| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 2 | Disclosures of Information | | MDI001 | | | |
| 2 | Member Access and Amendments | | MAS001 | | | |
| | | Amendments Tab | MAS001B | | | |
| 2 | Member Consent Records | | MCS001 | | | |
| 2 | Member Privacy Requests | | MPQ001 | | | |
| 2 | Create Member Notifications | | WNT002 | | | |
| 2 | Create Provider Notifications | | WNT102 | | | |
| 2 | View Member Notifications | | WNT003 | | | |
| 2 | View Provider Notifications | | WNT103 | | | |
| **Functional Area:** | | **Reporting & Analysis** | | | | |
| 2 | Database Queries | | DBQ001 | | | |
| | | Test & Preview | DBQ001B | | | |
| 2 | ezQ | | RPT011 | | | |
| | | Layout | RPT011B | | | |
| 2 | Report Library Manager | | RPT001 | | | |
| | | Headers / Footers | RPT001B | | | |
| | | Contents | RPT001C | | | |
| | | Selection Criteria | RPT001D | | | |
| | | Sort Criteria | RPT001E | | | |
| | | Prompts | RPT001F | | | |
| 2 | Run Database Query | | DBQ002 | | | |
| 2 | Run Reports | | RPT002 | | | |
| 2 | Window Report Access | | WRA001 | | | |
| 2 | Create/Edit External Application Reports | | RPT003 | | | |
| | | Document | RPT003B | | | |
| 2 | Visual Reports | | RPT008 | | | |
| | | Sub-window | RPT008B | | | |
| 2 | Create / Edit Dashboards | | DSH001 | | | |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 2 | Run Dashboards | | DSH101 | | | |
| 2 | Gauges | | GAG001 | | | |
| 1 | Register Crystal Reports | | RPT007 | | | |
| | | Parameters | RPT007B | | | |
| 1 | Reporting Configuration | | SYS010 | | | |
| 1 | Printer Profiles | | PPF001 | | | |
| 1 | Report Modifiers | | RML001 | | | |
| 1 | Report Signature Blocks | | RSB001 | | | |
| 1 | Report Text Objects | | RTO001 | | | |
| | | Header | RTO001B | | | |
| | | Regarding | RTO001C | | | |
| | | Salutation | RTO001D | | | |
| | | Body Upper | RTO001E | | | |
| | | Body Lower | RTO001F | | | |
| | | Footer | RTO001G | | | |
| | | Enclosure | RTO001H | | | |
| 2 | Run Summary Data Loads | | DLD101 | | | |
| | | Results | DLD101B | | | |
| 2 | Summary Data Loads | | DLD001 | | | |
| | | Results | DLD001B | | | |
| **Functional Area:** | | **System Management** | | | | |
| 2 | Managed Care Configuration | | MCC001 | | | |
| | | Default Values | MCC001B | | | |
| | | Care Coordination/Appeals | MCC001C | | | |
| | | Numbering Policies | MCC001D | | | |
| | | Client Subsystem/TMM | MCC001E | | | |
| | | OB Information | MCC001F | | | |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Members/Providers | MCC001G | | | |
| | | Electronic Transactions | MCC001H | | | |
| 2 | Menu Configuration | | MNU001 | | | |
| 2 | System Configuration | | SYS001 | | | |
| | | Rules & Restrictions | SYS001B | | | |
| 2 | Window Access | | WAC001 | | | |
| 2 | Window Library | | WIN001 | | | |
| 3 | Diagnosis Related Groups | | DRG001 | | | |
| 3 | DRG Multipliers | | DRM001 | | | |
| 3 | DRG Grouping Logic | | DGL001 | | | |
| 3 | Major Diagnostic Categories | | MDC001 | | | |
| 3 | Consequences of Variance | | CVA001 | | | |
| 3 | Reasons For Variance | | RVA001 | | | |
| 3 | User-Defined Associations | | UDA001 | | | |
| 3 | Allergies | | ALG001 | | | |
| 3 | Allergy Severities | | LIB145 | | | |
| 3 | Allergy Types | | ALT001 | | | |
| 3 | Postal Codes | | POC001 | | | |
| 3 | Counties | | LIB184 | | | |
| 3 | Countries | | LIB064 | | | |
| 3 | Employment Status | | LIB038 | | | |
| 3 | Ethnic Origins | | LIB036 | | | |
| 3 | Job Classifications | | JCL001 | | | |
| 3 | Marital Status | | MRS001 | | | |
| 3 | Next Of Kin Roles | | LIB027 | | | |
| 3 | Races | | LIB032 | | | |
| 3 | Relationships | | LIB149 | | | |
| 3 | Religions | | LIB092 | | | |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 3 | States / Provinces | | STA001 | | | |
| 3 | Access Response Reasons | | ARR001 | | | |
| 3 | Amendment Response Reasons | | AMR001 | | | |
| 3 | Disclosure Requirement Reasons | | DRR001 | | | |
| 3 | Extension Reasons | | LIB209 | | | |
| 3 | Information Disclosure Purposes | | LIB051 | | | |
| 3 | Member Alert Types | | LIB280 | | | |
| 3 | Privacy Request Types | | LIB281 | | | |
| 3 | Brokers | | ORG361 | | | |
| | | Contact Person Information | ORG361B | | | |
| 3 | Business Units | | LIB240 | | | |
| 3 | Employers | | ORG171 | | | |
| | | Contact Person Information | ORG171B | | | |
| 3 | Organization Types | | ORT001 | | | |
| 3 | Organization Contact Persons | | ORP001 | | | |
| | | Additional Contact Information | ORP001B | | | |
| 3 | Payers | | ORG091 | | | |
| | | Contact Person Information | ORG091B | | | |
| | | Plans | ORG091C | | | |
| 3 | Person Types | | PNT001 | | | |
| 3 | | Professions | LIB070 | | | |
| 3 | Review Agencies | | ORG261 | | | |
| | | Contact Person Information | ORG261B | | | |
| 3 | Letter Packages | | LPK001 | | | |
| 3 | Database Queries | | DBQ001 | | | |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Test & Preview | DBQ001B | | | |
| 3 | Document Types | | DCT001 | | | |
| 3 | Letter Modifiers | | LIB271 | | | |
| 3 | Letter Types | | LTY001 | | | |
| 3 | Printer Pools | | LIB138 | | | |
| 3 | Printers | | PRN001 | | | |
| 3 | Report Categories | | RCG001 | | | |
| 3 | Report Field Configuration | | REQ001 | | | |
| 3 | Report Types | | RTP001 | | | |
| 3 | Cost Centers | | LIB157 | | | |
| 3 | Emergency Locator Codes | | LIB035 | | | |
| 3 | Departments | | DPT001 | | | |
| 3 | Hospital Services | | HSV001 | | | |
| 3 | Specialties | | SPC001 | | | |
| 3 | Job Classifications | | JCL001 | | | |
| 3 | Job Titles | | LIB121 | | | |
| 3 | Staff Categories | | STC001 | | | |
| 3 | Visa Types | | LIB125 | | | |
| 3 | Ancillary Staff Information | | STF003 | | | |
| | | Contact Information | STF003B | | | |
| | | Personal Information | STF003C | | | |
| 3 | Workgroups | | WGR001 | | | |
| | | Workgroup Clients | WGR001B | | | |
| 3 | Task List Redirection | | TSL101 | | | |
| 3 | Task Distribution Lists | | TDL001 | | | |
| 3 | Task Lists | | TSL001 | | | |
| 3 | Task Priorities | | TPR001 | | | |
| 3 | Task Types | | TTY001 | | | |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Parameters | TTY001B | | | |
| | | Label Definition | TTY001C | | | |
| | | Task Creation | TTY001D | | | |
| 2 | Retrieval Log | | RVL001 | | | |
| 2 | Activity Log Maintenance | | UAL001 | | | |
| 2 | User Information | | USR201 | | | |
| | | Account Restrictions | USR201B | | | |
| | | Privileges/Programs | USR201C | | | |
| | | Client Security | USR201D | | | |
| 2 | Window Privilege Profiles | | WPP001 | | | |
| | | Report Access | WPP001B | | | |
| | | Other Access | WPP001C | | | |
| 2 | Security Profiles | | SPF001 | | | |
| 2 | Security User Information | | SUR001 | | | |
| | | Acct Restrictions | SUR001B | | | |
| | | User Profiles & Groups | SUR001C | | | |
| | | Associated Providers | SUR001D | | | |
| | | Privilege Summary | SUR001E | | | |
| 2 | Application Event Queue | | AEQ001 | | | |
| 2 | Job Definitions | | JBD001 | | | |
| | | Job Rules | JBD001B | | | |
| 2 | Job Scheduling | | JSC001 | | | |
| 2 | Job Scripts | | XOB101 | | | |
| | | Code | XOB101B | | | |
| 2 | Schedule Monitor | | SSE001 | | | |
| 2 | Create/Edit User-Defined Windows | | UDW001 | | | |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Field Information | UDW001B | | | |
| | | Preview & Arrange | UDW001C | | | |
| | | Menu Access | UDW001D | | | |
| 2 | Run User-Defined Windows | | UDW002 | | | |
| 2 | User-Defined Tables | | SYT003 | | | |
| | | Usage | SYT003B | | | |
| | | Data Access | SYT003C | | | |
| 2 | Workgroup Task List Management | | TSK002 | | | |
| 2 | Task Batch Processing | | TSK004 | | | |
| 2 | Data Records | | XDR002 | | | |
| | | Raw Data | XDR002B | | | |
| 2 | Data Records Queue | | XDR004 | | | |
| 2 | Objects | | XOB001 | | | |
| | | Code | XOB001B | | | |
| 2 | System Applications | | XSA001 | | | |
| 2 | System Segments | | XSS001 | | | |
| 2 | System Tables | | SYT001 | | | |
| 2 | Translation Table | | XLT001 | | | |
| **Functional Area:** | | **Provider Credentialing** | | | | |
| 2 | Attestations | | VAT001 | | | |
| 2 | Verification Forms | | VFM001 | | | |
| 2 | Verification Items | | VIM001 | | | |
| 2 | Acts or Omissions | | LIB210 | | | |
| 2 | Adverse Action Classification | | LIB052 | | | |
| 2 | Boards (Specialty Certification) | | ORG131 | | | |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Contact Person Information | ORG131B | | | |
| | | Certificates | ORG131C | | | |
| 2 | Coverage Terms | | LIB131 | | | |
| 2 | Coverage Types | | LIB133 | | | |
| 2 | Credentialing Verification Organizations | | ORG191 | | | |
| | | Contact Person Information | ORG191B | | | |
| 2 | Data Sources | | LIB122 | | | |
| 2 | Degree Types | | LIB028 | | | |
| 2 | Fields of Licensure | | LIB044 | | | |
| 2 | Insurance Carriers | | ORG061 | | | |
| | | Contact Person Information | ORG061B | | | |
| 2 | Internship Types | | LIB049 | | | |
| 2 | Medical Schools | | ORG141 | | | |
| | | Contact Person Information | ORG141B | | | |
| 2 | Nursing Schools | | ORG321 | | | |
| | | Nursing Schools | ORG321 | | | |
| 2 | Post-Graduate Schools | | ORG311 | | | |
| | | Contact Person Information | ORG311B | | | |
| 2 | Professional Schools | | ORG331 | | | |
| | | Contact Person Information | ORG331B | | | |
| 2 | Provider Types | | PVT001 | | | |
| 2 | Qualifications | | LIB154 | | | |
| 2 | Regulatory Agencies | | ORG121 | | | |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Contact Person Information | ORG121B | | | |
| 2 | Specialization Areas | | LIB110 | | | |
| 2 | Undergraduate Schools | | ORG341 | | | |
| | | Contact Person Information | ORG341B | | | |
| 2 | Vocational Schools | | ORG351 | | | |
| | | Contact Person Information | ORG351B | | | |
| 1 | Credentialing Batch | | VBR001 | | | |
| 1 | Credentialing Batch Template | | VCB001 | | | |
| 1 | Credentialing Application | | VAL001 | | | |
| | | Credentialing Verification | VAL001B | | | |
| 1 | Recredentialing Application | | VAL101 | | | |
| | | Recredentialing Verification | VAL101B | | | |
| 1 | Providers | | PVD002 | | | |
| | | Physicians | PVD002B | | | |
| | | Education/Training | PVD002C | | | |
| | | Board Cert/Qualification | PVD002D | | | |
| | | License | PVD002E | | | |
| | | Insurance | PVD002F | | | |
| | | Malpractice Claims | PVD002G | | | |
| | | Adverse Action | PVD002H | | | |

### 3.23.2 Report Access

| ID | Description | Security Level |
|---|---|---|
| CM | Case Management | |
| FULFIL | Fulfillment Materials | |

| ID | Description | Security Level |
|---|---|---|
| LETTER | Letters | |
| OTHER | Other Reports | |
| PHM | Population Health Management | |
| SYS | System Reports | |
| UM | Utilization Management | |

### 3.23.3 Other Access

| Description | Security |
|---|---|
| Allow Access to Clinical History Window | |
| Allow Changes to Authorization Status History | |
| Allow Changes to "Date/Time Due" on Existing Tasks | |
| Appeal Status | |
| Standard Appeals | |
| Expedited CMS Appeals | |
| Expedited Non-CMS Appeals | |
| Allow Changes to "Start Date/Time" on Appeals | |
| Allow Users to Reopen Closed Appeals | |
| Note Types | |
| Allow All | |
| Case Types | |
| Allow All | |

| Note Types | |
|---|---|
| Clinical | Assessment (Care Coordination) |
| Inquiry | Contact |
| Notification | Contact |
| Benefits | Contact |

| Note Types | |
|---|---|
| Eligibility | Contact |
| Claims | Contact |
| Appeal Inquiry | Contact |
| Letter | Contact |
| Rationale | Contact |
| Complaint | Contact |
| Management | Contact |
| Clinical | Contact |
| Courtesy Letter | Contact |

## 3.24 Other Elements

The following elements are available but have not been activated for KyHealth Choices. They can be activated as new requirements are defined.

| Element | Type of Information/Function | Comment |
|---|---|---|
| Visa Types | Personal Information | |
| CHDR Decisions | Allows the site to enter the decisions issued by the Center for Health Dispute Resolution (CHDR) | |
| CHDR Rationales | Allows the site to enter the justifications of the decisions issued by the Center for Health Dispute Resolution (CHDR | |
| Review Criteria Sets | Allows the site to create Criteria Sets to associate with Criteria Types | |
| Reimbursement Types | Allows the site to define the Reimbursement Types used in Care Coordination and Provider Affiliations | |
| Status Change Reasons | Allows the site to define the reasons the status of an authorization was changed in the Status Details Folder on Tab 1 of the Care Coordination Center | |
| Cost Savings Variance Reasons | Allows the site to configure the reasons for variances in cost savings captured in the Extended Services Tab, Tab 2 – Cost Savings | |

| Element | Type of Information/Function | Comment |
|---|---|---|
| Review Detail-Level of Care Reasons | Allows the site to define the reasons a level of care assignment was made and why the requested level of care is different than the authorized level of care. This is performed at the Review Details Level. | |
| Treatment Diagnosis Groups | Allows the site to enter details about treatment diagnosis groups which alert users of special guidelines or reminders | |
| Alerts | SHPS did not activate; may use at a later time – no case or disease management programs currently.<br><br>Allows the site to configure alerts to be added to the place of service profiles, treatment diagnosis groups and treatment procedure groups | |
| Episode Levels | Allows the user to configure the Episode Levels on Tab 2 – Additional Information in the Case Management Episode Details Window | |
| Clinical Data Categories | Allows the user to create clinical data categories | |
| Clinical Data Items | Allows the user to create clinical data categories | |
| Clinical Data Routes | Values are predetermined by SHPS | |
| Clinical Data Reasons | Allows the site to configure clinical data reasons | |
| Case Leveling Tool | Allows the user to define/create level of care worksheets | |
| High Tech Needs | Allows the user to identify the current technology items which meet the needs of members in CM | |
| Client Divisions | Allows the site to associate Divisions to a Client. This sheet only needs to be used if the Client Identifier is equal to Division | |
| Client Invoice Types | Used on Tab 1 – Client Information | |
| NAICS Categories | Used on Tab 1 – Allows the site to assign a NAICS category to each client | |

| Element | Type of Information/Function | Comment |
|---|---|---|
| Client Invoice Reporting | Used on Tab 1 – Client Information | |
| Client Invoice Frequencies | Used on Tab 1 – Client Information | |
| Contact Entity Types | Used on Tab 1 – Client Information | |
| Noncompliance Penalties | Tab 2 – Service Groups under Penalties | Allows the site to configure penalties to the request for services and define timeframes for the penalty as appropriate |
| Plan Governing Agencies | Used on Tab 2 – Service Groups | |
| Client Accounting IDs. | Used on Tab 3 – Service under Services Details, Tab 2 – Accounting Details | |
| General Ledger Accounts | Used on Tab 3 – Service under Services Details, Tab 2 – Accounting Details | |
| Invoice Rollup ID's | Used on Tab 3 – Service under Services Details, Tab 2 – Accounting Details | |
| Invoice Fee Type | Used on Tab 3 – Service under Services Details, Tab 2 – Accounting Details and Tab 1 of Client Services. Allows the site to identify the method of payment for the payment for the administrative services for case/utilization management. This is not claims reimbursement | |
| Client Information Categories | Used on Tab 6 – Additional Information | |
| Managed Care Configuration | Allows a site to configure options specific to electronic transactions | |
| Member ID Modifiers | Allows the site to configure modifiers which can be attached to a Member ID | |
| Religions | Allows the site to define Religions for use on the Identification (Member) Tab | |
| Ethnic Origins | Allows the site to define Ethnic Origins for use on the Identification (Member) Tab | |
| Races | Allows the site to define Races for use in the Identification (Member) Tab | |

| Element | Type of Information/Function | Comment |
|---|---|---|
| Pre-Existing Waive Checks | Allows the site to define pre-existing waive checks for use on the Member Plan & Group Window under the Details Tab | |
| Service Areas | Allows the site to define their service areas (this table is also used on the Affiliations Tab) | |
| Provider Change Reasons | Allows the user to record the reason a provider was changed by the member on the Plans/Groups Tab under Provider Details | |
| Drug Benefits | Allows the site to define the Drug Benefit for use on the Coverage (Member) Tab | |
| Psychiatric Status | Allows the site to define the Psychiatric Status for use on the Coverage (Member) Tab | |
| Coverage Termination | Allows the site to define the Coverage Termination Reasons for use on the Coverage (Member) Tab | |
| Coverage Denial | Allows the site to define the Coverage Denied Reasons for use on the Coverage (Member) Tab | |
| Employee Types | Allows the site to define the Employee Types for use on the Coverage Tab | |
| Leave of Absence | Allows the site to define the Leave of Absence for use on the Coverage (Member) Tab | |
| Allergies | Allows the site to define the type of allergies for use on the Allergy/Disability Window Tab | |
| Allergy Severities | Allows the site to define the type of severity for use on the Allergy/Disability Window | |
| Disabilities | Allows the site to define the type of disability for use on the Allergy/Disability Window | |
| Provider Credentialing | | |
| Other | Allows the user to configure the “Note Types” with a System Meaning of “Other” | |
| Attributes | Allows a site to define their list of attributes (benefits) for a plan | |
| Business Units | Allows a site to define their business units | |

| Element | Type of Information/Function | Comment |
|---|---|---|
| Health Plan Products | Allows the site to define their plan products. This table is also used on the Affiliations Tab | |
| Services | Allows the site to configure a trigger list which contains the targeted procedure code ranges | |
| Procedures | Allows the site to configure a trigger list which contains the targeted procedure code ranges | |
| Privileges Programs | Information about one or more privilege profiles and third-party programs users can use in conjunction with maxMC | |
| Client Security | Configure client security for the user's profile | No other client on database. |
| Requesting Providers | Allows the site to configure requesting providers for automated or manual processing. | |
| Diagnoses | Allows the site to configure the targeted diagnosis trigger. | |

# 4 Conversion

## 4.1 Introduction

The current utilization management software for KyHealth Choices (CareReview) is being phased out concurrently with the implementation of Landacorp's maxMC software. To facilitate the data conversion process and to ensure quality of service, a management plan has been implemented. The section focuses on the use of maxReview as one component of that management plan. Designed as a repository for the historical data, maxReview allows the user to access and view the necessary data elements. The information on maxReview to be presented by this document includes the following:

- Staff Management Plan for maxReview implementation;
- Interconnectivity between maxReview and maxMC;
- End-user screenshots and utilization descriptions of maxReview;
- Data Warehousing; and,
- Quality assurance procedures (parity between CareReview, maxReview and maxMC databases).

In addition to the operational aspects, this document also discusses the systematic conversion of open cases from CareReview to maxMC. The information on the systematic conversion of shell cases presented by this document includes the following:

- Definition of an Open Case;
- Systematic Approach;
- CareReview to maxMC Conversion Interface Specifications;
- Outbound CareReview Conversion Interface Test Plan; and,
- Inbound maxMC Conversion Interface Test Plan.

This section identifies the process used to implement maxReview concurrently with the phase-out of CareReview, and outlines management of staff and other resources throughout the exchange. It includes screen shots and descriptions of navigation in the maxReview environment. Additionally this section includes discussion of the conversion of open cases from CareReview to maxMC including methodology, specification and test plans.

## 4.2 Utilizing maxReview

The relationship between CareReview and maxMC is as follows:

- It is necessary to provide continuously available access to the historical data; and,
- The data that currently resides in CareReview is to be delivered to a database entitled maxReview.

maxReview becomes essentially legacy software and provides access to historical data.

### 4.2.1 maxReview and the End-user: Accessing CareReview Data

The maxReview software functions as a repository for the CareReview data. The organization of the software interactions is diagrammed below:

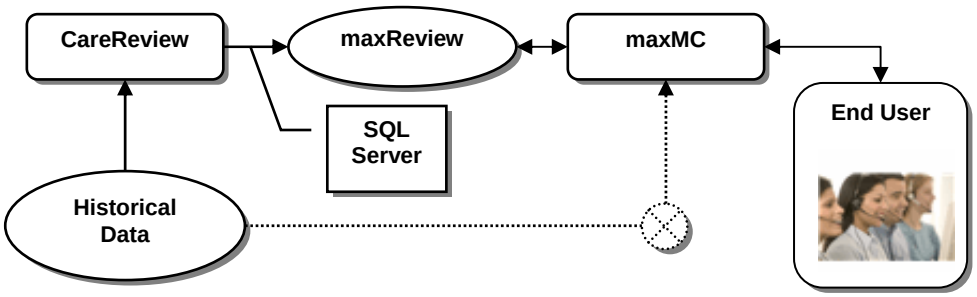



**Figure 1: Flowchart Illustrating End-user Access of CareReview Data, via maxMC**

#### 4.2.1.1 Data Retrieval Process

The process for retrieval of archived data from maxReview is straightforward, and is comprised of the following steps (Figures 2 and 3):

1. The End-user accesses maxReview through the maxMC application;
2. Once the window has opened the user may search by entering any one of the following into its respective field, followed by pressing the Find button: MAID, Last Name, First Name, Review Type, Begin Date, End Date, or by entering the CareReview Case Number. Partial searching is allowed on MAID, Last Name and First Name;
3. By reviewing the search results and selecting the proper entry, a case history list is displayed;
4. By selecting the proper case, all matching records for that case number can be retrieved (Figures 4-9); and.
5. To enter/view another case, the Clear button may be used.

### 4.2.2 Screenshots

#### 4.2.2.1 Case Search Window

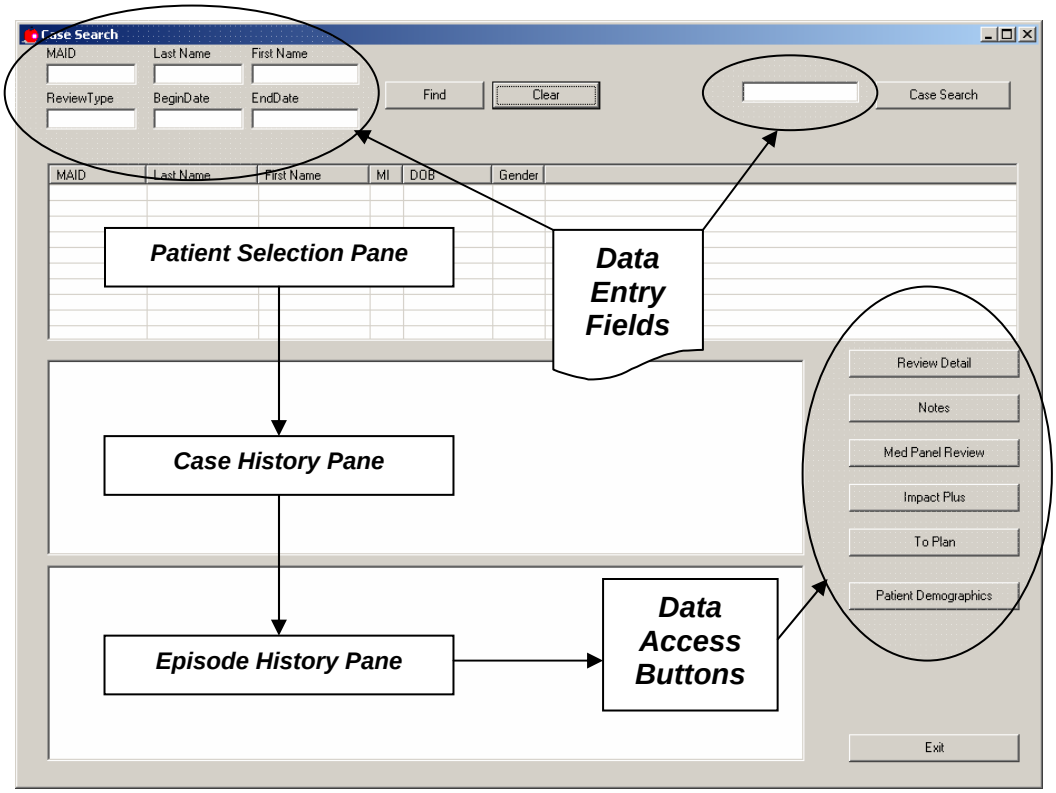



**Figure 2: Description of Case Search Data Fields in maxReview**

#### 4.2.2.2 Example of Data Access Using maxReview

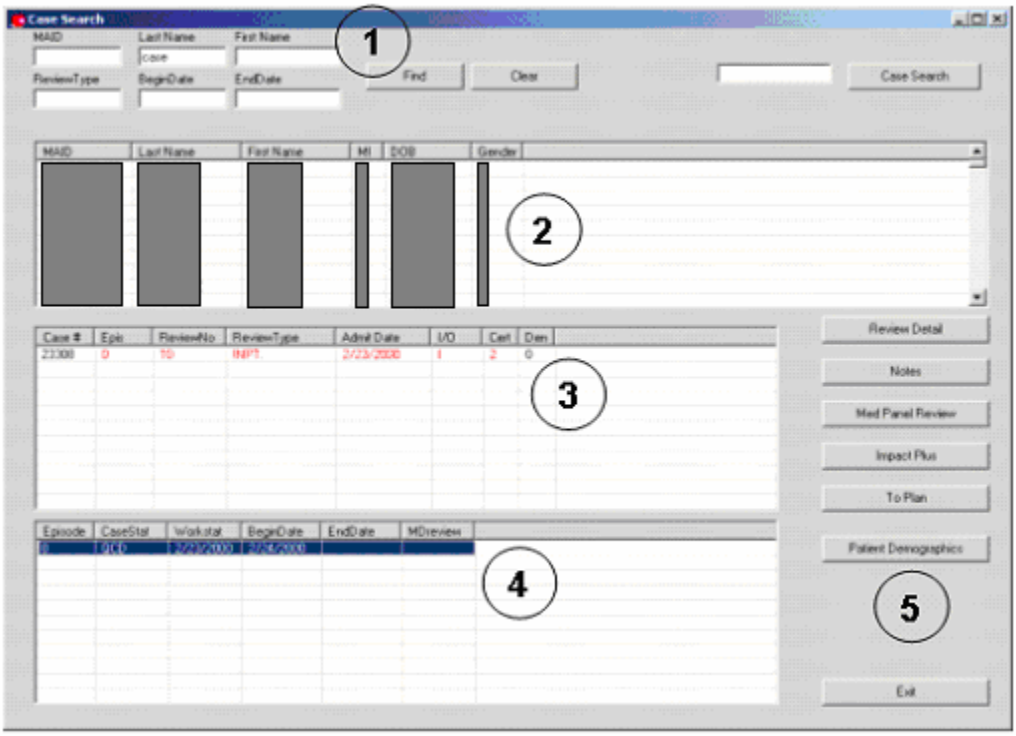



**Figure 3: Navigation in maxReview**

| # | Component | Function | Example |
|---|---|---|---|
| 1 | Data Entry Fields | Search for case data by MAID, Last Name, First Name, Review Type, Begin Date, and End Date or by Case Number. | "Case" was entered into the Last Name field. "Find" was pressed. |
| 2 | Patient Selection Pane | Lists of patients with matching data appear in this pane. | A list of Last Names containing 'case' was displayed. Patient's name, "Casey" was located and highlighted. |
| 3 | Case History | The patient's case history is displayed. | The only documented case for the patient is displayed (#23308). |
| 4 | Episode History Pane | Selecting an episode allows more detail to be viewed by pressing Data Access Buttons | By highlighting the desired episode (0), the Data access buttons become available for additional information. |
| 5 | Data Access Buttons | Used to access respective data from CareReview. | Selecting one of these buttons accesses the additional information that pops up in a new window. |

#### 4.2.2.3 Review Detail Screen

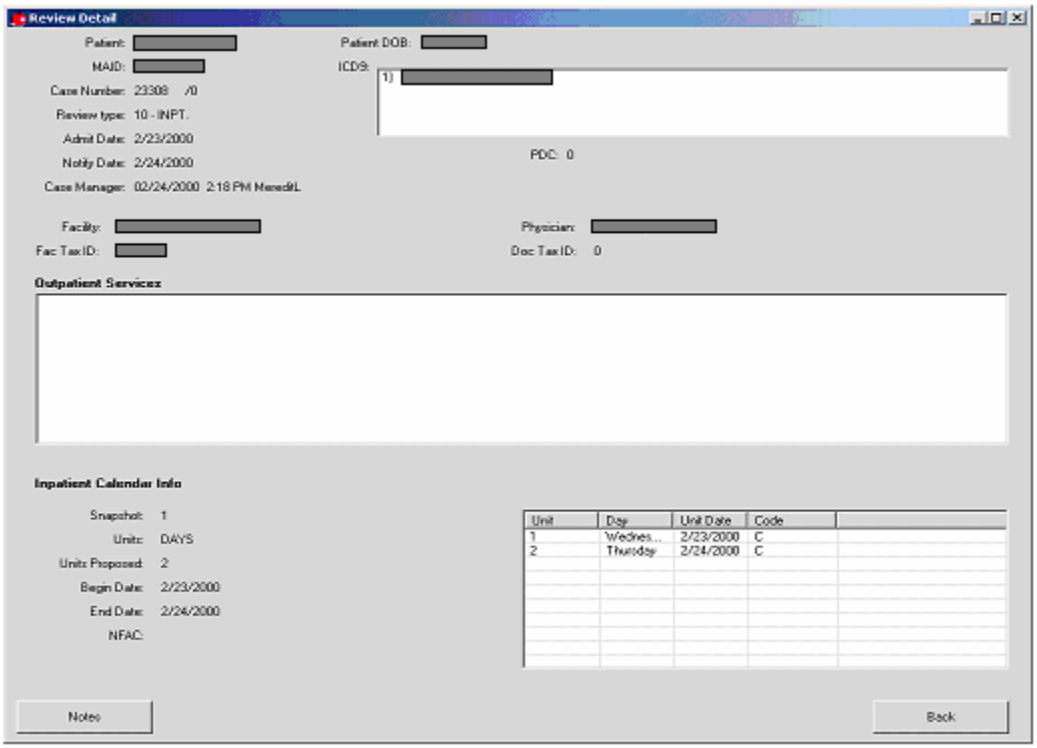



**Figure 4: Review Details, Accessed by Selecting the Review Detail Button**

#### 4.2.2.4 Notes Screen

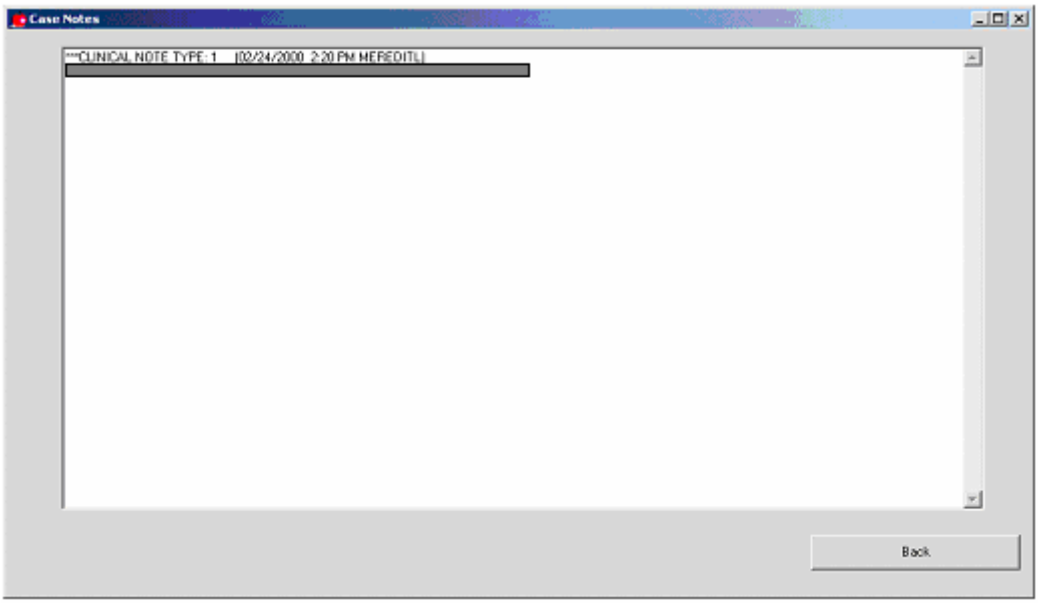



**Figure 5: Physician's Notes, Accessed by Selecting the Notes Button**

#### 4.2.2.5 Med Panel Screen

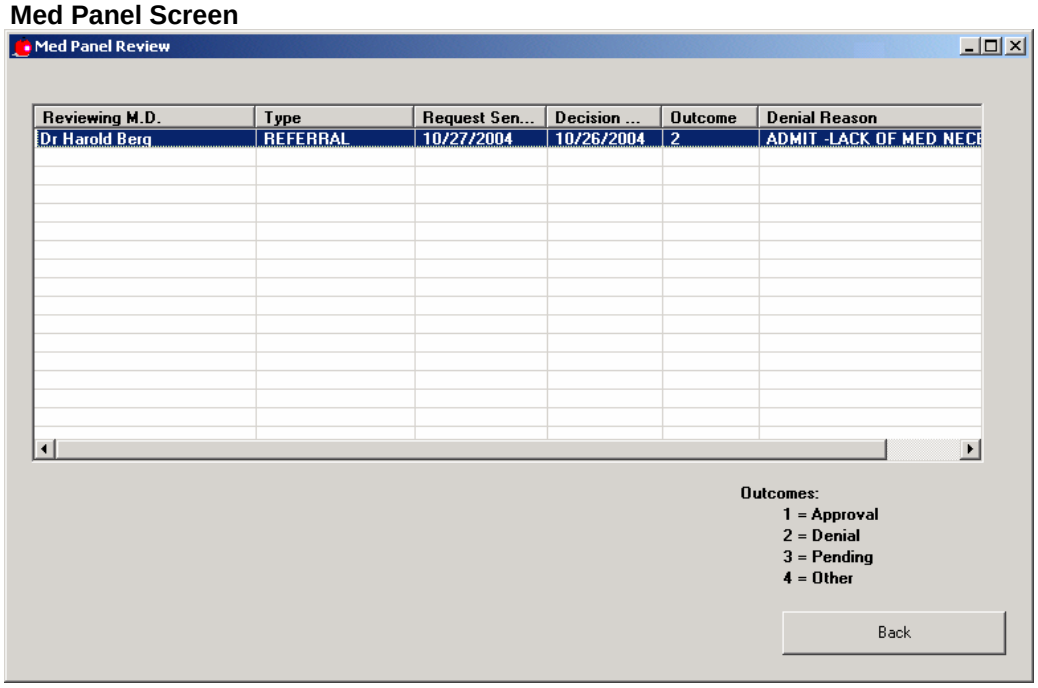



**Figure 6: Medical Panel Review, Accessed by Selecting the Med. Panel Button**

#### 4.2.2.6 Impact Plus Screen

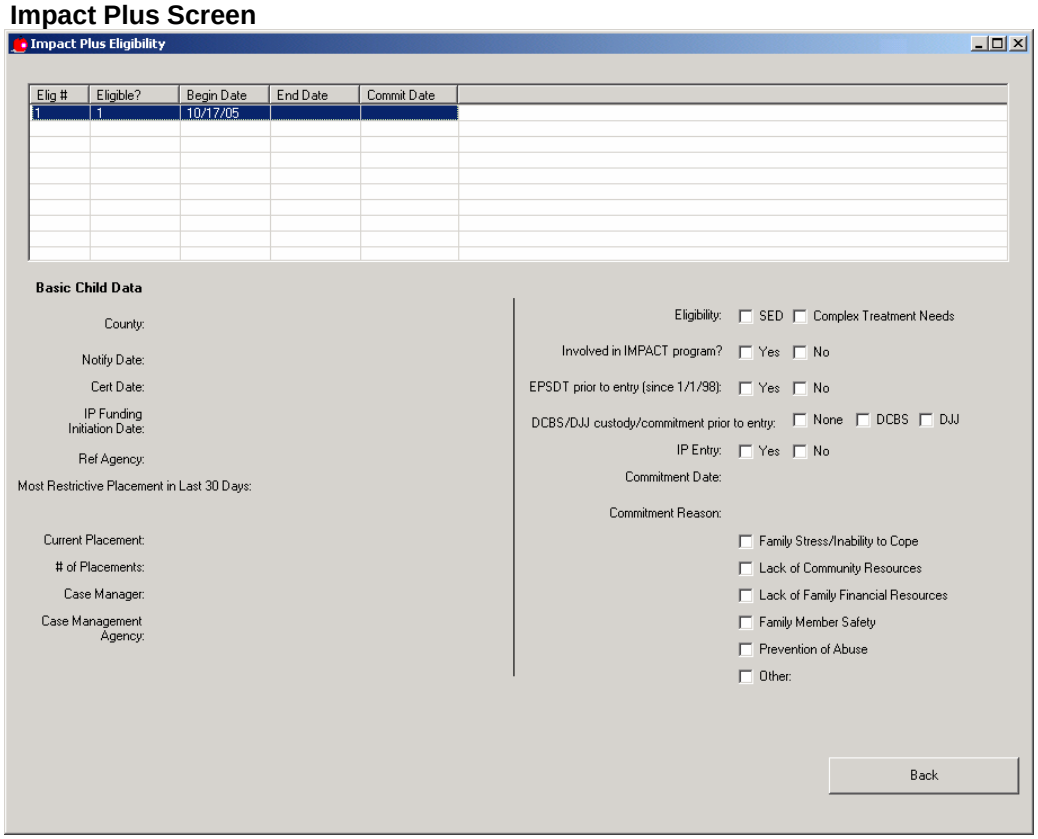



**Figure 7: Impact Plus, Accessed by Selecting the Impact Plus Button**

#### 4.2.2.7 To Plan

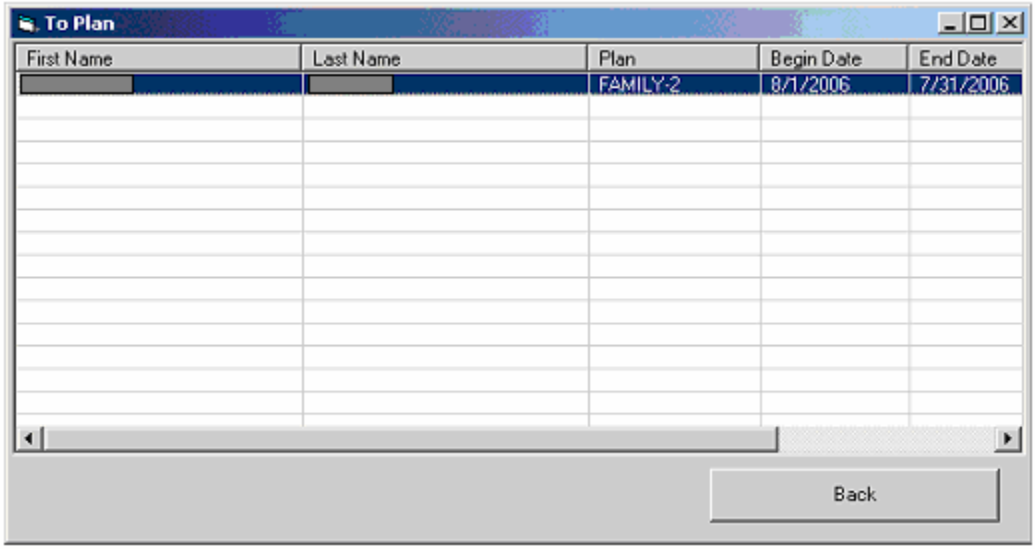



**Figure 8: To Plan, Accessed by Selecting the To Plan Button**

#### 4.2.2.8 Patient Demographics

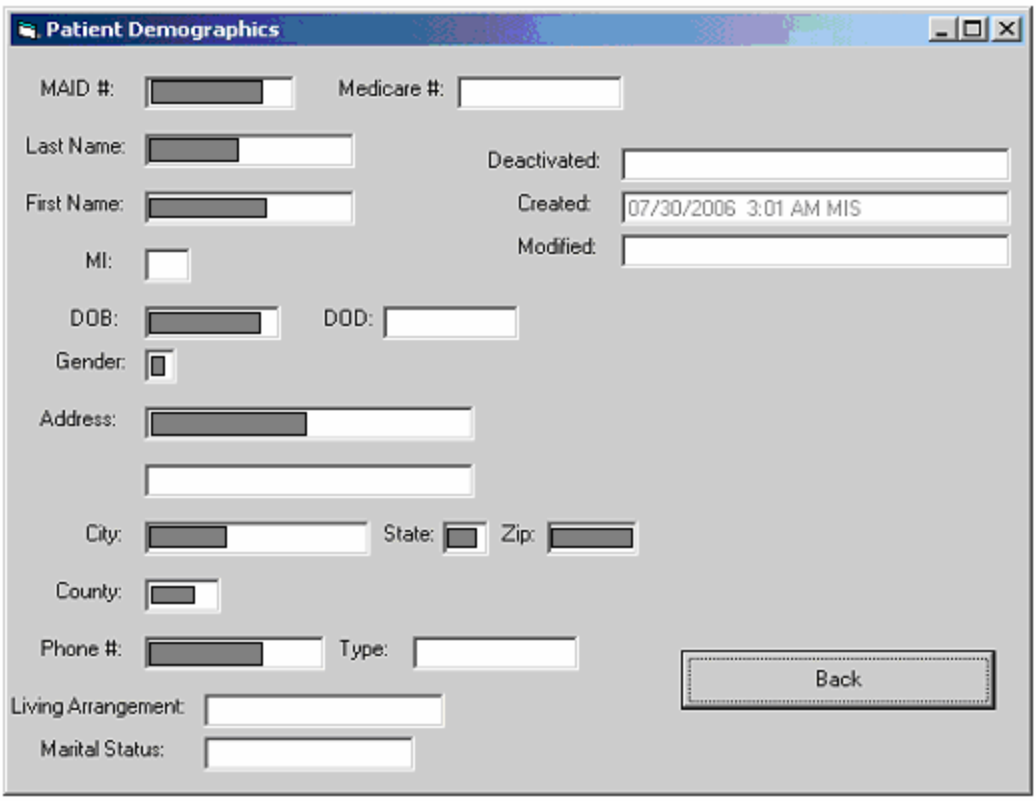



**Figure 9: Patient Demographics, Accessed by Selecting the Patient Demographics Button**

#### 4.2.2.9 Letter History

Pressing the Letter History button will open a window displaying the letter history for a selected case; however, this planned functionality has not yet been implemented within maxReview.

### 4.2.3 maxReview Integration into maxMC

#### 4.2.3.1 Overview

In an effort to streamline the lookup of historical utilization management events, connectivity to maxReview is integrated within maxMC. From an operational perspective, It has been determined that two links accomplish this task.

- A link on MAID only; and,
- A link on MAID *and* Review Type.

Depending on the type of review or the point in the process, the end-user may choose either. If the end user wants to see all historical data for all review types for the current member, they select the MAID only link. If the end-user wants to see all historical data for the current review type for the current member, they select the MAID and Review Type link.

#### 4.2.3.2 Application Program Interface (API) Programming Considerations

To accomplish these links within maxMC from an application perspective, an Application Program Interface (API) is utilized. An API provides a set of event triggers that call an external customization program (ECP). In maxMC, two user-defined buttons are created to accommodate the two links necessary as discussed previously.

When a button is pushed, the data necessary (MAID only or MAID and Review Type) are passed to the ECP attached to the button. The ECP opens maxReview, pastes the data into the appropriate fields and executes a search. This allows the end user to easily access historical data and allows for effortless transition between the two applications.

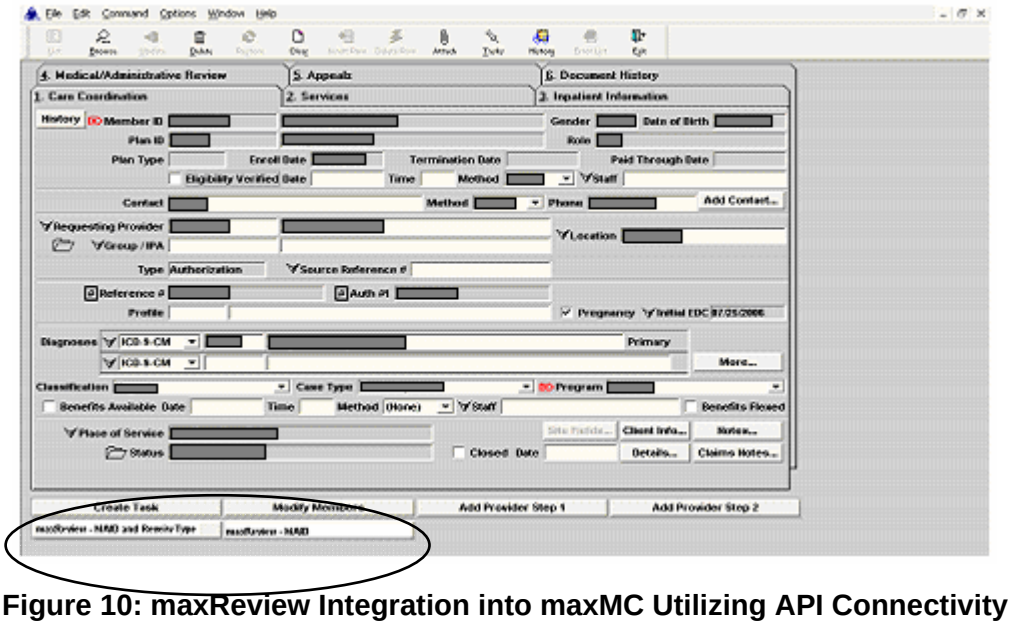



**Figure 10: maxReview Integration into maxMC Utilizing API Connectivity**

## 4.3 Systematic Conversion Approach from CareReview to maxMC

As over 75,000 CareReview cases meet the open case criteria and need to be converted to maxMC, it is necessary for the conversion to be done systematically instead of using a manual approach. SHPS will convert the open cases from CareReview to maxMC with the systematic approach outlined below.

### 4.3.1 Data Migration

The data migration of open cases from CareReview to maxMC will occur systematically via a file load. The data will be extracted from CareReview based upon the file layout specifications as referenced in Appendix F. The data will then be loaded into maxMC in the open shell as defined as follows.

#### 4.3.1.1 Open Cases

For the purpose of this process, an open case is defined as a case that remains active and potentially requires further episodes of review. Open cases also include those that have not been completed and remain in Lack of Information (LOI), referral or pending status.

#### 4.3.1.2 Open Case Logic and Definitions

The logic used to determine active cases was discussed with staff from the Commonwealth in order to ensure the appropriate number of cases is converted to maxMC from CareReview. For an illustration of open case definitions for each review program, please consult Appendix E.

#### 4.3.1.3 Shells

Linking maxMC into maxReview decreases the amount of data requirements for conversion. It has been determined that a percentage of the historical data from CareReview must be entered into maxMC to provide continuity and proper work group development. Due to the presence of maxReview, it is only necessary to enter limited data elements into maxMC for those cases. The limited data elements can be defined as a shell, and are depicted below. These elements are manually entered into maxMC. All other data, such as Notes, are visible through maxReview.

| | | |
|---|---|---|
| *Member Name/ID* | *Review Type/Program* | *Provider Name/ID* |
| *MD Name/ID* | *Last Service Date/Interval* | *Status-(Approved, Denied, LOI, Referred, Pending)* |
| *Original Admission Date* | *ICD 9 codes, CPT codes, Revenue codes, CDT codes, HCPCS codes* | *CareReview Reference Number* |

**Figure 11: Shell Data**

### 4.3.2 Test Plan

The test plan for the systematic data migration of open cases will follow the SHPS standard quality testing practice that is utilized for interface testing. As the conversion process technically utilizes two programs, the outbound extract from CareReview and the inbound load to maxMC, the testing will also be broken into two phases resulting in two test plans.

#### 4.3.2.1 Outbound CareReview Conversion Interface Test Approach

The file from CareReview is an outbound feed and will be tested in accordance with Cycle I of export testing discussed in section 4.1 of the Interface Testing Approach Document. Since the interface does not include any change logic and is written as a one time extract, no other cycles of testing are necessary. Format and content as well as the open case criteria will be tested within Cycle I. For the full test plan please refer to Appendix G.

#### 4.3.2.2 Inbound maxMC Conversion Interface Test Approach

The file to maxMC is in inbound feed and will be tested in accordance with Cycle I of import testing discussed in section 3.1 of the Interface Testing Approach Document. Since the interface does not include any change logic and is written as a one time load, no other cycles of

testing are necessary. Format and content as code mappings from the CareReview value to the maxMC value will be testing within Cycle 1. For the full test plan please refer to Appendix G.

### 4.3.3 Data Warehouse

In order to avoid duplication in reporting procedures, it is necessary to note the case data that are converted to maxMC format. This annotation serves to alert the Business Analyst to the status of the data. This step is necessary to ensure that data from the CareReview Data Warehouse that is entered into the maxMC Data Warehouse are not duplicated in any reporting efforts.

# 5 Interfaces/File Transfers

This section illustrates the interfaces necessary to support utilization management for the Commonwealth of Kentucky:

- Member (Inbound from MMIS to maxMC);
- Provider (Inbound from MMIS to maxMC);
- Prior Authorization (PA) iC Interface
- Weekly Basic Child (Outbound from maxMC to Department of Mental Health and Mental Retardation [DMHMR]);
- IMPACT Plus Services Approvals (Outbound from MMIS to DMHMR);
- KAMES (Outbound from MMIS to KAMES);
- Full Authorization file to MMIS DSS/Data Warehouse
- API connecting maxMC to InterQual; and,
- API connecting maxReview to maxMC.

The Interfaces for KyHealth Choices are proven, extant pieces of software that require converted input in order to perform updates to maxMC databases. This document describes the interfaces, conversion and update methodology. It is intended to show what content is included in the data transactions, interfaces, and procedures employed in designing and implementing the deliverable services. This document also discusses the roles of various organizations involved in processing the KyHealth Choices data, as well as tools utilized in the process.

The scope of this section is an overview of the Utilization Management software in place to obtain and process data for KyHealth Choices. It covers structure, organization, access methodologies and quality assurance procedures. It involves, but is not limited to, information transactions between maxMC, the MMIS and external Agencies or personnel.

## 5.1 Interface Overview

An Interface is defined as the methodology by which independent and often unrelated systems meet, act on or communicate with each other. In the context of KyHealth Choices, interfaces facilitate the transfer and manipulation of data files and structures existing on different computer networks, allowing member data to be exchanged between maxMC, the MMIS and external Agencies.

The Interfaces are divided into three groups, according to direction of data flow and business entity:

- Inbound from the MMIS;
- Outbound from maxMC to the MMIS; and,
- Outbound from MMIS to external Agencies.

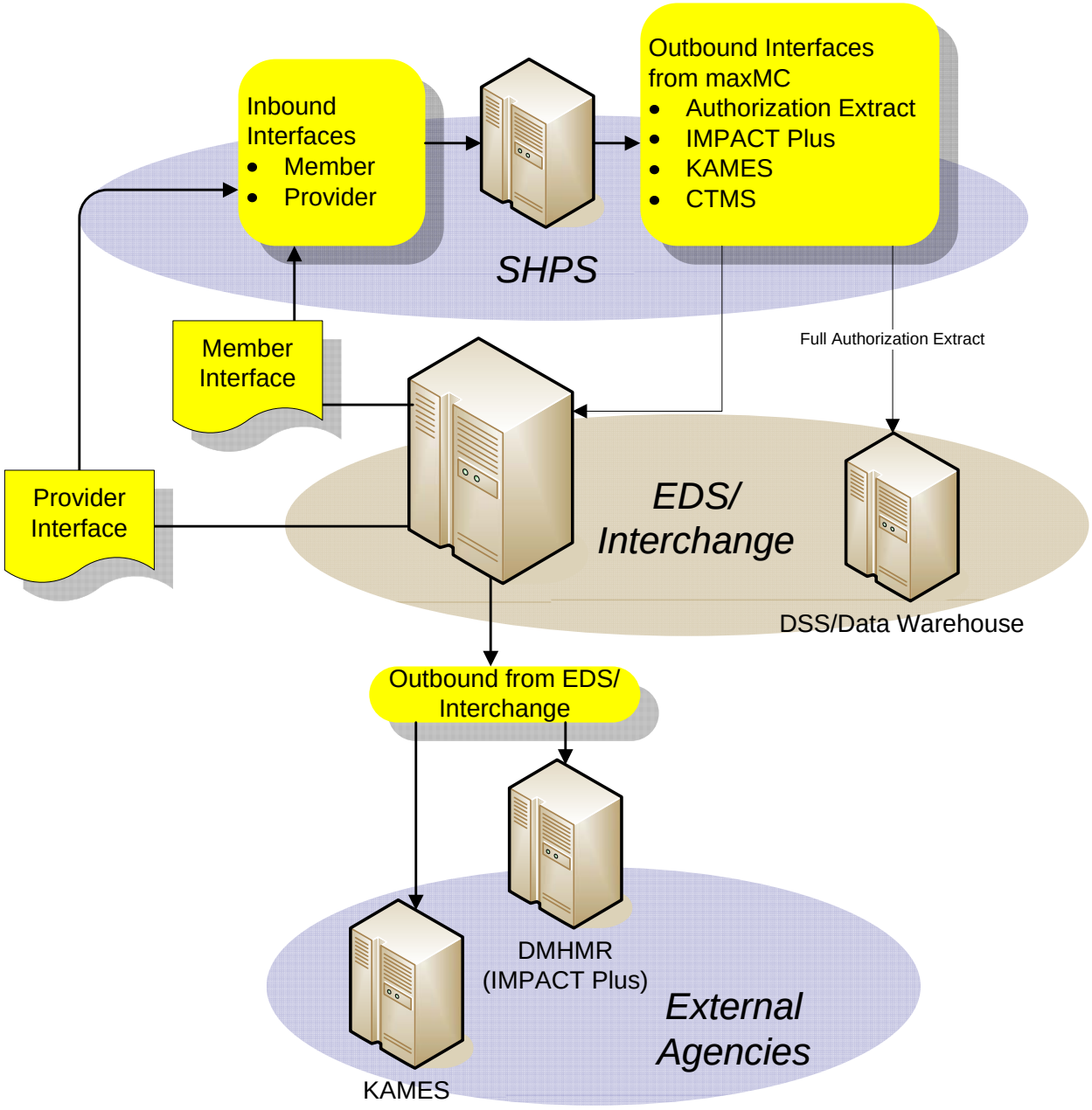



**Figure 12: Overview of Interface Transactions**

The interfaces have been designed to support the medical management review function for eligible KyHealth Choices eligible enrollees. The medical management system is designed to be “member centric”, meaning it accommodates processing based on the unique characteristics of each individual record.

## 5.2 Inbound Interfaces from EDS/MMIS

### 5.2.1 Member Interface

The Member Interface is an inbound Interface from the MMIS to maxMC. The data contained in the interface includes member's name, unique identification number, demographic data, eligibility dates and program description.

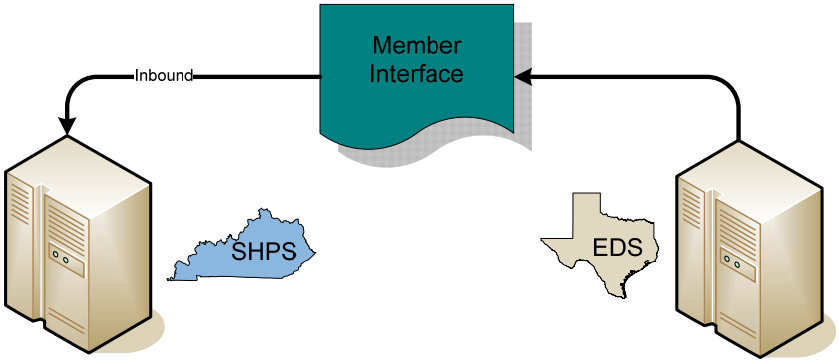



**Figure 13: Member Interface Schematic**

- The Client Subsystem supports member-specific medical management eligibility information, including eligibility for enrollment in Case/Disease Management programs;
- Member information supports the creation of reports and letters, which are then generated by the system; and,
- The system sends prior authorization information to the claims system, which includes the member information associated with each prior authorization.

#### 5.2.1.1 maxMC Member Layout

See Appendix I.

#### 5.2.1.2 Production Scheduling

Member information is scheduled to be extracted and processed nightly, from Monday to Friday.

### 5.2.2 Provider Interface

The Provider Interface is an inbound Interface from the MMIS to maxMC. The data contained in the interface includes provider's name, unique identification number, demographic data, medical specialties and license numbers.

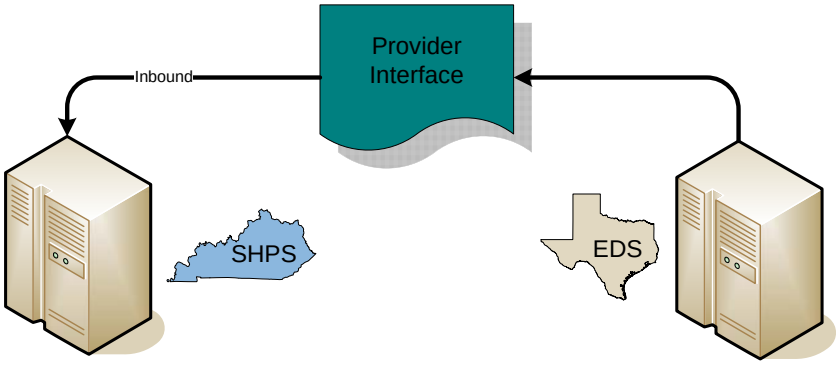



**Figure 14: Provider Interface Schematic**

Provider information is used to support the creation of reports and letters, which are then generated by the system

The system sends prior authorization information to the claims system, which includes the provider information associated with each prior authorization

#### 5.2.2.1 maxMC Provider Layout

See Appendix J.

#### 5.2.2.2 Production Scheduling

Provider information is scheduled to be extracted and processed nightly from Monday to Friday.

## 5.3 Outbound Interfaces from maxMC to EDS/MMIS

### 5.3.1 Authorization Interface

#### 5.3.1.1 Prior Authorization

The Prior Authorization/Waiver Interface is a near real-time (NRT) interface between maxMC and interChange. Translation tables house information that allows maxMC data to correlate to iC data. All maxMC transactions are sent to the translation tables for iC to retrieve the data, whereby iC will process the data and send back information regarding the PA number to the tables. maxMC will then retrieve the corresponding data and populate the PA number as appropriate. As a result, Near Real Time (NRT) communication between maxMC and iC is achieved. Data is exchanged every 10 minutes and includes approvals, denials and pending prior auth data from applicable programs. After interface transaction is complete, data remains in the tables

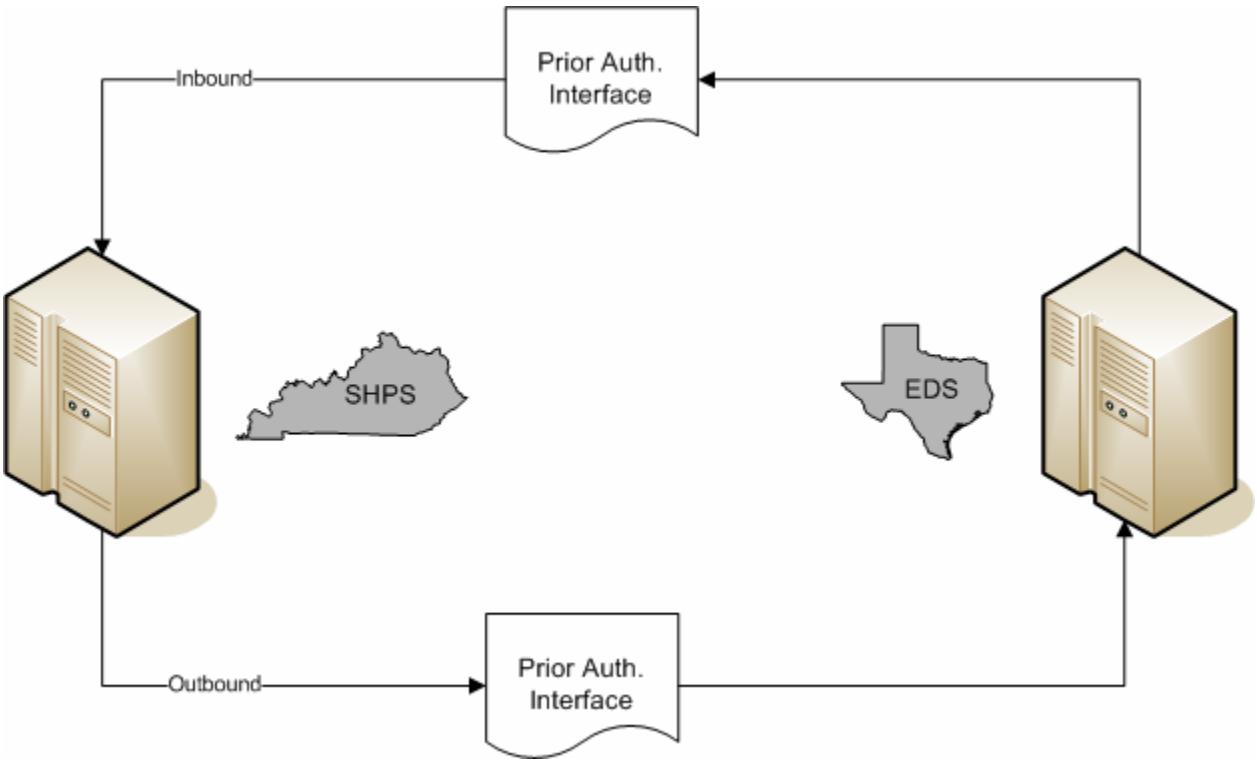



**Figure 15: Prior Authorization/Waiver Interface Schematic**

#### 5.3.1.2 Prior Auth Layout

See Appendix N.

#### 5.3.1.3 Translation Tables

See Appendix O.

## 5.4 Outbound Interfaces/File Transfer from EDS/MMIS to External Agencies

### 5.4.1 Weekly Basic Child Interface

The Basic Child Data interface is an outbound file transfer from maxMC to DMHMR. The interface includes Impact Plus Eligibility information.

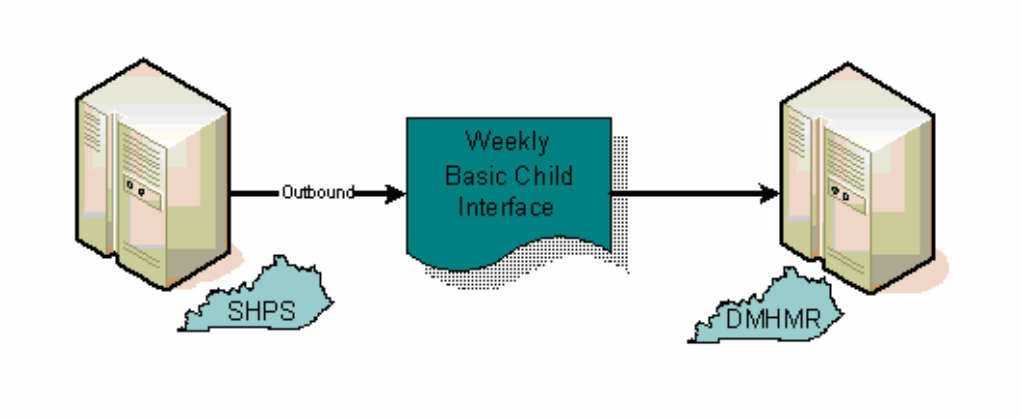



**Figure 16: IMPACT Plus/Basic Child Interface Schematic**

### 5.4.2 Layout

See Appendix M.

### 5.4.3 Production Scheduling

IMPACT Plus information is scheduled to be extracted and processed weekly, by 11:00 p.m. on Friday.

### 5.4.4 KAMES Interface

The Prior Authorization/Waiver Interface is an outbound interface from MMIS to KAMES. The interface transmits PA and PRO information from service based programs from MMIS to KAMES. The file is sent nightly and includes both PA and Pro Review transactions.

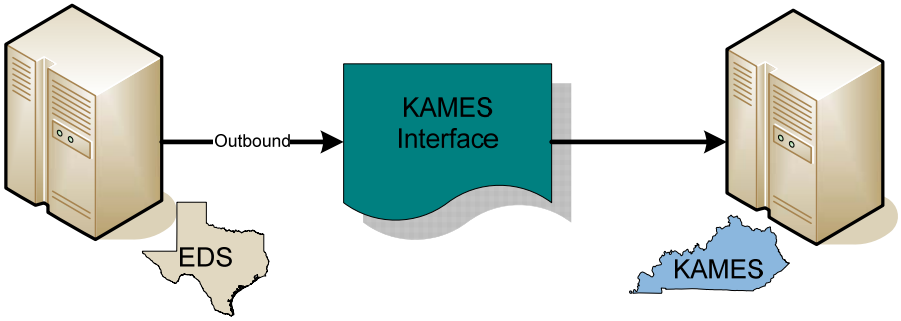



**Figure 17: KAMES Interface Schematic**

## 5.5 maxMC Data Processing Procedures

### 5.5.1 Overview

In order to update the maxMC database with inbound data from the MMIS, an algorithm on the maxMC Interface Server performs file format conversion based on a re-mapping algorithm. This data is then fed to a program called *XAct*, which performs the database updates.

- EDS is responsible for creating a nightly extract file (interface) of the membership data for processing by SHPS;

- Next, the file is put through a TCL scripted Interface map that converts the data to the SHPS standard membership file format;
- The file is then processed by the interface tool called XAct;
- XAct processes the records (in SHPS format) and adds or updates all applicable member records in maxMC. An Add occurs when the member is not found in maxMC. Updates occur when the member record already exists in maxMC. An audit column indicates when each record was added and last updated; and,
- Successfully processed records are removed from the Interface queue tables following processing.

A schematic data flow diagram illustrating the above is depicted below:

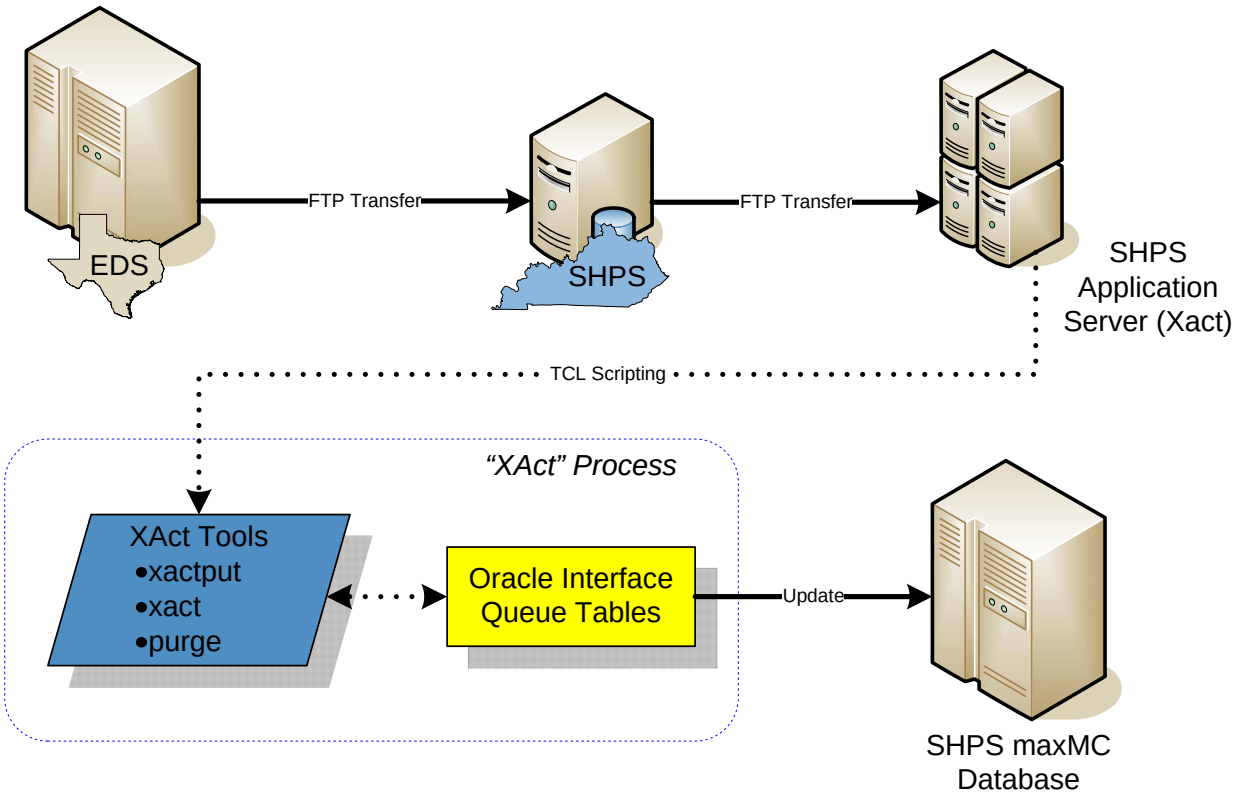



**Figure 18: Schematic of data processing**

### 5.5.2 Running the Internal Process

1. Run from the Prod, Train, or Test directories on the Oracle server;
2. Move interface files to the appropriate directories;
3. Rename files to the correct name for recognition by xactput;
4. Run 'setx directory' to set the appropriate environment variables (Prod, Train, or Test);
   - XHOME;
   - XDBPROFILE;

- XRCGLOBAL;
- TCL_LIBRARY;

5. Run ‘xstart environment’ to start all xact processes and the purge process, or ‘xstart environment xact##’ for individual xacts. (## is 01-05);
6. Run ‘xactput##’ to load records from files into the XDR and XRD queue tables (## is 01-05);
7. Run ‘xactput## –L #### -f filename’ (## is 01-05, #### is the starting line number); and,
8. Run ‘xstop’ to stop xact processes and purge process.

Multiple XAct processes may be run using a maximum of five partitions. Interface transactions are loaded into a specified partition using a specific xactput process, and are processed using a specific xact. These programs work as a unit within their respective partitions, while a single purge process deletes from all partitions after processing.

### 5.5.3 Monitoring Interface Processes

Monitoring can be accomplished from within a shell by using UNIX commands.

1. Check up or down status of xacts, xactputs and purge (UNIX ‘ps’ command);

   ps –fu maxmc (shows all processes running under a maxmc user);

2. Monitoring log files (UNIX ‘tail’ command);

   tail filename (shows last 10 lines of file);

   tail –n 50 filename (shows last 50 lines of file); and,

   tail –f filename (shows last 10 lines and the “follows” the log file as it grows).

The log files are as follows:

Log.xactput##_mmddyy_pid (where ## is 01 through 05);

Log.xact##_mmddyy_pid (where ## is 01 through 05); and,

Log.purge_mmddyy_pid.

### 5.5.4 Interface Error Report

An error report is executed so that the interface processor can monitor and resolve interface issues. The error report contains data elements such as interface identifier, interface processed date and error message. See Appendix S for the Interface Error Report Template.

## 5.6 Interface Tools

### 5.6.1 TCL Scripting

XAct is used to implement inbound interfaces to maxMC. XAct interface scripts (programs) are written in a scripting language called TCL (Tool Command Language, or “*tickle*”) and the XAct product itself is written in C. Listed below are the TCL procedures used for file format conversion of the member Interface. Each Interface has its own set of unique TCL procedures.

| TCL Procedure | Action |
|---|---|
| STD_MEMBER_RECORD | Processes the member demographic information |
| STD_MEM_MEM | Child process |
| STD_MEM_MAD_FROM_MEM | Child process |
| STD_MEMBER_PLAN_GROUP | Processes the eligibility information |
| STD_MEM_MPG | Child process |
| STD_MEMBER_ID | Processes the alternate ID information |
| STD_MEM_MID | Child process |

### 5.6.2 XAct Programs

XAct is an internally written tool that reads data files that contain interface transactions. It parses the transactions based on the associated file format and then adds and updates member, provider, and other data in the tables listed above.

The program components are used to read the interface data files and process each interface transaction and update the maxMC database accordingly. The jobs associated with XAct are called:

- xactput - loads interface transactions from the data file to the interface queue tables, *Input* process;
- xact - processes records from the queue tables and adds/updates member data, *Daemon* process; and,
- purge - deletes successfully completed transactions records from the queue table, Daemon process.

These programs are completely independent of each other, and can be started or stopped in any order. They are UNIX command-line driven; there is no GUI at present. Knowledge of UNIX Shell commands as well as SSH (Secure Shell) or other secure telnet login procedures are a prerequisite to using XAct programs.

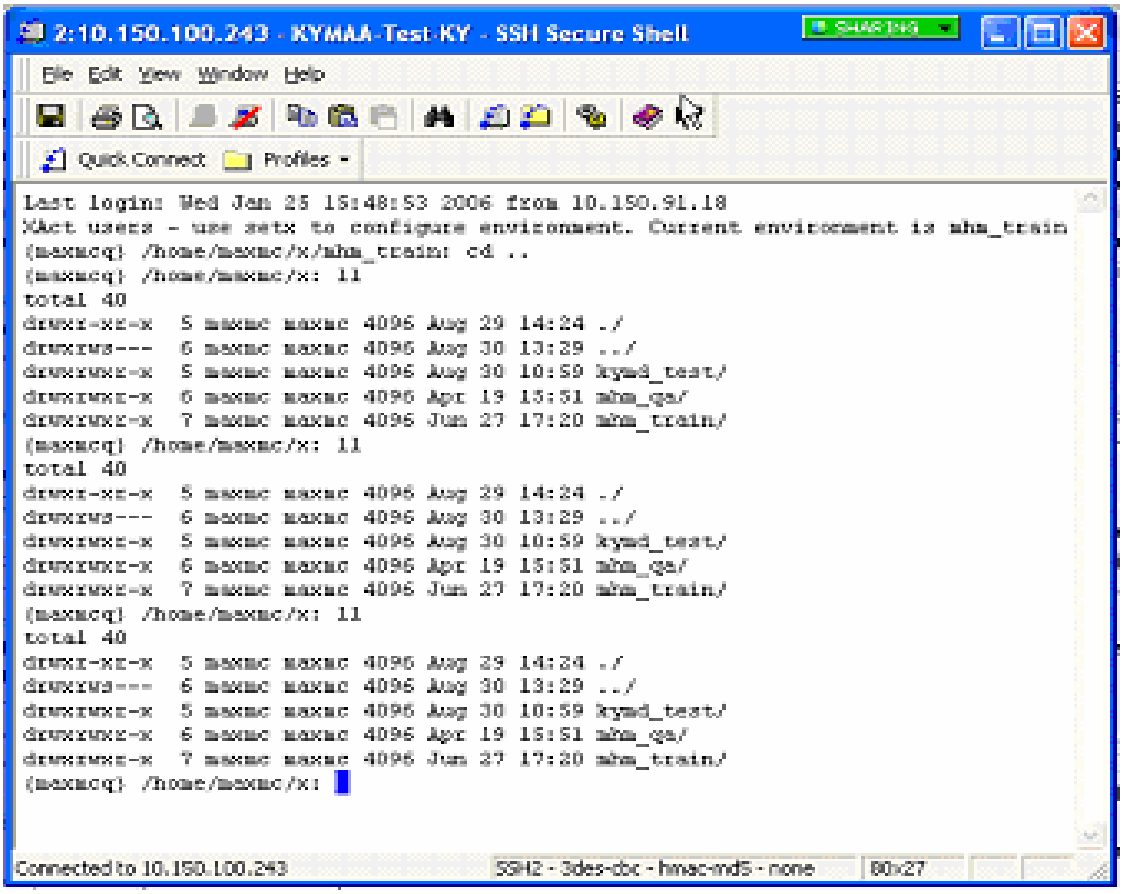



**Figure 19: Example of Command-line Access via SSH**

### 5.6.3 Validation Tools and Procedures

A member record is only loaded if it passes all validation steps:

- Interface transactions are parsed by XAct based on the incoming file format. The "key" fields (indicated with a "K" in the file format, see Appendices) are used to determine if the record is an Add or an Update to the database;
- All date fields must be valid dates, all coded fields must exist in maxMC, and all system fields (i.e. gender and state codes) must be valid. In addition, all required[1] fields must exist. No spaces can be sent;
- Fields that are not required do not have to be sent; and,
- If they are not sent in the interface file, the field remains NULL in the maxMC database.

For Member and Provider Interfaces, the required fields are indicated in the tables in Appendix K and Appendix L, respectively.

[1] A *Required Field* implies that the field cannot be populated with spaces; it must contain data to be processed.

### 5.6.4 Error Handling Process

Records that do not pass validation are marked as failed and then stored in the database with the associated error message. There is a standard report that is used to view these errors, if they occur. These interface transactions can also be viewed directly in the maxMC application. The next section outlines how to browse the errors within maxMC.

The maxMC technical operations staff is responsible for researching and resolving the interface errors. If the technical operations user determines that error is on the part of the maxMC application or any associated configuration, the user coordinates with the necessary internal teams to make the appropriate corrections. In this situation the failed data is resubmitted through the maxMC application. If the technical operation user determines that the error is on the part of an upstream data source, the user coordinates with the necessary external team to ensure the data is corrected. In this situation the failed data is purged from the system in anticipation of corrected data from the external team.

### 5.6.5 Browser Screens

There are two standard windows (Figures 20 and 21), accessed from within maxMC, that can be used for various purposes (i.e. view, edit, ignore, and retry) called Data Records and Data Records Queue. These screens are used by SHPS personnel for administrative purposes, and can only be used by those persons given security access to them, typically a Systems Administrator.

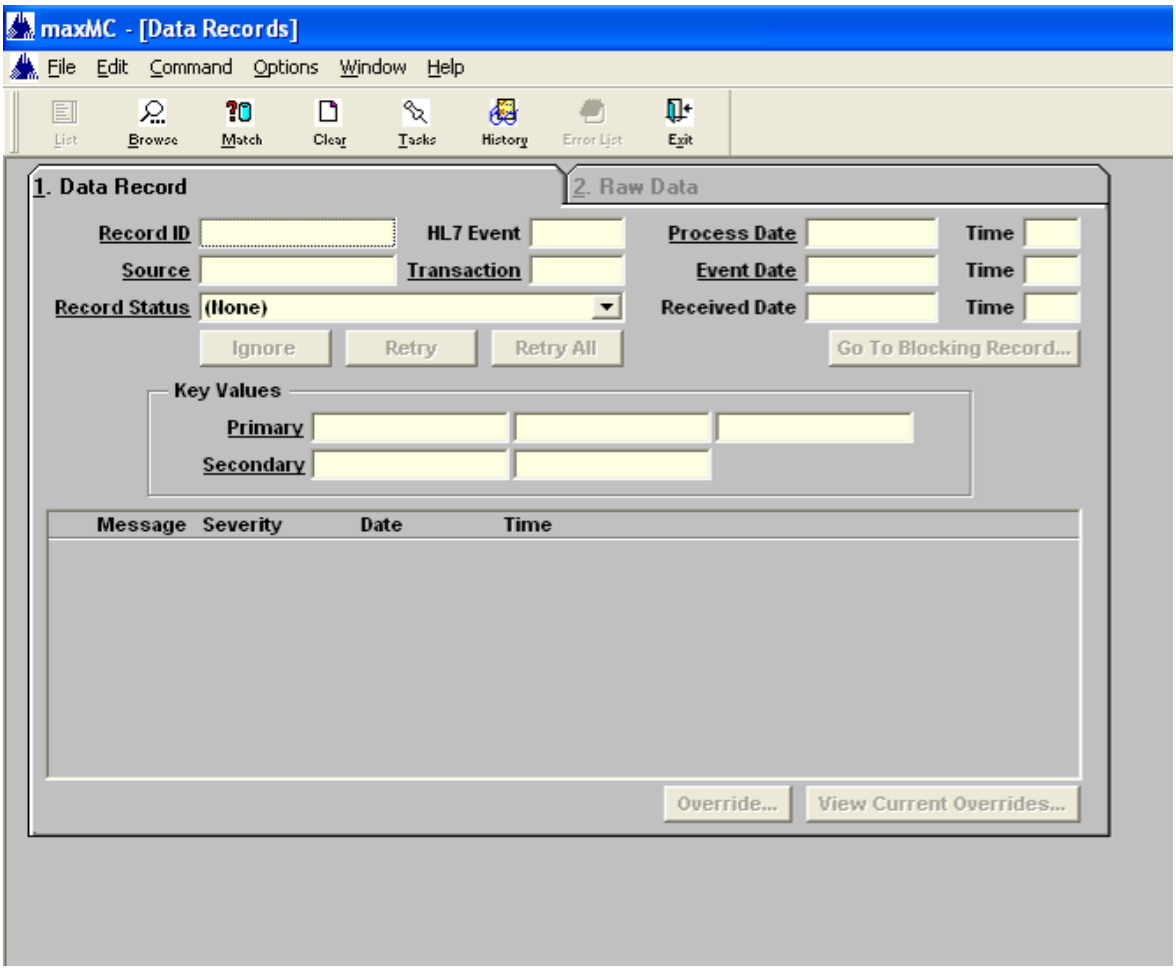



**Figure 20: Data record window**

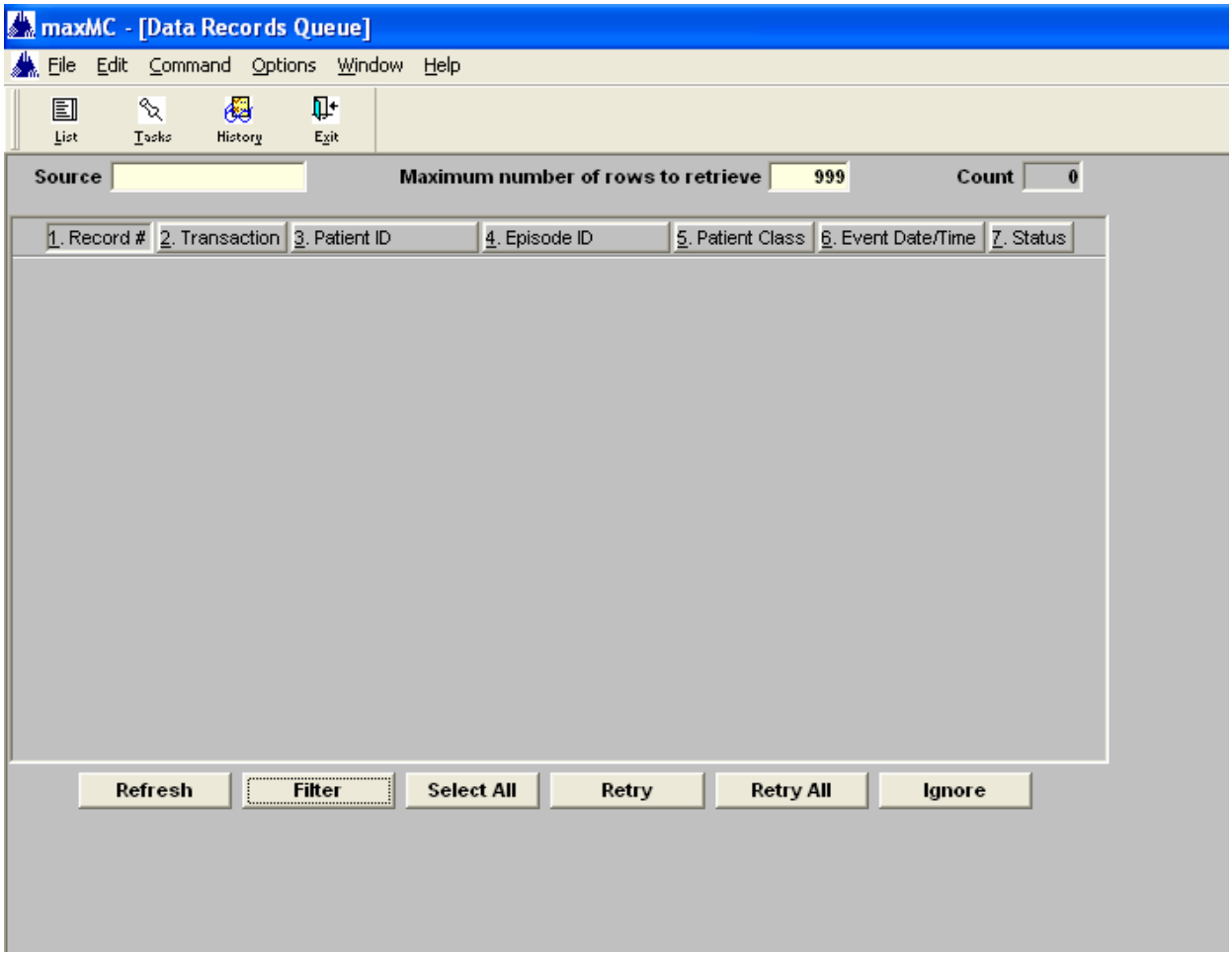



**Figure 21: Data records queue**

### 5.6.6 Monitoring Interface Processes

As external files are processed by XAct, log files are created that are monitored to ensure all the files and records were loaded. Original monitoring of log files is accomplished using UNIX shell commands. In addition, the interface transactions are maintained in the database interface queue tables for as long as necessary for reporting purposes. SHPS personnel monitor these logs and reports on a daily basis. All member and provider interface errors are reported back to the Commonwealth for correction in the source system.

## 5.7 Application Program Interface Programming – maxReview Interface to maxMC

### 5.7.1 Overview

Another type of Interface is the interaction between maxReview and maxMC. In an effort to streamline the lookup of historical utilization management events, connectivity to maxReview is integrated within maxMC. From an operational perspective, It has been determined that two links are needed to accomplish this task.

- A link on MAID only – All historical data for all review types, for current member; and,

- A link on MAID and Review Type – All historical data for current review type, for current member.

Depending on the type of review or the point in the process, the end-user may choose either link. Assuming the end user wants to see all historical data for all review types for the current member, they select the MAID only link. If the end-user wants to see all historical data for the current review type for the current member, they select the MAID and Review Type link.

### 5.7.2 API Programming Considerations

From an application perspective, the preferred way to link maxReview functionality into maxMC is by using an API (Application Program Interface). An API is the interface that a computer system, library or application provides in order to allow requests for services to be made of it by other computer programs or to allow data to be exchanged between them. An API provides a set of event triggers that call an ECP (external customization program). In maxMC, two user-defined buttons accommodate the two links necessary as discussed previously.

When a button is pushed, the data necessary (MAID only or MAID and Review Type) is passed to the ECP attached to the button. The ECP opens maxReview, pastes the data into the appropriate fields and executes a search. This allows the end user to easily access historical data and allows for seamless transition between the two applications.

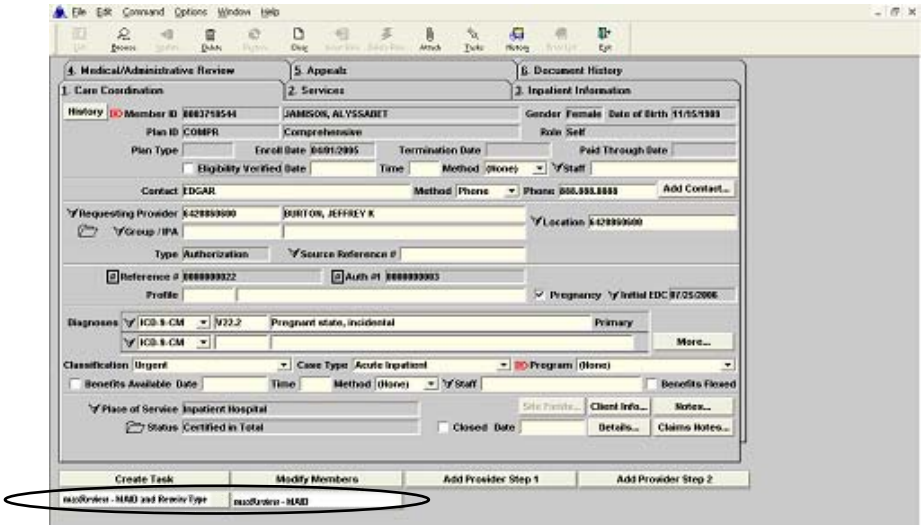



**Figure 22: maxReview integration into maxMC utilizing API connectivity**

## 5.8 API Programming Interface Programming - InterQual

### 5.8.1 Overview

The Commonwealth has chosen to implement *InterQual* review criteria as part of the KyHealth Choices program. There is an interface interaction between maxMC and InterQual. McKesson's interactive criteria software known as CareEnhance Review Manager Enterprise (CERME) is used to meet this requirement. As maxMC contains a standardized API (Application Program Interface) with CERME, this has allowed for some ease in the implementation for the InterQual criteria. From a configuration perspective, the only items necessary were to configure the url within the Manager Care Configuration window and add InterQual to the Assessment Types window. Once those items are complete, the API which is core functionality within maxMC, can be utilized.

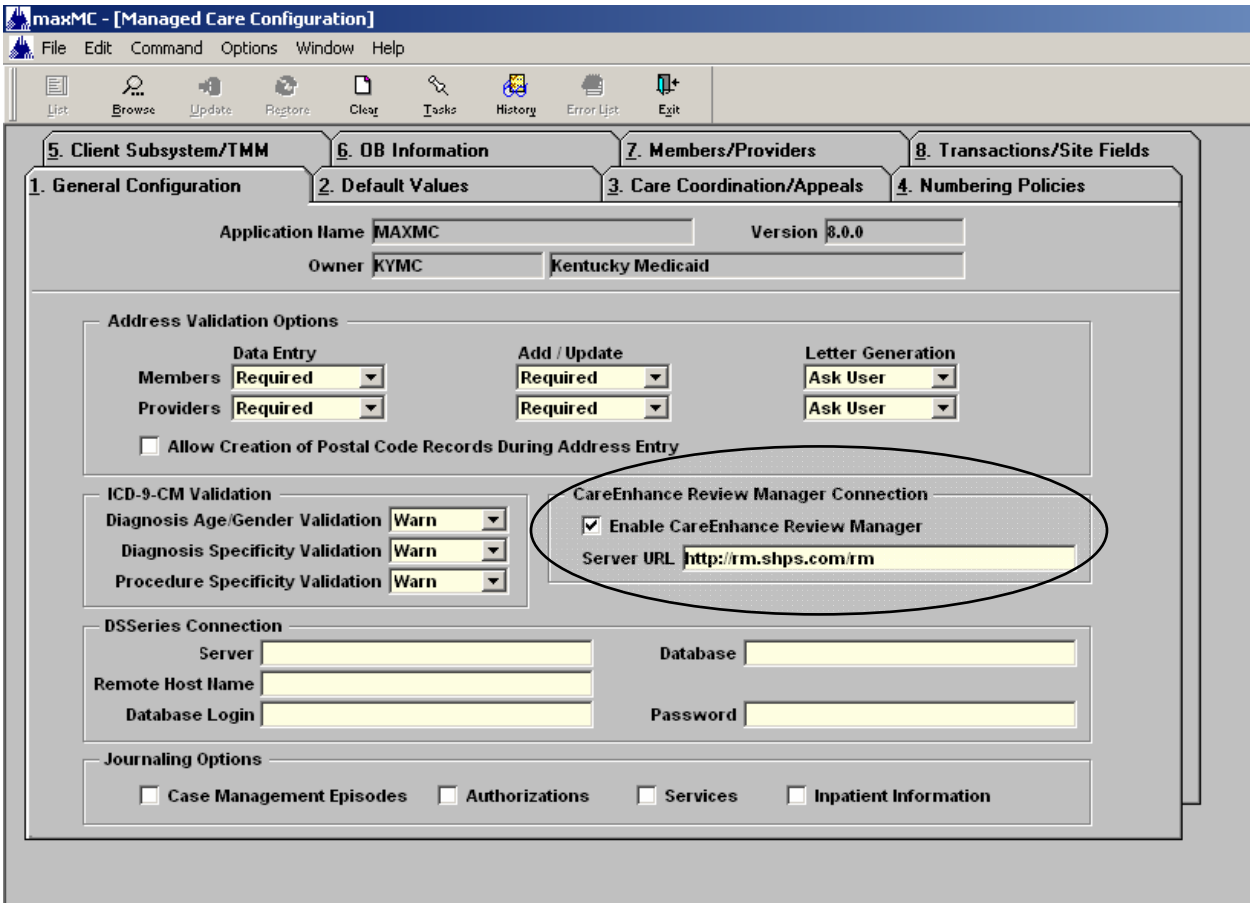



**Figure 23: Manager Care Configuration window with CERME URL**

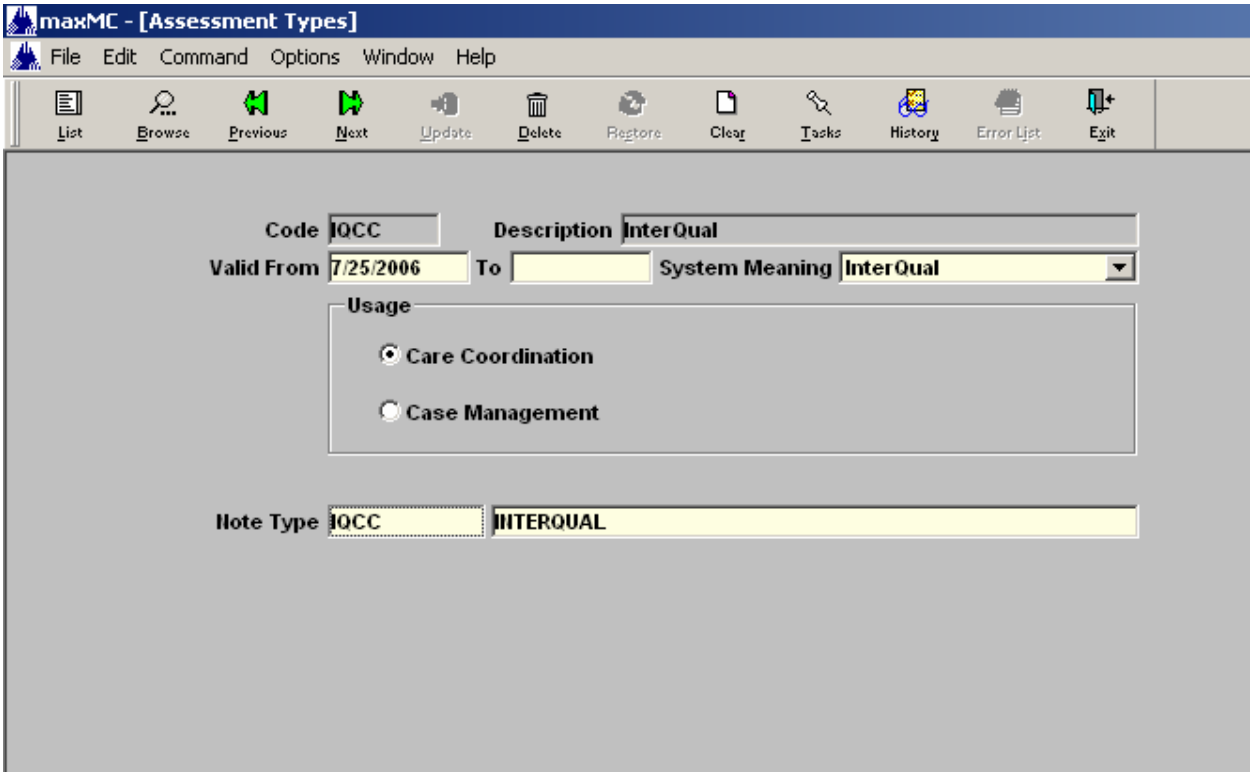



**Figure 24: Assessment Type Configuration window with InterQual**

# 6 Notes

Throughout maxMC, notes and comments are made by staff members and clinical reviewers. Notes are a communication tool for adding freeform details to authorization requests, services, reviews and appeals. A note template can be created for a particular assessment type for use by personnel to collect standard concise data to assist in processing information consistently for objective review determination and reporting.

This section provides an overview of existing and interim note templates within maxMC. Interim templates are necessary because certain conditions are not represented in the InterQual criteria set, and as such, internal review criteria have been developed to manage these cases in an efficient manner. These notes are accessible through maxMC, and provided as a tool to help organize information that helps patients get medically necessary services at the right level of care while meeting KyHealth Choices need for appropriate criteria and clinical documentation.

This section covers the use of notes and note templates from within maxMC, used for purposes of making determinations for purposes of Utilization Management for KyHealth Choices members. This section addresses only those templates that are in place for Phase 1 of the implementation.

## 6.1 Note Templates

### 6.1.1 Overview

SHPS has developed templates to help obtain the relevant information needed for initial and concurrent reviews. If the reviewer does not obtain the information necessary to conduct the review, they contact the Utilization Review department or physician office to obtain additional information.

Note templates are useful because they:

- Allow input of clinical criteria;
- Ensure consistent application of review rules; and,
- Assist in utilization management.

### 6.1.2 Existing Note Templates

Existing note templates in maxMC include:

- Nursing Facility Level of Care, includes Waiver;
- Home and Community Based Waiver Services;
- Model II Waiver Services; and,
- Intermediate Care Facility/Mental Retardation Developmentally Delayed (ICF MRDD) Level of Care.

See Appendix T.

## 6.2 New Note Templates

### 6.2.1 Transplant Clinical Documentation

The following note template is intended to be used by the medical panel liaison to collect all necessary clinical information in order to submit a transplant request for the physician reviewer. This note template was developed based on examination of existing general physician developed criteria (PDC) and team discussion with one of the medical panel liaisons, Dr. Richard Kimbler, Dr. Greg Collins, and Dr. Maureen Gregg.

**Design of Transplant Note Template – Medical Panel Liaison**

See Appendix U.

### 6.2.2 Lung Transplant

The following note template is intended to be used by the physician reviewer to document his/her clinical review. InterQual does not have medical necessity criteria for lung transplant certification. InterQual does provide medical necessity for transplant admission. This note template was developed based on examination of existing general physician developed criteria (PDC) and team discussion with Dr. Richard Kimbler, Dr. Greg Collins, and Dr. Maureen Gregg.

**Design of Lung Transplant Note Template – Physician Reviewer**

See Appendix V.

### 6.2.3 Orthodontics

The following note template is intended to be used by the Orthodontic Clinical Administrative Support staff to collect all necessary clinical information in order to submit an orthodontics request for the physician reviewer. This note template was developed based on examination of Medicaid Reimbursement of Dental Services Regulation 907 KAR 1: 626E and team discussion with one of the Orthodontic Clinical Administrative Support members and Pam Smith RN.

**Design of Orthodontics Note Template**

See Appendix W.

# 7 Reports

This section details the standard reports included within the maxMC application. The following details are provided for each report:

- A description of the report;
- The maxMC report code;
- The variables for each report;
- The report screen within maxMC; and,
- A sample of the report.

## 7.1 Cost Variance by Reviewer

### 7.1.1 Description

This report displays each incident of documented “cost savings” information related to authorization and referral services in maxMC. The information is grouped and summarized by reviewer and then sorted by member name.

### 7.1.2 maxMC Report Code

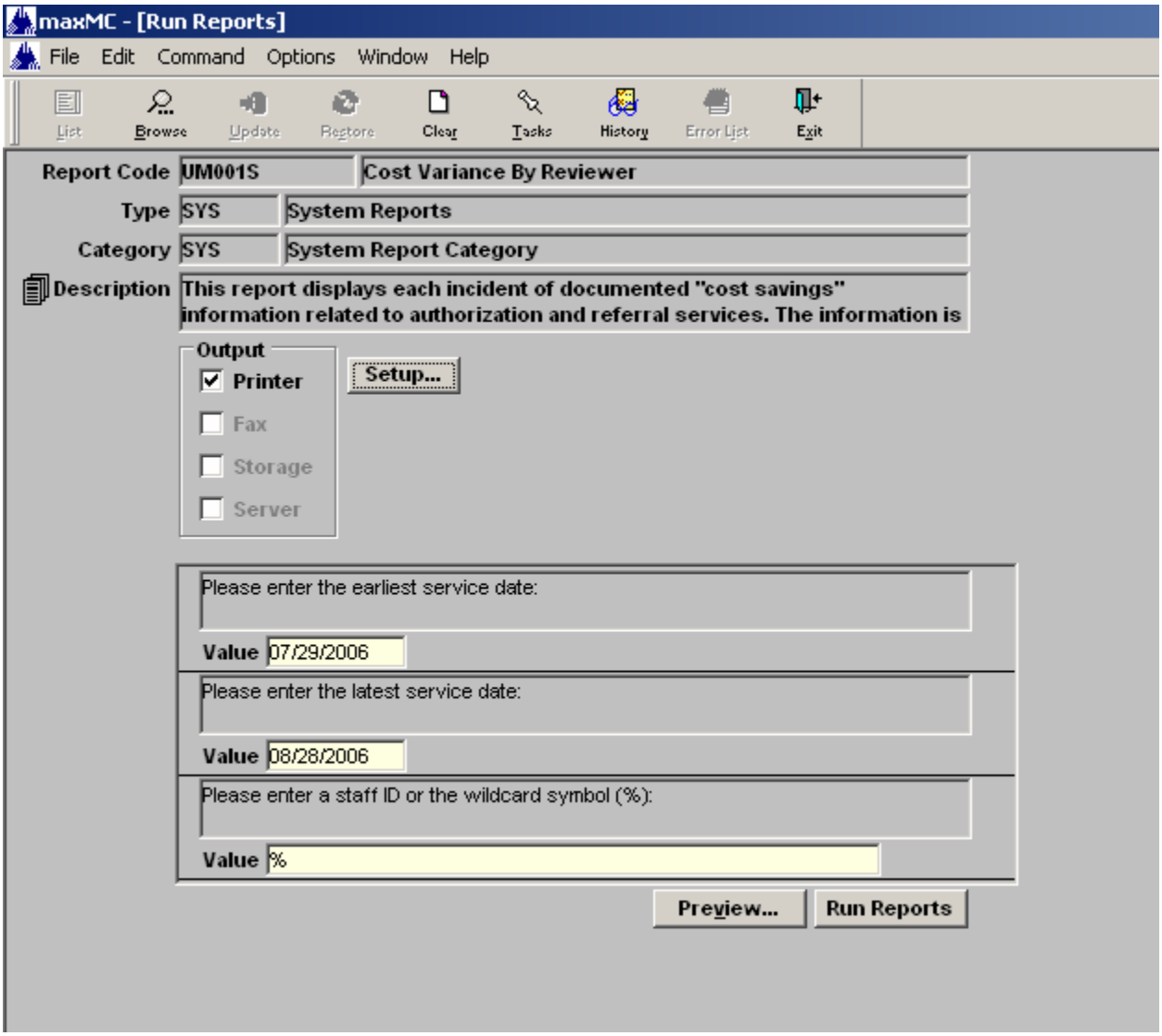
UM001S

### 7.1.3 Report Variables

The following data elements are variables of the report

- Starting Service Date;
- Ending Service Date; and,
- Staff ID.

### 7.1.4 maxMC Report Screen



### 7.1.5 Report Samples

Cost Variance by Reviewer
07/29/2006 to 08/28/2006

*KyHealth Choices*

Reviewer: HALL, BRAD

| Member Name | Member ID | Service Ref # | Req Cost | Final Cost | Variance | Reason for variance |
|---|---|---|---|---|---|---|
| [redacted] | [redacted] | 0000000136-001 | $175.00 | $112.00 | $63.00 | (None) |
| | | 0000000240-001 | $0.00 | $0.00 | $0.00 | (None) |
| | | 0000000255-001 | $0.00 | $0.00 | $0.00 | (None) |
| | | 0000000268-001 | $0.00 | $0.00 | $0.00 | (None) |
| | | 0000000312-001 | $0.00 | $0.00 | $0.00 | (None) |
| [redacted] | [redacted] | 0000000120-001 | $250.00 | $112.00 | $138.00 | (None) |
| | | 0000000120-002 | $3,800.00 | $1,836.00 | $1,964.00 | (None) |
| | | 0000000237-001 | $0.00 | $0.00 | $0.00 | (None) |
| | | 0000000258-001 | $0.00 | $0.00 | $0.00 | (None) |
| | | 0000000258-002 | (None) | $0.00 | (None) | (None) |
| | | 0000000266-001 | $0.00 | $0.00 | $0.00 | (None) |
| | | 0000000285-001 | $0.00 | $0.00 | $0.00 | (None) |
| [redacted] | [redacted] | 0000000235-001 | $0.00 | $0.00 | $0.00 | (None) |
| | | 0000000261-001 | $0.00 | $0.00 | $0.00 | (None) |
| | | 0000000273-001 | $0.00 | $0.00 | $0.00 | (None) |
| | | 0000000309-001 | $0.00 | $0.00 | $0.00 | (None) |
| [redacted] | [redacted] | 0000000320-001 | $0.00 | $0.00 | $0.00 | (None) |
| [redacted] | [redacted] | 0000000241-001 | $0.00 | $0.00 | $0.00 | (None) |
| | | 0000000253-001 | $0.00 | $0.00 | $0.00 | (None) |
| | | 0000000271-001 | $0.00 | $0.00 | $0.00 | (None) |
| | | 0000000311-001 | $0.00 | $0.00 | $0.00 | (None) |
| | | 0000000323-001 | $0.00 | $0.00 | $0.00 | (None) |
| [redacted] | [redacted] | 0000000243-001 | $0.00 | $0.00 | $0.00 | (None) |
| | | 0000000249-001 | $0.00 | $0.00 | $0.00 | (None) |
| | | 0000000263-001 | $0.00 | $0.00 | $0.00 | (None) |
| | | 0000000308-001 | $0.00 | $0.00 | $0.00 | (None) |
| | | | | Total: | $2,165.00 | |

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## 7.2 Denied Days by Member

### 7.2.1 Description

This report displays all inpatient days that were denied within a specific date range. Each incident of denied days within the specific date range appears on this report. The information is summarized and sorted by member name.

### 7.2.2 maxMC Report Code

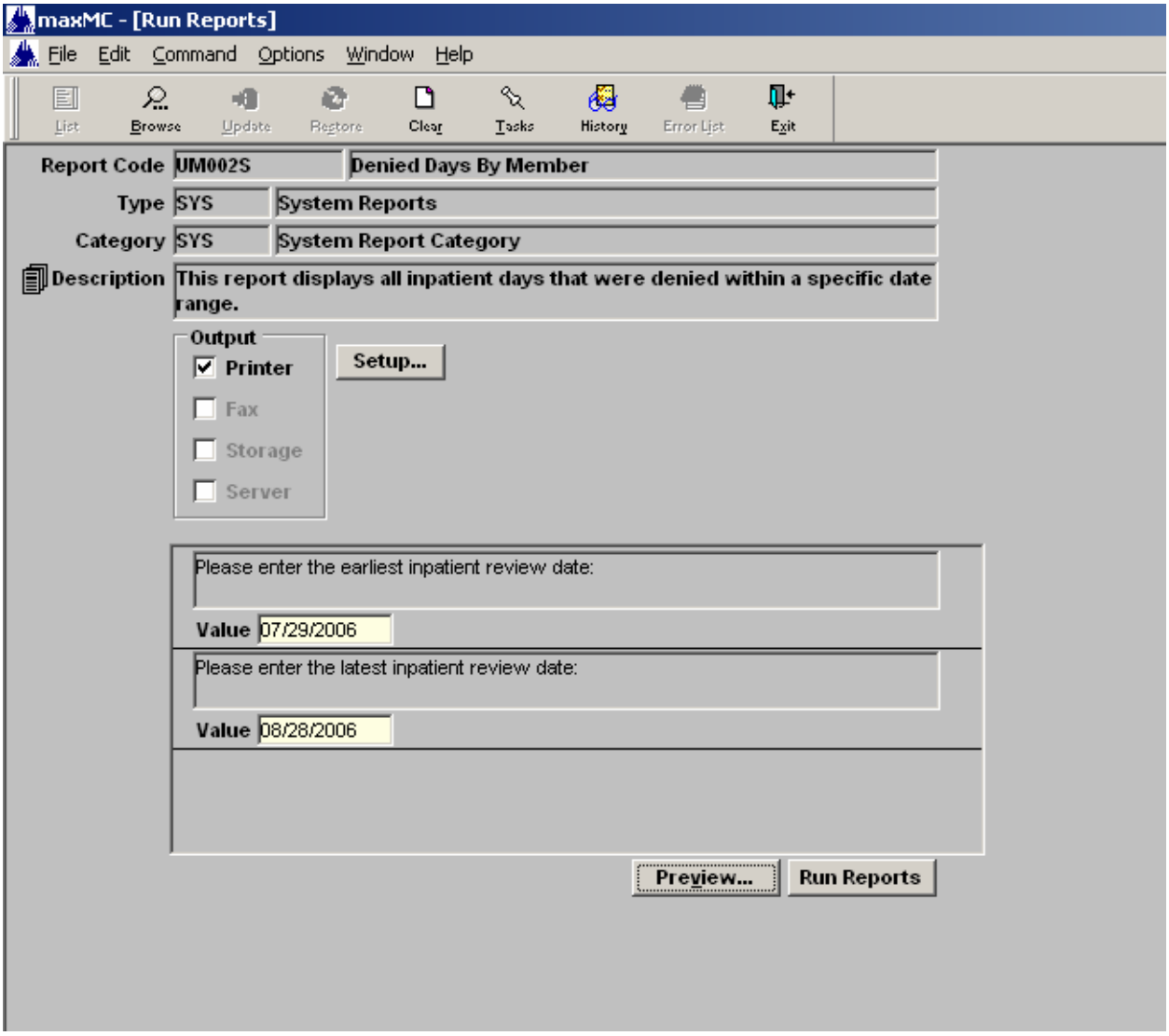
UM002S

### 7.2.3 Report Variables

The following data elements are variables of the report

- Starting Inpatient Review Date; and,
- Ending Inpatient Review Date.

### 7.2.4 maxMC Report Screen



### 7.2.5 Report Sample

Denied Days By Member
07/29/2006 to 08/28/2006

*KyHealth Choices*

| Member Name | Member ID | Admitted | Discharged | Facility | Payor |
|---|---|---|---|---|---|
| [redacted] | [redacted] | | | [redacted] | (None) |
| *Ref#* 0000000401 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] |
| Days Denied: 81 | Dates: 8/07/2006 to 10/26/2006 | | Reason: Not Medically Necessary | | Determined by: HALL, BRAD |
| [redacted] | [redacted] | 8/24/2006 | | [redacted] | (None) |
| *Ref#* 0000000410 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] |
| Days Denied: 181 | Dates: 8/14/2006 to 2/10/2007 | | Reason: Technical Denial | | Determined by: HALL, BRAD |
| [redacted] | [redacted] | | | [redacted] | (None) |
| *Ref#* 0000000404 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] |
| Days Denied: 365 | Dates: 8/13/2006 to 8/12/2007 | | Reason: Not Medically Necessary | | Determined by: HALL, BRAD |
| [redacted] | [redacted] | 7/23/2006 | | [redacted] | (None) |
| *Ref#* 0000000014 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] |
| Days Denied: 1 | Dates: 7/26/2006 to 7/26/2006 | | Reason: Not Medically Necessary | | Determined by: HEATH, DEBBIE |
| [redacted] | [redacted] | 8/05/2006 | | [redacted] | (None) |
| *Ref#* 0000000413 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] |
| Days Denied: 181 | Dates: 8/07/2006 to 2/03/2007 | | Reason: Not Medically Necessary | | Determined by: HALL, BRAD |
| [redacted] | [redacted] | 7/14/2006 | | [redacted] | (None) |
| *Ref#* 0000000415 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] |
| Days Denied: 181 | Dates: 8/06/2006 to 2/02/2007 | | Reason: Not Medically Necessary | | Determined by: HALL, BRAD |
| [redacted] | [redacted] | | | [redacted] | (None) |
| *Ref#* 0000000402 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] |
| Days Denied: 181 | Dates: 8/10/2006 to 2/06/2007 | | Reason: Not Medically Necessary | | Determined by: HALL, BRAD |
| [redacted] | [redacted] | 2/13/2006 | | [redacted] | (None) |
| *Ref#* 0000000397 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] |
| Days Denied: 181 | Dates: 2/13/2006 to 8/12/2006 | | Reason: Not Medically Necessary | | Determined by: HALL, BRAD |
| [redacted] | [redacted] | 8/11/2006 | | [redacted] | (None) |
| *Ref#* 0000000411 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] |
| Days Denied: 181 | Dates: 8/15/2006 to 2/11/2007 | | Reason: Not Medically Necessary | | Determined by: HALL, BRAD |

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## 7.3 Denied Days by Reviewer

### 7.3.1 Description

This report displays all inpatient days that were denied within a specific date range. This report is similar to the Denied Days By Member report (previous); the only difference is the grouping of this report by reviewer. This report is often used to evaluate internal processes and performance. The information is grouped and summarized by reviewer and then sorted by member name.

### 7.3.2 maxMC Report Code

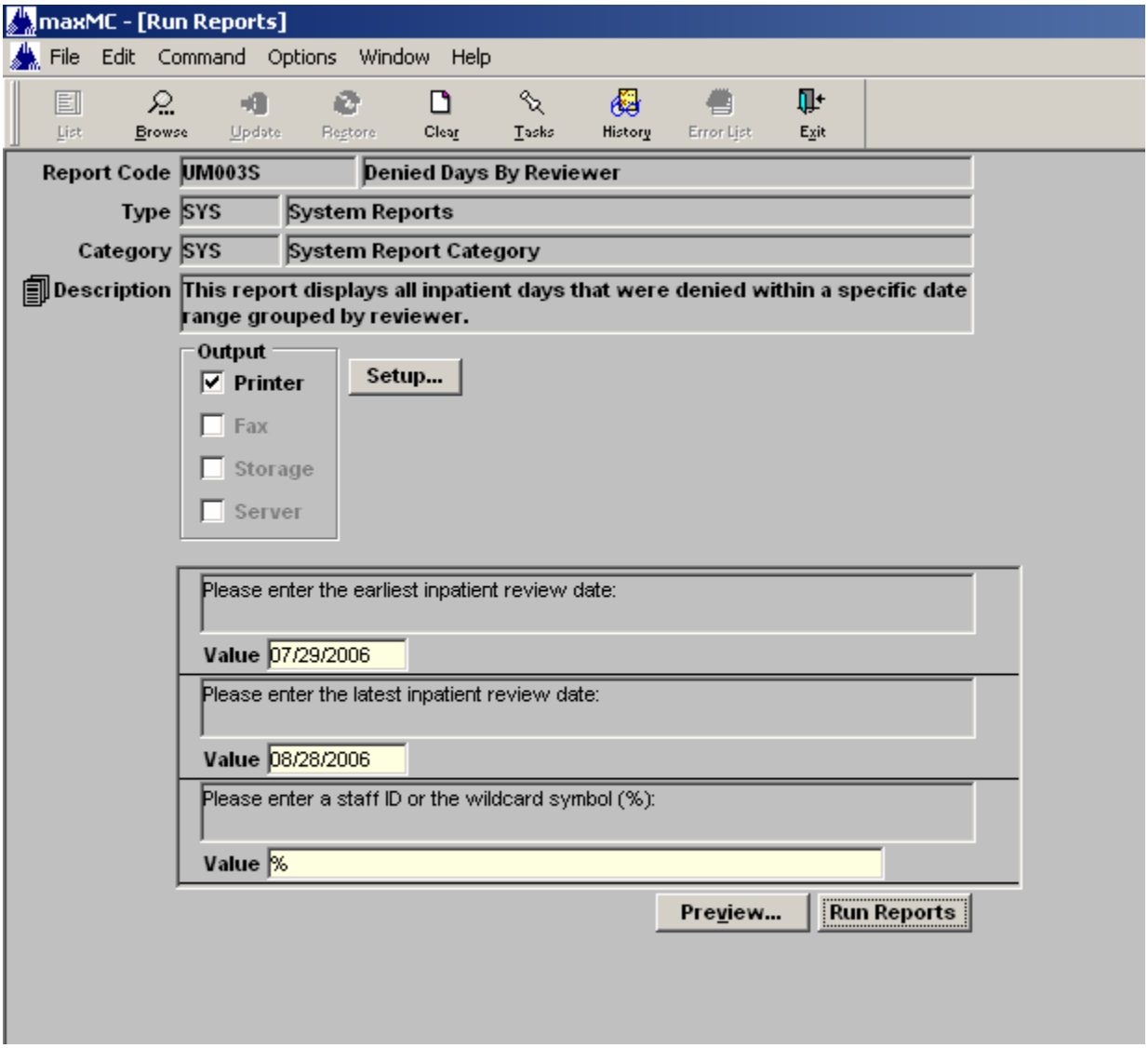
UM003S

### 7.3.3 Report Variables

The following data elements are variables of the report

- Starting Inpatient Review Date;
- Ending Inpatient Review Date; and,
- Staff ID.

### 7.3.4 maxMC Report Screen



### 7.3.5 Report Sample

**Denied Days By Reviewer**
07/29/2006 to 08/28/2006

*KyHealth Choices*

Reviewer: JONES, PAT

| Member Name | Member ID | Admitted | Discharged | Facility | Payer |
|---|---|---|---|---|---|
| [redacted] | [redacted] | 8/14/2006 | | [redacted] | (None) |
| *Ref#* 0000000564 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] |
| Days Denied: 7 | Dates: 8/28/2005 to 9/03/2005 | | Reason: Technical Denial | | |

Total Days Denied: 7

Total Days Denied By All Reviewers: 1902

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## 7.4 Denied Services by Member

### 7.4.1 Description

This report displays all denied services within a specific date range. An authorization/referral service (TCM) record appears on this report if it has a denial status (system meaning “A3”) and was created or updated within the selected date range. The information is sorted by member name.

### 7.4.2 MaxMC Report Code

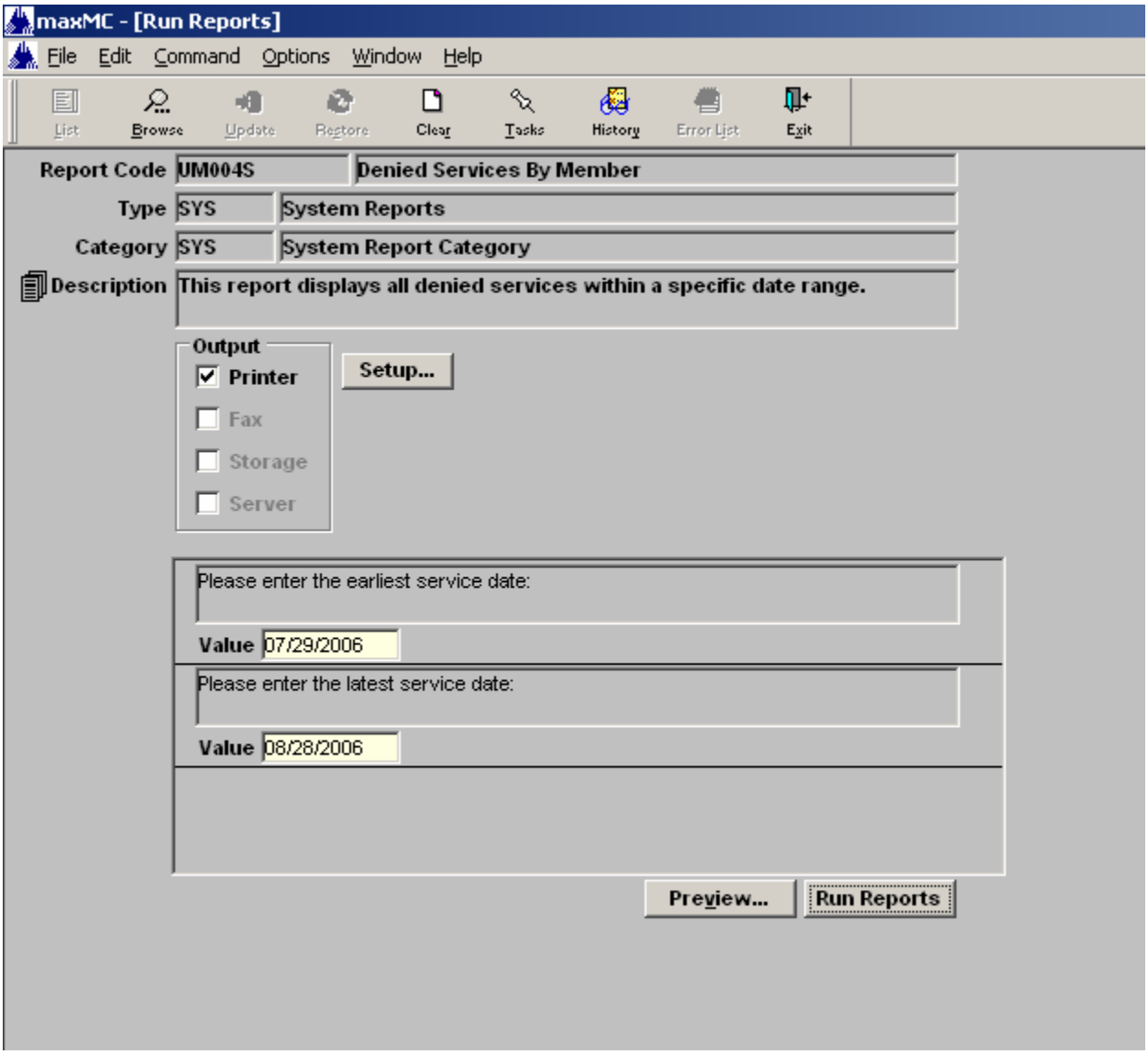
UM004S

### 7.4.3 Report Variables

The following data elements are variables of the report

- Starting Service Date; and,
- Ending Service Date.

### 7.4.4 maxMC Report Screen



### 7.4.5 Report Sample

**Denied Services By Member**
07/29/2006 to 08/28/2006

*KyHealth Choices*

| Member Name | Member ID | Date(s) of Service | | Place of Service | Service | Payor |
|---|---|---|---|---|---|---|
| [redacted] | [redacted] | 7/20/2006 | 7/20/2007 | Office | Orthodontics | (None) |
| *Ref#* 0000000255 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] | |
| Status: Reconsideration Uph | | | Reason: Not Medically Necessary | | Determined by: HALL, BRAD | |
| [redacted] | [redacted] | 7/20/2006 | 7/20/2006 | Office | Orthodontics | (None) |
| *Ref#* 0000000139 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] | |
| Status: Denied | | | Reason: Not Medically Necessary | | Determined by: FELLONNEAU, JOHN | |
| [redacted] | [redacted] | 8/07/2006 | 10/27/2006 | Home | Model II | (None) |
| *Ref#* 0000000401 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] | |
| Status: Denied | | | Reason: Not Medically Necessary | | Determined by: HALL, BRAD | |
| [redacted] | [redacted] | 8/08/2006 | 8/12/2006 | Inpatient Hospital | Surgical | (None) |
| *Ref#* 0000000089 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] | |
| Status: Admin Hearing Uphel | | | Reason: Admin Hearing Determination | | Determined by: SYSTEM RECORD | |
| [redacted] | [redacted] | 8/07/2006 | 10/02/2006 | Outpatient Center | Behavioral Health | (None) |
| *Ref#* 0000000162 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] | |
| Status: Denied | | | Reason: Not Medically Necessary | | Determined by: CONNELLY, ROSE | |
| [redacted] | [redacted] | 3/24/2006 | 3/25/2006 | Outpatient Hospital | Surgical | (None) |
| *Ref#* 0000000154 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] | |
| Status: Denied | | | Reason: Technical Denial | | Determined by: STILLWELL, LISA | |
| [redacted] | [redacted] | 8/14/2006 | 2/11/2007 | Home | Model II | (None) |
| *Ref#* 0000000410 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] | |
| Status: Reconsideration Uph | | | Reason: Not Medically Necessary | | Determined by: HALL, BRAD | |
| [redacted] | [redacted] | 8/13/2006 | 8/13/2007 | Home | Model II | (None) |
| *Ref#* 0000000404 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] | |
| Status: Denied | | | Reason: Not Medically Necessary | | Determined by: HALL, BRAD | |
| [redacted] | [redacted] | 6/01/2006 | 6/01/2006 | Outpatient Hospital | Surgical | (None) |
| *Ref#* 0000000264 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] | |
| Status: Denied | | | Reason: Technical Denial | | Determined by: STILLWELL, LISA | |
| [redacted] | [redacted] | 6/01/2006 | 6/01/2006 | Outpatient Hospital | Surgical | (None) |
| *Ref#* 0000000262 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] | |
| Status: Denied | | | Reason: Technical Denial | | Determined by: STILLWELL, LISA | |

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## 7.5 Denied Services by Reviewer

### 7.5.1 Description

This report is similar to the Denied Services by Member report. It displays all denied services within a specific date range, grouped by reviewer. An authorization/referral service (TCM) record appears on this report if it has a denial status (system meaning “A3”) and was created or updated within the selected date range. The information is grouped by reviewer and then sorted by member name.

