Character	T_MPHX_UB92_HDR2	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_MPHX_UB92_HDR2	CDE_SVC_LOC
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on.) which must be spent on medical needs prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Total Medicare Crossover Part A Claims Denied - Billed Amt	This amount reflects the total billed amount of all the Medicare Crossover Part A Claims.	10	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claims Denied - Blood Deduct	This amount reflects the total of all blood deduct amounts for the Medicare Crossover Part A Claims Denied.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Medicare Crossover Part A Claims Denied - Co-ins Amt	This amount reflects the total of all co-ins amounts for the Medicare Crossover Part A Claims Denied.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claims Denied - Deduct	This amount reflects the total of all deduct amounts for the Medicare Crossover Part A Claims Denied.	10	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claims Denied - Spenddown Amt	This amount reflects the total of spenddown amounts for all the Medicare Crossover Part A Claims Denied.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claims Denied - TPL Amt	This amount reflects the total of all TPL amounts for the Medicare Crossover Part A Claims Denied.	10	Number	N/A	Calculated Field
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.40.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.40.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.40.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.41 CRA-XAPD-R -- Remittance Advice - Medicare Crossover Part A Claims Paid

This report lists Medicare crossover part A claims that were paid. Part A crossover claims consist of inpatient, home health, and extended care claims. The report is separated by individual claims and displays header and detail data. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the provider a list of all Medicare crossover part A claims that are being paid along with explanations on any discrepancies between the billed and the paid amount.

2.8.41.1 Technical Name

CRA-XAPD-R

2.8.41.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.41.3 Remittance Advice - Medicare Crossover Part A Claims Paid Layout

```
REPORT:   CRA-XAPD-R                                COMMONWEALTH OF KENTUCKY                                DATE:
MM/DD/CCYY
   RA#:    999999999                           MEDICAID MANAGEMENT INFORMATION SYSTEM                        PAGE:
9,999
                                                    PROVIDER REMITTANCE ADVICE
                                                MEDICARE CROSSOVER PART A CLAIMS PAID

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                       PAYEE ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                           NPI ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

          --ICN--     SERVICE DATES     ADMIT  ATTENDING   SPENDDOWN    BLOOD    M E D I C A R E          M  E  D  I  C  A  I  D
          PAT NO.     FROM   THRU  DAYS DATE   PROVIDER    COPAY AMT    DEDUCT   DEDUCT  CO-INS   BILLED   TPL AMT      PAID AMT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
       RRYYJJJBBBSSS MMDDYY MMDDYY 999 MMDDYY  999999999  999,999.99  999,999.99     999,999.99       9,999,999.99
        XXXXXXXXXXXX                                  999,999.99          999,999.99      9,999,999.99       9,999,999.99

EOBS  00  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      01  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      02  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      03  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      04  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      05  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      06  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

        TOTAL MEDICARE CROSSOVER PART A CLAIMS PAID:    9,999,999.99 9,999,999.99   9,999,999.99      99,999,999.99
                                                        9,999,999.99        9,999,999.99     99,999,999.99      99,999,999.99
```

2.8.41.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the Payee.	31	Character	T_PR_ADR	CONCATENATED
Admit Date	This is the date the member was admitted into the hospital.	6	Character	T_MPX_INP_HDR2	DTE ADMISSION

Field	Description	Length	Data Type	DB Table	DB Attributes
Attending Provider	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Blood Deduct Amount	Amount that is paid towards a Medicare claim for blood deduct.	8	Number	T_FINAL_UB92_XOVER	AMT_DECUCT_BLOOD
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Co-Pay	This is the dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount.	8	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Days	This is the number of days the member was in the hospital.	3	Number	N/A	Calculated Field
EOB Sequence Number	This is the sequential line number of the EOB code line.	2	Number	T_EOB	CDE_EOB
EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim. There could be a maximum of twenty EOB codes.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_MPX_INP_HDR2	NUM_ICN
Medicaid Billed Amount	This is the dollar amount billed by the provider for the hospitalization stay.	9	Number	T_MPX_INP_HDR2	AMT_BILLED
Medicaid Paid Amount	This is the dollar amount that is payable for the hospitalization stay.	9	Number	T_MPX_INP_HDR2	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Medicaid Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_MPX_INP_HDR2	AMT_REIMBURSEMENT
Medicaid TPL Amount	Indicates the payments made by sources outside of the state Medical Assistance Programs. This amount is deducted from the allowed amount to arrive at the paid amount. The Medicaid TPL amount includes the Medicaid TPL and spenddown dollar amounts.	9	Number	T_MPX_INP_HDR2	AMT_TPL
Medicare CO-INS Amount	This is the dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the Medicare paid amount.	8	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Medicare Deduct Amount	Indicates the dollar amount that the member is responsible for paying. The Medicare deductible amount includes the Medicare deductible and blood deductible dollar amounts. This dollar amount will crossover and be paid by Medicaid.	8	Number	T_FINAL_UB92_XOVER	AMT_DEDUCT
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	12	Character	T_MPX_INP_HDR2	NUM_PAT_ACCT

Field	Description	Length	Data Type	DB Table	DB Attributes
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the Provider/Payee.	50	Character	T_PR_NAM	NAME
Rendering Provider	The number that identifies the rendering provider.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Service Dates - From	This is the earliest date of service or the admit date.	6	Character	T_MPX_INP_HDR2	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service or discharge date.	6	Character	T_MPX_INP_HDR2	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_MPX_INP_HDR2	CDE_SVC_LOC
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on.) which must be spent on medical expenses prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	The state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Medicare Crossover Part A Claims Paid - Billed Amt	This amount reflects the total billed amount of the Medicare Crossover Part A Claims.	10	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claims Paid - Blood Deduct	This amount reflects the total of all blood deduct amounts for the Medicare Crossover Part A Claims paid.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claims Paid - Co-Pay Amt	This amount reflects the total of all Co-Pay amounts for the Medicare Crossover Part A Claims paid, for the provider.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claims Paid - Co-ins Amt	This amount reflects the total of all co-ins amounts for the Medicare Crossover Part A Claims paid.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claims Paid - Deduct	This amount reflects the total of all deduct amounts for the Medicare Crossover Part A Claims paid.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claims Paid - Paid Amt	This amount reflects the total of all the Medicare Crossover Part A Claims paid.	10	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claims Paid - Reimb Amt	This amount reflects the total of all reimbursement amounts for the Medicare Crossover Part A Claims paid.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Medicare Crossover Part A Claims Paid - Spenddown Amt	This amount reflects the total of spenddown amounts for all the Medicare Crossover Part A Claims paid.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claims Paid - TPL Amt	This amount reflects the total of all TPL amounts for the Medicare Crossover Part A Claims paid.	10	Number	N/A	Calculated Field
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.41.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.41.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.41.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.42 CRA-XASU-R -- Remittance Advice - Medicare Crossover Part A Claims in Process

This report lists Medicare crossover part A claims that are in process. Part A crossover claims consist of inpatient, home health, and extended care claims. The report is separated by individual claims and displays header and detail data. The purpose of this report is to give the provider a list of all Medicare crossover part A claims that are in process. The "in process" claims are also included on the remittance advice to help decrease the amount of duplicate claims submitted by the provider.

2.8.42.1 Technical Name

CRA-XASU-R

2.8.42.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.42.3 Remittance Advice - Medicare Crossover Part A Claims in Process Layout

```
REPORT:   CRA-XASU-R                                   COMMONWEALTH OF KENTUCKY                                DATE:
MM/DD/CCYY
   RA#:    999999999                            MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE:
9,999
                                                     PROVIDER REMITTANCE ADVICE
                                               MEDICARE CROSSOVER PART A CLAIMS IN PROCESS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                  PAYEE ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                      NPI ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999


             --ICN--     SERVICE DATES      ADMIT  ATTENDING   SPENDDOWN      BLOOD      M E D I C A R E        M  E  D  I  C  A  I  D
             PAT NO.      FROM   THRU  DAYS DATE   PROVIDER                   DEDUCT     DEDUCT        CO-INS     BILLED     TPL AMT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
          RRYYJJJBBBSSS MMDDYY MMDDYY 999 MMDDYY  999999999   999,999.99   999,999.99            999,999.99           9,999,999.99
           XXXXXXXXXXXX                                                           999,999.99            9,999,999.99

EOBS  00  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      01  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      02  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      03  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      04  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      05  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      06  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

     TOTAL MEDICARE CROSSOVER PART A CLAIMS IN PROCESS:                9,999,999.99           9,999,999.99
99,999,999.99
                                                      9,999,999.99            9,999,999.99            99,999,999.99
```

2.8.42.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the Payee.	31	Character	T_PR_ADR	CONCATENATED
Admit Date	This is the date the member was admitted into the hospital.	6	Character	T_MPHX_UB92_HDR2	DTE ADMISSION

Field	Description	Length	Data Type	DB Table	DB Attributes
Attending Provider	The number used to identify the provider that performed the service.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Blood Deduct Amount	Amount that is paid towards a Medicare claim for blood deduct.	8	Number	T_FINAL_UB92_XOVER	AMT_DECUCT_BLOOD
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
Days	This is the number of days the member was in the hospital.	3	Number	N/A	Calculated Field
EOB Sequence Number	This is the sequential line number of the EOB code line.	2	Number	T_EOB	CDE_EOB
EOBS	These are the Explanation of Benefits (EOB) codes that apply to the claim. There could be a maximum of twenty EOB codes.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_MPHX_UB92_HDR2	NUM_ICN
Medicaid Billed Amount	This is the dollar amount billed by the provider for the hospitalization stay.	9	Number	T_MPHX_UB92_HDR2	AMT_BILLED
Medicaid TPL Amount	This indicates the payments made by sources outside of the state Medical Assistance Programs. This amount is deducted from the allowed amount to arrive at the paid amount. The Medicaid TPL amount includes the Medicaid TPL and spenddown dollar amounts.	9	Number	T_MPHX_UB92_HDR2	AMT_TPL

Field	Description	Length	Data Type	DB Table	DB Attributes
Medicare CO-INS Amount	This is the dollar amount that the member should pay and is deducted from the allowed amount to arrive at the Medicare paid amount.	8	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Medicare Deduct Amount	This indicates the dollar amount that the member is responsible for paying. The Medicare deductible amount includes the Medicare deductible and blood deductible dollar amounts. This dollar amount will crossover and be paid by Medicaid.	8	Number	T_FINAL_UB92_XOVER	AMT_DEDUCT
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	30	Character	T_MPHX_UB92_HDR2	NUM_PAT_ACCT
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the Provider/Payee.	50	Character	T_PR_NAM	NAME
Rendering Provider	The number used to identify the rendering provider.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER

Field	Description	Length	Data Type	DB Table	DB Attributes
Service Dates - From	This is the earliest date of service or the admit date.	6	Character	T_MPHX_UB92_HDR2	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service or discharge date.	6	Character	T_MPHX_UB92_HDR2	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_MPHX_UB92_HDR2	CDE_SVC_LOC
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, and so on.) which must be spent on medical expenses prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	This is the state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Total Medicare Crossover Part A Claims in Process - Billed Amt	This amount reflects the total billed amount of all the Medicare Crossover Part A Claims.	10	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claims in Process - Blood Deduct	This amount reflects the total of all blood deduct amounts for the Medicare Crossover Part A Claims in Process.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Medicare Crossover Part A Claims in Process - Co-ins Amt	This amount reflects the total of all co-ins amounts for the Medicare Crossover Part A Claims in Process.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claims in Process - Deduct	This amount reflects the total of all deduct amounts for the Medicare Crossover Part A Claims in Process.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claims in Process - Spenddown Amt	This amount reflects the total of spenddown amounts for all the Medicare Crossover Part A Claims in Process.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part A Claims in Process - TPL Amt	This amount reflects the total of all TPL amounts for the Medicare Crossover Part A Claims in Process.	10	Number	N/A	Calculated Field
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.42.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.42.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3

ID
30.090.009.002.4

2.8.42.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.43 CRA-XBAD-R -- Remittance Advice - Medicare Crossover Part B Claim Adjustments

This report lists Medicare crossover part B claims that were adjusted. The report is separated by individual claims. It displays the header data for both the claims being adjusted (Original) and the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the provider a list of all Medicare crossover part B claims that were adjusted along with explanations on why they were adjusted.

2.8.43.1 Technical Name

CRA-XBAD-R

2.8.43.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.43.3 Remittance Advice - Medicare Crossover Part B Claim Adjustments Layout

```
REPORT:   CRA-XBAD-R                                        COMMONWEALTH OF KENTUCKY                                         DATE:
MM/DD/CCYY
   RA#:    999999999                                   MEDICAID MANAGEMENT INFORMATION SYSTEM                                 PAGE:
9,999
                                                            PROVIDER REMITTANCE ADVICE
                                                     MEDICARE CROSSOVER PART B CLAIM ADJUSTMENTS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                     PAYEE ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                         NPI ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                         CYCLE DATE
MM/DD/CCYY
XXXXXXXXXXXXXXX, XX 99999-9999

                ICN       SERVICE DATES RENDERING   SPENDDOWN    BLOOD   M E D I C A R E          M  E  D  I  C  A  I  D
                PAT NO.     FROM   THRU  PROVIDER   COPAY AMT    DEDUCT   DEDUCT  CO-INS     BILLED    TPL AMT    PAID AMT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
           RRYYJJJBBBSSS  MMDDYY MMDDYY 999999999 (999,999.99) (999,999.99)     (999,999.99)        (9,999,999.99)
            XXXXXXXXXXXX                          (999,999.99)       (999,999.99)       (9,999,999.99)         (9,999,999.99)
           RRYYJJJBBBSSS  MMDDYY MMDDYY 999999999  999,999.99   999,999.99       999,999.99          9,999,999.99
            XXXXXXXXXXXX                           999,999.99         999,999.99        9,999,999.99          9,999,999.99

                                                                                                   NET OVERPAYMENT
      9,999,999.99
                                                                                                   REFUND AMOUNT APPLIED
9,999,999.99

ADJUSTMENT REASON:  9999
EOBS  00  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      01  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      02  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      03  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      04  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      05  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      06  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

  TOTAL MEDICARE CROSSOVER PART B ADJ CLAIMS:    9,999,999.99 9,999,999.99     9,999,999.99         99,999,999.99
                                                 9,999,999.99       9,999,999.99       99,999,999.99          99,999,999.99
TOTAL NO. OF ADJ:  999,999
```

2.8.43.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Additional Payment	This provides the additional payment amount when the adjustment results in a positive Paid Amount.	9	Number	N/A	Calculated Field
Address	The address of the Payee.	31	Character	T_PR_ADR	CONCATENATED
Adjustment Reason	This is the reason code that identifies why the adjustment took place.	4	Number	T_EOB	CDE_EOB
Blood Deduct Amount	This is the amount of money paid towards the blood deduct on a Medicare claim.	8	Number	T_FINAL_UB92_XOVER	AMT_DECUCT_BLOOD
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Co-Pay Amount	The dollar amount of recipient liability on a claim that is to be collected by the provider at the time the service is rendered. Copay is used interchangeably with coinsurance. It is the patient's liability for a medical bill.	8	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Cycle Date	This is the date the check was issued	10	Character	N/A	N/A
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
EOB Codes	These are the Detail Explanation of Benefits (EOB) codes that apply to the header on the dental claim form. There could be a maximum of twenty EOB codes per claim header.	4	Number	T_EOB	CDE_EOB
EOB Sequence Number	This is the sequential line number of the EOB code line.	2	Number	T_EOB	CDE_EOB

Field	Description	Length	Data Type	DB Table	DB Attributes
ICN	This is the unique number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Character	T_MPHX_INP_HDR2	NUM_ICN
Medicaid Billed Amount	This is the dollar amount billed by the provider.	9	Number	T_MPHX_INP_HDR2	AMT_BILLED
Medicaid Paid Amount	This is the dollar amount that is payable.	9	Number	T_MPHX_INP_HDR2	AMT_PAID
Medicaid Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_MPHX_INP_HDR2	AMT_REIMBURSEMENT
Medicaid TPL Amount	This indicates the payments made by sources outside of the state Medical Assistance Programs. This amount is deducted from the allowed amount to arrive at the paid amount. The Medicaid TPL amount includes the Medicaid TPL and spenddown dollar amounts.	9	Number	T_MPHX_INP_HDR2	AMT_TPL
Medicare CO-INS Amount	This is the dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the Medicare paid amount.	8	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE

Field	Description	Length	Data Type	DB Table	DB Attributes
Medicare Deduct Amount	This indicates the dollar amount that the member is responsible for paying. The Medicare deductible amount includes the Medicare deductible and blood deductible dollar amounts. This dollar amount will crossover and be paid by Medicaid.	8	Number	T_FINAL_UB92_XOVER	AMT_DEDUCT
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
Net Overpayment	This provides the net overpayment amount when the adjustment results in a negative Paid Amount and an accounts receivable (setup) transaction is established.	9	Number	N/A	Calculated Field
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes. This is the same for both the original and adjusted claims.	30	Character	T_MPHX_INP_HDR2	NUM_PAT_ACCT
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the Provider/Payee.	50	Character	T_PR_NAM	NAME

Field	Description	Length	Data Type	DB Table	DB Attributes
Refund Amount Applied	This provides the refund amount applied when the adjustment results in a negative Paid Amount and cash is applied in the payment cycle.	9	Number	N/A	Calculated Field
Service Dates - From	This is the earliest date of service or the admit date.	6	Character	T_MPHX_INP_HDR2	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service or discharge date.	6	Character	T_MPHX_INP_HDR2	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_MPHX_INP_HDR2	CDE_SVC_LOC
Spenddown Amount	The amount of money that a recipient pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a recipient (based on the recipient's income, and so on.) which must be spent on medical expenses prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	The state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Total Medicare Crossover Part B Adj Claims - Billed Amt	This amount reflects the total billed amount of all the Medicare Crossover Part B claims.	10	Number	N/A	Calculated Field
Total Medicare Crossover Part B Adj Claims - Blood Deduct Amt	This amount reflects the total of all blood deduct amounts for the Medicare Crossover Part B claims.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Medicare Crossover Part B Adj Claims - Co - Ins Amt	This amount reflects the total of all co-insurance amounts for the Medicare Crossover Part B claims Adjustments.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part B Adj Claims - Co-Pay Amt	This amount reflects the total of all co-pay amounts for the Medicare Crossover Part B claims Adjustments.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part B Adj Claims - Deduct Amt	This amount reflects the total of all deduct amounts for the Medicare Crossover Part B claims Adjustments.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part B Adj Claims - Paid Amt	This amount reflects the total of all the Medicare Crossover Part B claims Adjustments.	10	Number	N/A	Calculated Field
Total Medicare Crossover Part B Adj Claims - Reimb Amt	This amount reflects the total of all reimbursement amounts for the Medicare Crossover Part B claims Adjustments.	10	Number	N/A	Calculated Field
Total Medicare Crossover Part B Adj Claims - Spenddown Amt	This amount reflects the total of spenddown amounts for all the Medicare Crossover Part B claims Adjustments.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part B Adj Claims - TPL Amt	This amount reflects the total of all TPL amounts for the Medicare Crossover Part B claims Adjustments.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total No. Adj	This is the total number of claims adjusted for the current financial cycle.	6	Number	N/A	Calculated Field
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.43.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.43.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.14
30.090.009.002.15
30.090.009.002.3
30.090.009.002.4

2.8.43.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.44 CRA-XBAM-R -- Remittance Advice - Medicare Crossover Part B Claim Mass Adjustments

This report lists Medicare crossover part B claims that were mass adjusted. The report is separated by individual claims. It displays the header data for both the claims being mass adjusted (Original) and the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the provider a list of all Medicare crossover part B claims that were mass adjusted along with explanations on why they were adjusted.

2.8.44.1 Technical Name

CRA-XBAM-R

2.8.44.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.44.3 Remittance Advice - Medicare Crossover Part B Claim Mass Adjustments Layout

```
REPORT:   CRA-XBAM-R                                   COMMONWEALTH OF KENTUCKY                                    DATE:
MM/DD/CCYY
   RA#:    999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                               PAGE:
9,999
                                                          PROVIDER REMITTANCE ADVICE
                                                  MEDICARE CROSSOVER PART B CLAIM MASS ADJUSTMENTS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                 PAYEE ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                     NPI ID
9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

                ICN        SERVICE DATES RENDERING   SPENDDOWN    BLOOD   M E D I C A R E           M  E  D  I  C  A  I  D
                PAT NO.      FROM   THRU  PROVIDER   COPAY AMT    DEDUCT   DEDUCT  CO-INS     BILLED    TPL AMT     PAID AMT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
           RRYYJJJBBBSSS  MMDDYY MMDDYY 999999999 (999,999.99) (999,999.99)     (999,999.99)        (9,999,999.99)
            XXXXXXXXXXXX                          (999,999.99)       (999,999.99)       (9,999,999.99)        (9,999,999.99)
           RRYYJJJBBBSSS  MMDDYY MMDDYY 999999999  999,999.99   999,999.99       999,999.99          9,999,999.99
            XXXXXXXXXXXX                           999,999.99        999,999.99       9,999,999.99          9,999,999.99

                                                                                           NET OVERPAYMENT
9,999,999.99
                                                                                           REFUND AMOUNT APPLIED
9,999,999.99
ADJUSTMENT REASON:  9999
EOBS  00  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      01  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      02  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      03  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      04  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      05  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      06  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

  TOTAL MEDICARE CROSSOVER PART B ADJ CLAIMS:    9,999,999.99 9,999,999.99     9,999,999.99         99,999,999.99
                                                 9,999,999.99       9,999,999.99       99,999,999.99         99,999,999.99
TOTAL NO. OF ADJ:  999,999
```

2.8.44.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Additional Payment	This provides the additional payment amount when the adjustment results in a positive Paid Amount.	9	Number	N/A	Calculated Field
Address	The address of the Payee.	31	Character	T_PR_ADR	CONCATENATED
Adjustment Reason	This is the reason code that identifies why the adjustment took place.	4	Number	T_EOB	CDE_EOB
Blood Deduct Amount	This is the amount of money paid towards the blood deduct on a Medicare claim.	9	Number	T_FINAL_UB92_XOVER	AMT_DECUCT_BLOOD
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Co-Pay Amount	The dollar amount of member liability on a claim that is to be collected by the provider at the time the service is rendered. Copay is used interchangeably with coinsurance. It is the patient's liability for a medical bill.	9	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Cycle Date	This is the date the check was issued.	9	Character	N/A	N/A
EOB Codes	These are the Detail Explanation of Benefits (EOB) codes that apply to the header on the dental claim form. There could be a maximum of twenty EOB codes per claim header.	4	Number	T_EOB	CDE_EOB
EOB Sequence Number	This is the sequential line number of the EOB code line.	4	Number	T_EOB	CDE_EOB

Field	Description	Length	Data Type	DB Table	DB Attributes
ICN	This is the unique number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Character	T_MPHX_UB92_HDR	NUM_ICN
Medicaid Billed Amount	This is the dollar amount billed by the provider.	9	Number	T_MPHX_UB92_HDR	AMT_BILLED
Medicaid Paid Amount	This is the dollar amount that is payable.	9	Number	T_MPHX_UB92_HDR	AMT_PAID
Medicaid Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_MPHX_UB92_HDR	AMT_REIMBURSEMENT
Medicaid TPL Amount	This indicates the payments made by sources outside of the state Medical Assistance Programs. This amount is deducted from the allowed amount to arrive at the paid amount. The Medicaid TPL amount includes the Medicaid TPL and spenddown dollar amounts.	9	Number	T_MPHX_UB92_HDR	AMT_TPL
Medicare CO-INS Amount	This is the dollar amount that the member should pay and is deducted from the allowed amount to arrive at the Medicare paid amount.	9	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE

Field	Description	Length	Data Type	DB Table	DB Attributes
Medicare Deduct Amount	This indicates the dollar amount that the member is responsible for paying. The Medicare deductible amount includes the Medicare deductible and blood deductible dollar amounts. This dollar amount will crossover and be paid by Medicaid.	9	Number	T_FINAL_UB92_XOVER	AMT_DEDUCT
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
Net Overpayment	This provides the net overpayment amount when the adjustment results in a negative Paid Amount and an accounts receivable (setup) transaction is established.	9	Number	N/A	Calculated Field
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes. This is the same for both the original and adjusted claims.	9	Character	T_MPHX_UB92_HDR	NUM_PAT_ACCT
Payee Number	The provider number for the provider receiving the payment and remittance advice.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	7	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the Provider/Payee.	50	Character	T_PR_NAM	NAME

Field	Description	Length	Data Type	DB Table	DB Attributes
Refund Amount Applied	This provides the refund amount applied when the adjustment results in a negative Paid Amount and cash is applied in the payment cycle.	9	Number	N/A	Calculated Field
Service Dates - From	This is the earliest date of service or the admit date.	10	Character	T_MPHX_UB92_DTL	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service or discharge date.	10	Character	T_MPHX_UB92_DTL	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_MPHX_UB92_HDR	CDE_SVC_LOC
Spenddown Amount	The amount of money that a member pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a member (based on the member's income, etc.) which must be spent on medical expenses prior to Medicaid benefits being available.	9	Number	N/A	Calculated Field
State	The state in which the payee resides.	15	Character	T_PR_ADR	ADR_MAIL_STATE
Total Medicare Crossover Part B Adj Claims - Billed Amt	This amount reflects the total billed amount of all the Medicare Crossover Part B claims.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part B Adj Claims - Blood Deduct Amt	This amount reflects the total of all blood deduct amounts for the Medicare Crossover Part B claims.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Medicare Crossover Part B Adj Claims - Co - Ins Amt	This amount reflects the total of all co-insurance amounts for the Medicare Crossover Part B claims Adjustments.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part B Adj Claims - Co-Pay Amt	This amount reflects the total of all co-pay amounts for the Medicare Crossover Part B claims Adjustments.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part B Adj Claims - Deduct Amt	This amount reflects the total of all deduct amounts for the Medicare Crossover Part B claims Adjustments.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part B Adj Claims - Paid Amt	This amount reflects the total of all the Medicare Crossover Part B claims Adjustments.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part B Adj Claims - Reimb Amt	This amount reflects the total of all reimbursement amounts for the Medicare Crossover Part B claims Adjustments.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part B Adj Claims - Spenddown Amt	This amount reflects the total of spenddown amounts for all the Medicare Crossover Part B claims Adjustments.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part B Adj Claims - TPL Amt	This amount reflects the total of all TPL amounts for the Medicare Crossover Part B claims Adjustments.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total No. Adj	This is the total number of claims adjusted for the current financial cycle.	9	Number	N/A	Calculated Field
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.44.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.44.6 Associated Requirements

ID
No associated Requirements found.

2.8.44.7 Change Orders

ID	Name	Description
1133	Add Mass Adj sec to the Prov RA	Modify the RA to include a Mass Adjustment section for each claim types. This will look like the normal adjustment section only it will contain the adjustments as a result of a Mass adjustment.

2.8.45 CRA-XBDN-R -- Remittance Advice - Medicare Crossover Part B Claims Denied

This report lists Medicare crossover part B claims that were denied. Part B crossover claims consist of HCFA 1500 medical claims, and outpatient claims. The report is separated by individual claims and displays header and detail data. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the provider a list of all Medicare crossover part B claims that denied along with the explanations of benefits explaining the reason for denial.

2.8.45.1 Technical Name

CRA-XBDN-R

2.8.45.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.45.3 Remittance Advice - Medicare Crossover Part B Claims Denied Layout

```
REPORT:   CRA-XBDN-R                                    COMMONWEALTH OF KENTUCKY                                            DATE:
MM/DD/CCYY
   RA#:    999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                                      PAGE:
9,999
                                                       PROVIDER REMITTANCE ADVICE
                                                  MEDICARE CROSSOVER PART B CLAIMS DENIED


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                 PAYEE ID
 9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                     NPI ID
         9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

         --ICN--   SERVICE DATES  RENDERING    SPENDDOWN      BLOOD      M E D I C A R E        M  E  D  I  C  A  I  D
         PAT NO.    FROM    THRU  PROVIDER                    DEDUCT     DEDUCT       CO-INS      BILLED     TPL  AMOUNT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
     RRYYJJJBBBSSS MMDDYY  MMDDYY  999999999     999,999.99    999,999.99            999,999.99               9,999,999.99
     XXXXXXXXXXXX                                                       999,999.99            9,999,999.99

EOBS  00  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      01  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      02  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      03  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      04  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      05  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      06  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

TOTAL MEDICARE CROSSOVER PART B CLAIMS DENIED: 9,999,999.99  9,999,999.99          9,999,999.99            99,999,999.99
                                                                    9,999,999.99            99,999,999.99
```

2.8.45.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the Payee.	31	Character	T_PR_ADR	CONCATENATED
Blood Deduct	This is the amount of money paid towards the blood deduct on a Medicare claim.	8	Number	T_FINAL_UB92_XOVER	AMT_DECUCT_BLOOD

Field	Description	Length	Data Type	DB Table	DB Attributes
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
EOB Sequence Number	This is the sequential line number of the EOB code line.	2	Number	T_EOB	CDE_EOB
EOBs	These are the Detail Explanation of Benefits (EOB) codes that apply to the header on the claim form. There could be a maximum of twenty EOB codes per claim header.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_MPHX_INP_HDR2	NUM_ICN
Medicaid Billed Amount	This is the dollar amount billed by the provider.	9	Number	T_MPHX_INP_HDR2	AMT_BILLED
Medicaid TPL Amount	Indicates the payments made by sources outside of the state Medical Assistance Programs. This amount is deducted from the allowed amount to arrive at the paid amount. The Medicaid TPL amount includes the Medicaid TPL and spenddown dollar amounts.	9	Number	T_MPHX_INP_HDR2	AMT_TPL
Medicare CO-INS Amount	This is the dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the Medicare paid amount.	8	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE

Field	Description	Length	Data Type	DB Table	DB Attributes
Medicare Deduct Amount	Indicates the dollar amount that the member is responsible for paying. The Medicare deductible amount includes the Medicare deductible and blood deductible dollar amounts. This dollar amount will crossover and be paid by Medicaid.	8	Number	T_FINAL_UB92_XOVER	AMT_DEDUCT
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	30	Character	T_MPHX_INP_HDR2	NUM_PAT_ACCT
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the Provider/Payee.	50	Character	T_PR_NAM	NAME
Service Dates - From	This is the earliest date of service or the admit date.	6	Character	T_MPHX_INP_HDR2	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service or discharge date.	6	Character	T_MPHX_INP_HDR2	DTE_LAST_SVC

Field	Description	Length	Data Type	DB Table	DB Attributes
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_MPHX_INP_HDR2	CDE_SVC_LOC
Spenddown Amount	The amount of money that a recipient pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a recipient (based on the recipient's income, and so on.) which must be spent on medical expenses prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	The state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Total Medicare Crossover Part B Claims Denied - Billed Amt	This amount reflects the total billed amount for the Medicare Part B Crossover claims.	10	Number	N/A	Calculated Field
Total Medicare Crossover Part B Claims Denied - Blood Deduct Amt	This amount reflects the total amount of all blood deduct amounts for the Medicare Crossover Part B claims.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part B Claims Denied - Co - Ins Amt	This amount reflects the total amount of all co-insurance amounts for the Medicare Crossover Part B claims.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part B Claims Denied - Deduct Amt	This amount reflects the total of all deduct amounts for the Medicare Crossover Part B claims.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Medicare Crossover Part B Claims Denied - Spenddown Amt	This amount reflects the total of spenddown amounts for all the Medicare Crossover Part B claims.	10	Number	N/A	Calculated Field
Total Medicare Crossover Part B Claims Denied - TPL Amt	This amount reflects the total of all TPL amounts for the Medicare Crossover Part B claims.	10	Number	N/A	Calculated Field
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.45.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.45.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.45.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.46 CRA-XBPD-R -- Remittance Advice - Medicare Crossover Part B Claims Paid

This report lists Medicare crossover part B claims that were paid. Part B crossover claims consist of HCFA 1500 medical claims, and outpatient claims. The report is separated by individual claims and displays header and detail data. Pertinent EOB codes and EOB descriptions are also displayed on this report. The purpose of this report is to give the provider a list of all Medicare crossover part B claims that are being paid along with explanations on any discrepancies between the billed and the paid amount.

2.8.46.1 Technical Name

CRA-XBPD-R

2.8.46.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.46.3 Remittance Advice - Medicare Crossover Part B Claims Paid Layout

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REPORT:   CRA-XBPD-R                                    COMMONWEALTH OF KENTUCKY                                          DATE:
MM/DD/CCYY
   RA#:    999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                                  PAGE:
     9,999
                                                         PROVIDER REMITTANCE ADVICE
                                                   MEDICARE CROSSOVER PART B CLAIMS PAID


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                              PAYEE ID
 9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                  NPI ID
        9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999


     --ICN--     SERVICE DATES RENDERING     SPENDDOWN      BLOOD      M E D I C A R E           M  E  D  I  C  A  I  D
     PAT NO.     FROM   THRU   PROVIDER      COPAY AMT      DEDUCT     DEDUCT  CO-INS     BILLED     TPL AMT     REIMB AMT     PAID AMT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
  RRYYJJJBBBSSS  MMDDYY MMDDYY 999999999    999,999.99    999,999.99         999,999.99          9,999,999.99
9,999,999.99
  XXXXXXXXXXXX                              999,999.99                 999,999.99        9,999,999.99          9,999,999.99

EOBS  00  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      01  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      02  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      03  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      04  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      05  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      06  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

  TOTAL MEDICARE CROSSOVER PART B CLAIMS PAID:
                                          9,999,999.99  9,999,999.99       9,999,999.99         99,999,999.99
99,999,999.99
                                          9,999,999.99             9,999,999.99       99,999,999.99          99,999,999.99
```

2.8.46.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the Payee.	31	Character	T_PR_ADR	CONCATENATED
Blood Deduct	Amount of money paid towards the blood deduct on a Medicare claim.	8	Number	T_FINAL_UB92_X OVER	AMT_DECUCT_BLOO D

Field	Description	Length	Data Type	DB Table	DB Attributes
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Co-Pay AMT	The dollar amount of recipient liability on a claim that is to be collected by the provider at the time the service is rendered. Copay is used interchangeably with coinsurance. It is the patient's liability for a medical bill.	8	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
EOB Sequence Code	This is the sequential line number of the EOB code line.	2	Number	T_EOB	CDE_EOB
EOBs	These are the Detail Explanation of Benefits (EOB) codes that apply to the header on the dental claim form. There could be a maximum of twenty EOB codes per claim header.	4	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_MPHX_INPT_HDR	NUM_ICN
Medicaid Billed Amount	This is the dollar amount billed by the provider.	9	Number	T_MPHX_INPT_HDR	AMT_BILLED
Medicaid Paid Amount	This is the dollar amount that is payable.	9	Number	T_MPHX_INPT_HDR	AMT_PAID
Medicaid Reimb. Amount	This is the full amount payable on the claim prior to deducting state share. The paid amount is the amount after state share is deducted from the reimbursement amount.	9	Number	T_MPHX_INPT_HDR	AMT_REIMBURSEMENT

Field	Description	Length	Data Type	DB Table	DB Attributes
Medicaid TPL Amount	Indicates the payments made by sources outside of the state Medical assistance programs. This amount is deducted from the allowed amount to arrive at the paid amount. The Medicaid TPL amount includes the Medicaid TPL and spenddown dollar amounts.	9	Number	T_MPHX_INPT_HDR	AMT_TPL
Medicare CO-INS Amount	This is the dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the Medicare paid amount.	8	Number	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Medicare Deduct Amount	Indicates the dollar amount that the recipient is responsible for paying. The Medicare deductible amount includes the Medicare deductible and blood deductible dollar amounts. This dollar amount will crossover and be paid by Medicaid.	8	Number	T_FINAL_UB92_XOVER	AMT_DEDUCT
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	30	Character	T_MPHX_INPT_HDR	NUM_PAT_ACCT
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER

Field	Description	Length	Data Type	DB Table	DB Attributes
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the Provider/Payee.	50	Character	T_PR_NAM	NAME
Rendering Provider	The provider number of the rendering provider.	10	Character	N/A	N/A
Service Dates - From	This is the earliest date of service or the admit date.	6	Character	T_MPHX_INPT_HDR	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service or discharge date.	6	Character	T_MPHX_INPT_HDR	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_PR_PROV_INDENTIFIER	CDE_SVC_LOC
Spenddown Amount	The amount of money that a recipient pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a recipient (based on the recipient's income, and so on.) which must be spent on medical expenses prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	The state of the payee.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Total Medicare Crossover Part B Claims Paid - Billed Amt	This amount reflects the total of all billed amounts for the Medicare Part B Crossover claims.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Medicare Crossover Part B Claims Paid - Blood Deduct Amt	This amount reflects the total of all blood deduct amounts for the Medicare Crossover Part B claims.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part B Claims Paid - Co - Ins Amt	This amount reflects the total of all co-insurance amounts for the Medicare Crossover Part B claims.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part B Claims Paid - Co-Pay Amt	This amount reflects the total of all co-pay amounts for the Medicare Crossover Part B claims.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part B Claims Paid - Deduct Amt	This amount reflects the total of all deduct amounts for the Medicare Crossover Part B claims.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part B Claims Paid - Paid Amt	This amount reflects the total of all the Medicare Crossover Part B claims.	10	Number	N/A	Calculated Field
Total Medicare Crossover Part B Claims Paid - Reimb Amt	This amount reflects the total of all reimbursement amounts for the Medicare Crossover Part B claims.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Medicare Crossover Part B Claims Paid - Spenddown Amt	This amount reflects the total of spenddown amounts for all the Medicare Crossover Part B claims.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part B Claims Paid - TPL Amt	This amount reflects the total of all TPL amounts for the Medicare Crossover Part B claims.	10	Number	N/A	Calculated Field
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.46.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.46.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.46.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.47 CRA-XBSU-R -- Remittance Advice - Medicare Crossover Part B Claims in Process

This report lists Medicare crossover part B claims that are in process. Part B crossover claims consist of HCFA 1500 medical claims, and outpatient claims. The report is separated by individual claims and displays header and detail data. The purpose of this report is to give the provider a list of all Medicare crossover part B claims that are in process. The "in process" claims are also included on the remittance advice to help decrease the amount of duplicate claims submitted by the provider.

2.8.47.1 Technical Name

CRA-XBSU-R

2.8.47.2 Sort Order

Remittance advices are specific to providers, and each section is sorted by the applicable criteria such as Member name, A/R number, or CCN.

For readability, the layout displays on the next page.

2.8.47.3 Remittance Advice - Medicare Crossover Part B Claims in Process Layout

```
REPORT:   CRA-XBSU-R                                              COMMONWEALTH OF KENTUCKY                                                                     DATE:
MM/DD/CCYY
   RA#:    999999999                                        MEDICAID MANAGEMENT INFORMATION SYSTEM                                                             PAGE:
     9,999
                                                                  PROVIDER REMITTANCE ADVICE
                                                           MEDICARE CROSSOVER PART B CLAIMS IN PROCESS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                     PAYEE ID
 9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                                         NPI ID
         9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999-9999

      --ICN--     SERVICE DATES  RENDERING     SPENDDOWN      BLOOD       M E D I C A R E      M  E  D  I  C  A  I  D
      PAT NO.     FROM   THRU    PROVIDER                     DEDUCT     DEDUCT      CO-INS      BILLED     TPL  AMOUNT

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER NO.: 999999999999
  RRYYJJJBBBSSS MMDDYY  MMDDYY  999999999     999,999.99    999,999.99           999,999.99             9,999,999.99
  XXXXXXXXXXXX                                                          999,999.99           9,999,999.99

EOBS  00  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      01  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      02  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      03  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      04  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      05  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      06  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

TOTAL MEDICARE CROSSOVER PART B CLAIMS IN PROCESS:
                                                          9,999,999.99         9,999,999.99            99,999,999.99
                                            9,999,999.99         9,999,999.99          99,999,999.99
```

2.8.47.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the Payee.	31	Character	T_PR_ADR	CONCATENATED
Blood Deduct Amount	Amount of money paid towards the blood deduct on a Medicare claim.	8	Number	T_FINAL_UB92_XOVER	AMT_DECUCT_BLOOD

Field	Description	Length	Data Type	DB Table	DB Attributes
City	The city of the payee.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Cycle Date	This is the date the check was issued.	10	Character	N/A	N/A
EOB Codes	These are the Detail Explanation of Benefits (EOB) codes that apply to the header on the claim form. There could be a maximum of twenty EOB codes per claim header.	4	Number	T_EOB	CDE_EOB
EOB Sequence Number	This is the sequential line number of the EOB code line.	2	Number	T_EOB	CDE_EOB
ICN	This is a unique number used to identify and track a claim processed through the system.	13	Character	T_MPHX_INPT_ HDR2	NUM_ICN
Medicaid Billed Amount	This is the dollar amount billed by the provider.	9	Number	T_MPHX_INPT_ HDR2	AMT_BILLED
Medicaid TPL Amount	This indicates the payments made by sources outside of the state Medical Assistance Programs. This amount is deducted from the allowed amount to arrive at the paid amount. The Medicaid TPL amount includes the Medicaid TPL and spenddown dollar amounts.	9	Number	T_MPHX_INPT_ HDR2	AMT_TPL
Medicare CO-INS Amount	This is the dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the Medicare paid amount.	8	Number	T_FINAL_UB92_ XOVER	AMT_COINSURANC E

Field	Description	Length	Data Type	DB Table	DB Attributes
Medicare Deduct Amount	This indicates the dollar amount that the member is responsible for paying. The Medicare deductible amount includes the Medicare deductible and blood deductible dollar amounts. This dollar amount will crossover and be paid by Medicaid.	8	Number	T_FINAL_UB92_XOVER	AMT_DEDUCT
Member NO	The unique identifier of the member.	12	Character	T_RE_BASE	ID MEDICAID
Member Name	The name of the member.	29	Character	T_RE_BASE	CONCATENATION
PAT NO	This is a unique number assigned by the provider. This is usually used for filing or tracking purposes.	30	Character	T_MPHX_INPT_HDR2	NUM_PAT_ACCT
Payee Number	The provider number for the provider receiving the payment and remittance advice.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payment Number	If a check was generated, this is the check number corresponding to the check that was generated. If the provider is an EFT participant, this is the control number of the EFT transaction.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Provider Name	The name of the Provider/Payee.	50	Character	T_PR_NAM	NAME
Service Dates - From	This is the earliest date of service or the admit date.	6	Character	T_MPHX_INPT_HDR2	DTE_FIRST_SVC
Service Dates - Thru	This is the latest date of service or discharge date.	6	Character	T_MPHX_INPT_HDR2	DTE_LAST_SVC
Service Location Code	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_MPHX_INPT_HDR2	CDE_SVC_LOC

Field	Description	Length	Data Type	DB Table	DB Attributes
Spenddown Amount	The amount of money that a recipient pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a recipient (based on the recipient's income, and so on.) which must be spent on medical expenses prior to Medicaid benefits being available.	8	Number	N/A	Calculated Field
State	The state in which the payee resides.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Total Medicare Crossover Part B Claims in Process - Billed Amt	This amount reflects the total billed amount of all the Medicare Crossover Part B claims.	10	Number	N/A	Calculated Field
Total Medicare Crossover Part B Claims in Process - Blood Deduct Amt	This amount reflects the total of all blood deduct amounts for the Medicare Crossover Part B claims.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part B Claims in Process - Co - Ins Amt	This amount reflects the total of all co-insurance amounts for the Medicare Crossover Part B claims.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part B Claims in Process - Deduct Amt	This amount reflects the total of all deduct amounts for the Medicare Crossover Part B claims.	9	Number	N/A	Calculated Field
Total Medicare Crossover Part B Claims in Process - Spenddown Amt	This amount reflects the total of spenddown amounts for all the Medicare Crossover Part B claims.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Medicare Crossover Part B Claims in Process - TPL Amt	This amount reflects the total of all TPL amounts for the Medicare Crossover Part B claims.	10	Number	N/A	Calculated Field
Zip Code	This is the zip code of the payee. It may or may not contain the zip plus four.	10	Character	T_PR_ADR	ADR_MAIL_ZIP

2.8.47.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.47.6 Associated Requirements

ID
30.090.007.002.63
30.090.009.002.3
30.090.009.002.4

2.8.47.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.48 FIN-0005-W -- Financial Balancing

The Financial Balancing Report contains system-generated financial counts and dollar totals on claim and non-claim transactions processed in the weekly financial cycle. The Financial Balancing Report is a system-generated tool created for the purpose of allowing the cycle monitor to ensure the financial weekly cycle is balanced and no errors have occurred.
Please note: The form counts for paid claims represent the paid claims that were selected for payment. These counts may not be the same as the counts found on the prepayment register reports. NOTE NEED TO ADD ADJUSTMENT CLAIM SUMMARY INFORMATION TO LAST PAGE OF REPORT FIELD DESCRIPTIONS

2.8.48.1 Technical Name

FIN-0005-W

2.8.48.2 Sort Order

Claim Type

2.8.48.3 Financial Balancing Layout

For readability, this report layout appears on the next two pages.

```
Report  : FIN-0005-W                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJW204                MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   99:99:99
Location: FINP1053                        FINANCIAL BALANCING REPORT                    Page:       9999
                                           MM/DD/CCYY - MM/DD/CCYY

      Claims Extracted By Form:

            PHARMACY:
                     Original Claims      +       999,999,999.99          Number of Paid Claims          999,999,999
                     Paid Adjustments     +       999,999,999.99          Number of Denied Claims        999,999,999
                     A/R Adjustments      -       999,999,999.99          Number of Suspended Claims     999,999,999
                     C/R Adjustments      -       999,999,999.99          Number of Adjusted Claims      999,999,999
                     Payment Holds        -       999,999,999.99          Number of Holds                999,999,999
                     Fiscal Pend          -       999,999,999.99          Number of Pends                999,999,999
                                                                          Number of Encounters           999,999,999

            CMS 1500:
                     Original Claims      +       999,999,999.99          Number of Paid Claims          999,999,999
                     Paid Adjustments     +       999,999,999.99          Number of Denied Claims        999,999,999
                     A/R Adjustments      -       999,999,999.99          Number of Suspended Claims     999,999,999
                     C/R Adjustments      -       999,999,999.99          Number of Adjusted Claims      999,999,999
                     Payment Holds        -       999,999,999.99          Number of Holds                999,999,999
                     Fiscal Pend          -       999,999,999.99          Number of Pends                999,999,999
                                                                          Number of Encounters           999,999,999

            DENTAL:
                     Original Claims      +       999,999,999.99          Number of Paid Claims          999,999,999
                     Paid Adjustments     +       999,999,999.99          Number of Denied Claims        999,999,999
                     A/R Adjustments      -       999,999,999.99          Number of Suspended Claims     999,999,999
                     C/R Adjustments      -       999,999,999.99          Number of Adjusted Claims      999,999,999
                     Payment Holds        -       999,999,999.99          Number of Holds                999,999,999
                     Fiscal Pend          -       999,999,999.99          Number of Pends                999,999,999
                                                                          Number of Encounters           999,999,999

            UB92:
                     Original Claims      +       999,999,999.99          Number of Paid Claims          999,999,999
                     Paid Adjustments     +       999,999,999.99          Number of Denied Claims        999,999,999
                     A/R Adjustments      -       999,999,999.99          Number of Suspended Claims     999,999,999
                     C/R Adjustments      -       999,999,999.99          Number of Adjusted Claims      999,999,999
                     Payment Holds        -       999,999,999.99          Number of Holds                999,999,999
                     Fiscal Pend          -       999,999,999.99          Number of Pends                999,999,999
                                                                          Number of Encounters           999,999,999
                                        ----------------------
            TOTAL CLAIMS EXTRACTED       =       999,999,999.99

      Ssystem Expenditures Extracted     +       999,999,999.99
      Expenditure Holds                  -       999,999,999.99
      Expenditure Fiscal Pend            -       999,999,999.99
      Capitation Payment                 +       999,999,999.99
      Capitation Holds                   -       999,999,999.99
      Capitation Fiscal Pend             -       999,999,999.99
```

```
                                          -----------------------
TOTAL WEEKLY EXPENSES                      =       999,999,999.99
-------------------------------------------------------------
A/R's Recouped in Current Cycle            -       999,999,999.99
Total Witholdigs in Current Cycle          -       999,999,999.99
                                          -----------------------
   Total Payments Due Before Credits       =       999,999,999.99

History Credits:
   System A/R's Created                    +       999,999,999.99
   System Cash Receipt Dispositions        +       999,999,999.99
                                          -----------------------
TOTAL PAYMENTS DUE                                 999,999,999.99
=============================================================
```

```
Report  : FIN-0005-W                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJW204                MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   99:99:99
Location: FINP1053                      FINANCIAL BALANCING REPORT                      Page:       9999
                                         MM/DD/CCYY - MM/DD/CCYY
```

```
Payments:
   System Checks Issued                            999,999,999.99
   Manual Checks Issued/Reissued                   999,999,999.99
   EFT's Transmitted                               999,999,999.99
                                          -----------------------
TOTAL PAYMENTS ISSUED                              999,999,999.99
=============================================================
Difference (Payments Due - Payments Issued)        999,999,999.99
```

ADJUSTMENT CLAIM SUMMARY INFORMATION:

		GROSS PAID AMOUNT		COUNTS
PHARMACY ADJUSTMENTS	-	999,999,999.99	ADJUSTMENT COUNT	99,999
CMS 1500 ADJUSTMENTS	-	999,999,999.99	ADJUSTMENT COUNT	99,999
DENTAL ADJUSTMENTS	-	999,999,999.99	ADJUSTMENT COUNT	99,999
UB92 ADJUSTMENTS	-	999,999,999.99	ADJUSTMENT COUNT	99,999

END OF REPORT

2.8.48.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
A/R's Recouped in Current Cycle	This field contains the AR dispositions that were system-generated. The amounts are taken from the AR Disp table where Date activation is within the financial weekly cycle dates and the Code Reason Four is '8441'.	11	Number	N/A	Calculated Field
CMS1500 - A/R Adjustments	Total dollar amount of negative payment result adjustments for claim types M and B. To be accumulated the following must be true:- Adjustment claim may be paid or denied -Amount paid of the adjustment will be less than amount paid of original claim -ICN has region 45, 46, or 49-60 -If the region is 51 or 54 then the following equation applies: adjustment amount paid minus original claim amount paid) plus cash receipt disposition amount less than zero -For all other regions 45, 46, 49-50, 52 - 53, 55-60, adjustment amount paid minus original claim amount paid less than zero.	11	Number	N/A	Calculated Field
CMS1500 - C/R Adjustments	Total dollar amount of negative payment result adjustments for claim types M and B. To be accumulated the following must be true:- Adjustment claim may be paid or denied- Amount paid of the adjustment will be equal to or less than amount paid of original claim- ICN has region 51 or 54 and (adjustment amount paid minus original claim amount paid) plus cash receipt disposition amount is zero.	11	Number	N/A	Calculated Field
CMS1500 - Number of Adjusted Claims	Total count of all finalized adjustment CMS 1500 claims processed during the weekly financial cycle. Claim types M and B that are paid or denied with an ICN region of 45, 46, or 49-60.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
CMS1500 - Number of Denied Claims	Total count of all denied status CMS 1500 claims processed in the weekly financial cycle. Claim types M and B with claim status D.	9	Number	N/A	Calculated Field
CMS1500 - Number of Paid Claims	Total count of all paid status CMS 1500 claims processed in the weekly financial cycle. Claim types M and B with claim status P.	9	Number	N/A	Calculated Field
CMS1500 - Number of Suspended Claims	Total count of all suspended status CMS 1500 claims at the time of the weekly financial cycle. Claim types M and B with claim status S.	9	Number	N/A	Calculated Field
CMS1500 - Original Claims	Dollar totals of all claim net payments for paid original claims processed during the weekly cycle for claim types M and B.	11	Number	N/A	Calculated Field
CMS1500 - Paid Adjustments	Dollar totals of claim net payments for paid positive result adjustments for claim types M and B. To be accumulated the following must be true: - The region of the ICN must 45, 46, or 49-60- The adjustment amount is more than or equal to the original claim payment.	11	Number	N/A	Calculated Field
CMS1500 Fiscal Pend	This is the total dollar amount of fiscal pends for claim types M and B.	11	Number	N/A	Calculated Field
CMS1500 Number of Holds	Total count of all payment holds for claim types M and B.	9	Number	N/A	Calculated Field
CMS1500 Number of Pends	Total count of all fiscal pends for claim types M and B.	9	Number	N/A	Calculated Field
CMS1500 Payment Holds	This is the total dollar amount of payment holds for claim types M and B.	11	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Capitation Fiscal Pend	Dollar totals of all capitations that were held due to fiscal pends.	11	Number	N/A	Calculated Field
Capitation Holds	Dollar totals of all capitations that were held due to Payment holds.	11	Number	N/A	Calculated Field
Capitation Payment	The dollar amount of capitation payments processed from the Managed Care program. To be accumulated the following must be true: the Date effective must equal the maximum date effective for the MCO and code region, the SAK MCO must be valid and the Code region must be valid. The dollar amounts will only be brought in to the financial cycle once every month since Managed Care jobs run monthly to produce the current month payments.	11	Number	N/A	Calculated Field
Dental - A/R Adjustments	Total dollar amount of negative payment result adjustments for claim type D. To be accumulated the following must be true:- Adjustment claim may be paid or denied, amount paid of adjustment claim will be less than amount paid of original claim- ICN will have region 45, 46, or 49 - 60 - If the region is 51 or 54 then the following equation applies - (adjustment claim amount paid minus original claim amount paid) plus cash receipt disposition amount will be less than zero - For all other regions 45, 46, 49-50, 52-53, 55-60, the adjustment claim amount paid minus the original claim amount paid less than zero.	11	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Dental - C/R Adjustments	Total dollar amount of negative payment result adjustments for claim type D. To be accumulated the following must be true:- Adjustment claim may be paid or denied, amount paid of adjustment claim equal to or less than amount paid of original claim- ICN will have region 51 or 54 and (adjustment claim amount paid minus original claim amount paid) plus cash receipt disposition amount is zero.	11	Number	N/A	Calculated Field
Dental - Number of Adjusted Claims	Total count of all finalized adjustment dental claims processed during the weekly financial cycle. Claim type D are paid or denied with an ICN region of 45, 46, or 49-60.	9	Number	N/A	Calculated Field
Dental - Number of Denied Claims	Total count of all denied status dental claims processed in the weekly financial cycle. Claim type D with claim status D.	9	Number	N/A	Calculated Field
Dental - Number of Paid Claims	Total count of all paid status dental claims processed in the weekly financial cycle. Claim type D with claim status P.	9	Number	N/A	Calculated Field
Dental - Number of Suspended Claims	Total count of all suspended status dental claims at the time of the weekly financial cycle. Claim type D with claim status S.	9	Number	N/A	Calculated Field
Dental - Original Claims	Dollar totals of all claim net payments on paid original claims processed during the weekly cycle for claim type D.	11	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Dental - Paid Adjustments	Dollar totals of claim net payments for paid positive result adjustments for claim type D. To be accumulated the following must be true:- The region of the ICN 45, 46, or 49-60 - The adjustment claim amount is greater or equal to the original claim payment.	11	Number	N/A	Calculated Field
Dental Fiscal Pend	This is the total dollar amount of fiscal pends for claim type D.	11	Number	N/A	Calculated Field
Dental Number of Holds	Total count of all payment holds for claim type D.	9	Number	N/A	Calculated Field
Dental Number of Pends	Total count of all fiscal pends for claim type D.	9	Number	N/A	Calculated Field
Dental Payment Holds	This is the total dollar amount of payment holds for claim type D.	11	Number	N/A	Calculated Field
Difference (Payments Due -- Payments Issued)	This is the difference between (Total Payments Due - Total Payments Issued). If the difference is zero, then the cycle has balanced. Anything other than a zero will be researched by the cycle monitor for the cause of the out of balance situation and corrected where possible.	11	Number	N/A	Calculated Field
Expenditure Fiscal Pend	Dollar totals of all expenditures that were held due to fiscal pend.	11	Number	N/A	Calculated Field
Expenditure Holds	Dollar totals of all expenditures that were held due to payment holds.	11	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
History Credits: System A/R's Created	This field contains the Accounts Receivable which was system generated. The amounts are taken from the Accounts Receivable table where the Date added is within the financial weekly cycle dates and the Code Reason Four is '8400' or '8420'. NOTE: For the report to balance, system A/R's created must equal the sum of all A/R adjustments from the claim extracted by form section of the report.	11	Number	N/A	Calculated Field
History Credits: System Cash Receipt Dispositions	This field contains the cash receipt dispositions that were system generated. The amounts are taken from the Cash Receipt Dispositions table where the Date posted is within the financial weekly cycle dates and the Code Reason Four is between '8000' and '8219' or the Code Reason Four is '8230'. NOTE: For the report to balance, system cash receipt dispositions must equal the sum of all C/R adjustments from the claim extracted by form section of the report.	11	Number	N/A	Calculated Field
History Credits: Total Payments Due	This is the sum of (Total Payments Due Before Credits + System A/Rs Created + System Cash Receipt Dispositions).	11	Number	N/A	Calculated Field
Payments: EFT's Transmitted	This is the total accumulated amount of EFT's generated for the current financial cycle.	11	Number	N/A	Calculated Field
Payments: Manual Checks Issues/Reissued	This field contains the checks that were manually generated by clerks. The amount is derived from the Expenditures table where the Date issued is within the financial weekly cycle dates and the Code Payment Type = 'M'(manual).	11	Number	N/A	Calculated Field
Payments: System Checks Issued	This amount is the total accumulated amount of paper checks written in the weekly financial cycle.	11	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Payments: Total Payments Issued	This is the sum of all payments.	11	Number	N/A	Calculated Field
Pharmacy - A/R Adjustments	Total dollar amount of negative payment result adjustments for claim type P and Q. To be accumulated the following must be true:- The adjustment may be paid or denied - amount paid of the adjustment less than amount paid of original claim - ICN region 45, 46, or 49 - 60 - If the region is 51 or 54 then the following equation will apply - (adjustment amount paid minus original claim amount paid) plus cash receipt disposition amount will be less than zero - For all other regions 45, 46, 49 - 50, 52 - 53, 55 - 60, adjustment amount paid minus original claim amount paid will be less than zero.	11	Number	N/A	Calculated Field
Pharmacy - C/R Adjustments	Total dollar amount of negative payment result adjustments for claim types P and Q. To be accumulated the following must be true:- The adjustment claim can be paid or denied - Amount paid of the adjustment will be equal to or less than amount paid of original claim- ICN will have region 51 or 54 - (adjustment amount paid minus original claim amount paid) plus cash receipt disposition amount will be zero.	11	Number	N/A	Calculated Field
Pharmacy - Number of Adjusted Claims	Total count of all finalized adjustment pharmacy claims processed during the weekly financial cycle. Claim types P and Q that are paid or denied with an ICN region of 45, 46, or 49-60.	9	Number	N/A	Calculated Field
Pharmacy - Number of Denied Claims	Total count of all denied status pharmacy claims processed in the weekly financial cycle. Claim types P and Q with claim status D.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Pharmacy - Number of Paid Claims	Total count of all paid status pharmacy claims processed in the weekly financial cycle. Claim types P and Q with claim status P.	9	Number	N/A	Calculated Field
Pharmacy - Number of Suspended Claims	Total count of all suspended status pharmacy claims at the time of the weekly financial cycle. Claim types P and Q with claim status S.	9	Number	N/A	Calculated Field
Pharmacy - Original Claims	Dollar totals of all claim net payments for paid original claims processed during the weekly cycle for claim types P and Q.	11	Number	N/A	Calculated Field
Pharmacy - Paid Adjustments	Dollar totals of claim net payments on paid positive result adjustments for claim types P and Q. To be accumulated the following must be true: - The region of the ICN must 45, 46, or 49 - 60- The adjustment amount is more than or equal to the original claim payment.	11	Number	N/A	Calculated Field
Pharmacy Fiscal Pend	This is the total dollar amount of fiscal pends for claim types P and Q.	11	Number	N/A	Calculated Field
Pharmacy Number of Holds	Total count of all payment holds for claim types P and Q.	9	Number	N/A	Calculated Field
Pharmacy Number of Pends	Total count of all fiscal pends for claim types P and Q.	9	Number	N/A	Calculated Field
Pharmacy Payment Holds	This is the total dollar amount of payment holds for claim types P and Q.	11	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
System Expenditures Extracted	The amount of Paid Non-claim System Expenditures processed during the weekly financial cycle as derived from the Expenditures table where Date activation is within the current financial week and the Indicator Processed = 'N' (meaning that it has not been previously processed - the cycle will change processed expenditure to Indicator Processed = 'Y') and an Indicator Manual = 'N' (meaning system-generated expenditures).	11	Number	N/A	Calculated Field
Total Claims Extracted	This is the sum of (Original Claims + Paid Claims - A/R Adjustments - C\R Adjustments) for all claims processed in the weekly financial cycle.	11	Number	N/A	Calculated Field
Total Liens deducted in current Cycle	This is the total dollar amount of Liens withheld in the current cycle.	11	Number	N/A	Calculated Field
Total Payments Due Before Credits	This is the sum of (Total Weekly Expenses - A/R's Recouped in Current Cycle).	11	Number	N/A	Calculated Field
Total Weekly Expenses	This is the sum of (Total Claims Extracted + System Expenditures Extracted + Manual Expenditures Extracted + Capitation Payment).	11	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
UB92 - A/R Adjustments	Total dollar amount of negative payment result adjustments for claim type A, C, H, I, L, and O. To be accumulated the following must be true:- Adjustment claim may be paid or denied- Amount paid of adjustment less than amount paid of original claim- ICN will have region 45, 46, or 49-60 - If the region is 51 or 54 the following equation applies: adjustment amount paid minus original claim amount paid) plus cash receipt disposition amount less than zero - For all other regions 45, 46, 49-50, 52 - 53, 55-60, adjustment amount paid minus original claim amount paid less than zero.	11	Number	N/A	Calculated Field
UB92 - C/R Adjustments	Total dollar amount of negative payment result adjustments for claim types A, C, H, I, L, and O. To be accumulated the following must be true:- Adjustment claim may be paid or denied- Amount paid of Adjustment equal to or less than amount paid of original claim- ICN region 51 or 54 and (Adjustment amount paid minus original claim amount paid) plus cash receipt disposition amount is zero.	11	Number	N/A	Calculated Field
UB92 - Number of Adjusted Claims	Total count of all finalized adjustment UB92 claims processed during the weekly financial cycle. Claim types A, C, H, I, L, and O that are paid or denied with an ICN region of 45, 46, or 49 - 60.	9	Number	N/A	Calculated Field
UB92 - Number of Denied Claims	Total count of all denied status UB92 claims processed in the weekly financial cycle. Claim types A, C, H, I, L, and O with claim status D.	9	Number	N/A	Calculated Field
UB92 - Number of Paid Claims	Total count of all paid status UB92 claims processed in the weekly financial cycle. Claim types A, C, H, I, L, and O with claim status P.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
UB92 - Number of Suspended Claims	Total count of all suspended status UB92 claims at the time of the weekly financial cycle. Claim types A, C, H, I, L, and O with claim status S.	9	Number	N/A	Calculated Field
UB92 - Original Claims	Dollar totals of all claim net payments for paid original claims processed during the weekly cycle for claim types A, C, H, I, L, and O.	11	Number	N/A	Calculated Field
UB92 - Paid Adjustments	Dollar totals of claim net payments for paid positive result adjustments for claim types A, C, H, I, L, and O. To be accumulated the following must be true: - The region of the ICN 45, 46, or 49-60 - The adjustment is greater or equal to the original claim payment.	11	Number	N/A	Calculated Field
UB92 Fiscal Pend	This is the total dollar amount of fiscal pends for claim types A, C, H, I, L, and O.	11	Number	N/A	Calculated Field
UB92 Number of Holds	Total count of all payment holds for claim types A, C, H, I, L, and O.	9	Number	N/A	Calculated Field
UB92 Number of Pends	Total count of all fiscal pends for claim types A, C, H, I, L, and O.	9	Number	N/A	Calculated Field
UB92 Payment Holds	This is the total dollar amount of payment holds for claim types A, C, H, I, L, and O.	11	Number	N/A	Calculated Field

2.8.48.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
finp_bal_cycle	Financial balancing report

2.8.48.6 Associated Requirements

ID
30.090.007.002.2D
30.090.007.003.12
30.090.007.003.16
30.090.009.002.35
30.090.012.002.9A

2.8.48.7 Change Orders

ID	Name	Description
8807	FIN6900Wnot = FIN8000, FIN0005	From: Bullock, Judy S (CHFS OIT Medicaid) [mailto:JudyS.Bullock@ky.gov] Sent: Tuesday, July 17, 2007 11:17 AM To: KY_MMIS_Action_Item_Track@eds.com Cc: Hackett, Jay (CHFS DMS); Sayles, Karen (CHFS DMS); Robey, Cliff (CHFS DMS); Conway, Paula J; Sanders, Amy; Bullock, Tammy (CHFS DMS) Subject: Financial - FIN 6900 W Does Not Balance to Other Cycle Reports Importance: High The FIN 6900 W (Weekly Financial Claims Split Summary Report- used to see the total amt released to the payment cycle and the totals held by prudent pay and payment hold) does not balance to the other cycle reports (FIN 0005 W, FIN 8000 W, etc.) For the 7/13/07 payment cycle the FIN 6900 W indicated that $73,236,736.86 was released to the payment cycle. The Total Claims Extracted amt on the FIN 0005 W was $70,811,409.21.The total claims payment amount on the FIN 8000 W is $70,969,117.48 (amt prior to the removal of the System ARs Created).

2.8.49 FIN-0008-W -- Financial Payment Xref Balancing

This report is an internal EDS Financial report to verify that the provider earnings files are in balance with the payment transactions. This report contains some System Assigned Keys (SAK) to assist the EDS staff to locate and address balancing issues quickly. This report is typically used by EDS internal staff. This report shows checks that are out of balance with the chk_clm_xref file. This report will show any differences between the check amounts to the sum of all the amounts associated by the check xref table.

2.8.49.1 Technical Name

FIN-0008-W

2.8.49.2 Sort Order

Ceck Number

For readability, the layout displays on the next page.

2.8.49.3 Financial Payment Xref Balancing Layout

```
Report  : FIN-0008-W                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJRBAL_XREF            MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   99:99:99
Location: FINP_BAL_XREF              FINANCIAL YTD CHECK XREF BALANCING                 Page:       9999

                                     CHECK DATE: MM/DD/CCYY
                                       EFT DATE:   MM/DD/CCYY

                    CHECK NUMBER        CHECK AMOUNT          CHECK XREF AMOUNT
                    999999999          999,999,999.99          999,999,999.99
                    999999999          999,999,999.99          999,999,999.99
                    999999999          999,999,999.99          999,999,999.99
                    999999999          999,999,999.99          999,999,999.99
                    999999999          999,999,999.99          999,999,999.99
                    999999999          999,999,999.99          999,999,999.99
                    999999999          999,999,999.99          999,999,999.99
                    999999999          999,999,999.99          999,999,999.99
                    999999999          999,999,999.99          999,999,999.99

