Field	Description	Length	Data Type	DB Table	DB Attributes
II. A.2. N F SERVICES EXPENDITURES - B. WAIVER	The total expenditures for waiver members for nursing facility services for the waiver year.	17	Number	Calculated	Calculated
II. A.3. MENTAL HEALTH FACILITY NF SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The total expenditures for non-waiver members for mental health nursing facility services for the waiver year.	17	Number	Calculated	Calculated
II. A.3. MENTAL HEALTH FACILITY NF SERVICES EXPENDITURES - B. WAIVER MEMBERS	The total expenditures for waiver members for mental health nursing facility services for the waiver year.	17	Number	Calculated	Calculated
II. A.4. HOSPITAL SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The total expenditures for non-waiver members for hospital services for the waiver year.	17	Number	Calculated	Calculated
II. A.4. HOSPITAL SERVICES EXPENDITURES - B. WAIVER MEMBERS	The total expenditures for waiver members for hospital services for the waiver year.	17	Number	Calculated	Calculated
II. B.1. AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURE (ACTUAL FACTOR B VALUE/S)	The average per capita expenditures for all members for institutional services for the waiver year. Calculated by dividing the TOTAL INSTITUTIONAL EXPENDITURES in Section II A., by the member counts from Section I, B.1.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
II. B.1. AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURE (ACTUAL FACTOR B VALUE/S) - A. NONWAIVER MEMBERS	The average per capita expenditures for non-waiver members for institutional services for the waiver year. Calculated by dividing the non-waiver member expenditure by the member counts from Section I, B.1. A	17	Number	Calculated	Calculated
II. B.1. AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURE (ACTUAL FACTOR B VALUE/S) - B. WAIVER MEMBERS	The average per capita expenditures for waiver members for institutional services for the waiver year. Calculated by dividing the waiver member expenditures by the member counts from Section I, B.1. B	17	Number	Calculated	Calculated
III. A.1. ACUTE INPATIENT HOSPITAL SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving acute care inpatient hospital services within the waiver year.	11	Number	Calculated	Calculated
III. A.1. ACUTE INPATIENT HOSPITAL SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving acute care inpatient hospital services within the waiver year.	11	Number	Calculated	Calculated
III. A.2. PHYSICIANS' SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving physician services within the waiver year.	11	Number	Calculated	Calculated
III. A.2. PHYSICIANS' SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving physician services within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
III. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving outpatient hospital and/or clinic services within the waiver year.	11	Number	Calculated	Calculated
III. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving outpatient hospital and/or clinic services within the waiver year.	11	Number	Calculated	Calculated
III. A.4. LABORATORY AND X-RAY SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving laboratory and x-ray services within the waiver year.	11	Number	Calculated	Calculated
III. A.4. LABORATORY AND X-RAY SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving laboratory and x-ray services within the waiver year.	11	Number	Calculated	Calculated
III. A.5. PRESCRIBED DRUGS - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving prescribed drugs within the waiver year.	11	Number	Calculated	Calculated
III. A.5. PRESCRIBED DRUGS - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving prescribed drugs within the waiver year.	11	Number	Calculated	Calculated
III. A.6. ALL OTHER ACUTE CARE SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving all other acute care services within the waiver year.	11	Number	Calculated	Calculated
III. A.6. ALL OTHER ACUTE CARE SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving all other acute care services within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
III. B.1. TOTAL UNDUPLICATED INSTITUTIONAL SERVICES MEMBERS (ACTUAL FACTOR E/S)	An unduplicated count of the total non-waiver and waiver institutional members receiving acute care services within the waiver year.	11	Number	Calculated	Calculated
III. B.1. TOTAL UNDUPLICATED INSTITUTIONAL SERVICES MEMBERS (ACTUAL FACTOR E/S) - A. NONWAIVER MEMBERS	An unduplicated count of the total non-waiver institutional members receiving acute care services within the waiver year.	11	Number	Calculated	Calculated
III. B.1. TOTAL UNDUPLICATED INSTITUTIONAL SERVICES MEMBERS (ACTUAL FACTOR E/S) - B. WAIVER MEMBERS	An unduplicated count of the total waiver institutional members receiving acute care services within the waiver year.	11	Number	Calculated	Calculated
IV. A. TOTAL ACUTE CARE SERVICES EXPENDITURES	The total amount of expenditures for acute care services for non-waiver and waiver institutionalized members.	17	Number	Calculated	Calculated
IV. A.1. ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving acute care inpatient hospital services within the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
IV. A.1. ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving acute care inpatient hospital services within the waiver year.	17	Number	Calculated	Calculated
IV. A.2. PHYSICIANS' SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving physician services within the waiver year.	17	Number	Calculated	Calculated
IV. A.2. PHYSICIANS' SERVICES EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving physician services within the waiver year.	17	Number	Calculated	Calculated
IV. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving outpatient hospital and/or clinic services within the waiver year.	17	Number	Calculated	Calculated
IV. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving outpatient hospital and/or clinic services within the waiver year.	17	Number	Calculated	Calculated
IV. A.4. LABORATORY AND X-RAY SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving laboratory and x-ray services within the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
IV. A.4. LABORATORY AND X-RAY SERVICES EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving laboratory and x-ray services within the waiver year.	17	Number	Calculated	Calculated
IV. A.5. PRESCRIBED DRUGS EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving prescribed drugs within the waiver year.	17	Number	Calculated	Calculated
IV. A.5. PRESCRIBED DRUGS EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving prescribed drugs within the waiver year.	17	Number	Calculated	Calculated
IV. A.6. ALL OTHER ACUTE CARE SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving all other acute care services within the waiver year.	17	Number	Calculated	Calculated
IV. A.6. ALL OTHER ACUTE CARE SERVICES EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving all other acute care services within the waiver year.	17	Number	Calculated	Calculated
IV. B.1. AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL MEMBERS (ACTUAL FACTOR B VALUE/S)	The average per capita expenditure for acute care services for institutional non-waiver members. Calculated by dividing the TOTAL ACUTE CARE SERVICES EXPENDITURES in Section IV. A., by the number of members in Section III. B.1.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
IV. B.1. AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL MEMBERS (ACTUAL FACTOR B' VALUE/S) - A. NONWAIVER MEMBERS	The average per capita expenditure for acute care services for institutional non-waiver members. Calculated by dividing the non-waiver member expenditure by the number of non-waiver members in Section III. B.1. A	17	Number	Calculated	Calculated
IV. B.1. AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL MEMBERS (ACTUAL FACTOR B' VALUE/S) - B. WAIVER MEMBERS	The average per capita expenditure for acute care services for institutional waiver members. Calculated by dividing the waiver member expenditure by the number of waiver members in Section III. B.1. B.	17	Number	Calculated	Calculated
IX.A. TOTAL DAYS OF WAIVERED COVERAGE	The total number of days waiver members were covered by waiver coverage during the waiver year.	11	Number	Calculated	Calculated
IX.A. TOTAL DAYS OF WAIVERED COVERAGE - 1. DEINSTITUTIONALIZED WAIVER MEMBERS	The total number of days deinstitutionalized waiver members were covered by waiver coverage during the waiver year.	11	Number	Calculated	Calculated
IX.A. TOTAL DAYS OF WAIVERED COVERAGE - 2. DIVERTED WAIVER MEMBERS	The total number of days diverted waiver members were covered by waiver coverage during the waiver year.	11	Number	Calculated	Calculated
IX.B. TOTAL DAYS OF INSTITUTIONAL CARE	The total number of days waiver and non-waiver members received institutional care services.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
IX.B. TOTAL DAYS OF INSTITUTIONAL CARE - 1. NONWAIVER MEMBERS	The total number of days non-waiver members received institutional care services.	11	Number	Calculated	Calculated
IX.B. TOTAL DAYS OF INSTITUTIONAL CARE - 2. WAIVER MEMBERS	The total number of days waiver members received institutional care services.	11	Number	Calculated	Calculated
LEVELS OF CARE IN APPROVED WAIVER	All institutional care claims within a waiver year are associated with ICF-MR.	20	Char	Calculated	Calculated
V. A.1 SUPPORT COORDINATION	A total unduplicated count of waiver members receiving support coordination services within the waiver year.	11	Number	Calculated	Calculated
V. A.10 PHYSICAL THERAPY	A total unduplicated count of waiver members receiving physical therapy services within the waiver year.	11	Number	Calculated	Calculated
V. A.11 BEHAVIORAL SERVICES	A total unduplicated count of waiver members receiving behavioral services within the waiver year.	11	Number	Calculated	Calculated
V. A.12 PSYCHOLOGICAL SERVICES	A total unduplicated count of waiver members receiving psychological services within the waiver year.	11	Number	Calculated	Calculated
V. A.13 P E R S	A total unduplicated count of waiver members receiving P E R S services within the waiver year.	11	Number	Calculated	Calculated
V. A.14 SUPPORTED EMPLOYMENT	A total unduplicated count of waiver members receiving supported employment services within the waiver year.	11	Number	Calculated	Calculated