### 7.5.2 MaxMC Report Code

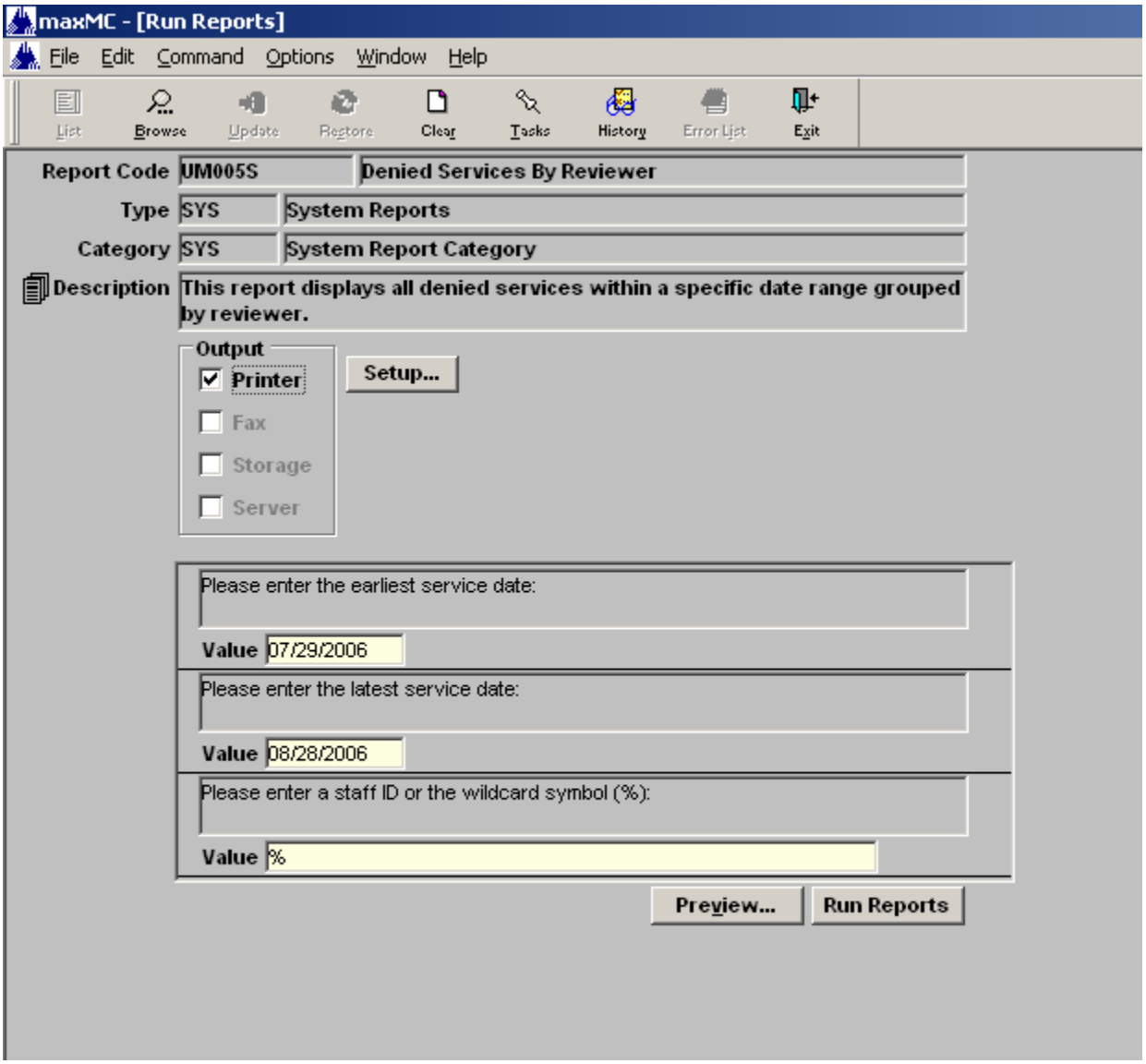
UM005S

### 7.5.3 Report Variables

The following data elements are variables of the report

- Starting Service Date;
- Ending Service Date; and,
- Staff ID.

### 7.5.4 maxMC Report Screen



### 7.5.5 Report Sample

**Denied Services By Reviewer**
07/29/2006 to 08/28/2006

*KyHealth Choices*

Reviewer: HALLMARK, ROBIN

| Member Name | Member ID | Date(s) of Service | | Place of Service | Service | Payor |
|---|---|---|---|---|---|---|
| [redacted] | [redacted] | 7/22/2006 | 7/22/2006 | Home | DME Purchase | (None) |
| Ref# 0000000203 | Diagnosis: [redacted] | | | | Requestor: [redacted] | |
| Status: Denied | | | Reason: Technical Denial | | | |
| [redacted] | [redacted] | 1/25/2006 | 3/28/2006 | Office | Chiropractic | (None) |
| Ref# 0000000374 | Diagnosis: [redacted] | | | | Requestor: [redacted] | |
| Status: Denied | | | Reason: Not Medically Necessary | | | |

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## 7.6 Frequent Flyers

### 7.6.1 Description

This report displays all members for whom multiple services occur close together for a selected place of service within a specified date range. The user determines the qualifying number of days between visits and the place of service to be reported. Members appear on this report if they have multiple services separated by no more than a selected number of days (21 in the illustration), and at least one of the visits occurs within the selected date range. Multiple services (TCM records) within the same case (TAU record) do not qualify for this report. The information is grouped and sorted by member name.

### 7.6.2 MaxMC Report Code

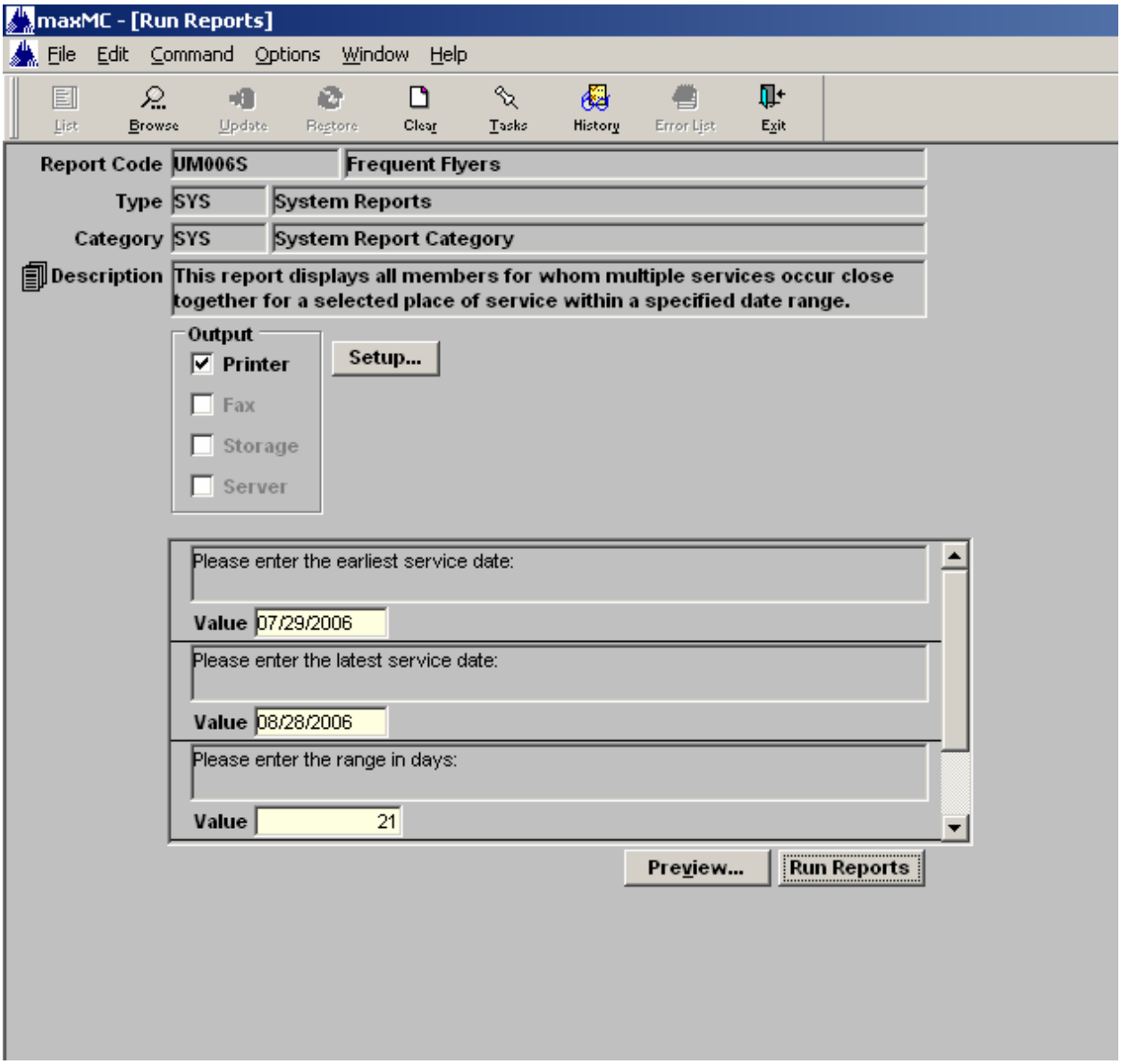
UM006S

### 7.6.3 Report Variables

The following data elements are variables of the report

- Starting Service Date;
- Ending Service Date; and,
- Day Range.

### 7.6.4 maxMC Report Screen



### 7.6.5 Report Sample

Frequent Flyers - Within 21 Day(s)
Office
07/29/2006 to 08/28/2006

*KyHealth Choices*

| Dates of Service | | Facility | Attending Provider | Payer |
|---|---|---|---|---|
| Member: [redacted] | | | | ID: [redacted] |
| 6/22/2006 | 6/22/2007 | (None) | [redacted] | (None) |
| *Ref #:* 0000000235 | | *Diagnosis:* [redacted] | | *Requestor:* [redacted] |
| 6/22/2006 | 6/22/2007 | (None) | [redacted] | (None) |
| *Ref #:* 0000000273 | | *Diagnosis:* [redacted] | | *Requestor:* [redacted] |
| 6/22/2006 | 6/22/2007 | (None) | [redacted] | (None) |
| *Ref #:* 0000000261 | | *Diagnosis:* [redacted] | | *Requestor:* [redacted] |
| Member: [redacted] | | | | ID: [redacted] |
| 6/22/2006 | 9/21/2006 | [redacted] | [redacted] | (None) |
| *Ref #:* 0000000314 | | *Diagnosis:* [redacted] | | *Requestor:* [redacted] |
| Member: [redacted] | | | | ID: [redacted] |
| 8/21/2006 | 2/17/2007 | [redacted] | [redacted] | (None) |
| *Ref #:* 0000000131 | | *Diagnosis:* [redacted] | | *Requestor:* [redacted] |
| Member: [redacted] | | | | ID: [redacted] |
| 7/22/2006 | 7/22/2007 | (None) | [redacted] | (None) |
| *Ref #:* 0000000323 | | *Diagnosis:* [redacted] | | *Requestor:* [redacted] |
| Member: [redacted] | | | | ID: [redacted] |
| 8/18/2006 | 8/18/2006 | (None) | [redacted] | (None) |
| *Ref #:* 0000000135 | | *Diagnosis:* [redacted] | | *Requestor:* [redacted] |
| 8/18/2006 | 8/18/2006 | (None) | [redacted] | (None) |
| *Ref #:* 0000000134 | | *Diagnosis:* [redacted] | | *Requestor:* [redacted] |
| 8/18/2006 | 8/18/2006 | (None) | [redacted] | (None) |
| *Ref #:* 0000000129 | | *Diagnosis:* [redacted] | | *Requestor:* [redacted] |
| Member: [redacted] | | | | ID: [redacted] |
| 8/23/2006 | 9/22/2006 | [redacted] | [redacted] | (None) |
| *Ref #:* 0000000365 | | *Diagnosis:* [redacted] | | *Requestor:* [redacted] |
| 8/23/2006 | 9/22/2006 | [redacted] | [redacted] | (None) |
| *Ref #:* 0000000307 | | *Diagnosis:* [redacted] | | *Requestor:* [redacted] |

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## 7.7 Frequent Flyers - Inpatient

### 7.7.1 Description

This report displays all members for whom multiple inpatient admissions occur close together within a selected date range. The user determines the qualifying number of days between admissions. Members appear on this report if they have multiple inpatient admissions separated by no more than a selected number of days (21 in the illustration), and at least one of the admissions occurs within the selected date range. The information is grouped and sorted by member name.

Inpatient admissions are defined as authorization/referral records with a TAU_DATE_ADMITTED value.

### 7.7.2 MaxMC Report Code

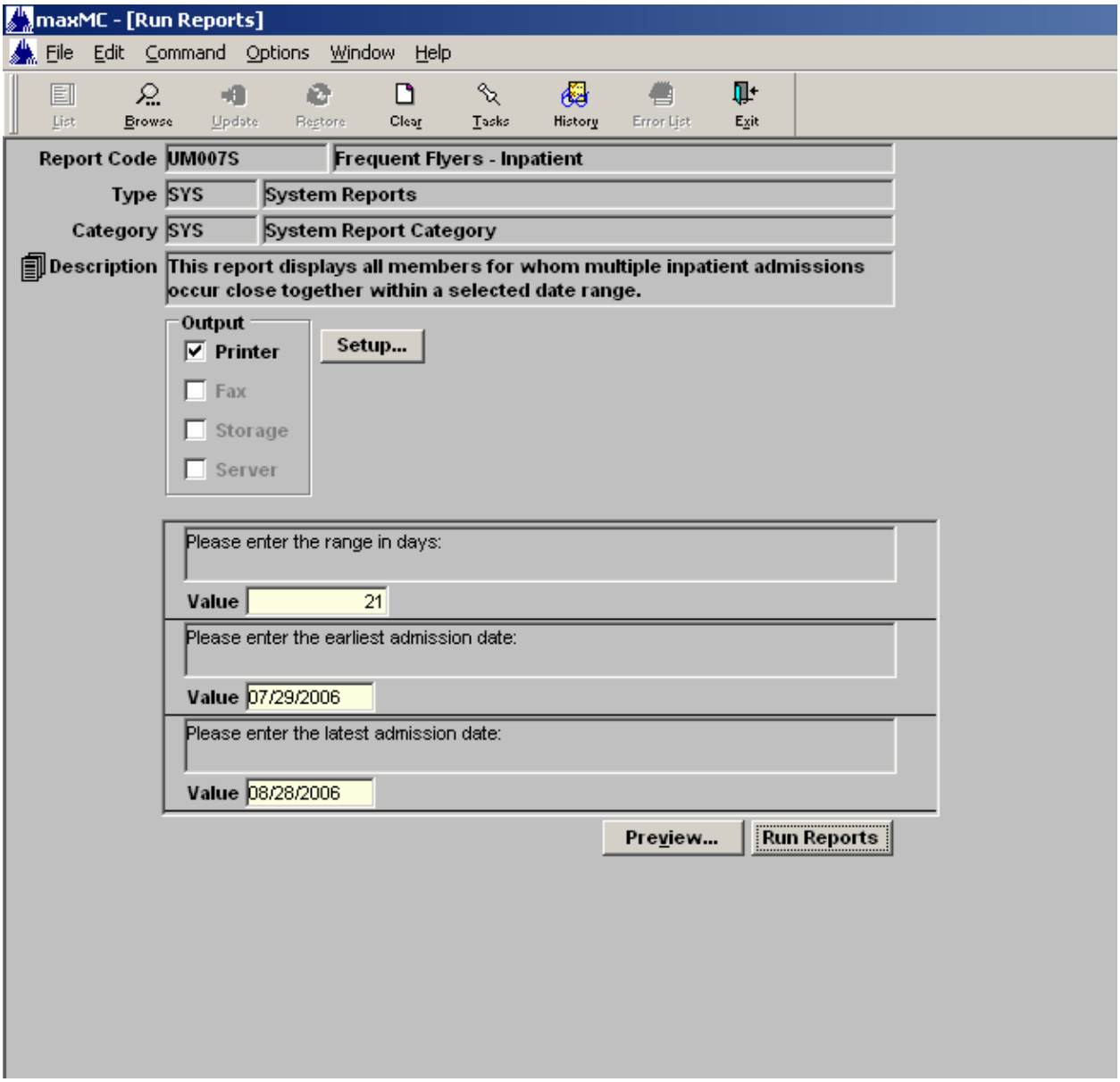
UM007S

### 7.7.3 Report Variables

The following data elements are variables of the report

- Starting Admission Date;
- Ending Admission Date; and,
- Day Range.

### 7.7.4 maxMC Report Screen



### 7.7.5 Report Samples

**Frequent Flyers - Inpatient (Within 21 Day(s))** *KyHealth Choices*
07/29/2006 to 08/28/2006

| Dates of Service | Facility | Attending Provider | Payer |
|---|---|---|---|
| **Member:** | | | ID: |
| 7/30/2006 7/30/2006 | | | (None) |
| *Ref #:* 0000000074 | *Diagnosis:* | | *Requestor:* |
| **Member:** | | | ID: |
| 7/28/2006 7/31/2006 | | | (None) |
| *Ref #:* 0000000035 | *Diagnosis:* | | *Requestor:* |
| **Member:** | | | ID: |
| 8/20/2006 9/19/2006 | | | (None) |
| *Ref #:* 0000000313 | *Diagnosis:* | | *Requestor:* |
| **Member:** | | | ID: |
| 7/23/2006 7/26/2006 | | | (None) |
| *Ref #:* 0000000014 | *Diagnosis:* | | *Requestor:* |
| 7/25/2006 7/29/2006 | | | (None) |
| *Ref #:* 0000000022 | *Diagnosis:* | | *Requestor:* |
| 8/21/2006 2/21/2007 | | | (None) |
| *Ref #:* 0000000214 | *Diagnosis:* | | *Requestor:* |
| 8/25/2006 8/26/2006 | (None) | (None) | (None) |
| *Ref #:* 0000000520 | *Diagnosis:* | | *Requestor:* (None) |
| 8/25/2006 8/26/2006 | (None) | (None) | (None) |
| *Ref #:* 0000000518 | *Diagnosis:* | | *Requestor:* |
| **Member:** | | | ID: |
| 8/22/2006 9/21/2006 | | | (None) |
| *Ref #:* 0000000314 | *Diagnosis:* | | *Requestor:* TAPP, JOHN C |
| **Member:** | | | ID: |
| 8/23/2006 9/22/2006 | | | (None) |
| *Ref #:* 0000000307 | *Diagnosis:* | | *Requestor:* |
| 8/23/2006 9/22/2006 | | | (None) |
| *Ref #:* 0000000385 | *Diagnosis:* | | *Requestor:* |

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## 7.8 Inpatient Analysis

### 7.8.1 Description

This report displays a summary of payer-specific information over a period of time. The summary information includes number of members, number of inpatient admissions, number of inpatient days, and average length of stay. Information is separated by plan type. The Inpatient Analysis report is typically run for standard reporting periods: months, quarters, or years. The user can, however, select any date range. The information is grouped and summarized by payor and then sorted by plan type.

### 7.8.2 MaxMC Report Code

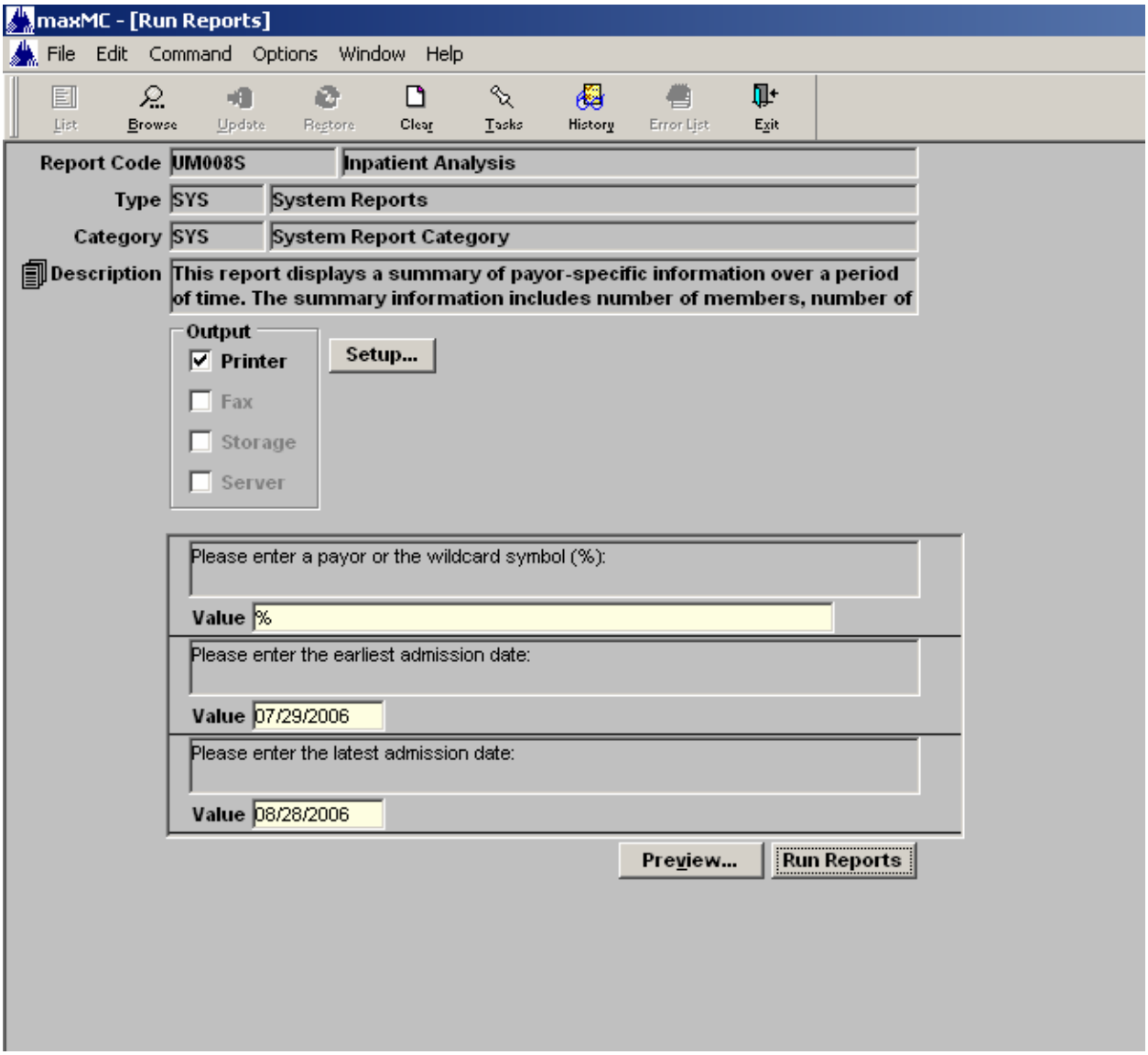
UM008S

### 7.8.3 Report Variables

The following data elements are variables of the report

- Starting Admission Date;
- Ending Admission Date; and,
- Payer.

### 7.8.4 maxMC Report Screen



### 7.8.5 Report Samples

**Landacorp General Hospital**
**Inpatient Analysis**
**8 28 2001 to 8 28 2006**

**Payor:** Blue Cross/Blue Shield

| | | Inpatient Admissions | | Inpatient Days | | |
|---|---|---|---|---|---|---|
| **Plan Type** | **Members** | **Total** | **Per 1000** | **Total** | **Per 1000** | **Average LOS** |
| Payer Plan Types | 2 | 6 | 3,000.00 | 2941 | 1,470,500.00 | 490.17 |
| ***Payor Summmary:*** | 2 | 6 | 3,000.00 | 2941 | 1,470,500.00 | 490.17 |

**Payor:** PAYER NAME OF 0

| | | Inpatient Admissions | | Inpatient Days | | |
|---|---|---|---|---|---|---|
| **Plan Type** | **Members** | **Total** | **Per 1000** | **Total** | **Per 1000** | **Average LOS** |
| Payer Plan Types | 2 | 7 | 3,500.00 | 518 | 259,000.00 | 74.00 |
| ***Payor Summmary:*** | 2 | 7 | 3,500.00 | 518 | 259,000.00 | 74.00 |

Printed 8/28/2006 12:40:16 pm 1 of 1

## 7.9 Inpatient Census (by Facility)

### 7.9.1 Description

This report displays all members admitted for inpatient hospital services within a given date range. Each report entry constitutes a separate member and admission. An authorization record with an admission date (TAU_DATE_ADMITTED) qualifies for retrieval, subject to the selected date range. The information is grouped and summarized by facility and then sorted by member name.

### 7.9.2 MaxMC Report Code

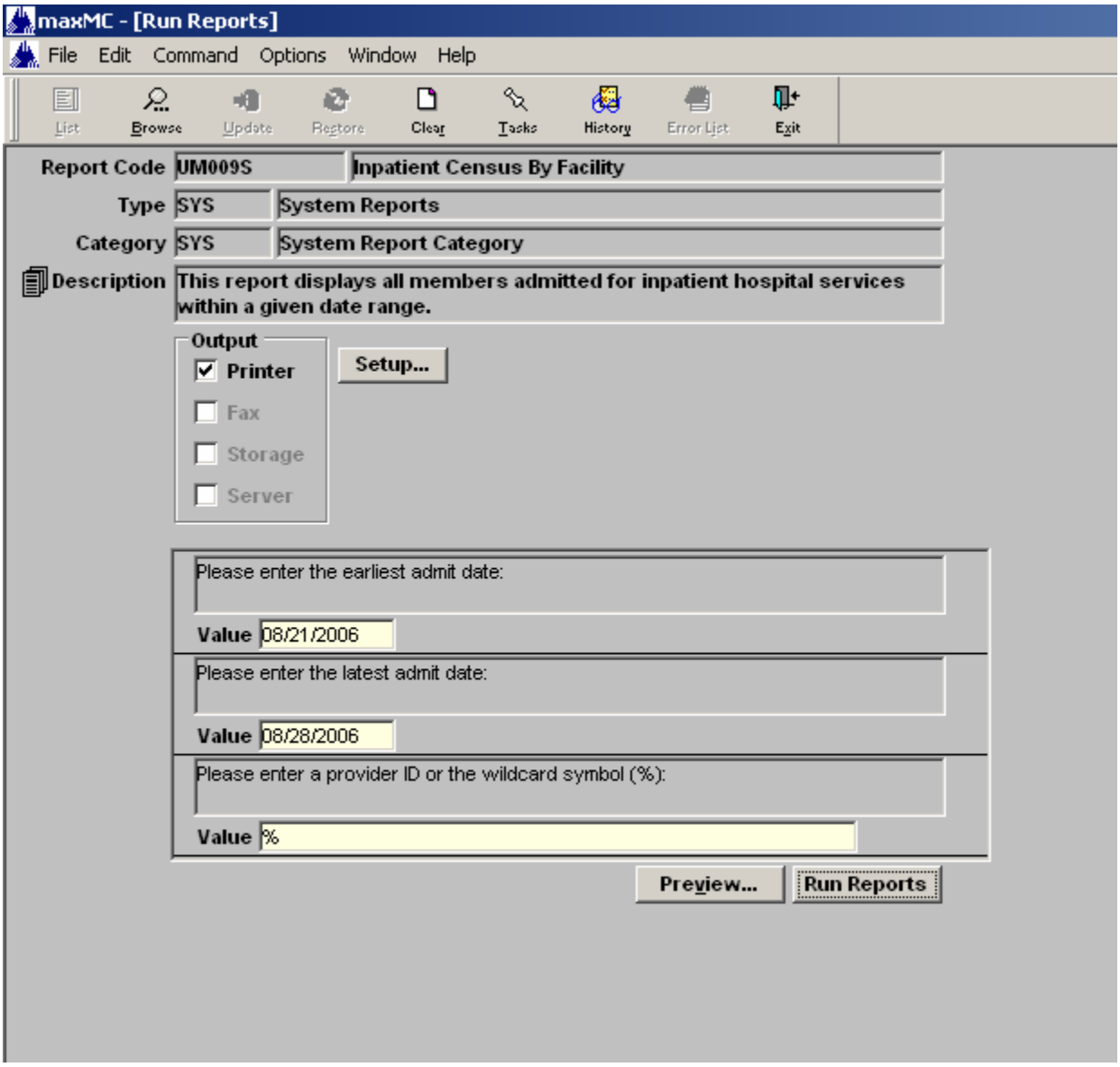
UM009S

### 7.9.3 Report Variables

The following data elements are variables of the report

- Starting Admission Date;
- Ending Admission Date; and,
- Provider ID.

### 7.9.4 maxMC Report Screen



### 7.9.5 Report Samples

**Inpatient Census By Facility**
08/21/2006 to 08/28/2006

*KyHealth Choices*

Facility: [redacted]

| Member Name | Member ID | Admitted | Discharged | LOS | Attending Provider | Payor |
|---|---|---|---|---|---|---|
| [redacted] | [redacted] | 7/21/2006 | 8/28/2006 | 38 | [redacted] | (None) |
| *Ref #:* 0000000305 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] | |

Total Inpatient Count: 1

Facility: [redacted]

| Member Name | Member ID | Admitted | Discharged | LOS | Attending Provider | Payor |
|---|---|---|---|---|---|---|
| [redacted] | [redacted] | 8/21/2006 | 8/28/2006 | 7 | [redacted] | (None) |
| *Ref #:* 0000000332 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] | |
| [redacted] | [redacted] | 8/24/2006 | 8/28/2006 | 4 | [redacted] | (None) |
| *Ref #:* 0000000471 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] | |
| [redacted] | [redacted] | 8/23/2006 | 8/28/2006 | 5 | [redacted] | (None) |
| *Ref #:* 0000000275 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] | |
| [redacted] | [redacted] | 8/24/2006 | 8/28/2006 | 4 | [redacted] | (None) |
| *Ref #:* 0000000436 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] | |
| [redacted] | [redacted] | 8/22/2006 | 8/28/2006 | 6 | [redacted] | (None) |
| *Ref #:* 0000000342 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] | |
| [redacted] | [redacted] | 8/23/2006 | 8/28/2006 | 5 | [redacted] | (None) |
| *Ref #:* 0000000371 | | *Diagnosis:* [redacted] | | | *Requestor:* [redacted] | |

Total Inpatient Count: 6

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## 7.10 LOS Over Acceptable Length

### 7.10.1 Description

This report displays all members admitted for inpatient hospital services within a given date range; when the length of stay is longer than a number of days set by the user (default value is 21). Each report entry constitutes a separate member and admission. An authorization record with an admission date (TAU_DATE_ADMITTED) qualifies for retrieval, subject to the selected date range. The information is sorted by member name.

### 7.10.2 MaxMC Report Code

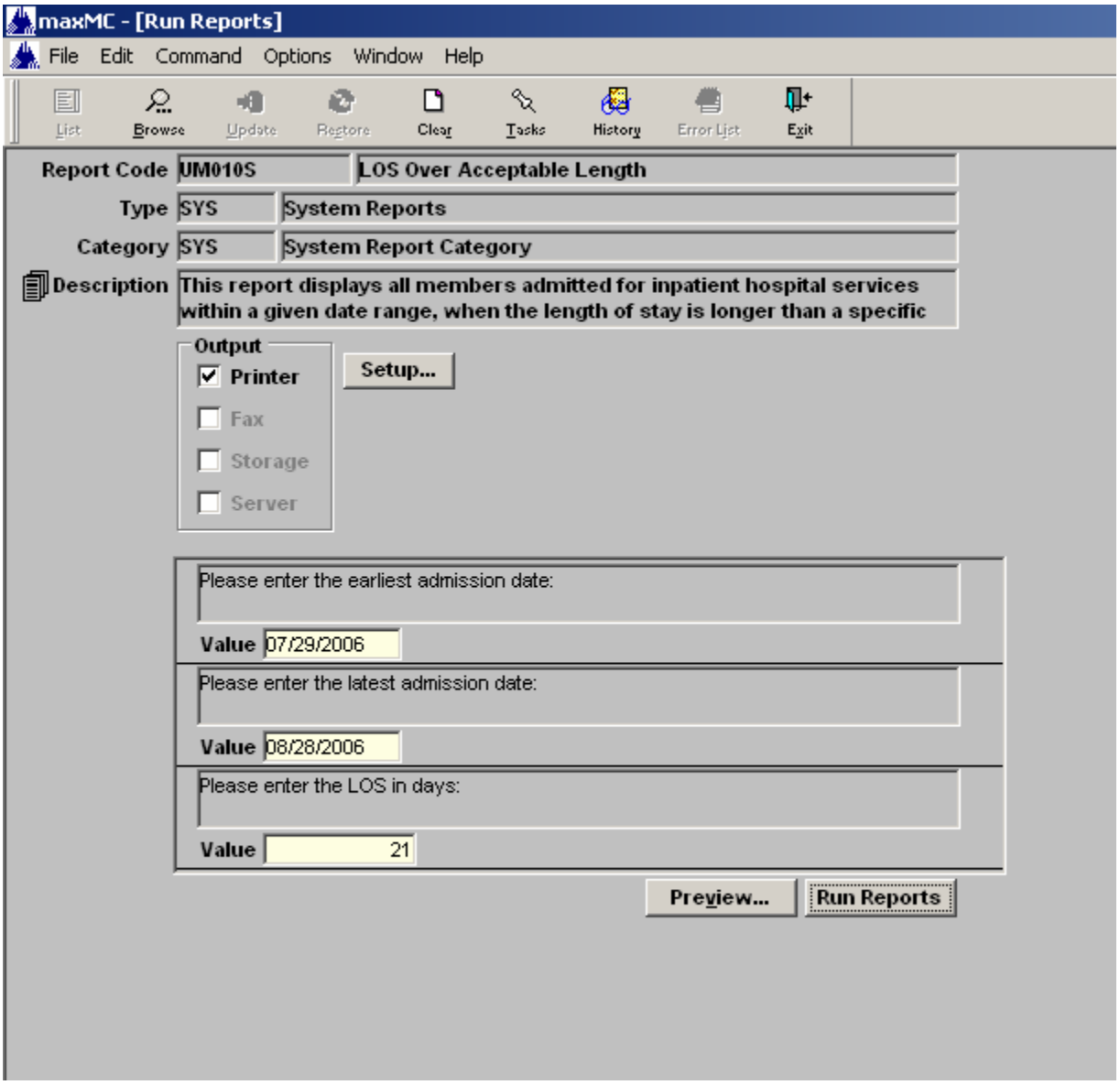
UM010S

### 7.10.3 Report Variables

The following data elements are variables of the report

- Starting Admission Date;
- Ending Admission Date; and,
- LOS in Days.

### 7.10.4 maxMC Report Screen



### 7.10.5 Report Sample

**Inpatient Stays Over 21 Day(s)**
07/29/2006 to 08/28/2006

*KyHealth Choices*

| Member Name | Member ID | Admitted | Discharged | LOS | Facility | Payor |
|---|---|---|---|---|---|---|
| | | 7/21/2006 | 8/26/2006 | 36 | | (None) |
| *Ref #:* 0000000304 | | *Diagnosis:* | | | | *Requestor:* |
| | | 7/22/2006 | 8/26/2006 | 37 | | (None) |
| *Ref #:* 0000000221 | | *Diagnosis:* | | | | *Requestor:* |
| | | 4/14/2006 | 8/26/2006 | 136 | | (None) |
| *Ref #:* 0000000147 | | *Diagnosis:* | | | | *Requestor:* |
| | | 7/31/2006 | 8/26/2006 | 28 | | (None) |
| *Ref #:* 0000000144 | | *Diagnosis:* | | | | *Requestor:* |
| | | 7/28/2006 | 8/26/2006 | 31 | | (None) |
| *Ref #:* 0000000032 | | *Diagnosis:* | | | | *Requestor:* |
| | | 7/28/2006 | 8/26/2006 | 31 | | (None) |
| *Ref #:* 0000000056 | | *Diagnosis:* | | | | *Requestor:* |
| | | 7/28/2006 | 8/26/2006 | 31 | | (None) |
| *Ref #:* 0000000059 | | *Diagnosis:* | | | | *Requestor:* |
| | | 6/22/2006 | 8/26/2006 | 67 | | (None) |
| *Ref #:* 0000000174 | | *Diagnosis:* | | | | *Requestor:* |
| | | 7/23/2006 | 8/26/2006 | 36 | | (None) |
| *Ref #:* 0000000014 | | *Diagnosis:* | | | | *Requestor:* |
| | | 7/25/2006 | 8/26/2006 | 34 | | (None) |
| *Ref #:* 0000000022 | | *Diagnosis:* | | | | *Requestor:* |
| | | 8/07/2006 | 8/26/2006 | 21 | | (None) |
| *Ref #:* 0000000317 | | *Diagnosis:* | | | | *Requestor:* |
| | | 8/07/2006 | 8/26/2006 | 21 | | (None) |
| *Ref #:* 0000000341 | | *Diagnosis:* | | | | *Requestor:* |
| | | 7/31/2006 | 8/26/2006 | 28 | | (None) |
| *Ref #:* 0000000146 | | *Diagnosis:* | | | | *Requestor:* |
| | | 8/05/2006 | 8/26/2006 | 23 | | (None) |
| *Ref #:* 0000000413 | | *Diagnosis:* | | | | *Requestor:* |

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## 7.11 Authorization Requests by Service Types

### 7.11.1 Description

This report displays a count by day of authorization requests grouped by type of service. The information is grouped and sorted by service type.

### 7.11.2 MaxMC Report Code

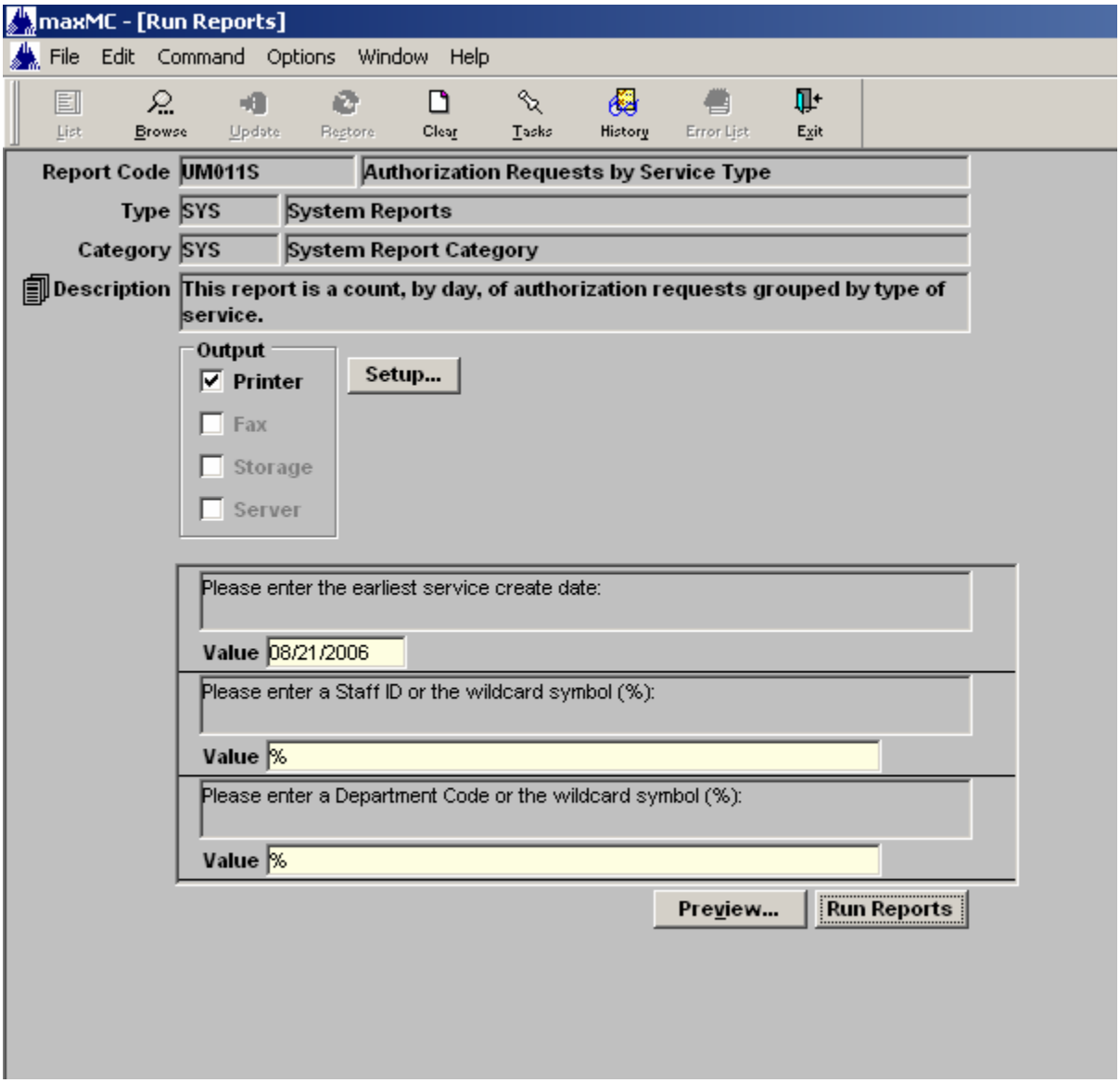
C_UM011S

### 7.11.3 Report Variables

The following data elements are variables of the report

- Starting Service Creation Date;
- Staff ID; and,
- Department Code.

### 7.11.4 maxMC Report Screen



### 7.11.5 Report Samples

**Authorization Requests by Service Type** *KyHealth Choices*

Reviewer: <All>
Department: <All>
Review Dates: 21-Aug-2006 through 27-Aug-2006

| Service Type | 08/21/2006 | 08/22/2006 | 08/23/2006 | 08/24/2006 | 08/25/2006 | 08/26/2006 | 08/27/2006 | Total |
|---|---|---|---|---|---|---|---|---|
| Chiropractic | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 10 |
| Dental | 6 | 3 | 33 | 11 | 6 | 0 | 0 | 59 |
| Durable Medical Equipment | 0 | 8 | 0 | 0 | 0 | 0 | 0 | 8 |
| Home Health Care | 1 | 13 | 12 | 10 | 0 | 0 | 0 | 36 |
| Inpatient Services | 6 | 8 | 28 | 17 | 6 | 0 | 0 | 65 |
| NFAC | 0 | 16 | 21 | 0 | 0 | 0 | 0 | 37 |
| Outpatient Services | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 10 |
| Psychiatric | 2 | 6 | 12 | 25 | 28 | 0 | 0 | 73 |
| Radiology | 0 | 0 | 0 | 7 | 0 | 0 | 0 | 7 |
| Surgical | 10 | 0 | 37 | 0 | 0 | 0 | 0 | 47 |
| Therapy | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 2 |
| Waiver | 0 | 25 | 0 | 35 | 34 | 0 | 0 | 94 |
| Totals: | 25 | 79 | 155 | 115 | 74 | 0 | 0 | 448 |

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## 7.12 Denied Days by Facility

### 7.12.1 Description

This report displays all inpatient days that were denied within a specific date range. Each incident of denied days within the specific date range appears on this report. The information is grouped and summarized by facility and then sorted by member name.

### 7.12.2 maxMC Report Code

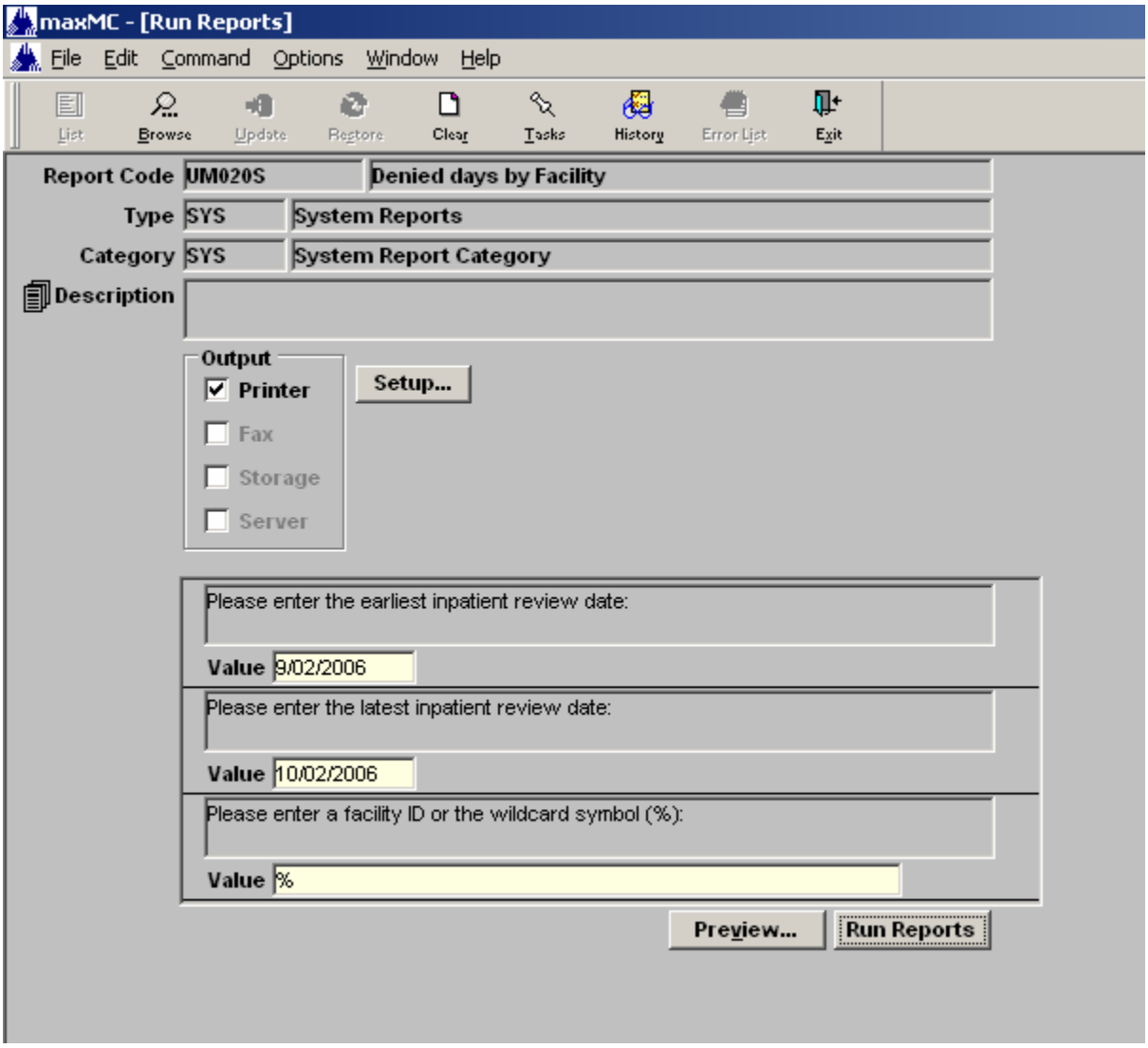
UM020S

### 7.12.3 Report Variables

The following data elements are variables of the report

- Starting Inpatient Review Date;
- Ending Inpatient Review Date; and,
- Facility ID.

### 7.12.4 maxMC Report Screen



### 7.12.5 Report Sample

**Denied Days By Facility** *KyHealth Choices*

09/04/2006 to 10/04/2006

[redacted]

| Member Name | Member ID | Admitted | Discharged Facility | Payor |
|---|---|---|---|---|
| [redacted] | [redacted] | 09/05/2006 | [redacted] | (None) |
| *Ref#* 0000000825 | *Diganosis:* [redacted] | | | |
| **Days Denied:** 1 | **Dates:** 09/08/06 to 09/08/06 | | **Reason:** Not Medically Necessary | |
| [redacted] | [redacted] | 09/08/2006 | [redacted] | (None) |
| *Ref#* 0000001183 | *Diganosis:* [redacted] | | | |
| **Days Denied:** 2 | **Dates:** 09/10/06 to 09/11/06 | | **Reason:** Not Medically Necessary | |
| [redacted] | [redacted] | 09/08/2006 | [redacted] | (None) |
| *Ref#* 0000001192 | *Diganosis:* [redacted] | | | |
| **Days Denied:** 4 | **Dates:** 09/08/06 to 09/11/06 | | **Reason:** Not Medically Necessary | |
| [redacted] | [redacted] | 09/08/2006 | [redacted] | (None) |
| *Ref#* 0000001188 | *Diganosis:* [redacted] | | | |
| **Days Denied:** 1 | **Dates:** 09/10/06 to 09/10/06 | | **Reason:** Not Medically Necessary | |
| [redacted] | [redacted] | 09/07/2006 | [redacted] | (None) |
| *Ref#* 0000000971 | *Diganosis:* [redacted] | | | |
| **Days Denied:** 1 | **Dates:** 09/07/06 to 09/07/06 | | **Reason:** Not Medically Necessary | |

**Total Days Denied:** 9

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## 7.13 Denied Services by Provider Type

### 7.13.1 Description

This report displays all denied services within a specific date range. An authorization/referral service (TCM) record appears on this report if it has a denial status (system meaning “A3”) and was created or updated within the selected date range. The information is grouped and summarized by provider type and then sorted by member name.

### 7.13.2 MaxMC Report Code

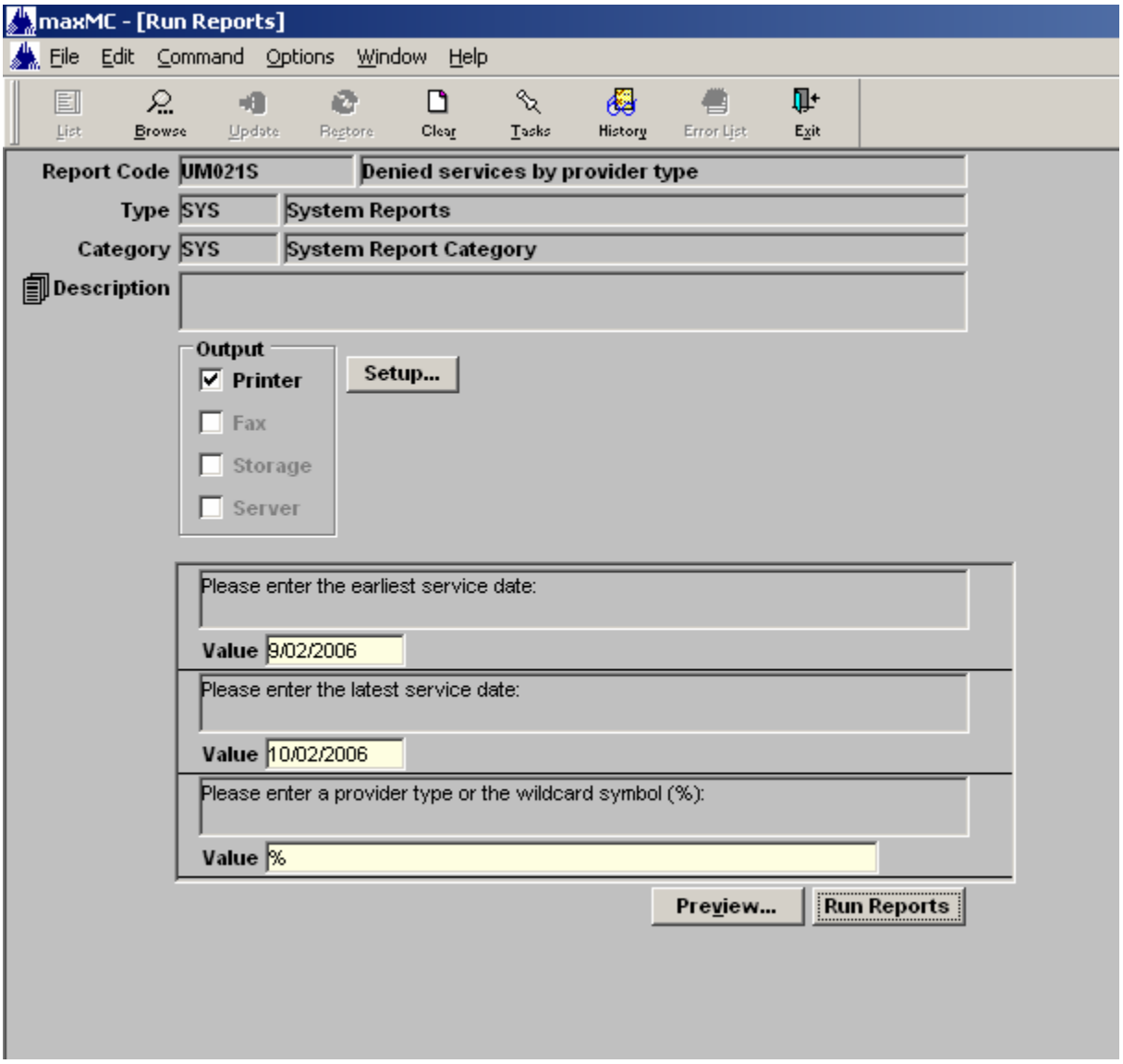
UM021S

### 7.13.3 Report Variables

The following data elements are variables of the report

- Starting Service Date;
- Ending Service Date; and,
- Provider Type.

### 7.13.4 maxMC Report Screen



### 7.13.5 Report Sample

**Denied Services By Provider Type** ***KyHealth Choices***

09/04/2006 to 10/04/2006

Health Care Facility

| Member Name | Member ID | Dates(s) of Service | Place of Service | Service | Payor |
|---|---|---|---|---|---|
| [redacted] | [redacted] | 09/08/06 to 09/11/06 | Freestanding Psychiatric Facility | Psychiatric | |
| **Ref#** 0000001131<br>**Status:** Denied | | **Diagnosis:** [redacted]<br>**Reason:** Technical Denial | | | |
| [redacted] | [redacted] | 09/07/06 to 10/07/06 | Home | DME Purchase | |
| **Ref#** 0000000976<br>**Status:** Denied | | **Diagnosis:** [redacted]<br>**Reason:** Not Medically Necessary | | | |
| [redacted] | [redacted] | 10/01/06 to 10/30/06 | Outpatient Center | Therapy | |
| **Ref#** 0000001675<br>**Status:** Denied | | **Diagnosis:** [redacted]<br>**Reason:** Benefit Maxed | | | |
| [redacted] | [redacted] | 09/07/06 to 12/06/06 | Home | DME Rental | KyHealth Choices |
| **Ref#** 0000001057<br>**Status:** Reconsideration Uphel | | **Diagnosis:** [redacted]<br>**Reason:** Not Medically Necessary | | | |

**Total Denied Services:** 84

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## 7.14 Denied Services by Provider

### 7.14.1 Description

This report displays all denied services within a specific date range. An authorization/referral service (TCM) record appears on this report if it has a denial status (system meaning “A3”) and was created or updated within the selected date range. The information is grouped and summarized by provider and then sorted by member name.

### 7.14.2 MaxMC Report Code

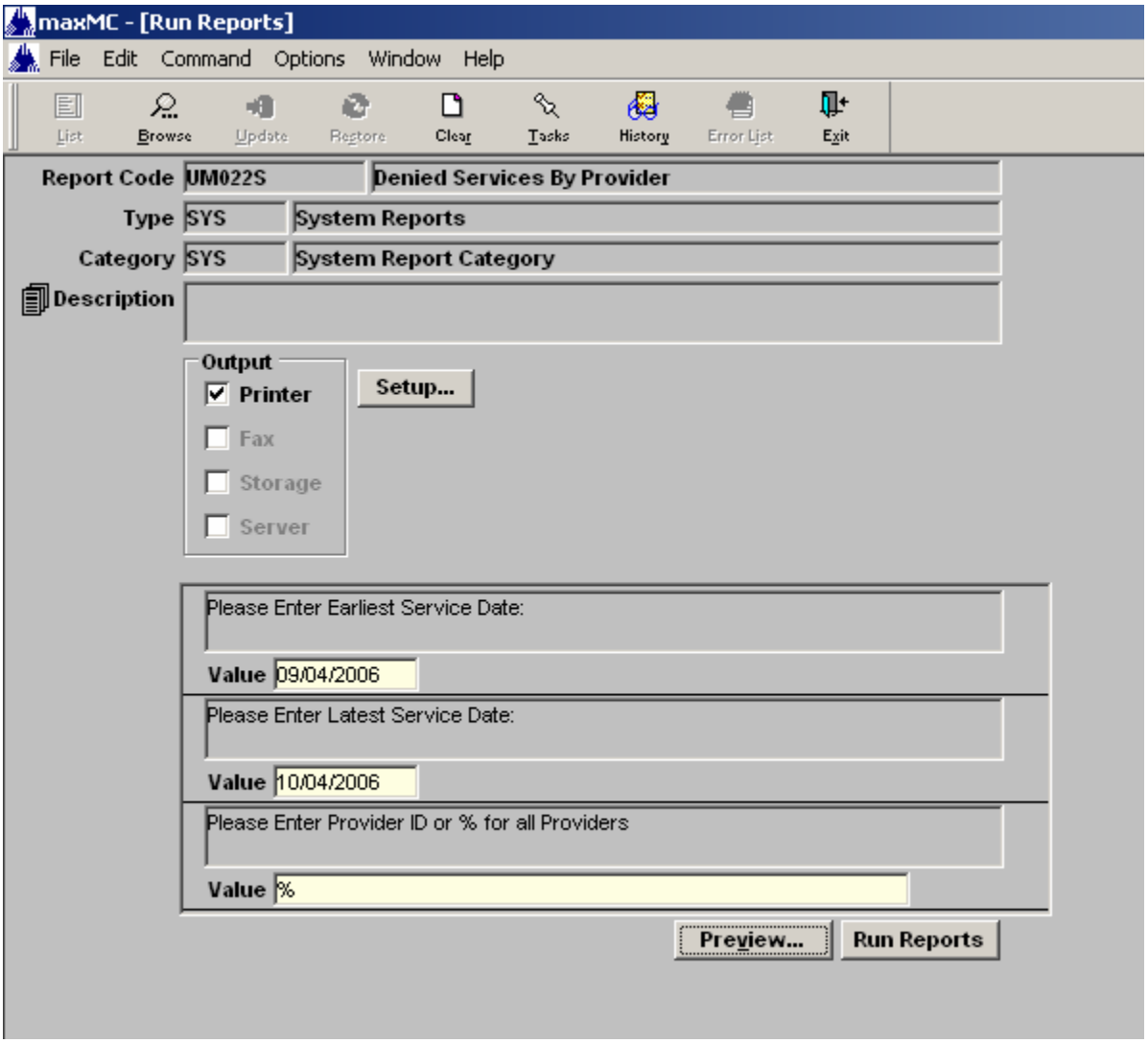
UM022S

### 7.14.3 Report Variables

The following data elements are variables of the report

- Starting Service Date;
- Ending Service Date; and,
- Provider ID.

### 7.14.4 maxMC Report Screen



### 7.14.5 Report Sample

**Denied Services By Provider** *KyHealth Choices*

09/04/2006 to 10/04/2006

| Member Name | Member ID | Dates(s) of Service | Place of Service | Service | Payor |
|---|---|---|---|---|---|
| | | 09/09/06 to 10/10/06 | Nursing Facility | NF-Swing | |
| **Ref#** 0000001284 | | **Diagnosis:** | | | |
| **Status:** Denied | | **Reason:** LOI | | | |
| | | 08/06/06 to 08/07/06 | Psychiatric Residential Treatment Center | Psychiatric | KyHealth Choices |
| **Ref#** 0000000924 | | **Diagnosis:** | | | |
| **Status:** Denied | | **Reason:** Not Medically Necessary | | | |
| | | 09/01/06 to 10/02/06 | Nursing Facility | NF-BI Locked | |
| **Ref#** 0000001277 | | **Diagnosis:** | | | |
| **Status:** Denied | | **Reason:** LOI | | | |
| | | 07/01/06 to 07/02/06 | Freestanding Psychiatric Facility | Psychiatric | |
| **Ref#** 0000000920 | | **Diagnosis:** | | | |
| **Status:** Denied | | **Reason:** Technical Denial | | | |
| | | 09/04/06 to 09/07/06 | Freestanding Psychiatric Facility | Psychiatric | |
| **Ref#** 0000000923 | | **Diagnosis:** | | | |
| **Status:** Denied | | **Reason:** Not Medically Necessary | | | |
| | | 08/01/06 to 08/02/06 | Freestanding Psychiatric Facility | Psychiatric | |
| **Ref#** 0000000921 | | **Diagnosis:** | | | |
| **Status:** Denied | | **Reason:** Technical Denial | | | |

**Total Denied Services:** 6

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## 7.15 Approved Days by Facility

### 7.15.1 Description

This report displays all inpatient days that were approved within a specific date range. Each incident of approved days within the specific date range appears on this report. The information is grouped and summarized by facility and then sorted by member name.

### 7.15.2 maxMC Report Code

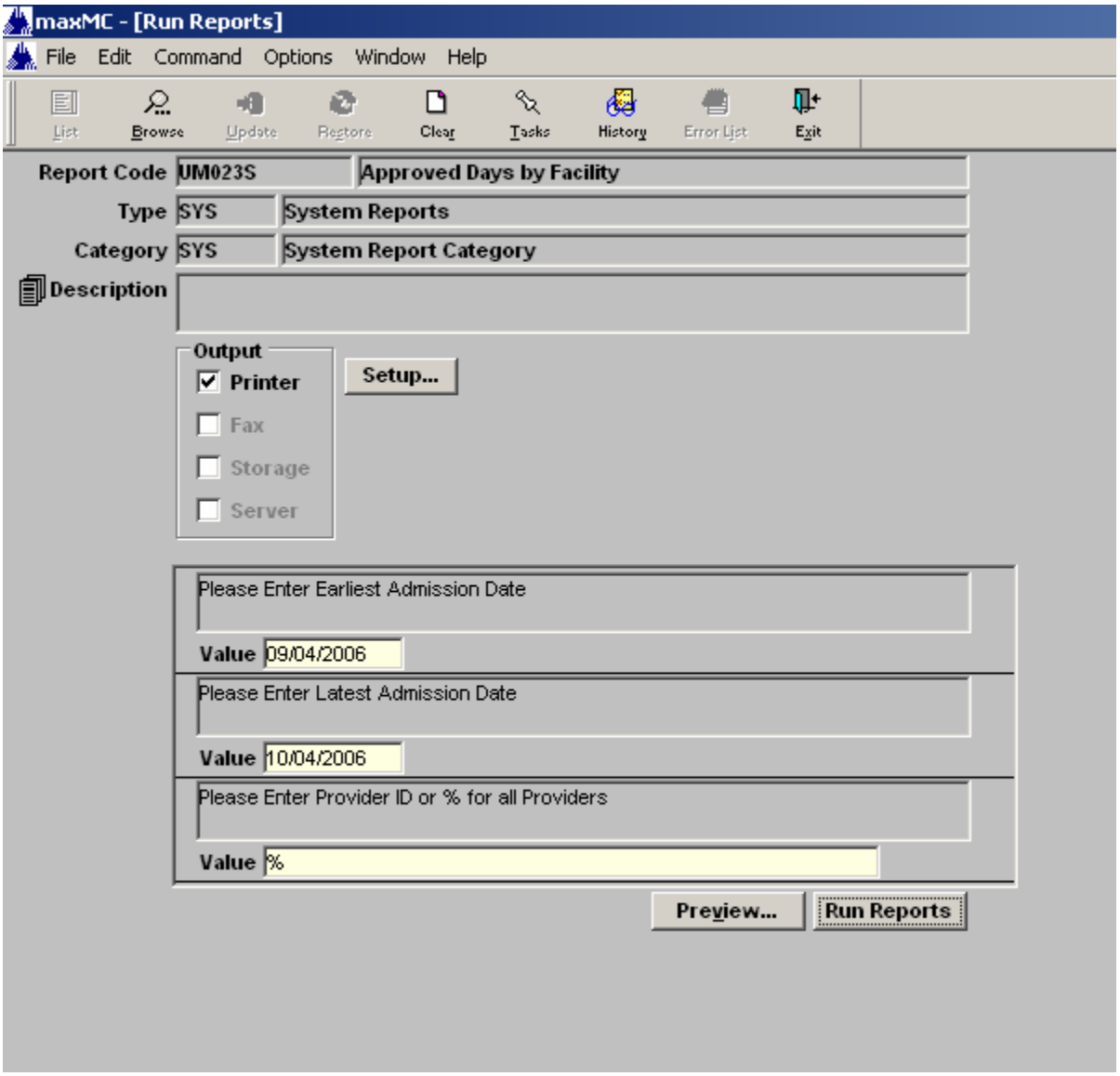
UM023S

### 7.15.3 Report Variables

The following data elements are variables of the report:

- Starting Inpatient Review Date;
- Ending Inpatient Review Date; and,
- Facility ID.

### 7.15.4 maxMC Report Screen



### 7.15.5 Report Sample

**Approved Days By Facility** ***KyHealth Choices***

09/04/2006 to 10/04/2006

[redacted]

| Member Name | Member ID | Admitted | Discharged Facility | Payor |
|---|---|---|---|---|
| [redacted] | [redacted] | 09/24/2006 | [redacted] | (None) |
| *Ref#* 0000002496 | *Diganosis:* [redacted] | | | |
| **Days Approved:** 1 | **Dates:** 09/24/06 to 09/24/06 | | **Reason:** Administrative Approval | |
| [redacted] | [redacted] | 09/21/2006 | [redacted] | (None) |
| *Ref#* 0000001898 | *Diganosis:* [redacted] | | | |
| **Days Approved:** 1 | **Dates:** 09/21/06 to 09/21/06 | | **Reason:** Meets Medical Necessity | |
| [redacted] | [redacted] | 09/26/2006 | [redacted] | (None) |
| *Ref#* 0000002357 | *Diganosis:* [redacted] | | | |
| **Days Approved:** 1 | **Dates:** 09/26/06 to 09/26/06 | | **Reason:** Meets Medical Necessity | |

**Total Days Approved:** 3

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## 7.16 Approved Services by Provider Type

### 7.16.1 Description

This report displays all approved services within a specific date range. An authorization/referral service (TCM) record appears on this report if it has an approved status (system meaning “A3”) and was created or updated within the selected date range. The information is grouped and summarized by provider type and then sorted by member name.

### 7.16.2 MaxMC Report Code

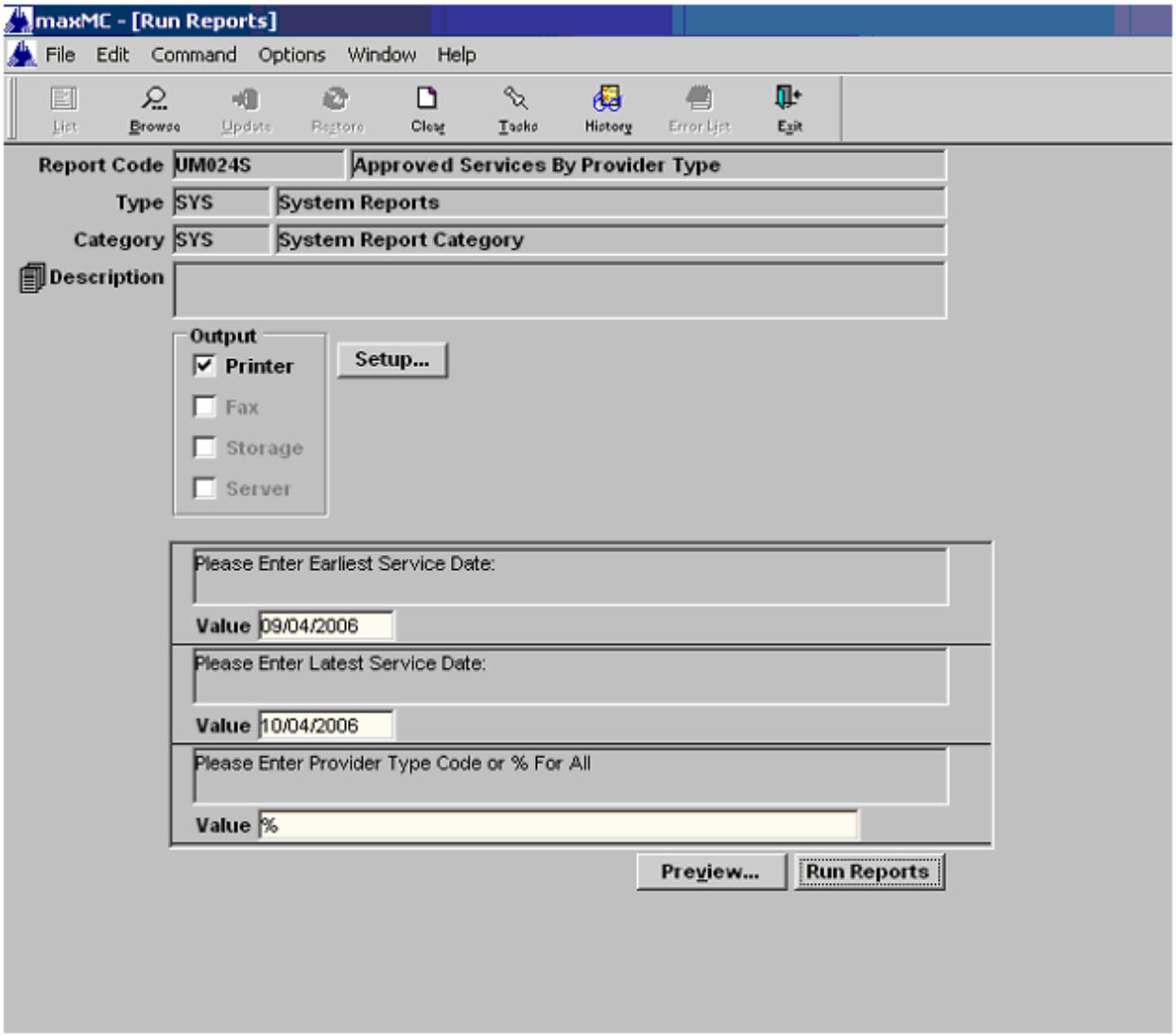
UM024S

### 7.16.3 Report Variables

The following data elements are variables of the report:

- Starting Service Date;
- Ending Service Date; and,
- Provider Type.

### 7.16.4 maxMC Report Screen



### 7.16.5 Report Sample

**Approved Services By Provider Type** *KyHealth Choices*

09/04/2006 to 10/04/2006

Health Care Facility

| Member Name | Member ID | Dates(s) of Service | Place of Service | Service | Payor |
|---|---|---|---|---|---|
| [redacted] | [redacted] | 09/08/06 to 09/11/06 | Inpatient Hospital | Surgical | |
| **Ref#** 0000001179 | | **Diagnosis:** [redacted] | | | |
| **Status:** Certified - Administrati | | **Reason:** Meets Medical Necessity | | | |
| [redacted] | [redacted] | 09/01/06 to 09/30/06 | Outpatient Center | Therapy | KyHealth Choices |
| **Ref#** 0000001640 | | **Diagnosis:** [redacted] | | | |
| **Status:** Certified | | **Reason:** Meets Medical Necessity | | | |

**Total Services:** 162

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## 7.17 Approved Services by Provider

### 7.17.1 Description

This report displays all approved services within a specific date range. An authorization/referral service (TCM) record appears on this report if it has an approved status (system meaning “A3”) and was created or updated within the selected date range. The information is grouped and summarized by provider and then sorted by member name.

### 7.17.2 MaxMC Report Code

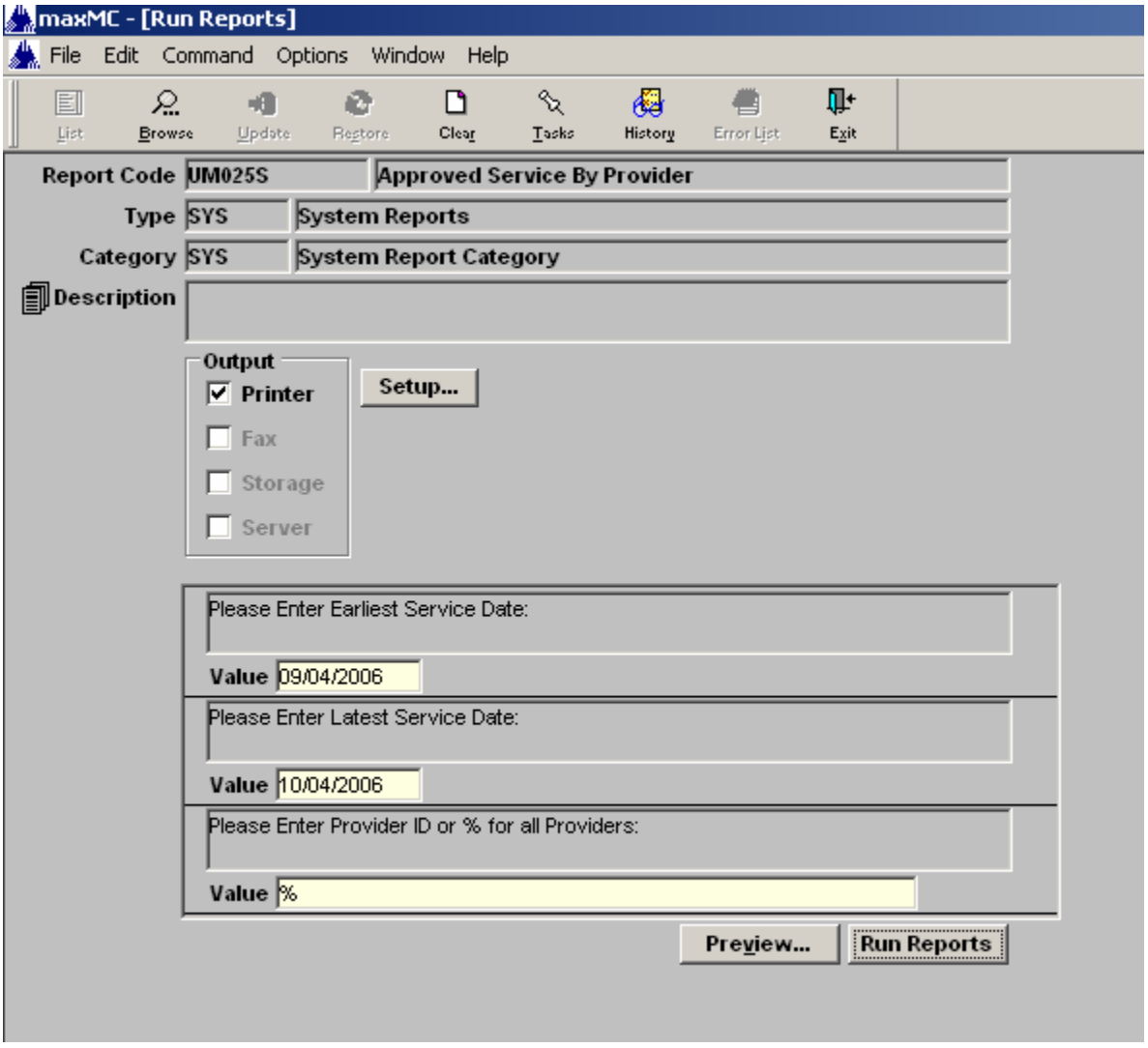
UM025S

### 7.17.3 Report Variables

The following data elements are variables of the report:

- Starting Service Date;
- Ending Service Date; and,
- Provider ID.

### 7.17.4 maxMC Report Screen



### 7.17.5 Report Sample

**Approved Services By Provider** *KyHealth Choices*

09/04/2006 to 10/04/2006

[redacted]

| Member Name | Member ID | Dates(s) of Service | Place of Service | Service | Payor |
|---|---|---|---|---|---|
| [redacted] | [redacted] | 10/01/06 to 10/27/06 | Outpatient Hospital | Diagnostic X-Ray | KyHealth Choices |
| **Ref#** 0000002183 | | **Diagnosis:** [redacted] | | | |
| **Status:** Certified | | **Reason:** Meets Medical Necessity | | | |
| [redacted] | [redacted] | 10/01/06 to 10/27/06 | Outpatient Hospital | Diagnostic X-Ray | KyHealth Choices |
| **Ref#** 0000002183 | | **Diagnosis:** [redacted] | | | |
| **Status:** Certified | | **Reason:** Meets Medical Necessity | | | |

**Total Approved Services:** 2

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# 8 maxMC Database On-Demand Queries

The ability to run database queries within maxMC allows the same functionality of maxMC On-Demand Reports, with the added ability to save the data to various formats such as excel and CVS. Any data report that can be created within maxMC Reports can be replicated within maxMC Database Queries. The following is an example of the maxMC Report, Denied Days by Facility, written as a database query.

## 8.1 maxMC Database Query Example

Similarly to the maxMC Reports, each database query is entered into maxMC and can be executed on demand.

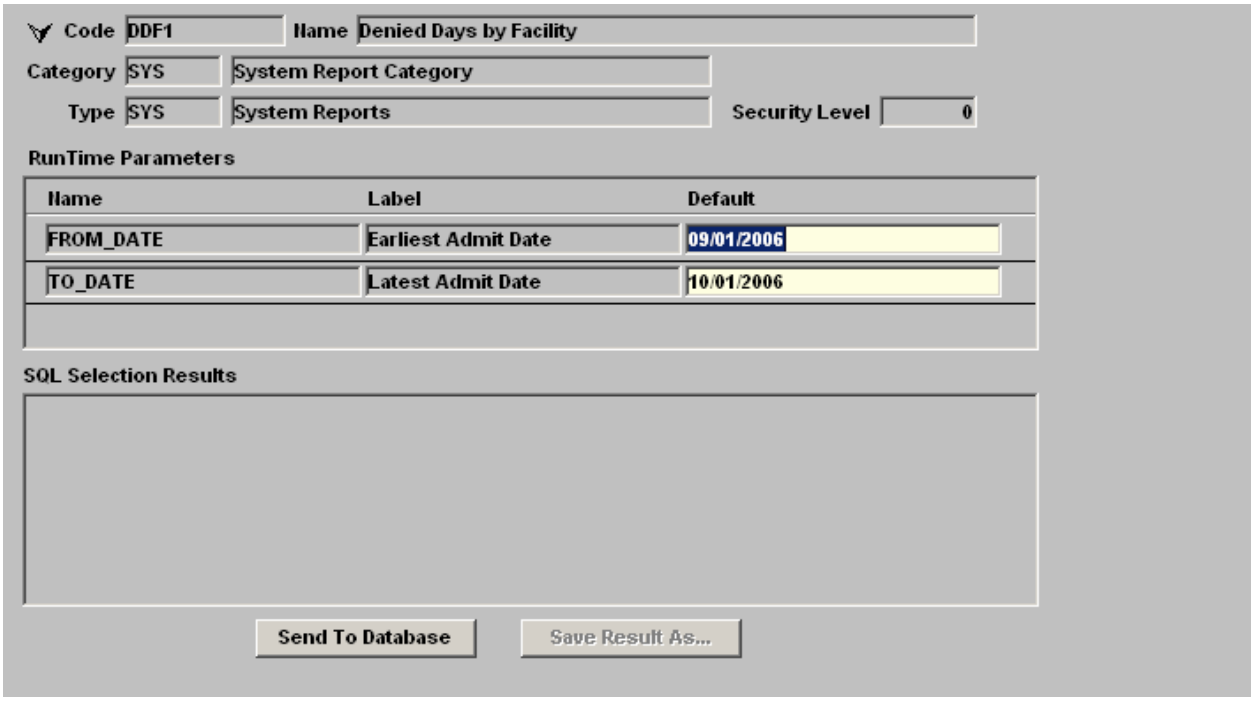


**Figure 27-1: Run Database Query Screen**

Run time parameters can also be defined for each database query. The values are filled with a default value and can be changed. Next the user should push the Send To Database button. The results will then be returned in the SQL Selection Results area.

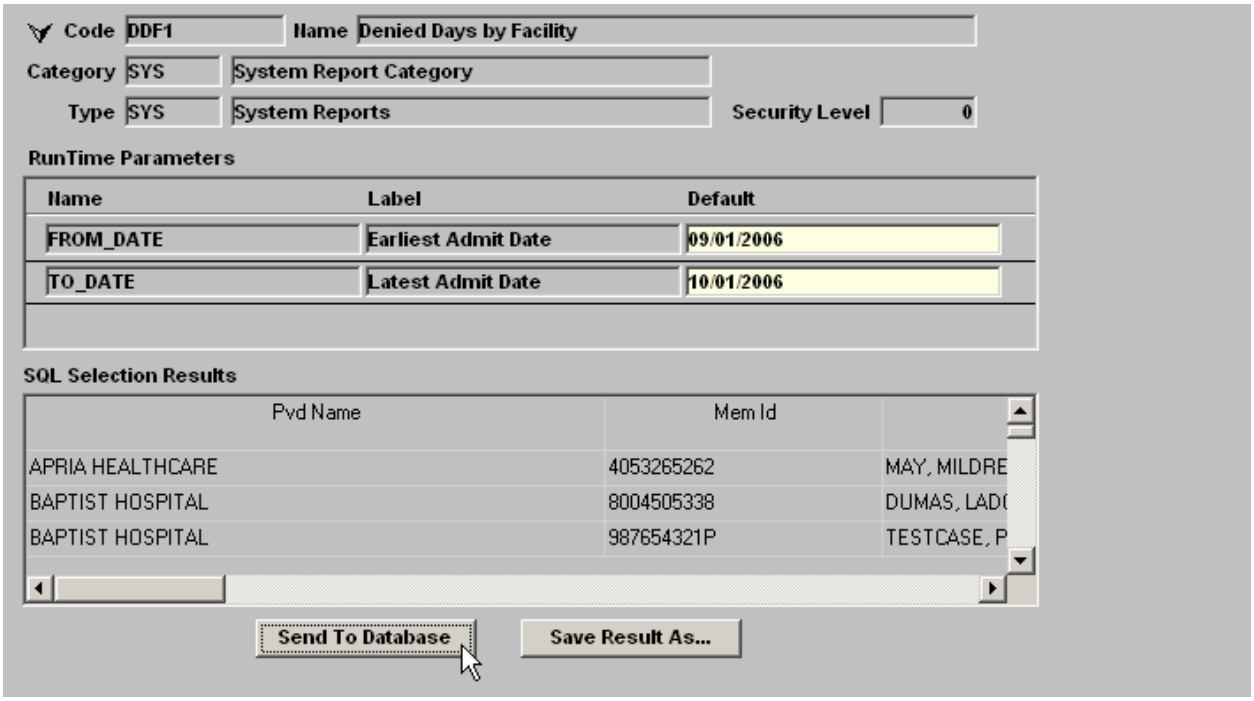


**Figure 27-2: Executing Database Query**

Next the user selects the Save Results As… button. A window will pop allowing the user to select the appropriate file type and the location they would like to save it to on their computer.

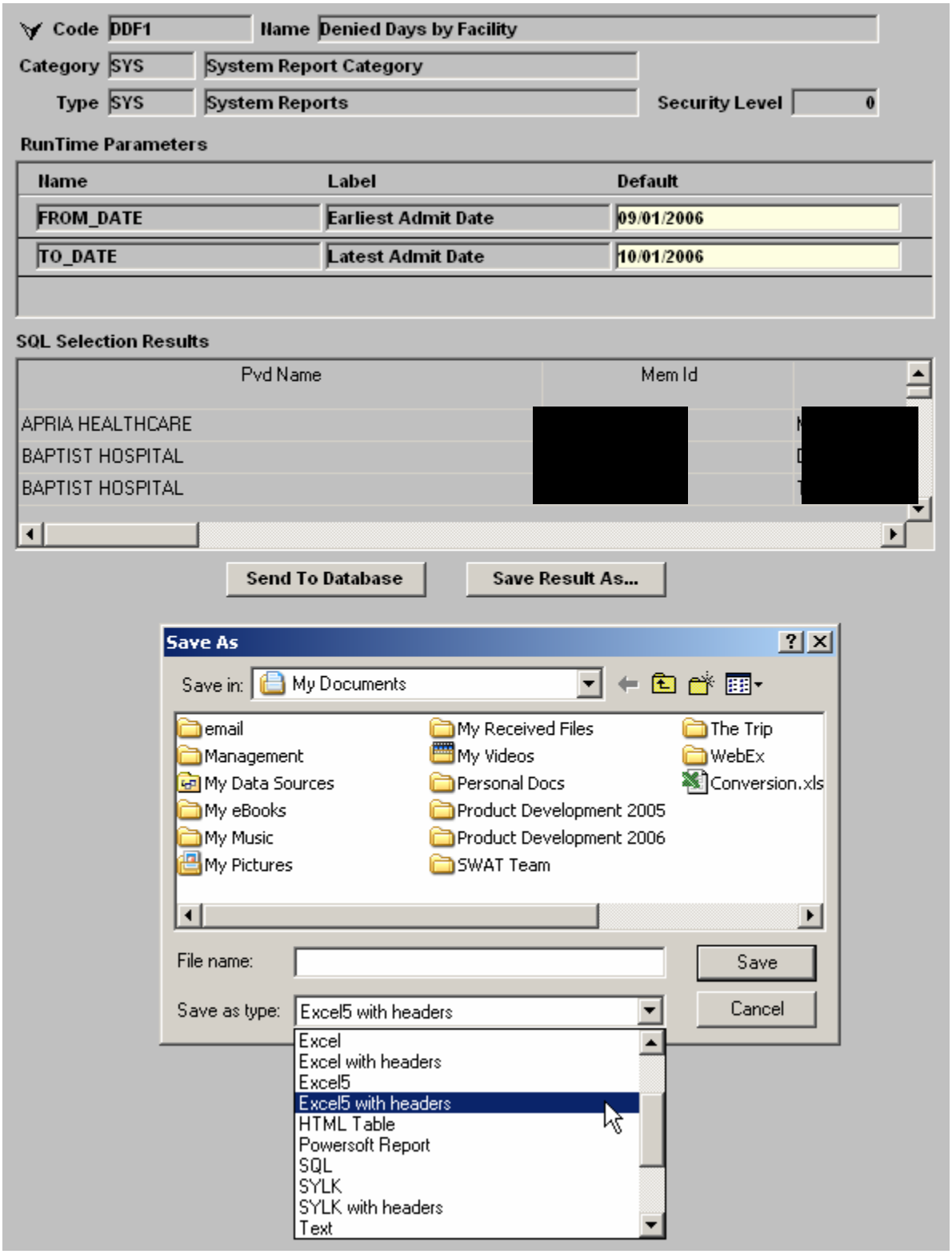


**Figure 27-3: Saving Results from Database Query**

Once saved, the document is available in the saved format.

| | A | B | C | D | E | F | G | H | I | J | K | L |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | pvd_name | mem_id | mem_formatted_name | tau_date_admitted | tau_reference_number | dxc_desc_display | tid_days | tid_date_begin | tid_date_end | irr_desc | fromdate | todate |
| 2 | APRIA HEALTHCARE | [redacted] | | 9/25/2006 0:00 | 0000002132 | Dementia in conditions classified elsewhere | 30 | 8/26/2006 0:00 | 9/24/2006 0:00 | Not Medically Necessary | 09/01/2006 | 10/01/2006 |
| 3 | BAPTIST HOSPITAL | | | 9/25/2006 0:00 | 0000002124 | Streptococcus infection in conditions classified elsewhere and of unspecified site, group A | 3 | 9/26/2006 0:00 | 9/28/2006 0:00 | Out of Time Frame | 09/01/2006 | 10/01/2006 |
| 4 | BAPTIST HOSPITAL | | | 9/7/2006 0:00 | 0000000980 | Headache | 1 | 9/7/2006 0:00 | 9/7/2006 0:00 | Not Medically Necessary | 09/01/2006 | 10/01/2006 |
| 5 | BAPTIST HOSPITAL NORTHEAST | | | 9/8/2006 0:00 | 0000001129 | Other symptoms involving abdomen and pelvis | 2 | 9/8/2006 0:00 | 9/9/2006 0:00 | Technical Denial | 09/01/2006 | 10/01/2006 |
| 6 | BAPTIST HOSPITAL NORTHEAST | | | 9/12/2006 0:00 | 0000001431 | Inflammatory diseases of prostate | 1 | 9/14/2006 0:00 | 9/14/2006 0:00 | Out of Time Frame | 09/01/2006 | 10/01/2006 |
| 7 | BAPTIST HOSPITAL NORTHEAST | | | 9/12/2006 0:00 | 0000001426 | Benign neoplasm of male genital organs | 1 | 9/14/2006 0:00 | 9/14/2006 0:00 | Out of Time Frame | 09/01/2006 | 10/01/2006 |
| 8 | BAPTIST HOSPITAL NORTHEAST | | | 9/6/2006 0:00 | 0000000871 | Chronic airway obstruction, not elsewhere classified | 2 | 9/9/2006 0:00 | 9/10/2006 0:00 | Not Medically Necessary | 09/01/2006 | 10/01/2006 |
| 9 | BAPTIST HOSPITAL NORTHEAST | | | 9/5/2006 0:00 | 0000000826 | Other arthropod-borne viral diseases | 1 | 10/4/2006 0:00 | 10/4/2006 0:00 | Not Medically Necessary | 09/01/2006 | 10/01/2006 |
| 10 | BAPTIST HOSPITAL NORTHEAST | | | 9/9/2006 0:00 | 0000001248 | Headache | 3 | 9/10/2006 0:00 | 9/12/2006 0:00 | Technical Denial | 09/01/2006 | 10/01/2006 |
| 11 | BAPTIST HOSPITAL NORTHEAST | | | 9/7/2006 0:00 | 0000001084 | Diseases of the jaws | 15 | 9/7/2006 0:00 | 9/21/2006 0:00 | Technical Denial | 09/01/2006 | 10/01/2006 |
| 12 | BAPTIST HOSPITAL WEST | | | 9/25/2006 0:00 | 0000002480 | Chronic airway obstruction, not elsewhere classified | 1 | 9/27/2006 0:00 | 9/27/2006 0:00 | Out of Time Frame | 09/01/2006 | 10/01/2006 |
| 13 | BAPTIST HOSPITAL EAST | | | 9/8/2006 0:00 | 0000001183 | Abdominal pain | 2 | 9/10/2006 0:00 | 9/11/2006 0:00 | Not Medically Necessary | 09/01/2006 | 10/01/2006 |
| 14 | BAPTIST HOSPITAL EAST | | | 9/8/2006 0:00 | 0000001192 | Diabetes mellitus without mention of complication | 4 | 9/8/2006 0:00 | 9/11/2006 0:00 | Not Medically Necessary | 09/01/2006 | 10/01/2006 |
| 15 | BAPTIST HOSPITAL EAST | | | 9/18/2006 0:00 | 0000001710 | Poisoning by primarily systemic agents | 3 | 10/19/2006 0:00 | 10/21/2006 0:00 | Technical Denial | 09/01/2006 | 10/01/2006 |
| 16 | BAPTIST HOSPITAL EAST | | | 9/8/2006 0:00 | 0000001188 | Congestive heart failure, unspecified | 1 | 9/10/2006 0:00 | 9/10/2006 0:00 | Not Medically Necessary | 09/01/2006 | 10/01/2006 |
| 17 | BAPTIST HOSPITAL EAST | | | 9/5/2006 0:00 | 0000000825 | Hemophilus influenzae (H. influenzae) infection in conditions classified elsewhere and of unspecified site | 1 | 9/8/2006 0:00 | 9/8/2006 0:00 | Not Medically Necessary | 09/01/2006 | 10/01/2006 |
| 18 | BAPTIST HOSPITAL EAST | | | 9/24/2006 0:00 | 0000002094 | Diabetes mellitus | 1 | 9/27/2006 0:00 | 9/27/2006 0:00 | Technical Denial | 09/01/2006 | 10/01/2006 |
| 19 | BAPTIST HOSPITAL EAST | | | 9/7/2006 0:00 | 0000000971 | Headache | 1 | 9/7/2006 0:00 | 9/7/2006 0:00 | Not Medically Necessary | 09/01/2006 | 10/01/2006 |
| 20 | BAPTIST PHYS SURG CTR | | | 9/12/2006 0:00 | 0000001421 | Acute, but ill-defined, cerebrovascular disease | 1 | 9/14/2006 0:00 | 9/14/2006 0:00 | Technical Denial | 09/01/2006 | 10/01/2006 |
| 21 | BAPTIST REGIONAL MEDICAL CENTER | | | 9/27/2006 0:00 | 0000002475 | Neuropacemaker (brain) (peripheral nerve) (spinal cord) | 30 | 9/27/2006 0:00 | 10/26/2006 0:00 | Lack of Information | 09/01/2006 | 10/01/2006 |
| | BAPTIST REGIONAL | | | | | Other symptoms involving | | | | | | |

Denied Days by Facility

**Figure 27-4: Database Query Results in Excel**

# 9 External Customization Program

The purpose of this section is to define ECP (External Customization Program) Rules, JCS (Job Control System) Rules and their use within the maxMC application. Additionally, a recommendation is made specifically for the Commonwealth as it relates to maxMC rules.

This section outlines the available rules within the maxMC application and makes a recommendation on rules for the Commonwealth of Kentucky. At this time, this document does not serve as a catalogue of rules for the Commonwealth.

## 9.1 Job Control System (JCS) Rules

JCS (Job Control System) Rules are custom programs that are installed separately from maxMC and are written in TCL (Tool Command Language). The rules are installed onto and executed by the Job Control System which runs on an NT server that is dedicated to processing rules. JCS Rules allow customization within certain areas of the maxMC application. Additionally, JCS Rules allows for the auto-creation of tasks as well as the customization of workflows based on business needs or policy changes.

### 9.1.1 Types of JCS Rules

The following are examples of types of JCS rules:

- Ensure consistency throughout the system;
- Eliminate user error;
- Balance and prioritize user workloads; and,
- Create follow-up and reminder tasks.

### 9.1.2 Triggers of JCS Rules

JCS Rules can be set to trigger in three different ways, including the following:

- Add/Update Trigger;
- User-Defined Button Trigger; and,
- Scheduled Trigger.

The following sections describe these three categories.

#### 9.1.2.1 Add/Update Trigger

One way to set a rule to trigger is based on an add or update to a data entry window. These rules always run and cannot be bypassed by the user. These rules are broken into three sub-categories:

- Critical Rules;
- Alert Rules; and,
- Post Commit Rules.

#### 9.1.2.2 Critical Rules

Critical Rules provide a pop-up message to the user. This type of rule requires the user to do something before an add or update can occur. This type of trigger is used to eliminate user error and ensure consistency throughout the system.

#### 9.1.2.3 Alert Rules

Like critical rules, alert rules provide a pop-up message to the user. However, alert rules provide the user with information but does not require action to be taken. The user pressed the escape button to continue. The user may then take any necessary action and then adds or updates the records again. This time the add or update completes without a pop-up. This type of trigger is used to warn a user or remind them of a necessary action outside the application.

#### 9.1.2.4 Post-Commit Rules

Unlike critical and alert rules, post-commit rules run after the record has been added or updated within maxMC. This allows all the data entered in the data entry window to be used for analysis and decision-making. This type of trigger is used to create reminders or follow-up tasks.

#### 9.1.2.5 User-Defined Button Trigger

The second category of triggers is via a user-defined button or “button rules.” These types of rules are linked to a button and are triggered at the user’s discretion. They are used to provide information or feed back via a pop-up message or create tasks or emails.

#### 9.1.2.6 Scheduled Trigger

The last category of triggers is scheduled within the Job Control System and is referred to as “batch rules.” These types of rules are triggered via the JCS at scheduled times during the day or night. The main purpose of these types of triggers is to identify data or records that require follow-up action. They are used to create reminders or follow-up tasks.

### 9.1.3 JCS Rule Inputs

The JCS Rules can take almost any data element that resides in the maxMC database as input. The following are examples of data that can be used as inputs:

- Member Data (such as demographics and eligibility information);
- Configuration Data (such as user information and code tables);
- Data from any user defined window; and,
- Data from any data entry window.

### 9.1.4 JCS Rule Outputs

The JCS Rules produce various outputs. The following are the types of outputs that are produced from JCS rules:

- Informational pop-up messages;
- Tasks for Users or Work Groups;
- Text emails; and,
- Updates or Inserts to System or User Defined Tables.

See Appendix X for current maxMC rules.

## 9.2 External Customization Program (ECP) Rules

ECP Rules are custom programs that are installed separately from maxMC. ECP Rules can be written in Visual Basic, PowerBuilder 8 or C++. Even though the rules are installed from maxMC, a DLL file is installed into maxMC. This allows the rules to run directly on the user's workstation or via a Citrix connection. JCS Rules allow customization within the Care Coordination, Appeals and Case Management windows and any user defined window within the maxMC application.

### 9.2.1 Types of ECP Rules

The following are examples of types of ECP rules:

- Auto-populate fields on main tabs (not fields on pop-ups);
- Cross-validate fields to allow or disallow entry of certain data element;
- Deliver information pop-up message as to how to complete a task; and,
- Ensure consistency of data entry.

### 9.2.2 Triggers of ECP Rules

ECP Rules are set to trigger in six different ways, including the following:

- Post Field Value Change Trigger;
- Post Record Retrieval Trigger;
- Add/Update Trigger;
- Pre-Tab Change Trigger;
- Pre Clear, Pre Exit, Pre Restore Trigger; and,
- User-Defined Trigger.

The following sections describe these six categories.

#### 9.2.2.1 Post Field Value Change Trigger

One way to trigger an ECP rule is after a field within maxMC has been changed. One thing to note is that the field must actually change; simply tabbing through the field does not trigger the rule. This type of trigger allows the field to be populated differently, populate another field, or give the user a pop-up message.

#### 9.2.2.2 Post Record Retrieval Trigger

Another way to trigger an ECP rule is after a record has been retrieved. Rules triggered in this manner are used to give the user a pop-up window or to populate a field.

#### 9.2.2.3 Add/Update Trigger

ECP Rules are also triggered when the user attempts to add or update a record to maxMC. Generally, JCS Rules are used in this way however, there are certain cases in which you would use ECP Rules. An example of when an ECP rule would be used is when a field is to be auto-populated.

#### 9.2.2.4 Pre-Tab Change Trigger

A tab change also triggers an ECP rule. In this situation, the user can be stopped from changing the tab until a required data element is entered or a data element is populated before the tab change occurs.

#### 9.2.2.5 Pre Clear, Pre Exit, Pre Restore Trigger

This type of trigger occurs when the user attempts to clear, exit or restore a window within maxMC. This is used to stop a member from clearing, exiting or restoring a window if certain data conditions exist.

#### 9.2.2.6 User-Defined Button Trigger

This type of trigger is activated by a user pushing a user-defined button. Unlike the other triggers for ECP rules, this type of trigger is at the user's discretion and is not systematically run. This type of trigger provides feedback via a pop-up message and populates fields in the data entry window.

### 9.2.3 ECP Rule Inputs

The ECP Rules can take almost any data element that resides in the maxMC database. The following are examples of data that are used as inputs:

- Member Data (such as demographics and eligibility information);
- Configuration Data (such as user information and code tables);
- Data from any user defined window; and,
- Data from any data entry window.

### 9.2.4 ECP Rule Outputs

The ECP Rules produce various outputs. The following are the types of outputs that are produced from the ECP rules:

- Pop-up messages both instructional and informational;
- Auto-population of data entry fields;
- De-population of data entry field; and,
- Updates or inserts to system or user-defined tables.

## 9.3 maxMC Core Functionality – Alerts

The maxMC core functionality includes member alerts and a prompt that will ensure saving before closing a record or transaction.

Following implementation and use of maxMC, additional rules, edits, and alerts will be recommended to Commonwealth. Any conditions identified that warrant an emergency rule will be discussed with the Commonwealth as they are identified. A task has been added to phase II of the implementation to discuss additional rules, edits, and alerts that have been identified as advantageous to the process.

# 10 Letters

This section details the letters that are included as part of the maxMC implementation. All 20 master letter templates are included within the document. The following details are provided for each master template:

- The purpose of the letter;
- The creation logic of the letter;
- The regulations referenced in the letter by review name (when applicable); and,
- The letter template with variable data fields.

## 10.1 Reconsideration – Denial Upheld

### 10.1.1 Purpose

The Reconsideration-Denial upheld letter is issued to members, physicians and providers to notify them of the results of reconsideration proceedings. This letter also informs the member of his/her next level appeal rights.

### 10.1.2 Creation Logic

This letter is generated after a reconsideration proceeding has been held and the review outcome remains denied.

### 10.1.3 Regulations by Review Name

The following table represents the regulations referenced within the letter by review name.

| Review Name | Regulation(s) | Appeal Rights |
|---|---|---|
| Acute Inpatient Review | 907 KAR 1:012E<br>907 KAR 3:130E | Administrative Hearing |
| Psych EPSDT | 907 KAR 1:034<br>907 KAR 3:130E | Administrative Hearing |
| Special Services EPSDT | 907 KAR 1:034<br>907 KAR 3:130E | Administrative Hearing |
| Transplant | 907 KAR 1:350E<br>907 KAR 3:130E | Administrative Hearing |
| Dental | 907 KAR 1:026E<br>907 KAR 3:130E | Administrative Hearing |
| Impact Plus | 907 KAR 3:030<br>907 KAR 3:130E | Administrative Hearing |
| Chiropractic | 907 KAR 3:125E<br>907 KAR 3:130E | Administrative Hearing |
| Durable Medical Equipment | 907 KAR 1:479E<br>907 KAR 3:130E | Administrative Hearing |
| EPSDT Dental | 907 KAR 1:034E<br>907 KAR 3:130E | Administrative Hearing |

| Review Name | Regulation(s) | Appeal Rights |
|---|---|---|
| Physicians Services | 907 KAR 3:005E<br>907 KAR 3:130E | Administrative Hearing |
| Home Health | 907 KAR 1:030E<br>907 KAR 3:130E | Administrative Hearing |
| Orthodontics | 907 KAR 1:026E<br>907 KAR 1:626E<br>907 KAR 3:130E | Administrative Hearing |
| Psych Acute Free Standing | 907 KAR 1:016E<br>907 KAR 3:130E | Administrative Hearing |
| Psych PRTF | 907 KAR 1:505<br>907 KAR 3:130E | Administrative Hearing |

**Table 10-3: Table 1**

### 10.1.4 Letter Template

The following is page one of the letter template.

**Results of Reconsideration**

<letdate>

<respnam>
<adr1>
<adr2>
<adr3>

RE: <patnum>
<mednum>

In accordance with your request, reconsideration of the previous review agency decision concerning authorization for services was performed on <perdate> by a physician not involved in the initial denial. Based on the available medical and/or case related information, including any additional information that may have been submitted by the provider, recipient or the recipient's representative, the reviewer has determined that:

The denial is **upheld** and **coverage is denied** in accordance with <reg> for the following service(s) and date(s):

<servdesc> <servdate>

If you the recipient, or your authorized representative are dissatisfied with this decision, you have the right to an appeal by following the procedures listed on the next page of this letter. Only the recipient or the recipient's authorized representative may make such an appeal after the denial.

<revdoc>, Reviewing Physician
Physician Number <doclic>

CC: <ccs>

The information contained herein, including any attachments, is proprietary and confidential and is intended for the exclusive use of the addressee. If you have received this document in error, please notify us immediately by telephone and destroy all copies.

The following represents page two of the letter template.

Notice of Right to an Administrative Hearing

Should you as a Medicaid recipient, applicant, authorized representative or guardian disagree with this adverse decision, you have the right to request an administrative hearing in accordance with 907 KAR 1:563.

* At this hearing you as the Medicaid recipient, applicant, or guardian may be represented by an authorized representative such as legal counsel, a relative, a friend, or other spokesperson or you may represent yourself. You may contact the Department for Community Based Services located in your county of residence regarding the availability of free representation by legal aid services.

* You may request a hearing by filing with *KyHealth Choices*, a written statement clearly indicating a desire for a hearing.

* The written request must be postmarked and mailed to the *KyHealth Choices*, Division of Administration and Financial Management, Administrative Services Branch – 6WC, 275 East Main Street Frankfort, KY 40621, within thirty (30) calendar days of this notice of adverse action.

* You have the right to review the case record relating to the issue, and submit additional information in support of your claim.

## 10.2 Reconsideration – Denial Overturned

### 10.2.1 Purpose

The Reconsideration-Denial Overturned letter is mailed to the member or the member's responsible party, ordering healthcare provider and facility/vendor informing them of the outcome of the reconsideration proceedings.

### 10.2.2 Creation Logic

This letter is generated after a reconsideration proceeding has been held and the review outcome is certified.

### 10.2.3 Regulations by Review Name

The following table represents the regulations referenced within the letter by review name.

| Review Name | Regulation(s) | Appeal Rights |
|---|---|---|
| Acute Inpatient Review | 907 KAR 1:012E | Not Applicable |
| Psych EPSDT | 907 KAR 1:034 | Not Applicable |
| Special Services EPSDT | 907 KAR 1:034 | Not Applicable |
| Transplant | 907 KAR 1:350E | Not Applicable |
| Dental | 907 KAR 1:026E | Not Applicable |
| Impact Plus | 907 KAR 3:030 | Not Applicable |
| Chiropractic | 907 KAR 3:125E | Not Applicable |
| Durable Medical Equipment | 907 KAR 1:479E | Not Applicable |
| EPSDT Dental | 907 KAR 1:034E | Not Applicable |
| Physicians Services | 907 KAR 3:005E | Not Applicable |
| Home Health | 907 KAR 1:030E | Not Applicable |
| Orthodontics | 907 KAR 1:026E<br>907 KAR 1:626E | Not Applicable |
| Psych Acute Free Standing | 907 KAR 1:016E | Not Applicable |
| Psych PRTF | 907 KAR 1:505 | Not Applicable |

**Table 3-3: Table 1**

### 10.2.4 Letter Template

The following is the letter template.

**Results of Reconsideration**

<letdate>

<respnam>
<adr1>
<adr3>

RE: <patnum>
<mednum>

In accordance with your request, reconsideration of the previous review agency decision concerning authorization for services was performed on <perdate> by a physician not involved in the initial denial. Based on the available medical and/or case related information, including any additional information that may have been submitted by the provider, recipient or the recipient's representative, the reviewer has determined that:

The denial is **overturned** and **authorization granted** for the following service(s) and date(s):

<servdesc> <servdate>

Please contact your provider to make arrangements for this service.

<revdoc>, Reviewing Physician
Physician Number <doclic>

CC: <ccs>

The information contained herein, including any attachments, is proprietary and confidential and is intended for the exclusive use of the addressee. If you have received this document in error, please notify us immediately by telephone and destroy all copies.

## 10.3 Reconsideration – Date Scheduled Notice

### 10.3.1 Purpose

The Reconsideration – Date Scheduled Notice is mailed to the member or the member's responsible party, ordering healthcare provider and facility/vendor in response to a request for reconsideration. The letter outlines the date and time of the scheduled reconsideration and the process for submitting additional information to be included in the review.

### 10.3.2 Creation Logic

This letter is sent in response to the timely receipt of a request for reconsideration of a denial determination.

### 10.3.3 Letter Template

The following is the letter template.

<letdate>

<respnam> <providerid>
<adr1>
<adr3>

EDS has contracted with SHPS, a Utilization Review agency, to perform the review of services provided to Medicaid recipients.

A request for reconsideration was received by the review agency on <recdate>. The initial denial decision notice was issued on <dendate>. A physician not involved in the initial review will conduct the reconsideration on <recdate> at <rectime> in the corporate office of SHPS.

If you have any additional information that you would like to be included in this review, the review agency must receive it in writing no later than 12:00 noon on the day prior to the scheduled reconsideration. The information may be sent to SHPS, Attn: Reconsideration Coordinator, 9200 Shelbyville Rd, Suite 800, Louisville, KY 40222.

Sincerely,

SHPS Reconsideration Coordinator

CC: <ccs>

The information contained herein, including any attachments, is proprietary and confidential and is intended for the exclusive use of the addressee. If you have received this document in error, please notify us immediately by telephone and destroy all copies.

## 10.4 Reconsideration – Request out of Timeframe Notice

### 10.4.1 Purpose

The Reconsideration – Request out of Timeframe Notice is mailed to the member or the member's responsible party, ordering healthcare provider and facility/vendor in response to a request for reconsideration postmarked and received in the office outside of the allotted 30 day request timeframe provided in the rights to reconsideration.

### 10.4.2 Creation Logic

This letter is sent in response to an untimely request for reconsideration of a denial determination.

### 10.4.3 Letter Template

The following is the letter template.

<letdate>

<respnam> <providerid>
<adr1>
<adr3>

EDS has contracted with SHPS, a Utilization Review agency, to perform the review of services provided to Medicaid recipients.

This letter is to acknowledge receipt of your request for reconsideration of the denial issued on <dendate>. Your request postmarked <postdate> was received by the review agency on <revdate>. We are unable to comply with your request for a reconsideration because it was received after the allowed time frame of thirty (30) days. The initial denial decision is upheld.

Sincerely,

SHPS Reconsideration Coordinator

CC: <ccs>

The information contained herein, including any attachments, is proprietary and confidential and is intended for the exclusive use of the addressee. If you have received this document in error, please notify us immediately by telephone and destroy all copies.

## 10.5 Durable Medical Equipment – Technical Denial

### 10.5.1 Purpose

The Technical Denial letter notifies the member, the ordering physician and the DME vendor that the request for durable medical equipment was untimely

### 10.5.2 Creation Logic

The Durable Medical Equipment – Technical Denial letter is sent when providers fail to meet the prior authorization request requirements outlined in regulation 907 KAR 1:479E Durable medical equipment covered benefits and reimbursements.

### 10.5.3 Regulations by Review Name

907 KAR 1:479E Durable medic**al equipment covered benefits and reimbursement**

### 10.5.4 Letter Template

The following is the letter template.

<letdate>

<respnam> <providerid>
<adr1>
<adr3>

EDS has contracted with SHPS, a Utilization Review agency, to perform the review of services provided to Medicaid recipients.

A request for precertification for <patnam>, Medicaid ID <mednum> was received on <notdate> for <dterng>. Medicaid will not be responsible for the cost of this durable medical equipment purchase.

This determination was rendered due to non-compliance as the request for authorization was received after the allowed time period in accordance with <reg>.

These guidelines for authorization specify authorization must be obtained for durable medical equipment purchases. The guidelines further state that authorization of durable medical equipment purchases must be obtained within seven (7) business days of delivery of the equipment.

The review agency has determined that although the above equipment may be medically necessary, authorization was not obtained in a timely manner. Therefore, the review agency is unable to authorize this purchase.

Due to your failure to obtain authorization per regulatory guidelines, the recipient must be held harmless for the denied equipment.

Sincerely,
DME Prior Authorization Department

CC: <ccs>

The information contained herein, including any attachments, is proprietary and confidential and is intended for the exclusive use of the addressee. If you have received this document in error, please notify us immediately by telephone and destroy all copies.

Kentucky
UNBRIDLED SPIRIT

## 10.6 Impact Plus Eligibility - Approval

### 10.6.1 Purpose

Impact Plus Eligibility – Approval letters are sent to notify the member, the member's responsible party, requesting provider and the case manager that the member has met the eligibility criteria for the Impact Plus program and now may request services.

### 10.6.2 Creation Logic

Impact Plus Eligibility Approval letters are generated each time Impact Plus Eligibility is established for a member.

### 10.6.3 Regulations by Review Name

907 KAR 3:030 Coverage and Payments for the Impact Plus services

### 10.6.4 Letter Template

The following is page one of the letter template.

Date: <TODAY> Telephone Notification Date: <notdate> Certification No.:

Under authority of 907 KAR 3:030 and based upon available clinical information the recipient listed below meets the criteria for eligibility for IMPACT Plus services.

<Addr-L1>
<Addr-L2>
<Addr-L3>
<Addr-L4>

Patient Name: <pat.lname>, <pat.fname>
Address: <pat-addr2>
<pat-addr3>
<pat-addr4>
County: <Pat.County>

MAID # <pat.MAID>
SSN: <pat.MAID>
SEX: <Sex>
BIRTHDATE: <dob>

Caller: <CallerField> Call Date: <CallDte>
Agency: <Agency> Telephone #: <AgencyPhone> Provider ID: <providerid>

The calling agency/provider attests that all reported information is true and that they have documentation of required information including a DMS IV diagnosis [ <DSMIVDX> ], 6 month history of behavioral health issues <Yes1> and information that the recipient requires a coordinated plan of services to prevent institutionalization <Yes2>. If subsequent information received by the review agency or *KyHealth Choices* establishes that this IMPACT Plus eligibility decision has not been in compliance with applicable regulations and procedures because patient information has been misrepresented by the patient, the patient's representative or the calling agency, this decision may be reversed or appropriately amended.

This letter only certifies eligibility for IMPACT Plus services and does not approve any specific IMPACT Plus services. All IMPACT Plus services must be individually approved by SHPS through a separate process. The recipient will be responsible for payment for any IMPACT Plus services provided without the required individual service review. SHPS notifies recipients of individually approved services by separate letter.

Recipients or their authorized representatives should contact a case management agency of their choice to begin arranging for services through IMPACT Plus. If you need to identify IMPACT Plus case management providers in your region, you may contact IMPACT Plus staff at the Department of Mental Health and Mental Retardation Services at 502/564-7610 for more information.

Reconsideration Rights/Procedures:
If the recipient disagrees with this determination, he/she has the right to reconsideration. The recipient or his/her authorized representative must submit a written request for reconsideration within 30 days of the date of this notification. The recipient or his/her authorized representative must clearly state that the recipient is requesting reconsideration and must submit the request to SHPS at the address listed on the next page of this letter. A description of the reconsideration process can also be found on the next page of this letter.

<CCLine>

The information contained herein, including any attachments, is proprietary and confidential and is intended for the exclusive use of the addressee. If you have received this document in error, please notify us immediately by telephone and destroy all copies.

Kentucky
UNBRIDLED SPIRIT

The following is page two of the letter template.

**RECONSIDERATION RIGHTS AND PROCEDURES**

EDS has contracted with SHPS, a peer review organization, to perform reviews of all admissions of Medicaid recipients to inpatient facilities. In relation to such reviews, the decisions of SHPS are binding for Medicaid recipients. SHPS conducts reviews for IMPACT Plus under the provisions of 907 KAR 3:030.

The patient (Medicaid applicant or recipient) has a right to request a reconsideration if he/she or his/her authorized representative disagrees with a determination which is made by the review agency.

The request for reconsideration must be submitted in writing by the patient or his/her authorized representative within thirty (30) days of the written notification provided by the review agency.

The written request for reconsideration must clearly indicate a desire for a reconsideration and must be submitted to:

Impact Plus Prior Authorization Department
9200 Shelbyville Rd, Suite 800
Louisville, Kentucky 40222
ATTN: Reconsideration

The review agency shall conduct the reconsideration within three (03) days from the receipt of the written request.

The reconsideration shall consist of a review of the medical records and/or relevant information submitted by the patient or his/her authorized representative for consideration. The reconsideration shall be conducted by a licensed physician who did not participate in the initial reviews.

At the conclusion of the reconsideration, a determination shall be made and the review agency shall notify the patient or his/her authorized representative of the results within two (02) workdays. Included with this notification shall be a description of the patient's further rights for appeals to *KyHealth Choices* along with the procedures for filing such appeals. Such subsequent appeals shall be made to the Medicaid Program and shall be represented at a formal hearing conducted by the Medicaid Program. However, the patient must complete the reconsideration process before subsequent appeals related to the review organization determination may be made to *KyHealth Choices*.

All questions should be addressed to the Impact Plus Prior Authorization Department at 1-800-762-7360.

## 10.7 Impact Plus Eligibility - Denial

### 10.7.1 Purpose

Impact Plus Eligibility – Denial letters are sent to notify the member, the member's responsible party, requesting provider and the case manager that the member does not meet the eligibility criteria for the Impact Plus program. This letter also informs the member of his/her next level appeal rights.

### 10.7.2 Creation Logic

This letter is generated when a member fails to meet the Impact Plus Eligibility criteria and is either a new member requesting eligibility or a member who had eligibility established after June 8,' 2002.

### 10.7.3 Regulations by Review Name

907 KAR 3:030 Coverage and Payments for the Impact Plus services

### 10.7.4 Letter Template

The following is page one of the letter template.

Date: <TODAY> Telephone Notification Date: <notdate> Certification No.:

Under authority of 907 KAR 3:030 and based upon available clinical information the recipient listed below does not meet *KyHealth Choices* criteria for eligibility for IMPACT Plus services.

<Addr-L1>
<Addr-L2>
<Addr-L3>
<Addr-L4>

Patient Name: <pat.lname>, <pat.fname>
Address: <pat-addr2>
<pat-addr3>
<pat-addr4>
County: <Pat.County>

MAID # <pat.MAID>
SSN: <SSN>
SEX: <pat.sex>
BIRTHDATE: <dob>

Caller: <Caller> Call Date: <CallDate>
Agency: <Agency> Telephone #: <AgencyPhone> Provider ID: <providerid>

Under authority and provisions of 907 KAR 3:030 and based upon available information, the request for Medicaid certification of the above listed individual for IMPACT Plus eligibility is denied because the information presented does not meet either *KyHealth Choices* medical necessity, program coverage, or technical eligibility criteria as specified in 907 KAR 3:030 at the section cited below:

This adverse determination was based upon the following specifically marked factor(s):

<Yes1> Requested recipient information and/or case documentation necessary to establish eligibility for IMPACT Plus services was not provided by the recipient, agency or facility. {Section 4}

<Yes5> Did not meet Medicaid technical criteria and/or documentation requirements to establish recipient "at risk of institutionalization" for reasons listed below.

<Yes2> No qualifying DMS IV diagnosis. {Section 4 (b)}
<Yes3> No documentation of a severe behavioral health problem that has persisted in the home, school, or community setting during the past six months. {Section 4, (b), 2}
<Yes4> IMPACT Plus services are unnecessary because the recipient does not require a coordinated plan of medically necessary services to meet the treatment needs of this individual. {Section 4, (B), 2}

Reconsideration Rights/Procedures:
If the recipient disagrees with this determination, he/she has the right to reconsideration. The recipient or his/her authorized representative must submit a written request for reconsideration within 30 days of the date of this notification. The recipient or his/her authorized representative must clearly state that the recipient is requesting reconsideration and must submit the request to SHPS at the address listed. A description of the reconsideration process can be found on the next page of this letter.

<CCLine>

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Kentucky
UNBRIDLED SPIRIT

The following is page two of the letter template.

**RECONSIDERATION RIGHTS AND PROCEDURES**

EDS has contracted with SHPS, a peer review organization, to perform reviews of all admissions of Kentucky Medicaid recipients to inpatient facilities. In relation to such reviews, the decisions of SHPS are binding for Medicaid recipients. SHPS conducts reviews for IMPACT Plus under the provisions of 907 KAR 3:030.

The patient (Medicaid applicant or recipient) has a right to request a reconsideration if he/she or his/her authorized representative disagrees with a determination which is made by the review agency.

The request for reconsideration must be submitted in writing by the patient or his/her authorized representative within thirty (30) days of the written notification provided by the review agency.

The written request for reconsideration must clearly indicate a desire for a reconsideration and must be submitted to:

Impact Plus Prior Authorization Department
9200 Shelbyville Rd, Suite 800
Louisville, Kentucky 40222
ATTN: Reconsideration

The review agency shall conduct the reconsideration within three (03) days from the receipt of the written request.

The reconsideration shall consist of a review of the medical records and/or relevant information submitted by the patient or his/her authorized representative for consideration. The reconsideration shall be conducted by a licensed physician who did not participate in the initial reviews.

At the conclusion of the reconsideration, a determination shall be made and the review agency shall notify the patient or his/her authorized representative of the results within two (02) workdays. Included with this notification shall be a description of the patient's further rights for appeals to the Medicaid Program along with the procedures for filing such appeals. Such subsequent appeals shall be made to *KyHealth Choices* and shall be represented at a formal hearing conducted by *KyHealth Choices*. However, the patient must complete the reconsideration process before subsequent appeals related to the review organization determination may be made to *KyHealth Choices*.

All questions should be addressed to Impact Plus Prior Authorization Department at 1-800-762-7360.

## 10.8 Impact Plus Eligibility – Denial 915

### 10.8.1 Purpose

Impact Plus Eligibility – Denial letters are sent to notify the member, the member's responsible party, requesting provider and the case manager that the member does not meet the eligibility criteria for the Impact Plus program. This letter also informs the member of his/her next level appeal rights.

### 10.8.2 Creation Logic

This letter is generated when a member fails to meet the Impact Plus Eligibility criteria and is a member who had eligibility established before June 8, 2002.

### 10.8.3 Regulations by Review Name

907 KAR 3:030 Coverage and Payments for the Impact Plus services

### 10.8.4 Letter Template

The following is page one of the letter template.

Date: <TODAY> Telephone Notification Date: <notdate> Certification No.:

Under authority of 907 KAR 3:030 and based upon available clinical information the recipient listed below does not meet *KyHealth Choices* criteria for eligibility for IMPACT Plus services.

<Addr-L1>
<Addr-L2>
<Addr-L3>
<Addr-L4>

| | | | |
|---|---|---|---|
| Patient Name: | <pat.fname> <pat.lname> | MAID # | <pat.MAID> |
| Address: | <pat-addr2> | SSN: | <SSN> |
| | <pat-addr4> | SEX: | <s> |
| County: | <County> | BIRTHDATE: | <dob> |
| Caller: | <CallerField> | Call Date: | <CallDte> |
| Agency: | <Agency> | Telephone #: | <AgencyPhone> |
| Provider ID: | <providerid> | | |

Under authority and provisions of 907 KAR 3:030 and based upon available information, the request for *KyHealth Choices* certification of the above listed individual for IMPACT Plus eligibility is denied because the information presented does not meet either *KyHealth Choices* medical necessity, program coverage, or eligibility criteria as specified in 907 KAR 3:030 at the section cited below:

This adverse determination was based upon the following specifically marked factor(s):

[<f1>] Documentation does not support that the applicant is in the custody or under the supervision of the state or at risk of being in the custody of the state {Section 3 (2)}.

[<f2>] Documentation does not establish that the recipient is "at risk of institutionalization" for the reason(s) listed below: {Section 4}

[<f3>] Documentation does not support a severe, persistent, Axis I diagnosis other than dementia or substance abuse. {Section 4 (b) 1.}

[<f4>] Documentation does not support a severe behavioral health problem related to the diagnosis that has persisted in the home, school, and community setting during the past six months and has been determined by a behavioral health professional to be at high risk of continuing for six months. {Section 4 (b) 2.}

[<f5>] Documentation does not support that the applicant requires a coordinated and intensive plan of medically necessary community-based behavioral health services that can be reasonably expected to improve the recipient's condition or prevent further regression so that the recipient may be discharged to a less intensive behavioral health service or program in an anticipated six month time frame. {Section 4 (b) 3.}

[<f6>] Documentation does not support that a less intensive behavioral health service program will not meet the recipient's treatment needs; or {Section 4 (c) 1.}

[<f7>] Documentation does not support that an appropriate and less intensive behavioral health service or program is not available or accessible; or {Section 4 (c) 2.}

[<f8>] Documentation does not support that an appropriate and less intensive behavioral health service or program is available and accessible, but the recipient has a severe concurrent Axis II or Axis III diagnosis with a diagnosis code in accordance with 45 CFR 162.1000 that complicates the treatment of the Axis I Condition. {Section 4 (c) 3.}

SHPS
Cc: Caller, Case Manager

Kentucky
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The following is page two of the letter template.

**Reconsideration Rights/Procedures:**

If the recipient disagrees with this determination, he/she has the right to reconsideration. The recipient or his/her authorized representative must submit a written request for reconsideration within 30 days of the date of this notification. The recipient or his/her authorized representative must clearly state that the recipient is requesting reconsideration and must submit the request to SHPS at the address listed. A description of the reconsideration process can be found below.

**RECONSIDERATION RIGHTS AND PROCEDURES**

EDS has contracted with SHPS, a peer review organization, to perform reviews of all admissions of Kentucky Medicaid recipients to inpatient facilities. In relation to such reviews, the decisions of SHPS are binding for Medicaid recipients. SHPS conducts reviews for IMPACT Plus under the provisions of 907 KAR 3:030.

The patient (Medicaid applicant or recipient) has a right to request a reconsideration if he/she or his/her authorized representative disagrees with a determination which is made by the review agency.

The request for reconsideration must be submitted in writing by the patient or his/her authorized representative within thirty (30) days of the written notification provided by the review agency.

The written request for reconsideration must clearly indicate a desire for a reconsideration and must be submitted to:

Impact Plus Prior Authorization Department
9200 Shelbyville Rd, Suite 800
Louisville, Kentucky 40222
ATTN: Reconsideration

The review agency shall conduct the reconsideration within three (03) days from the receipt of the written request.

The reconsideration shall consist of a review of the medical records and/or relevant information submitted by the patient or his/her authorized representative for consideration. The reconsideration shall be conducted by a licensed physician who did not participate in the initial reviews.

At the conclusion of the reconsideration, a determination shall be made and the review agency shall notify the patient or his/her authorized representative of the results within two (02) workdays. Included with this notification shall be a description of the patient's further rights for appeals to the *KyHealth Choices* along with the procedures for filing such appeals. Such subsequent appeals shall be made to *KyHealth Choices* and shall be represented at a formal hearing conducted by the Medicaid Program. However, the patient must complete the reconsideration process before subsequent appeals related to the review organization determination may be made to *KyHealth Choices.*

All questions should be addressed to Impact Plus Prior Authorization Department at 1-800-762-7360.

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## 10.9 Impact Plus Service - Approval

### 10.9.1 Purpose

Impact Plus Service – Approval letters are sent to notify the case manager that the member has been approved for Impact Plus Services. The letter outlines the approved services, quantity of approved units of service and the approval dates.