                                   * * * REPORT NOT BALANCED * * *
```

```
Report  : FIN-0008-W                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJRBAL_REF             MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   99:99:99
Location: FINP0008                   FINANCIAL CHECK XREF BALANCING                     Page:       9999
                                       MM/DD/CCYY - MM/DD/CCYY
CHECK DATE: MM/DD/CCYY
EFT DATE:   MM/DD/CCYY

                    CHECK NUMBER        CHECK AMOUNT          CHECK XREF AMOUNT

                                   * * * REPORT BALANCED * * *
```

2.8.49.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Check Amount	This field shows the amount of the check issued.	13	Number	T_CHECK	TOTAL_AMT_PAID
Check Number	This field shows the number of the check in question.	9	Number	T_CHECK	NUM_CHECK
Check Xref Amount	This field shows the sum of the records from the check claims xref table.	11	Number	N/A	Calculated Field

2.8.49.5 Associated Programs

Program	Description
finp_bal_xref	Produce provider YTD check XREF balancing report

2.8.49.6 Associated Requirements

ID
30.090.009.002.35
30.090.009.003.1

2.8.49.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.50 FIN-0009-W -- Provider YTD Offset Balancing

This report is an internal EDS Financial report to verify that the provider earnings files are in balance with the payment transactions. This report contains some System Assigned Keys (SAK) to assist the EDS staff to locate and address balancing issues quickly. This report is typically used by EDS internal staff. This report reports any differences between the sum of AR offsets and the YTD offsets for claims and non-claims transactions.

2.8.50.1 Technical Name

FIN-0009-W

2.8.50.2 Sort Order

Provider number

For readability, the layout displays on the next page.

2.8.50.3 Provider YTD Offset Balancing Layout

```
Report  : FIN-0009-W                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJW271                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: FINP0596                            PROVIDER YTD OFFSET BALANCING                         Page:       9999
                                                 MM/DD/CCYY - MM/DD/CCYY

 PROVIDER SAK    YTD NON-CLAIM OFFSET   YTD ADVANCED OFFSET       YTD CLAIM OFFSET      AR TABLE OFFSET


                                                   * * REPORT BALANCED * * *
```

```
Report  : FIN-0009-W                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJW271                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: FINP0596                            PROVIDER YTD OFFSET BALANCING                         Page:       9999
                                                 MM/DD/CCYY - MM/DD/CCYY

 PROVIDER SAK    YTD NON-CLAIM OFFSET   YTD ADVANCED OFFSET       YTD CLAIM OFFSET      AR TABLE OFFSET

 99999999           99,999,999.99          99,999,999.99          99,999,999.99         99,999,999.99
 99999999           99,999,999.99          99,999,999.99          99,999,999.99         99,999,999.99
 99999999           99,999,999.99          99,999,999.99          99,999,999.99         99,999,999.99
 99999999           99,999,999.99          99,999,999.99          99,999,999.99         99,999,999.99


                                                * * * REPORT NOT BALANCED * * *
```

2.8.50.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
AR Table Offset	This is the account receivable Offset amount.	10	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider SAK	This is the provider SAK for the out of balance record.	8	Number	T_PR_IDENTIFIER	ID_PROVIDER
YTD Advanced Offset	This is the YTD advanced offset amount.	10	Number	N/A	Calculated Field
YTD Claim Offset	This is the YTD offset amount for claims type transactions.	10	Number	N/A	Calculated Field
YTD Non-Claim Offset	This is the YTD offset amount for non-claims transactions.	10	Number	N/A	Calculated Field

2.8.50.5 Associated Programs

Program	Description
finp_bal_ar	Produce provider YTD offset balancing report

2.8.50.6 Associated Requirements

ID
30.090.009.002.35
30.090.009.003.1

2.8.50.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.51 FIN-0010-W -- Provider YTD Expenditure Balancing

This report is an internal EDS Financial report to verify that the provider earnings files are in balance with the payment transactions. This report contains some System Assigned Keys (SAK) to assist the EDS staff to locate and address balancing issues quickly. This report is typically used by EDS internal staff. This report reports any differences between the provider YTD expenditure amount and the sum of expenditures.

2.8.51.1 Technical Name

FIN-0010-W

2.8.51.2 Sort Order

Provider number

2.8.51.3 Provider YTD Expenditure Balancing Layout

```
Report  : FIN-0010-W                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJRBAL_EXP            MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   99:99:99
Location: FINP660Z                  PROVIDER YTD EXPENDITURE BALANCING                  Page:       9999
                                          MM/DD/CCYY - MM/DD/CCYY

 PROVIDER SAK       AMOUNT EXPENSE          MANUAL CHECK AMOUNT       AMOUNT EXPENSE TOTAL

  99999999          999,999,999.99             999,999,999.99            999,999,999.99
  99999999          999,999,999.99             999,999,999.99            999,999,999.99
  99999999          999,999,999.99             999,999,999.99            999,999,999.99
  99999999          999,999,999.99             999,999,999.99            999,999,999.99
  99999999          999,999,999.99             999,999,999.99            999,999,999.99
  99999999          999,999,999.99             999,999,999.99            999,999,999.99
  99999999          999,999,999.99             999,999,999.99            999,999,999.99
  99999999          999,999,999.99             999,999,999.99            999,999,999.99
  99999999          999,999,999.99             999,999,999.99            999,999,999.99
  99999999          999,999,999.99             999,999,999.99            999,999,999.99

                          * * * REPORT OUT OF BALANCE * * *
```

2.8.51.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount Expense	This is the expense amount.	11	Number	N/A	Calculated Field
Amount Expense Total	This is the total amount of the expenses.	11	Number	N/A	Calculated Field
Manual Payment Amount	This is the amount of the manual payment.	11	Number	N/A	Calculated Field
Provider SAK	This is the provider SAK.	8	Number	T_PR_IDENTIFIER	ID_PROVIDER

2.8.51.5 Associated Programs

Program	Description
finp_bal_exp	Produce provider YTD expense balancing report

2.8.51.6 Associated Requirements

ID
30.090.009.002.35
30.090.009.003.1

2.8.51.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.52 FIN-0011-W -- Provider YTD Void Balancing

This report is an internal EDS Financial report to verify that the provider earnings files are in balance with the payment transactions. This report contains some System Assigned Keys (SAK) to assist the EDS staff to locate and address balancing issues quickly. This report is typically used by EDS internal staff. This report reports any differences between the providers YTD check voids and the provider voids on the t_check table and t_check_void table.

2.8.52.1 Technical Name

FIN-0011-W

2.8.52.2 Sort Order

Provider number

For readability, the layout displays on the next page.

2.8.52.3 Provider YTD Void Balancing Layout

```
Report  : FIN-0011-W                          COMMONWEALTH OF KENTUCKY                        Run Date: MM/DD/CCYY
Process : FINJRBAL_VOD                  MEDICAID MANAGEMENT INFORMATION SYSTEM                Run Time:   99:99:99
Location: FINP_BAL_VOD                        PROVIDER YTD VOID BALANCING                         Page:       9999
                                               MM/DD/CCYY - MM/DD/CCYY

SAK PROV     YTD VOID AMT   CASH RCPT NUM         CASH RCPT AMT   NUM CHECK     VOID      CHECK AMT

 NUMBER OF VOID CASH RECEIPTS PROCESSED:      0
 NUMBER OF VOID CASH RECEIPTS ON FILE:        0

                                                        * * REPORT BALANCED * *  *
```

```
Report  : FIN-0011-W                          COMMONWEALTH OF KENTUCKY                        Run Date: MM/DD/CCYY
Process : FINJRBAL_VOD                  MEDICAID MANAGEMENT INFORMATION SYSTEM                Run Time:   99:99:99
Location: FINP_BAL_VOD                        PROVIDER YTD VOID BALANCING                         Page:       9999
                                               MM/DD/CCYY - MM/DD/CCYY

 SAK PROV    YTD VOID AMT     CASH RCPT NUM       CASH RCPT AMT   NUM CHECK     VOID      CHECK AMT
 99999999X      99,999,999.99   XXXXXXXXX         99,999,999.99   XXXXXXXXX      X        99,999,999.99
 99999999X      99,999,999.99   XXXXXXXXX         99,999,999.99   XXXXXXXXX      X        99,999,999.99
 99999999X      99,999,999.99   XXXXXXXXX         99,999,999.99   XXXXXXXXX      X        99,999,999.99
 99999999X      99,999,999.99   XXXXXXXXX         99,999,999.99   XXXXXXXXX      X        99,999,999.99

 NUMBER OF VOID CASH RECEIPTS PROCESSED:      0
 NUMBER OF VOID CASH RECEIPTS ON FILE:        0

                                                        * * * REPORT NOT BALANCED * *  *
```

2.8.52.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Cash Rcpt Amt	This is the cash receipt amount.	10	Character	T_CASH_RECEIPT	CHECK_AMT
Cash Rcpt Num	This is the unique identifier for the cash receipt.	11	Character	T_CASH_RECEIPT	SAK_CASH_RECEIPT
Check Amt	This is the check amount.	10	Number	T_CHECK	TOTAL_AMT_PAID
Num Check	This is the check number identifier.	9	Character	N/A	Calculated Field
Number of Void Cash Receipts Processed	This is the number of void cash receipt transactions that were processed.	6	Number	N/A	Calculated Field
Number of Void Cash Receipts on File	This is the number of void cash receipt transactions that are on file.	6	Number	N/A	Calculated Field
Sak Prov	This is the provider SAK.	9	Character	T_PR_IDENTIFIER	SAK_PROV_LOC
Void	This is the code status of the check.	1	Character	N/A	N/A
YTD Void Amt	This is the amount of voided checks for the provider.	10	Number	N/A	Calculated Field

2.8.52.5 Associated Programs

Program	Description
finp_bal_voi	Produce provider YTD void balancing report

2.8.52.6 Associated Requirements

ID
30.090.009.002.35

ID
30.090.009.003.1

2.8.52.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.53 FIN-0012-W -- Financial Managed Care Balancing

This report is an internal EDS Financial report to verify that the provider earnings files are in balance with the payment transactions. This report shows the Capitation amounts for Providers. It also shows the YTD amounts as well.

2.8.53.1 Technical Name

FIN-0012-W

2.8.53.2 Sort Order

Provider number

2.8.53.3 Financial Managed Care Balancing Layout

```
Report   : FIN-0012-W                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process  : FINJRBAL_CAP            MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   99:99:99
Location: FINP1065                     FINANCIAL MANAGED CARE BALANCING                 Page:       9999
                                            MM/DD/CCYY - MM/DD/CCYY

PROVIDER        AMT CAPITATION YTD    AMT CAPITATION
   ID
 9999999999        $999,999,999.99       $999,999,999.99
 9999999999        $999,999,999.99       $999,999,999.99
 9999999999        $999,999,999.99       $999,999,999.99
 9999999999        $999,999,999.99       $999,999,999.99
 9999999999        $999,999,999.99       $999,999,999.99
 9999999999        $999,999,999.99       $999,999,999.99

                                          ***REPORT BALANCED***
```

2.8.53.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amt Capitation	The dollar amount of the capitation payments for the provider for the week.	11	Number	N/A	Calculated Field
Amt Capitation YTD	The dollar amount of the capitation payments accumulated Year To Date.	11	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider Number	This is the provider id.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER

2.8.53.5 Associated Programs

Program	Description
finp_bal_cap	finp_bal_cap

2.8.53.6 Associated Requirements

ID
30.090.009.002.35
30.090.009.003.1

2.8.53.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.54 FIN-0013-W -- Provider YTD Refund Balancing

This report is an internal EDS Financial report to verify that the provider earnings files are in balance with the payment transactions. This report contains some System Assigned Keys (SAK) to assist the EDS staff to locate and address balancing issues quickly. This report is typically used by EDS internal staff. This report reports any differences between the provider YTD refunds and the provider refunds.

2.8.54.1 Technical Name

FIN-0013-W

2.8.54.2 Sort Order

Provider number

For readability, the layout displays on the next page.

2.8.54.3 Provider YTD Refund Balancing Layout

```
Report  : FIN-0013-W                          COMMONWEALTH OF KENTUCKY                        Run Date: MM/DD/CCYY
Process : FINJRBAL_REF                  MEDICAID MANAGEMENT INFORMATION SYSTEM                Run Time:   99:99:99
Location: FINP6000                            PROVIDER YTD REFUND BALANCING                       Page:       9999
                                                 MM/DD/CCYY - MM/DD/CCYY

PROVIDER SAK     AMT CLAIM REFUND    AMT CLAIM REFUND YTD  AMT NON-CLAIM REFUND     AMT NON-CLAIM REFUND YTD


                                                 * * * REPORT BALANCED * * *
```

```
Report  : FIN-0013-W                          COMMONWEALTH OF KENTUCKY                        Run Date: MM/DD/CCYY
Process : FINJRBAL_REF                  MEDICAID MANAGEMENT INFORMATION SYSTEM                Run Time:   99:99:99
Location: FINP6000                            PROVIDER YTD REFUND BALANCING                       Page:       9999
                                                 MM/DD/CCYY - MM/DD/CCYY

PROVIDER SAK     AMT CLAIM REFUND    AMT CLAIM REFUND YTD  AMT NON-CLAIM REFUND     AMT NON-CLAIM REFUND YTD
99999999            99,999,999.99       99,999,999.99         99,999,999.99                 99,999,999.99
99999999            99,999,999.99       99,999,999.99         99,999,999.99                 99,999,999.99
99999999            99,999,999.99       99,999,999.99         99,999,999.99                 99,999,999.99
99999999            99,999,999.99       99,999,999.99         99,999,999.99                 99,999,999.99
99999999            99,999,999.99       99,999,999.99         99,999,999.99                 99,999,999.99

                                                 * * * REPORT NOT BALANCED * * *
```

2.8.54.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amt Claim Refund	This is the amount of claim refund for this period.	11	Number	N/A	Calculated Field
Amt Claim Refund YTD	This is the amount of claim refund for the year.	11	Number	N/A	Calculated Field
Amt Non-Claim Refund	This is the amount of non-claim refund for this period.	11	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Amt Non-Claim Refund YTD	This is the amount of non-claim refund for the year.	11	Number	N/A	Calculated Field
Provider SAK	This is the provider SAK.	8	Number	T_PR_IDENTIFIER	ID_PROVIDER

2.8.54.5 Associated Programs

Program	Description
finp_bal_ref	Produce provider YTD clm refund balancing report

2.8.54.6 Associated Requirements

ID
30.090.009.002.35
30.090.009.003.1

2.8.54.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.55 FIN-0014-W -- Provider YTD Check Balancing

This report is an internal EDS Financial report to verify that the provider earnings files are in balance with the payment transactions. This report contains some System Assigned Keys (SAK) to assist the EDS staff to locate and address balancing issues quickly. This report is typically used by EDS internal staff. This reports any differences between the total sum of checks for the provider and the YTD check amount.

SORT ORDER BY SAK_PAYEE, SAK_FIN_SCHED, PROV_BILLING, SAK_FIN_SCHED

2.8.55.1 Technical Name

FIN-0014-W

2.8.55.2 Sort Order

Provider number

For readability, the layout displays on the next page.

2.8.55.3 Provider YTD Check Balancing Layout

```
Report  : FIN-0014-W                          COMMONWEALTH OF KENTUCKY                        Run Date: MM/DD/CCYY
Process : FINJRBAL-CHK                  MEDICAID MANAGEMENT INFORMATION SYSTEM                Run Time:   99:99:99
Location: FINP0014                             PROVIDER YTD CHECK BALANCING                       Page:       9999
                                                MM/DD/CCYY - MM/DD/CCYY


PROVIDER
TOTAL AMT PAID +PAID TOT ADJ  +PAID ADMIN   + PAID CAP +  EXPENSE TOT + CLAIM INTEREST - CLAIM OFFSET - NONCLM OFFSET - ADVANCE OFFSET
= CHECK TOT

99999999
999,999,999.99  9,999,999.99 9,999,999.99 9,999,999.99   9,999,999.99     9,999.999.99  99,999,999.99   99,999,999.99    99,999,999.99
999,999,999.99

99999999
999,999,999.99  9,999,999.99 9,999,999.99 9,999,999.99   9,999,999.99     9,999.999.99  99,999,999.99   99,999,999.99    99,999,999.99
999,999,999.99

99999999
999,999,999.99  9,999,999.99 9,999,999.99 9,999,999.99   9,999,999.99     9,999.999.99  99,999,999.99   99,999,999.99    99,999,999.99
999,999,999.99

99999999
999,999,999.99  9,999,999.99 9,999,999.99 9,999,999.99   9,999,999.99     9,999.999.99  99,999,999.99   99,999,999.99    99,999,999.99
999,999,999.99

99999999
999,999,999.99  9,999,999.99 9,999,999.99 9,999,999.99   9,999,999.99     9,999.999.99  99,999,999.99   99,999,999.99    99,999,999.99
999,999,999.99

99999999
999,999,999.99  9,999,999.99 9,999,999.99 9,999,999.99   9,999,999.99     9,999.999.99  99,999,999.99   99,999,999.99    99,999,999.99
999,999,999.99

  TOTAL CHECK/EFT BY PROVIDER:         ####
  TOTAL CHECK/EFT BY DATE ISSUED:      ####

                                   * * * END OF REPORT * * *

                              * * * REPORT DOES NOT BALANCE!!! * * *
```

2.8.55.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Advance Offset	This is the amount deducted for advance offsets.	10	Number	N/A	Calculated Field
Check Tot	This is the total amount of the check.	11	Number	N/A	Calculated Field
Claim Interest	This is the amount paid for claim interest.	9	Number	N/A	Calculated Field
Claim Offset	This is the amount deducted for claim offsets.	10	Number	N/A	Calculated Field
Expense Tot	This is the amount paid for expenses.	9	Number	N/A	Calculated Field
NonClm Offset	This is the amount deducted for non-claim offsets.	10	Number	N/A	Calculated Field
Paid Admin	This is the amount paid for admin fee.	9	Number	N/A	Calculated Field
Paid Cap	This is the amount paid for capitation fee.	9	Number	N/A	Calculated Field
Paid Tot Adj	This is the total amount paid for adjustments.	9	Number	N/A	Calculated Field
Provider	This is the provider SAK.	10	Character	T_PR_IDENTIFIER	SAK_PROV_LOC
Total Amt Paid	This is the total amount paid for original claims.	9	Number	N/A	Calculated Field
Total Check/EFT by Date Issued	This is the number of checks or EFTs issued for the payment date.	4	Number	N/A	Calculated Field
Total Check/EFT by Provider	This is the number of checks or EFTs issued to providers.	4	Number	N/A	Calculated Field

2.8.55.5 Associated Programs

Program	Description
finp_bal_chk	Financial xref balancing checks

2.8.55.6 Associated Requirements

ID
30.090.009.002.35
30.090.009.003.1

2.8.55.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.56 FIN-0100-Q -- Disproportionate Share Payment Summary

This report shows the disproportionate share payments that were automatically set up and paid each quarter.

2.8.56.1 Technical Name

FIN-0100-Q

2.8.56.2 Sort Order

Provider Number

2.8.56.3 Disproportionate Share Payment Summary Layout

```
Report   : FIN-0100-Q                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process  : FINJQ100                 MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   99:99:99
Location: FINP3020                DISPROPORTIONATE SHARE PAYMENT SUMMARY REPORT          Page:       9999
                                            YEAR: YYYY QUARTER: X

     PROVIDER                                                                  EXPENDITURE
      NUMBER                    NAME                                            NUMBER          AMOUNT PAID
     9999999999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999999999      99,999,999.99
     9999999999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999999999      99,999,999.99
     9999999999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999999999      99,999,999.99

                                                                        GRAND TOTAL        999,999,999.99
```

2.8.56.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Expenditure Number	This is the unique identifier of the expenditure payment.	9	Number	T_EXPENDITURE	SAK_EXPENDITURE
Grand Total	This is the grand total of the disproportionate share payment.	11	Number	N/A	Calculated Field
Payment Year	This is the year in which the payment was made.	4	Number	N/A	Calculated Field
Provider Name	This is the name of the provider getting the payment.	50	Character	T_PR_NAM	NAME

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider Number	This is the provider's ID.	10	Character	T_PR_IDENTIFIER	PROVIDER_ID
Reimbursed Amt	This is the disproportionate share payment amount.	13	Number	N/A	Calculated Field

2.8.56.5 Associated Programs

Program	Description
finp3020	Quarterly Disproportionate Share Payments
copy2routedir	Copy Reports to Router

2.8.56.6 Associated Requirements

ID
30.090.009.003.1

2.8.56.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.57 FIN-1005-W -- Voided Checks by External Number

The report identifies system payments which have been voided during the current weekly cycle. It will be used to validate that all void transactions have processed appropriately through the system. The purpose of this report is to identify any external payment numbers which were voided during the current weekly cycle.

2.8.57.1 Technical Name

FIN-1005-W

2.8.57.2 Sort Order

Payee ID

2.8.57.3 Voided Checks by External Number Layout

```
Report  : FIN-1005-W                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/YYYY
Process : FINJW010                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: FINP1131                          VOIDED PAYMENTS BY EXTERNAL NO.                                 Page:      9,999
                                            Period: MM/DD/YYYY- MM/DD/YYYY


PROVIDER\PAYEE ID   TYPE   EXTERNAL PYMNT NUMBER      PYMNT DATE          CCN            PYMNT AMOUNT          REASON
XXXXXXXXXX          XXXX       999999999              MM/DD/CCYY       99999999999      999,999,999.99   XXXXXXXXXXXXXXXXXXXXXXXXX


TOTAL # OF VOIDS:   99,999

TOTAL VOIDED DOLLARS 999,999,999.99
```

2.8.57.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CCN	This is a unique number that is used to track payments received.	11	Number	T_CASH_RECEIPT	SAK_CASH_RECEIPT
External Pymnt Number	The number assigned to the check during the payment printing process. This number is encoded in the MICR line on the payment and is used by the bank for reporting purposes.	9	Number	T_CHECK	CHECK_NUM

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider Number/Payee ID	The unique number which identifies the provider/location or payee for which the payment is being voided.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Pymnt Amount	This indicates the amount of the system payment being voided.	11	Number	T_FIN_PAYMENT	CHECK_AMT
Pymnt Date	This indicates the issue date for the payment to be voided.	10	Date (MM/DD/CCYY)	T_FIN_PAYMENT	DTE_ISSUE
Reason	This indicates the reason the payment was voided.	25	Character	T_ACCT_REC	CDE_REASON_FOUR
Total # of Voids	This indicates the total number of payments that have been voided.	5	Number	N/A	Calculated Field
Total Voided Dollars	This indicates the total dollar amount for the total number of payments that have been voided.	11	Number	N/A	Calculated Field
Type	This code indicates the type of payee: PRV - provider, CAR - carrier, OTH - other	4	Character	T_CHECK	CDE_PAY_TYPE

2.8.57.5 Associated Programs

Program	Description
finp_rpt1005	Create Voids Report FIN-1005-W

2.8.57.6 Associated Requirements

ID
30.090.009.003.1

2.8.57.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.58 FIN-1008-W -- Cash Dispositioned Not Posted

This report itemizes all provider refund cash receipts which have been fully dispositioned but not fully posted. It lists the original cash receipt amount, disposition amounts posted to date and not posted to date for each receipt. It is broken down by Unit and for each Unit it is segregated into age categories of 00 - 20, 21 - 45, 46 - 60, 61 - 90, 91 - 120, 121 - 365 and 365 +days. It will be used to identify CCNs with dispositions that still need to be posted. Appropriate staff will review this report on a weekly basis and those cash receipts will be prioritized for resolution. The sequence is by Unit (Drug Rebate, MED, SURS, TPL), then by age in days, then by Cash Control Number (CCN). This is a weekly report.

2.8.58.1 Technical Name

FIN-1008-W

2.8.58.2 Sort Order

Check Number

For readability, this report layout appears on the next two pages.

2.8.58.3 Cash Dispositioned Not Posted Layout

```
Report  : FIN-1008-W                          COMMONWEALTH OF KENTUCKY                                    Run Date: MM/DD/YYYY
Process : FINJW219                       MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:      HH:MM
Location: FIN1008W                                CASH DISPOSITIONED                                          Page:      9,999

                                                  UNIT:
XXXXXXXXXXXXXXXX

            CCN        LAST    CCN     ORIGINAL AMOUNT        DISPOSITIONS            DISPOSITIONS   USER ID
COMMENT
                  TRANS DATE   STAT                          POSTED TO DATE        NONPOSTED TO DATE

                                              NO CASH RECEIPTS FOUND THAT ARE +365 DAYS OLD

 121 - 364 DAYS
      XXXXXXXXXXX  MM/DD/CCYY   X        $9,999,999.99       $9,999,999.99           $9,999,999.99     XXXXXXXX
XXXXXXXXXXXXXXX
      XXXXXXXXXXX  MM/DD/CCYY   X        $9,999,999.99       $9,999,999.99           $9,999,999.99     XXXXXXXX
XXXXXXXXXXXXXXX
      SUBTOTALS                         $999,999,999.99     $999,999,999.99         $999,999,999.99

 91 - 120 DAYS
      XXXXXXXXXXX  MM/DD/CCYY   X        $9,999,999.99       $9,999,999.99           $9,999,999.99     XXXXXXXX
XXXXXXXXXXXXXXX
      XXXXXXXXXXX  MM/DD/CCYY   X        $9,999,999.99       $9,999,999.99           $9,999,999.99     XXXXXXXX
XXXXXXXXXXXXXXX
      SUBTOTALS                         $999,999,999.99     $999,999,999.99         $999,999,999.99

61 - 90 DAYS
      XXXXXXXXXXX  MM/DD/CCYY   X        $9,999,999.99       $9,999,999.99           $9,999,999.99     XXXXXXXX
XXXXXXXXXXXXXXX
      XXXXXXXXXXX  MM/DD/CCYY   X        $9,999,999.99       $9,999,999.99           $9,999,999.99     XXXXXXXX
XXXXXXXXXXXXXXX
      SUBTOTALS                         $999,999,999.99     $999,999,999.99         $999,999,999.99

 46 - 60 DAYS
      XXXXXXXXXXX  MM/DD/CCYY   X        $9,999,999.99       $9,999,999.99           $9,999,999.99     XXXXXXXX
XXXXXXXXXXXXXXX
      XXXXXXXXXXX  MM/DD/CCYY   X        $9,999,999.99       $9,999,999.99           $9,999,999.99     XXXXXXXX
XXXXXXXXXXXXXXX
      SUBTOTALS                         $999,999,999.99     $999,999,999.99         $999,999,999.99

21 - 45 DAYS
      XXXXXXXXXXX  MM/DD/CCYY   X        $9,999,999.99       $9,999,999.99           $9,999,999.99     XXXXXXXX
XXXXXXXXXXXXXXX
      XXXXXXXXXXX  MM/DD/CCYY   X        $9,999,999.99       $9,999,999.99           $9,999,999.99     XXXXXXXX
XXXXXXXXXXXXXXX
      SUBTOTALS                         $999,999,999.99     $999,999,999.99         $999,999,999.99

0 - 20 DAYS
      XXXXXXXXXXX  MM/DD/CCYY   X        $9,999,999.99       $9,999,999.99           $9,999,999.99     XXXXXXXX
XXXXXXXXXXXXXXX
      XXXXXXXXXXX  MM/DD/CCYY   X        $9,999,999.99       $9,999,999.99           $9,999,999.99     XXXXXXXX
XXXXXXXXXXXXXXX
      SUBTOTALS                         $999,999,999.99     $999,999,999.99         $999,999,999.99

 XXXXXXX                TOTALS           $999,999,999.99     $999,999,999.99         $999,999,999.99
```

```
Report  : FIN-1008-W                    COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/YYYY
Process : FINJW219                  MEDICAID MANAGEMENT INFORMATION SYSTEM                        Run Time:      HH:MM
Location: FIN1008W                          CASH DISPOSITIONED                                        Page:      9,999

UNIT: All Units

 XXXXXXX                    TOTALS    $999,999,999.99     $999,999,999.99          $999,999,999.99
 XXXXXXX                    TOTALS    $999,999,999.99     $999,999,999.99          $999,999,999.99

 = GRAND TOTALS FOR ALL UNITS          $999,999,999.99     $999,999,999.99          $999,999,999.99
                                    ====================   ====================     ========================

                                                  ** END OF REPORT **
```

2.8.58.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CCN	A unique number used for tracking cash receipts in the system.	11	Number	T_CASH_RECEIPT	SAK_CASH_RECEIPT
CCN Status	CCN Status Indicator	1	Character	T_CASH_RECEIPT	CDE_CASH_STATUS
Comment	The last comment entered for the cash transaction.	15	Character	T_CASH_COMMENT	DSC_150
Dispositions Non-posted to Date	This indicates the amount from the original check amount that can be directly associated with a specific adjustment or financial transaction grouping and has not been posted yet.	9	Number	N/A	Calculated Field
Dispositions Posted to Date	This indicates the amount from the original check amount that can be directly associated with a specific adjustment or financial transaction grouping and has been posted.	9	Number	N/A	Calculated Field
Grand Totals	The sum of all units.	12	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Last Trans Date	Last transaction date for the CCN	10	Date (CCYY/MM/DD)	T_CASH_RECEIPT	DTE_RECEIPT
Original Amount	A check amount received by cash control clerk.	9	Number	T_ACCT_REC	AMT_SETUP
Subtotals	Subtotals are calculated for each aging category.	11	Number	N/A	Calculated Field
Unit Totals	Totals are calculated for each Unit.	11	Number	N/A	Calculated Field
User ID	This field identifies the user who entered the comment	8	Character	T_CASH_COMMENT	ID_USER

2.8.58.5 Associated Programs

Program	Description
fin1008w	Financial Cash reports
copy2routedir	Copy Reports to Router

2.8.58.6 Associated Requirements

ID
30.090.009.003.1

2.8.58.7 Change Orders

ID	Name	Description
1174	Modify FIN-1008-W	Modify the FIN-1008-W report to include the status and transaction date on the CCN line

2.8.59 FIN-1099-A -- Provider Annual Earnings Report - Detail Listing by Provider ID

This report lists each provider's earnings from the Medicaid program for the calendar year in Provider Identification Number order.

2.8.59.1 Technical Name

FIN-1099-A

2.8.59.2 Sort Order

Provider Number

For readability, the layout displays on the next page.

2.8.59.3 Provider Annual Earnings Report - Detail Listing by Provider ID Layout

```
Report   : FIN-1099-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process  : FINJA1099_60                  MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: FINP1560          PROVIDER ANNUAL EARNINGS REPORT - DETAIL LISTING BY PROVIDER ID      Page:       9999

          PROVIDER NUMBER  FEDERAL TAX ID              PROVIDER NAME                    ANNUAL EARNINGS      COUNT
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99
            999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        999,999,999.99

            *** REPORT TOTALS ***
                                                                                 99,999,999,999.99    99999
```

2.8.59.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ANNUAL EARNINGS	The accumulated earnings of the provider paid by the Medicaid program.	14	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
COUNT	At the end of the report, the count of the total number of providers listed on the report appears in this field.	9	Number	N/A	Calculated Field
FEDERAL TAX ID	The Federal Tax Identification number of the provider.	10	Number	T_PR_TAX_ID	NUM_TAX_ID
PROVIDER NAME	The providers name.	39	Character	T_PR_NAM	NAME
PROVIDER NUMBER	The Provider number of the provider who received payment during the calendar year being reported.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
REPORT TOTALS	The total amount paid out to all providers by the Medicaid program for the year.	18	Number	N/A	Calculated Field

2.8.59.5 Associated Programs

Program	Description
finp1099a	Provider Annual Earnings Report - Detail Listing by Provider ID

2.8.59.6 Associated Requirements

ID
30.090.009.003.1

2.8.59.7 Change Orders

ID	Name	Description
1112	create FIN-1099-A report	Create the legacy KYMC1099-R001 provider annual earnings report.

2.8.60 FIN-1099-B -- 1099 Tax ID Payment Summary

The 1099 Payment Summary is used to view all entities that have received payment during the year. The sequence is by Tax ID and then Provider ID. This report is done annually. This report lists all entities that received money during the year. The report displays the tax ID, the provider ID, location code (LOC), the check amount, the manual check amount, the claim refunds, the non-claim refunds, the voids, and the net 1099. At the end of the report are the 1099 totals. This gives totals for all of the Tax ID's. It displays totals for check amount, manual check amount, claim refunds, non-claim refunds, voids, and the net 1099 amount.

2.8.60.1 Technical Name

FIN-1099-B

2.8.60.2 Sort Order

Tax ID

2.8.60.3 1099 Tax ID Payment Summary Layout

```
REPORT  : FIN-1099-B                          COMMONWEALTH OF KENTUCKY                          RUN DATE: MM/DD/CCYY
PROCESS : FINJA1099_60                 MEDICAID MANAGEMENT INFORMATION SYSTEM                   RUN TIME:   99:99:99
LOCATION: FINP1560                           1099 TAX ID PAYMENT SUMMARY                            PAGE:      9,999

          FEDERAL TAX ID   PROVIDER NUMBER              PROVIDER NAME                ANNUAL EARNINGS      COUNT
             999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99
             999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99
             999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99
             999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99
             999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99
             999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99
             999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99
             999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99
             999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99
             999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99
             999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99
             999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99
             999999999        999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99

             *** REPORT TOTALS ***
                                                                                       99,999,999.99  99,999,999
```

2.8.60.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1099 Totals	This is the totals for each of the columns.	12	Number	N/A	Calculated Field
Check Amount	This is the total dollar amount of all system-generated payments received by the provider during the year.	10	Number	T_CHECK	TOTAL_AMT_PAID
Number of Records	This is the number of 1099 records generated.	9	Number	N/A	Calculated Field
Tax ID	This is the tax ID of the provider who received monies during the year.	11	Character	T_PR_TAX_ID	NUM_TAX_ID
Tax ID Name	This is the name of the provider.	25	Character	T_PR_NAM	NAME

2.8.60.5 Associated Programs

Program	Description
finp1550	Provider 1099 Process

2.8.60.6 Associated Requirements

ID
30.090.009.003.1

2.8.60.7 Change Orders

ID	Name	Description
1120	Modify FIN-5000-Q report	Remove the Manual check amount and add a short provider name next to the provider id.

2.8.61 FIN-1115-W -- Cash Disposition Adjustment Postings Report

The FIN-1115-W Cash Dispositions Adjustment Postings Report details each of the Cash Control Numbers (CCN) that had a disposition during this Financial Cycle. The sort order of the report is by CCN. The last line of the report is the sum of the Total Cash Posted in Cycle. This number corresponds with the sum of each of the C/R Adjustments for each claim type from the FIN-0005-W and also the System Cash Receipt Dispositions line near the bottom of the FIN-0005-W report.

2.8.61.1 Technical Name

FIN-1115-W

2.8.61.2 Sort Order

CCN

2.8.61.3 Cash Disposition Adjustment Postings Report Layout

```
Report  : FIN-1115-W                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/YYYY
Process : FINJW165                       MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: FINP1115                     CASH DISPOSITION ADJUSTMENT POSTINGS REPORT                         Page:      9,999
                                          PERIOD:   MM/DD/YYYY - MM/DD/YYYY

                                              POSTING DATE: MM/DD/YYYY

 CASH CNTL NUMBER   SEQ BATCH        AMOUNT DISPOSITION        AMOUNT CASH DISPOSITION
   999999999          999              999,999,999.99                999,999,999.99


                                                                ==================
       Total Cash Posted in Cycle (C/R Adjustments on FIN-0005-W)      999,999,999.99


                                              ** NO DATA THIS REPORT **
```

2.8.61.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount Cash Disposition	This is the dollar amount	12	Number	N/A	Calculated Field
Amount Disposition	This is the dollar amount	12	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Cash Cntl Number	This is the unique number assigned to the cash receipt.	9	Number	T_CASH_RECEIPT	SAK_CASH_RECEIPT
Period, Beginning	This is the beginning date of the period of time being reported on this report.	8	Date (MM/DD/CCYY)	N/A	N/A
Period, Ending	This is the beginning date of the period of time being reported on this report.	8	Date (MM/DD/CCYY)	N/A	N/A
Posting Date	This is the date the cash disposition was posted.	8	Date (MM/DD/CCYY)	T_CASH_DISP	DTE_POSTED
Seq Batch	This is the sequence number assigned to the cash control number when the cash is dispositioned	3	Number	T_CASH_RECEIPT	BATCH_NUM
Total Cash Posted in Cycle	This is the dollar amount	13	Number	N/A	Calculated Field

2.8.61.5 Associated Programs

Program	Description
finp1115	Post cash receipt disposition
copy2routedir	Copy Reports to Router
finp_updt_cash	finp_updt_cash

2.8.61.6 Associated Requirements

ID
30.090.009.003.1

2.8.61.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.62 FIN-1330-W -- Review Payments by Benefit Plan

This report will be produced in the review cycle to help the commonwealth determine (by Benefit Plan) if there is sufficient funds to pay that particular week's Financial cycle. If not, payment holds will be placed or the entire Financial cycle will be moved forward a week. This report will net the adjustment count/amount into the figures. If the original claims and adjusted claims net to zero, zero will print in the dollar amount field, but the count will be incremented by one. This report will not print negative amounts; therefore, the report could be slightly over-estimated.

2.8.62.1 Technical Name

FIN-1330-W

2.8.62.2 Sort Order

ASC

2.8.62.3 Review Payments by Benefit Plan Layout

```
Report  : FIN-1330-W                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/YYYY
Process : FINJRPMT                     MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: FINP_PYMT_REV                    REVIEW PAYMENTS BY BENEFIT PLAN                                 Page:      9,999
                                               MM/DD/YYYY - MM/DD/YYYY

   BENEFIT PLAN                                          PAID TXN COUNT        TOTALS        FISCAL PEND     PAYMENT HOLD

   XXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                    9,999,999      99,999,999.99    99,999,999.99    99,999,999.99
   XXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                    9,999,999      99,999,999.99    99,999,999.99    99,999,999.99
   XXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                    9,999,999      99,999,999.99    99,999,999.99    99,999,999.99

                                                       ----------------  ---------------  ---------------  ----------------
             TOTALS                                        9,999,999      99,999,999.99    99,999,999.99    99,999,999.99
                                                       ================  ===============  ===============  ================
```

2.8.62.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Benefit Plan	This is the benefit plan that claims are associated with.	10	Character	T_ACCT_REC	SAK_PUB_HLTH
Fiscal Pend	This is the dollar amount of the claims fiscal pend for the benefit plan	11	Number	N/A	Calculated Field
Fiscal Pend Totals	This is the grand total of totals column for fiscal pend.	11	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Paid Txn Count	This is the count of claims coming into Financial for each benefit plan	7	Number	N/A	Calculated Field
Paid Txn Count Totals	This is the grand total of the counts column for each benefit plan.	7	Number	N/A	Calculated Field
Payment Hold	This is the dollar amount of the claims held by the payment hold process for the benefit plan	11	Number	N/A	Calculated Field
Payment Hold Totals	This is the grand total of totals column for payment holds.	11	Number	N/A	Calculated Field
Period From	This is the beginning date included in the report, and ultimately, the Financial cycle.	10	Date (MM/DD/CCYY)	N/A	N/A
Period To	This is the to date included in the report, and ultimately, the Financial cycle.	10	Date (MM/DD/CCYY)	N/A	N/A
Total Totals	This is the grand total of the totals column for each benefit plan.	11	Number	N/A	Calculated Field
Totals	This is the dollar amount of claims coming into Financial for each benefit plan	11	Number	N/A	Calculated Field

2.8.62.5 Associated Programs

Program	Description
finp_pymt_rev	Estimated Payments Reports
copy2routedir	Copy Reports to Router

2.8.62.6 Associated Requirements

ID
30.090.009.003.1

2.8.62.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.63 FIN-1331-W -- Review Payments by Txn Type

This report will be produced in the review cycle to help the commonwealth determine (by txn type) if there is sufficient funds to pay that particular week's Financial cycle. If not, payment holds will be placed or the entire Financial cycle will be moved forward a week. This report will net the adjustment count/amount into the figures. If the original claims and adjusted claims net to zero, zero will print in the dollar amount field, but the count will be incremented by one. This report will not print negative amounts; therefore, the report could be slightly over-estimated.

2.8.63.1 Technical Name

FIN-1331-W

2.8.63.2 Sort Order

ASC

2.8.63.3 Review Payments by Txn Type Layout

```
Report  : FIN-1331-W                          COMMONWEALTH OF KENTUCKY                                    Run Date: MM/DD/YYYY
Process : FINJRPMT                       MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   HH:MM:SS
Location: FINP_PYMT_REV                        REVIEW PAYMENTS BY TXN TYPE                                   Page:      9,999
                                                MM/DD/YYYY - MM/DD/YYYY

   TXN TYPE CODE                                          PAID TXN COUNT        TOTALS        FISCAL PEND     PAYMENT HOLD

   XXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXXX                 9,999,999      99,999,999.99    99,999,999.99    99,999,999.99
   XXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXXX                 9,999,999      99,999,999.99    99,999,999.99    99,999,999.99
   XXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXXX                 9,999,999      99,999,999.99    99,999,999.99    99,999,999.99

                                                        ----------------   ---------------  ---------------  ----------------
              TOTALS                                        9,999,999      99,999,999.99    99,999,999.99    99,999,999.99
                                                        ================   ===============  ===============  ================
```

2.8.63.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Period From	This is the beginning date included in the report, and ultimately, the Financial cycle.	10	Date (MM/DD/CCYY)	N/A	N/A
Period To	This is the to date included in the report, and ultimately, the Financial cycle.	10	Date (MM/DD/CCYY)	N/A	N/A
Review Counts	This is the count of txns coming into Financial for each Claim Type.	7	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Review Fiscal Pend	This is the dollar amount of the txns fiscal pended for the txn type	11	Number	N/A	Calculated Field
Review Fiscal Pend Totals	This is the grand total of totals column for fiscal pend	11	Number	N/A	Calculated Field
Review Payment Hold	This is the dollar amount of txns held by the payment hold process for the txn type	11	Number	N/A	Calculated Field
Review Payment Hold Totals	This is the grand total of totals column for payment holds	11	Number	N/A	Calculated Field
Review Totals	This is the dollar amount of txns coming into Financial for each Claim Type.	11	Number	N/A	Calculated Field
Review Totals	This is the grand total of the estimated totals column for each Claim Type.	11	Number	N/A	Calculated Field
Review Totals Counts	This is the grand total of the estimated counts column for each Claim Type.	7	Number	N/A	Calculated Field
TXN Type Code	This is the transaction type and the code that the amounts are associated with.	10	Character	T_PAYMENT	CDE_TYPE

2.8.63.5 Associated Programs

Program	Description
finp_pymt_rev	Estimated Payments Reports
copy2routedir	Copy Reports to Router
finp_pymt_rev	Estimated Payments Reports
copy2routedir	Copy Reports to Router

2.8.63.6 Associated Requirements

ID
30.090.009.003.1

2.8.63.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.64 FIN-1332-W -- Review Payments by Fund Code

This report will be produced in the review cycle to help the commonwealth determine (by Fund Code) if there is sufficient funds to pay that particular week's Financial cycle. If not, payment holds will be placed or the entire Financial cycle will be moved forward a week. This report will net the adjustment count/amount into the figures. If the original claims and adjusted claims net to zero, zero will print in the dollar amount field, but the count will be incremented by one. This report will not print negative amounts; therefore, the report could be slightly over-estimated.

2.8.64.1 Technical Name

FIN-1332-W

2.8.64.2 Sort Order

Fund Code

2.8.64.3 Review Payments by Fund Code Layout

```
Report  : FIN-1332-W                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/YYYY
Process : FINP_PYMT_REV                  MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: FINJRPMT                           REVIEW PAYMENTS BY FUND CODE                               Page:          9,999
                                           PERIOD:  MM/DD/YYYY - MM/DD/YYYY

  FUND CODE                                          PAID TXN COUNT        TOTALS        FISCAL PEND     PAYMENT HOLD

  XXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXX                  9,999,999      99,999,999.99    99,999,999.99    99,999,999.99
  XXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXX                  9,999,999      99,999,999.99    99,999,999.99    99,999,999.99
  XXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXX                  9,999,999      99,999,999.99    99,999,999.99    99,999,999.99

                                                   ----------------   ---------------  ---------------  ----------------
             TOTALS                                      9,999,999      99,999,999.99    99,999,999.99    99,999,999.99
                                                   ================   ===============  ===============  ================
```

2.8.64.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Fund Code	This is the Fund Code that claims are associated with.	10	Character	T_FIN_FUND_CODE	DSC_FUND
Period From	This is the beginning date included in the report, and ultimately, the Financial cycle.	10	Date (MM/DD/CCYY)	N/A	N/A
Period To	This is the to date included in the report, and ultimately, the Financial cycle.	10	Date (MM/DD/CCYY)	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Review Counts	This is the count of txns coming into Financial for each Fund Code	7	Number	N/A	Calculated Field
Review Fiscal Pend	This is the dollar amount of the txns fiscal pended for the fund code.	11	Number	N/A	Calculated Field
Review Fiscal Pend Totals	This is the grand total of totals column for fiscal pend	11	Number	N/A	Calculated Field
Review Payment Hold	This is the dollar amount of the txns held by the payment Hold process for the fund code	11	Number	N/A	Calculated Field
Review Payment Hold Totals	This is the grand total of totals column for the payment Holds	11	Number	N/A	Calculated Field
Review Totals	This is the dollar amount of txns coming into Financial for each Fund Code	11	Number	N/A	Calculated Field
Review Totals Counts	This is the grand total of the counts column for each Fund Code.	7	Number	N/A	Calculated Field
Review Totals	This is the grand total of the totals column for each Fund Code.	11	Number	N/A	Calculated Field

2.8.64.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.64.6 Associated Requirements

ID
30.090.009.003.1

2.8.64.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.65 FIN-1333-W -- Review Payments by Budget Code

This report will be produced in the review cycle to help the commonwealth determine (by Budget Code) if there is sufficient funds to pay that particular week's Financial cycle. If not, payment holds will be placed or the entire Financial cycle will be moved forward a week. This report will net the adjustment count/amount into the figures. If the original claims and adjusted claims net to zero, zero will print in the dollar amount field, but the count will be incremented by one. This report will not print negative amounts; therefore, the report could be slightly over-estimated.

2.8.65.1 Technical Name

FIN-1333-W

2.8.65.2 Sort Order

Budget Code

2.8.65.3 Review Payments by Budget Code Layout

```
Report  : FIN-1333-W                          COMMONWEALTH OF KENTUCKY                                    Run Date: MM/DD/YYYY
Process : FINP_PYMT_REV                  MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: FINJRPMT                           REVIEW PAYMENTS BY BUDGET CODE                              Page:          9,999
                                            PERIOD:  MM/DD/YYYY - MM/DD/YYYY

  BUDGET CODE                                          PAID TXN COUNT        TOTALS        FISCAL PEND     PAYMENT HOLD

  X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     9,999,999      99,999,999.99    99,999,999.99    99,999,999.99
  X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     9,999,999      99,999,999.99    99,999,999.99    99,999,999.99
  X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     9,999,999      99,999,999.99    99,999,999.99    99,999,999.99

                                                      ----------------   ---------------  ---------------  ----------------
              TOTALS                                      9,999,999      99,999,999.99    99,999,999.99    99,999,999.99
                                                      ================   ===============  ===============  ================
```

2.8.65.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Budget Code	This is the budget code that txns are associated with	10	Character	N/A	
Fiscal Pend	This is the dollar amount of txns fiscal pended for the budget code	11	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Fiscal Pend Totals	This is the grand total of the fiscal pend column for the budget codes	11	Number	N/A	Calculated Field
Payment Hold	This is the dollar amount of txns held by the payment hold process for the budget code	11	Number	N/A	Calculated Field
Payment Hold Totals	This is the grand total of the payment hold column for the budget codes	11	Number	N/A	Calculated Field
Period From	This is the beginning date included in the report, and ultimately, the financial cycle.	10	Date (CCYY/MM/DD)	N/A	N/A
Period To	This is the date included in the report and ultimately, the Financial cycle	10	Date (CCYY/MM/DD)	N/A	N/A
Total Amounts	This is the grand total of the totals column for each budget code	11	Number	N/A	Calculated Field
Total Counts	This is the grand total of the counts column for each budget code	7	Number	N/A	Calculated Field
Txn Amounts	This is the dollar amount of txns coming into financial for each budget code	11	Number	N/A	Calculated Field
Txn Count	This is the count of txns coming into Financial for each budget code	7	Number	N/A	Calculated Field

2.8.65.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.65.6 Associated Requirements

ID
30.090.009.003.1

2.8.65.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.66 FIN-1430-W -- Prepayment Register by Benefit Plan

This is a weekly report that generates the Pre-Payment Register by Benefit Plan in benefit plan order. For each benefit plan, the report provides the claim count and payment amounts for the category, current fiscal year, and previous fiscal years. It also provides summarized Account Receivables, Liens, and FICA information.

2.8.66.1 Technical Name

FIN-1430-W

2.8.66.2 Sort Order

Benefit Plan

For readability, the layout displays on the next page.

2.8.66.3 Prepayment Register by Benefit Plan Layout

```
Report  : FIN-1430-W                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJW410                  MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   99:99:99
Location: FIN1430W                     PAYMENT REGISTER BY BENEFIT PLAN                 Page:       9999
                                                MM/DD/CCYY

                                 ------------------PAYMENT TOTALS-------------------
BENEFIT PLAN                CLAIM        CATEGORY        CURRENT          PREVIOUS
                            COUNT         TOTAL          FISCAL YR.       FISCAL YR.

XXXXXXXXXXXXX               999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
XXXXXXXXXXXXX               999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
XXXXXXXXXXXXX               999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
XXXXXXXXXXXXX               999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
XXXXXXXXXXXXX               999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
XXXXXXXXXXXXX               999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
XXXXXXXXXXXXX               999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
XXXXXXXXXXXXX               999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
XXXXXXXXXXXXX               999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
XXXXXXXXXXXXX               999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
XXXXXXXXXXXXX               999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
XXXXXXXXXXXXX               999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
XXXXXXXXXXXXX               999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
XXXXXXXXXXXXX               999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
XXXXXXXXXXXXX               999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
XXXXXXXXXXXXX               999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99

                            -------   ---------------   ---------------   ---------------
      CLAIMS TOTALS         999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
                            -------   ---------------   ---------------   ---------------

                 AR'S       999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99

                 LIENS      999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99

                            -------   ---------------   ---------------   ---------------
      OTHER TOTALS          999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
                            -------   ---------------   ---------------   ---------------

                            -------   ---------------   ---------------   ---------------
      GRAND TOTALS          999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
                            =======   ===============   ===============   ===============

                                        ** END OF REPORT **
```

2.8.66.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
AR's	This is the number of ARs in the prepayment cycle	6	Number	N/A	Calculated Field
Benefit Plan	This is the benefit plan.	15	Character	T_CLM_PGM_XREF	SAK_CDE_AID
Category Total (Payment Totals)	This is the category total.	11	Number	N/A	Calculated Field
Claim Count	This is the claim count for the corresponding program code.	6	Number	N/A	Calculated Field
Claim Totals (Claim Count)	This is the subtotal of the benefit plan claim count.	6	Number	N/A	Calculated Field
Claim Totals (Payments)	This is the subtotal of the benefit plan payment amount.	11	Number	N/A	Calculated Field
Current Fiscal YR. (Payment Totals)	This is the current fiscal year total.	11	Character	N/A	Calculated Field
Grand Total (Amount Fields)	This is the grand total for each of the amount fields.	11	Number	N/A	Calculated Field
Grand Totals (Claim Count)	This is the grand total of the claim counts.	6	Number	N/A	Calculated Field
Liens	This is the number of Liens in the prepayment cycle	6	Number	N/A	Calculated Field
Other Totals (Claim Count)	This is the total of the benefit plan claim count.	6	Number	N/A	Calculated Field
Other Totals (Payment Totals)	This is the total amount of AR's, and Liens	11	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Previous Fiscal YR. (Payment Totals)	This is the previous fiscal year total.	11	Number	N/A	Calculated Field

2.8.66.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
fin1430w	Prepayment Register by Program Code report

2.8.66.6 Associated Requirements

ID
30.090.009.003.1

2.8.66.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.67 FIN-1431-W -- Prepayment Register by Claim Type

This is a weekly report that generates the Pre-Payment Register by Claim Type in claim type order. For each claim and financial transaction type, the report provides the claim count and payment amounts for the category, current fiscal year, and previous fiscal years.

2.8.67.1 Technical Name

FIN-1431-W

2.8.67.2 Sort Order

Claim Type

2.8.67.3 Prepayment Register by Claim Type Layout

```
Report  : FIN-1431-W                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJW411                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: FIN1431W                         PREPAYMENT REGISTER BY CLAIM TYPE                        Page:       9999
                                                      MM/DD/CCYY


                                      ------------------PAYMENT TOTALS-------------------
TXN TYPE                      TXN          CATEGORY       CURRENT          PREVIOUS
                              COUNT        TOTAL          FISCAL YR.       FISCAL YR.

FIN TXN    X XXXXXXXXXXXX    999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
FIN TXN    X XXXXXXXXXXXX    999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
FIN TXN    X XXXXXXXXXXXX    999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
FIN TXN    X XXXXXXXXXXXX    999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
                             -------   ---------------   ---------------   ---------------
GRAND TOTALS                 999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
                             =======   ===============   ===============   ===============
```

2.8.67.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Category Total (Payment Totals)	This is the category total.	11	Number	N/A	Calculated Field
Claim Type	This is the name of the type of claim or transaction.	13	Character	T_CLM_PGM_XREF	CDE_CLM_TYP

Field	Description	Length	Data Type	DB Table	DB Attributes
Current Fiscal YR. (Payment Totals)	This is the current fiscal year total.	11	Number	N/A	Calculated Field
Grand Total (Claim count)	This is the grand total for the claim count field.	6	Number (Integer)	N/A	Calculated Field
Grand Total (amount fields)	These are the grand totals for each of the amount fields.	11	Number (Decimal)	N/A	Calculated Field
Previous Fiscal YR. (Payment Totals)	This is the previous fiscal year total.	11	Number	N/A	Calculated Field
Txn Count	This is the number of claims or transactions that are reimbursement for a claim.	6	Number	N/A	Calculated Field

2.8.67.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
fin1431w	Prepayment Register by Claim Type report

2.8.67.6 Associated Requirements

ID
30.090.007.003.15
30.090.009.003.1

2.8.67.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.68 FIN-1432-W -- Prepayment Register by Fund Code

This is a weekly report that generates the Pre-Payment Register by Fund Code in fund code order. For each fund code, the report provides the claim count and payment amounts for the category, current fiscal year, and previous fiscal years. The RECOUPMENT TOTALS will be reflected on this report as negative amounts as they are extracted directly from the Remittance Advice check table and are reported as negatives on the RA.

2.8.68.1 Technical Name

FIN-1432-W

2.8.68.2 Sort Order

Fund Code

For readability, the layout displays on the next page.

2.8.68.3 Prepayment Register by Fund Code Layout

```
REPORT:   FIN-1432-W                                   COMMONWEALTH OF KENTUCKY                                    RUN
DATE: MM/DD/CCYY
PROCESS:  FINJW412                                MEDICAID MANAGEMENT INFORMATION SYSTEM                            RUN
TIME: HH:MM:SS
LOCATION: FIN1432W                                      PREPAYMENT REGISTER BY FUND
CODE                                             PAGE: 9,999
                                                              PERIOD: MM/DD/CCYY

                                            ---------------REIMBURSEMENT AMOUNT--------------   ----------------RECOUPMENT TOTALS-
---------------
FND                 FUND CODE                   CATEGORY        CURRENT         PREVIOUS          CATEGORY
CURRENT         PREVIOUS
CDE                DESCRIPTION                   TOTAL         FISCAL YEAR     FISCAL YEAR         TOTAL         FISCAL
YEAR      FISCAL YEAR
--- ------------------------------------------ --------------- --------------- --------------- --------------- ---------------
---------------
999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX $999,999,999.99 $999,999,999.99 $999,999,999.99 $999,999,999.99 $999,999,999.99
$999,999,999.99
999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX $999,999,999.99 $999,999,999.99 $999,999,999.99 $999,999,999.99 $999,999,999.99
$999,999,999.99
999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX $999,999,999.99 $999,999,999.99 $999,999,999.99 $999,999,999.99 $999,999,999.99
$999,999,999.99
999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX $999,999,999.99 $999,999,999.99 $999,999,999.99 $999,999,999.99 $999,999,999.99
$999,999,999.99
                                            --------------- --------------- --------------- --------------- ---------------
---------------
                                 GRAND TOTALS $999,999,999.99 $999,999,999.99 $999,999,999.99 $999,999,999.99 $999,999,999.99
$999,999,999.99
                                            =============== =============== =============== =============== ===============
---------------
```

2.8.68.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Category Total (Payment Total)	This is the Category total under payment totals.	13	Number	N/A	Calculated Field
Category Total (Recoupment Total)	This is the Category total under recoupment totals.	13	Number	N/A	Calculated Field
Current Fiscal YR. (Payment Total)	This is the Current Fiscal year total under payment totals.	13	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Current Fiscal YR. (Recoupment Total)	This is the Current Fiscal year total under recoupment totals.	13	Number	N/A	Calculated Field
Fund Code	This is the fund code.	1	Character	T_FIN_FUND_CODE	CDE_FUND_CODE
Fund Code Description	This is the fund code description.	50	Character	T_FIN_FUND_CODE	DSC_FUND
Grand totals	These are the grand totals for each of the amount fields.	13	Number	N/A	Calculated Field
Previous Fiscal YR. (Payment Total)	This is the Previous Fiscal year total under payment totals.	13	Number	N/A	Calculated Field
Previous Fiscal YR. (Recoupment Total)	This is the Previous Fiscal year total under recoupment totals.	13	Number	N/A	Calculated Field

2.8.68.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
fin1432w	Prepayment Register by Fund Code report

2.8.68.6 Associated Requirements

ID
30.090.009.003.1

2.8.68.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.69 FIN-1433-W -- Prepayment Register by Provider Type

This is a weekly report that generates the Pre-Payment Register by Provider Type in provider type order. For each provider type, the report provides both the payment and recoupment amounts for the category, current fiscal year, and previous fiscal years. It also summarizes the Non-Provider payment information.

2.8.69.1 Technical Name

FIN-1433-W

2.8.69.2 Sort Order

Provider Type Code

2.8.69.3 Prepayment Register by Provider Type Layout

```
Report  : FIN-1433-W                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJW143                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: FINP1433w                        PAYMENT REGISTER BY PROVIDER TYPE                        Page:       9999
                                                      MM/DD/CCYY

                            -------------------PAYMENT AMOUNT------------------   -----------------RECOUPMENT TOTALS-----------------
  PROVIDER                     CATEGORY          CURRENT          PREVIOUS          CATEGORY          CURRENT          PREVIOUS
   TYPE                         TOTAL           FISCAL YR.       FISCAL YR.          TOTAL          FISCAL YR.       FISCAL YR.

XXXXXXXXXXXXXXXX            $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99
XXXXXXXXXXXXXXXX            $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99
XXXXXXXXXXXXXXXX            $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99
XXXXXXXXXXXXXXXX            $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99
XXXXXXXXXXXXXXXX            $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99
XXXXXXXXXXXXXXXX            $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99
XXXXXXXXXXXXXXXX            $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99
                            ---------------  ---------------  ---------------  ---------------  ---------------  ---------------
GRAND TOTALS                $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99  $999,999,999.99
                            ===============  ===============  ===============  ===============  ===============  ===============
```

2.8.69.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Category Total (Payment Total)	This is the category total for payments.	11	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Category Total (Recoupment Total)	This is the category total for recoupments.	11	Number	N/A	Calculated Field
Current Fiscal YR. (Payment Total)	This is the current fiscal year total for payments.	11	Number	N/A	Calculated Field
Current Fiscal YR. (Recoupment Total)	This is the current fiscal year total for recoupments.	11	Number	N/A	Calculated Field
Grand Totals	These are the grand totals for each of the amount fields.	11	Number	N/A	Calculated Field
Previous Fiscal YR. (Payment Total)	This is the previous fiscal year total for payments.	11	Number	N/A	Calculated Field
Previous Fiscal YR. (Recoupment Total)	This is the previous fiscal year total for recoupments.	11	Number	N/A	Calculated Field
Provider Type	This is the type of provider.	16	Character	T_PR_TYPE_CDE	DSC_PROV_TYPE

2.8.69.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
fin1433w	Prepayment Register by Provider Type report

2.8.69.6 Associated Requirements

ID
30.090.009.003.1

2.8.69.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.70 FIN-1434-W -- Prepayment Register for State Share by Fund Code

This is a weekly report that generates the Pre-Payment Register for State Share by Fund Code in fund code order. For each fund code, the report provides the state share claim count and payment amounts for the category, current fiscal year, and previous fiscal years.

2.8.70.1 Technical Name

FIN-1434-W

2.8.70.2 Sort Order

Fund Code

2.8.70.3 Prepayment Register for State Share by Fund Code Layout

```
Report  : FIN-1434-W                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJW414                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: FINP1434w                   PAYMENT REGISTER FOR STATE SHARE BY FUND CODE                  Page:       9999
                                                        MM/DD/CCYY


                          ---------REIMBURSEMENT MINUS PAYMENT TOTALS--------
FUND CODE        CLAIM          CATEGORY        CURRENT          PREVIOUS
                 COUNTS          TOTAL          FISCAL YR.       FISCAL YR.

XXXXXXXXXXXX     999,999    $999,999,999.99   $999,999,999.99   $999,999,999.99
XXXXXXXXXXXX     999,999    $999,999,999.99   $999,999,999.99   $999,999,999.99
XXXXXXXXXXXX     999,999    $999,999,999.99   $999,999,999.99   $999,999,999.99
XXXXXXXXXXXX     999,999    $999,999,999.99   $999,999,999.99   $999,999,999.99
XXXXXXXXXXXX     999,999    $999,999,999.99   $999,999,999.99   $999,999,999.99
                            ---------------   ---------------   ---------------
GRAND TOTALS     999,999    $999,999,999.99   $999,999,999.99   $999,999,999.99
                            ===============   ===============   ===============
```

2.8.70.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Category Total (Payment Total)	This is the category total for payments.	11	Number	N/A	Calculated Field
Claim Count	This is the number of claims included.	6	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Current Fiscal YR. (Payment Total)	This is the current fiscal year total for payments.	11	Number	N/A	Calculated Field
Fund Code	This is the fund code.	12	Character	T_FIN_FUND_CODE	DSC_FUND
Grand Total (Amount Fields)	These are the grand totals for each of the amount fields.	11	Character	N/A	Calculated Field
Grand Total (Claim count)	This is the grand total for the claim count field.	6	Number	N/A	Calculated Field
Previous Fiscal YR. (Payment Total)	This is the previous fiscal year total for payments.	11	Number	N/A	Calculated Field

2.8.70.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
fin1434w	Prepayment Register for State Share by Fund Code report

2.8.70.6 Associated Requirements

ID
30.090.009.003.1

2.8.70.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.71 FIN-1435-W -- Prepayment Register by Provider Type to be Paid

This is a weekly report that generates the Pre-Payment Register by Provider Type in provider type order. For each provider type, the report provides the number of providers and the paid amount. It also summarizes Non-Provider payments. This report shows the transactions and claims that will be paid in the current cycle.

2.8.71.1 Technical Name

FIN-1435-W

2.8.71.2 Sort Order

Provider Type

2.8.71.3 Prepayment Register by Provider Type to be Paid Layout

```
Report  : FIN-1435-W                          COMMONWEALTH OF KENTUCKY                                    Run Date: MM/DD/CCYY
Process : FINJW435                       MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   99:99:99
Location: FIN1435W                  PREPAYMENT REGISTER BY PROVIDER TYPE TO BE PAID                       Page:       9999
                                                      MM/DD/CCYY


      PROVIDER   PROVIDER                                          TOTAL PROVIDERS          TOTAL
      TYPES      DESC                                              SELECTED                 AMOUNT PAID
      --------   --------                                          ---------------          -----------
      XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                9999                  99,999,999.99
      XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                9999                  99,999,999.99
      XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                9999                  99,999,999.99
      XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                9999                  99,999,999.99
      XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                9999                  99,999,999.99
                                                                 ____________    ____________________
                                                      TOTALS        9999                  99,999,999.99

                                                       NON-PROVIDER PAYOUTS                 99,999,999.99
                                                               ==========      ======================
                                                               GRAND TOTAL                  99,999,999.99

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

2.8.71.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Grand Totals (Total Amount Paid)	This is the grand total of the Total Amount Paid field.	12	Number	N/A	Calculated Field
Non-Provider Payouts	This is the non-provider payout amount.	11	Number	N/A	
Provider Description	This is the description of the provider type.	30	Character	T_PR_NAM	NAME
Provider Types	This is the provider type.	2	Number	T_PR_TYPE_CDE	DSC_PROV_TYPE
Total Amount Paid	This is the total amount paid.	11	Number	N/A	Calculated Field
Total Providers Selected	This is the total providers selected in the provider type.	5	Number	N/A	Calculated Field
Totals (Total Providers Selected)	This is the grand total of the Total Providers Selected field.	6	Number	N/A	Calculated Field

2.8.71.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
fin1435w	Produce Prepayment by Provider Type to be Paid report - weekly

2.8.71.6 Associated Requirements

ID
30.090.009.003.1

2.8.71.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.72 FIN-1440-W -- Prepayment Summary

This is a weekly report that generates the Pre-Payment Summary. The report summarizes the paid and reimbursement amounts for original claims, paid adjustments, system expenditures extracted, lien payments, capitation payments, FICA, lien recoupments, offsets applied in current cycle, and total payments issued.