V. A.15 WELLNESS MONITORING	A total unduplicated count of waiver members receiving wellness monitoring services within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
V. A.16 SPECIAL MEDICAL EQUIPMENT	A total unduplicated count of waiver members receiving special medical equipment services within the waiver year.	11	Number	Calculated	Calculated
V. A.17 PRE-VOCATIONAL EMPLOYMENT	A total unduplicated count of waiver members receiving pre-vocational employment services within the waiver year.	11	Number	Calculated	Calculated
V. A.18 ADULT FOSTER	A total unduplicated count of waiver members receiving adult foster services within the waiver year.	11	Number	Calculated	Calculated
V. A.2 GROUP HOME	A total unduplicated count of waiver members receiving case group home services within the waiver year.	11	Number	Calculated	Calculated
V. A.3 FAMILY HOME	A total unduplicated count of waiver members receiving family home services within the waiver year.	11	Number	Calculated	Calculated
V. A.4 STAFFED RESIDENCE	A total unduplicated count of waiver members receiving staffed residence services within the waiver year.	11	Number	Calculated	Calculated
V. A.5 COMMUNITY LIVING	A total unduplicated count of waiver members receiving community living services within the waiver year.	11	Number	Calculated	Calculated
V. A.6 COMMUNITY HABITATION	A total unduplicated count of waiver members receiving community habitation services within the waiver year.	11	Number	Calculated	Calculated
V. A.7 RESPITE	A total unduplicated count of waiver members receiving respite services within the waiver year.	11	Number	Calculated	Calculated
V. A.8 SPEECH THERAPY	A total unduplicated count of waiver members receiving speech therapy services within the waiver year.	11	Number	Calculated	Calculated
V. A.9 OCCUPATIONAL THERAPY	A total unduplicated count of waiver members receiving occupational therapy services within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
V. B.1 A. FOR DEINSTITUTIONALIZED WAIVER MEMBERS	The total unduplicated count of waiver members receiving waiver services that were deinstitutionalized during the waiver year.	11	Number	Calculated	Calculated
V. B.1 B. FOR DIVERTED WAIVER MEMBERS	The total unduplicated count of waiver members receiving waiver services that were diverted during the waiver year.	11	Number	Calculated	Calculated
V. B.1 TOTAL UNDUPLICATED SECTION 1915(C) WAIVER MEMBERS	The total unduplicated count of waiver members receiving waiver services within the waiver year.	11	Number	Calculated	Calculated
VI. A. TOTAL APPROVED SECTION 1915 (C) WAIVER SERVICES EXPENDITURES	The total expenditures on waiver services during the waiver year.	17	Number	Calculated	Calculated
VI. A.1 SUPPORT COORDINATION	The total Medicaid expenditures for support coordination services for the waiver year.	17	Number	Calculated	Calculated
VI. A.10 PHYSICAL THERAPY	The total Medicaid expenditures for physical therapy services for the waiver year.	17	Number	Calculated	Calculated
VI. A.11 BEHAVIORAL SERVICES	The total Medicaid expenditures for behavioral services for the waiver year.	17	Number	Calculated	Calculated
VI. A.12 PSYCHOLOGICAL SERVICES	The total Medicaid expenditures for psychological services for the waiver year.	17	Number	Calculated	Calculated
VI. A.13 P E R S	The total Medicaid expenditures for p e r s services for the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
VI. A.14 SUPPORTED EMPLOYMENT	The total Medicaid expenditures for supported employment services for the waiver year.	17	Number	Calculated	Calculated
VI. A.15 WELLNESS MONITORING	The total Medicaid expenditures for wellness monitoring services for the waiver year.	17	Number	Calculated	Calculated
VI. A.16 SPECIAL MEDICAL EQUIPMENT	The total Medicaid expenditures for special medical equipment services for the waiver year.	17	Number	Calculated	Calculated
VI. A.17 PRE-VOCATIONAL EMPLOYMENT	The total Medicaid expenditures for pre-vocational employment services for the waiver year.	17	Number	Calculated	Calculated
VI. A.18 ADULT FOSTER	The total Medicaid expenditures for adult foster services for the waiver year.	17	Number	Calculated	Calculated
VI. A.2 GROUP HOME	The total Medicaid expenditures for group home services for the waiver year.	17	Number	Calculated	Calculated
VI. A.3 FAMILY HOME	The total Medicaid expenditures for family home services for the waiver year.	17	Number	Calculated	Calculated
VI. A.4 STAFFED RESIDENCE	The total Medicaid expenditures for staffed residence services for the waiver year.	17	Number	Calculated	Calculated
VI. A.5 COMMUNITY LIVING	The total Medicaid expenditures for community living services for the waiver year.	17	Number	Calculated	Calculated
VI. A.6 COMMUNITY HABITATION	The total Medicaid expenditures for community habitation services for the waiver year.	17	Number	Calculated	Calculated
VI. A.7 RESPITE	The total Medicaid expenditures for respite services for the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
VI. A.8 SPEECH THERAPY	The total Medicaid expenditures for speech therapy services for the waiver year.	17	Number	Calculated	Calculated
VI. A.9 OCCUPATIONAL THERAPY	The total Medicaid expenditures for occupational therapy services for the waiver year.	17	Number	Calculated	Calculated
VI. B.1 A. FOR DEINSTITUTIONALIZED WAIVER MEMBERS	The average waiver service expenditures accumulated by the deinstitutionalized waiver members during the waiver year. Calculated by dividing the total expenditures for deinstitutionalized member by the number of deinstitutionalized members in Section V. B.1. A	17	Number	Calculated	Calculated
VI. B.1 AVERAGE PER CAPITA SECTION 1915(C) WAIVER SERVICES EXPENDITURES	The average waiver service expenditures accumulated by the waiver members during the waiver year. Calculated by dividing the TOTAL APPROVED SECTION 1915C WAIVER SERVICES EXPENDITURES in Section VI. A., by the number of members in Section V. B.1.	17	Number	Calculated	Calculated
VI. B.1 B. FOR DIVERTED WAIVER MEMBERS	The average waiver service expenditures accumulated by the diverted waiver members during the waiver year. Calculated by dividing the total expenditures for deinstitutionalized member by the number of diverted members in Section V. B.1. B	17	Number	Calculated	Calculated
VII. A.1.ACUTE INPATIENT HOSPITAL SERVICES	An unduplicated count of waiver members receiving inpatient services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. A.2. PHYSICIAN SERVICES	An unduplicated count of waiver members receiving physician services while in the waiver within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
VII. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES	An unduplicated count of waiver members receiving outpatient services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. A.4. LABORATORY AND X-RAY SERVICES	An unduplicated count of waiver members receiving laboratory and x-ray services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. A.5. PRESCRIBED DRUGS	An unduplicated count of waiver members receiving prescribed drug services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. A.6. ALL OTHER ACUTE CARE SERVICES	An unduplicated count of waiver members receiving any other acute care services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. B.1.TOTAL UNDUPLICATED WAIVER AND ACUTE CARE - A. DEINSTITUTIONALIZED WAIVER MEMBERS	The total unduplicated count of deinstitutionalized waiver members receiving acute care services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. B.1.TOTAL UNDUPLICATED WAIVER AND ACUTE CARE - B. DIVERTED WAIVER MEMBERS	The total unduplicated count of diverted waiver members receiving acute care services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. B.1.TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES MEMBERS	The total unduplicated count of waiver members receiving acute care services while in the waiver within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
VIII. A. TOTAL ACUTE CARE SERVICES EXPENDITURES	The total acute care expenditures while in the waiver accumulated by waiver members during the waiver year.	17	Number	Calculated	Calculated
VIII. A.1. ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES	The total expenditures accumulated by waiver members for inpatient services while in the waiver within the waiver year.	17	Number	Calculated	Calculated
VIII. A.2. PHYSICIANS' SERVICES EXPENDITURES	The total expenditures accumulated by waiver members for physician services while in the waiver within the waiver year.	17	Number	Calculated	Calculated
VIII. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES	The total expenditures accumulated by waiver member for outpatient services while in the waiver within the waiver year.	17	Number	Calculated	Calculated
VIII. A.4. LABORATORY AND X-RAY SERVICES EXPENDITURES	The total expenditures accumulated by waiver members for laboratory and x-ray services while in the waiver within the waiver year.	17	Number	Calculated	Calculated
VIII. A.5. PRESCRIBED DRUGS EXPENDITURES	The total expenditures accumulated by waiver members for prescribed drug services while in the waiver within the waiver year.	17	Number	Calculated	Calculated
VIII. A.6. ALL OTHER ACUTE CARE SERVICES EXPENDITURES	The total expenditures accumulated by waiver members for receiving any acute care service other than those described above while in the waiver.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
VIII. B.1. AVERAGE PER CAPITA ACUTE CARE - A. FOR DEINSTITUTIONALIZED WAIVER MEMBERS	The average acute care expenditures while in the waiver for deinstitutionalized waiver members during the waiver year.	17	Number	Calculated	Calculated
VIII. B.1. AVERAGE PER CAPITA ACUTE CARE - B. FOR DIVERTED WAIVER MEMBERS	The average acute care expenditures while in the waiver for diverted waiver members during the waiver year.	17	Number	Calculated	Calculated
VIII. B.1. AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES TO WAIVER MEMBERS	The average acute care expenditures while in the waiver accumulated by the waiver members during the waiver year. Calculated by dividing the TOTAL ACUTE CARE SERVICES EXPENDITURES (Section VIII.A.) by the TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES MEMBERS (Section VII. B.1.).	17	Number	Calculated	Calculated