### 10.9.2 Creation Logic

The letter is created every time a member is approved for Impact Plus services.

### 10.9.3 Regulations by Review Name

907 KAR 3:030 Coverage and Payments for the Impact Plus services

### 10.9.4 Letter Template

The following is page one of the letter template.

<letdates> <case-epis>

<respname> <providerid>
<adr1>
<adr2>
<citystat>

SHPS recently reviewed service requests for the IMPACT Plus program for <patnam> Medicaid ID# <mednum>.

SHPS approved the following requested service(s) effective <effdate> in accordance with 907 KAR 3:030.

| Services | Quantity | Date Range |
|---|---|---|
| <servdesc> <fac.NAME> | <units> | <daterange> |

If providers have questions, they may contact SHPS' IMPACT Plus prior authorization unit at 800-292-2392.

The information contained herein, including any attachments, is proprietary and confidential and is intended for the exclusive use of the addressee. If you have received this document in error, please notify us immediately by telephone and destroy all copies.

Sincerely,

Impact Plus Prior Authorization Department

Cc: <ccnam, Service Providers>

The following is page two of the letter template.

**RECONSIDERATION RIGHTS AND PROCEDURES**

EDS has contracted with SHPS, a peer review organization, to perform reviews of all admissions of Kentucky Medicaid recipients to inpatient facilities. In relation to such reviews, the decisions of SHPS are binding for Medicaid recipients. SHPS conducts reviews for IMPACT Plus under the provisions of 907 KAR 3:030.

The patient (Medicaid applicant or recipient) has a right to request a reconsideration if he/she or his/her authorized representative disagrees with a determination which is made by the review agency.

The request for reconsideration must be submitted in writing by the patient or his/her authorized representative within thirty (30) days of the written notification provided by the review agency.

The written request for reconsideration must clearly indicate a desire for a reconsideration and must be submitted to:

Impact Plus Prior Authorization Department
9200 Shelbyville Rd, Suite 800
Louisville, Kentucky 40222
ATTN: Reconsideration

The review agency shall conduct the reconsideration within three (3) days from the receipt of the written request.

The reconsideration shall consist of a review of the medical records and/or relevant information submitted by a licensed physician who did not participate in the initial reviews.

At the conclusion of the reconsideration, a determination shall be made and the review agency shall notify the patient or his/her authorized representative of the results within two (2) workdays. Included with this notification shall be a description of the patient's further rights for appeals to *KyHealth Choices* along with the procedures for filing such appeals. Such subsequent appeals shall be made to *KyHealth Choices* and shall be represented at a formal hearing conducted by the Medicaid Program. However, the patient must complete the reconsideration process before subsequent appeals related to the review organization determination may be made to *KyHealth Choices*..

## 10.10 Impact Plus Service - Denial

### 10.10.1 Purpose

Impact Plus Service – Denial letters are sent to notify the member, the member's responsible party, requesting provider and the case manager that the member does not meet criteria for Impact Plus Services. The letter outlines the denied services, quantity of denied units of service, the dates denied, and a member specific denial note. This letter also informs the member of his/her next level appeal rights.

### 10.10.2 Creation Logic

This letter is created for all Impact Plus services denials.

### 10.10.3 Regulations by Review Name

907 KAR 3:030 Coverage and Payments for the Impact Plus services

### 10.10.4 Letter Template

The following is page one of the letter template.

<letdates> <caseno-episno>

<respname> <providerid>
<adr1>
<adr2>
<citystat>

SHPS recently reviewed service requests for the IMPACT Plus program.

SHPS denied the following requested service(s) effective <dendate> for <patnam> Medicaid ID# <mednum> in accordance with 907 KAR 3:030.

| Services | Quantity | Date Range |
|---|---|---|
| <servdesc><br><fac.NAME> | <units> | <daterange> |

The specific reason for denial of Service at Provider is that the following criteria were not met:

<notedata>

If you the recipient, your authorized representative, or provider acting on behalf of the recipient is dissatisfied with this decision, you may exercise your right to reconsideration by following the procedures listed on the next page of this letter.

The information contained herein, including any attachments, is proprietary and confidential and is intended for the exclusive use of the addressee. If you have received this document in error, please notify us immediately by telephone and destroy all copies.

Sincerely,

Impact Plus Prior Authorization

Cc: <ccnam, Service Providers>

The following is page two of the letter template.

**RECONSIDERATION RIGHTS AND PROCEDURES**

EDS has contracted with SHPS, a peer review organization, to perform reviews of all admissions of Kentucky Medicaid recipients to inpatient facilities. In relation to such reviews, the decisions of SHPS are binding for Medicaid recipients. SHPS conducts reviews for IMPACT Plus under the provisions of 907 KAR 3:030.

The patient (Medicaid applicant or recipient) has a right to request a reconsideration if he/she or his/her authorized representative disagrees with a determination which is made by the review agency.

The request for reconsideration must be submitted in writing by the patient or his/her authorized representative within thirty (30) days of the written notification provided by the review agency.

The written request for reconsideration must clearly indicate a desire for a reconsideration and must be submitted to:

Impact Plus Prior Authorization Department
9200 Shelbyville Rd, Suite 800
Louisville, Kentucky 40222
ATTN: Reconsideration

The review agency shall conduct the reconsideration within three (3) days from the receipt of the written request.

The reconsideration shall consist of a review of the medical records and/or relevant information submitted by a licensed physician who did not participate in the initial reviews.

At the conclusion of the reconsideration, a determination shall be made and the review agency shall notify the patient or his/her authorized representative of the results within two (2) workdays. Included with this notification shall be a description of the patient's further rights for appeals to *KyHealth Choices* along with the procedures for filing such appeals. Such subsequent appeals shall be made to *KyHealth Choices* and shall be represented at a formal hearing conducted by the Medicaid Program. However, the patient must complete the reconsideration process before subsequent appeals related to the review organization determination may be made to *KyHealth Choices*..

## 10.11 Lack of Information - Denial

### 10.11.1 Purpose

A Lack of Information- Denial letter is issued to the member, ordering healthcare provider and facility/vendor when the provider fails to respond to the Request for Information letter in the allotted time frame. This letter also informs the member of his/her next level appeal rights.

### 10.11.2 Creation Logic

This letter is created for all review types that have an established Lack of Information process. The creation of this letter follows a Request for Information letter.

### 10.11.3 Regulations by Review Name

The following table represents the regulations referenced within the letter by review name.

| Review Name | Regulation(s) | Appeal Rights |
|---|---|---|
| Psych EPSDT | 907 KAR 1:034 | Administrative Hearing |
| Special Services EPSDT | 907 KAR 1:034 | Administrative Hearing |
| Dental | 907 KAR 1:026E | Administrative Hearing |
| Chiropractic | 907 KAR 3:125E | Administrative Hearing |
| Durable Medical Equipment | 907 KAR 1:479E | Administrative Hearing |
| EPSDT Dental | 907 KAR 1:034E | Administrative Hearing |
| Physicians Services | 907 KAR 3:005E | Administrative Hearing |
| Home Health | 907 KAR 1:030E | Administrative Hearing |
| Orthodontics | 907 KAR 1:026E<br>907 KAR 1:626E | Administrative Hearing |
| Psych Acute Free Standing | 907 KAR 1:016E | Administrative Hearing |
| Psych PRTF | 907 KAR 1:505 | Administrative Hearing |
| Brain Injury Nursing Facility | 907 KAR 1:022 | Administrative Hearing |
| Brain Injury Waiver Eligibility | 907 KAR 1:022<br>907 KAR 3:090 | Administrative Hearing |
| HCB Waiver LOC | 907 KAR 1:022<br>907 KAR 1:160 | Administrative Hearing |
| SCL Waiver LOC | 907 KAR 1:022<br>907 KAR 1:145 | Administrative Hearing |

| Review Name | Regulation(s) | Appeal Rights |
|---|---|---|
| ICF MRDD | 907 KAR 1:022 | Administrative Hearing |
| Nursing Facility | 907 KAR 1:022 | Administrative Hearing |
| Nursing Facility/Swing | 907 KAR 1:022 | Administrative Hearing |
| Nursing Facility IMD | 907 KAR 1:022 | Administrative Hearing |

### 10.11.4 Letter Template

The following is page one of the letter template.

<letdate>

Pending PA Number: <pano>

<respnam>
<adr1>
<adr3>

Provider ID: <providerid>

EDS has contracted with SHPS, a Utilization Review agency, to perform the review of services provided to Medicaid recipients.

A request for authorization of <revtype> was received. We notified you on <needdate> that information was needed. Your provider did not submit the requested information and we are unable to review this request. This is to notify you that this request is denied due to lack of information in accordance with <reg>.

The service(s) denied is:

<servdesc> <servdate>

Your provider may submit a new review request if you feel that the information can be provided to perform a review. The new review request must contain all the information that has been asked for.

If you the recipient, or your authorized representative, are dissatisfied with this decision, you have the right to an appeal by following the procedures listed on the next page of this letter. Please be aware that an appeal hearing will only decide if information was provided. It will not decide whether or not you should receive the services. Only the recipient or the recipient's authorized representative may make such an appeal after the denial.

SHPS <revarea> Coordinator

CC: <ccs>

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The following is page two of the letter template.

Notice of Right to an Administrative Hearing

Should you as a Medicaid recipient, applicant, authorized representative or guardian disagree with this adverse decision, you have the right to request an administrative hearing in accordance with 907 KAR 1:563. Only the actual applicant, recipient, or authorized representative, such as a guardian, or legal power of attorney may make this request.

You may request a hearing by filing with *KyHealth Choices*, a written statement clearly indicating a desire for a hearing.

The written request must be postmarked and mailed to the *KyHealth Choices*, Division of Administration and Financial Management, Administrative Services Branch – 6WC, 275 East Main Street Frankfort, KY 40621, within thirty (30) calendar days of this notice of adverse action.

You have the right to review the case record relating to the issue, and submit additional information in support of your claim.

At the hearing, you as the Medicaid recipient, applicant, authorized representative or guardian may be represented by legal counsel, a relative, a friend, or other spokesperson or you may represent yourself. You may contact the Department for Community Based Services located in your county of residence regarding the availability of free representation by legal aid services.

## 10.12 Medical Necessity - Denial

### 10.12.1 Purpose

Medical Necessity Denial letters are sent to notify the member, the member's responsible party, requesting provider and the facility/vendor that the member does not meet medical necessity criteria for the request service. The letter outlines the denied services, the dates denied, and a member specific denial note. This letter also informs the member of his/her next level appeal rights.

### 10.12.2 Creation Logic

The Medical Necessity Denial letter is generated for all applicable programs when the physician determines the requested services are not medically necessary.

### 10.12.3 Regulations by Review Name

The following table represents the regulations referenced within the letter by review name.

| Review Name | Regulation(s) | Appeal Rights |
|---|---|---|
| Acute Inpatient Review | 907 KAR 1:012E<br>907 KAR 3:130E | Reconsideration Rights |
| Psych EPSDT | 907 KAR 1:034<br>907 KAR 3:130E | Reconsideration Rights |
| Special Services EPSDT | 907 KAR 1:034<br>907 KAR 3:130E | Reconsideration Rights |
| Transplant | 907 KAR 1:350E<br>907 KAR 3:130E | Reconsideration Rights |
| Dental | 907 KAR 1:026E<br>907 KAR 3:130E | Reconsideration Rights |
| Impact Plus | 907 KAR 3:130<br>907 KAR 3:130E | Reconsideration Rights |
| Chiropractic | 907 KAR 3:125E<br>907 KAR 3:130E | Reconsideration Rights |
| Durable Medical Equipment | 907 KAR 1:479E<br>907 KAR 3:130E | Reconsideration Rights |
| EPSDT Dental | 907 KAR 1:034E<br>907 KAR 3:130E | Reconsideration Rights |

| Review Name | Regulation(s) | Appeal Rights |
|---|---|---|
| Physicians Services | 907 KAR 3:005E<br>907 KAR 3:130E | Reconsideration Rights |
| Home Health | 907 KAR 1:030E<br>907 KAR 3:130E | Reconsideration Rights |
| Orthodontics | 907 KAR 1:026E<br>907 KAR 1:626E<br>907 KAR 3:130E | Reconsideration Rights |
| Psych Acute Free Standing | 907 KAR 1:016E<br>907 KAR 3:130E | Reconsideration Rights |
| Psych PRTF | 907 KAR 1:505<br>907 KAR 3:130E | Reconsideration Rights |

### 10.12.4 Letter Template

The following is page one of the letter template.

<letdate>

<respnam> <providerid>
<adr1>
<adr3>

EDS has contracted with SHPS, a Utilization Review agency, to perform the review of services provided to Medicaid recipients.

This is to notify you <patnam>, Medicaid ID <mednum> that the following services and requested dates of service have been denied in accordance with <reg>:

<servdesc> <servdate>

The specific reason for the denial is <VAR_notetext>

If you the recipient, your authorized representative, or provider acting on behalf of the recipient are dissatisfied with this decision, you may exercise your right to reconsideration by following the procedures listed on the second page of this letter.

<revdoc>, Reviewing Physician
Physician Number <doclic>

CC: <docnam, facnam>

The information contained herein, including any attachments, is proprietary and confidential and is intended for the exclusive use of the addressee. If you have received this document in error, please notify us immediately by telephone and destroy all copies.

The following is page two of the letter template.

Notice of Right to Reconsideration

Should you as a Medicaid recipient, applicant, guardian or provider acting on behalf of the recipient disagree with this adverse decision, you have the right to request reconsideration. The request for reconsideration must be in writing and postmarked within 30 days of the date of this letter. The written request must state clearly that you wish reconsideration and must be submitted to: SHPS, Attn: Reconsideration Coordinator, 9200 Shelbyville Rd, Suite 800, Louisville, KY 40222.

When you file a reconsideration we will send you a letter within 3 days. This letter will tell you that we received your request for a reconsideration, and the date and time that the reconsideration is scheduled to be held. Within 30 days of your request we will send you a letter with our decision.

The reconsideration will consist of a review of medical records and any additional relevant information submitted by you, your authorized representatives, or your provider for consideration by one or more physicians not involved in the initial review.

At the conclusion of the reconsideration, a decision will be made and the review agency will notify you or your authorized representative, and the provider, of the results within 2 business days. Included with this notification will be a description of your further rights for appeal to *KyHealth Choices* along with the procedures for filing such appeals. However, you as the recipient must complete the reconsideration process before any further appeals related to the review agency's decision can be made to *KyHealth Choices*.

If you have any questions about the review agency's decision or the reconsideration process they should be addressed to: SHPS, Attn: Reconsideration Coordinator, 9200 Shelbyville Rd, Suite 800, Louisville, KY 40222 phone number
(800) 292-2392 extension 66393.

## 10.13 Nursing Facility & Waiver – Level of Care Confirmation Notice

### 10.13.1 Purpose

The Nursing Facility and Waiver – Level of Care Confirmation Notice is mailed to the requesting facility/vendor. A copy of the Confirmation Notice for members in the Nursing Facility is also mailed to the applicable Department for Community Based Services office.

### 10.13.2 Creation Logic

This letter is created when members are approved for admission and continued stay in a nursing facility or waiver program.

### 10.13.3 Regulations by Review Name

Not applicable.

### 10.13.4 Letter Template

The following is the letter template.

**CONFIRMATION NOTICE**

<sendname>
<sendaddr>
<sendaddr2>
<sendaddr3>

<patname>
<patmaid>

<facname> - <reviewtype> <facmaid>

DATE ISSUED: <letdate> CERTIFICATION # <caseno> <certthru>

---

| PATIENT | PHYSICIAN | SERVICE SITE |
|---|---|---|
| NAME: <patname> | NAME: <docname> | NAME: <facname> |
| ID # <patmaid> | CITY: <doccity> | CITY: <faccity> |
| <admitdate> | STATE: <dst> ZIP: <dzip> | STATE: <fst> ZIP: <faczip> |
| BIRTH DATE: <patdob> | | |
| SERVICE DATE: <servdate> | | |

---

CONFIRMATION

<facapprinfo>
TRANS FROM - <trans> MARITAL STATUS - <mar>
LIV.ARR. - <livarr>

<pataddr>
<pataddr2>
<pattaddr3>

---

MESSAGE AREA <msg>

If you have any questions about the review, you may call the toll free number
1-800-788-5017

The information contained herein, including any attachments, is proprietary and confidential and is intended for the exclusive use of the addressee. If you have received this document in error, please notify us immediately by telephone and destroy all copies.

## 10.14 Nursing Facility & Waiver – Medical Necessity – Denial

### 10.14.1 Purpose

Medical Necessity Denial letters are sent to notify the member, the member's responsible party, requesting provider and the facility/vendor that the member does not meet medical necessity criteria for admission or continued stay in a nursing facility or waiver program. The letter contains a member-specific denial note outlining the denied date of service and the reason for the denial. This letter also informs the member of his/her next level appeal rights.

### 10.14.2 Creation Logic

This letter is created when a member does not meet the regulatory requirements for admission or continued stay in a nursing facility or home and community based waiver program.

### 10.14.3 Regulations by Review Name

The following table represents the regulations referenced within the letter by review name.

| Review Name | Regulation(s) | Appeal Rights |
|---|---|---|
| Brain Injury Nursing Facility | 907 KAR 1:022<br>907 KAR 3:130E | Administrative Hearing |
| Brain Injury Waiver Eligibility | 907 KAR 1:022<br>907 KAR 3:090<br>907 KAR 3:130E | Administrative Hearing |
| HCB Waiver LOC | 907 KAR 1:022<br>907 KAR 1:160<br>907 KAR 3:130E | Administrative Hearing |
| SCL Waiver LOC | 907 KAR 1:022<br>907 KAR 1:145<br>907 KAR 3:130E | Administrative Hearing |
| ICF MRDD | 907 KAR 1:022<br>907 KAR 3:130E | Administrative Hearing |
| Nursing Facility | 907 KAR 1:022<br>907 KAR 3:130E | Administrative Hearing |
| Nursing Facility/Swing | 907 KAR 1:022<br>907 KAR 3:130E | Administrative Hearing |
| Nursing Facility IMD | 907 KAR 1:022<br>907 KAR 3:130E | Administrative Hearing |

### 10.14.4 Letter Template

The following is page one of the letter template for both the Initial Review and Continued Stay Review.

<letdates>

<respnam> <providerid>
<adr1>
<adr2>
<adr3>

EDS has contracted with SHPS, a Utilization Review agency, to perform the review of services provided to Medicaid recipients.

This is to notify you <patnam>, Medicaid ID <mednum> that the following services and requested dates of service have been denied in accordance with <reg>:

<var_notetext>

If you the recipient, or your authorized representative are dissatisfied with this decision, you have the right to an appeal by following the procedures listed on the next page of this letter. Only the recipient or the recipient's authorized representative may make such an appeal after the denial.

<revdoc>, Reviewing Physician
Physician Number <doclic>

CC: <docnam, facnam>

If you have any questions about the review, you may call the toll free number 1-800-788-5017

The information contained herein, including any attachments, is proprietary and confidential and is intended for the exclusive use of the addressee. If you have received this document in error, please notify us immediately by telephone and destroy all copies.

The following is page two of the letter template for Initial Review.

Notice of Right to an Administrative Hearing

Should you as a Medicaid recipient, applicant, authorized representative or guardian disagree with this adverse decision, you have the right to request an administrative hearing in accordance with 907 KAR 1:563. Only the actual applicant, recipient, or authorized representative, such as a guardian, or legal power of attorney may make this request.

You may request a hearing by filing with *KyHealth Choices*, a written statement clearly indicating a desire for a hearing.

The written request must be postmarked and mailed to the *KyHealth Choices*, Division of Administration and Financial Management, Administrative Services Branch – 6WC, 275 East Main Street Frankfort, KY 40621, within thirty (30) calendar days of this notice of adverse action.

You have the right to review the case record relating to the issue, and submit additional information in support of your claim.

At the hearing, you as the Medicaid recipient, applicant, authorized representative or guardian may be represented by legal counsel, a relative, a friend, or other spokesperson or you may represent yourself. You may contact the Department for Community Based Services located in your county of residence regarding the availability of free representation by legal aid services.

The following is page two of the letter template for Continued Stay Review.

Notice of Right to an Administrative Hearing

Should you as a Medicaid recipient, applicant, authorized representative or guardian disagree with this adverse decision, you have the right to request an administrative hearing in accordance with 907 KAR 1:563. Only the actual applicant, recipient, or authorized representative, such as a guardian, or legal power of attorney may make this request.

You may request a hearing by filing with *KyHealth Choices*, a written statement clearly indicating a desire for a hearing.

The written request must be postmarked and mailed to *KyHealth Choices*, Division of Administration and Financial Management, Administrative Services Branch – 6WC, 275 East Main Street Frankfort, KY 40621, within thirty (30) calendar days of this notice of adverse action.

In order for Medicaid payments to continue until the date the final Cabinet decision is rendered, your request for a hearing must be postmarked or received within ten (10) calendar days of the date of this notice. This applies only if you are already receiving services at the time of this notice.

You have the right to review the case record relating to the issue, and submit additional information in support of your claim.

At the hearing, you as the Medicaid recipient, applicant, authorized representative or guardian may be represented by legal counsel, a relative, a friend, or other spokesperson or you may represent yourself. You may contact the Department for Community Based Services located in your county of residence regarding the availability of free representation by legal aid services.

## 10.15 Physician Services – Confirmation of Consent

### 10.15.1 Purpose

The Physician Services – Confirmation of Consent letter is mailed to members and the requesting healthcare provider after Part I of the sterilization consent form has been completed. The letter also outlines the process for submitting the finalized consent form for review.

### 10.15.2 Creation Logic

The Confirmation of Consent letter is created in response to the receipt of a federal sterilization consent form.

### 10.15.3 Regulations by Review Name

Not applicable.

## 10.16 Letter Template

The following is the letter template.

let date

respname <providerid>
add1
add2
add3

EDS has contracted with SHPS, a Utilization Review agency, to perform the review of services provided to Medicaid recipients.

This is to notify you that patname, Medicaid ID mednum that the request from provnam for your upcoming procedure, has been processed for accurateness in the completion of the Federally mandated form. This portion of the form has been completed accurately. The physician will complete the remainder of the form after the procedure is performed within the allowed timeframe.

Please resubmit the entire request by fax or mail with all requested information to:

SHPS
Attn: Physician Services Department
9200 Shelbyville Rd, Suite 800
Louisville, KY 40222
Fax number: (502) 429 - 5233

Sincerely,

Physician Services Department

## 10.17 Freestanding & Psych – PRTF – Approval

### 10.17.1 Purpose

Freestanding Psychiatric and PRTF (Psychiatric Residential Treatment Facility) – Approval letters are sent to notify the member, the member's responsible party, requesting provider and the facility/ vendor that the member has met criteria for admission or continued stay in a Psychiatric facility.

### 10.17.2 Creation Logic

This letter is created when admission and continued stay reviews for Freestanding Psychiatric and Psychiatric Residential Treatment Facilities have a review outcome of approved.

### 10.17.3 Regulations by Review Name

907 KAR 1:016E Psychiatric Hospital Services and 907 KAR 1:505 Psychiatric Residential Treatment Facility Services

### 10.17.4 Letter Template

The following is page one of the letter template.

Certification for Psychiatric
Facility Placement
FORM LO2

DATE: <LETDATE> Telephone Notification Date: <notifydate> Certification No: <caseno>
Certification Period: From <startdate> through <enddate> [ <init> ] Initial Certification [ <re> ] Recertification
Under authority of [ <106> ] 907 KAR 1:106 [ <505> ] 907 KAR 1:505 and based upon available clinical data, it has been determined that the patient listed below meets *KyHealth Choices* criteria for placement in a
[ <106> ] Psychiatric Hospital [ <505> ] Residential Facility

| | | |
|---|---|---|
| <respnam> | RE: <patnam> | Provider ID: <providerid> |
| <addr1> | Maid: <MAID> | |
| <addr2> | SSN: <SSN> | |
| <addr3> | SEX: <sex> | |

County: <patcounty> Birthdate: <DOB> Reported Admission Date: <admdate>
Social History/
MAR STATUS: <marstat> LIV ARR: <livstat> TRANS FROM: <transstat>

| | | | | | |
|---|---|---|---|---|---|
| 1-Single | 2-Married | 1-Alone | 2-W/Spouse | 1-Home | 2-Acute Hospital |
| 3-Widowed | 4-Divorced | 3-W/Relative | 4-W/Nonrelative | 3-NF | 4-Mental Hospital |
| 5-Separated | 6-Unknown | 5-Waiver Prog | 6-Foster Home | 5-PC | 6-Foster Home |
| 7-Institution | 8-Unknown | 7-ICF/MR/DD | 8-IMD | | |
| | | 9-Other/Unkn | 10-PRTF | | |

| | | | |
|---|---|---|---|
| Facility: | <facname> | Physician: | <docnam> |
| Provider No.: | <provno> | License No.: | <licno> |
| Address: | <facaddr1> | Address: | <docaddr1> |
| | <facaddr2> | | <docaddr2> |
| | <facaddr3> | | <docaddr3> |
| County: | <faccounty> | Telephone: | <docphone> |
| Caller: | <notifiedby> | Call Date: | <notifydate> |

The hospital/facility attest that this admission is in compliance with all applicable/federal and state regulations and procedures and that all required documentation has been incorporated into the patient's record to include a valid Certification of Need [ <569> ] MAP 569 [ <570> ] MAP 570 [ <65> ] Over 65. If subsequent information received by the review agency or *KyHealth Choices* establishes that this admission is not in compliance with applicable regulations and procedures because of such compliance/patient information has been misrepresented by the patient, the patient's representative or the hospital/facility, this decision may be reversed or appropriately amended.

This certification is valid for the days listed above as the Certification Period. The patient will be responsible for payment for all inpatient psychiatric care provided on dates covered by this Certification Form or another valid Medicaid Certification Form.

Reconsideration Rights/Procedures:
If you the recipient, your authorized representative, or provider acting on behalf of the recipient is dissatisfied with this decision, you may exercise your right to reconsideration by following the procedures listed on the next page of this letter.

<docname>,<facname>,<dcbsname>

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The following is page two of the letter template.

**RECONSIDERATION RIGHTS AND PROCEDURES**

EDS has contracted with SHPS, a peer review organization, to perform reviews of all admissions of Kentucky Medicaid recipients to inpatient facilities. In relation to such reviews, the decisions of SHPS are binding for Medicaid recipients.

The patient (Medicaid applicant or recipient) has a right to request a reconsideration if he/she or his/her authorized representative disagrees with a determination which is made by the review agency.

The request for reconsideration must be submitted in writing by the patient or his/her authorized representative within thirty (30) days of the written notification provided by the review agency.

The written request for reconsideration must clearly indicate a desire for a reconsideration and must be submitted to:

Psychiatric Program Prior Authorization Department
9200 Shelbyville Rd, Suite 800
Louisville, Kentucky 40222
ATTN: Reconsideration

The review agency shall conduct the reconsideration within three (3) days from the receipt of the written request.

The reconsideration shall consist of a review of the medical records and/or relevant information submitted by a licensed physician who did not participate in the initial reviews.

At the conclusion of the reconsideration, a determination shall be made and the review agency shall notify the patient or his/her authorized representative of the results within two (2) workdays. Included with this notification shall be a description of the patient's further appeals to *KyHealth Choices* along with the procedures for filing such appeals. Such subsequent appeals shall be made to *KyHealth Choices* and shall be represented at a formal hearing conducted by *KyHealth Choices*. However, the patient must complete the reconsideration process before subsequent appeals related to the review organization determination may be made to *KyHealth Choices*.

## 10.18 Freestanding & Psych – PRTF – Denial

### 10.18.1 Purpose

Freestanding Psychiatric and PRTF (Psychiatric Residential Treatment Facility) – Denial letters are sent to notify the member, the member's responsible party, requesting provider and the facility/ vendor that the member does not meet criteria for admission or continued stay in a Psychiatric facility. This letter also informs the member of his/her next level appeal rights.

### 10.18.2 Creation Logic

This letter is created when admission and continued stay reviews for Freestanding Psychiatric and Psychiatric Residential Treatment Facilities are denied as not medically necessary.

### 10.18.3 Regulations by Review Name

907 KAR 1:016E Psychiatric Hospital Services and 907 KAR 1:505 Psychiatric Residential Treatment Facility Services

### 10.18.4 Letter Template

The following is page one of the letter template.

Inpatient Psychiatric Facility Placement – ADVERSE DETERMINATION FORM L05

DATE: <LETDATE>

Telephone Notification Date: <notifydate>

RE: <patnam>
Maid: <MAID>
SSN: <SSN>

<respname>
<addr1>
<addr2>
<addr3>

Facility Name: <facname>
Address: <facaddr1>
<facaddr2>
<facaddr3>
Caller: <notifiedby>
Physician: <docnam>
License: <licno>
Provider ID: <providerid>

County: <patcounty>
Reported Date of Admission: <admdate>
Last Date of Medicaid Certification: <lastdate>
Reviewing Physician: <revdoc>

Under authority and provisions of [ <106> ] 907 KAR 1:016 [ <505> ] 907 KAR 1:505 [ ] 907 KAR 1:372, and based upon available clinical date, the request for *KyHealth Choices* certification of the above individual for mental hospital psychiatric residential treatment facility placement is denied because the admission does not meet *KyHealth Choices* medical necessity, program coverage or technical criteria as described in Psychiatric Inpatient Facility Utilization and Placement Review Manual at the section cited below:
The patient is responsible for payment for all inpatient psychiatric facility services provided from <startdate> through <enddate>. This adverse determination was based upon the following specific factor(s) as indicated:
[ <q1> ] 1. The admission is medically unnecessary because ambulatory care resources available in the community can meet the treatment needs of the individual. (Section A, page1)
[ <q2> ] 2. The admission is medically unnecessary because proper treatment of this individual's psychiatric condition does not require services on an inpatient basis under the direction of a physician. (Section B, page 2)
[ <q3> ] 3. The admission is medically unnecessary because inpatient treatment cannot reasonably be expected to improve this individual's condition or prevent further regression so that the services will no longer be needed. (Section C, page 4)
[ <q4> ] 4. The admission is for a Medicaid non-covered service because the primary diagnosis and/or primary care needs of this individual are for chemical dependency services. (Section B, page 2)
[ <q5> ] 5. Requested patient information and/or case documentation necessary to certify this admission was not provided by the facility or patient. (Regulation 456.231)
[ <q6> ] 6. Medicaid technical criteria and/or documentation requirements were not fulfilled for this admission. (Regulation 482.61)
[ <q7> ] 7. Other/Additional Comments:

If you the recipient, your authorized representative, or provider acting on behalf of the recipient is dissatisfied with this decision, you may exercise your right to reconsideration by following the procedures listed on the next page of this letter.

<docname>,<facname>,<dcbsname>

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The following is page two of the letter template.

**RECONSIDERATION RIGHTS AND PROCEDURES**

EDS has contracted with SHPS, a peer review organization, to perform reviews of all admissions of Kentucky Medicaid recipients to inpatient facilities. In relation to such reviews, the decisions of SHPS are binding for Medicaid recipients.

The patient (Medicaid applicant or recipient) has a right to request a reconsideration if he/she or his/her authorized representative disagrees with a determination which is made by the review agency.

The request for reconsideration must be submitted in writing by the patient or his/her authorized representative within thirty (30) days of the written notification provided by the review agency.

The written request for reconsideration must clearly indicate a desire for a reconsideration and must be submitted to:

Psychiatric Program Prior Authorization Department
9200 Shelbyville Rd, Suite 800
Louisville, Kentucky 40222
ATTN: Reconsideration

The review agency shall conduct the reconsideration within three (3) days from the receipt of the written request.

The reconsideration shall consist of a review of the medical records and/or relevant information submitted by a licensed physician who did not participate in the initial reviews.

At the conclusion of the reconsideration, a determination shall be made and the review agency shall notify the patient or his/her authorized representative of the results within two (2) workdays. Included with this notification shall be a description of the patient's further appeals to *KyHealth Choices* along with the procedures for filing such appeals. Such subsequent appeals shall be made to *KyHealth Choices* and shall be represented at a formal hearing conducted by *KyHealth Choices*. However, the patient must complete the reconsideration process before subsequent appeals related to the review organization determination may be made to *KyHealth Choices*.

## 10.19 Request for Information

### 10.19.1 Purpose

The Request for Information letter is sent to a member, the member's responsible party, requesting healthcare provider and the facility/vendor. The letter outlines the information required to complete the review and the time frame in which the provider must submit the additional documentation or information.

### 10.19.2 Creation Logic

This letter is created when the requesting provider or facility/vendor submit an incomplete request for authorization.

### 10.19.3 Regulations by Review Name

The following table represents the regulations referenced within the letter by review name.

| Review Name | Regulation(s) | Appeal Rights |
|---|---|---|
| Psych EPSDT | 907 KAR 1:034 | Not Applicable |
| Special Services EPSDT | 907 KAR 1:034 | Not Applicable |
| Dental | 907 KAR 1:026E | Not Applicable |
| Chiropractic | 907 KAR 3:125E | Not Applicable |
| Durable Medical Equipment | 907 KAR 1:479E | Not Applicable |
| EPSDT Dental | 907 KAR 1:034E | Not Applicable |
| Physicians Services | 907 KAR 3:005E | Not Applicable |
| Home Health | 907 KAR 1:030E | Not Applicable |
| Orthodontics | 907 KAR 1:026E<br>907 KAR 1:626E | Not Applicable |
| Psych Acute Free Standing | 907 KAR 1:016E | Not Applicable |
| Psych PRTF | 907 KAR 1:505 | Not Applicable |
| Brain Injury Nursing Facility | 907 KAR 1:022 | Not Applicable |
| Brain Injury Waiver Eligibility | 907 KAR 1:022<br>907 KAR 3:090 | Not Applicable |
| HCB Waiver LOC | 907 KAR 1:022<br>907 KAR 1:160 | Not Applicable |
| SCL Waiver LOC | 907 KAR 1:022<br>907 KAR 1:145 | Not Applicable |
| ICF MRDD | 907 KAR 1:022 | Not Applicable |

| Review Name | Regulation(s) | Appeal Rights |
|---|---|---|
| Nursing Facility | 907 KAR 1:022 | Not Applicable |
| Nursing Facility/Swing | 907 KAR 1:022 | Not Applicable |
| Nursing Facility IMD | 907 KAR 1:022 | Not Applicable |

### 10.19.4 Letter Template

The following is the letter template.

<letdate>

Pending PA Number: <pano>

<respnam>
<adr1>
<adr3>

Provider ID: <providerid>

EDS has contracted with SHPS, a Utilization Review agency, to perform the review of services provided to Medicaid recipients.

This is to notify you <patnam>, Medicaid ID <mednum> that the request from <facnam> for <revtype> may be denied because your provider has not submitted the information necessary to complete a review of this request. The following information is needed to complete the review:

<VAR_notetext>

Unless this information is received within <alphanum> days from the date of this letter, the request will be denied for lack of information in accordance to <reg>.

Please have your provider send this information by fax or mail to:

SHPS
Attn: <revarea> Department
9200 Shelbyville Road
Suite 800
Louisville, KY 40222
Fax number: (502) 429-5233

SHPS <revarea> Coordinator

CC: <ccs>

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## 10.20 Technical Denial

### 10.20.1 Purpose

The Technical Denial letter notifies the member, the ordering physician and the facility vendor that the request for admission or continued stay in a facility was untimely.

### 10.20.2 Creation Logic

The Technical Denial letter is sent when providers fail to meet the notification requirements for acute inpatient, psychiatric acute free standing hospital and psychiatric residential treatment facility reviews.

### 10.20.3 Regulations by Review Name

The following table represents the regulations referenced within the letter by review name.

| Review Name | Regulation(s) | Appeal Rights |
|---|---|---|
| Acute Inpatient Review | 907 KAR 1:012E | Not Applicable |
| Psych Acute Free Standing | 907 KAR 1:016E | Not Applicable |
| Psych PRTF | 907 KAR 1:505 | Not Applicable |

### 10.20.4 Letter Template

The following is the letter template.

<letdate>

<respnam> <providerid>
<adr1>
<adr3>

EDS has contracted with SHPS, a Utilization Review agency, to perform the review of services provided to Medicaid recipients.

A request for precertification for <patnam>, Medicaid ID <mednum> was received on <notdate> for <dtemg>. Medicaid will not be responsible for the cost of the patient's care in this facility.

This determination was rendered due to non-compliance as the request for review was received after the allowed time period in accordance with <reg>.

These guidelines for review specify prior certification must be obtained for elective non-emergency admissions. It specifies that the attending physician is responsible for obtaining certification for an elective case prior to admission.

The guidelines further state that certification of emergency admissions must be obtained within two (2) business days of admission to the hospital. The attending physician or hospital may obtain this certification.

The review agency has determined that although the above admission may be medically necessary, certification was not obtained in a timely manner. Therefore, the review agency is unable to certify this admission.

Due to your failure to obtain precertification per the guidelines, the recipient must be held harmless for the denied service(s).

Sincerely,

SHPS <revarea> Department

CC: <ccs>

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## 10.21 DAR – Daily Activity Report

### 10.21.1 Purpose

The DAR (daily activity report) is mailed to home health providers outlining the outcome of their review requests. The report includes the quantity of units requested, approved, the description of the item, the beginning and end date and the status of the request.

### 10.21.2 Creation Logic

This letter is faxed to all Home Health providers outlining their daily review outcomes.

### 10.21.3 Letter Template

The following is page one of the letter template.

**HOME HEALTH FAX REPORT 06/20/2006**

From: Home Health Prior Authorization Department
(800) 664-5749 (fax), (800) 664-5725 (phone)

To: METHODIST HOSPITAL H, 2708277466
Date: 06/20/2006

Proprietary Warning: The information contained herein, including any attachments, is proprietary and confidential and is intended for the exclusive use of the addressee. It also may contain privileged information and/or personal information subject to privacy legislation. The authorized addressee of this information, by its retention and use, agrees to protect the information contained herein from loss, disclosure, theft or compromise. Any dissemination or use of this information by a person other than the intended recipient is unauthorized and may be illegal. If you have received this correspondence in error, please notify us immediately by telephone and destroy all copies.

For any questions about this report please contact the Home Health Prior Authorization Department at (800) 664-5725.

Please note that Home Health pre-authorization services for the Commonwealth of Kentucky are now conducted by EDS. The Home Health contact numbers (800) 664-5725 (phone) and (800) 664-5749 (fax) remain unchanged.

The following is page two of the letter template.

06/20/2006
METHODIST HOSPITAL H

**Home Health Prior Authorization**
**Daily Service Plan Status Report**

Page 1

2708277466

| | | | | | |
|---|---|---|---|---|---|
| MAID #: | | Recipient: | SP- | | Status: QCD |
| Requested | Approved | Entered Date: 06/20/2006 3:18PM | Start Date | End Date | METHODIST HOSPITAL H |
| 540 | 540 | Adult size pull-on lg | 06/25/2006 | 09/22/2006 | |
| 300 | 300 | Large disposable underpad | 06/25/2006 | 09/22/2006 | |
| MAID #: | | Recipient: | SP- | | Status: QCD |
| Requested | Approved | Entered Date: 05/26/2006 2:34PM | Start Date | End Date | METHODIST HOSPITAL H |
| 2 | 2 | Skilled Nursing General Classi | 05/09/2006 | 05/10/2006 | |
| MAID #: | | Recipient: | SP- | | Status: QCD |
| Requested | Approved | Entered Date: 06/19/2006 2:35PM | Start Date | End Date | METHODIST HOSPITAL H |
| 6 | 0 | Skilled Nursing General Classi | 06/05/2006 | 08/03/2006 | |

If copies are illegible, please contact the sender immediately.

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# 11 Data Element Mapping

This section illustrates the mapping of elements that appear on maxMC extracts and what those elements map to in the CareReview extract. Tables are also included to illustrate elements that are new for maxMC and elements that did not transfer from CareReview.

## 11.1 Care Review Provider

| CareReview | On MaxMC Extract | Comment |
|---|---|---|
| DR-RECORD-TYPE PIC X(01). | No | Looks to be just an indicator for the CareReview system |
| FILLER PIC X(01) | N/A (not applicable) | Filler field only |
| DR-PROV-TYPE PIC X(02). | Yes | Map to MaxMC Field W-EXT-PROV-TYPE |
| FILLER PIC X(01) | N/A | Filler field only |
| DR-PROV-MAID PIC X(12). | Yes | Map to MaxMC Field W-EXT-PROV-MAID |
| FILLER PIC X(01) | N/A | Filler field only |
| DR-PROV-NAME PIC X(30). | No | Looks to be an accumulation of the field below it and the individual field are on MaxMC |
| FILLER PIC X(01) | N/A | Filler field only |
| DR-PHYSICAN-LAST-NAME PIC X(12). | Yes | Map to MaxMC Field W-EXT-PROV-LAST-NAME |
| FILLER PIC X(01) | N/A | Filler field only |
| DR-PHYSICAN-FIRST-NAME PIC X(16). | Yes | Map to MaxMC Field W-EXT-PROV-FIRST-NAME |
| FILLER PIC X(01) | N/A | Filler field only |
| DR-TAX-ID PIC X(09). | Yes | Map to MaxMC Field W-EXT-PROV-EMPLR-IDENT-NUM |
| FILLER PIC X(01) | N/A | Filler field only |

| CareReview | On MaxMC Extract | Comment |
|---|---|---|
| DR-PROV-LICENSE-NO PIC X(09). | Yes | Map to MaxMC Field W-EXT-PROV-LICENSE-NO |
| FILLER PIC X(01) | N/A | Filler field only |
| DR-PRIM-SPEC-CODE PIC X(04). | Yes | Map to MaxMC Field W-EXT-PROV-SPEC-CODE |
| FILLER PIC X(01) | N/A | Filler field only |
| DR-PRIM-SPEC-DESC PIC X(30). | No | |
| FILLER PIC X(01) | N/A | Filler field only |
| DR-PROV-ADDR1 PIC X(33) | Yes | Map to MaxMC Field W-EXT-PROV-ADDR1 |
| FILLER PIC X(01) | N/A | Filler field only |
| DR-PROV-ADDR2 PIC X(33) | Yes | Map to MaxMC Field W-EXT-PROV-ADDR2 |
| FILLER PIC X(01) | N/A | Filler field only |
| DR-PROV-CITY PIC X(20) | Yes | Map to MaxMC Field W-EXT-PROV-CITY |
| FILLER PIC X(01) | N/A | Filler field only |
| DR-PROV-STATE PIC X(02) | Yes | Map to MaxMC Field W-EXT-PROV-STATE |
| FILLER PIC X(01) | N/A | Filler field only |
| DR-PROV-ZIP PIC 9(10) | Yes | Map to MaxMC Field W-EXT-PROV-ZIP |
| FILLER PIC X(01) | N/A | Filler field only |
| DR-PROV-COUNTY PIC 9(03) | Yes | Map to MaxMC Field W-EXT-PROV-COUNTY |

| CareReview | On MaxMC Extract | Comment |
|---|---|---|
| FILLER PIC X(01) | N/A | Filler field only |
| DR-PROV-PHONE PIC 9(10) | Yes | Map to MaxMC Field W-EXT-PROV-PHONE |
| FILLER PIC X(01) | N/A | Filler field only |
| DR-PROV-FAX PIC 9(10) | Yes | Map to MaxMC Field W-EXT-PROV-PHONE2 |
| FILLER PIC X(01) | N/A | Filler field only |
| FILLER PIC X(36) | N/A | Filler field only |

## 11.2 maxMC Provider

| MaxMC | On CareReview Extract | Comments |
|---|---|---|
| W-EXT-PROV-MAID | Yes | Map to CareReview field DR-PROV-MAID |
| W-EXT-PROV-SS-NUM | No | New field |
| W-EXT-PROV-LAST-NAME | Yes | Map to CareReview field DR-PHYSICAN-LAST-NAME |
| W-EXT-PROV-FIRST-NAME | Yes | Map to CareReview field DR-PHYSICAN-FIRST-NAME |
| W-EXT-PROV-MID-INIT | No | New field. Could be a part of DR-PROV-NAME field |
| W-EXT-PROV-TITLE | No | New field. Could be a part of DR-PROV-NAME field |
| W-EXT-PROV-ADDR1 | Yes | Map to CareReview field DR-PROV-ADDR1 |
| W-EXT-PROV-ADDR2 | Yes | Map to CareReview field DR-PROV-ADDR2 |

| MaxMC | On CareReview Extract | Comments |
|---|---|---|
| W-EXT-PROV-ADDR12 | No | New field |
| W-EXT-PROV-ADDR13 | No | New field |
| W-EXT-PROV-ADDR22 | No | New field |
| W-EXT-PROV-ADDR23 | No | New field |
| W-EXT-PROV-CITY | Yes | Map to CareReview field DR-PROV-CITY |
| W-EXT-PROV-CITY2 | No | New field |
| W-EXT-PROV-CITY3 | No | New field |
| W-EXT-PROV-STATE | Yes | Map to CareReview field DR-PROV-STATE |
| W-EXT-PROV-STATE2 | No | New field |
| W-EXT-PROV-STATE3 | No | New field |
| W-EXT-PROV-ZIP | Yes | Map to CareReview field DR-PROV-ZIP |
| W-EXT-PROV-ZIP2 | No | New field |
| W-EXT-PROV-ZIP3 | No | New field |
| W-EXT-NUM-PROV-ADDRESS | No | New field |
| W-EXT-PROV-PHONE | Yes | Map to CareReview field DR-PROV-PHONE |
| W-EXT-PROV-FIRST-NAME2 | No | New field |
| W-EXT-PROV-LAST-NAME2 | No | New field |
| W-EXT-PROV-MID-INIT2 | No | New field |
| W-EXT-PROV-TITLE2 | No | New field |

| MaxMC | On CareReview Extract | Comments |
|---|---|---|
| W-EXT-PROV-PHONE2 | No | New field |
| W-EXT-PROV-SEX | No | New field |
| W-EXT-PROV-RACE | No | New field |
| W-EXT-PROV-DOB | No | New field |
| W-EXT-PROV-COUNTY | Yes | Map to CareReview field DR-PROV-COUNTY |
| W-EXT-PROV-REGION | No | New field |
| W-EXT-OUT-OF-STATE-PROV-CD | No | New field |
| W-EXT-PROV-TYPE | Yes | Map to CareReview field DR-PROV-TYPE |
| **W-EXT-PROV-SPEC-CODES** | | |
| 05 W-EXT-PROV-SPEC-CODE OCCURS 6 TIMES | Yes | Only 1 occurrence on CareReview. Map to CareReview field DR-PRIM-SPEC-CODE |
| W-EXT-PROV-EMPLR-IDENT-NUM | Yes | Assuming equivalence to DR-TAX-ID on CareReview system. Map to CareReview field DR-TAX-ID. |
| W-EXT-PROV-LICENSE-NO | Yes | Map to CareReview field DR-PROV-LICENSE-NO |
| W-EXT-PROV-LIC-SPEC | Yes | New field |
| W-EXT-PROV-MEDICARE-NUM | No | New field |
| W-EXT-MGD-CARE-IND | No | New field |
| W-EXT-PROV-NPI | No | New field |
| W-EXT-DEA-NUMBER | No | New field |
| W-EXT-PROV-DISTRICT | No | New field |

| MaxMC | On CareReview Extract | Comments |
|---|---|---|
| W-EXT-PROV-FAX | Yes | Map to CareReview field DR-PROV-FAX |
| W-EXT-PREV-PROV-NUMBER | No | New field |
| W-EXT-NEW-PROV-NUMBER | No | New field |
| W-EXT-PROV-LIC-EXPIRE-DATE | No | New field |
| W-EXT-PROV-APPL-DATE | No | New field |
| W-EXT-PROV-ADD-DATE | No | New field |
| W-EXT-PROV-YEAR-END-DATE | No | New field |
| W-EXT-TYPE-PRACTICE-ORGAN | No | New field |
| **W-EXT-PRESMPTIVE-ELIGIBILITY** | | |
| 05 FILLER OCCURS 3 TIMES. | | |
| 07 W-EXT-PRESMPTIVE-ELIG-IND | No | New field |
| 07 W-EXT-PRESMPTIVE-ELIG-BEG | No | New field |
| 07 W-EXT-PRESMPTIVE-ELIG-END | No | New field |
| W-EXT-PROV-LANGUAGE-IND | No | New field |
| W-EXT-PROV-SPECIALTY | Yes | Map to CareReview field DR-PRIM-SPEC-CODE |
| W-EXT-UNIQUE-PHY-ID-NUM | No | New field |
| W-EXT-PROV-ENROL-PERIODS. | | |
| 05 FILLER OCCURS 2 TIMES. | | |

| MaxMC | On CareReview Extract | Comments |
|---|---|---|
| 07 W-EXT-PROV-ENROL-LINE-NUM | No | New field |
| 07 W-EXT-PROV-ENROL-STAT-CD | No | New field |
| 07 W-EXT-PROV-ENROL-STAT-DATE | No | New field |
| 07 W-EXT-PROV-ENROL-STAT-END | No | New field |

## 11.3 CareReview Member

| CareReview | On MaxMC Layout | Comments |
|---|---|---|
| **HEADER RECORD** | | |
| R-ACT-CODE | No header for MaxMC Extract | |
| R-REC-TYPE | No header for MaxMC Extract | |
| R-CLIENT-NAME | No header for MaxMC Extract | |
| R-CLIENT-NUMBER | No header for MaxMC Extract | |
| R-CREATION-DATE | No header for MaxMC Extract | |
| H-FILLER | No header for MaxMC Extract | |
| | | |
| **DETAIL RECORD** | | |
| | | |

| CareReview | On MaxMC Layout | Comments |
|---|---|---|
| WX-MAID. | Yes | Group Field. Map to MaxMC Field CURRENT_RECIP_ID |
| WX-MAID-BASE | No | Part of group field |
| WX-MAID-CKD | No | Part of group field |
| WX-MAID-FILL | No | Part of group field |
| WX-FIRST-NAME | Yes | Map to MaxMC Field Recip First Name |
| WX-LAST-NAME | Yes | Map to MaxMC Field Recip Last Name |
| WX-MI-NAME | Yes | Map to MaxMC Field Recip Middle Init |
| WX-SEX | Yes | Map to MaxMC Field Recip Sex Code |
| WX-DOB | Yes | Map to MaxMC Field Recip Date Of Birth |
| WX-SSN | Yes | Map to MaxMC Field RECIP_SSN |
| WX-ADDRESS-LINE1 | Yes | Map to MaxMC Field RECIP_ADDR_LINE_1 |
| WX-ADDRESS-LINE2 | Yes | Map to MaxMC Field RECIP_ADDR_LINE_2 |
| WX-CITY | Yes | Map to MaxMC Field RECIP_CITY |
| WX-STATE | Yes | Map to MaxMC Field RECIP_STATE |
| WX-ZIP | Yes | Map to MaxMC Field Recip Zip Code |
| WX-TELEPHONE | No | |
| WX-TELEPHONE-N | No | |
| WX-TELEPHONE-FILL | No | |
| WX-PACKAGE-CODE | No | The data from this field is stored on in the RECIP_PGM_CODE1 field |

| CareReview | On MaxMC Layout | Comments |
|---|---|---|
| WX-PACKAGE-DESC | No | |
| WX-SUB-PLAN | No | |
| WX-SUB-PLAN-DESC | No | |
| WX-BEG-DATE | No | The data from this field is stored on in the ELIGIBILITY_GREATEST_BEGIN1 field |
| WX-END-DATE | No | The data from this field is stored on in the ELIGIBILITY_LEAST_END1 field |
| WX-FILLER | N/A | Filler Field |
| | | |
| TRAILER RECORD | No trailer for MaxMC Extract | |
| WX-TRAILER-REC. | No trailer for MaxMC Extract | |
| T-REC-TYPE | No trailer for MaxMC Extract | |
| T-REC-CNT | No trailer for MaxMC Extract | |
| T-FILLER | No trailer for MaxMC Extract | |

## 11.4 maxMC Member

| MaxMC | On CareReview Extract | Comments |
|---|---|---|
| Original Recipient ID | No | New field |
| CURRENT_RECIP_ID | Yes | Map to CareReview field WX-MAID field |
| Recip Last Name | Yes | Map to CareReview field WX-LAST-NAME |
| Recip First Name | Yes | Map to CareReview field WX-FIRST-NAME |

| MaxMC | On CareReview Extract | Comments |
|---|---|---|
| Recip Middle Init | Yes | Map to CareReview field WX-MI-NAME |
| RECIP_NAME | No | Looks to be a group field |
| RECIP_SSN | Yes | Map to CareReview field WX-SSN |
| Recip Sex Code | Yes | Map to CareReview field WX-SEX |
| Recip Date Of Birth | Yes | Map to CareReview field WX-DOB |
| Recip Race Code | No | New field |
| RECIP_ADDR_LINE_1 | Yes | Map to CareReview field WX-ADDRESS-LINE1 |
| RECIP_ADDR_LINE_2 | Yes | Map to CareReview field WX-ADDRESS-LINE2 |
| RECIP_CITY | Yes | Map to CareReview field WX-CITY |
| RECIP_STATE | Yes | Map to CareReview field WX-STATE |
| Recip Zip Code | Yes | Map to CareReview field WX-ZIP |
| Recip County Code | No | New field |
| Eligibility Greatest Begin 1 | No | New field. This will hold the data for field WX-BEG-DATE |
| Eligibility Least End 1 | No | New field. This will hold the data for field WX-END-DATE |
| Eligibility Greatest Begin 2 | No | New field |
| Eligibility Least End 2 | No | New field |
| Eligibility Greatest Begin 3 | No | New field |
| Eligibility Least End 3 | No | New field |
| Eligibility Greatest Begin 4 | No | New field |
| Eligibility Least End 4 | No | New field |

| MaxMC | On CareReview Extract | Comments |
|---|---|---|
| Eligibility Greatest Begin 5 | No | New field |
| Eligibility Least End 5 | No | New field |
| Eligibility Greatest Begin 6 | No | New field |
| Eligibility Least End 6 | No | New field |
| Eligibility Greatest Begin 7 | No | New field |
| Eligibility Least End 7 | No | New field |
| Eligibility Greatest Begin 8 | No | New field |
| Eligibility Least End 8 | No | New field |
| RECIP_PGM_CODE1 | | New field. This will hold the data for field WX-PACKAGE-CODE |
| RECIP_STATUS1 | No | New field |
| RECIP_PGM_CODE2 | No | New field |
| RECIP_STATUS2 | No | New field |
| RECIP_PGM_CODE3 | No | New field |
| RECIP_STATUS3 | No | New field |
| RECIP_PGM_CODE4 | No | New field |
| RECIP_STATUS4 | No | New field |
| RECIP_PGM_CODE5 | No | New field |
| RECIP_STATUS5 | No | New field |
| RECIP_PGM_CODE6 | No | New field |
| RECIP_STATUS6 | No | New field |

| MaxMC | On CareReview Extract | Comments |
|---|---|---|
| RECIP_PGM_CODE7 | No | New field |
| RECIP_STATUS7 | No | New field |
| RECIP_PGM_CODE8 | No | New field |
| RECIP_STATUS8 | No | New field |
| asterisk Sign | No | Filler field only |

## 11.5 Provider Elements that are New for maxMC

| Data Element |
|---|
| W-EXT-PROV-SS-NUM |
| W-EXT-PROV-MID-INIT |
| W-EXT-PROV-TITLE |
| W-EXT-PROV-ADDR22 |
| W-EXT-PROV-ADDR23 |
| W-EXT-PROV-CITY2 |
| W-EXT-PROV-CITY3 |
| W-EXT-PROV-STATE2 |
| W-EXT-PROV-STATE3 |
| W-EXT-PROV-ZIP2 |
| W-EXT-PROV-ZIP3 |
| W-EXT-NUM-PROV-ADDRESS |
| W-EXT-PROV-FIRST-NAME2 |
| W-EXT-PROV-LAST-NAME2 |
| W-EXT-PROV-MID-INIT2 |
| W-EXT-PROV-TITLE2 |
| W-EXT-PROV-PHONE2 |
| W-EXT-PROV-SEX |
| W-EXT-PROV-RACE |
| W-EXT-PROV-DOB |
| W-EXT-PROV-REGION |
| W-EXT-OUT-OF-STATE-PROV-CD |
| W-EXT-PROV-MEDICARE-NUM |
| W-EXT-MGD-CARE-IND |
| W-EXT-PROV-NPI |
| W-EXT-DEA-NUMBER |
| W-EXT-PROV-DISTRICT |

| Data Element |
|---|
| W-EXT-PREV-PROV-NUMBER |
| W-EXT-NEW-PROV-NUMBER |
| W-EXT-PROV-LIC-SPEC |
| W-EXT-PROV-LIC-EXPIRE-DATE |
| W-EXT-PROV-APPL-DATE |
| W-EXT-PROV-ADD-DATE |
| W-EXT-PROV-YEAR-END-DATE |
| W-EXT-TYPE-PRACTICE-ORGAN |
| W-EXT-PRESMPTIVE-ELIG-IND |
| W-EXT-PRESMPTIVE-ELIG-BEG |
| W-EXT-PRESMPTIVE-ELIG-END |
| W-EXT-PROV-LANGUAGE-IND |
| W-EXT-UNIQUE-PHY-ID-NUM |
| W-EXT-PROV-ENROL-LINE-NUM |
| W-EXT-PROV-ENROL-STAT-CD |
| W-EXT-PROV-ENROL-STAT-DATE |
| W-EXT-PROV-ENROL-STAT-END |

## 11.6 Provider Elements that did not Transfer from CareReview

| Data Element | Comments |
|---|---|
| DR-RECORD-TYPE PIC X(01). | Just an indicator for the CareReview system |
| DR-PROV-NAME PIC X(30). | An accumulation of the field below it and the individual fields are on MaxMC |
| DR-PRIM-SPEC-DESC PIC X(30). | |

## 11.7 Member Elements that are New for maxMC

| Data Element |
|---|
| Original Recipient ID |

| Data Element |
| --- |
| RECIP_NAME |
| Recip Race Code |
| Recip County Code |
| Eligibility Greatest Begin 1 |
| Eligibility Least End 1 |
| Eligibility Greatest Begin 2 |
| Eligibility Least End 2 |
| Eligibility Greatest Begin 3 |
| Eligibility Least End 3 |
| Eligibility Greatest Begin 4 |
| Eligibility Least End 4 |
| Eligibility Greatest Begin 5 |
| Eligibility Least End 5 |
| Eligibility Greatest Begin 6 |
| Eligibility Least End 6 |
| Eligibility Greatest Begin 7 |
| Eligibility Least End 7 |
| Eligibility Greatest Begin 8 |
| Eligibility Least End 8 |
| RECIP_PGM_CODE1 |
| RECIP_STATUS1 |
| RECIP_PGM_CODE2 |
| RECIP_STATUS2 |
| RECIP_PGM_CODE3 |
| RECIP_STATUS3 |
| RECIP_PGM_CODE4 |
| RECIP_STATUS4 |
| RECIP_PGM_CODE5 |

| Data Element |
|---|
| RECIP_STATUS5 |
| RECIP_PGM_CODE6 |
| RECIP_STATUS6 |
| RECIP_PGM_CODE7 |
| RECIP_STATUS7 |
| RECIP_PGM_CODE8 |
| RECIP_STATUS8 |

## 11.8 Member Elements that did not Transfer from CareReview

| Data Element | Comments |
|---|---|
| WX-MAID-BASE | Data transferred as part of group element |
| WX-MAID-CKD | Data transferred as part of group element |
| WX-MAID-FILL | Filler field |
| WX-TELEPHONE | |
| WX-TELEPHONE-N | |
| WX-TELEPHONE-FILL | |
| WX-PACKAGE-CODE | Mapped to RECIP_PGM_CODE1 |
| WX-PACKAGE-DESC | |
| WX-SUB-PLAN | |
| WX-SUB-PLAN-DESC | |
| WX-BEG-DATE | Mapped to Eligibility Greatest Begin 1 |
| WX-END-DATE | Mapped to Eligibility Least End 1 |
| All Header elements | |
| All Trailer elements | |

# Window Privilege Profiles

## Clinical Administrative Support – Level 1

### Window Access

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| Functional Area: | | Care Coordination Center | | | | |
| 2 | Care Coordination | | TAU001 | Y | Y | Y |
| | | Services | TAU001B | Y | Y | Y |
| | | Inpatient Information | TAU001C | Y | Y | Y |
| | | Medical/Administrative Review | TAU001D | Y | N | N |
| | | Appeals | TAU001E | Y | N | N |
| | | Document History | TAU001F | Y | Y | Y |
| 2 | Intake Processing | | TAU201 | N | N | N |
| | | Services | TAU201B | N | N | N |
| 2 | Assignment of Care | | ASC001 | N | N | N |
| 2 | Provider Referrals | | TAU101 | N | N | N |
| | | Services | TAU101B | N | N | N |
| | Provider Cross Coverage | | PCC001 | N | N | N |
| 1 | Case Management | | CME001 | Y | N | N |
| | | Enrollment | CME001B | Y | N | N |
| | | Issues | CME001C | Y | N | N |
| | | Clinical Data | CME001F | Y | Y | Y |
| | | Authorization History | CME001D | Y | N | N |
| | | Document History | CME001E | Y | Y | Y |
| 2 | Member Care Plans | | CME002 | Y | N | N |
| 2 | Standard Care Plans | | SCP001 | N | N | N |
| 2 | Case Management Enrollment | | CEQ001 | Y | N | N |
| 2 | Case Management Screening Tool | | CMS001 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Determination | CMS001B | N | N | N |
| 2 | OB Information | | OBI001 | Y | Y | Y |
| 2 | RAND SF36 Health Survey | | S36001 | N | N | N |
| | | Activity Limitations | S36001B | N | N | N |
| | | Physical Health | S36001C | N | N | N |
| | | Emotional Health | S36001D | N | N | N |
| | | Bodily Pain | S36001E | N | N | N |
| | | Energy and Emotions | S36001F | N | N | N |
| | | General Health | S36001G | N | N | N |
| | | Survey Results | S36001H | N | N | N |
| 2 | Expedited CMS Appeals | | MAP202 | N | N | N |
| | | Processing | MAP202B | N | N | N |
| | | Decisions | MAP202C | N | N | N |
| | | Contact Log | MAP202D | N | N | N |
| | | CHDR | MAP202E | N | N | N |
| | | Document Log | MAP202F | N | N | N |
| | | Event History | MAP202G | N | N | N |
| 2 | Expedited Non-CMS Appeals | | MAP302 | N | N | N |
| | | Processing | MAP302B | N | N | N |
| | | Decisions | MAP302C | N | N | N |
| | | Contact Log | MAP302D | N | N | N |
| | | CHDR | MAP302E | N | N | N |
| | | Document Log | MAP302F | N | N | N |
| | | Event History | MAP302G | N | N | N |
| 2 | Standard Appeals | | MAP102 | Y | N | N |
| | | Processing | MAP102B | Y | N | N |
| | | Decisions | MAP102C | Y | N | N |
| | | Contact Log | MAP102D | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | CHDR | MAP102E | N | N | N |
| | | Document Log | MAP102F | Y | N | N |
| | | Event History | MAP102G | Y | N | N |
| 1 | Contact Management | | CON001 | Y | Y | Y |
| 2 | Member Survey | | SRP001 | Y | Y | Y |
| 2 | Provider Surveys | | SRP101 | Y | Y | Y |
| 2 | Other Surveys | | SRP201 | Y | Y | Y |
| 3 | Survey Builder | | SBR001 | N | N | N |
| | | Survey Options | SBR001B | N | N | N |
| | | Scoring Details | SBR001C | N | N | N |
| 3 | Survey Types | | STY001 | N | N | N |
| 3 | Appeal Categories | | ACG001 | Y | N | N |
| 3 | Appeal Extension Reasons | | LIB116 | Y | N | N |
| 3 | Quick Appeal Outcomes | | LIB282 | N | N | N |
| 3 | Appeal Types | | ATE001 | Y | N | N |
| 3 | Appeal Override Reasons | | LIB152 | Y | N | N |
| 3 | Appeal Reasons | | LIB001 | Y | N | N |
| 3 | Appeal Relationships | | ARL001 | Y | N | N |
| 3 | Appeals Document Button Access | | MBA001 | Y | N | N |
| 3 | CHDR Decisions | | CHD001 | N | N | N |
| 3 | CHDR Rationales | | LIB190 | N | N | N |
| 3 | Contact Reasons - Appeals | | LIB088 | Y | N | N |
| 3 | Criteria Assessment Reasons | | CAN001 | Y | N | N |
| 3 | Contact Reasons | | COR001 | Y | N | N |
| 3 | Authorization Profiles | | APF001 | Y | N | N |
| 3 | Authorization Status | | AST001 | Y | N | N |
| 3 | Case Types | | CTE001 | Y | N | N |
| 3 | Determination Reasons | | DTR001 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 3 | Dispositions | | DDS101 | Y | N | N |
| 3 | Event Classifications | | LIB257 | Y | N | N |
| 3 | Inpatient Review Reasons | | IRR001 | Y | N | N |
| 3 | Level of Care Reasons | | LCR001 | Y | N | N |
| 3 | Levels of Care | | LOC001 | Y | N | N |
| 3 | Outcome Reasons | | OTR001 | Y | N | N |
| 3 | Outcomes | | LIB085 | Y | N | N |
| 3 | Reasons For Override | | LIB015 | Y | N | N |
| 3 | Reimbursement Types | | LIB212 | N | N | N |
| 3 | Review Criteria Sets | | RCT001 | Y | N | N |
| 3 | Review Reasons | | RVR001 | Y | N | N |
| 3 | Status Change Reasons | | SCA001 | Y | N | N |
| 3 | Targeted Medical Management | | TMM001 | Y | N | N |
| | | Targeted Diagnoses | TMM001B | N | N | N |
| | | Targeted Procedures | TMM001C | Y | N | N |
| | | Targeted Providers | TMM001D | Y | N | N |
| 3 | Case Management Goals | | CGL001 | Y | N | N |
| 3 | Contact Reasons - Case Management | | PCR001 | Y | N | N |
| 3 | Clinical Data Categories | | LIB272 | Y | N | N |
| 3 | Clinical Data Items | | CDI001 | Y | N | N |
| 3 | Clinical Data Reasons | | LIB273 | Y | N | N |
| 3 | Clinical Data Routes | | ARO001 | Y | N | N |
| 3 | Case Level Tool | | CLT001 | Y | N | N |
| 3 | Issues | | LIB274 | Y | N | N |
| 3 | Case Manager Rosters | | STF010 | Y | N | N |
| 3 | Health Management Programs | | HMP001 | Y | N | N |
| 3 | High Tech Needs | | LIB241 | N | N | N |
| 3 | Interventions | | LIB082 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 3 | New Case Responses | | NCR001 | Y | N | N |
| 3 | Client Accounting IDs | | CLC001 | Y | N | N |
| 3 | Client Divisions | | TPD001 | Y | N | N |
| 3 | Client Information Categories | | LIB259 | Y | N | N |
| 3 | Client Invoice Frequencies | | LIB260 | N | N | N |
| 3 | Client Invoice Reporting | | LIB261 | N | N | N |
| 3 | Client Invoice Types | | LIB262 | N | N | N |
| 3 | Client Services | | TPS001 | Y | N | N |
| | | Service Details | TPS001B | Y | N | N |
| 3 | Client Types | | TPT001 | Y | N | N |
| 3 | Clients | | TPA001 | Y | N | N |
| | | Service Groups | TPA001B | Y | N | N |
| | | Services | TPA001C | Y | N | N |
| | | Contact Addresses | TPA001D | Y | N | N |
| | | Standard Reports | TPA001E | Y | N | N |
| | | Additional Information | TPA001F | Y | N | N |
| 3 | Contact Entity Types | | COY001 | Y | N | N |
| 3 | General Ledger Accounts | | LIB270 | Y | N | N |
| 3 | Invoice Fee Types | | LIB263 | N | N | N |
| 3 | Invoice Rollup IDs | | LIB268 | N | N | N |
| 3 | NAICS Categories | | LIB269 | Y | N | N |
| 3 | Noncompliance Penalties | | NCP001 | Y | N | N |
| 3 | Plan Governing Agencies | | PGV001 | Y | N | N |
| 3 | Contact Attitudes | | LIB264 | Y | N | N |
| 3 | Contact Issue Resolutions | | LIB265 | Y | N | N |
| 3 | Contact Reasons | | COR001 | Y | N | N |
| 3 | Contact Types | | LIB045 | Y | N | N |
| 3 | DSM Axis IV | | DXC201 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 3 | DSM Axis V | | DXC301 | Y | N | N |
| 3 | ICD-9-CM Diagnoses | | DXC001 | Y | N | N |
| 3 | Site-Defined Diagnoses | | DXC101 | N | N | N |
| 3 | Treatment Diagnosis Groups | | TDG001 | N | N | N |
| 3 | Care Classifications | | CCL001 | Y | N | N |
| 3 | Contract Types | | CRY001 | Y | N | N |
| 3 | Coverage Denial | | LIB048 | Y | N | N |
| 3 | Coverage Termination | | LIB025 | Y | N | N |
| 3 | Disabilities | | LIB081 | Y | N | N |
| 3 | Drug Benefits | | LIB087 | Y | N | N |
| 3 | Employee Types | | LIB089 | Y | N | N |
| 3 | Employer Groups | | ORG211 | Y | N | N |
| | | Contact Person Information | ORG211B | Y | N | N |
| | | Payer Plans | ORG211C | Y | N | N |
| 3 | Leave of Absence | | LIB095 | N | N | N |
| 3 | Medicare Eligibility | | LIB098 | Y | N | N |
| 3 | Member ID Modifiers | | LIB108 | Y | N | N |
| 3 | Member ID Types | | MIT001 | Y | N | N |
| 3 | Member Information | | MEM001 | Y | N | N |
| | | Identification | MEM001B | Y | N | N |
| | | Birth/Health Information | MEM001C | Y | N | N |
| | | Next of Kin | MEM001D | Y | N | N |
| | | Plans/Groups | MEM001E | Y | N | N |
| | | Coverage | MEM001F | Y | N | N |
| | | Allergies/Disabilities | MEM001 G | Y | N | N |
| | | Enrollment | MEM001H | Y | N | N |
| | | Pre-Existing | MEM001I | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Coordination of Benefits | MEM001J | Y | N | N |
| 3 | Member Roles | | MRO001 | Y | N | N |
| 3 | Pre-existing Waive Checks | | LIB106 | Y | N | N |
| 3 | Psychiatric Status | | LIB114 | Y | N | N |
| 3 | Birth Statuses | | OBS001 | Y | N | N |
| 3 | Detained Baby Dispositions | | LIB266 | Y | N | N |
| 3 | Detained Baby Reasons | | LIB267 | Y | N | N |
| 3 | Episode Meanings | | OBE001 | Y | N | N |
| 3 | OB Outcomes | | OBO001 | Y | N | N |
| 3 | Health Plan Products | | LIB192 | Y | N | N |
| 3 | Payer Plan Attributes | | PLA001 | Y | N | N |
| 3 | Payer Plan Deductibles | | LIB101 | Y | N | N |
| 3 | Payer Plan Riders | | LIB103 | Y | N | N |
| 3 | Payer Plan Tiers | | LIB104 | Y | N | N |
| 3 | Payer Plan Types | | LIB041 | Y | N | N |
| 3 | Payer Plans | | OPP001 | Y | N | N |
| | | Attributes | OPP001B | Y | N | N |
| 3 | Payers | | ORG091 | Y | N | N |
| | | Contact Person Information | ORG091B | Y | N | N |
| | | Plans | ORG091C | Y | N | N |
| 3 | CPT Procedures | | PXC201 | Y | N | N |
| 3 | HCPCS Procedures | | PXC301 | Y | N | N |
| 3 | ICD-9-CM Procedures | | PXC001 | Y | N | N |
| 3 | NDC Procedures | | PXC401 | Y | N | N |
| 3 | NUBC Revenue Codes | | PXC501 | Y | N | N |
| 3 | Site-Defined Procedures | | PXC101 | Y | N | N |
| 3 | Treatment Procedure Groups | | TPG001 | Y | N | N |
| 3 | Affiliation Types | | AFT001 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 3 | Affiliations | | AFC001 | Y | N | N |
| | | Addresses | AFC001B | Y | N | N |
| | | Services/Restrictions | AFC001C | Y | N | N |
| | | Classifications/Specialties | AFC001D | Y | N | N |
| | | Lines Of Business/Networks | AFC001E | Y | N | N |
| 3 | Capitation Contract Types | | LIB047 | N | N | N |
| 3 | Integrated Delivery Networks | | IDN001 | N | N | N |
| 3 | Lines of Business | | LIB097 | Y | N | N |
| 3 | Panels | | LIB242 | N | N | N |
| 3 | Participation Levels | | LIB243 | Y | N | N |
| 3 | Patient Types | | LIB177 | Y | N | N |
| 3 | Plan Provider Types | | LIB002 | Y | N | N |
| 3 | Provider Change Reasons | | LIB188 | N | N | N |
| 3 | Provider Classifications | | LIB235 | Y | N | N |
| 3 | Provider Groups | | LIB107 | Y | N | N |
| 3 | Provider ID Modifiers | | LIB236 | Y | N | N |
| 3 | Provider ID Types | | PIT001 | Y | N | N |
| 3 | Provider Information | | PVD001 | Y | N | N |
| | | Identification | PVD001B | Y | N | N |
| 3 | Provider Networks | | LIB195 | Y | N | N |
| 3 | Provider Roles | | PVR001 | Y | N | N |
| 3 | Provider Types | | PVT001 | Y | N | N |
| 3 | Restriction Reasons | | LIB237 | Y | N | N |
| 3 | Termination Reasons | | LIB119 | Y | N | N |
| 3 | User-Defined Licenses | | LIB030 | Y | N | N |
| 3 | Place of Service Profiles | | POP001 | Y | N | N |
| | | Procedures | POP001B | Y | N | N |
| 3 | Places of Service | | POS001 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 3 | Service Areas | | LIB156 | Y | N | N |
| 3 | Service Restrictions | | SRN001 | Y | N | N |
| 3 | Service Types | | LIB147 | Y | N | N |
| 3 | Services | | SEV001 | Y | N | N |
| 3 | Address Book | | ADB001 | Y | N | N |
| 3 | Alerts | | ALE001 | Y | N | N |
| 3 | Assessment Types | | CRT001 | Y | N | N |
| 3 | Assessments | | NTA001 | Y | N | N |
| | | Assessment Items | NTA001B | Y | N | N |
| 3 | Care Activities | | CAC001 | N | N | N |
| 3 | Cost Savings Variance Reasons | | CVR001 | Y | N | N |
| 3 | Delivery Priorities | | LIB197 | Y | N | N |
| 3 | Disenrollment Reasons | | LIB169 | Y | N | N |
| 3 | Document Types | | DCT001 | Y | N | N |
| 3 | Hospital Treatment Services | | LIB186 | N | N | N |
| 3 | LOINC Codes | | LOI001 | N | N | N |
| 3 | Note Template Categories | | LIB283 | Y | N | N |
| 3 | Note Templates | | NTE001 | Y | N | N |
| | | Template Designer | NTE001B | N | N | N |
| 3 | Note Types | | NOT001 | Y | N | N |
| 3 | Payment Status | | LIB105 | N | N | N |
| 3 | Payment Terms | | LIB072 | N | N | N |
| 3 | States / Provinces | | STA001 | Y | N | N |
| 3 | Units of Measure | | UOM001 | Y | N | N |
| 3 | Web Notification Types | | WNT001 | Y | N | N |
| 2 | Clinical Pathway Definitions | | CPA001 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Intervals and Headings | CPA001B | N | N | N |
| | | Line Items | CPA001C | N | N | N |
| 2 | Clinical Pathway Previews | | CPA003 | N | N | N |
| 3 | Criteria Pages | | CPG001 | N | N | N |
| | | Details | CPG001B | N | N | N |
| 3 | Criteria Categories | | CRC001 | N | N | N |
| | | Headings and Intervals | CRC001B | N | N | N |
| | | Qualifiers | CRC001C | N | N | N |
| 2 | Criteria Set - Authorizations | | CRS101 | Y | N | N |
| 2 | Criteria Set - Case Management | | CRS201 | Y | N | N |
| 2 | InterQual CP-Imaging: Authorizations | | CRP303 | Y | N | N |
| | | Review Information | CRP303B | Y | N | N |
| | | Case Information | CRP303C | Y | N | N |
| | | Summary | CRP303D | Y | N | N |
| 2 | InterQual CP-Imaging: Case Management | | CRP503 | Y | N | N |
| | | Review Information | CRP503B | Y | N | N |
| | | Case Information | CRP503C | Y | N | N |
| | | Summary | CRP503D | Y | N | N |
| 2 | InterQual Care Planning: Authorizations | | CRP203 | Y | N | N |
| | | Review Information | CRP203B | Y | N | N |
| | | Case Information | CRP203C | Y | N | N |
| | | Summary | CRP203D | Y | N | N |
| 2 | InterQual Care Planning: Case Management | | CRP403 | Y | N | N |
| | | Review Information | CRP403B | Y | N | N |
| | | Case Information | CRP403C | Y | N | N |
| | | Summary | CRP403D | Y | N | N |
| 2 | InterQual Level of Care: Authorizations | | CRP101 | Y | N | N |
| | | Case Information | CRP101B | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Summary | CRP101C | Y | N | N |
| | | Prerequisites | CRP101D | Y | N | N |
| | | Severity of Illness | CRP101E | Y | N | N |
| | | Intensity of Service | CRP101F | Y | N | N |
| | | Discharge Screens | CRP101G | Y | N | N |
| 2 | InterQual Level of Care: Case Management | | CRP201 | Y | N | N |
| | | Case Information | CRP201B | Y | N | N |
| | | Summary | CRP201C | Y | N | N |
| | | Prerequisites | CRP201D | Y | N | N |
| | | Severity of Illness | CRP201E | Y | N | N |
| | | Intensity of Service | CRP201F | Y | N | N |
| | | Discharge Screens | CRP201G | Y | N | N |
| 2 | InterQual LOC-ORC: Authorizations | | CRP603 | Y | N | N |
| | | Review Information | CRP603B | Y | N | N |
| | | Case Information | CRP603C | Y | N | N |
| | | Summary | CRP603D | Y | N | N |
| | | Prerequisites | CRP301D | Y | N | N |
| | | Severity of Illness | CRP301E | Y | N | N |
| | | Intensity of Service | CRP301F | Y | N | N |
| | | Discharge Screens | CRP301G | Y | N | N |
| 2 | InterQual LOC-ORC: Case Management | | CRP703 | Y | N | N |
| | | Review Information | CRP703B | Y | N | N |
| | | Case Information | CRP703C | Y | N | N |
| | | Prerequisites | CRP401D | Y | N | N |
| | | Severity of Illness | CRP401E | Y | N | N |
| | | Intensity of Service | CRP401F | Y | N | N |
| | | Discharge Screens | CRP401G | Y | N | N |
| 2 | Pathway Reviews - Authorizations | | CPA202 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Review Information | CPA202B | N | N | N |
| 2 | Pathway Reviews - Case Management | | CPA302 | N | N | N |
| | | Review Information | CPA302B | N | N | N |
| 2 | Review Based Evaluation - CM | | CM-CME | N | N | N |
| 2 | Disclosures of Information | | MDI001 | Y | N | N |
| 2 | Member Access and Amendments | | MAS001 | Y | N | N |
| | | Amendments Tab | MAS001B | Y | N | N |
| 2 | Member Consent Records | | MCS001 | Y | N | N |
| 2 | Member Privacy Requests | | MPQ001 | Y | N | N |
| 2 | Create Member Notifications | | WNT002 | N | N | N |
| 2 | Create Provider Notifications | | WNT102 | N | N | N |
| 2 | View Member Notifications | | WNT003 | Y | N | N |
| 2 | View Provider Notifications | | WNT103 | Y | N | N |
| Functional Area: | | Reporting & Analysis | | | | |
| 2 | Database Queries | | DBQ001 | N | N | N |
| | | Test & Preview | DBQ001B | N | N | N |
| 2 | ezQ | | RPT011 | N | N | N |
| | | Layout | RPT011B | N | N | N |
| 2 | Report Library Manager | | RPT001 | N | N | N |
| | | Headers / Footers | RPT001B | N | N | N |
| | | Contents | RPT001C | N | N | N |
| | | Selection Criteria | RPT001D | N | N | N |
| | | Sort Criteria | RPT001E | N | N | N |
| | | Prompts | RPT001F | N | N | N |
| 2 | Run Database Query | | DBQ002 | N | N | N |
| 2 | Run Reports | | RPT002 | N | N | N |
| 2 | Window Report Access | | WRA001 | N | N | N |
| 2 | Create/Edit External Application Reports | | RPT003 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Document | RPT003B | N | N | N |
| 2 | Visual Reports | | RPT008 | N | N | N |
| | | Sub-window | RPT008B | N | N | N |
| 2 | Create / Edit Dashboards | | DSH001 | N | N | N |
| 2 | Run Dashboards | | DSH101 | N | N | N |
| 2 | Gauges | | GAG001 | N | N | N |
| 1 | Register Crystal Reports | | RPT007 | N | N | N |
| | | Parameters | RPT007B | N | N | N |
| 1 | Reporting Configuration | | SYS010 | N | N | N |
| 1 | Printer Profiles | | PPF001 | N | N | N |
| 1 | Report Modifiers | | RML001 | N | N | N |
| 1 | Report Signature Blocks | | RSB001 | N | N | N |
| 1 | Report Text Objects | | RTO001 | N | N | N |
| | | Header | RTO001B | N | N | N |
| | | Regarding | RTO001C | N | N | N |
| | | Salutation | RTO001D | N | N | N |
| | | Body Upper | RTO001E | N | N | N |
| | | Body Lower | RTO001F | N | N | N |
| | | Footer | RTO001G | N | N | N |
| | | Enclosure | RTO001H | N | N | N |
| 2 | Run Summary Data Loads | | DLD101 | N | N | N |
| | | Results | DLD101B | N | N | N |
| 2 | Summary Data Loads | | DLD001 | N | N | N |
| | | Results | DLD001B | N | N | N |
| Functional Area: | | System Management | | | | |
| 2 | Managed Care Configuration | | MCC001 | N | N | N |
| | | Default Values | MCC001B | N | N | N |
| | | Care Coordination/Appeals | MCC001C | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Numbering Policies | MCC001D | N | N | N |
| | | Client Subsystem/TMM | MCC001E | N | N | N |
| | | OB Information | MCC001F | N | N | N |
| | | Members/Providers | MCC001G | N | N | N |
| | | Electronic Transactions | MCC001H | N | N | N |
| 2 | Menu Configuration | | MNU001 | N | N | N |
| 2 | System Configuration | | SYS001 | N | N | N |
| | | Rules & Restrictions | SYS001B | N | N | N |
| 2 | Window Access | | WAC001 | N | N | N |
| 2 | Window Library | | WIN001 | N | N | N |
| 3 | Diagnosis Related Groups | | DRG001 | N | N | N |
| 3 | DRG Multipliers | | DRM001 | N | N | N |
| 3 | DRG Grouping Logic | | DGL001 | N | N | N |
| 3 | Major Diagnostic Categories | | MDC001 | N | N | N |
| 3 | Consequences of Variance | | CVA001 | N | N | N |
| 3 | Reasons For Variance | | RVA001 | N | N | N |
| 3 | User-Defined Associations | | UDA001 | N | N | N |
| 3 | Allergies | | ALG001 | N | N | N |
| 3 | Allergy Severities | | LIB145 | N | N | N |
| 3 | Allergy Types | | ALT001 | N | N | N |
| 3 | Postal Codes | | POC001 | N | N | N |
| 3 | Counties | | LIB184 | N | N | N |
| 3 | Countries | | LIB064 | N | N | N |
| 3 | Employment Status | | LIB038 | N | N | N |
| 3 | Ethnic Origins | | LIB036 | N | N | N |
| 3 | Job Classifications | | JCL001 | N | N | N |
| 3 | Marital Status | | MRS001 | N | N | N |
| 3 | Next Of Kin Roles | | LIB027 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 3 | Races | | LIB032 | N | N | N |
| 3 | Relationships | | LIB149 | N | N | N |
| 3 | Religions | | LIB092 | N | N | N |
| 3 | States / Provinces | | STA001 | N | N | N |
| 3 | Access Response Reasons | | ARR001 | N | N | N |
| 3 | Amendment Response Reasons | | AMR001 | N | N | N |
| 3 | Disclosure Requirement Reasons | | DRR001 | N | N | N |
| 3 | Extension Reasons | | LIB209 | N | N | N |
| 3 | Information Disclosure Purposes | | LIB051 | N | N | N |
| 3 | Member Alert Types | | LIB280 | N | N | N |
| 3 | Privacy Request Types | | LIB281 | N | N | N |
| 3 | Brokers | | ORG361 | N | N | N |
| | | Contact Person Information | ORG361B | N | N | N |
| 3 | Business Units | | LIB240 | N | N | N |
| 3 | Employers | | ORG171 | N | N | N |
| | | Contact Person Information | ORG171B | N | N | N |
| 3 | Organization Types | | ORT001 | N | N | N |
| 3 | Organization Contact Persons | | ORP001 | N | N | N |
| | | Additional Contact Information | ORP001B | N | N | N |
| 3 | Payers | | ORG091 | N | N | N |
| | | Contact Person Information | ORG091B | N | N | N |
| | | Plans | ORG091C | N | N | N |
| 3 | Person Types | | PNT001 | N | N | N |
| 3 | | Professions | LIB070 | N | N | N |
| 3 | Review Agencies | | ORG261 | N | N | N |
| | | Contact Person Information | ORG261B | N | N | N |
| 3 | Letter Packages | | LPK001 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 3 | Database Queries | | DBQ001 | N | N | N |
| | | Test & Preview | DBQ001B | N | N | N |
| 3 | Document Types | | DCT001 | N | N | N |
| 3 | Letter Modifiers | | LIB271 | N | N | N |
| 3 | Letter Types | | LTY001 | N | N | N |
| 3 | Printer Pools | | LIB138 | N | N | N |
| 3 | Printers | | PRN001 | N | N | N |
| 3 | Report Categories | | RCG001 | N | N | N |
| 3 | Report Field Configuration | | REQ001 | N | N | N |
| 3 | Report Types | | RTP001 | N | N | N |
| 3 | Cost Centers | | LIB157 | N | N | N |
| 3 | Emergency Locator Codes | | LIB035 | N | N | N |
| 3 | Departments | | DPT001 | N | N | N |
| 3 | Hospital Services | | HSV001 | N | N | N |
| 3 | Specialties | | SPC001 | N | N | N |
| 3 | Job Classifications | | JCL001 | N | N | N |
| 3 | Job Titles | | LIB121 | N | N | N |
| 3 | Staff Categories | | STC001 | N | N | N |
| 3 | Visa Types | | LIB125 | N | N | N |
| 3 | Ancillary Staff Information | | STF003 | N | N | N |
| | | Contact Information | STF003B | N | N | N |
| | | Personal Information | STF003C | N | N | N |
| 3 | Workgroups | | WGR001 | N | N | N |
| | | Workgroup Clients | WGR001 B | N | N | N |
| 3 | Task List Redirection | | TSL101 | N | N | N |
| 3 | Task Distribution Lists | | TDL001 | N | N | N |
| 3 | Task Lists | | TSL001 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 3 | Task Priorities | | TPR001 | N | N | N |
| 3 | Task Types | | TTY001 | N | N | N |
| | | Parameters | TTY001B | N | N | N |
| | | Label Definition | TTY001C | N | N | N |
| | | Task Creation | TTY001D | N | N | N |
| 2 | Retrieval Log | | RVL001 | N | N | N |
| 2 | Activity Log Maintenance | | UAL001 | N | N | N |
| 2 | User Information | | USR201 | N | N | N |
| | | Account Restrictions | USR201B | N | N | N |
| | | Privileges/Programs | USR201C | N | N | N |
| | | Client Security | USR201D | N | N | N |
| 2 | Window Privilege Profiles | | WPP001 | N | N | N |
| | | Report Access | WPP001B | N | N | N |
| | | Other Access | WPP001C | N | N | N |
| 2 | Security Profiles | | SPF001 | N | N | N |
| 2 | Security User Information | | SUR001 | N | N | N |
| | | Acct Restrictions | SUR001B | N | N | N |
| | | User Profiles & Groups | SUR001C | N | N | N |
| | | Associated Providers | SUR001D | N | N | N |
| | | Privilege Summary | SUR001E | N | N | N |
| 2 | Application Event Queue | | AEQ001 | N | N | N |
| 2 | Job Definitions | | JBD001 | N | N | N |
| | | Job Rules | JBD001B | N | N | N |
| 2 | Job Scheduling | | JSC001 | N | N | N |
| 2 | Job Scripts | | XOB101 | N | N | N |
| | | Code | XOB101B | N | N | N |
| 2 | Schedule Monitor | | SSE001 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 2 | Create/Edit User-Defined Windows | | UDW001 | N | N | N |
| | | Field Information | UDW001B | N | N | N |
| | | Preview & Arrange | UDW001 C | N | N | N |
| | | Menu Access | UDW001 D | N | N | N |
| 2 | Run User-Defined Windows | | UDW002 | N | N | N |
| 2 | User-Defined Tables | | SYT003 | N | N | N |
| | | Usage | SYT003B | N | N | N |
| | | Data Access | SYT003C | N | N | N |
| 2 | Workgroup Task List Management | | TSK002 | N | N | N |
| 2 | Task Batch Processing | | TSK004 | N | N | N |
| 2 | Data Records | | XDR002 | N | N | N |
| | | Raw Data | XDR002B | N | N | N |
| 2 | Data Records Queue | | XDR004 | N | N | N |
| 2 | Objects | | XOB001 | N | N | N |
| | | Code | XOB001B | N | N | N |
| 2 | System Applications | | XSA001 | N | N | N |
| 2 | System Segments | | XSS001 | N | N | N |
| 2 | System Tables | | SYT001 | N | N | N |
| 2 | Translation Table | | XLT001 | N | N | N |
| Functional Area: | | Provider Credentialing | | | | |
| 2 | Attestations | | VAT001 | N | N | N |
| 2 | Verification Forms | | VFM001 | N | N | N |
| 2 | Verification Items | | VIM001 | N | N | N |
| 2 | Acts or Omissions | | LIB210 | N | N | N |
| 2 | Adverse Action Classification | | LIB052 | N | N | N |
| 2 | Boards (Specialty Certification) | | ORG131 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Contact Person Information | ORG131B | N | N | N |
| | | Certificates | ORG131C | N | N | N |
| 2 | Coverage Terms | | LIB131 | N | N | N |
| 2 | Coverage Types | | LIB133 | N | N | N |
| 2 | Credentialing Verification Organizations | | ORG191 | N | N | N |
| | | Contact Person Information | ORG191B | N | N | N |
| 2 | Data Sources | | LIB122 | N | N | N |
| 2 | Degree Types | | LIB028 | N | N | N |
| 2 | Fields of Licensure | | LIB044 | N | N | N |
| 2 | Insurance Carriers | | ORG061 | N | N | N |
| | | Contact Person Information | ORG061B | N | N | N |
| 2 | Internship Types | | LIB049 | N | N | N |
| 2 | Medical Schools | | ORG141 | N | N | N |
| | | Contact Person Information | ORG141B | N | N | N |
| 2 | Nursing Schools | | ORG321 | N | N | N |
| | | Nursing Schools | ORG321 | N | N | N |
| 2 | Post-Graduate Schools | | ORG311 | N | N | N |
| | | Contact Person Information | ORG311B | N | N | N |
| 2 | Professional Schools | | ORG331 | N | N | N |
| | | Contact Person Information | ORG331B | N | N | N |
| 2 | Provider Types | | PVT001 | N | N | N |
| 2 | Qualifications | | LIB154 | N | N | N |
| 2 | Regulatory Agencies | | ORG121 | N | N | N |
| | | Contact Person Information | ORG121B | N | N | N |
| 2 | Specialization Areas | | LIB110 | N | N | N |
| 2 | Undergraduate Schools | | ORG341 | N | N | N |
| | | Contact Person Information | ORG341B | N | N | N |
| 2 | Vocational Schools | | ORG351 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Contact Person Information | ORG351B | N | N | N |
| 1 | Credentialing Batch | | VBR001 | N | N | N |
| 1 | Credentialing Batch Template | | VCB001 | N | N | N |
| 1 | Credentialing Application | | VAL001 | N | N | N |
| | | Credentialing Verification | VAL001B | N | N | N |
| 1 | Recredentialing Application | | VAL101 | N | N | N |
| | | Recredentialing Verification | VAL101B | N | N | N |
| 1 | Providers | | PVD002 | N | N | N |
| | | Physicians | PVD002B | N | N | N |
| | | Education/Training | PVD002C | N | N | N |
| | | Board Cert/Qualification | PVD002D | N | N | N |
| | | License | PVD002E | N | N | N |
| | | Insurance | PVD002F | N | N | N |
| | | Malpractice Claims | PVD002G | N | N | N |
| | | Adverse Action | PVD002H | N | N | N |

**Report Access**

| ID | Description | Security Level |
|---|---|---|
| CM | Case Management | N |
| FULFIL | Fulfillment Materials | N |
| LETTER | Letters | N |
| OTHER | Other Reports | N |
| PHM | Population Health Management | N |
| SYS | System Reports | N |
| UM | Utilization Management | N |

**Other Access**

| Description | Security |
|---|---|
| Allow Access to Clinical History Window | Y |
| Allow Changes to Authorization Status History | N |
| Allow Changes to "Date/Time Due" on Existing Tasks | N |
| Appeal Status | Open |
| Standard Appeals | N |
| Expedited CMS Appeals | N |
| Expedited Non-CMS Appeals | N |
| Allow Changes to "Start Date/Time" on Appeals | N |
| Allow Users to Reopen Closed Appeals | N |
| Appeal Status | Closed |
| Standard Appeals | N |
| Expedited CMS Appeals | N |
| Expedited Non-CMS Appeals | N |
| Allow Changes to "Start Date/Time" on Appeals | N |
| Allow Users to Reopen Closed Appeals | N |

| Description | Security |
|---|---|
| Note Types | |
| Allow All | Y |
| Case Types | |
| Allow All | Y |

## Clinical Administrative Support – Level 2

### Window Access

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| Functional Area: | | Care Coordination Center | | | | |
| 2 | Care Coordination | | TAU001 | Y | Y | Y |
| | | Services | TAU001B | Y | Y | Y |
| | | Inpatient Information | TAU001C | Y | Y | Y |
| | | Medical/Administrative Review | TAU001D | Y | Y | Y |
| | | Appeals | TAU001E | Y | Y | Y |
| | | Document History | TAU001F | Y | Y | Y |
| 2 | Intake Processing | | TAU201 | N | N | N |
| | | Services | TAU201B | N | N | N |
| 2 | Assignment of Care | | ASC001 | N | N | N |
| 2 | Provider Referrals | | TAU101 | N | N | N |
| | | Services | TAU101B | N | N | N |
| | Provider Cross Coverage | | PCC001 | N | N | N |
| 1 | Case Management | | CME001 | Y | N | N |
| | | Enrollment | CME001B | Y | Y | Y |
| | | Issues | CME001C | Y | Y | Y |
| | | Clinical Data | CME001F | Y | Y | Y |
| | | Authorization History | CME001D | Y | Y | Y |
| | | Document History | CME001E | Y | Y | Y |
| 2 | Member Care Plans | | CME002 | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 2 | Standard Care Plans | | SCP001 | N | N | N |
| 2 | Case Management Enrollment | | CEQ001 | Y | Y | Y |
| 2 | Case Management Screening Tool | | CMS001 | N | N | N |
| | | Determination | CMS001B | N | N | N |
| 2 | OB Information | | OBI001 | Y | Y | Y |
| 2 | RAND SF36 Health Survey | | S36001 | N | N | N |
| | | Activity Limitations | S36001B | N | N | N |
| | | Physical Health | S36001C | N | N | N |
| | | Emotional Health | S36001D | N | N | N |
| | | Bodily Pain | S36001E | N | N | N |
| | | Energy and Emotions | S36001F | N | N | N |
| | | General Health | S36001G | N | N | N |
| | | Survey Results | S36001H | N | N | N |
| 2 | Expedited CMS Appeals | | MAP202 | N | N | N |
| | | Processing | MAP202B | N | N | N |
| | | Decisions | MAP202C | N | N | N |
| | | Contact Log | MAP202D | N | N | N |
| | | CHDR | MAP202E | N | N | N |
| | | Document Log | MAP202F | N | N | N |
| | | Event History | MAP202G | N | N | N |
| 2 | Expedited Non-CMS Appeals | | MAP302 | N | N | N |
| | | Processing | MAP302B | N | N | N |
| | | Decisions | MAP302C | N | N | N |
| | | Contact Log | MAP302D | N | N | N |
| | | CHDR | MAP302E | N | N | N |
| | | Document Log | MAP302F | N | N | N |
| | | Event History | MAP302G | N | N | N |
| 2 | Standard Appeals | | MAP102 | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Processing | MAP102B | Y | Y | Y |
| | | Decisions | MAP102C | Y | Y | Y |
| | | Contact Log | MAP102D | Y | Y | Y |
| | | CHDR | MAP102E | N | N | N |
| | | Document Log | MAP102F | Y | Y | Y |
| | | Event History | MAP102G | Y | Y | Y |
| 1 | Contact Management | | CON001 | Y | Y | Y |
| 2 | Member Survey | | SRP001 | Y | Y | Y |
| 2 | Provider Surveys | | SRP101 | Y | Y | Y |
| 2 | Other Surveys | | SRP201 | Y | Y | Y |
| 3 | Survey Builder | | SBR001 | N | N | N |
| | | Survey Options | SBR001B | N | N | N |
| | | Scoring Details | SBR001C | N | N | N |
| 3 | Survey Types | | STY001 | N | N | N |
| 3 | Appeal Categories | | ACG001 | Y | N | N |
| 3 | Appeal Extension Reasons | | LIB116 | Y | N | N |
| 3 | Quick Appeal Outcomes | | LIB282 | N | N | N |
| 3 | Appeal Types | | ATE001 | Y | N | N |
| 3 | Appeal Override Reasons | | LIB152 | Y | N | N |
| 3 | Appeal Reasons | | LIB001 | Y | N | N |
| 3 | Appeal Relationships | | ARL001 | Y | N | N |
| 3 | Appeals Document Button Access | | MBA001 | Y | N | N |
| 3 | CHDR Decisions | | CHD001 | N | N | N |
| 3 | CHDR Rationales | | LIB190 | N | N | N |
| 3 | Contact Reasons - Appeals | | LIB088 | Y | N | N |
| 3 | Criteria Assessment Reasons | | CAN001 | Y | N | N |
| 3 | Contact Reasons | | COR001 | Y | N | N |
| 3 | Authorization Profiles | | APF001 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Authorization Status | | AST001 | Y | N | N |
| 3 | Case Types | | CTE001 | Y | N | N |
| 3 | Determination Reasons | | DTR001 | Y | N | N |
| 3 | Dispositions | | DDS101 | Y | N | N |
| 3 | Event Classifications | | LIB257 | Y | N | N |
| 3 | Inpatient Review Reasons | | IRR001 | Y | N | N |
| 3 | Level of Care Reasons | | LCR001 | Y | N | N |
| 3 | Levels of Care | | LOC001 | Y | N | N |
| 3 | Outcome Reasons | | OTR001 | Y | N | N |
| 3 | Outcomes | | LIB085 | Y | N | N |
| 3 | Reasons For Override | | LIB015 | Y | N | N |
| 3 | Reimbursement Types | | LIB212 | N | N | N |
| 3 | Review Criteria Sets | | RCT001 | Y | N | N |
| 3 | Review Reasons | | RVR001 | Y | N | N |
| 3 | Status Change Reasons | | SCA001 | Y | N | N |
| 3 | Targeted Medical Management | | TMM001 | Y | N | N |
| | | Targeted Diagnoses | TMM001B | N | N | N |
| | | Targeted Procedures | TMM001C | Y | N | N |
| | | Targeted Providers | TMM001D | Y | N | N |
| 3 | Case Management Goals | | CGL001 | Y | N | N |
| 3 | Contact Reasons - Case Management | | PCR001 | Y | N | N |
| 3 | Clinical Data Categories | | LIB272 | Y | N | N |
| 3 | Clinical Data Items | | CDI001 | Y | N | N |
| 3 | Clinical Data Reasons | | LIB273 | Y | N | N |
| 3 | Clinical Data Routes | | ARO001 | Y | N | N |
| 3 | Case Level Tool | | CLT001 | Y | N | N |
| 3 | Issues | | LIB274 | Y | N | N |
| 3 | Case Manager Rosters | | STF010 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Health Management Programs | | HMP001 | Y | N | N |
| 3 | High Tech Needs | | LIB241 | N | N | N |
| 3 | Interventions | | LIB082 | Y | N | N |
| 3 | New Case Responses | | NCR001 | Y | N | N |
| 3 | Client Accounting IDs | | CLC001 | Y | N | N |
| 3 | Client Divisions | | TPD001 | Y | N | N |
| 3 | Client Information Categories | | LIB259 | Y | N | N |
| 3 | Client Invoice Frequencies | | LIB260 | N | N | N |
| 3 | Client Invoice Reporting | | LIB261 | N | N | N |
| 3 | Client Invoice Types | | LIB262 | N | N | N |
| 3 | Client Services | | TPS001 | Y | N | N |
| | | Service Details | TPS001B | Y | N | N |
| 3 | Client Types | | TPT001 | Y | N | N |
| 3 | Clients | | TPA001 | Y | N | N |
| | | Service Groups | TPA001B | Y | N | N |
| | | Services | TPA001C | Y | N | N |
| | | Contact Addresses | TPA001D | Y | N | N |
| | | Standard Reports | TPA001E | Y | N | N |
| | | Additional Information | TPA001F | Y | N | N |
| 3 | Contact Entity Types | | COY001 | Y | N | N |
| 3 | General Ledger Accounts | | LIB270 | Y | N | N |
| 3 | Invoice Fee Types | | LIB263 | N | N | N |
| 3 | Invoice Rollup IDs | | LIB268 | N | N | N |
| 3 | NAICS Categories | | LIB269 | Y | N | N |
| 3 | Noncompliance Penalties | | NCP001 | Y | N | N |
| 3 | Plan Governing Agencies | | PGV001 | Y | N | N |
| 3 | Contact Attitudes | | LIB264 | Y | N | N |
| 3 | Contact Issue Resolutions | | LIB265 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Contact Reasons | | COR001 | Y | N | N |
| 3 | Contact Types | | LIB045 | Y | N | N |
| 3 | DSM Axis IV | | DXC201 | Y | N | N |
| 3 | DSM Axis V | | DXC301 | Y | N | N |
| 3 | ICD-9-CM Diagnoses | | DXC001 | Y | N | N |
| 3 | Site-Defined Diagnoses | | DXC101 | N | N | N |
| 3 | Treatment Diagnosis Groups | | TDG001 | N | N | N |
| 3 | Care Classifications | | CCL001 | Y | N | N |
| 3 | Contract Types | | CRY001 | Y | N | N |
| 3 | Coverage Denial | | LIB048 | Y | N | N |
| 3 | Coverage Termination | | LIB025 | Y | N | N |
| 3 | Disabilities | | LIB081 | Y | N | N |
| 3 | Drug Benefits | | LIB087 | Y | N | N |
| 3 | Employee Types | | LIB089 | Y | N | N |
| 3 | Employer Groups | | ORG211 | Y | N | N |
| | | Contact Person Information | ORG211B | Y | N | N |
| | | Payer Plans | ORG211C | Y | N | N |
| 3 | Leave of Absence | | LIB095 | N | N | N |
| 3 | Medicare Eligibility | | LIB098 | Y | N | N |
| 3 | Member ID Modifiers | | LIB108 | Y | N | N |
| 3 | Member ID Types | | MIT001 | Y | N | N |
| 3 | Member Information | | MEM001 | Y | N | N |
| | | Identification | MEM001B | Y | N | N |
| | | Birth/Health Information | MEM001C | Y | N | N |
| | | Next of Kin | MEM001D | Y | N | N |
| | | Plans/Groups | MEM001E | Y | N | N |
| | | Coverage | MEM001F | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Allergies/Disabilities | MEM001G | Y | N | N |
| | | Enrollment | MEM001H | Y | N | N |
| | | Pre-Existing | MEM001I | Y | N | N |
| | | Coordination of Benefits | MEM001J | Y | N | N |
| 3 | Member Roles | | MRO001 | Y | N | N |
| 3 | Pre-existing Waive Checks | | LIB106 | Y | N | N |
| 3 | Psychiatric Status | | LIB114 | Y | N | N |
| 3 | Birth Statuses | | OBS001 | Y | N | N |
| 3 | Detained Baby Dispositions | | LIB266 | Y | N | N |
| 3 | Detained Baby Reasons | | LIB267 | Y | N | N |
| 3 | Episode Meanings | | OBE001 | Y | N | N |
| 3 | OB Outcomes | | OBO001 | Y | N | N |
| 3 | Health Plan Products | | LIB192 | Y | N | N |
| 3 | Payer Plan Attributes | | PLA001 | Y | N | N |
| 3 | Payer Plan Deductibles | | LIB101 | Y | N | N |
| 3 | Payer Plan Riders | | LIB103 | Y | N | N |
| 3 | Payer Plan Tiers | | LIB104 | Y | N | N |
| 3 | Payer Plan Types | | LIB041 | Y | N | N |
| 3 | Payer Plans | | OPP001 | Y | N | N |
| | | Attributes | OPP001B | Y | N | N |
| 3 | Payers | | ORG091 | Y | N | N |
| | | Contact Person Information | ORG091B | Y | N | N |
| | | Plans | ORG091C | Y | N | N |
| 3 | CPT Procedures | | PXC201 | Y | N | N |
| 3 | HCPCS Procedures | | PXC301 | Y | N | N |
| 3 | ICD-9-CM Procedures | | PXC001 | Y | N | N |
| 3 | NDC Procedures | | PXC401 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | NUBC Revenue Codes | | PXC501 | Y | N | N |
| 3 | Site-Defined Procedures | | PXC101 | Y | N | N |
| 3 | Treatment Procedure Groups | | TPG001 | Y | N | N |
| 3 | Affiliation Types | | AFT001 | Y | N | N |
| 3 | Affiliations | | AFC001 | Y | N | N |
| | | Addresses | AFC001B | Y | N | N |
| | | Services/Restrictions | AFC001C | Y | N | N |
| | | Classifications/Specialties | AFC001D | Y | N | N |
| | | Lines Of Business/Networks | AFC001E | Y | N | N |
| 3 | Capitation Contract Types | | LIB047 | N | N | N |
| 3 | Integrated Delivery Networks | | IDN001 | N | N | N |
| 3 | Lines of Business | | LIB097 | Y | N | N |
| 3 | Panels | | LIB242 | N | N | N |
| 3 | Participation Levels | | LIB243 | Y | N | N |
| 3 | Patient Types | | LIB177 | Y | N | N |
| 3 | Plan Provider Types | | LIB002 | Y | N | N |
| 3 | Provider Change Reasons | | LIB188 | N | N | N |
| 3 | Provider Classifications | | LIB235 | Y | N | N |
| 3 | Provider Groups | | LIB107 | Y | N | N |
| 3 | Provider ID Modifiers | | LIB236 | Y | N | N |
| 3 | Provider ID Types | | PIT001 | Y | N | N |
| 3 | Provider Information | | PVD001 | Y | N | N |
| | | Identification | PVD001B | Y | N | N |
| 3 | Provider Networks | | LIB195 | Y | N | N |
| 3 | Provider Roles | | PVR001 | Y | N | N |
| 3 | Provider Types | | PVT001 | Y | N | N |
| 3 | Restriction Reasons | | LIB237 | Y | N | N |
| 3 | Termination Reasons | | LIB119 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | User-Defined Licenses | | LIB030 | Y | N | N |
| 3 | Place of Service Profiles | | POP001 | Y | N | N |
| | | Procedures | POP001B | Y | N | N |
| 3 | Places of Service | | POS001 | Y | N | N |
| 3 | Service Areas | | LIB156 | Y | N | N |
| 3 | Service Restrictions | | SRN001 | Y | N | N |
| 3 | Service Types | | LIB147 | Y | N | N |
| 3 | Services | | SEV001 | Y | N | N |
| 3 | Address Book | | ADB001 | Y | N | N |
| 3 | Alerts | | ALE001 | Y | N | N |
| 3 | Assessment Types | | CRT001 | Y | N | N |
| 3 | Assessments | | NTA001 | Y | N | N |
| | | Assessment Items | NTA001B | Y | N | N |
| 3 | Care Activities | | CAC001 | N | N | N |
| 3 | Cost Savings Variance Reasons | | CVR001 | Y | N | N |
| 3 | Delivery Priorities | | LIB197 | Y | N | N |
| 3 | Disenrollment Reasons | | LIB169 | Y | N | N |
| 3 | Document Types | | DCT001 | Y | N | N |
| 3 | Hospital Treatment Services | | LIB186 | N | N | N |
| 3 | LOINC Codes | | LOI001 | N | N | N |
| 3 | Note Template Categories | | LIB283 | Y | N | N |
| 3 | Note Templates | | NTE001 | Y | N | N |
| | | Template Designer | NTE001B | N | N | N |
| 3 | Note Types | | NOT001 | Y | N | N |
| 3 | Payment Status | | LIB105 | N | N | N |
| 3 | Payment Terms | | LIB072 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | States / Provinces | | STA001 | Y | N | N |
| 3 | Units of Measure | | UOM001 | Y | N | N |
| 3 | Web Notification Types | | WNT001 | Y | N | N |
| 2 | Clinical Pathway Definitions | | CPA001 | N | N | N |
| | | Intervals and Headings | CPA001B | N | N | N |
| | | Line Items | CPA001C | N | N | N |
| 2 | Clinical Pathway Previews | | CPA003 | N | N | N |
| 3 | Criteria Pages | | CPG001 | N | N | N |
| | | Details | CPG001B | N | N | N |
| 3 | Criteria Categories | | CRC001 | N | N | N |
| | | Headings and Intervals | CRC001B | N | N | N |
| | | Qualifiers | CRC001C | N | N | N |
| 2 | Criteria Set - Authorizations | | CRS101 | Y | N | N |
| 2 | Criteria Set - Case Management | | CRS201 | Y | N | N |
| 2 | InterQual CP-Imaging: Authorizations | | CRP303 | Y | N | N |
| | | Review Information | CRP303B | Y | N | N |
| | | Case Information | CRP303C | Y | N | N |
| | | Summary | CRP303D | Y | N | N |
| 2 | InterQual CP-Imaging: Case Management | | CRP503 | Y | N | N |
| | | Review Information | CRP503B | Y | N | N |
| | | Case Information | CRP503C | Y | N | N |
| | | Summary | CRP503D | Y | N | N |
| 2 | InterQual Care Planning: Authorizations | | CRP203 | Y | N | N |
| | | Review Information | CRP203B | Y | N | N |
| | | Case Information | CRP203C | Y | N | N |
| | | Summary | CRP203D | Y | N | N |
| 2 | InterQual Care Planning: Case Management | | CRP403 | Y | N | N |
| | | Review Information | CRP403B | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Case Information | CRP403C | Y | N | N |
| | | Summary | CRP403D | Y | N | N |
| 2 | InterQual Level of Care: Authorizations | | CRP101 | Y | N | N |
| | | Case Information | CRP101B | Y | N | N |
| | | Summary | CRP101C | Y | N | N |
| | | Prerequisites | CRP101D | Y | N | N |
| | | Severity of Illness | CRP101E | Y | N | N |
| | | Intensity of Service | CRP101F | Y | N | N |
| | | Discharge Screens | CRP101G | Y | N | N |
| 2 | InterQual Level of Care: Case Management | | CRP201 | Y | N | N |
| | | Case Information | CRP201B | Y | N | N |
| | | Summary | CRP201C | Y | N | N |
| | | Prerequisites | CRP201D | Y | N | N |
| | | Severity of Illness | CRP201E | Y | N | N |
| | | Intensity of Service | CRP201F | Y | N | N |
| | | Discharge Screens | CRP201G | Y | N | N |
| 2 | InterQual LOC-ORC: Authorizations | | CRP603 | Y | N | N |
| | | Review Information | CRP603B | Y | N | N |
| | | Case Information | CRP603C | Y | N | N |
| | | Summary | CRP603D | Y | N | N |
| | | Prerequisites | CRP301D | Y | N | N |
| | | Severity of Illness | CRP301E | Y | N | N |
| | | Intensity of Service | CRP301F | Y | N | N |
| | | Discharge Screens | CRP301G | Y | N | N |
| 2 | InterQual LOC-ORC: Case Management | | CRP703 | Y | N | N |
| | | Review Information | CRP703B | Y | N | N |
| | | Case Information | CRP703C | Y | N | N |
| | | Prerequisites | CRP401D | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Severity of Illness | CRP401E | Y | N | N |
| | | Intensity of Service | CRP401F | Y | N | N |
| | | Discharge Screens | CRP401G | Y | N | N |
| 2 | Pathway Reviews - Authorizations | | CPA202 | N | N | N |
| | | Review Information | CPA202B | N | N | N |
| 2 | Pathway Reviews - Case Management | | CPA302 | N | N | N |
| | | Review Information | CPA302B | N | N | N |
| 2 | Review Based Evaluation - CM | | CM-CME | N | N | N |
| 2 | Disclosures of Information | | MDI001 | Y | N | N |
| 2 | Member Access and Amendments | | MAS001 | Y | Y | Y |
| | | Amendments Tab | MAS001B | Y | Y | Y |
| 2 | Member Consent Records | | MCS001 | Y | Y | Y |
| 2 | Member Privacy Requests | | MPQ001 | Y | Y | Y |
| 2 | Create Member Notifications | | WNT002 | N | N | N |
| 2 | Create Provider Notifications | | WNT102 | N | N | N |
| 2 | View Member Notifications | | WNT003 | Y | N | N |
| 2 | View Provider Notifications | | WNT103 | Y | N | N |
| Functional Area | | Reporting & Analysis | | | | |
| 2 | Database Queries | | DBQ001 | Y | N | N |
| | | Test & Preview | DBQ001B | Y | N | N |
| 2 | ezQ | | RPT011 | Y | N | N |
| | | Layout | RPT011B | Y | N | N |
| 2 | Report Library Manager | | RPT001 | Y | N | N |
| | | Headers / Footers | RPT001B | Y | N | N |
| | | Contents | RPT001C | Y | N | N |
| | | Selection Criteria | RPT001D | Y | N | N |
| | | Sort Criteria | RPT001E | Y | N | N |
| | | Prompts | RPT001F | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 2 | Run Database Query | | DBQ002 | Y | N | N |
| 2 | Run Reports | | RPT002 | Y | N | N |
| 2 | Window Report Access | | WRA001 | Y | N | N |
| 2 | Create/Edit External Application Reports | | RPT003 | N | N | N |
| | | Document | RPT003B | N | N | N |
| 2 | Visual Reports | | RPT008 | N | N | N |
| | | Sub-window | RPT008B | N | N | N |
| 2 | Create / Edit Dashboards | | DSH001 | N | N | N |
| 2 | Run Dashboards | | DSH101 | N | N | N |
| 2 | Gauges | | GAG001 | N | N | N |
| 1 | Register Crystal Reports | | RPT007 | N | N | N |
| | | Parameters | RPT007B | N | N | N |
| 1 | Reporting Configuration | | SYS010 | N | N | N |
| 1 | Printer Profiles | | PPF001 | N | N | N |
| 1 | Report Modifiers | | RML001 | N | N | N |
| 1 | Report Signature Blocks | | RSB001 | N | N | N |
| 1 | Report Text Objects | | RTO001 | N | N | N |
| | | Header | RTO001B | N | N | N |
| | | Regarding | RTO001C | N | N | N |
| | | Salutation | RTO001D | N | N | N |
| | | Body Upper | RTO001E | N | N | N |
| | | Body Lower | RTO001F | N | N | N |
| | | Footer | RTO001G | N | N | N |
| | | Enclosure | RTO001H | N | N | N |
| 2 | Run Summary Data Loads | | DLD101 | N | N | N |
| | | Results | DLD101B | N | N | N |
| 2 | Summary Data Loads | | DLD001 | N | N | N |
| | | Results | DLD001B | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| Functional Area: | | System Management | | | | |
| 2 | Managed Care Configuration | | MCC001 | N | N | N |
| | | Default Values | MCC001B | N | N | N |
| | | Care Coordination/Appeals | MCC001C | N | N | N |
| | | Numbering Policies | MCC001D | N | N | N |
| | | Client Subsystem/TMM | MCC001E | N | N | N |
| | | OB Information | MCC001F | N | N | N |
| | | Members/Providers | MCC001G | N | N | N |
| | | Electronic Transactions | MCC001H | N | N | N |
| 2 | Menu Configuration | | MNU001 | N | N | N |
| 2 | System Configuration | | SYS001 | N | N | N |
| | | Rules & Restrictions | SYS001B | N | N | N |
| 2 | Window Access | | WAC001 | N | N | N |
| 2 | Window Library | | WIN001 | N | N | N |
| 3 | Diagnosis Related Groups | | DRG001 | N | N | N |
| 3 | DRG Multipliers | | DRM001 | N | N | N |
| 3 | DRG Grouping Logic | | DGL001 | N | N | N |
| 3 | Major Diagnostic Categories | | MDC001 | N | N | N |
| 3 | Consequences of Variance | | CVA001 | N | N | N |
| 3 | Reasons For Variance | | RVA001 | N | N | N |
| 3 | User-Defined Associations | | UDA001 | N | N | N |
| 3 | Allergies | | ALG001 | N | N | N |
| 3 | Allergy Severities | | LIB145 | N | N | N |
| 3 | Allergy Types | | ALT001 | N | N | N |
| 3 | Postal Codes | | POC001 | N | N | N |
| 3 | Counties | | LIB184 | N | N | N |
| 3 | Countries | | LIB064 | N | N | N |
| 3 | Employment Status | | LIB038 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Ethnic Origins | | LIB036 | N | N | N |
| 3 | Job Classifications | | JCL001 | N | N | N |
| 3 | Marital Status | | MRS001 | N | N | N |
| 3 | Next Of Kin Roles | | LIB027 | N | N | N |
| 3 | Races | | LIB032 | N | N | N |
| 3 | Relationships | | LIB149 | N | N | N |
| 3 | Religions | | LIB092 | N | N | N |
| 3 | States / Provinces | | STA001 | N | N | N |
| 3 | Access Response Reasons | | ARR001 | N | N | N |
| 3 | Amendment Response Reasons | | AMR001 | N | N | N |
| 3 | Disclosure Requirement Reasons | | DRR001 | N | N | N |
| 3 | Extension Reasons | | LIB209 | N | N | N |
| 3 | Information Disclosure Purposes | | LIB051 | N | N | N |
| 3 | Member Alert Types | | LIB280 | N | N | N |
| 3 | Privacy Request Types | | LIB281 | N | N | N |
| 3 | Brokers | | ORG361 | N | N | N |
| | | Contact Person Information | ORG361B | N | N | N |
| 3 | Business Units | | LIB240 | N | N | N |
| 3 | Employers | | ORG171 | N | N | N |
| | | Contact Person Information | ORG171B | N | N | N |
| 3 | Organization Types | | ORT001 | N | N | N |
| 3 | Organization Contact Persons | | ORP001 | N | N | N |
| | | Additional Contact Information | ORP001B | N | N | N |
| 3 | Payers | | ORG091 | N | N | N |
| | | Contact Person Information | ORG091B | N | N | N |
| | | Plans | ORG091C | N | N | N |
| 3 | Person Types | | PNT001 | N | N | N |
| 3 | | Professions | LIB070 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Review Agencies | | ORG261 | N | N | N |
| | | Contact Person Information | ORG261B | N | N | N |
| 3 | Letter Packages | | LPK001 | N | N | N |
| 3 | Database Queries | | DBQ001 | N | N | N |
| | | Test & Preview | DBQ001B | N | N | N |
| 3 | Document Types | | DCT001 | N | N | N |
| 3 | Letter Modifiers | | LIB271 | N | N | N |
| 3 | Letter Types | | LTY001 | N | N | N |
| 3 | Printer Pools | | LIB138 | N | N | N |
| 3 | Printers | | PRN001 | N | N | N |
| 3 | Report Categories | | RCG001 | N | N | N |
| 3 | Report Field Configuration | | REQ001 | N | N | N |
| 3 | Report Types | | RTP001 | N | N | N |
| 3 | Cost Centers | | LIB157 | N | N | N |
| 3 | Emergency Locator Codes | | LIB035 | N | N | N |
| 3 | Departments | | DPT001 | N | N | N |
| 3 | Hospital Services | | HSV001 | N | N | N |
| 3 | Specialties | | SPC001 | N | N | N |
| 3 | Job Classifications | | JCL001 | N | N | N |
| 3 | Job Titles | | LIB121 | N | N | N |
| 3 | Staff Categories | | STC001 | N | N | N |
| 3 | Visa Types | | LIB125 | N | N | N |
| 3 | Ancillary Staff Information | | STF003 | N | N | N |
| | | Contact Information | STF003B | N | N | N |
| | | Personal Information | STF003C | N | N | N |
| 3 | Workgroups | | WGR001 | N | N | N |
| | | Workgroup Clients | WGR001 B | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Task List Redirection | | TSL101 | N | N | N |
| 3 | Task Distribution Lists | | TDL001 | N | N | N |
| 3 | Task Lists | | TSL001 | N | N | N |
| 3 | Task Priorities | | TPR001 | N | N | N |
| 3 | Task Types | | TTY001 | N | N | N |
| | | Parameters | TTY001B | N | N | N |
| | | Label Definition | TTY001C | N | N | N |
| | | Task Creation | TTY001D | N | N | N |
| 2 | Retrieval Log | | RVL001 | N | N | N |
| 2 | Activity Log Maintenance | | UAL001 | N | N | N |
| 2 | User Information | | USR201 | N | N | N |
| | | Account Restrictions | USR201B | N | N | N |
| | | Privileges/Programs | USR201C | N | N | N |
| | | Client Security | USR201D | N | N | N |
| 2 | Window Privilege Profiles | | WPP001 | N | N | N |
| | | Report Access | WPP001B | N | N | N |
| | | Other Access | WPP001C | N | N | N |
| 2 | Security Profiles | | SPF001 | N | N | N |
| 2 | Security User Information | | SUR001 | N | N | N |
| | | Acct Restrictions | SUR001B | N | N | N |
| | | User Profiles & Groups | SUR001C | N | N | N |
| | | Associated Providers | SUR001D | N | N | N |
| | | Privilege Summary | SUR001E | N | N | N |
| 2 | Application Event Queue | | AEQ001 | N | N | N |
| 2 | Job Definitions | | JBD001 | N | N | N |
| | | Job Rules | JBD001B | N | N | N |
| 2 | Job Scheduling | | JSC001 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 2 | Job Scripts | | XOB101 | N | N | N |
| | | Code | XOB101B | N | N | N |
| 2 | Schedule Monitor | | SSE001 | N | N | N |
| 2 | Create/Edit User-Defined Windows | | UDW001 | N | N | N |
| | | Field Information | UDW001B | N | N | N |
| | | Preview & Arrange | UDW001 C | N | N | N |
| | | Menu Access | UDW001 D | N | N | N |
| 2 | Run User-Defined Windows | | UDW002 | N | N | N |
| 2 | User-Defined Tables | | SYT003 | N | N | N |
| | | Usage | SYT003B | N | N | N |
| | | Data Access | SYT003C | N | N | N |
| 2 | Workgroup Task List Management | | TSK002 | N | N | N |
| 2 | Task Batch Processing | | TSK004 | N | N | N |
| 2 | Data Records | | XDR002 | N | N | N |
| | | Raw Data | XDR002B | N | N | N |
| 2 | Data Records Queue | | XDR004 | N | N | N |
| 2 | Objects | | XOB001 | N | N | N |
| | | Code | XOB001B | N | N | N |
| 2 | System Applications | | XSA001 | N | N | N |
| 2 | System Segments | | XSS001 | N | N | N |
| 2 | System Tables | | SYT001 | N | N | N |
| 2 | Translation Table | | XLT001 | N | N | N |
| Functional Area: | | Provider Credentialing | | | | |
| 2 | Attestations | | VAT001 | N | N | N |
| 2 | Verification Forms | | VFM001 | N | N | N |
| 2 | Verification Items | | VIM001 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 2 | Acts or Omissions | | LIB210 | N | N | N |
| 2 | Adverse Action Classification | | LIB052 | N | N | N |
| 2 | Boards (Specialty Certification) | | ORG131 | N | N | N |
| | | Contact Person Information | ORG131B | N | N | N |
| | | Certificates | ORG131C | N | N | N |
| 2 | Coverage Terms | | LIB131 | N | N | N |
| 2 | Coverage Types | | LIB133 | N | N | N |
| 2 | Credentialing Verification Organizations | | ORG191 | N | N | N |
| | | Contact Person Information | ORG191B | N | N | N |
| 2 | Data Sources | | LIB122 | N | N | N |
| 2 | Degree Types | | LIB028 | N | N | N |
| 2 | Fields of Licensure | | LIB044 | N | N | N |
| 2 | Insurance Carriers | | ORG061 | N | N | N |
| | | Contact Person Information | ORG061B | N | N | N |
| 2 | Internship Types | | LIB049 | N | N | N |
| 2 | Medical Schools | | ORG141 | N | N | N |
| | | Contact Person Information | ORG141B | N | N | N |
| 2 | Nursing Schools | | ORG321 | N | N | N |
| | | Nursing Schools | ORG321 | N | N | N |
| 2 | Post-Graduate Schools | | ORG311 | N | N | N |
| | | Contact Person Information | ORG311B | N | N | N |
| 2 | Professional Schools | | ORG331 | N | N | N |
| | | Contact Person Information | ORG331B | N | N | N |
| 2 | Provider Types | | PVT001 | N | N | N |
| 2 | Qualifications | | LIB154 | N | N | N |
| 2 | Regulatory Agencies | | ORG121 | N | N | N |
| | | Contact Person Information | ORG121B | N | N | N |
| 2 | Specialization Areas | | LIB110 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 2 | Undergraduate Schools | | ORG341 | N | N | N |
| | | Contact Person Information | ORG341B | N | N | N |
| 2 | Vocational Schools | | ORG351 | N | N | N |
| | | Contact Person Information | ORG351B | N | N | N |
| 1 | Credentialing Batch | | VBR001 | N | N | N |
| 1 | Credentialing Batch Template | | VCB001 | N | N | N |
| 1 | Credentialing Application | | VAL001 | N | N | N |
| | | Credentialing Verification | VAL001B | N | N | N |
| 1 | Recredentialing Application | | VAL101 | N | N | N |
| | | Recredentialing Verification | VAL101B | N | N | N |
| 1 | Providers | | PVD002 | N | N | N |
| | | Physicians | PVD002B | N | N | N |
| | | Education/Training | PVD002C | N | N | N |
| | | Board Cert/Qualification | PVD002D | N | N | N |
| | | License | PVD002E | N | N | N |
| | | Insurance | PVD002F | N | N | N |
| | | Malpractice Claims | PVD002G | N | N | N |
| | | Adverse Action | PVD002H | N | N | N |