2.8.72.1 Technical Name

FIN-1440-W

2.8.72.2 Sort Order

N/A Totals Only

2.8.72.3 Prepayment Summary Layout

```
Report  : FIN-1440-W                          COMMONWEALTH OF KENTUCKY                        Run Date: MM/DD/CCYY
Process : FINJW415                   MEDICAID MANAGEMENT INFORMATION SYSTEM                   Run Time:   99:99:99
Location: FINP1440W                             PREPAYMENT SUMMARY                                Page:       9999
                                                PERIOD: MM/DD/CCYY


                                                 PAID AMOUNT         REIMBURSEMENT AMOUNT

          +  ORIGINAL CLAIMS                    $999,999,999.99         $999,999,999.99
          +  PAID ADJUSTMENTS                   $999,999,999.99         $999,999,999.99
                                                ---------------         ---------------
          =  TOTAL CLAIMS EXTRACTED             $999,999,999.99         $999,999,999.99

          +  SYSTEM EXPENDITURES EXTRACTED      $999,999,999.99         $999,999,999.99
          +  LIEN PAYMENTS                      $999,999,999.99         $999,999,999.99
          +  CAPITATION PAYMENTS                $999,999,999.99         $999,999,999.99
          -  LIEN RECOUPMENTS                   $999,999,999.99         $999,999,999.99
                                                ---------------         ---------------
          =  TOTAL CYCLE EXPENSES               $999,999,999.99         $999,999,999.99

          -  OFFSETS APPLIED IN CURRENT CYCLE   $999,999,999.99         $999,999,999.99
                                                ---------------         ---------------
          =  TOTAL PAYMENTS ISSUED              $999,999,999.99         $999,999,999.99
                                                ===============         ===============
```

2.8.72.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Capitation Payment	This is the paid or reimbursement amount for capitation payments.	11	Number	N/A	Calculated Field
Lien Payments	This is the paid or reimbursement amount for lien payments.	11	Number	N/A	Calculated Field
Lien Recoupments	This is the paid or reimbursement amount for lien recoupments.	11	Number	N/A	Calculated Field
Offsets Applied in Current Cycle	This is the paid or reimbursement amount for offsets applied in the current cycle.	11	Number	N/A	Calculated Field
Original Claims	This is the paid or reimbursement amount for original claims.	11	Number	N/A	Calculated Field
Paid Adjustments	This is the paid or reimbursement amount for paid adjustments.	11	Number	N/A	Calculated Field
System Expenditures Extracted	This is the paid or reimbursement amount for system expenditures extracted.	11	Number	N/A	Calculated Field
Total Claims Extracted	This is the paid or reimbursement amount total of the original claims, paid adjustments, A/R, and C/R.	11	Number	N/A	Calculated Field
Total Cycle Expenses	This is the paid or reimbursement amount total of expenditures.	11	Number	N/A	Calculated Field
Total Payments Issued	This is the paid or reimbursement amount total of all payments issued.	11	Number	N/A	Calculated Field

2.8.72.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
fin1440w	Prepayment Register Summary report

2.8.72.6 Associated Requirements

ID
30.090.009.003.1

2.8.72.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.73 FIN-1485-D -- AR Daily Adds - Status S

This report lists any A/R transaction created with a provider who has been end dated.

SORT ORDER BY NUM_CONTROL_AR, DTE_END, DTE_EFFECTIVE, CDE_ENROLL_STATUS

2.8.73.1 Technical Name

FIN-1485-D

2.8.73.2 Sort Order

Provider Number

2.8.73.3 AR Daily Adds - Status S Layout

```
Report  : FIN-1485-D                          COMMONWEALTH OF KENTUCKY                        Run Date: MM/DD/CCYY
Process : FINJD1485                     MEDICAID MANAGEMENT INFORMATION SYSTEM                Run Time:   99:99:99
Location: FINP1485                   AR DAILY ADDS - STATUS S (PROVIDER END-DATED)                Page:       9999
                                                     MM/DD/CCYY

 PROVIDER              PROVIDER                        LOC   ENROLL     BEGIN       END         A/R          SETUP
  NUMBER                 NAME                          CDE    CDE       DATE        DATE       AMOUNT        DATE
 ----------  ------------------------------------------ ---  ------   ----------  ----------  -------------  ----------
 9999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX     X      MM/DD/CCYY  MM/DD/CCYY  99,999,999.99  MM/DD/CCYY
 9999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX     X      MM/DD/CCYY  MM/DD/CCYY  99,999,999.99  MM/DD/CCYY
 9999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX     X      MM/DD/CCYY  MM/DD/CCYY  99,999,999.99  MM/DD/CCYY
 9999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX     X      MM/DD/CCYY  MM/DD/CCYY  99,999,999.99  MM/DD/CCYY
 9999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX     X      MM/DD/CCYY  MM/DD/CCYY  99,999,999.99  MM/DD/CCYY
 9999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX     X      MM/DD/CCYY  MM/DD/CCYY  99,999,999.99  MM/DD/CCYY
 9999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX     X      MM/DD/CCYY  MM/DD/CCYY  99,999,999.99  MM/DD/CCYY
 9999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX     X      MM/DD/CCYY  MM/DD/CCYY  99,999,999.99  MM/DD/CCYY
 9999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX     X      MM/DD/CCYY  MM/DD/CCYY  99,999,999.99  MM/DD/CCYY
 9999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX     X      MM/DD/CCYY  MM/DD/CCYY  99,999,999.99  MM/DD/CCYY
 9999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX     X      MM/DD/CCYY  MM/DD/CCYY  99,999,999.99  MM/DD/CCYY

                                   *   *   *   END OF REPORT   *   *   *
```

2.8.73.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
A/R AMOUNT	The amount of the Account Receivable transaction created.	13	Number	T_ACCT_REC	AMT_SETUP

Field	Description	Length	Data Type	DB Table	DB Attributes
BEGIN DATE	The Provider's Enrollment Begin date. Only reported if there is an Alpha code present.	10	Date (MM/DD/CCYY)	N/A	N/A
END DATE	The date the provider's eligibility ended. Not reported if the Provider has an Alpha Enrollment code reported.	10	Date (MM/DD/CCYY)	N/A	N/A
ENROLL CDE	The Providers Enrollment status code. Only reports if the code is alpha.	1	Character	T_PR_PHP_ELIG	CDE_ENROLL_STATUS
LOC CDE	The A/R location code.	2	Number	T_ACCT_REC	CDE_UNIT_DEPT
PROVIDER NAME	The name of the reported provider	15	Character	T_PR_NAM	NAME
PROVIDER NUMBER	The ten digit provider number	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
SETUP DATE	The date the A/R transaction was entered in MMDDYYYY format.	10	Date (MM/DD/CCYY)	T_ACCT_REC	DTE_AR_LIABILITY

2.8.73.5 Associated Programs

Program	Description
finp1485	AR Daily Adds - Status S report

2.8.73.6 Associated Requirements

ID
30.090.009.003.1

2.8.73.7 Change Orders

ID	Name	Description
1113	create FIN-1485-D report	Create the legacy KYMC1485-R002 AR daily adds - status S report

2.8.74 FIN-1601-W -- Payment Register

This report is weekly and is ordered by Payee Type, then by Payee ID. This report lists the name of the payee, their mailing address, their street address with the city, state, and zip. Payment number, the type of media that was used (Electronic Funds Transfer or Paper), the amount of reimbursement, and the Payment amount are displayed for each payee. On the line XXX-PAYMENTS (REIMB-AMT) the first column is the count and the second column is the reimbursement amount. The very bottom of the report shows the register totals and lists the count and reimbursement amount of the three payment types.

2.8.74.1 Technical Name

FIN-1601-W

2.8.74.2 Sort Order

Payment Number

For readability, the layout displays on the next page.

2.8.74.3 Payment Register Layout

```
Report  : FIN-1601-W                    COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : FINJW310                  MEDICAID MANAGEMENT INFORMATION SYSTEM                        Run Time:      HH:MM
Location: FINP1090                          PAYMENT REGISTER                                          Page:       9999
                                        PAYMENT DATE: MM/DD/YYYY

PAYEE TYPE: XXXXXXXXXXXXXXX
                                                MAILING ADDRESS                  PAYMENT   ISSUE      MEDIA          PAYMENT
     NAME OF PAYEE                PAYEE ID       CITY AND STATE                     NUM     DATE       TYPE            AMOUNT
-------------------------------  ----------------  -------------------------------  ---------- ---------- -----  ------------------
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999999999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999999999 MM/DD/YYYY EFT     999,999,999,999.99
                                                 XXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                 XXXXXXXXXXXXXX, XX 99999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999999999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999999999 MM/DD/YYYY CHECK   999,999,999,999.99
                                                 XXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                 XXXXXXXXXXXXXX, XX 99999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999999999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999999999 MM/DD/YYYY STATE   999,999,999,999.99
                                                 XXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                 XXXXXXXXXXXXXX, XX 99999


                                   TOTAL                    TOTAL
                                   COUNT                 PAYMENT AMOUNT
                                ----------             ------------------
EFT-PAYMENTS                     999,999,999             99,999,999,999.99
PAPER-PAYMENTS                   999,999,999             99,999,999,999.99
STATE TRANSFER                   999,999,999             99,999,999,999.99


REGISTER-TOTALS                 9,999,999,999            999,999,999,999.99

                                                 ** END OF REPORT **
```

2.8.74.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
City and State	This field is the payee city and the payee state and payee zip code.	26	Character	T_PR_ADR	ADR_MAIL_CITY
EFT-Payments (Reimb-Amt) Count	This field is the number of EFT payments.	9	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
EFT-Payments (Reimb-Amt) Non-T19 Amount	This field is the total reimbursement amount of the non-T19 EFT payments.	11	Number	N/A	Calculated Field
EFT-Payments (Reimb-Amt) Payment Amount	This field is the total payment amount of warrants on all EFT payments.	13	Number	N/A	Calculated Field
EFT-Payments (Reimb-Amt) Reimbursement Amount	This field is the total reimbursement amount reimbursed on all the EFT payments.	13	Number	N/A	Calculated Field
EFT-Payments (Reimb-Amt) State Share	This field is the total reimbursement amount of state share withheld on EFT payments.	12	Number	N/A	Calculated Field
EFT-Payments (Reimb-Amt) T19 Amount	This field is the total reimbursement amount of T19 EFT payments.	11	Number	N/A	Calculated Field
Mailing Address	This field is where the provider's mail is addressed to.	26	Character	T_PR_ADDR	CONCATENATED
Media Type	This field is the media indicator. The three possible values are: EFTs, Check, or On-Us.	5	Character	N/A	Calculated Field
Name of Payee	This field is the payee name.	31	Character	T_PR_NAM	NAME
On-Us (S) - (Reimb-Amt) Count	This field is the number of On-Us payments.	9	Number	N/A	N/A
On-Us (S) - (Reimb-Amt) Non-T19 Amount	This field is the total reimbursement amount of Non-T19 On-Us payments.	11	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
On-Us (S) - (Reimb-Amt) Payment Amount	This field is the total payment amount of payments (checks) on all On-Us payments.	13	Number	N/A	N/A
On-Us (S) - (Reimb-Amt) Reimbursement Amount	This field is the total reimbursement amount reimbursed on the On-Us payments.	13	Number	N/A	N/A
On-Us (S) - (Reimb-Amt) State Share	This field is the total reimbursement amount of state share withheld on On-Us payments.	12	Number	N/A	N/A
On-Us (S) - (Reimb-Amt) T19 Amount	This field is the total reimbursement amount of T19 On-Us payments.	11	Number	N/A	N/A
Paper-Payments (Reimb-Amt) Count	This field is the number of paper payments paid.	9	Number	N/A	Calculated Field
Paper-Payments (Reimb-Amt) Non-T19 Amount	This field is the total reimbursement amount of non-T19 paper payments.	11	Number	N/A	Calculated Field
Paper-Payments (Reimb-Amt) Payment Amount	This field is the total payment amount of payments (checks) on all paper payments.	13	Number	N/A	Calculated Field
Paper-Payments (Reimb-Amt) Reimbursement Amount	This field is the total reimbursement amount reimbursed on all the paper payments.	13	Number	N/A	Calculated Field
Paper-Payments (Reimb-Amt) State Share	This field is the total reimbursement amount of state share withheld on paper payments.	12	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Paper-Payments (Reimb-Amt) T19 Amount	This field is the total reimbursement amount of T19 paper payments.	11	Number	N/A	Calculated Field
Payment Amount	This field is the payment amount.	14	Number	T_FIN_PAYMENT	AMT_CHECK
Payment Num	This field is the payment number.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Register-Totals Count	This field is the total number of payments made for EFT, Paper, and ON-US.	10	Number	N/A	Calculated Field
Register-Totals Payment Amount	This field is the total payment amount of payments made, both EFT, paper and ON-US.	14	Number	N/A	Calculated Field
Register-Totals Reimb Amount	This field is the total dollar amount of reimbursements made for EFT, paper and ON-US.	14	Number	N/A	Calculated Field
Register-Totals State Share	This field is the total dollar amount of state share withheld for EFT, paper payments, and ON-US.	14	Number	N/A	Calculated Field
Reimb Amount	This is reimbursement amount.	13	Number	N/A	Calculated Field
State Share	This field is the state share dollar amount	8	Number	N/A	Calculated Field

2.8.74.5 Associated Programs

Program	Description
finp_rpt1601	Payment Register reports
copy2routedir	Copy Reports to Router

2.8.74.6 Associated Requirements

ID
30.090.009.003.1

2.8.74.7 Change Orders

ID	Name	Description
5208	Payment Register Report	This report does not have end of report or totals.

2.8.75 FIN-1604-W -- Payment Register - Summary of Counts

Provides weekly summary information for the Payment Register. This report gives the total reimbursement amount, minus the total payment amount, to get the state share amount. It then gives the paper payment amount, EFT amount, and the ON-US transfer amount. Finally the report gives a count of paper payments, EFT's, and ON-US transfers.

2.8.75.1 Technical Name

FIN-1604-W

2.8.75.2 Sort Order

N/A Totals Only

2.8.75.3 Payment Register - Summary of Counts Layout

```
Report  : FIN-1604-W                    COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : FINJW310                  MEDICAID MANAGEMENT INFORMATION SYSTEM                        Run Time:   HH:MM:SS
Location: FINP1090                    PAYMENT REGISTER SUMMARY OF COUNTS                              Page:       9999
                                      PAYMENT DATE: MM/DD/CCYY


                                    TOTAL PAYMENT AMOUNT                - 999,999,999,999.99


                                    PAPER CHECK AMOUNT                    999,999,999,999.99
                                    EFT AMOUNT                            999,999,999,999.99
                                    STATE TRANSFER AMOUNT                 999,999,999,999.99


                                    PAPER CHECK COUNT                           999,999,999
                                    EFT COUNT                                   999,999,999
                                    STATE TRANSFER COUNT                        999,999,999
                                              ** END OF REPORT **
```

2.8.75.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
EFT Amount	This is the EFT amount.	14	Number	N/A	Calculated Field
EFT Count	This is the EFT count.	9	Number	N/A	Calculated Field

Paper Payment Amount	This is the paper payment amount.	14	Number	N/A	Calculated Field
Paper Payment Count	This is the paper payment count.	9	Number	N/A	Calculated Field
State Share Amount	This is the state share amount; this is given by subtracting total payment amount from total reimbursement amount.	14	Number	N/A	Calculated Field
State Transfer Amount	This is the state transfer amount.	14	Number	N/A	Calculated Field
State Transfer Count	This is the state transfer count	9	Number	N/A	Calculated Field
Total Payment Amount	This is the total payment amount.	14	Number	N/A	Calculated Field
Total Reimbursement Amount	This is the total reimbursement amount.	14	Number	N/A	Calculated Field

2.8.75.5 Associated Programs

Program	Description
finp_rpt1601	Payment Register reports
copy2routedir	Copy Reports to Router

2.8.75.6 Associated Requirements

ID
30.090.009.003.1

2.8.75.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.76 FIN-1605-W -- Provider Payment Pull

This report is sequenced by the provider ID. This report is used to identify checks that need to be pulled for escrow. The report is used to identify the Remittance Advices (RA) and checks of all providers that the State would like to review after the payment cycle and before they are mailed to the provider. For each Provider ID there is a payment number, the reason for the pull, provider ID, provider name, issue date, the payment amount and the requestor name.

SORT ORDER BY CDE_PAYEE_TYPE, CDE_PAY_TYPE

2.8.76.1 Technical Name

FIN-1605-W

2.8.76.2 Sort Order

Payee Type Code

Payee ID

For readability, the layout displays on the next page.

2.8.76.3 Provider Payment Pull Layout

```
Report  : FIN-1605-W                    COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJW620                 MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   HH:MM:SS
Location: FINP2070                            PAYMENT PULL                                    Page:       9999
                                            AS OF:MM/DD/CCYY

  PAYEE TYPE: XXXXXXXXXX
      PAYMENT
 ZIP  NUMBER       PULL REASON       PAYEE ID   PAYEE NAME                ISSUE DATE  PAYMENT AMOUNT    REQUESTOR NAME
----- --------- ------------------- ---------- -------------------------- ----------  --------------  ------------------------------
99999 999999999 XXXXXXXXXXXXXXXXXXX 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  $999,999,999.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
99999 999999999 XXXXXXXXXXXXXXXXXXX 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  $999,999,999.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
99999 999999999 XXXXXXXXXXXXXXXXXXX 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  $999,999,999.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
99999 999999999 XXXXXXXXXXXXXXXXXXX 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  $999,999,999.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
99999 999999999 XXXXXXXXXXXXXXXXXXX 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  $999,999,999.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
99999 999999999 XXXXXXXXXXXXXXXXXXX 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  $999,999,999.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
99999 999999999 XXXXXXXXXXXXXXXXXXX 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  $999,999,999.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
99999 999999999 XXXXXXXXXXXXXXXXXXX 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  $999,999,999.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                    TOTAL NUMBER:  999,999                TOTAL AMOUNT:  $9,999,999,999.99
                                                                         =================

                                        ** END OF REPORT **
```

2.8.76.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Cycle Date	This is the issue date of the payment.	10	Date (MM/DD/CCYY)	N/A	N/A
Payee Name	This is the name of the provider being paid.	30	Character	T_PR_NAM	NAME
Payee Number	This is the provider number and location of the provider to be pulled.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Payment Amount	This is the amount paid in the payment cycle.	11	Number	T_FIN_PAYMENT	AMT_CHECK
Payment Number	This is the payment number of the check, EFT, or transfer.	9	Number	T_FIN_PAYMENT	CHECK_SAK

Field	Description	Length	Data Type	DB Table	DB Attributes
Pull Reason	This is the reason the payment is being pulled.	20	Character	T_PR_PAY_PULL	CDE_PULL_REASON
Requester Name	This is the person responsible for pulling the payment.	30	Character	T_PR_PAY_PULL	NAM_REQUESTOR
Total Amount	This is the total amount of the payment pulls.	12	Number	N/A	Calculated Field
Total Number	This is the total number of payment pulls.	6	Number	N/A	Calculated Field
Zip	This is the zip code of the payee this is used to pull checks since they are sorted by zip code.	5	Number	T_PR_ADR	ADR_MAIL_ZIP

2.8.76.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
finp2070	The Provider Payment Pull report Program

2.8.76.6 Associated Requirements

ID
30.090.009.003.1

2.8.76.7 Change Orders

ID	Name	Description
4846	Payment Pull Report	A payment pull was entered but was not reported on the Payment Pull Report (FIN-1605-W). Cosmetic Issues -- 1) Report heading is spaced differently In OnBase. Location and process are different. 2) Many report headings of columns are different in OnBase.

2.8.77 FIN-1607-M -- Issued Payments

The purpose of this monthly report is to summarize, by finance category of service, payments issued during the month. Date issued and payments amounts are displayed by financial category of service. Subtotals are provided for each financial category of service for the total payment for the month. A grand total of all payment amounts are shown at the end of the report.

2.8.77.1 Technical Name

FIN-1607-M

2.8.77.2 Sort Order

Category of Service Value Code

For readability, the layout displays on the next page.

2.8.77.3 Issued Payments Layout

```
Report  : FIN-1607-M                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJM506                MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   99:99:99
Location: FIN1607M                        ISSUED PAYMENT REPORT                         Page:       9999
                                        PERIOD: XXXXXXXXX  YYYY


FINCAT   XXXX  XXXXXXXXXXXXXXXXXXXXX

                        DATE                                          PAYMENT
                       ISSUED                                         AMOUNT

                     MM/DD/CCYY                                    999,999,999.99
                     MM/DD/CCYY                                    999,999,999.99
                     MM/DD/CCYY                                    999,999,999.99
                     MM/DD/CCYY                                    999,999,999.99
                     MM/DD/CCYY                                    999,999,999.99
                     MM/DD/CCYY                                    999,999,999.99
                     MM/DD/CCYY                                    999,999,999.99


SUB TOTAL                                                          999,999,999.99

GRAND
TOTALS                                                             999,999,999.99
                                        ** END OF REPORT **
```

2.8.77.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Date Issued	This is the Date issued.	10	Date (MM/DD/CCYY)	T_FIN_PAYMENT	DTE_ISSUE
FINCAT	This is the financial category of service.	25	Character	T_FIN_COS	DSC_FIN_COS
Final Totals	This is the final total.	11	Number	N/A	Calculated Field
Payment Amount	This is the payment amount.	11	Number	T_FIN_PAYMENT	AMT_CHECK

Field	Description	Length	Data Type	DB Table	DB Attributes
Subtotal	This is the subtotal for each financial category of service.	11	Number	N/A	Calculated Field

2.8.77.5 Associated Programs

Program	Description
fin1607m	Issued Payment report
copy2routedir	Copy Reports to Router

2.8.77.6 Associated Requirements

ID
30.090.009.003.1

2.8.77.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.78 FIN-1608-M -- Payments Cancelled

The report will provide the state agency with a monthly report of all payments cancelled. The sequence is by finance category of service (FINCAT); date issued, date the payment was cancelled, the payment number, the payment amount, and the payee name. The total issued (cancelled) for that month and the payment amount for each financial category of service will be shown. Final totals for all FINCAT categories are generated at the end of the report.

2.8.78.1 Technical Name

FIN-1608-M

2.8.78.2 Sort Order

- FINCAT (Financial Category of Service)
- Date Issued
- Date Cancelled
- Payment Number
- Payment Amount
- Payee Name

For readability, the layout displays on the next page.

2.8.78.3 Payments Cancelled Layout

```
Report  : FIN-1608-M                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJM505                MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   99:99:99
Location: FIN1608m                          PAYMENTS CANCELLED                          Page:       9999
                                               MM/DD/CCYY

FINCAT:   XX  XXXXXXXXXXXXXXXXXXXXX

DATE                DATE                PAYMENT       PAYMENT
ISSUED              CANCELLED           NUMBER        AMOUNT              PAYEE NAME

MM/DD/YY            MM/DD/CCYY          999999999     999,999,999.99     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/YY            MM/DD/CCYY          999999999     999,999,999.99     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/YY            MM/DD/CCYY          999999999     999,999,999.99     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/YY            MM/DD/CCYY          999999999     999,999,999.99     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/YY            MM/DD/CCYY          999999999     999,999,999.99     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/YY            MM/DD/CCYY          999999999     999,999,999.99     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/YY            MM/DD/CCYY          999999999     999,999,999.99     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TOTAL ISSUED  99,999                                  999,999,999.99

FINAL TOTALS  99,999                                  999,999,999.99
```

2.8.78.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Date Cancelled	This is the cancelled date.	10	Date (MM/DD/CCYY)	T_CHECK_VOID	DTE_VOID
Date Issued	This is the date issued.	10	Date (MM/DD/CCYY)	T_FIN_PAYMENT	DTE_ISSUE
FINCAT	This is the financial category of service.	25	Character	T_FIN_COS	DSC_FIN_COS
Final Total Amount	This is the final total amount.	11	Number	N/A	Calculated Field
Final Totals Count	This is the final total count.	5	Number	N/A	Calculated Field
Payee Name	This is the payee name.	30	Character	T_PR_NAM	NAME
Payment Amount	This is the amount on the payment.	11	Number	T_FIN_PAYMENT	AMT_CHECK
Payment Number	This is the payment number of check, EFT or transfer.	9	Number	T_FIN_PAYMENT	CHECK_SAK

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Issued Amount	This is the total amount of payments.	11	Number	N/A	Calculated Field
Total Issued Count	This is the total number of payments.	5	Number	N/A	Calculated Field

2.8.78.5 Associated Programs

Program	Description
fin1608m	Cancelled Payment report
copy2routedir	Copy Reports to Router

2.8.78.6 Associated Requirements

ID
30.090.009.003.1

2.8.78.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.79 FIN-1609-M -- Payments Cancelled by Statute

The sequence is by finance category of service (FINCAT), then by the date issued. This is a report of all payments cancelled by statute (a check is cancelled when it has not cleared within the Commonwealth's specified number of days). The cancelled payments are shown by providing the date the payment was issued, date the payment was cancelled, the payment number, the payment amount, and the payee name. The total issued (cancelled) for that month and the payment amount for each Financial Category of Service will be shown. Final totals for all of the FINCAT categories are provided at the end of the report.

2.8.79.1 Technical Name

FIN-1609-M

2.8.79.2 Sort Order

FINCAT (Financial Category of Service)

Date Issued

For readability, the layout displays on the next page.

2.8.79.3 Payments Cancelled by Statute Layout

```
Report  : FIN-1609-M                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJD504                 MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   99:99:99
Location: FIN1609m                     ON DEMAND PROVIDER CHECK REPORT                  Page:       9999
                                                 MM/DD/CCYY

FINCAT:   XX  XXXXXXXXXXXXXXXXXXXX

DATE                DATE              PAYMENTS      PAYMENTS
ISSUED            CANCELLED            NUMBER        AMOUNT              PAYEE NAME

MM/DD/CCYY        MM/DD/CCYY         999999999    999,999,999.99    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY        MM/DD/CCYY         999999999    999,999,999.99    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY        MM/DD/CCYY         999999999    999,999,999.99    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY        MM/DD/CCYY         999999999    999,999,999.99    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY        MM/DD/CCYY         999999999    999,999,999.99    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY        MM/DD/CCYY         999999999    999,999,999.99    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY        MM/DD/CCYY         999999999    999,999,999.99    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY        MM/DD/CCYY         999999999    999,999,999.99    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY        MM/DD/CCYY         999999999    999,999,999.99    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TOTAL ISSUED 99,999                              999,999,999.99

FINAL TOTALS 99,999                              999,999,999.99
```

2.8.79.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Date Cancelled	This is the cancelled date.	10	Date (MM/DD/CCYY)	T_CHECK_VOID	DTE_VOID
Date Issued	This is the date issued.	10	Date (MM/DD/CCYY)	T_FIN_PAYMENT	DTE_ISSUE
FINCAT	This is the Financial category of service.	25	Character	T_FIN_COS	DSC_FIN_COS
Final Payments Amount	This is the final total amount of payments.	11	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Final Totals Count	This is the final total number of payments.	5	Number	N/A	Calculated Field
Payee Name	This is the payee name.	30	Character	T_PR_NAM	NAME
Payment Amount	This is the amount on the payment.	11	Number	T_FIN_PAYMENT	AMT_CHECK
Payments Number	This is the payment number.	9	Number	N/A	Calculated Field
Total Issued Amount	This is the total amount of payments.	11	Number	N/A	Calculated Field
Total Issued Count	This is the total number of payments	5	Number	N/A	Calculated Field

2.8.79.5 Associated Programs

Program	Description
fin1609m	Cancelled by statute report
copy2routedir	Copy Reports to Router

2.8.79.6 Associated Requirements

ID
30.090.009.003.1

2.8.79.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.80 FIN-1610-M -- Stop Payment

The sequence is by finance category of service (FINCAT), then by the date issued. This is a monthly report of all 'stop payments' that the commonwealth requested. It details the date the payment was issued, date the payment was stopped, the payment number, the payment amount, and the payee name. A subtotal for each FINCAT will be shown. Final totals of all FINCAT categories are generated at the end of the report.

2.8.80.1 Technical Name

FIN-1610-M

2.8.80.2 Sort Order

Provider SAK

2.8.80.3 Stop Payment Layout

```
Report  : FIN-1610-M                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJD503                     MEDICAID MANAGEMENT INFORMATION SYSTEM                   Run Time:   99:99:99
Location: FIN1610m                                   STOP PAYMENT                                   Page:       9999
                                                      MM/DD/CCYY

FINCAT:   XX  XXXXXXXXXXXXXXXXXXXX

 DATE                 DATE OF                PAYMENT          PAYMENT                    PAYMENT
ISSUED               STOP PAY                NUMBER           AMOUNT                   PAYEE NAME

MM/DD/CCYY           MM/DD/CCYY            999999999     999,999,999.99      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY           MM/DD/CCYY            999999999     999,999,999.99      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY           MM/DD/CCYY            999999999     999,999,999.99      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY           MM/DD/CCYY            999999999     999,999,999.99      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY           MM/DD/CCYY            999999999     999,999,999.99      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY           MM/DD/CCYY            999999999     999,999,999.99      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY           MM/DD/CCYY            999999999     999,999,999.99      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY           MM/DD/CCYY            999999999     999,999,999.99      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TOTAL ISSUED 99,999                                      999,999,999.99

FINAL TOTALS 99,999                                      999,999,999.99
```

2.8.80.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Date Issued	This is the date issued.	10	Date (MM/DD/CCYY)	T_FIN_PAYMENT	DTE_ISSUE
Date of Stop Pay	This is the date of stop pay.	10	Date (MM/DD/CCYY)	T_CHECK_VOID	DTE_PROCESSED
FINCAT	This is the Financial category of service.	25	Character	T_FIN_COS	DSC_FIN_COS
Final Totals Amount	This is the final total amount.	11	Number	N/A	Calculated Field
Final Totals Count	This is the final total count.	5	Number	N/A	Calculated Field
Payee Name	This is the name of the payee.	30	Character	T_PR_NAM	NAME
Payment Amount	This is the amount of the payment.	11	Number	T_FIN_PAYMENT	AMT_CHECK
Payment Number	This is the payment number.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Total Issued Amount	This is the total issue amount.	11	Number	N/A	Calculated Field
Total Issued Count	This is the total issued count.	5	Number	N/A	Calculated Field

2.8.80.5 Associated Programs

Program	Description
fin1610m	Stop Payment report
copy2routedir	Copy Reports to Router

2.8.80.6 Associated Requirements

ID
30.090.009.003.1

2.8.80.7 Change Orders

ID	Name	Description
6387	FIN1610M_Stop Payment Report	Two payments from November 2006 were stopped in January 2007. The stopped payments did not appear on the January FIN-1610-M --Stop Payment Report.

2.8.81 FIN-1611-M -- Paid Payments

The sequence is by date paid. This report shows all cleared payments summarized by the paid date, number of payments, and payment amount.

2.8.81.1 Technical Name

FIN-1611-M

2.8.81.2 Sort Order

Date Paid

Warrant Number

2.8.81.3 Paid Payments Layout

```
Report  : FIN-1611-M                    COMMONWEALTH OF KENTUCKY                                    Run Date: MM/DD/YYYY
Process : FINJM502                MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: FIN1611M                          PAID PAYMENT REPORT                                         Page:      9,999
                                                 MM/DD/CCYY

      DATE                                  WARRANT                    PAYMENT
      PAID                                  NUMBER                     AMOUNT
   ----------                              ----------               ---------------
    MM/DD/YYYY                             999999999                 999,999,999.99

                                                      SUBTOTAL       999,999,999.99

                                                      GRAND TOTAL    999,999,999.99


                                        ** NO DATA THIS RUN **

                                          ** END OF REPORT **
```

2.8.81.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Date Paid	This is the date paid.	10	Date (MM/DD/CCYY)	T_FIN_PAYMENT	DTE_ISSUE
Grand Total	The total number and payment amounts for all payments cleared in the month.	11	Number	N/A	Calculated Field
Payment Amount	This is the amount of the payment.	11	Number	T_FIN_PAYMENT	AMT_CHECK

Field	Description	Length	Data Type	DB Table	DB Attributes
Sub Total	The sub total number of payments for the date paid.	11	Number	N/A	Calculated Field
Warrant Number	This is the number that identifies the payment.	9	Number	T_CHECK	NUM_CHECK

2.8.81.5 Associated Programs

Program	Description
fin1611m	Cleared Payments report
copy2routedir	Copy Reports to Router

2.8.81.6 Associated Requirements

ID
30.090.009.003.1

2.8.81.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.82 FIN-1620-D -- Daily Manual Check Register

This report will provide a listing of all manual expenditure payments and reissues that are produced during the daily cycle. It is created in the financial daily batch cycle. (The report is sorted by Payment type then by payment number)

SORT ORDER BY CHK.NUM_CHECK

2.8.82.1 Technical Name

FIN-1620-D

2.8.82.2 Sort Order

Payment Type

Payment Number

2.8.82.3 Daily Manual Check Register Layout

```
Report  : FIN-1620-D                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/YYYY
Process : FINJD320                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: FINP1081                           DAILY PAYMENT REGISTER REPORT                               Page:      9,999
                                               ISSUE DATE: MM/DD/YYYY


     ---PAYEE---    PAYMENT   EXPENDITURE                                                    PAYMENT        FUND  FINCAT
   ID          TYPE  NUMBER      NUMBER          ---------PAYEE NAME---------                 AMOUNT         CODE   CODE
 9999999999    XX   999999999  999999999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    999,999.99       XXX   XXXX


DAILY PAYMENT TOTAL AMOUNT                                                                    999,999.99

TOTAL DAILY PAYMENTS                                                                          999,999.99
                                              * * * NO DATA THIS RUN * * *
```

2.8.82.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Daily Payment Total Amount	This is the total payment amount of reissued payments.	11	Number	N/A	Calculated Field
Expenditure Number	This is the expenditure number.	9	Character	T_EXPENDITURE	SAK_EXPENDITURE
FINCAT Code	This field is the Financial Category of Service code. (This is not shown on the reissue record)	3	Character	T_FIN_COS	DSC_FIN_COS

Field	Description	Length	Data Type	DB Table	DB Attributes
Fund Code	This is the fund code. (This is not shown on the reissue record)	3	Character	T_FIN_FUND_CODE	DSC_FUND
Payee Name	This is the name associated with an organization or person.	45	Character	T_PR_NAM	NAME
Payee Number	This is the provider number and location or SSN for which the payment was made.	11	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payee Type	This is one of the following: PR = Provider, OT = OTHER	2	Character	T_PR_TYPE_CDE	DSC_PROV_TYPE
Payment Amount	This field is the payment amount for each expenditure or reissue.	10	Number	T_FIN_PAYMENT	AMT_CHECK
Payment Number	This is the unique payment number.	9	Number	T_FIN_PAYMENT	CHECK_SAK
Total Daily Payments	This the total number of manual payments reissued.	6	Number	N/A	Calculated Field

2.8.82.5 Associated Programs

Program	Description
setenv	setenv
finp1081	Create the Daily manual check report
copy2routedir	Copy Reports to Router

2.8.82.6 Associated Requirements

ID
30.090.007.002.2D
30.090.009.003.1

2.8.82.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.83 FIN-1703-M -- Accounts Receivable Recoupment Summary by Reason Code

This monthly report summarizes the recoupments towards accounts receivable record by the accounts receivable setup reason code. The report will give counts and totals for the current month and counts and totals for year to date. On the bottom of the report are the grand totals for each column.

SORT GROUP BY.CDE_REASON_FOUR, DSC_50

SORT ORDER BY DSC_50

2.8.83.1 Technical Name

FIN-1703-M

2.8.83.2 Sort Order

N/A Totals Only

2.8.83.3 Accounts Receivable Recoupment Summary by Reason Code Layout

```
Report  : FIN-1703-M                        COMMONWEALTH OF KENTUCKY                                    Run Date: 03/07/2002
Process : FINP2080                       MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:      16:30
Location: FINJW650                 ACCOUNTS RECEIVABLE RECOUPMENT SUMMARY BY REASON CODE                    Page:          1
                                                PERIOD: FEBRUARY   2002

                                          MTD RECOUP                          YTD RECOUP
   ACCOUNTS RECEIVABLE SETUP REASON         COUNT        MTD RECOUP AMT          COUNT          YTD RECOUP AMT
 ----------------------------------------  ---------    -----------------     -----------     ------------------
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999,999      $999,999,999.99     999,999,999     $9,999,999,999.99
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999,999      $999,999,999.99     999,999,999     $9,999,999,999.99
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999,999      $999,999,999.99     999,999,999     $9,999,999,999.99
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999,999      $999,999,999.99     999,999,999     $9,999,999,999.99

                                          ---------    -----------------    -------------    ------------------
        GRAND TOTALS:                     9,999,999    $9,999,999,999.99    9,999,999,999    $99,999,999,999.99

                                            ** END OF REPORT **
```

2.8.83.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Accounts Receivable Setup Reason	This is the reason an accounts receivable was setup.	40	Character	T_ACCT_REC	CDE_REASON_FOUR
Grand Total - MTD Recoup Amt	This is the grand total amount of money dispositioned for the month for this reason code.	12	Number	N/A	Calculated Field
Grand Total - MTD Recoup Count	This is the grand total number of disposition records for the month for this reason code.	7	Number	N/A	Calculated Field
Grand Total - YTD Recoup Amount	This is the grand total amount of money dispositioned for the year for this reason code.	13	Number	N/A	Calculated Field
Grand Total - YTD Recoup Count	This is the grand total number of disposition records for the year for this reason code.	10	Number	N/A	Calculated Field
MTD Recoup Amt	This is the total amount of money dispositioned for the month for this reason code.	11	Number	N/A	Calculated Field
MTD Recoup Count	This is the number of disposition records for the month for this reason code.	6	Number	N/A	Calculated Field
YTD Recoup Amt	This is the total amount of money dispositioned for the year for this reason code.	12	Number	N/A	Calculated Field
YTD Recoup Count	This is the number of disposition records for the year for this reason code.	9	Number	N/A	Calculated Field

2.8.83.5 Associated Programs

Program	Description
finp2080	Accounts Receivable Recoupment report
copy2routedir	Copy Reports to Router

2.8.83.6 Associated Requirements

ID
30.090.009.002.39
30.090.009.003.1

2.8.83.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.84 FIN-1750-W -- Contractor On Hold Over 45 Days

To report the Accounts Receivables from the CD sent by Contractor that has been put on hold.

SORT GROUP BY NUM_CONTROL_AR

ID_PROV_PRIMARY, DTE_AR_LIABILITY,DSC_LONG

SORT ORDER BY DTE_AR_LIABILITY, ID_PROV_PRIMARY

NUM_CONTROL_AR

2.8.84.1 Technical Name

FIN-1750-W

2.8.84.2 Sort Order

Date of Letter

For readability, the layout displays on the next page.

2.8.84.3 Contractor On Hold Over 45 Days Layout

```
Report  : FIN-1750-W                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJW175                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: FINP1750                          CONTRACTOR ON HOLD OVER 45 DAYS                         Page:       9999

 A/R AGE    PROVIDER        A/R TRANS.      ORIG AMT REQ    UNPAID BALANCE   DATE OF LETTER  #DETAIL     COMMENT
  9999     9999999999  99999999999999999    99,999,999.99    99,999,999.99     MM/DD/CCYY        999 XXXXXXXXXXXXXXXXXXXXXXXXX
  9999     9999999999  99999999999999999    99,999,999.99    99,999,999.99     MM/DD/CCYY        999 XXXXXXXXXXXXXXXXXXXXXXXXX
  9999     9999999999  99999999999999999    99,999,999.99    99,999,999.99     MM/DD/CCYY        999 XXXXXXXXXXXXXXXXXXXXXXXXX
  9999     9999999999  99999999999999999    99,999,999.99    99,999,999.99     MM/DD/CCYY        999 XXXXXXXXXXXXXXXXXXXXXXXXX
  9999     9999999999  99999999999999999    99,999,999.99    99,999,999.99     MM/DD/CCYY        999 XXXXXXXXXXXXXXXXXXXXXXXXX
  9999     9999999999  99999999999999999    99,999,999.99    99,999,999.99     MM/DD/CCYY        999 XXXXXXXXXXXXXXXXXXXXXXXXX
  9999     9999999999  99999999999999999    99,999,999.99    99,999,999.99     MM/DD/CCYY        999 XXXXXXXXXXXXXXXXXXXXXXXXX
  9999     9999999999  99999999999999999    99,999,999.99    99,999,999.99     MM/DD/CCYY        999 XXXXXXXXXXXXXXXXXXXXXXXXX
  9999     9999999999  99999999999999999    99,999,999.99    99,999,999.99     MM/DD/CCYY        999 XXXXXXXXXXXXXXXXXXXXXXXXX
  9999     9999999999  99999999999999999    99,999,999.99    99,999,999.99     MM/DD/CCYY        999 XXXXXXXXXXXXXXXXXXXXXXXXX
==================================================================================================================================
   ** TOTAL A/R ON HOLD        4                 99,999.99        99,999.99
```

2.8.84.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
# Detail	The number of details on the Accounts Receivable record	3	Number	T_AR_ROLLUP	DTL_NUM
A/R Age	The age of the A/R set up	4	Number	N/A	Calculated Field
A/R Trans.	The A/R Transaction control Number	13	Number	T_ACCT_REC	SAK_ACCT_REC
Comment	The comment indicated on the A/R	25	Character	T_AR_COMMENTS	DSC_LONG
Date of Letter	The date of the letter sent to notify the provider	10	Date (MM/DD/CCYY)	T_ACCT_REC	DTE_AR_LIABILITY
Orig Amt Req	The original amount requested by the A/R set up	13	Number	T_ACCT_REC	AMT_SETUP
Provider	Ten digit Provider Number	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Total A/R On Hold	The total amount of A/R's reported on hold	13	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Unpaid Balance	The amount of money that hasn't been recovered to date	13	Number	N/A	Calculated Field

2.8.84.5 Associated Programs

Program	Description
finp1750	Contractor On Hold Over 45 Days

2.8.84.6 Associated Requirements

ID
30.090.009.002.34

2.8.84.7 Change Orders

ID	Name	Description
1119	Create FIN-1750-W on hold >45	Create the Legacy KYMC1750-R001 Contractor On Hold > 45 Days report

2.8.85 FIN-17XX1-R -- Contractor Electronic Transfer - AR Generated

To report the number of Accounts Receivables successfully generated from the CD sent by the current Contractor. The type will be determined by a parm card as input to the program as well as the report headings. This program currently handles Meyers and Stauffer Recoveries. The headings will have Permedion or Meyers and Stauffer Electronic Transfer - A/R GENERATED in reports.

2.8.85.1 Technical Name

FIN-17XX1-R

2.8.85.2 Sort Order

Provider Number

2.8.85.3 Contractor Electronic Transfer - AR Generated Layout

```
Report  : FIN-17XX1-R                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJW170                       MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: FINP1701               XXXXXXXX CONTRACTOR ELECTRONIC TRANSFER - AR GENERATED          Page:       9999

              PROVIDER     AMT TO RECOVER   DATE OF LETTER       A/R TRANS.        ORIG AMT REQ     #DETAIL
              9999999999    99,999,999.99     MM/DD/CCYY     99999999999999999    99,999,999.99        999
              9999999999    99,999,999.99     MM/DD/CCYY     99999999999999999    99,999,999.99        999
              9999999999    99,999,999.99     MM/DD/CCYY     99999999999999999    99,999,999.99        999
              9999999999    99,999,999.99     MM/DD/CCYY     99999999999999999    99,999,999.99        999
              9999999999    99,999,999.99     MM/DD/CCYY     99999999999999999    99,999,999.99        999
              9999999999    99,999,999.99     MM/DD/CCYY     99999999999999999    99,999,999.99        999
              9999999999    99,999,999.99     MM/DD/CCYY     99999999999999999    99,999,999.99        999
              9999999999    99,999,999.99     MM/DD/CCYY     99999999999999999    99,999,999.99        999
              9999999999    99,999,999.99     MM/DD/CCYY     99999999999999999    99,999,999.99        999
              9999999999    99,999,999.99     MM/DD/CCYY     99999999999999999    99,999,999.99        999
              9999999999    99,999,999.99     MM/DD/CCYY     99999999999999999    99,999,999.99        999

==================================================================================================================
  TOTAL AR            99        999,999.99                                          999,999.99        9,999
                                          *   *   *    END OF REPORT    *   *
*
*********************************************************** BOTTOM OF DATA ***********************************************************
```

2.8.85.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
# Detail	The number of details on the Accounts Receivable record	4	Number	T_AR_ROLLUP	DTL_NUM
A/R Trans.	The A/R Transaction control Number	9	Number	T_ACCT_REC	SAK_ACCT_REC

Field	Description	Length	Data Type	DB Table	DB Attributes
Amt To Recover	The amount of money the A/R is set up to recover	13	Number (Decimal)	T_ACCT_REC	AMT_SETUP
Date Of Letter	The date of the Letter sent by DMS The date of the Letter sent by DMS	11	Date (MM/DD/CCYY)	T_ACCT_REC	DTE_AR_LIABILITY
Orig Amt Req	The original amount requested by the A/R set up	13	Number	T_ACCT_REC	AMT_SETUP
Provider	Ten digit Provider Number	10	Number	T_PR_IDENTIFIER	ID_PROVIDER

2.8.85.5 Associated Programs

Program	Description
finp1701	Contractor Electronic Transfer - AR Generated

2.8.85.6 Associated Requirements

ID
30.090.009.002.34

2.8.85.7 Change Orders

ID	Name	Description
1114	Create contractor AR gener rpts	Create the legacy KYMC1700-R001, KYMC1800-R001, KYMC18xx-R001 contractor electronic transfer AR generated reports.

2.8.86 FIN-17XX2-R -- Contractor Electronic Transfer - TCN Errors

To report the number of Accounts Receivables that had errors from the CD sent by the current Contractor. The type will be determined by a parm card as input to the program as well as the report headings. This program current handles Meyers and Stauffer Recoveries.

2.8.86.1 Technical Name

FIN-17XX2-R

2.8.86.2 Sort Order

Provider Number

For readability, the layout displays on the next page.

2.8.86.3 Contractor Electronic Transfer - TCN Errors Layout

```
Report   : FIN-17XX2-R                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process  : FINJW170                  MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   99:99:99
Location: FINP1702              XXXXXXXXXXX CONTRACTOR ELECTRONIC TRANSFER - TCN ERRORS     Page:       9999

 PROVIDER       A/R TRANS.       SEQ    TCN IN ERROR      LINE      ADJUST AMT       ERROR MESSAGE
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999999  99999999999999999  9999  99999999999999999   99  99,999,999.99  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

2.8.86.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
A/R Trans	The A/R Transaction control Number	13	Number	T_ACCT_REC	SAK_ACCT_REC
Adjust AMT	The adjustment amount of the claim indicated by the A/R set up	13	Number	N/A	N/A
Error Message	The error message for the reporting claim	38	Character	N/A	N/A
Line	The line number of the detail on the claim in error	2	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider	Ten digit Provider Number	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
SEQ	The sequence number of the TCN on the A/R record.	3	Number	N/A	N/A
TCN	The transaction control number of the claim in error	13	Number	T_ACCT_REC	SAK_ACCT_REC

2.8.86.5 Associated Programs

Program	Description
finp1702	Contractor Electronic Transfer - TCN Errors

2.8.86.6 Associated Requirements

ID
30.090.009.002.34

2.8.86.7 Change Orders

ID	Name	Description
1115	create contractor AR error rpts	Create the legacy KYMC1700-R002, KYMC1700- R003, KYMC1800-R002, KYMC18xx-R002 contractor electronic Transfer - TCN in ERROR reports

2.8.87 FIN-17XX3-R -- Contractor Electronic Transfer - AR ON HOLD

To report the number of Accounts Receivables put on hold from the CD sent by the current Contractor. The type will be determined by a parm card as input to the program as well as the report headings. This program current handles Meyers and Stauffer Recoveries. The headings will have Permedion or Meyers and Stauffer Electronic Transfer - ON HOLD in reports.

2.8.87.1 Technical Name

FIN-17XX3-R

2.8.87.2 Sort Order

Provider Number

For readability, the layout displays on the next page.

2.8.87.3 Contractor Electronic Transfer - AR ON HOLD Layout

```
Report  : FIN-17XX3-R                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJW170                       MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: FINP1703                 XXXXXXXXXX CONTRACTOR ELECTRONIC TRANSFER - AR ON HOLD            Page:        9999

 PROVIDER  AMT TO RECOVER  DATE OF LETTER      A/R TRANS.       ORIG AMT REQ    DETAIL TOTAL     #DETAIL     ERROR MESSAGE
9999999999 99,999,999.99    MM/DD/CCYY    99999999999999999   99,999,999.99   99,999,999.99        99    XXXXXXXXXXXXXXXXXXXX
9999999999 99,999,999.99    MM/DD/CCYY    99999999999999999   99,999,999.99   99,999,999.99        99    XXXXXXXXXXXXXXXXXXXX
9999999999 99,999,999.99    MM/DD/CCYY    99999999999999999   99,999,999.99   99,999,999.99        99    XXXXXXXXXXXXXXXXXXXX
9999999999 99,999,999.99    MM/DD/CCYY    99999999999999999   99,999,999.99   99,999,999.99        99    XXXXXXXXXXXXXXXXXXXX
9999999999 99,999,999.99    MM/DD/CCYY    99999999999999999   99,999,999.99   99,999,999.99        99    XXXXXXXXXXXXXXXXXXXX
9999999999 99,999,999.99    MM/DD/CCYY    99999999999999999   99,999,999.99   99,999,999.99        99    XXXXXXXXXXXXXXXXXXXX
9999999999 99,999,999.99    MM/DD/CCYY    99999999999999999   99,999,999.99   99,999,999.99        99    XXXXXXXXXXXXXXXXXXXX
9999999999 99,999,999.99    MM/DD/CCYY    99999999999999999   99,999,999.99   99,999,999.99        99    XXXXXXXXXXXXXXXXXXXX
9999999999 99,999,999.99    MM/DD/CCYY    99999999999999999   99,999,999.99   99,999,999.99        99    XXXXXXXXXXXXXXXXXXXX
9999999999 99,999,999.99    MM/DD/CCYY    99999999999999999   99,999,999.99   99,999,999.99        99    XXXXXXXXXXXXXXXXXXXX
9999999999 99,999,999.99    MM/DD/CCYY    99999999999999999   99,999,999.99   99,999,999.99        99    XXXXXXXXXXXXXXXXXXXX
9999999999 99,999,999.99    MM/DD/CCYY    99999999999999999   99,999,999.99   99,999,999.99        99    XXXXXXXXXXXXXXXXXXXX
9999999999 99,999,999.99    MM/DD/CCYY    99999999999999999   99,999,999.99   99,999,999.99        99    XXXXXXXXXXXXXXXXXXXX
9999999999 99,999,999.99    MM/DD/CCYY    99999999999999999   99,999,999.99   99,999,999.99        99    XXXXXXXXXXXXXXXXXXXX
9999999999 99,999,999.99    MM/DD/CCYY    99999999999999999   99,999,999.99   99,999,999.99        99    XXXXXXXXXXXXXXXXXXXX
9999999999 99,999,999.99    MM/DD/CCYY    99999999999999999   99,999,999.99   99,999,999.99        99    XXXXXXXXXXXXXXXXXXXX
9999999999 99,999,999.99    MM/DD/CCYY    99999999999999999   99,999,999.99   99,999,999.99        99    XXXXXXXXXXXXXXXXXXXX
9999999999 99,999,999.99    MM/DD/CCYY    99999999999999999   99,999,999.99   99,999,999.99        99    XXXXXXXXXXXXXXXXXXXX
9999999999 99,999,999.99    MM/DD/CCYY    99999999999999999   99,999,999.99   99,999,999.99        99    XXXXXXXXXXXXXXXXXXXX
9999999999 99,999,999.99    MM/DD/CCYY    99999999999999999   99,999,999.99   99,999,999.99        99    XXXXXXXXXXXXXXXXXXXX
9999999999 99,999,999.99    MM/DD/CCYY    99999999999999999   99,999,999.99   99,999,999.99        99    XXXXXXXXXXXXXXXXXXXX

==========================================================================================================================
  TOTAL AR      999    999,999.99                            999,999,999.99  999,999,999.99       9,999
                                                 *   *   *    END OF REPORT    *   *
*
************************************************************ BOTTOM OF DATA ************************************************************
```

2.8.87.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
# Detail	The number of details on the Accounts Receivable record	2	Number	T_AR_ROLLUP	DTL_NUM
A/R Trans	The A/R Transaction control Number	13	Number	T_ACCT_REC	SAK_ACCT_REC
AMT to Recover	The amount of money the A/R is set up to recover	13	Number	T_ACCT_REC	AMT_SETUP

Field	Description	Length	Data Type	DB Table	DB Attributes
Date of Letter	The date of the Letter sent by DMS	10	Date (MM/DD/CCYY)	T_ACCT_REC	DTE_AR_LIABILITY
Detail Total	The total detail amount of the A/R	13	Number		Calculated Field
Error Message	The message giving the reason the A/R is on hold	20	Character	CDE_TRACKING_STATUS	T_ACCT_REC
Orig Amt Req.	The original amount requested by the A/R set up	13	Number	T_ACCT_REC	AMT_SETUP
Provider	Ten digit Provider Number	10	Number	T_PR_IDENTIFIER	ID_PROVIDER

2.8.87.5 Associated Programs

Program	Description
finp1703	Contractor Electronic Transfer - AR ON HOLD

2.8.87.6 Associated Requirements

ID
30.090.009.002.34

2.8.87.7 Change Orders

ID	Name	Description
1116	Create Contractor AR on hold	Create the legacy KYMC1700-R003 contractor electronic Transfers- AR on hold

2.8.88 FIN-17XX4-R -- Contractor Electronic Transfer - Provider Not On File

To report the number of Accounts Receivables provider not on file from the CD sent by the current Contractor. The type will be determined by a parm card as input to the program as well as the report headings. This program current handles Meyers and Stauffer Recoveries. The headings will have Permedion or Meyers and Stauffer Electronic Transfer - PROVIDER NOT ON FILE in reports.

2.8.88.1 Technical Name

FIN-17XX4-R

2.8.88.2 Sort Order

Provider Number

2.8.88.3 Contractor Electronic Transfer - Provider Not On File Layout

```
Report  : FIN-17XX4-R                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJW170                        MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: FINP1704          XXXXXXXXXX CONTRACTOR ELECTRONIC TRANSFER - PROVIDER NOT ON FILE         Page:       9999

                              PROVIDER     DATE OF LETTER  AMT TO RECOVER    DETAIL TOTAL    #DETAIL
                             9999999999      MM/DD/CCYY     99,999,999.99   99,999,999.99       99
                             9999999999      MM/DD/CCYY     99,999,999.99   99,999,999.99       99
                             9999999999      MM/DD/CCYY     99,999,999.99   99,999,999.99       99
                             9999999999      MM/DD/CCYY     99,999,999.99   99,999,999.99       99
                             9999999999      MM/DD/CCYY     99,999,999.99   99,999,999.99       99
                             9999999999      MM/DD/CCYY     99,999,999.99   99,999,999.99       99
                             9999999999      MM/DD/CCYY     99,999,999.99   99,999,999.99       99
                             9999999999      MM/DD/CCYY     99,999,999.99   99,999,999.99       99
                             9999999999      MM/DD/CCYY     99,999,999.99   99,999,999.99       99
                             9999999999      MM/DD/CCYY     99,999,999.99   99,999,999.99       99
                             9999999999      MM/DD/CCYY     99,999,999.99   99,999,999.99       99
                             9999999999      MM/DD/CCYY     99,999,999.99   99,999,999.99       99

                                   *   *   *    NO DATA THIS REPORT    *   *   *
```

2.8.88.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
# Detail	The number of details on the Accounts Receivable record	2	Number	T_AR_ROLLUP	DTL_NUM
AMT to Recover	The amount of money the A/R is set up to recover	13	Number	T_ACCT_REC	AMT_SETUP

Field	Description	Length	Data Type	DB Table	DB Attributes
Date of Letter	The date of the Letter sent by DMS	10	Date (MM/DD/CCYY)	T_ACCT_REC	DTE_AR_LIABILITY
Detail Total	The total detail amount of the A/R	13	Number	N/A	Calculated Field
Provider	Ten digit Provider Number	10	Number	T_PR_IDENTIFIER	ID_PROVIDER

2.8.88.5 Associated Programs

Program	Description
finp1704	Contractor Electronic Transfer - Provider Not On File

2.8.88.6 Associated Requirements

ID
30.090.009.002.34

2.8.88.7 Change Orders

ID	Name	Description
1117	create contractor no prov rpts	create the legacy KYMC1700-R004, KYMC1800-R004 and KYMC18xx-R004 contractor electronic transfer - Provider not on file reports

2.8.89 FIN-17XX5-R -- Contractor Electronic Transfer - Status 'S'

To report the number of Accounts Receivables with end dated providers from the CD sent by the current Contractor. The type will be determined by a parm card as input to the program as well as the report headings. This program current handles Meyers and Stauffer Recoveries. The headings will have Permedion or Meyers and Stauffer Electronic Transfer - Status 'S' in reports.

2.8.89.1 Technical Name

FIN-17XX5-R

2.8.89.2 Sort Order

Provider Number

2.8.89.3 Contractor Electronic Transfer - Status 'S' Layout

```
Report  : FIN-17XX5-R                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJW170                 MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   99:99:99
Location: FINP1705           XXXXXXXXXX CONTRACTOR ELECTRONIC TRANSFER - STATUS 'S'      Page:       9999

    PROVIDER      PROVIDER NAME                          END DATE          A/R AMOUNT     SETUP DATE

    9999999999    XXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY     99,999,999.99     MM/DD/CCYY
    9999999999    XXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY     99,999,999.99     MM/DD/CCYY
    9999999999    XXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY     99,999,999.99     MM/DD/CCYY
    9999999999    XXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY     99,999,999.99     MM/DD/CCYY
    9999999999    XXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY     99,999,999.99     MM/DD/CCYY
    9999999999    XXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY     99,999,999.99     MM/DD/CCYY
    9999999999    XXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY     99,999,999.99     MM/DD/CCYY
    9999999999    XXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY     99,999,999.99     MM/DD/CCYY
    9999999999    XXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY     99,999,999.99     MM/DD/CCYY
    9999999999    XXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY     99,999,999.99     MM/DD/CCYY
    9999999999    XXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY     99,999,999.99     MM/DD/CCYY
    9999999999    XXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY     99,999,999.99     MM/DD/CCYY
    9999999999    XXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY     99,999,999.99     MM/DD/CCYY
    9999999999    XXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY     99,999,999.99     MM/DD/CCYY
    9999999999    XXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY     99,999,999.99     MM/DD/CCYY
    9999999999    XXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY     99,999,999.99     MM/DD/CCYY
    9999999999    XXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY     99,999,999.99     MM/DD/CCYY
    9999999999    XXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY     99,999,999.99     MM/DD/CCYY
```

2.8.89.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
A/R Amount	The amount of the Account Receivable transaction created	13	Number	T_ACCT_REC	AMT_SETUP
End Date	The date the provider's eligibility ended	10	Date (MM/DD/CCYY)	N/A	N/A
Provider	The ten digit provider number	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Provider Name	The name of the reported provider	25	Character	T_PR_NAM	NAME
Set Up Date	The date the A/R transaction was entered in MMDDYYYY format.	10	Date (MM/DD/CCYY)	T_ACCT_REC	DTE_AR_LIABILITY

2.8.89.5 Associated Programs

Program	Description
finp1705	Contractor Electronic Transfer - Status 'S'

2.8.89.6 Associated Requirements

ID
30.090.009.002.34

2.8.89.7 Change Orders

ID	Name	Description
1118	Create Contractor AR status S rpts	create the legacy KYMC1700-R005, KYMC170A-R005 contractor electronic transfer - Status S reports

2.8.90 FIN-1907-D -- Check Verification Log

The sequence is by CCN. This log reports all entries keyed into the cash control file each day. Report and actual checks are submitted to the Commonwealth daily for deposit and verification. Once verified, the report with the original signatures is returned to EDS for filing.

2.8.90.1 Technical Name

FIN-1907-D

2.8.90.2 F Sort Order

CCN

For readability, the layout displays on the next page.

2.8.90.3 Check Verification Log Layout

```
Report  : FIN-1907-D                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJD190                MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   99:99:99
Location: FINP1907                          CHECK VERIFICATION LOG                      Page:       9999
                                       FOR DATE:   MM/DD/YYYY

BELOW PLEASE FIND THE CHECK NUMBERS AND THE APPROPRIATE CASH CONTROL NUMBER
(CCN) FOR THE CHECKS ENCLOSED IN THE ATTACHED ENVELOPE.