2.8.57.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.57.6 Associated Requirements

ID
30.090.012.003.2

2.8.57.7 Change Orders

ID	Name	Description
5550	MAR online reports not aligned	The column and data are not aligned for the following reports Expenditure Analysis Report MAR-4102-M Member Cnty Expenditure Analysis Report MAR-1201-M Comm Living Report MAR-4800-A Lag Report
5551	MAR reports/PWB mismatch	Process & Location in the following reports is not same as PWB. CMS 372 - ABI Report MAR-4850-A Initial Report CMS 372 - HCB/ADC Report MAR-4810-A Initial Report CMS 372 - Model II Report MAR-4840-A Initial Report Comm Living Report MAR-4800-A Initial Report Expenditure Analysis Report MAR-4102-M Member Cnty Expenditure Analysis Report MAR-1201-M Prod MS-264 5856 Fam Plan and Ster - Mthly MAR-5856-M Prod MS-264 9856 Fam Plan and Ster - Annual MAR-5856-A Comm Living Report MAR-4800-A Lag Report
732	CMS 372 - Comm Living	Customer requested EDS to build report KYMM4800-R001, KYMM4801-R001, KYMM4802-R001, KYMM4803-R001, and KYMM4804-R001. Reports will be combined in one file.

2.8.58 MAR-4810-A -- CMS 372 For HCB-ADC

The CMS 372 For HCB-ADC (MAR-4810-A) report provides data on the participation of members in the Home and Community Based (HCB) waiver and Adult Day Care (ADC) waiver. It compares the participation and expenditures of these members to other institutional members who are not participating in the waiver program.

INCLUSIONS/EXCLUSIONS: Fee-For-Service, latest, paid claims are included.

SORTS/GROUPINGS: N/A

2.8.58.1 Technical Name
MAR-4810-A

2.8.58.2 Sort Order
N/A - Totals Only

For readability, this layout appears on the following several pages.

2.8.58.3 CMS 372 For HCB-ADC Layout

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Report  : MAR-4810-A                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJA481                     MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   99:99:99
Location: MAR4810A                    CMS 372 ANNUAL REPORT ON HCBS HCB WAIVER                             Page:        999

                                                      EXHIBIT A

STATE           : KENTUCKY
REPORTING PERIOD: MM/DD/CCYY - MM/DD/CCYY
WAIVER NUMBER   : 0144
WAIVER TITLE    : HCB WAIVER
INITIAL REPORT  : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                                    NF

I.      ANNUAL NUMBER OF INSTITUTIONAL MEMBERS FOR LEVEL/S OF CARE WAIVER

A.      INSTITUTIONAL MEMBERS

A.1.    ICF/MR SERVICES
        A.   NONWAIVER MEMBERS                                                  999,999,999
        B.   WAIVER MEMBERS                                                     999,999,999

A.2.    NF SERVICES
        A.   NONWAIVER MEMBERS                                                  999,999,999
        B.   WAIVER MEMBERS                                                     999,999,999

A.3.    MENTAL HEALTH FACILITY NF SERVICES
        A.   NONWAIVER MEMBERS                                                  999,999,999
        B.   WAIVER MEMBERS                                                     999,999,999

A.4.    HOSPITAL SERVICES (REFER TO INSTRUCTIONS)
        A.   NONWAIVER MEMBERS                                                  999,999,999
        B.   WAIVER MEMBERS                                                     999,999,999

B.1.    TOTAL UNDUPLICATED MEMBERS (ACTUAL FACTOR A' VALUE/S)                   999,999,999
        A.   NONWAIVER MEMBERS                                                  999,999,999
        B.   WAIVER MEMBERS                                                     999,999,999


Report  : MAR-4810-A                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJA481                     MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   99:99:99
Location: MAR4810A                    CMS 372 ANNUAL REPORT ON HCBS HCB WAIVER                             Page:        999

                                                      EXHIBIT A

STATE           : KENTUCKY
REPORTING PERIOD: MM/DD/CCYY - MM/DD/CCYY
WAIVER NUMBER   : 0144
WAIVER TITLE    : HCB WAIVER
INITIAL REPORT  : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                                    NF
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II.     ANNUAL EXPENDITURES FOR INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER

A.      TOTAL INSTITUTIONAL EXPENDITURES                                          $9,999,999,999.99

A.1.    ICF/MR SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                    $9,999,999,999.99
        B.   WAIVER MEMBERS                                                       $9,999,999,999.99

A.2.    NF SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                    $9,999,999,999.99
        B.   WAIVER MEMBERS                                                       $9,999,999,999.99

A.3.    MENTAL HEALTH FACILITY NF SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                    $9,999,999,999.99
        B.   WAIVER MEMBERS                                                       $9,999,999,999.99

A.4.    HOSPITAL SERVICES EXPENDITURES (REFER TO INSTRUCTIONS)
        A.   NONWAIVER MEMBERS                                                    $9,999,999,999.99
        B.   WAIVER MEMBERS                                                       $9,999,999,999.99

B.1.    AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES                    $9,999,999,999.99
        (ACTUAL FACTOR B VALUE/S)
        A.   NONWAIVER MEMBERS                                                    $9,999,999,999.99
        B.   WAIVER MEMBERS                                                       $9,999,999,999.99

Report  : MAR-4810-A                    COMMONWEALTH OF KENTUCKY                        Run Date: MM/DD/CCYY
Process : MARJA481                 MEDICAID MANAGEMENT INFORMATION SYSTEM               Run Time:   99:99:99
Location: MAR4810A                CMS 372 ANNUAL REPORT ON HCBS HCB WAIVER                  Page:        999

                                                EXHIBIT A

STATE            : KENTUCKY
REPORTING PERIOD: MM/DD/CCYY - MM/DD/CCYY
WAIVER NUMBER    : 0144
WAIVER TITLE     : HCB WAIVER
INITIAL REPORT   : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                                 NF

III.    ANNUAL NUMBER OF INSTITUTIONAL SERVICES MEMBERS WHO RECEIVED ACUTE CARE SERVICES WHILE
        INSTITUTIONALIZED

A.      ACUTE CARE SERVICES MEMBERS

A.1.    ACUTE INPATIENT HOSPITAL SERVICES
        A.   NONWAIVER MEMBERS                                                     999,999,999
        B.   WAIVER MEMBERS                                                        999,999,999