**Report Access**

| ID | Description | Security Level |
|---|---|---|
| CM | Case Management | Y |
| FULFIL | Fulfillment Materials | Y |
| LETTER | Letters | Y |
| OTHER | Other Reports | Y |
| PHM | Population Health Management | Y |
| SYS | System Reports | Y |
| UM | Utilization Management | Y |

**Other Access**

| Description | Security |
|---|---|
| Allow Access to Clinical History Window | Y |
| Allow Changes to Authorization Status History | N |
| Allow Changes to "Date/Time Due" on Existing Tasks | N |
| Appeal Status | Open |
| Standard Appeals | Y |
| Expedited CMS Appeals | N |
| Expedited Non-CMS Appeals | N |
| Allow Changes to "Start Date/Time" on Appeals | Y |
| Allow Users to Reopen Closed Appeals | Y |
| Appeal Status | Closed |
| Standard Appeals | Y |
| Expedited CMS Appeals | N |
| Expedited Non-CMS Appeals | N |
| Allow Changes to "Start Date/Time" on Appeals | Y |
| Allow Users to Reopen Closed Appeals | Y |
| Note Types | |
| Allow All | Y |
| Case Types | |
| Allow All | Y |

## Clinical Reviewer

### Window Access

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| Functional Area: | | Care Coordination Center | | | | |
| 2 | Care Coordination | | TAU001 | Y | Y | Y |
| | | Services | TAU001B | Y | Y | Y |
| | | Inpatient Information | TAU001C | Y | Y | Y |
| | | Medical/Administrative Review | TAU001D | Y | Y | Y |
| | | Appeals | TAU001E | Y | Y | Y |
| | | Document History | TAU001F | Y | Y | Y |
| 2 | Intake Processing | | TAU201 | N | N | N |
| | | Services | TAU201B | N | N | N |
| 2 | Assignment of Care | | ASC001 | N | N | N |
| 2 | Provider Referrals | | TAU101 | N | N | N |
| | | Services | TAU101B | N | N | N |
| | Provider Cross Coverage | | PCC001 | N | N | N |
| 1 | Case Management | | CME001 | Y | N | N |
| | | Enrollment | CME001B | Y | Y | Y |
| | | Issues | CME001C | Y | Y | Y |
| | | Clinical Data | CME001F | Y | Y | Y |
| | | Authorization History | CME001D | Y | Y | Y |
| | | Document History | CME001E | Y | Y | Y |
| 2 | Member Care Plans | | CME002 | Y | Y | Y |
| 2 | Standard Care Plans | | SCP001 | N | N | N |
| 2 | Case Management Enrollment | | CEQ001 | Y | Y | Y |
| 2 | Case Management Screening Tool | | CMS001 | N | N | N |
| | | Determination | CMS001B | N | N | N |
| 2 | OB Information | | OBI001 | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 2 | RAND SF36 Health Survey | | S36001 | N | N | N |
| | | Activity Limitations | S36001B | N | N | N |
| | | Physical Health | S36001C | N | N | N |
| | | Emotional Health | S36001D | N | N | N |
| | | Bodily Pain | S36001E | N | N | N |
| | | Energy and Emotions | S36001F | N | N | N |
| | | General Health | S36001G | N | N | N |
| | | Survey Results | S36001H | N | N | N |
| 2 | Expedited CMS Appeals | | MAP202 | N | N | N |
| | | Processing | MAP202B | N | N | N |
| | | Decisions | MAP202C | N | N | N |
| | | Contact Log | MAP202D | N | N | N |
| | | CHDR | MAP202E | N | N | N |
| | | Document Log | MAP202F | N | N | N |
| | | Event History | MAP202G | N | N | N |
| 2 | Expedited Non-CMS Appeals | | MAP302 | N | N | N |
| | | Processing | MAP302B | N | N | N |
| | | Decisions | MAP302C | N | N | N |
| | | Contact Log | MAP302D | N | N | N |
| | | CHDR | MAP302E | N | N | N |
| | | Document Log | MAP302F | N | N | N |
| | | Event History | MAP302G | N | N | N |
| 2 | Standard Appeals | | MAP102 | Y | Y | Y |
| | | Processing | MAP102B | Y | Y | Y |
| | | Decisions | MAP102C | Y | Y | Y |
| | | Contact Log | MAP102D | Y | Y | Y |
| | | CHDR | MAP102E | N | N | N |
| | | Document Log | MAP102F | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Event History | MAP102G | Y | Y | Y |
| 1 | Contact Management | | CON001 | Y | Y | Y |
| 2 | Member Survey | | SRP001 | Y | Y | Y |
| 2 | Provider Surveys | | SRP101 | Y | Y | Y |
| 2 | Other Surveys | | SRP201 | Y | Y | Y |
| 3 | Survey Builder | | SBR001 | N | N | N |
| | | Survey Options | SBR001B | N | N | N |
| | | Scoring Details | SBR001C | N | N | N |
| 3 | Survey Types | | STY001 | N | N | N |
| 3 | Appeal Categories | | ACG001 | Y | N | N |
| 3 | Appeal Extension Reasons | | LIB116 | Y | N | N |
| 3 | Quick Appeal Outcomes | | LIB282 | N | N | N |
| 3 | Appeal Types | | ATE001 | Y | N | N |
| 3 | Appeal Override Reasons | | LIB152 | Y | N | N |
| 3 | Appeal Reasons | | LIB001 | Y | N | N |
| 3 | Appeal Relationships | | ARL001 | Y | N | N |
| 3 | Appeals Document Button Access | | MBA001 | Y | N | N |
| 3 | CHDR Decisions | | CHD001 | N | N | N |
| 3 | CHDR Rationales | | LIB190 | N | N | N |
| 3 | Contact Reasons - Appeals | | LIB088 | Y | N | N |
| 3 | Criteria Assessment Reasons | | CAN001 | Y | N | N |
| 3 | Contact Reasons | | COR001 | Y | N | N |
| 3 | Authorization Profiles | | APF001 | Y | N | N |
| 3 | Authorization Status | | AST001 | Y | N | N |
| 3 | Case Types | | CTE001 | Y | N | N |
| 3 | Determination Reasons | | DTR001 | Y | N | N |
| 3 | Dispositions | | DDS101 | Y | N | N |
| 3 | Event Classifications | | LIB257 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Inpatient Review Reasons | | IRR001 | Y | N | N |
| 3 | Level of Care Reasons | | LCR001 | Y | N | N |
| 3 | Levels of Care | | LOC001 | Y | N | N |
| 3 | Outcome Reasons | | OTR001 | Y | N | N |
| 3 | Outcomes | | LIB085 | Y | N | N |
| 3 | Reasons For Override | | LIB015 | Y | N | N |
| 3 | Reimbursement Types | | LIB212 | N | N | N |
| 3 | Review Criteria Sets | | RCT001 | Y | N | N |
| 3 | Review Reasons | | RVR001 | Y | N | N |
| 3 | Status Change Reasons | | SCA001 | Y | N | N |
| 3 | Targeted Medical Management | | TMM001 | Y | N | N |
| | | Targeted Diagnoses | TMM001B | N | N | N |
| | | Targeted Procedures | TMM001C | Y | N | N |
| | | Targeted Providers | TMM001D | Y | N | N |
| 3 | Case Management Goals | | CGL001 | Y | N | N |
| 3 | Contact Reasons - Case Management | | PCR001 | Y | N | N |
| 3 | Clinical Data Categories | | LIB272 | Y | N | N |
| 3 | Clinical Data Items | | CDI001 | Y | N | N |
| 3 | Clinical Data Reasons | | LIB273 | Y | N | N |
| 3 | Clinical Data Routes | | ARO001 | Y | N | N |
| 3 | Case Level Tool | | CLT001 | Y | N | N |
| 3 | Issues | | LIB274 | Y | N | N |
| 3 | Case Manager Rosters | | STF010 | Y | N | N |
| 3 | Health Management Programs | | HMP001 | Y | N | N |
| 3 | High Tech Needs | | LIB241 | N | N | N |
| 3 | Interventions | | LIB082 | Y | N | N |
| 3 | New Case Responses | | NCR001 | Y | N | N |
| 3 | Client Accounting IDs | | CLC001 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Client Divisions | | TPD001 | Y | N | N |
| 3 | Client Information Categories | | LIB259 | Y | N | N |
| 3 | Client Invoice Frequencies | | LIB260 | N | N | N |
| 3 | Client Invoice Reporting | | LIB261 | N | N | N |
| 3 | Client Invoice Types | | LIB262 | N | N | N |
| 3 | Client Services | | TPS001 | Y | N | N |
| | | Service Details | TPS001B | Y | N | N |
| 3 | Client Types | | TPT001 | Y | N | N |
| 3 | Clients | | TPA001 | Y | N | N |
| | | Service Groups | TPA001B | Y | N | N |
| | | Services | TPA001C | Y | N | N |
| | | Contact Addresses | TPA001D | Y | N | N |
| | | Standard Reports | TPA001E | Y | N | N |
| | | Additional Information | TPA001F | Y | N | N |
| 3 | Contact Entity Types | | COY001 | Y | N | N |
| 3 | General Ledger Accounts | | LIB270 | Y | N | N |
| 3 | Invoice Fee Types | | LIB263 | N | N | N |
| 3 | Invoice Rollup IDs | | LIB268 | N | N | N |
| 3 | NAICS Categories | | LIB269 | Y | N | N |
| 3 | Noncompliance Penalties | | NCP001 | Y | N | N |
| 3 | Plan Governing Agencies | | PGV001 | Y | N | N |
| 3 | Contact Attitudes | | LIB264 | Y | N | N |
| 3 | Contact Issue Resolutions | | LIB265 | Y | N | N |
| 3 | Contact Reasons | | COR001 | Y | N | N |
| 3 | Contact Types | | LIB045 | Y | N | N |
| 3 | DSM Axis IV | | DXC201 | Y | N | N |
| 3 | DSM Axis V | | DXC301 | Y | N | N |
| 3 | ICD-9-CM Diagnoses | | DXC001 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Site-Defined Diagnoses | | DXC101 | N | N | N |
| 3 | Treatment Diagnosis Groups | | TDG001 | N | N | N |
| 3 | Care Classifications | | CCL001 | Y | N | N |
| 3 | Contract Types | | CRY001 | Y | N | N |
| 3 | Coverage Denial | | LIB048 | Y | N | N |
| 3 | Coverage Termination | | LIB025 | Y | N | N |
| 3 | Disabilities | | LIB081 | Y | N | N |
| 3 | Drug Benefits | | LIB087 | Y | N | N |
| 3 | Employee Types | | LIB089 | Y | N | N |
| 3 | Employer Groups | | ORG211 | Y | N | N |
| | | Contact Person Information | ORG211B | Y | N | N |
| | | Payer Plans | ORG211C | Y | N | N |
| 3 | Leave of Absence | | LIB095 | N | N | N |
| 3 | Medicare Eligibility | | LIB098 | Y | N | N |
| 3 | Member ID Modifiers | | LIB108 | Y | N | N |
| 3 | Member ID Types | | MIT001 | Y | N | N |
| 3 | Member Information | | MEM001 | Y | N | N |
| | | Identification | MEM001B | Y | N | N |
| | | Birth/Health Information | MEM001C | Y | N | N |
| | | Next of Kin | MEM001D | Y | N | N |
| | | Plans/Groups | MEM001E | Y | N | N |
| | | Coverage | MEM001F | Y | N | N |
| | | Allergies/Disabilities | MEM001 G | Y | N | N |
| | | Enrollment | MEM001H | Y | N | N |
| | | Pre-Existing | MEM001I | Y | N | N |
| | | Coordination of Benefits | MEM001J | Y | N | N |
| 3 | Member Roles | | MRO001 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Pre-existing Waive Checks | | LIB106 | Y | N | N |
| 3 | Psychiatric Status | | LIB114 | Y | N | N |
| 3 | Birth Statuses | | OBS001 | Y | N | N |
| 3 | Detained Baby Dispositions | | LIB266 | Y | N | N |
| 3 | Detained Baby Reasons | | LIB267 | Y | N | N |
| 3 | Episode Meanings | | OBE001 | Y | N | N |
| 3 | OB Outcomes | | OBO001 | Y | N | N |
| 3 | Health Plan Products | | LIB192 | Y | N | N |
| 3 | Payer Plan Attributes | | PLA001 | Y | N | N |
| 3 | Payer Plan Deductibles | | LIB101 | Y | N | N |
| 3 | Payer Plan Riders | | LIB103 | Y | N | N |
| 3 | Payer Plan Tiers | | LIB104 | Y | N | N |
| 3 | Payer Plan Types | | LIB041 | Y | N | N |
| 3 | Payer Plans | | OPP001 | Y | N | N |
| | | Attributes | OPP001B | Y | N | N |
| 3 | Payers | | ORG091 | Y | N | N |
| | | Contact Person Information | ORG091B | Y | N | N |
| | | Plans | ORG091C | Y | N | N |
| 3 | CPT Procedures | | PXC201 | Y | N | N |
| 3 | HCPCS Procedures | | PXC301 | Y | N | N |
| 3 | ICD-9-CM Procedures | | PXC001 | Y | N | N |
| 3 | NDC Procedures | | PXC401 | Y | N | N |
| 3 | NUBC Revenue Codes | | PXC501 | Y | N | N |
| 3 | Site-Defined Procedures | | PXC101 | Y | N | N |
| 3 | Treatment Procedure Groups | | TPG001 | Y | N | N |
| 3 | Affiliation Types | | AFT001 | Y | N | N |
| 3 | Affiliations | | AFC001 | Y | N | N |
| | | Addresses | AFC001B | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Services/Restrictions | AFC001C | Y | N | N |
| | | Classifications/Specialties | AFC001D | Y | N | N |
| | | Lines Of Business/Networks | AFC001E | Y | N | N |
| 3 | Capitation Contract Types | | LIB047 | N | N | N |
| 3 | Integrated Delivery Networks | | IDN001 | N | N | N |
| 3 | Lines of Business | | LIB097 | Y | N | N |
| 3 | Panels | | LIB242 | N | N | N |
| 3 | Participation Levels | | LIB243 | Y | N | N |
| 3 | Patient Types | | LIB177 | Y | N | N |
| 3 | Plan Provider Types | | LIB002 | Y | N | N |
| 3 | Provider Change Reasons | | LIB188 | N | N | N |
| 3 | Provider Classifications | | LIB235 | Y | N | N |
| 3 | Provider Groups | | LIB107 | Y | N | N |
| 3 | Provider ID Modifiers | | LIB236 | Y | N | N |
| 3 | Provider ID Types | | PIT001 | Y | N | N |
| 3 | Provider Information | | PVD001 | Y | N | N |
| | | Identification | PVD001B | Y | N | N |
| 3 | Provider Networks | | LIB195 | Y | N | N |
| 3 | Provider Roles | | PVR001 | Y | N | N |
| 3 | Provider Types | | PVT001 | Y | N | N |
| 3 | Restriction Reasons | | LIB237 | Y | N | N |
| 3 | Termination Reasons | | LIB119 | Y | N | N |
| 3 | User-Defined Licenses | | LIB030 | Y | N | N |
| 3 | Place of Service Profiles | | POP001 | Y | N | N |
| | | Procedures | POP001B | Y | N | N |
| 3 | Places of Service | | POS001 | Y | N | N |
| 3 | Service Areas | | LIB156 | Y | N | N |
| 3 | Service Restrictions | | SRN001 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Service Types | | LIB147 | Y | N | N |
| 3 | Services | | SEV001 | Y | N | N |
| 3 | Address Book | | ADB001 | Y | N | N |
| 3 | Alerts | | ALE001 | Y | N | N |
| 3 | Assessment Types | | CRT001 | Y | N | N |
| 3 | Assessments | | NTA001 | Y | N | N |
| | | Assessment Items | NTA001B | Y | N | N |
| 3 | Care Activities | | CAC001 | N | N | N |
| 3 | Cost Savings Variance Reasons | | CVR001 | Y | N | N |
| 3 | Delivery Priorities | | LIB197 | Y | N | N |
| 3 | Disenrollment Reasons | | LIB169 | Y | N | N |
| 3 | Document Types | | DCT001 | Y | N | N |
| 3 | Hospital Treatment Services | | LIB186 | N | N | N |
| 3 | LOINC Codes | | LOI001 | N | N | N |
| 3 | Note Template Categories | | LIB283 | Y | N | N |
| 3 | Note Templates | | NTE001 | Y | N | N |
| | | Template Designer | NTE001B | N | N | N |
| 3 | Note Types | | NOT001 | Y | N | N |
| 3 | Payment Status | | LIB105 | N | N | N |
| 3 | Payment Terms | | LIB072 | N | N | N |
| 3 | States / Provinces | | STA001 | Y | N | N |
| 3 | Units of Measure | | UOM001 | Y | N | N |
| 3 | Web Notification Types | | WNT001 | Y | N | N |
| 2 | Clinical Pathway Definitions | | CPA001 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Intervals and Headings | CPA001B | N | N | N |
| | | Line Items | CPA001C | N | N | N |
| 2 | Clinical Pathway Previews | | CPA003 | N | N | N |
| 3 | Criteria Pages | | CPG001 | N | N | N |
| | | Details | CPG001B | N | N | N |
| 3 | Criteria Categories | | CRC001 | N | N | N |
| | | Headings and Intervals | CRC001B | N | N | N |
| | | Qualifiers | CRC001C | N | N | N |
| 2 | Criteria Set - Authorizations | | CRS101 | Y | N | N |
| 2 | Criteria Set - Case Management | | CRS201 | Y | N | N |
| 2 | InterQual CP-Imaging: Authorizations | | CRP303 | Y | N | N |
| | | Review Information | CRP303B | Y | N | N |
| | | Case Information | CRP303C | Y | N | N |
| | | Summary | CRP303D | Y | N | N |
| 2 | InterQual CP-Imaging: Case Management | | CRP503 | Y | N | N |
| | | Review Information | CRP503B | Y | N | N |
| | | Case Information | CRP503C | Y | N | N |
| | | Summary | CRP503D | Y | N | N |
| 2 | InterQual Care Planning: Authorizations | | CRP203 | Y | N | N |
| | | Review Information | CRP203B | Y | N | N |
| | | Case Information | CRP203C | Y | N | N |
| | | Summary | CRP203D | Y | N | N |
| 2 | InterQual Care Planning: Case Management | | CRP403 | Y | N | N |
| | | Review Information | CRP403B | Y | N | N |
| | | Case Information | CRP403C | Y | N | N |
| | | Summary | CRP403D | Y | N | N |
| 2 | InterQual Level of Care: Authorizations | | CRP101 | Y | N | N |
| | | Case Information | CRP101B | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Summary | CRP101C | Y | N | N |
| | | Prerequisites | CRP101D | Y | N | N |
| | | Severity of Illness | CRP101E | Y | N | N |
| | | Intensity of Service | CRP101F | Y | N | N |
| | | Discharge Screens | CRP101G | Y | N | N |
| 2 | InterQual Level of Care: Case Management | | CRP201 | Y | N | N |
| | | Case Information | CRP201B | Y | N | N |
| | | Summary | CRP201C | Y | N | N |
| | | Prerequisites | CRP201D | Y | N | N |
| | | Severity of Illness | CRP201E | Y | N | N |
| | | Intensity of Service | CRP201F | Y | N | N |
| | | Discharge Screens | CRP201G | Y | N | N |
| 2 | InterQual LOC-ORC: Authorizations | | CRP603 | Y | N | N |
| | | Review Information | CRP603B | Y | N | N |
| | | Case Information | CRP603C | Y | N | N |
| | | Summary | CRP603D | Y | N | N |
| | | Prerequisites | CRP301D | Y | N | N |
| | | Severity of Illness | CRP301E | Y | N | N |
| | | Intensity of Service | CRP301F | Y | N | N |
| | | Discharge Screens | CRP301G | Y | N | N |
| 2 | InterQual LOC-ORC: Case Management | | CRP703 | Y | N | N |
| | | Review Information | CRP703B | Y | N | N |
| | | Case Information | CRP703C | Y | N | N |
| | | Prerequisites | CRP401D | Y | N | N |
| | | Severity of Illness | CRP401E | Y | N | N |
| | | Intensity of Service | CRP401F | Y | N | N |
| | | Discharge Screens | CRP401G | Y | N | N |
| 2 | Pathway Reviews - Authorizations | | CPA202 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Review Information | CPA202B | N | N | N |
| 2 | Pathway Reviews - Case Management | | CPA302 | N | N | N |
| | | Review Information | CPA302B | N | N | N |
| 2 | Review Based Evaluation - CM | | CM-CME | N | N | N |
| 2 | Disclosures of Information | | MDI001 | Y | N | N |
| 2 | Member Access and Amendments | | MAS001 | Y | Y | Y |
| | | Amendments Tab | MAS001B | Y | Y | Y |
| 2 | Member Consent Records | | MCS001 | Y | Y | Y |
| 2 | Member Privacy Requests | | MPQ001 | Y | Y | Y |
| 2 | Create Member Notifications | | WNT002 | N | N | N |
| 2 | Create Provider Notifications | | WNT102 | N | N | N |
| 2 | View Member Notifications | | WNT003 | Y | N | N |
| 2 | View Provider Notifications | | WNT103 | Y | N | N |
| Functional Area: | | Reporting & Analysis | | | | |
| 2 | Database Queries | | DBQ001 | Y | N | N |
| | | Test & Preview | DBQ001B | Y | N | N |
| 2 | ezQ | | RPT011 | Y | N | N |
| | | Layout | RPT011B | Y | N | N |
| 2 | Report Library Manager | | RPT001 | Y | N | N |
| | | Headers / Footers | RPT001B | Y | N | N |
| | | Contents | RPT001C | Y | N | N |
| | | Selection Criteria | RPT001D | Y | N | N |
| | | Sort Criteria | RPT001E | Y | N | N |
| | | Prompts | RPT001F | Y | N | N |
| 2 | Run Database Query | | DBQ002 | Y | N | N |
| 2 | Run Reports | | RPT002 | Y | N | N |
| 2 | Window Report Access | | WRA001 | Y | N | N |
| 2 | Create/Edit External Application Reports | | RPT003 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Document | RPT003B | N | N | N |
| 2 | Visual Reports | | RPT008 | N | N | N |
| | | Sub-window | RPT008B | N | N | N |
| 2 | Create / Edit Dashboards | | DSH001 | N | N | N |
| 2 | Run Dashboards | | DSH101 | N | N | N |
| 2 | Gauges | | GAG001 | N | N | N |
| 1 | Register Crystal Reports | | RPT007 | N | N | N |
| | | Parameters | RPT007B | N | N | N |
| 1 | Reporting Configuration | | SYS010 | N | N | N |
| 1 | Printer Profiles | | PPF001 | N | N | N |
| 1 | Report Modifiers | | RML001 | N | N | N |
| 1 | Report Signature Blocks | | RSB001 | N | N | N |
| 1 | Report Text Objects | | RTO001 | N | N | N |
| | | Header | RTO001B | N | N | N |
| | | Regarding | RTO001C | N | N | N |
| | | Salutation | RTO001D | N | N | N |
| | | Body Upper | RTO001E | N | N | N |
| | | Body Lower | RTO001F | N | N | N |
| | | Footer | RTO001G | N | N | N |
| | | Enclosure | RTO001H | N | N | N |
| 2 | Run Summary Data Loads | | DLD101 | N | N | N |
| | | Results | DLD101B | N | N | N |
| 2 | Summary Data Loads | | DLD001 | N | N | N |
| | | Results | DLD001B | N | N | N |
| Functional Area: | | System Management | | | | |
| 2 | Managed Care Configuration | | MCC001 | N | N | N |
| | | Default Values | MCC001B | N | N | N |
| | | Care Coordination/Appeals | MCC001C | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Numbering Policies | MCC001D | N | N | N |
| | | Client Subsystem/TMM | MCC001E | N | N | N |
| | | OB Information | MCC001F | N | N | N |
| | | Members/Providers | MCC001G | N | N | N |
| | | Electronic Transactions | MCC001H | N | N | N |
| 2 | Menu Configuration | | MNU001 | N | N | N |
| 2 | System Configuration | | SYS001 | N | N | N |
| | | Rules & Restrictions | SYS001B | N | N | N |
| 2 | Window Access | | WAC001 | N | N | N |
| 2 | Window Library | | WIN001 | N | N | N |
| 3 | Diagnosis Related Groups | | DRG001 | N | N | N |
| 3 | DRG Multipliers | | DRM001 | N | N | N |
| 3 | DRG Grouping Logic | | DGL001 | N | N | N |
| 3 | Major Diagnostic Categories | | MDC001 | N | N | N |
| 3 | Consequences of Variance | | CVA001 | N | N | N |
| 3 | Reasons For Variance | | RVA001 | N | N | N |
| 3 | User-Defined Associations | | UDA001 | N | N | N |
| 3 | Allergies | | ALG001 | N | N | N |
| 3 | Allergy Severities | | LIB145 | N | N | N |
| 3 | Allergy Types | | ALT001 | N | N | N |
| 3 | Postal Codes | | POC001 | N | N | N |
| 3 | Counties | | LIB184 | N | N | N |
| 3 | Countries | | LIB064 | N | N | N |
| 3 | Employment Status | | LIB038 | N | N | N |
| 3 | Ethnic Origins | | LIB036 | N | N | N |
| 3 | Job Classifications | | JCL001 | N | N | N |
| 3 | Marital Status | | MRS001 | N | N | N |
| 3 | Next Of Kin Roles | | LIB027 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Races | | LIB032 | N | N | N |
| 3 | Relationships | | LIB149 | N | N | N |
| 3 | Religions | | LIB092 | N | N | N |
| 3 | States / Provinces | | STA001 | N | N | N |
| 3 | Access Response Reasons | | ARR001 | N | N | N |
| 3 | Amendment Response Reasons | | AMR001 | N | N | N |
| 3 | Disclosure Requirement Reasons | | DRR001 | N | N | N |
| 3 | Extension Reasons | | LIB209 | N | N | N |
| 3 | Information Disclosure Purposes | | LIB051 | N | N | N |
| 3 | Member Alert Types | | LIB280 | N | N | N |
| 3 | Privacy Request Types | | LIB281 | N | N | N |
| 3 | Brokers | | ORG361 | N | N | N |
| | | Contact Person Information | ORG361B | N | N | N |
| 3 | Business Units | | LIB240 | N | N | N |
| 3 | Employers | | ORG171 | N | N | N |
| | | Contact Person Information | ORG171B | N | N | N |
| 3 | Organization Types | | ORT001 | N | N | N |
| 3 | Organization Contact Persons | | ORP001 | N | N | N |
| | | Additional Contact Information | ORP001B | N | N | N |
| 3 | Payers | | ORG091 | N | N | N |
| | | Contact Person Information | ORG091B | N | N | N |
| | | Plans | ORG091C | N | N | N |
| 3 | Person Types | | PNT001 | N | N | N |
| 3 | | Professions | LIB070 | N | N | N |
| 3 | Review Agencies | | ORG261 | N | N | N |
| | | Contact Person Information | ORG261B | N | N | N |
| 3 | Letter Packages | | LPK001 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Database Queries | | DBQ001 | N | N | N |
| | | Test & Preview | DBQ001B | N | N | N |
| 3 | Document Types | | DCT001 | N | N | N |
| 3 | Letter Modifiers | | LIB271 | N | N | N |
| 3 | Letter Types | | LTY001 | N | N | N |
| 3 | Printer Pools | | LIB138 | N | N | N |
| 3 | Printers | | PRN001 | N | N | N |
| 3 | Report Categories | | RCG001 | N | N | N |
| 3 | Report Field Configuration | | REQ001 | N | N | N |
| 3 | Report Types | | RTP001 | N | N | N |
| 3 | Cost Centers | | LIB157 | N | N | N |
| 3 | Emergency Locator Codes | | LIB035 | N | N | N |
| 3 | Departments | | DPT001 | N | N | N |
| 3 | Hospital Services | | HSV001 | N | N | N |
| 3 | Specialties | | SPC001 | N | N | N |
| 3 | Job Classifications | | JCL001 | N | N | N |
| 3 | Job Titles | | LIB121 | N | N | N |
| 3 | Staff Categories | | STC001 | N | N | N |
| 3 | Visa Types | | LIB125 | N | N | N |
| 3 | Ancillary Staff Information | | STF003 | N | N | N |
| | | Contact Information | STF003B | N | N | N |
| | | Personal Information | STF003C | N | N | N |
| 3 | Workgroups | | WGR001 | N | N | N |
| | | Workgroup Clients | WGR001 B | N | N | N |
| 3 | Task List Redirection | | TSL101 | N | N | N |
| 3 | Task Distribution Lists | | TDL001 | N | N | N |
| 3 | Task Lists | | TSL001 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Task Priorities | | TPR001 | N | N | N |
| 3 | Task Types | | TTY001 | N | N | N |
| | | Parameters | TTY001B | N | N | N |
| | | Label Definition | TTY001C | N | N | N |
| | | Task Creation | TTY001D | N | N | N |
| 2 | Retrieval Log | | RVL001 | N | N | N |
| 2 | Activity Log Maintenance | | UAL001 | N | N | N |
| 2 | User Information | | USR201 | N | N | N |
| | | Account Restrictions | USR201B | N | N | N |
| | | Privileges/Programs | USR201C | N | N | N |
| | | Client Security | USR201D | N | N | N |
| 2 | Window Privilege Profiles | | WPP001 | N | N | N |
| | | Report Access | WPP001B | N | N | N |
| | | Other Access | WPP001C | N | N | N |
| 2 | Security Profiles | | SPF001 | N | N | N |
| 2 | Security User Information | | SUR001 | N | N | N |
| | | Acct Restrictions | SUR001B | N | N | N |
| | | User Profiles & Groups | SUR001C | N | N | N |
| | | Associated Providers | SUR001D | N | N | N |
| | | Privilege Summary | SUR001E | N | N | N |
| 2 | Application Event Queue | | AEQ001 | N | N | N |
| 2 | Job Definitions | | JBD001 | N | N | N |
| | | Job Rules | JBD001B | N | N | N |
| 2 | Job Scheduling | | JSC001 | N | N | N |
| 2 | Job Scripts | | XOB101 | N | N | N |
| | | Code | XOB101B | N | N | N |
| 2 | Schedule Monitor | | SSE001 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 2 | Create/Edit User-Defined Windows | | UDW001 | N | N | N |
| | | Field Information | UDW001B | N | N | N |
| | | Preview & Arrange | UDW001 C | N | N | N |
| | | Menu Access | UDW001 D | N | N | N |
| 2 | Run User-Defined Windows | | UDW002 | N | N | N |
| 2 | User-Defined Tables | | SYT003 | N | N | N |
| | | Usage | SYT003B | N | N | N |
| | | Data Access | SYT003C | N | N | N |
| 2 | Workgroup Task List Management | | TSK002 | N | N | N |
| 2 | Task Batch Processing | | TSK004 | N | N | N |
| 2 | Data Records | | XDR002 | N | N | N |
| | | Raw Data | XDR002B | N | N | N |
| 2 | Data Records Queue | | XDR004 | N | N | N |
| 2 | Objects | | XOB001 | N | N | N |
| | | Code | XOB001B | N | N | N |
| 2 | System Applications | | XSA001 | N | N | N |
| 2 | System Segments | | XSS001 | N | N | N |
| 2 | System Tables | | SYT001 | N | N | N |
| 2 | Translation Table | | XLT001 | N | N | N |
| Functional Area: | | Provider Credentialing | | | | |
| 2 | Attestations | | VAT001 | N | N | N |
| 2 | Verification Forms | | VFM001 | N | N | N |
| 2 | Verification Items | | VIM001 | N | N | N |
| 2 | Acts or Omissions | | LIB210 | N | N | N |
| 2 | Adverse Action Classification | | LIB052 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 2 | Boards (Specialty Certification) | | ORG131 | N | N | N |
| | | Contact Person Information | ORG131B | N | N | N |
| | | Certificates | ORG131C | N | N | N |
| 2 | Coverage Terms | | LIB131 | N | N | N |
| 2 | Coverage Types | | LIB133 | N | N | N |
| 2 | Credentialing Verification Organizations | | ORG191 | N | N | N |
| | | Contact Person Information | ORG191B | N | N | N |
| 2 | Data Sources | | LIB122 | N | N | N |
| 2 | Degree Types | | LIB028 | N | N | N |
| 2 | Fields of Licensure | | LIB044 | N | N | N |
| 2 | Insurance Carriers | | ORG061 | N | N | N |
| | | Contact Person Information | ORG061B | N | N | N |
| 2 | Internship Types | | LIB049 | N | N | N |
| 2 | Medical Schools | | ORG141 | N | N | N |
| | | Contact Person Information | ORG141B | N | N | N |
| 2 | Nursing Schools | | ORG321 | N | N | N |
| | | Nursing Schools | ORG321 | N | N | N |
| 2 | Post-Graduate Schools | | ORG311 | N | N | N |
| | | Contact Person Information | ORG311B | N | N | N |
| 2 | Professional Schools | | ORG331 | N | N | N |
| | | Contact Person Information | ORG331B | N | N | N |
| 2 | Provider Types | | PVT001 | N | N | N |
| 2 | Qualifications | | LIB154 | N | N | N |
| 2 | Regulatory Agencies | | ORG121 | N | N | N |
| | | Contact Person Information | ORG121B | N | N | N |
| 2 | Specialization Areas | | LIB110 | N | N | N |
| 2 | Undergraduate Schools | | ORG341 | N | N | N |
| | | Contact Person Information | ORG341B | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 2 | Vocational Schools | | ORG351 | N | N | N |
| | | Contact Person Information | ORG351B | N | N | N |
| 1 | Credentialing Batch | | VBR001 | N | N | N |
| 1 | Credentialing Batch Template | | VCB001 | N | N | N |
| 1 | Credentialing Application | | VAL001 | N | N | N |
| | | Credentialing Verification | VAL001B | N | N | N |
| 1 | Recredentialing Application | | VAL101 | N | N | N |
| | | Recredentialing Verification | VAL101B | N | N | N |
| 1 | Providers | | PVD002 | N | N | N |
| | | Physicians | PVD002B | N | N | N |
| | | Education/Training | PVD002C | N | N | N |
| | | Board Cert/Qualification | PVD002D | N | N | N |
| | | License | PVD002E | N | N | N |
| | | Insurance | PVD002F | N | N | N |
| | | Malpractice Claims | PVD002G | N | N | N |
| | | Adverse Action | PVD002H | N | N | N |

**Report Access**

| ID | Description | Security Level |
|---|---|---|
| CM | Case Management | Y |
| FULFIL | Fulfillment Materials | Y |
| LETTER | Letters | Y |
| OTHER | Other Reports | Y |
| PHM | Population Health Management | Y |
| SYS | System Reports | Y |
| UM | Utilization Management | Y |

### Other Access

| Description | Security |
|---|---|
| Allow Access to Clinical History Window | Y |
| Allow Changes to Authorization Status History | N |
| Allow Changes to "Date/Time Due" on Existing Tasks | N |
| Appeal Status | Open |
| Standard Appeals | Y |
| Expedited CMS Appeals | N |
| Expedited Non-CMS Appeals | N |
| Allow Changes to "Start Date/Time" on Appeals | Y |
| Allow Users to Reopen Closed Appeals | Y |
| Appeal Status | Closed |
| Standard Appeals | Y |
| Expedited CMS Appeals | N |
| Expedited Non-CMS Appeals | N |
| Allow Changes to "Start Date/Time" on Appeals | Y |
| Allow Users to Reopen Closed Appeals | Y |
| Note Types | |
| Allow All | Y |
| Case Types | |
| Allow All | Y |

## Manager

### Window Access

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| Functional Area: | | Care Coordination Center | | | | |
| 2 | Care Coordination | | TAU001 | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Services | TAU001B | Y | Y | Y |
| | | Inpatient Information | TAU001C | Y | Y | Y |
| | | Medical/Administrative Review | TAU001D | Y | Y | Y |
| | | Appeals | TAU001E | Y | Y | Y |
| | | Document History | TAU001F | Y | Y | Y |
| 2 | Intake Processing | | TAU201 | N | N | N |
| | | Services | TAU201B | N | N | N |
| 2 | Assignment of Care | | ASC001 | N | N | N |
| 2 | Provider Referrals | | TAU101 | N | N | N |
| | | Services | TAU101B | N | N | N |
| | Provider Cross Coverage | | PCC001 | N | N | N |
| 1 | Case Management | | CME001 | Y | N | N |
| | | Enrollment | CME001B | Y | Y | Y |
| | | Issues | CME001C | Y | Y | Y |
| | | Clinical Data | CME001F | Y | Y | Y |
| | | Authorization History | CME001D | Y | Y | Y |
| | | Document History | CME001E | Y | Y | Y |
| 2 | Member Care Plans | | CME002 | Y | Y | Y |
| 2 | Standard Care Plans | | SCP001 | N | N | N |
| 2 | Case Management Enrollment | | CEQ001 | Y | Y | Y |
| 2 | Case Management Screening Tool | | CMS001 | N | N | N |
| | | Determination | CMS001B | N | N | N |
| 2 | OB Information | | OBI001 | Y | Y | Y |
| 2 | RAND SF36 Health Survey | | S36001 | N | N | N |
| | | Activity Limitations | S36001B | N | N | N |
| | | Physical Health | S36001C | N | N | N |
| | | Emotional Health | S36001D | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Bodily Pain | S36001E | N | N | N |
| | | Energy and Emotions | S36001F | N | N | N |
| | | General Health | S36001G | N | N | N |
| | | Survey Results | S36001H | N | N | N |
| 2 | Expedited CMS Appeals | | MAP202 | N | N | N |
| | | Processing | MAP202B | N | N | N |
| | | Decisions | MAP202C | N | N | N |
| | | Contact Log | MAP202D | N | N | N |
| | | CHDR | MAP202E | N | N | N |
| | | Document Log | MAP202F | N | N | N |
| | | Event History | MAP202G | N | N | N |
| 2 | Expedited Non-CMS Appeals | | MAP302 | N | N | N |
| | | Processing | MAP302B | N | N | N |
| | | Decisions | MAP302C | N | N | N |
| | | Contact Log | MAP302D | N | N | N |
| | | CHDR | MAP302E | N | N | N |
| | | Document Log | MAP302F | N | N | N |
| | | Event History | MAP302G | N | N | N |
| 2 | Standard Appeals | | MAP102 | Y | Y | Y |
| | | Processing | MAP102B | Y | Y | Y |
| | | Decisions | MAP102C | Y | Y | Y |
| | | Contact Log | MAP102D | Y | Y | Y |
| | | CHDR | MAP102E | N | N | N |
| | | Document Log | MAP102F | Y | Y | Y |
| | | Event History | MAP102G | Y | Y | Y |
| 1 | Contact Management | | CON001 | Y | Y | Y |
| 2 | Member Survey | | SRP001 | Y | Y | Y |
| 2 | Provider Surveys | | SRP101 | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 2 | Other Surveys | | SRP201 | Y | Y | Y |
| 3 | Survey Builder | | SBR001 | Y | N | N |
| | | Survey Options | SBR001B | Y | N | N |
| | | Scoring Details | SBR001C | N | N | N |
| 3 | Survey Types | | STY001 | Y | N | N |
| 3 | Appeal Categories | | ACG001 | Y | N | N |
| 3 | Appeal Extension Reasons | | LIB116 | Y | N | N |
| 3 | Quick Appeal Outcomes | | LIB282 | N | N | N |
| 3 | Appeal Types | | ATE001 | Y | N | N |
| 3 | Appeal Override Reasons | | LIB152 | Y | N | N |
| 3 | Appeal Reasons | | LIB001 | Y | N | N |
| 3 | Appeal Relationships | | ARL001 | Y | N | N |
| 3 | Appeals Document Button Access | | MBA001 | Y | N | N |
| 3 | CHDR Decisions | | CHD001 | N | N | N |
| 3 | CHDR Rationales | | LIB190 | N | N | N |
| 3 | Contact Reasons - Appeals | | LIB088 | Y | N | N |
| 3 | Criteria Assessment Reasons | | CAN001 | Y | N | N |
| 3 | Contact Reasons | | COR001 | Y | N | N |
| 3 | Authorization Profiles | | APF001 | Y | N | N |
| 3 | Authorization Status | | AST001 | Y | N | N |
| 3 | Case Types | | CTE001 | Y | N | N |
| 3 | Determination Reasons | | DTR001 | Y | N | N |
| 3 | Dispositions | | DDS101 | Y | N | N |
| 3 | Event Classifications | | LIB257 | Y | N | N |
| 3 | Inpatient Review Reasons | | IRR001 | Y | N | N |
| 3 | Level of Care Reasons | | LCR001 | Y | N | N |
| 3 | Levels of Care | | LOC001 | Y | N | N |
| 3 | Outcome Reasons | | OTR001 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Outcomes | | LIB085 | Y | N | N |
| 3 | Reasons For Override | | LIB015 | Y | N | N |
| 3 | Reimbursement Types | | LIB212 | N | N | N |
| 3 | Review Criteria Sets | | RCT001 | Y | N | N |
| 3 | Review Reasons | | RVR001 | Y | N | N |
| 3 | Status Change Reasons | | SCA001 | Y | N | N |
| 3 | Targeted Medical Management | | TMM001 | Y | N | N |
| | | Targeted Diagnoses | TMM001B | N | N | N |
| | | Targeted Procedures | TMM001C | Y | N | N |
| | | Targeted Providers | TMM001D | Y | N | N |
| 3 | Case Management Goals | | CGL001 | Y | N | N |
| 3 | Contact Reasons - Case Management | | PCR001 | Y | N | N |
| 3 | Clinical Data Categories | | LIB272 | Y | N | N |
| 3 | Clinical Data Items | | CDI001 | Y | N | N |
| 3 | Clinical Data Reasons | | LIB273 | Y | N | N |
| 3 | Clinical Data Routes | | ARO001 | Y | N | N |
| 3 | Case Level Tool | | CLT001 | Y | N | N |
| 3 | Issues | | LIB274 | Y | N | N |
| 3 | Case Manager Rosters | | STF010 | Y | N | N |
| 3 | Health Management Programs | | HMP001 | Y | N | N |
| 3 | High Tech Needs | | LIB241 | N | N | N |
| 3 | Interventions | | LIB082 | Y | N | N |
| 3 | New Case Responses | | NCR001 | Y | N | N |
| 3 | Client Accounting IDs | | CLC001 | Y | N | N |
| 3 | Client Divisions | | TPD001 | Y | N | N |
| 3 | Client Information Categories | | LIB259 | Y | N | N |
| 3 | Client Invoice Frequencies | | LIB260 | N | N | N |
| 3 | Client Invoice Reporting | | LIB261 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Client Invoice Types | | LIB262 | N | N | N |
| 3 | Client Services | | TPS001 | Y | N | N |
| | | Service Details | TPS001B | Y | N | N |
| 3 | Client Types | | TPT001 | Y | N | N |
| 3 | Clients | | TPA001 | Y | N | N |
| | | Service Groups | TPA001B | Y | N | N |
| | | Services | TPA001C | Y | N | N |
| | | Contact Addresses | TPA001D | Y | N | N |
| | | Standard Reports | TPA001E | Y | N | N |
| | | Additional Information | TPA001F | Y | N | N |
| 3 | Contact Entity Types | | COY001 | Y | N | N |
| 3 | General Ledger Accounts | | LIB270 | Y | N | N |
| 3 | Invoice Fee Types | | LIB263 | N | N | N |
| 3 | Invoice Rollup IDs | | LIB268 | N | N | N |
| 3 | NAICS Categories | | LIB269 | Y | N | N |
| 3 | Noncompliance Penalties | | NCP001 | Y | N | N |
| 3 | Plan Governing Agencies | | PGV001 | Y | N | N |
| 3 | Contact Attitudes | | LIB264 | Y | N | N |
| 3 | Contact Issue Resolutions | | LIB265 | Y | N | N |
| 3 | Contact Reasons | | COR001 | Y | N | N |
| 3 | Contact Types | | LIB045 | Y | N | N |
| 3 | DSM Axis IV | | DXC201 | Y | N | N |
| 3 | DSM Axis V | | DXC301 | Y | N | N |
| 3 | ICD-9-CM Diagnoses | | DXC001 | Y | N | N |
| 3 | Site-Defined Diagnoses | | DXC101 | N | N | N |
| 3 | Treatment Diagnosis Groups | | TDG001 | N | N | N |
| 3 | Care Classifications | | CCL001 | Y | N | N |
| 3 | Contract Types | | CRY001 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Coverage Denial | | LIB048 | Y | N | N |
| 3 | Coverage Termination | | LIB025 | Y | N | N |
| 3 | Disabilities | | LIB081 | Y | N | N |
| 3 | Drug Benefits | | LIB087 | Y | N | N |
| 3 | Employee Types | | LIB089 | Y | N | N |
| 3 | Employer Groups | | ORG211 | Y | N | N |
| | | Contact Person Information | ORG211B | Y | N | N |
| | | Payer Plans | ORG211C | Y | N | N |
| 3 | Leave of Absence | | LIB095 | N | N | N |
| 3 | Medicare Eligibility | | LIB098 | Y | N | N |
| 3 | Member ID Modifiers | | LIB108 | Y | N | N |
| 3 | Member ID Types | | MIT001 | Y | N | N |
| 3 | Member Information | | MEM001 | Y | N | N |
| | | Identification | MEM001B | Y | N | N |
| | | Birth/Health Information | MEM001C | Y | N | N |
| | | Next of Kin | MEM001D | Y | N | N |
| | | Plans/Groups | MEM001E | Y | N | N |
| | | Coverage | MEM001F | Y | N | N |
| | | Allergies/Disabilities | MEM001 G | Y | N | N |
| | | Enrollment | MEM001H | Y | N | N |
| | | Pre-Existing | MEM001I | Y | N | N |
| | | Coordination of Benefits | MEM001J | Y | N | N |
| 3 | Member Roles | | MRO001 | Y | N | N |
| 3 | Pre-existing Waive Checks | | LIB106 | Y | N | N |
| 3 | Psychiatric Status | | LIB114 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Birth Statuses | | OBS001 | Y | N | N |
| 3 | Detained Baby Dispositions | | LIB266 | Y | N | N |
| 3 | Detained Baby Reasons | | LIB267 | Y | N | N |
| 3 | Episode Meanings | | OBE001 | Y | N | N |
| 3 | OB Outcomes | | OBO001 | Y | N | N |
| 3 | Health Plan Products | | LIB192 | Y | N | N |
| 3 | Payer Plan Attributes | | PLA001 | Y | N | N |
| 3 | Payer Plan Deductibles | | LIB101 | Y | N | N |
| 3 | Payer Plan Riders | | LIB103 | Y | N | N |
| 3 | Payer Plan Tiers | | LIB104 | Y | N | N |
| 3 | Payer Plan Types | | LIB041 | Y | N | N |
| 3 | Payer Plans | | OPP001 | Y | N | N |
| | | Attributes | OPP001B | Y | N | N |
| 3 | Payers | | ORG091 | Y | N | N |
| | | Contact Person Information | ORG091B | Y | N | N |
| | | Plans | ORG091C | Y | N | N |
| 3 | CPT Procedures | | PXC201 | Y | N | N |
| 3 | HCPCS Procedures | | PXC301 | Y | N | N |
| 3 | ICD-9-CM Procedures | | PXC001 | Y | N | N |
| 3 | NDC Procedures | | PXC401 | Y | N | N |
| 3 | NUBC Revenue Codes | | PXC501 | Y | N | N |
| 3 | Site-Defined Procedures | | PXC101 | Y | N | N |
| 3 | Treatment Procedure Groups | | TPG001 | Y | N | N |
| 3 | Affiliation Types | | AFT001 | Y | N | N |
| 3 | Affiliations | | AFC001 | Y | N | N |
| | | Addresses | AFC001B | Y | N | N |
| | | Services/Restrictions | AFC001C | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Classifications/Specialties | AFC001D | Y | N | N |
| | | Lines Of Business/Networks | AFC001E | Y | N | N |
| 3 | Capitation Contract Types | | LIB047 | N | N | N |
| 3 | Integrated Delivery Networks | | IDN001 | N | N | N |
| 3 | Lines of Business | | LIB097 | Y | N | N |
| 3 | Panels | | LIB242 | N | N | N |
| 3 | Participation Levels | | LIB243 | Y | N | N |
| 3 | Patient Types | | LIB177 | Y | N | N |
| 3 | Plan Provider Types | | LIB002 | Y | N | N |
| 3 | Provider Change Reasons | | LIB188 | N | N | N |
| 3 | Provider Classifications | | LIB235 | Y | N | N |
| 3 | Provider Groups | | LIB107 | Y | N | N |
| 3 | Provider ID Modifiers | | LIB236 | Y | N | N |
| 3 | Provider ID Types | | PIT001 | Y | N | N |
| 3 | Provider Information | | PVD001 | Y | N | N |
| | | Identification | PVD001B | Y | N | N |
| 3 | Provider Networks | | LIB195 | Y | N | N |
| 3 | Provider Roles | | PVR001 | Y | N | N |
| 3 | Provider Types | | PVT001 | Y | N | N |
| 3 | Restriction Reasons | | LIB237 | Y | N | N |
| 3 | Termination Reasons | | LIB119 | Y | N | N |
| 3 | User-Defined Licenses | | LIB030 | Y | N | N |
| 3 | Place of Service Profiles | | POP001 | Y | N | N |
| | | Procedures | POP001B | Y | N | N |
| 3 | Places of Service | | POS001 | Y | N | N |
| 3 | Service Areas | | LIB156 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Service Restrictions | | SRN001 | Y | N | N |
| 3 | Service Types | | LIB147 | Y | N | N |
| 3 | Services | | SEV001 | Y | N | N |
| 3 | Address Book | | ADB001 | Y | N | N |
| 3 | Alerts | | ALE001 | Y | N | N |
| 3 | Assessment Types | | CRT001 | Y | N | N |
| 3 | Assessments | | NTA001 | Y | N | N |
| | | Assessment Items | NTA001B | Y | N | N |
| 3 | Care Activities | | CAC001 | N | N | N |
| 3 | Cost Savings Variance Reasons | | CVR001 | Y | N | N |
| 3 | Delivery Priorities | | LIB197 | Y | N | N |
| 3 | Disenrollment Reasons | | LIB169 | Y | N | N |
| 3 | Document Types | | DCT001 | Y | N | N |
| 3 | Hospital Treatment Services | | LIB186 | N | N | N |
| 3 | LOINC Codes | | LOI001 | N | N | N |
| 3 | Note Template Categories | | LIB283 | Y | N | N |
| 3 | Note Templates | | NTE001 | Y | N | N |
| | | Template Designer | NTE001B | Y | N | N |
| 3 | Note Types | | NOT001 | Y | N | N |
| 3 | Payment Status | | LIB105 | N | N | N |
| 3 | Payment Terms | | LIB072 | N | N | N |
| 3 | States / Provinces | | STA001 | Y | N | N |
| 3 | Units of Measure | | UOM001 | Y | N | N |
| 3 | Web Notification Types | | WNT001 | Y | N | N |
| 2 | Clinical Pathway Definitions | | CPA001 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Intervals and Headings | CPA001B | N | N | N |
| | | Line Items | CPA001C | N | N | N |
| 2 | Clinical Pathway Previews | | CPA003 | N | N | N |
| 3 | Criteria Pages | | CPG001 | N | N | N |
| | | Details | CPG001B | N | N | N |
| 3 | Criteria Categories | | CRC001 | N | N | N |
| | | Headings and Intervals | CRC001B | N | N | N |
| | | Qualifiers | CRC001C | N | N | N |
| 2 | Criteria Set - Authorizations | | CRS101 | Y | N | N |
| 2 | Criteria Set - Case Management | | CRS201 | Y | N | N |
| 2 | InterQual CP-Imaging: Authorizations | | CRP303 | Y | N | N |
| | | Review Information | CRP303B | Y | N | N |
| | | Case Information | CRP303C | Y | N | N |
| | | Summary | CRP303D | Y | N | N |
| 2 | InterQual CP-Imaging: Case Management | | CRP503 | Y | N | N |
| | | Review Information | CRP503B | Y | N | N |
| | | Case Information | CRP503C | Y | N | N |
| | | Summary | CRP503D | Y | N | N |
| 2 | InterQual Care Planning: Authorizations | | CRP203 | Y | N | N |
| | | Review Information | CRP203B | Y | N | N |
| | | Case Information | CRP203C | Y | N | N |
| | | Summary | CRP203D | Y | N | N |
| 2 | InterQual Care Planning: Case Management | | CRP403 | Y | N | N |
| | | Review Information | CRP403B | Y | N | N |
| | | Case Information | CRP403C | Y | N | N |
| | | Summary | CRP403D | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 2 | InterQual Level of Care: Authorizations | | CRP101 | Y | N | N |
| | | Case Information | CRP101B | Y | N | N |
| | | Summary | CRP101C | Y | N | N |
| | | Prerequisites | CRP101D | Y | N | N |
| | | Severity of Illness | CRP101E | Y | N | N |
| | | Intensity of Service | CRP101F | Y | N | N |
| | | Discharge Screens | CRP101G | Y | N | N |
| 2 | InterQual Level of Care: Case Management | | CRP201 | Y | N | N |
| | | Case Information | CRP201B | Y | N | N |
| | | Summary | CRP201C | Y | N | N |
| | | Prerequisites | CRP201D | Y | N | N |
| | | Severity of Illness | CRP201E | Y | N | N |
| | | Intensity of Service | CRP201F | Y | N | N |
| | | Discharge Screens | CRP201G | Y | N | N |
| 2 | InterQual LOC-ORC: Authorizations | | CRP603 | Y | N | N |
| | | Review Information | CRP603B | Y | N | N |
| | | Case Information | CRP603C | Y | N | N |
| | | Summary | CRP603D | Y | N | N |
| | | Prerequisites | CRP301D | Y | N | N |
| | | Severity of Illness | CRP301E | Y | N | N |
| | | Intensity of Service | CRP301F | Y | N | N |
| | | Discharge Screens | CRP301G | Y | N | N |
| 2 | InterQual LOC-ORC: Case Management | | CRP703 | Y | N | N |
| | | Review Information | CRP703B | Y | N | N |
| | | Case Information | CRP703C | Y | N | N |
| | | Prerequisites | CRP401D | Y | N | N |
| | | Severity of Illness | CRP401E | Y | N | N |
| | | Intensity of Service | CRP401F | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Discharge Screens | CRP401G | Y | N | N |
| 2 | Pathway Reviews - Authorizations | | CPA202 | N | N | N |
| | | Review Information | CPA202B | N | N | N |
| 2 | Pathway Reviews - Case Management | | CPA302 | N | N | N |
| | | Review Information | CPA302B | N | N | N |
| 2 | Review Based Evaluation - CM | | CM-CME | N | N | N |
| 2 | Disclosures of Information | | MDI001 | Y | N | N |
| 2 | Member Access and Amendments | | MAS001 | Y | Y | Y |
| | | Amendments Tab | MAS001B | Y | Y | Y |
| 2 | Member Consent Records | | MCS001 | Y | Y | Y |
| 2 | Member Privacy Requests | | MPQ001 | Y | Y | Y |
| 2 | Create Member Notifications | | WNT002 | N | N | N |
| 2 | Create Provider Notifications | | WNT102 | N | N | N |
| 2 | View Member Notifications | | WNT003 | Y | N | N |
| 2 | View Provider Notifications | | WNT103 | Y | N | N |
| Functional Area: | | Reporting & Analysis | | | | |
| 2 | Database Queries | | DBQ001 | Y | N | N |
| | | Test & Preview | DBQ001B | Y | N | N |
| 2 | ezQ | | RPT011 | Y | N | N |
| | | Layout | RPT011B | Y | N | N |
| 2 | Report Library Manager | | RPT001 | Y | N | N |
| | | Headers / Footers | RPT001B | Y | N | N |
| | | Contents | RPT001C | Y | N | N |
| | | Selection Criteria | RPT001D | Y | N | N |
| | | Sort Criteria | RPT001E | Y | N | N |
| | | Prompts | RPT001F | Y | N | N |
| 2 | Run Database Query | | DBQ002 | Y | N | N |
| 2 | Run Reports | | RPT002 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 2 | Window Report Access | | WRA001 | Y | N | N |
| 2 | Create/Edit External Application Reports | | RPT003 | N | N | N |
| | | Document | RPT003B | N | N | N |
| 2 | Visual Reports | | RPT008 | N | N | N |
| | | Sub-window | RPT008B | N | N | N |
| 2 | Create / Edit Dashboards | | DSH001 | N | N | N |
| 2 | Run Dashboards | | DSH101 | Y | N | N |
| 2 | Gauges | | GAG001 | Y | N | N |
| 1 | Register Crystal Reports | | RPT007 | N | N | N |
| | | Parameters | RPT007B | N | N | N |
| 1 | Reporting Configuration | | SYS010 | N | N | N |
| 1 | Printer Profiles | | PPF001 | Y | N | N |
| 1 | Report Modifiers | | RML001 | N | N | N |
| 1 | Report Signature Blocks | | RSB001 | N | N | N |
| 1 | Report Text Objects | | RTO001 | N | N | N |
| | | Header | RTO001B | N | N | N |
| | | Regarding | RTO001C | N | N | N |
| | | Salutation | RTO001D | N | N | N |
| | | Body Upper | RTO001E | N | N | N |
| | | Body Lower | RTO001F | N | N | N |
| | | Footer | RTO001G | N | N | N |
| | | Enclosure | RTO001H | N | N | N |
| 2 | Run Summary Data Loads | | DLD101 | Y | N | N |
| | | Results | DLD101B | Y | N | N |
| 2 | Summary Data Loads | | DLD001 | Y | N | N |
| | | Results | DLD001B | Y | N | N |
| Functional Area: | | System Management | | | | |
| 2 | Managed Care Configuration | | MCC001 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Default Values | MCC001B | Y | N | N |
| | | Care Coordination/Appeals | MCC001C | Y | N | N |
| | | Numbering Policies | MCC001D | Y | N | N |
| | | Client Subsystem/TMM | MCC001E | Y | N | N |
| | | OB Information | MCC001F | Y | N | N |
| | | Members/Providers | MCC001G | Y | N | N |
| | | Electronic Transactions | MCC001H | Y | N | N |
| 2 | Menu Configuration | | MNU001 | Y | N | N |
| 2 | System Configuration | | SYS001 | Y | N | N |
| | | Rules & Restrictions | SYS001B | Y | N | N |
| 2 | Window Access | | WAC001 | Y | N | N |
| 2 | Window Library | | WIN001 | Y | N | N |
| 3 | Diagnosis Related Groups | | DRG001 | Y | N | N |
| 3 | DRG Multipliers | | DRM001 | Y | N | N |
| 3 | DRG Grouping Logic | | DGL001 | Y | N | N |
| 3 | Major Diagnostic Categories | | MDC001 | Y | N | N |
| 3 | Consequences of Variance | | CVA001 | Y | N | N |
| 3 | Reasons For Variance | | RVA001 | Y | N | N |
| 3 | User-Defined Associations | | UDA001 | Y | N | N |
| 3 | Allergies | | ALG001 | Y | N | N |
| 3 | Allergy Severities | | LIB145 | Y | N | N |
| 3 | Allergy Types | | ALT001 | Y | N | N |
| 3 | Postal Codes | | POC001 | Y | N | N |
| 3 | Counties | | LIB184 | Y | N | N |
| 3 | Countries | | LIB064 | Y | N | N |
| 3 | Employment Status | | LIB038 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Ethnic Origins | | LIB036 | Y | N | N |
| 3 | Job Classifications | | JCL001 | Y | N | N |
| 3 | Marital Status | | MRS001 | Y | N | N |
| 3 | Next Of Kin Roles | | LIB027 | Y | N | N |
| 3 | Races | | LIB032 | Y | N | N |
| 3 | Relationships | | LIB149 | Y | N | N |
| 3 | Religions | | LIB092 | Y | N | N |
| 3 | States / Provinces | | STA001 | Y | N | N |
| 3 | Access Response Reasons | | ARR001 | Y | N | N |
| 3 | Amendment Response Reasons | | AMR001 | Y | N | N |
| 3 | Disclosure Requirement Reasons | | DRR001 | Y | N | N |
| 3 | Extension Reasons | | LIB209 | Y | N | N |
| 3 | Information Disclosure Purposes | | LIB051 | Y | N | N |
| 3 | Member Alert Types | | LIB280 | Y | N | N |
| 3 | Privacy Request Types | | LIB281 | Y | N | N |
| 3 | Brokers | | ORG361 | Y | N | N |
| | | Contact Person Information | ORG361B | Y | N | N |
| 3 | Business Units | | LIB240 | Y | N | N |
| 3 | Employers | | ORG171 | Y | N | N |
| | | Contact Person Information | ORG171B | Y | N | N |
| 3 | Organization Types | | ORT001 | Y | N | N |
| 3 | Organization Contact Persons | | ORP001 | Y | N | N |
| | | Additional Contact Information | ORP001B | Y | N | N |
| 3 | Payers | | ORG091 | Y | N | N |
| | | Contact Person Information | ORG091B | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Plans | ORG091C | Y | N | N |
| 3 | Person Types | | PNT001 | Y | N | N |
| 3 | | Professions | LIB070 | Y | N | N |
| 3 | Review Agencies | | ORG261 | Y | N | N |
| | | Contact Person Information | ORG261B | Y | N | N |
| 3 | Letter Packages | | LPK001 | Y | N | N |
| 3 | Database Queries | | DBQ001 | Y | N | N |
| | | Test & Preview | DBQ001B | Y | N | N |
| 3 | Document Types | | DCT001 | Y | N | N |
| 3 | Letter Modifiers | | LIB271 | Y | N | N |
| 3 | Letter Types | | LTY001 | Y | N | N |
| 3 | Printer Pools | | LIB138 | Y | N | N |
| 3 | Printers | | PRN001 | Y | N | N |
| 3 | Report Categories | | RCG001 | Y | N | N |
| 3 | Report Field Configuration | | REQ001 | Y | N | N |
| 3 | Report Types | | RTP001 | Y | N | N |
| 3 | Cost Centers | | LIB157 | Y | Y | Y |
| 3 | Emergency Locator Codes | | LIB035 | Y | Y | Y |
| 3 | Departments | | DPT001 | Y | Y | Y |
| 3 | Hospital Services | | HSV001 | Y | Y | Y |
| 3 | Specialties | | SPC001 | Y | Y | Y |
| 3 | Job Classifications | | JCL001 | Y | Y | Y |
| 3 | Job Titles | | LIB121 | Y | Y | Y |
| 3 | Staff Categories | | STC001 | Y | Y | Y |
| 3 | Visa Types | | LIB125 | Y | Y | Y |
| 3 | Ancillary Staff Information | | STF003 | Y | Y | Y |
| | | Contact Information | STF003B | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Personal Information | STF003C | Y | Y | Y |
| 3 | Workgroups | | WGR001 | Y | Y | Y |
| | | Workgroup Clients | WGR001 B | Y | Y | Y |
| 3 | Task List Redirection | | TSL101 | Y | Y | Y |
| 3 | Task Distribution Lists | | TDL001 | Y | N | N |
| 3 | Task Lists | | TSL001 | Y | N | N |
| 3 | Task Priorities | | TPR001 | Y | N | N |
| 3 | Task Types | | TTY001 | Y | N | N |
| | | Parameters | TTY001B | Y | N | N |
| | | Label Definition | TTY001C | Y | N | N |
| | | Task Creation | TTY001D | Y | N | N |
| 2 | Retrieval Log | | RVL001 | Y | N | N |
| 2 | Activity Log Maintenance | | UAL001 | Y | N | N |
| 2 | User Information | | USR201 | Y | N | N |
| | | Account Restrictions | USR201B | Y | N | N |
| | | Privileges/Programs | USR201C | Y | N | N |
| | | Client Security | USR201D | Y | N | N |
| 2 | Window Privilege Profiles | | WPP001 | Y | N | N |
| | | Report Access | WPP001B | Y | N | N |
| | | Other Access | WPP001C | Y | N | N |
| 2 | Security Profiles | | SPF001 | Y | N | N |
| 2 | Security User Information | | SUR001 | Y | N | N |
| | | Acct Restrictions | SUR001B | Y | N | N |
| | | User Profiles & Groups | SUR001C | Y | N | N |
| | | Associated Providers | SUR001D | Y | N | N |
| | | Privilege Summary | SUR001E | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 2 | Application Event Queue | | AEQ001 | Y | N | N |
| 2 | Job Definitions | | JBD001 | Y | N | N |
| | | Job Rules | JBD001B | Y | N | N |
| 2 | Job Scheduling | | JSC001 | Y | N | N |
| 2 | Job Scripts | | XOB101 | Y | N | N |
| | | Code | XOB101B | Y | N | N |
| 2 | Schedule Monitor | | SSE001 | Y | N | N |
| 2 | Create/Edit User-Defined Windows | | UDW001 | Y | N | N |
| | | Field Information | UDW001B | Y | N | N |
| | | Preview & Arrange | UDW001 C | Y | N | N |
| | | Menu Access | UDW001 D | Y | N | N |
| 2 | Run User-Defined Windows | | UDW002 | Y | N | N |
| 2 | User-Defined Tables | | SYT003 | Y | N | N |
| | | Usage | SYT003B | Y | N | N |
| | | Data Access | SYT003C | Y | N | N |
| 2 | Workgroup Task List Management | | TSK002 | Y | N | N |
| 2 | Task Batch Processing | | TSK004 | Y | N | N |
| 2 | Data Records | | XDR002 | Y | N | N |
| | | Raw Data | XDR002B | Y | N | N |
| 2 | Data Records Queue | | XDR004 | Y | N | N |
| 2 | Objects | | XOB001 | Y | N | N |
| | | Code | XOB001B | Y | N | N |
| 2 | System Applications | | XSA001 | Y | N | N |
| 2 | System Segments | | XSS001 | Y | N | N |
| 2 | System Tables | | SYT001 | Y | N | N |
| 2 | Translation Table | | XLT001 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| Functional Area: | | Provider Credentialing | | | | |
| 2 | Attestations | | VAT001 | N | N | N |
| 2 | Verification Forms | | VFM001 | N | N | N |
| 2 | Verification Items | | VIM001 | N | N | N |
| 2 | Acts or Omissions | | LIB210 | N | N | N |
| 2 | Adverse Action Classification | | LIB052 | N | N | N |
| 2 | Boards (Specialty Certification) | | ORG131 | N | N | N |
| | | Contact Person Information | ORG131B | N | N | N |
| | | Certificates | ORG131C | N | N | N |
| 2 | Coverage Terms | | LIB131 | N | N | N |
| 2 | Coverage Types | | LIB133 | N | N | N |
| 2 | Credentialing Verification Organizations | | ORG191 | N | N | N |
| | | Contact Person Information | ORG191B | N | N | N |
| 2 | Data Sources | | LIB122 | N | N | N |
| 2 | Degree Types | | LIB028 | N | N | N |
| 2 | Fields of Licensure | | LIB044 | N | N | N |
| 2 | Insurance Carriers | | ORG061 | N | N | N |
| | | Contact Person Information | ORG061B | N | N | N |
| 2 | Internship Types | | LIB049 | N | N | N |
| 2 | Medical Schools | | ORG141 | N | N | N |
| | | Contact Person Information | ORG141B | N | N | N |
| 2 | Nursing Schools | | ORG321 | N | N | N |
| | | Nursing Schools | ORG321 | N | N | N |
| 2 | Post-Graduate Schools | | ORG311 | N | N | N |
| | | Contact Person Information | ORG311B | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 2 | Professional Schools | | ORG331 | N | N | N |
| | | Contact Person Information | ORG331B | N | N | N |
| 2 | Provider Types | | PVT001 | N | N | N |
| 2 | Qualifications | | LIB154 | N | N | N |
| 2 | Regulatory Agencies | | ORG121 | N | N | N |
| | | Contact Person Information | ORG121B | N | N | N |
| 2 | Specialization Areas | | LIB110 | N | N | N |
| 2 | Undergraduate Schools | | ORG341 | N | N | N |
| | | Contact Person Information | ORG341B | N | N | N |
| 2 | Vocational Schools | | ORG351 | N | N | N |
| | | Contact Person Information | ORG351B | N | N | N |
| 1 | Credentialing Batch | | VBR001 | N | N | N |
| 1 | Credentialing Batch Template | | VCB001 | N | N | N |
| 1 | Credentialing Application | | VAL001 | N | N | N |
| | | Credentialing Verification | VAL001B | N | N | N |
| 1 | Recredentialing Application | | VAL101 | N | N | N |
| | | Recredentialing Verification | VAL101B | N | N | N |
| 1 | Providers | | PVD002 | N | N | N |
| | | Physicians | PVD002B | N | N | N |
| | | Education/Training | PVD002C | N | N | N |
| | | Board Cert/Qualification | PVD002D | N | N | N |
| | | License | PVD002E | N | N | N |
| | | Insurance | PVD002F | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Malpractice Claims | PVD002G | N | N | N |
| | | Adverse Action | PVD002H | N | N | N |

**Report Access**

| ID | Description | Security Level |
|---|---|---|
| CM | Case Management | Y |
| FULFIL | Fulfillment Materials | Y |
| LETTER | Letters | Y |
| OTHER | Other Reports | Y |
| PHM | Population Health Management | Y |
| SYS | System Reports | Y |
| UM | Utilization Management | Y |

**Other Access**

| Description | Security |
|---|---|
| Allow Access to Clinical History Window | Y |
| Allow Changes to Authorization Status History | N |
| Allow Changes to "Date/Time Due" on Existing Tasks | N |
| Appeal Status | Open |
| Standard Appeals | Y |
| Expedited CMS Appeals | N |
| Expedited Non-CMS Appeals | N |
| Allow Changes to "Start Date/Time" on Appeals | Y |
| Allow Users to Reopen Closed Appeals | Y |
| Appeal Status | Closed |
| Standard Appeals | Y |
| Expedited CMS Appeals | N |

| Description | Security |
|---|---|
| Expedited Non-CMS Appeals | N |
| Allow Changes to "Start Date/Time" on Appeals | Y |
| Allow Users to Reopen Closed Appeals | Y |
| Note Types | |
| Allow All | Y |
| Case Types | |
| Allow All | Y |

## Physician

### Window Access

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| Functional Area: | | Care Coordination Center | | | | |
| 2 | Care Coordination | | TAU001 | Y | Y | Y |
| | | Services | TAU001B | Y | Y | Y |
| | | Inpatient Information | TAU001C | Y | Y | Y |
| | | Medical/Administrative Review | TAU001D | Y | Y | Y |
| | | Appeals | TAU001E | Y | Y | Y |
| | | Document History | TAU001F | Y | Y | Y |
| 2 | Intake Processing | | TAU201 | N | N | N |
| | | Services | TAU201B | N | N | N |
| 2 | Assignment of Care | | ASC001 | N | N | N |
| 2 | Provider Referrals | | TAU101 | N | N | N |
| | | Services | TAU101B | N | N | N |
| | Provider Cross Coverage | | PCC001 | N | N | N |
| 1 | Case Management | | CME001 | Y | N | N |
| | | Enrollment | CME001B | Y | Y | Y |
| | | Issues | CME001C | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Clinical Data | CME001F | Y | Y | Y |
| | | Authorization History | CME001D | Y | Y | Y |
| | | Document History | CME001E | Y | Y | Y |
| 2 | Member Care Plans | | CME002 | Y | Y | Y |
| 2 | Standard Care Plans | | SCP001 | N | N | N |
| 2 | Case Management Enrollment | | CEQ001 | Y | Y | Y |
| 2 | Case Management Screening Tool | | CMS001 | N | N | N |
| | | Determination | CMS001B | N | N | N |
| 2 | OB Information | | OBI001 | Y | Y | Y |
| 2 | RAND SF36 Health Survey | | S36001 | N | N | N |
| | | Activity Limitations | S36001B | N | N | N |
| | | Physical Health | S36001C | N | N | N |
| | | Emotional Health | S36001D | N | N | N |
| | | Bodily Pain | S36001E | N | N | N |
| | | Energy and Emotions | S36001F | N | N | N |
| | | General Health | S36001G | N | N | N |
| | | Survey Results | S36001H | N | N | N |
| 2 | Expedited CMS Appeals | | MAP202 | N | N | N |
| | | Processing | MAP202B | N | N | N |
| | | Decisions | MAP202C | N | N | N |
| | | Contact Log | MAP202D | N | N | N |
| | | CHDR | MAP202E | N | N | N |
| | | Document Log | MAP202F | N | N | N |
| | | Event History | MAP202G | N | N | N |
| 2 | Expedited Non-CMS Appeals | | MAP302 | N | N | N |
| | | Processing | MAP302B | N | N | N |
| | | Decisions | MAP302C | N | N | N |
| | | Contact Log | MAP302D | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | CHDR | MAP302E | N | N | N |
| | | Document Log | MAP302F | N | N | N |
| | | Event History | MAP302G | N | N | N |
| 2 | Standard Appeals | | MAP102 | Y | Y | Y |
| | | Processing | MAP102B | Y | Y | Y |
| | | Decisions | MAP102C | Y | Y | Y |
| | | Contact Log | MAP102D | Y | Y | Y |
| | | CHDR | MAP102E | N | N | N |
| | | Document Log | MAP102F | Y | Y | Y |
| | | Event History | MAP102G | Y | Y | Y |
| 1 | Contact Management | | CON001 | Y | Y | Y |
| 2 | Member Survey | | SRP001 | Y | Y | Y |
| 2 | Provider Surveys | | SRP101 | Y | Y | Y |
| 2 | Other Surveys | | SRP201 | Y | Y | Y |
| 3 | Survey Builder | | SBR001 | N | N | N |
| | | Survey Options | SBR001B | N | N | N |
| | | Scoring Details | SBR001C | N | N | N |
| 3 | Survey Types | | STY001 | N | N | N |
| 3 | Appeal Categories | | ACG001 | Y | N | N |
| 3 | Appeal Extension Reasons | | LIB116 | Y | N | N |
| 3 | Quick Appeal Outcomes | | LIB282 | N | N | N |
| 3 | Appeal Types | | ATE001 | Y | N | N |
| 3 | Appeal Override Reasons | | LIB152 | Y | N | N |
| 3 | Appeal Reasons | | LIB001 | Y | N | N |
| 3 | Appeal Relationships | | ARL001 | Y | N | N |
| 3 | Appeals Document Button Access | | MBA001 | Y | N | N |
| 3 | CHDR Decisions | | CHD001 | N | N | N |
| 3 | CHDR Rationales | | LIB190 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Contact Reasons - Appeals | | LIB088 | Y | N | N |
| 3 | Criteria Assessment Reasons | | CAN001 | Y | N | N |
| 3 | Contact Reasons | | COR001 | Y | N | N |
| 3 | Authorization Profiles | | APF001 | Y | N | N |
| 3 | Authorization Status | | AST001 | Y | N | N |
| 3 | Case Types | | CTE001 | Y | N | N |
| 3 | Determination Reasons | | DTR001 | Y | N | N |
| 3 | Dispositions | | DDS101 | Y | N | N |
| 3 | Event Classifications | | LIB257 | Y | N | N |
| 3 | Inpatient Review Reasons | | IRR001 | Y | N | N |
| 3 | Level of Care Reasons | | LCR001 | Y | N | N |
| 3 | Levels of Care | | LOC001 | Y | N | N |
| 3 | Outcome Reasons | | OTR001 | Y | N | N |
| 3 | Outcomes | | LIB085 | Y | N | N |
| 3 | Reasons For Override | | LIB015 | Y | N | N |
| 3 | Reimbursement Types | | LIB212 | N | N | N |
| 3 | Review Criteria Sets | | RCT001 | Y | N | N |
| 3 | Review Reasons | | RVR001 | Y | N | N |
| 3 | Status Change Reasons | | SCA001 | Y | N | N |
| 3 | Targeted Medical Management | | TMM001 | Y | N | N |
| | | Targeted Diagnoses | TMM001B | N | N | N |
| | | Targeted Procedures | TMM001C | Y | N | N |
| | | Targeted Providers | TMM001D | Y | N | N |
| 3 | Case Management Goals | | CGL001 | Y | N | N |
| 3 | Contact Reasons - Case Management | | PCR001 | Y | N | N |
| 3 | Clinical Data Categories | | LIB272 | Y | N | N |
| 3 | Clinical Data Items | | CDI001 | Y | N | N |
| 3 | Clinical Data Reasons | | LIB273 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Clinical Data Routes | | ARO001 | Y | N | N |
| 3 | Case Level Tool | | CLT001 | Y | N | N |
| 3 | Issues | | LIB274 | Y | N | N |
| 3 | Case Manager Rosters | | STF010 | Y | N | N |
| 3 | Health Management Programs | | HMP001 | Y | N | N |
| 3 | High Tech Needs | | LIB241 | N | N | N |
| 3 | Interventions | | LIB082 | Y | N | N |
| 3 | New Case Responses | | NCR001 | Y | N | N |
| 3 | Client Accounting IDs | | CLC001 | Y | N | N |
| 3 | Client Divisions | | TPD001 | Y | N | N |
| 3 | Client Information Categories | | LIB259 | Y | N | N |
| 3 | Client Invoice Frequencies | | LIB260 | N | N | N |
| 3 | Client Invoice Reporting | | LIB261 | N | N | N |
| 3 | Client Invoice Types | | LIB262 | N | N | N |
| 3 | Client Services | | TPS001 | Y | N | N |
| | | Service Details | TPS001B | Y | N | N |
| 3 | Client Types | | TPT001 | Y | N | N |
| 3 | Clients | | TPA001 | Y | N | N |
| | | Service Groups | TPA001B | Y | N | N |
| | | Services | TPA001C | Y | N | N |
| | | Contact Addresses | TPA001D | Y | N | N |
| | | Standard Reports | TPA001E | Y | N | N |
| | | Additional Information | TPA001F | Y | N | N |
| 3 | Contact Entity Types | | COY001 | Y | N | N |
| 3 | General Ledger Accounts | | LIB270 | Y | N | N |
| 3 | Invoice Fee Types | | LIB263 | N | N | N |
| 3 | Invoice Rollup IDs | | LIB268 | N | N | N |
| 3 | NAICS Categories | | LIB269 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Noncompliance Penalties | | NCP001 | Y | N | N |
| 3 | Plan Governing Agencies | | PGV001 | Y | N | N |
| 3 | Contact Attitudes | | LIB264 | Y | N | N |
| 3 | Contact Issue Resolutions | | LIB265 | Y | N | N |
| 3 | Contact Reasons | | COR001 | Y | N | N |
| 3 | Contact Types | | LIB045 | Y | N | N |
| 3 | DSM Axis IV | | DXC201 | Y | N | N |
| 3 | DSM Axis V | | DXC301 | Y | N | N |
| 3 | ICD-9-CM Diagnoses | | DXC001 | Y | N | N |
| 3 | Site-Defined Diagnoses | | DXC101 | N | N | N |
| 3 | Treatment Diagnosis Groups | | TDG001 | N | N | N |
| 3 | Care Classifications | | CCL001 | Y | N | N |
| 3 | Contract Types | | CRY001 | Y | N | N |
| 3 | Coverage Denial | | LIB048 | Y | N | N |
| 3 | Coverage Termination | | LIB025 | Y | N | N |
| 3 | Disabilities | | LIB081 | Y | N | N |
| 3 | Drug Benefits | | LIB087 | Y | N | N |
| 3 | Employee Types | | LIB089 | Y | N | N |
| 3 | Employer Groups | | ORG211 | Y | N | N |
| | | Contact Person Information | ORG211B | Y | N | N |
| | | Payer Plans | ORG211C | Y | N | N |
| 3 | Leave of Absence | | LIB095 | N | N | N |
| 3 | Medicare Eligibility | | LIB098 | Y | N | N |
| 3 | Member ID Modifiers | | LIB108 | Y | N | N |
| 3 | Member ID Types | | MIT001 | Y | N | N |
| 3 | Member Information | | MEM001 | Y | N | N |
| | | Identification | MEM001B | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Birth/Health Information | MEM001C | Y | N | N |
| | | Next of Kin | MEM001D | Y | N | N |
| | | Plans/Groups | MEM001E | Y | N | N |
| | | Coverage | MEM001F | Y | N | N |
| | | Allergies/Disabilities | MEM001 G | Y | N | N |
| | | Enrollment | MEM001H | Y | N | N |
| | | Pre-Existing | MEM001I | Y | N | N |
| | | Coordination of Benefits | MEM001J | Y | N | N |
| 3 | Member Roles | | MRO001 | Y | N | N |
| 3 | Pre-existing Waive Checks | | LIB106 | Y | N | N |
| 3 | Psychiatric Status | | LIB114 | Y | N | N |
| 3 | Birth Statuses | | OBS001 | Y | N | N |
| 3 | Detained Baby Dispositions | | LIB266 | Y | N | N |
| 3 | Detained Baby Reasons | | LIB267 | Y | N | N |
| 3 | Episode Meanings | | OBE001 | Y | N | N |
| 3 | OB Outcomes | | OBO001 | Y | N | N |
| 3 | Health Plan Products | | LIB192 | Y | N | N |
| 3 | Payer Plan Attributes | | PLA001 | Y | N | N |
| 3 | Payer Plan Deductibles | | LIB101 | Y | N | N |
| 3 | Payer Plan Riders | | LIB103 | Y | N | N |
| 3 | Payer Plan Tiers | | LIB104 | Y | N | N |
| 3 | Payer Plan Types | | LIB041 | Y | N | N |
| 3 | Payer Plans | | OPP001 | Y | N | N |
| | | Attributes | OPP001B | Y | N | N |
| 3 | Payers | | ORG091 | Y | N | N |
| | | Contact Person Information | ORG091B | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Plans | ORG091C | Y | N | N |
| 3 | CPT Procedures | | PXC201 | Y | N | N |
| 3 | HCPCS Procedures | | PXC301 | Y | N | N |
| 3 | ICD-9-CM Procedures | | PXC001 | Y | N | N |
| 3 | NDC Procedures | | PXC401 | Y | N | N |
| 3 | NUBC Revenue Codes | | PXC501 | Y | N | N |
| 3 | Site-Defined Procedures | | PXC101 | Y | N | N |
| 3 | Treatment Procedure Groups | | TPG001 | Y | N | N |
| 3 | Affiliation Types | | AFT001 | Y | N | N |
| 3 | Affiliations | | AFC001 | Y | N | N |
| | | Addresses | AFC001B | Y | N | N |
| | | Services/Restrictions | AFC001C | Y | N | N |
| | | Classifications/Specialties | AFC001D | Y | N | N |
| | | Lines Of Business/Networks | AFC001E | Y | N | N |
| 3 | Capitation Contract Types | | LIB047 | N | N | N |
| 3 | Integrated Delivery Networks | | IDN001 | N | N | N |
| 3 | Lines of Business | | LIB097 | Y | N | N |
| 3 | Panels | | LIB242 | N | N | N |
| 3 | Participation Levels | | LIB243 | Y | N | N |
| 3 | Patient Types | | LIB177 | Y | N | N |
| 3 | Plan Provider Types | | LIB002 | Y | N | N |
| 3 | Provider Change Reasons | | LIB188 | N | N | N |
| 3 | Provider Classifications | | LIB235 | Y | N | N |
| 3 | Provider Groups | | LIB107 | Y | N | N |
| 3 | Provider ID Modifiers | | LIB236 | Y | N | N |
| 3 | Provider ID Types | | PIT001 | Y | N | N |
| 3 | Provider Information | | PVD001 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Identification | PVD001B | Y | N | N |
| 3 | Provider Networks | | LIB195 | Y | N | N |
| 3 | Provider Roles | | PVR001 | Y | N | N |
| 3 | Provider Types | | PVT001 | Y | N | N |
| 3 | Restriction Reasons | | LIB237 | Y | N | N |
| 3 | Termination Reasons | | LIB119 | Y | N | N |
| 3 | User-Defined Licenses | | LIB030 | Y | N | N |
| 3 | Place of Service Profiles | | POP001 | Y | N | N |
| | | Procedures | POP001B | Y | N | N |
| 3 | Places of Service | | POS001 | Y | N | N |
| 3 | Service Areas | | LIB156 | Y | N | N |
| 3 | Service Restrictions | | SRN001 | Y | N | N |
| 3 | Service Types | | LIB147 | Y | N | N |
| 3 | Services | | SEV001 | Y | N | N |
| 3 | Address Book | | ADB001 | Y | N | N |
| 3 | Alerts | | ALE001 | Y | N | N |
| 3 | Assessment Types | | CRT001 | Y | N | N |
| 3 | Assessments | | NTA001 | Y | N | N |
| | | Assessment Items | NTA001B | Y | N | N |
| 3 | Care Activities | | CAC001 | N | N | N |
| 3 | Cost Savings Variance Reasons | | CVR001 | Y | N | N |
| 3 | Delivery Priorities | | LIB197 | Y | N | N |
| 3 | Disenrollment Reasons | | LIB169 | Y | N | N |
| 3 | Document Types | | DCT001 | Y | N | N |
| 3 | Hospital Treatment Services | | LIB186 | N | N | N |
| 3 | LOINC Codes | | LOI001 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Note Template Categories | | LIB283 | Y | N | N |
| 3 | Note Templates | | NTE001 | Y | N | N |
| | | Template Designer | NTE001B | N | N | N |
| 3 | Note Types | | NOT001 | Y | N | N |
| 3 | Payment Status | | LIB105 | N | N | N |
| 3 | Payment Terms | | LIB072 | N | N | N |
| 3 | States / Provinces | | STA001 | Y | N | N |
| 3 | Units of Measure | | UOM001 | Y | N | N |
| 3 | Web Notification Types | | WNT001 | Y | N | N |
| 2 | Clinical Pathway Definitions | | CPA001 | N | N | N |
| | | Intervals and Headings | CPA001B | N | N | N |
| | | Line Items | CPA001C | N | N | N |
| 2 | Clinical Pathway Previews | | CPA003 | N | N | N |
| 3 | Criteria Pages | | CPG001 | N | N | N |
| | | Details | CPG001B | N | N | N |
| 3 | Criteria Categories | | CRC001 | N | N | N |
| | | Headings and Intervals | CRC001B | N | N | N |
| | | Qualifiers | CRC001C | N | N | N |
| 2 | Criteria Set - Authorizations | | CRS101 | Y | N | N |
| 2 | Criteria Set - Case Management | | CRS201 | Y | N | N |
| 2 | InterQual CP-Imaging: Authorizations | | CRP303 | Y | N | N |
| | | Review Information | CRP303B | Y | N | N |
| | | Case Information | CRP303C | Y | N | N |
| | | Summary | CRP303D | Y | N | N |
| 2 | InterQual CP-Imaging: Case Management | | CRP503 | Y | N | N |
| | | Review Information | CRP503B | Y | N | N |
| | | Case Information | CRP503C | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Summary | CRP503D | Y | N | N |
| 2 | InterQual Care Planning: Authorizations | | CRP203 | Y | N | N |
| | | Review Information | CRP203B | Y | N | N |
| | | Case Information | CRP203C | Y | N | N |
| | | Summary | CRP203D | Y | N | N |
| 2 | InterQual Care Planning: Case Management | | CRP403 | Y | N | N |
| | | Review Information | CRP403B | Y | N | N |
| | | Case Information | CRP403C | Y | N | N |
| | | Summary | CRP403D | Y | N | N |
| 2 | InterQual Level of Care: Authorizations | | CRP101 | Y | N | N |
| | | Case Information | CRP101B | Y | N | N |
| | | Summary | CRP101C | Y | N | N |
| | | Prerequisites | CRP101D | Y | N | N |
| | | Severity of Illness | CRP101E | Y | N | N |
| | | Intensity of Service | CRP101F | Y | N | N |
| | | Discharge Screens | CRP101G | Y | N | N |
| 2 | InterQual Level of Care: Case Management | | CRP201 | Y | N | N |
| | | Case Information | CRP201B | Y | N | N |
| | | Summary | CRP201C | Y | N | N |
| | | Prerequisites | CRP201D | Y | N | N |
| | | Severity of Illness | CRP201E | Y | N | N |
| | | Intensity of Service | CRP201F | Y | N | N |
| | | Discharge Screens | CRP201G | Y | N | N |
| 2 | InterQual LOC-ORC: Authorizations | | CRP603 | Y | N | N |
| | | Review Information | CRP603B | Y | N | N |
| | | Case Information | CRP603C | Y | N | N |
| | | Summary | CRP603D | Y | N | N |
| | | Prerequisites | CRP301D | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Severity of Illness | CRP301E | Y | N | N |
| | | Intensity of Service | CRP301F | Y | N | N |
| | | Discharge Screens | CRP301G | Y | N | N |
| 2 | InterQual LOC-ORC: Case Management | | CRP703 | Y | N | N |
| | | Review Information | CRP703B | Y | N | N |
| | | Case Information | CRP703C | Y | N | N |
| | | Prerequisites | CRP401D | Y | N | N |
| | | Severity of Illness | CRP401E | Y | N | N |
| | | Intensity of Service | CRP401F | Y | N | N |
| | | Discharge Screens | CRP401G | Y | N | N |
| 2 | Pathway Reviews - Authorizations | | CPA202 | N | N | N |
| | | Review Information | CPA202B | N | N | N |
| 2 | Pathway Reviews - Case Management | | CPA302 | N | N | N |
| | | Review Information | CPA302B | N | N | N |
| 2 | Review Based Evaluation - CM | | CM-CME | N | N | N |
| 2 | Disclosures of Information | | MDI001 | Y | N | N |
| 2 | Member Access and Amendments | | MAS001 | Y | Y | Y |
| | | Amendments Tab | MAS001B | Y | Y | Y |
| 2 | Member Consent Records | | MCS001 | Y | Y | Y |
| 2 | Member Privacy Requests | | MPQ001 | Y | Y | Y |
| 2 | Create Member Notifications | | WNT002 | N | N | N |
| 2 | Create Provider Notifications | | WNT102 | N | N | N |
| 2 | View Member Notifications | | WNT003 | Y | N | N |
| 2 | View Provider Notifications | | WNT103 | Y | N | N |
| Functional Area: | | Reporting & Analysis | | | | |
| 2 | Database Queries | | DBQ001 | Y | N | N |
| | | Test & Preview | DBQ001B | Y | N | N |
| 2 | ezQ | | RPT011 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Layout | RPT011B | Y | N | N |
| 2 | Report Library Manager | | RPT001 | Y | N | N |
| | | Headers / Footers | RPT001B | Y | N | N |
| | | Contents | RPT001C | Y | N | N |
| | | Selection Criteria | RPT001D | Y | N | N |
| | | Sort Criteria | RPT001E | Y | N | N |
| | | Prompts | RPT001F | Y | N | N |
| 2 | Run Database Query | | DBQ002 | Y | N | N |
| 2 | Run Reports | | RPT002 | Y | N | N |
| 2 | Window Report Access | | WRA001 | Y | N | N |
| 2 | Create/Edit External Application Reports | | RPT003 | N | N | N |
| | | Document | RPT003B | N | N | N |
| 2 | Visual Reports | | RPT008 | N | N | N |
| | | Sub-window | RPT008B | N | N | N |
| 2 | Create / Edit Dashboards | | DSH001 | N | N | N |
| 2 | Run Dashboards | | DSH101 | N | N | N |
| 2 | Gauges | | GAG001 | N | N | N |
| 1 | Register Crystal Reports | | RPT007 | N | N | N |
| | | Parameters | RPT007B | N | N | N |
| 1 | Reporting Configuration | | SYS010 | N | N | N |
| 1 | Printer Profiles | | PPF001 | N | N | N |
| 1 | Report Modifiers | | RML001 | N | N | N |
| 1 | Report Signature Blocks | | RSB001 | N | N | N |
| 1 | Report Text Objects | | RTO001 | N | N | N |
| | | Header | RTO001B | N | N | N |
| | | Regarding | RTO001C | N | N | N |
| | | Salutation | RTO001D | N | N | N |
| | | Body Upper | RTO001E | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Body Lower | RTO001F | N | N | N |
| | | Footer | RTO001G | N | N | N |
| | | Enclosure | RTO001H | N | N | N |
| 2 | Run Summary Data Loads | | DLD101 | N | N | N |
| | | Results | DLD101B | N | N | N |
| 2 | Summary Data Loads | | DLD001 | N | N | N |
| | | Results | DLD001B | N | N | N |
| Functional Area: | | System Management | | | | |
| 2 | Managed Care Configuration | | MCC001 | N | N | N |
| | | Default Values | MCC001B | N | N | N |
| | | Care Coordination/Appeals | MCC001C | N | N | N |
| | | Numbering Policies | MCC001D | N | N | N |
| | | Client Subsystem/TMM | MCC001E | N | N | N |
| | | OB Information | MCC001F | N | N | N |
| | | Members/Providers | MCC001G | N | N | N |
| | | Electronic Transactions | MCC001H | N | N | N |
| 2 | Menu Configuration | | MNU001 | N | N | N |
| 2 | System Configuration | | SYS001 | N | N | N |
| | | Rules & Restrictions | SYS001B | N | N | N |
| 2 | Window Access | | WAC001 | N | N | N |
| 2 | Window Library | | WIN001 | N | N | N |
| 3 | Diagnosis Related Groups | | DRG001 | N | N | N |
| 3 | DRG Multipliers | | DRM001 | N | N | N |
| 3 | DRG Grouping Logic | | DGL001 | N | N | N |
| 3 | Major Diagnostic Categories | | MDC001 | N | N | N |
| 3 | Consequences of Variance | | CVA001 | N | N | N |
| 3 | Reasons For Variance | | RVA001 | N | N | N |
| 3 | User-Defined Associations | | UDA001 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Allergies | | ALG001 | N | N | N |
| 3 | Allergy Severities | | LIB145 | N | N | N |
| 3 | Allergy Types | | ALT001 | N | N | N |
| 3 | Postal Codes | | POC001 | N | N | N |
| 3 | Counties | | LIB184 | N | N | N |
| 3 | Countries | | LIB064 | N | N | N |
| 3 | Employment Status | | LIB038 | N | N | N |
| 3 | Ethnic Origins | | LIB036 | N | N | N |
| 3 | Job Classifications | | JCL001 | N | N | N |
| 3 | Marital Status | | MRS001 | N | N | N |
| 3 | Next Of Kin Roles | | LIB027 | N | N | N |
| 3 | Races | | LIB032 | N | N | N |
| 3 | Relationships | | LIB149 | N | N | N |
| 3 | Religions | | LIB092 | N | N | N |
| 3 | States / Provinces | | STA001 | N | N | N |
| 3 | Access Response Reasons | | ARR001 | N | N | N |
| 3 | Amendment Response Reasons | | AMR001 | N | N | N |
| 3 | Disclosure Requirement Reasons | | DRR001 | N | N | N |
| 3 | Extension Reasons | | LIB209 | N | N | N |
| 3 | Information Disclosure Purposes | | LIB051 | N | N | N |
| 3 | Member Alert Types | | LIB280 | N | N | N |
| 3 | Privacy Request Types | | LIB281 | N | N | N |
| 3 | Brokers | | ORG361 | N | N | N |
| | | Contact Person Information | ORG361B | N | N | N |
| 3 | Business Units | | LIB240 | N | N | N |
| 3 | Employers | | ORG171 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Contact Person Information | ORG171B | N | N | N |
| 3 | Organization Types | | ORT001 | N | N | N |
| 3 | Organization Contact Persons | | ORP001 | N | N | N |
| | | Additional Contact Information | ORP001B | N | N | N |
| 3 | Payers | | ORG091 | N | N | N |
| | | Contact Person Information | ORG091B | N | N | N |
| | | Plans | ORG091C | N | N | N |
| 3 | Person Types | | PNT001 | N | N | N |
| 3 | | Professions | LIB070 | N | N | N |
| 3 | Review Agencies | | ORG261 | N | N | N |
| | | Contact Person Information | ORG261B | N | N | N |
| 3 | Letter Packages | | LPK001 | N | N | N |
| 3 | Database Queries | | DBQ001 | N | N | N |
| | | Test & Preview | DBQ001B | N | N | N |
| 3 | Document Types | | DCT001 | N | N | N |
| 3 | Letter Modifiers | | LIB271 | N | N | N |
| 3 | Letter Types | | LTY001 | N | N | N |
| 3 | Printer Pools | | LIB138 | N | N | N |
| 3 | Printers | | PRN001 | N | N | N |
| 3 | Report Categories | | RCG001 | N | N | N |
| 3 | Report Field Configuration | | REQ001 | N | N | N |
| 3 | Report Types | | RTP001 | N | N | N |
| 3 | Cost Centers | | LIB157 | N | N | N |
| 3 | Emergency Locator Codes | | LIB035 | N | N | N |
| 3 | Departments | | DPT001 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Hospital Services | | HSV001 | N | N | N |
| 3 | Specialties | | SPC001 | N | N | N |
| 3 | Job Classifications | | JCL001 | N | N | N |
| 3 | Job Titles | | LIB121 | N | N | N |
| 3 | Staff Categories | | STC001 | N | N | N |
| 3 | Visa Types | | LIB125 | N | N | N |
| 3 | Ancillary Staff Information | | STF003 | N | N | N |
| | | Contact Information | STF003B | N | N | N |
| | | Personal Information | STF003C | N | N | N |
| 3 | Workgroups | | WGR001 | N | N | N |
| | | Workgroup Clients | WGR001 B | N | N | N |
| 3 | Task List Redirection | | TSL101 | N | N | N |
| 3 | Task Distribution Lists | | TDL001 | N | N | N |
| 3 | Task Lists | | TSL001 | N | N | N |
| 3 | Task Priorities | | TPR001 | N | N | N |
| 3 | Task Types | | TTY001 | N | N | N |
| | | Parameters | TTY001B | N | N | N |
| | | Label Definition | TTY001C | N | N | N |
| | | Task Creation | TTY001D | N | N | N |
| 2 | Retrieval Log | | RVL001 | N | N | N |
| 2 | Activity Log Maintenance | | UAL001 | N | N | N |
| 2 | User Information | | USR201 | N | N | N |
| | | Account Restrictions | USR201B | N | N | N |
| | | Privileges/Programs | USR201C | N | N | N |
| | | Client Security | USR201D | N | N | N |
| 2 | Window Privilege Profiles | | WPP001 | N | N | N |
| | | Report Access | WPP001B | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Other Access | WPP001C | N | N | N |
| 2 | Security Profiles | | SPF001 | N | N | N |
| 2 | Security User Information | | SUR001 | N | N | N |
| | | Acct Restrictions | SUR001B | N | N | N |
| | | User Profiles & Groups | SUR001C | N | N | N |
| | | Associated Providers | SUR001D | N | N | N |
| | | Privilege Summary | SUR001E | N | N | N |
| 2 | Application Event Queue | | AEQ001 | N | N | N |
| 2 | Job Definitions | | JBD001 | N | N | N |
| | | Job Rules | JBD001B | N | N | N |
| 2 | Job Scheduling | | JSC001 | N | N | N |
| 2 | Job Scripts | | XOB101 | N | N | N |
| | | Code | XOB101B | N | N | N |
| 2 | Schedule Monitor | | SSE001 | N | N | N |
| 2 | Create/Edit User-Defined Windows | | UDW001 | N | N | N |
| | | Field Information | UDW001B | N | N | N |
| | | Preview & Arrange | UDW001 C | N | N | N |
| | | Menu Access | UDW001 D | N | N | N |
| 2 | Run User-Defined Windows | | UDW002 | N | N | N |
| 2 | User-Defined Tables | | SYT003 | N | N | N |
| | | Usage | SYT003B | N | N | N |
| | | Data Access | SYT003C | N | N | N |
| 2 | Workgroup Task List Management | | TSK002 | N | N | N |
| 2 | Task Batch Processing | | TSK004 | N | N | N |
| 2 | Data Records | | XDR002 | N | N | N |
| | | Raw Data | XDR002B | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 2 | Data Records Queue | | XDR004 | N | N | N |
| 2 | Objects | | XOB001 | N | N | N |
| | | Code | XOB001B | N | N | N |
| 2 | System Applications | | XSA001 | N | N | N |
| 2 | System Segments | | XSS001 | N | N | N |
| 2 | System Tables | | SYT001 | N | N | N |
| 2 | Translation Table | | XLT001 | N | N | N |
| Functional Area: | | Provider Credentialing | | | | |
| 2 | Attestations | | VAT001 | N | N | N |
| 2 | Verification Forms | | VFM001 | N | N | N |
| 2 | Verification Items | | VIM001 | N | N | N |
| 2 | Acts or Omissions | | LIB210 | N | N | N |
| 2 | Adverse Action Classification | | LIB052 | N | N | N |
| 2 | Boards (Specialty Certification) | | ORG131 | N | N | N |
| | | Contact Person Information | ORG131B | N | N | N |
| | | Certificates | ORG131C | N | N | N |
| 2 | Coverage Terms | | LIB131 | N | N | N |
| 2 | Coverage Types | | LIB133 | N | N | N |
| 2 | Credentialing Verification Organizations | | ORG191 | N | N | N |
| | | Contact Person Information | ORG191B | N | N | N |
| 2 | Data Sources | | LIB122 | N | N | N |
| 2 | Degree Types | | LIB028 | N | N | N |
| 2 | Fields of Licensure | | LIB044 | N | N | N |
| 2 | Insurance Carriers | | ORG061 | N | N | N |
| | | Contact Person Information | ORG061B | N | N | N |
| 2 | Internship Types | | LIB049 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 2 | Medical Schools | | ORG141 | N | N | N |
| | | Contact Person Information | ORG141B | N | N | N |
| 2 | Nursing Schools | | ORG321 | N | N | N |
| | | Nursing Schools | ORG321 | N | N | N |
| 2 | Post-Graduate Schools | | ORG311 | N | N | N |
| | | Contact Person Information | ORG311B | N | N | N |
| 2 | Professional Schools | | ORG331 | N | N | N |
| | | Contact Person Information | ORG331B | N | N | N |
| 2 | Provider Types | | PVT001 | N | N | N |
| 2 | Qualifications | | LIB154 | N | N | N |
| 2 | Regulatory Agencies | | ORG121 | N | N | N |
| | | Contact Person Information | ORG121B | N | N | N |
| 2 | Specialization Areas | | LIB110 | N | N | N |
| 2 | Undergraduate Schools | | ORG341 | N | N | N |
| | | Contact Person Information | ORG341B | N | N | N |
| 2 | Vocational Schools | | ORG351 | N | N | N |
| | | Contact Person Information | ORG351B | N | N | N |
| 1 | Credentialing Batch | | VBR001 | N | N | N |
| 1 | Credentialing Batch Template | | VCB001 | N | N | N |
| 1 | Credentialing Application | | VAL001 | N | N | N |
| | | Credentialing Verification | VAL001B | N | N | N |
| 1 | Recredentialing Application | | VAL101 | N | N | N |
| | | Recredentialing Verification | VAL101B | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 1 | Providers | | PVD002 | N | N | N |
| | | Physicians | PVD002B | N | N | N |
| | | Education/Training | PVD002C | N | N | N |
| | | Board Cert/Qualification | PVD002D | N | N | N |
| | | License | PVD002E | N | N | N |
| | | Insurance | PVD002F | N | N | N |
| | | Malpractice Claims | PVD002G | N | N | N |
| | | Adverse Action | PVD002H | N | N | N |

**Report Access**

| ID | Description | Security Level |
|---|---|---|
| CM | Case Management | Y |
| FULFIL | Fulfillment Materials | Y |
| LETTER | Letters | Y |
| OTHER | Other Reports | Y |
| PHM | Population Health Management | Y |
| SYS | System Reports | Y |
| UM | Utilization Management | Y |

**Other Access**

| Description | Security |
|---|---|
| Allow Access to Clinical History Window | Y |
| Allow Changes to Authorization Status History | N |
| Allow Changes to "Date/Time Due" on Existing Tasks | N |
| Appeal Status | Open |
| Standard Appeals | Y |
| Expedited CMS Appeals | N |

| Description | Security |
|---|---|
| Expedited Non-CMS Appeals | N |
| Allow Changes to "Start Date/Time" on Appeals | Y |
| Allow Users to Reopen Closed Appeals | Y |
| Appeal Status | Closed |
| Standard Appeals | Y |
| Expedited CMS Appeals | N |
| Expedited Non-CMS Appeals | N |
| Allow Changes to "Start Date/Time" on Appeals | Y |
| Allow Users to Reopen Closed Appeals | Y |
| Note Types | |
| Allow All | Y |
| Case Types | |
| Allow All | Y |

## System Administrator

### Window Access

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| Functional Area: | | Care Coordination Center | | | | |
| 2 | Care Coordination | | TAU001 | Y | Y | Y |
| | | Services | TAU001B | Y | Y | Y |
| | | Inpatient Information | TAU001C | Y | Y | Y |
| | | Medical/Administrative Review | TAU001D | Y | Y | Y |
| | | Appeals | TAU001E | Y | Y | Y |
| | | Document History | TAU001F | Y | Y | Y |
| 2 | Intake Processing | | TAU201 | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Services | TAU201B | Y | Y | Y |
| 2 | Assignment of Care | | ASC001 | Y | Y | Y |
| 2 | Provider Referrals | | TAU101 | Y | Y | Y |
| | | Services | TAU101B | Y | Y | Y |
| | Provider Cross Coverage | | PCC001 | Y | Y | Y |
| 1 | Case Management | | CME001 | Y | Y | Y |
| | | Enrollment | CME001B | Y | Y | Y |
| | | Issues | CME001C | Y | Y | Y |
| | | Clinical Data | CME001F | Y | Y | Y |
| | | Authorization History | CME001D | Y | Y | Y |
| | | Document History | CME001E | Y | Y | Y |
| 2 | Member Care Plans | | CME002 | Y | Y | Y |
| 2 | Standard Care Plans | | SCP001 | Y | Y | Y |
| 2 | Case Management Enrollment | | CEQ001 | Y | Y | Y |
| 2 | Case Management Screening Tool | | CMS001 | Y | Y | Y |
| | | Determination | CMS001B | Y | Y | Y |
| 2 | OB Information | | OBI001 | Y | Y | Y |
| 2 | RAND SF36 Health Survey | | S36001 | Y | Y | Y |
| | | Activity Limitations | S36001B | Y | Y | Y |
| | | Physical Health | S36001C | Y | Y | Y |
| | | Emotional Health | S36001D | Y | Y | Y |
| | | Bodily Pain | S36001E | Y | Y | Y |
| | | Energy and Emotions | S36001F | Y | Y | Y |
| | | General Health | S36001G | Y | Y | Y |
| | | Survey Results | S36001H | Y | Y | Y |
| 2 | Expedited CMS Appeals | | MAP202 | Y | Y | Y |
| | | Processing | MAP202B | Y | Y | Y |
| | | Decisions | MAP202C | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Contact Log | MAP202D | Y | Y | Y |
| | | CHDR | MAP202E | Y | Y | Y |
| | | Document Log | MAP202F | Y | Y | Y |
| | | Event History | MAP202G | Y | Y | Y |
| 2 | Expedited Non-CMS Appeals | | MAP302 | Y | Y | Y |
| | | Processing | MAP302B | Y | Y | Y |
| | | Decisions | MAP302C | Y | Y | Y |
| | | Contact Log | MAP302D | Y | Y | Y |
| | | CHDR | MAP302E | Y | Y | Y |
| | | Document Log | MAP302F | Y | Y | Y |
| | | Event History | MAP302G | Y | Y | Y |
| 2 | Standard Appeals | | MAP102 | Y | Y | Y |
| | | Processing | MAP102B | Y | Y | Y |
| | | Decisions | MAP102C | Y | Y | Y |
| | | Contact Log | MAP102D | Y | Y | Y |
| | | CHDR | MAP102E | N | N | N |
| | | Document Log | MAP102F | Y | Y | Y |
| | | Event History | MAP102G | Y | Y | Y |
| 1 | Contact Management | | CON001 | Y | Y | Y |
| 2 | Member Survey | | SRP001 | Y | Y | Y |
| 2 | Provider Surveys | | SRP101 | Y | Y | Y |
| 2 | Other Surveys | | SRP201 | Y | Y | Y |
| 3 | Survey Builder | | SBR001 | Y | Y | Y |
| | | Survey Options | SBR001B | Y | Y | Y |
| | | Scoring Details | SBR001C | Y | Y | Y |
| 3 | Survey Types | | STY001 | Y | Y | Y |
| 3 | Appeal Categories | | ACG001 | Y | Y | Y |
| 3 | Appeal Extension Reasons | | LIB116 | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Quick Appeal Outcomes | | LIB282 | Y | Y | Y |
| 3 | Appeal Types | | ATE001 | Y | Y | Y |
| 3 | Appeal Override Reasons | | LIB152 | Y | Y | Y |
| 3 | Appeal Reasons | | LIB001 | Y | Y | Y |
| 3 | Appeal Relationships | | ARL001 | Y | Y | Y |
| 3 | Appeals Document Button Access | | MBA001 | Y | Y | Y |
| 3 | CHDR Decisions | | CHD001 | Y | Y | Y |
| 3 | CHDR Rationales | | LIB190 | Y | Y | Y |
| 3 | Contact Reasons - Appeals | | LIB088 | Y | Y | Y |
| 3 | Criteria Assessment Reasons | | CAN001 | Y | Y | Y |
| 3 | Contact Reasons | | COR001 | Y | Y | Y |
| 3 | Authorization Profiles | | APF001 | Y | Y | Y |
| 3 | Authorization Status | | AST001 | Y | Y | Y |
| 3 | Case Types | | CTE001 | Y | Y | Y |
| 3 | Determination Reasons | | DTR001 | Y | Y | Y |
| 3 | Dispositions | | DDS101 | Y | Y | Y |
| 3 | Event Classifications | | LIB257 | Y | Y | Y |
| 3 | Inpatient Review Reasons | | IRR001 | Y | Y | Y |
| 3 | Level of Care Reasons | | LCR001 | Y | Y | Y |
| 3 | Levels of Care | | LOC001 | Y | Y | Y |
| 3 | Outcome Reasons | | OTR001 | Y | Y | Y |
| 3 | Outcomes | | LIB085 | Y | Y | Y |
| 3 | Reasons For Override | | LIB015 | Y | Y | Y |
| 3 | Reimbursement Types | | LIB212 | Y | Y | Y |
| 3 | Review Criteria Sets | | RCT001 | Y | Y | Y |
| 3 | Review Reasons | | RVR001 | Y | Y | Y |
| 3 | Status Change Reasons | | SCA001 | Y | Y | Y |
| 3 | Targeted Medical Management | | TMM001 | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Targeted Diagnoses | TMM001B | Y | Y | Y |
| | | Targeted Procedures | TMM001C | Y | Y | Y |
| | | Targeted Providers | TMM001D | Y | Y | Y |
| 3 | Case Management Goals | | CGL001 | Y | Y | Y |
| 3 | Contact Reasons - Case Management | | PCR001 | Y | Y | Y |
| 3 | Clinical Data Categories | | LIB272 | Y | Y | Y |
| 3 | Clinical Data Items | | CDI001 | Y | Y | Y |
| 3 | Clinical Data Reasons | | LIB273 | Y | Y | Y |
| 3 | Clinical Data Routes | | ARO001 | Y | Y | Y |
| 3 | Case Level Tool | | CLT001 | Y | Y | Y |
| 3 | Issues | | LIB274 | Y | Y | Y |
| 3 | Case Manager Rosters | | STF010 | Y | Y | Y |
| 3 | Health Management Programs | | HMP001 | Y | Y | Y |
| 3 | High Tech Needs | | LIB241 | Y | Y | Y |
| 3 | Interventions | | LIB082 | Y | Y | Y |
| 3 | New Case Responses | | NCR001 | Y | Y | Y |
| 3 | Client Accounting IDs | | CLC001 | Y | Y | Y |
| 3 | Client Divisions | | TPD001 | Y | Y | Y |
| 3 | Client Information Categories | | LIB259 | Y | Y | Y |
| 3 | Client Invoice Frequencies | | LIB260 | Y | Y | Y |
| 3 | Client Invoice Reporting | | LIB261 | Y | Y | Y |
| 3 | Client Invoice Types | | LIB262 | Y | Y | Y |
| 3 | Client Services | | TPS001 | Y | Y | Y |
| | | Service Details | TPS001B | Y | Y | Y |
| 3 | Client Types | | TPT001 | Y | Y | Y |
| 3 | Clients | | TPA001 | Y | Y | Y |
| | | Service Groups | TPA001B | Y | Y | Y |
| | | Services | TPA001C | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Contact Addresses | TPA001D | Y | Y | Y |
| | | Standard Reports | TPA001E | Y | Y | Y |
| | | Additional Information | TPA001F | Y | Y | Y |
| 3 | Contact Entity Types | | COY001 | Y | Y | Y |
| 3 | General Ledger Accounts | | LIB270 | Y | Y | Y |
| 3 | Invoice Fee Types | | LIB263 | Y | Y | Y |
| 3 | Invoice Rollup IDs | | LIB268 | Y | Y | Y |
| 3 | NAICS Categories | | LIB269 | Y | Y | Y |
| 3 | Noncompliance Penalties | | NCP001 | Y | Y | Y |
| 3 | Plan Governing Agencies | | PGV001 | Y | Y | Y |
| 3 | Contact Attitudes | | LIB264 | Y | Y | Y |
| 3 | Contact Issue Resolutions | | LIB265 | Y | Y | Y |
| 3 | Contact Reasons | | COR001 | Y | Y | Y |
| 3 | Contact Types | | LIB045 | Y | Y | Y |
| 3 | DSM Axis IV | | DXC201 | Y | Y | Y |
| 3 | DSM Axis V | | DXC301 | Y | Y | Y |
| 3 | ICD-9-CM Diagnoses | | DXC001 | Y | Y | Y |
| 3 | Site-Defined Diagnoses | | DXC101 | Y | Y | Y |
| 3 | Treatment Diagnosis Groups | | TDG001 | Y | Y | Y |
| 3 | Care Classifications | | CCL001 | Y | Y | Y |
| 3 | Contract Types | | CRY001 | Y | Y | Y |
| 3 | Coverage Denial | | LIB048 | Y | Y | Y |
| 3 | Coverage Termination | | LIB025 | Y | Y | Y |
| 3 | Disabilities | | LIB081 | Y | Y | Y |
| 3 | Drug Benefits | | LIB087 | Y | Y | Y |
| 3 | Employee Types | | LIB089 | Y | Y | Y |
| 3 | Employer Groups | | ORG211 | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Contact Person Information | ORG211B | Y | Y | Y |
| | | Payer Plans | ORG211C | Y | Y | Y |
| 3 | Leave of Absence | | LIB095 | Y | Y | Y |
| 3 | Medicare Eligibility | | LIB098 | Y | Y | Y |
| 3 | Member ID Modifiers | | LIB108 | Y | Y | Y |
| 3 | Member ID Types | | MIT001 | Y | Y | Y |
| 3 | Member Information | | MEM001 | Y | Y | Y |
| | | Identification | MEM001B | Y | Y | Y |
| | | Birth/Health Information | MEM001C | Y | Y | Y |
| | | Next of Kin | MEM001D | Y | Y | Y |
| | | Plans/Groups | MEM001E | Y | Y | Y |
| | | Coverage | MEM001F | Y | Y | Y |
| | | Allergies/Disabilities | MEM001 G | Y | Y | Y |
| | | Enrollment | MEM001H | Y | Y | Y |
| | | Pre-Existing | MEM001I | Y | Y | Y |
| | | Coordination of Benefits | MEM001J | Y | Y | Y |
| 3 | Member Roles | | MRO001 | Y | Y | Y |
| 3 | Pre-existing Waive Checks | | LIB106 | Y | Y | Y |
| 3 | Psychiatric Status | | LIB114 | Y | Y | Y |
| 3 | Birth Statuses | | OBS001 | Y | Y | Y |
| 3 | Detained Baby Dispositions | | LIB266 | Y | Y | Y |
| 3 | Detained Baby Reasons | | LIB267 | Y | Y | Y |
| 3 | Episode Meanings | | OBE001 | Y | Y | Y |
| 3 | OB Outcomes | | OBO001 | Y | Y | Y |
| 3 | Health Plan Products | | LIB192 | Y | Y | Y |
| 3 | Payer Plan Attributes | | PLA001 | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Payer Plan Deductibles | | LIB101 | Y | Y | Y |
| 3 | Payer Plan Riders | | LIB103 | Y | Y | Y |
| 3 | Payer Plan Tiers | | LIB104 | Y | Y | Y |
| 3 | Payer Plan Types | | LIB041 | Y | Y | Y |
| 3 | Payer Plans | | OPP001 | Y | Y | Y |
| | | Attributes | OPP001B | Y | Y | Y |
| 3 | Payers | | ORG091 | Y | Y | Y |
| | | Contact Person Information | ORG091B | Y | N | N |
| | | Plans | ORG091C | Y | N | N |
| 3 | CPT Procedures | | PXC201 | Y | Y | Y |
| 3 | HCPCS Procedures | | PXC301 | Y | Y | Y |
| 3 | ICD-9-CM Procedures | | PXC001 | Y | Y | Y |
| 3 | NDC Procedures | | PXC401 | Y | Y | Y |
| 3 | NUBC Revenue Codes | | PXC501 | Y | Y | Y |
| 3 | Site-Defined Procedures | | PXC101 | Y | Y | Y |
| 3 | Treatment Procedure Groups | | TPG001 | Y | Y | Y |
| 3 | Affiliation Types | | AFT001 | Y | Y | Y |
| 3 | Affiliations | | AFC001 | Y | Y | Y |
| | | Addresses | AFC001B | Y | Y | Y |
| | | Services/Restrictions | AFC001C | Y | Y | Y |
| | | Classifications/Specialties | AFC001D | Y | Y | Y |
| | | Lines Of Business/Networks | AFC001E | Y | Y | Y |
| 3 | Capitation Contract Types | | LIB047 | Y | Y | Y |
| 3 | Integrated Delivery Networks | | IDN001 | Y | Y | Y |
| 3 | Lines of Business | | LIB097 | Y | Y | Y |
| 3 | Panels | | LIB242 | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Participation Levels | | LIB243 | Y | Y | Y |
| 3 | Patient Types | | LIB177 | Y | Y | Y |
| 3 | Plan Provider Types | | LIB002 | Y | Y | Y |
| 3 | Provider Change Reasons | | LIB188 | Y | Y | Y |
| 3 | Provider Classifications | | LIB235 | Y | Y | Y |
| 3 | Provider Groups | | LIB107 | Y | Y | Y |
| 3 | Provider ID Modifiers | | LIB236 | Y | Y | Y |
| 3 | Provider ID Types | | PIT001 | Y | Y | Y |
| 3 | Provider Information | | PVD001 | Y | Y | Y |
| | | Identification | PVD001B | Y | Y | Y |
| 3 | Provider Networks | | LIB195 | Y | Y | Y |
| 3 | Provider Roles | | PVR001 | Y | Y | Y |
| 3 | Provider Types | | PVT001 | Y | Y | Y |
| 3 | Restriction Reasons | | LIB237 | Y | Y | Y |
| 3 | Termination Reasons | | LIB119 | Y | Y | Y |
| 3 | User-Defined Licenses | | LIB030 | Y | Y | Y |
| 3 | Place of Service Profiles | | POP001 | Y | Y | Y |
| | | Procedures | POP001B | Y | Y | Y |
| 3 | Places of Service | | POS001 | Y | Y | Y |
| 3 | Service Areas | | LIB156 | Y | Y | Y |
| 3 | Service Restrictions | | SRN001 | Y | Y | Y |
| 3 | Service Types | | LIB147 | Y | Y | Y |
| 3 | Services | | SEV001 | Y | Y | Y |
| 3 | Address Book | | ADB001 | Y | Y | Y |
| 3 | Alerts | | ALE001 | Y | Y | Y |
| 3 | Assessment Types | | CRT001 | Y | Y | Y |
| 3 | Assessments | | NTA001 | Y | Y | Y |
| | | Assessment Items | NTA001B | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Care Activities | | CAC001 | Y | Y | Y |
| 3 | Cost Savings Variance Reasons | | CVR001 | Y | Y | Y |
| 3 | Delivery Priorities | | LIB197 | Y | Y | Y |
| 3 | Disenrollment Reasons | | LIB169 | Y | Y | Y |
| 3 | Document Types | | DCT001 | Y | Y | Y |
| 3 | Hospital Treatment Services | | LIB186 | Y | Y | Y |
| 3 | LOINC Codes | | LOI001 | Y | Y | Y |
| 3 | Note Template Categories | | LIB283 | Y | Y | Y |
| 3 | Note Templates | | NTE001 | Y | Y | Y |
| | | Template Designer | NTE001B | Y | Y | Y |
| 3 | Note Types | | NOT001 | Y | Y | Y |
| 3 | Payment Status | | LIB105 | Y | Y | Y |
| 3 | Payment Terms | | LIB072 | Y | Y | Y |
| 3 | States / Provinces | | STA001 | Y | Y | Y |
| 3 | Units of Measure | | UOM001 | Y | Y | Y |
| 3 | Web Notification Types | | WNT001 | Y | Y | Y |
| 2 | Clinical Pathway Definitions | | CPA001 | Y | Y | Y |
| | | Intervals and Headings | CPA001B | Y | Y | Y |
| | | Line Items | CPA001C | Y | Y | Y |
| 2 | Clinical Pathway Previews | | CPA003 | Y | Y | Y |
| 3 | Criteria Pages | | CPG001 | Y | Y | Y |
| | | Details | CPG001B | Y | Y | Y |
| 3 | Criteria Categories | | CRC001 | Y | Y | Y |
| | | Headings and Intervals | CRC001B | Y | Y | Y |
| | | Qualifiers | CRC001C | Y | Y | Y |
| 2 | Criteria Set - Authorizations | | CRS101 | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 2 | Criteria Set - Case Management | | CRS201 | Y | Y | Y |
| 2 | InterQual CP-Imaging: Authorizations | | CRP303 | Y | Y | Y |
| | | Review Information | CRP303B | Y | Y | Y |
| | | Case Information | CRP303C | Y | Y | Y |
| | | Summary | CRP303D | Y | Y | Y |
| 2 | InterQual CP-Imaging: Case Management | | CRP503 | Y | Y | Y |
| | | Review Information | CRP503B | Y | Y | Y |
| | | Case Information | CRP503C | Y | Y | Y |
| | | Summary | CRP503D | Y | Y | Y |
| 2 | InterQual Care Planning: Authorizations | | CRP203 | Y | Y | Y |
| | | Review Information | CRP203B | Y | Y | Y |
| | | Case Information | CRP203C | Y | Y | Y |
| | | Summary | CRP203D | Y | Y | Y |
| 2 | InterQual Care Planning: Case Management | | CRP403 | Y | Y | Y |
| | | Review Information | CRP403B | Y | Y | Y |
| | | Case Information | CRP403C | Y | Y | Y |
| | | Summary | CRP403D | Y | Y | Y |
| 2 | InterQual Level of Care: Authorizations | | CRP101 | Y | Y | Y |
| | | Case Information | CRP101B | Y | Y | Y |
| | | Summary | CRP101C | Y | Y | Y |
| | | Prerequisites | CRP101D | Y | Y | Y |
| | | Severity of Illness | CRP101E | Y | Y | Y |
| | | Intensity of Service | CRP101F | Y | Y | Y |
| | | Discharge Screens | CRP101G | Y | Y | Y |
| 2 | InterQual Level of Care: Case Management | | CRP201 | Y | Y | Y |
| | | Case Information | CRP201B | Y | Y | Y |
| | | Summary | CRP201C | Y | Y | Y |
| | | Prerequisites | CRP201D | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Severity of Illness | CRP201E | Y | Y | Y |
| | | Intensity of Service | CRP201F | Y | Y | Y |
| | | Discharge Screens | CRP201G | Y | Y | Y |
| 2 | InterQual LOC-ORC: Authorizations | | CRP603 | Y | Y | Y |
| | | Review Information | CRP603B | Y | Y | Y |
| | | Case Information | CRP603C | Y | Y | Y |
| | | Summary | CRP603D | Y | Y | Y |
| | | Prerequisites | CRP301D | Y | Y | Y |
| | | Severity of Illness | CRP301E | Y | Y | Y |
| | | Intensity of Service | CRP301F | Y | Y | Y |
| | | Discharge Screens | CRP301G | Y | Y | Y |
| 2 | InterQual LOC-ORC: Case Management | | CRP703 | Y | Y | Y |
| | | Review Information | CRP703B | Y | Y | Y |
| | | Case Information | CRP703C | Y | Y | Y |
| | | Prerequisites | CRP401D | Y | Y | Y |
| | | Severity of Illness | CRP401E | Y | Y | Y |
| | | Intensity of Service | CRP401F | Y | Y | Y |
| | | Discharge Screens | CRP401G | Y | Y | Y |
| 2 | Pathway Reviews - Authorizations | | CPA202 | Y | Y | Y |
| | | Review Information | CPA202B | Y | Y | Y |
| 2 | Pathway Reviews - Case Management | | CPA302 | Y | Y | Y |
| | | Review Information | CPA302B | Y | Y | Y |
| 2 | Review Based Evaluation - CM | | CM-CME | Y | Y | Y |
| 2 | Disclosures of Information | | MDI001 | Y | Y | Y |
| 2 | Member Access and Amendments | | MAS001 | Y | Y | Y |
| | | Amendments Tab | MAS001B | Y | Y | Y |
| 2 | Member Consent Records | | MCS001 | Y | Y | Y |
| 2 | Member Privacy Requests | | MPQ001 | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 2 | Create Member Notifications | | WNT002 | Y | Y | Y |
| 2 | Create Provider Notifications | | WNT102 | Y | Y | Y |
| 2 | View Member Notifications | | WNT003 | Y | Y | Y |
| 2 | View Provider Notifications | | WNT103 | Y | Y | Y |
| Functional Area: | | Reporting & Analysis | | | | |
| 2 | Database Queries | | DBQ001 | Y | Y | Y |
| | | Test & Preview | DBQ001B | Y | Y | Y |
| 2 | ezQ | | RPT011 | Y | Y | Y |
| | | Layout | RPT011B | Y | Y | Y |
| 2 | Report Library Manager | | RPT001 | Y | Y | Y |
| | | Headers / Footers | RPT001B | Y | Y | Y |
| | | Contents | RPT001C | Y | Y | Y |
| | | Selection Criteria | RPT001D | Y | Y | Y |
| | | Sort Criteria | RPT001E | Y | Y | Y |
| | | Prompts | RPT001F | Y | Y | Y |
| 2 | Run Database Query | | DBQ002 | Y | Y | Y |
| 2 | Run Reports | | RPT002 | Y | Y | Y |
| 2 | Window Report Access | | WRA001 | Y | Y | Y |
| 2 | Create/Edit External Application Reports | | RPT003 | Y | Y | Y |
| | | Document | RPT003B | Y | Y | Y |
| 2 | Visual Reports | | RPT008 | Y | Y | Y |
| | | Sub-window | RPT008B | Y | Y | Y |
| 2 | Create / Edit Dashboards | | DSH001 | Y | Y | Y |
| 2 | Run Dashboards | | DSH101 | Y | Y | Y |
| 2 | Gauges | | GAG001 | Y | Y | Y |
| 1 | Register Crystal Reports | | RPT007 | Y | Y | Y |
| | | Parameters | RPT007B | Y | Y | Y |
| 1 | Reporting Configuration | | SYS010 | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 1 | Printer Profiles | | PPF001 | Y | Y | Y |
| 1 | Report Modifiers | | RML001 | Y | Y | Y |
| 1 | Report Signature Blocks | | RSB001 | Y | Y | Y |
| 1 | Report Text Objects | | RTO001 | Y | Y | Y |
| | | Header | RTO001B | Y | Y | Y |
| | | Regarding | RTO001C | Y | Y | Y |
| | | Salutation | RTO001D | Y | Y | Y |
| | | Body Upper | RTO001E | Y | Y | Y |
| | | Body Lower | RTO001F | Y | Y | Y |
| | | Footer | RTO001G | Y | Y | Y |
| | | Enclosure | RTO001H | Y | Y | Y |
| 2 | Run Summary Data Loads | | DLD101 | Y | Y | Y |
| | | Results | DLD101B | Y | Y | Y |
| 2 | Summary Data Loads | | DLD001 | Y | Y | Y |
| | | Results | DLD001B | Y | Y | Y |
| Functional Area: | | System Management | | | | |
| 2 | Managed Care Configuration | | MCC001 | Y | Y | Y |
| | | Default Values | MCC001B | Y | Y | Y |
| | | Care Coordination/Appeals | MCC001C | Y | Y | Y |
| | | Numbering Policies | MCC001D | Y | Y | Y |
| | | Client Subsystem/TMM | MCC001E | Y | Y | Y |
| | | OB Information | MCC001F | Y | Y | Y |
| | | Members/Providers | MCC001G | Y | Y | Y |
| | | Electronic Transactions | MCC001H | Y | Y | Y |
| 2 | Menu Configuration | | MNU001 | Y | Y | Y |
| 2 | System Configuration | | SYS001 | Y | Y | Y |
| | | Rules & Restrictions | SYS001B | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 2 | Window Access | | WAC001 | Y | Y | Y |
| 2 | Window Library | | WIN001 | Y | Y | Y |
| 3 | Diagnosis Related Groups | | DRG001 | Y | Y | Y |
| 3 | DRG Multipliers | | DRM001 | Y | Y | Y |
| 3 | DRG Grouping Logic | | DGL001 | Y | Y | Y |
| 3 | Major Diagnostic Categories | | MDC001 | Y | Y | Y |
| 3 | Consequences of Variance | | CVA001 | Y | Y | Y |
| 3 | Reasons For Variance | | RVA001 | Y | Y | Y |
| 3 | User-Defined Associations | | UDA001 | Y | Y | Y |
| 3 | Allergies | | ALG001 | Y | Y | Y |
| 3 | Allergy Severities | | LIB145 | Y | Y | Y |
| 3 | Allergy Types | | ALT001 | Y | Y | Y |
| 3 | Postal Codes | | POC001 | Y | Y | Y |
| 3 | Counties | | LIB184 | Y | Y | Y |
| 3 | Countries | | LIB064 | Y | Y | Y |
| 3 | Employment Status | | LIB038 | Y | Y | Y |
| 3 | Ethnic Origins | | LIB036 | Y | Y | Y |
| 3 | Job Classifications | | JCL001 | Y | Y | Y |
| 3 | Marital Status | | MRS001 | Y | Y | Y |
| 3 | Next Of Kin Roles | | LIB027 | Y | Y | Y |
| 3 | Races | | LIB032 | Y | Y | Y |
| 3 | Relationships | | LIB149 | Y | Y | Y |
| 3 | Religions | | LIB092 | Y | Y | Y |
| 3 | States / Provinces | | STA001 | Y | Y | Y |
| 3 | Access Response Reasons | | ARR001 | Y | Y | Y |
| 3 | Amendment Response Reasons | | AMR001 | Y | Y | Y |
| 3 | Disclosure Requirement Reasons | | DRR001 | Y | Y | Y |
| 3 | Extension Reasons | | LIB209 | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Information Disclosure Purposes | | LIB051 | Y | Y | Y |
| 3 | Member Alert Types | | LIB280 | Y | Y | Y |
| 3 | Privacy Request Types | | LIB281 | Y | Y | Y |
| 3 | Brokers | | ORG361 | Y | Y | Y |
| | | Contact Person Information | ORG361B | Y | Y | Y |
| 3 | Business Units | | LIB240 | Y | Y | Y |
| 3 | Employers | | ORG171 | Y | Y | Y |
| | | Contact Person Information | ORG171B | Y | Y | Y |
| 3 | Organization Types | | ORT001 | Y | Y | Y |
| 3 | Organization Contact Persons | | ORP001 | Y | Y | Y |
| | | Additional Contact Information | ORP001B | Y | Y | Y |
| 3 | Payers | | ORG091 | Y | Y | Y |
| | | Contact Person Information | ORG091B | Y | Y | Y |
| | | Plans | ORG091C | Y | Y | Y |
| 3 | Person Types | | PNT001 | Y | Y | Y |
| 3 | | Professions | LIB070 | Y | Y | Y |
| 3 | Review Agencies | | ORG261 | Y | Y | Y |
| | | Contact Person Information | ORG261B | Y | Y | Y |
| 3 | Letter Packages | | LPK001 | Y | Y | Y |
| 3 | Database Queries | | DBQ001 | Y | Y | Y |
| | | Test & Preview | DBQ001B | Y | Y | Y |
| 3 | Document Types | | DCT001 | Y | Y | Y |
| 3 | Letter Modifiers | | LIB271 | Y | Y | Y |
| 3 | Letter Types | | LTY001 | Y | Y | Y |
| 3 | Printer Pools | | LIB138 | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 3 | Printers | | PRN001 | Y | Y | Y |
| 3 | Report Categories | | RCG001 | Y | Y | Y |
| 3 | Report Field Configuration | | REQ001 | Y | Y | Y |
| 3 | Report Types | | RTP001 | Y | Y | Y |
| 3 | Cost Centers | | LIB157 | Y | Y | Y |
| 3 | Emergency Locator Codes | | LIB035 | Y | Y | Y |
| 3 | Departments | | DPT001 | Y | Y | Y |
| 3 | Hospital Services | | HSV001 | Y | Y | Y |
| 3 | Specialties | | SPC001 | Y | Y | Y |
| 3 | Job Classifications | | JCL001 | Y | Y | Y |
| 3 | Job Titles | | LIB121 | Y | Y | Y |
| 3 | Staff Categories | | STC001 | Y | Y | Y |
| 3 | Visa Types | | LIB125 | Y | Y | Y |
| 3 | Ancillary Staff Information | | STF003 | Y | Y | Y |
| | | Contact Information | STF003B | Y | Y | Y |
| | | Personal Information | STF003C | Y | Y | Y |
| 3 | Workgroups | | WGR001 | Y | Y | Y |
| | | Workgroup Clients | WGR001 B | Y | Y | Y |
| 3 | Task List Redirection | | TSL101 | Y | Y | Y |
| 3 | Task Distribution Lists | | TDL001 | Y | Y | Y |
| 3 | Task Lists | | TSL001 | Y | Y | Y |
| 3 | Task Priorities | | TPR001 | Y | Y | Y |
| 3 | Task Types | | TTY001 | Y | Y | Y |
| | | Parameters | TTY001B | Y | Y | Y |
| | | Label Definition | TTY001C | Y | Y | Y |
| | | Task Creation | TTY001D | Y | Y | Y |
| 2 | Retrieval Log | | RVL001 | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 2 | Activity Log Maintenance | | UAL001 | Y | Y | Y |
| 2 | User Information | | USR201 | Y | Y | Y |
| | | Account Restrictions | USR201B | Y | Y | Y |
| | | Privileges/Programs | USR201C | Y | Y | Y |
| | | Client Security | USR201D | Y | Y | Y |
| 2 | Window Privilege Profiles | | WPP001 | Y | Y | Y |
| | | Report Access | WPP001B | Y | Y | Y |
| | | Other Access | WPP001C | Y | Y | Y |
| 2 | Security Profiles | | SPF001 | Y | Y | Y |
| 2 | Security User Information | | SUR001 | Y | Y | Y |
| | | Acct Restrictions | SUR001B | Y | Y | Y |
| | | User Profiles & Groups | SUR001C | Y | Y | Y |
| | | Associated Providers | SUR001D | Y | Y | Y |
| | | Privilege Summary | SUR001E | Y | Y | Y |
| 2 | Application Event Queue | | AEQ001 | Y | Y | Y |
| 2 | Job Definitions | | JBD001 | Y | Y | Y |
| | | Job Rules | JBD001B | Y | N | N |
| 2 | Job Scheduling | | JSC001 | Y | Y | Y |
| 2 | Job Scripts | | XOB101 | Y | Y | Y |
| | | Code | XOB101B | Y | Y | Y |
| 2 | Schedule Monitor | | SSE001 | Y | Y | Y |
| 2 | Create/Edit User-Defined Windows | | UDW001 | Y | Y | Y |
| | | Field Information | UDW001B | Y | Y | Y |
| | | Preview & Arrange | UDW001 C | Y | Y | Y |
| | | Menu Access | UDW001 D | Y | Y | Y |
| 2 | Run User-Defined Windows | | UDW002 | Y | Y | Y |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| 2 | User-Defined Tables | | SYT003 | Y | Y | Y |
| | | Usage | SYT003B | Y | Y | Y |
| | | Data Access | SYT003C | Y | Y | Y |
| 2 | Workgroup Task List Management | | TSK002 | Y | Y | Y |
| 2 | Task Batch Processing | | TSK004 | Y | Y | Y |
| 2 | Data Records | | XDR002 | Y | Y | Y |
| | | Raw Data | XDR002B | Y | Y | Y |
| 2 | Data Records Queue | | XDR004 | Y | Y | Y |
| 2 | Objects | | XOB001 | Y | Y | Y |
| | | Code | XOB001B | Y | Y | Y |
| 2 | System Applications | | XSA001 | Y | Y | Y |
| 2 | System Segments | | XSS001 | Y | Y | Y |
| 2 | System Tables | | SYT001 | Y | Y | Y |
| 2 | Translation Table | | XLT001 | Y | Y | Y |
| Functional Area | | Provider Credentialing | | | | |
| 2 | Attestations | | VAT001 | N | N | N |
| 2 | Verification Forms | | VFM001 | N | N | N |
| 2 | Verification Items | | VIM001 | N | N | N |
| 2 | Acts or Omissions | | LIB210 | N | N | N |
| 2 | Adverse Action Classification | | LIB052 | N | N | N |
| 2 | Boards (Specialty Certification) | | ORG131 | N | N | N |
| | | Contact Person Information | ORG131B | N | N | N |
| | | Certificates | ORG131C | N | N | N |
| 2 | Coverage Terms | | LIB131 | N | N | N |
| 2 | Coverage Types | | LIB133 | N | N | N |
| 2 | Credentialing Verification Organizations | | ORG191 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Contact Person Information | ORG191B | N | N | N |
| 2 | Data Sources | | LIB122 | N | N | N |
| 2 | Degree Types | | LIB028 | N | N | N |
| 2 | Fields of Licensure | | LIB044 | N | N | N |
| 2 | Insurance Carriers | | ORG061 | N | N | N |
| | | Contact Person Information | ORG061B | N | N | N |
| 2 | Internship Types | | LIB049 | N | N | N |
| 2 | Medical Schools | | ORG141 | N | N | N |
| | | Contact Person Information | ORG141B | N | N | N |
| 2 | Nursing Schools | | ORG321 | N | N | N |
| | | Nursing Schools | ORG321 | N | N | N |
| 2 | Post-Graduate Schools | | ORG311 | N | N | N |
| | | Contact Person Information | ORG311B | N | N | N |
| 2 | Professional Schools | | ORG331 | N | N | N |
| | | Contact Person Information | ORG331B | N | N | N |
| 2 | Provider Types | | PVT001 | N | N | N |
| 2 | Qualifications | | LIB154 | N | N | N |
| 2 | Regulatory Agencies | | ORG121 | N | N | N |
| | | Contact Person Information | ORG121B | N | N | N |
| 2 | Specialization Areas | | LIB110 | N | N | N |
| 2 | Undergraduate Schools | | ORG341 | N | N | N |
| | | Contact Person Information | ORG341B | N | N | N |
| 2 | Vocational Schools | | ORG351 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Up date |
|---|---|---|---|---|---|---|
| | | Contact Person Information | ORG351B | N | N | N |
| 1 | Credentialing Batch | | VBR001 | N | N | N |
| 1 | Credentialing Batch Template | | VCB001 | N | N | N |
| 1 | Credentialing Application | | VAL001 | N | N | N |
| | | Credentialing Verification | VAL001B | N | N | N |
| 1 | Recredentialing Application | | VAL101 | N | N | N |
| | | Recredentialing Verification | VAL101B | N | N | N |
| 1 | Providers | | PVD002 | N | N | N |
| | | Physicians | PVD002B | N | N | N |
| | | Education/Training | PVD002C | N | N | N |
| | | Board Cert/Qualification | PVD002D | N | N | N |
| | | License | PVD002E | N | N | N |
| | | Insurance | PVD002F | N | N | N |
| | | Malpractice Claims | PVD002G | N | N | N |
| | | Adverse Action | PVD002H | N | N | N |