     CCN                    RECEIVED FROM                CHECK NUMBER        AMOUNT      RTP  VERIFY
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            9999999          99,999,999.99   X   ______
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            9999999          99,999,999.99   X   ______
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            9999999          99,999,999.99   X   ______
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            9999999          99,999,999.99   X   ______
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            9999999          99,999,999.99   X   ______
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            9999999          99,999,999.99   X   ______
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            9999999          99,999,999.99   X   ______
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            9999999          99,999,999.99   X   ______
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            9999999          99,999,999.99   X   ______
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            9999999          99,999,999.99   X   ______
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            9999999          99,999,999.99   X   ______
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            9999999          99,999,999.99   X   ______
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            9999999          99,999,999.99   X   ______
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            9999999          99,999,999.99   X   ______
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            9999999          99,999,999.99   X   ______
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            9999999          99,999,999.99   X   ______
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            9999999          99,999,999.99   X   ______

 PLEASE VERIFY THE RECEIPT OF THE ABOVE MENTIONED CHECKS AND RETURN THIS
 LOG TO EDS THROUGH THE COURIER.
 DMS PERSONNEL SIGNATURE: _____________________________  DATE: _____________
 COMPLETED BY: ____________________________________________________, EDS
```

2.8.90.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount	This is the amount of the check.	13	Number	T_CHECK	TOTAL_AMT_PAID
CCN	This is the cash control number.	11	Character	T_CASH_RECEIPT	SAK_CASH_RECEIPT
Check Number	This is the check number of the check that was sent in as a cash receipt.	9	Character	T_CHECK	NUM_CHECK

Field	Description	Length	Data Type	DB Table	DB Attributes
RTP	This is the return to provider indicator	1	Character	N/A	Calculated Field
Received From	This is the name of the remitter.	39	Character	T_CASH_RECEIPT	NAM_REMITTER
Verify	This is a field that will be used for the user to manually check that the check was deposited.	1	Character	N/A	N/A

2.8.90.5 Associated Programs

Program	Description
finp0210	Check Verification Log

2.8.90.6 Associated Requirements

ID
30.090.007.002.2D
30.090.009.003.1

2.8.90.7 Change Orders

ID	Name	Description
1173	Modify FIN-1907-D check verify	Modify the existing CORE Check Verification Log report.

ID	Name	Description
6720	Problems with FIN-1907-D.	FIN-1907-D (Check Verification Log) should be sorted by CCN. This is not a cosmetic fix. Checks are logged and stamped with a CCN when received and then kept in CCN order to match the report. When the report is produced, an employee verifies each check against the log before submitting for deposit. Report is currently sorting in alphabetical order on the name which would require an employee to sift through all the checks received to verify all checks against the log. Also, check number field on the report does not appear to be large enough to carry the full check number entered into interChange (example attached with ARH). Because this log is to reconcile checks being deposited, the "Total # of Checks" and "Total Amount" at the end of the report should exclude the checks marked as "RTP". "Lockbox" payment types should be excluded as well since those checks have already been deposited by the vendor.
8473	FIN1907D B=046 RPT ISSUE	The FIN-1907-D should not report BATCH = 046 in the "TOTAL AMOUNT". These checks are reported as rows, but not included in the total dollar amount. **Also add 2 line breaks so the report is more useable for signatures**

2.8.91 FIN-1910-M -- Cash Receipts Posted By Fund Code

This is a monthly detail report listing all posted cash transactions by fund code. The report does NOT show cash refunds or Drug Rebate cash postings.

2.8.91.1 Technical Name

FIN-1910-M

2.8.91.2 Sort Order

Fund Code

Numeric Sequence Batch

CCN

2.8.91.3 Cash Receipts Posted By Fund Code Layout

```
Report  : FIN-1910-M                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/YYYY
Process : FINJM600                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: FIN1910M                         CASH RECEIPTS POSTED BY FUND CODE                                Page:      9,999
                                                     FOR: XXXXXXXXX

FUND CODE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

              NUM SEQ                                  REASON                DATE                    AMOUNT
  CCN         BATCH    UNIT DESCRIPTION                CODE   ADJUSTED ICN   POSTED                  POSTED
XXXXXXXXXXX   999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXX  XXXXXXXXXXXXX   MM/DD/YYYY        9,999,999.99


                                                                          SUBTOTAL:            9,999,999.99

                                                                             TOTAL:            9,999,999.99
                                                  ** END OF REPORT **
```

2.8.91.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Adjusted ICN	This is the number of the adjusted claim.	13	Number	T_AR_CLAIM_XREF	NUM_ICN_MOM
Amount Posted	This is the amount of cash posted.	11	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
CCN	This is the cash control number.	11	Character	T_CASH_RECEIPT	SAK_CASH_RECEIPT
Date Posted	This is the date the C/R was posted.	10	Date (MM/DD/CCYY)	T_CASH_RCPT_DISP	DTE_POSTED
Fund Code	This is the recipient fund code category.	10	Character	T_FIN_FUND_CODE	DSC_FUND
Num Seq Batch	This is the batch number tied to the cash receipt.	3	Number	T_CASH_RECEIPT	NUM_BATCH
Reason Code	The reason for the transaction.	4	Character	T_ACCT_REC	CDE_REASON_FOUR
Subtotal	This is the subtotal of cash posted by fund code.	11	Number	N/A	Calculated Field
Total	This is the total of all amounts posted for all fund codes.	11	Number	N/A	Calculated Field
Unit Description	This is one of the following units: drug rebate, MED, SUR, or TPL.	3	Character	T_CASH_BATCH_NUM	DESC_BATCH

2.8.91.5 Associated Programs

Program	Description
fin1910m	Cash Receipts Posted by Fund Code report
copy2routedir	Copy Reports to Router

2.8.91.6 Associated Requirements

ID
30.090.009.003.1

2.8.91.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.92 FIN-1911-M -- Cash Receipts Posted by Unit

This is a monthly detail report listing all posted cash transactions by business unit except for Drug Rebate. The report does NOT show cash refunds or Drug Rebate cash postings.

2.8.92.1 Technical Name

FIN-1911-M

2.8.92.2 Sort Order

Unit

CCN

For readability, the layout displays on the next page.

2.8.92.3 Cash Receipts Posted by Unit Layout

```
Report  : FIN-1911-M                          COMMONWEALTH OF KENTUCKY                                    Run Date: MM/DD/YYYY
Process : FINJM600                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:      HH:MM
Location: FIN1911M                           CASH RECEIPTS POSTED BY UNIT                                   Page:      9,999
                                                FOR: XXXXXXXXX

       UNIT:  XXX  XXXXXXXXXXXXXXXXXXXX
                                                                                          DATE
CCN         FUND CODE DESCRIPTION                                          ADJUSTED ICN   POSTED              AMOUNT

XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXX  MM/DD/YYYY    $9,999,999.99
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXX  MM/DD/YYYY    $9,999,999.99
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXX  MM/DD/YYYY    $9,999,999.99

                                                                                  SUBTOTAL:          $999,999,999.99

       UNIT:  XXX  XXXXXXXXXXXXXXXXXXXX
                                                                                          DATE
CCN         FUND CODE DESCRIPTION                                          ADJUSTED ICN   POSTED              AMOUNT

XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXX  MM/DD/YYYY    $9,999,999.99
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXX  MM/DD/YYYY    $9,999,999.99
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXX  MM/DD/YYYY    $9,999,999.99

                                                                                  SUBTOTAL:          $999,999,999.99

                                                                                     TOTAL:          $999,999,999.99

                                                  ** END OF REPORT **
```

2.8.92.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
A/R Number	This is the AR number associated with the cash	13	Number	T_ACCT_REC	NUM_CONTROL_AR
Adjusted ICN	This is the number of the adjusted claim.	13	Number	T_AR_CLAIM_XREF	NUM_ICN_MOM
Amount	This is the amount of cash posted.	11	Number	N/A	Calculated Field
CCN	This is the cash control number.	11	Character	T_CASH_RECEIPT	SAK_CASH_RECEIPT
Date Posted	This is the date the C/R was posted.	10	Date (MM/DD/CCYY)	T_CASH_RCPT_DISP	DTE_POSTED
Fund Code Description	This is the fund code category description.	10	Character	T_FIN_FUND_CODE	DSC_FUND
Subtotal	This is the subtotal of cash posted by the unit.	11	Number	N/A	Calculated Field
Total	This is the total of cash posted for all units.	11	Number	N/A	Calculated Field
Unit	This is one of the following units: drug rebate, MED, SUR, or TPL.	3	Character	T_CASH_RECEIPT	NUM_BATCH

2.8.92.5 Associated Programs

Program	Description
fin1911m	Cash Receipts Posted by Unit report
copy2routedir	Copy Reports to Router

2.8.92.6 Associated Requirements

ID
30.090.009.003.1

2.8.92.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.93 FIN-1912-M -- Cash Summary - by Reason

This report summarizes the number and amount of cash receipts posted during the month. It is grouped by reason code.

2.8.93.1 Technical Name

FIN-1912-M

2.8.93.2 Sort Order

N/A Totals Only

2.8.93.3 Cash Summary - by Reason Layout

```
Report  : FIN-1912-M                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : FINJM600                      MEDICAID MANAGEMENT INFORMATION SYSTEM                      Run Time:      HH:MM
Location: FIN1912M                              CASH SUMMARY BY REASON                                     Page:       9999
                                                PERIOD: XXXXXXXXX

  REASON     REASON                                                  NUMBER          AMOUNT
  CODE       DESCRIPTION                                             POSTED          POSTED

  XXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99       $999,999,999.99
  XXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99       $999,999,999.99
  XXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99       $999,999,999.99
  XXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99       $999,999,999.99

                                   TOTALS:                       9,999     $9,999,999,999.99


                                                  ** END OF REPORT **
```

2.8.93.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount Posted	This is the amount of cash posting for the related reason code.	11	Number	N/A	Calculated Field
Number posted	This is the number of cash postings for the related reason code.	5	Number	N/A	Calculated Field
Reason Code	This is the reason code for cash disposition.	4	Character	T_ACCT_REC	CDE_REASON_FOUR
Reason Description	This is the reason for the transaction.	50	Character	T_ACCT_REC	CDE_REASON_FOUR

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Amount	This is the total amount of cash postings for all reason codes.	11	Number	N/A	Calculated Field
Total Number	This is the total number of cash postings for all reason codes.	6	Number	N/A	Calculated Field

2.8.93.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.93.6 Associated Requirements

ID
30.090.009.002.39
30.090.009.003.1

2.8.93.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.94 FIN-2050-W -- Financial Transactions Input - Payouts

The Financial Transaction Input - Payouts report lists all system generated and manual payout transactions entered into the Kentucky MMIS system for the current processing week. It will list each transaction by payee number with summary totals for the number of transactions input and their associated dollar amount.

This report will be used as a monitoring and control report for all financial payout transactions entered into the system during the current processing cycle. It is one of a series of reports which will be utilized to ensure that all financial transactions received are input into the system on a weekly basis. This report will be sorted by reason code.

Sort Criteria: Records from t_expenditure table are sorted in ascending IND_MANUAL order, followed by ascending CDE_REASON_FOUR order.

2.8.94.1 Technical Name

FIN-2050-W

2.8.94.2 Sort Order

Process Type

Reason Code

2.8.94.3 Financial Transactions Input - Payouts Layout

```
Report  : FIN-2050-W                    COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJW320                 MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:      HH:MM
Location: FINP1080                  FINANCIAL TRANSACTIONS INPUT PAYOUTS                      Page:     99,999
                                      PERIOD: MM/DD/YYYY - MM/DD/YYYY

REASON  TRANSACTION PAYEE                                          LOC FUND   COST        PAID       RA          PAYOUT
 CODE     NUMBER    NUMBER  TYPE          ---------PAYEE NAME---------  COD CODE   SETT        DATE       NUMBER      AMOUNT

SYSTEM
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99

                       TOTAL SYSTEM PAYOUT TRANSACTIONS INPUT:       99,999                                      999,999,999.99
MANUAL
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99

                       TOTAL MANUAL PAYOUT TRANSACTIONS INPUT:       99,999                                      999,999,999.99
DEMAND
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99
XXXX  999999999  XXXXXXXXXX XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX  XX  XXXXXXXXXX XXXXXXXXXX  999999999 99,999,999.99

                       TOTAL DEMAND PAYOUT TRANSACTIONS INPUT:       99,999                                      999,999,999.99

                       TOTAL ALL    PAYOUT TRANSACTIONS INPUT:       99,999                                      999,999,999.99


                                        * * * END OF REPORT * * *
```

2.8.94.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Fund Code	This is the recipient fund code category code.	3	Character	T_FIN_FUND_CODE	DSC_FUND
Member ID	This is the member identification number.	12	Number	T_RE_BASE	Concatenated
Payee Number	This is the account ID number of the payee.	12	Character	T_PR_IDENTIFIER	ID_PROVIDER
Payee Type	This is the code describing the type of payee; valid values are: RE - recipient, OT - other, CY - county, CR - tpl carrier, PR - provider	2	Character	T_EXPENDITURE	CDE_PAYEE_TYPE
Payee-Name	This is the name of the payee.	50	Character	T_PR_NAM	NAME
Payout Amount	This is the payout amount for the specific transaction.	10	Number	T_EXPENDITURE	AMT_PAID
Reason Code	This is the 4 byte reason code assigned to the transaction which identifies the type and purpose of the action taken.	4	Character	T_ACCT_REC	CDE_REASON_FOUR
System	This section details the payout transactions which were system generated for the week.	0	Character	N/A	Calculated Field
Total All Payout TXNS	This is the total amount of both system and manual payout transactions input this week.	11	Number	N/A	Calculated Field
Total Manual Payout TXNS	This is the total amount of all manual payout transactions input for the week.	11	Number	N/A	Calculated Field
Total No. All Payout TXNS Input	This is the total number of both system and manual payout transactions input this week.	5	Number	N/A	Calculated Field
Total No. Manual Payout TXNS Input	This is the total number of all manual payout transactions input for the week	5	Number	N/A	Calculated Field
Total No. System Payout TXNS Input	This is the total number of all system generated payout transactions input for the week.	5	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total System Payout TXNS	This is the total amount of all system generated payout transactions input for the week.	11	Number	N/A	Calculated Field
Transaction Number	This is the transaction number assigned at entry to the payout transaction.	13	Number	T_ACCT_REC	SAK_ACCT_REC
Transaction Number	This is the unique transaction number.	13	Number	T_ACCT_REC	SAK_ACCT_REC
User ID	This is the user id.	8	Character	T_EXPENDITUE	ID_CLERK

2.8.94.5 Associated Programs

Program	Description
finp1080	Creates payout (expenditure) reports
copy2routedir	Copy Reports to Router

2.8.94.6 Associated Requirements

ID
30.090.009.002.44
30.090.009.002.48
30.090.009.003.1

2.8.94.7 Change Orders

ID	Name	Description
1143	Modify FIN-2055-W	Modify the FIN-2055-W report to match the legacy payout report KYMC8050-R002

2.8.95 FIN-2051-W -- Financial Transactions Input - Accounts Receivable

The Financial Transaction Input - Accounts Receivables report lists all manual accounts receivable setups and dispositions entered into the Kentucky MMIS system for the current processing week. It will list each transaction in AR number order with summary totals for the number of transactions input and their associated dollar amount. This report will be used as a monitoring and control report for all financial manual accounts receivable setups and dispositions transactions entered into the system during the current processing cycle. It is one of a series of reports which will be utilized to ensure that all financial transactions received are input into the system on a weekly basis. Excludes those ARs generated due to any type of adjustment.

2.8.95.1 Technical Name

FIN-2051-W

2.8.95.2 Sort Order

Member ID

For readability, the layout displays on the next page.

2.8.95.3 Financial Transactions Input - Accounts Receivable Layout

```
Report  : FIN-2051-W                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJW214                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: FINC2051                  FINANCIAL TRANSACTIONS INPUT - ACCOUNTS RECEIVABLES             Page:       9999
                                              PERIOD:  MM/DD/CCYY - MM/DD/CCYY

     -------PAYEE------       A/R NUMBER            AMOUNT            REASON         USER
     ID            TYPE                                                 CODE           ID

SETUPS

     9999999999999999  X    9999999999999     999,999,999,999.99       XXXX        XXXXXXXX
     9999999999999999  X    9999999999999     999,999,999,999.99       XXXX        XXXXXXXX
     9999999999999999  X    9999999999999     999,999,999,999.99       XXXX        XXXXXXXX
     9999999999999999  X    9999999999999     999,999,999,999.99       XXXX        XXXXXXXX
     9999999999999999  X    9999999999999     999,999,999,999.99       XXXX        XXXXXXXX
     9999999999999999  X    9999999999999     999,999,999,999.99       XXXX        XXXXXXXX
     9999999999999999  X    9999999999999     999,999,999,999.99       XXXX        XXXXXXXX

TOTAL A/R SETUPS INPUT:               999,999  99,999,999,999.99


MANUAL DISPOSITIONS

     9999999999999999  X    9999999999999     999,999,999,999.99       XXXX        XXXXXXXX
     9999999999999999  X    9999999999999     999,999,999,999.99       XXXX        XXXXXXXX
     9999999999999999  X    9999999999999     999,999,999,999.99       XXXX        XXXXXXXX
     9999999999999999  X    9999999999999     999,999,999,999.99       XXXX        XXXXXXXX
     9999999999999999  X    9999999999999     999,999,999,999.99       XXXX        XXXXXXXX
     9999999999999999  X    9999999999999     999,999,999,999.99       XXXX        XXXXXXXX
     9999999999999999  X    9999999999999     999,999,999,999.99       XXXX        XXXXXXXX

TOTAL A/R MANUAL DISPOSITIONS INPUT:  999,999  99,999,999,999.99

                                        *   * * END OF REPORT * * *
```

2.8.95.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
A/R Number	This is the unique control number assigned to each manual accounts receivable transaction.	13	Character	T_ACCT_REC	SAK_ACCT_REC
Amount	This is the amount of the accounts receivable transaction. For the section on setups, this field will contain the original setup amount of the provider accounts receivable. For the section titled manual dispositions, this field will contain the manual disposition amount (increase or decrease) entered for an existing accounts receivable.	11	Number	N/A	Calculated Field
Manual Dispositions	This section lists all manual disposition input against existing accounts receivables during the current processing cycle.	0	Character	T_AR_DISP	AMT
Provider Number	This is the unique identification number assigned to each provider.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Reason code	This is the 4 byte reason code assigned to the transaction which identifies the type and purpose of the action taken.	4	Character	T_ACCT_REC	CDE_REASON_FOUR
Setups	This section lists all manual accounts receivable setup during the current processing cycle	0	Character	T_ACCT_REC	DTE_AR_LIABILITY
Total A/R Manual Dispositions Input	This is the total number and amount (increase or decrease) of manual dispositions input during the current processing cycle.	5	Number	N/A	Calculated Field
Total A/R Setups Input	This is the total number of manual accounts receivable setups for the current week.	5	Number	N/A	Calculated Field
Total Amount A/R Setups	This is the total amount of manual accounts receivable setups for the current week.	11	Number	N/A	Calculated Field
Total Amount Manual Dispositions	This is the total amount (increase or decrease) of manual dispositions input during the current processing cycle.	11	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
User ID	This is the identification number of the clerk who initiated the transaction.	8	Character	T_EXPENDITUE	ID_CLERK

2.8.95.5 Associated Programs

Program	Description
finc2051	Financial Transactions Input - Payouts

2.8.95.6 Associated Requirements

ID
30.090.009.002.11
30.090.009.003.1

2.8.95.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.96 FIN-2053-W sa s s -- Financial Transactions Input - Claim Payment Hold

The Financial Transactions Input - Claim Payment Hold report lists all claim payment hold setup and update transactions entered into the MMIS system for the current processing week. It lists each transaction by control number with summary totals for the number of transactions input. This report is used as a monitoring and control report for all financial claim payment hold transactions entered into the system during the current processing cycle. It is one of a series of reports which will be utilized to ensure that all financial transactions received are input into the system on a weekly basis.

2.8.96.1 Technical Name

FIN-2053-W sa s s

2.8.96.2 Sort Order

N/A

2.8.96.3 Financial Transactions Input - Claim Payment Hold Layout

```
Report  : FIN-2053-W                          COMMONWEALTH OF KENTUCKY                                    Run Date: MM/DD/YYYY
Process : FINJW220                       MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: FINC2053                   FINANCIAL TRANSACTION INPUT CLAIM PAYMENT HOLD                           Page:       9999
                                              MM/DD/CCYY - MM/DD/CCYY

 CONTROL  EFFECTIVE DATES      DOS          CLAIM DATES   CLAIM  PAYEE  PROV TYPE PROV SPEC PROGRAM FUND CDE CLM MED PAY TYP  REASON
 NUMBER    FROM     THRU   FROM    THRU     FROM   THRU   IN/EX  IN/EX    IN/EX     IN/EX     IN/EX   IN/EX   IN/EX   IN/EX    CODE

XXXXXXXXX  MMDDYY-MMDDYY  MMDDYY-MMDDYY   MMDDYY-MMDDYY    X      X        X         X         X       X       X       X      XXXX
YYYYJJJSS  MMDDYY-MMDDYY  MMDDYY-MMDDYY   MMDDYY-MMDDYY    X      X        X         X         X       X       X       X      XXXX

 TOTAL CLAIM PAYMENT HOLDS:              99,999


                                          *** END OF REPORT ***

                                         *** NO DATA THIS RUN ***
```

2.8.96.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Claim Dates (From/Thru)	This indicates a claim receipt date range (from and thru) which is to be included as criteria for the claim payment hold transaction. MMDDYY-MMDDYY	13	Character	T_PAYMENT_HOLD	DTE_RECEIVED
Control Number	This is the unique control number assigned upon receipt of claim payment hold request.	8	Character	T_PAYMENT_HOLD	NUM_CONTROL

Field	Description	Length	Data Type	DB Table	DB Attributes
DOS (From/Thru)	This indicates the dates of service (from and thru) which are to be included as criteria for the claim payment hold transaction. MMDDYY-MMDDYY	13	Character	T_PAYMENT_HOLD	DTE_SERVICE
Effective Dates (From/Thru)	This indicates the claim payment hold start (from) and release (thru) dates.	13	Character	T_ACCT_REC	DTE_EFFECTIVE
In/Ex	This indicates if program code(s) are included or excluded as criteria for the claim payment hold. Included (I) or excluded (E).	1	Character	T_PAYMENT_HOLD	IND_IN_EX_
In/Ex	This indicates if claim type(s) are included or excluded as criteria for the claim payment hold. Included (I) or excluded (E).	1	Character	T_PAYMENT_HOLD	IND_IN_EX_
In/Ex	This indicates if provider number(s) are included or excluded as criteria for the claim payment hold. Included (I) or excluded (E).	1	Character	T_PAYMENT_HOLD	IND_IN_EX_
In/Ex	This indicates if Pay Types(s) are included or excluded as criteria for the claim payment hold. Included (I) or excluded (E).	1	Character	T_PAYMENT_HOLD	IND_IN_EX_
In/Ex	This indicates if provider type(s) are included or excluded as criteria for the claim payment hold. Included (I) or excluded (E).	1	Character	T_PAYMENT_HOLD	IND_IN_EX_
In/Ex	This indicates if Fund code(s) are included or excluded as criteria for the claim payment hold. Included (I) or excluded (E).	1	Character	T_PAYMENT_HOLD	IND_IN_EX_
In/Ex	This indicates if Claim Media types(s) are included or excluded as criteria for the claim payment hold. Included (I) or excluded (E).	1	Character	T_PAYMENT_HOLD	IND_IN_EX_
Reason Code	This is the 4 byte reason code assigned to the transaction which identifies the type and purpose of the action taken.	4	Character	T_ACCT_REC	CDE_REASON_FOUR

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Clam Payment Holds	This is the total number of claim payment hold update transaction input during the current processing cycle.	5	Number	N/A	Calculated Field

2.8.96.5 Associated Programs

Program	Description
otsortd	Sort - UNIX
waapsplt.c	waapsplt
waapsplt.c	waapsplt
waapsplt.c	waapsplt
waapsplt.c	waapsplt
waapsplt.c	waapsplt
waapsplt.c	waapsplt
waapsplt.c	waapsplt
waapsplt.c	waapsplt
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
jck.1571	Under Utilization UPDT Log RPT
newsus185	Locations For Regions Not In 45-59 And Regions In 45-59.
finc2053	Financial Transactions Input - Claims Payment Hold
elgpd099	elgpd099
elgpd099	elgpd099
SRGP350S.cbl	SRGP350S

Program	Description
otsortd	Sort - UNIX
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload

Program	Description
oraload	Oraload
oraload	Oraload
mgd_autoassign	Managed Care Auto Assignment
SRGP320S.cbl	SRGP320S
compress	File compression utility
SRGP350S.cbl	SRGP350S
prvp500q	Provider Activity Inactivity Reporting
SRGP051S.scb	SRGP051S
srgjqfsz.sh	srgjqfsz
SRGP040S.cbl	SRGP040S
SRGP040S.cbl	SRGP040S
SRGP040S.cbl	SRGP040S
srgjqfsz.sh	srgjqfsz
srgjqfsz.sh	srgjqfsz
srgjqfsz.sh	srgjqfsz
srgjqfsz.sh	srgjqfsz
srgjqfsz.sh	srgjqfsz
compress	File compression utility
compress	File compression utility
compress	File compression utility

Program	Description
SRGP071S.scb	SRGP071S
SRGP071S.scb	SRGP071S
SRGP071S.scb	SRGP071S
srgjqfsz.sh	srgjqfsz
srgjqfsz.sh	srgjqfsz
srgjqfsz.sh	srgjqfsz
SRGP080S.scb	SRGP080S
srgp235s.c	srgp235s
srgp235s.c	srgp235s
srgp235s.c	srgp235s
SRGP230S.cbl	SRGP230S
SRGP230S.cbl	SRGP230S
SRGP230S.cbl	SRGP230S
setenv	setenv
setenv	setenv
srgp236s.c	srgp236s
waapsplt.c	waapsplt
waapsplt.c	waapsplt
waapsplt.c	waapsplt
srgp237s.c	srgp237s

Program	Description
srgp235s.c	srgp235s
srgp235s.c	srgp235s
SRGP230S.cbl	SRGP230S
SRGP230S.cbl	SRGP230S
SRGP230S.cbl	SRGP230S
srgp236s.c	srgp236s
waapsplt.c	waapsplt
waapsplt.c	waapsplt
SRGP320S.cbl	SRGP320S
ZIP	ZIP
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor

Program	Description
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
elgpdvit	Vital Statistics Date of Death Update
elgpdpat	Patient Liability Update
elgpdpat	Patient Liability Update
elgpmidc	ID Card Issuance Update
profilesum3qtr.c	profilesum3qtr.c
rm	Unix File Remove Command
profilesum3qtr.c	profilesum3qtr.c
profilesum3qtr.c	profilesum3qtr.c

Program	Description
profilesum3qtr.c	profilesum3qtr.c
profilesum3qtr.c	profilesum3qtr.c
profilesum3qtr.c	profilesum3qtr.c
profilesum3qtr.c	profilesum3qtr.c
profilesum1.c	profilesum1.c
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
otsortd	Sort - UNIX
sqlplus	SQLPLUS - SQLDBA
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
otsortd	Sort - UNIX
otsortd	Sort - UNIX
otsortd	Sort - UNIX
otsortd	Sort - UNIX
profileprof.c	profileprof.c

Program	Description
profileprof.c	profileprof.c
profileprof.c	profileprof.c
profileprof.c	profileprof.c
profileprof.c	profileprof.c
profilesum3.c	profilesum3.c
otsortd	Sort - UNIX
profilenhome.c	profilenhome.c
profilenhome.c	profilenhome.c
profilenhomeqtr.c	profilenhomeqtr.c
otsortd	Sort - UNIX
elgpmltx	Output Elig to Myers & Stauffer
sql plus	SQLPLUS
sql plus	SQLPLUS
tpl1150w	HIPP No Premium Requested Received in 90 Days TPL-1150-W
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor

Program	Description
sed	Unix command stream editor
sed	Unix command stream editor
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
clmphash	Build Hash Index
mr372rpt	Builds CMS 372 Waiver Reports
mr372rpt	Builds CMS 372 Waiver Reports
cp	Unix Copy
cat	Concatenate
sed	Unix command stream editor

Program	Description
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
clmphash	Build Hash Index
sed	Unix command stream editor
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
clmphash	Build Hash Index
sed	Unix command stream editor
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
clmphash	Build Hash Index

Program	Description
mr372rpt	Builds CMS 372 Waiver Reports
mr372rpt	Builds CMS 372 Waiver Reports
mr372rpt	Builds CMS 372 Waiver Reports
mr372rpt	Builds CMS 372 Waiver Reports
mr372rpt	Builds CMS 372 Waiver Reports
mr372rpt	Builds CMS 372 Waiver Reports
oraload.sh	Oracle Table Load-Unload Utility
profilesum3qtr.c	profilesum3qtr.c
profilesum3qtr.c	profilesum3qtr.c
cat	Concatenate
cat	Concatenate
cat	Concatenate
cat	Concatenate
mv	Unix Move File Command
mv	Unix Move File Command
mv	Unix Move File Command
profilesum1.c	profilesum1.c
rm	Unix File Remove Command
rm	Unix File Remove Command
elgpltce	LTC Extract to Myers & Stauffer

Program	Description
otsortd	Sort - UNIX
profilesum3qtr.c	profilesum3qtr.c
profilesum3qtr.c	profilesum3qtr.c
profilesum3qtr.c	profilesum3qtr.c
rm	Unix File Remove Command
cat	Concatenate
cat	Concatenate
cat	Concatenate
cat	Concatenate
cat	Concatenate
cat	Concatenate
cat	Concatenate
cat	Concatenate
otsortd	Sort - UNIX
otsortd	Sort - UNIX
clmphash	Build Hash Index
clmphash	Build Hash Index
buypmMMAMerge	Part D Outbound File Generator
buypmMMAMerge	Part D Outbound File Generator
otsortd	Sort - UNIX

Program	Description
otsortd	Sort - UNIX
otsortd	Sort - UNIX
otsortd	Sort - UNIX
cp	Unix Copy
cp	Unix Copy
edsrconv	Convert files
edsrconv	Convert files
fold	Unix Fold
fold	Unix Fold
elgpdltc	LTC Update
cat	Concatenate
otsortd	Sort - UNIX
elgpdpat	Patient Liability Update
elgpdlox	Output - KAMES Lockin extract
profilesum3qtr.c	profilesum3qtr.c
profilesum3qtr.c	profilesum3qtr.c
prtxnstub	Provider Taxonomy Stub File
clmpdi10	Encounters Threshold Errors Extract
clmpdi10	Encounters Threshold Errors Extract
otsortd	Sort - UNIX

Program	Description
otsortd	Sort - UNIX
otsortd	Sort - UNIX
clmpdi15	Encounters Errors 277 Formatter
clmpdi15	Encounters Errors 277 Formatter
xmlpunld	Generate a hierarchical xml data stream from a query tree
tpl0220m	tpl0220m
tpl0220m	tpl0220m
tpl0220m	tpl0220m
xml_db	XML-2-Database Transfer Utility
xml_db	XML-2-Database Transfer Utility
elgpm655	Print Clawback Summary report
copy2routedir	Copy Reports to Router
elgpdspd	Member Spend Down
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
mrm0111	MAR Monthly Reconciliation Report Writer
mrm0111	MAR Monthly Reconciliation Report Writer

Program	Description
cp	Unix Copy
cp	Unix Copy
cp	Unix Copy
cp	Unix Copy
edsrconv	Convert files
edsrconv	Convert files
fold	Unix Fold
fold	Unix Fold
cp	Unix Copy
cp	Unix Copy
edsrconv	Convert files
edsrconv	Convert files
fold	Unix Fold
fold	Unix Fold
tpld0200.sql	SQL Script Insert into T_TPL_LTR_RESP_XREF
sed	Unix command stream editor
oraload	Oraload
oraload	Oraload
oraload	Oraload
cat	Concatenate

Program	Description
xmlpunld	Generate a hierarchical xml data stream from a query tree
xmlpunld	Generate a hierarchical xml data stream from a query tree
sqlplus	SQLPLUS - SQLDBA
sed	Unix command stream editor
sqlplus	SQLPLUS - SQLDBA
sqlplus	SQLPLUS - SQLDBA
sqlplus	SQLPLUS - SQLDBA
sqlplus	SQLPLUS - SQLDBA
sqlplus	SQLPLUS - SQLDBA
sqlplus	SQLPLUS - SQLDBA
cp	Unix Copy
cp	Unix Copy
elgpifhc	First Health Disease & Case Management Update
elgpifhc	First Health Disease & Case Management Update
elgpcdme	KMAA Case & Disease Management Update Error Report
rm	Unix File Remove Command
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload

Program	Description
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
cat	Concatenate
cat	Concatenate
cat	Concatenate

Program	Description
cat	Concatenate
cat	Concatenate
cat	Concatenate
cat	Concatenate
cat	Concatenate
cat	Concatenate
cat	Concatenate
oraload	Oraload
oraload	Oraload
cp	Unix Copy
elgpnewm	New Members to Kames
mgd_prerecon	Capitation Recon Pre-Processor
elgpmmcx	Output to Medicare Intermed
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sqlplus	SQLPLUS - SQLDBA
sqlplus	SQLPLUS - SQLDBA

Program	Description
sqlplus	SQLPLUS - SQLDBA
elgpm651	Part D MMA Inbound Report
copy2routedir	Copy Reports to Router
elgpm652	Part D MMA Outbound Report
copy2routedir	Copy Reports to Router
elgpchme	Ouput - Child Medicaid
edsrconv	Convert files
edsrconv	Convert files
fold	Unix Fold
fold	Unix Fold
elgpdfhx	Daily Output Elig. to 1st Health
elgpmbrf	KMAA Member updates
elgpmbrf	KMAA Member updates
elgpdshp	KY MMIS - SHPS MaxMC Demographic and Benefit Plans Extract
rm	Unix File Remove Command
cat	Concatenate
cat	Concatenate
cat	Concatenate
cat	Concatenate
cat	Concatenate

Program	Description
cat	Concatenate
cat	Concatenate
cat	Concatenate
cat	Concatenate
cat	Concatenate
oraload	Oraload
oraload	Oraload
cp	Unix Copy
cp	Unix Copy
elgpm650	Part D MMA Processing
elgpm650	Part D MMA Processing
elgpm650	Part D MMA Processing
elgpm650	Part D MMA Processing
otsortd	Sort - UNIX
otsortd	Sort - UNIX
elgpm660	Part D Entitlement Date Mismatch report
elgpm660	Part D Entitlement Date Mismatch report
otsortd	Sort - UNIX
otsortd	Sort - UNIX
elgpm670	Part D PDP Errors report

Program	Description
copy2routedir	Copy Reports to Router
copy2routedir	Copy Reports to Router
rm	Unix File Remove Command
elgpmpcg	PCG Member Feed
otsortd	Sort - UNIX
otsortd	Sort - UNIX
elg_interface.c	Standard Batch Member Batch Update Interface
elg_interface.c	Standard Batch Member Batch Update Interface
otsortd	Sort - UNIX
rm	Unix File Remove Command
buypmMMAEnroll	Part D Current Month Enrollments
rm	Unix File Remove Command
buypmMMARetro	Part D Retroactive Enrollments
rm	Unix File Remove Command
buypmMMARecon	Part D Retroactive Changes to Enrollments

2.8.96.6 Associated Requirements

ID
30.090.009.003.1

2.8.96.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.97 FIN-2055-D -- Financial Transactions Input Payouts

This report lists the Provider Accounts Receivable Settlements that were processed for the daily payment cycle as payouts.

2.8.97.1 Technical Name

FIN-2055-D

2.8.97.2 Sort Order

Payee Number

2.8.97.3 Financial Transactions Input Payouts Layout

```
Report   : FIN-2055-D                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process  : FINJR320                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:      HH:MM
Location: FINP1080                            FINANCIAL TRANSACTIONS INPUT                                   Page:     99,999
                                                PAYOUTS - BY REASON CODE
                                                 MM/DD/CCYY - MM/DD/CCYY

REASON   TRANSACTION     PAYEE                                                          LOC FUND    COST       PAID       RA         PAYOUT
 CODE      NUMBER        NUMBER   TYPE         ---------PAYEE NAME---------             COD CODE    SETT       DATE       NUMBER     AMOUNT
XXXX  9999999999999  999999999999  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X   XXX MM/DD/YYYY MM/DD/YYYY 9999999999 99,999,999.99
XXXX  9999999999999  999999999999  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X   XXX MM/DD/YYYY MM/DD/YYYY 9999999999 99,999,999.99
XXXX  9999999999999  999999999999  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X   XXX MM/DD/YYYY MM/DD/YYYY 9999999999 99,999,999.99
XXXX  9999999999999  999999999999  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X   XXX MM/DD/YYYY MM/DD/YYYY 9999999999 99,999,999.99
XXXX  9999999999999  999999999999  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X   XXX MM/DD/YYYY MM/DD/YYYY 9999999999 99,999,999.99
XXXX  9999999999999  999999999999  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X   XXX MM/DD/YYYY MM/DD/YYYY 9999999999 99,999,999.99
XXXX  9999999999999  999999999999  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X   XXX MM/DD/YYYY MM/DD/YYYY 9999999999 99,999,999.99
                              REASON CODE TOTAL FOR SYSTEM PAYOUT:                                   99,999                        999,999,999.99

                              TOTAL SYSTEM PAYOUT TRANSACTIONS INPUT:                                99,999                        999,999,999.99

MANUAL

XXXX  9999999999999  999999999999  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X   XXX MM/DD/YYYY MM/DD/YYYY 9999999999 99,999,999.99
                              REASON CODE TOTAL FOR MANUAL PAYOUT:                                   99,999                        999,999,999.99

                              TOTAL MANUAL PAYOUT TRANSACTIONS INPUT:                                99,999                        999,999,999.99

                                                  * * * END OF REPORT * * *

                                                 * * * NO DATA THIS REPORT * * *
```

2.8.97.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Cost Sett	The hospital or institution fiscal year end date corresponding to the end of the Commonwealth cost settlement audit.	10	Date (MM/DD/CCYY)	T_AR_SUPP_DTL	DTE_COST_STTLM
Fund Code	The financial fund code related to the payout	3	Character	T_FIN_FUND_CODE	CDE_FUND_CDE
Grand Total	For all transactions on the report, the AMT REQUESTED, PAYOUT AMOUNT and BALANCE are totaled.	13	Number	N/A	Calculated Field
Loc Cod	A two-digit code indicating the department originating the payout Transaction.	2	Number	T_ACCT_REC	CDE_UNIT_DEPT
Paid Date	The payment date of the payout.	10	Date (MM/DD/CCYY)	T_EXPENDITURE	DTE_PAYMENT_ISSUE
Payee Name	The provider name.	30	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payee Number / Type	The provider identification number.	12	Character	T_PR_IDENTIFIER	ID_PROVIDER
Payout Amount	The amount paid to the provider when the adjustment reason indicates money is owed to the provider.	13	Number	T_EXPENDITURE	AMT_PAID
RA Number	The remittance advice number on which the payout appears.	9	Number	T_FIN_REMIT	SAK_REMIT
Reason Code	A four-digit code specifying the reason a payout was applied to a provider's account.	4	Character	T_ACCT_REC	CDE_REASON_FOUR
Reason Code Total For System Payout	For each reason code appearing on the report the AMT REQUESTED, PAYOUT AMOUNT and BALANCE are subtotaled.	13	Number	N/A	Calculated Field
Transaction Number	The A/R record ID number.	13	Number	T_ACCT_REC	SAK_ACCT_REC

2.8.97.5 Associated Programs

Program	Description
finp8052	Provider Accounts Receivable Settlements (Payouts)
finp8052	Provider Accounts Receivable Settlements (Payouts)

2.8.97.6 Associated Requirements

ID
No associated Requirements found.

2.8.97.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.98 FIN-2055-W -- Financial Transactions Input - Payouts by Reason Code

The Financial Transaction Input - Payouts by reason code report lists all system generated and manual payout transactions entered into the Kentucky MMIS system for the current processing week in Reason Code order. At each reason code break there will be a subtotal line with a count of inputs for that reason code and the total amount of the inputs for that reason code.

2.8.98.1 Technical Name

FIN-2055-W

2.8.98.2 Sort Order

Process Type

Reason Code

For readability, the layout displays on the next page.

2.8.98.3 Financial Transactions Input - Payouts by Reason Code Layout

```
Report  : FIN-2055-W                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : FINJW320                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:      HH:MM
Location: FINP1080                            FINANCIAL TRANSACTIONS INPUT                                  Page:     99,999
                                                PAYOUTS - BY REASON CODE
                                                 MM/DD/CCYY - MM/DD/CCYY

REASON   TRANSACTION     PAYEE                                                          LOC FUND    COST       PAID       RA         PAYOUT
 CODE      NUMBER        NUMBER   TYPE         ---------PAYEE NAME---------             COD CODE    SETT       DATE       NUMBER     AMOUNT
XXXX  9999999999999  999999999999  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X   XXX MM/DD/YYYY MM/DD/YYYY 9999999999 99,999,999.99
XXXX  9999999999999  999999999999  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X   XXX MM/DD/YYYY MM/DD/YYYY 9999999999 99,999,999.99
XXXX  9999999999999  999999999999  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X   XXX MM/DD/YYYY MM/DD/YYYY 9999999999 99,999,999.99
XXXX  9999999999999  999999999999  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X   XXX MM/DD/YYYY MM/DD/YYYY 9999999999 99,999,999.99
XXXX  9999999999999  999999999999  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X   XXX MM/DD/YYYY MM/DD/YYYY 9999999999 99,999,999.99
XXXX  9999999999999  999999999999  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X   XXX MM/DD/YYYY MM/DD/YYYY 9999999999 99,999,999.99
XXXX  9999999999999  999999999999  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X   XXX MM/DD/YYYY MM/DD/YYYY 9999999999 99,999,999.99
                              REASON CODE TOTAL FOR SYSTEM PAYOUT:                                   99,999                        999,999,999.99

                              TOTAL SYSTEM PAYOUT TRANSACTIONS INPUT:                                99,999                        999,999,999.99

MANUAL

XXXX  9999999999999  999999999999  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X   XXX MM/DD/YYYY MM/DD/YYYY 9999999999 99,999,999.99
                              REASON CODE TOTAL FOR MANUAL PAYOUT:                                   99,999                        999,999,999.99

                              TOTAL MANUAL PAYOUT TRANSACTIONS INPUT:                                99,999                        999,999,999.99

                                                 * * * END OF REPORT * * *

                                               * * * NO DATA THIS REPORT * * *
```

2.8.98.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Add Date	this is the date the payout was entered	10	Date (MM/DD/CCYY)	T_EXPENDITURE	DTE_ADD
Cost Sett Date	This is the cost settlement date entered on the payout	10	Date (MM/DD/CCYY)	T_EXPEND_SUPP_DTL	DTE_COST_SETTLE
Fund Code	This is the recipient fund code category code.	3	Character	T_FIN_FUND_CODE	DSC_FUND
Member	This is the member identification number.	12	Number		
Payee Name	This is the name of the payee.	50	Character	T_PR_NAM	NAME
Payee Number	This is the account ID number of the payee.	12	Character	T_PR_IDENTIFIER	ID_PROVIDER
Payee Type	This is the code describing the type of payee; valid values are: RE - recipient, OT - other, CY - county, CR - tpl carrier, PR - provider	2	Character	T_EXPENDITURE	CDE_PAYEE_TYPE
Payout Amount	This is the payout amount for the specific transaction.	10	Number	T_EXPENDITURE	AMT_PAID
Reason Code	This is the 4 byte reason code assigned to the transaction which identifies the type and purpose of the action taken.	4	Character	T_EXPENDITURE	CDE_REASON_FOUR
Reason Code Payout Amount	This is the total amount of payouts by reason code.	10	Number	T_ACCT_REC	CDE_REASON_FOUR
Reason Code Payout Transactions	This is the total number of payouts by reason code.	5	Number	T_ACCT_REC	CDE_REASON_FOUR
System	This is the section details the payout transactions which were system generated for the week.	0	Character	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total All Payout Transactions Amount	This is the total amount of both system and manual payout transactions input this week.	11	Number	N/A	Calculated Field
Total All Payout Transactions Input	This is the total number of both system and manual payout transactions input this week.	5	Number	N/A	Calculated Field
Total Amount All System Payout	This is the total amount of all system generated payout transactions input for the week.	11	Number	N/A	Calculated Field
Total Manual Payout Input Amount	This is the total amount of all manual payout transactions input for the week.	11	Number	N/A	Calculated Field
Total Manual Payout Transactions Input	This is the total number of all manual payout transactions input for the week	5	Number	N/A	Calculated Field
Total System Payout Transactions Input	This is the total number of all system generated payout transactions input for the week.	5	Number	N/A	Calculated Field
Transaction Number	This is the transaction number assigned at entry to the payout transaction.	9	Number	T_ACCT_REC	SAK_ACCT_REC
User Id	This is the identification number of the clerk who initiated the transaction.	8	Character	T_EXPENDITUE	ID_CLERK

2.8.98.5 Associated Programs

Program	Description
finp1080	Creates payout (expenditure) reports
copy2routedir	Copy Reports to Router

2.8.98.6 Associated Requirements

ID
30.090.009.002.39
30.090.009.002.44
30.090.009.003.1

2.8.98.7 Change Orders

ID	Name	Description
1143	Modify FIN-2055-W	Modify the FIN-2055-W report to match the legacy payout report KYMC8050-R002

2.8.99 FIN-2752-W -- Refer to DMS Unworkable Summary

This report is used to report and track all Cash Control records with a current balance greater than zero and data entered in the UNWORKABLE REASON field on the Cash Control record that says ?Refer to DMS?, Unworkable-code ` ?R?.

2.8.99.1 Technical Name

FIN-2752-W

2.8.99.2 Sort Order

CCN

2.8.99.3 Refer to DMS Unworkable Summary Layout

```
Report  : FIN-2752-W                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJW275                MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   99:99:99
Location: FINP2752                    REFER TO DMS UNWORKABLE SUMMARY                   Page:       9999

  CCN            DATE RECVD        CHECK AMOUNT      CURRENT BALANCE     CLERK     UNWORKABLE COMMENT
9999999999999   MM/DD/CCYY        99,999,999.99       99,999,999.99   99999999   XXXXXXXXXXXXXXXXXXXXXXXX
9999999999999   MM/DD/CCYY        99,999,999.99       99,999,999.99   99999999   XXXXXXXXXXXXXXXXXXXXXXXX
9999999999999   MM/DD/CCYY        99,999,999.99       99,999,999.99   99999999   XXXXXXXXXXXXXXXXXXXXXXXX
9999999999999   MM/DD/CCYY        99,999,999.99       99,999,999.99   99999999   XXXXXXXXXXXXXXXXXXXXXXXX
9999999999999   MM/DD/CCYY        99,999,999.99       99,999,999.99   99999999   XXXXXXXXXXXXXXXXXXXXXXXX
9999999999999   MM/DD/CCYY        99,999,999.99       99,999,999.99   99999999   XXXXXXXXXXXXXXXXXXXXXXXX
9999999999999   MM/DD/CCYY        99,999,999.99       99,999,999.99   99999999   XXXXXXXXXXXXXXXXXXXXXXXX
9999999999999   MM/DD/CCYY        99,999,999.99       99,999,999.99   99999999   XXXXXXXXXXXXXXXXXXXXXXXX
9999999999999   MM/DD/CCYY        99,999,999.99       99,999,999.99   99999999   XXXXXXXXXXXXXXXXXXXXXXXX
9999999999999   MM/DD/CCYY        99,999,999.99       99,999,999.99   99999999   XXXXXXXXXXXXXXXXXXXXXXXX
9999999999999   MM/DD/CCYY        99,999,999.99       99,999,999.99   99999999   XXXXXXXXXXXXXXXXXXXXXXXX
9999999999999   MM/DD/CCYY        99,999,999.99       99,999,999.99   99999999   XXXXXXXXXXXXXXXXXXXXXXXX
9999999999999   MM/DD/CCYY        99,999,999.99       99,999,999.99   99999999   XXXXXXXXXXXXXXXXXXXXXXXX
9999999999999   MM/DD/CCYY        99,999,999.99       99,999,999.99   99999999   XXXXXXXXXXXXXXXXXXXXXXXX
9999999999999   MM/DD/CCYY        99,999,999.99       99,999,999.99   99999999   XXXXXXXXXXXXXXXXXXXXXXXX
9999999999999   MM/DD/CCYY        99,999,999.99       99,999,999.99   99999999   XXXXXXXXXXXXXXXXXXXXXXXX
9999999999999   MM/DD/CCYY        99,999,999.99       99,999,999.99   99999999   XXXXXXXXXXXXXXXXXXXXXXXX
9999999999999   MM/DD/CCYY        99,999,999.99       99,999,999.99   99999999   XXXXXXXXXXXXXXXXXXXXXXXX

                                  *** NO UNWORKABLE SUMMARY THIS WEEK ***
```

2.8.99.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CCN	The cash control number assigned to the check.	13	Number	T_CASH_RECEIPT	SAK_CASH_RECEIPT
Check Amount	The amount of the check received.	13	Number	T_CASH_RECEIPT	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Clerk	The clerk ID posted with the check.	8	Number	N/A	N/A
Current Balance	The remaining check amount to be dispositioned.	13	Number	N/A	Calculated Field
Date Recvd	The date the check was received.	10	Date (MM/DD/CCYY)	T_ACCT_REC	DTE_AR_LIABILITY
Report Total	The total number of Cash Control records reported for the week	3	Number	N/A	Calculated Field
Report Total $	The total amount on the Cash Control File in unworkable status.	13	Number	N/A	Calculated Field
Unworkable Reason	The comment as a result of the code entered by the clerk.	20	Character	T_CDE_CASH_STATUS	DSC_CASH_STATUS

2.8.99.5 Associated Programs

Program	Description
finp2752	Refer to DMS Unworkable Summary

2.8.99.6 Associated Requirements

ID
30.090.009.003.1

2.8.99.7 Change Orders

ID	Name	Description
1175	Create FIN-27052-W dms unwork	Create the FIN-27052-W report using the CORE FIN1008-W report as an example. This report will replace the KYMT2705-R002.
1221	Changes to CASH tracking	The cash system needs to be enhanced to track disp for FFP reporting.

2.8.100 FIN-2911-M -- Refund - Recovery Report

This report lists TPL and financial recoveries, reads the member eligibility files to determine the method to compute the federal share, and provides information for federal reporting.

REMARKS: This report has ten sections, followed by a summary page.
A = Third Party Collections Report
B = Other Refunds
B1 = Member Fraud
B2 = KenPac Refunds
B3 = Impact Plus Refunds
C = Overages
D = Attorney Fees
E = Total Still in Process
F = Total Checks Forward
F1 = Total Region 3 Child Support Funds
F2 = A/R Provider Interest Payment
G = Total Cold Checks
H = Total Pending In Process
I = Attorney Fee Withheld
J = Out of Pocket Attorney Cost Summary page

Section A
This report lists TPL and financial recoveries, reads the member eligibility file to determine the method to compute the federal share, and provides information for federal reporting.

Section B
This report lists Financial recoveries, reads the member eligibility file to determine the method to compute the federal share, and provides information for federal reporting.

Section B1
This section lists financial Member Intentional Program Violation recoveries, reads the member eligibility file to determine the method to compute the federal share, and provides information for federal reporting.

Section B2
This section lists financial KenPAC recoveries, computes the federal share by paid date, and provides information for federal quarterly reporting.

Section B3
This section lists financial Impact Plus recoveries, computes the federal share by paid date, and provides information for federal quarterly reporting.

Section C
This section lists overages and payouts, reads the member eligibility file to determine the method to compute the federal share, and provides third party liability and cash information for federal quarterly reporting.

Section D
This section lists attorney fees, reads the member eligibility file to determine the process to compute the federal share, and provides third party liability information for federal quarterly reporting.

Section E
This section lists checks received within the current reporting month where the details have a future adj date or the disposition amt is greater than zero and reports the CCN in this section. When the check is identified and posted in a later month, a credit is posted in this section and a debit in the appropriate section of the report.

Section F
This section lists checks which were forwarded to a different department or outside agency.

Section F1
This section reports child support recoveries that need to be transferred to Region 3.

Section F2
This section reports A/R Provider Interest Payments.

Section G
This section lists cold checks and provides third party liability and cash information for federal quarterly reporting.

Section H
This section lists all indisposition amounts of checks received.

Section I
This section lists all TCN's reported in Section A with a Billing status of `P' and reads the member eligibility file to determine the process to compute the federal share.

Section J
This section lists all CCN's with a check reason `24' within the current reporting month and calculates the federal share at the current rate.

2.8.100.1 Technical Name
FIN-2911-M

2.8.100.2 Sort Order
N/A. See remarks for sequence.

For readability, this report layout appears on the next several pages.

2.8.100.3 Refund - Recovery Report Layout

```
REPORT: FIN-2911-M                          COMMOMWEALTH OF KENTUCKY                          RUN DATE: MM/DD/CCYY
PROCESS: FINJMXXX                            Refund/Recovery Report                           RUN TIME: ##:##:##
LOCATION:                                 FOR THE MONTH OF XXXXXXX   9999                    PAGE:          9,999

SECTION A - FINANCIAL COLLECTIONS REPORT
CATEGORY - HEALTH
                          FDOS        TCN     COS  MEDICAID     AMT RCVD     TOT REC INC ADJ                 %FFP      FFP
   MAID    MEMBER NAME    TDOS        REF           PAID/DATE  AMT RCVD INC   ADJ AMT    IND      CCN        RATE     SHARE
999999999  XXXXXX         99/99/99 99999999999999999      99.99        99.99          9.99      XXXXXXXXXXXX  99.99     99.99
           XXXXX          99/99/99                      99/99/99        9.99          9.99
999999999  XXXXXX         99/99/99 99999999999999999      99.99        99.99          9.99      XXXXXXXXXXXX  99.99     99.99
           XXXXX          99/99/99                      99/99/99        9.99          9.99
999999999  XXXXXX         99/99/99 99999999999999999      99.99        99.99          9.99      XXXXXXXXXXXX  99.99     99.99
           XXXXX          99/99/99                      99/99/99        9.99          9.99
999999999  XXXXXX         99/99/99 99999999999999999      99.99        99.99          9.99      XXXXXXXXXXXX  99.99     99.99
           XXXXX          99/99/99                      99/99/99        9.99          9.99
999999999  XXXXXX         99/99/99 99999999999999999      99.99        99.99          9.99      XXXXXXXXXXXX  99.99     99.99
           XXXXX          99/99/99                      99/99/99        9.99          9.99
999999999  XXXXXX         99/99/99 99999999999999999      99.99        99.99          9.99      XXXXXXXXXXXX  99.99     99.99
           XXXXX          99/99/99                      99/99/99        9.99          9.99
                                 SUBTOTAL: 99.99% =    9999.99      9999.99           9.99                          9999.99
999999999  XXXXXX         99/99/99 99999999999999999      99.99        99.99          9.99      XXXXXXXXXXXX  99.99     99.99
           XXXXX          99/99/99                      99/99/99        9.99          9.99
                             SCHIP SUBTOTAL: 99.99% =     999.99       999.99          9.99                           999.99
                                                                        9.99          9.99
999999999  XXXXXX         99/99/99 99999999999999999      99.99        99.99          9.99      XXXXXXXXXXXX  99.99     99.99
           XXXXX          99/99/99                      99/99/99        9.99          9.99
999999999  XXXXXX         99/99/99 99999999999999999      99.99        99.99          9.99      XXXXXXXXXXXX  99.99     99.99
           XXXXX          99/99/99                      99/99/99        9.99          9.99
                             MCHIP SUBTOTAL: 99.99% =      99.99        99.99          9.99                             9.99
                                                                        9.99          9.99
                      SECTION A - TOTAL =               99999.99      9999.99          9.99                          9999.99
                                                                        9.99       999.99-
                      SECTION A - MCHIP TOTAL =            99.99        99.99          9.99                             9.99
                                                                        9.99          9.99
                      SECTION A - SCHIP TOTAL =             9.99         9.99          9.99                             9.99
                                                                        9.99          9.99
```

```
REPORT: FIN-2911-M                          COMMOMWEALTH OF KENTUCKY                                  RUN DATE: MM/DD/CCYY
PROCESS: FINJMXXX                            Refund/Recovery Report                                   RUN TIME: ##:##:##
LOCATION:                                 FOR THE MONTH OF XXXXXXX   9999                           PAGE:          9,999

SECTION B - OTHER REFUNDS
                RSN                              DATE         MEDICAID         APPLIED    %FFP        FFP
 CCN            CODE     TCNS                   PAID           PAID          AMOUNT     RATE       SHARE
 999999999999   999      99999999999999999   99/99/99       99,999.99-     99,999.99-    99.99     99,999.99-
                               TOTAL RSN CODE 999           99,999.99-     99,999.99-               99,999.99-
 999999999999   999      99999999999999999   99/99/99       99,999.99-     99,999.99     99.99     99,999.99-
                               TOTAL RSN CODE 999           99,999.99      99,999.99               99,999.99
 999999999999   999      99999999999999999   99/99/99       99,999.99-     99,999.99-    99.99     99,999.99-
 999999999999   999      99999999999999999   99/99/99       99,999.99-     99,999.99-    99.99     99,999.99-
 999999999999   999      99999999999999999   99/99/99       99,999.99-     99,999.99-    99.99     99,999.99-
 999999999999   999      99999999999999999   99/99/99       99,999.99-     99,999.99-    99.99     99,999.99-
 999999999999   999      99999999999999999   99/99/99       99,999.99-     99,999.99-    99.99     99,999.99-
 999999999999   999      99999999999999999   99/99/99       99,999.99-     99,999.99-    99.99     99,999.99-
 999999999999   999      99999999999999999   99/99/99       99,999.99-     99,999.99-    99.99     99,999.99-
 999999999999   999      99999999999999999   99/99/99       99,999.99-     99,999.99-    99.99     99,999.99-
 999999999999   999      99999999999999999   99/99/99       99,999.99-     99,999.99-    99.99     99,999.99-
 999999999999   999      99999999999999999   99/99/99       99,999.99-     99,999.99-    99.99     99,999.99-
 999999999999   999      99999999999999999   99/99/99       99,999.99-     99,999.99-    99.99     99,999.99-
MCHIP TOTAL RSN CODE 999              999.99          999.99                 999.99
 999999999999   999      99999999999999999   99/99/99       99,999.99-     99,999.99-    99.99     99,999.99-
                         MCHIP TOTAL RSN CODE 999              99.99          99.99                     9.99
                         MCHIP SUBTOTAL: 99.99% =             999.99         999.99                   999.99
 999999999999   999      99999999999999999   99/99/99       99,999.99-     99,999.99-    99.99     99,999.99-
 999999999999   999      99999999999999999   99/99/99       99,999.99-     99,999.99-    99.99     99,999.99-
                         SCHIP TOTAL RSN CODE 999             999.99         999.99                   999.99
                         SCHIP SUBTOTAL: 99.99% =             999.99         999.99                   999.99
                              SECTION B - TOTAL =       9,999,999.99   9,999,999.99          9,999,999.99
                       MCHIP SECTION B - TOTAL =           9,999.99       9,999.99                   999.99
                       SCHIP SECTION B - TOTAL =             999.99         999.99                   999.99
```

```
REPORT: FIN-2911-M                    COMMOMWEALTH OF KENTUCKY                    RUN DATE: MM/DD/CCYY
PROCESS: FINJMXXX                      Refund/Recovery Report                     RUN TIME: ##:##:##
LOCATION:                          FOR THE MONTH OF XXXXXXX   9999               PAGE:          9,999

SECTION B- OTHER REFUNDS
                RSN                                                  DATE        MEDICAID     APPLIED    %FFP        FFP
TCN             CODE     TCNS                PROVIDER   MEMBER       PAID        PAID         AMOUNT     RATE      SHARE
999999999999    999      99999999999999999   99999999   999999999    99/99/99    9.99         9.99       9.99       9.99
999999999999    999      99999999999999999   99999999   999999999    99/99/99    9.99         9.99       9.99       9.99
999999999999    999      99999999999999999   99999999   999999999    99/99/99    9.99         9.99       9.99       9.99
999999999999    999      99999999999999999   99999999   999999999    99/99/99    9.99         9.99       9.99       9.99
999999999999    999      99999999999999999   99999999   999999999    99/99/99    9.99         9.99       9.99       9.99
999999999999    999      99999999999999999   99999999   999999999    99/99/99    9.99         9.99       9.99       9.99
999999999999    999      99999999999999999   99999999   999999999    99/99/99    9.99         9.99       9.99       9.99
999999999999    999      99999999999999999   99999999   999999999    99/99/99    9.99         9.99       9.99       9.99
999999999999    999      99999999999999999   99999999   999999999    99/99/99    9.99         9.99       9.99       9.99
999999999999    999      99999999999999999   99999999   999999999    99/99/99    9.99         9.99       9.99       9.99
999999999999    999      99999999999999999   99999999   999999999    99/99/99    9.99         9.99       9.99       9.99
999999999999    999      99999999999999999   99999999   999999999    99/99/99    9.99         9.99       9.99       9.99
999999999999    999      99999999999999999   99999999   999999999    99/99/99    9.99         9.99       9.99       9.99
999999999999    999      99999999999999999   99999999   999999999    99/99/99    9.99         9.99       9.99       9.99
999999999999    999      99999999999999999   99999999   999999999    99/99/99    9.99         9.99       9.99       9.99
999999999999    999      99999999999999999   99999999   999999999    99/99/99    9.99         9.99       9.99       9.99
                                TOTAL RSN CODE 999                                9.99         9.99                  9.99
                                SUBTOTAL:  9.99% =                                9.99         9.99                  9.99
999999999999    999      99999999999999999    99/99/99                             9.99         9.99      9.99        9.99
                                TOTAL RSN CODE 999                                9.99         9.99                  9.99
                                SUBTOTAL:  9.99% =                                9.99         9.99                  9.99
                                SECTION B1- TOTAL =                               9.99         9.99                  9.99
                                          * * *   E N D   O F   R E P O R T   * * *
```

```
REPORT: FIN-2911-M                    COMMOMWEALTH OF KENTUCKY                    RUN DATE: MM/DD/CCYY
PROCESS: FINJMXXX                      Refund/Recovery Report                     RUN TIME: ##:##:##
LOCATION:                           FOR THE MONTH OF XXXXXXX   9999              PAGE:          9,999

SECTION B1- MEMBER FRAUD
                RSN                                                  DATE        MEDICAID      APPLIED    %FFP          FFP
CCN             CODE     TCNS                 PROVIDER  MEMBER       PAID         PAID        AMOUNT     RATE         SHARE
999999999999    999      99999999999999999    99999999  999999999    99/99/99      9.99         9.99      9.99         9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99      9.99         9.99      9.99         9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99      9.99         9.99      9.99         9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99      9.99         9.99      9.99         9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99      9.99         9.99      9.99         9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99      9.99         9.99      9.99         9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99      9.99         9.99      9.99         9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99      9.99         9.99      9.99         9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99      9.99         9.99      9.99         9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99      9.99         9.99      9.99         9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99      9.99         9.99      9.99         9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99      9.99         9.99      9.99         9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99      9.99         9.99      9.99         9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99      9.99         9.99      9.99         9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99      9.99         9.99      9.99         9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99      9.99         9.99      9.99         9.99
                                TOTAL RSN CODE 999                                 9.99         9.99                   9.99
                                SUBTOTAL:  9.99% =                                 9.99         9.99                   9.99
999999999999    999      99999999999999999    99/99/99                            9.99         9.99      9.99         9.99
                                TOTAL RSN CODE 999                                 9.99         9.99                   9.99
                                SUBTOTAL:  9.99% =                                 9.99         9.99                   9.99
                                SECTION B1- TOTAL =                                9.99         9.99                   9.99
                                          * * *   E N D   O F   R E P O R T   * * *
```

```
REPORT: FIN-2911-M                    COMMOMWEALTH OF KENTUCKY                    RUN DATE: MM/DD/CCYY
PROCESS: FINJMXXX                      Refund/Recovery Report                     RUN TIME: ##:##:##
LOCATION:                           FOR THE MONTH OF XXXXXXX   9999              PAGE:          9,999

SECTION B2- KENPAC REFUNDS
                RSN                                                  DATE        MEDICAID      APPLIED    %FFP        FFP
CCN             CODE     TCNS                 PROVIDER  MEMBER       PAID        PAID         AMOUNT     RATE       SHARE
999999999999    999      99999999999999999    99999999  999999999    99/99/99     9.99          9.99      9.99       9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99     9.99          9.99      9.99       9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99     9.99          9.99      9.99       9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99     9.99          9.99      9.99       9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99     9.99          9.99      9.99       9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99     9.99          9.99      9.99       9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99     9.99          9.99      9.99       9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99     9.99          9.99      9.99       9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99     9.99          9.99      9.99       9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99     9.99          9.99      9.99       9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99     9.99          9.99      9.99       9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99     9.99          9.99      9.99       9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99     9.99          9.99      9.99       9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99     9.99          9.99      9.99       9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99     9.99          9.99      9.99       9.99
999999999999    999      99999999999999999    99999999  999999999    99/99/99     9.99          9.99      9.99       9.99
                                TOTAL RSN CODE 999                                9.99          9.99                 9.99
                                SUBTOTAL:  9.99% =                                9.99          9.99                 9.99
999999999999    999      99999999999999999    99/99/99                            9.99          9.99      9.99       9.99
                                TOTAL RSN CODE 999                                9.99          9.99                 9.99
                                SUBTOTAL:  9.99% =                                9.99          9.99                 9.99
                                SECTION B1- TOTAL =                               9.99          9.99                 9.99
                                          * * *   E N D   O F   R E P O R T   * * *
```

```
REPORT: FIN-2911-M                          COMMOMWEALTH OF KENTUCKY                          RUN DATE: MM/DD/CCYY
PROCESS: FINJMXXX                            Refund/Recovery Report                           RUN TIME: ##:##:##
LOCATION:                                 FOR THE MONTH OF XXXXXXX   9999                    PAGE:          9,999

SECTION B3- IMPACT PLUS REFUNDS
                RSN                                                      DATE        MEDICAID      APPLIED    %FFP        FFP
CCN             CODE     TCNS                 PROVIDER  MEMBER          PAID          PAID         AMOUNT     RATE       SHARE
999999999999    999      99999999999999999    99999999  999999999       99/99/99      9.99         9.99       9.99       9.99
999999999999    999      99999999999999999    99999999  999999999       99/99/99      9.99         9.99       9.99       9.99
999999999999    999      99999999999999999    99999999  999999999       99/99/99      9.99         9.99       9.99       9.99
999999999999    999      99999999999999999    99999999  999999999       99/99/99      9.99         9.99       9.99       9.99
999999999999    999      99999999999999999    99999999  999999999       99/99/99      9.99         9.99       9.99       9.99
999999999999    999      99999999999999999    99999999  999999999       99/99/99      9.99         9.99       9.99       9.99
999999999999    999      99999999999999999    99999999  999999999       99/99/99      9.99         9.99       9.99       9.99
999999999999    999      99999999999999999    99999999  999999999       99/99/99      9.99         9.99       9.99       9.99
999999999999    999      99999999999999999    99999999  999999999       99/99/99      9.99         9.99       9.99       9.99
999999999999    999      99999999999999999    99999999  999999999       99/99/99      9.99         9.99       9.99       9.99
999999999999    999      99999999999999999    99999999  999999999       99/99/99      9.99         9.99       9.99       9.99
999999999999    999      99999999999999999    99999999  999999999       99/99/99      9.99         9.99       9.99       9.99
999999999999    999      99999999999999999    99999999  999999999       99/99/99      9.99         9.99       9.99       9.99
999999999999    999      99999999999999999    99999999  999999999       99/99/99      9.99         9.99       9.99       9.99
999999999999    999      99999999999999999    99999999  999999999       99/99/99      9.99         9.99       9.99       9.99
999999999999    999      99999999999999999    99999999  999999999       99/99/99      9.99         9.99       9.99       9.99
                                TOTAL RSN CODE 999                                    9.99         9.99                  9.99
                                SUBTOTAL:  9.99% =                                    9.99         9.99                  9.99
999999999999    999      99999999999999999    99/99/99                                9.99         9.99       9.99       9.99
                                TOTAL RSN CODE 999                                    9.99         9.99                  9.99
                                SUBTOTAL:  9.99% =                                    9.99         9.99                  9.99
                                SECTION B3- TOTAL =                                   9.99         9.99                  9.99
                                          * * *    E N D   O F   R E P O R T    * * *
```

```
REPORT: FIN-2911-M                          COMMOMWEALTH OF KENTUCKY                          RUN DATE: MM/DD/CCYY
PROCESS: FINJMXXX                            Refund/Recovery Report                           RUN TIME: ##:##:##
LOCATION:                                 FOR THE MONTH OF XXXXXXX   9999                    PAGE:          9,999

SECTION D - ATTORNEY FEE'S
DATE POSTED       CCN        INCENTIVE AMOUNT  %FFP        FFP
                                               RATE       SHARE
99/99/99      999999999999          99.99      99.99        99.99
99/99/99      999999999999          99.99      99.99        99.99
99/99/99      999999999999          99.99      99.99        99.99
99/99/99      999999999999         999.99      99.99       999.99
99/99/99      999999999999          99.99      99.99        99.99
99/99/99      999999999999         999.99      99.99        99.99
99/99/99      999999999999          99.99      99.99         9.99
99/99/99      999999999999           9.99      99.99         9.99
99/99/99      999999999999           9.99      99.99         9.99
99/99/99      999999999999           9.99      99.99         9.99
99/99/99      999999999999           9.99      99.99         9.99
99/99/99      999999999999           9.99      99.99         9.99
99/99/99      999999999999           9.99      99.99         9.99
SEC TOTAL =                9,999.99                   9,999.99
  MCHIP SEC TOTAL =                 9.99                       9.99
  SCHIP SEC TOTAL =                 9.99                       9.99
```

```
 REPORT: FIN-2911-M                          COMMOMWEALTH OF KENTUCKY                          RUN DATE: MM/DD/CCYY
 PROCESS: FINJMXXX                            Refund/Recovery Report                           RUN TIME: ##:##:##
 LOCATION:                                 FOR THE MONTH OF XXXXXXX   9999                     PAGE:          9,999
SECTION E - TOTAL STILL IN PROCESS
     CCN            CHECK TYPE   TOTAL OUTSTANDING    % OF FFP RATE       FFP SHARE
999999999999          B                  9999           9.99                  9.99
         SUBTOTAL:    9999               9.99                                 9.99

999999999999          X                  9.99           9.99                  9.99
999999999999          X                  9.99           9.99                  9.99
999999999999          X                  9.99           9.99                  9.99
999999999999          X                  9.99           9.99                  9.99
999999999999          X                  9.99           9.99                  9.99
999999999999          X                  9.99           9.99                  9.99
999999999999          X                  9.99           9.99                  9.99
999999999999          X                  9.99           9.99                  9.99
999999999999          X                  9.99           9.99                  9.99
999999999999          X                  9.99           9.99                  9.99
999999999999          X                  9.99           9.99                  9.99
999999999999          X                  9.99           9.99                  9.99
999999999999          X                  9.99           9.99                  9.99
999999999999          X                  9.99           9.99                  9.99
999999999999          X                  9.99           9.99                  9.99
999999999999          X                  9.99           9.99                  9.99
999999999999          X                  9.99           9.99                  9.99
999999999999          X                  9.99           9.99                  9.99
999999999999          X                  9.99           9.99                  9.99
999999999999          X                  9.99           9.99                  9.99
999999999999          X                  9.99           9.99                  9.99
SUBTOTAL:       9                 9.99                                 9.99
            TOTAL:       0                 0.00                                 0.00
                                              * * *   E N D   O F   R E P O R T   * * *
```

```
REPORT: FIN-2911-M                    COMMOMWEALTH OF KENTUCKY                    RUN DATE: MM/DD/CCYY
PROCESS: FINJMXXX                      Refund/Recovery Report                     RUN TIME: ##:##:##
LOCATION:                           FOR THE MONTH OF XXXXXXX   9999              PAGE:          9,999

SECTION F - TOTAL CHECKS FORWARDED
CCN                 CHECK AMOUNT       REASON CODE       REASON CODE DESCRIPTION
999999999999                9.99          99           XXXXXXXXXXXXXXXXXXX
999999999999                9.99          99           XXXXXXXXXXXXXXXXXXX
999999999999                9.99          99           XXXXXXXXXXXXXXXXXXX
999999999999                9.99          99           XXXXXXXXXXXXXXXXXXX
999999999999                9.99          99           XXXXXXXXXXXXXXXXXXX
999999999999                9.99          99           XXXXXXXXXXXXXXXXXXX
           TOTALS:          9.99
                                        * * *   E N D   O F   R E P O R T   * * *
```

```
REPORT: FIN-2911-M                    COMMOMWEALTH OF KENTUCKY                    RUN DATE: MM/DD/CCYY
PROCESS: FINJMXXX                      Refund/Recovery Report                     RUN TIME: ##:##:##
LOCATION:                           FOR THE MONTH OF XXXXXXX   9999              PAGE:          9,999