A.2.    PHYSICIANS SERVICES
        A.   NONWAIVER MEMBERS                                                     999,999,999
        B.   WAIVER MEMBERS                                                        999,999,999

A.3.    OUTPATIENT HOSPITAL/CLINIC SERVICES
        A.   NONWAIVER MEMBERS                                                     999,999,999
        B.   WAIVER MEMBERS                                                        999,999,999

A.4.    LABORATORY AND X-RAY SERVICES
        A.   NONWAIVER MEMBERS                                                     999,999,999
        B.   WAIVER MEMBERS                                                        999,999,999

A.5.    PRESCRIBED DRUGS
        A.   NONWAIVER MEMBERS                                                     999,999,999
        B.   WAIVER MEMBERS                                                        999,999,999

A.6.    ALL OTHER ACUTE CARE SERVICES
        A.   NONWAIVER MEMBERS                                                     999,999,999
        B.   WAIVER MEMBERS                                                        999,999,999
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B.1.   TOTAL UNDUPLICATED INSTITUTIONAL SERVICES MEMBERS                    999,999,999
       (ACTUAL FACTOR E/S)
       A.   NONWAIVER MEMBERS                                               999,999,999
       B.   WAIVER MEMBERS                                                  999,999,999

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WAIVER NUMBER    : 0144
WAIVER TITLE     : HCB WAIVER
INITIAL REPORT   : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                            NF

IV.    ANNUAL EXPENDITURES FOR ACUTE CARE SERVICES TO INSTITUTIONAL SERVICES MEMBERS

A.     TOTAL ACUTE CARE SERVICES EXPENDITURES                              $9,999,999,999.99

A.1.   ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES
       A.   NONWAIVER MEMBERS                                              $9,999,999,999.99
       B.   WAIVER MEMBERS                                                 $9,999,999,999.99

A.2.   PHYSICIANS' SERVICES EXPENDITURES
       A.   NONWAIVER MEMBERS                                              $9,999,999,999.99
       B.   WAIVER MEMBERS                                                 $9,999,999,999.99

A.3.   OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES
       A.   NONWAIVER MEMBERS                                              $9,999,999,999.99
       B.   WAIVER MEMBERS                                                 $9,999,999,999.99

A.4.   LABORATORY AND X-RAY SERVICES EXPENDITURES
       A.   NONWAIVER MEMBERS                                              $9,999,999,999.99
       B.   WAIVER MEMBERS                                                 $9,999,999,999.99

A.5.   PRESCRIBED DRUGS EXPENDITURES
       A.   NONWAIVER MEMBERS                                              $9,999,999,999.99
       B.   WAIVER MEMBERS                                                 $9,999,999,999.99

A.6.   ALL OTHER ACUTE CARE SERVICES EXPENDITURES
       A.   NONWAIVER MEMBERS                                              $9,999,999,999.99
       B.   WAIVER MEMBERS                                                 $9,999,999,999.99

B.1.   AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES                 $9,999,999,999.99
       FOR INSTITUTIONAL MEMBERS (ACTUAL FACTOR B' VALUE/S)
       A.   NONWAIVER MEMBERS                                              $9,999,999,999.99
       B.   WAIVER MEMBERS                                                 $9,999,999,999.99

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WAIVER TITLE     : HCB WAIVER
INITIAL REPORT   : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                            NF
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V.      ANNUAL NUMBER OF SECTION 1915(C) WAIVER MEMBERS

A.      CMS APPROVED SECTION 1915(C) WAIVER SERVICES
        (SPECIFY EACH SERVICE IN THE APPROVED WAIVER)

A.1 CASE MANAGEMENT                                                    999,999,999
A.2 HOMEMAKER                                                          999,999,999
A.3 PERSONAL CARE SERVICES                                             999,999,999
A.4 ADULT DAY HEALTH SERVICES                                          999,999,999
A.5 RESPITE CARE SERVICES                                              999,999,999
A.6 ATTENDANT CARE                                                     999,999,999
A.7 ASSESSMENT/CARE PLANNING                                           999,999,999
A.8 MIRROR HOME ADAPTATIONS                                            999,999,999

B.1.    TOTAL UNDUPLICATED SECTION 1915(C) WAIVER MEMBERS              999,999,999
        (ACTUAL FACTOR C VALUE/S)
        A.    FOR DEINSTITUTIONALIZED WAIVER MEMBERS                   999,999,999
        B.    FOR DIVERTED WAIVER MEMBERS                              999,999,999


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WAIVER TITLE    : HCB WAIVER
INITIAL REPORT  : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                       NF

VI.     ANNUAL SECTION 1915(C) WAIVER EXPENDITURES

A.      TOTAL CMS APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES     $9,999,999,999.99
        (SPECIFY EACH SERVICE IN THE APPROVED WAIVER)

A.1 CASE MANAGEMENT                                                     $9,999,999,999.99
A.2 HOMEMAKER                                                           $9,999,999,999.99
A.3 PERSONAL CARE SERVICES                                              $9,999,999,999.99
A.4 ADULT DAY HEALTH SERVICES                                           $9,999,999,999.99
A.5 RESPITE CARE SERVICES                                               $9,999,999,999.99
A.6 ATTENDANT CARE                                                      $9,999,999,999.99
A.7 ASSESSMENT/CARE PLANNING                                            $9,999,999,999.99
A.8 MINOR HOME ADAPTATIONS                                              $9,999,999,999.99

B.1.    AVERAGE PER CAPITA SECTION 1915(C) WAIVER SERVICES EXPENDITURES     $9,999,999,999.99
        (ACTUAL FACTOR D VALUE/S)
        A.    FOR DEINSTITUTIONALIZED WAIVER MEMBERS                    $9,999,999,999.99
        B.    FOR DIVERTED WAIVER MEMBERS                               $9,999,999,999.99
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LEVEL/S OF CARE IN APPROVED WAIVER                                                  NF

VII.   ANNUAL NUMBER OF WAIVER MEMBERS WHO RECEIVED ACUTE CARE SERVICES WHILE IN THE WAIVER

A.     ACUTE CARE SERVICES MEMBERS

A.1.   ACUTE INPATIENT HOSPITAL SERVICES                                          999,999,999

A.2.   PHYSICIANS' SERVICES                                                       999,999,999

A.3.   OUTPATIENT HOSPITAL/CLINIC SERVICES                                        999,999,999

A.4.   LABORATORY AND X-RAY SERVICES                                              999,999,999

A.5.   PRESCRIBED DRUGS                                                           999,999,999

A.6.   ALL OTHER ACUTE CARE SERVICES                                              999,999,999

B.1.   TOTAL UNDUPLICATED WAIVER AND ACUTE CARE                                   999,999,999
       SERVICES MEMBERS (ACTUAL FACTOR C' VALUE/S)
       A.   DEINSTITUTIONALIZED WAIVER MEMBERS                                    999,999,999
       B.   DIVERTED WAIVER MEMBERS                                               999,999,999

VIII.  ANNUAL EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER MEMBERS

A.     TOTAL ACUTE CARE SERVICES EXPENDITURES                                    $9,999,999,999.99

A.1.   ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES                            $9,999,999,999.99

A.2.   PHYSICIANS' SERVICES EXPENDITURES                                          $9,999,999,999.99

A.3.   OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                          $9,999,999,999.99

A.4.   LABORATORY AND X-RAY SERVICES EXPENDITURES                                $9,999,999,999.99

A.5.   PRESCRIBED DRUGS EXPENDITURES                                              $9,999,999,999.99

A.6.   ALL OTHER ACUTE CARE SERVICES EXPENDITURES                                $9,999,999,999.99

B.1.   AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR ACUTE             $9,999,999,999.99
       CARE SERVICES TO WAIVER MEMBERS
       (ACTUAL FACTOR D' VALUE/S)
       A.   DEINSTITUTIONALIZED WAIVER MEMBERS                                    $9,999,999,999.99
       B.   DIVERTED WAIVER MEMBERS                                               $9,999,999,999.99
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INITIAL REPORT   : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                                          NF

IX.     OTHER REQUIRED DATA

A.      TOTAL DAYS OF WAIVERED COVERAGE:                                                  999,999,999
        1.   DEINSTITUTIONALIZED WAIVER MEMBERS                                           999,999,999
        2.   DIVERTED WAIVER MEMBERS                                                      999,999,999

B.      TOTAL DAYS OF INSTITUTIONAL CARE:                                                 999,999,999
        1.   NONWAIVER MEMBERS                                                            999,999,999
        2.   WAIVER MEMBERS                                                               999,999,999

C.      ATTACH A LAG REPORT FOR THE PREVIOUS YEAR OF THIS WAIVER (INCLUDING RENEWALS AND REPLACEMENTS) OR A
        DETAILED EXPLANATION OF WHY THERE IS NO LAG DATA. (DOES NOT APPLY TO REPORTS FOR THE FIRST YEAR OF A
        NEW WAIVER.)