**Report Access**

| ID | Description | Security Level |
|---|---|---|
| CM | Case Management | Y |
| FULFIL | Fulfillment Materials | Y |
| LETTER | Letters | Y |
| OTHER | Other Reports | Y |
| PHM | Population Health Management | Y |
| SYS | System Reports | Y |
| UM | Utilization Management | Y |

### Other Access

| Description | Security |
|---|---|
| Allow Access to Clinical History Window | Y |
| Allow Changes to Authorization Status History | N |
| Allow Changes to "Date/Time Due" on Existing Tasks | N |
| Appeal Status | Open |
| Standard Appeals | Y |
| Expedited CMS Appeals | N |
| Expedited Non-CMS Appeals | N |
| Allow Changes to "Start Date/Time" on Appeals | Y |
| Allow Users to Reopen Closed Appeals | Y |
| Appeal Status | Closed |
| Standard Appeals | Y |
| Expedited CMS Appeals | N |
| Expedited Non-CMS Appeals | N |
| Allow Changes to "Start Date/Time" on Appeals | Y |
| Allow Users to Reopen Closed Appeals | Y |
| Note Types | |
| Allow All | Y |
| Case Types | |
| Allow All | Y |

## View Only

### Window Access

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| Functional Area | | Care Coordination Center | | | | |
| 2 | Care Coordination | | TAU001 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Services | TAU001B | Y | N | N |
| | | Inpatient Information | TAU001C | Y | N | N |
| | | Medical/Administrative Review | TAU001D | Y | N | N |
| | | Appeals | TAU001E | Y | N | N |
| | | Document History | TAU001F | Y | N | N |
| 2 | Intake Processing | | TAU201 | Y | N | N |
| | | Services | TAU201B | Y | N | N |
| 2 | Assignment of Care | | ASC001 | Y | N | N |
| 2 | Provider Referrals | | TAU101 | N | N | N |
| | | Services | TAU101B | N | N | N |
| | Provider Cross Coverage | | PCC001 | N | N | N |
| 1 | Case Management | | CME001 | Y | N | N |
| | | Enrollment | CME001B | Y | N | N |
| | | Issues | CME001C | Y | N | N |
| | | Clinical Data | CME001F | Y | N | N |
| | | Authorization History | CME001D | Y | N | N |
| | | Document History | CME001E | Y | N | N |
| 2 | Member Care Plans | | CME002 | Y | N | N |
| 2 | Standard Care Plans | | SCP001 | N | N | N |
| 2 | Case Management Enrollment | | CEQ001 | Y | N | N |
| 2 | Case Management Screening Tool | | CMS001 | N | N | N |
| | | Determination | CMS001B | N | N | N |
| 2 | OB Information | | OBI001 | Y | N | N |
| 2 | RAND SF36 Health Survey | | S36001 | N | N | N |
| | | Activity Limitations | S36001B | N | N | N |
| | | Physical Health | S36001C | N | N | N |
| | | Emotional Health | S36001D | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Bodily Pain | S36001E | N | N | N |
| | | Energy and Emotions | S36001F | N | N | N |
| | | General Health | S36001G | N | N | N |
| | | Survey Results | S36001H | N | N | N |
| 2 | Expedited CMS Appeals | | MAP202 | N | N | N |
| | | Processing | MAP202B | N | N | N |
| | | Decisions | MAP202C | N | N | N |
| | | Contact Log | MAP202D | N | N | N |
| | | CHDR | MAP202E | N | N | N |
| | | Document Log | MAP202F | N | N | N |
| | | Event History | MAP202G | N | N | N |
| 2 | Expedited Non-CMS Appeals | | MAP302 | N | N | N |
| | | Processing | MAP302B | N | N | N |
| | | Decisions | MAP302C | N | N | N |
| | | Contact Log | MAP302D | N | N | N |
| | | CHDR | MAP302E | N | N | N |
| | | Document Log | MAP302F | N | N | N |
| | | Event History | MAP302G | N | N | N |
| 2 | Standard Appeals | | MAP102 | Y | N | N |
| | | Processing | MAP102B | Y | N | N |
| | | Decisions | MAP102C | Y | N | N |
| | | Contact Log | MAP102D | Y | N | N |
| | | CHDR | MAP102E | Y | N | N |
| | | Document Log | MAP102F | Y | N | N |
| | | Event History | MAP102G | Y | N | N |
| 1 | Contact Management | | CON001 | Y | N | N |
| 2 | Member Survey | | SRP001 | Y | N | N |
| 2 | Provider Surveys | | SRP101 | Y | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 2 | Other Surveys | | SRP201 | Y | N | N |
| 3 | Survey Builder | | SBR001 | N | N | N |
| | | Survey Options | SBR001B | N | N | N |
| | | Scoring Details | SBR001C | N | N | N |
| 3 | Survey Types | | STY001 | N | N | N |
| 3 | Appeal Categories | | ACG001 | N | N | N |
| 3 | Appeal Extension Reasons | | LIB116 | N | N | N |
| 3 | Quick Appeal Outcomes | | LIB282 | N | N | N |
| 3 | Appeal Types | | ATE001 | N | N | N |
| 3 | Appeal Override Reasons | | LIB152 | N | N | N |
| 3 | Appeal Reasons | | LIB001 | N | N | N |
| 3 | Appeal Relationships | | ARL001 | N | N | N |
| 3 | Appeals Document Button Access | | MBA001 | N | N | N |
| 3 | CHDR Decisions | | CHD001 | N | N | N |
| 3 | CHDR Rationales | | LIB190 | N | N | N |
| 3 | Contact Reasons - Appeals | | LIB088 | N | N | N |
| 3 | Criteria Assessment Reasons | | CAN001 | N | N | N |
| 3 | Contact Reasons | | COR001 | N | N | N |
| 3 | Authorization Profiles | | APF001 | N | N | N |
| 3 | Authorization Status | | AST001 | N | N | N |
| 3 | Case Types | | CTE001 | N | N | N |
| 3 | Determination Reasons | | DTR001 | N | N | N |
| 3 | Dispositions | | DDS101 | N | N | N |
| 3 | Event Classifications | | LIB257 | N | N | N |
| 3 | Inpatient Review Reasons | | IRR001 | N | N | N |
| 3 | Level of Care Reasons | | LCR001 | N | N | N |
| 3 | Levels of Care | | LOC001 | N | N | N |
| 3 | Outcome Reasons | | OTR001 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 3 | Outcomes | | LIB085 | N | N | N |
| 3 | Reasons For Override | | LIB015 | N | N | N |
| 3 | Reimbursement Types | | LIB212 | N | N | N |
| 3 | Review Criteria Sets | | RCT001 | N | N | N |
| 3 | Review Reasons | | RVR001 | N | N | N |
| 3 | Status Change Reasons | | SCA001 | N | N | N |
| 3 | Targeted Medical Management | | TMM001 | N | N | N |
| | | Targeted Diagnoses | TMM001B | N | N | N |
| | | Targeted Procedures | TMM001C | N | N | N |
| | | Targeted Providers | TMM001D | N | N | N |
| 3 | Case Management Goals | | CGL001 | N | N | N |
| 3 | Contact Reasons - Case Management | | PCR001 | N | N | N |
| 3 | Clinical Data Categories | | LIB272 | N | N | N |
| 3 | Clinical Data Items | | CDI001 | N | N | N |
| 3 | Clinical Data Reasons | | LIB273 | N | N | N |
| 3 | Clinical Data Routes | | ARO001 | N | N | N |
| 3 | Case Level Tool | | CLT001 | N | N | N |
| 3 | Issues | | LIB274 | N | N | N |
| 3 | Case Manager Rosters | | STF010 | N | N | N |
| 3 | Health Management Programs | | HMP001 | N | N | N |
| 3 | High Tech Needs | | LIB241 | N | N | N |
| 3 | Interventions | | LIB082 | N | N | N |
| 3 | New Case Responses | | NCR001 | N | N | N |
| 3 | Client Accounting IDs | | CLC001 | N | N | N |
| 3 | Client Divisions | | TPD001 | N | N | N |
| 3 | Client Information Categories | | LIB259 | N | N | N |
| 3 | Client Invoice Frequencies | | LIB260 | N | N | N |
| 3 | Client Invoice Reporting | | LIB261 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 3 | Client Invoice Types | | LIB262 | N | N | N |
| 3 | Client Services | | TPS001 | N | N | N |
| | | Service Details | TPS001B | N | N | N |
| 3 | Client Types | | TPT001 | N | N | N |
| 3 | Clients | | TPA001 | N | N | N |
| | | Service Groups | TPA001B | N | N | N |
| | | Services | TPA001C | N | N | N |
| | | Contact Addresses | TPA001D | N | N | N |
| | | Standard Reports | TPA001E | N | N | N |
| | | Additional Information | TPA001F | N | N | N |
| 3 | Contact Entity Types | | COY001 | N | N | N |
| 3 | General Ledger Accounts | | LIB270 | N | N | N |
| 3 | Invoice Fee Types | | LIB263 | N | N | N |
| 3 | Invoice Rollup IDs | | LIB268 | N | N | N |
| 3 | NAICS Categories | | LIB269 | N | N | N |
| 3 | Noncompliance Penalties | | NCP001 | N | N | N |
| 3 | Plan Governing Agencies | | PGV001 | N | N | N |
| 3 | Contact Attitudes | | LIB264 | N | N | N |
| 3 | Contact Issue Resolutions | | LIB265 | N | N | N |
| 3 | Contact Reasons | | COR001 | N | N | N |
| 3 | Contact Types | | LIB045 | N | N | N |
| 3 | DSM Axis IV | | DXC201 | N | N | N |
| 3 | DSM Axis V | | DXC301 | N | N | N |
| 3 | ICD-9-CM Diagnoses | | DXC001 | N | N | N |
| 3 | Site-Defined Diagnoses | | DXC101 | N | N | N |
| 3 | Treatment Diagnosis Groups | | TDG001 | N | N | N |
| 3 | Care Classifications | | CCL001 | N | N | N |
| 3 | Contract Types | | CRY001 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 3 | Coverage Denial | | LIB048 | N | N | N |
| 3 | Coverage Termination | | LIB025 | N | N | N |
| 3 | Disabilities | | LIB081 | N | N | N |
| 3 | Drug Benefits | | LIB087 | N | N | N |
| 3 | Employee Types | | LIB089 | N | N | N |
| 3 | Employer Groups | | ORG211 | N | N | N |
| | | Contact Person Information | ORG211B | N | N | N |
| | | Payer Plans | ORG211C | N | N | N |
| 3 | Leave of Absence | | LIB095 | N | N | N |
| 3 | Medicare Eligibility | | LIB098 | N | N | N |
| 3 | Member ID Modifiers | | LIB108 | N | N | N |
| 3 | Member ID Types | | MIT001 | N | N | N |
| 3 | Member Information | | MEM001 | N | N | N |
| | | Identification | MEM001B | N | N | N |
| | | Birth/Health Information | MEM001C | N | N | N |
| | | Next of Kin | MEM001D | N | N | N |
| | | Plans/Groups | MEM001E | N | N | N |
| | | Coverage | MEM001F | N | N | N |
| | | Allergies/Disabilities | MEM001G | N | N | N |
| | | Enrollment | MEM001H | N | N | N |
| | | Pre-Existing | MEM001I | N | N | N |
| | | Coordination of Benefits | MEM001J | N | N | N |
| 3 | Member Roles | | MRO001 | N | N | N |
| 3 | Pre-existing Waive Checks | | LIB106 | N | N | N |
| 3 | Psychiatric Status | | LIB114 | N | N | N |
| 3 | Birth Statuses | | OBS001 | N | N | N |
| 3 | Detained Baby Dispositions | | LIB266 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 3 | Detained Baby Reasons | | LIB267 | N | N | N |
| 3 | Episode Meanings | | OBE001 | N | N | N |
| 3 | OB Outcomes | | OBO001 | N | N | N |
| 3 | Health Plan Products | | LIB192 | N | N | N |
| 3 | Payer Plan Attributes | | PLA001 | N | N | N |
| 3 | Payer Plan Deductibles | | LIB101 | N | N | N |
| 3 | Payer Plan Riders | | LIB103 | N | N | N |
| 3 | Payer Plan Tiers | | LIB104 | N | N | N |
| 3 | Payer Plan Types | | LIB041 | N | N | N |
| 3 | Payer Plans | | OPP001 | N | N | N |
| | | Attributes | OPP001B | N | N | N |
| 3 | Payers | | ORG091 | N | N | N |
| | | Contact Person Information | ORG091B | N | N | N |
| | | Plans | ORG091C | N | N | N |
| 3 | CPT Procedures | | PXC201 | N | N | N |
| 3 | HCPCS Procedures | | PXC301 | N | N | N |
| 3 | ICD-9-CM Procedures | | PXC001 | N | N | N |
| 3 | NDC Procedures | | PXC401 | N | N | N |
| 3 | NUBC Revenue Codes | | PXC501 | N | N | N |
| 3 | Site-Defined Procedures | | PXC101 | N | N | N |
| 3 | Treatment Procedure Groups | | TPG001 | N | N | N |
| 3 | Affiliation Types | | AFT001 | N | N | N |
| 3 | Affiliations | | AFC001 | N | N | N |
| | | Addresses | AFC001B | N | N | N |
| | | Services/Restrictions | AFC001C | N | N | N |
| | | Classifications/Specialties | AFC001D | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Lines Of Business/Networks | AFC001E | N | N | N |
| 3 | Capitation Contract Types | | LIB047 | N | N | N |
| 3 | Integrated Delivery Networks | | IDN001 | N | N | N |
| 3 | Lines of Business | | LIB097 | N | N | N |
| 3 | Panels | | LIB242 | N | N | N |
| 3 | Participation Levels | | LIB243 | N | N | N |
| 3 | Patient Types | | LIB177 | N | N | N |
| 3 | Plan Provider Types | | LIB002 | N | N | N |
| 3 | Provider Change Reasons | | LIB188 | N | N | N |
| 3 | Provider Classifications | | LIB235 | N | N | N |
| 3 | Provider Groups | | LIB107 | N | N | N |
| 3 | Provider ID Modifiers | | LIB236 | N | N | N |
| 3 | Provider ID Types | | PIT001 | N | N | N |
| 3 | Provider Information | | PVD001 | N | N | N |
| | | Identification | PVD001B | N | N | N |
| 3 | Provider Networks | | LIB195 | N | N | N |
| 3 | Provider Roles | | PVR001 | N | N | N |
| 3 | Provider Types | | PVT001 | N | N | N |
| 3 | Restriction Reasons | | LIB237 | N | N | N |
| 3 | Termination Reasons | | LIB119 | N | N | N |
| 3 | User-Defined Licenses | | LIB030 | N | N | N |
| 3 | Place of Service Profiles | | POP001 | N | N | N |
| | | Procedures | POP001B | N | N | N |
| 3 | Places of Service | | POS001 | N | N | N |
| 3 | Service Areas | | LIB156 | N | N | N |
| 3 | Service Restrictions | | SRN001 | N | N | N |
| 3 | Service Types | | LIB147 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 3 | Services | | SEV001 | N | N | N |
| 3 | Address Book | | ADB001 | N | N | N |
| 3 | Alerts | | ALE001 | N | N | N |
| 3 | Assessment Types | | CRT001 | N | N | N |
| 3 | Assessments | | NTA001 | N | N | N |
| | | Assessment Items | NTA001B | N | N | N |
| 3 | Care Activities | | CAC001 | N | N | N |
| 3 | Cost Savings Variance Reasons | | CVR001 | N | N | N |
| 3 | Delivery Priorities | | LIB197 | N | N | N |
| 3 | Disenrollment Reasons | | LIB169 | N | N | N |
| 3 | Document Types | | DCT001 | N | N | N |
| 3 | Hospital Treatment Services | | LIB186 | N | N | N |
| 3 | LOINC Codes | | LOI001 | N | N | N |
| 3 | Note Template Categories | | LIB283 | N | N | N |
| 3 | Note Templates | | NTE001 | N | N | N |
| | | Template Designer | NTE001B | N | N | N |
| 3 | Note Types | | NOT001 | N | N | N |
| 3 | Payment Status | | LIB105 | N | N | N |
| 3 | Payment Terms | | LIB072 | N | N | N |
| 3 | States / Provinces | | STA001 | N | N | N |
| 3 | Units of Measure | | UOM001 | N | N | N |
| 3 | Web Notification Types | | WNT001 | N | N | N |
| 2 | Clinical Pathway Definitions | | CPA001 | N | N | N |
| | | Intervals and Headings | CPA001B | N | N | N |
| | | Line Items | CPA001C | N | N | N |
| 2 | Clinical Pathway Previews | | CPA003 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 3 | Criteria Pages | | CPG001 | N | N | N |
| | | Details | CPG001B | N | N | N |
| 3 | Criteria Categories | | CRC001 | N | N | N |
| | | Headings and Intervals | CRC001B | N | N | N |
| | | Qualifiers | CRC001C | N | N | N |
| 2 | Criteria Set - Authorizations | | CRS101 | N | N | N |
| 2 | Criteria Set - Case Management | | CRS201 | N | N | N |
| 2 | InterQual CP-Imaging: Authorizations | | CRP303 | N | N | N |
| | | Review Information | CRP303B | N | N | N |
| | | Case Information | CRP303C | N | N | N |
| | | Summary | CRP303D | N | N | N |
| 2 | InterQual CP-Imaging: Case Management | | CRP503 | N | N | N |
| | | Review Information | CRP503B | N | N | N |
| | | Case Information | CRP503C | N | N | N |
| | | Summary | CRP503D | N | N | N |
| 2 | InterQual Care Planning: Authorizations | | CRP203 | N | N | N |
| | | Review Information | CRP203B | N | N | N |
| | | Case Information | CRP203C | N | N | N |
| | | Summary | CRP203D | N | N | N |
| 2 | InterQual Care Planning: Case Management | | CRP403 | N | N | N |
| | | Review Information | CRP403B | N | N | N |
| | | Case Information | CRP403C | N | N | N |
| | | Summary | CRP403D | N | N | N |
| 2 | InterQual Level of Care: Authorizations | | CRP101 | N | N | N |
| | | Case Information | CRP101B | N | N | N |
| | | Summary | CRP101C | N | N | N |
| | | Prerequisites | CRP101D | N | N | N |
| | | Severity of Illness | CRP101E | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Intensity of Service | CRP101F | N | N | N |
| | | Discharge Screens | CRP101G | N | N | N |
| 2 | InterQual Level of Care: Case Management | | CRP201 | N | N | N |
| | | Case Information | CRP201B | N | N | N |
| | | Summary | CRP201C | N | N | N |
| | | Prerequisites | CRP201D | N | N | N |
| | | Severity of Illness | CRP201E | N | N | N |
| | | Intensity of Service | CRP201F | N | N | N |
| | | Discharge Screens | CRP201G | N | N | N |
| 2 | InterQual LOC-ORC: Authorizations | | CRP603 | N | N | N |
| | | Review Information | CRP603B | N | N | N |
| | | Case Information | CRP603C | N | N | N |
| | | Summary | CRP603D | N | N | N |
| | | Prerequisites | CRP301D | N | N | N |
| | | Severity of Illness | CRP301E | N | N | N |
| | | Intensity of Service | CRP301F | N | N | N |
| | | Discharge Screens | CRP301G | N | N | N |
| 2 | InterQual LOC-ORC: Case Management | | CRP703 | N | N | N |
| | | Review Information | CRP703B | N | N | N |
| | | Case Information | CRP703C | N | N | N |
| | | Prerequisites | CRP401D | N | N | N |
| | | Severity of Illness | CRP401E | N | N | N |
| | | Intensity of Service | CRP401F | N | N | N |
| | | Discharge Screens | CRP401G | N | N | N |
| 2 | Pathway Reviews - Authorizations | | CPA202 | N | N | N |
| | | Review Information | CPA202B | N | N | N |
| 2 | Pathway Reviews - Case Management | | CPA302 | N | N | N |
| | | Review Information | CPA302B | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 2 | Review Based Evaluation - CM | | CM-CME | N | N | N |
| 2 | Disclosures of Information | | MDI001 | N | N | N |
| 2 | Member Access and Amendments | | MAS001 | N | N | N |
| | | Amendments Tab | MAS001B | N | N | N |
| 2 | Member Consent Records | | MCS001 | N | N | N |
| 2 | Member Privacy Requests | | MPQ001 | N | N | N |
| 2 | Create Member Notifications | | WNT002 | N | N | N |
| 2 | Create Provider Notifications | | WNT102 | N | N | N |
| 2 | View Member Notifications | | WNT003 | N | N | N |
| 2 | View Provider Notifications | | WNT103 | N | N | N |
| Functional Area | | Reporting & Analysis | | N | N | N |
| 2 | Database Queries | | DBQ001 | N | N | N |
| | | Test & Preview | DBQ001B | N | N | N |
| 2 | ezQ | | RPT011 | N | N | N |
| | | Layout | RPT011B | N | N | N |
| 2 | Report Library Manager | | RPT001 | N | N | N |
| | | Headers / Footers | RPT001B | N | N | N |
| | | Contents | RPT001C | N | N | N |
| | | Selection Criteria | RPT001D | N | N | N |
| | | Sort Criteria | RPT001E | N | N | N |
| | | Prompts | RPT001F | N | N | N |
| 2 | Run Database Query | | DBQ002 | N | N | N |
| 2 | Run Reports | | RPT002 | N | N | N |
| 2 | Window Report Access | | WRA001 | N | N | N |
| 2 | Create/Edit External Application Reports | | RPT003 | N | N | N |
| | | Document | RPT003B | N | N | N |
| 2 | Visual Reports | | RPT008 | N | N | N |
| | | Sub-window | RPT008B | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 2 | Create / Edit Dashboards | | DSH001 | N | N | N |
| 2 | Run Dashboards | | DSH101 | N | N | N |
| 2 | Gauges | | GAG001 | N | N | N |
| 1 | Register Crystal Reports | | RPT007 | N | N | N |
| | | Parameters | RPT007B | N | N | N |
| 1 | Reporting Configuration | | SYS010 | N | N | N |
| 1 | Printer Profiles | | PPF001 | N | N | N |
| 1 | Report Modifiers | | RML001 | N | N | N |
| 1 | Report Signature Blocks | | RSB001 | N | N | N |
| 1 | Report Text Objects | | RTO001 | N | N | N |
| | | Header | RTO001B | N | N | N |
| | | Regarding | RTO001C | N | N | N |
| | | Salutation | RTO001D | N | N | N |
| | | Body Upper | RTO001E | N | N | N |
| | | Body Lower | RTO001F | N | N | N |
| | | Footer | RTO001G | N | N | N |
| | | Enclosure | RTO001H | N | N | N |
| 2 | Run Summary Data Loads | | DLD101 | N | N | N |
| | | Results | DLD101B | N | N | N |
| 2 | Summary Data Loads | | DLD001 | N | N | N |
| | | Results | DLD001B | N | N | N |
| Functional Area | | System Management | | N | N | N |
| 2 | Managed Care Configuration | | MCC001 | N | N | N |
| | | Default Values | MCC001B | N | N | N |
| | | Care Coordination/Appeals | MCC001C | N | N | N |
| | | Numbering Policies | MCC001D | N | N | N |
| | | Client Subsystem/TMM | MCC001E | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | OB Information | MCC001F | N | N | N |
| | | Members/Providers | MCC001G | N | N | N |
| | | Electronic Transactions | MCC001H | N | N | N |
| 2 | Menu Configuration | | MNU001 | N | N | N |
| 2 | System Configuration | | SYS001 | N | N | N |
| | | Rules & Restrictions | SYS001B | N | N | N |
| 2 | Window Access | | WAC001 | N | N | N |
| 2 | Window Library | | WIN001 | N | N | N |
| 3 | Diagnosis Related Groups | | DRG001 | N | N | N |
| 3 | DRG Multipliers | | DRM001 | N | N | N |
| 3 | DRG Grouping Logic | | DGL001 | N | N | N |
| 3 | Major Diagnostic Categories | | MDC001 | N | N | N |
| 3 | Consequences of Variance | | CVA001 | N | N | N |
| 3 | Reasons For Variance | | RVA001 | N | N | N |
| 3 | User-Defined Associations | | UDA001 | N | N | N |
| 3 | Allergies | | ALG001 | N | N | N |
| 3 | Allergy Severities | | LIB145 | N | N | N |
| 3 | Allergy Types | | ALT001 | N | N | N |
| 3 | Postal Codes | | POC001 | N | N | N |
| 3 | Counties | | LIB184 | N | N | N |
| 3 | Countries | | LIB064 | N | N | N |
| 3 | Employment Status | | LIB038 | N | N | N |
| 3 | Ethnic Origins | | LIB036 | N | N | N |
| 3 | Job Classifications | | JCL001 | N | N | N |
| 3 | Marital Status | | MRS001 | N | N | N |
| 3 | Next Of Kin Roles | | LIB027 | N | N | N |
| 3 | Races | | LIB032 | N | N | N |
| 3 | Relationships | | LIB149 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 3 | Religions | | LIB092 | N | N | N |
| 3 | States / Provinces | | STA001 | N | N | N |
| 3 | Access Response Reasons | | ARR001 | N | N | N |
| 3 | Amendment Response Reasons | | AMR001 | N | N | N |
| 3 | Disclosure Requirement Reasons | | DRR001 | N | N | N |
| 3 | Extension Reasons | | LIB209 | N | N | N |
| 3 | Information Disclosure Purposes | | LIB051 | N | N | N |
| 3 | Member Alert Types | | LIB280 | N | N | N |
| 3 | Privacy Request Types | | LIB281 | N | N | N |
| 3 | Brokers | | ORG361 | N | N | N |
| | | Contact Person Information | ORG361B | N | N | N |
| 3 | Business Units | | LIB240 | N | N | N |
| 3 | Employers | | ORG171 | N | N | N |
| | | Contact Person Information | ORG171B | N | N | N |
| 3 | Organization Types | | ORT001 | N | N | N |
| 3 | Organization Contact Persons | | ORP001 | N | N | N |
| | | Additional Contact Information | ORP001B | N | N | N |
| 3 | Payers | | ORG091 | N | N | N |
| | | Contact Person Information | ORG091B | N | N | N |
| | | Plans | ORG091C | N | N | N |
| 3 | Person Types | | PNT001 | N | N | N |
| 3 | | Professions | LIB070 | N | N | N |
| 3 | Review Agencies | | ORG261 | N | N | N |
| | | Contact Person Information | ORG261B | N | N | N |
| 3 | Letter Packages | | LPK001 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 3 | Database Queries | | DBQ001 | N | N | N |
| | | Test & Preview | DBQ001B | N | N | N |
| 3 | Document Types | | DCT001 | N | N | N |
| 3 | Letter Modifiers | | LIB271 | N | N | N |
| 3 | Letter Types | | LTY001 | N | N | N |
| 3 | Printer Pools | | LIB138 | N | N | N |
| 3 | Printers | | PRN001 | N | N | N |
| 3 | Report Categories | | RCG001 | N | N | N |
| 3 | Report Field Configuration | | REQ001 | N | N | N |
| 3 | Report Types | | RTP001 | N | N | N |
| 3 | Cost Centers | | LIB157 | N | N | N |
| 3 | Emergency Locator Codes | | LIB035 | N | N | N |
| 3 | Departments | | DPT001 | N | N | N |
| 3 | Hospital Services | | HSV001 | N | N | N |
| 3 | Specialties | | SPC001 | N | N | N |
| 3 | Job Classifications | | JCL001 | N | N | N |
| 3 | Job Titles | | LIB121 | N | N | N |
| 3 | Staff Categories | | STC001 | N | N | N |
| 3 | Visa Types | | LIB125 | N | N | N |
| 3 | Ancillary Staff Information | | STF003 | N | N | N |
| | | Contact Information | STF003B | N | N | N |
| | | Personal Information | STF003C | N | N | N |
| 3 | Workgroups | | WGR001 | N | N | N |
| | | Workgroup Clients | WGR001B | N | N | N |
| 3 | Task List Redirection | | TSL101 | N | N | N |
| 3 | Task Distribution Lists | | TDL001 | N | N | N |
| 3 | Task Lists | | TSL001 | N | N | N |
| 3 | Task Priorities | | TPR001 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 3 | Task Types | | TTY001 | N | N | N |
| | | Parameters | TTY001B | N | N | N |
| | | Label Definition | TTY001C | N | N | N |
| | | Task Creation | TTY001D | N | N | N |
| 2 | Retrieval Log | | RVL001 | N | N | N |
| 2 | Activity Log Maintenance | | UAL001 | N | N | N |
| 2 | User Information | | USR201 | N | N | N |
| | | Account Restrictions | USR201B | N | N | N |
| | | Privileges/Programs | USR201C | N | N | N |
| | | Client Security | USR201D | N | N | N |
| 2 | Window Privilege Profiles | | WPP001 | N | N | N |
| | | Report Access | WPP001B | N | N | N |
| | | Other Access | WPP001C | N | N | N |
| 2 | Security Profiles | | SPF001 | N | N | N |
| 2 | Security User Information | | SUR001 | N | N | N |
| | | Acct Restrictions | SUR001B | N | N | N |
| | | User Profiles & Groups | SUR001C | N | N | N |
| | | Associated Providers | SUR001D | N | N | N |
| | | Privilege Summary | SUR001E | N | N | N |
| 2 | Application Event Queue | | AEQ001 | N | N | N |
| 2 | Job Definitions | | JBD001 | N | N | N |
| | | Job Rules | JBD001B | N | N | N |
| 2 | Job Scheduling | | JSC001 | N | N | N |
| 2 | Job Scripts | | XOB101 | N | N | N |
| | | Code | XOB101B | N | N | N |
| 2 | Schedule Monitor | | SSE001 | N | N | N |
| 2 | Create/Edit User-Defined Windows | | UDW001 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Field Information | UDW001B | N | N | N |
| | | Preview & Arrange | UDW001C | N | N | N |
| | | Menu Access | UDW001D | N | N | N |
| 2 | Run User-Defined Windows | | UDW002 | N | N | N |
| 2 | User-Defined Tables | | SYT003 | N | N | N |
| | | Usage | SYT003B | N | N | N |
| | | Data Access | SYT003C | N | N | N |
| 2 | Workgroup Task List Management | | TSK002 | N | N | N |
| 2 | Task Batch Processing | | TSK004 | N | N | N |
| 2 | Data Records | | XDR002 | N | N | N |
| | | Raw Data | XDR002B | N | N | N |
| 2 | Data Records Queue | | XDR004 | N | N | N |
| 2 | Objects | | XOB001 | N | N | N |
| | | Code | XOB001B | N | N | N |
| 2 | System Applications | | XSA001 | N | N | N |
| 2 | System Segments | | XSS001 | N | N | N |
| 2 | System Tables | | SYT001 | N | N | N |
| 2 | Translation Table | | XLT001 | N | N | N |
| Functional Area | | Provider Credentialing | | | N | N |
| 2 | Attestations | | VAT001 | N | N | N |
| 2 | Verification Forms | | VFM001 | N | N | N |
| 2 | Verification Items | | VIM001 | N | N | N |
| 2 | Acts or Omissions | | LIB210 | N | N | N |
| 2 | Adverse Action Classification | | LIB052 | N | N | N |
| 2 | Boards (Specialty Certification) | | ORG131 | N | N | N |
| | | Contact Person Information | ORG131B | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| | | Certificates | ORG131C | N | N | N |
| 2 | Coverage Terms | | LIB131 | N | N | N |
| 2 | Coverage Types | | LIB133 | N | N | N |
| 2 | Credentialing Verification Organizations | | ORG191 | N | N | N |
| | | Contact Person Information | ORG191B | N | N | N |
| 2 | Data Sources | | LIB122 | N | N | N |
| 2 | Degree Types | | LIB028 | N | N | N |
| 2 | Fields of Licensure | | LIB044 | N | N | N |
| 2 | Insurance Carriers | | ORG061 | N | N | N |
| | | Contact Person Information | ORG061B | N | N | N |
| 2 | Internship Types | | LIB049 | N | N | N |
| 2 | Medical Schools | | ORG141 | N | N | N |
| | | Contact Person Information | ORG141B | N | N | N |
| 2 | Nursing Schools | | ORG321 | N | N | N |
| | | Nursing Schools | ORG321 | N | N | N |
| 2 | Post-Graduate Schools | | ORG311 | N | N | N |
| | | Contact Person Information | ORG311B | N | N | N |
| 2 | Professional Schools | | ORG331 | N | N | N |
| | | Contact Person Information | ORG331B | N | N | N |
| 2 | Provider Types | | PVT001 | N | N | N |
| 2 | Qualifications | | LIB154 | N | N | N |
| 2 | Regulatory Agencies | | ORG121 | N | N | N |
| | | Contact Person Information | ORG121B | N | N | N |
| 2 | Specialization Areas | | LIB110 | N | N | N |

| Menu Level | Window | Subwindow | Window Code | View | Add | Update |
|---|---|---|---|---|---|---|
| 2 | Undergraduate Schools | | ORG341 | N | N | N |
| | | Contact Person Information | ORG341B | N | N | N |
| 2 | Vocational Schools | | ORG351 | N | N | N |
| | | Contact Person Information | ORG351B | N | N | N |
| 1 | Credentialing Batch | | VBR001 | N | N | N |
| 1 | Credentialing Batch Template | | VCB001 | N | N | N |
| 1 | Credentialing Application | | VAL001 | N | N | N |
| | | Credentialing Verification | VAL001B | N | N | N |
| 1 | Recredentialing Application | | VAL101 | N | N | N |
| | | Recredentialing Verification | VAL101B | N | N | N |
| 1 | Providers | | PVD002 | N | N | N |
| | | Physicians | PVD002B | N | N | N |
| | | Education/Training | PVD002C | N | N | N |
| | | Board Cert/Qualification | PVD002D | N | N | N |
| | | License | PVD002E | N | N | N |
| | | Insurance | PVD002F | N | N | N |
| | | Malpractice Claims | PVD002G | N | N | N |
| | | Adverse Action | PVD002H | N | N | N |

**Report Access**

| ID | Description | Security Level |
|---|---|---|
| CM | Case Management | N |
| FULFIL | Fulfillment Materials | N |
| LETTER | Letters | N |
| OTHER | Other Reports | N |
| PHM | Population Health Management | N |

| ID | Description | Security Level |
|---|---|---|
| SYS | System Reports | N |
| UM | Utilization Management | N |

**Other Access**

| Description | Security |
|---|---|
| Allow Access to Clinical History Window | Y |
| Allow Changes to Authorization Status History | N |
| Allow Changes to "Date/Time Due" on Existing Tasks | N |
| Appeal Status | Open |
| Standard Appeals | N |
| Expedited CMS Appeals | N |
| Expedited Non-CMS Appeals | N |
| Allow Changes to "Start Date/Time" on Appeals | N |
| Allow Users to Reopen Closed Appeals | N |
| Appeal Status | Closed |
| Standard Appeals | N |
| Expedited CMS Appeals | N |
| Expedited Non-CMS Appeals | N |
| Allow Changes to "Start Date/Time" on Appeals | N |
| Allow Users to Reopen Closed Appeals | N |
| Note Types | |
| Allow All | Y |
| Case Types | |
| Allow All | Y |

# List of Calendar Codes and Definitions

| Calendar Code | Definition |
|---|---|
| 1 | Expedited/Fax appeal pending |
| 2 | Formal/Written appeal pending |
| 3 | Non-certified status upheld on first/expedited appeal |
| 4 | Non-certified status upheld on second/formal appeal |
| 5 | Certified on first/expedited appeal |
| 6 | Certified on second/formal appeal |
| 8 | Lack of information - provider |
| 9 | Lack of information - member |
| A | Agreed reduction |
| B | Benefit/Coverage denial |
| C | Certified |
| L | Lack of information (RN) |
| M | Lack of information (MD) |
| N | Not reviewed per policy |
| R | Reconsideration out of time frame |
| T | Technical denial |
| U | Unreviewed or not yet reviewed |
| X | Medical necessity denial |
| Y | Level of care denial |

# List of Abbreviations and Acronyms

| Abbreviation | Definition |
|---|---|
| 1 | Expedited/Fax appeal pending |
| 2 | Formal/Written appeal pending |
| 3 | Non-certified status upheld on first/expedited appeal |
| 4 | Non-certified status upheld on second/formal appeal |
| 5 | Certified on first/expedited appeal |
| 6 | Certified on second/formal appeal |
| 8 | Lack of information - provider |
| 9 | Lack of information – member |
| # | Line number |
| A | Agreed/accepted reduction |
| Add By | Last name/first initial, who added line initially |
| AddDate | Date the service line was initially added to case |
| AddTime | Time the service line was initially added to case |
| Auth Amt | Authorized amount in dollars |
| Awaiting Add'l Info | Need additional information /placed case on hold |
| Awaiting Map | Awaiting Map form from provider |
| B | Benefit/coverage denial |
| Begin Date | Begin (First) date of service |
| C | Certified |
| Cal | Calendar Code (see separate appendix) |
| Cancelle | Case/Episode Cancelled |
| CDT | Current Dental Terminology |
| CPT | Current Procedural Terminology |
| Cert | Number certified |
| Closed | Case has been closed |
| Code | CPT, HCPC, Revenue, Dental, or Homegrown code |

| Abbreviation | Definition |
|---|---|
| CodeType | CPT=C, Rev.=R, HCPC=H, CDT=D, homegrown=L |
| Comp | Completed (Yes/No) |
| CompDate | Date of completed of service line |
| D/C | Discharges entire case |
| DCBS | Department for Community-based Services |
| Den | Denied |
| DJJ | Dept. for Juvenile Justice |
| DOB | Date of Birth (MM/DD/YYYY) |
| DocFName | Doctor's First Name |
| DocLName | Doctor's Last Name |
| DocMAID | Doctor's Medicaid Provider number |
| DOD | Date of Death (MM/DD/YYYY) |
| EndDate | End (last) date of service |
| Epis | Episode |
| EPSDT | Early Periodic Screening and Diagnostic Testing |
| Fac | Facility Name |
| Fac MAID | Facility Medicaid ID number |
| FTE | Full Time Equivalent |
| HearPend | Hearing pending on case |
| HCPCS | Healthcare Common Procedure Coding System |
| INPT | Inpatient |
| IP | Inpatient |
| IT | Information Technology Department |
| L | Lack of Information (RN) |
| LOI | Lack of Information |
| M | Lack of Information (MD) |
| MAID | Medicaid ID |
| Medexhau | Medicare exhaust |

| Abbreviation | Definition |
|---|---|
| MI | Middle Initial |
| Mod By | Last name/first initial, who modified the service line |
| Mod 2 | Last name/first initial, who modified the service line |
| ModDate | Date when the service line was last modified |
| ModTime | Time when the service line was last modified |
| N | Not reviewed per policy |
| NFAC | Nursing Facility |
| NonC | Number non-certified or Unreviewed |
| Notify Date | Date we were first notified |
| PDC | Physician Developed Criteria |
| Pending | Case is in Pending status |
| Provpend | Episode pended for provider information |
| QCD | Quality Check Date |
| R | Reconsideration out of time frame |
| R/P | Rental/Purchase |
| Recnpend | Reconsideration Pending |
| Ref | Referral |
| Referral | Case is in Referral to Medical Panel |
| Reject | If rejected by EDS in the extract, Yes |
| RejRes | Reason it was rejected |
| Req | Number requested |
| ReqAmt | Requested amount in dollars |
| Review# | Review Type (Program related) |
| ReviewNo | Review Number |
| ROC | Record of call made |
| SED | Severely Emotionally Disabled |
| T | Technical denial |
| Total Amt Auth | Total amount authorized in dollars |

| Abbreviation | Definition |
|---|---|
| Total Amt Req | Requested amount in dollars |
| U | Not yet reviewed / unreviewed |
| MMIS# | PA number issued by the MMIS |
| Upend | Voids PA number in MMIS (N/Y) |
| X | Medical Necessity Denial |
| Y | LOC (level of care) denial |

## List of Modifiers

| Modifier | Description |
|---|---|
| A1 | Dressing For One Wound |
| A2 | Dressing For Two Wounds |
| A3 | Dressing For Three Wounds |
| A4 | Dressing For Four Wounds |
| A5 | Dressing For Five Wounds |
| A6 | Dressing For Six Wounds |
| A7 | Dressing For Seven Wounds |
| A8 | Dressing For Eight Wounds |
| A9 | Dressing For 9 Or More Wound |
| AA | Anesthesia |
| AD | Medical Direction |
| AE | Registered Dietician |
| AF | Specialty Physician |
| AG | Primary Physician |
| AH | Clinical Psychology |
| AJ | Clinical Social Worker |
| AK | Non Par Physician |
| AM | Physician, Team Member |
| AP | Eye Refract Non-Included |
| AQ | MD Providing Service In An Unlisted Hpsa |
| AR | Physician Service In Scarcity Area |
| AS | Assist Surg By P.A. |
| AT | Acute Treatment |
| AU | Uro/Ostomy Supply |
| AV | Prosthetic/Orthotic Device |
| AW | Surgical Dressing |

| Modifier | Description |
|---|---|
| AX | Item W Dialysis Services |
| BA | Item W Pen Services |
| BL | Special Acquisition Of Blood |
| BO | Nutrition Oral Admin No Tube |
| BP | Elected Purchase |
| BR | No Decision From Benefic |
| BU | No Decision From Benefic |
| CA | Procedure Payable Only |
| CB | Service Ordered By A  Renal |
| CC | Procedure Code Change |
| CD | AMCC Test Has Been Ordered |
| CE | AMCC Test Has Been Ordered |
| CF | AMCC Test Has Been Ordered |
| CR | Catastrophe/Disaster Related |
| E1 | Upper Left, Eyelid |
| E2 | Lower Left, Eyelid |
| E3 | Upper Right, Eyelid |
| E4 | Lower Right, Eyelid |
| EJ | Subseq Epo Injection |
| EM | Emergency Reserve Supply |
| EP | EPSDT Service |
| ET | Emergency Treatment (Dent |
| EY | No MD Order For Item/Service |
| F1 | Left Hand, Second Digit |
| F2 | Left Hand, Third Digit |
| F3 | Left Hand, Fourth, Digit |
| F4 | Left Hand, Fifth Digit |
| F5 | Right Hand, Thumb |

| Modifier | Description |
|---|---|
| F6 | Right Hand, Second Digit |
| F7 | Right Hand, Third Digit |
| F8 | Right Hand, Fourth Digit |
| F9 | Right Hand, Fifth Digit |
| FA | Left Hand, Thumb |
| FB | Item At No Cost To Provider |
| FP | Service Provided As Part |
| G1 | Kt/V Reading Of Less Than |
| G2 | Kt\V Reading Of 1.0 To |
| G3 | Kt/V Reading Of 1.1 |
| G4 | Kt/V Reading Of 1.2 To |
| G5 | Kt/V Reading Of 1.3 Or |
| G6 | ESRD Patient For Whom Les |
| G7 | Pregnancy Resulted From R |
| G8 | Monitored Anesthesia Care |
| G9 | Monitored Anesthesia Care |
| GA | Waiver Of Liability |
| GB | Distinct Procedural |
| GC | This Service Has Been |
| GE | This Service Has Been |
| GG | Performance And Payment |
| GH | Diagnostic Mammogram Conv |
| GJ | "Opt Out" Physician Or Pr |
| GK | Actual/Item Service Ordered |
| GL | Medically Unnecessary Upgrade |
| GM | Multiple Patients On One Amb |
| GN | Service Delivered Persona |
| GO | Service Delivered Persona |

| Modifier | Description |
|---|---|
| GP | Service Delivered Persona |
| GR | Service Was Performed In Whole |
| GQ | Via Asynchronous Telecommuni |
| GS | Dosage Of Epo Or Darbepoietin |
| GT | Via Interactive Audio And |
| GV | Attending Physician Not Employ |
| GW | Service Not Related |
| GY | Item/Service Statutorily Excl |
| GZ | Item/Service Expected To Be Denied |
| H9 | Court-Ordered |
| HA | Child/Adolescent Program |
| HB | Adult Program Non-Geriatric |
| HC | Adult Program Geriatric |
| HD | Pregnant/Parenting Women's |
| HE | Mental Health Program |
| HE | From Hospital To Resident |
| HE | Any Other Diagnosis |
| HF | Substance Abuse Program |
| HG | Opioid Addiction Treatment Program |
| HH | Integrated Mental Health/Substance |
| HI | Integrated Mh And Mr/Dd Program |
| HJ | Employee Assistance Program |
| HK | Spec Hgh Rsk Mntl Hlth Pop P |
| HK | Traumatic Brain Injury |
| HL | Intern |
| HM | Less Than Bachelor Degree Lv |
| HM | TCS Paraprofessional |
| HN | From Hospital To SNF |

| Modifier | Description |
|---|---|
| HN | Tcs Professional |
| HN | Bachelors Degree Level |
| HO | Masters Degree Level |
| HP | Doctoral Level |
| HQ | Group Setting |
| HQ | Therapeutic Group Residential |
| HR | Family/Couple With Client Present |
| HS | Family/Couple W/O Client PRS |
| HS | TCS Parent-To-Parent |
| HT | Multi-Disciplinary Team |
| HU | Child Welfare Agency Funded |
| HV | Funded State Addiction Agncy |
| HW | State Mntl Hlth Agncy Funded |
| HX | County/Local Agency Funded |
| HY | Funded By Juvenile Justice |
| HZ | Criminal Justice Agncy Fund |
| J1 | Competitive Acquisition Program |
| J2 | Competitive Acquisition Program |
| J3 | Competitive Acquisition Program (CAP) |
| JW | Discarded Drug Not Administered |
| K0 | Low Extre Prost Funct Lev 0 |
| K1 | Low Extre Prost Funct Lev |
| K2 | Low Extrem Prost Funct Le |
| K3 | Lwr Ext Prost Functnl Lvl 3 |
| K4 | Low Extrem Prost Funct Le |
| KA | Add On Opt/Wheelchair |
| KB | Beneficiary Requested Upgrade |
| KC | Replacement Of Special |

| Modifier | Description |
|---|---|
| KD | Drug Or Biological Infused |
| KF | FDA Designated Class Iii Device |
| KH | DMEPOS Initial Claim |
| KI | DMEPOS Item, Second Or Th |
| KJ | DMEPOS Months 4 To 15 |
| KM | Replacement Of Facial |
| KN | Replacement Of Facial |
| KO | Single Drug Unit Dose Form |
| KP | First Drug Of A Multiple |
| KQ | Second Or Subsequent Drug |
| KR | Rental Item, Partial Month |
| KS | Glucose Monitor Supply FO |
| KX | Documentation On File |
| KZ | New Cov Not Implement By M+C |
| LC | Left Circumflex Coronary |
| LD | Left Anterior Descending |
| LL | Lease Rental-Use When DME |
| LR | Laboratory; Round Trip |
| LS | FDA-Monitored Intraocular |
| LT | Left Side Procedure |
| MS | DME Maintenance/Service` |
| NR | DME New When Rented |
| NU | New DME |
| P1 | Normal Healthy Patient |
| P2 | Patient W/Mild Systemic Disease |
| P3 | Patient W/Severe Systemic Disease |
| P4 | Patient W/Severe Systemic Dis Threat |
| P5 | Moribund Patient Not Exp To Survive |

| Modifier | Description |
|---|---|
| P6 | Declared Brain-Dead Patient |
| PL | Progressive Add'l Lenses |
| Q2 | CMS/ORD Demo Project |
| Q3 | Live Kidney Donor; Servic |
| Q4 | Service For Phys Qualifies |
| Q5 | Substitute MD Arrangement |
| Q6 | Locum Tenens Physician |
| Q7 | One Class A Finding |
| Q8 | Two Class B Findings |
| Q9 | 1 Class B And 2 Class C |
| QA | FDA Investigational |
| QB | Services In Rural HMSA |
| QC | 1 Channel Cardiac Monitor |
| QD | Ambulat Cardiac Monitor |
| QE | Oxygen < Pricing LPM |
| QF | Oxygen Exceeds 4 LPM |
| QG | Oxygen > 4 LPM |
| QH | Conserving Device Being U |
| QJ | Services Prov To a Prisoner |
| QK | Medical Direction of Two, |
| QL | Patient Pronounced Dead A |
| QM | Ambulance Service Provide |
| QN | Ambulance Service Furnish |
| QP | Documentation Is on File |
| QQ | Medical Direct by Anesth |
| QR | Provided in A Mcare Study |
| QS | Monitored Anesth Services |
| QT | Ambul Cardiac Monitoring |

| Modifier | Description |
|---|---|
| QU | Services in Urban HMSA |
| QV | Routine Care In Mcare Clinical Trial |
| QW | CLIA Waived Test |
| QX | CRNA Medically Directed |
| QY | Anesthesiologist Medically |
| QZ | CRNA Svc W/O Med Dir By MD |
| RC | Right Coronary Artery |
| RD | Drug Provided to Beneficiary |
| RP | Replacement/Repair of Device |
| RR | Rental |
| RT | Right Side Procedure |
| SA | NP Collaboration W/ Phys |
| SB | Nurse Midwife |
| SC | Medically Nec Serv or Supply |
| SD | RN Home Infusion Services |
| SE | State/Federal Program |
| SF | Second Opinion Ordered by |
| SG | ASC Type of Service F |
| SH | Second Concurrent Infusion |
| SJ | Third Concurrent Infusion |
| SK | High Risk Population |
| SL | State Supplied Vaccine |
| SM | Second Surgical Opinion |
| SN | Third Surgical Opinion |
| SQ | Item Ordered by Home Health |
| SS | Home Infusion Service in Prov Suite |
| ST | Re: Trauma or Injury |
| SU | Phys Office Procedure |

| Modifier | Description |
|---|---|
| SV | Unutilized Pharmaceuticals |
| SW | Cert Diab Educ Services |
| SY | Contact With High-Risk Pop |
| T1 | Left Foot, Second Digit |
| T2 | Left Foot, Third Digit |
| T3 | Left Foot, Fourth Digit |
| T4 | Left Foot, Fifth Digit |
| T5 | Right Foot, Great Toe |
| T6 | Right Foot, Second Digit |
| T7 | Right Foot, Third Digit |
| T8 | Right Foot, Fourth Digit |
| T9 | Right Foot, Fifth Digit |
| TA | Left Foot, Great Toe |
| TC | Technical Component |
| TD | RN |
| TE | LPN/LVN |
| TF | Level of Care - Intermediate |
| TF | Level 3 |
| TF | Kids Club Plan |
| TG | Level of Care - High |
| TG | Level 4 |
| TH | OB/Prenatal Or Postpartum |
| TJ | Child Modifier |
| TK | Extra Patient or Passenger |
| TL | Early Intervention IFSP |
| TM | Individualized Ed Prgrm(IEP) |
| TN | Rural/Out Of Service Area |
| TP | Med Transport Unloaded Vehicle |

| Modifier | Description |
|---|---|
| TQ | Bls by Volunteer AMB Providr |
| TR | School-Based IEP Out of Dist |
| TS | Follow-Up Service |
| TT | Additional Patient |
| TT | Level 2 |
| TU | Overtime Payment Rate |
| TV | Holiday/Weekend Payment Rate |
| TW | Back-Up Equipment |
| U1 | M/Caid Care Lev 1 State Def |
| U1 | Psychiatry |
| U2 | M/Caid Care Lev 2 State Def |
| U3 | M/Caid Care Lev 3 State Def |
| U4 | M/Caid Care Lev 4 State Def |
| U5 | M/Caid Care Lev 5 State Def |
| U6 | M/Caid Care Lev 6 State Def |
| U7 | M/Caid Care Lev 7 State Def |
| U8 | M/Caid Care Lev 8 State Def |
| U9 | M/Caid Care Lev 9 State Def |
| UA | M/Caid Care Lev 10 State Def |
| UB | M/Caid Care Lev 11 State Def |
| UC | Mcaid Care Lev 12 State Def |
| UD | M/Caid Care Lev 13 State Def |
| UE | Used DME W/O Warranty |
| UF | Services Provided, Morning |
| UG | Services Provided, Afternoon |
| UG | After-School Program |
| UH | Services Provided, Evening |
| UJ | Services Provided, Night |

| Modifier | Description |
|---|---|
| UK | Svc on Behalf Client-Collat |
| UN | Two Patients Served |
| UP | Three Patients Served |
| UQ | Four Patients Served |
| UR | Five Patients Served |
| US | Six Or More Patients Served |
| VP | Aphakic Patient |
| D | Diag or Thera Origin Site Other Than “P” Or “H” |
| E | Facility Other Than An 1819 Facility |
| G | Hosp Based Dialysis Facility |
| H | Hospital |
| I | Site of Transfer Betw AMB Modes |
| J | Non-Hosp Dialysis Facility |
| N | Skilled Nursing Facility |
| P | Physician’s Office |
| R | Residence |
| S | Scene of Accident Or Acute Event |
| X | Intermed Stop (MD Office) En route To Hosp |
| 01 | Upper Arch |
| 02 | Lower Arch |
| 10 | Upper Right Quadrant |
| 20 | Upper Left Quadrant |
| 21 | Prolonged E & M Services |
| 22 | Unusual Procedural Services |
| 23 | Unusual Anesthesia |
| 24 | Unrelated E & M |
| 25 | Significant E & M |
| 26 | Professional Component |

| Modifier | Description |
|---|---|
| 27 | Mul Op E/M Encounters Same Day |
| 30 | Lower Left Quadrant |
| 32 | Mandated Services |
| 40 | Lower Right Quadrant |
| 47 | Anesthesia By Surgeon |
| 50 | Bilateral Procedure |
| 51 | Multiple Procedure |
| 52 | Reduced Services |
| 53 | Discontinued Procedure |
| 54 | Surgical Care Only |
| 55 | Post Operative Care Only |
| 56 | Preoperative Care Only |
| 57 | Decision of Surgery |
| 58 | Staged/Related Procedure |
| 59 | Distinct Procedural |
| 62 | Two Surgeons |
| 63 | Proc on Infant <4 Kg. |
| 66 | Surgical Team |
| 73 | DC Op Surg Proc Prior To Anes |
| 74 | DC Op Surg Proc After Anes |
| 76 | Repeat Procedure |
| 77 | Repeat Procedure by |
| 78 | Return to Oper Room |
| 79 | Unrelated Procedure |
| 80 | Assistant Surgeon |
| 81 | Minimum Assistant Surgeon |
| 82 | Assistant Surgeon |
| 90 | Reference Laboratory |

| Modifier | Description |
|---|---|
| 91 | Repeat Clinical Diagnostic |
| 99 | Multiple Modifiers |

## Open Case Definitions

All reviews as described in the table plus those with the following status:

- Pending within 30 days of extract run;
- LOI (Lack of Information, except DME 114) within 30 days of extract run date;
- DME LOI (114) within 60 days of extract run date;
- Referral within 30 days of extract run date; or,
- Denial within six months of extract run date.

| Review Program Title | CareReview Type# | Open Case Definition | CareReview Status |
|---|---|---|---|
| Acquired Brain Injury Waiver Eligibility | 33 | Case contains a calendar end date that is within 60 days of the extract run date | QCD |
| Acquired Brain Injury Waiver LOC | 32 | N/A, data stored within 33 | N/A |
| Acute Freestanding Psychiatric Hospital | 81 | Case contains a calendar end date that is within seven days of the extract run date | QCD |
| Acute Inpatient | 10 | Case contains a calendar end date that is within seven days of the extract run date | QCD |
| Acute Inpatient | 10 | Case with STATUS of MEDICARE EXHAUST within six months of extract run date | MEDEXHAU |
| Ancillary Services | 112 | Case contains a service end date that is within 30 days of the extract run date | QCD |
| Audiology | 127 | only the cases with a PEND or LOI status | PENDING/LOI |

| Review Program Title | CareReview Type# | Open Case Definition | CareReview Status |
|---|---|---|---|
| Chiropractics | 113 | Case contains a service end date that is within three months of the extract run date | QCD |
| Dental | 110 | only the cases with a PEND or LOI status | PENDING/LOI |
| DRG | N/A | N/A - Housed in separate database | N/A |
| Durable Medical Equipment | 114 | Case contains a service end date that is within six months of the extract run date | QCD |
| EPSDT Dental | 116 | only the cases with a PEND or LOI status | PENDING/LOI |
| EPSDT Psychiatric | 80 | Case contains a service end date that is within 13 months of the extract run date | QCD |
| EPSDT Special Services | 91 | Case contains a service end date that is within 90 days of the extract run date | QCD |
| Home and Community Based Waiver LOC | 40 | Case contains a calendar end date that is within 60 days of the extract run date | QCD |
| Home and Community Based Waiver Services | | Case contains a calendar end date that is within 60 days of the extract run date | QCD |
| Home Care Waiver | 42 | N/A, no longer provider service | N/A |
| Home Health | 122 | Case contains a service end date that is within 90 days of the extract run date | QCD |
| Hospice | N/A | No data in CareReview | N/A |
| ICF/MR/DD | 50 | Case contains a calendar end date that is within 60 days of the extract run date | QCD |
| IMPACT Plus | 111 | Case contains a service end date that is within 60 days of the extract run date | QCD |

| Review Program Title | CareReview Type# | Open Case Definition | CareReview Status |
|---|---|---|---|
| Model II Waiver LOC | 61 | Case contains a calendar end date that is within 60 days of the extract run date | QCD |
| Model II Waiver Services | | Case contains a calendar end date that is within 60 days of the extract run date | QCD |
| Nursing Facility | 70 | Case contains a calendar end date that is within 60 days of the extract run date | QCD |
| Nursing Facility – IMD | 72 | Case contains a calendar end date that is within 60 days of the extract run date | QCD |
| Nursing Facility – Swing | 71 | Case contains a calendar end date that is within 30 days of the extract run date | QCD |
| Orthodontics | N/A | No data in CareReview | N/A |
| Outpatient Therapy | 125 | Case contains a calendar end date that is within 60 days of the extract run date | QCD |
| Personal Care Waiver | 41 | N/A, no longer provider service | N/A |
| Physician Services | 118, 123 | Case contains a service end date that is within seven days of the extract run date | QCD |
| PRTF | 82 | Case contains a calendar end date that is within seven days of the extract run date | QCD |
| Radiology | 126 | only the cases with a PEND or LOI status | PENDING/LOI |
| Support for Community Living Waiver LOC | 90 | Case contains a calendar end date that is within 60 days of the extract run date | QCD |
| Transplant | 100 | Case contains a calendar end date that is within six months of the extract run date | QCD |

# CareReview to maxMC Conversion Interface Specification

## File Layout

| Field | Description | Data Type | Format | Starting Position | Length | maxMC Column and Mapping Notes |
|---|---|---|---|---|---|---|
| PATMAID | Patient Kentucky Medicaid ID number (MEM_ID) | Character | X(10) | 1 | 10 | MEM_ID. Used to get the TAU_MEM_UID. |
| CASENO | SHPS/NHS Internal Unique Sequence Number to define all days and/or services associated with a series of requests | Integer | 9999999 | 11 | 7 | TAU_REFERENCE_NUMBER. Pre-pend with "CR" to make this unique in maxMC. |
| I/O STATUS | Inpatient/Outpatient Status | Character | X(1) | 18 | 1 | See Processing Note 1 |
| ICD9 | Primary diagnosis | Character | X(7) | 19 | 7 | TAU_DXC_UID_PRIMARY. TDA_DXC_UID, where TDA_SEQUENCE = 1 |
| ADMIT TYPE | Type of admission. S=Scheduled U=Urgent | Character | X(1) | 26 | 1 | TAU_ECL_CODE. U or S will be sent.<br>Take U as is. Map S to ELEC. |
| REVIEW NO | Type of review | Integer | 9999 | 27 | 4 | TAU_CTE_CODE Translations in Processing Note 2 |

| Field | Description | Data Type | Format | Starting Position | Length | maxMC Column and Mapping Notes |
|---|---|---|---|---|---|---|
| LINENO | SHPS/NHS Internal Line Number for each service (000) will indicate inpatient case | Integer | 9999 | 31 | 4 | Concatenate this with the TAU_REFERENCE_NUMBER and then a hyphen to get the TCM_REFERENCE_NUMBER. Use 001, 002, etc., not 0001, 0002.<br>See Processing Note 1. |
| FACMAID | Facility's Kentucky Medicaid ID number from servicing facility | Integer | 99999999 | 35 | 8 | Used to get the TCM_PVD_UID_fac_REQD. Get the TCM_AFA_UID_fac_REQD by finding whatever AFC/AFA was active as of the date in the Begin Date (position 66). If the PVD record is not found, then that is okay. Leave null. If the AFA is not found, then that is okay. Just populate the PVD_UID. |
| DOC MAID | Physician's Kentucky Medicaid ID number from servicing physician | Integer | 99999999 | 43 | 8 | Used to get the TCM_PVD_UID_PHYS_REQD. Get the TCM_AFA_UID_PHYS_REQD by finding whatever AFC/AFA was active as of the date in the Begin Date (position 66). If the PVD record is not found, then that is okay. Leave null. If the AFA is not found, then that is okay. Just populate the PVD_UID. |

| Field | Description | Data Type | Format | Starting Position | Length | maxMC Column and Mapping Notes |
|---|---|---|---|---|---|---|
| SERVICETYPE | "C" CPT, "H" HCPC, "R" Revenue, "D" CDT (blank if inpatient case) | Character | X(1) | 51 | 1 | R, then the PXC code is a NUBC code.<br>D, look up in HCPCS first, then SITE if not found |
| FRPROCCODE | Authorized CPT, HCPC, Revenue or CDT code (blank if inpatient case) | Character | X(5) | 52 | 5 | TCM_PXC_UID_LOW_REQD |
| TOPROCCODE | Authorized CPT, HCPC, Revenue or CDT (blank if inpatient case) | Character | X(5) | 57 | 5 | TCM_PXC_UID_LOW_REQD |
| QTY | Number of days or units Approved or denied | Integer | 9999 | 62 | 4 | If Inpatient, then this is number of days should map to TCM_DAYS_REQD. Else, it maps to TCM_TOTAL_QUANTITY_REQD. |
| CALCODE | SHPS/NHS decision code | Character | x(1) | 66 | 1 | This maps to TCM Status and Reason and TID Action and Reason. A TID row will only be created when LineNo = 0000. Translations in Processing Note 3 |
| BEGINDATE | First Date of stay or service | Date | MMDDCCYY | 67 | 8 | TCM_DATE_BEGIN, TID_DATE_BEGIN (if LineNo = 0000) |
| ENDDATE | Last Date of days or service | Date | MMDDCCYY | 75 | 8 | TCM_DATE_END, TID_DATE_END (if LineNo = 0000) |

| Field | Description | Data Type | Format | Starting Position | Length | maxMC Column and Mapping Notes |
|---|---|---|---|---|---|---|
| ADMIT DATE | Date of Admission | Date | MMDDC CYY | 83 | 8 | TAU_DATE_ADMITTED |
| FILLER | Spaces | Character | x(11) | 91 | 11 | N/A |

**Notes**

1. For each TCM made: TCM_POS_CODE = CR, TCM_SEV_CODE = CR. There is a Place of Service profile for this. It represents Inpatient. All conversions will use Tab 3 to hold the Admit Date
2. The TAU_MPG_UID will remain NULL.
3. Each interface row will create a TCM row. When the Line Number = 0000, the TCM_SEQUENCE will be 1 and a TID row will also be created.

**Processing Note**

1. If the I/O flag = I, then add 1 to this Line Number to get the TCM_SEQUENCE_NUMBER and to add with a hyphen to the TAU_REFERENCE_NUMBER to get the TCM_REFERENCE_NUMBER. This is because the Line Number starts with 0000 in the source system. We always start with 001. If the I/O flag = O, then take this Line Number as is and then do the same with it.

## Mapping Table

| CareReview REVIEWNO | maxMC TAU_CTE_CODE |
|---|---|
| 10 Acute Inpatient Review | ACUTIP |
| 30 Brain Injury – NF | NFAC |
| 31 Brain Injury - Out Of State | NFAC |
| 32 Brain Injury Waiver/LOC | WAIVER |
| 33 Brain Injury Waiver Elig. | WAIVER |

| CareReview REVIEWNO | maxMC TAU_CTE_CODE |
|---|---|
| 40 HCB Waiver LOC | WAIVER |
| 41 Personal Care Waiver | WAIVER |
| 42 Home Care Waiver | WAIVER |
| 50 ICF MR/DD | NFAC |
| 61 Model II Waiver | WAIVER |
| 70 Nursing Facility | NFAC |
| 71 Nursing Facility/Swing | NFAC |
| 72 NF/IMD | NFAC |
| 73 Outpatient Services | OUTPT |
| 80 PSYCH – EPSDT | EPSDT |
| 81 PSYCH - Free Standing | ACUTIP |
| 82 PSYCH – PRTF | PRTF |
| 90 SCL Waiver – LOC | WAIVER |
| 91 Special Services – EPSDT | EPSDT |
| 100 Transplant | TRANS |
| 110 Dental | DENTAL |
| 111 Impact Plus | IMPLUS |
| 112 Ancillary | NFAC |
| 113 Chiropractic | CHIRO |
| 114 Durable Medical Equipment | DME |

| CareReview REVIEWNO | maxMC TAU_CTE_CODE |
|---|---|
| 115 HCB Waiver Services | WAIVER |
| 116 EPSDT Dental | EPSDT |
| 117 Hospice | HOSPIC |
| 118 Phy. Services - Med Necessity | PHYSER |
| 119 Model Waiver II Review | WAIVER |
| 120 PDD Waiver Review | WAIVER |
| 121 Lock-In Review | NFAC |
| 122 Home Health | HHCS |
| 123 Phy Services - Form Only | PHYSER |
| 124 SCL Waiver - Services | WAIVER |
| 125 Outpatient Therapies | OUTPT |
| 126 Radiology | OUTPT |
| 127 Hearing/Audiology | OUTPT |

**Mapping Table**

| CareReview CALCODE | maxMC TCM_AST_CODE (Tab 2) | maxMC TCM_DTR_CODE (Tab 2) | maxMC TID_ACTION (Tab 3) | maxMC TID_IRR_CODE (Tab 3) |
|---|---|---|---|---|
| C | A1_CRT | MEDNEC | IA | MEDNEC |
| X | DENIED | 82 | ID | 82 |
| L | A4 | LOI | ID | LOI |

| CareReview CALCODE | maxMC TCM_AST_CODE (Tab 2) | maxMC TCM_DTR_CODE (Tab 2) | maxMC TID_ACTION (Tab 3) | maxMC TID_IRR_CODE (Tab 3) |
|---|---|---|---|---|
| M | DENIED | LOI | ID | LOI |
| B | DENIED | NCBEN | ID | 87 |
| Y | DENIED | 82 | ID | 82 |
| U | UNREV | LOI | IR | LOI |
| N | CXL | REQWD | IR | ADMREQ |
| A | A1_CRT | MEDNEC | IA | MEDNEC |
| 1 | A4 | MDREV | ID | 82 |
| 2 | A4 | MDREV | ID | 82 |
| 3 | RECONU | 82 | ID | 82 |
| 4 | RECONU | 82 | ID | 82 |
| 5 | RECDEN | MEDNEC | IA | MEDNEC |
| 6 | RECDEN | MEDNEC | IA | MEDNEC |
| T | DENIED | TECH | ID | OOTF |
| R | DENIED | 82 | ID | 82 |

## Outbound CareReview Conversion Interface Test Plan

| Test Case | ID | Name | Condition | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|
| 1 | | PATMAID | Patient Kentucky Medicaid Id number (MAID) | | | Cycle 1 | Expect Member's MAID to be populated in positions 1 through 10 | |
| 2 | | CASENO | SHPS Internal Unique Sequence Number (CareReview Reference Number) to define all days and/or services associated with a series of requests | | | Cycle 1 | Expect Member's CareReview Reference Number to be populated in positions 11 through 17 | |
| 3 | | I/O STATUS | Inpatient/Outpatient Status | | | Cycle 1 | Expect Member Inpatient/Outpatient Status to be populated in position 18. | |
| 4 | | ICD9 | Primary diagnosis | | | Cycle 1 | Expect Member's Primary Diagnosis to be populated in positions 19 through 25 | |

| Test Case | ID | Name | Condition | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|
| 5 | | ADMITTYPE | Type of admission. S=Scheduled U=Urgent | | | Cycle 1 | Expect Member's Admission Type to be populated in position 26 | |
| 6 | | REVIEWNO | Type of review | | | Cycle 1 | Expect Member's Review Type to be populated in positions 27 through 30 | |
| 7 | | LINENO | SHPS/NHS Internal Line Number for each service (000) will indicate inpatient case | | | Cycle 1 | Expect Member's Line Number to be populated in positions 31 through 34 | |
| 8 | | FACMAID | Facility's Kentucky Medicaid ID number from servicing facility | | | Cycle 1 | Expect MAID of Facility providing services to be populated in positions 35 through 42 | |
| 9 | | DOCMAID | Physicians' Kentucky Medicaid ID number from servicing physician | | | Cycle 1 | Expect MAID of Physician providing services to be populated in positions 43 through 50 | |

| Test Case | ID | Name | Condition | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|
| 10 | | SERVICETYPE | "C" CPT, "H" HCPC, "R" Revenue, "D" CDT (blank if inpatient case) | | | Cycle 1 | Expect Type of Service to be populated in position 51 | |
| 11 | | FRPROCCODE | Authorized CPT, HCPC, Revenue or CDT code (blank if inpatient case) | | | Cycle 1 | Expect Authorized Code to be populated in positions 52 through 56 | |
| 12 | | TOPROCCODE | Authorized CPT, HCPC, Revenue or CDT (blank if inpatient case) | | | Cycle 1 | Expect Authorized Code in range to be populated in positions 57 through 61 | |
| 13 | | QTY | Number of days or units Approved or denied | | | Cycle 1 | Expect Number of Approved Days to be populated in positions 62 through 65 | |
| 14 | | CALCODE | SHPS/NHS decision code | | | Cycle 1 | Expect Decision Code for request to be populated in position 66 | |
| 15 | | BEGINDATE | First Date of stay or service | | | Cycle 1 | Expect earliest Service Date to be populated in positions 67 through 74 | |

| Test Case | ID | Name | Condition | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|
| 16 | | ENDDATE | Last Date of days or service | | | Cycle 1 | Expect latest Service Date to be populated in positions 75 through 82 | |
| 17 | | ADMITDATE | Date of Admission | | | Cycle 1 | Expect Admission Date to be populated in positions 83 through 90 | |
| 18 | | FILLER | Spaces | | | Cycle 1 | Expect filler (spaces) to be populated in positions 91 through 101 | |
| 19 | | Any Review Type | Pending within 30 days of the extract run (CareReview Type #:Any; CareReview Status: Any) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 20 | | Any Review Type (except DME) | LOI within 30 days of extract run (CareReview Type #:Any (except DME); CareReview Status: Any (except DME)) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |

| Test Case | ID | Name | Condition | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|
| 21 | | DME | LOI within 60 days of extract run (CareReview Type #:114; CareReview Status:) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 22 | | Any Review Type | Referral within 30 days of the extract run (CareReview Type #:Any; CareReview Status: Any) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 23 | | Any Review Type | Denial within six months of the extract run (CareReview Type #:Any; CareReview Status: Any) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 24 | | Acquired Brain Injury Waiver Eligibility | Case contains a calendar end date that is within 60 days of the extract run date (CareReview Type #:33; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 25 | | Acute Freestanding Psychiatric Hospital | Case contains a calendar end date that is within seven days of the extract run date (CareReview Type #:81; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |

| Test Case | ID | Name | Condition | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|
| 26 | | Acute Inpatient | Case contains a calendar end date that is within seven days of the extract run date (CareReview Type #:10; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 27 | | Acute Inpatient | Case with STATUS of MEDICARE EXHAUST within six months of extract run date (CareReview Type #:10; CareReview Status:MEDEXHAU) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 28 | | Ancillary Services | Case contains a service end date that is within 30 days of the extract run date (CareReview Type #:112; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 29 | | Audiology | only the cases with a PEND or LOI status within 30 days of extract run date (CareReview Type #:127; CareReview Status:PENDING/LOI) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |

| Test Case | ID | Name | Condition | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|
| 30 | | Chiropractics | Case contains a service end date that is within three months of the extract run date (CareReview Type #:113; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 31 | | Dental | only the cases with a PEND or LOI status within 30 days of extract run date (CareReview Type #:110; CareReview Status:PENDING/LOI) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 32 | | Durable Medical Equipment | Case contains a service end date that is within six months of the extract run date (CareReview Type #:114; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 33 | | EPSDT Dental | only the cases with a PEND or LOI status within 30 days of extract run date (CareReview Type #:116; CareReview Status:PENDING/LOI) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |

| Test Case | ID | Name | Condition | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|
| 34 | | EPSDT Psychiatric | Case contains a service end date that is within 13 months of the extract run date (CareReview Type #:80; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 35 | | EPSDT Special Services | Case contains a service end date that is within 90 days of the extract run date (CareReview Type #:91; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 36 | | Home and Community Based Waiver LOC | Case contains a calendar end date that is within 60 days of the extract run date (CareReview Type #:40; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 37 | | Home and Community Based Waiver Services | Case contains a calendar end date that is within 60 days of the extract run date (CareReview Type #:; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |

| Test Case | ID | Name | Condition | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|
| 38 | | Home Health | Case contains a service end date that is within 90 days of the extract run date (CareReview Type #:122; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 39 | | ICF/MR/DD | Case contains a calendar end date that is within 60 days of the extract run date (CareReview Type #:50; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 40 | | IMPACT Plus | Case contains a service end date that is within 60 days of the extract run date (CareReview Type #:111; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 41 | | Model II Waiver LOC | Case contains a calendar end date that is within 60 days of the extract run date (CareReview Type #:61; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |

| Test Case | ID | Name | Condition | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|
| 42 | | Model II Waiver Services | Case contains a calendar end date that is within 60 days of the extract run date (CareReview Type #:; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 43 | | Nursing Facility | Case contains a calendar end date that is within 60 days of the extract run date (CareReview Type #:70; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 44 | | Nursing Facility – IMD | Case contains a calendar end date that is within 60 days of the extract run date (CareReview Type #:72; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 45 | | Nursing Facility – Swing | Case contains a calendar end date that is within 30 days of the extract run date (CareReview Type #:71; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |

| Test Case | ID | Name | Condition | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|
| 46 | | Outpatient Therapy | Case contains a calendar end date that is within 60 days of the extract run date (CareReview Type #:125; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 47 | | Physician Services | Case contains a service end date that is within 7 days of the extract run date (CareReview Type #:118, 123; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 48 | | PRTF | Case contains a calendar end date that is within seven days of the extract run date (CareReview Type #:82; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 49 | | Radiology | only the cases with a PEND or LOI status within 30 days of extract run date (CareReview Type #:126; CareReview Status:PENDING/LOI) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |

| Test Case | ID | Name | Condition | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|
| 50 | | Support for Community Living Waiver LOC | Case contains a calendar end date that is within 60 days of the extract run date (CareReview Type #:90; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 51 | | Transplant | Case contains a calendar end date that is within six months of the extract run date (CareReview Type #:100; CareReview Status:QCD) | | | Cycle 1 | Expect case to populate on conversion file as case meets open case criteria | |
| 52 | | Any Review Type | Pending outside 30 days of the extract run (CareReview Type #:Any; CareReview Status:Any) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 53 | | Any Review Type (except DME) | LOI outside 30 days of extract run (CareReview Type #:Any (except DME); CareReview Status:Any (except DME)) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |

| Test Case | ID | Name | Condition | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|
| 54 | | DME | LOI outside 60 days of extract run (CareReview Type #:114; CareReview Status:) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 55 | | Any Review Type | Referral outside 30 days of the extract run (CareReview Type #:Any; CareReview Status:Any) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 56 | | Any Review Type | Denial outside six months of the extract run (CareReview Type #:Any; CareReview Status:Any) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 57 | | Acquired Brain Injury Waiver Eligibility | Case contains a calendar end date that is outside 60 days of the extract run date (CareReview Type #:33; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |

| Test Case | ID | Name | Condition | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|
| 58 | | Acute Freestanding Psychiatric Hospital | Case contains a calendar end date that is outside seven days of the extract run date (CareReview Type #:81; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 59 | | Acute Inpatient | Case contains a calendar end date that is outside seven days of the extract run date (CareReview Type #:10; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 60 | | Acute Inpatient | Case with STATUS of MEDICARE EXHAUST outside six months of extract run date (CareReview Type #:10; CareReview Status:MEDEXHAU) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 61 | | Ancillary Services | Case contains a service end date that is outside 30 days of the extract run date (CareReview Type #:112; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |

| Test Case | ID | Name | Condition | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|
| 62 | | Audiology | only the cases with a PEND or LOI status outside 30 days from extract date (CareReview Type #:127; CareReview Status:PENDING/LOI) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 63 | | Chiropractics | Case contains a service end date that is outside three months of the extract run date (CareReview Type #:113; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 64 | | Dental | only the cases with a PEND or LOI status outside 30 days from the extract run date (CareReview Type #:110; CareReview Status:PENDING/LOI) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 65 | | Durable Medical Equipment | Case contains a service end date that is outside six months of the extract run date (CareReview Type #:114; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |

| Test Case | ID | Name | Condition | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|
| 66 | | EPSDT Dental | only the cases with a PEND or LOI status outside 30 days from the extract run date (CareReview Type #:116; CareReview Status:PENDING/LOI) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 67 | | EPSDT Psychiatric | Case contains a service end date that is outside 13 months of the extract run date (CareReview Type #:80; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 68 | | EPSDT Special Services | Case contains a service end date that is outside 90 days of the extract run date (CareReview Type #:91; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 69 | | Home and Community Based Waiver LOC | Case contains a calendar end date that is outside 60 days of the extract run date (CareReview Type #:40; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |

| Test Case | ID | Name | Condition | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|
| 70 | | Home and Community Based Waiver Services | Case contains a calendar end date that is outside 60 days of the extract run date (CareReview Type #:; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 71 | | Home Health | Case contains a service end date that is outside 90 days of the extract run date (CareReview Type #:122; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 72 | | ICF/MR/DD | Case contains a calendar end date that is outside 60 days of the extract run date (CareReview Type #:50; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 73 | | IMPACT Plus | Case contains a service end date that is outside 60 days of the extract run date (CareReview Type #:111; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |

| Test Case | ID | Name | Condition | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|
| 74 | | Model II Waiver LOC | Case contains a calendar end date that is outside 60 days of the extract run date (CareReview Type #:61; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 75 | | Model II Waiver Services | Case contains a calendar end date that is outside 60 days of the extract run date (CareReview Type #:; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 76 | | Nursing Facility | Case contains a calendar end date that is outside 60 days of the extract run date (CareReview Type #:70; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 77 | | Nursing Facility – IMD | Case contains a calendar end date that is outside 60 days of the extract run date (CareReview Type #:72; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |

| Test Case | ID | Name | Condition | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|
| 78 | | Nursing Facility – Swing | Case contains a calendar end date that is outside 30 days of the extract run date (CareReview Type #:71; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 79 | | Outpatient Therapy | Case contains a calendar end date that is outside 60 days of the extract run date (CareReview Type #:125; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 80 | | Physician Services | Case contains a service end date that is outside seven days of the extract run date (CareReview Type #:118, 123; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 81 | | PRTF | Case contains a calendar end date that is outside seven days of the extract run date (CareReview Type #:82; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |

| Test Case | ID | Name | Condition | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|
| 82 | | Radiology | only the cases with a PEND or LOI status outside 30 days from the extract run date (CareReview Type #:126; CareReview Status:PENDING/LOI) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 83 | | Support for Community Living Waiver LOC | Case contains a calendar end date that is outside 60 days of the extract run date (CareReview Type #:90; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |
| 84 | | Transplant | Case contains a calendar end date that is outside six months of the extract run date (CareReview Type #:100; CareReview Status:QCD) | | | Cycle 1 | Do not expect case to populate on conversion file as case does not meet open case criteria | |

## Inbound maxMC Conversion Interface Specification

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | PATMAID | Patient Kentucky Medicaid Id number (MAID) | | | | Cycle 1 | Expect Member's MAID to be loaded to MED_ID | |
| 2 | | CASENO | SHPS Internal Unique Sequence Number (CareReview Reference Number) to define all days and/or services associated with a series of requests | | | | Cycle 1 | Expect the hardcode value of CR followed by the Member's CareReview Reference Number to be loaded to TAU_REFERENCE_ NUMBER | |
| 3 | | ICD9 | Primary diagnosis | | | | Cycle 1 | Expect Member's Primary Diagnosis to be loaded to TAU_DXC_UID_ PRIMARY.TDA_DXC_ UID where SEQ = 1 | |
| 4 | | ADMIT TYPE | Type of admission. S=Scheduled U=Urgent | U | U | | Cycle 1 | Expect Member's Admission Type to be loaded to TAU_ELEC_CODE as U | |

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| 5 | | ADMIT TYPE | Type of admission. S=Scheduled U=Urgent | Map S to ELEC | ELEC | | Cycle 1 | Expect Member's Admission Type to be loaded to TAU_ELEC_CODE as ELEC | |
| 6 | | REVIEW NO | Type of review | Map 10 to ACUTIP | ACUTIP | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 7 | | REVIEW NO | Type of review | Map 30 to NFAC | NFAC | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 8 | | REVIEW NO | Type of review | Map 31 to NFAC | NFAC | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 9 | | REVIEW NO | Type of review | Map 33 to WAIVER | WAIVER | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 10 | | REVIEW NO | Type of review | Map 40 to WAIVER | WAIVER | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| 11 | | REVIEW NO | Type of review | Map 50 to NFAC | NFAC | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 12 | | REVIEW NO | Type of review | Map 61 to WAIVER | WAIVER | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 13 | | REVIEW NO | Type of review | Map 70 to NFAC | NFAC | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 14 | | REVIEW NO | Type of review | Map 71 to NFAC | NFAC | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 15 | | REVIEW NO | Type of review | Map 72 to NFAC | NFAC | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 16 | | REVIEW NO | Type of review | Map 73 to OUTPT | OUTPT | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| 17 | | REVIEW NO | Type of review | Map 80 to EPSDT | EPSDT | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 18 | | REVIEW NO | Type of review | Map 81 to ACUTIP | ACUTIP | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 19 | | REVIEW NO | Type of review | Map 82 to PRTF | PRTF | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 20 | | REVIEW NO | Type of review | Map 90 to WAIVER | WAIVER | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 21 | | REVIEW NO | Type of review | Map 91 to EPSDT | EPSDT | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 22 | | REVIEW NO | Type of review | Map 100 to TRANS | TRANS | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| 23 | | REVIEW NO | Type of review | Map 110 to DENTAL | DENTAL | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 24 | | REVIEW NO | Type of review | Map 111 to IMPLUS | IMPLUS | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 25 | | REVIEW NO | Type of review | Map 112 to NFAC | NFAC | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 26 | | REVIEW NO | Type of review | Map 113 to CHIRO | CHIRO | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 27 | | REVIEW NO | Type of review | Map 114 to DME | DME | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 28 | | REVIEW NO | Type of review | Map 115 to WAIVER | WAIVER | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| 29 | | REVIEW NO | Type of review | Map 116 to EPSDT | EPSDT | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 30 | | REVIEW NO | Type of review | Map 117 to HOSPIC | HOSPIC | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 31 | | REVIEW NO | Type of review | Map 118 to PHYSER | PHYSER | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 32 | | REVIEW NO | Type of review | Map 119 to WAIVER | WAIVER | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 33 | | REVIEW NO | Type of review | Map 120 to WAIVER | WAIVER | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 34 | | REVIEW NO | Type of review | Map 121 to NFAC | NFAC | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| 35 | | REVIEW NO | Type of review | Map 122 to HHCS | HHCS | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 36 | | REVIEW NO | Type of review | Map 123 to PHYSER | PHYSER | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 37 | | REVIEW NO | Type of review | Map 124 to WAIVER | WAIVER | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 38 | | REVIEW NO | Type of review | Map 125 to OUTPT | OUTPT | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 39 | | REVIEW NO | Type of review | Map 126 to OUTPT | OUTPT | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 40 | | REVIEW NO | Type of review | Map 127 to OUTPT | OUTPT | | Cycle 1 | Expect Member's Review Type to be loaded to TAU_CTE_CODE | |
| 41 | | I/O STATUS | Inpatient/Outpatient Status | I | 0001 | | Cycle 1 | Expect Member's Line Number to be loaded to | |

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| | | LINENO | SHPS/NHS Internal Line Number for each service (000) will indicate inpatient case | 0000 | | | | TAU_SEQUENCE_ NUMBER as 0001 | |
| 42 | | I/O STATUS | Inpatient/Outpatient Status | O | 0001 | | Cycle 1 | Expect Member's Line Number to be loaded to TAU_SEQUENCE_ NUMBER as 0001 | |
| | | LINENO | SHPS/NHS Internal Line Number for each service (000) will indicate inpatient case | 0001 | | | | | |
| 43 | | FACMAID | Facility's Kentucky Medicaid ID number from servicing facility | | | | Cycle 1 | Expect Facility MAID to be loaded to TCM_PVD_UID_FAC_ REQD. | |
| 44 | | DOCMAID | Physician's Kentucky Medicaid ID number from servicing physician | | | | Cycle 1 | Expect Physician MAID to be loaded to TCM_PVD_UID_PHYS _REQD. | |
| 45 | | I/O STATUS | Inpatient/Outpatient Status | I | <blank> | | Cycle 1 | Expect nothing to load to | |

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| | | SERVICE TYPE | "C" CPT, "H" HCPC, "R" Revenue, "D" CDT (blank if inpatient case) | <blank> | | | | TCM_PXC_UID_LOW_REQD for Inpatient | |
| | | FRPROC CODE | Authorized CPT, HCPC, Revenue or CDT code (blank if inpatient case) | <blank> | | | | | |
| 46 | | I/O STATUS | Inpatient/Outpatient Status | O | | | Cycle 1 | Expect CPT Code to load to TCM_PXC_UID_LOW_REQD for Outpatient | |
| | | SERVICE TYPE | "C" CPT, "H" HCPC, "R" Revenue, "D" CDT (blank if inpatient case) | C | | | | | |
| | | FRPROC CODE | Authorized CPT, HCPC, Revenue or CDT code (blank if inpatient case) | | | | | | |
| 47 | | I/O STATUS | Inpatient/Outpatient Status | O | | | Cycle 1 | Expect HCPC Code to load to | |

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| | | SERVICE TYPE | "C" CPT, "H" HCPC, "R" Revenue, "D" CDT (blank if inpatient case) | H | | | | TCM_PXC_UID_LOW_REQD for Outpatient | |
| | | FRPROC CODE | Authorized CPT, HCPC, Revenue or CDT code (blank if inpatient case) | | | | | | |
| 48 | | I/O STATUS | Inpatient/Outpatient Status | O | | | Cycle 1 | Expect NUBC Code to load to TCM_PXC_UID_LOW_REQD for Outpatient | |
| | | SERVICE TYPE | "C" CPT, "H" HCPC, "R" Revenue, "D" CDT (blank if inpatient case) | R | | | | | |
| | | FRPROC CODE | Authorized CPT, HCPC, Revenue or CDT code (blank if inpatient case) | | | | | | |
| 49 | | I/O STATUS | Inpatient/Outpatient Status | O | | | Cycle 1 | Expect HCPS Code to load to | |

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| | | SERVICE TYPE | "C" CPT, "H" HCPC, "R" Revenue, "D" CDT (blank if inpatient case) | D | | | | TCM_PXC_UID_LOW_REQD for Outpatient - search HCPCS first, if no match search SITE | |
| | | FRPROC CODE | Authorized CPT, HCPC, Revenue or CDT code (blank if inpatient case) | | | | | | |
| 50 | | I/O STATUS | Inpatient/Outpatient Status | O | | | Cycle 1 | Expect SITE Code to load to TCM_PXC_UID_LOW_REQD for Outpatient - search HCPCS first, if no match search SITE | |
| | | SERVICE TYPE | "C" CPT, "H" HCPC, "R" Revenue, "D" CDT (blank if inpatient case) | D | | | | | |
| | | FRPROC CODE | Authorized CPT, HCPC, Revenue or CDT code (blank if inpatient case) | | | | | | |
| 51 | | I/O STATUS | Inpatient/Outpatient Status | I | | | Cycle 1 | Expect Number of Days to be loaded to TCM_DAYS_REQD when Inpatient | |
| | | QTY | Number of days or units Approved or denied | | | | | | |

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| 52 | | I/O STATUS | Inpatient/Outpatient Status | O | | | Cycle 1 | Expect Number of Days to be loaded to TCM_TOTAL_QUANTITY_REQD when Outpatient | |
| | | QTY | Number of days or units Approved or denied | | | | | | |
| 53 | | I/O STATUS | Inpatient/Outpatient Status | I | TCM_AST_CODE: A1_CRT TCM_DTR_CODE: MEDNEC TID_ACTION: IA TID_IRR_CODE: MEDNEC | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE, TID_ACTION, TID_IRR_CODE when Inpatient | |
| | | CALCODE | SHPS/NHS decision code | C | | | | | |
| 54 | | I/O STATUS | Inpatient/Outpatient Status | I | TCM_AST_CODE: DENIED TCM_DTR_CODE: 82 TID_ACTION: ID TID_IRR_CODE: 82 | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE, TID_ACTION, TID_IRR_CODE when Inpatient | |
| | | CALCODE | SHPS/NHS decision code | X | | | | | |
| 55 | | I/O STATUS | Inpatient/Outpatient Status | I | TCM_AST_CODE: A4 | | Cycle 1 | Expect Decision Code to be loaded (per | |

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| | | CALCODE | SHPS/NHS decision code | L | TCM_DTR_CODE: LOI TID_ACTION: ID TID_IRR_CODE: LOI | | | mapping table) to TCM_AST_CODE, TCM_DTR_CODE, TID_ACTION, TID_IRR_CODE when Inpatient | |
| 56 | | I/O STATUS | Inpatient/Outpatient Status | I | TCM_AST_CODE: DENIED TCM_DTR_CODE: LOI TID_ACTION: ID TID_IRR_CODE: LOI | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE, TID_ACTION, TID_IRR_CODE when Inpatient | |
| | | CALCODE | SHPS/NHS decision code | M | | | | | |
| 57 | | I/O STATUS | Inpatient/Outpatient Status | I | TCM_AST_CODE: DENIED TCM_DTR_CODE: NCBEN TID_ACTION: ID TID_IRR_CODE: 87 | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE, TID_ACTION, TID_IRR_CODE when Inpatient | |
| | | CALCODE | SHPS/NHS decision code | B | | | | | |
| 58 | | I/O STATUS | Inpatient/Outpatient Status | I | TCM_AST_CODE: | | Cycle 1 | Expect Decision Code to be loaded (per | |

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| | | CALCODE | SHPS/NHS decision code | Y | DENIED TCM_DTR_CODE: 82 TID_ACTION: ID TID_IRR_CODE: 82 | | | mapping table) to TCM_AST_CODE, TCM_DTR_CODE, TID_ACTION, TID_IRR_CODE when Inpatient | |
| 59 | | I/O STATUS | Inpatient/Outpatient Status | I | TCM_AST_CODE: UNREV TCM_DTR_CODE: LOI TID_ACTION: IR TID_IRR_CODE: LOI | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE, TID_ACTION, TID_IRR_CODE when Inpatient | |
| | | CALCODE | SHPS/NHS decision code | U | | | | | |
| 60 | | I/O STATUS | Inpatient/Outpatient Status | I | TCM_AST_CODE: CXL TCM_DTR_CODE: REQWD TID_ACTION: IR TID_IRR_CODE: ADMREQ | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE, TID_ACTION, TID_IRR_CODE when Inpatient | |
| | | CALCODE | SHPS/NHS decision code | N | | | | | |
| 61 | | I/O STATUS | Inpatient/Outpatient Status | I | TCM_AST_CODE: | | Cycle 1 | Expect Decision Code to be loaded (per | |

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| | | CALCODE | SHPS/NHS decision code | A | A1_CRT TCM_DTR_CODE: MEDNEC TID_ACTION: IA TID_IRR_CODE: MEDNEC | | | mapping table) to TCM_AST_CODE, TCM_DTR_CODE, TID_ACTION, TID_IRR_CODE when Inpatient | |
| 62 | | I/O STATUS | Inpatient/Outpatient Status | I | TCM_AST_CODE: A4 TCM_DTR_CODE: MDREV TID_ACTION: ID TID_IRR_CODE: 82 | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE, TID_ACTION, TID_IRR_CODE when Inpatient | |
| | | CALCODE | SHPS/NHS decision code | 1 | | | | | |
| 63 | | I/O STATUS | Inpatient/Outpatient Status | I | TCM_AST_CODE: A4 TCM_DTR_CODE: MDREV TID_ACTION: ID TID_IRR_CODE: 82 | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE, TID_ACTION, TID_IRR_CODE when Inpatient | |
| | | CALCODE | SHPS/NHS decision code | 2 | | | | | |
| 64 | | I/O STATUS | Inpatient/Outpatient Status | I | TCM_AST_CODE: | | Cycle 1 | Expect Decision Code to be loaded (per | |

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| | | CALCODE | SHPS/NHS decision code | 3 | RECONU TCM_DTR_CODE: 82 TID_ACTION: ID TID_IRR_CODE: 82 | | | mapping table) to TCM_AST_CODE, TCM_DTR_CODE, TID_ACTION, TID_IRR_CODE when Inpatient | |
| 65 | | I/O STATUS | Inpatient/Outpatient Status | I | TCM_AST_CODE: RECONU TCM_DTR_CODE: 82 TID_ACTION: ID TID_IRR_CODE: 82 | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE, TID_ACTION, TID_IRR_CODE when Inpatient | |
| | | CALCODE | SHPS/NHS decision code | 4 | | | | | |
| 66 | | I/O STATUS | Inpatient/Outpatient Status | I | TCM_AST_CODE: RECDEN TCM_DTR_CODE: MEDNEC TID_ACTION: IA TID_IRR_CODE: MEDNEC | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE, TID_ACTION, TID_IRR_CODE when Inpatient | |
| | | CALCODE | SHPS/NHS decision code | 5 | | | | | |
| 67 | | I/O STATUS | Inpatient/Outpatient Status | I | TCM_AST_CODE: | | Cycle 1 | Expect Decision Code to be loaded (per | |

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| | | CALCODE | SHPS/NHS decision code | 6 | RECDEN TCM_DTR_CODE: MEDNEC TID_ACTION: IA TID_IRR_CODE: MEDNEC | | | mapping table) to TCM_AST_CODE, TCM_DTR_CODE, TID_ACTION, TID_IRR_CODE when Inpatient | |
| 68 | | I/O STATUS | Inpatient/Outpatient Status | I | TCM_AST_CODE: DENIED TCM_DTR_CODE: TECH TID_ACTION: ID TID_IRR_CODE: OOTF | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE, TID_ACTION, TID_IRR_CODE when Inpatient | |
| | | CALCODE | SHPS/NHS decision code | T | | | | | |
| 69 | | I/O STATUS | Inpatient/Outpatient Status | I | TCM_AST_CODE: DENIED TCM_DTR_CODE: 82 TID_ACTION: ID TID_IRR_CODE: 82 | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE, TID_ACTION, TID_IRR_CODE when Inpatient | |
| | | CALCODE | SHPS/NHS decision code | R | | | | | |
| 70 | | I/O STATUS | Inpatient/Outpatient Status | O | TCM_AST_CODE: | | Cycle 1 | Expect Decision Code to be loaded (per | |

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| | | CALCODE | SHPS/NHS decision code | C | A1_CRT TCM_DTR_CODE: MEDNEC | | | mapping table) to TCM_AST_CODE, TCM_DTR_CODE when Outpatient | |
| 71 | | I/O STATUS | Inpatient/Outpatient Status | O | TCM_AST_CODE: DENIED TCM_DTR_CODE: 82 | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE when Outpatient | |
| | | CALCODE | SHPS/NHS decision code | X | | | | | |
| 72 | | I/O STATUS | Inpatient/Outpatient Status | O | TCM_AST_CODE: A4 TCM_DTR_CODE: LOI | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE when Outpatient | |
| | | CALCODE | SHPS/NHS decision code | L | | | | | |
| 73 | | I/O STATUS | Inpatient/Outpatient Status | O | TCM_AST_CODE: DENIED TCM_DTR_CODE: LOI | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE when Outpatient | |
| | | CALCODE | SHPS/NHS decision code | M | | | | | |
| 74 | | I/O STATUS | Inpatient/Outpatient Status | O | TCM_AST_CODE: DENIED TCM_DTR_CODE: NCBEN | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE when Outpatient | |
| | | CALCODE | SHPS/NHS decision code | B | | | | | |

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| 75 | | I/O STATUS | Inpatient/Outpatient Status | O | TCM_AST_CODE: DENIED TCM_DTR_CODE: 82 | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE when Outpatient | |
| | | CALCODE | SHPS/NHS decision code | Y | | | | | |
| 76 | | I/O STATUS | Inpatient/Outpatient Status | O | TCM_AST_CODE: UNREV TCM_DTR_CODE: LOI | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE when Outpatient | |
| | | CALCODE | SHPS/NHS decision code | U | | | | | |
| 77 | | I/O STATUS | Inpatient/Outpatient Status | O | TCM_AST_CODE: CXL TCM_DTR_CODE: REQWD | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE when Outpatient | |
| | | CALCODE | SHPS/NHS decision code | N | | | | | |
| 78 | | I/O STATUS | Inpatient/Outpatient Status | O | TCM_AST_CODE: A1_CRT TCM_DTR_CODE: MEDNEC | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE when Outpatient | |
| | | CALCODE | SHPS/NHS decision code | A | | | | | |
| 79 | | I/O STATUS | Inpatient/Outpatient Status | O | TCM_AST_CODE: A4 | | Cycle 1 | Expect Decision Code to be loaded (per | |

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| | | CALCODE | SHPS/NHS decision code | 1 | TCM_DTR_CODE: MDREV | | | mapping table) to TCM_AST_CODE, TCM_DTR_CODE when Outpatient | |
| 80 | | I/O STATUS | Inpatient/Outpatient Status | O | TCM_AST_CODE: A4 TCM_DTR_CODE: MDREV | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE when Outpatient | |
| | | CALCODE | SHPS/NHS decision code | 2 | | | | | |
| 81 | | I/O STATUS | Inpatient/Outpatient Status | O | TCM_AST_CODE: RECONU TCM_DTR_CODE: 82 | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE when Outpatient | |
| | | CALCODE | SHPS/NHS decision code | 3 | | | | | |
| 82 | | I/O STATUS | Inpatient/Outpatient Status | O | TCM_AST_CODE: RECONU TCM_DTR_CODE: 82 | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE when Outpatient | |
| | | CALCODE | SHPS/NHS decision code | 4 | | | | | |
| 83 | | I/O STATUS | Inpatient/Outpatient Status | O | TCM_AST_CODE: RECDEN TCM_DTR_CODE: MEDNEC | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE when Outpatient | |
| | | CALCODE | SHPS/NHS decision code | 5 | | | | | |

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| 84 | | I/O STATUS | Inpatient/Outpatient Status | O | TCM_AST_CODE: RECDEN TCM_DTR_CODE: MEDNEC | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE when Outpatient | |
| | | CALCODE | SHPS/NHS decision code | 6 | | | | | |
| 85 | | I/O STATUS | Inpatient/Outpatient Status | O | TCM_AST_CODE: DENIED TCM_DTR_CODE: TECH | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE when Outpatient | |
| | | CALCODE | SHPS/NHS decision code | T | | | | | |
| 86 | | I/O STATUS | Inpatient/Outpatient Status | O | TCM_AST_CODE: DENIED TCM_DTR_CODE: 82 | | Cycle 1 | Expect Decision Code to be loaded (per mapping table) to TCM_AST_CODE, TCM_DTR_CODE when Outpatient | |
| | | CALCODE | SHPS/NHS decision code | R | | | | | |
| 87 | | I/O STATUS | Inpatient/Outpatient Status | I | | | Cycle 1 | Expect First Date of Service to be loaded to TID_DATE_BEGIN when Inpatient | |
| | | BEGINDATE | First Date of stay or service | | | | | | |
| 88 | | I/O STATUS | Inpatient/Outpatient Status | O | | | Cycle 1 | Expect First Date of Service to be loaded to TCM_DATE_BEGIN when Outpatient | |
| | | BEGINDATE | First Date of stay or service | | | | | | |

| Test Case | ID | Name | Condition | Input Values | Expected Value | Actual Value | Cycle | Expected Results | Actual Results |
|---|---|---|---|---|---|---|---|---|---|
| 89 | | I/O STATUS | Inpatient/Outpatient Status | I | | | Cycle 1 | Expect Last Date of Service to be loaded to TID_DATE_END when Inpatient | |
| | | ENDDATE | Last Date of days or service | | | | | | |
| 90 | | I/O STATUS | Inpatient/Outpatient Status | O | | | Cycle 1 | Expect First Date of Service to be loaded to TCM_DATE_END when Outpatient | |
| | | ENDDATE | Last Date of days or service | | | | | | |
| 91 | | ADMITDATE | Date of Admission | | | | Cycle 1 | Expect Date of Admission to be loaded to TAU_DATE_ADMITTED | |

# maxMC Member Interface File Layouts (Inbound from MMIS to maxMC)

## Filename: member.dat

| Seq# | Field Name | Usage Notes |
|---|---|---|
| 1 | Member Number/ID | Key field for the Member Demographic table. Must be unique for each and every member. |
| 2 | Last Name | Last Name of Member |
| 3 | First Name | First Name of Member |
| 4 | Middle Name | Middle Name of Member. Or, you can just send a middle initial. |
| 5 | Gender | M=Male, F=Female, U=Unknown, O=Other |
| 6 | Member Role | Relationship of this member to the subscriber. SELF, WIFE, SON, etc. |
| 7 | Date of Birth | Member's Birth Date |
| 8 | First Effective Date | This is the overall, high-level effective date for the member. BC/BS organizations often send something they call "Original Effective Date", which is the first date the member ever had coverage with them. This is just an informational field that could be used for reporting. It is not used for any processing or validation in maxMC. If not sent, it will be defaulted to low values. |
| 9 | Policy Holder Member ID | For dependents, this field is the subscriber's Member ID that was sent in field 1 for the subscriber. This is used to link the dependent to the subscriber and to display this information to the users. For subscribers, send their Member ID from field 1. |
| 10 | Address Line 1 | Mailing Address Line 1. This is usually the home address. |
| 11 | Address Line 2 | Mailing Address Line 2. This is usually the home address. |
| 12 | City | Mailing address city. This is usually the home address. |
| 13 | State/Province | Mailing address state. This is usually the home address. |
| 14 | Postal Code | Mailing address postal code. First 5 digits or all 9 digits, with or without hyphen. This is usually the home address. This field is large enough to accommodate foreign addresses. |
| 15 | Postal Code Extension | Mailing address 4-digit postal code extension. Place here if you can parse this out from the postal code field above. This is usually the home address. |

| Seq# | Field Name | Usage Notes |
|---|---|---|
| 16 | County | Mailing address county code. This is usually the home address. |
| 17 | Country | Mailing address country code. This is usually the home address. These muse be HIPAA values. The interface can set up a cross-walk table from site-specific codes to the HIPAA codes. |
| 18 | Home Phone | Member's Home Phone |
| 19 | Work Phone | Member's Work Phone |
| 20 | Primary Language Code | Primary language that the member speaks. This is a coded field. You must use HIPAA values or we can translate your site-specific values to the HIPAA values. |
| 21 | Social Security Number | Social Security Number |
| 22 | Restriction Type | This is used to provide security as to who can view this member record. Settings are V=VIP, R=Restricted, and E=Employee. Then only certain users are set up to be able to see the various restriction types. |
| 23 | Deceased Y/N | Deceased flag for the member if the member has deceased. |
| 24 | Date of Death | Date of Death if the member has deceased. |
| 25 | UM History Outside maxMC Y/N | This is a flag to indicate that there is authorization and/or case management information for this member in another system. This is used at go-live to indicate that the previous UM system has data for this member. This flag indicates to the user to check history for this member in that other system. |
| 26 | Previous Member Number/ID | This field is used by the interface to change a member's Member ID. For example, when a member is assigned a permanent MAID after having a temporary MAID, the temporary MAID would be passed in this field and the permanent MAID would be passed in field 1. This allows the interface to find the member record in maxMC by using the temporary ID. The member ID in maxMC will be updated with the permanent ID but both, the temporary ID and permanent ID will be stored within maxMC. |
| 27 | Other Identifier Type | A code indicating the type of ID in this record, such as MEDCAR, MCAID, FAMILY, etc. |
| 28 | Other Identifier Effective Date | The effective date of this identifier for the member. |
| 29 | Other Identifier Termination Date | The termination date of this identifier for the member. |
| 30 | Other Identifier ID | The identifier itself. |

| Seq# | Field Name | Usage Notes |
|---|---|---|
| 31 | Plan ID | The Plan ID. This designates the benefits covered by this eligibility. For example, Plan ID "1000" might represent a standard plan that is sold to small groups. Plan numbers 5000-9999 might represent plans that were customized for larger employers/groups. The Plan ID indicates exactly what healthcare benefits are covered for members that have that Plan ID. |
| 32 | Plan Effective Date | The effective date of this eligibility. |
| 33 | Plan Termination Date | The termination date of this eligibility. |
| 34 | Plan Group ID | The group under which this coverage is eligible. Group IDs and descriptions are usually interfaced in a separate file. |
| 35 | Plan Network ID | The network under which this coverage is eligible. When entering an authorization, the network code is compared to provider networks in order to inform the user as to whether providers are "in network" or not. |
| 36 | Plan Tier Type | FAMILY, SINGLE, etc. |
| 37 | Plan Pre-Existing Waive Type Check | A pre-existing waiver code, if pre-existing conditions were waived. |
| 38 | Plan Service Area | What service area or region is covered by this eligibility? |
| 39 | Plan Disenrollment Reason | If this coverage is no longer active, this is the reason for termination. |
| 40 | Plan Client ID | *These fields are interfaced if the Client Subsystem will be implemented*. |
| 41 | Plan Client Division | *These fields are interfaced if the Client Subsystem will be implemented*. |