SECTION F1 - REGION 3 CHILD SUPPORT
CCN                  POST AMOUNT          FFP%                 FFP SHARE
999999999999                9.99         99.99                      9.99
   TOTAL FOR FFP            9.99                                    9.99
999999999999                9.99         99.99                      9.99
999999999999                9.99         99.99                      9.99
999999999999                9.99         99.99                      9.99
   TOTAL FOR FFP            9.99                                    9.99
999999999999                9.99         99.99                      9.99
999999999999                9.99         99.99                      9.99
   TOTAL FOR FFP            9.99                                    9.99
   GRAND TOTAL              9.99                                    9.99
                                        * * *   E N D   O F   R E P O R T   * * *
```

```
REPORT: FIN-2911-M                    COMMOMWEALTH OF KENTUCKY                    RUN DATE: MM/DD/CCYY
PROCESS: FINJMXXX                      Refund/Recovery Report                     RUN TIME: ##:##:##
LOCATION:                           FOR THE MONTH OF XXXXXXX   9999              PAGE:          9,999

SECTION F2 - A/R PROVIDER INTEREST PAYMENT
 CCN                     POST AMOUNT
 200216300001                 3.25
 200216300002                 3.01
 200216300003                 3.25
 200216300004                 3.00
    GRAND TOTAL              12.51
```

```
 REPORT: FIN-2911-M                          COMMOMWEALTH OF KENTUCKY                          RUN DATE: MM/DD/CCYY
 PROCESS: FINJMXXX                            Refund/Recovery Report                           RUN TIME: ##:##:##
 LOCATION:                                 FOR THE MONTH OF XXXXXXX   9999                     PAGE:          9,999

SECTION G - TOTAL COLD CHECKS

CCN                   ADJUSTMENT AMT        REF

999999999999           9999999.99            X
999999999999           9999999.99            X
999999999999           9999999.99            X
999999999999           9999999.99            X
999999999999           9999999.99            X

            TOTALS:    9999999.99


 REPORT: FIN-2911-M                          COMMOMWEALTH OF KENTUCKY                          RUN DATE: MM/DD/CCYY
 PROCESS: FINJMXXX                            Refund/Recovery Report                           RUN TIME: ##:##:##
 LOCATION:                                 FOR THE MONTH OF XXXXXXX   9999                     PAGE:          9,999

SECTION H - TOTAL PENDING IN PROCESS
      CCN           CHECK TYPE   TOTAL OUTSTANDING
999999999999          X                  9.99
999999999999          X                  9.99
999999999999          X                  9.99
999999999999          X                  9.99
999999999999          X                  9.99
999999999999          X                  9.99
             TOTAL:   9999               9.99
999999999999          X                  9.99
999999999999          X                  9.99
999999999999          X                  9.99
999999999999          X                  9.99
999999999999          X                  9.99
999999999999          X                  9.99
999999999999          X                  9.99
TOTAL:   9999                 9.99

 SECTION H - TOTAL =  9999                9.99
                                        * * *   E N D   O F   R E P O R T   * * *
```

```
REPORT: FIN-2911-M                          COMMOMWEALTH OF KENTUCKY                          RUN DATE: MM/DD/CCYY
PROCESS: FINJMXXX                            Refund/Recovery Report                           RUN TIME: ##:##:##
LOCATION:                                 FOR THE MONTH OF XXXXXXX   9999                    PAGE:          9,999

SECTION I - ATTORNEY FEE WITHHELD
 DATE POSTED          TCN                CCN           WITHHELD       %FFP          FFP
                                                        AMOUNT       RATE         SHARE
 01/24/00      99999999999999999    999999999999         9.99        9.99         9.99
 01/24/00      99999999999999999    999999999999         9.99        9.99         9.99
 01/24/00      99999999999999999    999999999999         9.99        9.99         9.99
 01/24/00      99999999999999999    999999999999         9.99        9.99         9.99
 01/24/00      99999999999999999    999999999999         9.99        9.99         9.99
 01/24/00      99999999999999999    999999999999         9.99        9.99         9.99
 01/24/00      99999999999999999    999999999999         9.99        9.99         9.99
 01/24/00      99999999999999999    999999999999         9.99        9.99         9.99
 01/24/00      99999999999999999    999999999999         9.99        9.99         9.99
 01/24/00      99999999999999999    999999999999         9.99        9.99         9.99
 02/02/00      99999999999999999    999999999999         9.99        9.99         9.99
 02/02/00      99999999999999999    999999999999         9.99        9.99         9.99
 02/02/00      99999999999999999    999999999999         9.99        9.99         9.99
 02/02/00      99999999999999999    999999999999         9.99        9.99         9.99
 02/03/00      99999999999999999    999999999999         9.99        9.99         9.99
 01/24/00      99999999999999999    999999999999         9.99        9.99         9.99
 01/24/00      99999999999999999    999999999999         9.99        9.99         9.99
 01/24/00      99999999999999999    999999999999         9.99        9.99         9.99
 01/24/00      99999999999999999    999999999999         9.99        9.99         9.99
 01/24/00      99999999999999999    999999999999         9.99        9.99         9.99
```

```
REPORT: FIN-2911-M                          COMMOMWEALTH OF KENTUCKY                          RUN DATE: MM/DD/CCYY
PROCESS: FINJMXXX                            Refund/Recovery Report                           RUN TIME: ##:##:##
LOCATION:                                 FOR THE MONTH OF XXXXXXX   9999                    PAGE:          9,999

SECTION J - OUT OF POCKET ATTORNEY COST
                  CCN                 COST       %FFP          FFP
                                                RATE         SHARE
 ..........    999999999999           9.99      99.99         9.99
 ..........    999999999999           9.99      99.99         9.99
 ..........    999999999999           9.99      99.99         9.99
 ..........    999999999999           9.99      99.99         9.99
 ..........    999999999999           9.99      99.99         9.99
         SEC TOTAL =                  9.99                    9.99
```

```
REPORT: FIN-2911-M                          COMMOMWEALTH OF KENTUCKY                                  RUN DATE: MM/DD/CCYY
PROCESS: FINJMXXX                            Refund/Recovery Report                                   RUN TIME: ##:##:##
LOCATION:                                 FOR THE MONTH OF XXXXXXX   9999                           PAGE:          9,999

CCN           MEMBER    CATEGORY RECIP NAME      FDOS     COS    TCN              DMS PAID    OVER/PAYOUT       TOT REC  ADJ
                                                  TDOS   PAID DATE              RECEIVE AMT  INCENTIVE AMT     ADJ AMT  IND
999999999999 999999999 XXXXXXX                 99/99/99        99999999999999999        9.99          9.99          9.99
                                               99/99/99 99/99/99                        9.99          9.99          9.99
                                                                                   ___________   ___________   ___________
CCN TOTAL                                                                                9.99          9.99          9.99
                                                                                         9.99          9.99          9.99

999999999999 999999999 XXXXXXX                 99/99/99        99999999999999999        9.99          9.99          9.99
                                               99/99/99 99/99/99                        9.99          9.99          9.99
                                                                                   ___________   ___________   ___________
CCN TOTAL                                                                                9.99          9.99          9.99
                                                                                         9.99          9.99          9.99

999999999999 999999999 XXXXXXX                 99/99/99        99999999999999999        9.99          9.99          9.99
                                               99/99/99 99/99/99                        9.99          9.99          9.99
                                                                                   ___________   ___________   ___________
CCN TOTAL                                                                                9.99          9.99          9.99
                                                                                         9.99          9.99          9.99

999999999999 999999999 XXXXXXX                 99/99/99        99999999999999999        9.99          9.99          9.99
                                               99/99/99 99/99/99                        9.99          9.99          9.99
                                                                                   ___________   ___________   ___________
CCN TOTAL                                                                                9.99          9.99          9.99
                                                                                         9.99          9.99          9.99
999999999999 999999999 ACCT REC                99/99/99        99999999999999999        9.99          9.99          9.99
                                               99/99/99 99/99/99                        9.99          9.99          9.99
                                                                                   ___________   ___________   ___________
CCN TOTAL                                                                                9.99          9.99          9.99
                                                                                         9.99          9.99          9.99

REPORT TOTAL                                                                             9.99          9.99          9.99
                                                                                         9.99          9.99          9.99
                                         * * *   E N D   O F   R E P O R T   * * *
```

2.8.100.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
%FFP Rate	The cash control number assigned to the check received and posted to the billing record.	5	Number	T_CASH_RECEIPT	SAK_CASH_RECEIPT
ADJ Amt	The cash control number assigned to the check received and posted to the billing record.	1	Number	N/A	N/A
ADJ Ind	An indicator to identify that an adjustment has been made to the billing in the instance where money is taken back when entered in error or because of an overage condition.	13	Number	N/A	Calculated Field
Adjustment Amt	The amount of the adjustment to the cash record.	13	Number	T_CASH_RCPT_DISP	AMT_DISPOSITION
Amt Rcvd	The amount of incentive due the attorneys for collecting on behalf of Medicaid.	13	Number	T_CASH_RECPT_DISP	AMT_DISPOSITION
Amt Rcvd Inc	The total amount of incentive which is due the attorney for collecting on behalf of Medicaid.	13	Number	T_CASH_RECPT_DISP	AMT_DISPOSITION
Applied Amount	the amount of money posted on the billing record.	13	Number	T_CASH_RCPT_DISP	AMT_DISPOSITION
CCN	An indicator to identify that an adjustment has been made to the billing in the instance where money is taken back when entered in error or because of an overage condition.	13	Number	T_CASH_RECEIPT	SAK_CASH_RECEIPT
COS	The provider category of service.	2	Number	T_FIN_COS	DSC_FIN_COS
Category	The report category.	15	Character	T_FIN_COS	DSC_FIN_COS
Check Amount	The amount of money received on the check.	13	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Check Type	The type of check received.	1	Number	T_CASH_RECEIPT	CD_PAYMENT_TYPE
DMS Paid	The Medicaid paid amount on the claim record.	13	Number	N/A	Calculated Field
Date Paid	The payment date on the claim record.	10	Date (MM/DD/CCYY)	T_CLM_PGM_XREF	DTE_FINAL
Date Posted	The date the refund was applied to the claim.	10	Date (MM/DD/CCYY)	T_CASH_RCPT_DISP	DTE_POSTED
FDOS	The From date of service on the claim record.	10	Date (MM/DD/CCYY)	N/A	N/A
FFP Share	The federally funded program share.	5	Number	T_FIN_FUND_CDE_RATE	PCT_VALUE
Field Name	The amount of money received on the billing record.	13	Number	N/A	Calculated Field
Incentive Amount	The amount of incentive due the attorney for collection on behalf of Medicaid.	13	Number	T_CASH_RCPT_DISP	AMT_DISPOSITION
Medicaid Paid	The Medicaid paid amount on the claim record.	13	Number	N/A	Calculated Field
Medicaid Paid Date	The payment date on the claim record.	10	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DATE_PAID
Member	The members MAID identification.	10	Number	T_RE_BASE	ID_MEDICAID
Member Name	The name of the recipient.	15	Character	T_RE_BASE	CONCATENATION
Out of Pocket Attny Cost	The amount of money posted to out of pocket attorney fees.	13	Number	N/A	Calculated Field
Over/Payout	The amount of money posted as an over payout.	13	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Over/Payout Incentive Amount	The amount of incentive due the attorney for collection on behalf of Medicaid.	13	Number	T_CASH_RCPT_DISP	AMT_DISPOSITION
Post Amount	The amount of money posted on the CCN.	13	Number	T_CASH_RCPT_DISP	AMT_DISPOSITION
Provider	The provider number on the claim.	10	Number	T_PR_INDENTIFIER	ID_PROVIDER
REF	The TPL contractor referral indicator.	1	Number	N/A	Calculated Field
RSN Code	The reason code for the refund.	4	Character	T_CASH_RCPT_DISP	CDE_REASON_FOUR
Reason Code Description	The reason code description.	30	Character	T_CASH_DISP_REASON	DSC_50
Received Amt	the amount of money posted on the billing record.	13	Number	T_CASH_RCPT_DISP	AMT_DISPOSITION
Subtotal	The subtotal of section.	13	Number	N/A	Calculated Field
TCN	The transaction control number assigned to a claim.	13	Number	T_ACCT_REC	SAK_ACCT_REC
TCN Ref	The transaction control number assigned to a claim.	13	Number	T_HIST_DIRECTORY	NUM_ICN_FL
TCNS	The transaction control number assigned to a claim.	13	Character	T_HIST_DIRECTORY	NUM_ICN_FL
TDOS	The To date of service on the claim record.	0	Date (MM/DD/CCYY)	N/A	N/A
Tot Rec	An indicator to identify that an adjustment has been made to the billing in the instance where money is taken back when entered in error or because of an overage condition.	13	Number	N/A	Calculated Field
Tot Rec Inc	The amount adjusted on the claim record.	13	Number	N/A	Calculated Field
Total Outstanding	The total dollar amount still in process.	13	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Withheld Amount	The amount calculated by dividing the Post Amount on the TCN reported in the section by 3.	13	Number	N/A	Calculated Field

2.8.100.5 Associated Programs

Program	Description
finp2911	TPL Refund - Recovery Report TPL Refund - Recovery Report

2.8.100.6 Associated Requirements

ID
30.090.009.003.1
30.090.012.002.6A

2.8.100.7 Change Orders

ID	Name	Description
1176	Create FIN2911 TPL Refund-Recovy	Create the Legacy KYMC2910-R001 TPL Refund Recovery Report
1221	Changes to CASH tracking	The Cash system needs to be enhanced to track disp for FFP reporting.
8058	FIN29** Refund Recovery Reports	This is a defect to cover all issues found in the Refund Recovery series of reports. Monthly and Quarterly

2.8.101 FIN-2912-M -- Refund - Recovery Report (Summary)

This report summarizes KenPac, Medicaid, Schip and Mchip recoveries in sections A through J and also a total of all categories combined of the Refund Recovery Report.

SORT ORDER BY SAK_FUND_CODE, O

2.8.101.1 Technical Name

FIN-2912-M

2.8.101.2 Sort Order

Fund Code

For readability, the layout displays on the next page.

2.8.101.3 Refund - Recovery Report (Summary) Layout

```
Report  : FIN-2912-M                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJM291                MEDICAID MANAGEMENT INFORMATION SYSTEM             Run Time:   99:99:99
Location: FINP2912                         REFUND / RECOVERY REPORT                      Page:       9999
                                        FOR THE MONTH OF XXXXXXXX CCYY

RECOVERED:
                                          XXXXXXXXXXXX          XXXXXXXXX
                                          RECEIVED AMT           FFP SHARE
SECTION X -    TOTAL XXXXXXXXXXXXXXXXXXXX   999,999.99          999,999.99
SECTION X -    TOTAL XXXXXXXXXXXXXXX          9,999.99-            9,999.99-
SECTION X -    TOTAL XXXXXXXXXXXXXXX          9,999.99             9,999.99
SECTION X -    TOTAL XXXXXXXXXXXXXX       9,999,999.99         9,999,999.99
SECTION X -    TOTAL XXXXXXXXXXXXXXX            9.99                 9.99
SECTION X -    TOTAL XXXXXXXXXXXXX           99,999.99            99,999.99
SECTION X -    TOTAL XXXXXXXXXXXXX          999,999.99           999,999.99
SECTION X -    TOTAL XXXXXXXXXXXXXX           9,999.99             9,999.99
SECTION X -    TOTAL XXXXXXXXXXXXXXXX           9.99                 9.99
SECTION X -    TOTAL XXXXXXXXXXXXXXXX           9.99                 9.99
SECTION X -    TOTAL XXXXXXXXXXXXXXX            9.99                 9.99
SECTION X -    TOTAL XXXXXXXXXXXXXXX            9.99                 9.99
SECTION X -    TOTAL XXXXXXXXXXXXXXX            9.99                 9.99
TOTAL RECOVERED                           9,999,999.99         9,999,999.99
OTHER:
SECTION X -    TOTAL XXXXXXXXXXXXXXX            9.99                 9.99
SECTION X -    XXXXXXXXXXXXXXXXXXXX             9.99                 9.99
SECTION X -    XXXXXXXXXXXXXXXXXXXXXXXXXXX      9.99                 9.99
TOTAL ATTORNEY FEES/COST                  9,999,999.99         9,999,999.99

                                             TOTAL                TOTAL
                                          RECEIVED AMT           FFP SHARE
SECTION X -    TOTAL XXXXXXXXXXXXXXXXXXXXXXX   999,999.99          999,999.99
SECTION X -    TOTAL XXXXXXXXXXXXXXX          99,999.99            99,999.99
SECTION X -    TOTAL XXXXXXXXXXXXXXX          99,999.99            99,999.99
SECTION X -    TOTAL XXXXXXXXXXXXXX       9,999,999.99         9,999,999.99
SECTION X -    TOTAL XXXXXXXXXXXXXXX            9.99                 9.99
SECTION X -    TOTAL XXXXXXXXXXXXXX             9.99                 9.99
SECTION X -    TOTAL XXXXXXXXXXXX            99,999.99            99,999.99
SECTION X -    TOTAL XXXXXXXXXXXXXXXXXX      99,999.99             9,999.99
SECTION X -    TOTAL XXXXXXXXXXXXX            9,999.99             9,999.99
SECTION X -    TOTAL XXXXXXXXXXXXXXXX       999,999.99           999,999.99
SECTION X -    TOTAL XXXXXXXXXXXXXXX            9.99                 9.99
SECTION X -    TOTAL XXXXXXXXXXXXXXX            9.99                 9.99
SECTION X -    TOTAL XXXXXXXXXXXXXXX            9.99                 9.99
TOTAL RECOVERED                           9,999,999.99         9,999,999.99
OTHER:
SECTION X -    TOTAL XXXXXXXXXXXXXXX        9,999,999.99                 9.99
SECTION X -    XXXXXXXXXXXXXXXXXXXXX           99,999.99             9,999.99
SECTION X -    XXXXXXXXXXXXXXXXXXXXXXXXXXX      9.99                 9.99
TOTAL ATTORNEY FEES/COST                  9,999,999.99         9,999,999.99
```

2.8.101.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Fund Code FFP Share	The total federally funded program share for the fund code.	13	Number	N/A	Calculated Field
Fund Code Received Amt	The amount of money received for the fund code.	13	Number	N/A	Calculated Field
Recovered	The amount of money received on the billing record.	13	Number	N/A	Calculated Field
SECTION A - TOTAL THIRD PARTY COLLECTIONS	The total collections from section A.	13	Number	N/A	Calculated Field
SECTION B - TOTAL OTHER REFUNDS	The total collections from section B.	13	Number	N/A	Calculated Field
SECTION B1 - TOTAL MEMBER FRAUD	The total collections from section B1.	13	Number	N/A	Calculated Field
SECTION B2 - TOTAL KENPAC REFUNDS	The total collections from section B2.	13	Number	N/A	Calculated Field
SECTION B3 - TOTAL IMPACT PLUS REFUNDS	The total collections from section B3	13	Number	N/A	Calculated Field
SECTION C - TOTAL TPL OVERAGES	The total overages from section C.	13	Number	N/A	Calculated Field
SECTION D - TOTAL ATTORNEY FEES	The total attorney fees from section D.	13	Number	N/A	Calculated Field
SECTION E - TOTAL STILL IN PROCESS	The total still in process from section E.	13	Number	N/A	Calculated Field
SECTION F - TOTAL CHECKS	The total checks forwarded from section F.	13	Number	N/A	Calculated Field

FORWARDED					
SECTION F1 - TOTAL REGION 3 CHILD SUPPORT FUNDS	The total funds that will be transferred to Region 3 from section F1...	13	Number	N/A	Calculated Field
SECTION F2 - TOTAL PROVIDER INTEREST PAYMENTS	The total amount of interest posted from section F2.	13	Number	N/A	Calculated Field
SECTION G - TOTAL COLD CHECKS	The total cold checks from section G.	13	Number	N/A	Calculated Field
SECTION H - TOTAL PROCESS PENDING	The total pending from section H.	13	Number	N/A	Calculated Field
SECTION I - ATTORNEY FEE WITHHELD	The total attorney withheld from Section I.	13	Number	N/A	Calculated Field
SECTION J - OUT OF POCKET ATTORNEY COST	The total out of pocket cost from Section J	13	Number	N/A	Calculated Field
Total Attorney Fees/Cost	The total of attorney fees and cost.	13	Number	N/A	Calculated Field
Total FFP Share	The total of federally funded program share.	13	Number	N/A	Calculated Field
Total Received Amt	The total amount of money received on all billing records	13	Number	N/A	Calculated Field
Total Recovered	The total amount of current months DMS Deposits	13	Number	N/A	Calculated Field

2.8.101.5 Associated Programs

Program	Description
finp2912	TPL Refund - Recovery Report (Summary)

2.8.101.6 Associated Requirements

ID
30.090.009.003.1
30.090.012.002.6A

2.8.101.7 Change Orders

ID	Name	Description
1177	create FIN-2912-M TPL refund sum	Create the Legacy KYMC2910-R002 TPL Refund Recovery Summary Report
1221	Changes to CASH tracking	The Cash system needs to be enhanced to track disp for FFP reporting.
8058	FIN29** Refund Recovery Reports	This is a defect to cover all issues found in the Refund Recovery series of reports. Monthly and Quarterly

2.8.102 FIN-2913-M -- Refund - Recovery Financial Report (Summary)

This report summarizes section A through H of the refund and recovery reports by reason code and FFP percent. KenPac funds are split out to report separately.

SORT ORDER BY DTE_PAID, FFP_RATE, CDE_REASON_FOUR

2.8.102.1 Technical Name

FIN-2913-M

2.8.102.2 Sort Order

Reason Code

FFP Percent

For readability, the layout displays on the next page.

2.8.102.3 Refund - Recovery Financial Report (Summary) Layout

```
Report  : FIN-2913-M                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJM292                MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   99:99:99
Location: FINP2913                    MEDICAID REFUND / RECOVERY REPORT                 Page:       9999
                                      FOR THE MONTH OF XXXXXXXXXX CCYY

                                                   CMS 64 CATEGORIES
                                                        STATE SHARE
                          CMP    COST SETTLEMENT     FRAUD        ONLY          SUR          OTHER        TOTALS
                           22      11,16,28,35  8,9,13,14,21,77    IR,55       20,31,85

9999 AMT. REC          99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
     FFP 99.99 %       99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
-------------------------------------------------------------------------------------------------------------------------------
9999 AMT. REC          99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
     FFP 99.99 %       99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
-------------------------------------------------------------------------------------------------------------------------------
9999 AMT. REC          99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
     FFP 99.99 %       99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
-------------------------------------------------------------------------------------------------------------------------------
9999 AMT. REC          99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
     FFP 99.99 %       99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
-------------------------------------------------------------------------------------------------------------------------------
9999 AMT. REC          99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
     FFP 99.99 %       99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
-------------------------------------------------------------------------------------------------------------------------------
9999 AMT. REC          99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
     FFP 99.99 %       99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
-------------------------------------------------------------------------------------------------------------------------------
TOTAL AMT. REC         99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
TOTAL FFP %            99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
```

2.8.102.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
AS OF	The date the report was created.	0	Date (MM/DD/CCYY)	N/A	N/A
Amt Rec	This is the DTL-RECOVERD-AMT based on ADJUSTMENT REASON and DATE-PAID	13	Number	T_CASH_RECPT_DISP	AMT_DISPOSITION
FFP%	Based on DATE-PAID	5	Number	T_FIN_FUND_CDE_RATE	PCT_VALUE
Total FFP	The total FFP % for each column	13	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Funds	The total AMT. REC and FFP for each adjustment reason code	13	Number	N/A	Calculated Field
Total Rec	The total AMT. REC for each column	13	Number	N/A	Calculated Field

2.8.102.5 Associated Programs

Program	Description
finp2913	TPL Refund - Recovery Financial Report (Summary)

2.8.102.6 Associated Requirements

ID
30.090.009.003.1
30.090.012.002.6A

2.8.102.7 Change Orders

ID	Name	Description
1178	Create FIN-2913-M TPL refund Fin	Create the Legacy KYMC2910-R003 TPL Refund Recovery Financial Report
1221	Changes to CASH tracking	The Cash system needs to be enhanced to track disp for FFP reporting.
8058	FIN29** Refund Recovery Reports	This is a defect to cover all issues found in the Refund Recovery series of reports. Monthly and Quarterly

2.8.103 FIN-2914-M -- Refund.Recovery Report (Summary)

This report summarizes section A through H of the refund and recovery reports by category within FFP.

SORT ORDER BY SAK_FUND_CODE, DTE_PAID, FFP_RATE,

2.8.103.1 Technical Name

FIN-2914-M

2.8.103.2 Sort Order

Fund Code

FFP Percent

For readability, this report layout appears on the next two pages.

2.8.103.3 Refund.Recovery Report (Summary) Layout

```
Report  : FIN-2914-M                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJM294                 MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   99:99:99
Location: FINP2914                    MEDICAID REFUND / RECOVERY REPORT                 Page:       9999
                                        FOR THE MONTH OF XXXXXXXX CCYY

                    HEALTH     CASUALTY     RELATIVE  ESTATE/TRUST    MEDICARE    TOTAL TPL ATTORNEY FEE     OVERAGES        GRAND
                                                       RECOVERY                                CASUALTY A   HEALTH ADJ       TOTAL

                                                    9999 FFP% 99.99
AMT.REC          999999.99    99999.99      999.99       999.99       99999.99   999999.99     9999.99    99999.99   999999.99
FFP SHARE        999999.99    99999.99      999.99       999.99        9999.99   999999.99     9999.99    99999.99   999999.99
CONTRACTOR AMT   999.99       9.99          9.99         9.99             9.99     9999.99        9.99        9.99     9999.99
CONTRACTOR FFP   99.99        9.99          9.99         9.99             9.99     9999.99        9.99        9.99    9999.99
NET REC          999999.99    99999.99      999.99       999.99       99999.99   999999.99     9999.99    99999.99   999999.99
NET FFP          999999.99    99999.99      999.99       999.99        9999.99   999999.99     9999.99    99999.99   999999.99
-------------------------------------------------------------------------------------------------------------------------------------
                                                    9999 FFP% 99.99
AMT.REC          999999.99    99999.99      999.99       9.99         99999.99   999999.99     9999.99    99999.99   999999.99
FFP SHARE        999999.99    99999.99      999.99       9.99          9999.99   999999.99     9999.99    99999.99   999999.99
CONTRACTOR AMT   999.99       9.99          9.99         9.99             9.99     9999.99        9.99        9.99     9999.99
CONTRACTOR FFP   99.99        9.99          9.99         9.99             9.99     9999.99        9.99        9.99     9999.99
NET REC          999999.99    99999.99      999.99       9.99         99999.99   999999.99     9999.99    99999.99   999999.99
NET FFP          999999.99    99999.99      999.99       9.99          9999.99   999999.99     9999.99    99999.99   999999.99
-------------------------------------------------------------------------------------------------------------------------------------
                                                    GRAND TOTALS
TOTAL AMT.REC    999999.99    99999.99      999.99       9.99         99999.99   999999.99     9999.99    99999.99   999999.99
TOTAL FFP SHARE  999999.99    99999.99      999.99       9.99          9999.99   999999.99     9999.99    99999.99   999999.99
CONTRACTOR AMT   999.99       9.99          9.99         9.99             9.99     9999.99        9.99        9.99     9999.99
CONTRACTOR FFP   99.99        9.99          9.99         9.99             9.99     9999.99        9.99        9.99     9999.99
NET REC          999999.99    99999.99      999.99       9.99         99999.99   999999.99     9999.99    99999.99   999999.99
NET FFP          999999.99    99999.99      999.99       9.99          9999.99   999999.99     9999.99    99999.99   999999.99
-------------------------------------------------------------------------------------------------------------------------------------
```

```
Report   : FIN-2914-M                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process  : FINJM294                 MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   99:99:99
Location: FINP2914                       MCHIP REFUND / RECOVERY REPORT                  Page:       9999
                                         FOR THE MONTH OF XXXXXXXX CCYY

                    HEALTH     CASUALTY     RELATIVE  ESTATE/TRUST    MEDICARE    TOTAL TPL ATTORNEY FEE     OVERAGES        GRAND
                                                        RECOVERY                              CASUALTY A   HEALTH ADJ        TOTAL

                                                     9999 FFP% 99.99
AMT.REC          999999.99   99999.99     999.99       999.99        99999.99   999999.99     9999.99    99999.99   999999.99
FFP SHARE        999999.99   99999.99     999.99       999.99         9999.99   999999.99     9999.99    99999.99   999999.99
CONTRACTOR AMT   999.99      9.99         9.99         9.99              9.99     9999.99        9.99        9.99     9999.99
CONTRACTOR FFP   99.99      9.99         9.99         9.99              9.99     9999.99        9.99        9.99    9999.99
NET REC          999999.99   99999.99     999.99       999.99        99999.99   999999.99     9999.99    99999.99   999999.99
NET FFP          999999.99   99999.99     999.99       999.99         9999.99   999999.99     9999.99    99999.99   999999.99
-----------------------------------------------------------------------------------------------------------------------------------
                                                     9999 FFP% 99.99
AMT.REC          999999.99   99999.99     999.99       9.99          99999.99   999999.99     9999.99    99999.99   999999.99
FFP SHARE        999999.99   99999.99     999.99       9.99           9999.99   999999.99     9999.99    99999.99   999999.99
CONTRACTOR AMT   999.99      9.99         9.99         9.99              9.99     9999.99        9.99        9.99     9999.99
CONTRACTOR FFP   99.99      9.99         9.99         9.99              9.99     9999.99        9.99        9.99     9999.99
NET REC          999999.99   99999.99     999.99       9.99          99999.99   999999.99     9999.99    99999.99   999999.99
NET FFP          999999.99   99999.99     999.99       9.99           9999.99   999999.99     9999.99    99999.99   999999.99
-----------------------------------------------------------------------------------------------------------------------------------
                                                     GRAND TOTALS
TOTAL AMT.REC    999999.99   99999.99     999.99       9.99          99999.99   999999.99     9999.99    99999.99   999999.99
TOTAL FFP SHARE  999999.99   99999.99     999.99       9.99           9999.99   999999.99     9999.99    99999.99   999999.99
CONTRACTOR AMT   999.99      9.99         9.99         9.99              9.99     9999.99        9.99        9.99     9999.99
CONTRACTOR FFP   99.99      9.99         9.99         9.99              9.99     9999.99        9.99        9.99     9999.99
NET REC          999999.99   99999.99     999.99       9.99          99999.99   999999.99     9999.99    99999.99   999999.99
NET FFP          999999.99   99999.99     999.99       9.99           9999.99   999999.99     9999.99    99999.99   999999.99
-----------------------------------------------------------------------------------------------------------------------------------
```

2.8.103.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
AS OF	The date the report was created.	10	Date (MM/DD/CCYY)	N/A	N/A
ATTORNEY FEE CASUALTY	The total amount of Attorney Incentive Fees generated for the reporting month	0	Number	N/A	N/A
Amt Rec	The amount of money received on the billing record	13	Number	N/A	Calculated Field

	where CONTRACTOR-IND= space				
CASUALTY	The total recoveries on Casualty policy related billing records for the reporting month.	0	Number	N/A	N/A
Category	The reported category	12	Character	N/A	N/A
Contractor Amt	The amount of money received on the billing record where CONTRACTOR-IND = Y N, D, R B, M, F, G or H.	13	Number	N/A	Calculated Field
Contractor FFP	The federally funded program share where CONTRACTOR-IND = Y N, D, R B, M, F, G or H.	13	Number	N/A	Calculated Field
ESTATE RECOVERY	The total recoveries on Estate Recovery policy related billing records for the reporting month.	0	Number	N/A	N/A
FFP Share	The federally funded program share where CONTRACTOR-IND= space	13	Number	N/A	Calculated Field
Grand Totals	The grand total amount for all categories.	13	Number	N/A	Calculated Field
HEALTH	The total recoveries on Health policy related billing records for the reporting month.	0	Number	N/A	N/A
MEDICARE	The total recoveries on Medicare policy related billing records for the reporting month.	0	Number	N/A	N/A
Net FFP	The total FFP share and Contractor FFP.	13	Number	N/A	Calculated Field
Net Rec	The total AMT RCVD and Contractor AMT RCVD	13	Number	N/A	Calculated Field
OVERAGES HEALTH ADJ	The total amount of overages generated for the report month.	0	Number	N/A	N/A
RELATIVE	The total recoveries on Relative Pay policy related	0	Number	N/A	N/A

	billing records for the reporting month.				
TOTAL TPL	The total recoveries for Health, Relative, Estate Recovery and Medicare billing records for the reporting month	0	Number	N/A	N/A

2.8.103.5 Associated Programs

Program	Description
finp2914	TPL Refund.Recovery Report (Summary)

2.8.103.6 Associated Requirements

ID
30.090.009.003.1
30.090.012.002.6A

2.8.103.7 Change Orders

ID	Name	Description
1179	Create FIN-2914-M TPL Ref TPL	Create the Legacy KYMC2910-R004 TPL Refund Recovery TPL Report
1221	Changes to CASH tracking	The Cash system needs to be enhanced to track disp for FFP reporting.
8058	FIN29** Refund Recovery Reports	This is a defect to cover all issues found in the Refund Recovery series of reports. Monthly and Quarterly

2.8.104 FIN-2916-M -- Refund -- Recovery Report (Summary)

The summary of Section I and J of all FFP years.

SORT ORDER BY SAK_FUND_CODE, DTE_PAID, FFP_RATE

2.8.104.1 Technical Name

FIN-2916-M

2.8.104.2 Sort Order

Fund Code

FFP Percent

For readability, this report layout appears on the next two pages.

2.8.104.3 Refund -- Recovery Report (Summary) Layout

```
Report  : FIN-2916-M                          COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJM296                      MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   99:99:99
Location: FINP2916                            REFUND / RECOVERY REPORT                        Page:       9999
                                           FOR THE MONTH OF XXXXXXXX CCYY
                ATTORNEY FEE       OUT OF        GRAND
                 WITHHELD          POCKET        TOTAL
MEDICAID
                              2000 FFP% 70.55
AMT.REC             6266.01        73.37      6339.38
FFP SHARE           4420.69        51.76      4472.45
CONTRACTOR AMT         0.00         0.00         0.00
CONTRACTOR FFP         0.00         0.00         0.00
NET REC             6266.01        73.37      6339.38
NET FFP             4420.69        51.76      4472.45
-------------------------------------------------------------------------------------------------------------------
                              1999 FFP% 70.53
AMT.REC             6942.10         0.00      6942.10
FFP SHARE           4896.28         0.00      4896.28
CONTRACTOR AMT         0.00         0.00         0.00
CONTRACTOR FFP         0.00         0.00         0.00
NET REC             6942.10         0.00      6942.10
NET FFP             4896.28         0.00      4896.28
-------------------------------------------------------------------------------------------------------------------
                              GRAND TOTALS
TOTAL AMT.REC       1600.61         0.00      1600.61
TOTAL FFP SHARE     1126.37         0.00      1126.37
CONTRACTOR AMT         0.00         0.00         0.00
CONTRACTOR FFP         0.00         0.00         0.00
NET REC             1600.61         0.00      1600.61
NET FFP             1126.37         0.00      1126.37

Report  : FIN-2916-M                          COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJM296                      MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   99:99:99
Location: FINP2916                            REFUND / RECOVERY REPORT                        Page:       9999
                                           FOR THE MONTH OF XXXXXXXX CCYY

                ATTORNEY FEE       OUT OF        GRAND
                 WITHHELD          POCKET        TOTAL
MCHIP
                              2000 FFP% 70.55
AMT.REC             6266.01        73.37      6339.38
FFP SHARE           4420.69        51.76      4472.45
CONTRACTOR AMT         0.00         0.00         0.00
CONTRACTOR FFP         0.00         0.00         0.00
NET REC             6266.01        73.37      6339.38
NET FFP             4420.69        51.76      4472.45
-------------------------------------------------------------------------------------------------------------------
                              1999 FFP% 70.53
AMT.REC             6942.10         0.00      6942.10
FFP SHARE           4896.28         0.00      4896.28
CONTRACTOR AMT         0.00         0.00         0.00
CONTRACTOR FFP         0.00         0.00         0.00
NET REC             6942.10         0.00      6942.10
NET FFP             4896.28         0.00      4896.28
-------------------------------------------------------------------------------------------------------------------
                              GRAND TOTALS
TOTAL AMT.REC       1600.61         0.00      1600.61
TOTAL FFP SHARE     1126.37         0.00      1126.37
CONTRACTOR AMT         0.00         0.00         0.00
CONTRACTOR FFP         0.00         0.00         0.00
NET REC             1600.61         0.00      1600.61
NET FFP             1126.37         0.00      1126.37
```

```
Report  : FIN-2916-M                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJM296                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: FINP2916                            REFUND / RECOVERY REPORT                              Page:       9999
                                           FOR THE MONTH OF XXXXXXXX CCYY

                ATTORNEY FEE       OUT OF        GRAND
                 WITHHELD          POCKET        TOTAL
SCHIP
                            2000 FFP% 70.55
AMT.REC             6266.01        73.37      6339.38
FFP SHARE           4420.69        51.76      4472.45
CONTRACTOR AMT         0.00         0.00         0.00
CONTRACTOR FFP         0.00         0.00         0.00
NET REC             6266.01        73.37      6339.38
NET FFP             4420.69        51.76      4472.45
-------------------------------------------------------------------------------------------------------------------------
                            1999 FFP% 70.53
AMT.REC             6942.10         0.00      6942.10
FFP SHARE           4896.28         0.00      4896.28
CONTRACTOR AMT         0.00         0.00         0.00
CONTRACTOR FFP         0.00         0.00         0.00
NET REC             6942.10         0.00      6942.10
NET FFP             4896.28         0.00      4896.28
-------------------------------------------------------------------------------------------------------------------------
                            GRAND TOTALS
TOTAL AMT.REC       1600.61         0.00      1600.61
TOTAL FFP SHARE     1126.37         0.00      1126.37
CONTRACTOR AMT         0.00         0.00         0.00
CONTRACTOR FFP         0.00         0.00         0.00
NET REC             1600.61         0.00      1600.61
NET FFP             1126.37         0.00      1126.37
```

```
Report  : FIN-2916-M                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJM296                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: FINP2916                            REFUND / RECOVERY REPORT                              Page:       9999
                                           FOR THE MONTH OF XXXXXXXX CCYY

                ATTORNEY FEE       OUT OF        GRAND
                 WITHHELD          POCKET        TOTAL
ALL CODES
                            GRAND TOTALS
TOTAL AMT.REC       1600.61         0.00      1600.61
TOTAL FFP SHARE     1126.37         0.00      1126.37
CONTRACTOR AMT         0.00         0.00         0.00
CONTRACTOR FFP         0.00         0.00         0.00
NET REC             1600.61         0.00      1600.61
NET FFP             1126.37         0.00      1126.37
```

2.8.104.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
AS OF	The date the report was created.	0	Date (MM/DD/CCYY)	N/A	N/A
Amt Rec	The amounts from Attorney fee withheld and Out of Pocket Attorney Costs.	13	Number	N/A	Calculated Field
Contractor Amt	The amount of money received on the billing record where HMS-IND = Y N, D, R B, M, F, G or H .	13	Number	N/A	Calculated Field
Contractor FFP	The amount of money received on the billing record where HMS-IND = Y N, D, R B, M, F, G or H .	13	Number	N/A	Calculated Field
FFP Share	The federally funded program share from the Attorney fee withheld and out of pocket Attorney cost.	13	Number	N/A	Calculated Field
Net FFP	The total FFP share and Contractor FFP.	13	Number	N/A	Calculated Field
Net Rec	The total AMT RCVD and Contractor AMT RCVD.	13	Number	N/A	Calculated Field

2.8.104.5 Associated Programs

Program	Description
finp2916	TPL Refund -- Recovery Report (Summary)

2.8.104.6 Associated Requirements

ID
30.090.009.003.1
30.090.012.002.6A

2.8.104.7 Change Orders

ID	Name	Description
1180	Create FIN-2916-M TPL ref	Create the Legacy KYMC2910-R006 TPL Refund Recovery TPL Report
1221	Changes to CASH tracking	The Cash system needs to be enhanced to track disp for FFP reporting.
8058	FIN29** Refund Recovery Reports	This is a defect to cover all issues found in the Refund Recovery series of reports. Monthly and Quarterly

2.8.105 FIN-2921-Q -- Refund - Quarterly Recovery Report

This report lists TPL and financial recoveries, reads the member eligibility files to determine the method to compute the federal share, and provides information for federal reporting.

REMARKS: This report has ten sections, followed by a summary page.
A = Third Party Collections Report
B = Other Refunds
B1 = Member Fraud
B2 = KenPac Refunds
B3 = Impact Plus Refunds
C = Overages
D = Attorney Fees
E = Total Still in Process
F = Total Checks Forward
F1 = Total Region 3 Child Support Funds
F2 = A/R Provider Interest Payment
G = Total Cold Checks
H = Total Pending In Process
I = Attorney Fee Withheld
J = Out of Pocket Attorney Cost Summary page

Section A
This report lists TPL and financial recoveries, reads the member eligibility file to determine the method to compute the federal share, and provides information for federal reporting.

Section B
This report lists Financial recoveries, reads the member eligibility file to determine the method to compute the federal share, and provides information for federal reporting.

Section B1
This section lists financial Member Intentional Program Violation recoveries, reads the member eligibility file to determine the method to compute the federal share, and provides information for federal reporting.

Section B2
This section lists financial KenPAC recoveries, computes the federal share by paid date, and provides information for federal quarterly reporting.

Section B3
This section lists financial Impact Plus recoveries, computes the federal share by paid date, and provides information for federal quarterly reporting.

Section C
This section lists overages and payouts, reads the member eligibility file to determine the method to compute the federal share, and provides third party liability and cash information for federal quarterly reporting.

Section D
This section lists attorney fees, reads the member eligibility file to determine the process to compute the federal share, and provides third party liability information for federal quarterly reporting.

Section E
This section lists checks received within the current reporting month where the details have a future adj date or the disposition amt is greater than zero and reports the CCN in this section. When the check is identified and posted in a later month, a credit is posted in this section and a debit in the appropriate section of the report.

Section F
This section lists checks which were forwarded to a different department.

Section F1
section reports child support recoveries that need to be transferred to Region 3.

Section F2
This section reports A/R Provider Interest Payments.

Section G
This section lists cold checks and provides third party liability and cash information for federal quarterly reporting.

Section H
This section lists all checks received but which have not been posted.

Section I
This section lists all TCNs reported in Section A with a Billing status of P and reads the member eligibility file to determine the process to compute the federal share.

Section J
This section lists all CCNs with a check reason 24 within the current reporting month and calculates the federal share at the current rate.

2.8.105.1 Technical Name
FIN-2921-Q

2.8.105.2 Sort Order
N/A. See remarks for sequence

For readability, this report layout appears on the next several pages.

2.8.105.3 Refund - Quarterly Recovery Report Layout

```
Report  : FIN-2921-Q                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJQ292                   MEDICAID MANAGEMENT INFORMATION SYSTEM                     Run Time:   99:99:99
Location: FINP2921                             REFUND / RECOVERY REPORT                            Page:       9999
                                         FOR QURATER ENDING MM/DD/CCYY

 SECTION A - FINANCIAL COLLECTIONS REPORT
 CATEGORY - HEALTH
                                 FDOS          TCN      COS  MEDICAID     AMT RCVD      TOT REC INC ADJ                    %FFP       FFP
  MEMBER     MEMBER NAME        TDOS          REF           PAID/DATE  AMT RCVD INC    ADJ AMT     IND       CCN          RATE      SHARE
 999999999   XXXXXX           MM/DD/CCYY 99999999999999999        99.99      99.99           9.99        XXXXXXXXXXXX  99.99      99.99
             XXXXX            MM/DD/CCYY                     MM/DD/CCYY       9.99           9.99
 999999999   XXXXXX           MM/DD/CCYY 99999999999999999        99.99      99.99           9.99        XXXXXXXXXXXX  99.99      99.99
             XXXXX            MM/DD/CCYY                     MM/DD/CCYY       9.99           9.99
 999999999   XXXXXX           MM/DD/CCYY 99999999999999999        99.99      99.99           9.99        XXXXXXXXXXXX  99.99      99.99
             XXXXX            MM/DD/CCYY                     MM/DD/CCYY       9.99           9.99
 999999999   XXXXXX           MM/DD/CCYY 99999999999999999        99.99      99.99           9.99        XXXXXXXXXXXX  99.99      99.99
             XXXXX            MM/DD/CCYY                     MM/DD/CCYY       9.99           9.99
 999999999   XXXXXX           MM/DD/CCYY 99999999999999999        99.99      99.99           9.99        XXXXXXXXXXXX  99.99      99.99
             XXXXX            MM/DD/CCYY                     MM/DD/CCYY       9.99           9.99
 999999999   XXXXXX           MM/DD/CCYY 99999999999999999        99.99      99.99           9.99        XXXXXXXXXXXX  99.99      99.99
             XXXXX            MM/DD/CCYY                     MM/DD/CCYY       9.99           9.99
                                     SUBTOTAL: 99.99% =          9999.99    9999.99           9.99                                9999.99
 999999999   XXXXXX           MM/DD/CCYY 99999999999999999        99.99      99.99           9.99        XXXXXXXXXXXX  99.99      99.99
             XXXXX            MM/DD/CCYY                     MM/DD/CCYY       9.99           9.99
                                 SCHIP SUBTOTAL: 99.99% =          999.99     999.99           9.99                                 999.99
                                                                                9.99           9.99
 999999999   XXXXXX           MM/DD/CCYY 99999999999999999        99.99      99.99           9.99        XXXXXXXXXXXX  99.99      99.99
             XXXXX            MM/DD/CCYY                     MM/DD/CCYY       9.99           9.99
 999999999   XXXXXX           MM/DD/CCYY 99999999999999999        99.99      99.99           9.99        XXXXXXXXXXXX  99.99      99.99
             XXXXX            MM/DD/CCYY                     MM/DD/CCYY       9.99           9.99
                                 MCHIP SUBTOTAL: 99.99% =          99.99      99.99           9.99                                   9.99
                          SECTION A - TOTAL =                   99999.99    9999.99           9.99                                9999.99
                                                                               9.99        999.99-
                          SECTION A - MCHIP TOTAL =                99.99      99.99           9.99                                   9.99
                                                                               9.99           9.99
                          SECTION A - SCHIP TOTAL =                 9.99       9.99           9.99                                   9.99
                                                                               9.99           9.99

Report  : FIN-2921-Q                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJQ292                   MEDICAID MANAGEMENT INFORMATION SYSTEM                     Run Time:   99:99:99
Location: FINP2921                             REFUND / RECOVERY REPORT                            Page:       9999
                                         FOR QURATER ENDING MM/DD/CCYY

 SECTION B - OTHER REFUNDS
                 RSN                          DATE          MEDICAID          APPLIED     %FFP         FFP
 CCN             CODE     TCNS                PAID           PAID             AMOUNT      RATE        SHARE
 999999999999    999      99999999999999999   MM/DD/CCYY     99,999.99-       99,999.99-    99.99     99,999.99-
                               TOTAL RSN CODE 999           99,999.99-       99,999.99-              99,999.99-
 999999999999    999      99999999999999999   MM/DD/CCYY     99,999.99-       99,999.99     99.99     99,999.99-
                               TOTAL RSN CODE 999           99,999.99        99,999.99               99,999.99
 999999999999    999      99999999999999999   MM/DD/CCYY     99,999.99-       99,999.99-    99.99     99,999.99-
 999999999999    999      99999999999999999   MM/DD/CCYY     99,999.99-       99,999.99-    99.99     99,999.99-
 999999999999    999      99999999999999999   MM/DD/CCYY     99,999.99-       99,999.99-    99.99     99,999.99-
 999999999999    999      99999999999999999   MM/DD/CCYY     99,999.99-       99,999.99-    99.99     99,999.99-
 999999999999    999      99999999999999999   MM/DD/CCYY     99,999.99-       99,999.99-    99.99     99,999.99-
 999999999999    999      99999999999999999   MM/DD/CCYY     99,999.99-       99,999.99-    99.99     99,999.99-
 999999999999    999      99999999999999999   MM/DD/CCYY     99,999.99-       99,999.99-    99.99     99,999.99-
 999999999999    999      99999999999999999   MM/DD/CCYY     99,999.99-       99,999.99-    99.99     99,999.99-
 999999999999    999      99999999999999999   MM/DD/CCYY     99,999.99-       99,999.99-    99.99     99,999.99-
 999999999999    999      99999999999999999   MM/DD/CCYY     99,999.99-       99,999.99-    99.99     99,999.99-
 999999999999    999      99999999999999999   MM/DD/CCYY     99,999.99-       99,999.99-    99.99     99,999.99-
 999999999999    999      99999999999999999   MM/DD/CCYY     99,999.99-       99,999.99-    99.99     99,999.99-
MCHIP TOTAL RSN CODE 999                 999.99         999.99                  999.99
 999999999999    999      99999999999999999   MM/DD/CCYY     99,999.99-       99,999.99-    99.99     99,999.99-
                          MCHIP TOTAL RSN CODE 999               99.99            99.99                     9.99
                          MCHIP SUBTOTAL: 99.99% =              999.99           999.99                   999.99
 999999999999    999      99999999999999999   MM/DD/CCYY     99,999.99-       99,999.99-    99.99     99,999.99-
 999999999999    999      99999999999999999   MM/DD/CCYY     99,999.99-       99,999.99-    99.99     99,999.99-
                          SCHIP TOTAL RSN CODE 999              999.99           999.99                   999.99
                          SCHIP SUBTOTAL: 99.99% =              999.99           999.99                   999.99
                                SECTION B - TOTAL =       9,999,999.99     9,999,999.99           9,999,999.99
                         MCHIP SECTION B - TOTAL =            9,999.99         9,999.99                   999.99
                         SCHIP SECTION B - TOTAL =              999.99           999.99                   999.99
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Report  : FIN-2921-Q                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJQ292                     MEDICAID MANAGEMENT INFORMATION SYSTEM                   Run Time:   99:99:99
Location: FINP2921                             REFUND / RECOVERY REPORT                            Page:       9999
                                          FOR QURATER ENDING MM/DD/CCYY

SECTION B- OTHER REFUNDS
                RSN                                                   DATE              MEDICAID       APPLIED       %FFP        FFP
CCN             CODE     TCNS                 PROVIDER   MEMBER        PAID                PAID         AMOUNT        RATE       SHARE
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
                         SCHIP TOTAL RSN CODE 999                                        9.99           9.99                    9.99
                         SCHIP SUBTOTAL:  9.99% =                                        9.99           9.99                    9.99
999999999999    999      9999999999999999   MM/DD/CCYY                                   9.99           9.99        9.99        9.99
                         MCHIP TOTAL RSN CODE 999                                        9.99           9.99                    9.99
                         MCHIP SUBTOTAL:  9.99% =                                        9.99           9.99                    9.99
                                 SECTION B - TOTAL =                                     9.99           9.99                    9.99
                         MCHIP SUBTOTAL B - TOTAL =                                      9.99           9.99                    9.99
                         SCHIP SUBTOTAL B - TOTAL =                                      9.99           9.99                    9.99
                                      * * *   E N D   O F   R E P O R T   * * *
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Report  : FIN-2921-Q                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJQ292                     MEDICAID MANAGEMENT INFORMATION SYSTEM                   Run Time:   99:99:99
Location: FINP2921                             REFUND / RECOVERY REPORT                            Page:       9999
                                          FOR QURATER ENDING MM/DD/CCYY

SECTION B1- MEMBER FRAUD
                RSN                                                   DATE              MEDICAID       APPLIED       %FFP        FFP
CCN             CODE     TCNS                 PROVIDER   MEMBER        PAID                PAID         AMOUNT        RATE       SHARE
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
999999999999    999      9999999999999999     99999999   999999999     MM/DD/CCYY          9.99           9.99        9.99        9.99
                         TOTAL RSN CODE 999                                              9.99           9.99                    9.99
                         SUBTOTAL:  9.99% =                                              9.99           9.99                    9.99
999999999999    999      9999999999999999   MM/DD/CCYY                                   9.99           9.99        9.99        9.99
                         TOTAL RSN CODE 999                                              9.99           9.99                    9.99
                         SUBTOTAL:  9.99% =                                              9.99           9.99                    9.99
                         SECTION B1- TOTAL =                                             9.99           9.99                    9.99
                         MCHIP SUBTOTAL B1- TOTAL =                                      9.99           9.99                    9.99
                         SCHIP SUBTOTAL B1- TOTAL =                                      9.99           9.99                    9.99
                                      * * *   E N D   O F   R E P O R T   * * *
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Report  : FIN-2921-Q                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJQ292                MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   99:99:99
Location: FINP2921                         REFUND / RECOVERY REPORT                     Page:       9999
                                     FOR QURATER ENDING MM/DD/CCYY

SECTION B2- KENPAC REFUNDS
                RSN                                                  DATE          MEDICAID      APPLIED     %FFP        FFP
CCN             CODE     TCNS                 PROVIDER  MEMBER      PAID            PAID        AMOUNT      RATE       SHARE
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
                                TOTAL RSN CODE 999                                  9.99        9.99                   9.99
                                SUBTOTAL:  9.99% =                                  9.99        9.99                   9.99
999999999999    999      99999999999999999   MM/DD/CCYY                           9.99        9.99        9.99       9.99
                                TOTAL RSN CODE 999                                  9.99        9.99                   9.99
                                SUBTOTAL:  9.99% =                                  9.99        9.99                   9.99
                                SECTION B2- TOTAL =                                 9.99        9.99                   9.99
                           MCHIP SECTION B2- TOTAL =                                9.99        9.99                   9.99
                           SCHIP SECTION B2- TOTAL =                                9.99        9.99                   9.99

                                      * * *   E N D   O F   R E P O R T   * * *
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Report  : FIN-2921-Q                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJQ292                MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   99:99:99
Location: FINP2921                         REFUND / RECOVERY REPORT                     Page:       9999
                                     FOR QURATER ENDING MM/DD/CCYY

SECTION B3- IMPACT PLUS REFUNDS
                RSN                                                  DATE          MEDICAID      APPLIED     %FFP        FFP
CCN             CODE     TCNS                 PROVIDER  MEMBER      PAID            PAID        AMOUNT      RATE       SHARE
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
999999999999    999      99999999999999999    99999999  999999999   MM/DD/CCYY      9.99        9.99        9.99       9.99
                                TOTAL RSN CODE 999                                  9.99        9.99                   9.99
                                SUBTOTAL:  9.99% =                                  9.99        9.99                   9.99
999999999999    999      99999999999999999   MM/DD/CCYY                           9.99        9.99        9.99       9.99
                                TOTAL RSN CODE 999                                  9.99        9.99                   9.99
                                SUBTOTAL:  9.99% =                                  9.99        9.99                   9.99
                                SECTION B3- TOTAL =                                 9.99        9.99                   9.99
                           MCHIP SECTION B3- TOTAL =                                9.99        9.99                   9.99
                           SCHIP SECTION B3- TOTAL =                                9.99        9.99                   9.99

                                      * * *   E N D   O F   R E P O R T   * * *
```

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Report  : FIN-2921-Q                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJQ292                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: FINP2921                            REFUND / RECOVERY REPORT                              Page:       9999
                                           FOR QURATER ENDING MM/DD/CCYY

SECTION D - ATTORNEY FEE'S
DATE POSTED        CCN      INCENTIVE AMOUNT       %FFP          FFP
                                                   RATE         SHARE
MM/DD/CCYY     999999999999          99.99       99.99         99.99
MM/DD/CCYY     999999999999          99.99       99.99         99.99
MM/DD/CCYY     999999999999          99.99       99.99         99.99
MM/DD/CCYY     999999999999          99.99       99.99        999.99
MM/DD/CCYY     999999999999          99.99       99.99         99.99
MM/DD/CCYY     999999999999          99.99       99.99         99.99
MM/DD/CCYY     999999999999          99.99       99.99          9.99
MM/DD/CCYY     999999999999           9.99       99.99          9.99
MM/DD/CCYY     999999999999           9.99       99.99          9.99
MM/DD/CCYY     999999999999           9.99       99.99          9.99
MM/DD/CCYY     999999999999           9.99       99.99          9.99
MM/DD/CCYY     999999999999           9.99       99.99          9.99
MM/DD/CCYY     999999999999           9.99       99.99          9.99
SEC TOTAL =                       9,999.99                  9,999.99
  MCHIP SEC TOTAL =                   9.99                      9.99
  SCHIP SEC TOTAL =                   9.99                      9.99
```

```
Report  : FIN-2921-Q                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJQ292                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: FINP2921                            REFUND / RECOVERY REPORT                              Page:       9999
                                           FOR QURATER ENDING MM/DD/CCYY
SECTION E - TOTAL STILL IN PROCESS
     CCN            CHECK TYPE   TOTAL OUTSTANDING    % OF FFP RATE        FFP SHARE
999999999999           B                 9999            9.99                   9.99
          SUBTOTAL:    9999              9.99                                   9.99

999999999999           X                 9.99            9.99                   9.99
999999999999           X                 9.99            9.99                   9.99
999999999999           X                 9.99            9.99                   9.99
999999999999           X                 9.99            9.99                   9.99
999999999999           X                 9.99            9.99                   9.99
999999999999           X                 9.99            9.99                   9.99
999999999999           X                 9.99            9.99                   9.99
999999999999           X                 9.99            9.99                   9.99
999999999999           X                 9.99            9.99                   9.99
999999999999           X                 9.99            9.99                   9.99
999999999999           X                 9.99            9.99                   9.99
999999999999           X                 9.99            9.99                   9.99
999999999999           X                 9.99            9.99                   9.99
999999999999           X                 9.99            9.99                   9.99
999999999999           X                 9.99            9.99                   9.99
999999999999           X                 9.99            9.99                   9.99
999999999999           X                 9.99            9.99                   9.99
999999999999           X                 9.99            9.99                   9.99
999999999999           X                 9.99            9.99                   9.99
999999999999           X                 9.99            9.99                   9.99
999999999999           X                 9.99            9.99                   9.99
999999999999           X                 9.99            9.99                   9.99
SUBTOTAL:              9                 9.99                                   9.99
             TOTAL     0                 0.00                                   0.00
                                     * * *   E N D   O F   R E P O R T   * * *
```

```
Report  : FIN-2921-Q                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJQ292                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: FINP2921                              REFUND / RECOVERY REPORT                            Page:       9999
                                             FOR QURATER ENDING MM/DD/CCYY

SECTION F - TOTAL CHECKS FORWARDED
CCN                 CHECK AMOUNT       REASON CODE       REASON CODE DESCRIPTION
999999999999                9.99          99           XXXXXXXXXXXXXXXXXXX
999999999999                9.99          99           XXXXXXXXXXXXXXXXXXX
999999999999                9.99          99           XXXXXXXXXXXXXXXXXXX
999999999999                9.99          99           XXXXXXXXXXXXXXXXXXX
999999999999                9.99          99           XXXXXXXXXXXXXXXXXXX
999999999999                9.99          99           XXXXXXXXXXXXXXXXXXX
           TOTALS:          9.99
                                             * * *    E N D   O F   R E P O R T    * * *
```

```
Report  : FIN-2921-Q                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJQ292                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: FINP2921                              REFUND / RECOVERY REPORT                            Page:       9999
                                             FOR QURATER ENDING MM/DD/CCYY

SECTION F1 - REGION 3 CHILD SUPPORT
CCN                 POST AMOUNT          FFP%                 FFP SHARE
999999999999                9.99        99.99                      9.99
   TOTAL FOR FFP            9.99                                   9.99
999999999999                9.99        99.99                      9.99
999999999999                9.99        99.99                      9.99
999999999999                9.99        99.99                      9.99
   TOTAL FOR FFP            9.99                                   9.99
999999999999                9.99        99.99                      9.99
999999999999                9.99        99.99                      9.99
   TOTAL FOR FFP            9.99                                   9.99
   GRAND TOTAL              9.99                                   9.99
                                             * * *    E N D   O F   R E P O R T    * * *
```

```
Report  : FIN-2921-Q                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJQ292                 MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   99:99:99
Location: FINP2921                      REFUND / RECOVERY REPORT                        Page:       9999
                                     FOR QURATER ENDING MM/DD/CCYY

SECTION F2 - A/R PROVIDER INTEREST PAYMENT
 CCN                      POST AMOUNT
 999999999999                   9.99
 999999999999                   9.99
 999999999999                   9.99
 999999999999                   9.99
    GRAND TOTAL                99.99
```

```
Report  : FIN-2921-Q                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJQ292                 MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   99:99:99
Location: FINP2921                      REFUND / RECOVERY REPORT                        Page:       9999
                                     FOR QURATER ENDING MM/DD/CCYY

SECTION G - TOTAL COLD CHECKS

CCN                     ADJUSTMENT AMT        REF

999999999999             9999999.99            X
999999999999             9999999.99            X
999999999999             9999999.99            X
999999999999             9999999.99            X
999999999999             9999999.99            X

            TOTALS:      9999999.99
```

```
Report  : FIN-2921-Q                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJQ292                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: FINP2921                            REFUND / RECOVERY REPORT                              Page:       9999
                                           FOR QURATER ENDING MM/DD/CCYY

SECTION H - TOTAL PENDING IN PROCESS
      CCN            CHECK TYPE   TOTAL OUTSTANDING
999999999999           X                  9.99
999999999999           X                  9.99
999999999999           X                  9.99
999999999999           X                  9.99
999999999999           X                  9.99
999999999999           X                  9.99
              TOTAL:   9999               9.99
999999999999           X                  9.99
999999999999           X                  9.99
999999999999           X                  9.99
999999999999           X                  9.99
999999999999           X                  9.99
999999999999           X                  9.99
999999999999           X                  9.99
TOTAL:   9999                  9.99

 SECTION H - TOTAL =  9999                 9.99
                                        * * *    E N D   O F   R E P O R T    * * *
```

```
Report  : FIN-2921-Q                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJQ292                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: FINP2921                            REFUND / RECOVERY REPORT                              Page:       9999
                                           FOR QURATER ENDING MM/DD/CCYY

SECTION I - ATTORNEY FEE WITHHELD
 DATE POSTED          TCN                 CCN            WITHHELD        %FFP            FFP
                                                           AMOUNT        RATE          SHARE
 MM/DD/CCYY    9999999999999999    999999999999           9.99          9.99           9.99
 MM/DD/CCYY    9999999999999999    999999999999           9.99          9.99           9.99
 MM/DD/CCYY    9999999999999999    999999999999           9.99          9.99           9.99
 MM/DD/CCYY    9999999999999999    999999999999           9.99          9.99           9.99
 MM/DD/CCYY    9999999999999999    999999999999           9.99          9.99           9.99
 MM/DD/CCYY    9999999999999999    999999999999           9.99          9.99           9.99
 MM/DD/CCYY    9999999999999999    999999999999           9.99          9.99           9.99
 MM/DD/CCYY    9999999999999999    999999999999           9.99          9.99           9.99
 MM/DD/CCYY    9999999999999999    999999999999           9.99          9.99           9.99
 MM/DD/CCYY    9999999999999999    999999999999           9.99          9.99           9.99
 MM/DD/CCYY    9999999999999999    999999999999           9.99          9.99           9.99
 MM/DD/CCYY    9999999999999999    999999999999           9.99          9.99           9.99
 MM/DD/CCYY    9999999999999999    999999999999           9.99          9.99           9.99
 MM/DD/CCYY    9999999999999999    999999999999           9.99          9.99           9.99
 MM/DD/CCYY    9999999999999999    999999999999           9.99          9.99           9.99
 MM/DD/CCYY    9999999999999999    999999999999           9.99          9.99           9.99
 MM/DD/CCYY    9999999999999999    999999999999           9.99          9.99           9.99
 MM/DD/CCYY    9999999999999999    999999999999           9.99          9.99           9.99
                    SEC TOTAL =                            9.99                         9.99
               MCHIP SEC TOTAL =                           9.99                         9.99
               SCHIP SEC TOTAL =                           9.99                         9.99
```

```
Report  : FIN-2921-Q                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJQ292                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: FINP2921                            REFUND / RECOVERY REPORT                              Page:       9999
                                           FOR QURATER ENDING MM/DD/CCYY

SECTION J - OUT OF POCKET ATTORNEY COST
                    CCN            COST       %FFP          FFP
                                              RATE         SHARE
_________       99999999999999999     9.99     99.99         9.99
_________       99999999999999999     9.99     99.99         9.99
_________       99999999999999999     9.99     99.99         9.99
_________       99999999999999999     9.99     99.99         9.99
    SEC TOTAL =                       9.99
```

```
Report  : FIN-2921-Q                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJQ292                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: FINP2921                            REFUND / RECOVERY REPORT                              Page:       9999
                                           FOR QURATER ENDING MM/DD/CCYY

CCN            MEMBER    CATEGORY MEMBER NAME        FDOS     COS    TCN                DMS PAID    OVER/PAYOUT        TOT REC  ADJ
                                                     TDOS   PAID DATE                 RECEIVE AMT  INCENTIVE AMT      ADJ AMT  IND
 999999999999 999999999 XXXXXXX                   MM/DD/CCYY      99999999999999999         9.99          9.99           9.99
                                                  MM/DD/CCYY MM/DD/CCYY                     9.99          9.99           9.99
                                                                                        ________      ________       ________
 CCN TOTAL                                                                                  9.99          9.99           9.99
                                                                                            9.99          9.99           9.99

 999999999999 999999999 XXXXXXX                   MM/DD/CCYY      99999999999999999         9.99          9.99           9.99
                                                  MM/DD/CCYY MM/DD/CCYY                     9.99          9.99           9.99
                                                                                        ________      ________       ________
 CCN TOTAL                                                                                  9.99          9.99           9.99
                                                                                            9.99          9.99           9.99

 999999999999 999999999 XXXXXXX                   MM/DD/CCYY      99999999999999999         9.99          9.99           9.99
                                                  MM/DD/CCYY MM/DD/CCYY                     9.99          9.99           9.99
                                                                                        ________      ________       ________
 CCN TOTAL                                                                                  9.99          9.99           9.99
                                                                                            9.99          9.99           9.99

 999999999999 999999999 XXXXXXX                   MM/DD/CCYY      99999999999999999         9.99          9.99           9.99
                                                  MM/DD/CCYY MM/DD/CCYY                     9.99          9.99           9.99
                                                                                        ________      ________       ________
 CCN TOTAL                                                                                  9.99          9.99           9.99
                                                                                            9.99          9.99           9.99
 999999999999 999999999 ACCT REC                  MM/DD/CCYY      99999999999999999         9.99          9.99           9.99
                                                  MM/DD/CCYY MM/DD/CCYY                     9.99          9.99           9.99
                                                                                        ________      ________       ________
 CCN TOTAL                                                                                  9.99          9.99           9.99
                                                                                            9.99          9.99           9.99

 REPORT TOTAL                                                                               9.99          9.99           9.99
                                                                                            9.99          9.99           9.99
                                        * * *   E N D   O F   R E P O R T   * * *
```

2.8.105.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
%FFP Rate	The cash control number assigned to the check received and posted to the billing record.	5	Number	T_CASH_RECEIPT	SAK_CASH_RECEIPT
ADJ Amt	An indicator to identify that an adjustment has been made to the billing in the instance where money is taken back when entered in error or because of an overage condition.	13	Number	N/A	N/A
ADJ Ind	The cash control number assigned to the check received and posted to the billing record.	1	Number	N/A	N/A
Adjustment Amt	The amount of the adjusted claim record.	13	Number		Calculated Field
Amt Rcvd	The amount of incentive due the attorneys for collecting on behalf of Medicaid.	13	Number	T_CASH_RECPT_DISP	AMT_DISPOSITION
Amt Rcvd Inc	The total amount of incentive which is due the attorney for collecting on behalf of Medicaid.	13	Number	T_CASH_RECPT_DISP	AMT_DISPOSITION
Applied Amount	the amount of money posted on the billing record.	13	Number	T_CASH_RCPT_DISP	AMT_DISPOSITION
CCN	An indicator to identify that an adjustment has been made to the billing in the instance where money is taken back when entered in error or because of an overage condition.	13	Number	T_CASH_RECEIPT	SAK_CASH_RECEIPT
COS	The provider category of service.	2	Number	T_FIN_COS	DSC_FIN_COS
Category	The report category.	15	Character	T_FIN_COS	DSC_FIN_COS
Check Amount	The amount of money received on the check.	13	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Check Type	The type of check received.	1	Number	T_CASH_RECEIPT	CD_PAYMENT_TYPE
DMS Paid	The Medicaid paid amount on the claim record.	13	Number		Calculated Field
Date Paid	The payment date on the claim record.	10	Date (MM/DD/CCYY)	T_CLM_PGM_XREF	DTE_FINAL
Date Posted	The date the refund was applied to the claim.	10	Date (MM/DD/CCYY)	T_CASH_RCPT_DISP	DTE_POSTED
FDOS	The From date of service on the claim record.	10	Date (MM/DD/CCYY)	N/A	N/A
FFP Share	The federally funded program share.	5	Number	T_FIN_FUND_CDE_RATE	PCT_VALUE
Field Name	The amount of money received on the billing record.	13	Number	N/A	Calculated Field
Incentive Amount	The amount of incentive due the attorney for collection on behalf of Medicaid.	13	Number	T_CASH_RCPT_DISP	AMT_DISPOSITION
Medicaid Paid	The Medicaid paid amount on the claim record.	13	Number	N/A	Calculated Field
Medicaid Paid Date	The payment date on the claim record.	10	Date (MM/DD/CCYY)	N/A	N/A
Member	The members MAID identification.	10	Number	T_RE_BASE	ID_MEDICAID
Member Name	The name of the recipient.	15	Character	T_RE_BASE	CONCATENATION
Post Amount	The amount of money posted on the CCN.	13	Number	T_CASH_RCPT_DISP	AMT_DISPOSITION
Provider	The provider number on the claim.	10	Number	T_PR_INDENTIFIER	ID_PROVIDER
REF	The TPL contractor referral indicator.	1	Number	N/A	Calculated Field
RSN Code	The reason code for the refund.	4	Character	T_CASH_RCPT_DISP	CDE_REASON_FOUR

Field	Description	Length	Data Type	DB Table	DB Attributes
Reason Code Description	The reason code description.	30	Character	T_CASH_DISP_REASON	DSC_50
Received Amt	the amount of money posted on the billing record.	13	Number	T_CASH_RCPT_DISP	AMT_DISPOSITION
Subtotal	The subtotal of section.	13	Number	N/A	Calculated Field
TCN	The transaction control number assigned to a claim.	13	Number	T_ACCT_REC	SAK_ACCT_REC
TCN Ref	The transaction control number assigned to a claim.	13	Number	N/A	N/A
TCNS	The transaction control number assigned to a claim.	13	Character	N/A	N/A
TDOS	The To date of service on the claim record.	0	Date (MM/DD/CCYY)	N/A	N/A
Tot Rec	An indicator to identify that an adjustment has been made to the billing in the instance where money is taken back when entered in error or because of an overage condition.	13	Number	N/A	Calculated Field
Tot Rec Inc	The amount adjusted on the claim record.	13	Number	N/A	Calculated Field
Total Outstanding	The total dollar amount still in process.	13	Number	N/A	Calculated Field
Withheld Amount	The amount calculated by dividing the Post Amount on the TCN reported in the section by 3.	13	Number	N/A	Calculated Field

2.8.105.5 Associated Programs

Program	Description
finp2911	TPL Refund - Recovery Report TPL Refund - Recovery Report

2.8.105.6 Associated Requirements

ID
No associated Requirements found.