D.     IMPACT OF THE WAIVER ON THE HEALTH AND WELFARE OF THE MEMBERS.

ASSURANCES: (PLEASE CHECK)

[  ]  1.  ASSURANCES WERE SUBMITTED WITH THE INITIAL REPORT.

[  ]  2.  ALL PROVIDER STANDARDS AND HEALTH AND WELFARE SAFEGUARDS HAVE BEEN MET AND CORRECTIVE
          ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.

[  ]  3.  ALL PROVIDERS OF WAIVERS SERVICES WERE PROPERLY TRAINED, SUPERVISED, AND CERTIFIED AND/OR
          LICENSED, AND CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.

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INITIAL REPORT   : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                                          NF

DOCUMENTATION: (PLEASE CHECK AND ATTACH)

[  ]  4.  ATTACHED IS A BRIEF DESCRIPTION OF THE PROCESS FOR MONITORING THE SAFEGUARDS AND STANDARDS
          UNDER THE WAIVER.

FINDINGS OF MONITORING: (PLEASE CHECK AND ATTACH DOCUMENTATION IF APPROPRIATE)

[  ]  5.  NO DEFICIENCIES WERE DETECTED DURING THE MONITORING PROCESS; OR

[  ]  6.  DEFICIENCIES WERE DETECTED.  ATTACHED IS A SUMMARY OF THE SIGNIFICANT AREA WHERE DEFICIENCIES
          WERE DETECTED, (NOTE: INDIVIDUAL REPORTS OR ASSESSMENT FORMS FOR WAIVER MEMBERS AND/OR PROVIDERS
          DISCLOSING DEFICIENCIES AND WHICH DOCUMENT THE SUMMARY ARE NOT NECESSARY); AND

[  ]  7.  ATTACHED IS AN EXPLANATION OF HOW THESE DEFICIENCIES HAVE BEEN OR ARE BEING CORRECTED.
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CERTIFICATION:  I, EXECUTIVE OFFICER OF THE STATE AGENCY, DO CERTIFY THAT THE INFORMATION SHOWN ON THE FORM
                CMS 372 IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED: ____________________________________________

TITLE:  ____________________________________________

DATE:   ____________________________________________

CONTACT PERSON: ____________________________________

TELEPHONE NUMBER: ___________________________________

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WAIVER NUMBER    : 0144
WAIVER TITLE     : HCB WAIVER
INITIAL REPORT   :     LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                                          NF

I.      ANNUAL NUMBER OF INSTITUTIONAL MEMBERS FOR LEVEL/S OF CARE WAIVER

A.      INSTITUTIONAL MEMBERS

A.1.    ICF/MR SERVICES
        A.   NONWAIVER MEMBERS                                                      999,999,999
        B.   WAIVER MEMBERS                                                         999,999,999

A.2.    NF SERVICES
        A.   NONWAIVER MEMBERS                                                      999,999,999
        B.   WAIVER MEMBERS                                                         999,999,999

A.3.    MENTAL HEALTH FACILITY NF SERVICES
        A.   NONWAIVER MEMBERS                                                      999,999,999
        B.   WAIVER MEMBERS                                                         999,999,999

A.4.    HOSPITAL SERVICES (REFER TO INSTRUCTIONS)
        A.   NONWAIVER MEMBERS                                                      999,999,999
        B.   WAIVER MEMBERS                                                         999,999,999

B.1.    TOTAL UNDUPLICATED MEMBERS (ACTUAL FACTOR A' VALUE/S)                       999,999,999
        A.   NONWAIVER MEMBERS                                                      999,999,999
        B.   WAIVER MEMBERS                                                         999,999,999

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WAIVER TITLE     : HCB WAIVER
INITIAL REPORT   :     LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                                          NF
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II.     ANNUAL EXPENDITURES FOR INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER

A.      TOTAL INSTITUTIONAL EXPENDITURES                                                  $9,999,999,999.99

A.1.    ICF/MR SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                            $9,999,999,999.99
        B.   WAIVER MEMBERS                                                               $9,999,999,999.99

A.2.    NF SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                            $9,999,999,999.99
        B.   WAIVER MEMBERS                                                               $9,999,999,999.99

A.3.    MENTAL HEALTH FACILITY NF SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                            $9,999,999,999.99
        B.   WAIVER MEMBERS                                                               $9,999,999,999.99

A.4.    HOSPITAL SERVICES EXPENDITURES (REFER TO INSTRUCTIONS)
        A.   NONWAIVER MEMBERS                                                            $9,999,999,999.99
        B.   WAIVER MEMBERS                                                               $9,999,999,999.99

B.1.    AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES                            $9,999,999,999.99
        (ACTUAL FACTOR B VALUE/S)
        A.   NONWAIVER MEMBERS                                                            $9,999,999,999.99
        B.   WAIVER MEMBERS                                                               $9,999,999,999.99

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INITIAL REPORT   :      LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                                          NF

III.    ANNUAL NUMBER OF INSTITUTIONAL SERVICES MEMBERS WHO RECEIVED ACUTE CARE SERVICES WHILE
        INSTITUTIONALIZED

A.      ACUTE CARE SERVICES MEMBERS

A.1.    ACUTE INPATIENT HOSPITAL SERVICES
        A.   NONWAIVER MEMBERS                                                             999,999,999
        B.   WAIVER MEMBERS                                                                999,999,999

A.2.    PHYSICIANS SERVICES
        A.   NONWAIVER MEMBERS                                                             999,999,999
        B.   WAIVER MEMBERS                                                                999,999,999

A.3.    OUTPATIENT HOSPITAL/CLINIC SERVICES
        A.   NONWAIVER MEMBERS                                                             999,999,999
        B.   WAIVER MEMBERS                                                                999,999,999

A.4.    LABORATORY AND X-RAY SERVICES
        A.   NONWAIVER MEMBERS                                                             999,999,999
        B.   WAIVER MEMBERS                                                                999,999,999

A.5.    PRESCRIBED DRUGS
        A.   NONWAIVER MEMBERS                                                             999,999,999
        B.   WAIVER MEMBERS                                                                999,999,999

A.6.    ALL OTHER ACUTE CARE SERVICES
        A.   NONWAIVER MEMBERS                                                             999,999,999
        B.   WAIVER MEMBERS                                                                999,999,999

B.1.    TOTAL UNDUPLICATED INSTITUTIONAL SERVICES MEMBERS                                  999,999,999
        (ACTUAL FACTOR E/S)
        A.   NONWAIVER MEMBERS                                                             999,999,999
        B.   WAIVER MEMBERS                                                                999,999,999
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WAIVER TITLE     : HCB WAIVER
INITIAL REPORT   :      LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                                          NF

IV.     ANNUAL EXPENDITURES FOR ACUTE CARE SERVICES TO INSTITUTIONAL SERVICES MEMBERS

A.      TOTAL ACUTE CARE SERVICES EXPENDITURES                                          $9,999,999,999.99

A.1.    ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES
        A.    NONWAIVER MEMBERS                                                         $9,999,999,999.99
        B.    WAIVER MEMBERS                                                            $9,999,999,999.99

A.2.    PHYSICIANS' SERVICES EXPENDITURES
        A.    NONWAIVER MEMBERS                                                         $9,999,999,999.99
        B.    WAIVER MEMBERS                                                            $9,999,999,999.99