# maxMC Provider Interface File Layouts (Inbound from MMIS to maxMC)

## Filename: provider.dat

| Seq# | Field Name | Posi-tion | Length | Type | Required? | EDS Notes | Notes | maxMC Schema Field Name |
|---|---|---|---|---|---|---|---|---|
| 1 | (K) Provider ID | 1 | 30 | A | Y | T_PR_IDENTIFIER 'MCD' | 8-digit Medicaid ID for existing providers. New providers after that will have a 10-digit Medicaid ID. | PVD_ID |
| 2 | Provider System Type | 31 | 3 | S | Y | PHY if name type = 'P and provider type = 60 or 64; HPR if name type = P and not 60 or 64; HPR if name type = B and Not a group (t_pr_grp_mbr); PRG if name type = B and has rows on T_PR_GRP_MBR) | PHY=Physician (person type)<br>HPR=Health Professional (person type)<br>HCF=Healthcare Facility<br>PRG=Practice/Medical Group<br>SPR=Service Provider | PVD_PVT_SYSTEM_MEANING |
| 3 | Provider User Type | 34 | 6 | C | Y | T_PR_TYPE.CDE_PROV_TYPE | Interchange Provider Type. Send to Heidi. | PVD_PVT_CODE |
| 4 | Name | 40 | 50 | A | Y, if provider type is not a person (not PHY or HPR) | T_PR_NAME. If Name type is B | Only applicable if Provider System Type is not PHY or HPR<br>Yes | PVD_NAME |
| 5 | Last Name | 90 | 25 | A | Y, if provider type is a person (PHY or HPR) | If Name type is P | Only applicable if Provider System Type is not PHY or HPR<br>Yes. | PVD_LAST_NAME |
| 6 | First Name | 115 | 20 | A | Y, if provider type is a person (PHY or HPR) | If Name type is P | Only applicable if Provider System Type is not PHY or HPR<br>Yes | PVD_FIRST_NAME |
| 7 | Middle Name | 135 | 20 | A | N | If Name type is P | Only applicable if Provider System Type is not PHY or HPR<br>Yes | PVD_MIDDLE_NAME |
| 8 | Provider Degree | 155 | 25 | A | N | Title, if name type is P. | Yes | PVD_DEGREE |
| 9 | First Effective Date | 180 | 8 | D | N | Blank | Notes | PVD_DATE_BEGIN |

| Seq# | Field Name | Posi-tion | Length | Type | Required? | EDS Notes | Notes | maxMC Schema Field Name |
|---|---|---|---|---|---|---|---|---|
| 10 | Provider Gender | 188 | 1 | S | N | T_PR_SVC_LOC.CDE_GENDER | M=Male, F=Female, O=Other, U=Unknown Yes | PVD_GENDER |
| 11 | Date of Birth | 189 | 8 | D | N | t_pr_svc_loc | Yes | PVD_DATE_OF_BIRTH |
| 12 | Tax ID | 197 | 15 | A | N | t_pr_tax_id | Yes | PVD_TAX_ID |
| 13 | Social Security Number | 212 | 11 | A | N | Blank | No | PVD_SSN |
| 14 | Default or Primary Phone Number | 223 | 20 | A | N | Format this as 999-999-9999 [12345] | Yes, with extension | PVD_PHONE_VOICE |
| 15 | Default or Primary FAX Number | 243 | 20 | A | N | Format as 999-999-9999. | Yes | PVD_PHONE_FAX |
| 16 | Email Address | 263 | 50 | A | N | T_PR_ADR (address type S) | Yes | PVD_EMAIL_ADDRESS |
| 17 | Previous Provider ID | 313 | 30 | C | N | T_PR_IDENTIFIER (A previous MCD row) | Yes | Used to Change a Provider Number (PVD_ID) |
| 18 | (K) Primary Language ID | 343 | 6 | S | N | Can be blank. | Yes. HIPAA codes. | PDL_LAN_CODE |
| 19 | (K) Other Identifier Type | 349 | 6 | C | Y, if other ID data is sent | Will cause a new record for each type. Tables are T_PR_DEA. UPIN is on T_PR_PROV. MCARE is T_PR_MCARE_BILL. NPI is on T_PR_IDENTIFIER (code = NPI). License is on T_PR_LICENSE linked To T_PR_HB_LIC. Subsequent records can have all the info below blank. | DEA, UPIN, MCARE, NPI, State License | PID_PIT_CODE |
| 20 | (K) Other Identifier Effective Date | 355 | 8 | D | Y, if other ID data is sent | | Yes | PID_DATE_BEGIN |
| 21 | Other Identifier Termination Date | 363 | 8 | D | N | | Yes | PID_DATE_END |
| 22 | Other Identifier ID | 371 | 30 | A | Y, if other ID data is sent | | The ID itself | PID_ID |
| 23 | Other Identifier Modifier | 401 | 6 | C | N | | State Code if a State License | PID_PVM_CODE |
| 24 | (K) Provider ID | 407 | 30 | C | Y | Always need one SELF record. | For SELF affiliations, | Used to get the AFC_UID and |

| Seq# | Field Name | Posi-tion | Length | Type | Required? | EDS Notes | Notes | maxMC Schema Field Name |
|---|---|---|---|---|---|---|---|---|
| | Affiliated With | | | | | | copy this from Field 1 above | AFC_PVD_UID_TO |
| 25 | (K) Affiliation Type | 437 | 6 | C | Y | If provider is in a group, send multiple records. Only need Demographic and Affil data on subsequent records. | For SELF affiliations, hard-code to SELF. For Physician to Medical Groups affiliations, set to PHYPRG | Used to get the AFC_UID. AFC_AFT_CODE |
| 26 | (K) Payer | 443 | 15 | C | Y, if part of the contract key | | No | Used to get the AFC_UID and AFC_ORG_UID_PAYER |
| 27 | (K) Contract Type | 458 | 6 | C | Y, if part of the contract key | | No | Used to get the AFC_UID. AFC_CRY_CODE |
| 28 | (K) Line of Business | 464 | 6 | C | Y, if part of the contract key | | No | Used to get the AFC_UID. AFC_LOB_CODE. |
| 29 | (K) Product | 470 | 6 | C | Y, if part of the contract key | | No | Used to get the AFC_UID. AFC_HPP_CODE |
| 30 | (K) Network | 476 | 6 | C | Y, if part of the contract key | | No | Used to get the AFC_UID. AFC_PVN_CODE |
| 31 | (K) Affiliation Effective Date | 482 | 8 | D | Y | dates from t_pr_grp_mbr for groups and t_pr_php_elig for SELF. | Yes | Used to get the AFC_UID. AFC_DATE_BEGIN |
| 32 | Affiliation Termination Date | 490 | 8 | D | N | | Yes | AFC_DATE_END |
| 33 | Reason for Affiliation Termination | 498 | 6 | C | N | From T_PR_PHP_ELIG for self only. | Yes. Need to send Heidi the Codes and Descriptions. | AFC_TRE_CODE |
| 34 | Contracted Affiliation Y/N | 504 | 1 | Y/N | N | | No | AFC_CONTRACT_YN |
| 35 | Contract ID | 505 | 20 | A | N | | No | AFC_CONTRACT_ID |
| 36 | Service Area or Region | 525 | 6 | C | N | | No | AFC_SAR_CODE |
| 37 | PCP Y/N | 531 | 1 | Y/N | N | | No | AFC_PCP_YN |
| 38 | OBGYN PCP Y/N | 532 | 1 | Y/N | N | | No | AFC_OBGYN_YN |
| 39 | Specialist Y/N | 533 | 1 | Y/N | N | | No | AFC_SPECIALIST_YN |
| 40 | Participation Level | 534 | 6 | C | N | | No | AFC_PLV_CODE |
| 41 | (K) Specialty Code | 540 | 10 | C | N | Primary specialty code from t_pr_type. | Yes. Need to send Heidi the Codes and | ASP_SPC_CODE |

| Seq# | Field Name | Position | Length | Type | Required? | EDS Notes | Notes | maxMC Schema Field Name |
|---|---|---|---|---|---|---|---|---|
| | (can send greater than 1) | | | | | | Descriptions. | |
| 42 | (K) Provider Classification (can send greater than 1) | 550 | 6 | C | N | | No. | ACL_PCI_CODE |
| 43 | (K) Address ID (can send greater than 1) | 556 | 30 | A | Y | Provider Medicaid Id. | Copy from Field 1. | ADR_ID and AFA_ADR_ID_SERVICE |
| 44 | Address Display ID | 586 | 30 | A | Y | | Address Line 1 | ADR_DISPLAY_ID and AFA_ADR_ID_SERVICE_DISPLAY |
| 45 | Address Effective Date | 616 | 8 | D | Y | date from t_PR_PHP_ELIG; match SELF record above. | Yes | AFA_DATE_BEGIN |
| 46 | Address Termination Date | 624 | 8 | D | Y, if terminating the address | | Yes | AFA_DATE_END |
| 47 | Addressee | 632 | 50 | A | N | | No | ADR_ADDRESSEE |
| 48 | Address Line 1 | 682 | 55 | A | Y | Service Location Address only | Yes | ADR_ADDRESS_LINE_1 |
| 49 | Address Line 2 | 737 | 55 | A | N | | Yes | ADR_ADDRESS_LINE_2 |
| 50 | Address Line 3 | 792 | 55 | A | N | | No | ADR_ADDRESS_LINE_3 |
| 51 | Address Line 4 | 847 | 55 | A | N | | No | ADR_ADDRESS_LINE_4 |
| 52 | City | 902 | 30 | A | Y | | Yes | ADR_CITY |
| 53 | State | 932 | 6 | C/S | Y | | Yes | ADR_STA_CODE |
| 54 | Postal Code | 938 | 15 | S | N | | Yes | ADR_POC_CODE |
| 55 | Postal Code Extension | 953 | 4 | A | N | | Yes | ADR_POSTAL_EXTENSION |
| 56 | County | 957 | 6 | C | N | | Yes. Same as legacy system. | ADR_CNY_CODE |
| 57 | Country | 963 | 3 | S | N | | No | ADR_CNT_CODE |
| 58 | Primary Phone Number | 966 | 20 | A | N | | No | ADR_PHONE_VOICE |
| 59 | Primary FAX Number | 986 | 20 | A | N | | No | ADR_PHONE_FAX |

# maxMC Member Data Tables

The purpose of this section is to provide a detailed comprehensive data element dictionary, including, at a minimum: Data element names, numbers and definitions, valid values with definitions, sources for all identified data elements and lists from the data element dictionary (DED) in multiple sort formats.

| Seq# | Field Name | Usage Notes |
|---|---|---|
| 1 | Member Number/ID | Key field for the Member Demographic table. Must be unique for each and every member. |
| 2 | Last Name | Last Name of Member |
| 3 | First Name | First Name of Member |
| 4 | Middle Name | Middle Name of Member. Or, you can just send a middle initial. |
| 5 | Gender | M=Male, F=Female, U=Unknown, O=Other |
| 6 | Member Role | Relationship of this member to the subscriber. SELF, WIFE, SON, etc. |
| 7 | Date of Birth | Member's Birth Date |
| 8 | First Effective Date | This is the overall, high-level effective date for the member. BC/BS organizations often send something they call "Original Effective Date", which is the first date the member ever had coverage with them. This is just an informational field that could be used for reporting. It is not used for any processing or validation in maxMC. If not sent, it will be defaulted to low values. |
| 9 | Policy Holder Member ID | For dependents, this field is the subscriber's Member ID that was sent in field 1 for the subscriber. This is used to link the dependent to the subscriber and to display this information to the users. For subscribers, send their Member ID from field 1. |
| 10 | Address Line 1 | Mailing Address Line 1. This is usually the home address. |
| 11 | Address Line 2 | Mailing Address Line 2. This is usually the home address. |
| 12 | City | Mailing address city. This is usually the home address. |

| Seq# | Field Name | Usage Notes |
|---|---|---|
| 13 | State/Province | Mailing address state. This is usually the home address. |
| 14 | Postal Code | Mailing address postal code. First five digits or all nine digits, with or without hyphen. This is usually the home address. This field is large enough to accommodate foreign addresses. |
| 15 | Postal Code Extension | Mailing address four-digit postal code extension. Place here if you can parse this out from the postal code field above. This is usually the home address. |
| 16 | County | Mailing address county code. This is usually the home address. |
| 17 | Country | Mailing address country code. This is usually the home address. These muse be HIPAA values. The interface can set up a cross-walk table from site-specific codes to the HIPAA codes. |
| 18 | Home Phone | Member's Home Phone |
| 19 | Work Phone | Member's Work Phone |
| 20 | Primary Language Code | Primary language that the member speaks. This is a coded field. You must use HIPAA values or we can translate your site-specific values to the HIPAA values. |
| 21 | Social Security Number | Social Security Number |
| 22 | Restriction Type | This is used to provide security as to who can view this member record. Settings are V=VIP, R=Restricted, and E=Employee. Then only certain users are set up to be able to see the various restriction types. |
| 23 | Deceased Y/N | Deceased flag for the member if the member has deceased. |
| 24 | Date of Death | Date of Death if the member has deceased. |
| 25 | UM History Outside maxMC Y/N | This is a flag to indicate that there is authorization and/or case management information for this member in another system. This is used at go-live to indicate that the previous UM system has data for this member. This flag indicates to the user to check history for this member in that other system. |

| Seq# | Field Name | Usage Notes |
|---|---|---|
| 26 | Previous Member Number/ID | This field is used by the interface to change a member's Member ID. For example, when a member is assigned a permanent MAID after having a temporary MAID, the temporary MAID would be passed in this field and the permanent MAID would be passed in field 1. This allows the interface to find the member record in maxMC by using the temporary ID. The member ID in maxMC will be updated with the permanent ID but both, the temporary ID and permanent ID will be stored within maxMC. |
| 27 | Other Identifier Type | A code indicating the type of ID in this record, such as MEDCAR, MCAID, FAMILY, etc. |
| 28 | Other Identifier Effective Date | The effective date of this identifier for the member. |
| 29 | Other Identifier Termination Date | The termination date of this identifier for the member. |
| 30 | Other Identifier ID | The identifier itself. |
| 31 | Plan ID | The Plan ID. This designates the benefits covered by this eligibility. For example, Plan ID "1000" might represent a standard plan that is sold to small groups. Plan numbers 5000-9999 might represent plans that were customized for larger employers/groups. The Plan ID indicates exactly what healthcare benefits are covered for members that have that Plan ID. |
| 32 | Plan Effective Date | The effective date of this eligibility. |
| 33 | Plan Termination Date | The termination date of this eligibility. |
| 34 | Plan Group ID | The group under which this coverage is eligible. Group IDs and descriptions are usually interfaced in a separate file. |
| 35 | Plan Network ID | The network under which this coverage is eligible. When entering an authorization, the network code is compared to provider networks in order to inform the user as to whether providers are "in network" or not. |
| 36 | Plan Tier Type | FAMILY, SINGLE, etc. |

| Seq# | Field Name | Usage Notes |
|---|---|---|
| 37 | Plan Pre-Existing Waive Type Check | A pre-existing waiver code, if pre-existing conditions were waived. |
| 38 | Plan Service Area | What service area or region is covered by this eligibility? |
| 39 | Plan Disenrollment Reason | If this coverage is no longer active, this is the reason for termination. |
| 40 | Plan Client ID | *These fields are interfaced if the Client Subsystem will be implemented*. |
| 41 | Plan Client Division | *These fields are interfaced if the Client Subsystem will be implemented*. |

# maxMC Provider Data Table

| Seq# | Field Name | Usage Notes |
|---|---|---|
| 1 | (K) Provider ID | This is the Provider ID. It must be unique for each and every provider. |
| 2 | Provider System Type | This is a field indicating the basic type of provider this record represents. Refer to the system list of allowed values. It is very important to distinguish between providers that are people and providers that are entities. For example, you cannot send a physician as a service provider, because the user would not be able to select that physician in the Physician field of an authorization. |
| 3 | Provider User Type | This is a field that organizations can use to further define the provider's t type. For example, the previous field may contain SPR (for Service Provider). This field could indicate what type of service provider it is, such as LAB, PHARM, DME, HHC, etc. If you don't further define your provider types, duplicate field 2 into this field. There is no processing on this field. It is just useful for reporting. |
| 4 | Name | If the provider is an entity, not a person, the full provider name goes here. In this situation, only this field is used. The next six fields are not used. They will contain spaces. |
| 5 | Last Name | If the provider is a person, not an entity, the person's last name goes here. In this situation, field four above will be spaces. |
| 6 | First Name | If the provider is a person, not an entity, the person's first name goes here. In this situation, field four above will be spaces. |
| 7 | Middle Name | If the provider is a person, not an entity, the person's middle name goes here. In this situation, field four above will be spaces. If you just have a middle initial, you can send this here. |
| 8 | Provider Degree | If the provider is a person, not an entity, the person's degree goes here. In this situation, field four above will be spaces. Some examples of degrees are MD, DDS, etc. |

| Seq# | Field Name | Usage Notes |
|---|---|---|
| 9 | First Effective Date | This is the first date that the provider was entered into the source system or the first date the provider was affiliated/contracted with this organization. If not sent, it will be defaulted to low values. |
| 10 | Provider Gender | If the provider is a person, this is their gender. |
| 11 | Date of Birth | If the provider is a person, this is their birth date. |
| 12 | Tax ID | This is the provider's Federal Tax ID. Users can search on this field. |
| 13 | Social Security Number | This is the provider's Social Security Number. |
| 14 | Default or Primary Phone Number | If the provider has multiple service addresses and/or phone numbers, this can be used as the provider's default or primary phone number. |
| 15 | Default or Primary FAX Number | If the provider has multiple service addresses and/or phone numbers, this can be used as the provider's default or primary FAX number. |
| 16 | Email Address | The default email address of the provider. If the provider has multiple service addresses and or email addresses, this can be used as the provider's default email address. |
| 17 | Previous Provider ID | This field is used by the interface to change a provider's Provider ID. If a Provider ID is changed in the source system, send the old Provider ID here and the new Provider ID in field 1 of this record layout. The interface will swap the IDs in maxMC. In addition, as an option, the old Provider ID can be saved as an alternate identifier for the provider. This allows the provider to still be looked-up by the old number. |
| 18 | (K) Language ID | This is the language code that the provider speaks. These must be HIPAA codes. Please refer to the HIPAA values for allowable language codes. A cross-walk table can be set up to translate site-specific language codes to HIPAA language codes. |
| 19 | (K) Other Identifier Type | A code indicating the type of ID in this record, such as UPIN, DEA, BC/BS, etc. |
| 20 | (K) Other Identifier Effective Date | The effective date of this identifier for the provider. If not sent, this field will default to low values. |

| Seq# | Field Name | Usage Notes |
|---|---|---|
| 21 | Other Identifier Termination Date | The termination date of this identifier for the provider. If not sent, this field will default to high values. |
| 22 | Other Identifier ID | The identifier itself. |
| 23 | Other Identifier Modifier | A modifier for the identifier, such as a state code if the number is a state license number. |
| 24 | (K) Provider ID Affiliated With | This is the same Provider ID as the demographic record. This is used to link to the provider record. This is the provider that is affiliated with the Provider ID in field 1. If this is a Self affiliation, this field will be the same as what is sent in field 1. If this is a Physician to Practice Group affiliation, then this is the Practice Group's Provider ID. |
| 25 | (K) Affiliation Type | This is the affiliation type. The application supports SELF and PHYPRG. Other affiliations can be sent, such as Physician to Healthcare Facility (PHYHCF), and these affiliations are viewable to the user as informational. |
| 26 | (K) Payer | If there are multiple payers involved with your affiliations, this is the Payer ID of the payer for this provider affiliation. Multiple payers are normally only involved when your organization is a third-party administrator for external healthcare payers. |
| 27 | (K) Contract Type | If you categorize your affiliations in some manner, you can assign a Contract Type to them. |
| 28 | (K) Line of Business | If this affiliation is for a particular Line of Business, and if you have only one Line of Business per affiliation, place the Line of Business code here. If your affiliations can have more than one Line of Business, use the child table to send them. Examples of a Line of Business would be Traditional, HMO, Medicare, and Medicaid. |
| 29 | (K) Product | If this affiliation is for a particular Product, place the Product here. Examples of products are HMO, PPO, POS, etc. |

| Seq# | Field Name | Usage Notes |
|---|---|---|
| 30 | (K) Network | If this affiliation is for a Network, and if you have only one Network per affiliation, place the Network code here. If your affiliations can have more than one Network, use the child table to send them. Examples of a Network would be PPO, PPO Silver, PPO Gold, POS, HMO, HMO Gold, HMO Silver, HMO Senior, etc. Network is used here if your member's eligibility records are associated with a network. If sent, this data is used by maxMC in the member to provider matching logic. |
| 31 | (K) Affiliation Effective Date | This is the effective date of this affiliation. |
| 32 | Affiliation Termination Date | This is the termination date of the affiliation if this affiliation is no longer active. |
| 33 | Reason for Affiliation Termination | If this affiliation is no longer active, this is the reason. |
| 34 | Contracted Affiliation Y/N | This is often used to indicate whether this contract is PAR or NON-PAR. In other words, this indicates if this affiliation is an in-network or out-of-network affiliation. Out-of-network providers are often interfaced to maxMC so that they can be selected on an authorization when a member goes to an out-of-network provider. |
| 35 | Contract ID | An identifier for this contract. This is sometimes used as the Tax ID for this provider affiliation. |
| 36 | Service Area or Region | If this affiliation is for a particular geographic area, this lets you indicate what this area is. Service Area can also be associated with member eligibility records. |
| 37 | PCP Y/N | If this is a PCP affiliation with a physician, practice group, or physician/practice group, then you can indicate this here. |
| 38 | OBGYN PCP Y/N | If this is an obstetrics/gynecology PCP affiliation with a physician, practice group, or physician/practice group, then you can indicate this here. This can be used in situations where payers allow their female members to pick two PCPs, a regular PCP, and an OBGYN PCP. |

| Seq# | Field Name | Usage Notes |
|---|---|---|
| 39 | Specialist Y/N | If this affiliation is with a physician who is contracted as a specialist in this affiliation, then you can indicate this here. In this situation, you should consider sending the Affiliation Specialty child table. In this table, you can indicate what specialty they are contracted for in this affiliation. Contracted specialties can be searched for by users. |
| 40 | Participation Level | This is a way to categorize the provider in this affiliation, such as GOLD, SILVER, etc. This can be used to help users steer members/authorizations to particular providers over other providers. |
| 41 | (K) Specialty Code | This is the specialty code associated with this affiliation. This means that this affiliation specifically represents a contracted arrangement for this specialty. |
| 42 | (K) Provider Classification | This is the classification associated with this affiliation. |
| 43 | (K) Address ID | This is a unique ID for this address. Each and every address must have a unique ID. This address is often derived by concatenating the Provider ID with a sequence number that represents the address. |
| 44 | Address Display ID | This is a 30-character field that displays on the main authorization window without the user having to use an additional mouse-click to see the whole address. It is an easily viewed field located right next to the provider name that allows the user to easily validate the address while on the phone with the provider. This is usually set to address line 1, or part of address line 1 concatenated with part of the city name. The decision is up to the business users. Remember that the full address is still viewable by the users, requiring just one additional mouse click. |
| 45 | (K) Address Effective Date | This is the effective date of this address for this affiliation. If there is not a separate and distinct address effective date, then make this equal to the Affiliation Effective Date. |
| 46 | Address Termination Date | This is the termination date if this address for this affiliation. This is used if the provider for this affiliation changes practice addresses. If the entire affiliation terminates, you do not have to terminate this record. You only have to terminate the affiliation record. |

| Seq# | Field Name | Usage Notes |
|---|---|---|
| 47 | Addressee | Used only if you have a distinct default addressee for this address. Letters and/or envelopes can use this field. If not, they can use the provider's name or last/first name fields. |
| 48 | Address Line 1 | The address line 1 for this address. |
| 49 | Address Line 2 | The address line 2 for this address. |
| 50 | Address Line 3 | The address line 3 for this address. |
| 51 | Address Line 4 | The address line 4 for this address. |
| 52 | City | The city name for this address. |
| 53 | State | The state code for this address. |
| 54 | Postal Code | For this address, send the first five digits or all nine digits of the zip code, with or without a hyphen. Or, put the four-digit postal extension in the next field. This field is long enough to accommodate foreign addresses. |
| 55 | Postal Code Extension | This is the default four-digit postal extension for this address. You can send it here or in the previous field. |
| 56 | County | This is the county code for this address. |
| 57 | Country | This is the country code for this address. |
| 58 | Primary Phone Number | This is the primary phone number for this address. This represents the phone number for the actual service location and not necessarily a particular physician at this address. |
| 59 | Primary FAX Number | This is the primary FAX number for this address. This represents the FAX number for the actual service location and not necessarily a particular physician at this address. |

## Weekly Basic Child (Upload) Interface (Outbound from maxMC to DMHMR)

There is a weekly average of 162 Records going out every Friday night. Records are sent via the Internet to KY Mental IMPACT Plus Child Data Web site:

- https://www.rdmc.org/impactplusdatauploadsystem/login.as
- Filename: ipbcdextmmddyy.txt

| Field | Description | Data Type | Format | Starting Position | maxMC fields | SBI_ID | Notes |
|---|---|---|---|---|---|---|---|
| SSN | Social Security Number of the patient | Integer | Nine-digit number | comma del | MEM_SSN | | |
| MAID | Patient Kentucky Medicaid ID Number | Character | 10 digit number | comma del | MEM_ID | | |
| Last | Patient's Last Name | Character | Text | comma del | MEM_LAST_NAME | | |
| First | Patient's First Name | Character | Text | comma del | MEM_FIRST_NAME | | |
| DOB | Patient's Date of Birth | Date | MM/DD/CCYY | comma del | MEM_DATE_OF_BIRTH | | |
| Gender | Patient's sex either: (M - male/F - female) | Character | M or F | comma del | MEM_GENDER | | |
| Region | Child's Home Region | Integer | up to a three-digit number or alpha/Numeric | comma del | survey item | A25 | Note 3. |

| Field | Description | Data Type | Format | Starting Position | maxMC fields | SBI_ID | Notes |
|---|---|---|---|---|---|---|---|
| Home_County | Child's Home County | Integer | # digit number | comma del | survey item | A24 | Note 3. |
| Placement | Restrictive Placement. | Character | Two-digit number | comma del | survey item 1.O. | A15 | Note 3. |
| CurPlace | Current Placement | Integer | Two-digit number | comma del | survey item 1.P. | A16 | Note 3. |
| NoPlacements | Number of Placement last 30 days | Integer | up to two digits | comma del | survey item | A17 | Note 3. |
| ServCoord | Case Manager | Character | Text | comma del | survey item 1.R. | A18 | Note 3. |
| MgtAgcy | Case Management Agency | Character | Text | comma del | survey item 1.S. | A19 | Note 3. |
| DSSCustody | 1=DCBS, 2=DJJ, 9=NONE | Integer | One-digit number | comma del | survey item 1.T. | A20 | Note 3. |
| InitDate | Date child was certified to receive IMPACT Plus Services | Date | MM/DD/CCYY | comma del | survey item 5.B. | E2 | Note 3. |
| Parent_Phone | Phone Number | Character | (###)###-#### | comma del | survey item | A23 | Note 3. |
| Parent_Lname | Parent's Last Name | Character | | comma del | survey item | A21 | Note 3. |

| Field | Description | Data Type | Format | Starting Position | maxMC fields | SBI_ID | Notes |
|---|---|---|---|---|---|---|---|
| Parent_Fname | Parent's First Name | Character | | comma del | survey item | A22 | Note 3. |
| AxisI_Diagnosis | Diagnosis | Character | | comma del | survey item 2.A. | B1 | Note 3. |
| ExitReason | Exit Reason | Character | Text | comma del | survey item 5.I. | E9 | Note 3. |
| ExitDate | End Date | Character | MM/DD/CCYY | comma del | CME_DATE_END | | |
| Eligible | Is child eligible? Y = Yes, N = No | Logical | Y/N | comma del | survey item 5.A. | E1 | Note 3. |
| Moddate | Date the record was last modified | Date | MM/DD/CCYY | comma del | SRP_DATE_COMPLETED | | |
| CrisisStabOnly | Crisis Stab Only Y = Yes, N = No | Logical | Y/N | comma del | survey item 1.A | A1 | Note 3. |

- Each field to be encapsulated with a set of double quotes AND delimited by a comma;
- Trigger is date in either CME or SRP that has been created/last updated in the date range of the run;
    a. In CME - look for rows where CME_HMP_CODE = IMPL;
    b. In SRP - look for rows where SRP_SBR_UID = SBR_UID where SBR_ID = IMPACTPLUS.
- For Survey Items, looking for data where the SRP_DATE_COMPLETED is within the command line date range and the SRP_SBR_UID = SBR_UID where SBR_ID = 'IMPACTPLUS' and getting data from:
    c. SRI_VALUE_(SELECT, DATE, NUMBER, or LARGE_TEXT) where SRI_SBI_UID = SBI_UID of the survey item (SBI_ID) field noted
    d. SRI_STATUS = "A" AND SRI_SRP_UID = SRP_UID where SRP_MEM_UID for the MEM_ID

# Prior Authorization Interface

## KYMAA Prior Auth Header Record (for exchange of authorizations between interChange and maxMC)

| Field Name | Type | Length | Preci-sion | Required | Key Index | Notes | From Interchange to maxMC | From maxMC to Interchange |
|---|---|---|---|---|---|---|---|---|
| **Prior Auth Header - U_PRIOR_AUTH_HEADER** | | | | | | | | |
| Unique Record Number (Used to link to the child records) | Number | 10 | 0 | Yes | Key Field 2 | Gotten via an Oracle Sequence in the maxMC database. Both EDS and SHPS will populate when inserting a new record. | No Mapping | Populated from an Oracle sequence |
| Prior Authorization ID (PA Number) | Character | 25 | 0 | | | Prior Authorization ID | TCM_AUTHORIZATION_NUMBER_1 on all services created. This will be sent on Adds and Updates. It is always assigned by Interchange. | Populate with TCM_AUTHORIZATION_NUMBER_1. If Null, Interchange will pick up, assign a PA Number, and then update this field, setting the Process Status to "PA Number Assigned". |
| Interface Transaction ID | Number | 10 | 0 | | | Assigned by XAct when it processes a transaction. This is only needed by XAct. EDS never has to do anything with this. | EDS sends Null. After pick-up, this is populated with the XDR_UID, which is a unique number. | No Mapping |
| Transaction Destination | Character | 3 | 0 | Yes | | E = EDS, SHPS = MAX | No mapping. Set by Interchange and Xact when a transaction has been updated with a PA Number, a Case/Service Number, or when a pending eligible has been approved. | No Mapping |
| Date Last Processed | Date | 8 | 0 | | | Date of process status change. Formatted as CCYYMMDD. | No mapping. | No mapping |
| Time Last Processed | Number | 6 | 0 | | | Time of process status change. Formatted as HHMMSS | No mapping. | No mapping |

| Field Name | Type | Length | Precision | Required | Key Index | Notes | From Interchange to maxMC | From maxMC to Interchange |
|---|---|---|---|---|---|---|---|---|
| Process Status | Character | 1 | 0 | Yes | Key Field 1 | See footnote below[2] | No mapping. | No mapping |
| Transaction Type | Character | 1 | 0 | Yes | | A = Add (from both)<br>P = Provider Update (from Interchange only to end-date service(s))<br>S = Service/PXC Code Update (from Interchange only to change a service code (i.e. PXC)<br>R = Rate Update (From Interchange only to change a rate)<br>U = Update (from maxMC only) | No Mapping | No Mapping |

[2] When Transaction Destination = EDS or MAX
N = New Transaction
K = New Transaction from maxMC where the PEND_ELIG record was created for Pending Eligibles or Level of Cares
I = Transaction In Process
E = Error
W = Waiting on Pending Eligible Approval
D = Done (no more processing needed)
When Transaction Destination = MAX
P = PA Number Assigned by EDS
F = Manually filtered/ignored due to unresolveable issue
When Transaction Destination = EDS
C = Case and/or Service Number(s) Assigned by XAct
A = Pending Eligible Approved

| Field Name | Type | Length | Preci-sion | Required | Key Index | Notes | From Interchange to maxMC | From maxMC to Interchange |
|---|---|---|---|---|---|---|---|---|
| Case Number | Character | 25 | 0 | | | Number used to group PAs associated with a member's episode of care | Sent as Null on Adds. XAct will process the Add and then update this transaction with the TAU_REFERENCE_NUMBER, setting the Process Status to "Case Number and Service Number(s) Assigned".<br>After XAct updates maxMC, this will be populated with the TAU_REFERENCE_NUMBER.<br>On updates from Interchange, It will be used by XAct to find the auth. | Populate with TAU_REFERENCE_NUMBER. |
| Member's Medicaid ID | Character | 30 | 0 | Yes | | Member's Medicaid ID | Used to get the TAU_MEM_UID<br>(Match on both the MEM_ID and the MID_ID where MID_MIT_CODE = CURR) | MEM_ID via TAU_MEM_UID |
| Requesting Provider ID | Character | 30 | 0 | Yes | | Requesting Provider ID | Physician or Facility. Check both.<br>TAU_PVD_UID_PHYS_RQSTNG | PVD_ID via the TAU_PVD_UID_PHYS_RQSTNG<br>(Physician or Facility, depending on Case Type) |
| Service Provider ID | Character | 30 | 0 | Yes | | Service Provider ID | Physician or Facility.<br>TCM_PVD_UID_PHYS_REQD<br>or<br>TCM_PVD_UID_FAC_REQD<br>(then get the most recent AFC and AFA for this provider) | PVD_ID via the TCM_PVD_UID_REQD/AUTHD<br>(Physician or Facility, depending on Case Type. REQD or AUTHD, depending on Status) |
| Prior Authorization Type | Character | 2 | 0 | Yes | | e.g. Dental, Inpatient, DME | TAU_CTE_CODE,<br>TCM_SEV_CODE (all services),<br>TCM_POS_CODE (all services)<br>(Pam Smith to provide mapping to Case Type, Service Code, and Place of Service Code.) | If the field is not Null is the TAU-Level UDT, then sent it.<br>If the field is Null in the TAU-Level UDT, then derive the field from the translation table. |

| Field Name | Type | Length | Preci-sion | Required | Key Index | Notes | From Interchange to maxMC | From maxMC to Interchange |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | Header/TAU-Level UDT field | |
| Media | Character | 1 | 0 | Yes | | how PA was submitted | No Direct Mapping.<br>If 4, set the TAU_PRIMARY_CONTACT_NAME to 'From Interchange' | Hard-code to "3" |
| Date PA Received | Date | 8 | 0 | Yes | | Format CCYYMMDD | TAU_DATE_INITIATED | TAU_DATE_INITIATED |
| Time PA Received | Number | 6 | 0 | Yes | | Format as HHMMSS | TAU_TIME_INITIATED | TAU_TIME_INITIATED |
| Date PA Entered | Date | 8 | 0 | Yes | | Format CCYYMMDD | Header/Tau-Level UDT field | From TAU_DATE_CREATED if created manually, else send the Header/Tau-Level UDT field |
| Time PA Entered | Number | 6 | 0 | Yes | | Time PA entered into system. Format HHMMSS | Header/Tau-Level UDT field | From TAU_DATE_CREATED if created manually, else send the Header/Tau-Level UDT field |
| Date PA Assigned for Review | Date | 8 | 0 | | | Format CCYYMMDD | No Mapping | No Mapping |
| User ID – entry | Character | 8 | 0 | Yes | | Person who entered PA | No Mapping | Hard-Code to '99999999' |
| User ID- authorized | Character | 8 | 0 | | | ID adjudicating PA | No Mapping | Hard-Code to '99999999' |
| Emergency Indicator | Character | 1 | 0 | Yes | | “Y”es or “N”o | If Y, set the TAU_ECL_CODE to U | If the TAU_ECL_CODE = U, then Y, else N |
| Accident Indicator | Character | 1 | 0 | Yes | | “Y”es or “N”o | Header/TAU-Level UDT field | Header/TAU-Level UDT field. If Null, default to N. |
| Special Considerations Indicator | Character | 1 | 0 | Yes | | “Y”es or “N”o | Header/TAU-Level UDT field | Header/TAU-Level UDT field. If Null, default to N. |
| Admission Date | Date | 8 | 0 | | | Format CCYYMMDD | TAU_DATE_ADMITTED | TAU_DATE_ADMITTED |
| Discharge Date | Date | 8 | 0 | | | Format CCYYMMDD | TAU_DATE_DISCHARGED | TAU_DATE_DISCHARGED |

| Field Name | Type | Length | Preci-sion | Required | Key Index | Notes | From Interchange to maxMC | From maxMC to Interchange |
|---|---|---|---|---|---|---|---|---|
| Nursing facility indicator | Character | 1 | 0 | Yes if Type = NF | | Y = Nursing facility, V = Ventilator , B = BI Locked Unit, H = Brain Injury | May be used in conjunction with the Prior Authorization Type field to map to the TAU_CTE_CODE, TCM_SEV_CODE, and TCM_POS_CODE (Pam to provide). Header/TAU-Level field | If TCM_SEV_CODE (for 1st service) = NFBI, then send H<br>If TCM_SEV_CODE (for 1st service) = NFSNC, NFIMD, NFICF, NFSWG, then send Y<br>If TCM_SEV_CODE (for 1st service) = NFVENT, then send V<br>If TCM_SEV_CODE (for 1st service) = NFBIL, then send B<br>Else send Null |
| Orthodontic Status Code | Character | 1 | 0 | | | Orthodontic Status Code used for tracking progress reports from provider | Header/TAU-Level UDT field | Header/TAU-Level UDT field |
| Free Form Notes 1 | Character | 2,000 | 0 | No | | | MNO_NOTES_1 (get MNO_NOT_CODE from Pam) | No Mapping |
| Free Form Notes 2 | Character | 2,000 | 0 | No | | | MNO_NOTES_2 (get MNO_NOT_CODE from Pam) | No Mapping |
| Free Form Notes 3 | Character | 2,000 | 0 | No | | | MNO_NOTES_3 (get MNO_NOT_CODE from Pam) | No Mapping |
| Free Form Notes 4 | Character | 2,000 | 0 | No | | | MNO_NOTES_4 (get MNO_NOT_CODE from Pam) | No Mapping |
| Free Form Notes 5 | Character | 2,000 | 0 | No | | | MNO_NOTES_5 (get MNO_NOT_CODE from Pam) | No Mapping |
| Free Form Notes 6 | Character | 2,000 | 0 | No | | | MNO_NOTES_6 (get MNO_NOT_CODE from Pam) | No Mapping |
| Free Form Notes 7 | Character | 2,000 | 0 | No | | | MNO_NOTES_7 (get MNO_NOT_CODE from Pam) | No Mapping |
| Free Form Notes 8 | Character | 2,000 | 0 | No | | | MNO_NOTES_8 (get MNO_NOT_CODE from Pam) | No Mapping |

| Field Name | Type | Length | Preci-sion | Required | Key Index | Notes | From Interchange to maxMC | From maxMC to Interchange |
|---|---|---|---|---|---|---|---|---|
| Free Form Notes 9 | Character | 2,000 | 0 | No | | | MNO_NOTES_9 (get MNO_NOT_CODE from Pam) | No Mapping |
| Free Form Notes 10 | Character | 2,000 | 0 | No | | | MNO_NOTES_10 (get MNO_NOT_CODE from Pam) | No Mapping |

## maxMC Detail Record

| Field Name | Type | Length | Preci-sion | Required | Key Index | Notes | From Interchange to maxMC | From maxMC to Interchange |
|---|---|---|---|---|---|---|---|---|
| **Prior Auth Service - U_PRIOR_AUTH_SERVICES (at least 1 service is required for a PA)** | | | | | | | | |
| Unique Record Number (Used to Link to Header) | Number | 10 | 0 | Yes | Key | From the Header Record | No Mapping | From the Header Record |
| Interchange Line Number or maxMC Line Number (Note: Our Line Numbers will not be in-sync with those in Interchange.) | Number | 4 | 0 | Yes | Key | Sequential from 1 to N | Service/TCM-Level UDT | TCM_SEQUENCE |
| Service Number | Character | 25 | 0 | Yes | | | See footnote below[3] | TCM_REFERENCE_NUMBER for Tab 3: TCM_REFERENCE_NUMBER. |
| Service Code Type | Character | 2 | 0 | Yes | | Revenue = 1, Procedure = 2 | No mapping. Determines what type of procedure code | Get PXC_TYPE from the PXC code. Translate to 1 or 2. |
| Service Code From | Character | 11 | 0 | Yes | | | TCM_PXC_UID_LOW_AUTHD else REQD (actual code) | TCM_PXC_UID_LOW_AUTHD else REQD (actual code) |
| Service Code Thru | Character | 11 | 0 | | | | TCM_PXC_UID_HIGH_AUTHD else REQD (actual code) | TCM_PXC_UID_HIGH_AUTHD else REQD (if same as the LOW, send Null) (actual code) |
| Modifier for service 1 | Character | 2 | 0 | | | | Service/TCM-Level UDT | Service/TCM-Level UDT |
| Modifier for service 2 | Character | 2 | 0 | | | | Service/TCM-Level UDT | Service/TCM-Level UDT |
| Modifier for service 3 | Character | 2 | 0 | | | | Service/TCM-Level UDT | Service/TCM-Level UDT |
| Modifier for service 4 | Character | 2 | 0 | | | | Service/TCM-Level UDT | Service/TCM-Level UDT |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Tooth Number | Character | 2 | 0 | | | | Service/TCM-Level UDT | From a Service/TCM-Level UDT |
| Tooth Quadrant | Character | 2 | 0 | | | | Service/TCM-Level UDT | From a Service/TCM-Level UDT |
| Payment Method | Character | 1 | 0 | | | 1 = Pay system price (qty is required), 2 = Pay unit fee price (qty + amt is required), 4 = Pay cap amount (amt is required) | No Mapping | No Mapping |
| Requested start date for the service. | Date | 8 | 0 | Yes | | | TCM_DATE_BEGIN_REQD, also TID_DATE_BEGIN (IR, if the service is an inpatient TCM and the Interchange Line Number = 001) | If this is the first service and it is inpatient, then get the earliest TID_DATE_BEGIN from all the TID services, regardless of the TID_ACTION_CODE. Else, TCM_DATE_BEGIN_REQD |
| Requested end date for the service | Date | 8 | 0 | Yes | | | TCM_DATE_END_REQD, also TID_DATE_END (IR, if the service is an inpatient TCM and the Interchange Line Number = 001) | If this is the first service and it is inpatient, then get the latest TID_DATE_END from all the TID services, regardless of the TID_ACTION_CODE. Else, TCM_DATE_END_REQD |
| Requested units of service | Number | 16 | 9 | | | Required if payment method = 1 or 2 | TCM_TOTAL_QUANTITY_REQD Also, TCM_DAYS_REQD and TID_DAYS (IR, if this is an inpatient and if the Line Number = 001) | If this is the first service and it is inpatient, then TAU_DAYS_AUTHORIZED + TAU_DAYS_DENIED. Else, TCM_TOTAL_QUANTITY_REQD |
| Requested amount for the service | Number | 16 | 2 | | | Required if payment method = 2 or 4 | TCM_RATE_REQD | TCM_RATE_REQD. If zero, send zero, not Null. |
| Requested Frequency Code | Character | 2 | 0 | | | W = Weekly, M = Monthly | TCM_FREQUENCY_QUALIFIER_REQD | TCM_FREQUENCY_QUALIFIER_REQD However, if the Case Type = WAIVER, hard-code to M |
| Requested Frequency Units | Number | 11 | 5 | | | | TCM_FREQUENCY_REQD | TCM_FREQUENCY_REQD However, if the Case Type = WAIVER, set to the REQUESTED_UNITS_OF_SERVICE |
| Authorized start date for the | Date | 8 | 0 | | | | TCM_DATE_BEGIN_AUTHD, also | If this is the first service and it is inpatient, then get the |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| service | | | | | | | TID_DATE_BEGIN (IA, if the service is an inpatient TCM and the Interchange Line Number = 001) | TID_DATE_BEGIN where the TID_ACTION = 'IA'. If this does not exist, send spaces.<br>Else,<br>TCM_DATE_BEGIN_AUTHD |
| Authorized end date for the service | Date | 8 | 0 | | | | TCM_DATE_END_AUTHD, also<br>TID_DATE_END (IA, if the service is an inpatient TCM and the Interchange Line Number = 001) | If this is the first service and it is inpatient, then get the greatest TID_DATE_END where the TID_ACTION in ('IA', 'EA'). If this does not exist, send spaces.<br>Else, TCM_DATE_END_AUTHD |
| Authorized units of service | Number | 16 | 9 | | | | TCM_TOTAL_QUANTITY_AUTHD<br>Also, TCM_DAYS_AUTHD and TID_DAYS (IA, if this is an inpatient and if the Line Number = 001) | If this is the first service and it is inpatient, then TAU_DAYS_AUTHORIZED.<br>Else,<br>TCM_TOTAL_QUANTITY_AUTHD |
| Authorized amount for the service | Number | 16 | 2 | | | | TCM_RATE_AUTHD | TCM_RATE_AUTHD. If zero, send zero, not Null. |
| Authorized Frequency Code | Character | 2 | 0 | | | W = Weekly, M = Monthly | TCM_FREQUENCY_QUALIFIER_AUTHD | TCM_FREQUENCY_QUALIFIER_AUTHD<br>However, if the Case Type = WAIVER,<br>hard-code to M |
| Authorized Frequency Units | Number | 11 | 2 | | | | TCM_FREQUENCY_AUTHD | TCM_FREQUENCY_AUTHD<br>However, if the Case Type = WAIVER, set<br>to the AUTHORIZED_UNITS_OF_SERVICE |
| Decision or status of service for a line item | Character | 1 | 0 | Yes | | “A”pproved, “D”enied, “P”ending Review, “V”oid<br>A = A1_CRT<br>D = DENIED<br>P = A4<br>V = CXL | TCM_AST_CODE,<br>TID_ACTION (IA, if the service is an inpatient and the Interchange Line Number = 001)<br>(Pam to provide mapping) | TCM_AST_CODE<br>(mapped to the Interchange Code.<br>Pam to provide mapping.) |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Reason | Character | 6 | 0 | Yes | | Until we get these from the business people, the Tab 2 Reason will be defaulted to DENTRY and the Tab 3 Reason will be defaulted to 90. | TCM_DTR_CODE, TID_IRR_CODE (IA, if the service is an inpatient and the Interchange Line Number = 001) (Mapped to the Interchange codes. There is a 1-to-1 correspondence between the maxMC and Interchange codes.) | TCM_DTR_CODE (mapped to the Interchange Code. There is a 1-to-1 correspondence between the maxMC and Interchange codes.) |
| InterQual Notes 1 | Character | 2,000 | 0 | No | | | MNO_NOTES_1 (get MNO_NOT_CODE from Pam) | No Mapping |
| InterQual Notes 2 | Character | 2,000 | 0 | No | | | MNO_NOTES_2 (get MNO_NOT_CODE from Pam) | No Mapping |
| InterQual Notes 3 | Character | 2,000 | 0 | No | | | MNO_NOTES_3 (get MNO_NOT_CODE from Pam) | No Mapping |
| InterQual Notes 4 | Character | 2,000 | 0 | No | | | MNO_NOTES_4 (get MNO_NOT_CODE from Pam) | No Mapping |
| InterQual Notes 5 | Character | 2,000 | 0 | No | | | MNO_NOTES_5 (get MNO_NOT_CODE from Pam) | No Mapping |
| InterQual Notes 6 | Character | 2,000 | 0 | No | | | MNO_NOTES_6 (get MNO_NOT_CODE from Pam) | No Mapping |
| InterQual Notes 7 | Character | 2,000 | 0 | No | | | MNO_NOTES_7 (get MNO_NOT_CODE from Pam) | No Mapping |
| InterQual Notes 8 | Character | 2,000 | 0 | No | | | MNO_NOTES_8 (get MNO_NOT_CODE from Pam) | No Mapping |
| InterQual Notes 9 | Character | 2,000 | 0 | No | | | MNO_NOTES_9 (get MNO_NOT_CODE from Pam) | No Mapping |
| InterQual Notes 10 | Character | 2,000 | 0 | No | | | MNO_NOTES_10 (get MNO_NOT_CODE from Pam) | No Mapping |

## DXC - Diagnoses

| Field Name | Type | Length | Precision | Required | Key | Notes | From Interchange to maxMC | From maxMC to Interchange |
|---|---|---|---|---|---|---|---|---|
| **Diagnoses Codes – U_PRIOR_AUTH_DIAGNOSES (at least 1 diagnosis code is required for a PA)** | | | | | | | | |
| Unique Record Number (Used to Link to Header) | Number | 10 | 0 | Yes | Key | From the Header Record | No Mapping | From the Header Record |
| Sequence Number | Number | 4 | 0 | Yes | Key | | TDA_SEQUENCE | TDA_SEQUENCE |
| Diagnosis Code | Character | 7 | 0 | Yes | | | TDA_DXC_UID | code from TDA_DXC_UID |

## Pending Eligibility

Create this record under the following circumstances:
1) LOC/Type of Care code, as mapped below, is not null. If Null, do not create this record.
2) The auth is an initial approval (there exists a TID row where the Action Code = 'IA' and the Last Update Date is NULL)
or
1) The member is a pending eligible (10th digit of the MEM_ID = 'P')
2) LOC/Type of Care code, as mapped below, is not null. If Null, do not create this record.
3) The auth has a TID row where the Action Code = 'IA'

In the above two situations, this means that for normal members, this record will only be created once per auth. But for pending eligibles, this record will also be created on auth updates.

This record can be sent in both directions, with the following processing:
a) On the outbound, if the auth is for a pending eligible (10th position of MEM_ID = 'P'), then set the Record Type to 'P'. Else, set the Record Type to 'L'. For both Record Types, also populate the demographic fields (SSN, name, address, etc.)
b) On the inbound, if the Record Type is 'P', create a MEM record. The MEM_ID will be the SSN with a 'P' appended. The name and address, etc. are also populated from this record. Create an MPG record where the Plan ID = 'PMCAID', the Client ID = 'KYHEALTH', and the Effective Date is sysdate. First make sure the MEM does not already exist. On the inbound, we will never get a Record Type of 'L'.

| Field Name | Type | Length | Precision | Req'd | Key Field | Notes | From Interchange to maxMC | From maxMC to Interchange |
|---|---|---|---|---|---|---|---|---|
| **LOC and Pending Eligibles - U_PRIOR_AUTH_PEND_ELIG** | | | | | | | | |
| Unique Record Number | Number | 10 | 0 | Yes | Key | From the Header Record | No Mapping | From the Header Record |

| Field Name | Type | Length | Preci-sion | Req'd | Key Field | Notes | From Interchange to maxMC | From maxMC to Interchange |
|---|---|---|---|---|---|---|---|---|
| (Used to Link to Header) | | | | | | | | |
| Record Type | Character | 1 | 0 | Yes | | P = Pending Eligible<br>L = LOC. Member is Eligible. W = Waiver Recert. R = Non-waiver Recert | No Mapping | If 10th position of MEM_ID = 'P', then send 'P'. Else send 'L' |
| Member ID | Character | 30 | 0 | | | | Not sent to us | MEM_ID |
| SSN | Character | 11 | 0 | | | | MEM_SSN<br>(Append a 'P' to this to get the MEM_ID) | MEM_SSN |
| LOC<br>(Also called Type of Care code). | Character | 2 | 0 | | | | No Mapping. Will never be populated. | Case Type and first TCM SEV and POS code mapped to a 2-character<br>Type of Care code.<br>(See mapping below.) |
| LOC Met Date | Date | 8 | 0 | | | | No Mapping. Will never be populated. | TCM_DATE_BEGIN_AUTHD<br>(from 1st service) |
| Admission Date | Date | 8 | 0 | | | | No Mapping. Will never be populated. | TID_DATE_BEGIN where the TID_ACTION = 'IA'<br>(Note that only approved inpatient auths ever create this record.) |
| Provider ID | Character | 30 | 0 | | | | No Mapping. Will never be populated. | PVD_ID from the TCM_PVD_UID_FAC_AUTHD<br>(if Null, send the PHY_AUTHD) |
| Date of Birth | Date | 8 | 0 | | | Format CCYYMMDD | MEM_DATE_OF_BIRTH | MEM_DATE_OF_BIRTH |
| Gender | Character | 1 | 0 | | | M – Male, F – Female, U – Unknown | MEM_GENDER | MEM_GENDER |
| Provider Type | Character | 6 | 0 | | | | No Mapping | PVD_PVT_CODE<br>(from provider above) |
| Last Name | Character | 35 | 0 | | | | MEM_LAST_NAME | MEM_LAST_NAME |
| First Name | Character | 25 | 0 | | | | MEM_FIRST_NAME | MEM_FIRST_NAME |
| Middle Initial | Character | 25 | 0 | | | | MEM_MIDDLE_NAME | MEM_MIDDLE_NAME |
| Address 1 | Character | 55 | 0 | | | | MEM_ADDRESS_LINE_1 | MEM_ADDRESS_LINE_1 |
| Address 2 | Character | 55 | 0 | | | | MEM_ADDRESS_LINE_2 | MEM_ADDRESS_LINE_2 |
| City | Character | 30 | 0 | | | | MEM_CITY | MEM_CITY |

| Field Name | Type | Length | Preci-sion | Req'd | Key Field | Notes | From Interchange to maxMC | From maxMC to Interchange |
|---|---|---|---|---|---|---|---|---|
| State | Character | 6 | 0 | | | | MEM_STA_CODE | MEM_STA_CODE |
| Zip | Character | 15 | 0 | | | | MEM_POC_CODE | MEM_POC_CODE |
| Zip 4 | Character | 4 | 0 | | | | MEM_POSTAL_EXTENSION | MEM_POSTAL_EXTENSION |
| County Number | Character | 6 | 0 | | | | MEM_CNY_CODE | MEM_CNY_CODE |

## Process Status History

| Field Name | Type | Length | Precision | Required | Key | Notes | From Interchange to maxMC | From maxMC to Interchange |
|---|---|---|---|---|---|---|---|---|
| **Process Status History – U_PRIOR_AUTH_PROCESS_STATUS** | | | | | | | | |
| Unique Record Number (Used to Link to Header) | Number | 10 | 0 | Yes | Key | From the Header Record | No Mapping | From the Header Record |
| Process Status | Character | 1 | 0 | Yes | Key Field 1 | See footnote below[4] | No mapping. | No mapping |
| Transaction Destination | Character | 3 | 0 | Yes | | E = EDS, SHPS = MAX | No Mapping | No Mapping |
| Date of New Process Status | Date | 8 | 0 | Yes | Key | Date | No mapping. | No mapping |
| Time of New Process Status | Number | 6 | 0 | Yes | Key | Time | No mapping. | No mapping |

## LOC/Type of Care Code Mapping

| Case Type Code | Service Code | Place of Service Code | LOC/Type of Care Code (KAMES) |
|---|---|---|---|
| ACUTIP | 1 | 21 | |
| ACUTIP | A4 | FREPSY | 09 |
| DENTAL | 35 | 11 | |

| Case Type Code | Service Code | Place of Service Code | LOC/Type of Care Code (KAMES) |
|---|---|---|---|
| DENTAL | 38 | 11 | |
| DME | DMENU | 12 | |
| EPSDT | Special Services (TBD) | EPSDT | |
| HHCS | 42 | 12 | |
| IMPLUS | A4 | OPCENT | |
| NFAC | NFSNC | 32 | 01 |
| NFAC | NFIMD | 32 | 12 |
| NFAC | NFICF | 32 | 08 |
| OUTPT | 1 | 11 | |
| OUTPT | 1 | 11 | |
| OUTPT | 1 | 11 | |
| OUTPT | 1 | 22 | |
| PHYSER | 1 | 11 | |
| PRTF | A4 | 56 | 10 |
| WAIVER | MODMED | 12 | 07 |
| WAIVER | SCLMED | 12 | 05 |
| WAIVER | HCBMED | 12 | 02 |
| WAIVER | ADLOC | ADUCAR | 11 |
| WAIVER | ABIMED | 12 | 16 |

## Process Status History

| Field Name | Type | Length | Precision | Required | Key | Notes | From Interchange to maxMC | From maxMC to Interchange |
|---|---|---|---|---|---|---|---|---|
| **Process Status History – U_PRIOR_AUTH_PROCESS_STATUS** | | | | | | | | |
| Unique Record Number (Used to Link to Header) | Number | 10 | 0 | Yes | Key | From the Header Record | No Mapping | From the Header Record |
| Transaction Destination | Character | 3 | 0 | Yes | | E = EDS, SHPS = MAX | No Mapping | No Mapping |
| Transaction Destination | Character | 3 | 0 | Yes | | E = EDS, SHPS = MAX | No Mapping | No Mapping |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Date of New Process Status | Date | 8 | 0 | Yes | Key | Date | No mapping. | No mapping |
| Time of New Process Status | Number | 6 | 0 | Yes | Key | Time | No mapping. | No mapping |

## Errors

Note: These records are created by XAct after a transaction is processed. If the transaction failed, the XDM errror messages will be copied to this table.

| Field Name | Type | Length | Precision | Required | Key | Notes | From Interchange to maxMC | From maxMC to Interchange |
|---|---|---|---|---|---|---|---|---|
| **Error Messages – U_PRIOR_AUTH_ERRORS** | | | | | | | | |
| Unique Record Number (Used to Link to Header) | Number | 10 | 0 | Yes | Key | From the Header Record | No Mapping | From the Header Record |
| Sequence Number | Number | 4 | 0 | Yes | Key | | No Mapping | No Mapping |
| Error Message | Character | 250 | 0 | Yes | | | N/A | N/a |

# Translation Tables

| Table Code | Table Description |
|---|---|
| OP_LOC | Outbound LOC for JCS rule: CTE/SEV/POS |
| OPATYP | Outbound PA Category:  POS/SEV |
| PA_RSN | Prior Auth Reason Codes |
| PATYPE | Prior Authorization Type: CTE/SEV/POS/LOC |
| PR_AST | Prior Auth Status: AST/TID_ACTION |

## Service/Category Code Translation – Outbound LOC for JCS Rule

| maxMC Case Type/Service/Place of Service Codes | iCe Level of Care Category Codes |
|---|---|
| **Outbound LOC for JCS rule: CTE/SEV/POS** | |
| NFAC/NFSNC/32 | 01 |
| NFAC/NFVENT/32 | 01 |
| NFAC/NFBI/32 | 01 |
| NFAC/NFSWG/32 | 01 |
| NFAC/THRPHY/32 | 01 |
| WAIVER/HCBMED/12 | 02 |
| WAIVER/HCBS/12 | 05 |
| WAIVER/SCLMED/12 | 05 |
| WAIVER/MODMED/12 | 07 |
| WAIVER/MODS/12 | 07 |
| NFAC/NFICF/32 | 08 |
| ACUTIP/A4/FREPSY | 09 |
| PRTF/A4/56 | 10 |
| WAIVER/ADLOC/ADUCAR | 11 |
| WAIVER/ADSEV/ADUCAR | 11 |
| WAIVER/THRPHY/ADUCAR | 11 |
| NFAC/NFIMD/32 | 12 |
| WAIVER/ABIMED/12 | 16 |

## Service/Category Code Translation – Outbound PA

| maxMC Place of Service/Service Codes | iC PA Category Codes |
|---|---|

| Outbound PA Category: POS/SEV | |
|---|---|
| ADUCAR/ADLOC | 53 |
| ADUCAR/ADSEV | 53 |
| ADUCAR/THRPHY | 53 |
| DPUPSY/A4 | 92 |
| DPURHB/A9 | 93 |
| EPSDT/A4 | 32 |
| EPSHOM/DMENU | 32 |
| EPSHOM/DMERR | 32 |
| EPSHOM/74 | 32 |
| EPSKCB/74 | 32 |
| EPSSCH/74 | 32 |
| EPSTHX/THRPHY | 32 |
| EPSWEB/EPSDT | 32 |
| FREPSY/A4 | 03 |
| 12/HCBS | 52 |
| 12/MODS | 07 |
| 12/ABIMED | 60 |
| 12/DMENU | 40 |
| 12/DMERR | 40 |
| 12/HCBMED | 52 |
| 12/MODMED | 07 |
| 12/SCLMED | 50 |
| 12/42 | 46 |
| 12/74 | 46 |

| | |
|---|---|
| 21/A4 | 03 |
| 21/69 | 02 |
| 21/1 | 02 |
| 21/2 | 02 |
| 21/70 | 02 |
| IPRHAB/1 | 02 |
| LTAC/1 | 02 |
| 15/35 | 72 |
| NFRPSY/A4 | 03 |
| NFRPSY/AI | 03 |
| 32/NFVENT | 27 |
| 32/NFBIL | 27 |
| 32/NFBI | 27 |
| 32/NFICF | 26 |
| 32/NFIMD | 76 |
| 32/NFSWG | 27 |
| 32/NFSNC | 27 |
| 32/THRPHY | 27 |
| 11/MEDC | 87 |
| 11/35 | 72 |
| 11/38 | 73 |
| 11/MDSERV | 74 |
| 11/THRPHY | 87 |
| 11/71 | 87 |
| 11/4 | 87 |

| | |
|---|---|
| 11/2 | 74 |
| OPCENT/71 | 87 |
| OPCENT/4 | 87 |
| OPCENT/A4 | 16 |
| 22/MEDC | 12 |
| 22/A9 | 12 |
| 22/THRPHY | 87 |
| 22/4 | 87 |
| 22/2 | 12 |
| OPRHAB/A9 | 12 |
| OPRHAB/MED | 12 |
| OPRHAB/THRPHY | 12 |
| PRICAR/4 | 41 |
| PRICAR/THRPHY | 41 |
| 56/A4 | 08 |
| 71/4 | 87 |
| 71/THRPHY | 87 |
| 72/1 | 43 |

## Service/Category Code Translation – Status/Reason Codes

| iC PA Reason Codes | maxMC Status Reason Codes |
|---|---|
| **Prior Auth Reason Codes** | |
| 700 | 82 |
| 701 | 91 |
| 702 | ADMAPP |

| iC PA Reason Codes | maxMC Status Reason Codes |
|---|---|
| 703 | ADMCXL |
| 704 | BENEXC |
| 705 | BENMAX |
| 706 | DENTRY |
| 707 | MCPRIM |
| 708 | PXCCXL |
| 710 | REQWD |
| 711 | STATE |
| 712 | MEDNEC |
| 713 | MDREV |
| 714 | RNREV |
| 715 | CLREV |
| 716 | LOI |
| 717 | NCBEN |
| 718 | TECH |
| 719 | OOTF |
| 720 | NCBED |
| 721 | CONSNT |
| 722 | CAH |
| 723 | AGRD |
| 724 | 87 |
| 725 | 88 |

| iC PA Reason Codes | maxMC Status Reason Codes |
|---|---|
| 726 | 90 |
| 727 | ADMREQ |
| 728 | CLTAPP |
| 729 | EXTREQ |

## Service/Category Code Translation – PA Case Type Category Codes

| iC PA Category Codes | maxMC Case Type/Service/Place of Service/Level of Care Codes |
|---|---|
| **Prior Authorization Type: CTE/SEV/POS/LOC** | |
| 02 | ACUTIP/1/21/MEDSRG |
| 03 | ACUTIP/A4/21/PSYCH |
| 07 | WAIVER/MODMED/12/WAIVER |
| 08 | PRTF/A4/56/PSYCH |
| 12 | OUTPT/MEDC/22 |
| 16 | IMPLUS/A4/OPCENT |
| 26 | NFAC/NFICF/32/NURFAC |
| 27 | NFAC/NFSNC/32/NURFAC |
| 32 | EPSDT/DMENU/EPSHOM |
| 36 | OUTPT/4/22 |
| 40 | DME/DMENU/12 |
| 41 | OUTPT/THRPHY/PRICAR |
| 43 | OUTPT/1/72 |
| 46 | HHCS/42/12 |
| 50 | WAIVER/SCLMED/12/WAIVER |

| | |
|---|---|
| 52 | WAIVER/HCBMED/12/WAIVER |
| 53 | WAIVER/ADULOC/ADUCAR/WAIVER |
| 60 | WAIVER/ABIMED/12/WAIVER |
| 72 | DENTAL/35/11 |
| 73 | DENTAL/38/11 |
| 74 | PHYSER/MDSERV/11 |
| 76 | NFAC/NFIMD/32/NURFAC |
| 77 | EPSDT/74/EPSSCH |
| 87 | OUTPT/THRPHY/22 |
| 92 | ACUTIP/A4/DPUPSY/PSYCH |
| 93 | ACUTIP/A9/DPURHB/REHAB |

## Service/Category Code Translation – Prior Authorization Status Codes

| iC PA Status Codes | maxMC Status/Action Codes |
|---|---|
| **Prior Auth Status: AST/TID_ACTION** | |
| P | A4/IR |
| A | A1_CRT/IA |
| D | Denied/ID |
| V | CXL/IR |

# EDS Data Exchange Frequency

| **Inbound** | | | | | | |
|---|---|---|---|---|---|---|
| Client | Vendor | Filename | Frequency | Date | | Comments/Notes |
| | | PROVMSTER_yyyymmdd.txt (AKA) provider file | Daily | M-F | drop off | File is sent between 7:30.p.m. - 1:00 a.m. |
| | | RCIPMSTR_yyyymmdd.TXT (AKA) Eligibility file | Daily | M-F | drop off | File is sent between 9:00 p.m. - 4:00 a.m. |
| Outbound | | | | | | |
| Client | Vendor | Filename | Frequency | Date | | |
| | | ipbcdextmmddyy.txt (AKA) Impact Plus Basic Child Data File | Weekly | Friday | send it | File is sent on Friday by 11:00 p.m. evening |

## KAMES Layout (Outbound from MMIS to KAMES)

| Column Name | MMIS Field Name | Description | Start | Length | Type | Precision | Format |
|---|---|---|---|---|---|---|---|
| Member SSN | EX-SSN | Member social security number. | 1 | 9 | CHAR | 0 | |
| Initial LTC Cert Ind | EX-INITIAL-LTC-CERT | Indicator defines whether or not this is the initial Long Term Care certification for the member | 10 | 1 | CHAR | 0 | |
| Provider Number | EX-PROVIDER-NUM | Medicaid provider number for the provider for whose services the member was authorized | 11 | 13 | CHAR | 0 | |
| Provider Type | EX-PROVIDER-TYPE | Provider type for the provider for whose services the member was authorized | 24 | 1 | CHAR | 0 | |
| Type of Care | EX-TYPE-OF-CARE | Type of care for which the member was authorized | 25 | 2 | CHAR | 0 | |
| Admission Date | EX-ADMISSION-DATE | Date on which the member was admitted for care | 27 | 8 | DATE | 0 | "YYYYMMDD" |
| Level of Care Met Date | EX-LEVEL-CARE-MET-DATE | Date on which the member met the level of care required for admission | 35 | 8 | DATE | 0 | "YYYYMMDD" |
| County Number | EX-COUNTY-NUM | Number for the county in which the member resides | 43 | 3 | CHAR | 0 | |

| Column Name | MMIS Field Name | Description | Start | Length | Type | Precision | Format |
|---|---|---|---|---|---|---|---|
| Member First Name | EX-FIRST-NAME | First name for the member | 46 | 9 | CHAR | 0 | |
| Member Last Name | EX-LAST-NAME | Last name for the member | 55 | 15 | CHAR | 0 | |
| Member Middle Initial | EX-MIDDLE-INITIAL | Middle initial for the member | 70 | 1 | CHAR | 0 | |
| Member Address 1 | EX-ADDRESS-1 | First line of the member's street address from the MMIS Member master file. | 71 | 25 | DATE | 0 | |
| Member Address 2 | EX-ADDRESS-2 | Second line of the member's street address from the MMIS Member master file. | 96 | 25 | CHAR | 0 | |
| Member City | EX-CITY | City in which the member lives. | 121 | 22 | CHAR | 0 | |
| Member State | EX-STATE | Code which indicates the state in which the member resides. | 143 | 2 | CHAR | 0 | |
| Member Zip | EX-ZIP | Member's postal zip code. (first five digits). | 145 | 5 | CHAR | 0 | |
| Member Zip + 4 | EX-ZIP-4 | Member's postal zip code. (last four digits). | 150 | 4 | CHAR | 0 | |
| Filler | N/A | Filler | 154 | 24 | CHAR | 0 | Spaces |

# IMPACT Plus Services Approval File (Outbound from MMIS to DMHMR)

| Column Name | MMIS Field Name | Description | Start | Length | Type | Precision | Format |
|---|---|---|---|---|---|---|---|
| PA Number | PA-NUM-OUT | This field contains prior authorization number | 1 | 10 | CHAR | 0 | |
| Authorization ID | AUTH-ID-OUT | This field contains an indicator that defines whether or not this is the initial Long Term Care certification for the member | 11 | 3 | CHAR | 0 | |
| MAID | MAID-OUT | This field contains the member ID for the Medicaid member | 14 | 9 | CHAR | 0 | |
| Check Digit | CHK-DIGIT-OUT | This field contains the check digit for the Medicaid member | 23 | 1 | CHAR | 0 | |
| Update Date | UPDATE-DATE-OUT | This field contains the update date for the prior authorization | 24 | 8 | DATE | 0 | “YYYYMMDD” |
| Provider Number | PROV-NUM-OUT | This field contains the provider number for the member's prior authorization | 32 | 10 | CHAR | 0 | |
| Received Date | RECEIVED-DATE-OUT | This field contains the received date for the prior authorization | 42 | 8 | DATE | 0 | "YYYYMMDD" |
| Modifier Code | MODIFIER-CODE-OUT | This field contains the modifier for the prior authorization | 50 | 5 | CHAR | 0 | |

| Column Name | MMIS Field Name | Description | Start | Length | Type | Precision | Format |
|---|---|---|---|---|---|---|---|
| Status | STATUS-OUT | This field contains the status for the prior authorization | 55 | 1 | CHAR | 0 | |
| Tax ID | TAX-ID-OUT | This field contains the tax ID for the provider on the prior authorization | 56 | 9 | CHAR | 0 | |
| Sub ID | SUB-ID-OUT | This field contains the sub ID for the impact plus provider from the prior authorization | 65 | 3 | CHAR | 0 | |
| Units | UNITS-OUT | This field contains the number of units for the prior authorization. | 68 | 5 | CHAR | 0 | |
| Approved Amount | APPROVED-AMT-OUT | This field contains the approved amount for the prior authorization. | 73 | 7 | CHAR | 0 | |
| Begin Date | BEGIN-DATE-OUT | This field contains the begin date for the prior authorization | 80 | 8 | DATE | 0 | “YYYYMMDD” |
| End Date | END-DATE-OUT | This field contains the end date for the prior authorization | 88 | 8 | DATE | 0 | “YYYYMMDD” |
| Procedure Code | PROC-CODE-OUT | This field contains the procedure code for the prior authorization | 96 | 5 | CHAR | 0 | |

# Interface Error Report Template

<RunDate>

<ClientName>

**Interface Data Messages**

Messages between <FromDate> and <ToDate>

| | Process | | | | Message | | |
|---|---|---|---|---|---|---|---|
| **Unique Data Record** | **Date** | **Time** | **Trans Name** | **Primary Key** | **Status** | **Severity** | **Message** |
| <Record ID> | <Add Dt> | <Add Time> | <TransactionName> | <PrimaryKey> | <Status> | <Severity> | <Message> |

<PageNumber> of <TotalPages>

# Note Templates

The following note templates reflect the same information used for review of these services in CareReview. Once a section has been met, the reviewer can proceed to the next section. Not every response is required in each situation.

## Nursing Facility Level of Care

| Data Fields | Response |
|---|---|
| Submitter Information<br>Enter the requesting party name<br>Enter date of the request | Free Text |
| **Section 1 PASRR** | |
| The PASSR Level I was complete<br>Enter the name of the person who completed the PASSR Level I<br>Enter the date the Level I was completed | Yes, No<br>Free Text<br>Date |
| Has a PASSR Level II triggered?<br>Enter the name of the person who completed the PASSR Level II<br>Enter the date the Level II was completed | Yes, No<br>Free text<br>Date |
| Has a verbal determination form been submitted? | Yes, No |
| Has an inappropriate referral form been submitted?<br>Enter the name of who completed the form<br>Enter the form completion date | Yes, No<br>Free text<br>Date |
| Is the member appropriate for Nursing Home placement? | Yes, No |
| **Section 2 – Mental Status** | |
| Is the member capable of self-administering medications?<br>If No, enter reason | Yes, No<br>Free text |
| Is the member oriented to self? | Yes, No |
| Is the member oriented to place? | Yes, No |
| Is the member oriented to date and/or time?<br>If No, enter explanation | Yes, No<br>Free text |
| Does the member exhibit behaviors? | Yes, No |

| Data Fields | Response |
|---|---|
| The member wanders. | Yes, No |
| The member is physically abusive. | Yes, No |
| The member is verbally abusive. | Yes, No |
| The member is socially inappropriate. | Yes, No |
| The member is resistant to care. | Yes, No |
| **Section 3 - Mobility** | |
| Is the member bed bound? | Yes, No |
| Is the member independent with bed mobility? | Yes, No |
| Does the member require stand by to hands on assist? | Yes, No |
| How often is assistance required? | Yes, No |
| Is the member independent with transfers? | Yes, No |
| Does the member require standby to hands on assist? | Yes, No |
| How often is assistance required? | Yes, No |
| Is the member ambulatory? | Yes, No |
| Does the member require standby to hands on assist? | Yes, No |
| How often is assistance required? | Yes, No |
| **Section 4 – Activities of Daily Living (ADL)** | |
| Is the member independent with bathing? | Yes, No |
| Does the member require standby to hands on assist? | Yes, No |
| Upper body bathing assistance required. | Yes, No |
| Lower body bathing assistance required. | Yes, No |
| Total body bathing assistance required. | Yes, No |
| How often is assistance required? | Free Text |
| Is the member independent with grooming? | Yes, No |
| The member is independent with grooming their hair. | Yes, No |
| The member is independent with grooming their nails. | Yes, No |
| The member is independent with grooming their teeth. | Yes, No |
| The member is independent with shaving. | Yes, No |

| Data Fields | Response |
|---|---|
| How often is assistance required? | Free Text |
| Is the member independent with dressing? | Yes, No |
| The member is independent with upper body dressing. | Yes, No |
| The member is independent with lower body dressing. | Yes, No |
| The member is independent with braces and/or prosthetics. | Yes, No |
| How often is assistance required? | Free Text |
| **Section 5 - Toileting** | |
| Is the member independent with toileting? | Yes, No |
| The member is independent with peri-care. | Yes, No |
| The member is independent with transfers. | Yes, No |
| The member is independent with clothing. | Yes, No |
| The member is independent with use of incontinence supplies. | Yes, No |
| The member is independent with managing ostomy. | Yes, No |
| How often is assistance required? | Free Text |
| **Section 6 – Nutritional Status** | |
| Type of Diet:<br><br>1 - Regular<br>2 - Low Sodium<br>3 - Diabetic<br>4 - Health Heart<br>5 - Other | Drop down |
| How often is assistance required in Feeding?<br><br>1 - Daily<br>2 - Weekly<br>3 - Bi-weekly<br>4 - Monthly<br>5 - Infrequently | Drop down |
| Is the member receiving tube feedings? | Yes, No |
| Document the type and frequency of tube feedings: | Free text |
| **Section 7 - Skin** | |
| Is the member's skin intact? | Yes, No |

| Data Fields | Response |
|---|---|
| Enter the number of skin breakdown areas. | Free text/integer |
| Select the type of skin breakdown:<br><br>1 - Pressure<br>2 - Stasis | Drop down |
| Enter the location and size of skin ulcers: | Free text |
| Enter the current ulcer treatment. | Free text |
| **Section 8 – Skilled Services** | |
| Skilled Nursing services | Yes, No |
| Days per week | Free text |
| Physical Therapy | Yes, No |
| Days per week | Free text |
| Occupational Therapy | Yes, No |
| Days per week | Free text |
| Speech Therapy | Yes, No |
| Days per week | Free text |
| Respiratory Therapy | Yes, No |
| Oxygen | Yes, No |
| Enter the rate and frequency | Free text |
| Is the member ventilator dependent? | Yes, No |
| Enter the Ventilator Settings: | Free text |
| Home Health Aide | Yes, No |
| Days per week | Free text |
| **Section 9 – Nursing Rehab/Restorative Care** | |
| Does the member receive nursing rehab or restorative services at least weekly? | Yes, No |

| Data Fields | Response |
|---|---|
| Select the services received by the member:<br><br>1 - Range of motion<br>2 - Assistance with splint or brace<br>3 - Bed mobility<br>4 - Transfers<br>5 - Walking<br>6 - Dressing or grooming<br>7 - Eating or swallowing<br>8 - Amputation or prosthesis care<br>9 - Communication<br>10 - Toileting | Drop down |
| Additional Comments: | Free text |
| **Section 10 – Model II or Nursing Ventilator Facility** | |
| Is request for Model II Waiver or Nursing Ventilator Facility?<br>-If yes then answer the following questions: | Yes, No |
| If yes then, An individual shall be considered ventilator (or respiration stimulating mechanism) dependent if the individual:<br>1. Requires: | |
| a. This mechanical support for 12 or more hours per day; | Yes, No |
| b. Twenty-four hours per day high-intensity specialty nursing care; | Yes, No |
| 2. Is an active weaning program ordered by and under the management of a physician and reviewed and approved by the department? | Yes, No |
| Or:<br>2. Is in an active weaning program ordered by and under the management of a physician and reviewed and approved by the department; and | Yes, No |
| a. The goal of the active weaning program is to attain the least mechanical support in the least invasive manner that is consistent with the maximal function of the individual and ultimately no mechanical respiratory support; | Yes, No |
| b. The individual demonstrates steady progress in decreasing the number of hours and dependence upon the ventilator (or respiration stimulating mechanism) as documented in the individual's physician and nursing progress notes; | Yes, No |
| c. The individual requires 24 hours per day high-intensity specialty nursing care. | Yes, No |

| Data Fields | Response |
|---|---|
| **Section 11 – ABI Waiver or Brain Injury Nursing Facility** | |
| Is request for ABI Waiver or Brain Injury Nursing Facility?<br>-If yes complete the following questions: | Y – Meets<br>N – Does not Meet |
| (a) - The individual sustained a traumatic brain injury with structural, non degenerative brain damage and is medically stable; | Y – Meets<br>N – Does not Meet |
| (b) - The individual shall not be in a persistent vegetative state; | Y – Meets<br>N – Does not Meet |
| (c) - The individual demonstrates physical, behavioral, and cognitive rehabilitation potential; | Y – Meets<br>N – Does not Meet |
| (d) - The individual requires coma management;<br>- OR - | Y – Meets<br>N – Does not Meet |
| (e) - The individual has sustained diffuse brain damage caused by anoxia, toxic poisoning, or encephalitis.<br>-- [M6] - | Y – Meets<br>N – Does not Meet |
| SECTION 12 - An individual may qualify for coverage under the brain injury program: | Y – Meets<br>N – Does not Meet |
| ~IF -<br>(a) He or she has a stable medical condition with complicating care needs which prevent the individual from caring for him or herself in an ordinary manner outside an institution | Y – Meets<br>N – Does not Meet |
| (b) The individual has sufficient neurobehavioral sequelae resulting from the brain injury which when taken in combination require specialized rehabilitation services;<br>-AND - | Y – Meets<br>N – Does not Meet |
| 1. The individual has not previously received specialized rehabilitation services (discharged for the purpose of transfer to another brain injury facility shall not be considered to have "previously received specialized rehab services) | Y – Meets<br>N – Does not Meet |
| 2. The individual shall have the potential for rehabilitation | Y – Meets<br>N – Does not Meet |
| 3. The individual is between the ages of 21 to 65 | Y – Meets<br>N – Does not Meet |

## Home and Community Based Waiver Services

| Data Fields | Response |
|---|---|
| **Section 1 - Home and Community Based Waiver Services** | |

| Data Fields | Response |
|---|---|
| Is this an assessment, reassessment or modification?<br><br>Assessment<br><br>Reassessment<br><br>Modification | Drop down |
| Was the review received within timeframe? | Y - Yes<br>N - No |
| If yes, please document the start date.<br>If no, return the packet to the provider un-reviewed. | |
| Were all the required forms received? | Y - Yes<br>N - No |
| **SECTION 2 - Services** | |
| Is Case Management Requested? | Y - Yes<br>N - No |
| Is an extra unit of Case Management Requested for POC development? | Y - Yes<br>N - No |
| If yes, please document the POC development date | |
| Is Attendant Care Requested? | Y - Yes<br>N - No |
| An attendant care service which shall consist of hands-on care which shall:<br>1. Be provided by staff pursuant to 907 KAR 1:160, Section 2(3)(j) and (k) of this administrative regulation to an HCB recipient who:<br>a. Is medically stable but functional | Y – Meets<br>N – Does not Meet |
| b. Has family or other support providing care but who are employed outside the home and are unable to provide care during their working hours. The family or friend providing care shall not be required to live in the same residence. | Y – Meets<br>N – Does not Meet |
| c. Prior to being eligible for the HCB Waiver Program, in accordance with Section 4 of this administrative regulation, was able to care for him or herself | Y – Meets<br>N – Does not Meet |
| **SECTION 3 - Respite Care** | |
| Is Respite Requested? | Y - Yes<br>N - No |

| Data Fields | Response |
|---|---|
| 1. Provided by staff pursuant to 907 KAR 1:160, Section 2(3)(j) and (k) of this administrative regulation who provides services at a level that appropriately and safely meets the medical needs of the HCB recipient in the following settings: | Y - Yes<br>N - No |
| a. An HCB recipient's place of residence | Y – Meets<br>N – Does not Meet |
| ~OR -<br>b. An ADHC center | Y – Meets<br>N – Does not Meet |
| ~AND -<br>2. Provided to an HCB recipient who has care needs beyond normal baby sitting | Y – Meets<br>N – Does not Meet |
| **SECTION 4 - Minor Home Adaptation** | |
| Is Minor Home Adaptation Requested? | Y - Yes<br>N - No |
| A minor home adaptation service which shall be a physical adaptation to a home that is necessary to ensure the health, welfare, and safety of an HCB recipient and which shall:<br>1. Meet all applicable safety and local building codes; | Y – Meets<br>N – Does not Meet |
| 2. Relate strictly to the HCB recipient's disability and needs; | Y – Meets<br>N – Does not Meet |
| 3. Exclude an adaptation or improvement to a home that:<br>a. Has no direct medical or remedial benefit to the HCB recipient; | Y – Meets<br>N – Does not Meet |
| OR<br>b. Adds to the total square footage of a home; | Y – Meets<br>N – Does not Meet |
| ~AND -<br>4. Be submitted on form MAP-95 for prior authorization | Y – Meets<br>N – Does not Meet |
| **SECTION 5 - Adult Day Health Care** | |
| Is Adult Day Health Care Requested? | Y - Yes<br>N - No |
| An ADHC service which shall:<br>1. Except for an HCB recipient approved for an ADHC service prior to May 1, 2003, be provided to an HCB recipient who is at least 21 years of age; | Y – Meets<br>N – Does not Meet |
| 2. Include the following basic services and necessities provided to Medicaid waiver recipients during the posted hours of operation: | Y – Meets<br>N – Does not Meet |

| Data Fields | Response |
|---|---|
| a. Skilled nursing services provided by an RN or LPN which may include ostomy care, urinary catheter care, decubitus care, tube feeding, venipuncture, insulin injections, tracheotomy care, or medical monitoring; | Y – Meets<br>N – Does not Meet |
| b. Meal service corresponding with hours of operation with a minimum of one meal per day and therapeutic diets as required; | Y – Meets<br>N – Does not Meet |
| c. Snacks; | Y – Meets<br>N – Does not Meet |
| d. Supervision by an RN or other qualified staff | Y – Meets<br>N – Does not Meet |
| e. Age and diagnosis appropriate daily activities | Y – Meets<br>N – Does not Meet |
| f. Routine services that meet the daily personal and health care needs shall include monitoring of vital signs, assistance with activities of daily living, monitoring and supervision of self-administered medications, therapeutic programs. | Y – Meets<br>N – Does not Meet |
| **SECTION 6 - Adult Day Health Care Therapy** | |
| Is Therapy Requested? | Y - Yes<br>N - No |
| Ancillary services in accordance with 907 KAR 1:023 if ordered by a physician, PA, or ARNP in an HCB recipient's ADHC plan of treatment which: | Y – Meets<br>N – Does not Meet |
| a. Consist of evaluations or reevaluations for the purpose of developing a plan which shall be carried out by the HCB recipient or ADHC center staff. | Y – Meets<br>N – Does not Meet |
| b. Are reasonable and necessary for the HCB recipient's condition. | Y – Meets<br>N – Does not Meet |
| c. Are rehabilitative in nature. | Y – Meets<br>N – Does not Meet |
| d. Include physical therapy provided by a physical therapist, occupational therapy provided by an occupational therapist, or speech therapy provided by a speech pathologist;<br>-AND - | Y – Meets<br>N – Does not Meet |
| e. Comply with the physical therapy, occupational therapy, and speech therapy requirements established in "Technical Review Criteria for Ancillary Therapies for Adults," November 2003 Edition. | Y – Meets<br>N – Does not Meet |
| **SECTION 7 - Homemaking** | |

| Data Fields | Response |
|---|---|
| Is Homemaking Requested? | Y - Yes<br>N - No |
| A homemaker service which shall consist of general household activities and shall be provided:<br>1. By staff pursuant to Section 2(3)(j) and (k) of this administrative regulation; and<br>2. To an HCB recipient: | Y – Meets<br>N – Does not Meet |
| a. Who is functionally unable and would normally perform age-appropriate homemaker tasks. | Y – Meets<br>N – Does not Meet |
| ~ AND -<br>b. If the caregiver regularly responsible for homemaker activities is temporarily absent or functionally unable to manage the homemaking activities | Y – Meets<br>N – Does not Meet |
| **SECTION 8 - Personal Care** | |
| Is Personal Care Requested? | Y - Yes<br>N - No |
| A personal care service which shall consist of age-appropriate medically-oriented services and which shall be provided:<br>1. By staff pursuant to Section 2(3)(j) and (k) of this administrative regulation; and<br>2. To an HCB recipient: | Y – Meets<br>N – Does not Meet |
| a. Whose needs are not of a highly skilled or technical care nature; | Y – Meets<br>N – Does not Meet |
| b. For whom services are essential to his health and welfare, rather than his family; | Y – Meets<br>N – Does not Meet |
| ~AND -<br>c. Who needs assistance with age-appropriate activities of daily living; | Y – Meets<br>N – Does not Meet |
| Additional documentation | 250 Characters |

## Model II Waiver Services

| Data Fields | Response |
|---|---|
| **Section 1 – Model II Waiver** | |

| Data Fields | Response |
|---|---|
| Is this an Assessment, Reassessment or Modification?<br><br>A - Assessment<br>R - Reassessment<br>M - Modification | Drop down |
| Was the review received within timeframe? | Y - Yes<br>N - No |
| If not was the packet received 60 days or less from the required start date? | Y - Yes<br>N - No |
| If yes, please document the start date.<br>If no, return the packet to the provider un-reviewed. | |
| Were all the required forms received? | Y - Yes<br>N - No |
| **SECTION 2 - Services** | |
| (a) Client ventilator-dependent status is met; | Y – Meets<br>N – Does not Meet |
| (b) Service is available to meet the need of a recipient; | Y – Meets<br>N – Does not Meet |
| ~AND -<br>(c) The service does not exceed the cost of traditional institutional ventilator care. | Y – Meets<br>N – Does not Meet |

## ICF/MR/DD Level of Care

| Data Fields | Response |
|---|---|
| An individual shall meet ICF-MR-DD patient status if the individual requires physical or environmental management or rehabilitation for moderate to severe retardation and meets the following criteria: | |
| a) The individual has significant developmental disabilities or significantly sub-average intellectual functioning and requires a planned program of active treatment to attain | Y – Meets<br>N – Does not Meet |
| ~ OR ~<br>maintain the individual's optimal level of functioning, but does not necessarily require nursing facility or nursing facility with waiver services; | Y – Meets<br>N – Does not Meet |

| Data Fields | Response |
|---|---|
| (b) The individual requires a protected environment while overcoming the effects of developmental disabilities and sub-average intellectual functioning while:<br>1. Learning fundamental living skills; | Y – Meets<br>N – Does not Meet |
| 2. Learning to live happily and safely within his own limitations; | Y – Meets<br>N – Does not Meet |
| 3. Obtaining educational experiences that will be useful in self-supporting activities; | Y – Meets<br>N – Does not Meet |
| ~OR-<br>4. Increasing his awareness of his environment; or<br>(c) The individual has a psychiatric primary diagnosis or needs if:<br>1. The individual also has care needs as shown in paragraph (a) | Y – Meets<br>N – Does not Meet |
| ~OR -<br>(b) of this subsection; | Y – Meets<br>N – Does not Meet |
| 2. The mental care needs are adequately handled in a supportive environment (i.e., the intermediate care facility for individuals with mental retardation or a developmental disability); | Y – Meets<br>N – Does not Meet |
| ~AND -<br>3. The individual does not require psychiatric inpatient treatment. | Y – Meets<br>N – Does not Meet |
| An individual shall meet ICF-MR-DD patient status if the individual requires physical or environmental management or rehabilitation for moderate to severe retardation and meets the following criteria: | Y – Meets<br>N – Does not Meet |
| An individual shall meet ICR-MR-DD patient status if the individual has a diagnosis of MR or a developmental disability that manifested before the age of 22. | Y – Meets<br>N – Does not Meet |

# Transplant Checklist – Medical Panel Liaison

The following checklist is used by the Medical Panel Liaison who coordinates receipt and verification of documentation for all transplant requests. This checklist is used to ensure all documentation is received before the case is referred to the physician for review. She also coordinates any follow-up action that must be taken.

| Data Fields | Response |
|---|---|
| Member's Medical History from the referring physician to include past treatment and response to treatment, current height and weight, and rationale for the proposed transplant | Yes, No (If No, proceed to LOI process)<br><br>Free text |
| Records of outpatient office visits/encounters which are relevant to the transplant diagnosis. Dialysis flow sheets are only necessary for renal cases. | Yes, No (If No, proceed to LOI process)<br><br>Free text |
| Operative and pathology reports from all past surgeries and tissue/bone marrow biopsies which are relevant to the transplant diagnosis. If applicable, include bone marrow transplant relapse report. | Yes, No (If No, proceed to LOI process)<br><br>Free text |
| Confirmatory radiographic results including<br>• Chest X-ray<br>• CT Scan<br>• MRI<br>• MRA<br>• Bone Scan<br>• Ultrasound | Checkboxes or Radial buttons<br><br>Free text<br><br>If No reports included, proceed to LOI process |
| History and physical with discharge summary reports from any hospitalizations over the past 12 months | Yes, No (If No, proceed to LOI process)<br><br>Free text |
| Results from cardiac, pulmonary, and renal function evaluations | Yes, No (If No, proceed to LOI process)<br><br>Free text |
| Member Transplant evaluation completed by the Transplant facility | Yes, No (If No, proceed to LOI process)<br><br>Free text |

| Data Fields | Response |
|---|---|
| Alcohol Use | Yes, No (If No, proceed to LOI process)<br><br>Free text |
| Tobacco Use<br><br>(Document PPD, PPY and if current smoker) | Yes, No (If No, proceed to LOI process)<br><br>Free text |
| Substance Abuse History | Yes, No (If No, proceed to LOI process)<br><br>Free text |
| Results received from recent labs or documented in the transplant evaluation including:<br><br>Select the following as appropriate<br><br>• Chemistry Panel<br>• CBC<br>• Clotting studies<br>• CMV<br>• HIV<br>• Hepatitis Screen | Checkboxes or Radial buttons<br><br>(If No, proceed to LOI process) |
| Behavioral Health history<br><br>Select one of the following:<br><br>• No behavior health disorder by history;<br>• Managed behavioral health disorder by history (BOTH must be selected to qualify)<br>  1. No severe psychosis/personality disorder<br>  2. Mood/anxiety disorder excluded/treated<br>• Behavioral health history with active severe psychosis/personality disorder | Checkboxes or Radial buttons<br><br>(If No, proceed to LOI process) |

# Lung Transplant Note Template – Physician Reviewer

| Data Fields | Response Option |
|---|---|
| Which of the following diagnosis does the member exhibit?<br><br>Select one or more of the following<br><br>• Single lung transplant;<br>• Pulmonary fibrosis;<br>• Sarcoidosis;<br>• Emphysema;<br>• Alpha-1-antitrypsin deficiency;<br>• Eosinophilic granuloma;<br>• Double lung transplant;<br>• Bilateral pulmonary sepsis;<br>• Cystic fibrosis;<br>• Select cases of emphysema;<br>• Primary pulmonary hypertension;<br>• Eisenmenger's syndrome with correctable cardiac defects;<br>• Heart-lung transplant;<br>• Eisenmenger's syndrome with uncorrectable cardiac defects; or,<br>• Pulmonary hypertension with severe left ventricular dysfunction. | Checkboxes or Radial buttons<br><br>Free text |
| Does member have end-stage lung disease with a poor prognosis? | Yes, No<br><br>Free text |
| Has member failed to respond to conventional medical therapy? | Yes, No<br><br>Free text |

| Data Fields | Response Option |
|---|---|
| Does the member meet age requirements for lung transplant?<br><br>Select one of following:<br><br>• Single lung transplantation is recommended for individuals who are under 65 years of age,<br><br>• Double lung transplantation for those under 55; or,<br><br>• Heart-lung transplantation for those under 45. | Checkboxes or Radial buttons |
| Is member ambulatory? | Yes, No<br><br>Free text |
| Is member free of<br><br>• Cancer;<br><br>• HIV; and,<br><br>• Active Infection. | Checkboxes or Radial buttons<br><br>Free text |
| Does member have normal function of other vital organs?<br><br>• Heart;<br><br>• Liver; and,<br><br>• Kidneys | Yes, No<br><br>Free text |
| Is member a non-smoker? | Yes, No<br><br>Free text |
| Drug Use<br><br>Select one of the following:<br><br>• No drug abuse by history;<br><br>• Drug free for six months or more; or,<br><br>• Drug screen was positive. | Checkboxes or Radial buttons<br><br>Free text |
| Alcohol Use<br><br>Select one of the following:<br><br>• No alcohol abuse by history;<br><br>• Alcohol free for six months or more; or,<br><br>• Drug and alcohol screen was positive. | Checkboxes or Radial buttons<br><br>Free text |

| Data Fields | Response Option |
|---|---|
| Behavioral Health history<br><br>Select one of the following:<br><br>• No behavior health disorder by history;<br><br>• Behavioral health disorder by history (must have BOTH)<br><br>a. No severe psychosis/personality disorder<br><br>b. Mood/anxiety disorder excluded/treated<br><br>• Behavioral health history with active severe psychosis/personality disorder. | Yes, No<br><br>Free text |
| Does member understand risk of surgery, post procedure compliance, and follow-up? | Yes, No<br><br>Free text |
| Adequate family support? | Yes, No<br><br>Free text |

# Orthodontics Checklist – Clinical Administrative Support

The following checklist is used by the Clinical Administrative Support staff to determine whether all documentation is received before the case is referred to the dentist for review. She also coordinates any follow-up action that must be taken.

| Data Fields | Response Option |
|---|---|
| 1. Is Member < 21 years old? | • Yes No<br>• If No, case is cancelled. |
| 2. For an initial request, have all of the following been submitted?<br>• MAP 9;<br>• MAP 9A; and,<br>• MAP 396. | • Yes No<br>• If No, proceed to LOI process. |
| 3. Have all of the following been submitted?<br>• Initial pictures;<br>• X-rays; and,<br>• Molds | • Yes No<br>• If No, proceed to LOI process. |
| 4. Provider type<br>Select one of the following:<br>• General Dentist; or,<br>• Orthodontist | Checkboxes or radial buttons<br>Free text |
| 5. For a concurrent request, have the following been submitted?<br>• MAP 9; and,<br>• MAP 559 | • Yes No<br>• If No, proceed to LOI process. |
| 6. For a final request, have the following been submitted?<br>• MAP 9; and,<br>• MAP 700 | • Yes No<br>• If yes, proceed to next question.<br>• If No, proceed to LOI process. |

| Data Fields | Response Option |
|---|---|
| 7. For a final request, have all of the following been submitted?<br>• Initial and final pictures;<br>• X-rays; and,<br>• Molds | • Yes No<br>• If No, proceed to LOI process. |

# maxMC rules

| Issue ID | Rule in Place | Rule # | Rationale | Rationale Detail |
|---|---|---|---|---|
| **1** | Yes | **5** | Duplicate record exists - 0000000000 | Duplicate Services (possibly exact codes with overlapping or exact dates of service) |
| **2** | Yes | **4** | MMIS line number invalid – not in range | Operations Entry error of PA's into maxMC-less or more than 12 digits |
| **3** | Yes | **4** | MMIS line number invalid – not in range | Operations Entry error of PA's into maxMC-all characters |
| **5** | Yes | **11** | 146 - proc code inval-provider type | Provider is not authorized for submitted code |
| **6** | Yes | **11** | Prov / cos invalid | Provider is not authorized for submitted level of care |
| **7** | Yes | **11** | Provider number is required | Missing Provider |
| **8** | Yes | **7** | Amount approved is required | Monies not entered for Review Programs with pricing required |
| **9** | Yes | **7** | Amt approved is required | Monies not entered for Review Programs with pricing required |
| **10** | Yes | **6** | Quadrant missing or invalid | Incomplete Dental Review |
| **11** | Yes | **9** | 523 - PA approved amt > requested | Possible overage in approved services or pricing |
| **12** | Yes | **13** | For HHCS cases, require a 10-digit case specific fax number for the first facility | Ensuring that the case specific fax number is entered correctly and goes to the correct provider |
| **13** | Yes | **14** | A rule has been programmed into maxMC preventing a user from inputting a date that is more than 30 days ahead of the case initiation date | maxMC allowed the user to input any date (as long as the date was in the mm/dd/yyyyformat) resulting in erroneous date being sent on transactions for the following case types:<br>• Waiver<br>• PRTF<br>• Acute Free Standing Psych<br>• Nursing Facility |
| **14** | Yes | **15** | A rule has been programmed into maxMC preventing users from adding an inpatient case without completing tab 3 | maxMC allowed the user to add an inpatient case without completing tab 3 (as long as the user did not select tab 3) resulting in missing data on transactions for the case types:<br>• Acute Inpatient<br>• PRTF<br>• Waiver<br>• Nursing Facility |

Rule Detail Table

| Rule # | Trigger | Type | Priority |
|---|---|---|---|
| **1** | Add/Update of Care Coordination (Critical rule)<br>Do not allow the auth to be updated if any services had certain fields updated and if the service has a TCM_SEV_CODE = 'CR'.<br>The fields to check for are Status, Begin Date, End Date, Low Procedure Code, High Procedure Code, Quantity, Quantity Qualifier, Frequency, Frequency Qualifier, Duration, Duration Qualifier. The only exception is that the user is allowed to Cancel a service.<br>Give pop-up message saying: Services #, #, and # were updated. You must enter a valid Service and Place of Service combination. | JCS | High |
| **2** | Add/Update of Care Coordination (Critical rule)<br>Do not allow an auth to be updated if the Case Type is in (ACUTIP, TRANS, HOSPIC, NFAC, WAIVER) and the TCM_SEV_CODE for the 1st service = CR<br>Give pop-up message saying: This is an inpatient case. Service 1 must be the facility and must have a valid Service and Place of Service combination. | JCS | High |
| **3** | Add/Update of Care Coordination (Critical rule)<br>Require Tab 4 records to always be linked to a Tab 2 record<br>(Existing Member Health rule) | JCS | High |
| **4** | Add/Update in Care Coordination (Critical rule)<br>When TCM_AUTHORIZATION_NUMBER_2 is entered, make sure it is 12 digits long, no less, no more. And it must be numeric.<br>Give pop-up message saying: Services #, #, and # have invalid PA Numbers. | JCS | Low |
| **5** | Add/Update in Care Coordination (Critical rule)<br><br>For this rule, exclude auths where TAU_CTE_CODE in ('IMPLUS', 'ACUTIP', 'NFAC', 'PHYSER')<br><br>If there are any non-canceled services with the same Low Procedure Code Requested (TCM_PXC_UID_LOW_REQD), the same Begin Date Requested (TCM_DATE_BEGIN_REQD) and the same TOOTH_QUAD (from the KYHC_ADD_INFO_REQUEST TCM Site Fields UDW), then give a pop-up message saying:<br>"Services #, #, and # have the same requested procedure code, begin date and tooth quadrant (if your Case Type is Dental)".<br><br>If there are any non-canceled services with the same Low Procedure Code Authorized (TCM_PXC_UID_LOW_AUTHD), the same Begin Date Authorized (TCM_DATE_BEGIN_AUTHD) and the same TOOTH_QUAD (from the KYHC_ADD_INFO_REQUEST Site Fields UDW), then give a pop-up message saying:<br>"Services #, #, and # have the same authorized procedure code, begin date and tooth quadrant (if your Case Type is Dental)". | JCS | High |

| Rule # | Trigger | Type | Priority |
|---|---|---|---|
| **6** | Add/Update in Care Coordination (Critical rule)<br>For any non-canceled service where the Low Procedure Code (AUTHD else REQD) = D4341, the Tooth Quadrant (TOOTH_QUAD) from the Service Site Fields UDW (KYHC_ADD_INFO_REQUEST) must be populated. If not, give a pop-up to the user saying: "The Tooth Quadrant must be populated on services #, #, and #." | JCS | High |
| **7** | Add/Update in Care Coordination (Critical rule)<br>For each pended service (system meaning = A4)<br>If the TAU_CTE_CODE = DME, EPSDT, IMPLUS or TCM_SEV_CODE = 38,<br>then the Extended Info - CostSavings TCM_RATE_REQD is required.<br>If this error occurs, give pop-up to the user saying:<br>"The Rate Requested is required on services #, #, and #"<br><br>For each approved service (system meaning = A1 or A6):<br>If the TAU_CTE_CODE = DME, EPSDT, IMPLUS or TCM_SEV_CODE = 38,<br>then the Extended Info - CostSavings TCM_RATE_REQD and TCM_RATE_AUTHD are required.<br>If this error occurs, give pop-up to the user saying:<br>"The Rate Authorized is required on services #, #, and #. | JCS | High |
| **8** | Update in Care Coordination (Critical rule)<br>Do not allow **any** fields on a service (TCM) to be changed if the status is approved (system meaning = A1 or A6) and the TCM_AUTHORIZATION_NUMBER_2 is populated. This includes the Site Fields in the KYHC_ADD_INFO_REQUEST table. The only exception are that the following three fields in the Site Fields **can** be modified: SEND_TO_EDS_DATE_1, 2, and 3 (these three fields still need to be added to the table in Prod)<br>There is one exception. If the TCM_SEV_CODE = 'CR', do not process this rule. Just exit.<br>Note: If you cannot do a GetFieldValue on the Site Fields table, this is okay. We will just live with this.<br>If this error occurs, give pop-up message to the user saying:<br>"Services #, #, and # cannot be modified because they are approved and have a PA number."<br>If the service in the Database is approved (system meaning = A1 or A6), then<br>the fields that cannot be changed are:<br><br>Physician ID (REQD and AUTHD)<br>Facility ID (REQD and AUTHD)<br>Begin Date (REQD and AUTHD)<br>End Date (REQD and AUTHD)<br>Low Procedure Code (REQD and A+A7UTHD)<br>High Procedrue Code (REQD and AUTHD)<br>Status (with the exception of statuses where the System Meaning = 'CXL'. This change is allowed)<br>Reason<br>TCM_TOTAL_QUANTITY_REQD and AUTHD<br>TCM_TOTAL_COST_REQD and AUTHD<br>TCM_DAYS_REQD and AUTHD | JCS | High |

| Rule # | Trigger | Type | Priority |
|---|---|---|---|
| | All UDW Site Fields (except for SEND_TO_EDS_DATE_1, SEND_TO_EDS_DATE_2, and SEND_TO_EDS_DATE_3)<br>The Site Fields Override Admit Date can be populated on an approved service if it was not already populated in the database.<br><br>That's it. Not even SEV and POS are in there, because they don't get sent to EDS.<br><br>TCM_AUTHORIZATION_NUMBER_2 will be added later, but cannot be put 9in place right now. | | |
| **9** | Add/Update in Care Coordination (Critical rule)<br>For all services that are pended, approved, or denied (system meaning A4, A1, A6, and A3), the TCM_RATE_AUTHD must be <= the TCM_RATE_REQD.<br>If this error occurs, give pop-up message to the user saying:<br>"The authorized rate cannot be greater than the requested rate." | JCS | High |
| **10** | Add/Update in Care Coordination (Critical rule)<br>In the TCM Site Fields UDW there is a field called OVERRIDE_ADMIT_DATE. This field must be populated on the first service for inpatient cases. Inpatient cases are where the TAU_CTE_CODE in ('ACUTIP', 'NFAC', 'PRTF', 'WAIVER', 'HOSPIC', 'TRANS'). It must be NULL on all services from 2 forward. For non-inpatient cases, it must be NULL on all services. If this is not the case, give a pop-up to the user saying "The Override Admit Date can only be populated on the first service and is required for Inpatient cases." | JCS | High |
| **11** | Add/Update in Care Coordination (Critical rule)<br>If TAU_CTE_CODE = DENTAL,<br>**Provider ID must start with "60" or "61" or "31"**<br>If TAU_CTE_CODE = DME,<br>**Facility ID must start with "90"**<br>If TAU_CTE_CODE = EPSDT,<br>**Facility ID must start with "45"**<br>If TAU_CTE_CODE = WAIVER<br>and TCM_SEV_CODE = HCBS<br>**Facility ID must start with "42" or "43"**<br>If TAU_CTE_CODE = WAIVER<br>and TCM_SEV_CODE = MODS<br>**Facility ID must start with "41"**<br>If TAU_CTE_CODE = HHCS<br>**Facility ID must start with "34"**<br>If TAU_CTE_CODE = IMPLUS<br>**Facility ID must start with "29"**<br>If TAU_CTE_CODE = PHYSER<br>**Provider ID must start with "64" or "65"**<br>If TAU_CTE_CODE = OUTPT and TCM_POS_CODE_AUTHD, else REQD (depending on if AUTHD or REQD provider being entered) = 11 and TCM_SEV_CODE = 4<br>**Provider ID must start with "64" or "65" or "78" or "80"**<br>If TAU_CTE_CODE = OUTPT, TCM_POS_CODE_AUTHD, else REQD (depending on if AUTHD or REQD provider is being entered) = 22 or OPCENT and TCM_SEV_CODE = 4<br>**Facility ID must start with "01" or "86" or "31" or "35"**<br>If TAU_CTE_CODE = OUTPT, TCM_POS_CODE_AUTHD, else REQD | JCS | Low |

| Rule # | Trigger | Type | Priority |
|---|---|---|---|
| | (depending on if AUTHD or REQD provider is being entered) = 11 and TCM_SEV_CODE = THRPHY<br>**Provider ID must start with "64" or "65"**<br>If TAU_CTE_CODE = OUTPT, TCM_POS_CODE_REQD = 22 or OPCENT and TCM_SEV_CODE = THRPHY<br>**Facility ID must start with 50, 70, 78 or 79 or "01", "31", "35", or "85"** | | |
| **13** | For HHCS cases, require a 10-digit case specific fax number for the first facility. Ensure that the case specific fax number is entered correctly and goes to the correct provider. | JCS | Medium |
| **14** | maxMC allowed the user to input any date (as long as the date was in the *mm/dd/yyyy* format) resulting in an erroneous date being sent on transactions for the following case types:<br>• Waiver<br>• PRTF<br>• Acute Freestanding Psych<br>• Nursing Facility<br>A rule has been programmed into maxMC preventing a user from inputting a date that is **more than 30 days ahead** of the case initiation date | JCS | Medium |
| **15** | Add and update care Coordination<br>When case type = (TAU_CTE_CODE: ACUTIP, WAIVER, PRTF, or NFAC)<br>Auth can only be updated when a corresponding Tab 3 TID row is completed. | JCS | High |

# Interface Error Messages

| Error Type | Error Message | Meaning |
|---|---|---|
| Payment Method | Invalid payment method | Payment method determines how claims will pay when using the service authorization. Valid payment methods are:<br>1 = Pay system price<br>2 = Pay calculated unit price from the service auth<br>4 = Pay up to capitated amount on the service auth<br>5 = Pay based on claims audits |
| | PA Cat is %s: Req qty must be greater than 0 and amt = 0. Lineitem:%s | For a PA Category where the payment method is 1 (Pay System Price) quantity must be > 0 and amount must = 0. |
| | PA Cat is %s: Auth qty must be greater than 0 and amt = 0. Lineitem:%s | For a PA Category where the payment method is 1 (Pay System Price) quantity must be > 0 and amount must = 0. |
| | PA Cat is %s: Req qty, amt must be greater than 0. Lineitem:%s | For a PA Category where the payment method is 2 (Pay Unit Fee Price) quantity must be > 0 and amount must be > 0. |
| | PA Cat is %s: Auth qty, amt must be greater than 0. Lineitem:%s | For a PA Category where the payment method is 2 (Pay Unit Fee Price) quantity must be > 0 and amount must be > 0. |
| | PA Cat is %s: Req qty must be 0 and amt greater than 0. Lineitem:%s | For a PA Category where the payment method is 4 (Pay Cap Amount) quantity must = 0 and amount must be > 0. |
| | PA Cat is %s: Auth qty must be 0 and amt greater than 0. Lineitem:%s | For a PA Category where the payment method is 4 (Pay Cap Amount) quantity must = 0 and amount must be > 0. |
| | PA Cat is %s: Req qty and amt must be 0. Lineitem:%s | For a PA Category where the payment method is 5 (Pay Audit Amount) both quantity and amount must = 0. |
| | PA Cat is %s: Auth qty and amt must be 0. Lineitem:%s | For a PA Category where the payment method is 5 (Pay Audit Amount) both quantity and amount must = 0. |
| | PA Cat is %s: Invalid | Table t_pa_auto_crit maintains valid payment |

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| | payment method. Lineitem:%s | methods for a PA Category code. The payment method is not found on the table for the PA Category code on the service auth. |
| Waiver Service Auths | Waiver-requested frequency quantity must be > 0. Lineitem:%s | For Waiver PA Category codes, a frequency quantity > 0 is required. |
| | Waiver-req freq code is a required field. Lineitem:%s | For Waiver PA Category codes, a frequency code is required. Valid codes are: M = Monthly W = Weekly |
| | Waiver-req eff and end dates are required. Lineitem:%s | For Waiver PA Category codes, requested effective and end dates are required. |
| | Waiver - requested frequency code is invalid. Lineitem:%s | For Waiver PA Category codes, a frequency code is required. Valid codes are: M = Monthly W = Weekly |
| | Waiver - authorized frequency quantity is required. Lineitem:%s | For Waiver PA Category codes, an authorized frequency quantity is required. |
| | Waiver - authorized frequency code is required. Lineitem:%s | For Waiver PA Category codes, an authorized frequency code is required. Valid codes are: M = Monthly W = Weekly. |
| | Waiver - authorized eff and end dates required. Lineitem:%s | For Waiver PA Category codes, authorized effective and end dates are required. |
| | Waiver - authorized freq code is invalid. Lineitem:%s | For Waiver PA Category codes, an authorized frequency code is required. Valid codes are: M = Monthly W = Weekly. |
| Member<br><br>Member | Member not on interChange file | Member is not found in the MMIS. |
| | Recipient Required | A valid Member ID is required for a service authorization. |
| | PA not allowed - member is KCHIP III | A service authorization is not allowed for a member with an active program status code of KCHIP III ( ‘M7’ or ‘P7’). |
| | Line Item not allowed - member has Presumptive Elgibility | A service authorization is not allowed for a member with an active program status code of Presumptive Eligibility ( “PE”). |
| Provider | Provider not on File | Provider ID is not found in the MMIS. |
| | Provider not on File 1 | NPI ID is not found in the MMIS. |
| | Service Provider Required | A valid Service Provider ID is required for a service authorization. |
| | Invalid service Provider | The provider type submitted on the service auth is |

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| | type | not valid in the MMIS for the Service Provider ID. |
| | Invalid Provider type for PA Category | The provider type submitted on the service auth is not valid on the t_pa_cat_pt_xref table. The table maintains valid provider types for a PA Category code. |
| | NPI required for Healthcare Providers | This is a HIPAA error. |
| PA Category Code | PA Category Code Required | A service authorization requires a valid PA Category code. The code has not been submitted on the service auth. |
| | "#PA Category Code Invalid [%s]", | A service authorization requires a valid PA Category code. |
| | PA Category Code Required for EPSDT | PA Category code was not submitted on the service authorization. |
| Line Item Status | PA Status is Required | A service authorization line item requires a valid PA Status code. The code has not been submitted on the service auth. |
| Service Code | Invalid service code | A service authorization line item requires a valid revenue or procedure code. |
| | Service Not on File | A service authorization line item requires a valid revenue or procedure code. The service code was not found in the MMIS database. |
| | Revenue code Not on File:%d", | A service authorization line item requires a valid revenue or procedure code. The service code was not found in the MMIS database. |
| | Procedure code Not on File :%s | A service authorization line item requires a valid revenue or procedure code. The service code was not found in the MMIS database. |
| | Service Code is Required. LineNo:%s", | A service authorization line item requires a valid revenue or procedure code. The service code was not submitted on the service auth. |
| | Error: Service Code Type | The Service Code Type indicates the type of service code that has been submitted on the service auth.<br>1 = Revenue Code<br>2 = Procedure Code |
| | Invalid Value", "tooth | The value submitted for a tooth is not found on the MMIS t_proc_tooth table. |
| | Invalid Value", "toothQuad | The value submitted for a tooth is not found on the MMIS t_tooth_quadrant table. |
| | Service Not on File revenue or procedure | An update was submitted for the line item with no |

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|---|---|---|
| | code | revenue or procedure code. |
| Line Item Dates | PA is finalized Req eff dates required | The service auth line item has an approved or denied status. A requested effective date is required. |
| | Invalid Requested eff Date" | The service auth line item has an approved or denied status. A requested effective date is required. |
| | PA is finalized Req end dates required | The service auth line item has an approved or denied status. A requested end date is required. |
| | Invalid Requested end Date | The service auth line item has an approved or denied status. A requested end date is required. |
| | Invalid Authorized Effective Date | The authorized effective date is not in a valid format of mmddccyy. |
| | Invalid Authorized End Date | The authorized end is not in a valid format of mmddccyy. |
| | PA is finalized. Auth Service Dates Required | The service auth line item has an approved or denied status. Authorized effective and end dates are required. |
| | Duplicate Service Authorized on %s | A duplicate service authorization request was submitted. |
| | Invalid Date | Verify date is in the correct mmddccyy format. |
| Line Item Modifiers | Duplicate Modifier | A service authorization line item may have up to 4 modifiers. Each modifier must be unique. |
| | Modifier Invalid for Line Item XX | A line item modifier is not found on the MMIS database. |
| Line Item Modifiers - EPSDT | Modifier GO, GP or GN required for EPSDT PA proc code S8990 | If a service auth has a PA Category of EPSDT and the line item has a service code of S8990, there must be a modifier of ‘GO’, ‘GP’, or ‘GN’. |
| | Modifier 'TF' invalid as Modifier 2 for EPSDT PA proc code H0017 | If a service auth has a PA Category of EPSDT and the line item has a service code of H0017, then ‘TF’ is not valid as a second modifier. |
| | invalid additional Modifier for EPSDT | The service authorization is EPSDT and Modifier 2 is an invalid value for an EPSDT service authorization. |
| | "Modifier 1 required before Additional Modifier can be present | There must be a Modifier 1 before additional modifiers can be submitted. |
| Line Item Modifiers - Impact Plus | Modifier must be 14 or 15 for proc X0060 | The service authorization is for PA Category Impact Plus and the line item has a service code of X0060. The modifier must be ‘14’ or ‘15’, |

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| | Modifier must be 20, 21. 22 for proc X0050 | The service authorization is for PA Category Impact Plus and the line item has a service code of X0050. The modifier must be ‘20’, ‘21’, or ‘22’. |
| | Modifier must be HM or HN for proc H2021 | The service authorization is for PA Category Impact Plus and the line item has a service code of H2021. The modifier must be ‘HM’ or ‘HN’. |
| | Modifier must be UG for proc H2019 | The service authorization is for PA Category Impact Plus and procedure code H2019. The modifier must be ‘UG’ or no modifier should be submitted at all for the line item. |
| | Modifier must be U1 for proc 90804 | The service authorization is for PA Category Impact Plus and service provider ID ‘29101490’ or ‘29201498’ and the procedure code is 90804. The modifier must be ‘U1’. |
| | Modifier must be 03 for proc X0058 | The service authorization is for PA Category Impact Plus and the line item has a service code of X0058. The modifier must be ‘03’. |
| | Modifier must be 01 for proc XH100 | The service authorization is for PA Category Impact Plus and the line item has a service code of XH100. The modifier must be ‘01’. |
| | Modifier must be 05 or 17 for proc X0086 | The service authorization is for PA Category Impact Plus and the line item has a service code of X0086. The modifier must be ‘05’ or ‘17’. |
| Line Item Reason code | Reason Code Required for Final Status | A reason code is required is the service authorization line item is in an approved or denied status. |
| | Invalid Reason Code | The reason code for the line item is not found on the MMIS database. |
| | Reason Code Needed for PA | A reason code is required is the service authorization line item is in an approved or denied status. |
| Nursing Facility PA - Type of Service | cdeTos invalid for Assignment Code | The PA Category Code is Nursing Facility. The submitted Type of Service code must be ‘Y’, ‘H’, ‘V’ or ‘B’. |
| Orthodontic PA - Ortho Status Code | cdeOrthoStatus invalid for Assignment Code | The PA Category Code is Orthodontics. The submitted Ortho Status Code must be a space or ‘C’, ‘I’, ‘P’, ‘H’ or ‘L’. |
| | Invalid data for Orthodontic PA | There was no node on the service authorization’s submitted XML f that contains the Ortho Status Code. This is the ‘paPauthState’ node. |
| | Invalid Orthodontic Status Code | The PA Category Code is Orthodontics. The submitted Ortho Status Code must be a space or ‘C’, ‘I’, ‘P’, ‘H’ or ‘L’. |
| Managed Care | Pa Category/Service | The PA Category is EPSDT and the member is in |

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| | Code not allowed - member in Managed Care | managed care. Only procedure type service codes are allowed for this situation. |
| | Procedure Code not allowed - member in Managed Care | The PA Category is EPSDT and the member is in managed care. Only behavioral health type service codes are allowed. |
| | Member in Managed Care Pa Cat/Service Code not allowed | The PA Category is Inpatient and the member is in managed care. The service auth is allowed only if the service codes are ‘100’ thru ‘219’ and there is a reason code of ‘741’. |
| Diagnosis Code | PA diagnosisCode is Required | At least one diagnosis code is required for service authorizations other than Dental. |
| | Invalid Diagnosis code :%s | The submitted diagnosis code is not found on the MMIS database. |
| | The maximum number of diagnosis codes for PA submission is nine thousand nine hundred ninety nine | A service authorization may have no more than 9,999 diagnosis codes. |
| Media Type Code | Invalid Value", "mediaType | A media type is required no value was provided. |
| | Invalid Media [%s", | The submitted media type is not found on the MMIS database. |
| | PaMedia required and not present on request | Media type code was not submitted on the service authorization. |
| School Based Service Authorizations | School year not on File | School year submitted on the service auth is not on the t_pa_school_yr table. |
| | Requested Effective Date not in range for school year | The requested effective date is not within the range defined on table t_pa_school_yr for the submitted school year. |
| | Name of person completing information is required | The service authorization has a PA Category of School Based. The submitter name is required. |
| | Invalid IEP Date | The service authorization has a PA Category of School Based and the IEP date is required. |
| | Invalid ESY indicator | The service authorization has a PA Category of School Based and the ESY indicator is required. Valid values are ‘Y’ and ‘N’. |
| | School -Requested frequecy code is required. Lineitem:%s | For School PA Category code, an authorized frequency code is required. Valid codes are: M = Monthly W = Weekly. D = Daily, A = Annual. |
| | School -Requested frequency code is | For Waiver PA Category codes, an authorized frequency code is required. Valid codes are: M = |

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| | invalid. Lineitem:%s | Monthly W = Weekly. |
| Quantity/Amount | PA Cat %s:Auth qty/amt greater than Req qty/amt :%s | The authorized quantity and/or amount may not be greater than the requested quantity and/or amount. |
| Claim Has Paid Against a Service Auth | Claim has paid, cannot modify Service Code | A claim has paid against the service authorization. No change is allowed to the service code. |
| | Claim has paid, cannot modify Service Code Thru | A claim has paid against the service authorization. No change is allowed to the service thru code. |
| | Claim has paid, cannot modify Service Code Type | A claim has paid against the service authorization. No change is allowed to the service code type. |
| | Claim has paid, cannot modify Service Modifier 1 | A claim has paid against the service authorization. No change is allowed to the service code modifier. |
| | Claim has paid, cannot modify Service Modifier 2 | A claim has paid against the service authorization. No change is allowed to the service code modifier 2. |
| | Claim has paid, cannot modify Service Modifier 3 | A claim has paid against the service authorization. No change is allowed to the service code modifier 3. |
| | Claim has paid, cannot modify Service Modifier 4 | A claim has paid against the service authorization. No change is allowed to the service code modifier 4. |
| | Claim has paid, cannot modify Tooth Number | A claim has paid against the service authorization. No change is allowed to the service code tooth number. |
| | Claim has paid, cannot modify Tooth Quadrant | A claim has paid against the service authorization. No change is allowed to the service code tooth quadrant. |
| | Claim has paid, cannot modify Service Requested Start Date | A claim has paid against the service authorization. No change is allowed to the requested effective date. |
| | Claim has paid, cannot modify Service Requested End Date | A claim has paid against the service authorization. No change is allowed to the requested end date. |
| | Claim has paid, cannot modify Line Item Decision/Status: lineitem:%s | A claim has paid against the service authorization. No change is allowed to the line item status code. |
| | Claim has paid, cannot modify Service Requested Quantity | A claim has paid against the service authorization. No change is allowed to the requested quantity. |

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| | Claim has paid, cannot modify Service Requested Amount | A claim has paid against the service authorization. No change is allowed to the requested amount. |
| | Auth Qty is less than Claim paid Amount | Authorized quantity cannot be adjusted to an amount that is less than the amount already paid on a claim. |
| | Authorized quantity cannot be null | A value must be provided for the authorized quantity. |
| | Authorized amount cannot be less than claim_pa id_amt | Authorized amount cannot be adjusted to an amount that is less than the amount already paid on a claim. |
| | Auth Amount is less then Claim paid Amount | Authorized amount cannot be adjusted to an amount that is less than the amount already paid on a claim. |
| | Update:Invalid Value on sak_pa 1", "sak_pa"); | A paid claim was found for the service authorization. Certain updates are not allowed when a claim has paid against a service auth. |
| Transaction Errors | insert :Invalid line item number | The line number assigned to a new line item already exists on the MMIS database. |
| | Add txns should not have a PA number | Add transactions have been submitted with a PA number. |
| | Duplicate PAs found for this case/Prov | The transaction was submitted as an Add, but there is an existing service authorization on the MMIS database with the same case number and service provider ID. |
| | Unknown transaction type for process field N | An invalid transaction type was submitted on the tranaction.<br><br>Valid transaction types are:<br><br>A = Add<br>P = Provider Update (from Interchange only to end-date service(s))<br>S = Service/PXC Code Update (from Interchange only to change a service code (i.e. PXC)<br>R = Rate Update (From Interchange only to change a rate)<br>U = Update (from maxMC only) |
| | Error processing the PA document | Error occurred when submitting the XML for update of the MMIS database. |
| | Error:process status = A. Value found on priorAuthNum | A pending eligible was approved for the creation of a service auth. A prior auth number was already found on the incoming transaction. |

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| | | |
| | Error: Invalid process status | Transaction was submitted with an invalid process status.<br><br>Valid process statuses are:<br><br>N = New Transaction<br>K = New Transaction from maxMC where the PEND_ELIG record was created for Pending Eligibles or Level of Care<br>A = Pending Eligible Approved<br>I = Transaction In Process<br>E = Error<br>W = Waiting on Pending Eligible Approval<br>D = Done (no more processing needed)<br>P = PA Number Assigned by EDS |
| | Error processing the pending member | Error was encountered when processing the “K” transaction by the calling member function. |
| | Error:process status = K, record type not equal to P or L | Transaction was submitted with invalid record type. “K” transactions further define the transaction by the record type.<br><br>Valid recod types for “K” transactions are:<br><br>I = Inpatient Pending Eligible<br><br>P = Add Pending Eligible for Instutional or Waiver<br><br>A = Pending Eligible Waiver Re-Cert – Update LOC dates for the pending eligible<br><br>B = Pending Eligible Non-Waiver<br><br>Re-Cert - Update LOC dates for the pending<br><br>eligible<br><br>L = LOC Facility - new LOC or provider update<br><br>M = Waiver LOC<br><br>R = Eligible Member Non-Waiver Recert<br><br>W = Eligible Member Waiver Re-cert<br><br>C = Code Not used – Update Case Number |
| | Error during validate and prepare of priorAuthorization | Error occurred when submitting the XML for update of the MMIS database. |

| | | |
|---|---|---|
| | Error during data baseLoad of priorAuthorization | Error occurred when writing to the database for an add or update. |
| | paRequester idCodeQualifier ZH or XX not present | 'ZH' and 'XX' are qualifier codes used when processing a HIPAA transaction. A code was not present when processing the requesting provider id. |
| | paRequestSuppId referenceIdQual ZH or XX not present | 'ZH' and 'XX' are qualifier codes used when processing a HIPAA transaction. A code was not present when processing the requesting provider id. |
| | paServiceProv idCodeQualifier ZH or XX not present | 'ZH' and 'XX' are qualifier codes used when processing a HIPAA transaction. A code was not present when processing the service provider id. |
| | paServiceProvSuppId referenceIdQual ZH or XX not present | 'ZH' and 'XX' are qualifier codes used when processing a HIPAA transaction. A code was not present when processing the service provider id. |
| | paReviewStatus not a valid paStatus for priorAuthLitem | A valid status was not submitted on the service authorization line item. |
| | Could not process the input PA txn | Error was returned from program with unrecognizable error code. |
| | Update:No value on priorAuthNum | Update transaction was submitted without a PA number. |
| | Update:Invalid Value on priorAuthNumber | Update transaction was submitted without a PA number that was not found on the MMIS database. |
| | Update:Error updating lineItemCdeSynch | Error was encounted when updating the line item synch code that matches a maxMC line item with an MMIS line item. |
| | Update:Error updating case number | An error was encounted when updating the case number. |
| | Update:No value on priorAuthNum | Transaction was submitted as an update but there was no prior auth number submitted. Prior auth number is required on an update. |
| | System error, unable to assign PA number | A system error or database error occurred when deriving a new prior auth number. |
| | At least one line item is required | A service authorization must have at least one line item. Ensure at least 1 line item has been submitted for the service authorization. |
| | The maximum number line items for PA submission is ninety-nine | A service authorization may have no more than 99 line items. |

| | | |
|---|---|---|
| | Per day limit of 1000 PAs per category reached | Service authorization numbering is based on the PA Category code. The last 3 digits of the service auth number reflects the number of service auths generated for that PA Category. There may only be 000 – 999 service auths generated in 1 day for the same PA Category code. |
| | ERROR:PA number created is already existing in MMIS | The system generated a service auth number that already exisits in the MMIS. |
| | Cannot Update:Prior Auth Nmbr not in MMIS | A service auth has been submitted for update, but the PA number is not found in the MMIS. |
| | Update:Invalid Prior Auth Nmbr in MMIS:%s", | Submitted PA number was not found on the MMIS database. |
| | Invalid Prior Auth Nmbr for Update | Submitted PA number was not found on the MMIS database. |
| | Authorized Effective Date not on input XML | A service authorization was submitted without an authorized effective date. The date is needed to determine if the claim was paid within the service auth effective dates. |
| | Authorized End Date not on input XML | A service authorization was submitted without an authorized effective date. The date is needed to determine if the claim was paid within the service auth effective dates |

# Member Management Detailed System Design

*Kentucky MMIS Project*

*Cabinet for Health and Family Services*
*Department for Medicaid Services*

March 7, 2008

| Cabinet for Health and Family Services<br>Department for Medicaid Services | |
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# 1 Introduction

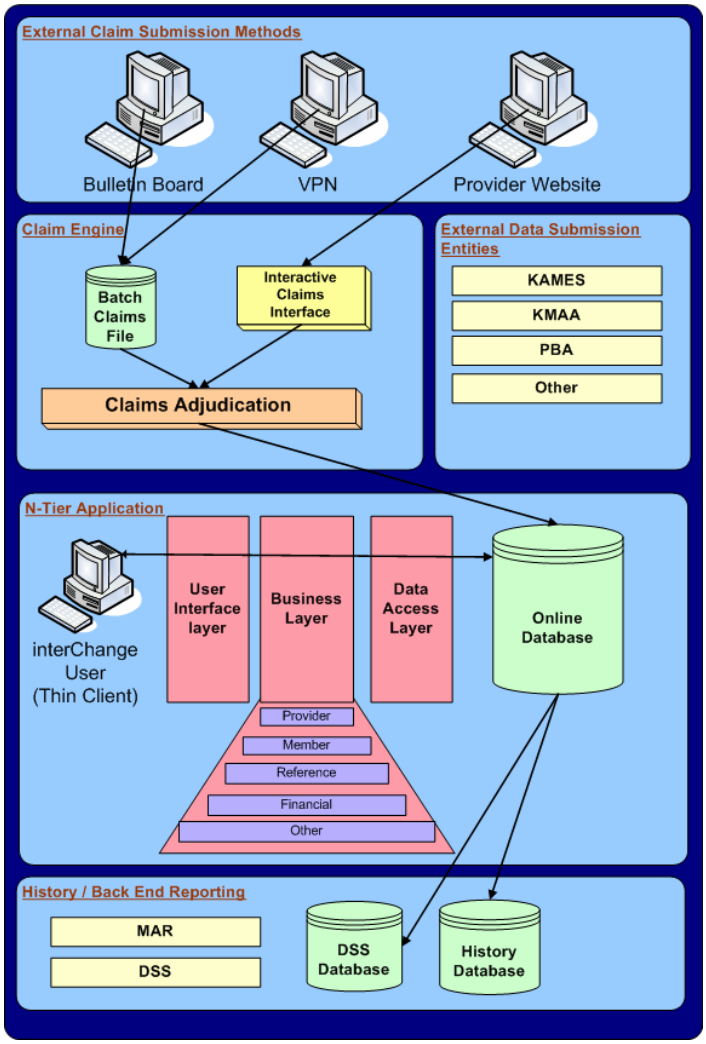
This document provides the Member Management Requirements Detailed System Design (DSD).This DSD combines two functional areas: Member Data Maintenance and Managed Care. The DSD validates the design process and approach to solution, and identifies those items as specified in the Kentucky MMIS (KY MMIS) Request for Proposal (RFP) and as specified by Kentucky Medicaid.