2.8.105.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.106 FIN-2922-Q -- Refund - Quarterly Recovery Report (Summary)

This report summarizes KenPac, Medicaid, Schip and Mchip recoveries in sections A through J and also a total of all categories combined of the Refund Recovery Report.

2.8.106.1 Technical Name

FIN-2922-Q

2.8.106.2 Sort Order

Fund Code

For readability, the report displays on the next page.

2.8.106.3 Refund - Quarterly Recovery Report (Summary) Layout

```
Report  : FIN-2922-Q                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJQ292                  MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   99:99:99
Location: FINP2922                      REFUND / RECOVERY REPORT                        Page:       9999
                                      FOR QUARTER ENDING MM/DD/CCYY

RECOVERED:
                                          MEDICAID          MEDICAID          MCHIP             MCHIP
                                        RECEIVED AMT        FFP SHARE       RECEIVED AMT       FFP SHARE
SECTION X -    TOTAL XXXXXXXXXXXXXXXXXXXX    999,999.99       999,999.99         9,999.99         9,999.99
SECTION X -    TOTAL XXXXXXXXXXXXXX            9,999.99-        9,999.99-            9.99             9.99
SECTION X -    TOTAL XXXXXXXXXXXXXX            9,999.99         9,999.99           99.99             9.99
SECTION X -    TOTAL XXXXXXXXXXXXX          9,999,999.99     9,999,999.99         9,999.99           999.99
SECTION X -    TOTAL XXXXXXXXXXXXXXX              9.99             9.99             9.99             9.99
SECTION X -    TOTAL XXXXXXXXXXXX              99,999.99        99,999.99            9.99             9.99
SECTION X -    TOTAL XXXXXXXXXXXXX            999,999.99       999,999.99            9.99             9.99
SECTION X -    TOTAL XXXXXXXXXXXXX              9,999.99         9,999.99            9.99             9.99
SECTION X -    TOTAL XXXXXXXXXXXXXXXX             9.99             9.99             9.99             9.99
SECTION X -    TOTAL XXXXXXXXXXXXXXXX             9.99             9.99             9.99             9.99
SECTION X -    TOTAL XXXXXXXXXXXXXXX              9.99             9.99             9.99             9.99
SECTION X -    TOTAL XXXXXXXXXXXXXXX              9.99             9.99             9.99             9.99
SECTION X -    TOTAL XXXXXXXXXXXXXXX              9.99             9.99             9.99             9.99
TOTAL RECOVERED                           9,999,999.99     9,999,999.99         9,999.99         9,999.99
OTHER:
SECTION X -    TOTAL XXXXXXXXXXXXXXX              9.99             9.99             9.99             9.99
SECTION X -    XXXXXXXXXXXXXXXXXXXX               9.99             9.99        99,999.99        99,999.99
SECTION X -    XXXXXXXXXXXXXXXXXXXXXXXXXXX        9.99             9.99            99.99            99.99
TOTAL ATTORNEY FEES/COST                  9,999,999.99     9,999,999.99         9,999.99         9,999.99

                                          SCHIP             SCHIP            TOTAL             TOTAL
                                        RECEIVED AMT        FFP SHARE       RECEIVED AMT       FFP SHARE
SECTION X -    TOTAL XXXXXXXXXXXXXXXXXXXXXXXX    999.99            99.99        999,999.99       999,999.99
SECTION X -    TOTAL XXXXXXXXXXXXXXX              9.99             9.99        99,999.99        99,999.99
SECTION X -    TOTAL XXXXXXXXXXXXXXX             99.99            99.99        99,999.99        99,999.99
SECTION X -    TOTAL XXXXXXXXXXXXX              999.99           999.99     9,999,999.99     9,999,999.99
SECTION X -    TOTAL XXXXXXXXXXXXXXX              9.99             9.99             9.99             9.99
SECTION X -    TOTAL XXXXXXXXXXXXXX               9.99             9.99             9.99             9.99
SECTION X -    TOTAL XXXXXXXXXXXX                 9.99             9.99        99,999.99        99,999.99
SECTION X -    TOTAL XXXXXXXXXXXXXXXXXX           9.99             9.99        99,999.99         9,999.99
SECTION X -    TOTAL XXXXXXXXXXXXX                9.99             9.99         9,999.99         9,999.99
SECTION X -    TOTAL XXXXXXXXXXXXXXXX             9.99             9.99       999,999.99       999,999.99
SECTION X -    TOTAL XXXXXXXXXXXXXXX              9.99             9.99             9.99             9.99
SECTION X -    TOTAL XXXXXXXXXXXXXXX              9.99             9.99             9.99             9.99
SECTION X -    TOTAL XXXXXXXXXXXXXXX              9.99             9.99             9.99             9.99
TOTAL RECOVERED                           9,999.99           999.99     9,999,999.99     9,999,999.99
OTHER:
SECTION X -    TOTAL XXXXXXXXXXXXXXX              9.99             9.99     9,999,999.99             9.99
SECTION X -    XXXXXXXXXXXXXXXXXXXXX              9.99             9.99        99,999.99         9,999.99
SECTION X -    XXXXXXXXXXXXXXXXXXXXXXXXXXX        9.99             9.99             9.99             9.99
TOTAL ATTORNEY FEES/COST                  9,999,999.99     9,999,999.99         9,999.99         9,999.99
```

2.8.106.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
MCHIP FFP Share	The total federally funded program share for Mchip member bill records.	13	Number	N/A	Calculated Field
MCHIP Received Amt	The amount of money received on Mchip member billing records.	13	Number	N/A	Calculated Field
Medicaid FFP Share	The total federally funded program share for Medicaid records.	13	Number	N/A	Calculated Field
Medicaid Received Amt	The amount of money received on Medicaid billing records.	13	Number	N/A	Calculated Field
Recovered	The amount of money received on the billing record.	13	Number	N/A	Calculated Field
SCHIP FFP Share	The total federally funded program share for Schip member bill records.	13	Number	N/A	Calculated Field
SCHIP Received Amt	The amount of money received on Schip member billing records.	13	Number	N/A	Calculated Field
SECTION A - TOTAL THIRD PARTY COLLECTIONS	The total collections from section A.	13	Number	N/A	Calculated Field
SECTION B - TOTAL OTHER REFUNDS	The total collections from section B.	13	Number	N/A	Calculated Field
SECTION B1 - TOTAL MEMBER FRAUD	The total collections from section B1.	13	Number	N/A	Calculated Field
SECTION B2 - TOTAL KENPAC REFUNDS	The total collections from section B2.	13	Number	N/A	Calculated Field

SECTION B3 - TOTAL IMPACT PLUS REFUNDS	The total collections from section B3	13	Number	N/A	Calculated Field
SECTION C - TOTAL TPL OVERAGES	The total overages from section C.	13	Number	N/A	Calculated Field
SECTION D - TOTAL ATTORNEY FEES	The total attorney fees from section D.	13	Number	N/A	Calculated Field
SECTION E - TOTAL STILL IN PROCESS	The total still in process from section E.	13	Number	N/A	Calculated Field
SECTION F - TOTAL CHECKS FORWARDED	The total checks forwarded from section F.	13	Number	N/A	Calculated Field
SECTION F1 - TOTAL REGION 3 CHILD SUPPORT FUNDS	The total funds that will be transferred to Region 3 from section F1.	13	Number	N/A	Calculated Field
SECTION F2 - TOTAL PROVIDER INTEREST PAYMENTS	The total amount of interest posted from section F2.	13	Number	N/A	Calculated Field
SECTION G - TOTAL COLD CHECKS	The total cold checks from section G.	13	Number	N/A	Calculated Field
SECTION H - TOTAL PROCESS PENDING	The total pending from section H.	13	Number	N/A	Calculated Field
SECTION I - ATTORNEY FEE WITHHELD	The total attorney withheld from Section I.	13	Number	N/A	Calculated Field
SECTION J - OUT OF POCKET ATTORNEY COST	The total out of pocket cost from Section J	13	Number	N/A	Calculated Field

Total Attorney Fee/Costs	The total of attorney fees and cost.	13	Number	N/A	Calculated Field
Total FFP Share	The total of federally funded program share.	13	Number	N/A	Calculated Field
Total Received Amt	The total amount of money received on all billing records	13	Number	N/A	Calculated Field
Total Recovered	The total amount of current months DMS Deposits	13	Number	N/A	Calculated Field

2.8.106.5 Associated Programs

Program	Description
finp2912	TPL Refund - Recovery Report (Summary)

2.8.106.6 Associated Requirements

ID
No associated Requirements found.

2.8.106.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.107 FIN-2923-Q -- Refund - Quarterly Recovery Financial Report (Summary)

This report summarizes section A through H of the refund and recovery reports by reason code and FFP percent. KenPac funds are split out to report separately.

2.8.107.1 Technical Name

FIN-2923-Q

2.8.107.2 Sort Order

Reason Code

FFP Percent

For readability, the report displays on the next page.

2.8.107.3 Refund - Quarterly Recovery Financial Report (Summary) Layout

```
Report  : FIN-2923-Q                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJQ292                MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   99:99:99
Location: FINP2923                    MEDICAID REFUND / RECOVERY REPORT                 Page:       9999
                                      FOR THE QUARTER ENDING MM/DD/CCYY

                                                   CMS 64 CATEGORIES
                                                         STATE SHARE
                              CMP    COST SETTLEMENT     FRAUD          ONLY            SUR          OTHER          TOTALS
                               22      11,16,28,35  8,9,13,14,21,77      IR,55         20,31,85

9999 AMT. REC            99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
     FFP 99.99 %         99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
-------------------------------------------------------------------------------------------------------------------------------------
9999 AMT. REC            99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
     FFP 99.99 %         99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
-------------------------------------------------------------------------------------------------------------------------------------
9999 AMT. REC            99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
     FFP 99.99 %         99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
-------------------------------------------------------------------------------------------------------------------------------------
9999 AMT. REC            99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
     FFP 99.99 %         99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
-------------------------------------------------------------------------------------------------------------------------------------
9999 AMT. REC            99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
     FFP 99.99 %         99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
-------------------------------------------------------------------------------------------------------------------------------------
9999 AMT. REC            99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
     FFP 99.99 %         99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
-------------------------------------------------------------------------------------------------------------------------------------
TOTAL AMT. REC           99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
TOTAL FFP %              99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
```

2.8.107.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amt Rec	This is the DTL-RECOVERD-AMT based on ADJUSTMENT REASON and DATE-PAID	13	Number	T_CASH_RECPT_DISP	AMT_DISPOSITION
FFP%	Based on DATE-PAID	5	Number	T_FIN_FUND_CDE_RATE	PCT_VALUE
Total FFP	The total FFP % for each column	13	Number	N/A	Calculated Field
Total Funds	The total AMT. REC and FFP for each adjustment reason code	13	Number	N/A	Calculated Field
Total Rec	The total AMT. REC for each column	13	Number	N/A	Calculated Field

2.8.107.5 Associated Programs

Program	Description
finp2913	TPL Refund - Recovery Financial Report (Summary)

2.8.107.6 Associated Requirements

ID
No associated Requirements found.

2.8.107.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.108 FIN-2924-Q -- Refund.Quarterly Recovery Report (Summary)

This report summarizes section A through H of the refund and recovery reports by category within FFP.

2.8.108.1 Technical Name

FIN-2924-Q

2.8.108.2 Sort Order

Fund Code

FFP Percent

For readability, the report displays on the next pages

2.8.108.3 Refund.Quarterly Recovery Report (Summary) Layout

```
Report   : FIN-2924-Q                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process  : FINJM292                  MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   99:99:99
Location: FINP2924                     MEDICAID REFUND / RECOVERY REPORT                 Page:       9999
                                         FOR QUARTER ENDING MM/DD/CCYY

                    HEALTH     CASUALTY     RELATIVE  ESTATE/TRUST   MEDICARE   TOTAL TPL ATTORNEY FEE    OVERAGES       GRAND
                                                        RECOVERY                            CASUALTY A  HEALTH ADJ       TOTAL

                                                     9999 FFP% 99.99
AMT.REC          999999.99   99999.99     999.99       999.99      99999.99   999999.99    9999.99    99999.99   999999.99
FFP SHARE        999999.99   99999.99     999.99       999.99       9999.99   999999.99    9999.99    99999.99   999999.99
CONTRACTOR AMT   999.99      9.99         9.99         9.99            9.99     9999.99       9.99        9.99      9999.99
CONTRACTOR FFP   99.99      9.99         9.99         9.99            9.99     9999.99       9.99        9.99     9999.99
NET REC          999999.99   99999.99     999.99       999.99      99999.99   999999.99    9999.99    99999.99   999999.99
NET FFP          999999.99   99999.99     999.99       999.99       9999.99   999999.99    9999.99    99999.99   999999.99
-----------------------------------------------------------------------------------------------------------------------------
                                                     9999 FFP% 99.99
AMT.REC          999999.99   99999.99     999.99       9.99        99999.99   999999.99    9999.99    99999.99   999999.99
FFP SHARE        999999.99   99999.99     999.99       9.99         9999.99   999999.99    9999.99    99999.99   999999.99
CONTRACTOR AMT   999.99      9.99         9.99         9.99            9.99     9999.99       9.99        9.99      9999.99
CONTRACTOR FFP   99.99      9.99         9.99         9.99            9.99     9999.99       9.99        9.99      9999.99
NET REC          999999.99   99999.99     999.99       9.99        99999.99   999999.99    9999.99    99999.99   999999.99
NET FFP          999999.99   99999.99     999.99       9.99         9999.99   999999.99    9999.99    99999.99   999999.99
-----------------------------------------------------------------------------------------------------------------------------
                                                     GRAND TOTALS
TOTAL AMT.REC    999999.99   99999.99     999.99       9.99        99999.99   999999.99    9999.99    99999.99   999999.99
TOTAL FFP SHARE  999999.99   99999.99     999.99       9.99         9999.99   999999.99    9999.99    99999.99   999999.99
CONTRACTOR AMT   999.99      9.99         9.99         9.99            9.99     9999.99       9.99        9.99      9999.99
CONTRACTOR FFP   99.99      9.99         9.99         9.99            9.99     9999.99       9.99        9.99      9999.99
NET REC          999999.99   99999.99     999.99       9.99        99999.99   999999.99    9999.99    99999.99   999999.99
NET FFP          999999.99   99999.99     999.99       9.99         9999.99   999999.99    9999.99    99999.99   999999.99
-----------------------------------------------------------------------------------------------------------------------------
```

```
Report   : FIN-2924-Q                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process  : FINJM292                  MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   99:99:99
Location: FINP2924                     MEDICAID REFUND / RECOVERY REPORT                 Page:       9999
                                         FOR QUARTER ENDING MM/DD/CCYY

                    HEALTH     CASUALTY     RELATIVE  ESTATE/TRUST   MEDICARE   TOTAL TPL ATTORNEY FEE    OVERAGES       GRAND
                                                        RECOVERY                            CASUALTY A  HEALTH ADJ       TOTAL

                                                     9999 FFP% 99.99
AMT.REC          999999.99   99999.99     999.99       999.99      99999.99   999999.99    9999.99    99999.99   999999.99
FFP SHARE        999999.99   99999.99     999.99       999.99       9999.99   999999.99    9999.99    99999.99   999999.99
CONTRACTOR AMT   999.99      9.99         9.99         9.99            9.99     9999.99       9.99        9.99      9999.99
CONTRACTOR FFP   99.99      9.99         9.99         9.99            9.99     9999.99       9.99        9.99     9999.99
NET REC          999999.99   99999.99     999.99       999.99      99999.99   999999.99    9999.99    99999.99   999999.99
NET FFP          999999.99   99999.99     999.99       999.99       9999.99   999999.99    9999.99    99999.99   999999.99
-----------------------------------------------------------------------------------------------------------------------------
                                                     9999 FFP% 99.99
AMT.REC          999999.99   99999.99     999.99       9.99        99999.99   999999.99    9999.99    99999.99   999999.99
FFP SHARE        999999.99   99999.99     999.99       9.99         9999.99   999999.99    9999.99    99999.99   999999.99
CONTRACTOR AMT   999.99      9.99         9.99         9.99            9.99     9999.99       9.99        9.99      9999.99
CONTRACTOR FFP   99.99      9.99         9.99         9.99            9.99     9999.99       9.99        9.99      9999.99
NET REC          999999.99   99999.99     999.99       9.99        99999.99   999999.99    9999.99    99999.99   999999.99
NET FFP          999999.99   99999.99     999.99       9.99         9999.99   999999.99    9999.99    99999.99   999999.99
-----------------------------------------------------------------------------------------------------------------------------
                                                     GRAND TOTALS
TOTAL AMT.REC    999999.99   99999.99     999.99       9.99        99999.99   999999.99    9999.99    99999.99   999999.99
TOTAL FFP SHARE  999999.99   99999.99     999.99       9.99         9999.99   999999.99    9999.99    99999.99   999999.99
CONTRACTOR AMT   999.99      9.99         9.99         9.99            9.99     9999.99       9.99        9.99      9999.99
CONTRACTOR FFP   99.99      9.99         9.99         9.99            9.99     9999.99       9.99        9.99      9999.99
NET REC          999999.99   99999.99     999.99       9.99        99999.99   999999.99    9999.99    99999.99   999999.99
NET FFP          999999.99   99999.99     999.99       9.99         9999.99   999999.99    9999.99    99999.99   999999.99
-----------------------------------------------------------------------------------------------------------------------------
```

Report : FIN-2924-Q
Process : FINJM292
Location: FINP2924

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID REFUND / RECOVERY REPORT
FOR QUARTER ENDING MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

	HEALTH	CASUALTY	RELATIVE	ESTATE/TRUST RECOVERY	MEDICARE	TOTAL TPL	ATTORNEY FEE CASUALTY A	OVERAGES HEALTH ADJ	GRAND TOTAL
				9999 FFP% 99.99					
AMT.REC	999999.99	99999.99	999.99	999.99	99999.99	999999.99	9999.99	99999.99	999999.99
FFP SHARE	999999.99	99999.99	999.99	999.99	9999.99	999999.99	9999.99	99999.99	999999.99
CONTRACTOR AMT	999.99	9.99	9.99	9.99	9.99	9999.99	9.99	9.99	9999.99
CONTRACTOR FFP	99.99	9.99	9.99	9.99	9.99	9999.99	9.99	9.99	9999.99
NET REC	999999.99	99999.99	999.99	999.99	99999.99	999999.99	9999.99	99999.99	999999.99
NET FFP	999999.99	99999.99	999.99	999.99	9999.99	999999.99	9999.99	99999.99	999999.99
				9999 FFP% 99.99					
AMT.REC	999999.99	99999.99	999.99	9.99	99999.99	999999.99	9999.99	99999.99	999999.99
FFP SHARE	999999.99	99999.99	999.99	9.99	9999.99	999999.99	9999.99	99999.99	999999.99
CONTRACTOR AMT	999.99	9.99	9.99	9.99	9.99	9999.99	9.99	9.99	9999.99
CONTRACTOR FFP	99.99	9.99	9.99	9.99	9.99	9999.99	9.99	9.99	9999.99
NET REC	999999.99	99999.99	999.99	9.99	99999.99	999999.99	9999.99	99999.99	999999.99
NET FFP	999999.99	99999.99	999.99	9.99	9999.99	999999.99	9999.99	99999.99	999999.99
				GRAND TOTALS					
TOTAL AMT.REC	999999.99	99999.99	999.99	9.99	99999.99	999999.99	9999.99	99999.99	999999.99
TOTAL FFP SHARE	999999.99	99999.99	999.99	9.99	9999.99	999999.99	9999.99	99999.99	999999.99
CONTRACTOR AMT	999.99	9.99	9.99	9.99	9.99	9999.99	9.99	9.99	9999.99
CONTRACTOR FFP	99.99	9.99	9.99	9.99	9.99	9999.99	9.99	9.99	9999.99
NET REC	999999.99	99999.99	999.99	9.99	99999.99	999999.99	9999.99	99999.99	999999.99
NET FFP	999999.99	99999.99	999.99	9.99	9999.99	999999.99	9999.99	99999.99	999999.99

Report : FIN-2924-Q
Process : FINJM292
Location: FINP2924

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID REFUND / RECOVERY REPORT
FOR QUARTER ENDING MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

	HEALTH	CASUALTY	RELATIVE	ESTATE/TRUST RECOVERY	MEDICARE	TOTAL TPL	ATTORNEY FEE CASUALTY A	OVERAGES HEALTH ADJ	GRAND TOTAL
				FINAL TOTALS					
TOTAL AMT.REC	999999.99	99999.99	999.99	9.99	99999.99	999999.99	9999.99	99999.99	999999.99
TOTAL FFP SHARE	999999.99	99999.99	999.99	9.99	9999.99	999999.99	9999.99	99999.99	999999.99
CONTRACTOR AMT	999.99	9.99	9.99	9.99	9.99	9999.99	9.99	9.99	9999.99
CONTRACTOR FFP	99.99	9.99	9.99	9.99	9.99	9999.99	9.99	9.99	9999.99
NET REC	999999.99	99999.99	999.99	9.99	99999.99	999999.99	9999.99	99999.99	999999.99
NET FFP	999999.99	99999.99	999.99	9.99	9999.99	999999.99	9999.99	99999.99	999999.99

2.8.108.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ATTORNEY FEE CASUALTY	The total amount of Attorney Incentive Fees generated for the reporting month	0	Number	N/A	N/A
Amt Rec	The amount of money received on the billing record where CONTRACTOR-IND= space	13	Number		Calculated Field
CASUALTY	The total recoveries on Casualty policy related billing records for the reporting month.	0	Number	N/A	N/A
Category	The reported category	12	Character	N/A	N/A
Contractor Amt	The amount of money received on the billing record where CONTRACTOR-IND = Y N, D, R B, M, F, G or H.	13	Number	N/A	Calculated Field
Contractor FFP	The federally funded program share where CONTRACTOR-IND = Y N, D, R B, M, F, G or H.	13	Number	N/A	Calculated Field
ESTATE RECOVERY	The total recoveries on Estate Recovery policy related billing records for the reporting month.	0	Number	N/A	N/A
FFP Share	The federally funded program share where CONTRACTOR-IND= space	13	Number	N/A	Calculated Field
Grand Totals	The grand total amount for all categories.	13	Number	N/A	Calculated Field
HEALTH	The total recoveries on Health policy related billing records for the reporting month.	0	Number	N/A	N/A
MEDICARE	The total recoveries on Medicare policy related billing records for the reporting month.	0	Number	N/A	N/A

Net FFP	The total FFP share and Contractor FFP.	13	Number	N/A	Calculated Field
Net Rec	The total AMT RCVD and Contractor AMT RCVD	13	Number	N/A	Calculated Field
OVERAGES HEALTH ADJ	The total amount of overages generated for the report month.	0	Number	N/A	N/A
RELATIVE	The total recoveries on Relative Pay policy related billing records for the reporting month.	0	Number	N/A	N/A
TOTAL TPL	The total recoveries for Health, Relative, Estate Recovery and Medicare billing records for the reporting month	0	Number	N/A	N/A

2.8.108.5 Associated Programs

Program	Description
finp2914	TPL Refund.Recovery Report (Summary)

2.8.108.6 Associated Requirements

ID
No associated Requirements found.

2.8.108.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.109 FIN-2926-Q -- Refund -- Quarterly Recovery Report (Summary)

The summary of Section I and J of all FFP years.

2.8.109.1 Technical Name

FIN-2926-Q

2.8.109.2 Sort Order

Fund Code

FFP Percent

For readability, the report layout displays across several pages.

2.8.109.3 Refund -- Quarterly Recovery Report (Summary) Layout

```
Report   : FIN-2926-Q                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process  : FINJQ292                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: FINP2926                              REFUND / RECOVERY REPORT                            Page:       9999
                                            FOR QUARTER ENDING MM/DD/CCYY
  MEDICAID       ATTORNEY FEE       OUT OF        GRAND
                  WITHHELD          POCKET        TOTAL

                            2000 FFP% 70.55
AMT.REC              6266.01        73.37      6339.38
FFP SHARE            4420.69        51.76      4472.45
CONTRACTOR AMT          0.00         0.00         0.00
CONTRACTOR FFP          0.00         0.00         0.00
NET REC              6266.01        73.37      6339.38
NET FFP              4420.69        51.76      4472.45
-------------------------------------------------------------------------------------------------------------------
                            1999 FFP% 70.53
AMT.REC              6942.10         0.00      6942.10
FFP SHARE            4896.28         0.00      4896.28
CONTRACTOR AMT          0.00         0.00         0.00
CONTRACTOR FFP          0.00         0.00         0.00
NET REC              6942.10         0.00      6942.10
NET FFP              4896.28         0.00      4896.28
-------------------------------------------------------------------------------------------------------------------
                            GRAND TOTALS
TOTAL AMT.REC        1600.61         0.00      1600.61
TOTAL FFP SHARE      1126.37         0.00      1126.37
CONTRACTOR AMT          0.00         0.00         0.00
CONTRACTOR FFP          0.00         0.00         0.00
NET REC              1600.61         0.00      1600.61
NET FFP              1126.37         0.00      1126.37

Report   : FIN-2926-Q                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process  : FINJQ292                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: FINP2926                              REFUND / RECOVERY REPORT                            Page:       9999
                                            FOR QUARTER ENDING MM/DD/CCYY

  MCHIP          ATTORNEY FEE       OUT OF        GRAND
                  WITHHELD          POCKET        TOTAL

                            2000 FFP% 70.55
AMT.REC              6266.01        73.37      6339.38
FFP SHARE            4420.69        51.76      4472.45
CONTRACTOR AMT          0.00         0.00         0.00
CONTRACTOR FFP          0.00         0.00         0.00
NET REC              6266.01        73.37      6339.38
NET FFP              4420.69        51.76      4472.45
-------------------------------------------------------------------------------------------------------------------
                            1999 FFP% 70.53
AMT.REC              6942.10         0.00      6942.10
FFP SHARE            4896.28         0.00      4896.28
CONTRACTOR AMT          0.00         0.00         0.00
CONTRACTOR FFP          0.00         0.00         0.00
NET REC              6942.10         0.00      6942.10
NET FFP              4896.28         0.00      4896.28
-------------------------------------------------------------------------------------------------------------------
                            GRAND TOTALS
TOTAL AMT.REC        1600.61         0.00      1600.61
TOTAL FFP SHARE      1126.37         0.00      1126.37
CONTRACTOR AMT          0.00         0.00         0.00
CONTRACTOR FFP          0.00         0.00         0.00
NET REC              1600.61         0.00      1600.61
NET FFP              1126.37         0.00      1126.37
```

```
Report  : FIN-2926-Q                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJQ292                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: FINP2926                            REFUND / RECOVERY REPORT                             Page:       9999
                                            FOR QUARTER ENDING MM/DD/CCYY

  SCHIP          ATTORNEY FEE       OUT OF        GRAND
                  WITHHELD          POCKET        TOTAL

                              2000 FFP% 70.55
AMT.REC             6266.01        73.37      6339.38
FFP SHARE           4420.69        51.76      4472.45
CONTRACTOR AMT         0.00         0.00         0.00
CONTRACTOR FFP         0.00         0.00         0.00
NET REC             6266.01        73.37      6339.38
NET FFP             4420.69        51.76      4472.45
-------------------------------------------------------------------------------------------------------------------------
                              1999 FFP% 70.53
AMT.REC             6942.10         0.00      6942.10
FFP SHARE           4896.28         0.00      4896.28
CONTRACTOR AMT         0.00         0.00         0.00
CONTRACTOR FFP         0.00         0.00         0.00
NET REC             6942.10         0.00      6942.10
NET FFP             4896.28         0.00      4896.28
-------------------------------------------------------------------------------------------------------------------------
                              GRAND TOTALS
TOTAL AMT.REC       1600.61         0.00      1600.61
TOTAL FFP SHARE     1126.37         0.00      1126.37
CONTRACTOR AMT         0.00         0.00         0.00
CONTRACTOR FFP         0.00         0.00         0.00
NET REC             1600.61         0.00      1600.61
NET FFP             1126.37         0.00      1126.37
```

```
Report  : FIN-2926-Q                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJQ292                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: FINP2926                            REFUND / RECOVERY REPORT                             Page:       9999
                                            FOR QUARTER ENDING MM/DD/CCYY

  ALL CODES      ATTORNEY FEE       OUT OF        GRAND
                  WITHHELD          POCKET        TOTAL

                              GRAND TOTALS
TOTAL AMT.REC       1600.61         0.00      1600.61
TOTAL FFP SHARE     1126.37         0.00      1126.37
CONTRACTOR AMT         0.00         0.00         0.00
CONTRACTOR FFP         0.00         0.00         0.00
NET REC             1600.61         0.00      1600.61
NET FFP             1126.37         0.00      1126.37
```

2.8.109.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amt Rec	The amounts from Attorney fee withheld and Out of Pocket Attorney Costs.	13	Number	N/A	Calculated Field
Contractor Amt	The amount of money received on the billing record where HMS-IND = Y N, D, R B, M, F, G or H.	13	Number	N/A	Calculated Field
Contractor FFP	The amount of money received on the billing record where HMS-IND = Y N, D, R B, M, F, G or H.	13	Number	N/A	Calculated Field
FFP Share	The federally funded program share from the Attorney fee withheld and out of pocket Attorney cost.	13	Number	N/A	Calculated Field
Net FFP	The total FFP share and Contractor FFP.	13	Number	N/A	Calculated Field
Net Rec	The total AMT RCVD and Contractor AMT RCVD.	13	Number	N/A	Calculated Field

2.8.109.5 Associated Programs

Program	Description
finp2916	TPL Refund -- Recovery Report (Summary)

2.8.109.6 Associated Requirements

ID
No associated Requirements found.

2.8.109.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.110 FIN-2928-Q -- CMS Quarterly Member Fraud and Abuse Reason Code 77

This report lists Financial recoveries for fraud and abuse transactions (reason code 77), reads the member eligibility file to determine the method to compute the federal share, and provides information for federal reporting. The report is sorted by the member number.

SORT ORDER BY: ACCT.NUM_CONTROL_AR, BASE.ID_MEDICAID, DISP.DTE_GENERIC

SORT ORDER BY: NUM_CONTROL_AR, MEMBER_ID, DTE_PAID, FED_SHARE

SORT ORDER BY: FED_RATE

2.8.110.1 Technical Name

FIN-2928-Q

2.8.110.2 Sort Order

Member Number

For readability, the report displays on the next page.

2.8.110.3 CMS Quarterly Member Fraud and Abuse Reason Code 77 Layout

```
Report  : FIN-2928-Q                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJQ292                 MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   99:99:99
Location: FINP2928            CMS QUARTERLY PROVIDER FRAUD & ABUSE REASON CODE 77 REPORT     Page:       9999
                                                MM/DD/CCYY
MEMBER NAME                 MEMBER     THE DATE OF        AMOUNT     FFP            FFP          TOTAL        ENDING
                            NUMBER     THE REFUND       REFUNDED    RATE         AMOUNT       REFUNDED    AR BALANCE
XXXXXXXXXXXXXXXXXXXXXXXXX  9999999999  MM/DD/CCYY  99,999,999.99  999.99%  99,999,999.99  99,999,999.99  99,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXX  9999999999  MM/DD/CCYY  99,999,999.99  999.99%  99,999,999.99  99,999,999.99  99,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXX  9999999999  MM/DD/CCYY  99,999,999.99  999.99%  99,999,999.99  99,999,999.99  99,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXX  9999999999  MM/DD/CCYY  99,999,999.99  999.99%  99,999,999.99  99,999,999.99  99,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXX  9999999999  MM/DD/CCYY  99,999,999.99  999.99%  99,999,999.99  99,999,999.99  99,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXX  9999999999  MM/DD/CCYY  99,999,999.99  999.99%  99,999,999.99  99,999,999.99  99,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXX  9999999999  MM/DD/CCYY  99,999,999.99  999.99%  99,999,999.99  99,999,999.99  99,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXX  9999999999  MM/DD/CCYY  99,999,999.99  999.99%  99,999,999.99  99,999,999.99  99,999,999.99

                                TOTALS             99,999,999.99           99,999,999.99  99,999,999.99  99,999,999.99

                                                        1                2               3
                                          999.99%  99,999,999.99  99,999,999.99  99,999,999.99
                                          999.99%  99,999,999.99  99,999,999.99  99,999,999.99
                                          999.99%  99,999,999.99  99,999,999.99  99,999,999.99
                                          999.99%  99,999,999.99  99,999,999.99  99,999,999.99
                                          999.99%  99,999,999.99  99,999,999.99  99,999,999.99
                                          999.99%  99,999,999.99  99,999,999.99  99,999,999.99

                                                  ** E N D   O F   R E P O R T **
```

2.8.110.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount Refunded	The total amounts of the dollar amounts on the report.	13	Number	N/A	Calculated Field
Ending AR Balance	The accounts receivable balance at the end of the reporting quarter.	13	Number	N/A	Calculated Field
FFP Amount	The calculation of the federal share of the refund.	13	Number	N/A	Calculated Field
FFP Rate	The FFP rate for the time period of the refund.	6	Number	N/A	Calculated Field
Member Name	The member name.	25	Character	T_RE_BASE	Concatenation

Field	Description	Length	Data Type	DB Table	DB Attributes
Member Number	The member identification number.	9	Character	T_RE_BASE	ID_MEDICAID
Monthly Totals	The total amount broken down by month reported by FFP rate.	13	Number	N/A	Calculated Field
The Date of the Refund	The original date of the refund.	10	Date (MM/DD/CCYY)	T_AR_DISP	DTE_SETUP
Total Refunded	The total of refunds for the member.	13	Number	N/A	Calculated Field
Totals	The total of the dollar amount columns of the report.	13	Number	N/A	Calculated Field

2.8.110.5 Associated Programs

Program	Description
finp2928	CMS Quarterly Member Fraud and Abuse Reason 77 report

2.8.110.6 Associated Requirements

ID
No associated Requirements found.

2.8.110.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.111 FIN-3000-D -- Provider Accounts Receivable Daily Activity

This report lists the daily transactions processed for provider accounts receivable.

2.8.111.1 Technical Name

FIN-3000-D

2.8.111.2 Sort Order

Fund Code

2.8.111.3 Provider Accounts Receivable Daily Activity Layout

```
Report   : FIN-3000-D                          COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process  : FINJW300                      MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   99:99:99
Location: FINP3000                            PROVIDER ACCOUNTS RECEIVABLE                     Page:       9999
                                                DAILY ACTIVITY
                                                  MM/DD/CCYY

RSN          AGE  COST SETT     AMT        A/R        AMOUNT         UNPAID   ST  PP  ADJ    INTEREST        NET
CDE  DATE   (DAYS)   FYE      REQUESTED   INC/DEC   RECD/RECOUP      BALANCE  CDE IND ACT    BALANCE       BALANCE
PROVIDER NUMBER:  9999999999           PROVIDER: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    A/R TCN: 99999999999999 LOC CD: XX A/R XREF TCN: 9999999999999 COMMENTS: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXX MMDDCCYY 9999 MMDDCCYY 99,999,999.99 999,999.99 999,999.99  99,999,999.99 X   X  X 99,999,999.99 99,999,999.99
```

2.8.111.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
A/R INC/DEC	This amount indicates an increase or decrease in the original amount requested.	13	Number	T_AR_DISP	AMT
A/R TCN	The transaction control number used to identify and relate records for one accounts receivable transaction.	13	Number	T_AR_CLAIM_XREF	NUM_ICN_MOM
ADJ ACT	The type of action for the A/R adjustment (Blank = Default; X = Generate Adjustment; C = Complete; M = Manual).	1	Character	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Age (Days)	The number of days the A/R transaction has been in Active or Hold status from setup date to current date.	4	Number	N/A	Calculated Field
Amount RECD/RECOUP	This amount is the total of the provider check plus recoupment amounts posted to the A/R transaction.	13	Number	N/A	Calculated Field
Amt Requested	The A/R transaction amount when the adjustment reason indicates monies to be taken from the provider.	13	Number	T_ACCT_REC	AMT_SETUP
Balance	The net balance of this A/R transaction which includes the unpaid balance plus interest calculated and received amounts.	13	Number	N/A	Calculated Field
COMMENTS	Comments from the A/R Master File screen entered by the user.	15	Character	T_AR_COMMENTS	DSC_LONG
Cost Sett FYE	The hospital or institution fiscal year end date corresponding to the end of the Commonwealth cost settlement audit.	8	Date (MM/DD/CCYY)	T_AR_SUPP_DTL	DTE_COST_STTLM
Date	The date the A/R transaction was entered in MMDDYYYY format.	10	Date (MM/DD/CCYY)	T_ACCT_REC	DTE_AR_LIABILITY
Interest Balance	The total interest balance on the A/R transaction.	13	Number	N/A	Calculated Field
LOC CD	A two-digit code indicating the DMS department originating the Accounts Receivable Transaction or Commonwealth.	2	Character	T_ACCT_REC	CDE_UNIT_DEPT
PP IND	The one-digit payment plan indicator (X = DMS approved payment plan; R = Provider not on payment plan).	1	Character	T_FIN_PROCESS_PROV_ID	ID_PROV_PRIMARY

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider	The provider name.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Provider Number	The provider identification number.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
REC	The A/R record ID number.	1	Number	T_ACCT_REC	SAK_ACCT_REC
RSN CDE	A two-digit code specifying the reason an A/R adjustment was applied to a provider's account.	4	Number	T_ACCT_REC	CDE_REASON_FOUR
ST CDE	A one-digit code indicating the status of the accounts receivable transaction (A = Active; B = Hold Recoupment Payment Plan Under Consideration; C = Hold Recoup-Other; F = Paid in Full; P = Payout Complete).	1	Character	T_ACCT_REC	CDE_DISP_REASON
Unpaid Balance	The system generated balance remaining on the A/R transaction.	13	Number	N/A	Calculated Field

2.8.111.5 Associated Programs

Program	Description
finp3000	Provider Accounts Receivable Daily Activity
finp0586	Create A\R activity report

2.8.111.6 Associated Requirements

ID
30.090.009.003.1

2.8.111.7 Change Orders

ID	Name	Description
1124	Modify FIN-3000-w AR activity rp	Modify the FIN-3000-w report to allow it to be used to map to the following legacy KY reports: KYMC6600-R003 - Daily KYMC8050-R001 - Weekly the CORE report will need to have fields added to match the KY functions. And a new daily report will be needed for the 6602 report.

2.8.112 FIN-3000-W -- Provider Accounts Receivable - Weekly Activity

This report summarizes weekly activity associated with outstanding provider account receivables (A/R) for each financial cycle. This report will be utilized to aid in the tracking and control of account receivables, and to report to the state agency all weekly activity associated with an outstanding A/R.

SORT ORDER BY _AR_DISP.DTE_GENERIC

SORT GROUP BY NUM_CONTROL_AR, CDE_REASON_FOUR, AMT_MAX_RECOUP_AR, PCT_RECOUP, DTE_ADDED, ID_PROV_PRIMARY SORT ORDER BY 7, 1

SORT GROUP BY NUM_CONTROL_AR, CDE_REASON_FOUR, AMT_MAX_RECOUP_AR, PCT_RECOUP, PCT_RECOUP, DTE_ADDED, ID_PROV_PRIMARY

SORT ORDER BY 6, 1

NUM_CONTROL_AR, CDE_REASON_FOUR, DTE_AR_LIABILITY, DTE_ADDED, IND_STATUS, ID_PROV_PRIMARY

SORT ORDER BY 2, 7, 1

SORT GROUP BY NUM_CONTROL_AR, CDE_REASON_FOUR, AMT_MAX_RECOUP_AR, PCT_RECOUP, DTE_ADDED, ID_PROV_PRIMARY

2.8.112.1 Technical Name

FIN-3000-W

2.8.112.2 Sort Order

Fund Code

REC

For readability, the report displays on the next page.

2.8.112.3 Provider Accounts Receivable - Weekly Activity Layout

```
Report   : FIN-3000-W                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process  : FINJW360                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: FINP0586                   PROVIDER ACCOUNTS RECEIVABLE- WEEKLY ACTIVITY                  Page:       9999
                                                MM/DD/CCYY - MM/DD/CCYY


              LAST
PROVIDER    ACTIVITY         A/R     RSN   ----RECOUPMENT----      BEGINNING       CASH AMOUNT     OFFSET AMOUNT       ADJUSTMENT        ENDING
NUMBER       DATE           NUMBER   CODE  PERCENT      AMOUNT      BALANCE        THIS CYCLE      THIS CYCLE                          BALANCE
999999999  MMDDCCYY  9999999999999 9999  999.99 999,999,999.99 999,999,999.99   999,999,999.99   999,999,999.99   999,999,999.99   999,999,999.9
999999999  MMDDCCYY  9999999999999 9999  999.99 999,999,999.99 999,999,999.99   999,999,999.99   999,999,999.99   999,999,999.99   999,999,999.9
999999999  MMDDCCYY  9999999999999 9999  999.99 999,999,999.99 999,999,999.99   999,999,999.99   999,999,999.99   999,999,999.99   999,999,999.9
999999999  MMDDCCYY  9999999999999 9999  999.99 999,999,999.99 999,999,999.99   999,999,999.99   999,999,999.99   999,999,999.99   999,999,999.9

                                          TOTALS    9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.9

                                              * * END OF REPORT * *
```

2.8.112.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
A/R Number	This is the number used to track A/R's throughout the system.	13	Number	T_ACCT_REC	SAK_ACCT_REC
Adjustment	This is the change made to the A/R balance other than cash or offsets, such as state directed write-offs or increases.	11	Number	T_AR_CLAIM_XREF	NUM_ICN_MOM
Beginning Balance	This is the last receivable balance for this A/R number and provider prior to the start of the current financial cycle. This should equal the ending balance of the previous week's report.	11	Number	N/A	Calculated Field
Cash Amount This Cycle	This indicates cash payments made in this processing cycle to decrease an account receivable.	11	Number	N/A	Calculated Field
Ending Balance	This is the current account receivable balance after this cycle date. Calculated by taking the A/R Balance, less the cash amount this cycle, less the offset amount this cycle, and plus or minus the adjustments.	11	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Last Activity Date	This is the date the last activity was posted to the claims system. MMDDCCYY	10	Date (MM/DD/CCYY)	T_AR_DISP	DTE_GENERIC
Offset Amount This Cycle	This is the amount satisfied in this cycle due to offsetting amounts otherwise due to the provider.	11	Number	T_AR_DISP	AMT
Provider Number	This is the ID of the provider for whom the activity was posted.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Reason Code	This is the reason code assigned at the establishment of this A/R.	4	Number	T_ACCT_REC	CDE_REASON_FOUR
Recoupment %/$	This is the percent or dollar amount determined to be recouped from claims activity for each payment cycle until the A/R balance has been recovered.	20	Number	N/A	Calculated Field
Totals	These are the totals calculated for the appropriate columns.	80	Number	N/A	Calculated Field

2.8.112.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
finp0586	Create A\R activity report

2.8.112.6 Associated Requirements

ID
30.090.009.002.11
30.090.009.002.46
30.090.009.003.1

2.8.112.7 Change Orders

ID	Name	Description
6496	FIN-3000-D Not Processing Data	Provider Accounts Receivable Daily Activity Report -- FIN-3000-D not processing data Daily activity report is not picking up any A/R's that are setup daily.

2.8.113 FIN-3001-W -- Provider Accounts Receivable - Aging by Fund Code

This report lists all accounts receivable in aged category order. An 'X' in the 'Activity Flag' field indicates that the accounts receivable has aged 30 days with no activity within the last 30 day period. This report will be utilized to aid in the control of all aged account receivables and to report all accounts which are outstanding at the end of each financial cycle. In addition, it will be used to research and validate those accounts receivables which have aged greater than 15 days prior to collection action being initiated.

SORT ORDER BY The A/R's from t_acct_rec for the report are sorted by: ascending SAK_FUND_CODE (Fund Code System Assigned Key) followed by ascending Age of A/R (DTE_PARM_2 of 'FINREPRT' minus DTE_ADDED) followed by ascending Provider Number (ID_PROVIDER from corresponding t_pr_prov record concatenated with CDE_SERVICE_LOC), and finally ascending NUM_CONTROL_AR (FCN) order.

2.8.113.1 Technical Name

FIN-3001-W

2.8.113.2 Sort Order

Fund Code

Age of A/R

Provider Number

A/R Number

For readability, the report displays on the next page.

2.8.113.3 Provider Accounts Receivable - Aging by Fund Code Layout

```
Report  : FIN-3001-W                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/YYYY
Process : FINJW370                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: FINP3001                           PROVIDER ACCOUNTS RECEIVABLE                                   Page:      9,999
                                           OPEN STATUS AGING BY FUND CODE
                                                 PERIOD: MM/DD/YYYY

FUND:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PROVIDER  DAYS    LAST    LETTER  ACTIVITY     A/R        RSN  1OC     ORGINAL        CASH          OFFSET     ADJUSTMENT        BALANCE
NUMBER    OUTST   DATE     DATE     FLAG      NUMBER      CODE COD     AMOUNT        RECEIPTS        AMOUNT       AMOUNT

XXXXXXXXXX 9999 YYYYMMDD YYYYMMDD    X    9999999999999   XXXX  X 99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99   99,999,999.99
XXXXXXXXXX 9999 YYYYMMDD YYYYMMDD    X    9999999999999   XXXX  X 99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99   99,999,999.99
XXXXXXXXXX 9999 YYYYMMDD YYYYMMDD    X    9999999999999   XXXX  X 99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99   99,999,999.99
XXXXXXXXXX 9999 YYYYMMDD YYYYMMDD    X    9999999999999   XXXX  X 99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99   99,999,999.99
SUBTOTALS       90+                                                 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.999 999,999,999.99

FUND TOTALS                                                         999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.999 999,999,999.99

GRAND TOTALS                                                        9,999,999,999.99              9,999,999,999.99               9,999,999,999.99
                                                                                   9,999,999,999.99               9,999,999,999.99
```

2.8.113.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
A/R Number	This is the number used to track accounts receivable throughout the system.	13	Number	T_ACCT_REC	SAK_ACCT_REC
Activity Flag	This indicates if no activity has occurred within the last 30 days.	1	Character	N/A	N/A
Adjustment Amount	This indicates the changes made to the A/R balance other than cash or offsets, such as state directed write-offs or increases.	10	Number	N/A	Calculated Field
Balance	This is the original amount less any recovered amounts.	10	Number	N/A	Calculated Field
Cash Receipts	This indicates a manual payment made to the fund to decrease an account receivable file.	10	Number	T_CASH_RECEIPT	CHECK_AMT

Field	Description	Length	Data Type	DB Table	DB Attributes
Days Outst	This field indicates the number of days from the "effective date" to the current cycle date for this A/R number. The field will report in the following groupings: 121+ days, 91-120 days, 61-90 days, 31-60 days, 16-30 days, and 00-15 days.	4	Number	N/A	Calculated Field
Fund	This is the fund description of which the A/R is associated.	50	Character	T_FIN_FUND	DSC_FUND
Fund Totals	This is the subtotal amounts for each fund.	11	Number	N/A	Calculated Field
Grand Totals	This is the grand total for each column.	12	Character	N/A	Calculated Field
ICN	This is the claim number related to the account receivable.	13	Number	T_AR_CLM_XREF	NUM_ICN
Last Activity Date	This is the date on which the provider last had debit activity. CCYYMMDD	8	Number	T_AR_DISP	DTE_GENERIC
Letter Date	This is the date on which the accounts receivable became active. CCYYMMDD	8	Number	T_ACCT_REC	DTE_AR_LIABILITY
Offset Amount	This indicates the amount which has been offset from the weekly claim cycle to satisfy the accounts receivable to date. In addition, other state directed offsets will also be reflected in this field.	10	Number	T_AR_DISP	AMT
Original Amount	This is the original amount indicates the setup amount of the receivable.	10	Number	T_ACCT_REC	AMT_SETUP
Provider Number	This is the ID and service location of the provider for whom the A/R is established.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Reason Code	This indicates how and why the A/R was established.	4	Character	T_ACCT_REC	CDE_REASON_FOUR
Subtotals	This is the subtotal amounts for each aging period.	11	Number	N/A	Calculated Field

2.8.113.5 Associated Programs

Program	Description
finp3001	AR aging by Fund Code report
COLD Report Storage and Indexing	COLD Report Storage and Indexing
copy2routedir	Copy Reports to Router

2.8.113.6 Associated Requirements

ID
30.090.009.002.11
30.090.009.002.46
30.090.009.002.49
30.090.009.003.1

2.8.113.7 Change Orders

ID	Name	Description
1144	Modify FIN-3001-W AR AGING	Modify the existing Core AR Aging report FIN-3001-W to sort by provider number. Also create a new report FIN-8053-W to report Charge off status ARs.

2.8.114 FIN-3002-W -- Provider Accounts Receivable - Weekly Activity - by RSN Code

This report summarizes weekly activity associated with outstanding provider account receivables (A/R) for each financial cycle. This report will be utilized to aid in the tracking and control of account receivables, and to track all weekly activity associated with an outstanding A/R. This report will be grouped by reason code, including subtotals at reason code breaks.

SORT ORDER BY AR_DISP.DTE_GENERIC

SORT ORDER BY 7, 1

SORT GROUP BY NUM_CONTROL_AR, CDE_REASON_FOUR, AMT_MAX_RECOUP_AR, PCT_RECOUP, DTE_ADDED, ID_PROV_PRIMARY

SORT ORDER BY 6, 1

SORT GROUP BY NUM_CONTROL_AR, CDE_REASON_FOUR, DTE_AR_LIABILITY, DTE_ADDED, IND_STATUS, ID_PROV_PRIMARY

SORT ORDER BY 2, 7, 1

SORT GROUP BY BYN_CONTROL_AR, CDE_REASON_FOUR, AMT_MAX_RECOUP_AR, PCT_RECOUP, DTE_ADDED, ID_PROV_PRIMARY

2.8.114.1 Technical Name

FIN-3002-W

2.8.114.2 Sort Order

Reason Code

For readability, the report displays on the next page.

2.8.114.3 Provider Accounts Receivable - Weekly Activity - by RSN Code Layout

```
Report  : FIN-3002-W                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJW360                         MEDICAID MANAGEMENT INFORMATION SYSTEM               Run Time:   HH:MM:SS
Location: FINP0586                           PROVIDER ACCOUNTS RECEIVABLE                          Page:       9999
                                            WEEKLY ACTIVITY - BY RSN CODE
                                              MM/DD/CCYY - MM/DD/CCYY

                  LAST
   --PROVIDER--  ACTIVITY        A/R       ----RECOUPMENT----       BEGINNING      CASH AMOUNT    OFFSET AMOUNT      ADJUSTMENT        ENDING
      NUMBER       DATE         NUMBER     PERCENT      AMOUNT       BALANCE       THIS CYCLE      THIS CYCLE                         BALANCE
RSN CODE: 9999
  XXXXXXXXXX    XX/XX/XXXX  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99
  XXXXXXXXXX    XX/XX/XXXX  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99
  XXXXXXXXXX    XX/XX/XXXX  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99
  XXXXXXXXXX    XX/XX/XXXX  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99
  XXXXXXXXXX    XX/XX/XXXX  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99
  XXXXXXXXXX    XX/XX/XXXX  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99
                                     SUBTOTAL FOR REASON CODE:     99,999,999.99   99,999,999.99   99,999,999.99   99,999,999.99   99,999,999.99

RSN CODE: 9999
  XXXXXXXXXX    XX/XX/XXXX  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99
  XXXXXXXXXX    XX/XX/XXXX  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99
  XXXXXXXXXX    XX/XX/XXXX  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99
  XXXXXXXXXX    XX/XX/XXXX  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99
  XXXXXXXXXX    XX/XX/XXXX  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99
  XXXXXXXXXX    XX/XX/XXXX  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99    9,999,999.99
                                     SUBTOTAL FOR REASON CODE:     99,999,999.99   99,999,999.99   99,999,999.99   99,999,999.99   99,999,999.99

                                                   TOTALS:         99,999,999.99   99,999,999.99   99,999,999.99   99,999,999.99   99,999,999.99

                                        * * * * END OF REPORT * * * *
```

2.8.114.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
A/R Number	This is the number used to track accounts receivable throughout the system.	13	Number	T_ACCT_REC	SAK_ACCT_REC
Adjustment	These are the changes made to the A/R balance other than cash or offsets, such as state directed write-offs or increases.	11	Number	T_AR_CLAIM_XREF	NUM_ICN_MOM
Beginning Balance	This is the last receivable balance for this A/R number and provider prior to the start of the current financial cycle. This should equal the ending balance of the previous weeks report.	11	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Cash Amount This Cycle	This indicates the cash payments made in this processing cycle to decrease an account receivable.	11	Number	N/A	Calculated Field
Ending Balance	This is the current Account Receivable balance after this cycle date. Calculated by taking the A/R Balance At the Beginning of the Cycle, less the Cash Receipts This Cycle, less the Offset Amount This Cycle, and plus or minus the Adjustments.	11	Number	N/A	Calculated Field
Last Activity Date	This is the date the last activity was posted to the claims system.	10	Date (MM/DD/CCYY)	T_AR_DISP	DTE_GENERIC
Offset Amount This Cycle	This is the Amount satisfied in this cycle due to offsetting amounts otherwise due to the provider.	11	Number	T_AR_DISP	AMT
Provider Number	This is the ID of the provider for whom the activity was posted.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
RSN Code	This is the reason code assigned at the establishment of this A/R.	4	Character	T_ACCT_REC	CDE_REASON_FOUR
Recoupment Amount	This is the dollar amount determined to be recouped from claims activity for each payment cycle until the A/R balance has been recovered.	11	Number	N/A	Calculated Field
Recoupment Percent	This is the percent amount determined to be recouped from claims activity for each payment cycle until the A/R balance has been recovered.	5	Number	N/A	Calculated Field
Subtotals	This is the subtotal for each column.	11	Number	N/A	Calculated Field
Totals	This is the total for each column.	12	Number	N/A	Calculated Field

2.8.114.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
finp0586	Create A\R activity report

2.8.114.6 Associated Requirements

ID
30.090.009.002.11
30.090.009.002.39
30.090.009.002.46
30.090.009.003.1

2.8.114.7 Change Orders

ID	Name	Description
4611	Prov A/R Wk Activity by RSN Code	PWB shows: PROVIDER ACCOUNTS RECEIVABLE WEEKLY ACTIVITY - BY RSN CODE on 1 line; OnBase shows it on 2 lines. advance in reason code is keyed as (Advance0 -- instead of being enclosed in ()

2.8.115 FIN-3003-W -- Weekly Accounts Receivable Summary

This report lists out summary information for accounts receivables setups, recoupments, and counts for the previous Financial cycle.

2.8.115.1 Technical Name

FIN-3003-W

2.8.115.2 Sort Order

N/A. Totals only.

2.8.115.3 Weekly Accounts Receivable Summary Layout

```
Report  : FIN-3003-W                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/YYYY
Process : FINJW375                       MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: FINP3003                         WEEKLY ACCOUNTS RECEIVABLE SUMMARY                              Page:      9,999
                                             PERIOD: MM/DD/YYYY - MM/DD/YYYY


  Accounts Receivable Set Up (System) ............      99,999,999.99
  Accounts Receivable Set Up (Manual) ............      99,999,999.99
                                                     ==================
     Total AR Set Up ..............................      99,999,999.99


  Accounts Receivable Recoupments (System) .......      99,999,999.99
  Accounts Receivable Recoupments (Manual) .......      99,999,999.99
                                                     ==================
     Total AR Recoupment ..........................      99,999,999.99


  Number of Open Accounts Receivables ............         99,999,999


  Original Setup Amount of Open AR's .............      99,999,999.99
  Recouped Amount of Open AR's ...................      99,999,999.99
                                                     ==================
    Outstanding Balance of Open AR's .............      99,999,999.99


                                              * * * * END OF REPORT * * * *
```

2.8.115.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Accounts Receivable Recoupments (Manual)	This is the amount of AR's manually recouped for the date parameters of the Financial cycle.	10	Number	T_AR_DISP	AMT
Accounts Receivable Recoupments (System)	This is the amount of AR's recouped by the system for the date parameters of the Financial cycle.	10	Number	T_AR_DISP	AMT
Accounts Receivable Set Up (Manual)	This is the amount of AR's manually setup for the date parameters of the Financial cycle.	10	Number	T_ACCT_REC	AMT_SETUP
Accounts Receivable Set Up (System)	This is the amount of AR's setup by the system for the date parameters of the Financial cycle.	10	Number	T_ACCT_REC	AMT_SETUP
Number of Open Accounts Receivables	This is the number of Open Accounts Receivables at the end of the Financial cycle.	8	Number	N/A	Calculated Field
Original Setup Amount of Open AR's	This is the original setup amount of all AR's still in the Open status.	10	Number	T_ACCT_REC	AMT_SETUP
Outstanding Balance of Open AR's	This is the difference between the Original Setup Amount and the Amount Recouped for all open AR's.	10	Number	N/A	Calculated Field
Recouped Amount of Open AR's	This is the recouped amount of all AR's still in the Open status.	10	Number	N/A	Calculated Field
Total AR Recoupment	This is the sum of the AR recoupments manually and systematically recouped for the date parameters of the Financial cycle.	10	Number	N/A	Calculated Field
Total AR Set Up	This is the sum of the AR's setup systematically and manually during the dates of the Financial cycle.	10	Number	N/A	Calculated Field

2.8.115.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
finp3003	Creates the Accounts Receivable Summary Report

2.8.115.6 Associated Requirements

ID
30.090.009.002.11
30.090.009.003.1

2.8.115.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.116 FIN-3004-W -- Provider Accounts Receivable - Aging by Provider

This report lists all open accounts receivable by provider id, AR number.

2.8.116.1 Technical Name

FIN-3004-W

2.8.116.2 Sort Order

Provider Number

2.8.116.3 Provider Accounts Receivable - Aging by Provider Layout

```
Report  : FIN-3004-W                                    COMMONWEALTH OF KENTUCKY                                    Run Date: MM/DD/CCYY
Process : FINJW371                                MEDICAID MANAGEMENT INFORMATION SYSTEM                        Run Time:   HH:MM:SS
Location: FIN3004w                                         ACCOUNTS RECEIVABLE                                        Page:       9999
                                                         AGING BY PROVIDER ID
                                                   PERIOD: MM/DD/YYYY - MM/DD/YYYY

AR NUM        CLAIM            MEMBER            MEMBER        DOS         AR EFF  LAST ACT.  DAYS   ORIGINAL AMT  AMOUNT APPLIED       BALANCE
              TYPE              NAME             NUMBER        FROM - TO   DATE    DATE       OUTST.               TO DATE
XXXXXXXXXX
XXXXXXXXXX
XXXXXXXXXXXXX
XXXXXXXXXXXXXXX
XXXXXXXXXX, XX 99999-9999
(999) 999-9999
XXXXXXXXXXXXX  X    XXXXXXXXXXXXXXXXXXXXXXXXXXX    999999999  YYYYMMDD- YYYYMMDD YYYYMMDD  YYYYMMDD  9999  99,999,999.99  99,999,999.99  999,999,999.99

Total for 999999999-X : $ 999,999,999.99



Beginning AR Balance : $  999,999,999.99
Recouped this week   : $  999,999,999.99
Ending AR Balance    : $  999,999,999.99

                                                  * * * END OF REPORT * * *
```

2.8.116.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
A/R Number	This is the number used to track accounts receivable throughout the system.	13	Number	T_ACCT_REC	SAK_ACCT_REC
Adjustment Amount	This indicates the changes made to the A/R balance other than cash or offsets, such as state directed write-offs or increases.	10	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount Applied	This indicates the amount which has been offset from the weekly claim cycle to satisfy the accounts receivable to date. In addition, other state directed offsets will also be reflected in this field.	10	Number	N/A	Calculated Field
Balance	This is the original amount less any recovered amounts.	10	Number	N/A	Calculated Field
Beginning AR Balance	The beginning AR balance is the sum of all open provider ARs less the Amount dispositioned for the ARs	11	Number	N/A	Calculated Field
Claim type	This is the claim type of the claim associated with the AR.	1	Character	T_HIST_DIRECTORY	CDE_CLM_TYPE
Days Outstanding	This field is the number of days from the "effective date" to the current report date for this A/R number.	4	Number	N/A	Calculated Field
Effective Date	This is the date on which the accounts receivable became active. CCYYMMDD	8	Number	T_ACCT_REC	DTE_EFFECTIVE
Ending AR Balance	The Ending AR Balance is the Beginning AR Balance less the recouped amount for the period. It will also be equal to the sum of the provider sub-totals.	11	Number	N/A	Calculated Field
Last Activity Date	This is the date on which the provider last had debit activity. CCYYMMDD	8	Number	T_AR_DISP	DTE_GENERIC
Original Amount	This is the original amount indicates the setup amount of the receivable.	10	Number	T_ACCT_REC	AMT_SETUP
Provider Address	This is the address of the Provider	50	Character	T_PR_ADR	CONCATENATE
Provider Address	This is the address of the provider that owns the AR.	30	Character	T_PR_ADR	CONCATENATE
Provider City	This is the city of the provider that owns the AR.	15	Character	T_PR_ADR	ADR_MAIL_CITY

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider Name	This is the name of the provider that owns the AR.	50	Character	T_PR_NAM	NAME
Provider Number	This is the ID and service location of the provider for whom the A/R is established.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Provider Phone	This is the phone of the provider that owns the AR.	14	Character	T_PR_ADR	ADR_MAIL_PHONE
Provider State	This is the state of the provider that owns the AR.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Provider Subtotals	This is the sum of the balances for the provider.	11	Number	N/A	Calculated Field
Provider Tax ID	This is the tax id of the provider that owns the AR.	10	Character	T_PR_TAX_ID	NUM_TAX_ID
Provider Zip	This is the zip of the provider that owns the AR.	10	Character	T_PR_ADR	ADR_MAIL_ZIP
Recouped this week amount	The recouped amount is the sum of all dispositions that occurred during the reporting period.	11	Number	N/A	Calculated Field
Service Location Code	This is a one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_PR_SVC_LOC	CDE_SVC_LOC

2.8.116.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
fin3004w	AR Aging Report by Provider
finp3003	Creates the Accounts Receivable Summary Report
copy2routedir	Copy Reports to Router

2.8.116.6 Associated Requirements

ID
30.090.007.002.2D
30.090.009.002.11
30.090.009.003.1

2.8.116.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.117 FIN-3005-M -- Non-Provider Accounts Receivable

This report is sequenced by the member number, then by the receipt date. This report summarizes accounts receivable information for all non-providers. A non-provider is a member that has an outstanding accounts receivable. The report provides the member number, then the request date, followed by the request amount, after that it is broken down into multiple receipt dates. Each receipt date has a receipt number, a receipt amount, and a receipt to date.