A.3.    OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES
        A.    NONWAIVER MEMBERS                                                         $9,999,999,999.99
        B.    WAIVER MEMBERS                                                            $9,999,999,999.99

A.4.    LABORATORY AND X-RAY SERVICES EXPENDITURES
        A.    NONWAIVER MEMBERS                                                         $9,999,999,999.99
        B.    WAIVER MEMBERS                                                            $9,999,999,999.99

A.5.    PRESCRIBED DRUGS EXPENDITURES
        A.    NONWAIVER MEMBERS                                                         $9,999,999,999.99
        B.    WAIVER MEMBERS                                                            $9,999,999,999.99

A.6.    ALL OTHER ACUTE CARE SERVICES EXPENDITURES
        A.    NONWAIVER MEMBERS                                                         $9,999,999,999.99
        B.    WAIVER MEMBERS                                                            $9,999,999,999.99

B.1.    AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES                             $9,999,999,999.99
        FOR INSTITUTIONAL MEMBERS (ACTUAL FACTOR B' VALUE/S)
        A.    NONWAIVER MEMBERS                                                         $9,999,999,999.99
        B.    WAIVER MEMBERS                                                            $9,999,999,999.99
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WAIVER TITLE     : HCB WAIVER
INITIAL REPORT   :      LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                                          NF

V.      ANNUAL NUMBER OF SECTION 1915(C) WAIVER MEMBERS

A.      CMS APPROVED SECTION 1915(C) WAIVER SERVICES
        (SPECIFY EACH SERVICE IN THE APPROVED WAIVER)

A.1 CASE MANAGEMENT                                                                     999,999,999
A.2 HOMEMAKER                                                                           999,999,999
A.3 PERSONAL CARE SERVICES                                                              999,999,999
A.4 ADULT DAY HEALTH SERVICES                                                           999,999,999
A.5 RESPITE CARE SERVICES                                                               999,999,999
A.6 ATTENDANT CARE                                                                      999,999,999
A.7 ASSESSMENT/CARE PLANNING                                                            999,999,999
A.8 MIRROR HOME ADAPTATIONS                                                             999,999,999
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B.1.    TOTAL UNDUPLICATED SECTION 1915(C) WAIVER MEMBERS                          999,999,999
        (ACTUAL FACTOR C VALUE/S)
        A.    FOR DEINSTITUTIONALIZED WAIVER MEMBERS                               999,999,999
        B.    FOR DIVERTED WAIVER MEMBERS                                          999,999,999

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LEVEL/S OF CARE IN APPROVED WAIVER                                                   NF

VI.     ANNUAL SECTION 1915(C) WAIVER EXPENDITURES

A.      TOTAL CMS APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES            $9,999,999,999.99
        (SPECIFY EACH SERVICE IN THE APPROVED WAIVER)

A.1 CASE MANAGEMENT                                                                  $999,999,999.99
A.2 HOMEMAKER                                                                        $999,999,999.99
A.3 PERSONAL CARE SERVICES                                                           $999,999,999.99
A.4 ADULT DAY HEALTH SERVICES                                                        $999,999,999.99
A.5 RESPITE CARE SERVICES                                                            $999,999,999.99
A.6 ATTENDANT CARE                                                                   $999,999,999.99
A.7 ASSESSMENT/CARE PLANNING                                                         $999,999,999.99
A.8 MINOR HOME ADAPTATIONS                                                           $999,999,999.99

B.1.    AVERAGE PER CAPITA SECTION 1915(C) WAIVER SERVICES EXPENDITURES            $9,999,999,999.99
        (ACTUAL FACTOR D VALUE/S)
        A.    FOR DEINSTITUTIONALIZED WAIVER MEMBERS                               $9,999,999,999.99
        B.    FOR DIVERTED WAIVER MEMBERS                                          $9,999,999,999.99

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WAIVER TITLE     : HCB WAIVER
INITIAL REPORT   :      LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                                   NF

VII.    ANNUAL NUMBER OF WAIVER MEMBERS WHO RECEIVED ACUTE CARE SERVICES WHILE IN THE WAIVER

A.      ACUTE CARE SERVICES MEMBERS

A.1.    ACUTE INPATIENT HOSPITAL SERVICES                                          999,999,999

A.2.    PHYSICIANS' SERVICES                                                       999,999,999

A.3.    OUTPATIENT HOSPITAL/CLINIC SERVICES                                        999,999,999

A.4.    LABORATORY AND X-RAY SERVICES                                              999,999,999

A.5.    PRESCRIBED DRUGS                                                           999,999,999

A.6.    ALL OTHER ACUTE CARE SERVICES                                              999,999,999
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B.1.   TOTAL UNDUPLICATED WAIVER AND ACUTE CARE                          999,999,999
       SERVICES MEMBERS (ACTUAL FACTOR C' VALUE/S)
       A.   DEINSTITUTIONALIZED WAIVER MEMBERS                           999,999,999
       B.   DIVERTED WAIVER MEMBERS                                      999,999,999

VIII.  ANNUAL EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER MEMBERS

A.     TOTAL ACUTE CARE SERVICES EXPENDITURES                           $9,999,999,999.99

A.1.   ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES                   $9,999,999,999.99

A.2.   PHYSICIANS' SERVICES EXPENDITURES                                $9,999,999,999.99

A.3.   OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                 $9,999,999,999.99

A.4.   LABORATORY AND X-RAY SERVICES EXPENDITURES                       $9,999,999,999.99

A.5.   PRESCRIBED DRUGS EXPENDITURES                                    $9,999,999,999.99

A.6.   ALL OTHER ACUTE CARE SERVICES EXPENDITURES                       $9,999,999,999.99

B.1.   AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR ACUTE    $9,999,999,999.99
       CARE SERVICES TO WAIVER MEMBERS
       (ACTUAL FACTOR D' VALUE/S)
       A.   DEINSTITUTIONALIZED WAIVER MEMBERS                           $9,999,999,999.99
       B.   DIVERTED WAIVER MEMBERS                                      $9,999,999,999.99

Report  : MAR-4810-A                    COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA481                  MEDICAID MANAGEMENT INFORMATION SYSTEM                Run Time:   99:99:99
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                                                EXHIBIT A

STATE           : KENTUCKY
REPORTING PERIOD: MM/DD/CCYY - MM/DD/CCYY
WAIVER NUMBER   : 0144
WAIVER TITLE    : HCB WAIVER
INITIAL REPORT  :     LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                        NF

IX.    OTHER REQUIRED DATA

A.     TOTAL DAYS OF WAIVERED COVERAGE:                                  999,999,999
       1.   DEINSTITUTIONALIZED WAIVER MEMBERS                           999,999,999
       2.   DIVERTED WAIVER MEMBERS                                      999,999,999

B.     TOTAL DAYS OF INSTITUTIONAL CARE:                                 999,999,999
       1.   NONWAIVER MEMBERS                                            999,999,999
       2.   WAIVER MEMBERS                                               999,999,999

C.     ATTACH A LAG REPORT FOR THE PREVIOUS YEAR OF THIS WAIVER (INCLUDING RENEWALS AND REPLACEMENTS) OR A
       DETAILED EXPLANATION OF WHY THERE IS NO LAG DATA. (DOES NOT APPLY TO REPORTS FOR THE FIRST YEAR OF A
       NEW WAIVER.)

D.    IMPACT OF THE WAIVER ON THE HEALTH AND WELFARE OF THE MEMBERS.
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ASSURANCES: (PLEASE CHECK)

[ ] 1. ASSURANCES WERE SUBMITTED WITH THE INITIAL REPORT.

[ ] 2. ALL PROVIDER STANDARDS AND HEALTH AND WELFARE SAFEGUARDS HAVE BEEN MET AND CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.

[ ] 3. ALL PROVIDERS OF WAIVERS SERVICES WERE PROPERLY TRAINED, SUPERVISED, AND CERTIFIED AND/OR LICENSED, AND CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.

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Report  : MAR-4810-A                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJA481                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   99:99:99
Location: MAR4810A                    CMS 372 ANNUAL REPORT ON HCBS HCB WAIVER                              Page:        999
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EXHIBIT A

```
STATE           : KENTUCKY
REPORTING PERIOD: MM/DD/CCYY - MM/DD/CCYY
WAIVER NUMBER   : 0144
WAIVER TITLE    : HCB WAIVER
INITIAL REPORT  :     LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                                    NF
```

DOCUMENTATION: (PLEASE CHECK AND ATTACH)

[ ] 4. ATTACHED IS A BRIEF DESCRIPTION OF THE PROCESS FOR MONITORING THE SAFEGUARDS AND STANDARDS UNDER THE WAIVER.