# 2 Detailed System Design

## 2.1 System Flow

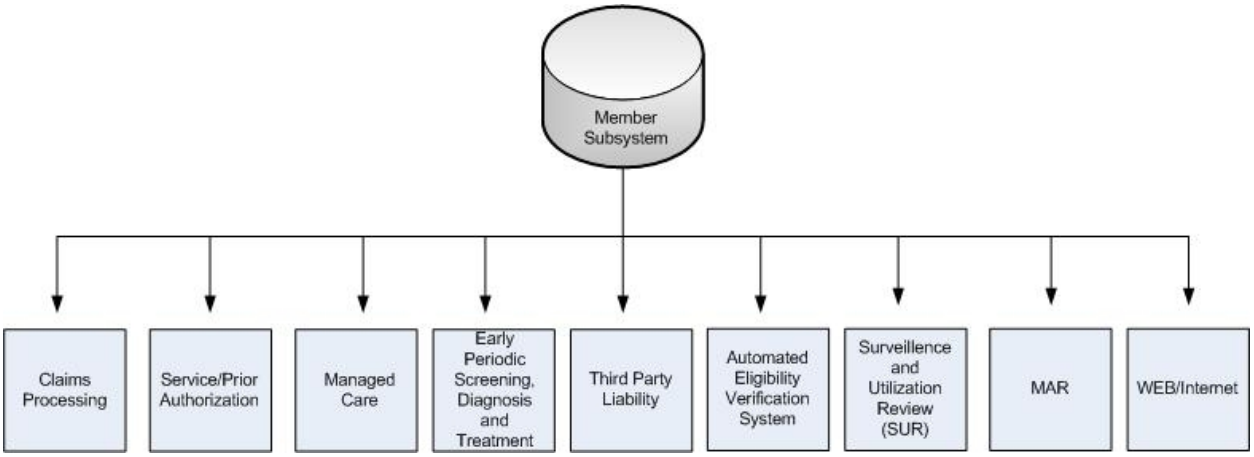
### 2.1.1 interChange System Architecture

The system is logically divided into four primary components: Claims engine, User Interface, Batch, and the History and Back End Reporting. The Claims engine is responsible for receiving interactive transactions from external sources, adjudicating them, and returning the appropriate response. The User Interface is an N-tier application providing segregated and loosely coupled presentation, business logic, and data logic layers. The user interface provides access to the online subsystem functions through a thin client, the web browser. The Batch component is responsible for maintaining and reporting on data contained within the online database. The History and Back End reporting component is responsible for analyzing, reporting, and supporting the management of the activities that have occurred in the two front end systems. The system interfaces with a variety of data sources which influence processing within the system. The External data submission entities are organizations that supply information to the Medicaid Management Information System (MMIS).



### 2.1.2 Member Data Maintenance System Flow

Member information is crucial to the processing of the MMIS in general. The following graphic shows the high level MMIS functional areas that utilize member information for their processing.




The following table provides a high level description of the subsystems depicted above.

| Subsystem | Description |
|---|---|
| Claims Processing | Reimbursing providers for medical services provided to members |
| Service/Prior Authorization | State policy dictates that certain medical services must be authorized before the services are rendered. The Service/Prior Authorization subsystem maintains this information. |
| Managed Care | Managed Care Organizations (MCO) is responsible for the care of members within their plans. The KenPAC program provides gatekeeper services for Managed Care-eligible members who are not in an MCO. Non-Emergency Medical Transportation (NEMT) payments and Medical Lock-In fee payments are also part of the Managed Care subsystem. |
| EPSDT | These subsystem tracks and reports medical and dental checkups for children under the age of 21. |
| TPL | This subsystem tracks, reports, and processes non-Medicaid payment sources due to Medicaid when claims are paid for members who have other insurance or payment sources. |
| MARS | State and Federal management reporting of summarized dollars paid by various member groupings such as aid category or fund code. |
| SURS | Utilization reporting to aid in determining appropriate care provided to members and to assist in the detection of fraud. |

| | |
|---|---|
| AEVS | The Automated Eligibility Verification System provides eligibility responses to providers when requested through the Voice Response and Web systems. |

## 2.2 Subsystem Description

### 2.2.1 Introduction to Member Data Maintenance

The primary purpose of the Member Data Maintenance function is to accept and maintain an accurate, current, and historical source of eligibility and demographic information on individuals eligible for programs within Kentucky Medicaid and processes by the KY MMIS, and to support analysis of the data contained within the member data maintenance system. The maintenance of member data is required to support MMIS subsystems including the following:

- Claims processing;
- Automated eligibility verification system (AEVS);
- EPSDT;
- MAR;
- SUR;
- Internet;
- Managed Care;
- Third-party liability; and,
- Service/Prior Authorization and prepayment review.

The KY MMIS Member Data Maintenance function maintains comprehensive, current and historical information about members eligible for Kentucky medical assistance. The establishment and maintenance of a single member data repository with demographic and eligibility information supports accurate and timely claim processing, data integrity across subsystems, and enhanced management and utilization review reporting. Eligibility processing involves processing and maintaining member-specific information necessary for claims processing and reporting. Member data is maintained for the claims system to determine whether a medical service provided to the member is covered, given Commonwealth policy. Having up-to-date, accurate eligibility information readily available benefits Kentucky's providers because they can confidently supply services to eligible members.

## 2.3 Member Data Maintenance Processes

### 2.3.1 Eligibility and Demographic Updates Process Model

| Connected via | Connected to | Src | Dst |
|---|---|---|---|
| KAMES Daily Data | Kentucky Automated Management Eligibility System | X | |
| PA62/SDX Daily Data | Public Assistance Eligibility System/ State Data Exchange Eligibility System | X | |
| KAMES Reconciliation Data | Kentucky Automated Management Eligibility System | X | |
| PA62/SDX Reconciliation Data | Public Assistance Eligibility System/ State Data Exchange Eligibility System | X | |

#### 2.3.1.1 Process Description

Daily and Reconciliation updates, Eligibility and demographic, are received from the Kentucky Automated Management Eligibility (KAMES) and the Public Assistance Eligibility (PA62)/State Data Exchange (SDX) Systems. The updates are applied to the MMIS during nightly batch processing. The reconciliation transactions, from both systems, are received twice a month.

#### 2.3.1.2 interChange Narrative

The eligibility and demographic updates are entered into the KAMES and PA62/SDX systems by the Kentucky caseworkers. These updates are then transmitted to the MMIS and are processed during the nightly batch cycle. During processing, the transactions received are validated and the updates are applied to the MMIS. Some of the validations that occur are:

- Date of birth is present and is a valid date;
- Member's name is present;
- Zip Code is present and numeric;
- Date of Death is after the Date of Birth;
- Eligibility begins after the date of birth;
- Gender and Race are valid; and,
- County code is valid.

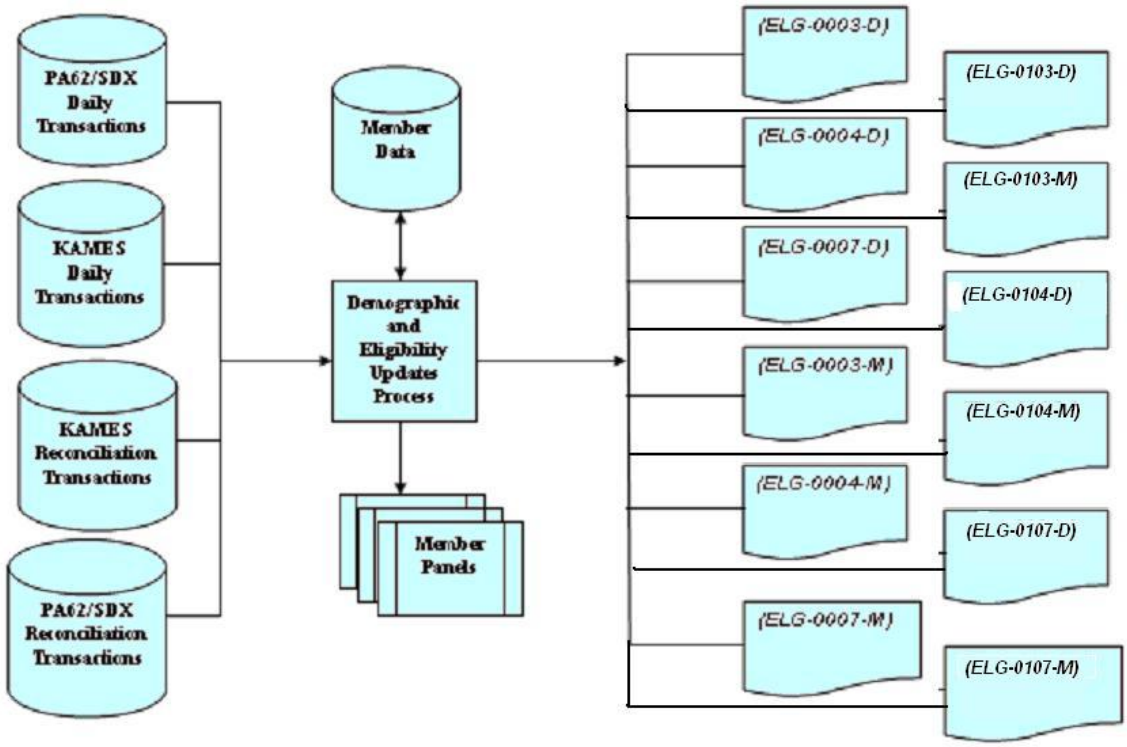
These edits are valid for both daily and reconciliation processing. When a transaction is in error, the transaction is written to the error log and is reported on the Daily Processing Eligibility Transaction Processor (ETP) Eligibility Update Error reports for the daily transactions and on the Recon Processing ETP Eligibility Update Error reports for the reconciliation transactions. Separate reports are generated for the KAMES and PA62/SDX transactions. The errors are also maintained in a table for research purposes.

The Daily Processing ETP Error Count and Recon Processing ETP Error Count reports are generated. They are summaries of the ETP error code failures for the cycle processed. The report includes the error number, the number of times the error occurred, the action taken when the error fails, a description of the error, and a source code to indicate the source of the error. A separate report is generated for the KAMES and PA62/SDX daily and reconciliation transactions.

The ETP Daily Processing Transaction Count and ETP Recon Processing Transaction Count reports are generated to report of the total number of ETP transactions received, processed with no errors, processed with non-fatal errors, and not processed due to fatal errors. Separate totals are kept for the KAMES and PA62/SDX transactions. The errors are not reported to the KAMES and PA62/SDX systems.

The following reports are created:

- KAMES Error (ELG-0003-D);
- KAMES Recon Error (ELG-0003-M);
- KAMES Transaction Count (ELG-0004-D);
- KAMES RECON Transaction Count (ELG-0004-M);
- KAMES Error Count (ELG-0007-D);
- KAMES RECON Error Count (ELG-0007-M);
- PA62 SDX Error (ELG-0103-D);
- PA62 SDX RECON Error (ELG-0103-M);
- PA62 SDX Transaction Count (ELG-0104-D);
- PA62 SDX RECON Transaction Count (ELG-0104-M);
- PA62 SDX Error Count (ELG-0107-D);
- PA62 SDX Error Count (ELG-0107-M);
- SDX Error (ELG-0113-D);
- SDX Transaction Count (ELG-0114-D); and,
- SDX Error Count (ELG-0117-D).




### 2.3.2 Manually Adding a New Member Process Model

#### 2.3.2.1 Process Description

The Department of Medicaid Services adds Members to the MMIS when the Commonwealth determines that the member should be added outside of batch processing.

#### 2.3.2.2 interChange Narrative

To add a new member, enter the member's demographic and Medicaid eligibility. The Managed Care eligibility is optional, since some members are exempt from Managed Care.

The Member's demographic information is added via the Member Base Information panel. This information includes but is not limited to:

- Name (First, Middle Initial, Last and Suffix);
- Date of Birth;
- Address;
- Case Number; and,
- Case Information.

See panel for additional information.

The Member's Medicaid eligibility is added via the Member Benefit Plan panel. This information includes:

- Benefit Plan;
- Program Code;
- Program Status; and,
- Eligibility Begin and End Dates.

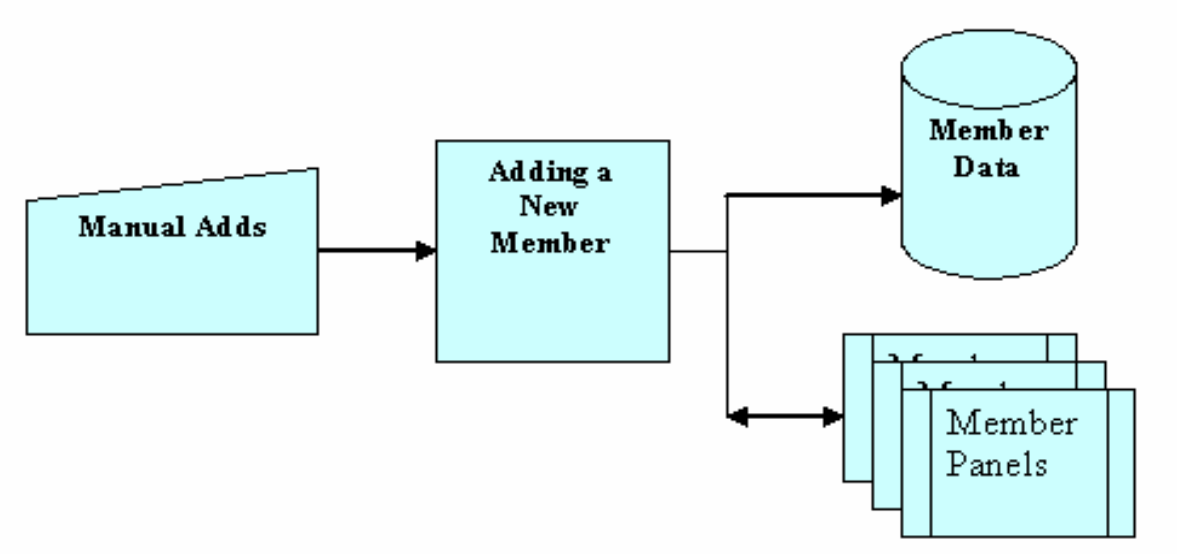
See panel for additional information.

The Member's Managed Care eligibility is added via the Member PMP Assignment History panel. This information includes:

- Managed Care Program;
- Effective and End Dates;
- PMP ID; and,
- PMP Name.

See panel for additional information.

Manually add Long Term Care, Spend Down and Patient Liability data via panels. This data is not required for the member.



### 2.3.3 Manually Changing Demographic/Eligibility Information for Existing Member

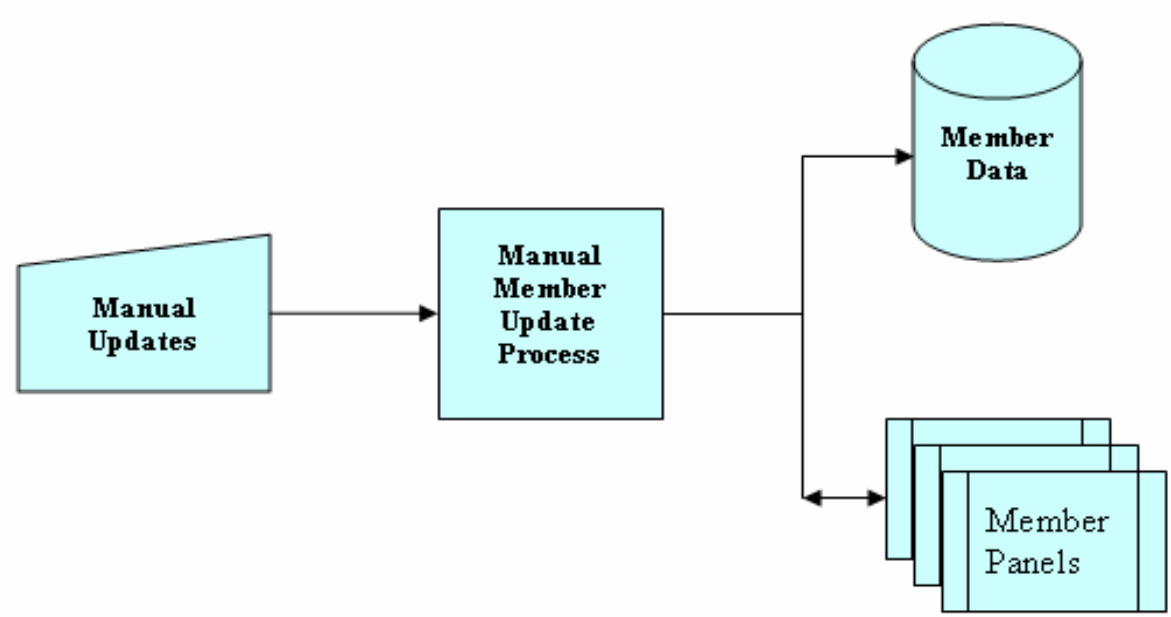
#### 2.3.3.1 Process Description

The Department of Medicaid Services staff modifies Member demographic and eligibility data when update transactions received from the KAMES and PA62/SDX systems fail. Member data is also modified when the data has to be modified prior to the batch update process.

#### 2.3.3.2 interChange Narrative

The process of manually modifying existing members may include updating the following types of data:

- Demographic data using the Member Base Information panel;
- Medicaid Eligibility data using the Member Benefit Plan panel;
- Managed Care data using the Member PMP Assignment History panel;
- Comments using the Member Comments panel;
- Long Term Care, Hospice, Psychiatric Resident Treatment Facility (PRTF) and Waiver data using the Level of Care panel;
- Medical Lock-in data using the Member Lock-in Details panel;
- Medicare Coverage data using the Member Medicare Coverage panel;
- Patient Liability data using the Member Patient Liability panel; and,
- Spenddown data using the Member Spenddown panel.



### 2.3.4 Long Term Care Update Process Model

| Connected via | Connected to | Src | Dst |
|---|---|---|---|
| KAMES Long Term Care Data | Kentucky Automated Management Eligibility System | X | |
| PA62/SDX | Public Assistance Eligibility System/ State Data Exchange Eligibility System | X | |

#### 2.3.4.1 Process Description

Maintain the Long Term Care (LTC) data in the Kentucky MMIS. Long Term Care data is sent to the Kentucky MMIS from the KAMES and PA62/SDX systems. This data is also maintained online by the Commonwealth users.

#### 2.3.4.2 interChange Narrative

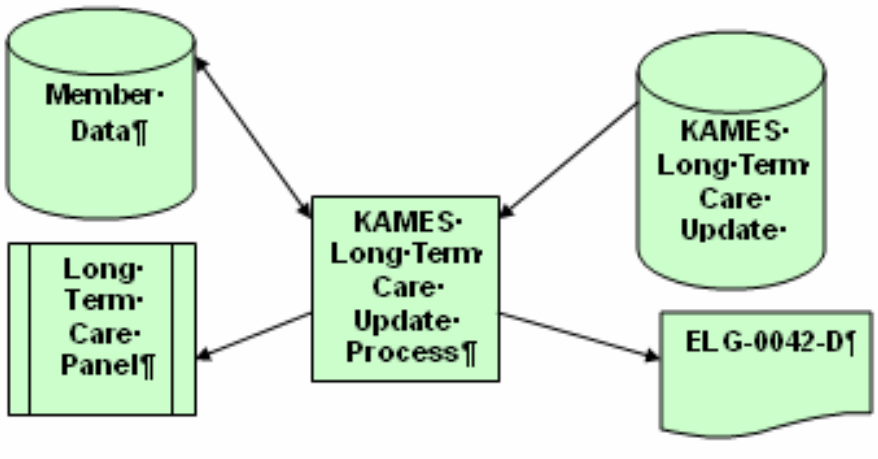
The Long Term Care data is received daily from the KAMES and PA62/SDX systems for the member's eligibility for Long Term Care services. The HOSPICE, Waiver and PRTF eligibility are added using the Member Level of Care panel.

The fields received on the KAMES and PA62/SDX files are:

- Medicaid ID;
- Member Name;
- Institution Status;
- Admission Date;
- Death Discharge Date; and,
- Service Provider Number.

The fields on the file are edited for validity. The transactions that have fields in error are reported on the LTC Update Error Report (ELG-0042-D). These errors are reviewed the by Commonwealth staff.

The LTC data is displayed and maintained on the Member Level of Care panel.




### 2.3.5 Medicaid ID Card Issuance Process Model

| Connected via | Connected to | Src | Dst |
|---|---|---|---|
| KAMES ID Card Issuance | Kentucky Automated Management Eligibility System | X | |
| PA62/SDX ID Card Issuance | Public Assistance Eligibility System/ State Data Exchange Eligibility System | X | |

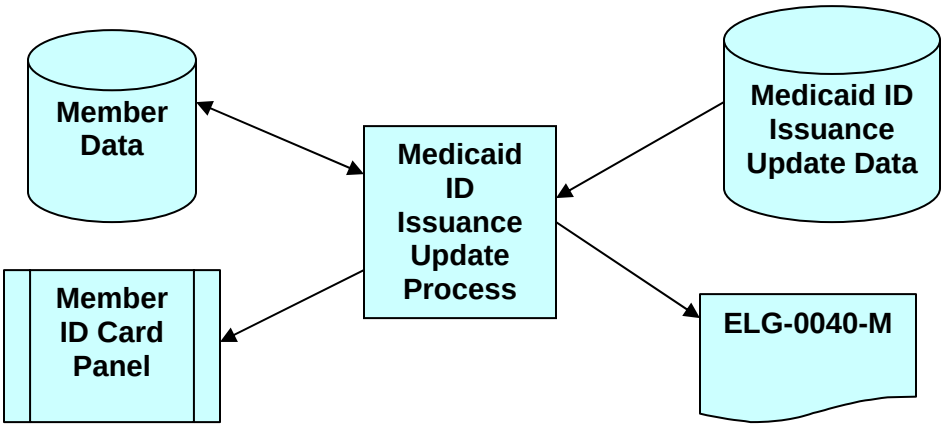
#### 2.3.5.1 Process Description

The KyHealth Choices ID cards are issued by the KAMES and PA62/SDX systems for all members.

#### 2.3.5.2 interChange Narrative

The Medicaid ID Card Issuance file contains issuance data from both KAMES and PA62/SDX systems. The data is updated monthly through batch processing to the Kentucky MMIS and is displayed on the Member ID Card panel. No updates are made in the KY MMIS to this data.

The Medicaid ID Card Issuance Update Error Report (ELG-0040-M) report is generated during the update process. This report lists the errors that occurred during the process.




### 2.3.6 Patient Liability Update Process Model

| Connected via | Connected to | Src | Dst |
|---|---|---|---|
| KAMES Patient Liability Data | Kentucky Automated Management Eligibility System | X | |
| PA62/SDX Patient Liability Data | Public Assistance Eligibility System/ State Data Exchange Eligibility System | X | |

#### 2.3.6.1 Process Description

The Patient data is maintained in the KY MMIS. Patient Liability data is sent to the Kentucky MMIS from the KAMES and PA62/SDX system. This data is also maintained online by the Commonwealth staff.

#### 2.3.6.2 interChange Narrative

The Patient Liability data is received daily from the KAMES and PA62/SDX systems. The fields received on the KAMES and PA62/SDX Patient Liability files are:

- Medicaid ID;
- Member Name;
- Date of Birth;
- LTC indicator;
- Available Income Date;
- Corrected Liability indicator; and,
- Available Income.

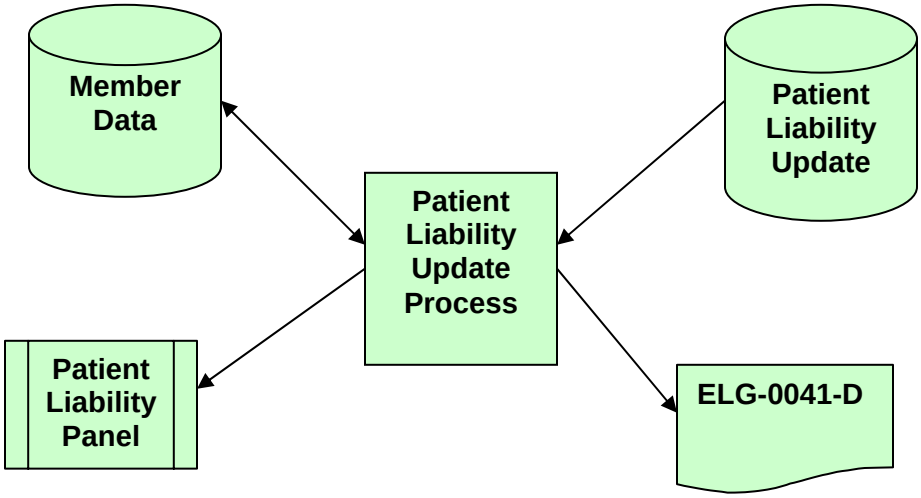
The fields on the file are edited for validity. The transactions that have fields in error are reported on the Patient Liability Update Error Report (ELG-0041-D**)**.

The following errors are reported:

- If the Member is not found on the database, set the Member does not exist in the database error.
- If no matching eligibility dates exists, set the No matching Eligibility exists error.
- If no matching LTC or current Waiver exists, set the No matching Waiver or LTC segment exist error.

These errors are reviewed the by Commonwealth staff.

The Patient Liability data is displayed on the Member Patient Liability panel.




### 2.3.7 DOH Vital Statistics Process Model

| Connected via | Connected to | Src | Dst |
|---|---|---|---|
| Vital Statistics/Immunization | Kentucky Department of Health Office of Vital Statistics (External Entity) | X | |
| KAMES Date of Death updates | Kentucky Automated Management Eligibility System | | X |

#### 2.3.7.1 Process Description

The Office of Vital Statistics notifies the Department of Medicaid Services of the deaths reported. These deaths are applied to the member's base record.

#### 2.3.7.2 interChange Narrative

The Office of Vital Statistics sends a monthly Vital Statistics file to report the deaths to the DMS. The members are found in the MMIS using the Member Name, SSN and Date of Birth. Updates are applied when exact matches are found and the exact matches are listed on the Date of Death Update report.

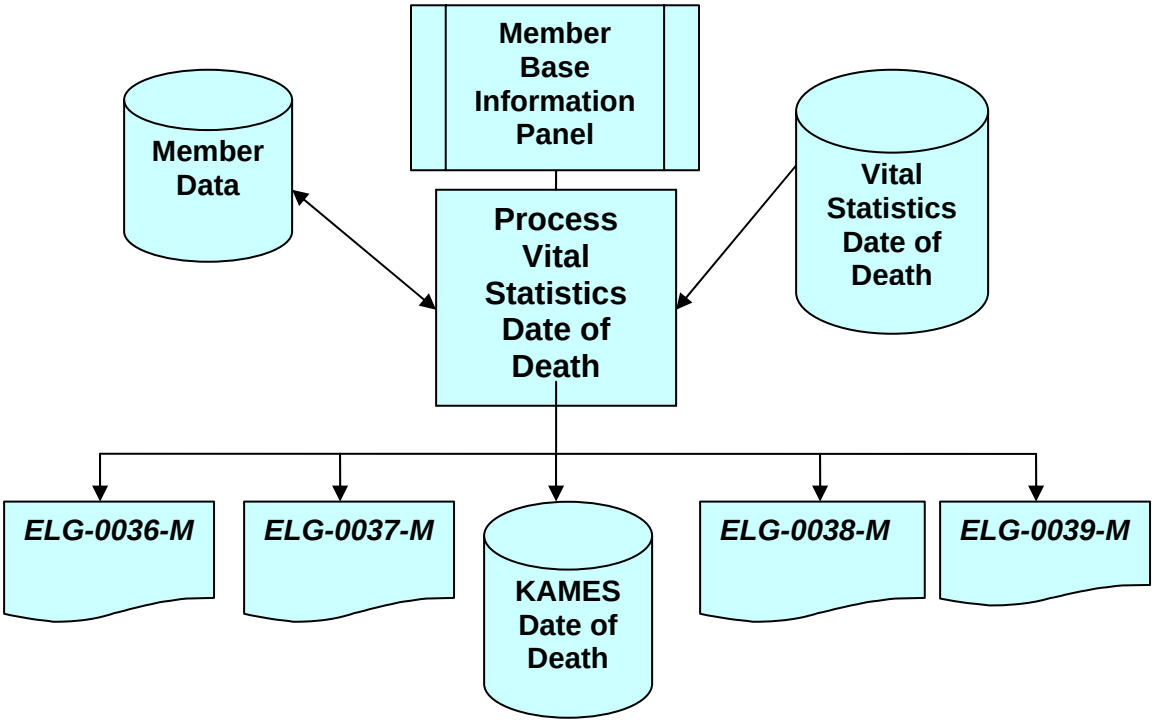
When an exact match is found, the following updates are applied:

- The date of death is updated on the base record;
- Eligibility is terminated effective the date of death;
- The source code is 'VIT'; and,
- Managed Care Enrollment is terminated.

If the Date of Death is on file and matches the Date of Death on the transaction, no update is applied. If the Date of Death is on file and does not match the Date of Death on the transaction, the Date of Death is updated.

The following reports are generated:

- Date of Death /Name Mismatch Error Report (ELG-0036-M)
  Members are reported when the SSN and Date of Birth match, but the name does not.
- Date of Death/ Birthdate Mismatch Error Report (ELG-0037-M)
  Members are reported when the SSN and Name match, but the Date of Birth does not.
- Date of Death Miscellaneous Error Report (ELG-0038-M)
  Members are reported when the following types of errors are encountered:
  - Member not found;
  - Date of Death on the incoming transaction is invalid; or
  - Date of Birth on the incoming transaction is invalid.
- Date of Death Update Report (ELG-0039-M)
  Members are reported when the Date of Death is updated.


Member Base Information Panel
Member Data
Vital Statistics Date of Death
Process Vital Statistics Date of Death
ELG-0036-M
ELG-0037-M
KAMES Date of Death
ELG-0038-M
ELG-0039-M

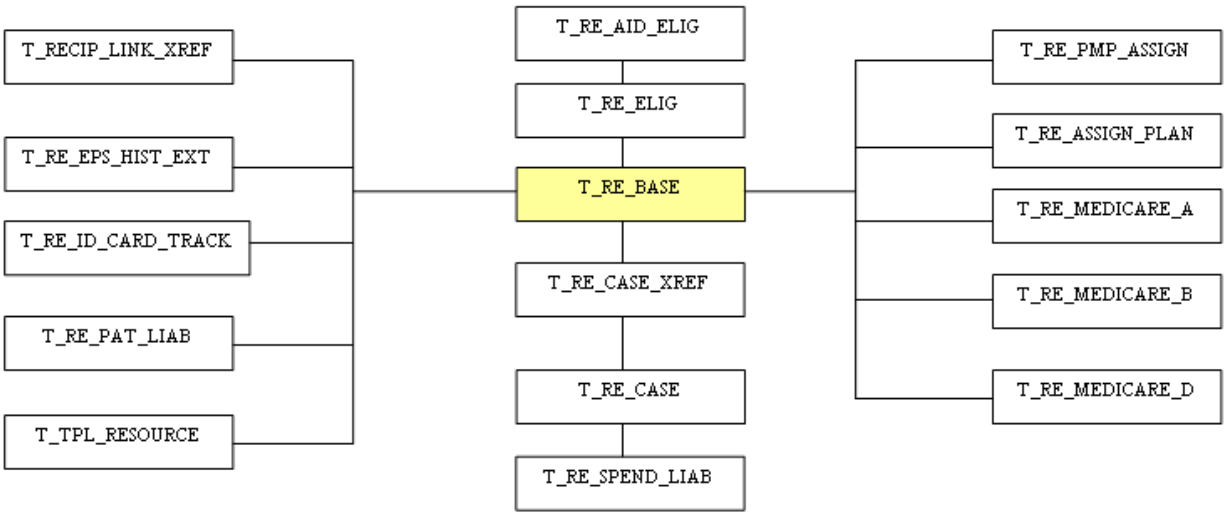
## 2.4 Data Model

The Member Data Maintenance function maintains comprehensive, current, and historical information about members eligible to participate in the Kentucky Medical Assistance Program. The establishment and maintenance of a single member data repository with demographic and eligibility information supports accurate and timely claim processing, data integrity across subsystems, and enhanced management and utilization review reporting. Kentucky MMIS Eligibility processing involves processing and maintaining member-specific information needed for claims processing and reporting. Member data is maintained for the claims system to determine whether a medical service provided to the member is covered, given Commonwealth policy. Having up-to-date, accurate eligibility information readily available benefits Kentucky's providers because they can confidently supply services to eligible members.

This data model describes the relationship between the various tables that hold member-related information. In most cases, the supporting tables hold information for a given individual only if the member meets that criterion. For example, only members who have been assigned in the Managed Care program would have a row on the T_RE_PMP_ASSIGN table.

Numerous entities, or tables, track the changes in a member's eligibility, including changes in identification number, case number, name, or address.

The following data model and description table provide a high level view of the primary entities within, or closely related to, the Member Subsystem.



The following table provides a high level description of the primary entities depicted above. Please refer to the data model tables for a complete list of MMIS tables.

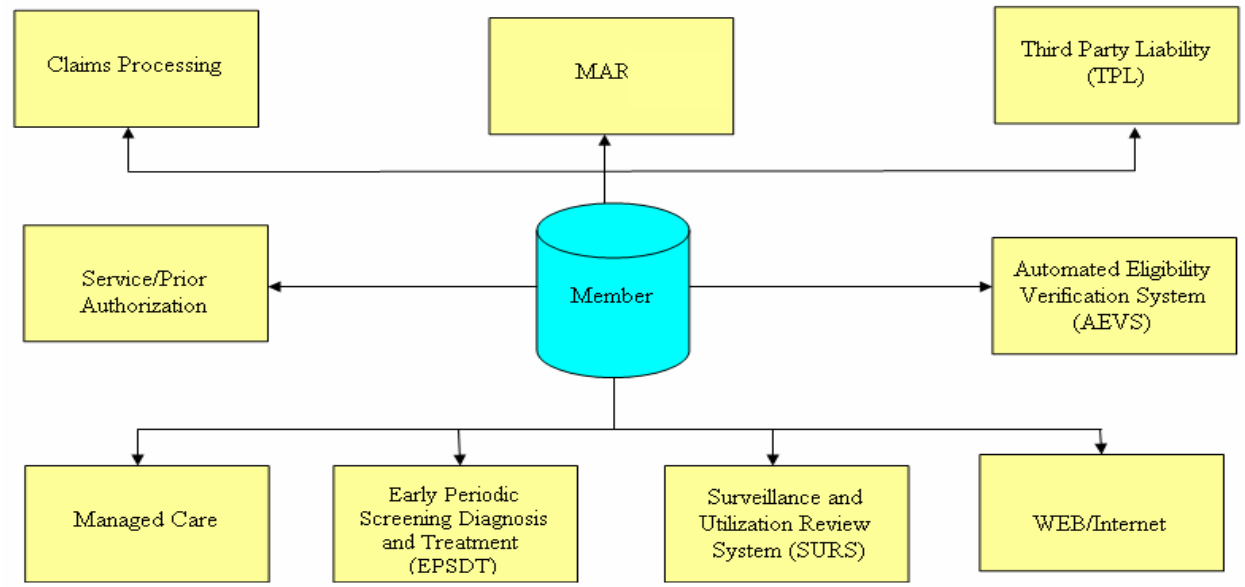
Please pull updates from the PWB

| Entity | Description |
|---|---|
| T_RE_BASE | This entity contains basic information, such as member name and address, and demographic information. |
| T_RE_ELIG | This entity contains the member's benefit plan eligibility segments. An eligibility segment specifies a period of time that the member is eligible for a benefit plan. |
| T_RE_AID_ELIG | This entity contains the member's program code eligibility segments. A program code eligibility segment specifies a period of time that the member is eligible for coverage under a population code. These eligibility segments will exist within the benefit plan eligibility segments. |
| T_RE_PMP_ASSIGN | This entity contains member enrollments in the Managed Care programs. Members are linked to a PMP for Partnership, KenPAC, medical Lock-In, and NEMT enrollments. |
| T_RE_ASSIGN_PLAN | This entity contains the Long Term Care, Medical Lock-in, Hospice and Waiver information for a member. Each type of eligibility maintained is done by effective date, end date and provider. |
| T_RE_PAT_LIAB | This entity contains the member's patient financial liability or obligation for long term care or HCBS processing. This data is maintained by an effective date and end date. For each date range, there will be a corresponding patient liability amount that will be applied before the MMIS will make payment on the claim. |
| T_RE_CASE | This entity contains information about a case that is determined by DMS. A case is generally made up of the family members who reside within the same household and are eligible. |
| T_RE_SPEND_LIAB | The spenddown is that portion of the cost of health care that individuals in a case must pay or incur before Medicaid makes payment. This entity contains the start and stop dates when the member case must meet a spenddown liability. The spenddown is applied at the case level, not the member level. |
| T_RE_ID_CARD_TRACK | This entity contains the issue date and coverage dates for each ID card issued to a member. The ID cards are issued by the Commonwealth's KAMES, PA62 and SDX systems. |

| | |
|---|---|
| T_RECIP_LINK_XREF | This entity contains member IDs that were linked or unlinked. There is also a date to record when the link or unlink took place. This information is used in claims processing to process claims under the correct ID. |
| T_RE_MEDICARE_A | This entity contains the member's Part A Medicare eligibility segments. An eligibility segment specifies a period of time that the member is eligible for Part A Medicare. |
| T_RE_MEDICARE_B | This entity contains the member's Part B Medicare eligibility segments. An eligibility segment specifies a period of time that the member is eligible for Part B Medicare. |
| T_RE_MEDICARE_D | This entity contains the member's Part D Medicare eligibility segments. An eligibility segment specifies a period of time that the member is eligible for Part D Medicare. |
| T_TPL_RESOURCE | This entity contains third party liability (TPL) resource information. A TPL resource is any entity other than Medicaid that could be responsible for payment of medical benefits for a member. |
| T_RE_EPS_HIST_EXT | This entity contains claims information on all EPSDT related claims. This is used to produce EPSDT reports. |

### 2.4.1 Member Data Supports Multiple Subsystems

Member information is crucial to the processing of the MMIS in general. The following graphic shows the high level Medicaid subsystems that utilize member information for their processing.

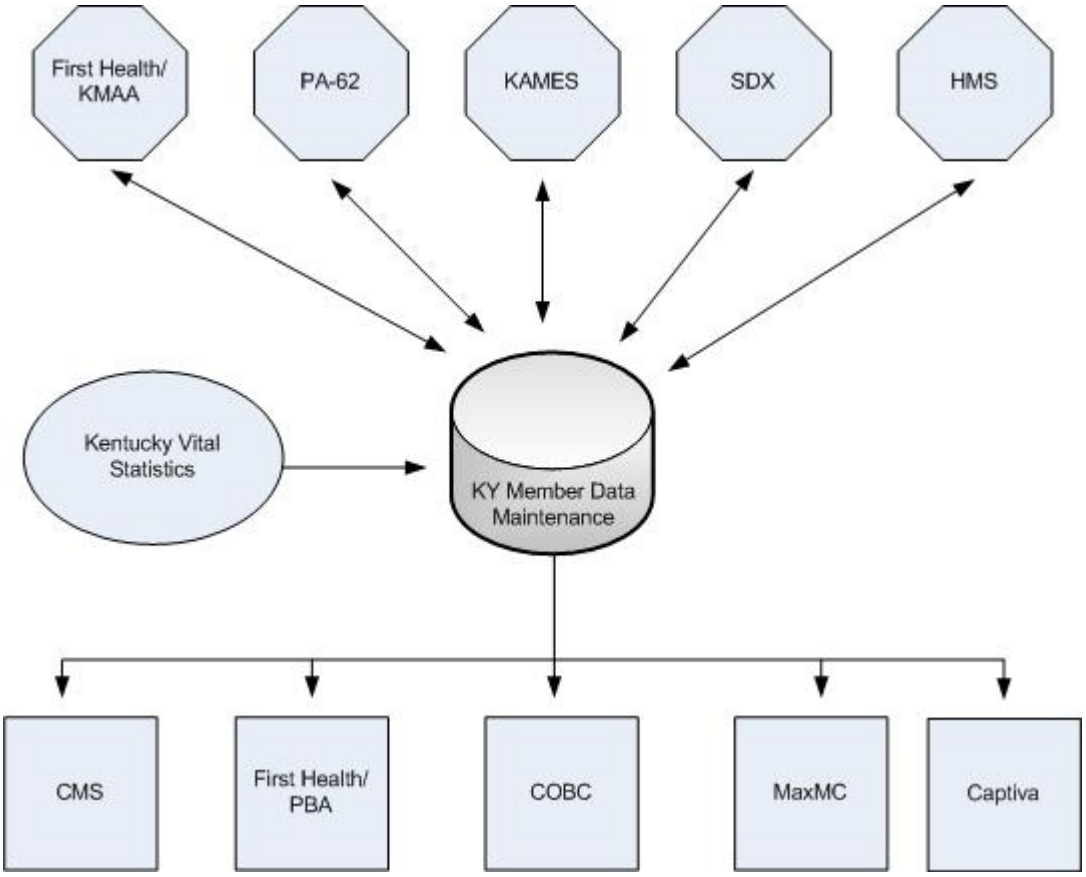



The following table provides a high level description of the subsystems depicted above.

| Subsystem | Description |
|---|---|
| Claims Processing | Reimbursing providers for medical services provided to members |
| Service/Prior Authorization | State policy dictates that certain medical services must be authorized before the services are rendered. The Service/Prior Authorization subsystem maintains this information. |
| Managed Care | Managed Care Organizations (MCO) is responsible for the care of members within their plans. The KenPAC program provides gatekeeper services for Managed Care-eligible members who are not in an MCO. Non-Emergency Medical Transportation (NEMT) payments and medical Lock-In fee payments are also part of the Managed Care subsystem. |
| EPSDT | This subsystem tracks and reports medical and dental checkup for children under 21. |
| TPL | This subsystem tracks, reports, and processes non-Medicaid payment sources due to Medicaid when claims are paid for members who have other insurance or other payment sources. |
| MARS | State and Federal management reporting of summarized dollars paid by various member groupings such as aid category or fund code. |
| SURS | Utilization reporting to aid in determining appropriate care provided to members and to assist in the detection of fraud. |
| AEVS | The Automated Eligibility Verification System provides eligibility responses to providers when requested through the Voice Response and Web systems. |

### 2.4.2 External System Interfaces

The following context diagram gives a view of the entities with which this subsystem interfaces.



## 2.5 Job Scripts

### 2.5.1 ELGJD001 - Unload ETP log and error transactions

#### 2.5.1.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJD001 |
| **Description:** | This job unloads the ETP log and error transactions for the source code entered in the job. |

| | | |
|---|---|---|
| **Job Step:** | | js 010-dbunload |
| **Description:** | | Unload the $SOURCE records from T_RE_PS2_ERR |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| eld00101_CLSRC.dat | O | This file is the backup file for the Monthly Recon Closure error transactions. |
| eld00101_KAMER.dat | O | This file is the backup file for the KAMES Recon error transactions. |
| eld00101_KAMES.dat | O | This file is the backup file for the KAMES error transactions. |
| eld00101_KISS.dat | O | This file is the backup file for the Issuance error transactions. |
| eld00101_KLOC.dat | O | This file is the backup file for the KAMES LTC error transactions. |
| eld00101_KPAT.dat | O | This file is the backup file for the KAMES Patient Liability error transactions. |
| eld00101_PA62.dat | O | This file is the backup file for the PA62 error transactions. |
| eld00101_PASDR.dat | O | This file is the backup file for the PA62/SDX error transactions. |
| eld00101_PHIC.dat | O | This file is the backup file for the PA62 HIC Update error transactions. |
| eld00101_PLOC.dat | O | This file is the backup file for the PA62/SDX LTC error transactions. |
| eld00101_PPAT.dat | O | This file is the backup file for the PA62/SDX Patient Liability error transactions. |
| eld00101_SDX.dat | O | This file is the backup file for the SDX error transactions. |

| | | |
|---|---|---|
| eld00101_VIT.dat | O | This file is the backup file for the Vital Statistics error transactions. |
| **Job Step:** | | js 020-dbunload |
| **Description:** | | Unload the $SOURCE records from T_RE_PS2_LOG |
| **Input/Output Files:** | | |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| eld00102_CLSRC.dat | O | This file is the backup file for the Monthly Recon Closures log transactions. |
| eld00102_KAMER.dat | O | This file is the backup file for the KAMES Recon log transactions. |
| eld00102_KAMES.dat | O | This file is the backup file for the KAMES log transactions. |
| eld00102_KISS.dat | O | This file is the backup file for the KAMES Issuance log transactions. |
| eld00102_KLOC.dat | O | This file is the backup file for the KAMES LTC log transactions. |
| eld00102_KPAT.dat | O | This file is the backup file for the KAMES patient liability log transactions. |
| eld00102_PA62.dat | O | This file is the backup file for the PA62 log transactions. |
| eld00102_PASDR.dat | O | This file is the backup file for the PA62/SDX log transactions. |
| eld00102_PHIC.dat | O | This file is the backup file for the PA62 HIC updates log transactions. |
| eld00102_PLOC.dat | O | This file is the backup file for the PA62 LTC log transactions. |
| eld00102_PPAT.dat | O | This file is the backup file for the PA62/SDX patient liability log transactions. |
| eld00102_SDX.dat | O | This file is the backup file for the SDX log transactions. |
| eld00102_VIT.dat | O | This file is the backup file for the Vital Statistics log transactions. |

| | | |
|---|---|---|
| **Job Step:** | | js 030-sqlplus |
| **Description:** | | Deletes the $SOURCE records from the T_RE_PS2_LOG and T_RE_PS2_ERR tables. |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | B | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | B | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |

### 2.5.2 ELGJD004 - Unpack KAMES Daily Update

#### 2.5.2.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD004 | |
| **Description:** | Read KAMES Daily Update File, Unpack Mainframe Packed Fields ( Comp -3) Convert EBCDIC to ASCII Testing | |
| **Job Step:** | | js 010-cp |
| **Description:** | | Copy KAMES file from FTP dir |
| **Input/Output Files:** | | |
| eld0kadi.dat | I | eld0kadi.dat |
| eld0kadg.dat | O | KAMES Daily Update File |
| **Job Step:** | | js 020-edsrconv |
| **Description:** | | Unpack KAMES File |
| **Input/Output Files:** | | |
| eld0kadg.dat | I | KAMES Daily Update File |
| eld0kadc.dat | O | KAMES Daily Update Unpacked |
| **Job Step:** | | js 030-fold |
| **Description:** | | Insert Line Feed with Unix fold command |
| **Input/Output Files:** | | |
| eld0kadu.dat | I | The KAMES daily eligibility update transactions |
| eld0kadc.dat | O | KAMES Daily Update Unpacked |

### 2.5.3 ELGJD005 - Unpack SDX Daily Update File

#### 2.5.3.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD005 | |
| **Description:** | Read SDX Daily Update File. Unpack Mainframe Packed Fields ( Comp-3) Convert EBCDIC to ASCII | |
| **Job Step:** | | js 010-cp |
| **Description:** | | Copy SDX Daily Update into GDG |
| **Input/Output Files:** | | |
| eld0psdi.dat | I | SDX Daily Update |
| eld0psdg.dat | O | SDX Daily Update Copied into GDG |
| **Job Step:** | | js 020-edsrconv |
| **Description:** | | Unpack SDX Daily Update |
| **Input/Output Files:** | | |
| eld0psdg.dat | I | SDX Daily Update Copied into GDG |
| eld0psdc.dat | O | SDX Daily Update Unpacked |
| **Job Step:** | | js 030-fold |
| **Description:** | | Insert Line Feed into Unpacked SDX Daily Update |
| **Input/Output Files:** | | |
| eld0psdc.dat | I | SDX Daily Update Unpacked |
| eld0psdu.dat | O | The PA62/SDX daily eligibility update transactions |

### 2.5.4 ELGJD006 - Unpack PA62 Daily Update

#### 2.5.4.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD006 | |
| **Description:** | Read PA62 Daily Update, Unpack Mainframe packed fields, Convert EBCDIC to ASCII | |
| **Job Step:** | | js 010-cp |
| **Description:** | | Copy PA62 Update from FTP dir into GDG file |
| **Input/Output Files:** | | |
| eld0ppai.dat | I | PA62 Daily Update |
| eld0ppag.dat | O | PA62 Daily Update File GDG |
| **Job Step:** | | js 020-edsrconv |
| **Description:** | | Unpack PA62 Daily Update |
| **Input/Output Files:** | | |
| eld0ppag.dat | I | PA62 Daily Update File GDG |
| eld0ppac.dat | O | PA62 Daily Update File Unpacked |
| **Job Step:** | | js 030-fold |
| **Description:** | | Insert Line Feed into file |
| **Input/Output Files:** | | |
| eld0ppac.dat | I | PA62 Daily Update File Unpacked |
| eld0ppau.dat | O | PA62 Daily Update File Unpacked with Line Feed |

### 2.5.5 ELGJD012 - KAMES Transaction Count Report

#### 2.5.5.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD012 | |
| **Description:** | The elgjd012 job processes elgpd012 to produce the KAMES Transaction Count Report (ELG-0004-D). | |
| **Job Step:** | | js 010-elgpd012 |
| **Description:** | | This job step produces the ELG-0004-D report |
| **Input/Output Files:** | | |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| eld01203.rpt | O | KAMES Transactions Count Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to COLD |
| **Input/Output Files:** | | |
| eld01203.rpt | I | KAMES Transactions Count Report |

### 2.5.6 ELGJD014 - KAMES Error Count

#### 2.5.6.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD014 | |
| **Description:** | The elgjd014 processes program elgpdc12 to produce the KAMES Daily Error Count Report (ELG-0007-D) | |
| **Job Step:** | | js 010-elgpdc12 |
| **Description:** | | This job step produces the ELG-0007-D report |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| eld02014.rpt | O | KAMES Daily Error Count Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to Cold |
| **Input/Output Files:** | | |
| eld02014.rpt | I | KAMES Daily Error Count Report |

### 2.5.7 ELGJD015 - KAMES Error Report

#### 2.5.7.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD015 | |
| **Description:** | The elgjd015 processes elgpd013 to produce the KAMES Error Report (ELG-0003-D). | |
| **Job Step:** | | js 010-elgpd013 |
| **Description:** | | This job step creates the ELG-0003-D report |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| eld01501.rpt | O | KAMES Error Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | The copies the report to Cold |
| **Input/Output Files:** | | |
| eld01501.rpt | I | KAMES Error Report |

### 2.5.8 ELGJD017 - Member Linking -Unlink Reports

#### 2.5.8.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJD017 |
| **Description:** | The elgjd017 job processes program elgpd017 to create the link/unlink reports showing what requests were successfully completed for the non-claims portion of the process and what types of data still need to be manually researched and updated through the windows. |

| | | |
|---|---|---|
| **Job Step:** | | js 010-elgpd017 |
| **Description:** | | This job step reports the link/unlink requests that were successfully processed since the last time the job ran. |
| **Input/Output Files:** | | |
| eld01703.dat | B | Link reporting input date |
| eld01701.rpt | O | Contains the print lines for the Link Requests Processed Report ( ELG-0032-D ) |
| eld01702.rpt | O | Contains the print lines for the Unlink Requests Processed Report ( ELG-0033-D ) |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the COLD copies of the member link/unlink reports |
| **Input/Output Files:** | | |
| eld01701.rpt | I | Contains the print lines for the Link Requests Processed Report ( ELG-0032-D ) |
| eld01702.rpt | I | Contains the print lines for the Unlink Requests Processed Report ( ELG-0033-D ) |

### 2.5.9 ELGJD018 - Member Linking ID Letters and Flash Forms

#### 2.5.9.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD018 | |
| **Description:** | The elgjd018 job produces the Member Link and Unlink ID Card Letters. | |
| **Job Step:** | | js 010-elgpd018 |
| **Description:** | | This job step produces the Link/Unlink ID Card Letter report files. |
| **Input/Output Files:** | | |
| eld01801.rpt | O | Link ID Card Letter form flash file ( ELG-0031-D ) |
| eld01802.rpt | O | Unlink ID Card Letter form flash file ( ELG-0030-D ) |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step prints the Link ID Card Letter using a 'flash form'. |
| **Input/Output Files:** | | |
| eld01801.rpt | I | Link ID Card Letter form flash file ( ELG-0031-D ) |
| vipfmt19.ctl | I | Contains the VIP commands to execute the flash form for the ELG-0031-D Link Letters. |
| **Job Step:** | | js 030-copy2routedir |
| **Description:** | | This job step prints the Unlink ID Card Letter using a 'flash form'. |
| **Input/Output Files:** | | |
| eld01802.rpt | I | Unlink ID Card Letter form flash file ( ELG-0030-D ) |
| vipfmt18.ctl | I | Contains the VIP commands to execute the flash form for the ELG-0030-D Unlink Letters. |
| **Job Step:** | | js 040-copy2crld |
| **Description:** | | This job step sends the two report files to COLD. The form flash will not be viewable in COLD. Just the raw data will be viewable. |
| **Input/Output Files:** | | |
| eld01801.rpt | I | Link ID Card Letter form flash file ( ELG-0031-D ) |
| eld01802.rpt | I | Unlink ID Card Letter form flash file ( ELG-0030-D ) |

### 2.5.10 ELGJD021 - First Health Disease & Case Management

#### 2.5.10.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD021 | |
| **Description:** | First Health Disease & Case Mgmnt | |
| **Job Step:** | | js 010-cp |
| **Description:** | | Copy Input File from FTP dir |
| **Input/Output Files:** | | |
| eldfhlti.dat | I | First Health Disease & Case Mgmt Input |
| eldfhlth.dat | O | First Health Disease & Case Mgmt Input Copied to GDG |
| **Job Step:** | | js 020-elgpifhc |
| **Description:** | | Process First Health & Disease Mgmnt Input |
| **Input/Output Files:** | | |
| eldfhlth.dat | I | First Health Disease & Case Mgmt Input Copied to GDG |
| eldfherr.dat | O | First Health Disease & Case Mgmt Error |
| **Job Step:** | | js 030-elgpcdme |
| **Description:** | | Generate Report From Output Error File |
| **Input/Output Files:** | | |
| eldfherr.dat | I | First Health Disease & Case Mgmt Error |
| eldfherr.rpt | O | KMAA Case & Disease Mgmnt Rpt |
| **Job Step:** | | js 040-copy2routedir |
| **Description:** | | Produce a COLD Copy of the Rpt |
| **Input/Output Files:** | | |
| eldfherr.rpt | I | KMAA Case & Disease Mgmnt Rpt |
| **Job Step:** | | js 050-rm |
| **Description:** | | Delete File in $FTPDIR |
| **Input/Output Files:** | | |
| eldfhlti.dat | I | First Health Disease & Case Mgmt Input |

### 2.5.11 ELGJD022 - Daily Certificate of Creditable Health Insurance Coverage Letters

#### 2.5.11.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJD022 |
| **Description:** | The ELGJD022 job produces requests for the Daily Certificate of Creditable Health Insurance Coverage Letters for either the Member or a Third Party requested through the Certificate of Creditable Coverage Request Panel. |

| | |
|---|---|
| **Job Step:** | js 010-elgpd022 |
| **Description:** | This job step creates the requests for the Daily Certification of Creditable Health Insurance Coverage Letters. |

**Input/Output Files:**

| | | |
|---|---|---|
| T_CDE_AID | I | Contains valid aid categories |
| T_PUB_HLTH_PGM | I | This is the Public Health Program Table. |
| T_RE_AID_ELIG | I | Member Aid Categories |
| T_RE_BASE | I | Member table containing base/demographic information. |
| T_RE_ELIG | I | This is the member eligibility table. |
| eld0150d.rpt | O | Daily Creditable Coverage for Members With More Than 17 Months of Eligibility |
| eld0151d.rpt | O | Daily Creditable Coverage for Members With Less Than 18 Months of Eligibility |

### 2.5.12 ELGJD026 - KY Health Choice Error Report

#### 2.5.12.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD026 | |
| **Description:** | The ELGJD026 processes elgpd013 to produce the KY Health Choice Error Report (ELG-0026-D). | |
| **Job Step:** | | js 010-elgpd013 |
| **Description:** | | This job step creates the ELG-0026-D Report. |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| eld00126.rpt | O | KY Health Choice Error Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | this job steps copies the report to COLD |
| **Input/Output Files:** | | |
| eld00126.rpt | I | KY Health Choice Error Report |

### 2.5.13 ELGJD044 - Member Spend Down Data

#### 2.5.13.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | | ELGJD044 |
| **Description:** | | Member Spend Down Data |
| **Job Step:** | | js 010-elgpdspd |
| **Description:** | | Member Spend Down Data |
| **Input/Output Files:** | | |
| elgpdspd | O | Member Spend Down Data |

### 2.5.14 ELGJD051 - Unlinking Transaction Count Report

#### 2.5.14.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD051 | |
| **Description:** | The ELGJD051 processes elgpd012 to produce the Unlinking Transaction Count Report (ELG-0056-D). | |
| **Job Step:** | | js 010-elgpd012 |
| **Description:** | | This job step produces the ELG-0056-D Report. |
| **Input/Output Files:** | | |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| eld00156.rpt | O | Unlinking Transaction Count |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job copies the report to COLD |
| **Input/Output Files:** | | |
| eld00156.rpt | I | Unlinking Transaction Count |

### 2.5.15 ELGJD052 - Unlinking Error Count Report

#### 2.5.15.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD052 | |
| **Description:** | The ELGJD052 processes program elgpdc12 to produce the Unlinking Error Count Report (ELG-0058-D) | |
| **Job Step:** | | js 010-elgpdc12 |
| **Description:** | | This job step creates the ELG-0058-D Report. |
| **Input/Output Files:** | | |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| eld00158.rpt | O | Unlinking Error Count |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job steps copies the report to COLD. |
| **Input/Output Files:** | | |
| eld00158.rpt | I | Unlinking Error Count |

### 2.5.16 ELGJD053 - PA62 Transaction Count Report

#### 2.5.16.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD053 | |
| **Description:** | The elgjd053 processes elgpd012 to produce the PA62 Transaction Count Report (ELG-0104-D). | |
| **Job Step:** | | js 010-elgpd012 |
| **Description:** | | This job step produces the ELG-0104-D report |
| **Input/Output Files:** | | |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| eld00104.rpt | O | PA62 Transaction Count Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to cold |
| **Input/Output Files:** | | |
| eld00104.rpt | I | PA62 Transaction Count Report |

### 2.5.17 ELGJD054 - PA62 Error Report

#### 2.5.17.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD054 | |
| **Description:** | The elgjd054 job processes elgpd013 to produce the PA62 Error Report (ELG-0103-D). | |
| **Job Step:** | | js 010-elgpd013 |
| **Description:** | | This job step produces the ELG-0103-D report |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| eld00103.rpt | O | PA62 Error Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to cold. |
| **Input/Output Files:** | | |
| eld00103.rpt | I | PA62 Error Report |

### 2.5.18 ELGJD055 - Unlinking Error Report

#### 2.5.18.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD055 | |
| **Description:** | The ELGJD055 job process elgpd013 to produce the Unlinking Error Report (ELG--0055-D). | |
| **Job Step:** | | js 010-elgpd013 |
| **Description:** | | This job step produces the ELG-0055-D Report. |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| eld00155.rpt | O | Unlinking Error Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to COLD. |
| **Input/Output Files:** | | |
| eld00155.rpt | I | Unlinking Error Report |

### 2.5.19 ELGJD056 - PA62 Error Count

#### 2.5.19.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD056 | |
| **Description:** | The elgjd056 job processes elgpdc12 to produce the PA62 Error Count Report (ELG-0107-D). | |
| **Job Step:** | | js 010-elgpdc12 |
| **Description:** | | This job step produces the ELG-0107-D report |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| eld05607.rpt | O | PA62 Error Count Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to Cold |
| **Input/Output Files:** | | |
| eld05607.rpt | I | PA62 Error Count Report |

### 2.5.20 ELGJD057 - Number of BCCTP Members Added

#### 2.5.20.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD057 | |
| **Description:** | This job creates the Number of BCCTP Members Added (ELG-0057-D) report. | |
| **Job Step:** | | js 010-elgpd057 |
| **Description:** | | This job step creates the Number of BCCTP Members Added report. |
| **Input/Output Files:** | | |
| T_PUB_HLTH_PGM | I | This is the Public Health Program Table. |
| T_RE_BASE | I | Member table containing base/demographic information. |
| T_RE_ELIG | I | This is the member eligibility table. |
| elg0057d.rpt | O | The ELG-0057-D reports the number of BCCTP members added. |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to COLD. |
| **Input/Output Files:** | | |
| elg0057d.rpt | I | The ELG-0057-D reports the number of BCCTP members added. |

### 2.5.21 ELGJD060 - Linking Transaction Count Report

#### 2.5.21.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD060 | |
| **Description:** | The ELGJD060 processes elgpd012 to produce the Linking Transaction Count Report (ELG-0060-D). | |
| **Job Step:** | | js 010-elgpd012 |
| **Description:** | | This job step produces the ELG-0060-D. |
| **Input/Output Files:** | | |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| eld00160.rpt | O | Linking Transaction Count Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to COLD. . |
| **Input/Output Files:** | | |
| eld00160.rpt | I | Linking Transaction Count Report |

### 2.5.22 ELGJD061 - Member Daily Linking Process

#### 2.5.22.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJD061 |
| **Description:** | This job will process the member linking requests on T_RE_LINK_RQST to link two members that are currently active. The linking requests come from the online/UI. |

| | | |
|---|---|---|
| **Job Step:** | | js 010-oraload.sh |
| **Description:** | | This unloads the linking requests that need to be processed into a flat file for processing. |
| **Input/Output Files:** | | |
| eld06001.ctl | I | Flat file that will hold the linking requests. |
| **Job Step:** | | js 020-cp |
| **Description:** | | Move the requests to a gdg so that there are several past request files |
| **Input/Output Files:** | | |
| eld06001.dat | I | Holds the requests for the linking process. |
| **Job Step:** | | js 030-elg_interface.c |
| **Description:** | | Executes the linking interface to link two members. |
| **Input/Output Files:** | | |
| eld06001.dat | I | Holds the requests for the linking process. |

### 2.5.23 ELGJD062 - Linking Error Count Report

#### 2.5.23.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD062 | |
| **Description:** | The ELGJD062 processes program elgpdc12 to produce the Unlinking Error Count Report (ELG-0062-D) | |
| **Job Step:** | | js 010-elgpdc12 |
| **Description:** | | This job step produces the ELG-0062-D Report. |
| **Input/Output Files:** | | |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| eld00162.rpt | O | Linking Error Count Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This jobs copies the report to COLD. |
| **Input/Output Files:** | | |
| eld00162.rpt | I | Linking Error Count Report |

### 2.5.24 ELGJD065 - Linking Error Report

#### 2.5.24.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD065 | |
| **Description:** | The ELGJD065 job process elgpd013 to produce the Linking Error Report (ELG-0065-D). | |
| **Job Step:** | | js 010-elgpd013 |
| **Description:** | | This job step produces the ELG-0065-D Report. |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| eld00165.rpt | O | Linking Error Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to COLD. |
| **Input/Output Files:** | | |
| eld00165.rpt | I | Linking Error Report |

### 2.5.25 ELGJD068 - Number of PE Members Added Report

#### 2.5.25.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD068 | |
| **Description:** | The ELGJD068 job processes elgpd068 to produce the Number of PE Members Added Report (ELG-0068-D). | |
| **Job Step:** | | js 010-elgpd068 |
| **Description:** | | This job step creates the Number of PE Members Added report. |
| **Input/Output Files:** | | |
| T_PUB_HLTH_PGM | I | This is the Public Health Program Table. |
| T_RE_BASE | I | Member table containing base/demographic information. |
| T_RE_ELIG | I | This is the member eligibility table. |
| elg0068d.rpt | O | The ELG-0068-D reports the number of PE members added. |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to COLD. |
| **Input/Output Files:** | | |
| elg0068d.rpt | I | The ELG-0068-D reports the number of PE members added. |

### 2.5.26 ELGJD070 - Daily Date of Death Report

#### 2.5.26.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD070 | |
| **Description:** | This job creates the Daily Date of Death Report. | |
| **Job Step:** | | js 010-elgpdb12 |
| **Description:** | | Creates the Deceased Recipient Report Program. |
| **Input/Output Files:** | | |
| T_RE_BASE | I | Member table containing base/demographic information. |
| T_RE_DEATH_CHG | I | This is the member date of death table. Each member that has date of death different than the date of death on T_RE_BASE is added to this table. |
| eld07001.rpt | O | The ELG-0010-D reports all Members who had a date of death change during the PS/2 update process |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | Produce a COLD copy of the Reports |
| **Input/Output Files:** | | |
| eld07001.rpt | I | The ELG-0010-D reports all Members who had a date of death change during the PS/2 update process |

## 2.5.27 ELGJD074 - KY Health Choice Transaction Count Report

### 2.5.27.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD074 | |
| **Description:** | The ELGJD074 job processes elgpd012 to produce the KAMES Transaction Count Report (ELG-0074-D). | |
| **Job Step:** | | js 010-elgpd012 |
| **Description:** | | The job step creates the ELG-0074-D Report. |
| **Input/Output Files:** | | |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| eld00174.rpt | O | KY Health Choice Transaction Count Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job steps copies the report to COLD. |
| **Input/Output Files:** | | |
| eld00174.rpt | I | KY Health Choice Transaction Count Report |

### 2.5.28 ELGJD082 - SDX Error Count

#### 2.5.28.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD082 | |
| **Description:** | The ELGJD082 job processes elgpdc12 to produce the SDX Error Count Report (ELG-0117-D). | |
| **Job Step:** | | js 010-elgpdc12 |
| **Description:** | | This job step produces the ELG-0117-D report |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| eld00117.rpt | O | SDX Error Count Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to COLD |
| **Input/Output Files:** | | |
| eld00117.rpt | I | SDX Error Count Report |

### 2.5.29 ELGJD084 - SDX Transaction Count Report

#### 2.5.29.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD084 | |
| **Description:** | The ELGJD081 processes elgpd012 to produce SDX Transaction Count Report (ELG-0114-D), | |
| **Job Step:** | | js 010-elgpd012 |
| **Description:** | | This job step produces the ELG-0114-D report. |
| **Input/Output Files:** | | |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| eld00114.rpt | I | SDX Transaction Count Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to COLD. |
| **Input/Output Files:** | | |
| eld00114.rpt | I | SDX Transaction Count Report |

### 2.5.30 ELGJD086 - SDX Error Report

#### 2.5.30.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD086 | |
| **Description:** | The ELGJD086 job processes elgpd013 to produce the SDX Error Report (ELG-0113-D). | |
| **Job Step:** | | js 010-elgpd013 |
| **Description:** | | This job step produces the ELG-0113-D report. |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| eld00113.rpt | O | SDX Error Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to COLD. |
| **Input/Output Files:** | | |
| eld00113.rpt | I | SDX Error Report |

### 2.5.31 ELGJD090 - Potential Duplicate Member Report

#### 2.5.31.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD090 | |
| **Description:** | This job creates the Potential Duplicate Member Report (ELG-0011-D). | |
| **Job Step:** | | js 010-elgpda12 |
| **Description:** | | This job step creates the Potential Duplicate Member Report. |
| **Input/Output Files:** | | |
| T_RE_BASE | I | Member table containing base/demographic information. |
| T_RE_PS2_DUPE | I | Contains all of the potential duplicate member situations that occurred during the daily PS/2 update transaction. |
| eld09001.rpt | O | This reports all members who were identified as a potential duplicate during the PS/2 update processing. (ELG-0011-D) |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to the COLD directory. |
| **Input/Output Files:** | | |
| eld09001.rpt | I | This reports all members who were identified as a potential duplicate during the PS/2 update processing. (ELG-0011-D) |

### 2.5.32 ELGJD099 - Generic Job to Backup & Purge Specific cde_source

#### 2.5.32.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJD099 |
| **Description:** | This unloads the following tables to a gdg file and then truncates the data. The unload/truncate only occurs for the specified cde_source rows which exceed the number of days allocated by cde_source.<br>• T_RE_PS2_HIST_LOG<br>• T_RE_PS2_HIST_ERR<br>Move T_RE_PS2_ERR & T_RE_PS2_LOG into the history tables after the ps2 run is complete. |

| | | |
|---|---|---|
| **Job Step:** | | js 010-elgpd099 |
| **Description:** | | Exec Program |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| T_RE_HIST_ERR | O | Maintains the KAMES and PA62/SDX transactions that errored during processing. |
| T_RE_HIST_LOG | O | Maintains the KAMES and PA62/SDX ETP transactions |
| **Job Step:** | | js 020-dbunload |
| **Description:** | | Unload the cde_source records from t_re_ps2_err |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| **Job Step:** | | js 030-dbunload |
| **Description:** | | Unload the DHR records from t_re_ps2_log |
| **Input/Output Files:** | | |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |

### 2.5.33 ELGJD102 - Members Added or Updated

#### 2.5.33.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJD102 |
| **Description:** | Members Added or Updated |
| **Job Step:** | js 010-elgpdxtr |
| **Description:** | Members Added or Updated |
| **Input/Output Files:** | |

### 2.5.34 ELGJD106 - PA62 Daily Transaction Detail Report

#### 2.5.34.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD106 | |
| **Description:** | This job will creates the PA62 Daily Transaction Detail Report. | |
| **Job Step:** | | js 010-elgpd106.sc |
| **Description:** | | Create the PA62 Daily Transaction Report |
| **Input/Output Files:** | | |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elg0106d.rpt | O | PA62 Transaction Detail Report file |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | Copy the report to the onbase directory |
| **Input/Output Files:** | | |
| elg0106d.rpt | I | PA62 Transaction Detail Report file |

### 2.5.35 ELGJD113 - KY Health Choice Error Count Report

#### 2.5.35.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD113 | |
| **Description:** | The ELGJD113 processes program elgpdc12 to produce the KY Health Choice Error Count Report (ELG-0020-D) | |
| **Job Step:** | | js 010-elgpdc12 |
| **Description:** | | This job step creates the ELG-0020-D Report |
| **Input/Output Files:** | | |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| eld00120.rpt | O | KY Health Choice Error Count Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job steps copies the report to COLD. |
| **Input/Output Files:** | | |
| eld00120.rpt | I | KY Health Choice Error Count Report |

## 2.5.36 ELGJD116 - SDX Daily Transaction Detail Report

### 2.5.36.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD116 | |
| **Description:** | This job will create the SDX Daily Transaction Detail Report. | |
| **Job Step:** | | js 010-elgpd106.sc |
| **Description:** | | Create the SDX Daily Transaction Detail Report |
| **Input/Output Files:** | | |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elg0116d.rpt | O | SDX Transaction Details |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | Copy report to onbase directory |
| **Input/Output Files:** | | |
| elg0116d.rpt | I | SDX Transaction Details |

### 2.5.37 ELGJD126 - KAMES Daily Transaction Detail Report

#### 2.5.37.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD126 | |
| **Description:** | This job creates the KAMES Daily Transaction Detail Report. | |
| **Job Step:** | | js 010-elgpd106.sc |
| **Description:** | | Create the KAMES Daily Transaction Detail Report |
| **Input/Output Files:** | | |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elg0006d.rpt | O | KAMES Transaction Detail |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | Copy report to OnBase directory |
| **Input/Output Files:** | | |
| elg0006d.rpt | I | KAMES Transaction Detail |

### 2.5.38 ELGJD142 - KAMES Patient Liability Transaction Detail Report

#### 2.5.38.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJD142 |
| **Description:** | This job creates the KAMES Patient Liability Transaction Detail Report. |

| | | |
|---|---|---|
| **Job Step:** | | js 010-elgpd143 |
| **Description:** | | Create the KAMES Patient Liability Transaction Detail Report |
| **Input/Output Files:** | | |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elg0142d.rpt | O | KAMES Patient Liability Details |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | Copy the report to the OnBase directory |
| **Input/Output Files:** | | |
| elg0142d.rpt | I | KAMES Patient Liability Details |

### 2.5.39 ELGJD143 - PA62-SDX Patient Liability Transaction Detail Report

#### 2.5.39.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJD143 |
| **Description:** | This job creates the PA62-SDX Patient Liability Transaction Detail Report. |

| | | |
|---|---|---|
| **Job Step:** | | js 010-elgpd143 |
| **Description:** | | Creates the PA62-SDX Patient Liability Transaction Detail Report |
| **Input/Output Files:** | | |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elg0143d.rpt | I | PA62 Patient Liability Transaction Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | Copy the report to the OnBase directory |
| **Input/Output Files:** | | |
| elg0143d.rpt | I | PA62 Patient Liability Transaction Report |

## 2.5.40 ELGJD145 - KAMES LTC Transaction Details

### 2.5.40.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD145 | |
| **Description:** | This job creates the KAMES LTC Transaction Details Report. | |
| **Job Step:** | | js 010-elgpd145 |
| **Description:** | | Create the KAMES LTC Transaction Details |
| **Input/Output Files:** | | |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elg0145d.rpt | O | KAMES LTC Transaction Detail |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | Copy the report file to the report directory |
| **Input/Output Files:** | | |
| elg0145d.rpt | I | KAMES LTC Transaction Detail |

## 2.5.41 ELGJD146 - PA62/SDX LTC Transaction Details Report

### 2.5.41.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD146 | |
| **Description:** | This job creates the PA62/SDX LTC Transaction Details Report. | |
| **Job Step:** | | js 010-elgpd145 |
| **Description:** | | Create the PA62/SDX LTC Transaction Details Report |
| **Input/Output Files:** | | |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elg0146d.rpt | O | PA62 LTC Transaction Details |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | Copy the report to the onBase directory |
| **Input/Output Files:** | | |
| elg0146d.rpt | I | PA62 LTC Transaction Details |

## 2.5.42 ELGJD200 - KAMES Daily Updates

### 2.5.42.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJD200 |
| **Description:** | The elgjd200 job processes elgpdedx processes the KAMES Daily transactions. |

| | | |
|---|---|---|
| **Job Step:** | | js 020-elg_interface.c |
| **Description:** | | Apply the Member Demographic and eligibility updates |
| **Input/Output Files:** | | |
| T_RECIP_LINK_XREF | B | This table contains all link/unlink requests that have been processed. |
| T_RE_ADDRESS | B | Member Previous Addresses |
| T_RE_AID_ELIG | B | Member Aid Categories |
| T_RE_BASE | B | Member table containing base/demographic information. |
| T_RE_BASE_STATE | B | Secondary table to store Member Demographic data |
| T_RE_CASE | B | This is the member Case Data Table. |
| T_RE_CASE_XREF | B | Cross Reference Case Number to Member IDs |
| T_RE_DEATH_CHG | B | This is the member date of death table. Each member that has date of death different than the date of death on T_RE_BASE is added to this table. |
| T_RE_ELIG | B | This is the member eligibility table. |
| T_RE_HIB | B | MEMBER MEDICARE TABLE |
| T_RE_INCOME | B | Member Income |
| T_RE_MULTI_ADDRESS | B | Stores the Member's Payee and mailing addresses |
| T_RE_NAME_XREF | B | Stores the Member name changes |
| T_RE_SPEND_LIAB | B | Stores the spenddown liability for the case |
| eld0kadu.dat | I | The KAMES daily eligibility update transactions |
| T_RE_PS2_DUPE | O | Contains all of the potential duplicate member situations that occurred during the daily PS/2 update transaction. |
| T_RE_PS2_ERR | O | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | O | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |

### 2.5.43 ELGJD250 - PA62/SDX Daily Updates

#### 2.5.43.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJD250 |
| **Description:** | The elgjd250 job processes elgpdedx processes the PA62/SDX Daily transactions. |

| | | |
|---|---|---|
| **Job Step:** | | js 020-elg_interface.c |
| **Description:** | | Apply the Member Demographic and eligibility updates |
| **Input/Output Files:** | | |
| T_RECIP_LINK_XREF | B | This table contains all link/unlink requests that have been processed. |
| T_RE_ADDRESS | B | Member Previous Addresses |
| T_RE_AID_ELIG | B | Member Aid Categories |
| T_RE_BASE | B | Member table containing base/demographic information. |
| T_RE_BASE_STATE | B | Secondary table to store Member Demographic data |
| T_RE_CASE | B | This is the member Case Data Table. |
| T_RE_CASE_XREF | B | Cross Reference Case Number to Member IDs |
| T_RE_DEATH_CHG | B | This is the member date of death table. Each member that has date of death different than the date of death on T_RE_BASE is added to this table. |
| T_RE_ELIG | B | This is the member eligibility table. |
| T_RE_HIB | B | MEMBER MEDICARE TABLE |
| T_RE_INCOME | B | Member Income |
| T_RE_MULTI_ADDRESS | B | Stores the Member's Payee and mailing addresses |
| T_RE_SPEND_LIAB | B | Stores the spenddown liability for the case |
| eld0ppau.dat | I | PA62 Daily Update File Unpacked with Line Feed |
| T_RE_PS2_DUPE | O | Contains all of the potential duplicate member situations that occurred during the daily PS/2 update transaction. |
| T_RE_PS2_ERR | O | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | O | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |

## 2.5.44 ELGJD275 - SDX DAILY Updates

### 2.5.44.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJD275 |
| **Description:** | The ELGJD275 job processes elgpdedx processes the SDX Daily transactions |

| | | |
|---|---|---|
| **Job Step:** | | js 020-elg_interface.c |
| **Description:** | | Apply the Member Demographic and eligibility updates |
| **Input/Output Files:** | | |
| T_RECIP_LINK_XREF | B | This table contains all link/unlink requests that have been processed. |
| T_RE_ADDRESS | B | Member Previous Addresses |
| T_RE_AID_ELIG | B | Member Aid Categories |
| T_RE_BASE | B | Member table containing base/demographic information. |
| T_RE_BASE_STATE | B | Secondary table to store Member Demographic data |
| T_RE_CASE | B | This is the member Case Data Table. |
| T_RE_CASE_XREF | B | Cross Reference Case Number to Member IDs |
| T_RE_DEATH_CHG | B | This is the member date of death table. Each member that has date of death different than the date of death on T_RE_BASE is added to this table. |
| T_RE_ELIG | B | This is the member eligibility table. |
| T_RE_HIB | B | MEMBER MEDICARE TABLE |
| T_RE_INCOME | B | Member Income |
| T_RE_MULTI_ADDRESS | B | Stores the Member's Payee and mailing addresses |
| T_RE_SPEND_LIAB | B | Stores the spenddown liability for the case |
| eld0psdu.dat | I | The PA62/SDX daily eligibility update transactions |
| T_RE_PS2_DUPE | O | Contains all of the potential duplicate member situations that occurred during the daily PS/2 update transaction. |
| T_RE_PS2_ERR | O | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | O | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |

### 2.5.45 ELGJD313 - New Pending Eligibles - Daily

#### 2.5.45.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJD313 |
| **Description:** | A new daily process will be written to generate the New Pending Eligibles report. This process will report pending eligibles residing on the T_RE_PEND_MEMBER table with a dte_added = the current cycle date. Runs report ELG-0313-D daily. |

| | | |
|---|---|---|
| **Job Step:** | | js 010-elgp0313 |
| **Description:** | | Generate ELG-0313-D from data in T_RE_PEND_MEMBER |
| **Input/Output Files:** | | |
| T_RE_PEND_MEMBER | I | This table hold members with pending eligibility added through PA |
| elg0313d.rpt | O | This process will report pending eligibles residing on the T_RE_PEND_MEMBER table with a dte_added = the current cycle date.<br>The following fields will be reported:<br><br>SSN<br>Name<br>Date Added |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job steps copies the report to COLD. |
| **Input/Output Files:** | | |
| elg0313d.rpt | O | This process will report pending eligibles residing on the T_RE_PEND_MEMBER table with a dte_added = the current cycle date.<br>The following fields will be reported:<br><br>SSN<br>Name<br>Date Added |

## 2.5.46 ELGJD333 - KY Health Choices Member Letters

### 2.5.46.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJD333 | |
| **Description:** | The ELGJD333 job processes elgpd333 to produce the KY Health Choices Member Letters. | |
| **Job Step:** | | js 010-elgpd333 |
| **Description:** | | This job step creates the KYHC Member New Letter Report and KYHC Member Plan Change Letter report and generates the requests for the letters. |
| **Input/Output Files:** | | |
| T_PUB_HLTH_PGM | I | This is the Public Health Program Table. |
| T_RE_BASE | I | Member table containing base/demographic information. |
| T_RE_ELIG | I | This is the member eligibility table. |
| eld00333.rpt | O | Report the number of KY Health Choices letters being sent out for new and existing members. |
| eld00334.rpt | O | Report the number of KY Health Choices Member Plan Change letters being sent out to existing members. |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to COLD. |
| **Input/Output Files:** | | |
| eld00333.rpt | I | Report the number of KY Health Choices letters being sent out for new and existing members. |
| eld00334.rpt | I | Report the number of KY Health Choices Member Plan Change letters being sent out to existing members. |

### 2.5.47 ELGJD900 - Captiva Member Stub File

#### 2.5.47.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | | ELGJD900 |
| **Description:** | | Member Captiva Stub File. |
| **Job Step:** | | js 010-elgpstub |
| **Description:** | | Extract member stub file |
| **Input/Output Files:** | | |
| T_RE_BASE | I | Member table containing base/demographic information. |
| rcptstub.dat | O | Member stub file for Captiva |

## 2.5.48 ELGJD950 - Lock-in Extract to KAMES

### 2.5.48.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJD950 |
| **Description:** | Job elgjd950 produces the daily lockin extract to KAMES. |

| | |
|---|---|
| **Job Step:** | js 010-elgpdlox |
| **Description:** | This program creates the medical Lock-in extract to KAMES. |

**Input/Output Files:**

| | | |
|---|---|---|
| T_RE_ASSIGN_PLAN | I | Member LTC, Hospice, Waiver and Medical Lock-in eligibility segments |
| eld0loce.dat | O | Lock-in Extract to KAMES |

## 2.5.49 ELGJDFHX - Daily Output Elig. to 1st Health

### 2.5.49.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJDFHX |
| **Description:** | Creates the daily output eligibility file to First Health. |

| | |
|---|---|
| **Job Step:** | js 010-elgpdfhx |
| **Description:** | Creates First Health Member Eligibility extract file |

**Input/Output Files:**

| | | |
|---|---|---|
| T_RE_AID_ELIG | I | Member Aid Categories |
| T_RE_BASE | I | Member table containing base/demographic information. |
| T_RE_CASE | I | This is the member Case Data Table. |
| T_RE_CASE_XREF | I | Cross Reference Case Number to Member IDs |
| T_RE_ELIG | I | This is the member eligibility table. |
| T_RE_HIB | I | MEMBER MEDICARE TABLE |
| eld0kelg.dat | O | First Health Member Eligibility data file. |

## 2.5.50 ELGJDKPD - Pending Eligible Members - KAMES extract

### 2.5.50.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJDKPD | |
| **Description:** | KAMES' Pending Eligible Members extract | |
| **Job Step:** | | js 010-sqlplus |
| **Description:** | | Mark records to be extracted, as rows can be continually added, so we have a fixed set to work with |
| **Input/Output Files:** | | |
| elmkpd01.sql | I | Set the records to be extracted, as rows can be continually added, so we have a fixed set to work with. |
| **Job Step:** | | js 020-oraload.sh |
| **Description:** | | Export formatted records from T_RE_KAMES_XTRCT |
| **Input/Output Files:** | | |
| elmkpd02.ctl | I | create kames extract export - already formatted |
| elmkpd02.sql | I | Extract information for KAMES via oraload.sh script |
| t_re_kames_xtrct.dat | O | oraload.sh output file |
| **Job Step:** | | js 030-mv |
| **Description:** | | Move KAMES extract file to datadir GDG |
| **Input/Output Files:** | | |
| t_re_kames_xtrct.dat | I | oraload.sh output file |
| eld0kpdm.dat | O | KAMES' Extract of all pending eligible members |
| **Job Step:** | | js 040-zip |
| **Description:** | | Copy to outbound FTP directory |
| **Input/Output Files:** | | |
| eld0kpdm.dat | I | KAMES' Extract of all pending eligible members |
| eld0kpdm_(date).zip | O | ZIPped file to send to KAMES |
| **Job Step:** | | js 050-sqlplus |
| **Description:** | | Reset the marked records as extracted, also delete old records over seven days old |
| **Input/Output Files:** | | |

| | | |
|---|---|---|
| elmkpd03.sql | I | Reset the marked records as extracted. Also delete the old records |

## 2.5.51 ELGJDLTC - LTC Daily Updates

### 2.5.51.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJDLTC |
| **Description:** | The elgjdltc job processes applies the level of care updates from the KAMES systems. |

| | |
|---|---|
| **Job Step:** | js 010-elgpdltc |
| **Description:** | This job step applies the LTC updates received from KAMES |

**Input/Output Files:**

| | | |
|---|---|---|
| T_RE_ASSIGN_PLAN | B | Member LTC, Hospice, Waiver and Medical Lock-in eligibility segments |
| eld0kltc.dat | I | The KAMES daily LTC update transactions |
| T_RE_PS2_ERR | O | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | O | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |

## 2.5.52 ELGJDLTP - PA62/SDX LTC Updates

### 2.5.52.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJDLTP |
| **Description:** | The elgjdltc job processes applies the level of care updates from the KAMES, SDX and PA62 systems. |

| | |
|---|---|
| **Job Step:** | js 010-elgpdltc |
| **Description:** | This job step applies the LTC updates received from PA62/SDX |

**Input/Output Files:**

| | | |
|---|---|---|
| T_RE_ASSIGN_PLAN | I | Member LTC, Hospice, Waiver and Medical Lock-in eligibility segments |
| eld0pltc.dat | I | The PA62/SDX daily LTC update transactions |
| T_RE_PS2_ERR | O | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | O | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |

### 2.5.53 ELGJDLTR - Produce the LTC Update Error Report

#### 2.5.53.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJDLTR | |
| **Description:** | The ELGJDLTR job processes elgpdltr to produce the LTC Update Error Report (ELG-0042-D). | |
| **Job Step:** | | js 010-elgpdltr |
| **Description:** | | This job step reports the LTC Update Errors - ELG-0042-M |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elg0042d.rpt | O | LTC Update Error Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to COLD |
| **Input/Output Files:** | | |
| elg0042d.rpt | O | LTC Update Error Report |

### 2.5.54 ELGJDMPX - Daily extract of MTP updates

#### 2.5.54.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJDMPX |
| **Description:** | Create daily extract of MTP updates |

| | | |
|---|---|---|
| **Job Step:** | | js 010-elgpdmpx |
| **Description:** | | Create daily extract of MTP updates |
| **Input/Output Files:** | | |
| T_RE_AID_ELIG | I | Member Aid Categories |
| T_RE_BASE | I | Member table containing base/demographic information. |
| T_RE_ELIG | I | This is the member eligibility table. |
| eldmpx01.dat | O | MTP Update extract file |

## 2.5.55 ELGJDPAP - PA62/SDX Patient Liability Update

### 2.5.55.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJDPAP | |
| **Description:** | The elgjdpap job processes the Patient Liability update transactions from the PA62/SDX systems. | |
| **Job Step:** | | js 010-elgpdpat |
| **Description:** | | This job step processes the Patient Liability update file from PA62/SDX. |
| **Input/Output Files:** | | |
| t_re_pat_liab | B | Patient Liability data |
| T_RE_BASE | I | Member table containing base/demographic information. |
| T_RE_ELIG | I | This is the member eligibility table. |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| eld0ppat.dat | I | PA62/SDX daily Patient Liability update transactions |

## 2.5.56 ELGJDPAR - Produce the Patient Liability Update Report

### 2.5.56.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJDPAR |
| **Description:** | The elgjdpar job creates the Patient Liability Update Error report. |

| | | |
|---|---|---|
| **Job Step:** | | js 020-elgpdpar |
| **Description:** | | This job step reports the Patient Liability Update Errors - ELG-0041-D |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elg0041m.rpt | O | Patient Liability Update Error Report |
| **Job Step:** | | js 030-copy2routedir |
| **Description:** | | This job step copies the report to COLD. |
| **Input/Output Files:** | | |
| elg0041m.rpt | I | Patient Liability Update Error Report |

## 2.5.57 ELGJDPAT - Patient Liability Update and Report

### 2.5.57.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJDPAT |
| **Description:** | The elgjdpat job processes the Patient Liability update transactions from the KAMES systems. |

| | |
|---|---|
| **Job Step:** | js 010-elgpdpat |
| **Description:** | This job step processes the Patient Liability update file from KAMES |

**Input/Output Files:**

| | | |
|---|---|---|
| t_re_pat_liab | B | Patient Liability data |
| T_RE_BASE | I | Member table containing base/demographic information. |
| T_RE_ELIG | I | This is the member eligibility table. |
| eld0kpat.dat | I | The KAMES daily Patient Liability update transactions |
| T_RE_PS2_ERR | O | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | O | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |

## 2.5.58 ELGJDSHP - SHPS (MaxMC) Daily Demographic and Eligibility Member Extract

### 2.5.58.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJDSHP |
| **Description:** | This job creates a daily demographic and eligibility member extract file for the SHPS MaxMC system. Table T_RE_EXT_RECIPS contains the list of members to be extracted. |

| | | |
|---|---|---|
| **Job Step:** | | js 010-elgpdshp |
| **Description:** | | Creates a daily demographic and eligibility member extract file for the SHPS MaxMC system. |
| **Input/Output Files:** | | |
| T_RE_AID_ELIG | I | Member Aid Categories |
| T_RE_BASE | I | Member table containing base/demographic information. |
| T_RE_BASE_STATE | I | Secondary table to store Member Demographic data |
| T_RE_ELIG | I | This is the member eligibility table. |
| eld0selg.dat | O | SHPS (MaxMC) Daily Member Demographic and Eligibility Extract |

### 2.5.59 ELGJDSHR - SHPS LOC Error Update

#### 2.5.59.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJDSHR | |
| **Description:** | This job reports the errors encountered during SHPS Level Of Care Update process. | |
| **Job Step:** | | js 010-elgpdshr.sc |
| **Description:** | | Report the errors encountered during SHPS Level Of Care Update process. |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| elg0043m.rpt | O | This job creates the error report encountered during SHPS Level Of Care Update process |

## 2.5.60 ELGJM007 - Unpack KAMES Recon Monthly File

### 2.5.60.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJM007 | |
| **Description:** | Unpack KAMES Recon Monthly file | |
| **Job Step:** | | js 010-cp |
| **Description:** | | Copy KAMES Recon File fr Ftp into GDG |
| **Input/Output Files:** | | |
| elm0350i.dat | I | KAMES Recon Monthly File |
| elm0350g.dat | O | KAMES Recon Monthly File Copied into GDG |
| **Job Step:** | | js 020-edsrconv |
| **Description:** | | Unpack KAMES Recon Update File |
| **Input/Output Files:** | | |
| elm0350g.dat | I | KAMES Recon Monthly File Copied into GDG |
| elm0350c.dat | O | KAMES Recon Monthly File Unpacked |
| **Job Step:** | | js 030-fold |
| **Description:** | | Insert Line Feed to Unpacked File |
| **Input/Output Files:** | | |
| elm0350c.dat | I | KAMES Recon Monthly File Unpacked |
| elm0350u.dat | O | KAMES Recon Monthly File Unpacked with Line Feed |

### 2.5.61 ELGJM008 - Unpack PA62/SDX Monthly Recon File

#### 2.5.61.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJM008 | |
| **Description:** | Unpack PA62/SDX Monthly Recon File | |
| **Job Step:** | | js 010-cp |
| **Description:** | | Copy PA62/SDX Monthly Recon from FTP into GDG |
| **Input/Output Files:** | | |
| elm0360i.dat | I | PA/SDX Monthly Recon File |
| elm0360g.dat | O | PA/SDX Monthly Recon File Copied into GDG |
| **Job Step:** | | js 020-edsrconv |
| **Description:** | | Unpack PA62/SDX Monthly Recon |
| **Input/Output Files:** | | |
| elm0360g.dat | I | PA/SDX Monthly Recon File Copied into GDG |
| elm0360c.dat | O | PA/SDX Monthly Recon File Unpacked |
| **Job Step:** | | js 030-fold |
| **Description:** | | Insert Line Feed into Unpacked File |
| **Input/Output Files:** | | |
| elm0360c.dat | I | PA/SDX Monthly Recon File Unpacked |
| elm0360u.dat | O | PA/SDX Monthly Recon File Unpacked with Line Feed |

## 2.5.62 ELGJM010 - Produce Monthly EOMB Reports

### 2.5.62.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJM010 | |
| **Description:** | The elgjm010 job produces the Explanation of Medical Benefits Letters (ELG-9001-M) and the Summary of Member EOMBs Report (ELG-9002-M). | |
| **Job Step:** | | js 010-cat |
| **Description:** | | This job step concatenates the family of weekly EOMB extracts into one file. |
| **Input/Output Files:** | | |
| elw04001.dat | I | Family of weekly EOMB claim extract files |
| elm01001.dat | O | Months worth of EOMB claim extracts |
| **Job Step:** | | js 020-rm |
| **Description:** | | This job step removes the family of weekly EOMB extract files. |
| **Input/Output Files:** | | |
| elw04001.dat | I | Family of weekly eomb claim extract files |
| **Job Step:** | | js 030-otsortd |
| **Description:** | | This job step sorts the EOMB extracts by sak_recip. |
| **Input/Output Files:** | | |
| elm01001.ctl | I | Contains sort control cards to sort the Months worth of EOMB Extracts by sak-recip. |
| elm01001.dat | I | Months worth of eomb claim extracts |
| elm01001.srt | O | Months worth of EOMB extracts sorted by sak_recip. |
| **Job Step:** | | js 040-elgpm010m.c |
| **Description:** | | This job steps selects random 1% of members to receive EOMBs and extracts member, provider, and service information for these member's claims. |
| **Input/Output Files:** | | |
| elm01001.srt | I | Months worth of EOMB extracts sorted by sak_recip. |
| elm01002.dat | O | Monthly EOMB report extracts containing provider, member and service information. |
| **Job Step:** | | js 050-otsortd |

| | | |
|---|---|---|
| **Description:** | | This job step sorts the EOMB extracts by Medicaid ID, ICN, and From DOS in preparation for the production of the letters and report. |
| **Input/Output Files:** | | |
| elm01002.ctl | I | Contains sort control cards to sort the EOMB report extracts by Medicaid ID, ICN, and From DOS. |
| elm01002.dat | I | Monthly EOMB report extracts containing provider, member and service information. |
| elm01002.srt | O | EOMB Report Extracts sorted by Medicaid ID, ICN, and From DOS. |
| **Job Step:** | | js 060-elgpm010 |
| **Description:** | | This job step creates Member EOMB Letters and Report. |
| **Input/Output Files:** | | |
| elm01002.srt | I | EOMB Report Extracts sorted by Medicaid ID, ICN, and From DOS. |
| | I | |
| elm01002.rpt | O | Print File containing the Member EOMB Summary Report. |
| **Job Step:** | | js 070-copy2routedir |
| **Description:** | | This job step sends the Member EOMB Report (ELG-9002-M) to COLD. |
| **Input/Output Files:** | | |
| elm01002.rpt | I | Print File containing the Member EOMB Summary Report. |

### 2.5.63 ELGJM017 - Monthly Recipient Link-Unlink Reports

#### 2.5.63.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJM017 |
| **Description:** | The elgjm017 job creates the monthly link/unlink reports showing what requests were successfully completed for the non-claims portion of the process and what types of data still need to be manually researched and updated through the windows. The Link Requests Processed Report is ELG-0034-M. The Unlink Requests Processed Report is ELG-0035-M. |

| | | |
|---|---|---|
| **Job Step:** | | js 010-elgpm017 |
| **Description:** | | This job step reports the link/unlink requests that were successfully processed since the last time the job ran. |
| **Input/Output Files:** | | |
| elm01701.rpt | O | Contains the print lines for the Monthly Link Requests Processed Report |
| elm01702.rpt | O | Contains the print lines for the Monthly Unlink Requests Processed Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step creates COLD copies of reports |
| **Input/Output Files:** | | |
| elm01701.rpt | I | Contains the print lines for the Monthly Link Requests Processed Report |
| elm01702.rpt | I | Contains the print lines for the Monthly Unlink Requests Processed Report |

### 2.5.64 ELGJM020 - Creditable Health Insurance Coverage Reporting

#### 2.5.64.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJM020 |
| **Description:** | The elgjm020 job produces the Creditable Health Insurance Coverage Letters that are mailed to the members who have lost eligibility, as well as a report listing all letters that were mailed. |

| | | |
|---|---|---|
| **Job Step:** | | js 010-elgpm020_st |
| **Description:** | | This job step creates the Certification of Creditable Health Insurance Coverage Letter and the Member Receiving Termination Certificate Report. |
| **Input/Output Files:** | | |
| T_CDE_AID | I | Contains valid aid categories |
| T_COUNTY_OFFICE | I | The mailing address of each county office. |
| T_PUB_HLTH_PGM | I | This is the Public Health Program Table. |
| T_RE_AID_ELIG | I | Member Aid Categories |
| T_RE_BASE | I | Member table containing base/demographic information. |
| T_RE_CASE | I | This is the member Case Data Table. |
| T_RE_CCHIC_TRACK | I | Letter tracking table to determine if a Certificate of Creditable Health Insurance Coverage letter has been sent. |
| T_RE_ELIG | I | This is the member eligibility table. |
| elgdm021.rpt | O | Member Receiving Termination Certificate lists every recipient that will receive a Certificate of Creditable Health Insurance Coverage letter. |
| elm0050m.rpt | O | Creditable Coverage for Members With More Than 17 Months of Eligibility |
| elm0051m.rpt | O | Creditable Coverage for Members With Less Than 18 Months of Eligibility |
| elm0052m.rpt | O | Cover Page - Creditable Coverage for Members |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the Certification of Creditable Health Insurance Coverage Letter and the Member Receiving Termination Report to the COLD directory. |

| **Input/Output Files:** | | |
|---|---|---|
| elgdm021.rpt | I | Member Receiving Termination Certificate lists every recipient that will receive a Certificate of Creditable Health Insurance Coverage letter. |

## 2.5.65 ELGJM025 - Monthly Date of Death

### 2.5.65.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJM025 |
| **Description:** | The elgjm025 job produces the Date of Death Monthly Report (ELG-0134-M). |

| | | |
|---|---|---|
| **Job Step:** | | js 010-elgpm025 |
| **Description:** | | This job step creates the Monthly Date of Death Report |
| **Input/Output Files:** | | |
| elm02501.rpt | O | Displays the Date of Death information for the previous month |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step sends the Monthly Date of Death Report, ELG-0134-M, to COLD |
| **Input/Output Files:** | | |
| elm02501.rpt | I | Displays the Date of Death information for the previous month |

### 2.5.66 ELGJM035 - KAMES Recon

#### 2.5.66.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJM035 | |
| **Description:** | The elgjm035 job performs the reconciliation for KAMES. | |
| **Job Step:** | | js 010-elgpm035 |
| **Description:** | | This job step filters through the concatenated recon file and produces the true update file. |
| **Input/Output Files:** | | |
| elm03501.dat | I | Concatenated KAMES recon file |
| elm03502.dat | O | KAMES filtered recon file |
| **Job Step:** | | js 020-libps2comm.so |
| **Description:** | | This job step applies updates. |
| **Input/Output Files:** | | |
| T_RECIP_LINK_XREF | B | This table contains all link/unlink requests that have been processed. |
| T_RE_ADDRESS | B | Member Previous Addresses |
| T_RE_AID_ELIG | B | Member Aid Categories |
| T_RE_BASE | B | Member table containing base/demographic information. |
| T_RE_BASE_STATE | B | Secondary table to store Member Demographic data |
| T_RE_CASE | B | This is the member Case Data Table. |
| T_RE_CASE_XREF | B | Cross Reference Case Number to Member IDs |
| T_RE_DEATH_CHG | B | This is the member date of death table. Each member that has date of death different than the date of death on T_RE_BASE is added to this table. |
| T_RE_ELIG | B | This is the member eligibility table. |
| T_RE_HIB | B | MEMBER MEDICARE TABLE |
| T_RE_INCOME | B | Member Income |
| T_RE_MULTI_ADDRESS | B | Stores the Member's Payee and mailing addresses |
| T_RE_NAME_XREF | B | Stores the Member name changes |
| T_RE_SPEND_LIAB | B | Stores the spenddown liability for the case |

| | | |
|---|---|---|
| elm03502.dat | I | KAMES filtered recon file |
| T_RE_PS2_DUPE | O | Contains all of the potential duplicate member situations that occurred during the daily PS/2 update transaction. |
| T_RE_PS2_ERR | O | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | O | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |

### 2.5.67 ELGJM036 - PA62/SDX Recon

#### 2.5.67.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJM036 | |
| **Description:** | The elgjm036 job performs the reconciliation for PA62/SDX. | |
| **Job Step:** | | js 010-elgpm035 |
| **Description:** | | This job step filters through the concatenated recon file and produces the true update file. |
| **Input/Output Files:** | | |
| elm03601.dat | I | PA62 concatenated recon file |
| elm03602.dat | O | PS62 filtered recon file |
| **Job Step:** | | js 020-libps2comm.so |
| **Description:** | | This job step applies the updates. |
| **Input/Output Files:** | | |
| T_RECIP_LINK_XREF | B | This table contains all link/unlink requests that have been processed. |
| T_RE_ADDRESS | B | Member Previous Addresses |
| T_RE_AID_ELIG | B | Member Aid Categories |
| T_RE_BASE | B | Member table containing base/demographic information. |
| T_RE_BASE_STATE | B | Secondary table to store Member Demographic data |
| T_RE_CASE | B | This is the member Case Data Table. |
| T_RE_CASE_XREF | B | Cross Reference Case Number to Member IDs |
| T_RE_DEATH_CHG | B | This is the member date of death table. Each member that has date of death different than the date of death on T_RE_BASE is added to this table. |
| T_RE_ELIG | B | This is the member eligibility table. |
| T_RE_HIB | B | MEMBER MEDICARE TABLE |
| T_RE_INCOME | B | Member Income |
| T_RE_MULTI_ADDRESS | B | Stores the Member's Payee and mailing addresses |
| T_RE_NAME_XREF | B | Stores the Member name changes |
| T_RE_SPEND_LIAB | B | Stores the spenddown liability for the case |

| | | |
|---|---|---|
| elm03602.dat | I | PS62 filtered recon file |
| T_RE_PS2_DUPE | O | Contains all of the potential duplicate member situations that occurred during the daily PS/2 update transaction. |
| T_RE_PS2_ERR | O | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | O | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |

### 2.5.68 ELGJM042 - Recon Closure Error Detail

#### 2.5.68.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJM042 | |
| **Description:** | The ELGJM042 processes elgpd013 to produce the Recon Closure Error Detail Report (ELG-0123-M). | |
| **Job Step:** | | js 010-elgpd013 |
| **Description:** | | This job step creates the ELG-0123-M report. |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elm00123.rpt | O | Recon Closure Error Detail |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to COLD. |
| **Input/Output Files:** | | |
| elm00123.rpt | O | Recon Closure Error Detail |

### 2.5.69 ELGJM043 - Closure Transaction Count

#### 2.5.69.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJM043 | |
| **Description:** | The ELGJM043 processes elgpd012 to produce the Closure Transaction Count Report (ELG-0124-M). | |
| **Job Step:** | | js 010-elgpd012 |
| **Description:** | | This job step creates the ELG-0124-M Report. |
| **Input/Output Files:** | | |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elm00124.rpt | O | Closure Transaction Count Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to COLD. |
| **Input/Output Files:** | | |
| elm00124.rpt | I | Closure Transaction Count Report |

### 2.5.70 ELGJM044 - Recon Closure Error Report

#### 2.5.70.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJM044 | |
| **Description:** | The ELGJM044 processes elgpdc12 to produce the Recon Closure Error Detail Report (ELG-0124-M). | |
| **Job Step:** | | js 010-elgpdc12 |
| **Description:** | | This job step creates the ELG-0124-M Report. |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elm00127.rpt | O | Recon Closure Error Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to COLD. |
| **Input/Output Files:** | | |
| elm00127.rpt | I | Recon Closure Error Report |

## 2.5.71 ELGJM045 - LTC Members Extract to Myers & Stauffer

### 2.5.71.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJM045 |
| **Description:** | |

| | | |
|---|---|---|
| **Job Step:** | js 010-elgpltce | |
| **Description:** | Create the Myers and Stauffer extract file | |
| **Input/Output Files:** | | |
| elgpltce.dat | O | Members with LTC to Myers & Fisher |

### 2.5.72 ELGJM055 - Create COBA files

#### 2.5.72.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJM055 | |
| **Description:** | ELGJM055 - This job creates a recipient eligibility extract for COBA that will be sent to CMS. | |
| **Job Step:** | | js 010-sqlplus |
| **Description:** | | update date parm |
| **Input/Output Files:** | | |
| elm05502.sql | I | Update date parms |
| **Job Step:** | | js 020-sqlplus |
| **Description:** | | delete temp tables |
| **Input/Output Files:** | | |
| elm05510.sql | I | Drop all the temp tables, no longer needed |
| **Job Step:** | | js 030-oraload.sh |
| **Description:** | | Export T_RE_COBA_ELIG_FILE, just in case |
| **Input/Output Files:** | | |
| elm05500.ctl | I | this control file is used to backup the T_RE_COBA_ELIG_FILE before it is modified |
| TEMPDA/t_re_coba_elig_file.dat | O | unload of T_RE_COBA_ELIG_FILE table |
| **Job Step:** | | js 040-mv |
| **Description:** | | Create COBA Eligibility backup file in datadir GDG |
| **Input/Output Files:** | | |
| TEMPDA/t_re_coba_elig_file.dat | I | unload of T_RE_COBA_ELIG_FILE table |
| elm05510.dat | O | backup of T_RE_COBA_ELIG_FILE |
| **Job Step:** | | js 050-sqlplus |
| **Description:** | | Only delete data older then 4 months as a safety measure. |
| **Input/Output Files:** | | |

| | | |
|---|---|---|
| elm05501.sql | I | delete previous records |
| **Job Step:** | | js 060-sqlplus |
| **Description:** | | Delete data based on DATE_PARM_1 from table. |
| **Input/Output Files:** | | |
| elm05503.sql | I | reset the master table in case of a re-run |
| **Job Step:** | | js 070-sqlplus |
| **Description:** | | Create temp elig staging table |
| **Input/Output Files:** | | |
| elm05504.sql | I | Extract 3 years or less of eligibility |
| **Job Step:** | | js 080-sqlplus |
| **Description:** | | Create temp recip table. |
| **Input/Output Files:** | | |
| elm05505.sql | I | Create temp RID table |
| **Job Step:** | | js 090-sqlplus |
| **Description:** | | Create temp hib table. |
| **Input/Output Files:** | | |
| elm05506.sql | I | Create temp recipient HIC table |
| **Job Step:** | | js 100-sqlplus |
| **Description:** | | Create temp elig compacted table. |
| **Input/Output Files:** | | |
| elm05507.sql | I | Create empty elig table |
| **Job Step:** | | js 110-sqlplus |
| **Description:** | | Load temp elig compacted table |
| **Input/Output Files:** | | |
| elm05508.sql | I | compress date segments for a recipient |
| **Job Step:** | | js 120-sqlplus |
| **Description:** | | Remove duplicate temp elig rows (only for dev/model) |
| **Input/Output Files:** | | |

| | | |
|---|---|---|
| elm05585.sql | I | -- This procedure removes the eligibility records -- that are duplicate in both Passport and non- -- Passport and have overlapping effective dates. |
| **Job Step:** | | js 130-sqlplus |
| **Description:** | | Load T_RE_COBA_ELIG_FILE table with the temp table data |
| **Input/Output Files:** | | |
| elm05509.sql | I | load and join all the temp data tables into the master coba table |
| **Job Step:** | | js 140-sqlplus |
| **Description:** | | SET ACD indicator to ADD record on T_RE_COBA_ELIG_FILE |
| **Input/Output Files:** | | |
| elm05511.sql | I | -- compare last and current run and look for new files based on -- the primary CMS key of HIB and effective date -- If it doesn't exist in last month file, it is an add. -- We ignore D records on last month, since they official do not -- exist and are there to say they were deleted from last month |
| **Job Step:** | | js 150-sqlplus |
| **Description:** | | set ACD indicator to DELETE record on T_RE_COBA_ELIG_FILE |
| **Input/Output Files:** | | |
| elm05512.sql | I | -- The deleted segments don't exist for the current month/version, -- so we need to insert them. If the hib/effective_date does not -- exist in the current month, but did in the last run then it is -- deleted. |
| **Job Step:** | | js 160-sqlplus |
| **Description:** | | SET ACD indicator to CHANGE record on T_RE_COBA_ELIG_FILE |
| **Input/Output Files:** | | |
| elm05513.sql | I | -- if there is a difference between elements of the segment, then -- the segment has changed. Mark it as such. |
| **Job Step:** | | js 170-sqlplus |
| **Description:** | | SET ACD indicator to change program (P) record on |

| | | |
|---|---|---|
| | | T_RE_COBA_ELIG_FILE |
| **Input/Output Files:** | | |
| elm05517.sql | I | -- if the person has switched from passport to non-passport or -- from non-passport to passport, we need to mark them as special -- since they will need to be deleted from the leaving program -- and added to the under the joining program, as the dates are the -- same. If this is a new segment, it should be covered by a -- previous add or change the segment. -- |
| **Job Step:** | | js 180-oraload.sh |
| **Description:** | | Export E00, E01, and E99 records from T_RE_COBA_ELIG_FILE for adds, changes and deletes in ACD column |
| **Input/Output Files:** | | |
| elm05501.ctl | I | Export A, C, D codes from coba table |
| elm05514.sql | I | |
| TEMPDA/t_re_coba_elig_file.dat | O | unload of T_RE_COBA_ELIG_FILE table |
| **Job Step:** | | js 190-mv |
| **Description:** | | Create ACD COBA Eligibility file in datadir GDG |
| **Input/Output Files:** | | |
| TEMPDA/t_re_coba_elig_file.dat | I | unload of T_RE_COBA_ELIG_FILE table |
| elm05500.dat | O | Export E00, E01, and E99 records from T_RE_COBA_ELIG_FILE |
| **Job Step:** | | js 200-oraload.sh |
| **Description:** | | Export E01 records from T_RE_COBA_ELIG_FILE for change program - DELETEs |
| **Input/Output Files:** | | |
| elm05506.sql | I | Create temp recipient HIC table |
| elm05515.sql | I | -- create the delete detail E01 records -- Note: that if the person is now on passport, they were on -- non-passport, so we have the decode swapped to use -- the previous program |
| TEMPDA/t_re_coba_ | O | unload of T_RE_COBA_ELIG_FILE table |

| | | |
|---|---|---|
| elig_file.dat | | |
| **Job Step:** | | js 210-mv |
| **Description:** | | Create change program ADDs COBA Eligibility file into datadir GDG |
| **Input/Output Files:** | | |
| TEMPDA/t_re_coba_elig_file.dat | I | unload of T_RE_COBA_ELIG_FILE table |
| elm05501.dat | O | Create change program DELETES COBA Eligibility file into datadir GDG |
| **Job Step:** | | js 220-oraload.sh |
| **Description:** | | Export E01 records from T_RE_COBA_ELIG_FILE for change program - ADDs |
| **Input/Output Files:** | | |
| elm05507.ctl | I | export coba eligibility tables - adds |
| TEMPDA/t_re_coba_elig_file.dat | O | unload of T_RE_COBA_ELIG_FILE table |
| **Job Step:** | | js 230-mv |
| **Description:** | | Create change program ADDs COBA Eligibility file into datadir GDG |
| **Input/Output Files:** | | |
| TEMPDA/t_re_coba_elig_file.dat | I | unload of T_RE_COBA_ELIG_FILE table |
| elm05502.dat | O | Create change program ADDs COBA Eligibility file into datadir GDG |
| **Job Step:** | | js 240-cat |
| **Description:** | | Copy all files together into one file |
| **Input/Output Files:** | | |
| elm05500.dat | I | Export E00, E01, and E99 records from T_RE_COBA_ELIG_FILE |
| elm05501.dat | I | Create change program DELETES COBA Eligibility file into datadir GDG |
| elm05502.dat | I | Create change program ADDs COBA Eligibility file into datadir GDG |

| | | |
|---|---|---|
| elm05503.dat | O | File containing all ACDs, program change ADDs and DELETEs in one file |
| **Job Step:** | | js 250-otsortd |
| **Description:** | | sort the full file out to only non-passport, so we can add a trailer on it |
| **Input/Output Files:** | | |
| elm05502.ctl | I | sort out passport data |
| elm05503.dat | I | File containing all ACDs, program change ADDs and DELETEs in one file |
| TEMPDA/elm05501.dat | O | sorted Passport file |
| **Job Step:** | | js 260-awk |
| **Description:** | | Calculate and write trailer record (uses nawk) |
| **Input/Output Files:** | | |
| TEMPDA/elm05501.dat | I | sorted Passport file |
| elm05503.ctl | I | Create trailer record for CMS's COBA file |
| elm05504.dat | O | Sorted out Passport file with calculated trailer record |
| **Job Step:** | | js 270-if |
| **Description:** | | Check record counts |
| **Input/Output Files:** | | |
| elm05504.dat | I | Sorted out Passport file with calculated trailer record |
| **Job Step:** | | js 280-otsortd |
| **Description:** | | sort the full file out to only passport, so we can add a trailer on it |
| **Input/Output Files:** | | |
| elm05503.dat | I | File containing all ACDs, program change ADDs and DELETEs in one file |
| TEMPDA/elm05503.dat | O | sorted non-Passport file |
| **Job Step:** | | js 290-awk |
| **Description:** | | Calculate and write trailer record |

| | | |
|---|---|---|
| **Input/Output Files:** | | |
| TEMPDA/elm05503.dat | I | sorted non-Passport file |
| elm05505.dat | O | Sorted out non-Passport file with calculated trailer record |
| **Job Step:** | | js 300-if |
| **Description:** | | Check record counts |
| **Input/Output Files:** | | |
| elm05505.dat | I | Sorted out non-Passport file with calculated trailer record |
| **Job Step:** | | js 310-cat |
| **Description:** | | Copy both files together to send to CMS in one file |
| **Input/Output Files:** | | |
| elm05504.dat | I | Sorted out Passport file with calculated trailer record |
| elm05505.dat | I | Sorted out non-Passport file with calculated trailer record |
| elm05506.dat | O | Combined Passport and non-Passport file to send to CMS COBC |
| **Job Step:** | | js 320-zip |
| **Description:** | | Copy file to outbound CMS secure FTP directory |
| **Input/Output Files:** | | |
| elm05506.dat | I | Combined Passport and non-Passport file to send to CMS COBC |
| JADI458.NONE.COB.M.FUTURE.CB70058.P_(time).zip | O | CMS COBC production file name |
| JADI458.NONE.COB.M.FUTURE.CB70058.T_(time).zip | O | CMS COBC test file name |
| **Job Step:** | | js 330-sqlplus |
| **Description:** | | Drop temporary tables |
| **Input/Output Files:** | | |
| elm05510.sql | I | Drop all the temp tables, no longer needed |
| **Job Step:** | | js 340-rm |

| **Description:** | | Remove temp files |
|---|---|---|
| **Input/Output Files:** | | |
| TEMPDA/elm05501.dat | I | sorted Passport file |
| TEMPDA/elm05503.dat | I | sorted non-Passport file |

### 2.5.73 ELGJM058 - Active BCCTP Members and BCCTP Members Coming Due

#### 2.5.73.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJM058 | |
| **Description:** | This job creates the Active BCCTP Members (ELG-0058-M) and the BCCTP Members Coming Due (ELG-0059-M) reports. | |
| **Job Step:** | | js 010-elgpm058 |
| **Description:** | | This job step creates the Active BCCTP Members Report - ELG-0058-M |
| **Input/Output Files:** | | |
| T_RE_BASE | I | Member table containing base/demographic information. |
| T_RE_ELIG | I | This is the member eligibility table. |
| elg0058m.rpt | O | The ELG-0058-M reports the number of active BCCTP Members |
| **Job Step:** | | js 020-elgpm058 |
| **Description:** | | This job step creates the BCCTP Members Coming Due Report - ELG-0059-M |
| **Input/Output Files:** | | |
| T_RE_BASE | I | Member table containing base/demographic information. |
| T_RE_ELIG | I | This is the member eligibility table. |
| elg0059m.rpt | O | The ELG-0059-M reports the BCCTP members coming due. |
| **Job Step:** | | js 030-copy2routedir |
| **Description:** | | This job step copies the report to COLD. |
| **Input/Output Files:** | | |
| elg0058m.rpt | I | The ELG-0058-M reports the number of active BCCTP Members |
| elg0059m.rpt | I | The ELG-0059-M reports the BCCTP members coming due. |

## 2.5.74 ELGJM063 - KAMES RECON Transaction Count Report

### 2.5.74.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJM063 | |
| **Description:** | The elgjm063 job processes elgpd012 to produce the KAMES Recon Transaction Report (ELG-0004-M). | |
| **Job Step:** | | js 010-elgpd012 |
| **Description:** | | This job step produces ELG-0004-M report |
| **Input/Output Files:** | | |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elm01203.rpt | O | KAMES Recon Transaction Count Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the reports to COLD |
| **Input/Output Files:** | | |
| elm01203.rpt | I | KAMES Recon Transaction Count Report |

### 2.5.75 ELGJM064 - KAMES RECON Error Count Report

#### 2.5.75.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJM064 | |
| **Description:** | The elgjm064 job processes elgpdc12 to produce the KAMES Recon Error Count Report (ELG-0007-M). | |
| **Job Step:** | | js 010-elgpdc12 |
| **Description:** | | This job step produces the ELG-0007-M report |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elm01207.rpt | O | KAMES Recon Error Count Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to Cold |
| **Input/Output Files:** | | |
| elm01207.rpt | I | KAMES Recon Error Count Report |

### 2.5.76 ELGJM065 - Vital Statistics Date of Death Update and Reports

#### 2.5.76.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJM065 |
| **Description:** | The elgjm065 job processes the monthly Date of Death file from Vital Statistics and creates the following reports:<br>• Date of Death/Name Mismatch Error Report (ELG-0036-M)<br>• Date of Death/Birthdate Mismatch Error Report (ELG-0037-M)<br>• Date of Death Miscellaneous Error Report (ELG-0038-M)<br>• Date of Death Update Report (ELG-0039-M). |

| | | |
|---|---|---|
| **Job Step:** | | js 010-elgpdvit |
| **Description:** | | This job step processes the Vital Statistics Date of Death file |
| **Input/Output Files:** | | |
| CLW42001.rpt | B | DMERC summary audit report |
| T_RE_BASE | B | Member table containing base/demographic information. |
| T_RE_DEATH_CHG | I | This is the member date of death table. Each member that has date of death different than the date of death on T_RE_BASE is added to this table. |
| T_RE_ELIG | I | This is the member eligibility table. |
| elm0vitu.dat | I | Vital Statistics DOD update transactions |
| T_RE_PS2_ERR | O | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | O | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| eld0kdot.dat | O | This file is generate by WriteKAMESRec that is run in JOB ELJGM065 |
| **Job Step:** | | js 015-copy2routedir |
| **Description:** | | This step fetches the record that has been processed and written to ps2 log table with a "Clear" flag and generates an output file for KAMES. |
| **Input/Output Files:** | | |
| **Job Step:** | | js 015-writeKAMESRec |

| | | |
|---|---|---|
| **Description:** | | This job step creates an output file by fetching the records that PS2 has inserted to T_RE_PS2_LOG AND has a clear flag. In other words, it writes to an output file the records that has been updated in interchange |
| **Input/Output Files:** | | |
| **Job Step:** | | js 020-elgpm070 |
| **Description:** | | This job step creates the Date of Death/Name Mismatch Error Report - ELG-0036-M |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elg0036m.rpt | I | Date of Death/Name Mismatch Error Report |
| **Job Step:** | | js 030-elgpm070 |
| **Description:** | | This job step creates the Date of Death/Birthdate Mismatch Error Report - ELG-0037-M |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elg0037m.rpt | O | Date of Death/Birthdate Mismatch Error Report |
| **Job Step:** | | js 040-elgpm070 |
| **Description:** | | This job step creates the Date of Death Miscellaneous Error Report - ELG-0038-M |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elg0038m.rpt | O | Date of Death Miscellaneous Error Report |

| | | |
|---|---|---|
| **Job Step:** | | js 050-elgpm076 |
| **Description:** | | This job step creates the Create Date of Death Update Report - ELG-0039-M |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elg0039m.rpt | O | Date of Death Update Report |
| **Job Step:** | | js 060-copy2routedir |
| **Description:** | | This job step sends the reports to permanent storage |
| **Input/Output Files:** | | |
| elg0036m.rpt | I | Date of Death/Name Mismatch Error Report |
| elg0037m.rpt | I | Date of Death/Birthdate Mismatch Error Report |
| elg0038m.rpt | I | Date of Death Miscellaneous Error Report |
| elg0039m.rpt | I | Date of Death Update Report |

### 2.5.77 ELGJM066 - KAMES RECON Error

#### 2.5.77.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJM066 | |
| **Description:** | The elgjm066 job processes elgpd013 to produce the KAMES Error Report (ELG-0003-M). | |
| **Job Step:** | | js 010-elgpd013 |
| **Description:** | | This job step produces the ELG-0003-M report. |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elm01201.rpt | O | KAMES Recon Error Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to Cold |
| **Input/Output Files:** | | |
| elm01201.rpt | I | KAMES Recon Error Report |

## 2.5.78 ELGJM071 - PA62/SDX RECON Transaction Report

### 2.5.78.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJM071 | |
| **Description:** | The elgjm071 job processes elgpd012 to produce the PA62/SDX Recon Transaction Report (ELG-0104-M). | |
| **Job Step:** | | js 010-elgpd012 |
| **Description:** | | This job step produces the ELG-0104-M |
| **Input/Output Files:** | | |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elm00104.rpt | O | PA62/SDX Recon Transaction Count Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to the report directory. |
| **Input/Output Files:** | | |
| elm00104.rpt | I | PA62/SDX Recon Transaction Count Report |

### 2.5.79 ELGJM072 - PA62/SDX RECON Error Count

#### 2.5.79.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJM072 | |
| **Description:** | The elgjm072 program processes the elgpdc12 program to produce the PA62/SDX Recon Error Count Report (ELG-0107-M). | |
| **Job Step:** | | js 010-elgpdc12 |
| **Description:** | | This job step produces the ELG-0107-M report |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elm00107.rpt | O | PA62/SDX Recon Error Count Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to Cold |
| **Input/Output Files:** | | |
| elm00107.rpt | I | PA62/SDX Recon Error Count Report |

## 2.5.80 ELGJM075 - PA62/SDX RECON Error Report

### 2.5.80.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJM075 | |
| **Description:** | The elgjm075 job processes elgpd013 to produce the PA62/SDX Recon Error Report (ELG-0103-M). | |
| **Job Step:** | | js 010-elgpd013 |
| **Description:** | | This job step produces the PA62/SDX Recon Error report (ELG-0103-M) |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elm00103.rpt | O | PA62/SDX Recon Error Report |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the reports to COLD |
| **Input/Output Files:** | | |
| elm00103.rpt | I | PA62/SDX Recon Error Report |

### 2.5.81 ELGJM102 - Update Eligibility date parm

#### 2.5.81.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJM102 |
| **Description:** | The elgjm102 job updates the T_SYSTEM_PARMS with the proper eligibility date. This needs to be set for job elgjm020. |
| **Job Step:** | js 010-ELGJM102.pl |
| **Description:** | This job step updates T_SYSTEM_PARMS with the proper eligibility date. |
| **Input/Output Files:** | |

## 2.5.82 ELGJM143 - KAMES & PA62/SDX recon file closure processor, gather members

### 2.5.82.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJM143 |
| **Description:** | Processes recon files and gathers all Member Medicaid IDs from each file puts them into the T_RE_RECON_ID temp table. Finds all active Medicaid IDs related to Member info in the recon files. |

| | | |
|---|---|---|
| **Job Step:** | | js 010-elgpm143_ids |
| **Description:** | | Runs through recon files extracting Medicaid ID and writing to output file |
| **Input/Output Files:** | | |
| elm03501.dat | I | Concatenated KAMES recon file |
| elm03601.dat | I | PA62 concatenated recon file |
| elm0143_ids.dat | O | Output file containing consolidated KAMES and PA62/SDX recon ids. |
| **Job Step:** | | js 015-sqlplus |
| **Description:** | | Drop and Create KYBAT.T_RE_RECON_ID monthly temp table |
| **Input/Output Files:** | | |
| **Job Step:** | | js 020-oraload |
| **Description:** | | Create layout file for T_RE_RECON_ID table so it can be used to import data |
| **Input/Output Files:** | | |
| elm014301.ctl | I | Control file to recond id information into KYBAT.T_RE_RECON_ID |
| t_re_recond_id.dat | O | Data file that will be imported into KYBAT.T_RE_RECON_ID |
| **Job Step:** | | js 030-oraload |
| **Description:** | | Import data into KYBAT.T_RE_RECON_ID |
| **Input/Output Files:** | | |
| elm014301.ctl | I | Control file to recon ID information into KYBAT.T_RE_RECON_ID |
| elm0143_ids.dat | I | Output file containing consolidated KAMES and PA62/SDX recon ids. |

| | | |
|---|---|---|
| t_re_recond_id.dat | I | Data file that will be imported into KYBAT.T_RE_RECON_ID |
| **Job Step:** | | js 040-sqlplus |
| **Description:** | | Update active indicator in T_RE_RECON_ID to reduce amount of data in proceeding steps |
| **Input/Output Files:** | | |
| **Job Step:** | | js 050-sqlplus |
| **Description:** | | Update active indicator in T_RE_RECON_ID to reduce amount of data in proceeding steps |
| **Input/Output Files:** | | |
| **Job Step:** | | js 060-elgpm143_newids |
| **Description:** | | Goes through T_RE_RECON_ID temp table and tries to find active Medicaid IDs related to non-active Medicaid IDs in the T_RE_RECON_ID table. |
| **Input/Output Files:** | | |