This process repeats itself for all of the member numbers

SORT ORDER BY ID_MEDICAID, DTE_ADDED

2.8.117.1 Technical Name

FIN-3005-M

2.8.117.2 Sort Order

Member ID

Receipt Date

2.8.117.3 Non-Provider Accounts Receivable Layout

```
Report  : FIN-3005-M                          COMMONWEALTH OF KENTUCKY                                    Run Date: MM/DD/YYYY
Process : FINJM610                      MEDICAID MANAGEMENT INFORMATION SYSTEM                        Run Time:      HH:MM
Location: FINP2060                      NON-PROVIDER ACCOUNTS RECEIVABLE REPORT                           Page:       9999
                                                      MM/DD/CCYY

 MEMBER                                                    LETTER      LAST-ACT          ORIGINAL          APPLIED          BALANCE
 ID           MEMBER NAME                      AR NUMBER    DATE        DATE                AMOUNT           AMOUNT           AMOUNT
 ------------ -------------------------------- ------------- ---------- ---------- --------------- --------------- --------------
 99999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY  $9,999,999.99   $9,999,999.99   $9,999,999.99
 99999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY  $9,999,999.99   $9,999,999.99   $9,999,999.99
                                                                                 ---------------- ---------------- ----------------
                                                                        TOTALS:    $99,999,999.99  $99,999,999.99  $99,999,999.99
                                                                                                                  ================

                                                  ** END OF REPORT **
```

2.8.117.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
AR Number	This is the system generated accounts receivable number.	13	Number	T_ACCT_REC	SAK_PAYEE
Applied Amount	This is the amount that has been applied to date.	13	Number	T_AR_DISP	AMT
Balance Amount	This is the outstanding balance of the A/R at the time of the report.	13	Number	N/A	Calculated Field
Last-Act Date	This is the last date that the A/R reflects as activity.	10	Date (MM/DD/CCYY)	T_AR_DISP	DTE_GENERIC
Letter Date	This is the date that the A/R was set up.	10	Date (MM/DD/CCYY)	T_ACCT_REC	DTE_AR_LIABILITY
Member ID	This is the member's ID.	12	Character	T_RE_BASE	MEMBER_ID
Member Name	This is the member's name.	50	Character	T_RE_BASE	CONCATENATION
Original Amount	This is the original set up amount of the A/R.	13	Number	T_ACCT_REC	AMT_SETUP
Totals	This is the totals for original amount, applied amount, and balance amount.	13	Number	N/A	Calculated Field

2.8.117.5 Associated Programs

Program	Description
finp2060	The Monthly Non-provider Accounts Receivable report program
copy2routedir	Copy Reports to Router

2.8.117.6 Associated Requirements

ID
30.090.007.002.2D
30.090.009.003.1

2.8.117.7 Change Orders

ID	Name	Description
4610	Non Provider Accts Receivable	Date on header in PWB reads: MM/DD/CCYY. OnBase reads: October. Third column in PWB reads: AR number. OnBase reads: ACCTNUM

2.8.118 FIN-3010-W -- Manually Recovered Accounts Receivable

This is a report of all A/R's that will not be systematically recouped. These A/R's have been set up for providers and will be processed and recouped by means of the provider sending in payments.

This report will show all AR's that have been marked as manually recoverable. These AR's should not be recouped during a normal batch cycle unless the recoupment indicator is changed.

SORT GROUP BY NUM_CONTROL_AR, SAK_PAYEE, CDE_PAYEE_TYPE, DTE_ADDED, DTE_AR_LIABILITY, DSC_PAYEE, ID_PROV_PRIMARY

2.8.118.1 Technical Name

FIN-3010-W

2.8.118.2 Sort Order

Payee Type Code

2.8.118.3 Manually Recovered Accounts Receivable Layout

```
Report  : FIN-3010-W                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : FINJW600                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:      HH:MM
Location: FINP2061                      MANUALLY RECOVERED ACCOUNTS RECEIVABLE                              Page:       9999
                                                   AS OF MM/DD/CCYY

PAYEE TYPE: XXXXXXXXXXXXXXXXXXXX
                                                          LETTER      LAST-ACT          ORIGINAL          APPLIED          BALANCE
PAYEE ID      PAYEE NAME                        AR NUMBER   DATE        DATE                AMOUNT           AMOUNT           AMOUNT
------------  ------------------------------- ----------  ----------  ----------  --------------   --------------   --------------
9999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXX  MM/DD/CCYY  MM/DD/CCYY   99,999,999.99    99,999,999.99    99,999,999.99
9999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXX  MM/DD/CCYY  MM/DD/CCYY   99,999,999.99    99,999,999.99    99,999,999.99
9999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXX  MM/DD/CCYY  MM/DD/CCYY   99,999,999.99    99,999,999.99    99,999,999.99
9999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXX  MM/DD/CCYY  MM/DD/CCYY   99,999,999.99    99,999,999.99    99,999,999.99
9999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXX  MM/DD/CCYY  MM/DD/CCYY   99,999,999.99    99,999,999.99    99,999,999.99
9999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXX  MM/DD/CCYY  MM/DD/CCYY   99,999,999.99    99,999,999.99    99,999,999.99
                                                                                   ---------------- ---------------- ----------------
                                                                          TOTALS:   999,999,999.99   999,999,999.99   999,999,999.99
                                                                                                                     ================

                                                   ** END OF REPORT **
```

2.8.118.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
AR Number	This is the account number.	13	Number	T_PR_IDENTIFIER	ID_PROVIDER
Applied Amount	This is the amount that has been dispositioned towards the AR balance.	11	Number	T_AR_DISP	AMT
Balance Amount	This is the outstanding balance of the A/R at the time of the report.	11	Number	N/A	Calculated Field
Last-Act Date	This is the date that the A/R received it last recoupment.	10	Date (MM/DD/CCYY)	T_AR_DISP	DTE_GENERIC
Letter Date	This is the date that the A/R was set up.	10	Date (MM/DD/CCYY)	T_ACCT_REC	DTE_AR_LIABILITY
Original Amount	This is the original set up amount of the A/R.	11	Number	T_ACCT_REC	AMT_SETUP
Payee ID	This is the payee id of the person who the AR is setup.	10	Character	T_PR_IDENTIFIER	Calculated Field
Payee Type	This is the type of payee.	20	Character	T_FIN_PAYEE	PAYEE_TYPE
Provider Name	This is the payee name.	30	Character	T_PR_NAM	NAME

2.8.118.5 Associated Programs

Program	Description
finp2061	The Weekly Manual Recovery Accounts Receivable report program

2.8.118.6 Associated Requirements

ID
30.090.009.003.1

2.8.118.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.119 FIN-4000-W -- Provider Lien Activity

The information on this report details provider lien activity for the current and previous payment cycles. The provider lien activity report is used to show the current status of a provider lien.

SORT GROUP BY: CDE_PAYEE_TYPE, SAK_LIEN, CDE_REASON_LIEN, CDE_STATUS1, AMT_ORIGINAL_LEIN, AMT_LEIN_RATE, PCT, SAK_PAYEE, SAK_FIN_CYCLE,

2.8.119.1 Technical Name

FIN-4000-W

2.8.119.2 Sort Order

Provider Number

Lien Number

Service Location Code

2.8.119.3 Provider Lien Activity Layout

```
Report  : FIN-4000-W                          COMMONWEALTH OF KENTUCKY                                Run Date: MM/DD/CCYY
Process : FINJW350                      MEDICAID MANAGEMENT INFORMATION SYSTEM                        Run Time:      HH:MM
Location: FINP1180                                LIEN ACTIVITY                                          Page:       9999
                                         MM/DD/CCYY - MM/DD/CCYY

PAYEE TYPE: XXXXXXXXXXXXXXX

PAYEE    STATUS  LIEN     LIEN     RSN     ORIG LIEN       LIEN PAYMENTS           APPLIEND AMOUNT            INCREASE     BALANCE
ID               DATE    NUMBER   CODE      AMOUNT       %              $       THIS WEEK       TO DATE        /DECREASE

999999999 9 MMDDCCYY  999999999  9999  99,999,999.99  999.99 99,999,999.99 99,999,999.99 99,999,999.99 99,999,999.99 99,999,999.99
999999999 9 MMDDCCYY  999999999  9999  99,999,999.99  999.99 99,999,999.99 99,999,999.99 99,999,999.99 99,999,999.99 99,999,999.99
999999999 9 MMDDCCYY  999999999  9999  99,999,999.99  999.99 99,999,999.99 99,999,999.99 99,999,999.99 99,999,999.99 99,999,999.99
999999999 9 MMDDCCYY  999999999  9999  99,999,999.99  999.99 99,999,999.99 99,999,999.99 99,999,999.99 99,999,999.99 99,999,999.99
999999999 9 MMDDCCYY  999999999  9999  99,999,999.99  999.99 99,999,999.99 99,999,999.99 99,999,999.99 99,999,999.99 99,999,999.99
999999999 9 MMDDCCYY  999999999  9999  99,999,999.99  999.99 99,999,999.99 99,999,999.99 99,999,999.99 99,999,999.99 99,999,999.99
999999999 9 MMDDCCYY  999999999  9999  99,999,999.99  999.99 99,999,999.99 99,999,999.99 99,999,999.99 99,999,999.99 99,999,999.99

                      GRAND TOTALS    999,999,999.99  999.99 99,999,999.99 99,999,999.99 99,999,999.99 99,999,999.99 99,999,999.99
```

2.8.119.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Applied Amount This Week	This indicates the dollar amount from claims processing that was applied to the lien this week.	11	Number	T_LIEN_DISP	AMT_DISPOSITION
Applied Amount To Date	This indicates the dollar amount from claims processing that was applied to the lien to date.	11	Number	T_LIEN_DISP	AMT_DISPOSITION
Balance	This indicates the difference between the original amount, less any payments made to date or any increases/decreases made.	11	Number	N/A	Calculated Field
Grand Total Amount	This is the Grand Total of each amount column.	11	Number	N/A	Calculated Field
Grand Total Percentage	This is the Grand total of percentage column.	5	Number	N/A	Calculated Field
Increase/Decrease	This indicates the dollar amount that the lien amount increased or decreased by a manual adjustment during the current weekly cycle.	11	Number	T_LIEN_DISP	AMT_DISPOSITION
Lien Date	This is the setup date of the original lien transaction. MMDDCCYY	8	Number	T_LIEN	DTE_ADDED
Lien Number	This is the number used to track the lien through the system.	9	Character	T_LIEN	SAK_LIEN
Lien Payment Amount	This indicates the dollar amount of the provider's total weekly claims payment to be deducted each cycle.	11	Number	T_LIEN	AMT_ORIGINAL_LIEN
Lien Payment Percent	This indicates the percentage of the provider's total weekly claims payment to be deducted each cycle.	5	Number	T_LIEN	PCT
Lien Status	This is the lien status. O = Open, C = Closed	1	Character	T_LIEN	CDE_STATUS1
Original Lien Amount	This indicates the initial setup amount associated with this lien.	11	Number	T_LIEN	AMT_ORIGINAL_LIEN

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider Number	This indicates the specific provider number's payments that the lien amount will be deducted from.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Reason Code	This indicates the reason why a lien is issued and the source of the lien document.	4	Character	T_ACCT_REC	CDE_REASON_FOUR
Status	This indicates the current status (open or closed).	1	Character	T_LIEN	CDE_STATUS1

2.8.119.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
finp1180	Produce lien activity report

2.8.119.6 Associated Requirements

ID
30.090.009.002.45
30.090.009.003.1

2.8.119.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.120 FIN-4050-W -- Payment Hold - Weekly Summary Report by Provider

The report will reflect, by provider, both a total count and a total dollar amount associated with claims and financial transactions on hold. This report will also give a total dollar amount for all transactions. The report is designed to show by provider how many claims and financial transactions are being held and the dollar amount associated with those claims. It will be used to determine the impact of claim payment holds on providers.

2.8.120.1 Technical Name

FIN-4050-W

2.8.120.2 Sort Order

Provider

For readability, the report displays on the next page.

2.8.120.3 Payment Hold - Weekly Summary Report by Provider Layout

```
Report   : FIN-4050-W                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process  : FINJW380                 MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   99:99:99
Location: FINP0503                             PAYMENT HOLD                              Page:       9999
                                          WEEKLY SUMMARY BY PAYEE
                                          MM/DD/CCYY - MM/DD/CCYY

---- PAYEE -----          --FINANCIAL TRANSACTIONS--        -----CLAIMS PROCESSING--------
ID          TYPE          COUNT                AMOUNT       COUNT          APPROVED TO PAY          TOTAL AMOUNT

9999999999    X        99,999,999       999,999,999.99    99,999,999        999,999,999.99        999,999,999.99
9999999999    X        99,999,999       999,999,999.99    99,999,999        999,999,999.99        999,999,999.99
9999999999    X        99,999,999       999,999,999.99    99,999,999        999,999,999.99        999,999,999.99
9999999999    X        99,999,999       999,999,999.99    99,999,999        999,999,999.99        999,999,999.99
9999999999    X        99,999,999       999,999,999.99    99,999,999        999,999,999.99        999,999,999.99
9999999999    X        99,999,999       999,999,999.99    99,999,999        999,999,999.99        999,999,999.99
9999999999    X        99,999,999       999,999,999.99    99,999,999        999,999,999.99        999,999,999.99
9999999999    X        99,999,999       999,999,999.99    99,999,999        999,999,999.99        999,999,999.99
9999999999    X        99,999,999       999,999,999.99    99,999,999        999,999,999.99        999,999,999.99
9999999999    X        99,999,999       999,999,999.99    99,999,999        999,999,999.99        999,999,999.99
9999999999    X        99,999,999       999,999,999.99    99,999,999        999,999,999.99        999,999,999.99
9999999999    X        99,999,999       999,999,999.99    99,999,999        999,999,999.99        999,999,999.99
9999999999    X        99,999,999       999,999,999.99    99,999,999        999,999,999.99        999,999,999.99

  REPORT TOTALS        99,999,999       999,999,999.99    99,999,999        999,999,999.99      9,999,999,999.99

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

2.8.120.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Claim Processing Approved To Pay Amount	This indicates the approved to pay amount of all claims on hold, by provider.	11	Number	N/A	Calculated Field
Claim Processing Count	This indicates the count for the financial transactions on hold, by provider.	8	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Financial Transactions Amount	This indicates the dollar amount for the financial transactions on hold, by provider.	11	Number	N/A	Calculated Field
Financial Transactions Count	This indicates the number of financial transactions on hold, by provider.	8	Number	N/A	Calculated Field
Payee ID	This is the unique number used to identify the specific provider that the hold is being administered against.	10	Character	T_PAY_HOLD_PAY	SAK_PAYEE
Payee Type	This identifies the payee types defined within financial.	1	Character	T_PAY_HOLD_PAYEE	CDE_PAYEE_TYPE
Total Amounts	This is the total of the amount for a provider.	11	Number	N/A	Calculated Field
Totals (Amount)	This is the total of each column	11	Number	N/A	Calculated Field
Totals (Count)	This is the total counts	8	Number	N/A	Calculated Field

2.8.120.5 Associated Programs

Program	Description
finp0503	Payment Holds reports
copy2routedir	Copy Reports to Router

2.8.120.6 Associated Requirements

ID
30.090.009.003.1

2.8.120.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.121 FIN-4051-W -- Payment Hold - Weekly Summary by Fund Code

The report will reflect both a total count and a total dollar amount associated with claims and financial transactions on hold, by fund code. This report will also give a total dollar amount for all transactions. The claim payment hold weekly report is designed to show, by fund code, how many claims and financial transactions are being held and the dollar amount associated with the claim payment hold. It will also be used to determine the impact of claim payment holds on a specific fund code each week.

2.8.121.1 Technical Name

FIN-4051-W

2.8.121.2 Sort Order

Fund Code

For readability, the report displays on the next page.

2.8.121.3 Payment Hold - Weekly Summary by Fund Code Layout

```
Report  : FIN-4051-W                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/YYYY
Process : FINJW380                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: FINP0503                                     PAYMENT HOLD                                          Page:      9,999
                                                 WEEKLY SUMMARY BY FUND CODE
                                                  MM/DD/CCYY - MM/DD/CCYY

    FUND:XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

    ---- PAYEE -----            --FINANCIAL TRANSACTIONS--          -----CLAIMS PROCESSING--------
    ID          TYPE            COUNT                AMOUNT          COUNT          APPROVED TO PAY          TOTAL AMOUNT

    9999999999    X        99,999,999       999,999,999.99      99,999,999          999,999,999.99        999,999,999.99
    9999999999    X        99,999,999       999,999,999.99      99,999,999          999,999,999.99        999,999,999.99
    9999999999    X        99,999,999       999,999,999.99      99,999,999          999,999,999.99        999,999,999.99
    9999999999    X        99,999,999       999,999,999.99      99,999,999          999,999,999.99        999,999,999.99
    9999999999    X        99,999,999       999,999,999.99      99,999,999          999,999,999.99        999,999,999.99
    9999999999    X        99,999,999       999,999,999.99      99,999,999          999,999,999.99        999,999,999.99

      PROGRAM TOTALS       99,999,999       999,999,999.99      99,999,999          999,999,999.99      9,999,999,999.99


    FUND:XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

    9999999999    X        99,999,999       999,999,999.99      99,999,999          999,999,999.99        999,999,999.99
    9999999999    X        99,999,999       999,999,999.99      99,999,999          999,999,999.99        999,999,999.99
    9999999999    X        99,999,999       999,999,999.99      99,999,999          999,999,999.99        999,999,999.99
    9999999999    X        99,999,999       999,999,999.99      99,999,999          999,999,999.99        999,999,999.99
    9999999999    X        99,999,999       999,999,999.99      99,999,999          999,999,999.99        999,999,999.99
    9999999999    X        99,999,999       999,999,999.99      99,999,999          999,999,999.99        999,999,999.99
    9999999999    X        99,999,999       999,999,999.99      99,999,999          999,999,999.99        999,999,999.99

      PROGRAM TOTALS       99,999,999       999,999,999.99      99,999,999          999,999,999.99      9,999,999,999.99


      REPORT TOTALS        99,999,999       999,999,999.99      99,999,999          999,999,999.99      9,999,999,999.99

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

2.8.121.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Claim Processing Approved Pay Amount	This indicates the dollar amount of all claims approved to pay on hold by provider.	10	Number	N/A	Calculated Field
Claim Processing Count	This indicates the number claims on hold by provider.	8	Number	N/A	Calculated Field
Financial Transactions Amount	This indicates the dollar amount for the financial transactions on hold by provider.	10	Number	N/A	Calculated Field
Financial Transactions Count	This indicates the number of financial transactions on hold by provider.	8	Number	N/A	Calculated Field
Fund Code	This indicates which fund code the claim payment hold is associated with.	35	Character	T_FIN_FUND_CODE	DSC_FUND
Payee ID	This is the unique number used to identify the specific provider that the hold is being administered against.	10	Character	T_PAY_HOLD_PAY	SAK_PAYEE
Payee Type	This identifies the payee types defined within financial.	1	Character	T_PAY_HOLD_PAYEE	CDE_PAYEE_TYPE
Program Total Amounts	This is the program totals for each amount column.	12	Number	N/A	Calculated Field
Program Total Counts	This is the program totals for each count column.	8	Number	N/A	Calculated Field
Total Amount	This indicates the total dollar amount for both claims processed and financial transactions on hold by provider.	11	Number	N/A	Calculated Field
Totals (amount)	This is the grand total for the amount columns.	12	Number	N/A	Calculated Field
Totals (count)	This is the grand total for the count columns.	12	Number	N/A	Calculated Field

2.8.121.5 Associated Programs

Program	Description
finp0503	Payment Holds reports
copy2routedir	Copy Reports to Router

2.8.121.6 Associated Requirements

ID
30.090.009.003.1

2.8.121.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.122 FIN-4052-W -- Payment Hold - Aging

This report lists all claim payment hold requests which have aged greater than 30 days. Included are the total number financial transactions and claims which are impacted by the hold and their associated dollar amount. The Claim Payment Hold Aging Report is designed to show, by control number, claim payment holds will have been kept in 'effective' status greater than 30 days. This report will be used to monitor aged holds on a weekly basis to ensure that claim payment holds have been updated with release dates, if applicable. The appropriate staff will review this report and validate that all holds which have aged greater than 30 days have been appropriately authorized.

2.8.122.1 Technical Name

FIN-4052-W

2.8.122.2 Sort Order

Control Number

2.8.122.3 Payment Hold - Aging Layout

```
Report   : FIN-4052-W                    COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process  : FINJW380                  MEDICAID MANAGEMENT INFORMATION SYSTEM                Run Time:   HH:MM:SS
Location: FINP0503                       PAYMENT HOLD AGING (> 30 DAYS)                        Page:       9999
                                             MM/DD/CCYY - MM/DD/CCYY

      CONTROL            --FINANCIAL TRANSACTIONS--        ------CLAIMS PROCESSING-------
      NUMBER             COUNT              AMOUNT         COUNT            AMOUNT              TOTAL AMOUNT

      99999999       99,999,999       999,999,999.99     99,999,999       999,999,999.99       999,999,999.99
      99999999       99,999,999       999,999,999.99     99,999,999       999,999,999.99       999,999,999.99
      99999999       99,999,999       999,999,999.99     99,999,999       999,999,999.99       999,999,999.99
      99999999       99,999,999       999,999,999.99     99,999,999       999,999,999.99       999,999,999.99
      99999999       99,999,999       999,999,999.99     99,999,999       999,999,999.99       999,999,999.99
      99999999       99,999,999       999,999,999.99     99,999,999       999,999,999.99       999,999,999.99
      99999999       99,999,999       999,999,999.99     99,999,999       999,999,999.99       999,999,999.99
      99999999       99,999,999       999,999,999.99     99,999,999       999,999,999.99       999,999,999.99
      99999999       99,999,999       999,999,999.99     99,999,999       999,999,999.99       999,999,999.99
      99999999       99,999,999       999,999,999.99     99,999,999       999,999,999.99       999,999,999.99

       TOTALS        99,999,999       999,999,999.99     99,999,999       999,999,999.99     9,999,999,999.99

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

2.8.122.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Claims Amount	This indicates the approved to pay amount of all claims on hold.	11	Number	N/A	Calculated Field
Claims Count	This indicates the number claims on hold.	8	Number	N/A	Calculated Field
Control Number	This is a unique number assigned to each claim payment hold requested by an authorizing agent.	8	Number	T_PAYMENT_HOLD	CONTROL_NUM
Financial Transactions Amount	This indicates the dollar amount for the financial transactions on hold.	11	Number	N/A	Calculated Field
Financial Transactions Count	This indicates the number of financial transactions on hold.	8	Number	N/A	Calculated Field
Total Amount	This indicates the total dollar amount for both claims processed and financial transactions on hold.	11	Number	N/A	Calculated Field
Total Counts	This indicates the total number of financial transactions and claims.	8	Number	N/A	Calculated Field

2.8.122.5 Associated Programs

Program	Description
finp0503	Payment Holds reports
copy2routedir	Copy Reports to Router

2.8.122.6 Associated Requirements

ID
30.090.009.003.1

2.8.122.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.123 FIN-5001-A -- 1099 Exception

Produced annually, this report, sorted by tax ID and provider number, lists all errors encountered during the 1099 process. The errors reported are: Total Amount Paid is Less than $600.00, Provider Number is Not On File, Provider Pay to Name Missing, Provider Pay to Address Missing, and Provider EIN/SSN is Missing or Invalid. The report displays the tax ID, the provider ID, the location code (LOC), the amount, and the error message that correspond to the tax ID.

2.8.123.1 Technical Name

FIN-5001-A

For readability, the report displays on the next page.

2.8.123.2 Sort Order

Tax ID

2.8.123.3 1099 Exception Layout

```
Report   : FIN-5001-A                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process  : FINJ1099_40             MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   99:99:99
Location: FINP1550                            1099 EXCEPTION                            Page:       9999
                                               MM/DD/CCYY


  TAX ID       PROVIDER ID                AMOUNT                        ERROR MESSAGE

XXX-XX-XXXX     XXXXXXXXXX              99,999,999.99              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX-XX-XXXX     XXXXXXXXXX              99,999,999.99              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX-XX-XXXX     XXXXXXXXXX              99,999,999.99              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX-XX-XXXX     XXXXXXXXXX              99,999,999.99              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX-XX-XXXX     XXXXXXXXXX              99,999,999.99              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX-XX-XXXX     XXXXXXXXXX              99,999,999.99              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX-XX-XXXX     XXXXXXXXXX              99,999,999.99              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX-XX-XXXX     XXXXXXXXXX              99,999,999.99              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX-XX-XXXX     XXXXXXXXXX              99,999,999.99              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX-XX-XXXX     XXXXXXXXXX              99,999,999.99              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX-XX-XXXX     XXXXXXXXXX              99,999,999.99              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX-XX-XXXX     XXXXXXXXXX              99,999,999.99              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


                                      *** END OF REPORT ***
```

2.8.123.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount	This is the net dollar amount of the entity for which a 1099 is being processed.	10	Number	N/A	Calculated Field
Error Message	This is the description of the error encountered during the 1099 process	30	Character	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Number of Records	This is the number of error records.	6	Number	N/A	Calculated Field
Provider Number	This is the provider ID or payee ID of the entity for whom a 1099 is being processed.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Tax ID	This is the tax ID of the entity for whom a 1099 is being processed.	11	Character	T_PR_TAX_ID	NUM_TAX_ID
Total Amount	This is the total dollar amount.	10	Number	N/A	Calculated Field

2.8.123.5 Associated Programs

Program	Description
finp1550	Provider 1099 Process

2.8.123.6 Associated Requirements

ID
30.090.009.003.1

2.8.123.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.124 FIN-5010-A -- Missing Provider Information

This report shows which providers are missing tax related information. The information that they are missing is shown and the totals of the different pieces of information that is missing is shown.

2.8.124.1 Technical Name

FIN-5010-A

2.8.124.2 Sort Order

Provider Numbe

For readability, the report displays on the next page.

r

2.8.124.3 Missing Provider Information Layout

```
Report  : FIN-5010-A                    COMMONWEALTH OF KENTUCKY                      Run Date: MM/DD/CCYY
Process : FINJ1099_00           MEDICAID MANAGEMENT INFORMATION SYSTEM                Run Time:   99:99:99
Location: FINP1566                    MISSING PROVIDER INFORMATION                      Page:         9999
                                        MM/DD/CCYY - MM/DD/CCYY

PROVIDER ID      PROVIDERE NAME                       ISSUE DATE   TAX ID                ERROR MSG

XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

NUMBER OF MISSING TAX IDs:                  999999
NUMBER OF MISSING IRS TAX INFORMATION:      999999

                                   *** END OF REPORT ***
```

2.8.124.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Error Msg	This is the error message.	27	Character	N/A	N/A
Number of Missing IRS Tax Ids	This is the number of providers that are missing the tax id number.	6	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Number of Missing IRS Tax Information	This is the total number of providers that are missing tax information in the T_IRS_W9_INFO table	6	Number	N/A	Calculated Field
Number of Missing Tax ID's	This is the total number of providers that are missing a Tax ID	6	Number	N/A	Calculated Field
Provider Name	This is the provider's name.	39	Character	T_PR_NAM	NAME
Provider Number	This is the provider number and service location.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Tax ID	This is the tax identification number assigned to a provider by the Internal Revenue Service.	11	Character	T_PR_TAX_ID	NUM_TAX_ID

2.8.124.5 Associated Programs

Program	Description
finp1566	Missing Provider Information report

2.8.124.6 Associated Requirements

ID
30.090.009.003.1

2.8.124.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.125 FIN-6007-W -- Stop pay - Reissue Detail Weekly Activity

This report will list all stopped check numbers that have been reissued, dates and amounts, the reissued check number, the provider number and name, the reason code, the stop pay and reissue dates. It is run on a weekly basis, showing the activity for the week. This report is used by the Provider Relations Reps to follow-up with providers as necessary, and provides detail backup for bank reconciliations.

2.8.125.1 Technical Name

FIN-6007-W

2.8.125.2 Sort Order

Reissue Reason Code

For readability, the report displays on the next page.

2.8.125.3 Stop pay - Reissue Detail Weekly Activity Layout

```
Report  : FIN-6007-W                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJW220                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: FIN6007w                     STOPPAY - REISSUE DETAIL WEEKLY ACTIVITY                     Page:       9999
                                                    MM/DD/CCYY


REASON        X XXXXXXXXXXXXXXXXXXXXX


ORIGINAL     ORIGINAL     REISSUE     REISSUE     PAYEE           PAYEE NAME                 CHECK          REASON       DATE
  CHECK       CHECK        CHECK       CHECK      ID #                                       AMOUNT           CODE       ACTION
 NUMBER        DATE        NUMBER       DATE                                                                           OCCURRED
999999999    MMDDCCYY    999999999   MMDDCCYY   999999999   XXXXXXXXXXXXXXXXXXXXXXX    $999,999,999.99          X       MMDDCCYY
999999999    MMDDCCYY    999999999   MMDDCCYY   999999999   XXXXXXXXXXXXXXXXXXXXXXX    $999,999,999.99          X       MMDDCCYY
999999999    MMDDCCYY    999999999   MMDDCCYY   999999999   XXXXXXXXXXXXXXXXXXXXXXX    $999,999,999.99          F       MMDDCCYY
999999999    MMDDCCYY    999999999   MMDDCCYY   999999999   XXXXXXXXXXXXXXXXXXXXXXX    $999,999,999.99          X       MMDDCCYY


   REASON:   X XXXXXXXXXXXXXXXXXXXXXX


ORIGINAL     ORIGINAL     REISSUE     REISSUE     PAYEE           PAYEE NAME                 CHECK          REASON       DATE
  CHECK       CHECK        CHECK       CHECK      ID #                                       AMOUNT           CODE       ACTION
 NUMBER        DATE        NUMBER       DATE                                                                           OCCURRED
999999999    MMDDCCYY    999999999   MMDDCCYY   999999999   XXXXXXXXXXXXXXXXXXXXXXX    $999,999,999.99          X       MMDDCCYY
999999999    MMDDCCYY    999999999   MMDDCCYY   999999999   XXXXXXXXXXXXXXXXXXXXXXX    $999,999,999.99          X       MMDDCCYY
999999999    MMDDCCYY    999999999   MMDDCCYY   999999999   XXXXXXXXXXXXXXXXXXXXXXX    $999,999,999.99          X       MMDDCCYY
999999999    MMDDCCYY    999999999   MMDDCCYY   999999999   XXXXXXXXXXXXXXXXXXXXXXX    $999,999,999.99          X       MMDDCCYY


                                  * * END OF REPORT * *
```

2.8.125.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Date Action Occurred	This is the date the stop pay was performed. MMDDCCYY	8	Date (MM/DD/CCYY)	T_CHECK_VOID	DTE_PROCESSED
Original Payment Date	This is the date of the original payment. MMDDCCYY	8	Date (MM/DD/CCYY)	T_CHECK	DTE_ISSUE
Original Payment Number	This is the payment number of the original payment.	9	Number	T_CHECK	NUM_CHECK
Payee ID #	This is the ID of the payee for whom the stop pays and reissue has been requested.	9	Number	T_PR_IDENTIFIER	ID_PROVIDER
Payee Name	This is the name of the payee for whom the stop pays and reissue has been requested.	23	Character	T_PR_NAM	NAME
Payment Amount	This is the dollar amount of the original payment.	11	Number	T_FIN_PAYMENT	AMT_CHECK
Reason	This indicates the reason the stop pay request was issued.	40	Character	T_ACCT_REC	CDE_REASON_FOUR
Reason Code	This is the reason code which identifies the status of the originally issued payment.	1	Character	T_ACCT_REC	CDE_REASON_FOUR
Reissue Payment Date	This is the date of the reissue (replacement) payment. MMDDCCYY	8	Date (MM/DD/CCYY)	T_CHK_REISSUE_XREF	DTE_REQUEST
Reissue Payment Number	This is the check number of the reissued (replacement) payment.	9	Number	T_CHK_REISSUE	CHECK_SAK

2.8.125.5 Associated Programs

Program	Description
fin6007w	Stop pay Reissue Detail Weekly Activity

2.8.125.6 Associated Requirements

ID
30.090.009.003.1

2.8.125.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.126 FIN-6602-D -- On Demand Provider Check Report

This report lists data from the expenditure transaction screen regarding on-demand checks issued for the daily cycle.

2.8.126.1 Technical Name

FIN-6602-D

2.8.126.2 Sort Order

Clerk ID

Transaction Date

Check Number

For readability, the report displays on the next page.

2.8.126.3 On Demand Provider Check Report Layout

```
Report  : FIN-6602-D                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJD660                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   HH:MM:SS
Location: FINP6602                           ON DEMAND PROVIDER CHECK REPORT                        Page:       9999
                                                      MM/DD/CCYY

CLERK     TRANSACT    PROVIDER         PROVIDER NAME                  1099   COS  ADJ  REASON                  CHECK    CHECK
ID        DATE        NUMBER           PROVIDER ADDRESS               IND         RSN  FOR ISSUE               AMOUNT   NUMBER
XXXXXXXXX MM/DD/CCYY  9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XX   XXXX XXXX XXXXXXXXXXXXXXXX  999,999,999.99  9999999999
                                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                 XXXXXXXXXXXXXXXXXXX XXXXXXXXXXX
XXXXXXXXX MM/DD/CCYY  9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XX   XXXX XXXX XXXXXXXXXXXXXXXX  999,999,999.99  9999999999
                                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                 XXXXXXXXXXXXXXXXXXX XXXXXXXXXXX
XXXXXXXXX MM/DD/CCYY  9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XX   XXXX XXXX XXXXXXXXXXXXXXXX  999,999,999.99  9999999999
                                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                 XXXXXXXXXXXXXXXXXXX XXXXXXXXXXX
XXXXXXXXX MM/DD/CCYY  9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XX   XXXX XXXX XXXXXXXXXXXXXXXX  999,999,999.99  9999999999
                                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                 XXXXXXXXXXXXXXXXXXX XXXXXXXXXXX
XXXXXXXXX MM/DD/CCYY  9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XX   XXXX XXXX XXXXXXXXXXXXXXXX  999,999,999.99  9999999999
                                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                 XXXXXXXXXXXXXXXXXXX XXXXXXXXXXX

                                                CHECK SUMMARY
                                   COS                          TOTAL AMOUNT ISSUED
                                  XXXX                           999,999,999.99
                                  XXXX                           999,999,999.99
                                  XXXX                           999,999,999.99
                                  XXXX                           999,999,999.99
                                  XXXX                           999,999,999.99

                              **** END OF REPORT ****
```

2.8.126.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1099 IND	Indicator 'Y' or 'N' to denote whether the provider's 1099 is to be updated.	1	Character	T_EXPENDITURE_SUPP_DTL	IND_1099_EXEMPT
ADJ RSN	The adjustment reason code.	4	Character	T_EXPENDITURE	CDE_REASON_FOUR

Field	Description	Length	Data Type	DB Table	DB Attributes
CHECK AMOUNT	This is the amount of the payout.	14	Number	T_EXPENDITURE	AMT_PAID
CHECK NUMBER	The number of the check issued to the provider.	9	Number	T_CHECK	CHECK_NUM
CHECK SUMMARY - COS	Summary list of all COS in the report.	4	Character	T_COS_DTL_XREF	CDE_COS_ST || CDE_COS_SUB
CHECK SUMMARY - TOTAL AMOUNT ISSUED	Total amount issued per COS type.	14	Number	T_EXPENDITURE	AMT_PAID
CLERK ID	The CICS user ID of the user who entered the transaction.	8	Number	T_EXPENDITURE	ID_CLERK
COS	The provider's category of service code.	4	Character	T_COS_DTL_XREF	CDE_COS_ST || CDE_COS_SUB
PROVIDER NAME & ADDRESS	The name and address of the provider who is to receive the on-demand check.	30	Character	T_PR_ADR	Concatenated
PROVIDER NUMBER	The provider number and location of the provider for whom the on-demand check was requested.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
REASON FOR ISSUE	This is the reason for the payout.	15	Character	T_EXPENDITURE_RSN	CDE_REASON_FOUR
TRANSACT DATE	The date the transaction was entered.	10	Date (MM/DD/CCYY)	T_ACCT_REC	DTE_ADDED

2.8.126.5 Associated Programs

Program	Description
finp6602	On Demand Provider Check Report

2.8.126.6 Associated Requirements

ID
30.090.009.003.1

2.8.126.7 Change Orders

ID	Name	Description
1123	create FIN-6602-D on demand ck	Create the Legacy KYMC6600-R002 On Demand Provider Check Report
5686	Fin Rpts not updating correctly	The Financial reports do not appear to be updating correctly. Provider #01021898 was issued two checks for $80K during the UAT Financial Cycle that ran on 1/9/07. The appropriate reports (FIN-7502-W and FIN-6602-D) only reflect the data for the $30K check.

2.8.127 FIN-6625-W -- Weekly Receivable Active Payment Plan Report

Reports active and pending payment plans on a weekly basis.

2.8.127.1 Technical Name

FIN-6625-W

2.8.127.2 Sort Order

Provider Number

A/R Number

A/R Disposition Number

2.8.127.3 Weekly Receivable Active Payment Plan Report Layout

```
Report  : FIN-6625-W                          COMMONWEALTH OF KENTUCKY                        Run Date: MM/DD/CCYY
Process : FINJD662                       MEDICAID MANAGEMENT INFORMATION SYSTEM               Run Time:   99:99:99
Location: FINP6625                           ON DEMAND PROVIDER CHECK REPORT                      Page:       9999
                                                       MM/DD/CCYY

  PROVIDER     SETUP    STAT ADJ    ORIGINAL      INTEREST        INTEREST          NET     LATE    NEXT PMT      NEXT PMT   PAYMENT
   NUMBER      DATE     CODE        AMT REQ      CALCULATED       BALANCE        BALANCE  PMT IND  DUE DATE      AMT DUE    REM

 9999999999  MM/DD/CCYY  X  XXXX 99,999,999.99  99,999,999.99 99,999,999.99 99,999,999.99    X    MM/DD/CCYY 99,999,999.00     999
 9999999999  MM/DD/CCYY  X  XXXX 99,999,999.99  99,999,999.99 99,999,999.99 99,999,999.99    X    MM/DD/CCYY 99,999,999.00     999
 9999999999  MM/DD/CCYY  X  XXXX 99,999,999.99  99,999,999.99 99,999,999.99 99,999,999.99    X    MM/DD/CCYY 99,999,999.00     999
 9999999999  MM/DD/CCYY  X  XXXX 99,999,999.99  99,999,999.99 99,999,999.99 99,999,999.99    X    MM/DD/CCYY 99,999,999.00     999
 9999999999  MM/DD/CCYY  X  XXXX 99,999,999.99  99,999,999.99 99,999,999.99 99,999,999.99    X    MM/DD/CCYY 99,999,999.00     999
 9999999999  MM/DD/CCYY  X  XXXX 99,999,999.99  99,999,999.99 99,999,999.99 99,999,999.99    X    MM/DD/CCYY 99,999,999.00     999

 ORIGINAL AMT REQ =====>  99,999,999.99
 INTEREST CALCULATED ==>  99,999,999.99
 INTEREST BALANCE =====>  99,999,999.99
 NET BALANCE ==========>  99,999,999.99
 NEXT PMT AMT DUE =====>  99,999,999.99
```

2.8.127.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Adj	Adjustment Reason.	4	Character	T_ACCT_REC	CDE_REASON_FOUR
Interest Balance	The interest balance left on the A/R.	13	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Interest Calculated	The interest amount calculated for the A/R.	13	Number	N/A	Calculated Field
Late Pmt Ind	This indicator is a 'y' if provider's current payment is late	1	Character	N/A	Calculated Field
Net Balance	The total net balance on the A/R.	13	Number	N/A	Calculated Field
Next Pmt Amt Due	The amount due by the provider.	13	Number	T_AR_PAYMENT_PLAN	BALANCE
Next Pmt Due Date	The date the provider's next payment is due.	10	Date (MM/DD/CCYY)	T_AR_PAYMENT_PLAN	DUE_DATE
Original Amt Req	The original amount requested on the A/R.	13	Number	T_ACCT_REC	AMT_SETUP
Payment Rem	The number of outstanding payments in a payment plan	3	Number	N/A	Calculated Field
Provider Number	The provider number.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Setup Date	The letter date the AR.	10	Date (MM/DD/CCYY)	T_ACCT_REC	DTE_AR_LIABILITY
Stat Code	A/R Status Code.	1	Character	T_ACCT_REC	CDE_DISP_REASON

2.8.127.5 Associated Programs

Program	Description
finp6625	Weekly Receivable Active Payment Plan Report

2.8.127.6 Associated Requirements

ID
30.090.009.002.37

2.8.127.7 Change Orders

ID	Name	Description
1127	FIN-6625-W CREATE	Create the Legacy KYMC6625-R001 Weekly Receivable Active Payment Plan report
6043	FIN-6625-W Data Not Populating	A payment plan was setup for AR Number 1844187 (Provider Number 64021520). When FIN-6625-W-- Weekly Receivable Active Payment Plan Report, was reviewed, no data was reported.

2.8.128 FIN-6900-W -- Weekly Financial Claims Split Summary

This report provides a summary of the claims split from the weekly cycle that are retained on the adjudicated claims file, released into the financial process and released to financial history only process.

2.8.128.1 Technical Name

FIN-6900-W

2.8.128.2 Sort Order

Provider Type Code

For readability, the report displays on the next page.

2.8.128.3 Weekly Financial Claims Split Summary Layout

```
Report  : FIN-6900-W                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJW6900                MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   99:99:99
Location: FINP6900                  WEEKLY FINANCIAL CLAIMS SPLIT SUMMARY              Page:       9999
                                          MM/DD/CCYY - MM/DD/CCYY

                                     RETAINED ON          RELEASED TO          RELEASED TO
                                  ADJUDICATED CLAIMS    FINANCIAL PROCESS    FINANCIAL-HISTORY
     PROVIDER TYPE              CLAIM COUNT  PAID AMOUNT CLAIM COUNT PAID AMOUNT CLAIM COUNT  PAID AMOUNT

XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99,999,999 99,999,999.99 99,999,999 99,999,999.99 99,999,999 99,999,999.99
XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99,999,999 99,999,999.99 99,999,999 99,999,999.99 99,999,999 99,999,999.99
XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99,999,999 99,999,999.99 99,999,999 99,999,999.99 99,999,999 99,999,999.99
XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99,999,999 99,999,999.99 99,999,999 99,999,999.99 99,999,999 99,999,999.99
XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99,999,999 99,999,999.99 99,999,999 99,999,999.99 99,999,999 99,999,999.99
XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99,999,999 99,999,999.99 99,999,999 99,999,999.99 99,999,999 99,999,999.99
XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99,999,999 99,999,999.99 99,999,999 99,999,999.99 99,999,999 99,999,999.99
XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99,999,999 99,999,999.99 99,999,999 99,999,999.99 99,999,999 99,999,999.99
XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99,999,999 99,999,999.99 99,999,999 99,999,999.99 99,999,999 99,999,999.99
XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99,999,999 99,999,999.99 99,999,999 99,999,999.99 99,999,999 99,999,999.99
XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99,999,999 99,999,999.99 99,999,999 99,999,999.99 99,999,999 99,999,999.99
XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99,999,999 99,999,999.99 99,999,999 99,999,999.99 99,999,999 99,999,999.99
XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99,999,999 99,999,999.99 99,999,999 99,999,999.99 99,999,999 99,999,999.99
XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99,999,999 99,999,999.99 99,999,999 99,999,999.99 99,999,999 99,999,999.99
     UNKNOWN                            99,999,999 99,999,999.99 99,999,999 99,999,999.99 99,999,999 99,999,999.99
     TOTAL                              99,999,999 99,999,999.99 99,999,999 99,999,999.99 99,999,999 99,999,999.99

                                        ** E N D   O F   R E P O R T **
```

2.8.128.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider Type	The provider type of the claims	15	Character	T_PR_TYPE_CDE	DSC_PROV_TYPE
Released To Financial Process Claim Cnt	The total count of claims that were released into the financial process from the weekly cycle.	10	Number	N/A	Calculated Field
Released To Financial Process Paid Amount	The total paid amount of claims released into the financial process from the weekly cycle.	13	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Released To Financial-History Claim Cnt	The total count of claims that were released into the financial-history only process from the weekly cycle.	10	Number	N/A	Calculated Field
Released To Financial-History Paid Amount	The total paid amount of claims released into the financial history only process from the weekly cycle.	13	Number	N/A	Calculated Field
Retained on Adjudicated Claims Claim Cnt	The total count of claims retained on the adjudicated claims file for the weekly cycle that have not aged 13 days old.	10	Number	N/A	Calculated Field
Retained on Adjudicated Claims Paid Amount	The total paid amount of claims retained on the adjudicated claims file for the weekly cycle that have not aged 13 days old	13	Number	N/A	Calculated Field
Total	The total claim count and paid amounts for claims retained on adjudicated claims, released into the financial process and released into the financial-history only process	13	Number	N/A	Calculated Field

2.8.128.5 Associated Programs

Program	Description
finp6900	Weekly Financial Claims Split Summary

2.8.128.6 Associated Requirements

ID
30.090.007.003.13A

2.8.128.7 Change Orders

ID	Name	Description
1129	create FIN-6900-W claim spilt sum	create the Legacy KYMC6900-R001 Weekly financial Claim Split Summary report
8637	Rpts reproducing from on demand	The reports below were created again when the On Demand cycle ran. They should not. FIN-801K-M for 6/28/07 FIN-6900-W for 7/1/07 FIN-8011-W for 7/1/07 FIN-8000-w for 7/1/2007 FIN-8050-W for 7/1/07 FIN-8055-W for 7/1/07
8807	FIN6900Wnot = FIN8000, FIN0005	From: Bullock, Judy S (CHFS OIT Medicaid) [mailto:JudyS.Bullock@ky.gov] Sent: Tuesday, July 17, 2007 11:17 AM To: KY_MMIS_Action_Item_Track@eds.com Cc: Hackett, Jay (CHFS DMS); Sayles, Karen (CHFS DMS); Robey, Cliff (CHFS DMS); Conway, Paula J; Sanders, Amy; Bullock, Tammy (CHFS DMS) Subject: Financial - FIN 6900 W Does Not Balance to Other Cycle Reports Importance: High The FIN 6900 W (Weekly Financial Claims Split Summary Report- used to see the total amt released to the payment cycle and the totals held by prudent pay and payment hold) does not balance to the other cycle reports (FIN 0005 W, FIN 8000 W, etc.) For the 7/13/07 payment cycle the FIN 6900 W indicated that $73,236,736.86 was released to the payment cycle. The Total Claims Extracted amt on the FIN 0005 W was $70,811,409.21.The total claims payment amount on the FIN 8000 W is $70,969,117.48 (amt prior to the removal of the System ARs Created).

2.8.129 FIN-700-W -- Preliminary Payment Summary

This report sums the reimbursement amount of claims input to the payment process. The total reimbursement amount from this report should always equal the total payments from the Final Payment Summary, plus the sum of reimbursement amounts in the Credit Balance Report.

2.8.129.1 Technical Name

FIN-700-W

2.8.129.2 Sort Order

Adjudication Date

For readability, the report displays on the next page.

2.8.129.3 Preliminary Payment Summary Layout

```
Report   : FIN-700-W                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process  : FINJD700                MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   99:99:99
Location: FINP70001                     PRELIMINARY PAYMENT SUMMARY                     Page:       9999
                                           MM/DD/CCYY - MM/DD/CCYY

 ADJUDICATION                                                                  PAID        DENIED       TOTAL
   DATE          ----- TYPE OF CLAIM ------                REIMBURSEMENT AMOUNT  CLAIMS      CLAIMS       CLAIMS
                                                                              DOCUMENTS   DOCUMENTS    DOCUMENTS
 MM/DD/CCYY      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                                              SUBTOTAL           99,999,999.99   99,999,999  99,999,999   99,999,999

 MM/DD/CCYY      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              99,999,999.99   99,999,999  99,999,999   99,999,999
```

2.8.129.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Adjudication Date	Date of adjudication. This is the cycle date (Parameter 8) used for the input adjudicated claims which reached final disposition during the week in preparation for being paid.	10	Date (MM/DD/CCYY)	N/A	N/A
Denied Claims Documents	The tally of the number of claims documents with claim status 'denied' is reported.	13	Character	N/A	Calculated Field
Paid Claims Documents	The tally of the number of claims documents with claim status 'paid' is reported.	13	Character	N/A	Calculated Field
Reimbursement Amount	The amount paid (reimbursement amounts) of the claims are summed for the claims which have claim status 'paid'.	13	Number	N/A	Calculated Field
Subtotal	This is the total for the current adjudication date which applies to reimbursement amounts and tallies for paid, denied and total claims.	13	Number	N/A	Calculated Field
Total	This is the grand total for all adjudication dates which occurred during the week, in terms of claims and dollars. Only one grand total line prints on the report.	13	Number	N/A	Calculated Field
Total Claims Documents	The tally of the number of claims documents with claim status 'paid' plus those with claim status of 'denied' (sum of paid and denied).	13	Character	N/A	Calculated Field
Type Of Claim	The description of the claim type (CLM-INPUT-FORM-IND) is based on the value of claim type in the valid values table.	25	Character	T_CLAIM_TYPE	DSC_CLM_TYP

2.8.129.5 Associated Programs

Program	Description
finp7001	Preliminary Payment Summary

2.8.129.6 Associated Requirements

ID
30.090.009.003.1

2.8.129.7 Change Orders

ID	Name	Description
1130	Create Pre Payment Sum Repots	create the Legacy KYMC7000-R001, KYMC700K-R001, and KYMC700L-R001 Preliminary Payment Summary Reports. These reports are the same layout and data only they run at different times

2.8.130 FIN-700K-W -- KenPAC Preliminary Payment Summary

This report sums the reimbursement amount of claims input to the KenPAC payment process. The total reimbursement amount from this report should always equal the total payments from the KenPAC Final Payment Summary, plus the sum of reimbursement amounts in the Credit Balance Report.

2.8.130.1 Technical Name

FIN-700K-W

2.8.130.2 Sort Order

Adjudication Date

For readability, the report displays on the next page.

2.8.130.3 KenPAC Preliminary Payment Summary Layout

```
Report  : FIN-700K-W                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJD700                 MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   99:99:99
Location: FINP7000K                  KENPAC PRELIMINARY PAYMENT SUMMARY                 Page:       9999
                                           MM/DD/CCYY - MM/DD/CCYY

 ADJUDICATION                                                              PAID        DENIED       TOTAL
   DATE          ----- TYPE OF CLAIM ------          REIMBURSEMENT AMOUNT  CLAIMS      CLAIMS       CLAIMS
                                                                          DOCUMENTS   DOCUMENTS    DOCUMENTS
 MM/DD/CCYY      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                                            SUBTOTAL       99,999,999.99    99,999,999  99,999,999   99,999,999

 MM/DD/CCYY      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99    99,999,999  99,999,999   99,999,999
```

2.8.130.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Adjudication Date	Date of adjudication. This is the cycle date (Parameter 8) used for the input adjudicated claims which reached final disposition during the week in preparation for being paid.	10	Date (MM/DD/CCYY)	N/A	N/A
Denied Claims Documents	The tally of the number of claims documents with claim status 'denied' is reported.	10	Number	N/A	Calculated Field
Paid Claims Documents	The tally of the number of claims documents with claim status 'paid' is reported.	10	Number	N/A	Calculated Field
Reimbursement Amount	The amount paid (reimbursement amounts) of the claims are summed for the claims which have claim status 'paid'.	13	Number	N/A	Calculated Field
Subtotal	This is the total for the current adjudication date which applies to reimbursement amounts and tallies for paid, denied and total claims.	13	Number	N/A	Calculated Field
Total	This is the grand total for all adjudication dates which occurred during the week, in terms of claims and dollars. Only one grand total line prints on the report.	13	Number	N/A	Calculated Field
Total Claims Documents	The tally of the number of claims documents with claim status 'paid' plus those with claim status of 'denied' (sum of paid and denied).	10	Number	N/A	Calculated Field
Type Of Claim	The description of the claim type (CLM-INPUT-FORM-IND) is based on the value of claim type in the valid values table.	20	Character	T_CLAIM_TYPE	DSC_CLM_TYP

2.8.130.5 Associated Programs

Program	Description
finp700K	KenPAC Preliminary Payment Summary

2.8.130.6 Associated Requirements

ID
30.090.009.003.1

2.8.130.7 Change Orders

ID	Name	Description
1130	Create Pre Payment Sum Repots	create the Legacy KYMC7000-R001, KYMC700K-R001, and KYMC700L-R001 Preliminary Payment Summary Reports. These reports are the same layout and data only they run at different times

2.8.131 FIN-700L-W -- Lockin Preliminary Payment Summary

This report sums the reimbursement amount of claims input to the Lockin payment process. The total reimbursement amount from this report should always equal the total payments from the Lockin Final Payment Summary, plus the sum of reimbursement amounts in the Credit Balance Report.

2.8.131.1 Technical Name

FIN-700L-W

2.8.131.2 Sort Order

Adjudication Date

For readability, the report displays on the next page.

2.8.131.3 Lockin Preliminary Payment Summary Layout

```
Report   : FIN-700L-W                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process  : FINJD700                  MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:    99:99:99
Location: FINP700L                    LOCKIN PRELIMINARY PAYMENT SUMMARY                  Page:        9999
                                            MM/DD/CCYY - MM/DD/CCYY

 ADJUDICATION                                                                  PAID        DENIED        TOTAL
   DATE          ----- TYPE OF CLAIM ------                REIMBURSEMENT AMOUNT  CLAIMS      CLAIMS        CLAIMS
                                                                              DOCUMENTS   DOCUMENTS     DOCUMENTS
  MM/DD/CCYY      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                                            SUBTOTAL            99,999,999.99    99,999,999  99,999,999    99,999,999

  MM/DD/CCYY      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            99,999,999.99    99,999,999  99,999,999    99,999,999
```

2.8.131.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Adjudication Date	Date of adjudication. This is the cycle date (Parameter 8) used for the input adjudicated claims which reached final disposition during the week in preparation for being paid.	10	Date (MM/DD/CCYY)	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Denied Claims Documents	The tally of the number of claims documents with claim status 'denied' is reported.	10	Number	N/A	Calculated Field
Paid Claims Documents	The tally of the number of claims documents with claim status 'paid' is reported.	10	Number	N/A	Calculated Field
Reimbursement Amount	The amount paid (reimbursement amounts) of the claims are summed for the claims which have claim status 'paid'.	13	Number	N/A	Calculated Field
Subtotal	This is the total for the current adjudication date which applies to reimbursement amounts and tallies for paid, denied and total claims.	13	Number	N/A	Calculated Field
Total	This is the grand total for all adjudication dates which occurred during the week, in terms of claims and dollars. Only one grand total line prints on the report.	13	Number	N/A	Calculated Field
Total Claims Documents	The tally of the number of claims documents with claim status 'paid' plus those with claim status of 'denied' (sum of paid and denied).	10	Number	N/A	Calculated Field
Type Of Claim	The description of the claim type (CLM-INPUT-FORM-IND) is based on the value of claim type in the valid values table.	20	Character	T_CLAIM_TYPE	DSC_CLM_TYP

2.8.131.5 Associated Programs

Program	Description
finp700L	Lockin Preliminary Payment Summary

2.8.131.6 Associated Requirements

ID
30.090.009.003.1

2.8.131.7 Change Orders

ID	Name	Description
1130	Create Pre Payment Sum Repots	create the Legacy KYMC7000-R001, KYMC700K-R001, and KYMC700L-R001 Preliminary Payment Summary Reports. These reports are the same layout and data only they run at different times

2.8.132 FIN-7501-W -- Final Payment Summary

This report provides a summary of claims paid, and associated payment amounts after each payment processing cycle. This report also reflects the total of history-only adjustments processed and a grand total. The Final Payment Summary is important in payment balancing procedures.

2.8.132.1 Technical Name

FIN-7501-W

2.8.132.2 Sort Order

Payment Cycle

For readability, the report displays on the next page.

2.8.132.3 Final Payment Summary Layout

```
Report   : FIN-7501-W                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process  : FINJR750                 MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:    99:99:99
Location: FINP7501                          FINAL PAYMENT SUMMARY                        Page:        9999
                                          MM/DD/CCYY - MM/DD/CCYY

                          99/99/9999    99/99/9999    99/99/9999    99/99/9999    99/99/9999    99/99/9999    99/99/9999
                     #    999,999       999,999       999,999       999,999       999,999                     9,999,999
A.  CLAIM PAYMENT    $    9999999.99   99999999.99   99999999.99   99999999.99   99999999.99        .99      999999999.99
                     #                      99            99             9            99                            99
B.  A/R PAYMENT      $          .99      99999.99      999999.99     999999.99      9999.99          .99       9999999.99
                     #                      99            99            99            99                            99
C.  RECOUPMENT       $          .99      99999.99      99999.99      999999.99     99999.99          .99        999999.99
                     #                                                            9,999
D. CHECK ISSUE       $    9999999.99   99999999.99   99999999.99   99999999.99   99999999.99        .99     999999999.99
                     #
E.  REFUNDS          $          .99      999999.99-    999999.99-    999999.99-    99999.99-         .99        999999.99-
F.  NET AMOUNT       $    9999999.99   99999999.99   99999999.99   99999999.99   99999999.99        .99     999999999.99
                     #                      9,999         9,999         9,999         9,999                          9,999
G.  SET-UP           $          .99   99999999.99   99999999.99   99999999.99   99999999.99        .99      99999999.99
                     #                    999,999         9,999        99,999                                     999,999
H.  MASS ADJ CLAIMS  $          .99     9999999.99   99999999.99   99999999.99          .99          .99      99999999.99
I.  RETURNS          #                      9,999         9,999           999                                      9,999
                     #    999,999         999,999       999,999       999,999       999,999                     9,999,999
J.  PAID CLAIMS      $    9999999.99   99999999.99   99999999.99   99999999.99   99999999.99        .99     999999999.99
K.  DENIED CLAIMS    #          9         999,999       999,999        99,999        99,999                       999,999
                     #                      9,999         9,999           999           999                          9,999
L1. ADJUSTED CLAIMS  $          .99      999999.99      999999.99     999999.99      99999.99          .99       9999999.99
                     #                      9,999         9,999           999         9,999                          9,999
L2. FIN & TPL DBTS.  $          .99      999999.99     9999999.99      99999.99      99999.99          .99       9999999.99
                     #                    999,999        99,999        99,999         9,999                       999,999
N.  WITHHOLD         $          .99           .99           .99           .99           .99          .99             .99
```

```
Report   : FIN-7501-W                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process  : FINJR750                 MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:    99:99:99
Location: FINP7501                          FINAL PAYMENT SUMMARY                        Page:        9999
                                          MM/DD/CCYY - MM/DD/CCYY

                                   F I N A L   P A Y M E N T   S U M M A R Y
                                 MTD
                     #    999,999
MTD CLAIM PAYMENT    $    9999999.99
                     #
MTD A/R PAYMENT      $          .99
                     #
MTD RECOUPMENT       $          .99
                     #
MTD CHECK ISSUE      $    9999999.99
                     #
MTD REFUNDS          $          .99
MTD NET AMOUNT       $    9999999.99
                     #
MTD SET-UP           $          .99
                     #
MTD MASS ADJ CLAIMS  $          .99
MTD RETURNS          #
                     #    999,999
MTD PAID CLAIMS      $    9999999.99
MTD DENIED CLAIMS    #          9
                     #
MTD ADJUSTED CLAIMS  $          .99
                     #
MTD FIN & TPL DBTS.  $          .99
                     #
MTD WITHHOLD         $          .99
```

2.8.132.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
A/R Payment	Positive and negative A/R adjustment claims are tallied in terms of counts and reimbursement amounts. A/R adjustments have a claim type equal to `X'.	13	Number	N/A	Calculated Field
Adjusted Claims	Claims which were paid but were not 'original' claims as defined by the claim accounting code, but were positive in amounts, are tallied in terms of claim counts and reimbursement amounts.	13	Number	N/A	Calculated Field
Check Issue	This is a tally of all the rows above for claim counts and reimbursement amounts. This represents the total of the checks written for all claims and all adjustments this week (excluding any history-only amounts).	13	Number	N/A	Calculated Field
Claim Payment	The sum of the Mass Adjustment Amount, the Paid Claims Amount, the Adjusted Claims Amount, and the Claim Credits Amount, tallied in terms of claims and reimbursement amount.	13	Number	N/A	Calculated Field
Denied Claims	The tally of the number of claims documents which were denied for the current payment cycle (claim status indicating 'denied').	13	Number	N/A	Calculated Field
FIN &TPL DBTS	Financial and TPL debits that occurred in the period.	13	Number	N/A	Calculated Field
Mass Adj Claims	User requested Mass Adjustment Claims which were paid but were not 'original' claims or individual adjustments, as defined by the claim accounting code, are tallied in terms of claim counts and reimbursement amounts.	13	Number	N/A	Calculated Field
Net Amount	This represents the total of the checks written for all claims and all adjustments this week (excluding any history-only amounts).	13	Number	N/A	Calculated Field
Paid Claims	Claims which were paid and had a claim accounting code of 'normal pay provider' are tallied in terms of claims and reimbursements amounts.	13	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Recoupment	This is the debit A/R adjustment amount(s) which resulted from recoupments processing (when money was recovered from the Medicaid provider number).	13	Number	N/A	Calculated Field
Refunds	Total provider payouts processed through the payment cycle.	13	Number	N/A	Calculated Field
Returns	Provider check returns (non-warrant checks).	13	Number	N/A	Calculated Field
Set-up Amount	Total number and amount of A/R recoupment setups.	13	Number	N/A	Calculated Field
Withhold	The amount of withholding that occurred in the period.	13	Number	N/A	Calculated Field
	TOTALS ARE GENERATED IN A COLUMNAR FASHION. The current cycle's totals are listed in the leftmost column. THE MONTH-TO-DATE totals are listed on SAR page 2	13	Number	N/A	Calculated Field

2.8.132.5 Associated Programs

Program	Description
finp7501	Final Payment Summary

2.8.132.6 Associated Requirements

ID
30.090.009.003.1

2.8.132.7 Change Orders

ID	Name	Description
1131	create Final Payment sum reports	create the Legacy KYMC7500-R001, KYMC7500K-R001, KYMC7500L-R001 Final Payment Summary reports
5568	Format and Data Issues FIN7501W	UAT-FIN-7501, 7502, 7503 FORMAT AND DATA ISSUES THE FIN-7501-W REPORT FOR THE 12/26 CYCLE ONLY SHOWS DATA FOR 12/19 AND THE MTD COLUMN IS NOT BEING POPULATED

2.8.133 FIN-7502-W -- Check Register

The check register is produced after each payment cycle. It lists information concerning each check written during the weekly payment cycle. At the end of the report all Commonwealth inter-account providers are listed. These providers do not receive a check. For these providers, DMS will initiate inter-departmental fund transfers.

SORT ORDER BY PR.ID_PROV_PRIMARY, CHK.NUM_CHECK

2.8.133.1 Technical Name

FIN-7502-W

2.8.133.2 Sort Order

Check Number

For readability, the report layout displays on the next page.

2.8.133.3 Check Register Layout

```
Report   : FIN-7502-W                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process  : FINJR750                   MEDICAID MANAGEMENT INFORMATION SYSTEM                     Run Time:   99:99:99
Location: FINP7502                                   CHECK REGISTRY                                   Page:       9999
                                                 MM/DD/CCYY - MM/DD/CCYY

   PROVIDER          CHECK         R.A.                                          PAYMENT            TOTAL
    NUMBER           NUMBER       NUMBER       PAYEE NAME                         DATE              AMOUNT

  9999999999        9999999   999999999       XXXXXXXXXXXXXXXXXXXXXXXXX        MM/DD/CCYY  99,999,999.99
  9999999999        9999999   999999999       XXXXXXXXXXXXXXXXXXXXXXXXX        MM/DD/CCYY  99,999,999.99
  9999999999        9999999   999999999       XXXXXXXXXXXXXXXXXXXXXXXXX        MM/DD/CCYY  99,999,999.99
  9999999999        9999999   999999999       XXXXXXXXXXXXXXXXXXXXXXXXX        MM/DD/CCYY  99,999,999.99
  9999999999        9999999   999999999       XXXXXXXXXXXXXXXXXXXXXXXXX        MM/DD/CCYY  99,999,999.99
  9999999999        9999999   999999999       XXXXXXXXXXXXXXXXXXXXXXXXX        MM/DD/CCYY  99,999,999.99
  9999999999        9999999   999999999       XXXXXXXXXXXXXXXXXXXXXXXXX        MM/DD/CCYY  99,999,999.99
  9999999999        9999999   999999999       XXXXXXXXXXXXXXXXXXXXXXXXX        MM/DD/CCYY  99,999,999.99
  9999999999        9999999   999999999       XXXXXXXXXXXXXXXXXXXXXXXXX        MM/DD/CCYY  99,999,999.99
  9999999999        9999999   999999999       XXXXXXXXXXXXXXXXXXXXXXXXX        MM/DD/CCYY  99,999,999.99
  9999999999        9999999   999999999       XXXXXXXXXXXXXXXXXXXXXXXXX        MM/DD/CCYY  99,999,999.99
  9999999999        9999999   999999999       XXXXXXXXXXXXXXXXXXXXXXXXX        MM/DD/CCYY  99,999,999.99

Report   : FIN-7502-W                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process  : FINJR750                   MEDICAID MANAGEMENT INFORMATION SYSTEM                     Run Time:   99:99:99
Location: FINP7502                                   CHECK REGISTRY                                   Page:       9999
                                                 MM/DD/CCYY - MM/DD/CCYY

   PROVIDER          CHECK         R.A.                                          PAYMENT            TOTAL
    NUMBER           NUMBER       NUMBER       PAYEE NAME                         DATE              AMOUNT
COMMONWEALTH INTER-ACCOUNT-PROVIDERS:
  9999999999        9999999   999999999       XXXXXXXXXXXXXXXXXXXXXXXXX        MM/DD/CCYY  99,999,999.99
  9999999999        9999999   999999999       XXXXXXXXXXXXXXXXXXXXXXXXX        MM/DD/CCYY  99,999,999.99
  9999999999        9999999   999999999       XXXXXXXXXXXXXXXXXXXXXXXXX        MM/DD/CCYY  99,999,999.99
  9999999999        9999999   999999999       XXXXXXXXXXXXXXXXXXXXXXXXX        MM/DD/CCYY  99,999,999.99
  9999999999        9999999   999999999       XXXXXXXXXXXXXXXXXXXXXXXXX        MM/DD/CCYY  99,999,999.99
                              ----  TOTAL - INTER-ACCOUNT PROVIDER TRANSFERS        9999   999,999,999.99