FINDINGS OF MONITORING: (PLEASE CHECK AND ATTACH DOCUMENTATION IF APPROPRIATE)

[ ] 5. NO DEFICIENCIES WERE DETECTED DURING THE MONITORING PROCESS; OR

[ ] 6. DEFICIENCIES WERE DETECTED. ATTACHED IS A SUMMARY OF THE SIGNIFICANT AREA WHERE DEFICIENCIES WERE DETECTED, (NOTE: INDIVIDUAL REPORTS OR ASSESSMENT FORMS FOR WAIVER MEMBERS AND/OR PROVIDERS DISCLOSING DEFICIENCIES AND WHICH DOCUMENT THE SUMMARY ARE NOT NECESSARY); AND

[ ] 7. ATTACHED IS AN EXPLANATION OF HOW THESE DEFICIENCIES HAVE BEEN OR ARE BEING CORRECTED.

CERTIFICATION: I, EXECUTIVE OFFICER OF THE STATE AGENCY, DO CERTIFY THAT THE INFORMATION SHOWN ON THE FORM CMS 372 IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED: _____

TITLE: _____

DATE: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

*** END OF REPORT ***

2.8.58.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
I. A.1. ICF/MR SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving ICF/MR institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. A.1. ICF/MR SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving ICF/MR institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. A.2. NF SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving nursing facility institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. A.2. NF SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving nursing facility institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. A.3. MENTAL HEALTH FACILITY NF SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving Mental Health Nursing Facility institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. A.3. MENTAL HEALTH FACILITY NF SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving Mental Health Nursing Facility institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. A.4. HOSPITAL SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving hospital institutional care services within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
I. A.4. HOSPITAL SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving hospital institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. B.1. TOTAL UNDUPLICATED MEMBERS (ACTUAL FACTOR A VALUE/S)	An unduplicated count of the total non-waiver and waiver members receiving institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. B.1. TOTAL UNDUPLICATED MEMBERS (ACTUAL FACTOR A VALUE/S) - A. NONWAIVER MEMBERS	An unduplicated count of the total non-waiver members receiving institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. B.1. TOTAL UNDUPLICATED MEMBERS (ACTUAL FACTOR A VALUE/S) - B. WAIVER MEMBERS	An unduplicated count of the total waiver members receiving institutional care services within the waiver year.	11	Number	Calculated	Calculated
II. A. TOTAL INSTITUTIONAL EXPENDITURES	The total institutional care expenditures for non-waiver and waiver members during the waiver year.	17	Number	Calculated	Calculated
II. A.1. ICF/MR SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The total expenditures for non-waiver members for ICF/MR services for the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
II. A.1. ICF/MR SERVICES EXPENDITURES - B. WAIVER MEMBERS	The total expenditures for waiver members for ICF/MR services for the waiver year.	17	Number	Calculated	Calculated
II. A.2. N F SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The total expenditures for non-waiver members for nursing facility services for the waiver year.	17	Number	Calculated	Calculated
II. A.2. N F SERVICES EXPENDITURES - B. WAIVER	The total expenditures for waiver members for nursing facility services for the waiver year.	17	Number	Calculated	Calculated
II. A.3. MENTAL HEALTH FACILITY NF SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The total expenditures for non-waiver members for mental health nursing facility services for the waiver year.	17	Number	Calculated	Calculated
II. A.3. MENTAL HEALTH FACILITY NF SERVICES EXPENDITURES - B. WAIVER MEMBERS	The total expenditures for waiver members for mental health nursing facility services for the waiver year.	17	Number	Calculated	Calculated
II. A.4. HOSPITAL SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The total expenditures for non-waiver members for hospital services for the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
II. A.4. HOSPITAL SERVICES EXPENDITURES - B. WAIVER MEMBERS	The total expenditures for waiver members for hospital services for the waiver year.	17	Number	Calculated	Calculated
II. B.1. AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURE (ACTUAL FACTOR B VALUE/S)	The average per capita expenditures for all members for institutional services for the waiver year. Calculated by dividing the TOTAL INSTITUTIONAL EXPENDITURES in Section II A., by the member counts from Section I, B.1.	17	Number	Calculated	Calculated
II. B.1. AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURE (ACTUAL FACTOR B VALUE/S) - A. NONWAIVER MEMBERS	The average per capita expenditures for non-waiver members for institutional services for the waiver year. Calculated by dividing the non-waiver member expenditure by the member counts from Section I, B.1. A	17	Number	Calculated	Calculated
II. B.1. AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURE (ACTUAL FACTOR B VALUE/S) - B. WAIVER MEMBERS	The average per capita expenditures for waiver members for institutional services for the waiver year. Calculated by dividing the waiver member expenditures by the member counts from Section I, B.1. B	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
III. A.1. ACUTE INPATIENT HOSPITAL SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving acute care inpatient hospital services within the waiver year.	11	Number	Calculated	Calculated
III. A.1. ACUTE INPATIENT HOSPITAL SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving acute care inpatient hospital services within the waiver year.	11	Number	Calculated	Calculated
III. A.2. PHYSICIANS SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving physician services within the waiver year.	11	Number	Calculated	Calculated
III. A.2. PHYSICIANS SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving physician services within the waiver year.	11	Number	Calculated	Calculated
III. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving outpatient hospital and/or clinic services within the waiver year.	11	Number	Calculated	Calculated
III. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving outpatient hospital and/or clinic services within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
III. A.4. LABORATORY AND X-RAY SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving laboratory and x-ray services within the waiver year.	11	Number	Calculated	Calculated
III. A.4. LABORATORY AND X-RAY SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving laboratory and x-ray services within the waiver year.	11	Number	Calculated	Calculated
III. A.5. PRESCRIBED DRUGS - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving prescribed drugs within the waiver year.	11	Number	Calculated	Calculated
III. A.5. PRESCRIBED DRUGS - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving prescribed drugs within the waiver year.	11	Number	Calculated	Calculated
III. A.6. ALL OTHER ACUTE CARE SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving all other acute care services within the waiver year.	11	Number	Calculated	Calculated
III. A.6. ALL OTHER ACUTE CARE SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving all other acute care services within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
III. B.1. TOTAL UNDUPLICATED INSTITUTIONAL SERVICES MEMBERS (ACTUAL FACTOR E/S)	An unduplicated count of the total non-waiver and waiver institutional members receiving acute care services within the waiver year.	11	Number	Calculated	Calculated
III. B.1. TOTAL UNDUPLICATED INSTITUTIONAL SERVICES MEMBERS (ACTUAL FACTOR E/S) - A. NONWAIVER MEMBERS	An unduplicated count of the total non-waiver institutional members receiving acute care services within the waiver year.	11	Number	Calculated	Calculated
III. B.1. TOTAL UNDUPLICATED INSTITUTIONAL SERVICES MEMBERS (ACTUAL FACTOR E/S) - B. WAIVER MEMBERS	An unduplicated count of the total waiver institutional members receiving acute care services within the waiver year.	11	Number	Calculated	Calculated
IV. A. TOTAL ACUTE CARE SERVICES EXPENDITURES	The total amount of expenditures for acute care services to for non-waiver and waiver institutionalized members.	17	Number	Calculated	Calculated
IV. A.1. ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving acute care inpatient hospital services within the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
IV. A.1. ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving acute care inpatient hospital services within the waiver year.	17	Number	Calculated	Calculated
IV. A.2. PHYSICIANS SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving physician services within the waiver year.	17	Number	Calculated	Calculated
IV. A.2. PHYSICIANS SERVICES EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving physician services within the waiver year.	17	Number	Calculated	Calculated