### 2.5.83 ELGJM146 - KAMES & PA62/SDX recon file closure processing, gather non-eligible members

#### 2.5.83.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJM146 |
| **Description:** | After ELGJM143 runs it will have loaded all eligible members into T_RE_RECON_ID temp table. This will cross reference those against currently eligible members and find all that are not in T_RE_RECON_ID and write their information to a Closure file which can then be run through PS2 to handle closures. |

| | | |
|---|---|---|
| **Job Step:** | | js 010-elgpm146_closure |
| **Description:** | | Create closure file from recon data |
| **Input/Output Files:** | | |
| elm014601.dat | O | Member to have closures run against them. |
| elm014602.dat | O | Similar to stdout output, this file contains statistics about member who should have closures run against them. |

### 2.5.84 ELGJM147 - KAMES & PA62/SDX recon file closure processing, run closures through PS2

#### 2.5.84.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJM147 |
| **Description:** | calls elg_interface application using EligClosure customer interface to process Closure files and send Member data through PS2 to do closure against Member. |

| | |
|---|---|
| **Job Step:** | js 010-libelg_closure.so |
| **Description:** | by calling "elg_interface -i EligClosure", runs closures on Members in Closure file. |

| **Input/Output Files:** | | |
|---|---|---|
| elm014601.dat | I | Member to have closures run against them. |

### 2.5.85 ELGJM336 - Purge Pending Eligibility Members

#### 2.5.85.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJM336 |
| **Description:** | Runs elgppgpm which outputs elgm033601.dat containing information on members purged. Then runs elgp0336 to create report ELG-0336-M from elgm033601.dat. |

| | | |
|---|---|---|
| **Job Step:** | | js 010-elgppgpm |
| **Description:** | | Purge members from Pending Eligibility and write to flat file |
| **Input/Output Files:** | | |
| elm033601.dat | O | Contains data of members purged from the pending eligibility table |
| **Job Step:** | | js 020-elgp0336 |
| **Description:** | | Run report on flat file generated in previous step |
| **Input/Output Files:** | | |
| elm033601.dat | I | Contains data of members purged from the pending eligibility table |
| ELG-0336-M.rpt | O | This report displays members and information about them, who have been purged from the Pending Eligibility table. The member would have been purged if they had no associated PAs, and had either become eligible or had been in the system for 90 days or more. |
| **Job Step:** | | js 030-copy2routedir |
| **Description:** | | This job steps copies the report to COLD. |
| **Input/Output Files:** | | |
| ELG-0336-M.rpt | O | This report displays members and information about them, who have been purged from the Pending Eligibility table. The member would have been purged if they had no associated PAs, and had either become eligible or had been in the system for 90 days or more. |

### 2.5.86 ELGJM337 - Update Pending Eligible Members

#### 2.5.86.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJM337 |
| **Description:** | Runs elgppmeu to update pending eligible members if they have become eligible. |
| **Job Step:** | js 010-elgppmeu |
| **Description:** | Go through Pending Eligible members, check to see if they are now eligible, and update if so. |
| **Input/Output Files:** | |

## 2.5.87 ELGJM600 - Extract Presumptive Eligible Members

### 2.5.87.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJM600 |
| **Description:** | Extract Presumptive Eligibles |

| | |
|---|---|
| **Job Step:** | js 010-elgppelg |
| **Description:** | Output Extract File |

**Input/Output Files:**

| | | |
|---|---|---|
| elgppelg.dat | O | Presumptive Eligible Extracts |

## 2.5.88 ELGJMIDC - ID Card Issuance Update and Report

### 2.5.88.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJMIDC | |
| **Description:** | The elgjmidc job processes updates the Member's Id card Issuance data. The Medicaid ID Issuance Update Error Report (ELG-0040-M) is created. | |
| **Job Step:** | | js 010-elgpmidc |
| **Description:** | | This job step processes the ID card issuance file. |
| **Input/Output Files:** | | |
| t_re_id_card_track | B | Maintain the Member's ID card history |
| T_RE_BASE | I | Member table containing base/demographic information. |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| **Job Step:** | | js 020-elgpdmdr |
| **Description:** | | This job step produces the Member ID Card Issuance Report |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elg0040m.rpt | I | Medicaid ID Issuance Update Error Report |
| **Job Step:** | | js 030-copy2routedir |
| **Description:** | | This job step copies the report to printer |
| **Input/Output Files:** | | |
| elg0040m.rpt | I | Medicaid ID Issuance Update Error Report |

## 2.5.89 ELGJMMCX - Daily KAMES Lock-in Extract

### 2.5.89.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJMMCX |
| **Description:** | Daily KAMES Medical Lock-in Extract |

| | | |
|---|---|---|
| **Job Step:** | | js 010-elgpmmcx |
| **Description:** | | Daily KAMES Medical Lock-in Extract |
| **Input/Output Files:** | | |
| elmmcx.dat | O | Monthly Eligibility files for the Medicare Intermediaries |

## 2.5.90 ELGJMMPX - monthly extract of MTP updates

### 2.5.90.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJMMPX |
| **Description:** | Create monthly extract of MTP updates |

| | |
|---|---|
| **Job Step:** | js 010-elgpdmpx |
| **Description:** | Create monthly extract of MTP updates |
| **Input/Output Files:** | |

| | | |
|---|---|---|
| | O | |

## 2.5.91 ELGJMPCG - HMS Member Feed

### 2.5.91.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | | ELGJMPCG |
| **Description:** | | HMS Member Feed |
| **Job Step:** | | js 010-elgpmpcg |
| **Description:** | | HMS Member Feed |
| **Input/Output Files:** | | |
| eld0kpcg.dat | O | HMS Member Feed |
| **Job Step:** | | js 020-cp |
| **Description:** | | Copy to Outbound Directory |
| **Input/Output Files:** | | |

## 2.5.92 ELGJMPRG - Error History Purge

### 2.5.92.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJMPRG |
| **Description:** | The elgjmprg job copies all rows from T_RE_HIST_ERR and T_RE_HIST_LOG older than three months into a flat file for retention, then deletes the rows from the table. |

| | | |
|---|---|---|
| **Job Step:** | | js 010-sql plus |
| **Description:** | | This job step extracts the rows from the table into a temporary flat file. |
| **Input/Output Files:** | | |
| T_RE_HIST_ERR | B | Maintains the KAMES and PA62/SDX transactions that errored during processing. |
| T_RE_HIST_LOG | B | Maintains the KAMES and PA62/SDX ETP transactions |
| elmpurge.tmp | O | This is the temporary file produced by SQlPlus. |
| **Job Step:** | | js 020-cp |
| **Description:** | | This job step copies the temporary flat file into the gdg member. |
| **Input/Output Files:** | | |
| elmpurge.tmp | I | This is the temporary file produced by SQlPlus. |
| elmpurge.dat | O | This is the gdg file used to store rows purged from the T_RE_TXN_ERROR table. |
| **Job Step:** | | js 030-sql plus |
| **Description:** | | This job step deletes the rows extracted in step 10. |
| **Input/Output Files:** | | |

### 2.5.93 ELGJOSHP - SHPS (MaxMC) Full Demographic and Eligibility Member Extract

#### 2.5.93.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJOSHP | |
| **Description:** | This job creates a full demographic and eligibility member extract file for the SHPS MaxMC system. Table T_RE_BASE contains the list of members to be extracted. | |
| **Job Step:** | | js 010-elgpdshp |
| **Description:** | | Creates a full demographic and eligibility member extract file for the SHPS MaxMC system. |
| **Input/Output Files:** | | |
| eld0felg.dat | O | SHPS (MaxMC) Full Member Demographic and Eligibility Extract |

## 2.5.94 ELGJQ001 - Child Medicaid

### 2.5.94.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJQ001 |
| **Description:** | This script generates the quarterly Output Child Medicaid report. |

| | |
|---|---|
| **Job Step:** | js 010-elgpchme |
| **Description:** | This script generates the quarterly Output Child Medicaid report." to "This script generates the quarterly report of Medicaid-eligible children, ages 5-18. |

| **Input/Output Files:** | | |
|---|---|---|
| elgpchme.dat | O | Output Child Medicaid |

### 2.5.95 ELGJW040 - Weekly EOMB Extractor

#### 2.5.95.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJW040 |
| **Description:** | The elgjw040 job extracts information from paid claims files to be used for member EOMBs (Explanation of Medical Benefits). |

| | | |
|---|---|---|
| **Job Step:** | | js 010-oraload.sh |
| **Description:** | | This job step builds header and detail extracts from each of the four claim type history tables and financial processed tables. |
| **Input/Output Files:** | | |
| elw04001.ctl | I | Inputs the four claim type header and detail claim tables and the four claim type financial processed tables and outputs a paid claims header and detail extract file for each claim type. |
| | I | |
| t_pd_dntl_dtl_ext.dat | O | Contains paid claims that are on the T_FIN_DNTL_PROCESS and T_PD_DNTL_DTL tables. |
| t_pd_dntl_hdr_ext.dat | O | Contains paid claims that are on the T_FIN_DNTL_PROCESS and T_PD_DNTL_HDR tables. |
| t_pd_pharm_dtl_ext.dat | O | Contains paid claims that are on the T_FIN_PHRM_PROCESS and T_PD_PHARM_DTL tables. |
| t_pd_pharm_hdr_ext.dat | O | Contains paid claims that are on the T_FIN_PHRM_PROCESS and T_PD_PHARM_HDR tables. |
| t_pd_phys_dtl_ext.dat | O | Contains paid claims that are on the T_FIN_PHYS_PROCESS and T_PD_PHYS_DTL tables. |
| t_pd_phys_hdr_ext.dat | O | Contains paid claims that are on the T_FIN_PHYS_PROCESS and T_PD_PHYS_HDR tables. |
| t_pd_ub92_dtl_ext.dat | O | Contains paid claims that are on the T_FIN_UB92_PROCESS and T_PD_UB92_DTL tables. |
| t_pd_ub92_hdr_ext.dat | O | Contains paid claims that are on the T_FIN_UB92_PROCESS and T_PD_UB92_HDR tables. |
| **Job Step:** | | js 020-cp |
| **Description:** | | This job step makes backup copies of the header and detail dental extract files to a gdg data file. |

| | | |
|---|---|---|
| **Input/Output Files:** | | |
| t_pd_dntl_dtl_ext.dat | I | Contains paid claims that are on the T_FIN_DNTL_PROCESS and T_PD_DNTL_DTL tables. |
| t_pd_dntl_hdr_ext.dat | I | Contains paid claims that are on the T_FIN_DNTL_PROCESS and T_PD_DNTL_HDR tables. |
| | I | |
| elw040d1.dat | O | GDG copy of the extracts created from the paid claims on the T_FIN_DNTL_PROCESS and T_PD_DNTL_HDR tables. |
| elw040d2.dat | O | GDG copy of the extracts created from the paid claims on the T_FIN_DNTL_PROCESS and T_PD_DNTL_DTL tables. |
| **Job Step:** | | js 030-cp |
| **Description:** | | This job step makes backup copies of header and detail physician extract files to a gdg data file. |
| **Input/Output Files:** | | |
| t_pd_phys_dtl_ext.dat | I | Contains paid claims that are on the T_FIN_PHYS_PROCESS and T_PD_PHYS_DTL tables. |
| t_pd_phys_hdr_ext.dat | I | Contains paid claims that are on the T_FIN_PHYS_PROCESS and T_PD_PHYS_HDR tables. |
| | I | |
| elw040m1.dat | O | GDG copy of the extracts created from the paid claims on the T_FIN_PHYS_PROCESS and T_PD_PHYS_HDR tables. |
| elw040m2.dat | O | GDG copy of the extracts created from the paid claims on the T_FIN_PHYS_PROCESS and T_PD_PHYS_DTL tables. |
| **Job Step:** | | js 040-cp |
| **Description:** | | This job step makes backup copies of header and detail pharmacy extract files to a gdg data file. |
| **Input/Output Files:** | | |
| t_pd_pharm_dtl_ext.dat | I | Contains paid claims that are on the T_FIN_PHRM_PROCESS and T_PD_PHARM_DTL tables. |
| t_pd_pharm_hdr_ext.dat | I | Contains paid claims that are on the T_FIN_PHRM_PROCESS and T_PD_PHARM_HDR |

| | | |
|---|---|---|
| | | tables. |
| | I | |
| elw040p1.dat | O | GDG copy of the extracts created from the paid claims on the T_FIN_PHRM_PROCESS and T_PD_PHARM_HDR tables. |
| elw040p2.dat | O | GDG copy of the extracts created from the paid claims on the T_FIN_PHRM_PROCESS and T_PD_PHARM_DTL tables. |
| **Job Step:** | | js 050-cp |
| **Description:** | | This job step makes backup copies of header and detail UB extract files to a gdg data file. |
| **Input/Output Files:** | | |
| t_pd_ub92_dtl_ext.dat | I | Contains paid claims that are on the T_FIN_UB92_PROCESS and T_PD_UB92_DTL tables. |
| t_pd_ub92_hdr_ext.dat | I | Contains paid claims that are on the T_FIN_UB92_PROCESS and T_PD_UB92_HDR tables. |
| | I | |
| elw040u1.dat | O | GDG copy of the extracts created from the paid claims on the T_FIN_UB92_PROCESS and T_PD_UB92_HDR tables. |
| elw040u2.dat | O | GDG copy of the extracts created from the paid claims on the T_FIN_UB92_PROCESS and T_PD_UB92_DTL tables. |
| **Job Step:** | | js 060-elgp403w.c |
| **Description:** | | This job step creates EOMB (Explanation of Medical Benefits) extracts from paid pharmacy claim extracts. |
| **Input/Output Files:** | | |
| t_pd_pharm_dtl_ext.dat | I | Contains paid claims that are on the T_FIN_PHRM_PROCESS and T_PD_PHARM_DTL tables. |
| t_pd_pharm_hdr_ext.dat | I | Contains paid claims that are on the T_FIN_PHRM_PROCESS and T_PD_PHARM_HDR tables. |
| elwpharm.wrk | O | Pharmacy EOMB extract file |
| **Job Step:** | | js 070-elgp401w.c |

| | | |
|---|---|---|
| **Description:** | | This job step creates the EOMB (Explanation of Medical Benefits) extracts from paid physician claim extracts. |
| **Input/Output Files:** | | |
| t_pd_phys_dtl_ext.dat | I | Contains paid claims that are on the T_FIN_PHYS_PROCESS and T_PD_PHYS_DTL tables. |
| t_pd_phys_hdr_ext.dat | I | Contains paid claims that are on the T_FIN_PHYS_PROCESS and T_PD_PHYS_HDR tables. |
| elwphys.wrk | O | Physician EOMB extract file |
| **Job Step:** | | js 080-elgp404w.c |
| **Description:** | | This job step creates the EOMB (Explanation of Medical Benefits) extracts from paid dental claim extracts. |
| **Input/Output Files:** | | |
| t_pd_dntl_dtl_ext.dat | I | Contains paid claims that are on the T_FIN_DNTL_PROCESS and T_PD_DNTL_DTL tables. |
| t_pd_dntl_hdr_ext.dat | I | Contains paid claims that are on the T_FIN_DNTL_PROCESS and T_PD_DNTL_HDR tables. |
| elwdntl.wrk | O | Dental EOMB extract file |
| **Job Step:** | | js 090-elgp402w.c |
| **Description:** | | This job step creates the EOMB ( Explanation of Medical Benefits) extracts from UB claim extracts. |
| **Input/Output Files:** | | |
| t_pd_ub92_dtl_ext.dat | I | Contains paid claims that are on the T_FIN_UB92_PROCESS and T_PD_UB92_DTL tables. |
| t_pd_ub92_hdr_ext.dat | I | Contains paid claims that are on the T_FIN_UB92_PROCESS and T_PD_UB92_HDR tables. |
| elwub92.wrk | O | UB92 EOMB extract file |
| **Job Step:** | | js 100-cat |
| **Description:** | | This job step concatenates the four EOMB extract files into one file. |
| **Input/Output Files:** | | |
| elwdntl.wrk | I | Dental EOMB extract file |
| elwpharm.wrk | I | Pharmacy EOMB extract file |
| elwphys.wrk | I | Physician EOMB extract file |

| | | |
|---|---|---|
| elwub92.wrk | I | UB92 EOMB extract file |
| elw04001.dat | O | Family of weekly EOMB claim extract files |
| **Job Step:** | | js 110-rm |
| **Description:** | | This job step removes temporary files. |
| **Input/Output Files:** | | |
| elwdntl.wrk | I | Dental EOMB extract file |
| elwpharm.wrk | I | Pharmacy EOMB extract file |
| elwphys.wrk | I | Physician EOMB extract file |
| elwub92.wrk | I | UB92 EOMB extract file |

## 2.5.96 ELGJW060 - Possible Duplicate Report

### 2.5.96.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJW060 | |
| **Description:** | The elgjw060 job processes elgpwpdr to produce the Possible Duplicate Report (ELG-0135-W). | |
| **Job Step:** | | js 010-elgpwpdr |
| **Description:** | | This step produces the ELG-0135-W report. |
| **Input/Output Files:** | | |
| T_RE_BASE | I | Member table containing base/demographic information. |
| elg0135w.rpt | O | The ELG-0135-W report will report the possible duplicates residing in the T_RE_BASE. |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report to COLD. |
| **Input/Output Files:** | | |
| elg0135w.rpt | I | The ELG-0135-W report will report the possible duplicates residing in the T_RE_BASE. |

## 2.5.97 ELGJW250 - Member Counts by Benefit Plan

### 2.5.97.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJW250 |
| **Description:** | The elgjw250 job produces the Member Counts by Benefit Plan Report |

| | | |
|---|---|---|
| **Job Step:** | | js 010-elgpw250 |
| **Description:** | | This step executes program elgpw250 to produce the Member Counts by Benefit Plan report. |
| **Input/Output Files:** | | |
| elg0250w.rpt | O | This is the report file for the Member Counts by Benefit Plans report. |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | The copies the report to Cold |
| **Input/Output Files:** | | |
| elg0250w.rpt | I | This is the report file for the Member Counts by Benefit Plans report. |

### 2.5.98 ELGJW311 - Pending Eligible 30- 59 Day - Weekly

#### 2.5.98.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJW311 |
| **Description:** | A new program will be written to generate the weekly Pending Eligible 30 - 59 Day report. This process will report pending eligibles residing on the T_RE_PEND_MEMBER table with a dte_added = 30 - 59 days ago.<br><br>Runs report ELG-0311 Weekly |

| | | |
|---|---|---|
| **Job Step:** | | js 010-elgp0311 |
| **Description:** | | generate Pending Eligible 30-59 Day Rpt |
| **Input/Output Files:** | | |
| T_RE_PEND_MEMBER | I | This table hold members with pending eligibility added through PA |
| elgp0311w.rpt | O | This process will report pending eligibles residing on the T_RE_PEND_MEMBER table with a dte_added = 30 - 59 days ago. |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job steps copies the report to COLD. |
| **Input/Output Files:** | | |
| elgp0311w.rpt | O | This process will report pending eligibles residing on the T_RE_PEND_MEMBER table with a dte_added = 30 - 59 days ago. |

### 2.5.99 ELGJW312 - Pending Eligible 60 - 90 Day - Weekly

#### 2.5.99.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJW312 |
| **Description:** | A new program will be written to generate the weekly Pending Eligible 60 - 90 Day report. This process will report pending eligibles residing on the T_RE_PEND_MEMBER table with a dte_added = 60 - 90 days ago. Runs report ELG-0312-W weekly. |

| | | |
|---|---|---|
| **Job Step:** | | js 010-elgp0312 |
| **Description:** | | Generate ELG-0312-W report from data in T_RE_PEND_MEMBER |
| **Input/Output Files:** | | |
| T_RE_PEND_MEMBER | I | This table hold members with pending eligibility added through PA |
| elg0312w.rpt | O | Pending Eligible 60 - 90 Day Rpt |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job steps copies the report to COLD. |
| **Input/Output Files:** | | |
| elg0312w.rpt | O | Pending Eligible 60 - 90 Day Rpt |

### 2.5.100 ELGJW314 - Pending Eligible > 90 Days - Weekly

#### 2.5.100.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJW314 |
| **Description:** | A new program will be written to generate the weekly Pending Eligible > 90 Day report. This process will report pending eligibles residing on the T_RE_PEND_MEMBER table with a dte_added > 90 days ago. Runs report ELG-0314-W weekly |

| | | |
|---|---|---|
| **Job Step:** | | js 010-elgp0314 |
| **Description:** | | Generate report ELG-0314-W from data in T_RE_PEND_MEMBER |
| **Input/Output Files:** | | |
| T_RE_PEND_MEMBER | I | This table hold members with pending eligibility added through PA |
| elg0314w.rpt | O | This process will report pending eligibles residing on the T_RE_PEND_MEMBER table with a dte_added > 90 days ago.<br>The following fields will be reported:<br><br>SSN<br>Name<br>Date Added |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job steps copies the report to COLD. |
| **Input/Output Files:** | | |
| elg0314w.rpt | O | This process will report pending eligibles residing on the T_RE_PEND_MEMBER table with a dte_added > 90 days ago.<br>The following fields will be reported:<br><br>SSN<br>Name<br>Date Added |

### 2.5.101 ELGJWFHX - First Health PBA Weekly Member Update Extract

#### 2.5.101.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | ELGJWFHX | |
| **Description:** | First Health PBA Weekly Member Update Extract | |
| **Job Step:** | | js 010-elgpdfhx |
| **Description:** | | Create Extract File |
| **Input/Output Files:** | | |
| elw0kelg.dat | O | First Health PBA Weekly Member Update Extract |

### 2.5.102 ELGJWHIU - HIC Update Processing

#### 2.5.102.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJWHIU |
| **Description:** | The elgjwhiu job applies HIC updates from PA62 to interChange. The HIC Update Error (ELG-1001-W) and HIC Update Summary (ELG-1002-W) reports are generated. |

| | | |
|---|---|---|
| **Job Step:** | | js 005-dos2unix |
| **Description:** | | This job step converts a plain text file in DOS format to UNIX format. |
| **Input/Output Files:** | | |
| elw0hicu.dat DOS | I | HIC updates from PA62/SDX (DOS file) |
| elw0hicu.dat UNIX | O | HIC updates from PA62/SDX (Converted file) |
| **Job Step:** | | js 010-elgpwhiu |
| **Description:** | | This job step applies the HIC updates. |
| **Input/Output Files:** | | |
| T_RE_HIB | B | MEMBER MEDICARE TABLE |
| T_RE_BASE | I | Member table containing base/demographic information. |
| elw0hicu.dat UNIX | I | HIC updates from PA62/SDX (Converted file) |
| T_RE_PS2_ERR | O | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | O | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| **Job Step:** | | js 020-elgpw101 |
| **Description:** | | This job step produces the HIC Update Error (ELG-1001-W). |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elw01001.rpt | O | Produce the HIC Update Error Report |

| | | |
|---|---|---|
| **Job Step:** | | js 030-elgpw102 |
| **Description:** | | This job step produces the HIC Update Summary (ELG-1002-W). |
| **Input/Output Files:** | | |
| T_RE_PS2_ERR | I | This table is used to hold error records for the daily member PS/2 update transactions. |
| T_RE_PS2_LOG | I | Daily log of PS/2 transactions received from the Commonwealth. This table is downloaded and emptied on a daily basis, after it is used for reporting purposes. |
| elwhic02.rpt | O | HIC update summary report |
| **Job Step:** | | js 040-copy2routedir |
| **Description:** | | This job step copies the reports to permanent storage. |
| **Input/Output Files:** | | |
| elw01001.rpt | I | Produce the HIC Update Error Report |
| elwhic02.rpt | I | HIC update summary report |

### 2.5.103 ELGJWKMA - Creates First Health KMAA weekly Member Update Extract

#### 2.5.103.1 Detailed Job Script Information

| | |
|---|---|
| **Unix Script:** | ELGJWKMA |
| **Description:** | Creates First Health KMAA weekly Member Update Extract |

| | |
|---|---|
| **Job Step:** | js 010-elgpmbrf |
| **Description:** | Creates extract file |

**Input/Output Files:**

| | | |
|---|---|---|
| elw0kmbr.dat | O | First Health KMAA Weekly Member Update Extract |

### 2.5.104 EVSJW009 - Cycle parm Update

#### 2.5.104.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | EVSJW009 | |
| **Description:** | The evsjw009 is job executes a natural converted to c program to update the EVSCYCWK parm. | |
| **Job Step:** | | js 010-evspw010 |
| **Description:** | | This job step updates the weekly parm |
| **Input/Output Files:** | | |
| naterror.evspw010.log | O | EVS Parm log |

### 2.5.105 EVSJW010 - Produce the EVS Transaction Count Reporting

#### 2.5.105.1 Detailed Job Script Information

| | | |
|---|---|---|
| **Unix Script:** | EVSJW010 | |
| **Description:** | The evsjw010 job produces the EVS Transaction Count Report (EVS-0002-W). | |
| **Job Step:** | | js 010-evspw002 |
| **Description:** | | This job step reads data from the T_EVS_INQUIRY,T_PR_TYPE, T_PR_PROV tables to create the EVS Count by Provider Report. |
| **Input/Output Files:** | | |
| evs0002w.rpt | O | Weekly EVS inquiry report by provider and provider type. |
| **Job Step:** | | js 020-copy2routedir |
| **Description:** | | This job step copies the report evs0002w.rpt to COLD |
| **Input/Output Files:** | | |
| evs0002w.rpt | I | Weekly EVS inquiry report by provider and provider type. |

## 2.6 Programs

### 2.6.1 ELGJM102.pl -- Update Eligibility Date Parm.

| | |
|---|---|
| **Technical Name:** | ELGJM102.pl |
| **Program Title:** | Update Eligibility Date Parm. |
| **Programming Language:** | Perl |
| **Description:** | The ELGJM102.pl program updates the eligibility date parameter in T_SYSTEM_PARMS.<br><br>**Input Parameters:**<br>None<br><br>**Tables Accessed:**<br>None<br><br>**Tables Updated:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - normal termination<br>EXIT_FAILURE - abnormal termination due to open read, allocation, or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>None<br><br>**Input Tables:**<br>T_SYSTEM_PARMS<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.1.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.2 ELGJMMPX -- monthly extract of MTP updates

| | |
|---|---|
| **Technical Name:** | ELGJMMPX |
| **Program Title:** | monthly extract of MTP updates |
| **Programming Language:** | C |
| **Description:** | monthly extract of MTP updates |

#### 2.6.2.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.3 clmb185n -- Daily Claim Activity Report

| | |
|---|---|
| **Technical Name:** | clmb185n |
| **Program Title:** | Daily Claim Activity Report |
| **Programming Language:** | UNIX Script |
| **Description:** | The Daily Claim Activity report provides information on claims, suspense, and adjustments in regard to their beginning inventory, new inventory, number processed, and ending inventory.<br><br>Purpose: This report is used to balance claim and financial cycles. It also provides the Claims Manager with the information necessary to manage existing and new inventory.<br><br>Reason module may be retired:<br>• not in .mak file<br>• not in override folder<br>• in CB4JD185 (prod)<br>• Job did not execute in Kentucky.<br>• Subsystem = UNKNOWN |

#### 2.6.3.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.4 edip270d.c -- EVS 270/271 Eligibility Verification Batch Processing

| | |
|---|---|
| **Technical Name:** | edip270d.c |
| **Program Title:** | EVS 270/271 Eligibility Verification Batch Processing |
| **Programming Language:** | C |
| **Description:** | The EDIP270D.C program processes a batch Eligibility Verification 270 transactions one at a time through the 270/271 translator and the EVS Eligibility Verification Application program (evselig.sc). The 271 response transactions are collected and batched up for each 270 processed.<br><br>**Input Parameters:**<br>XMLElement *eligNode<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>None<br><br>**Input Tables:**<br>T_RECIP_LINK_XREF<br>T_RE_OLD_PCN<br>T_RE_BASE<br>T_RE_ELIG<br>T_RE_AID_ELIG<br>T_RE_CASE<br>T_RE_CASE_XREF<br>T_RE_PMP_ASSIGN<br>T_RE_LOCKIN_PERIOD<br>T_RE_LOCKIN_INFO<br>T_EVS_ELIG<br>T_SYSTEM_KEYS<br>T_EVS_INQUIRY<br>T_RE_PAT_LIAB<br>T_RE_MEDICARE_A<br>T_RE_MEDICARE_B<br>T_RE_HIB<br>T_HIPAA_SVC_TYPE<br>T_HIPAA_PT_SVC_XRF<br>T_CDE_AID<br>T_CLM_PATLIAB_X<br>T_PUB_HLTH_PGM<br>T_PGM_HIERARCHY<br>T_PMP_SVC_LOC |

| | |
|---|---|
| | T_PR_NAM<br>T_PR_ADR<br>T_PR_LOC_NM_ADR<br>T_PR_NABP<br>T_PR_TAX_ID<br>T_PR_MCARE_BILL<br>T_PR_NABP<br>T_PR_PHP_ELIG<br>T_MC_BHO_ASMT<br>T_MC_PGM_RANKING<br>T_TPL_RESOURCE<br>T_COVERAGE_XREF<br>T_POLICY_HOLDER<br>T_COVERAGE_TYPE<br>T_TPL_CARRIER<br>T_AVRS_USER<br>T_WEB_USER<br><br>**Output Tables:**<br>T_EVS_INQUIRY<br>T_EVS_ELIG<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.4.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.5 eld01001 -- Control File

| | |
|---|---|
| **Technical Name:** | eld01001 |
| **Program Title:** | Control File |
| **Programming Language:** | Other |
| **Description:** | Job script control file |

#### 2.6.5.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 7366 | ELGJMPCG - RTI | Review the HMS Member Extract process to see if there is a need to RTI the monthly HMS Member Extract process. RTI is an on-going process where evaluations are made in an effort to reduce run-time. |
| 8278 | Correct KMAA extract | There are record type 11 on the file, but only if the Member is currently eligible. If we're reporting them member, all of their segments should be reported. Another issue, as with PBA, is that we should include the package code on the segments on the record. We're putting in the Benefit plan but not the package code.<br><br>The Member extract to First Health KMAA needs to send a 10 byte Provider ID. Old provider IDs were converted into the interChange system to an eight-byte value by stripping off the last two bytes which were always zeros. Because the First Health KMAA system still stores the Provider ID as 10 bytes (last two always 00), the extract process needs to add two zeros to the end of old provider IDs (new IDs always begin with 71). |
| 8538 | KMAA - Medical Lock-in and Waiver | There is a need to modify the KMAA extract process to send all of the Medical and Pharmacy Lock-in and Waiver eligibility to KMAA. |
| 8770 | Derive Pseudo Part D for PBA | Kelli O'Brien of the Commonwealth has requested that the PBA process be modified to determine the Medicare Part D eligibility using the Medicare Part A and Part B entitlement dates. The current process uses the Medicare Part D entitlement data that stored in interChange's Part D table (T_RE_MEDICARE_D).<br><br>Kelli O'Brien suggested "If a member has a Part A or Part B segment then create a part D segment to send to FH. Do not involve the actual Part D tables at all. This is how it was handled in legacy and it avoided all of the current problems. For all of our purposes, any member with A or B has D. The Part D tables should just be used for specific Part D processing, such as creating the monthly MMA file and storing the response from CMS." |

### 2.6.6 eld01001 -- Control File

| | |
|---|---|
| **Technical Name:** | eld01001 |
| **Program Title:** | Control File |
| **Programming Language:** | Oracle Utility |
| **Description:** | Script sql file. |

#### 2.6.6.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.7 eld01002 -- Control File

| | |
|---|---|
| **Technical Name:** | eld01002 |
| **Program Title:** | Control File |
| **Programming Language:** | Oracle Utility |
| **Description:** | Script sql file. |

#### 2.6.7.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 8278 | Correct KMAA extract | There are record type 11 on the file, but only if the Member is currently eligible. If we're reporting them member, all of their segments should be reported. Another issue, as with PBA, is that we should include the package code on the segments on the record. We're putting in the Benefit plan but not the package code.<br><br>The Member extract to First Health KMAA needs to send a 10 byte Provider ID. Old provider IDs were converted into the interChange system to an eight-byte value by stripping off the last two bytes which were always zeros. Because the First Health KMAA system still stores the Provider ID as 10 bytes (last two always 00), the extract process needs to add two zeros to the end of old provider IDs (new IDs always begin with 71). |
| 8406 | KMAA - Medical Lock-in Data | There is a need to report the Pharmacy and Medical Lock-in information to KMAA on the Member Daily and Monthly feeds. |
| 8538 | KMAA - Medical Lock-in and Waiver | There is a need to modify the KMAA extract process to send all of the Medical and Pharmacy Lock-in and Waiver eligibility to KMAA. |

### 2.6.8 eld01003 -- Control File

| | |
|---|---|
| **Technical Name:** | eld01003 |
| **Program Title:** | Control File |
| **Programming Language:** | Oracle Utility |
| **Description:** | Script sql file |

#### 2.6.8.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 8278 | Correct KMAA extract | There are record type 11 on the file, but only if the Member is currently eligible. If we're reporting them member, all of their segments should be reported. Another issue, as with PBA, is that we should include the package code on the segments on the record. We're putting in the Benefit plan but not the package code.<br><br>The Member extract to First Health KMAA needs to send a 10 byte Provider ID. Old provider IDs were converted into the interChange system to an eight-byte value by stripping off the last two bytes which were always zeros. Because the First Health KMAA system still stores the Provider ID as 10 bytes (last two always 00), the extract process needs to add two zeros to the end of old provider IDs (new IDs always begin with 71). |
| 8538 | KMAA - Medical Lock-in and Waiver | There is a need to modify the KMAA extract process to send all of the Medical and Pharmacy Lock-in and Waiver eligibility to KMAA. |

### 2.6.9 eld01004 -- Control File

| | |
|---|---|
| **Technical Name:** | eld01004 |
| **Program Title:** | Control File |
| **Programming Language:** | Oracle Utility |
| **Description:** | Script sql file |

#### 2.6.9.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 8278 | Correct KMAA extract | There are record type 11 on the file, but only if the Member is currently eligible. If we're reporting them member, all of their segments should be reported. Another issue, as with PBA, is that we should include the package code on the segments on the record. We're putting in the Benefit plan but not the package code.<br><br>The Member extract to First Health KMAA needs to send a 10 byte Provider ID. Old provider IDs were converted into the interChange system to an eight-byte value by stripping off the last two bytes which were always zeros. Because the First Health KMAA system still stores the Provider ID as 10 bytes (last two always 00), the extract process needs to add two zeros to the end of old provider IDs (new IDs always begin with 71). |
| 8538 | KMAA - Medical Lock-in and Waiver | There is a need to modify the KMAA extract process to send all of the Medical and Pharmacy Lock-in and Waiver eligibility to KMAA. |

### 2.6.10 eld01005 -- Control File

| | |
|---|---|
| **Technical Name:** | eld01005 |
| **Program Title:** | Control File |
| **Programming Language:** | Oracle Utility |
| **Description:** | Script sql file. |

#### 2.6.10.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 7366 | ELGJMPCG - RTI | Review the HMS Member Extract process to see if there is a need to RTI the monthly HMS Member Extract process. RTI is an on-going process where evaluations are made in an effort to reduce run-time. |
| 8538 | KMAA - Medical Lock-in and Waiver | There is a need to modify the KMAA extract process to send all of the Medical and Pharmacy Lock-in and Waiver eligibility to KMAA. |

### 2.6.11 eld01007 -- Control File

| | |
|---|---|
| **Technical Name:** | eld01007 |
| **Program Title:** | Control File |
| **Programming Language:** | Oracle Utility |
| **Description:** | Script sql file |

#### 2.6.11.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 7366 | ELGJMPCG - RTI | Review the HMS Member Extract process to see if there is a need to RTI the monthly HMS Member Extract process. RTI is an on-going process where evaluations are made in an effort to reduce run-time. |
| 8538 | KMAA - Medical Lock-in and Waiver | There is a need to modify the KMAA extract process to send all of the Medical and Pharmacy Lock-in and Waiver eligibility to KMAA. |

### 2.6.12 eld01008 -- Control File

| | |
|---|---|
| **Technical Name:** | eld01008 |
| **Program Title:** | Control File |
| **Programming Language:** | Oracle Utility |
| **Description:** | Script sql file |

#### 2.6.12.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 8278 | Correct KMAA extract | There are record type 11 on the file, but only if the Member is currently eligible. If we're reporting them member, all of their segments should be reported. Another issue, as with PBA, is that we should include the package code on the segments on the record. We're putting in the Benefit plan but not the package code.<br><br>The Member extract to First Health KMAA needs to send a 10 byte Provider ID. Old provider IDs were converted into the interChange system to an eight-byte value by stripping off the last two bytes which were always zeros. Because the First Health KMAA system still stores the Provider ID as 10 bytes (last two always 00), the extract process needs to add two zeros to the end of old provider IDs (new IDs always begin with 71). |

### 2.6.13 eld01009 -- Control File

| | |
|---|---|
| **Technical Name:** | eld01009 |
| **Program Title:** | Control File |
| **Programming Language:** | Oracle Utility |
| **Description:** | Script sql file |

#### 2.6.13.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 8278 | Correct KMAA extract | There are record type 11 on the file, but only if the Member is currently eligible. If we're reporting them member, all of their segments should be reported. Another issue, as with PBA, is that we should include the package code on the segments on the record. We're putting in the Benefit plan but not the package code.<br><br>The Member extract to First Health KMAA needs to send a 10 byte Provider ID. Old provider IDs were converted into the interChange system to an eight-byte value by stripping off the last two bytes which were always zeros. Because the First Health KMAA system still stores the Provider ID as 10 bytes (last two always 00), the extract process needs to add two zeros to the end of old provider IDs (new IDs always begin with 71). |

### 2.6.14 eld01012 -- Control File

| | |
|---|---|
| **Technical Name:** | eld01012 |
| **Program Title:** | Control File |
| **Programming Language:** | Oracle Utility |
| **Description:** | Script sql file |

#### 2.6.14.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 7366 | ELGJMPCG - RTI | Review the HMS Member Extract process to see if there is a need to RTI the monthly HMS Member Extract process. RTI is an on-going process where evaluations are made in an effort to reduce run-time. |

### 2.6.15 eld01013 -- Control File

| | |
|---|---|
| **Technical Name:** | eld01013 |
| **Program Title:** | Control File |
| **Programming Language:** | Oracle Utility |
| **Description:** | Script sql file. |

#### 2.6.15.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 8275 | PBA extract needs cutoff date | PBA only wants Member history segments greater than 12/01/2002. So the Member daily delta/weekly full PBA extracts need to modified to pull only those Member segments with an end date greater than 12/01/2002.<br><br>Secondly, the value following the 'HM' is incorrect. It is a phone number and it should be the provider ID (which for type HM would be 9690003000). |

### 2.6.16 eld01014 -- Control File

| | |
|---|---|
| **Technical Name:** | eld01014 |
| **Program Title:** | Control File |
| **Programming Language:** | Oracle Utility |
| **Description:** | Script sql file |

#### 2.6.16.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 8275 | PBA extract needs cutoff date | PBA only wants Member history segments greater than 12/01/2002. So the Member daily delta/weekly full PBA extracts need to modified to pull only those Member segments with an end date greater than 12/01/2002.<br><br>Secondly, the value following the 'HM' is incorrect. It is a phone number and it should be the provider ID (which for type HM would be 9690003000). |

### 2.6.17 eld01015 -- Control File

| | |
|---|---|
| **Technical Name:** | eld01015 |
| **Program Title:** | Control File |
| **Programming Language:** | Oracle Utility |
| **Description:** | Script sql file. |

#### 2.6.17.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 8275 | PBA extract needs cutoff date | PBA only wants Member history segments greater than 12/01/2002. So the Member daily delta/weekly full PBA extracts need to modified to pull only those Member segments with an end date greater than 12/01/2002.<br><br>Secondly, the value following the 'HM' is incorrect. It is a phone number and it should be the provider ID (which for type HM would be 9690003000). |

### 2.6.18 eld01016 -- Control File

| | |
|---|---|
| **Technical Name:** | eld01016 |
| **Program Title:** | Control File |
| **Programming Language:** | Oracle Utility |
| **Description:** | Script sql file. |

#### 2.6.18.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 8275 | PBA extract needs cutoff date | PBA only wants Member history segments greater than 12/01/2002. So the Member daily delta/weekly full PBA extracts need to modified to pull only those Member segments with an end date greater than 12/01/2002.<br><br>Secondly, the value following the 'HM' is incorrect. It is a phone number and it should be the provider ID (which for type HM would be 9690003000). |

### 2.6.19 eld01017 -- Control File

| | |
|---|---|
| **Technical Name:** | eld01017 |
| **Program Title:** | Control File |
| **Programming Language:** | Oracle Utility |
| **Description:** | Script sql file |

#### 2.6.19.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 8275 | PBA extract needs cutoff date | PBA only wants Member history segments greater than 12/01/2002. So the Member daily delta/weekly full PBA extracts need to modified to pull only those Member segments with an end date greater than 12/01/2002.<br><br>Secondly, the value following the 'HM' is incorrect. It is a phone number and it should be the provider ID (which for type HM would be 9690003000). |
| 8504 | First Health PBA Extract - TPL | The First Health PBA extract TPL information for record type 45 must only include coverage type 05 which is for Pharmacy. Also, do not include TPL information where the suspect code is = 5. These are POTENTIAL resources that are NOT REAL resources. |

### 2.6.20 eld01018 -- Control File

| | |
|---|---|
| **Technical Name:** | eld01018 |
| **Program Title:** | Control File |
| **Programming Language:** | Oracle Utility |
| **Description:** | Script sql file. |

#### 2.6.20.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 8275 | PBA extract needs cutoff date | PBA only wants Member history segments greater than 12/01/2002. So the Member daily delta/weekly full PBA extracts need to modified to pull only those Member segments with an end date greater than 12/01/2002.<br><br>Secondly, the value following the 'HM' is incorrect. It is a phone number and it should be the provider ID (which for type HM would be 9690003000). |

### 2.6.21 eld01019 -- Control File

| | |
|---|---|
| **Technical Name:** | eld01019 |
| **Program Title:** | Control File |
| **Programming Language:** | Oracle Utility |
| **Description:** | Script sql file. |

#### 2.6.21.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 7366 | ELGJMPCG - RTI | Review the HMS Member Extract process to see if there is a need to RTI the monthly HMS Member Extract process. RTI is an on-going process where evaluations are made in an effort to reduce run-time. |

### 2.6.22 eld01020 -- Control File

| | |
|---|---|
| **Technical Name:** | eld01020 |
| **Program Title:** | Control File |
| **Programming Language:** | Oracle Utility |
| **Description:** | Script sql file. |

#### 2.6.22.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 7366 | ELGJMPCG - RTI | Review the HMS Member Extract process to see if there is a need to RTI the monthly HMS Member Extract process. RTI is an on-going process where evaluations are made in an effort to reduce run-time. |
| 8538 | KMAA - Medical Lock-in and Waiver | There is a need to modify the KMAA extract process to send all of the Medical and Pharmacy Lock-in and Waiver eligibility to KMAA. |

### 2.6.23 eld01021 -- Control File

| | |
|---|---|
| **Technical Name:** | eld01021 |
| **Program Title:** | Control File |
| **Programming Language:** | Oracle Utility |
| **Description:** | Script sql file |

#### 2.6.23.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 7366 | ELGJMPCG - RTI | Review the HMS Member Extract process to see if there is a need to RTI the monthly HMS Member Extract process. RTI is an on-going process where evaluations are made in an effort to reduce run-time. |

### 2.6.24 eld01022 -- Control File

| | |
|---|---|
| **Technical Name:** | eld01022 |
| **Program Title:** | Control File |
| **Programming Language:** | Oracle Utility |
| **Description:** | Script sql file |

#### 2.6.24.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 7366 | ELGJMPCG - RTI | Review the HMS Member Extract process to see if there is a need to RTI the monthly HMS Member Extract process. RTI is an on-going process where evaluations are made in an effort to reduce run-time. |
| 8538 | KMAA - Lock-in and Waiver | There is a need to modify the KMAA extract process to send all of the Medical and Pharmacy Lock-in and Waiver eligibility to KMAA. |

### 2.6.25 eld01101 -- Control File

| | |
|---|---|
| **Technical Name:** | eld01101 |
| **Program Title:** | Control File |
| **Programming Language:** | Other |
| **Description:** | Script control file |

#### 2.6.25.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 7366 | ELGJMPCG - RTI | Review the HMS Member Extract process to see if there is a need to RTI the monthly HMS Member Extract process. RTI is an on-going process where evaluations are made in an effort to reduce run-time. |
| 8278 | Correct KMAA extract | There are record type 11 on the file, but only if the Member is currently eligible. If we're reporting them member, all of their segments should be reported. Another issue, as with PBA, is that we should include the package code on the segments on the record. We're putting in the Benefit plan but not the package code.<br><br>The Member extract to First Health KMAA needs to send a 10 byte Provider ID. Old provider IDs were converted into the interChange system to an eight-byte value by stripping off the last two bytes which were always zeros. Because the First Health KMAA system still stores the Provider ID as 10 bytes (last two always 00), the extract process needs to add two zeros to the end of old provider IDs (new IDs always begin with 71). |
| 8770 | Derive Pseudo Part D for PBA | Kelli O'Brien of the Commonwealth has requested that the PBA process be modified to determine the Medicare Part D eligibility using the Medicare Part A and Part B entitlement dates. The current process uses the Medicare Part D entitlement data that stored in interChange's Part D table (T_RE_MEDICARE_D).<br><br>Kelli O'Brien suggested "If a member has a Part A or Part B segment then create a part D segment to send to FH. Do not involve the actual Part D tables at all. This is how it was handled in legacy and it avoided all of the current problems. For all of our purposes, any member with A or B has D. The Part D tables should just be used for specific Part D processing, such as creating the monthly MMA file and storing the response from CMS." |

### 2.6.26 eldfhx01 -- Hash File Control Card

| | |
|---|---|
| **Technical Name:** | eldfhx01 |
| **Program Title:** | Hash File Control Card |
| **Programming Language:** | Other |
| **Description:** | |

#### 2.6.26.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 8770 | Derive Pseudo Part D for PBA | Kelli O'Brien of the Commonwealth has requested that the PBA process be modified to determine the Medicare Part D eligibility using the Medicare Part A and Part B entitlement dates. The current process uses the Medicare Part D entitlement data that stored in interChange's Part D table (T_RE_MEDICARE_D).<br><br>Kelli O'Brien suggested "If a member has a Part A or Part B segment then create a part D segment to send to FH. Do not involve the actual Part D tables at all. This is how it was handled in legacy and it avoided all of the current problems. For all of our purposes, any member with A or B has D. The Part D tables should just be used for specific Part D processing, such as creating the monthly MMA file and storing the response from CMS." |

### 2.6.27 eldkma01 -- Control File

| | |
|---|---|
| **Technical Name:** | eldkma01 |
| **Program Title:** | Control File |
| **Programming Language:** | Other |
| **Description:** | Script control file. |

#### 2.6.27.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 8278 | Correct KMAA extract | There are record type 11 on the file, but only if the Member is currently eligible. If we're reporting them member, all of their segments should be reported. Another issue, as with PBA, is that we should include the package code on the segments on the record. We're putting in the Benefit plan but not the package code.<br><br>The Member extract to First Health KMAA needs to send a 10 byte Provider ID. Old provider IDs were converted into the interChange system to an eight-byte value by stripping off the last two bytes which were always zeros. Because the First Health KMAA system still stores the Provider ID as 10 bytes (last two always 00), the extract process needs to add two zeros to the end of old provider IDs (new IDs always begin with 71). |

### 2.6.28 elg_interface.c -- Standard Batch Member Batch Update Interface

| | |
|---|---|
| **Technical Name:** | elg_interface.c |
| **Program Title:** | Standard Batch Member Batch Update Interface |
| **Programming Language:** | C |
| **Description:** | This is the program that controls the interface and processes the request to PS/2 for updating member eligibility. |

#### 2.6.28.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.29 elgjd012 -- Eligibility error ftp

| | |
|---|---|
| **Technical Name:** | elgjd012 |
| **Program Title:** | Eligibility error ftp |
| **Programming Language:** | UNIX Script |
| **Description:** | The ELGJD012 program sets up the netrc file so the Eligibility Error reports can be ftp'd.<br><br>**Input Parameters:**<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>None<br><br>**Input Tables:**<br>None<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.29.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.30 elgjd08b -- Member extract ftp

| | |
|---|---|
| **Technical Name:** | elgjd08b |
| **Program Title:** | Member extract ftp |
| **Programming Language:** | UNIX Script |
| **Description:** | The ELGJ08B program is the shell script used to set up netrc for member extracts.<br><br>**Input Parameters:**<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>None<br><br>**Input Tables:**<br>None<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.30.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.31 elgp0311 -- Pending Eligible 30-59 day

| | |
|---|---|
| **Technical Name:** | elgp0311 |
| **Program Title:** | Pending Eligible 30-59 day |
| **Programming Language:** | C |
| **Description:** | |

#### 2.6.31.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2549 | KYAMEND-Pending Elig 30-59 Day | There is a need to implement the Pending Eligible 30 day report. |

### 2.6.32 elgp0312 -- Pending Eligible 60 - 90 Day

| | |
|---|---|
| **Technical Name:** | elgp0312 |
| **Program Title:** | Pending Eligible 60 - 90 Day |
| **Programming Language:** | C |
| **Description:** | This process reports pending eligibles residing on the T_RE_PEND_MEMBER table with a dte_added = 60 - 90 days ago. |

#### 2.6.32.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2550 | KYAMEND-Pending Elig 60-90 Day | There is a need to implement the Pending Eligible 60 - 90 day report. |

### 2.6.33 elgp0313 -- New Pending Eligibles

| | |
|---|---|
| **Technical Name:** | elgp0313 |
| **Program Title:** | New Pending Eligibles |
| **Programming Language:** | C |
| **Description:** | This process reports pending eligibles residing on the T_RE_PEND_MEMBER table with a dte_added = the current cycle date. |

#### 2.6.33.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2551 | KYAMEND-New Pending Elig Rpt | There is a need to generate the New Pending Eligibles. |

### 2.6.34 elgp0314 -- Pending Eligible Greater Than 90 Days

| | |
|---|---|
| **Technical Name:** | elgp0314 |
| **Program Title:** | Pending Eligible Greater Than 90 Days |
| **Programming Language:** | C |
| **Description:** | This process reports pending eligibles residing on the T_RE_PEND_MEMBER table with a dte_added > 90 days ago. |

#### 2.6.34.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2552 | KYAMEND-Pending Elig > 90 Days | There is a need to implement the Pending Eligible > 90 day report. |

### 2.6.35 elgp0336 -- Purged Pending Eligible Report

| | |
|---|---|
| **Technical Name:** | elgp0336 |
| **Program Title:** | Purged Pending Eligible Report |
| **Programming Language:** | C |
| **Description:** | Creates a report from elgm033601.dat flat file that shows information on who has been purged from the pending eligibility table. |

#### 2.6.35.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2851 | KYAMEND-Pending member Purge | Pending member Purge Report - Monthly This report reports the pending members that are purged. |

### 2.6.36 elgp401w.c -- Create EOMB (Explanation of Medical Benefits) Extract From Paid Physicians Claim Extracts

| | |
|---|---|
| **Technical Name:** | elgp401w.c |
| **Program Title:** | Create EOMB (Explanation of Medical Benefits) Extract From Paid Physicians Claim Extracts |
| **Programming Language:** | C |
| **Description:** | The elgp401w.c (previously jck.1332) program reads files previously created from the paid header and detail physician claim tables and creates an EOMB Extract file of paid physician claims. The program uses the necessary fields of paid headers and paid details to build the EOMB extract. Subprograms are called to perform file open and close tasks, header and detail record select tasks, and file loop processing and write functions.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors<br><br>**Input Files:**<br>ELGJW040<br>t_pd_phys_dtl_ext.dat<br>t_pd_phys_hdr_ext.dat<br><br>**Output Files:**<br>ELGJW040<br>elwphys.wrk<br><br>**Input Tables:**<br>None<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None at this time<br><br>**Link Procedure:**<br>libclmbtch<br>libclmdrvr<br>liblbms<br>libclmhash |

| | |
|---|---|
| | **Special Logic Notes:**<br>None<br><br>**Subprograms:**<br>rebs2100.c - Opens output file for EOMB extract.<br>m1physhd.c - Select physician header records.<br>m1physdt.c - Selects physician detail records.<br>rebs2145.c - Controls detail loop processing, writes to the EOMB output file.<br>rebs2120.c - Closes the output EOMB extract file. |

**2.6.36.1 Change Orders**

| ID | NAME | DESCRIPTION |
|---|---|---|
| 353 | Member EOMB | |
| 5998 | ELG-9001 Ltr Not in OnBase | ELG-9001-M Explanation of Medical Benefits has not been loaded. We have not yet received enough paid claims to populate this report or cause it to run. |

### 2.6.37 elgp402w.c -- Create EOMB (Explanation of Medical Benefits) Extract From Paid UB92 Claim Extracts

| | |
|---|---|
| **Technical Name:** | elgp402w.c |
| **Program Title:** | Create EOMB (Explanation of Medical Benefits) Extract From Paid UB Claim Extracts |
| **Programming Language:** | C |
| **Description:** | The elgp402w.c (previously jck.1339) program inputs the extracts created from the paid header and detail UB claim tables. The program uses the necessary fields of paid headers and paid details to build the EOMB extract. Subprograms are called to perform file open and close tasks, header and detail record select tasks, and file loop processing and write functions.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors<br><br>**Input Files:**<br>ELGJW040<br>t_pd_ub92_dtl_ext.dat<br>t_pd_ub92_hdr_ext.dat<br><br>**Output Files:**<br>ELGJW040<br>elwub92.wrk<br><br>**Input Tables:**<br>None<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None at this time<br><br>**Link Procedure:**<br>libclmbtch, libclmdrvr, liblbms, and libclmhash<br><br>**Special Logic Notes:**<br>None |

| | |
|---|---|
| | **Subprograms:**<br>rebs2100.c - Opens output file for EOMB extract.<br>m1ub92hd.c - Select UB header records.<br>m1ub92dt.sc - Selects UB detail records.<br>rebs2145.c - Controls detail loop processing, writes to the EOMB output file.<br>rebs2120.c - Closes the output EOMB extract file. |

#### 2.6.37.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 353 | Member EOMB | |
| 5998 | ELG-9001 Ltr Not in OnBase | ELG-9001-M Explanation of Medical Benefits has not been loaded. We have not yet received enough paid claims to populate this report or cause it to run. |

### 2.6.38 elgp403w.c -- Create EOMB (Explanation of Medical Benefits) Extract From Paid Pharmacy Claim Extracts

| | |
|---|---|
| **Technical Name:** | elgp403w.c |
| **Program Title:** | Create EOMB (Explanation of Medical Benefits) Extract From Paid Pharmacy Claim Extracts |
| **Programming Language:** | C |
| **Description:** | The elgp403w.c (previously jck.1340) program creates the EOMB (Explanation of Medical Benefits) Extract From Paid Pharmacy Claim Extracts. It inputs the extracts created from the paid header and detail pharmacy claim tables. The program uses the necessary fields of paid headers and paid details to build the EOMB extract. Subprograms are called to perform file open and close tasks, header and detail record select tasks, and file loop processing and write functions.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors<br><br>**Input Files:**<br>ELGJW040<br>T_PD_PHARM_DTL_EXT.DAT<br>T_PD_PHARM_HDR_EXT.DAT<br><br>**Output Files:**<br>ELGJW040<br>elwpharm.wrk<br><br>**Input Tables:**<br>None<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>libclmbtch<br>libclmdrvr<br>liblbms<br>libclmhash |

| | |
|---|---|
| | **Special Logic Notes:**<br>None<br><br>**Subprograms:**<br>rebs2100.c - Opens output file for EOMB extract.<br>m1phrmhd.c - Select pharmacy header records.<br>m1phrmdt.sc - Selects pharmacy detail records.<br>rebs2145.c - Controls detail loop processing, writes to the EOMB output file.<br>rebs2120.c - Closes the output EOMB extract file.<br><br>**Input** |

#### 2.6.38.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 353 | Member EOMB | Modify the EOMB process to exclude confidential diagnosis codes in processing. The confidential codes will be loaded into the T_DIAGNOSIS_TYPE and T_DIAGNOSIS_GROUP database tables (See Change Order 706 for table details). |
| 5998 | ELG-9001 Ltr Not in OnBase | ELG-9001-M Explanation of Medical Benefits has not been loaded. We have not yet received enough paid claims to populate this report or cause it to run. |

### 2.6.39 elgp404w.c -- Create EOMB (Explanation of Medical Benefits) Extract From Paid Dental Claim Extracts

| | |
|---|---|
| **Technical Name:** | elgp404w.c |
| **Program Title:** | Create EOMB (Explanation of Medical Benefits) Extract From Paid Dental Claim Extracts |
| **Programming Language:** | C |
| **Description:** | The program elgp404w.c (previously jck.1344) program inputs the extracts created from the paid header and detail dental claim tables The program uses the necessary fields of paid headers and paid details to build the EOMB extract. Subprograms are called to perform file open and close tasks, header and detail record select tasks, and file loop processing and write functions.<br><br>**Subprograms:**<br>rebs2100.c - Opens output file for EOMB extract.<br>m1dntlhd.c - Select dental header records.<br>m1dntldt.sc - Selects dental detail records.<br>rebs2145.c - Controls detail loop processing, writes to the EOMB output file.<br>rebs2120.c - Closes the output EOMB extract file.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors<br><br>**Input Files:**<br>ELGJW040<br>T_PD_DNTL_DTL_EXT.DAT<br>T_PD_DNTL_HDR_EXT.DAT<br><br>**Output Files:**<br>ELGJW040<br>elwdent.wrk<br><br>**Input Tables:**<br>None<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>None |

| | |
|---|---|
| | **Switches:**<br>None at this time<br><br>**Link Procedure:**<br>libclmbtch, libclmdrvr, liblbms, and libclmhash<br><br>**Special Logic Notes:**<br>None |

#### 2.6.39.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 353 | Member EOMB | Modify the EOMB process to exclude confidential diagnosis codes in processing. The confidential codes will be loaded into the T_DIAGNOSIS_TYPE and T_DIAGNOSIS_GROUP database tables (See Change Order 706 for table details). |
| 5998 | ELG-9001 Ltr Not in OnBase | ELG-9001-M Explanation of Medical Benefits has not been loaded. We have not yet received enough paid claims to populate this report or cause it to run. |

### 2.6.40 elgpcdme -- KMAA Case & Disease Management Update Error Report

| | |
|---|---|
| **Technical Name:** | elgpcdme |
| **Program Title:** | KMAA Case & Disease Management Update Error Report |
| **Programming Language:** | C |
| **Description:** | KMAA Case & Disease Management Update Error Report |

#### 2.6.40.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 3167 | KYAMENDCAse/Dis Mgt Updt Err Rpt | There is a need to report the KMAA Case and Disease Management update errors. |

### 2.6.41 elgpchme -- Output - Child Medicaid

| | |
|---|---|
| **Technical Name:** | elgpchme |
| **Program Title:** | Output - Child Medicaid |
| **Programming Language:** | C |
| **Description:** | Output Child Medicaid for ages between 5 and 18 |

#### 2.6.41.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 1998 | Output - Child Medicaid | There is a need to create the quarterly Child Medicaid Eligible file. |

### 2.6.42 elgpd012 -- ETP Daily Transaction Count Reports

| | |
|---|---|
| **Technical Name:** | elgpd012 |
| **Program Title:** | ETP Daily Transaction Count Reports |
| **Programming Language:** | C |
| **Description:** | The ELGPD012 program creates the ELG-0004-D report displaying the total number of ETP transactions received from the outside entities; the clean transactions, transactions processed with non-fatal errors, and transactions not processed due to fatal errors.<br><br>**Input Parameters:**<br><br>a: All ELG-0004-D<br>c: Closure Transaction Count Report ELG-0124-M<br>d: KAMES Daily Transaction Count Report ELG-0004-D<br>p: PA62 Daily Transaction Count Report ELG-0104-D<br>x: SDX Daily Transaction Count Report ELG-0114-D<br>r: KAMES Recon Transaction Count Report ELG-0004-M<br>s: PA/SDX Recon Transaction Count Report ELG-0104-M<br>l: Linking Transaction Count Report ELG-0060-D<br>u: Unlinking Transaction Count Report ELG-0056-D<br>k: KY Health Choice Transaction Count Report ELG-0074-D<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors<br><br>**Input Files:**<br>elg01203.dat<br><br>**Output Files:**<br>elm00124.rpt<br>eld01203.rpt<br>eld00104.rpt<br>eld00114.rpt<br>elm01203.rpt<br>elm00104.rpt<br>eld00160.rpt<br>eld00156.rpt<br>eld00174.rpt<br><br>**Input Tables:**<br>T_RE_PS2_LOG<br><br>**Output Tables:**<br>None |

| | |
|---|---|
| | **Sort Criteria:**<br>None<br><br>**Switches:**<br>None at this time<br><br>**Link Procedure:**<br>lmrpf<br><br>**Special Logic Notes:**<br>None |

**2.6.42.1 Change Orders**

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2253 | PA62 and SDX Daily Reports | There is a need to modify the existing ELG-0103-D, ELG-0104-D and ELG-0107-D reports to remove SDX from the headers. There is also a need to add the SDX update reports.<br><br>PA62 and SDX daily transactions are processed separately. |
| 2689 | Closure Transaction Count | There is a need to report the monthly Recon Closures. |
| 3164 | KY Hlth Chce - Transaction Cnt R | There is a need to report the summary of the transactions processed during the KY Health Choice benefit plan assignment process. |
| 35 | Eligibility Transaction Count Rp | The program that creates the ETP Daily Transaction Count report is modified to report the KAMES Daily, PA62/SDX Daily, KAMES Recon and PA62/SDX Recon Transaction Counts. |
| 36 | Eligibility Upd Txn Count | The program which creates the ETP Daily Transaction Count (ELG-004-D) report is duplicated to report the SDX Daily Transaction Counts. |
| 37 | PA62 Daily Txn Count | The program which creates the ETP Daily Transaction Count (ELG-004-D) report is duplicated to report the PA62 Daily Transaction Counts. |
| 8177 | Member Rpts Cycle dates | When running multiple cycles on the same day several Member reports can not be distinguished between which cycle the report is associated with. Some of the reports have the date in the tile others do not. |

### 2.6.43 elgpd013 -- ETP Error Reports

| | |
|---|---|
| **Technical Name:** | elgpd013 |
| **Program Title:** | ETP Error Reports |
| **Programming Language:** | C |
| **Description:** | The ELGPD013 program creates the ELG-0003-D report displaying the total number of ETP transactions received from the outside entities not processed due to fatal errors.<br><br>**Input Parameters:**<br><br>a: All ELG-0003-D<br>c: Recon Closure Error Detail Report ELG-0123-M<br>d: KAMES Daily Error Report ELG-0003-D<br>p: PA62 Daily Error Report ELG-0103-D<br>x: SDX Daily Error Report ELG-0113-D<br>r: KAMES Recon Error Report ELG-0003-M<br>s: PA.SDX Recon Error Report ELG-0103-M<br>l: Linking Error Report ELG-0065-D<br>u: Unlinking Error Report ELG-0055-D<br>k: KY Health Choice Error Report ELG-0026-D<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>elm00125.rpt<br>eld01501.rpt<br>eld00103.rpt<br>eld00113.rpt<br>elm01201.rpt<br>elm00103.rpt<br>eld00165.rpt<br>eld00155.rpt<br>eld00126.rpt<br><br>**Input Tables:**<br>T_RE_PS2_LOG<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>None |

| | |
|---|---|
| | **Switches:**<br>None at this time<br><br>**Link Procedure:**<br>lmrpf<br><br>**Special Logic Notes:**<br>None |

#### 2.6.43.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2253 | PA62 and SDX Daily Reports | There is a need to modify the existing ELG-0103-D, ELG-0104-D and ELG-0107-D reports to remove SDX from the headers. There is also a need to add the SDX update reports.<br><br>PA62 and SDX daily transactions are processed separately. |
| 2690 | Recon Closure Error Detail | There is a need to report the errors encountered during the Recon Closure process. |
| 3162 | KY Hlth Chc - Update Error rpt | There is a need to report the transactions encountered during the KY Hlth Choice benefit plan assignment process. |
| 33 | Eligibility Update Errors | The program that creates the ETP Eligibility Update Error reports is modified to report the KAMES Daily, KAMES Recon, PA62/SDX Daily and SDX/PA62 Recon Eligibility Update Errors. |
| 8229 | I3405 - Identify Linked members | To identify which members have been automatically linked together |

### 2.6.44 elgpd017 -- Link/Unlink Processed Reports - ELG-0032-D, ELG-0033-D

| | |
|---|---|
| **Technical Name:** | elgpd017 |
| **Program Title:** | Link/Unlink Processed Reports - ELG-0032-D, ELG-0033-D |
| **Programming Language:** | C |
| **Description:** | The ELGPD017 program creates two reports that display the link/unlink requests that were successfully processed since the last time the reports were produced. The last run date is obtained from the last run date input file. The current date and time is written to an output file to be used the next time the program is run. The Link Requests Processed report is ELG-0032-D. This report displays the Member ID and a second Member ID and Name to which the first Member ID has been linked. The Unlink Requests Processed report, ELG-0033-D, displays the Member ID and a second Member ID and Name from which the first Member ID has been unlinked.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>eld01701.rpt<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_PS2_LOG<br>T_RE_PS2_ERR<br>T_BATCH_ERR_MSG<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>T_RE_PS2_LOG.IND_ERROR<br><br>**Switches:**<br>None at this time<br><br>**Link Procedure:**<br>lmrpf |

| | |
|---|---|
| | **Special Logic Notes:**<br>None |

#### 2.6.44.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.45 elgpd018 -- Link/Unlink ID Card Letters - ELG-0031_D, ELG-0030-D

| | |
|---|---|
| **Technical Name:** | elgpd018 |
| **Program Title:** | Link/Unlink ID Card Letters - ELG-0031_D, ELG-0030-D |
| **Programming Language:** | C |
| **Description:** | The ELGPD018 program creates data for two sets of letters to printed on flash forms and mailed to members. One set is for members who had an id linked to another id and need to dispose of one of their cards. The other set is for members who have been unlinked and are receiving a new card. The T_RE_ID_LETTER table is used to identify which letters should be produced. Once the letter is produced, the dte_sent column is updated with the system date so the letter is not created again. The letter data is sent to COLD as two separate reports, ELG-0031-D (Link report) and ELG-0030-D (Unlink report).<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>eld1801.dat<br>eld1802.dat<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_CASE<br>T_COUNTY_OFFICE<br>T_RECIP_LINK_XREF<br>T_RE_CUST_STATUS<br>T_RE_OFF_STAT<br>T_RE_ID_LETTER<br>T_LETTER<br>T_LETTER_TEMPLAT<br>T_SYSTEM_KEYS<br><br>**Output Tables:**<br>T_SYSTEM_KEYS<br>T_LTR_RQST_TRK<br>T_LTR_RQST_TEMPLAT<br>T_LETTER_REQUEST |

| | |
|---|---|
| | **Sort Criteria:**<br>T_RE_BASE.ID_MEDICAID<br><br>**Switches:**<br>None at this time<br><br>**Link Procedure:**<br>libmrpf<br><br>**Special Logic Notes:**<br>None |

#### 2.6.45.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.46 elgpd022 -- Daily Certification of Creditable Health Insurance Coverage Letters

| | |
|---|---|
| **Technical Name:** | elgpd022 |
| **Program Title:** | Daily Certification of Creditable Health Insurance Coverage Letters |
| **Programming Language:** | C |
| **Description:** | The ELGPD022 program creates requests for the Daily Certification of Creditable Health Insurance Coverage Letters (ELG-0150-D and ELG-0151-D) for members and third parties requiring the Certificate.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors<br><br>**Input files:**<br>ELGJD022<br>None<br><br>**Output files:**<br>ELG-0150-D letter<br>ELG-0151-D letter<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_AID_ELIG<br>T_RE_ELIG<br>T_RE_CCHIC_TRACK<br>T_RE_CRED_COV_RQST<br><br>**Output Tables:**<br>T_RE_CCHIC_TRACK<br><br>**Sort Criteria:**<br>T_RE_CRED_COV_RQST.SAK_RECIP<br>T_RE_ELIG.DTE_END<br><br>**Switches:**<br>None at this time<br><br>**Link procedure:**<br>libmrpf, libnatural, libxml, libgutils, and libsysltr<br><br>**Special Logic Notes:**<br>None |

#### 2.6.46.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 320 | Daily Creditable Coverage | There is a need to produce the Creditable Coverage letters requested through the Certificate of Creditable Coverage panel. |
| 6274 | Creditable Covg letters error | Creditable Coverage letters are generated through a nightly batch process when a request is entered through the Creditable Coverage Request panel in interChange. The letters are for members with less than 18 months of eligibility or members with more than 17 months of eligibility who do not have a break of three full calendar months. The letters for members with less than 18 months of eligibility (ELG-0051-M and ELG-0151-D) do not generate due to the new Benefit Plans in interChange. |

### 2.6.47 elgpd04a -- Create ID Card Summary Report - ELG-0002-D

| | |
|---|---|
| **Technical Name:** | elgpd04a |
| **Program Title:** | Create ID Card Summary Report - ELG-0002-D |
| **Programming Language:** | C |
| **Description:** | The ELGPD04A program creates the ID Card Summary Report, ELG-0002-D.<br><br>**Input Parameters:**<br>ELGJD040<br>None<br>ELGJM40A<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors<br><br>**Input Files:**<br>ELGJD040<br>None<br>ELGJM40A<br>None<br><br>**Output Files:**<br>ELGJD040<br>eld04008.rpt<br>ELGJM40A<br>elm04008.rpt<br><br>**Input Tables:**<br>T_RE_ID_CRD_ISS<br>T_SYSTEM_PARMS<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedure:**<br>libmrpf, libeutil, and libxml<br><br>**Special Logic Notes:**<br>None |

#### 2.6.47.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.48 elgpd04b -- Create Eligible ID Card Member Report - ELG-0009-D

| | |
|---|---|
| **Technical Name:** | elgpd04b |
| **Program Title:** | Create Eligible ID Card Member Report - ELG-0009-D |
| **Programming Language:** | C |
| **Description:** | The ELGPD04B program creates the Eligible ID Card Member Report, ELG-0009-D. The report displays Member ID and Name grouped by County - Office Code. The total number of Member Cards issued by County-Office Code is displayed, as well as a total number for all County - Office Codes.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors<br><br>**Input Files:**<br>ELGJD040<br>None<br>ELGJM40A<br>None<br><br>**Output Files:**<br>ELGJD040<br>eld04006.rpt<br>ELGJM40A<br>elm04006.rpt<br><br>**Input Tables:**<br>T_RE_ID_CRD_ISS<br>T_SYSTEM_PARMS<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>T_RE_ID_CRD_ISS.CDE_COUNTY<br>T_RE_ID_CRD_ISS.CDE_OFFICE<br>T_RE_ID_CRD_ISS.ID_MEDICAID<br><br>**Switches:**<br>None at this time<br><br>**Link Procedure:**<br>lmrpf<br><br>**Special Logic Notes:**<br>None |

#### 2.6.48.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.49 elgpd04c -- Total ID Card Count by County Report - ELG-0001-D

| | |
|---|---|
| **Technical Name:** | elgpd04c |
| **Program Title:** | Total ID Card Count by County Report - ELG-0001-D |
| **Programming Language:** | C |
| **Description:** | The ELGPD04C program creates the Total ID Card Counts by County Report, ELG-0001-D. The report lists the total number of member ID cards issued for the reported day grouped by the county name. A total of all ID cards issued by all counties is displayed at the end of the report.<br><br>**Input Parameters:**<br>ELGJD040<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors<br><br>**Input Files:**<br>ELGJD040<br>None<br>ELGJM40A<br>None<br><br>**Output Files:**<br>ELGJD040<br>eld04007.rpt ELGJM40A<br>elm04007.rpt<br><br>**Input Tables:**<br>T_RE_ID_CRD_ISS<br>T_COUNTY<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>T_COUNTY.DSC_COUNTY<br><br>**Switches:**<br>None at this time<br><br>**Link Procedure:**<br>lmrpf<br><br>**Special Logic Notes:**<br>None |

#### 2.6.49.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.50 elgpd057 -- Number of BCCTP Members Added

| | |
|---|---|
| **Technical Name:** | elgpd057 |
| **Program Title:** | Number of BCCTP Members Added |
| **Programming Language:** | C |
| **Description:** | The ELGPM057 program generates the Number of BCCTP Members Added report.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>elg0057d.rpt<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_ELIG<br>T_PUB_HLTH_PGM<br>A_T_RE_ELIG<br><br>**Output Tables:**<br>none<br><br>**Sort Criteria:**<br>Id Medicaid<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.50.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2176 | Number of BCCTP Members Added | There is a need to report the Number of BCCTP Members Added. |

### 2.6.51 elgpd068 -- Number of PE Members Added

| | |
|---|---|
| **Technical Name:** | elgpd068 |
| **Program Title:** | Number of PE Members Added |
| **Programming Language:** | C |
| **Description:** | The ELGPD068 program generates the Number of PE Members Added report.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>elg0068d.rpt<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_ELIG<br>T_PUB_HLTH_PGM<br>A_T_RE_ELIG<br><br>**Output Tables:**<br>none<br><br>**Sort Criteria:**<br>Id Medicaid<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.51.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2257 | Number of PE Members Added | There is a need to report the Number of PE Members Added. |

### 2.6.52 elgpd08b -- interchange MMIS client Extract File

| | |
|---|---|
| **Technical Name:** | elgpd08b |
| **Program Title:** | interChange MMIS client Extract File |
| **Programming Language:** | C |
| **Description:** | The ELGPD08B program creates an extract file of member demographic and eligibility data. An extract is built for each member on the T_RE_EXT_RECIPS table.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors<br><br>**Input Files:**<br>eld08001.dat<br><br>**Output Files:**<br>eld08003.dat<br><br>**Input Tables:**<br>T_CDE_AID<br>T_CDE_PHONE<br>T_MC_ENTITY<br>T_PMP_SVC_LOC<br>T_PR_PROV<br>T_PUB_HLTH_PGM<br>T_RE_AID_ELIG<br>T_RE_BASE<br>T_RE_CASE<br>T_RE_ELIG<br>T_RE_EXT_RECIPS<br>T_RE_LIV_ARNG<br>T_RE_PMP_ASSIGN<br>T_RE_PMP_REASON<br>T_RE_POV_PRCNT<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None at this time |

| | |
|---|---|
| | **Link Procedure:**<br>libxml, libmrpf, liblbms, libclmhash, libxml, libclmbtch, libclmdrvr, and libmgd_common<br><br>**Special Logic Notes:**<br>None |

#### 2.6.52.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.53 elgpd099 -- elgpd099

| | |
|---|---|
| **Technical Name:** | elgpd099 |
| **Program Title:** | elgpd099 |
| **Programming Language:** | C |
| **Description:** | Copies tables T_RE_PS2_ERR & T_RE_PS2_LOG into T_RE_PS2_HIST_LOG and T_RE_PS2_HIST_ERR based on cde_source. |

#### 2.6.53.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.54 elgpd106.sc -- ETP Daily Transaction Detail Reports

| | |
|---|---|
| **Technical Name:** | elgpd106.sc |
| **Program Title:** | ETP Daily Transaction Detail Reports |
| **Programming Language:** | C |
| **Description:** | ETP Daily Transaction Detail Reports.<br><br>**Input Parameters:**<br>d: KAMES Daily Transaction Count Report ELG-006-D<br>p: PA62 Daily Transaction Count Report ELG-0106-D<br>x: SDX Daily Transaction Count Report ELG-0116-D |

#### 2.6.54.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 7871 | ETP - Transaction Detail Reports | There is a need to create ETP Daily Transaction reports to report the transactions processed. |

### 2.6.55 elgpd143 -- KAMES and PA62/SDX Patient Liability Transaction Detail Reports

| | |
|---|---|
| **Technical Name:** | elgpd143 |
| **Program Title:** | KAMES and PA62/SDX Patient Liability Transaction Detail Reports |
| **Programming Language:** | C |
| **Description:** | This process reports the KAMES and PA62/SDX Patient Liability Transaction Details. |

#### 2.6.55.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 7877 | Patient Liability Trans Dtl rpt | There is a need to report the KAMES and PA62/SDX Patient Liability transactions received and processed. |

### 2.6.56 elgpd145 -- KAMES and PA62/SDX LTC Transaction Detail Reports

| | |
|---|---|
| **Technical Name:** | elgpd145 |
| **Program Title:** | KAMES and PA62/SDX LTC Transaction Detail Reports |
| **Programming Language:** | C |
| **Description:** | This process reports the KAMES and PA62/SDX LTC Transaction Details. |

#### 2.6.56.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 7876 | LTC Detail Transaction Report | There is a need to report the KAMES and PA62/SDX LTC transactions received and processed. |

### 2.6.57 elgpd333 -- KY Health Choices Member Letters

| | |
|---|---|
| **Technical Name:** | elgpd333 |
| **Program Title:** | KY Health Choices Member Letters |
| **Programming Language:** | C |
| **Description:** | The elgpd333 program reports the number of KY Health Choice letters produced for new and existing Members. It also requests the KYHC letters.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>eld00333.rpt<br>eld00334.rpt<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_ELIG<br>T_PUB_HLTH_PGM<br>A_T_RE_ELIG<br><br>**Output Tables:**<br>none<br><br>**Sort Criteria:**<br>sak_recip<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.57.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2726 | KYHlth - New Mbr Ltrs Rpt | There is a need to report the KY Health Choices New Member Letters Report. |

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2727 | KYHlth - Mbr Chg Ltr Rpt | There is a need to generate a report of members receiving a KY HEALTH CHOICES MEMBER PLAN CHANGE letter. |

### 2.6.58 elgpda12 -- Potential Dupe Member Reports - ELG-0011-D

| | |
|---|---|
| **Technical Name:** | elgpda12 |
| **Program Title:** | Potential Dupe Member Reports - ELG-0011-D |
| **Programming Language:** | C |
| **Description:** | The ELGPDA12 program creates the Potential Dupe Member Report (ELG-0011-D) from data on the Eligibility Transaction Process Dupe table. The report contains all potential duplicate member situations that occurred during the Eligibility Transaction Process daily update processing.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>eld09001.rpt<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_PS2_DUPE<br>T_RE_CDE_SOURCE<br><br>**Sort Criteria**<br>None<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>CDE_SOURCE,<br>ID_MEDICAID_PS2<br><br>**Switches:**<br>None<br><br>**Link Procedure:**<br>lmrpf, lxml<br><br>**Special Logic Notes:**<br>None |

#### 2.6.58.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 40 | PA62 Daily Error Counts | The program which creates the ETP Daily Error Count (ELG-007-D) report is modified to report the summary of the PA62 error code failures for the day. |
| 41 | Potential Duplicate Report | The program that creates this process is modified to include the Kentucky DMS duplicate criteria. |
| 8177 | Member Rpts Cycle dates | When running multiple cycles on the same day several Member reports can not be distinguished between which cycle the report is associated with. Some of the reports have the date in the tile others do not. |

### 2.6.59 elgpdb12 -- Daily Date Of Death Report - ELG-0010-D

| | |
|---|---|
| **Technical Name:** | elgpdb12 |
| **Program Title:** | Daily Date Of Death Report - ELG-0010-D |
| **Programming Language:** | C |
| **Description:** | The ELGPDB12 program creates the Daily Date Of Death Report. It reports the data on the Death Change table added since the program's last run.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors<br><br>**Input Files:**<br>ELGJD012 None<br><br>**Output Files:**<br>ELGJD012<br>eld01204.rpt<br><br>**Input Tables:**<br>T_RE_DEATH_CHG<br>T_RE_BASE<br>T_RE_ELIG<br>T_PUB_HLTH_PGM<br>T_SYSTEM_PARMS<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>T_RE_BASE.ID_MEDICAID<br><br>**Switches:**<br>None<br><br>**Link Procedure:**<br>libmrpf, libeutil, and libxml<br><br>**Special Logic Notes:**<br>None |

#### 2.6.59.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 4954 | Vital Stat. transactn no update | From the Vital Statistic Update file (TDSKX.DOD.CERT06.MOTEST) I chose one member (7377661044) from the file that is in interChange, changed the name in the file, and checked the ELG-0036-M report the after the job ran to see if the record was written to the Date of Death/Name Mismatch Error report, it was not. Another member (7375715754) was chosen to have the DOB changed in the file. The record should have rejected and wrote to the Date of Death/Birth date Mismatch Error report (ELG-0037-M). It did not. Neither of the member records in interChange were affected. |

### 2.6.60 elgpdbct -- Breast and Cervical Cancer Update

| | |
|---|---|
| **Technical Name:** | elgpdbct |
| **Program Title:** | Breast and Cervical Cancer Update |
| **Programming Language:** | C |
| **Description:** | The ELGPDBCT program edits the Breast and Cervical Cancer transactions prior to formatting them for the ETP.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>TBD<br><br>**Output Files:**<br>TBD<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_ELIG<br>T_RE_AID_ELIG<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.60.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 352 | Breast and Cervical Cancer Update | There is a need to process the incoming Breast and Cervical Cancer Update transactions from the Web portal. |

### 2.6.61 elgpdc12 -- Daily ETP Error Count Reports

| | |
|---|---|
| **Technical Name:** | elgpdc12 |
| **Program Title:** | Daily ETP Error Count Reports |
| **Programming Language:** | C |
| **Description:** | The ELGPDC12 program creates the Daily ETP Error Count Reports.<br><br>**Input Parameters:**<br><br>a: All ELG-0007-D<br>c: Recon Closure Error Report ELG-0127-M<br>d: KAMES Daily Error Count Report ELG-0007-D<br>p: PA62 Daily Error Count Report ELG-0107-D<br>x: SDX Daily Error Count Report ELG-0117-D<br>r: KAMES Recon Error Count Report ELG-0007-M<br>s: PA.SDX Recon Error Count Report ELG-0107-M<br>l: Linking Error Count Report ELG-0062-D<br>u: Unlinking Error Count Report ELG-0058-D<br>k: KY Health Choice Error Count Report ELG-0020-D<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>elm00125.rpt<br>eld02014.rpt<br>eld00107.rpt<br>eld00117.rpt<br>elm01207.rpt<br>elm00107.rpt<br>eld00162.rpt<br>eld00158.rpt<br>eld00120.rpt<br><br>**Input Tables:**<br>T_RE_PS2_ERR<br>T_BATCH_ERR_MSG<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>T_RE_PS2_ERR.CDE_ERROR |

| | |
|---|---|
| | **Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.61.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2253 | PA62 and SDX Daily Reports | There is a need to modify the existing ELG-0103-D, ELG-0104-D and ELG-0107-D reports to remove SDX from the headers. There is also a need to add the SDX update reports.<br><br>PA62 and SDX daily transactions are processed separately. |
| 2691 | Recon Closures Error Summary | There is a need to report the error summary for the Recon Closures. |
| 3163 | KY Hlth Chc - Error Count Report | There is a need to report the number of transactions that errored during the KY Health Choice benefit plan assignment process. |
| 38 | Eligibility Daily Error Count | The program that creates the ETP Daily Error Count (ELG-007-D) report is modified to report the summary of the error code failures for the KAMES Daily, SDX daily, PA62 daily, KAMES Recon and SDX/PA62 Recon files. |
| 39 | Eligibility Update Error Counts | The program which creates the ETP Daily Error Count (ELG-007-D) report is modified to report the summary of the SDX error code failures for the day. |
| 40 | PA62 Daily Error Counts | The program which creates the ETP Daily Error Count (ELG-007-D) report is modified to report the summary of the PA62 error code failures for the day. |
| 8177 | Member Rpts Cycle dates | When running multiple cycles on the same day several Member reports can not be distinguished between which cycle the report is associated with. Some of the reports have the date in the tile others do not. |

### 2.6.62 elgpdcre -- Daily Creditable Coverage Letter

| | |
|---|---|
| **Technical Name:** | elgpdcre |
| **Program Title:** | Daily Creditable Coverage Letter |
| **Programming Language:** | C |
| **Description:** | The ELGPDCRE program generates the Creditable Coverage letters requested via the Creditable Coverage Request panel.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>None<br><br>**Input Tables:**<br>TBD<br><br>**Output Tables:**<br>TBD<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.62.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.63 elgpdedx -- Eligibility Daily Transaction Edit

| | |
|---|---|
| **Technical Name:** | elgpdedx |
| **Program Title:** | Eligibility Daily Transaction Edit |
| **Programming Language:** | C |
| **Description:** | The ELGPDEDX program edits the KAMES and PA62/SDX daily and recon transactions to be processed by the Eligibility Transaction processor.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>Eld0kadu.dat<br>Eld0psdu.dat<br>Elmokamr.dat<br>Elm0psdr.dat<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_ELIG<br>T_RE_AID_ELIG<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.63.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 26 | Eligibility Daily Update | A new daily update process is written to apply edits to the KAMES and PA62/SDX transactions. Once the edits are applied, the transactions are processed by the Eligibility Transaction Processor. |

| ID | NAME | DESCRIPTION |
|---|---|---|
| 27 | Eligibility Reconciliation | A new KAMES Reconciliation process is written to process the KAMES and PA62/SDX reconciliation transactions. |
| 8383 | KAMES interface end-dating | The KAMES/PA62/SDX interface requires functionality to allow existing eligibility segments to be end-dated. |
| 8387 | ETP - Capture Inst Status Code | There is a need to capture the Header Institution status code when received on the KAMES, SDX, PA62 Daily and Recon files. |

### 2.6.64 elgpderx -- Daily error extract

| | |
|---|---|
| **Technical Name:** | elgpderx |
| **Program Title:** | Daily error extract |
| **Programming Language:** | C |
| **Description:** | The ELGPDERX program creates the daily error extract. It copies all KAM, PAS, VIT rows from T_RE_PS2_ERR and inserts them into T_RE_HIST_ERROR.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>None<br><br>**Input Tables:**<br>T_RE_PS2_ERR<br><br>**Output Tables:**<br>T_RE_PS2_ERR<br>T_RE_HIST_ERR<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.64.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 1044 | Transaction errors to Error Log | There is a need to copy the errors from the temporary ETP log table to the Transaction log error table to allow the users access to the data that errored. |

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2264 | Change - Member Update txn log | There is a need to modify this process to include the SDX and PA62 transactions. |
| 2565 | Txns to Error and History Log | There is a need to modify the process to ensure the table keys are unique. |

### 2.6.65 elgpdfhx -- Daily Output Elig. to 1st Health

| | |
|---|---|
| **Technical Name:** | elgpdfhx |
| **Program Title:** | Daily Output Elig. to 1st Health |
| **Programming Language:** | C |
| **Description:** | The ELGPDFHX program creates the daily output eligibility file to First Health.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>Eld0fhth.dat<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_ELIG<br>T_RE_AID_ELIG<br>T_RE_ASSIGN_PLAN<br>T_RE_ASSIGN_PLN_CODES<br>T_RE_PMP_ASSIGN<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.65.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 331 | Dly/Wkly Elig to 1st Hlth PBA | There is a need to send daily and weekly eligibility files to First Health. |

| ID | NAME | DESCRIPTION |
|---|---|---|
| 3742 | KYHlth - Member Extracts | There is a need to modify the KMAA and PBA Member extracts to include Member Benefit Plan data. |
| 8254 | PBA - CP - Send package codes | The iC system is currently sending a Y or N on the Member copay segments. There is a need to send the package code on the Record type 30, CP segments for eligibility beginning after 6/30/2006. |
| 8275 | PBA extract needs cutoff date | PBA only wants Member history segments greater than 12/01/2002. So the Member daily delta/weekly full PBA extracts need to modified to pull only those Member segments with an end date greater than 12/01/2002.<br><br>Secondly, the value following the 'HM' is incorrect. It is a phone number and it should be the provider ID (which for type HM would be 9690003000). |
| 8391 | PBA - Header IS code | The First Health PBA extract must be changed to put the interChange living arrangement code in the record type 30 institution status (IS) record. The start and end dates are the member's eligibility dates. |
| 8599 | Member PBA extract-Rec 35 date | There is a need to modify the Member PBA extract to send the earliest effective date for Record type 35 when reporting the county code from T_RE_BASE. |
| 8727 | PBA Extract Case # Alias | There is a need to modify the PBA Extract that is sent to First Health to identify alias IDs. The Substitution Allowed Indicator should be set to 'N' on the Case records. |
| 8770 | Derive Pseudo Part D for PBA | Kelli O'Brien of the Commonwealth has requested that the PBA process be modified to determine the Medicare Part D eligibility using the Medicare Part A and Part B entitlement dates. The current process uses the Medicare Part D entitlement data that stored in interChange's Part D table (T_RE_MEDICARE_D).<br><br>Kelli O'Brien suggested "If a member has a Part A or Part B segment then create a part D segment to send to FH. Do not involve the actual Part D tables at all. This is how it was handled in legacy and it avoided all of the current problems. For all of our purposes, any member with A or B has D. The Part D tables should just be used for specific Part D processing, such as creating the monthly MMA file |

| ID | NAME | DESCRIPTION |
|---|---|---|
| | | and storing the response from CMS." |

### 2.6.66 elgpdkpd.sc -- KAMES Pending Eligible Members

| | |
|---|---|
| **Technical Name:** | elgpdkpd.sc |
| **Program Title:** | KAMES Pending Eligible Members |
| **Programming Language:** | C |
| **Description:** | Create extract of all Pending Eligible Members for KAMES<br><br>Pending Eligibles to KAMES |

| FIELD NAME | TYPE | START | END | LENGTH |
|---|---|---|---|---|
| SSN | Numeric | 1 | 9 | 9 |
| Initial LTC Certification Indicator | Char | 10 | 10 | 1 |
| Provider Number | Numeric | 11 | 23 | 13 |
| Provider Type | Char | 24 | 24 | 1 |
| Type of Care | Char | 25 | 26 | 2 |
| Admission Date (ccyymmdd) | Numeric | 27 | 34 | 8 |
| Level of Care Met Date (ccyymmdd) | Numeric | 35 | 42 | 8 |
| County Code | Numeric | 43 | 45 | 3 |
| First Name | Char | 46 | 54 | 09 |
| Last Name | Char | 55 | 69 | 15 |
| Middle Initial | Char | 70 | 70 | 01 |
| Address Line 1 | Char | 71 | 95 | 25 |
| Address Line 2 | Char | 96 | 120 | 25 |
| City | Char | 121 | 142 | 22 |
| State | Char | 143 | 144 | 02 |
| Zip Code | Numeric | 145 | 149 | 05 |
| Zip +4 | Numeric | 150 | 153 | 04 |
| Filler | Char | 154 | 177 | 24 |

Record Format – Fixed Block

| | |
|---|---|
| | Record Length – 177<br><br>Criteria:<br>Records sent are selected if the following is true:<br>If T_RE_PEND_MEMBER.DTE_ADDED = LAST CYCLE DATE |

**2.6.66.1 Change Orders**

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2447 | KYAMEND-Pending Elig to KAMES | There is a need to send the Pending Eligibles to KAMES. |

### 2.6.67 elgpdlox -- Output - KAMES Lock-in extract

| | |
|---|---|
| **Technical Name:** | elgpdlox |
| **Program Title:** | Output - KAMES Lock-in extract |
| **Programming Language:** | C |
| **Description:** | The ELGPDLOX program creates the lockin extract file to KAMES.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>Eld0loce.dat<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_ELIG<br>T_RE_AID_ELIG<br>T_RE_LOCKIN_INFO<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.67.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 337 | Output - KAMES Medical Lock-in extract | There is a need to produce the daily KAMES Medical Lock-in Extract file. |

| ID | NAME | DESCRIPTION |
|---|---|---|
| 8670 | KAMES Lock-in - Most curr elig | There is a need to modify the KAMES Lock-in extract process to send the Member's most current Physician and Pharmacy Lock-in data to KAMES. The process is current sending the Lock-in segments that are active during the extract period.<br><br>Additionally, the check digit routine is producing the wrong check digit on the extract. This result in the KAMES ID value being sent back to be incorrect. |

### 2.6.68 elgpdltc -- LTC Update

| | |
|---|---|
| **Technical Name:** | elgpdltc |
| **Program Title:** | LTC Update |
| **Programming Language:** | C |
| **Description:** | The ELGPDLTC program updates the level of care updates from the KAMES and PA62/SDX systems.<br><br>**Input Parameters:**<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>Eld0kltc.dat<br>Eld0pltc.dat<br><br>**Output Files:**<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_AID_ELIG<br>T_RE_ASSIGN_PLAN<br><br>**Output Tables:**<br>T_RE_ASSIGN_PLAN<br>T_RE_PS2_LOG<br>T_RE_PS2_ERR<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.68.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 315 | LTC Daily Update | There is a need to apply the LTC Updates as they're received from KAMES and PA62/SDX. |

### 2.6.69 elgpdltr -- LTC Update Error Report

| | |
|---|---|
| **Technical Name:** | elgpdltr |
| **Program Title:** | LTC Update Error Report |
| **Programming Language:** | C |
| **Description:** | The ELGPDLTR program produces the LTC Update Error Report (ELG-0042-D).<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>elg0042m.rpt<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_PS2_LOG<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>The errors are sorted in the order in which they are processed.<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.69.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2254 | Change - LTC Update Error Report | There is a need to report the Level of Care updates for both the KAMES and PA62/SDX systems. |
| 327 | LTC Update Error Report | There is a need to generate the LTC Update Error Report (ELG-0042-D). |

| ID | NAME | DESCRIPTION |
|---|---|---|
| 8177 | Member Rpts Cycle dates | When running multiple cycles on the same day several Member reports can not be distinguished between which cycle the report is associated with. Some of the reports have the date in the tile others do not. |

### 2.6.70 elgpdmdr -- Member ID Issuance Update Error Report

| | |
|---|---|
| **Technical Name:** | elgpdmdr |
| **Program Title:** | Member ID Issuance Update Error Report |
| **Programming Language:** | C |
| **Description:** | The ELGPDMDR program generates monthly Medicaid ID Issuance Update Error Report (ELG-0040-M).<br><br>**Input Parameters:**<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br><br>**Output Files:**<br>elg0040m.rpt<br><br>**Input Tables:**<br>T_RE_PS2_LOG<br>T_RE_PS2_ERR<br>T_BATCH_ERR_MSG<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.70.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 323 | Medicaid ID Iss. Update Error | There is a need to produce the Medicaid ID Issuance Update Error Report (ELG-0040-M). |

| ID | NAME | DESCRIPTION |
|---|---|---|
| 5455 | Card issuance batch & rpt. Error | The Card Issuance file (`TDSKX.KAMES.NDM.CARDISSU.D######?) has both the member's SSN (Legacy MAID) and the new Member ID for the interChange system. The report shows the SSN in the Member ID column instead of the Member ID and all the records from the files reject for Member Not Found. The batch process should be searching for the Member ID, not the SSN or Legacy MAID |

### 2.6.71 elgpdmpx -- Output - MTP Updates

| | |
|---|---|
| **Technical Name:** | elgpdmpx |
| **Program Title:** | Output - MTP Updates |
| **Programming Language:** | C |
| **Description:** | The ELGPDMPX program creates the Medical Transportation (MTP) extract file.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>Eld0mtpu.dat<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_ELIG<br>T_RE_AID_ELIG<br>T_RE_LOC<br>T_RE_LOCKIN_INFO<br>T_RE_PMP_ASSIGN<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.71.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2003 | Output - MTP Recon | There is a need to implement the monthly MTP Recon process. This process reports the demographic and eligibility updates applied during the month. |
| 2564 | Modify MTP Process - Add ZJ | There is a need to modify the MTP process to exclude the ZJ program code. |
| 336 | Output - MTP Updates | There is a need to produce the Member MTP Updates file to be sent to KAMES. |
| 5166 | MTP Extract Open end dates | The MTP extract contains dates for open end eligibility that are the old legacy standard (12/31/9999 instead of interchange standard of (12/31/2299). |
| 5193 | MTP extract file elig updates | MTP extract needs to be modified to include all updates to eligibility. When we tried to test the MTP file for a member with over 36 segments, we discovered that the record was not picked up. The reason was the logic bypassed updates to eligibility. We had closed and opened several segments on this member to create over 36 segments. The individual did not get extracted in to the file when the program ran. |

### 2.6.72 elgpdpar -- Patient Liability Update Error report

| | |
|---|---|
| **Technical Name:** | elgpdpar |
| **Program Title:** | Patient Liability Update Error report |
| **Programming Language:** | C |
| **Description:** | The ELGPDPAR program generates the Patient Liability Update Error report (ELG-0041-D).<br><br>**Input Parameters:**<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>Elg0041m.rpt<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_PS2_LOG<br>T_RE_PS2_ERR<br><br>**Output Tables:**<br><br>**Sort Criteria:**<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.72.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2256 | Change - Pat. Liab. Update Repor | There is a need to modify this report to include the errors for the KAMES and PA62/SDX updates. |
| 326 | Patient Liability Update Error R | There is a need to generate the daily Patient Liability Update Error Report (ELG-0041-D). |

### 2.6.73 elgpdpat -- Patient Liability Update

| | |
|---|---|
| **Technical Name:** | elgpdpat |
| **Program Title:** | Patient Liability Update |
| **Programming Language:** | C |
| **Description:** | The ELGPDPAT program updates the member's patient liability data from the KAMES and PA62/SDX systems.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>Eld0kpat.dat<br>Eld0ppat.dat<br><br>**Output Files:**<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_ELIG<br>T_RE_AID_ELIG<br>T_RE_LOC<br>T_RE_LOC_DATES<br>T_RE_PAT_LIAB<br><br>**Output Tables:**<br>T_RE_PAT_LIAB<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.73.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2255 | Change - Patient Liab. Update | There is a need to process the KAMES and PA62/SDX files separately. |
| 261 | Patient Liability Daily Update | There is a need to update the MMIS Patient Liability data received from KAMES and PA62. |

### 2.6.74 elgpdpeu -- Presumptive Eligibility Update

| | |
|---|---|
| **Technical Name:** | elgpdpeu |
| **Program Title:** | Presumptive Eligibility Update |
| **Programming Language:** | Other |
| **Description:** | The ELGPDPEU program edits and formats the Presumptive eligible transactions received from the WEB application, for update processing.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>Eld0petx.dat<br><br>**Output Files:**<br>Eld0etpx.dat<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_ELIG<br>T_RE_AID_ELIG<br><br>**Output Tables:**<br>T_RE_PS2_LOG<br>T_RE_PS2_ERR<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.74.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 351 | Presumptive Eligibility Update | There is a need to process the incoming Presumptive Eligibility Update transactions from the Web portal. |
| 4368 | Member - PE Elg End Date | The PE eligibility was set to begin on start date on the application and ended on the wrong date, instead of ending on the last day of the 3rd month. |

### 2.6.75 elgpdshp -- KY MMIS - SHPS MaxMC Demographic and Benefit Plans Extract

| | |
|---|---|
| **Technical Name:** | elgpdshp |
| **Program Title:** | KY MMIS - SHPS MaxMC Demographic and Benefit Plans Extract |
| **Programming Language:** | C |
| **Description:** | This program creates a data extract for the SHPS MaxMC system, providing either a daily or a full member feed on the demographic and benefit plans changes. |

#### 2.6.75.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2436 | KYAMEND- Member Data to MaxMc | There is a need to send Member demographic and eligibility data to SHPS. |
| 8256 | SHPS - Member feed - dups | There is a need to modify the SHPS Member feed process to prevent duplicates from being sent on the Member file. |

### 2.6.76 elgpdshr.sc -- elgpdshr.sc

| | |
|---|---|
| **Technical Name:** | elgpdshr.sc |
| **Program Title:** | elgpdshr.sc |
| **Programming Language:** | C |
| **Description:** | Report the errors encountered during SHPS Level of Care update process. |

#### 2.6.76.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2313 | KYAMEND-SHPS LOC Upd Error | There is a need to report the errors encountered during the SHPS Level of Care update process. |

### 2.6.77 elgpdspd -- Member Spend Down

| | |
|---|---|
| **Technical Name:** | elgpdspd |
| **Program Title:** | Member Spend Down |
| **Programming Language:** | C |
| **Description:** | Member spend down data |

#### 2.6.77.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2009 | Output - KMAA Spend Down | There is a need to extract the Spend Down data to send to First Health KMAA. |
| 5885 | Spenddown Extract File | There is a need to modify the spenddown extract process to report the claims that have applied spend down amounts on the cycle date. |

### 2.6.78 elgpdvit -- Vital Statistics Date of Death Update

| | |
|---|---|
| **Technical Name:** | elgpdvit |
| **Program Title:** | Vital Statistics Date of Death Update |
| **Programming Language:** | C |
| **Description:** | The ELGPDVIT program edits and formats the Vital Statistics date of death transactions that are processed by the eligibility transaction processor.<br><br>**Input Parameters:**<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>elm0vitu.dat<br><br>**Output Files:**<br>eld0etpx.dat<br>eld0dode.dat<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_ELIG<br>T_RE_AID_ELIG<br><br>**Output Tables:**<br>T_RE_PS2_LOG<br>T_RE_PS2_ERR<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.78.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 248 | Vital Statistics DOD Interface | There is a need to implement the Vital Statistics Date of Death (DOD) interface. The DOD is applied to the Member base information and terminates eligibility. |

### 2.6.79 elgpdxtr -- Members Added or Updated

| | |
|---|---|
| **Technical Name:** | elgpdxtr |
| **Program Title:** | Members Added or Updated |
| **Programming Language:** | C |
| **Description:** | Members Added or Updated |

#### 2.6.79.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2220 | Identify Updated Members | There is a need to identify members that were either added or updated. |
| 8560 | Members Update Extract | There is a need to modify the Member Extract process to include Members with changes to Medicare A, B and D data. |

### 2.6.80 elgpelgw -- Reassignment Processor

| | |
|---|---|
| **Technical Name:** | elgpelgw |
| **Program Title:** | Reassignment Processor |
| **Programming Language:** | C |
| **Description:** | Runs Daily reassignment processing by checking for any changes to a member that would cause an eligibility change. Creates a file that can be sent through an ETP user interface to reassign any eligibility changes. |

#### 2.6.80.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 8388 | KY Hlth - Reassignment - Inst St | There is a need to modify the Benefit Plan Reassignment process to use the Header Institution Status code when assigning Benefit Plans. |
| 8505 | Reassignment - Copay indicator | There is a need to modify the Member Reassignment process to assign members to No Copay benefit plans. |

### 2.6.81 elgpifhc -- First Health Disease & Case Management Update

| | |
|---|---|
| **Technical Name:** | elgpifhc |
| **Program Title:** | First Health Disease & Case Management Update |
| **Programming Language:** | C |
| **Description:** | First Health Disease & Case Management Update |

#### 2.6.81.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2310 | Input - Fst Hlth Cse/Dis Mgmt | There is a need to receive Case Management and Disease Management Data from the First Health KMAA system. |
| 5269 | Case/Disease Mgt Update file | The file received from First Health (KMAA) for updating Case & Disease management is formatted in a different manner than interChange. InterChange needs to be modified to accept the file layout being sent by First Health. |
| 5511 | Case & disease Mngment error | All of the records from the TDSKX.CASEMGMT.NDMUP.D010407 rejected and wrote to the ELG-0021-D KMAA Case & Disease Mgmnt Update Error Report for the error reason `ID Medicaid Not Found?. The people in the file are currently in interChange (MO). |

### 2.6.82 elgpkloc -- KMAA Level of Care Updates

| | |
|---|---|
| **Technical Name:** | elgpkloc |
| **Program Title:** | KMAA Level of Care Updates |
| **Programming Language:** | C |
| **Description:** | The ELGPKLOC program processes the Level of Care updated transactions received from KMAA.<br><br>**Input Parameters:**<br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>Eld0kltc<br>Eld0pltc<br><br>**Output Files:**<br>None<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_LOC<br>T_RE_LOC_DATES<br>T_RE_LOC_STOP1<br>T_RE_LOC_STOP2<br>T_RE_LOC_STRT1<br>T_RE_LOC_STRT2<br>T_RE_LOC_XREF1<br>T_RE_LOC_XREF2<br><br>**Output Tables:**<br>T_RE_LOC<br>T_RE_LOC_DATES<br>T_RE_LOC_STOP1<br>T_RE_LOC_STOP2<br>T_RE_LOC_STRT1<br>T_RE_LOC_STRT2<br>T_RE_LOC_XREF1<br>T_RE_LOC_XREF2<br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None |

| | |
|---|---|
| | **Special Logic Notes:**<br>None |

#### 2.6.82.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.83 elgpklok -- KMAA Lock-in Updates

| | |
|---|---|
| **Technical Name:** | elgpklok |
| **Program Title:** | KMAA Lock-in Updates |
| **Programming Language:** | C |
| **Description:** | The program ELGPKLOK processes Lock-in update transactions received from KMAA.<br><br>**Input Parameters:**<br>**None Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>eld0klok.dat<br><br>**Output Files:**<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_LOCKIN_INFO<br>T_RE_LOCKIN_PERIOD<br>T_RE_LOCK_DIAG_RNG<br>T_RE_LOCK_DRUG<br>T_RE_LOCK_ENT<br>T_RE_LOCK_EXIT<br>T_RE_LOCK_PROC_RNG<br><br>**Output Tables:**<br>T_RE_BASE<br>T_RE_LOCKIN_INFO<br>T_RE_LOCKIN_PERIOD<br>T_RE_LOCK_DIAG_RNG<br>T_RE_LOCK_DRUG<br>T_RE_LOCK_ENT<br>T_RE_LOCK_EXIT<br>T_RE_LOCK_PROC_RNG<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.83.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.84 elgpltce -- LTC Extract to Myers & Stauffer

| | |
|---|---|
| **Technical Name:** | elgpltce |
| **Program Title:** | LTC Extract to Myers & Stauffer |
| **Programming Language:** | C |
| **Description:** | Extract Long Term Care |

#### 2.6.84.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 8859 | Myers-Stauffer extract err | File contains history and Myers-Stauffer can't process these. Several of the segments shown have eligibility segments with end dates prior to July 2007. The prior program considered only active Medicaid eligible members in a long term care setting as of the current run date. Members who are not currently eligible for Medicaid should be excluded. |

### 2.6.85 elgpltce -- Myers & Stauffer Long Term Care Extract

| | |
|---|---|
| **Technical Name:** | elgpltce |
| **Program Title:** | Myers & Stauffer Long Term Care Extract |
| **Programming Language:** | Other |
| **Description:** | |

#### 2.6.85.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.86 elgpm010 -- Create Member EOMB Letters and Report - ELG-9002-M

| | |
|---|---|
| **Technical Name:** | elgpm010 |
| **Program Title:** | Create Member EOMB Letters and Report - ELG-9002-M |
| **Programming Language:** | C |
| **Description:** | The elgpm010_st program reads the EOMB Report Extract file that was created in job ELGJW040. It requests a letter containing all claims for each member in the extract file. A report (ELG-9002-M) is also produced which lists all members who had a letter requested and the number of claims and total dollar amount on the letter.<br><br>**Input Parameters:**<br>T_SYSTEM_PARMS<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>ELGJM010<br>elm01001.srt<br><br>**Output Files:**<br>ELGJM010<br>elm01001.rpt<br>elm01002.rpt<br><br>**Input Tables:**<br>T_RE_BASE<br><br>**Output Tables:**<br>none<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedure:**<br>libmrpf<br><br>**Special Logic Notes:**<br>None |

#### 2.6.86.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 353 | Member EOMB | |

### 2.6.87 elgpm010m.c -- Plug member, provider, and service information on EOMB Extracts to create the EOMB Report Extracts for 1% of the members.

| | |
|---|---|
| **Technical Name:** | elgpm010m.c |
| **Program Title:** | Plug member, provider, and service information on EOMB Extracts to create the EOMB Report Extracts for 1% of the members. |
| **Programming Language:** | C |
| **Description:** | The elgpm010m.c (previously jck.1219) program plugs the member, provider, and service information on EOMB Extracts to create the EOMB Report Extracts for 1% of the members.<br><br>One percent of the members are randomly selected from the EOMB extract file and their claims are used to produce the EOMB report extracts, which are used later to produce Member EOMB Letters and a Member EOMB Summary Report (ELG-9002-M).<br><br>For each of the selected member's claims, a EOMB report extract is built which contains the provider name, the description of the service (procedure code, revenue code, NDC code), and the member's name and address.<br><br>Special processing is done to get the appropriate mailing and return address for the EOMB letter. The mailing address is the member's address on the base table.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>None<br><br>**Input Tables:**<br>T_PR_LOC_NM_ADR<br>T_PR_NAM<br>T_RE_BASE<br>T_RE_CUST_STATUS<br>T_RE_OFF_STATUS<br>T_COUNTY_OFFICE<br>T_DRUG<br>T_PROC<br>T_PROC_LIMITS<br>T_REVENUE_CODE |

| | |
|---|---|
| | **Output Tables:**<br>None<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None<br><br>**Subprograms:**<br>rebs2105.c - Determines the random number to be used to randomly select 1% of the members.<br>rebs2115.c - Loops through the input file, skipping over the random number of members.<br>rebs2150.sc - Reads the provider and reference tables and plugs information on the extract.<br>rebs2305.c - Reads the input EOMB extract file.<br>rebs2400.c - Calls the I/O module to open the output file.<br>rebs2405.c - Calls the I/O module to close the output file.<br>reio0004.sc - Reads the members tables and plugs the information on the extract. Writes the report extract to the output file. |

#### 2.6.87.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 353 | Member EOMB | Modify the EOMB process to exclude confidential diagnosis codes in processing. The confidential codes will be loaded into the T_DIAGNOSIS_TYPE and T_DIAGNOSIS_GROUP database tables (See Change Order 706 for table details). |

### 2.6.88 elgpm017 -- Monthly Link/Unlink Processed Reports - ELG-0034-M, ELG-0035-M

| | |
|---|---|
| **Technical Name:** | elgpm017 |
| **Program Title:** | Monthly Link/Unlink Processed Reports - ELG-0034-M, ELG-0035-M |
| **Programming Language:** | C |
| **Description:** | The ELGPM017 program creates two reports that display the link/unlink requests that were successfully processed since the last time the reports were produced. The last run date is obtained from the T_SYSTEM_PARMS table. The current date and time is written to an output file to be used the next time the program is run. The Monthly Link Requests Processed report is ELG-0034-M. This report displays the Member ID and a second Member ID and Name to which the first Member ID has been linked. The Monthly Unlink Requests Processed report, ELG-0035-M, displays the Member ID and a second Member ID and Name from which the first Member ID has been unlinked.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br><br>**Output Files:**<br>elm01701.rpt<br>elm01702.rpt<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RECIP_LINK_XREF<br>T_COUNTY_OFFICE<br>T_RE_LINK_PROC<br>T_SYSTEM_PARMS<br><br>**Output Tables:**<br>T_SYSTEM_PARMS<br><br>**Sort Criteria:**<br>Transactions are reported in the order in which they are processed.<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None |

| | |
|---|---|
| | **Special Logic Notes:**<br>None |

#### 2.6.88.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.89 elgpm020_st -- Certification of Creditable Health Insurance Coverage Letter and Report - ELG-0130-M, ELG-0131-M

| | |
|---|---|
| **Technical Name:** | elgpm020_st |
| **Program Title:** | Certification of Creditable Health Insurance Coverage Letter and Report - ELG-0130-M, ELG-0131-M |
| **Programming Language:** | C |
| **Description:** | The ELGPM020_ST program creates the Certification of Creditable Health Insurance Coverage Letters (ELG-0050-M and ELG-0051-M and ELG-0052-M) for members who have lost eligibility coverage. A report is created that lists all members receiving letters (ELG-0131-M).<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors<br><br>**Input files:**<br>ELGJM020<br>None<br><br>**Output files:**<br>ELGJM020<br>elgdm020.rpt<br>elgdm021.rpt<br><br>**Input Tables:**<br>T_COUNTY_OFFICE<br>T_RE_BASE<br>T_RE_CASE<br>T_RE_ELIG<br>T_RE_CCHIC_TRACK<br>T_SYSTEM_KEYS<br>T_RE_CASE_XREF<br>T_SYSTEM_PARMS<br><br>**Output Tables:**<br>T_RE_CCHIC_TRACK<br><br>**Sort Criteria:**<br>T_RE_ELIG.SAK_RECIP<br>T_RE_ELIG.DTE_END<br><br>**Switches:**<br>None at this time |

| | |
|---|---|
| | **Link procedure:**<br>libmrpf, libnatural, libxml, libgutils, and libsysltr<br><br>**Special Logic Notes:**<br>None |

**2.6.89.1 Change Orders**

| ID | NAME | DESCRIPTION |
|---|---|---|
| 269 | Monthly Creditable Cov Letter | There is a need to modify the Core Member Creditable Coverage letter to match the selection criteria and text of the existing Commonwealth letter. |
| 319 | Letter Gen - Creditable Coverage | There is a need to format the Certificate of Creditable Coverage Letter through the Letter Generator. |
| 6274 | Creditable Covg letters error | Creditable Coverage letters are generated through a nightly batch process when a request is entered through the Creditable Coverage Request panel in interChange. The letters are for members with less than 18 months of eligibility or members with more than 17 months of eligibility who do not have a break of three full calendar months. The letters for members with less than 18 months of eligibility (ELG-0051-M and ELG-0151-D) do not generate due to the new Benefit Plans in interChange. |

### 2.6.90 elgpm025 -- Monthly Date of Death Report program

| | |
|---|---|
| **Technical Name:** | elgpm025 |
| **Program Title:** | Monthly Date of Death Report program |
| **Programming Language:** | C |
| **Description:** | The ELGPM025 program creates the Monthly Date of Death Report (ELG-0134-M).<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>None<br><br>**Input Tables:**<br>T_RE_DEATH_CHG<br>T_RE_BASE<br>T_COUNTY_OFFICE<br>T_SYSTEM_PARMS<br><br>**Output Tables:**<br>T_SYSTEM_PARMS<br><br>**Sort Criteria:**<br>T_RE_BASE.ID_MEDICAID<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.90.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.91 elgpm035 -- Recon filter program.

| | |
|---|---|
| **Technical Name:** | elgpm035 |
| **Program Title:** | Recon filter program. |
| **Programming Language:** | C |
| **Description:** | The ELGPM035 program reads the PA62/SDX and KAMES recon files, compares the data against the data in the KY MMIS database, and writes a flat file of updates to be applied.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>elm0kamr.dat<br>elm0psdr.dat<br><br>**Output Files:**<br>eld0etpx.dat<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_ELIG<br>T_RE_AID_ELIG<br><br>**Output Tables:**<br>T_RE_PS2_LOG<br>T_RE_PS2_ERR<br><br>**Sort Criteria:**<br>None<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.91.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 27 | Eligibility Reconciliation | A new KAMES Reconciliation process is written to process the KAMES and PA62/SDX reconciliation transactions. |

### 2.6.92 elgpm058 -- Active BCCTP Members and BCCTP Members Coming Due

| | |
|---|---|
| **Technical Name:** | elgpm058 |
| **Program Title:** | Active BCCTP Members and BCCTP Members Coming Due |
| **Programming Language:** | C |
| **Description:** | The ELGPM058 program generates the Active BCCTP Members report and the BCCTP Members Coming Due report.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>elg0058m.rpt<br>elg0059m.rpt<br><br>**Input Tables:**<br>T_RE_BASE<br>T_RE_ELIG<br>T_PUB_HLTH_PGM<br><br>**Output Tables:**<br>none<br><br>**Sort Criteria:**<br>Id Medicaid<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.92.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2177 | Active BCCTP Members | There is a need to report the number of Active BCCTP Members. |
| 2178 | BCCTP Members Coming Due | There is a need to report the BCCTP Members Coming Due. |

### 2.6.93 elgpm060 -- Retroactive eligibility report extractor

| | |
|---|---|
| **Technical Name:** | elgpm060 |
| **Program Title:** | Retroactive eligibility report extractor |
| **Programming Language:** | C |
| **Description:** | The ELGPM060 program creates an extract file that is used to create the Retroactive Eligibility Report (ELG-0133-M). If a managed care case has been certified before the first day of the month of application or if a non-managed care case has been certified before the first of the month of application minus three months, the case is written to the extract file. This program calls a common function to determine if the case is eligible for managed care.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>elm06001.dat<br><br>**Input Tables:**<br>T_RE_CASE<br>T_RE_BASE<br>T_COUNTY_OFFICE<br>T_RE_CASE_APPL_SRC<br><br>**Output Tables:**<br>T_RE_CASE_APPL_SRC<br><br>**Sort Criteria:**<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.93.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.94 elgpm061 -- Retroactive Eligibility Report - ELG-0133-M

| | |
|---|---|
| **Technical Name:** | elgpm061 |
| **Program Title:** | Retroactive Eligibility Report - ELG-0133-M |
| **Programming Language:** | C |
| **Description:** | The ELGPM061 program creates the Monthly Retroactive Eligibility Report (ELG-0133-M). The input file is created in program elgpm060 and contains case number, application dates and certification dates for all the cases that have been certified out of compliance for Managed Care and Non Managed Care members.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>elm06002.dat<br><br>**Output Files:**<br>elm06001.rpt<br><br>**Input Tables:**<br>None<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>County Code<br>Case Number<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.94.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.95 elgpm070 -- Create Date of Death/Name, Birth date and Misc Reports

| | |
|---|---|
| **Technical Name:** | elgpm070 |
| **Program Title:** | Create Date of Death/Name, Birth date and Misc Reports |
| **Programming Language:** | C |
| **Description:** | The ELGPM070 program creates the following reports:<br>• Date of Death/Name Mismatch Error Report (ELG-0036-M);<br>• Date of Death/Birth date Mismatch Error Report (ELG-0037-M); and,<br>• Date of Death/Miscellaneous Error Report (ELG-0038-M)<br>**Input Parameters:**<br>None<br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br>**Input Files:**<br>None<br>**Output Files:**<br>elg0036m.rpt<br>elg0037m.rpt<br>elg0038m.rpt<br>**Input Tables:**<br>T_RE_PS2_LOG<br>T_RE_PS2_ERR<br>T_BATCH_ERR_MSG<br>**Output Tables:**<br>None<br>**Sort Criteria:**<br>The transactions are reported in the order they're processed.<br>**Switches:**<br>None<br>**Link Procedures:**<br>None<br>**Special Logic Notes:**<br>None |

#### 2.6.95.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 255 | New Report - Date of Death/Name | There is a need to generate a new monthly report, Date of Death/Name to report the Name Mismatches on the Vital Statistics Date of Death file. |

### 2.6.96 elgpm076 -- Create Date of Death Update Report - ELG-0039-M

| | |
|---|---|
| **Technical Name:** | elgpm076 |
| **Program Title:** | Create Date of Death Update Report - ELG-0039-M |
| **Programming Language:** | C |
| **Description:** | The ELGPM076 program creates the Date of Death Update Report (ELG-0039-M).<br><br>**Input Parameters:**<br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination due to open, read, allocation or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>elg0039m.rpt<br><br>**Input Tables:**<br>T_RE_ BASE<br><br>**Output Tables:**<br>None<br><br>**Sort Criteria:**<br>The transactions are reported in the order in which they processed.<br><br>**Switches:**<br>None<br><br>**Link Procedures:**<br>None<br><br>**Special Logic Notes:**<br>None |

#### 2.6.96.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 258 | Date of Death Update Report | There is a need to generate a new monthly Date of Death Update report. This report is generated out of the Vital Statistics Date of Death Update process. |

### 2.6.97 elgpm143_ids -- KAMES & PA62/SDX recon file processor for closures

| | |
|---|---|
| **Technical Name:** | elgpm143_ids |
| **Program Title:** | KAMES & PA62/SDX recon file processor for closures |
| **Programming Language:** | C |
| **Description:** | Processes KAMES & PA62/SDX recon files, gathering all member Medicaid IDs into a file to be used to decide what Members need to have closures run against them. |

#### 2.6.97.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2441 | Recon Closures | There is a need to apply closures monthly for the KAMES and PA62/SDX bi-monthly files. |

### 2.6.98 elgpm143_newids -- KAMES & PA62/SDX recon file closure processing, finds related Medicaid ids

| | |
|---|---|
| **Technical Name:** | elgpm143_newids |
| **Program Title:** | KAMES & PA62/SDX recon file closure processing, finds related Medicaid ids |
| **Programming Language:** | C |
| **Description:** | After Medicaid IDs from recon files are loaded into T_RE_RECON_ID temp table this runs through all non-active Medicaid ids trying to find a related active Medicaid id. |

#### 2.6.98.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2441 | Recon Closures | There is a need to apply closures monthly for the KAMES and PA62/SDX bi-monthly files. |

### 2.6.99 elgpm146_closure -- KAMES & PA62/SDX recon file closure processing, find non-eligible members

| | |
|---|---|
| **Technical Name:** | elgpm146_closure |
| **Program Title:** | KAMES & PA62/SDX recon file closure processing, find non-eligible members |
| **Programming Language:** | C |
| **Description:** | After the recon files have been processed and all related active members have been found, this cross references the T_RE_RECON_ID temp table to find member that are not in that table, but have eligibility beyond the end of the cycle month. Those members are put into a file to be processed by elg_interface -I EligClosure so that closures may be run against them. |

#### 2.6.99.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2441 | Recon Closures | There is a need to apply closures monthly for the KAMES and PA62/SDX bi-monthly files. |
| 8925 | Monthly Closures - End Dates | There is a need to modify the Monthly Closures process to close a member's eligibility segment on the last day of the processing month when the Member isn't found on the KAMES or PAS 1st Issuance Recon files. |

### 2.6.100 elgpma40 -- Create Buy-in Part A and Part B Premium Report - ELG-0102-M

| | |
|---|---|
| **Technical Name:** | elgpma40 |
| **Program Title:** | Create Buy-in Part A and Part B Premium Report - ELG-0102-M |
| **Programming Language:** | C |
| **Description:** | This program creates a report that shows the Buy-in Part A and Part B Premium Amounts (ELG-0102-M) for the month. As the premium amounts are reported they also are written to the T_RE_BUYA_PERD and T_RE_BUYB_PERD tables.<br><br>**Input Parameters:**<br>None<br><br>**Exit Values:**<br>EXIT_SUCCESS - Normal termination<br>EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors<br><br>**Input Files:**<br>None<br><br>**Output Files:**<br>ELGJM040<br>elm04004.rpt<br><br>**Input Tables:**<br>T_RE_BNDX_BUYIN<br>T_BUYA_PERD<br>T_BUYB_PERD<br>T_SYSTEM_PARMS<br><br>**Output Tables:**<br>T_BUYA_PERD<br>T_BUYB_PERD<br><br>**Sort Criteria:**<br>T_RE_BNDX_BUYIN.SS_CLAIM_NO<br>T_BUYA_PERD.DTE_END<br>T_BUYB_PERD.DTE_END<br><br>**Switches:**<br>None at this time<br><br>**Link Procedure:**<br>lmrpf, llbms, lclmhash, lxml, lclmbtch, and lclmdrvr<br><br>**Special Logic Notes:**<br>None |

#### 2.6.100.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| None | | |

### 2.6.101 elgpmbrf -- KMAA Member updates

| | |
|---|---|
| **Technical Name:** | elgpmbrf |
| **Program Title:** | KMAA Member updates |
| **Programming Language:** | C |
| **Description:** | First Health KMAA Member updates extract |

#### 2.6.101.1 Change Orders

| ID | NAME | DESCRIPTION |
|---|---|---|
| 2061 | Output - First Health KMAA | There is a need to create a full file of Member updates to send to KMAA. |
| 2732 | DCR-Full Replacement file-Adhoc | There is a need to create a full replacement file on a periodic basis. |
| 3742 | KYHlth - Member Extracts | There is a need to modify the KMAA and PBA Member extracts to include Member Benefit Plan data. |
| | Correct KMAA extract | There are record type 11 on the file, but only if the Member is currently eligible. If we're reporting them member, all of their segments should be reported. Another issue, as with PBA, is that we should include the package code on the segments on the record. We're putting in the Benefit plan but not the package code.<br><br>The Member extract to First Health KMAA needs to send a 10 byte Provider ID. Old provider IDs were converted into the interChange system to an eight-byte value by stripping off the last two bytes which were always zeros. Because the First Health KMAA system still stores the Provider ID as 10 bytes (last two always 00), the extract process needs to add two zeros to the end of old provider IDs (new IDs always begin with 71). |
| 8406 | KMAA - Lock-in Data | There is a need to report the Pharmacy and Medical Lock-in information to KMAA on the Member Daily and Monthly feeds. |
| 8538 | KMAA - Lock-in and Waiver | There is a need to modify the KMAA extract process to send all of the Medical and Pharmacy Lock-in and Waiver eligibility to KMAA. |