MANAGED CARE PARTNERSHIP:
PROVIDER                      PROVIDER                 PAYEE NAME                PAYMENT                          TOTAL
NUMBER                        TAX-ID                                             DATE                             AMOUNT
99999 99                      999999999                XXXXXXX                   XXXXX                          99,999.99
                             ----  TOTAL - MANAGED CARE PARTNERSHIP                          9       99.99
                             ----  TOTAL - IMPACT PLUS MHMR                                  9       99.99
                             ----  TOTAL - IMPACT PLUS DCBS                                  9       99.99

Report   : FIN-7502-W                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process  : FINJR750                   MEDICAID MANAGEMENT INFORMATION SYSTEM                     Run Time:   99:99:99
Location: FINP7502                                   CHECK REGISTRY                                   Page:       9999
                                                 MM/DD/CCYY - MM/DD/CCYY

 SUMMARY                          COUNT       AMOUNT
 ----------------------          ------     ----------
 TOTAL REGULAR CHECKS            99,999 999,999,999.99
 TOTAL EFT CHECKS                99,999 999,999,999.99
 INTER-ACCOUNTS                  99,999 999,999,999.99
 MANAGED CARE PARTNERSHIP        99,999 999,999,999.99
 IMPACT PLUS DCBS/MHMR           99,999 999,999,999.99
 TOTAL PAYMENT AMOUNT            99,999 999,999,999.99
```

2.8.133.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Check Number	The warrant number or 'NA' for inter-account providers.	7	Number	T_CHECK	NUM_CHECK
Inter-Accounts	The total count of inter-account transfers made this payment cycle and the sum of the payment amounts.	14	Number	N/A	Calculated Field
Payee Name	The pay-to provider name.	20	Character	T_PR_NAM	NAME
Payment Date	The date paid.	10	Date (MM/DD/CCYY)	T_FIN_PAYMENT	DTE_ISSUE
Provider Number	The pay-to provider number.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Provider Tax-Id	The Tax Identification number of the provider	11	Number	T_PR_TAX_ID	NUM_TAX_ID
R.A. Number	The remittance advice number associated with the check.	9	Number	T_FIN_REMIT	SAK_REMIT
Total Amount	The sum of the reimbursement amounts for a provider's claims paid in this payment cycle.	13	Number	N/A	Calculated Field
Total EFT Checks	The total count of EFT checks produced this payment cycle and the sum of the payment amounts.	14	Number	N/A	Calculated Field
Total Impact Plus DCBS	The total count of impact plus DCBS transactions.	14	Number	N/A	Calculated Field
Total Impact Plus MHMR	The total count of impact plus MHMR transactions	14	Number	N/A	Calculated Field
Total Iner-Account Provider Transfers	The total number of providers appearing on the report and the sum of the payments made by inter-account transfer.	14	Number	N/A	Calculated Field
Total Payment Amount	The total count of all types of payment transactions made this payment cycle and the sum of the payment amounts.	14	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Regular Check Payments	The sum of reimbursement amounts for all of the providers which were issued a check for the payment cycle are listed on a final total line.	14	Number	N/A	Calculated Field
Total Regular Checks	The total count of regular checks produced this payment cycle and the sum of the payment amounts.	14	Number	N/A	Calculated Field

2.8.133.5 Associated Programs

Program	Description
finp7502	Check Register

2.8.133.6 Associated Requirements

ID
30.010.005.007
30.090.009.003.1

2.8.133.7 Change Orders

ID	Name	Description
1132	Modify Check Registry reports	Modify the existing Core Check Registry report to match the 9 legacy Check Registry reports. The legacy reports are KYMC7500-R002, KYMC7500K-R002, KYMC7500L-R002, KYMC7500-R003, KYMC750K-R003, KYMC750L-R003, KYMC7500-R004, KYMC7500-R005, and KYMC7550-R001.
5570	Format and Data Issues FIN7502/7503	THE FIN-7502-W AND FIN-7503-W REPORTS FOR THE 12/26 CYCLE APPEAR TO BE REPORTING WITHIN EACH OTHER. FIN7503 COLUMN HEADERS AND DATA ARE ALSO IN THE FIN7502
5686	Fin Rpts not updating correctly	The Financial reports do not appear to be updating correctly. Provider #01021898 was issued two checks for $80K during the UAT Financial Cycle that ran on 1/9/07. The appropriate reports (FIN-7502-W and FIN-6602-D) only reflect the data for the $30K check.
8870	NewId sort issue for FIN reports	With the implementation of the new sequential provider IDs, the CW was told that the check registers would continue to sort based on the PROVIDER TYPE supplies in the taxonomy value. This should be based on the table t_pr_type. The key is sak_prov_loc (per provider TFAL Jeff Layton) issue Tracking # 924

2.8.134 FIN-7503-W -- Inter-account Providers and Managed Care Partnerships Check Register

The check register is produced after each payment cycle. It lists information concerning each check written during the weekly payment cycle. All Commonwealth inter-account providers are listed. These providers do not receive a check. For these providers, DMS will initiate inter-departmental fund transfers.

2.8.134.1 Technical Name

FIN-7503-W

2.8.134.2 Sort Order

Check Number

For readability, the report layout displays on the next pages.

2.8.134.3 Inter-account Providers and Managed Care Partnerships Check Register Layout

```
Report  : FIN-7503-W                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJR750                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: FINP7503              INTERACCOUNT PROVIDERS AND MANAGED CARE PARTNERSHIP CHECK REG       Page:      9,999
                                              MM/DD/CCYY - MM/DD/CCYY

  PROVIDER          CHECK      R.A.                                          PAYMENT         TOTAL
   NUMBER           NUMBER    NUMBER                PAYEE NAME               DATE           AMOUNT

 XXXXXXXXXXX       XXXXXXXXXX 9999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY    999,999,999.99
 XXXXXXXXXXX       XXXXXXXXXX 9999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY    999,999,999.99
 XXXXXXXXXXX       XXXXXXXXXX 9999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY    999,999,999.99
 XXXXXXXXXXX       XXXXXXXXXX 9999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY    999,999,999.99

COMMONWEALTH INTER-ACCOUNT-PROVIDERS:
 XXXXXXXXXXX       XXXXXXXXXX 9999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY    999,999,999.99
 XXXXXXXXXXX       XXXXXXXXXX 9999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY    999,999,999.99
 XXXXXXXXXXX       XXXXXXXXXX 9999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY    999,999,999.99
 XXXXXXXXXXX       XXXXXXXXXX 9999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY    999,999,999.99
                              ----  TOTAL - INTER-ACCOUNT PROVIDER TRANSFERS       99999    999,999,999.99

MANAGED CARE PARTNERSHIP:
  PROVIDER          CHECK      R.A.                                          PAYMENT         TOTAL
   NUMBER           NUMBER    NUMBER                PAYEE NAME               DATE           AMOUNT
 XXXXXXXXXXX       XXXXXXXXXX 9999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY    999,999,999.99
 XXXXXXXXXXX       XXXXXXXXXX 9999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY    999,999,999.99
 XXXXXXXXXXX       XXXXXXXXXX 9999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY    999,999,999.99
 XXXXXXXXXXX       XXXXXXXXXX 9999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY    999,999,999.99
                              ----  TOTAL - MANAGED CARE PARTNERSHIP            99999    999,999,999.99

                              ----  TOTAL - INTER-ACCOUNT PROVIDER TRANSFERS       99999    999,999,999.99
                              ----  TOTAL - MANAGED CARE PARTNERSHIP               99999    999,999,999.99
                              ----  TOTAL - IMPACT PLUS DCBS/MHMR                  99999    999,999,999.99


SUMMARY                                  COUNT       AMOUNT
---------------------                   ------     ----------
TOTAL REGULAR CHECKS                   999,999 999,999,999.99
TOTAL EFT CHECKS                       999,999 999,999,999.99
INTER-ACCOUNTS                         999,999 999,999,999.99
MANAGED CARE PARTNERSHIP               999,999 999,999,999.99
IMPACT PLUS DCBS/MHMR                  999,999 999,999,999.99
TOTAL PAYMENT AMOUNT                   999,999 999,999,999.99

                                                 **** END OF REPORT ****
```

2.8.134.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Check Number	The warrant number or 'NA' for inter-account providers.	7	Number	T_CHECK	NUM_CHECK
Inter-Accounts	The total count of inter-account transfers made this payment cycle and the sum of the payment amounts.	14	Number	N/A	Calculated Field
Payee Name	The pay-to provider name.	20	Character	T_PR_NAM	NAME
Payment Date	The date paid.	10	Date (MM/DD/CCYY)	T_FIN_PAYMENT	DTE_ISSUE
Provider Number	The pay-to provider number.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Provider Tax-Id	The Tax Identification number of the provider	11	Number	T_PR_TAX_ID	NUM_TAX_ID
R.A. Number	The remittance advice number associated with the check.	9	Number	T_FIN_REMIT	SAK_REMIT
Total Amount	The sum of the reimbursement amounts for a provider's claims paid in this payment cycle.	13	Number	N/A	Calculated Field
Total EFT Checks	The total count of EFT checks produced this payment cycle and the sum of the payment amounts.	14	Number	N/A	Calculated Field
Total Impact Plus DCBS	The total count of Impact Plus DCBS amounts made this payment cycle and the sum of the payment amounts.	14	Number	N/A	Calculated Field
Total Impact Plus MHMR	The total count of Impact Plus DCBS/MHMR amounts made this payment cycle and the sum of the payment amounts.	14	Number	N/A	Calculated Field
Total Inter-Account Provider Transfers	The total number of providers appearing on the report and the sum of the payments made by inter-account transfer.	14	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Managed Care Partnership	The total count of managed care partnership amounts made this payment cycle and the sum of the payment amounts.	14	Number	N/A	Calculated Field
Total Payment Amount	The total count of all types of payment transactions made this payment cycle and the sum of the payment amounts.	14	Number	N/A	Calculated Field
Total Regular Checks	The total count of regular checks produced this payment cycle and the sum of the payment amounts.	14	Number	N/A	Calculated Field

2.8.134.5 Associated Programs

Program	Description
finp7503	Inter-account Providers and Managed Care Partnerships Check Register

2.8.134.6 Associated Requirements

ID
30.010.005.007
30.090.009.003.1

2.8.134.7 Change Orders

ID	Name	Description
1132	Modify Check Registry reports	Modify the existing Core Check Registry report to match the 9 legacy Check Registry reports. The legacy reports are KYMC7500-R002, KYMC7500K-R002, KYMC7500L-R002, KYMC7500-R003, KYMC750K-R003, KYMC750L-R003, KYMC7500-R004, KYMC7500-R005, and KYMC7550-R001.
5570	Format and Data Issues FIN7502/7503	THE FIN-7502-W AND FIN-7503-W REPORTS FOR THE 12/26 CYCLE APPEAR TO BE REPORTING WITHIN EACH OTHER. FIN7503 COLUMN HEADERS AND DATA ARE ALSO IN THE FIN7502
8870	NewId sort issue for FIN reports	With the implementation of the new sequential provider IDs, the CW was told that the check registers would continue to sort based on the PROVIDER TYPE supplies in the taxonomy value. This should be based on the table t_pr_type. The key is sak_prov_loc (per provider TFAL Jeff Layton) issue Tracking # 924

2.8.135 FIN-7504-W -- EFT Check Register

The EFT check register is produced after each payment cycle. It lists information concerning each EFT transaction written during the weekly payment cycle.

2.8.135.1 Technical Name

FIN-7504-W

2.8.135.2 Sort Order

Provider Number

2.8.135.3 EFT Check Register Layout

```
Report  : FIN-7504-W                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJW750                  MEDICAID MANAGEMENT INFORMATION SYSTEM                    Run Time:   99:99:99
Location: FINP7504                                EFT CHECK REGISTRY                              Page:       9999
                                                 MM/DD/CCYY - MM/DD/CCYY

PROVIDER       R.A.                                        PAYMENT          TOTAL            TRACE
NUMBER        NUMBER          PAYEE NAME                    DATE           AMOUNT           NUMBER
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     MM/DD/CCYY  99,999,999.99     999999999999999
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     MM/DD/CCYY  99,999,999.99     999999999999999
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     MM/DD/CCYY  99,999,999.99     999999999999999
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     MM/DD/CCYY  99,999,999.99     999999999999999
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     MM/DD/CCYY  99,999,999.99     999999999999999
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     MM/DD/CCYY  99,999,999.99     999999999999999
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     MM/DD/CCYY  99,999,999.99     999999999999999
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     MM/DD/CCYY  99,999,999.99     999999999999999

                          TOTAL EFT PAYMENTS   99,999,999          99,999,999.99
```

2.8.135.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Payee Name	The pay-to provider name.	30	Character	T_PR_NAM	NAME
Payment Date	The date paid.	10	Date (MM/DD/CCYY)	T_FIN_PAYMENT	DTE_ISSUE
Provider Number	The pay-to provider number.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
R.A. Number	The remittance advice number associated with the EFT.	9	Number	T_FIN_REMIT	SAK_REMIT

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Amount	The sum of the reimbursement amounts for a provider's claims paid in this payment cycle.	13	Number	N/A	Calculated Field
Total EFT Checks	The total count of EFT checks produced this payment cycle and the sum of the payment amounts.	10	Number	N/A	Calculated Field
Total Provider EFT Payments	The sum of reimbursement amounts for all of the providers which were issued an EFT for the payment cycle are listed on a final total line.	13	Number	N/A	Calculated Field
Trace Number	The trace number assigned to the EFT transaction	15	Number	T_CHECK	NUM_CHECK

2.8.135.5 Associated Programs

Program	Description
finp7504	EFT Check Register

2.8.135.6 Associated Requirements

ID
30.010.005.007
30.090.009.003.1

2.8.135.7 Change Orders

ID	Name	Description
1132	Modify Check Registry reports	Modify the existing Core Check Registry report to match the 9 legacy Check Registry reports. The legacy reports are KYMC7500-R002, KYMC7500K-R002, KYMC7500L-R002, KYMC7500-R003, KYMC750K-R003, KYMC750L-R003, KYMC7500-R004, KYMC7500-R005, and KYMC7550-R001.
8870	NewId sort issue for FIN reports	With the implementation of the new sequential provider IDs, the CW was told that the check registers would continue to sort based on the PROVIDER TYPE supplies in the taxonomy value. This should be based on the table t_pr_type. The key is sak_prov_loc (per provider TFAL Jeff Layton) issue Tracking # 924

2.8.136 FIN-7505-W -- Impact Plus MHMR and DCBS Inter Accounts

The Impact Plus report is produced after each payment cycle. It lists both DMH and DCBS Impact Plus providers. The report lists the provider number, tax id and payment date and amount.

2.8.136.1 Technical Name

FIN-7505-W

2.8.136.2 Sort Order

Provider Number

For readability, the report layout displays on the next page.

2.8.136.3 Impact Plus MHMR and DCBS Inter Accounts Layout

```
Report  : FIN-7505-W                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJR750                 MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   99:99:99
Location: FINP7505                IMPACT PLUS MHMR AND DCBS INTER ACCOUNTS              Page:       9999
                                            MM/DD/CCYY - MM/DD/CCYY

IMPACT PLUS MHMR INTER-ACCOUNTS
  PROVIDER          PROVIDER                                          PAYMENT          TOTAL
   NUMBER           TAX-ID            PAYEE NAME                       DATE           AMOUNT
  9999999999        99999999999       XXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY  99,999,999.99
  9999999999        99999999999       XXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY  99,999,999.99
  9999999999        99999999999       XXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY  99,999,999.99
  9999999999        99999999999       XXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY  99,999,999.99
  9999999999        99999999999       XXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY  99,999,999.99
  9999999999        99999999999       XXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY  99,999,999.99
  9999999999        99999999999       XXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY  99,999,999.99
  9999999999        99999999999       XXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY  99,999,999.99
  9999999999        99999999999       XXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY  99,999,999.99
  9999999999        99999999999       XXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY  99,999,999.99
  9999999999        99999999999       XXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY  99,999,999.99
  9999999999        99999999999       XXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY  99,999,999.99
  9999999999        99999999999       XXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY  99,999,999.99
  9999999999        99999999999       XXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY  99,999,999.99

SUMMARY                          COUNT       AMOUNT
---------------------           ------     ----------
TOTAL REGULAR CHECKS             99,999  99,999,999.99
TOTAL EFT CHECKS                 99,999  99,999,999.99
INTER-ACCOUNTS                   99,999  99,999,999.99
MANAGED CARE PARTNERSHIP         99,999  99,999,999.99
IMPACT PLUS DCBS/MHMR            99,999  99,999,999.99
TOTAL PAYMENT AMOUNT             99,999  99,999,999.99
```

2.8.136.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Impact Plus DCBS/MHMR	The total count of all impact plus DCBS/MHMR transactions.	13	Number	N/A	Calculated Field
Inter-Accounts	The total count of inter-account transfers made this payment cycle and the sum of the payment amounts.	13	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Managed Care Partnership	The total count of all managed care partnership transactions.	13	Number	N/A	Calculated Field
Payee Name	The pay-to provider name.	30	Character	T_PR_NAM	NAME
Payment Date	The date paid.	10	Date (MM/DD/CCYY)	T_FIN_PAYMENT	DTE_ISSUE
Provider Number	The pay-to provider number.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
Provider Tax-ID	The Tax Identification number of the provider	11	Character	T_PR_TAX_ID	NUM_TAX_ID
Total Amount	The sum of the reimbursement amounts for a provider's claims paid in this payment cycle.	13	Number	N/A	Calculated Field
Total EFT Checks	The total count of EFT checks produced this payment cycle and the sum of the payment amounts.	13	Number	N/A	Calculated Field
Total Payment Amount	The total count of all types of payment transactions made this payment cycle and the sum of the payment amounts.	13	Number	N/A	Calculated Field
Total Regular Checks	The total count of regular checks produced this payment cycle and the sum of the payment amounts.	13	Number	N/A	Calculated Field

2.8.136.5 Associated Programs

Program	Description
finp7505	Impact Plus MHMR and DCBS Inter Accounts

2.8.136.6 Associated Requirements

ID
30.010.005.007
30.090.009.003.1

2.8.136.7 Change Orders

ID	Name	Description
1132	Modify Check Registry reports	Modify the existing Core Check Registry report to match the 9 legacy Check Registry reports. The legacy reports are KYMC7500-R002, KYMC7500K-R002, KYMC7500L-R002, KYMC7500-R003, KYMC750K-R003, KYMC750L-R003, KYMC7500-R004, KYMC7500-R005, and KYMC7550-R001.
8870	NewId sort issue for FIN reports	With the implementation of the new sequential provider IDs, the CW was told that the check registers would continue to sort based on the PROVIDER TYPE supplies in the taxonomy value. This should be based on the table t_pr_type. The key is sak_prov_loc (per provider TFAL Jeff Layton) issue Tracking # 924

2.8.137 FIN-750K1-M -- KenPAC Final Payment Summary

This report provides a summary of claims paid, and associated payment amounts after each KenPAC financial processing cycle. This report also reflects the total of history-only adjustments processed and a grand total. The Final Payment Summary is important in payment balancing procedures.

SORT ORDER BY.DTE_RUN

2.8.137.1 Technical Name

FIN-750K1-M

2.8.137.2 Sort Order

N/A. Totals only.

For readability, the report layout displays on the next page.

2.8.137.3 KenPAC Final Payment Summary Layout

```
Report  : FIN-750K1-M                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJR75K                        MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: FINP750K1                             KENPAC FINAL PAYMENT SUMMARY                         Page:       9999
                                                  MM/DD/CCYY - MM/DD/CCYY

                          99/99/9999    99/99/9999    99/99/9999    99/99/9999    99/99/9999    99/99/9999        MTD
                     #    999,999       999,999       999,999       999,999       999,999                    9,999,999
 A.  CLAIM PAYMENT   $    9999999.99   99999999.99   99999999.99   99999999.99   99999999.99          .99   999999999.99
                     #                      99            99             9            99                           99
 B.  A/R PAYMENT     $          .99      99999.99     999999.99     999999.99       9999.99          .99     9999999.99
                     #                      99            99            99            99                           99
 C.  RECOUPMENT      $          .99      99999.99      99999.99     999999.99      99999.99          .99      999999.99
 D. CHECK ISSUE      $    9999999.99   99999999.99   99999999.99   99999999.99   99999999.99          .99   999999999.99
                     #                     999           999           999           999                        9,999
 E.  REFUNDS         $          .99     999999.99-    999999.99-    999999.99-     99999.99-          .99      999999.99-
 F.  NET AMOUNT      $    9999999.99   99999999.99   99999999.99   99999999.99   99999999.99          .99   999999999.99
                     #                   9,999         9,999         9,999         9,999                        9,999
 G.  SET-UP          $          .99   99999999.99   99999999.99   99999999.99   99999999.99          .99    99999999.99
                     #                 999,999         9,999        99,999                                     999,999
 H.  MASS ADJ CLAIMS $          .99    9999999.99   99999999.99   99999999.99           .99          .99    99999999.99
 I.  RETURNS         #                   9,999         9,999           999                                      9,999
                     #    999,999       999,999       999,999       999,999       999,999                    9,999,999
 J.  PAID CLAIMS     $    9999999.99   99999999.99   99999999.99   99999999.99   99999999.99          .99   999999999.99
 K.  DENIED CLAIMS   #          9       999,999       999,999        99,999        99,999                      999,999
                     #                   9,999         9,999           999           999                        9,999
 L1. ADJUSTED CLAIMS $          .99     999999.99     999999.99     999999.99      99999.99          .99     9999999.99
                     #                   9,999         9,999           999         9,999                        9,999
 L2. FIN & TPL DBTS. $          .99     999999.99    9999999.99      99999.99      99999.99          .99     9999999.99
                     #                 999,999        99,999        99,999         9,999                      999,999
 N.  WITHHOLD        $          .99           .99           .99           .99           .99          .99           .99
```

```
Report  : FIN-750K1-M                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJR75K                        MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: FINP750K1                             KENPAC FINAL PAYMENT SUMMARY                         Page:       9999
                                                  MM/DD/CCYY - MM/DD/CCYY


                                  MTD
                     #    999,999
MTD CLAIM PAYMENT    $    9999999.99
                     #
MTD A/R PAYMENT      $          .99
                     #
MTD RECOUPMENT       $          .99
MTD CHECK ISSUE      $    9999999.99
                     #
MTD REFUNDS          $          .99
MTD NET AMOUNT       $    9999999.99
                     #
MTD SET-UP           $          .99
                     #
MTD MASS ADJ CLAIMS  $          .99
MTD RETURNS          #
                     #    999,999
MTD PAID CLAIMS      $    9999999.99
MTD DENIED CLAIMS    #          9
                     #
MTD ADJUSTED CLAIMS  $          .99
                     #
MTD FIN & TPL DBTS.  $          .99
                     #
MTD WITHHOLD         $          .99
```

2.8.137.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
A/R Payment	Positive and negative A/R adjustment claims are tallied in terms of counts and reimbursement amounts. A/R adjustments have a claim type equal to `X'.	13	Number	N/A	Calculated Field
Adjusted Claims	Claims which were paid but were not 'original' claims as defined by the claim accounting code, but were positive in amounts, are tallied in terms of claim counts and reimbursement amounts.	13	Number	N/A	Calculated Field
Check Issue	This is a tally of all the rows above for claim counts and reimbursement amounts. This represents the total of the checks written for all claims and all adjustments this week (excluding any history-only amounts).	13	Number	N/A	Calculated Field
Claim Payment	The sum of the Mass Adjustment Amount, the Paid Claims Amount, the Adjusted Claims Amount, and the Claim Credits Amount, tallied in terms of claims and reimbursement amount.	13	Number	N/A	Calculated Field
Denied Claims	The tally of the number of claims documents which were denied for the current payment cycle (claim status indicating 'denied').	13	Number	N/A	Calculated Field
FIN &TPL DBTS	Financial and TPL debits that occurred in the period.	13	Number	N/A	Calculated Field
Mass Adj Claims	User requested Mass Adjustment Claims which were paid but were not 'original' claims or individual adjustments, as defined by the claim accounting code, are tallied in terms of claim counts and reimbursement amounts.	13	Number	N/A	Calculated Field

Net Amount	This represents the total of the checks written for all claims and all adjustments this week (excluding any history-only amounts).	13	Number	N/A	Calculated Field
Paid Claims	Claims which were paid and had a claim accounting code of 'normal pay provider' are tallied in terms of claims and reimbursements amounts.	13	Number	N/A	Calculated Field
Recoupment	This is the debit A/R adjustment amount(s) which resulted from recoupments processing (when money was recovered from the Medicaid provider number).	13	Number	N/A	Calculated Field
Refunds	Total provider payouts processed through the payment cycle.	13	Number	N/A	Calculated Field
Returns	Provider check returns (non-warrant checks).	13	Number	N/A	Calculated Field
Set-Up Amount	Total number and amount of A/R recoupment setups.	13	Number	N/A	Calculated Field
Withhold	The withheld amount.	13	Number	N/A	Calculated Field
	TOTALS ARE GENERATED IN A COLUMNAR FASHION. THE RIGHTMOST COLUMN is the MONTH-TO-DATE totals. The current cycle's totals are listed in the leftmost column.	13	Number	N/A	Calculated Field

2.8.137.5 Associated Programs

Program	Description
finp750K1	KenPAC Final Payment Summary

2.8.137.6 Associated Requirements

ID
30.090.009.003.1

2.8.137.7 Change Orders

ID	Name	Description
1131	create Final Payment sum reports	create the Legacy KYMC7500-R001, KYMC7500K-R001, KYMC7500L-R001 Final Payment Summary reports

2.8.138 FIN-750K2-M -- KenPAC Check Register

The check register is produced after each KenPAC financial cycle. It lists information concerning each check written during the cycle.

SORT ORDER BY: PR.ID_ROV_PRIMARY, CHK.NUM_CHECK

2.8.138.1 Technical Name

FIN-750K2-M

2.8.138.2 Sort Order

Provider Number

Check Number

2.8.138.3 KenPAC Check Register Layout

```
Report   : FIN-750K2-M                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process  : FINJR75K                  MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   99:99:99
Location: FINP750K2                            KENPAC CHECK REGISTER                      Page:       9999
                                             MM/DD/CCYY - MM/DD/CCYY

  PROVIDER        CHECK        R.A.                                        PAYMENT          TOTAL
   NUMBER         NUMBER      NUMBER      PAYEE NAME                        DATE            AMOUNT

 9999999999      9999999     999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99
 9999999999      9999999     999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99
 9999999999      9999999     999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99
 9999999999      9999999     999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99
 9999999999      9999999     999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99
 9999999999      9999999     999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99
 9999999999      9999999     999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99
 9999999999      9999999     999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99
 9999999999      9999999     999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99
 9999999999      9999999     999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99
 9999999999      9999999     999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99
 9999999999      9999999     999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99
 9999999999      9999999     999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99
 9999999999      9999999     999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99
 9999999999      9999999     999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99

                        TOTAL - PROVIDER CHECK PAYMENTS                              999,999,999.99
```

2.8.138.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Check Number	The warrant number or 'NA' for inter-account providers.	7	Number	T_CHECK	NUM_CHECK
Payee Name	The pay-to provider name.	25	Character	T_PR_NAM	NAME
Payment Date	The date paid.	10	Date (MM/DD/CCYY)	T_FIN_PAYMENT	DTE_ISSUE
Provider Number	The pay-to provider number.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
R.A. Number	The remittance advice number associated with the check.	9	Number	T_FIN_REMIT	SAK_REMIT
Total Amount	The sum of the reimbursement amounts for a provider's claims paid in this payment cycle.	13	Number	N/A	Calculated Field
Total Provider Payment	The sum of reimbursement amounts for all of the providers which were issued a check for the payment cycle are listed on a final total line.	13	Number	N/A	Calculated Field

2.8.138.5 Associated Programs

Program	Description
finp750K2	KenPAC Check Register

2.8.138.6 Associated Requirements

ID
30.010.005.007
30.090.009.003.1

2.8.138.7 Change Orders

ID	Name	Description
1132	Modify Check Registry reports	Modify the existing Core Check Registry report to match the 9 legacy Check Registry reports. The legacy reports are KYMC7500-R002, KYMC7500K-R002, KYMC7500L-R002, KYMC7500-R003, KYMC750K-R003, KYMC750L-R003, KYMC7500-R004, KYMC7500-R005, and KYMC7550-R001.
8870	NewId sort issue for FIN reports	With the implementation of the new sequential provider IDs, the CW was told that the check registers would continue to sort based on the PROVIDER TYPE supplies in the taxonomy value. This should be based on the table t_pr_type. The key is sak_prov_loc (per provider TFAL Jeff Layton) issue Tracking # 924

2.8.139 FIN-750K3-M -- KenPAC Check Register (Inter-accounts)

The check register is produced after each KenPAC financial cycle. It lists information concerning each check written during the cycle. At the end of the report all Commonwealth inter-account providers are listed. These providers do not receive a check. For these providers, DMS will initiate inter-departmental fund transfers.

SORT ORDER BY: PR.ID_PROV_PRIMARY, CHK.NUM_CHECK

2.8.139.1 Technical Name

FIN-750K3-M

2.8.139.2 Sort Order

N/A. Totals only.

For readability, the report layout displays on the next page.

2.8.139.3 KenPAC Check Register (Inter-accounts) Layout

```
Report  : FIN-750K3-M                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJR75K                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: FINP750K3                        KENPAC CHECK REGISTER (INTERACCOUNTS)                     Page:       9999
                                                 MM/DD/CCYY - MM/DD/CCYY

   PROVIDER         CHECK        R.A.                                          PAYMENT          TOTAL
    NUMBER          NUMBER      NUMBER       PAYEE NAME                         DATE            AMOUNT
COMMONWEALTH INTER-ACCOUNT-PROVIDERS:
  9999999999       9999999    999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY  99,999,999.99
  9999999999       9999999    999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY  99,999,999.99
  9999999999       9999999    999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY  99,999,999.99
  9999999999       9999999    999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY  99,999,999.99
  9999999999       9999999    999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY  99,999,999.99
  9999999999       9999999    999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY  99,999,999.99
  9999999999       9999999    999999999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY  99,999,999.99

                            ----  TOTAL - INTER-ACCOUNT PROVIDER TRANSFERS        9            9.99
                            ----  TOTAL - MANAGED CARE PARTNERSHIP                9            9.99
 SUMMARY                        COUNT       AMOUNT
 ---------------------         ------     ----------
 TOTAL REGULAR CHECKS            9999 999,999,999.99
 TOTAL EFT CHECKS                9999 999,999,999.99
 INTER-ACCOUNTS                  9999 999,999,999.99
 MANAGED CARE PARTNERSHIP        9999 999,999,999.99

 TOTAL PAYMENT AMOUNT            9999 999,999,999.99
```

2.8.139.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Check Number	The warrant number or 'NA' for inter-account providers.	7	Number	T_CHECK	NUM_CHECK
Inter-Accounts	The total count of inter-account transfers made this payment cycle and the sum of the payment amounts.	14	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Managed Care Partnership	The sum of the reimbursement amounts for managed care partnerships.	14	Number	N/A	Calculated Field
Payee Name	The pay-to provider name.	30	Number	T_PR_NAM	NAME
Payment Date	The date paid.	10	Character	T_FIN_PAYMENT	DTE_ISSUE
Provider Number	The pay-to provider number.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
R.A. Number	The remittance advice number associated with the check.	11	Number	T_FIN_REMIT	SAK_REMIT
Total - Inter-Account Provider Transfers	The total number of providers appearing on the report and the sum of the payments made by inter-account transfer.	14	Date (MM/DD/CCYY)	N/A	Calculated Field
Total - Managed Care Partnership	The sum of the reimbursement amounts for managed care partnerships.	14	Number	N/A	Calculated Field
Total EFT Checks	The total count of EFT checks produced this payment cycle and the sum of the payment amounts.	14	Number	N/A	Calculated Field
Total Payment Amount	The total count of all types of payment transactions made this payment cycle and the sum of the payment amounts.	14	Number	N/A	Calculated Field
Total Regular Checks	The total count of regular checks produced this payment cycle and the sum of the payment amounts.	14	Number	N/A	Calculated Field

2.8.139.5 Associated Programs

Program	Description
finp750K3	KenPAC Check Register (Inter-accounts)

2.8.139.6 Associated Requirements

ID
30.010.005.007
30.090.009.003.1

2.8.139.7 Change Orders

ID	Name	Description
1132	Modify Check Registry reports	Modify the existing Core Check Registry report to match the 9 legacy Check Registry reports. The legacy reports are KYMC7500-R002, KYMC7500K-R002, KYMC7500L-R002, KYMC7500-R003, KYMC750K-R003, KYMC750L-R003, KYMC7500-R004, KYMC7500-R005, and KYMC7550-R001.
8870	NewId sort issue for FIN reports	With the implementation of the new sequential provider IDs, the CW was told that the check registers would continue to sort based on the PROVIDER TYPE supplies in the taxonomy value. This should be based on the table t_pr_type. The key is sak_prov_loc (per provider TFAL Jeff Layton) issue Tracking # 924

2.8.140 FIN-750K4-M -- KenPAC EFT Check Register

The KenPAC EFT check register is produced after each KenPAC payment cycle. It lists information concerning each EFT transaction written during the weekly KenPAC payment cycle.

2.8.140.1 Technical Name

FIN-750K4-M

2.8.140.2 Sort Order

Provider Number

Check Number

2.8.140.3 KenPAC EFT Check Register Layout

```
Report   : FIN-750K4-M                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process  : FINJR75K                 MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   99:99:99
Location: FINP750K4                       KENPAC EFT CHECK REGISTRY                       Page:       9999
                                           MM/DD/CCYY - MM/DD/CCYY

   PROVIDER    R.A.                                  PAYMENT        TOTAL            TRACE
    NUMBER    NUMBER        PAYEE NAME                DATE          AMOUNT           NUMBER
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99  999999999999999
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99  999999999999999
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99  999999999999999
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99  999999999999999
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99  999999999999999
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99  999999999999999
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99  999999999999999
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99  999999999999999

                          TOTAL EFT PAYMENTS   99,999,999         99,999,999.99
```

2.8.140.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Payee Name	The pay-to provider name.	30	Character	T_PR_NAM	NAME
Payment Date	The date paid.	10	Date (MM/DD/CCYY)	T_FIN_PAYMENT	DTE_ISSUE
Provider Number	The pay-to provider number.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
R.A. Number	The remittance advice number associated with the EFT.	9	Number	T_FIN_REMIT	SAK_REMIT

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Amount	The sum of the reimbursement amounts for a provider's claims paid in this payment cycle.	13	Number	N/A	Calculated Field
Total EFT Checks	The total count of EFT checks produced this payment cycle and the sum of the payment amounts.	10	Number	N/A	Calculated Field
Total Provider EFT Payments	The sum of reimbursement amounts for all of the providers which were issued an EFT for the payment cycle are listed on a final total line.	13	Number	N/A	Calculated Field
Trace Number	The trace number assigned to the EFT transaction	15	Number	T_CHECK	NUM_CHECK

2.8.140.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.140.6 Associated Requirements

ID
30.010.005.007
30.090.009.003.1

2.8.140.7 Change Orders

ID	Name	Description
8870	NewId sort issue for FIN reports	With the implementation of the new sequential provider IDs, the CW was told that the check registers would continue to sort based on the PROVIDER TYPE supplies in the taxonomy value. This should be based on the table t_pr_type. The key is sak_prov_loc (per provider TFAL Jeff Layton) issue Tracking # 924

2.8.141 FIN-750L1-M -- Lockin Final Payment Summary

This report provides a summary of claims paid, and associated payment amounts after each Lockin financial processing cycle. This report also reflects the total of history-only adjustments processed and a grand total. The Final Payment Summary is important in payment balancing procedures.

SORT ORDER BY: DTE_RUN

2.8.141.1 Technical Name

FIN-750L1-M

2.8.141.2 Sort Order

N/A. Totals only.

For readability, the report layout displays on the next page.

2.8.141.3 Lockin Final Payment Summary Layout

```
Report   : FIN-750L1-M                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process  : FINJM7501                 MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   99:99:99
Location: FINP750L1                       LOCKIN FINAL PAYMENT SUMMARY                     Page:       9999
                                            MM/DD/CCYY - MM/DD/CCYY

                        99/99/9999    99/99/9999    99/99/9999    99/99/9999    99/99/9999    99/99/9999    99/99/9999
                   #    999,999       999,999       999,999       999,999       999,999                     9,999,999
 A.  CLAIM PAYMENT  $    9999999.99  99999999.99   99999999.99   99999999.99   99999999.99        .99      999999999.99
                   #                        99            99             9            99                            99
 B.  A/R PAYMENT    $          .99     99999.99      999999.99     999999.99      9999.99        .99       9999999.99
                   #                        99            99            99            99                            99
 C.  RECOUPMENT     $          .99     99999.99      99999.99      999999.99      99999.99       .99        999999.99
 D. CHECK ISSUE    $    9999999.99  99999999.99   99999999.99   99999999.99   99999999.99        .99     999999999.99
                   #
                   #                        999           999           999           999                          9,999
 E.  REFUNDS        $          .99     999999.99-    999999.99-    999999.99-    99999.99-       .99       999999.99-
 F.  NET AMOUNT     $    9999999.99  99999999.99   99999999.99   99999999.99   99999999.99       .99     999999999.99
                   #                      9,999         9,999         9,999         9,999                          9,999
 G.  SET-UP         $          .99   99999999.99   99999999.99   99999999.99   99999999.99       .99      99999999.99
                   #                    999,999         9,999        99,999                                    999,999
 H.  MASS ADJ CLAIMS $         .99     9999999.99   99999999.99   99999999.99          .99        .99      99999999.99
 I.  RETURNS       #                      9,999         9,999           999                                      9,999
                   #    999,999         999,999       999,999       999,999       999,999                     9,999,999
 J.  PAID CLAIMS    $    9999999.99  99999999.99   99999999.99   99999999.99   99999999.99       .99     999999999.99
 K.  DENIED CLAIMS  #          9        999,999       999,999        99,999        99,999                       999,999
                   #                      9,999         9,999           999           999                          9,999
 L1. ADJUSTED CLAIMS $         .99      999999.99     999999.99     999999.99      99999.99        .99       9999999.99
                   #                      9,999         9,999           999         9,999                          9,999
 L2. FIN & TPL DBTS. $         .99      999999.99    9999999.99      99999.99      99999.99        .99       9999999.99
                   #                    999,999        99,999        99,999         9,999                       999,999
 N.  WITHHOLD       $          .99           .99           .99           .99           .99        .99             .99
```

```
Report   : FIN-750L1-M                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process  : FINJM7501                 MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   99:99:99
Location: FINP750L1                       LOCKIN FINAL PAYMENT SUMMARY                     Page:       9999
                                            MM/DD/CCYY - MM/DD/CCYY

                                  MTD
                   #    999,999
MTD CLAIM PAYMENT  $    9999999.99
                   #
MTD A/R PAYMENT    $          .99
                   #
MTD RECOUPMENT     $          .99
MTD CHECK ISSUE    $    9999999.99
                   #
MTD REFUNDS        $          .99
MTD NET AMOUNT     $    9999999.99
                   #
MTD SET-UP         $          .99
                   #
MTD MASS ADJ CLAIMS $         .99
MTD RETURNS        #
                   #    999,999
MTD PAID CLAIMS    $    9999999.99
MTD DENIED CLAIMS  #            9
                   #
MTD ADJUSTED CLAIMS $         .99
                   #
MTD FIN & TPL DBTS. $         .99
                   #
MTD WITHHOLD       $          .99
```

2.8.141.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
A/R Payment	Positive and negative A/R adjustment claims are tallied in terms of counts and reimbursement amounts. A/R adjustments have a claim type equal to `X'.	13	Number	N/A	Calculated Field
Adjusted Claims	Claims which were paid but were not 'original' claims as defined by the claim accounting code, but were positive in amounts, are tallied in terms of claim counts and reimbursement amounts.	13	Number	N/A	Calculated Field
Check Issue	This is a tally of all the rows above for claim counts and reimbursement amounts. This represents the total of the checks written for all claims and all adjustments this week (excluding any history-only amounts).	13	Number	N/A	Calculated Field
Claim Payment	The sum of the Mass Adjustment Amount, the Paid Claims Amount, the Adjusted Claims Amount, and the Claim Credits Amount, tallied in terms of claims and reimbursement amount.	13	Number	N/A	Calculated Field
Denied Claims	The tally of the number of claims documents which were denied for the current payment cycle (claim status indicating 'denied').	13	Number	N/A	Calculated Field
FIN &TPL DBTS	Financial and TPL debits that occurred in the period.	13	Number	N/A	Calculated Field
Mass Adj Claims	User requested Mass Adjustment Claims which were paid but were not 'original' claims or individual adjustments, as defined by the claim accounting code, are tallied in terms of claim counts and reimbursement amounts.	13	Number	N/A	Calculated Field

Net Amount	This represents the total of the checks written for all claims and all adjustments this week (excluding any history-only amounts).	13	Number	N/A	Calculated Field
Paid Claims	Claims which were paid and had a claim accounting code of 'normal pay provider' are tallied in terms of claims and reimbursements amounts.	13	Number	N/A	Calculated Field
Recoupment	This is the debit A/R adjustment amount(s) which resulted from recoupments processing (when money was recovered from the Medicaid provider number).	13	Number	N/A	Calculated Field
Refunds	Total provider payouts processed through the payment cycle.	13	Number	N/A	Calculated Field
Returns	Provider check returns (non-warrant checks).	13	Number	N/A	Calculated Field
Set-Up Amount	Total number and amount of A/R recoupment setups.	13	Number	N/A	Calculated Field
Withhold	The withheld amount.	13	Number	N/A	Calculated Field
	TOTALS ARE GENERATED IN A COLUMNAR FASHION. THE CURRENT CYCLE'S TOTALS ARE LISTED IN THE LEFTMOST COLUMN. THE MONTH-TO-DATE TOTALS ARE LISTED ON PAGE 2.	13	Number	N/A	Calculated Field

2.8.141.5 Associated Programs

Program	Description
finp750L1	Lockin Final Payment Summary

2.8.141.6 Associated Requirements

ID
30.090.009.003.1

2.8.141.7 Change Orders

ID	Name	Description
1131	create Final Payment sum reports	create the Legacy KYMC7500-R001, KYMC7500K-R001, KYMC7500L-R001 Final Payment Summary reports

2.8.142 FIN-750L2-M -- Lockin Check Register

The check register is produced after each Lockin financial cycle. It lists information concerning each check written during the cycle.

SORT ORDER BY: PR.ID_PROV_PRIMARY, CHK.NUM_CHECK

2.8.142.1 Technical Name

FIN-750L2-M

2.8.142.2 Sort Order

Provider Number

Check Number

2.8.142.3 Lockin Check Register Layout

```
Report   : FIN-750L2-M                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process  : FINJM750L                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: FINP750L2                                LOCKIN CHECK REGISTRY                              Page:       9999
                                                 MM/DD/CCYY - MM/DD/CCYY

   PROVIDER        CHECK        R.A.                                          PAYMENT          TOTAL
    NUMBER         NUMBER      NUMBER      PAYEE NAME                          DATE            AMOUNT

  9999999999      9999999     999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99

                        TOTAL - PROVIDER PAYMENT AMOUNT                                  99,999,999.99
```

2.8.142.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes

Field	Description	Length	Data Type	DB Table	DB Attributes
Check Number	The warrant number or 'NA' for inter-account providers.	7	Number	T_CHECK	NUM_CHECK
Payee Name	The pay-to provider name.	30	Character	T_PR_NAM	NAME
Payment Date	The date paid.	10	Date (MM/DD/CCYY)	T_FIN_PAYMENT	DTE_ISSUE
Provider Number	The pay-to provider number.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
R.A. Number	The remittance advice number associated with the check.	9	Number	T_FIN_REMIT	SAK_REMIT
Total Amount	The sum of the reimbursement amounts for a provider's claims paid in this payment cycle.	13	Number	T_CHECK	AMT_CHECK
Total Provider Payment Amount	The sum of reimbursement amounts for all of the providers which were issued a check for the payment cycle are listed on a final total line.	13	Number	N/A	Calculated Field

2.8.142.5 Associated Programs

Program	Description
finp750L2	Lockin Check Register

2.8.142.6 Associated Requirements

ID
30.090.009.003.1

2.8.142.7 Change Orders

ID	Name	Description
1132	Modify Check Registry reports	Modify the existing Core Check Registry report to match the 9 legacy Check Registry reports. The legacy reports are KYMC7500-R002, KYMC7500K-R002, KYMC7500L-R002, KYMC7500-R003, KYMC750K-R003, KYMC750L-R003, KYMC7500-R004, KYMC7500-R005, and KYMC7550-R001.
8870	NewId sort issue for FIN reports	With the implementation of the new sequential provider IDs, the CW was told that the check registers would continue to sort based on the PROVIDER TYPE supplies in the taxonomy value. This should be based on the table t_pr_type. The key is sak_prov_loc (per provider TFAL Jeff Layton) issue Tracking # 924

2.8.143 FIN-750L3-M -- Lockin Check Register (Inter-accounts)

The check register is produced after each Lockin financial cycle. It lists information concerning each check written during the cycle. At the end of the report all Commonwealth inter-account providers are listed. These providers do not receive a check. For these providers, DMS will initiate inter-departmental fund transfers.

2.8.143.1 Technical Name

FIN-750L3-M

2.8.143.2 Sort Order

N/A. Totals only.

For readability, the report layout displays on the next page.

2.8.143.3 Lockin Check Register (Inter-accounts) Layout

```
Report  : FIN-750L3-M                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJM750                  MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   99:99:99
Location: FINP750L3                  LOCKIN CHECK REGISTER (INTERACCOUNTS)               Page:       9999
                                            MM/DD/CCYY - MM/DD/CCYY


   PROVIDER        CHECK        R.A.                                        PAYMENT          TOTAL
    NUMBER         NUMBER      NUMBER       PAYEE NAME                       DATE            AMOUNT
COMMONWEALTH INTER-ACCOUNT-PROVIDERS:

  9999999999      9999999     999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99
  9999999999      9999999     999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99

                          ----  TOTAL - INTER-ACCOUNT PROVIDER TRANSFERS        0                0.00
                          ----  TOTAL - MANAGED CARE PARTNERSHIP                0                0.00
 SUMMARY                       COUNT       AMOUNT
---------------------          ------     ----------
TOTAL REGULAR CHECKS             999   9,999,999.99
TOTAL EFT CHECKS                   9           9.99
INTER-ACCOUNTS                     9           9.99
MANAGED CARE PARTNERSHIP           9           9.99

TOTAL PAYMENT AMOUNT             999   9,999,999.99
```

2.8.143.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Check Number	The warrant number or 'NA' for inter-account providers.	7	Number	T_CHECK	NUM_CHECK
Payee Name	The pay-to provider name.	25	Character	T_PR_NAM	NAME

Field	Description	Length	Data Type	DB Table	DB Attributes
Payment Date	The date paid.	10	Date (MM/DD/CCYY)	T_FIN_PAYMENT	DTE_ISSUE
Provider Number	The pay-to provider number.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
R.A. Number	The remittance advice number associated with the check.	9	Number	T_FIN_REMIT	SAK_REMIT
Total Amount	The total amount of the payment	13	Number	N/A	Calculated

2.8.143.5 Associated Programs

Program	Description
finp750L3	Lockin Check Register (Inter-accounts)

2.8.143.6 Associated Requirements

ID
30.090.009.003.1

2.8.143.7 Change Orders

ID	Name	Description
1132	Modify Check Registry reports	Modify the existing Core Check Registry report to match the 9 legacy Check Registry reports. The legacy reports are KYMC7500-R002, KYMC7500K-R002, KYMC7500L-R002, KYMC7500-R003, KYMC750K-R003, KYMC750L-R003, KYMC7500-R004, KYMC7500-R005, and KYMC7550-R001.
8870	NewId sort issue for FIN reports	With the implementation of the new sequential provider IDs, the CW was told that the check registers would continue to sort based on the PROVIDER TYPE supplies in the taxonomy value. This should be based on the table t_pr_type. The key is sak_prov_loc (per provider TFAL Jeff Layton) issue Tracking # 924

2.8.144 FIN-750L4-M -- Lockin EFT Check Register

The lockin EFT check register is produced after each lockin cycle. It lists information concerning each EFT transaction written during the lockin payment cycle.

2.8.144.1 Technical Name

FIN-750L4-M

2.8.144.2 Sort Order

Provider Number

Check Number

2.8.144.3 Lockin EFT Check Register Layout

```
Report  : FIN-750L4-M                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJR75L                 MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   99:99:99
Location: FINP750L4                      LOCKIN EFT CHECK REGISTRY                       Page:       9999
                                          MM/DD/CCYY - MM/DD/CCYY

   PROVIDER    R.A.                                  PAYMENT         TOTAL            TRACE
    NUMBER    NUMBER        PAYEE NAME                DATE           AMOUNT           NUMBER
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99   999999999999999
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99   999999999999999
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99   999999999999999
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99   999999999999999
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99   999999999999999
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99   999999999999999
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99   999999999999999
9999999999  999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  99,999,999.99   999999999999999

                          TOTAL EFT PAYMENTS   99,999,999         99,999,999.99
```

2.8.144.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Payee Name	The pay-to provider name.	30	Character	T_PR_NAM	NAME
Payment Date	The date paid.	10	Date (MM/DD/CCYY)	T_FIN_PAYMENT	DTE_ISSUE
Provider Number	The pay-to provider number.	10	Number	T_PR_IDENTIFIER	ID_PROVIDER
R.A. Number	The remittance advice number associated with the EFT.	9	Number	T_FIN_REMIT	SAK_REMIT

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Amount	The sum of the reimbursement amounts for a provider's claims paid in this payment cycle.	13	Number	N/A	Calculated Field
Total EFT Checks	The total count of EFT checks produced this payment cycle and the sum of the payment amounts.	10	Number	N/A	Calculated Field
Total Provider EFT Payments	The sum of reimbursement amounts for all of the providers which were issued an EFT for the payment cycle are listed on a final total line.	13	Number	N/A	Calculated Field
Trace Number	The trace number assigned to the EFT transaction	15	Number	T_CHECK	NUM_CHECK

2.8.144.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.144.6 Associated Requirements

ID
30.010.005.007
30.090.009.003.1

2.8.144.7 Change Orders

ID	Name	Description
8870	NewId sort issue for FIN reports	With the implementation of the new sequential provider IDs, the CW was told that the check registers would continue to sort based on the PROVIDER TYPE supplies in the taxonomy value. This should be based on the table t_pr_type. The key is sak_prov_loc (per provider TFAL Jeff Layton) issue Tracking # 924

2.8.145 FIN-7550-W -- Non-Provider Check Report

The Non-Provider Check Report is produced weekly after each payment cycle and lists information concerning each non-provider check requested. Non-provider checks include TPL checks to carriers, attorneys, HMS contingency fees, KHIPP premiums, Member and drug rebate checks. This report does not list any provider check requests.

2.8.145.1 Technical Name

FIN-7550-W

2.8.145.2 Sort Order

Clerk ID

Expenditure Activation Date

Check Number

2.8.145.3 Non-Provider Check Report Layout

```
Report  : FIN-7950-W                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJW795                MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   99:99:99
Location: FINP7950                     STARS MARS WEEKLY REFUND REPORT                 Page:       9999

                                 FOR WEEK OF MM/DD/CCYY - MM/DD/CCYY

        VENDOR CCN    VENDOR PROV  RECVD DATE          DEBIT 1          DEBIT 2          CREDIT 1          CREDIT 2
        999999999999   9999999999   MM/DD/CCYY     99,999,999.99    99,999,999.99    99,999,999.99    99,999,999.99
        999999999999   9999999999   MM/DD/CCYY     99,999,999.99    99,999,999.99    99,999,999.99    99,999,999.99
        999999999999   9999999999   MM/DD/CCYY     99,999,999.99    99,999,999.99    99,999,999.99    99,999,999.99
        999999999999   9999999999   MM/DD/CCYY     99,999,999.99    99,999,999.99    99,999,999.99    99,999,999.99
        999999999999   9999999999   MM/DD/CCYY     99,999,999.99    99,999,999.99    99,999,999.99    99,999,999.99
        999999999999   9999999999   MM/DD/CCYY     99,999,999.99    99,999,999.99    99,999,999.99    99,999,999.99
        999999999999   9999999999   MM/DD/CCYY     99,999,999.99    99,999,999.99    99,999,999.99    99,999,999.99
        999999999999   9999999999   MM/DD/CCYY     99,999,999.99    99,999,999.99    99,999,999.99    99,999,999.99
```

2.8.145.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1099 IND	The indicator used to identify 1099 updates.	1	Character	N/A	Calculated Field
CCN Number	The cash control number of the check received which created an overpayment.	11	Number	T_EXPEND_XREF	SAK_CASH_RECEIPT

Field	Description	Length	Data Type	DB Table	DB Attributes
COS	The category of service that reflects the reason for the non-provider check.	4	Character	T_EXPENDITURE	SAK_FIN_COS
Carrier id/Prov/Member	The carrier, member or provider number to which the check is issued.	10	Character	T_EXPENDITURE	SAK_PAYEE
Check Amount	The amount of the payment.	13	Number	T_EXPENDITURE	AMT_PAID
Check Number	The check number relating to the payment.	9	Number	T_CHECK	NUM_CHECK
Check Summary (COS)	This field lists the entire COS codes that were listed in the main report.	2	Character	T_EXPENDITURE	SAK_FIN_COS
Check Summary (Total Amount Issued)	The totals grouped by COS code.	13	Number		Calculated Field
Clerk ID	The clerk that requested the non-provider check.	8	Character	T_EXPENDITURE	ID_CLERK
Name/Address	The name and address of the person to whom the check is issued.	35	Character	T_NONPROVIDER	Concatenated
Reason for Issue	The description of the reason code for the check	15	Character	T_EXPENDITURE	CDE_REASON_FOUR
Trans Date	The date of the transaction.	10	Date (MM/DD/CCYY)	T_EXPENDITURE	DTE_ADDED

2.8.145.5 Associated Programs

Program	Description
finp7550	Non-Provider Check Report

2.8.145.6 Associated Requirements

ID
30.090.009.003.1

2.8.145.7 Change Orders

ID	Name	Description
1132	Modify Check Registry reports	Modify the existing Core Check Registry report to match the 9 legacy Check Registry reports. The legacy reports are KYMC7500-R002, KYMC7500K-R002, KYMC7500L-R002, KYMC7500-R003, KYMC750K-R003, KYMC750L-R003, KYMC7500-R004, KYMC7500-R005, and KYMC7550-R001.

2.8.146 FIN-7950-W -- STARS MARS Weekly Refund Report

This report provides a listing of all refunds generated and sent to Stars/Mars for the cycle.

2.8.146.1 Technical Name

FIN-7950-W

2.8.146.2 Sort Order

Vendor CCN

2.8.146.3 STARS MARS Weekly Refund Report Layout

```
Report  : FIN-7950-W                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : FINJW795                 MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   99:99:99
Location: FINP7950                      STARS MARS WEEKLY REFUND REPORT                Page:       9999

                                   FOR WEEK OF MM/DD/CCYY - MM/DD/CCYY

        VENDOR CCN    VENDOR PROV  RECVD DATE          DEBIT 1          DEBIT 2          CREDIT 1          CREDIT 2
        999999999999   9999999999  MM/DD/CCYY     99,999,999.99    99,999,999.99    99,999,999.99     99,999,999.99
        999999999999   9999999999  MM/DD/CCYY     99,999,999.99    99,999,999.99    99,999,999.99     99,999,999.99
        999999999999   9999999999  MM/DD/CCYY     99,999,999.99    99,999,999.99    99,999,999.99     99,999,999.99
        999999999999   9999999999  MM/DD/CCYY     99,999,999.99    99,999,999.99    99,999,999.99     99,999,999.99
        999999999999   9999999999  MM/DD/CCYY     99,999,999.99    99,999,999.99    99,999,999.99     99,999,999.99
        999999999999   9999999999  MM/DD/CCYY     99,999,999.99    99,999,999.99    99,999,999.99     99,999,999.99
        999999999999   9999999999  MM/DD/CCYY     99,999,999.99    99,999,999.99    99,999,999.99     99,999,999.99
        999999999999   9999999999  MM/DD/CCYY     99,999,999.99    99,999,999.99    99,999,999.99     99,999,999.99
```

2.8.146.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Credit 1	The credit 1 amount for the refund (for agency 1)	13	Number	N/A	Calculated Field
Credit 2	The credit 2 amount for the refund (for agency 2)	13	Number	N/A	Calculated Field
Debit 1	The debit 1 amount for the refund (for agency 1)	13	Number	N/A	Calculated Field
Debit 2	The debit 2 amount for the refund (for agency 2)	13	Number	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Document Credit Total	The credit total for the set of refunds	13	Number	N/A	Calculated Field
Document Debit Total	The debit total for the set of refunds	13	Number	N/A	Calculated Field
Document Number	The document number assigned to the set of refunds	13	Number	N/A	Calculated Field
Recvd Date	The date that the money was recovered	10	Date (MM/DD/CCYY)	T_FIN_PROCESS_CASH_DISP	DTE_PROCESSED
Vendor CCN	The vendor Cash Control Number for the refund	3	Number	T_CASH_RECEIPT	CASH_CTL_NO
Vendor Prov	The vendor provider number for the refund	10	Number	T_PR_IDENTIFIER	PROVIDER_ID

2.8.146.5 Associated Programs

Program	Description
finp7950	STARS MARS Weekly Refund Report

2.8.146.6 Associated Requirements

ID
30.090.009.003.1

2.8.146.7 Change Orders

ID	Name	Description
1111	create FIN-7950-W report	Create the legacy KYMC7950 r001 stars/Mars weekly refund report

2.8.147 FIN-8000-W -- Provider Reimbursement Report

This report lists provider reimbursement amounts for the weekly payment cycle organized by category of service.

2.8.147.1 Technical Name

FIN-8000-W

2.8.147.2 Sort Order

Category of Service

2.8.147.3 Provider Reimbursement Report Layout

```
Report  : FIN-8000-W                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : FINJW800                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: FINP8000                            PROVIDER REIMBURSEMENT REPORT                         Page:       9999
                                                      MM/DD/CCYY
PAYMENT CYCLE:    9999
CATEGORY OF SERVICE (COS)        MEDICAID                    MCHIP                       SCHIP                       TOTAL
XX XXXXXXXXXXXXXXXXXXX  CLAIM CNT    PAID AMOUNT   CLAIM CNT    PAID AMOUNT   CLAIM CNT    PAID AMOUNT   CLAIM CNT    PAID AMOUNT
XX      PAID            99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99
XX      DENIED          99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99
XX      ADJUSTED        99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99
XX      MASS ADJ        99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99
XX      TOTAL           99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99

XX XXXXXXXXXXXXXXXXXXX  CLAIM CNT    PAID AMOUNT   CLAIM CNT    PAID AMOUNT   CLAIM CNT    PAID AMOUNT   CLAIM CNT    PAID AMOUNT
XX      PAID            99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99
XX      DENIED          99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99
XX      ADJUSTED        99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99
XX      MASS ADJ        99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99
XX      TOTAL           99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99

AL TOTAL ALL COS         CLAIM CNT    PAID AMOUNT   CLAIM CNT    PAID AMOUNT   CLAIM CNT    PAID AMOUNT   CLAIM CNT    PAID AMOUNT
XX      PAID            99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99
XX      DENIED          99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99
XX      ADJUSTED        99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99
XX      MASS ADJ        99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99
XX      TOTAL           99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99  99,999,999  99,999,999.99
                                          ** E N D   O F   R E P O R T **
```

2.8.147.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Adjusted MCHIP Claims	The count of adjusted MCHIP claims.	13	Number	N/A	Calculated Field
Adjusted MCHIP Paid	The paid amount of adjusted MCHIP claims.	13	Number	N/A	Calculated Field
Adjusted Medicaid Claims	The count of adjusted Medicaid claims.	13	Number	N/A	Calculated Field
Adjusted Medicaid Paid	The paid amount of adjusted Medicaid claims.	13	Number	N/A	Calculated Field
Adjusted SCHIP Claims	The count of adjusted SCHIP claims.	13	Number	N/A	Calculated Field
Adjusted SCHIP Paid	The paid amount of adjusted SCHIP claims.	13	Number	N/A	Calculated Field
Adjusted Total Claims	The total count of claims tied to the category of service.	13	Number	N/A	Calculated Field
Adjusted Total Paid	The total paid amount of the claims tied to the category of service	13	Number	N/A	Calculated Field
Category Of Service	The category of service code and description.	22	Character	T_FIN_COS	DSC_COS
Denied MCHIP Claims	The count of denied MCHIP claims.	13	Number	N/A	Calculated Field
Denied MCHIP Paid	The paid amount of denied MCHIP claims.	13	Number	N/A	Calculated Field
Denied Medicaid Claims	The count of denied Medicaid claims.	13	Number	N/A	Calculated Field
Denied Medicaid Paid	The paid amount of denied Medicaid claims.	13	Number	N/A	Calculated Field
Denied SCHIP Claims	The count of denied SCHIP claims.	13	Number	N/A	Calculated Field
Denied SCHIP Paid	The paid amount of denied SCHIP claims.	13	Number	N/A	Calculated Field

Denied Total Claims	The total count of claims tied to the category of service.	13	Number	N/A	Calculated Field
Denied Total Paid	The total paid amount of the claims tied to the category of service	13	Number	N/A	Calculated Field
Mass Adj MCHIP Claims	The count of mass adjust MCHIP claims.	13	Number	N/A	Calculated Field
Mass Adj MCHIP Paid	The paid amount of mass adjust MCHIP claims.	13	Number	N/A	Calculated Field
Mass Adj Medicaid Claims	The count of mass adjust Medicaid claims.	13	Number	N/A	Calculated Field
Mass Adj Medicaid Paid	The paid amount of mass adjusts Medicaid claims.	13	Number	N/A	Calculated Field
Mass Adj SCHIP Claims	The count of mass adjusts SCHIP claims.	13	Number	N/A	Calculated Field
Mass Adj SCHIP Paid	The paid amount of mass adjusts SCHIP claims.	13	Number	N/A	Calculated Field
Mass Adj Total Claims	The total count of claims tied to the category of service.	13	Number	N/A	Calculated Field
Mass Adj Total Paid	The total paid amount of the claims tied to the category of service	13	Number	N/A	Calculated Field
Paid MCHIP Claims	The count of paid MCHIP claims.	13	Number	N/A	Calculated Field
Paid MCHIP Paid	The paid amount of paid MCHIP claims.	13	Number	N/A	Calculated Field
Paid Medicaid Claims	The count of paid Medicaid claims.	13	Number	N/A	Calculated Field
Paid Medicaid Paid	The paid amount of paid Medicaid claims.	13	Number	N/A	Calculated Field
Paid SCHIP Claim	The count of paid MCHIP claims.	13	Number	N/A	Calculated Field
Paid SCHIP Paid	The paid amount of paid MCHIP claims.	13	Number	N/A	Calculated Field

Paid Total Claims	The total count of claims tied to the category of service.	13	Number	N/A	Calculated Field
Paid Total Paid	The total paid amount of the claims tied to the category of service	13	Number	N/A	Calculated Field
Payment Cycle	The payment cycle number.	4	Number	N/A	N/A
Total MCHIP Claims	The count of all paid MCHIP claims for the category of service.	13	Number	N/A	Calculated Field
Total MCHIP Paid	The paid amount of all paid MCHIP claims for the category of service.	13	Number	N/A	Calculated Field
Total Medicaid Claims	The count of all Medicaid claims for the category of service.	13	Number	N/A	Calculated Field
Total Medicaid Paid	The paid amount of all paid Medicaid claims for the category of service.	13	Number	N/A	Calculated Field
Total SCHIP Claims	The count of all paid SCHIP claims for the category of service.	13	Number	N/A	Calculated Field
Total SCHIP Paid	The paid amount of all paid SCHIP claims for the category of service.	13	Number	N/A	Calculated Field
Total Claims	The total count of all claims tied to the category of service.	13	Number	N/A	Calculated Field
Total Paid	The total paid amount of all the claims tied to the category of service	13	Number	N/A	Calculated Field

2.8.147.5 Associated Programs

Program	Description
finp8000	Provider Reimbursement Report

Program	Description
finp8000	Provider Reimbursement Report

2.8.147.6 Associated Requirements

ID
30.050.009.002.16

2.8.147.7 Change Orders

ID	Name	Description
8807	FIN6900Wnot = FIN8000, FIN0005	From: Bullock, Judy S (CHFS OIT Medicaid) [mailto:JudyS.Bullock@ky.gov] Sent: Tuesday, July 17, 2007 11:17 AM To: KY_MMIS_Action_Item_Track@eds.com Cc: Hackett, Jay (CHFS DMS); Sayles, Karen (CHFS DMS); Robey, Cliff (CHFS DMS); Conway, Paula J; Sanders, Amy; Bullock, Tammy (CHFS DMS) Subject: Financial - FIN 6900 W Does Not Balance to Other Cycle Reports Importance: High The FIN 6900 W (Weekly Financial Claims Split Summary Report- used to see the total amt released to the payment cycle and the totals held by prudent pay and payment hold) does not balance to the other cycle reports (FIN 0005 W, FIN 8000 W, etc.) For the 7/13/07 payment cycle the FIN 6900 W indicated that $73,236,736.86 was released to the payment cycle. The Total Claims Extracted amt on the FIN 0005 W was $70,811,409.21.The total claims payment amount on the FIN 8000 W is $70,969,117.48 (amt prior to the removal of the System ARs Created).
8843	FIN800Q & FIN805*Q ERRORS	From: Bechtel, Steve (CHFS DMS) [mailto:Steve.Bechtel@ky.gov] Sent: Monday, July 23, 2007 3:49 PM To: KY_MMIS_Action_Item_Track@eds.com Cc: Conway, Paula J; Bullock, Tammy (CHFS DMS); Keffer, Cassie (CHFS DMS) Subject: FINANCIAL - FIN-8055-Q is not correct Importance: High The quarterly shows Refund Amount for COS 99 as $6,438,063.75 when the month of June shows $1,961,315.08 and April and May show $0.00.There should not be anything showing under COS 99 on either the monthly or Quarterly Reports None of the FIN8000W, FIN8050W or FIN8055W BALANCED FOR THE QUARTER OF JUNE 2007. IN ADDITION, WE NEED TO REMOVE COS 99 FROM REPORTING ON THE FIN8055Q Issue Tracking # 911