IV. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving outpatient hospital and/or clinic services within the waiver year.	17	Number	Calculated	Calculated
IV. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving outpatient hospital and/or clinic services within the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
IV. A.4. LABORATORY AND X-RAY SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving laboratory and x-ray services within the waiver year.	17	Number	Calculated	Calculated
IV. A.4. LABORATORY AND X-RAY SERVICES EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving laboratory and x-ray services within the waiver year.	17	Number	Calculated	Calculated
IV. A.5. PRESCRIBED DRUGS EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving prescribed drugs within the waiver year.	17	Number	Calculated	Calculated
IV. A.5. PRESCRIBED DRUGS EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving prescribed drugs within the waiver year.	17	Number	Calculated	Calculated
IV. A.6. ALL OTHER ACUTE CARE SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving all other acute care services within the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
IV. A.6. ALL OTHER ACUTE CARE SERVICES EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving all other acute care services within the waiver year.	17	Number	Calculated	Calculated
IV. B.1. AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL MEMBERS (ACTUAL FACTOR B VALUE/S)	The average per capita expenditure for acute care services for institutional non-waiver members. Calculated by dividing the TOTAL ACUTE CARE SERVICES EXPENDITURES in Section IV. A., by the number of members in Section III. B.1.	17	Number	Calculated	Calculated
IV. B.1. AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL MEMBERS (ACTUAL FACTOR B VALUE/S) - A. NONWAIVER MEMBERS	The average per capita expenditure for acute care services for institutional non-waiver members. Calculated by dividing the non-waiver member expenditure by the number of non-waiver members in Section III. B.1. A	17	Number	Calculated	Calculated
IV. B.1. AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL MEMBERS (ACTUAL FACTOR B VALUE/S) - B. WAIVER MEMBERS	The average per capita expenditure for acute care services for institutional waiver members. Calculated by dividing the waiver member expenditure by the number of waiver members in Section III. B.1. B.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
IX.A. TOTAL DAYS OF WAIVERED COVERAGE	The total number of days waiver members were covered by waiver coverage during the waiver year.	11	Number	Calculated	Calculated
IX.A. TOTAL DAYS OF WAIVERED COVERAGE - 1. DEINSTITUTIONALIZED WAIVER MEMBERS	The total number of days deinstitutionalized waiver members were covered by waiver coverage during the waiver year.	11	Number	Calculated	Calculated
IX.A. TOTAL DAYS OF WAIVERED COVERAGE - 2. DIVERTED WAIVER MEMBERS	The total number of days diverted waiver members were covered by waiver coverage during the waiver year.	11	Number	Calculated	Calculated
IX.B. TOTAL DAYS OF INSTITUTIONAL CARE	The total number of days waiver and non-waiver members received institutional care services.	11	Number	Calculated	Calculated
IX.B. TOTAL DAYS OF INSTITUTIONAL CARE - 1. NONWAIVER MEMBERS	The total number of days non-waiver members received institutional care services.	11	Number	Calculated	Calculated
IX.B. TOTAL DAYS OF INSTITUTIONAL CARE - 2. WAIVER MEMBERS	The total number of days waiver members received institutional care services.	11	Number	Calculated	Calculated
LEVELS OF CARE IN APPROVED WAIVER	All institutional care claims within a waiver year are associated with NF.	20	Char	Calculated	Calculated
V. A.1 CASE MANAGEMENT	A total unduplicated count of waiver members receiving case management services within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
V. A.2 HOMEMAKER	A total unduplicated count of waiver members receiving homemaker services within the waiver year.	11	Number	Calculated	Calculated
V. A.3 PERSONAL CARE SERVICES	A total unduplicated count of waiver members receiving personal care services within the waiver year.	11	Number	Calculated	Calculated
V. A.4 ADULT DAY HEALTH SERVICES	A total unduplicated count of waiver members receiving adult day health services within the waiver year.	11	Number	Calculated	Calculated
V. A.5 RESPITE CARE SERVICES	A total unduplicated count of waiver members receiving respite care services within the waiver year.	11	Number	Calculated	Calculated
V. A.6 ATTENDANT CARE	A total unduplicated count of waiver members receiving attendant care services within the waiver year.	11	Number	Calculated	Calculated
V. A.7 ASSESSMENT/CARE PLANNING	A total unduplicated count of waiver members receiving assessment /care planning services within the waiver year.	11	Number	Calculated	Calculated
V. A.8 MIRROR HOME ADAPTATIONS	A total unduplicated count of waiver members receiving mirror home adaptations services within the waiver year.	11	Number	Calculated	Calculated
V. B.1 A. FOR DEINSTITUTIONALIZED WAIVER MEMBERS	The total unduplicated count of waiver members receiving waiver services that were deinstitutionalized during the waiver year.	11	Number	Calculated	Calculated
V. B.1 B. FOR DIVERTED WAIVER MEMBERS	The total unduplicated count of waiver members receiving waiver services that were diverted during the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
V. B.1. TOTAL UNDUPLICATED SECTION 1915(C) WAIVER MEMBERS	The total unduplicated count of waiver members receiving waiver services within the waiver year.	11	Number	Calculated	Calculated
VI. A. TOTAL APPROVED SECTION 1915 (C) WAIVER SERVICES EXPENDITURES	The total expenditures on waiver services during the waiver year.	17	Number	Calculated	Calculated
VI. A.1 CASE MANAGEMENT	The total Medicaid expenditures for case management services for the waiver year.	17	Number	Calculated	Calculated
VI. A.2 HOMEMAKER	The total Medicaid expenditures for homemaker services for the waiver year.	17	Number	Calculated	Calculated
VI. A.3 PERSONAL CARE SERVICES	The total Medicaid expenditures for personal care services for the waiver year.	17	Number	Calculated	Calculated
VI. A.4 ADULT DAY HEALTH SERVICES	The total Medicaid expenditures for adult day health services for the waiver year.	17	Number	Calculated	Calculated
VI. A.5 RESPITE CARE SERVICES	The total Medicaid expenditures for respite care services for the waiver year.	17	Number	Calculated	Calculated
VI. A.6 ATTENDANT CARE	The total Medicaid expenditures for attendant care services for the waiver year.	17	Number	Calculated	Calculated
VI. A.7 ASSESSMENT/CARE PLANNING	The total Medicaid expenditures for assessment /care planning services for the waiver year.	17	Number	Calculated	Calculated
VI. A.8 MIRROR HOME ADAPTATIONS	The total Medicaid expenditures for mirror home adaptations services for the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
VI. B.1 A. FOR DEINSTITUTIONALIZED WAIVER MEMBERS	The average waiver service expenditures accumulated by the deinstitutionalized waiver members during the waiver year. Calculated by dividing the total expenditures for deinstitutionalized member by the number of deinstitutionalized members in Section V. B.1. A	17	Number	Calculated	Calculated
VI. B.1 AVERAGE PER CAPITA SECTION 1915(C) WAIVER SERVICES EXPENDITURES	The average waiver service expenditures accumulated by the waiver members during the waiver year. Calculated by dividing the TOTAL APPROVED SECTION 1915C WAIVER SERVICES EXPENDITURES in Section VI. A., by the number of members in Section V. B.1.	17	Number	Calculated	Calculated
VI. B.1 B. FOR DIVERTED WAIVER MEMBERS	The average waiver service expenditures accumulated by the diverted waiver members during the waiver year. Calculated by dividing the total expenditures for deinstitutionalized member by the number of diverted members in Section V. B.1. B	17	Number	Calculated	Calculated
VII. A.1.ACUTE INPATIENT HOSPITAL SERVICES	An unduplicated count of waiver members receiving inpatient services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. A.2. PHYSICIAN SERVICES	An unduplicated count of waiver members receiving physician services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES	An unduplicated count of waiver members receiving outpatient services while in the waiver within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
VII. A.4. LABORATORY AND X-RAY SERVICES	An unduplicated count of waiver members receiving laboratory and x-ray services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. A.5. PRESCRIBED DRUGS	An unduplicated count of waiver members receiving prescribed drug services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. A.6. ALL OTHER ACUTE CARE SERVICES	An unduplicated count of waiver members receiving any other acute care services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. B.1.TOTAL UNDUPLICATED WAIVER AND ACUTE CARE - A. DEINSTITUTIONALIZED WAIVER MEMBERS	The total unduplicated count of deinstitutionalized waiver members receiving acute care services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. B.1.TOTAL UNDUPLICATED WAIVER AND ACUTE CARE - B. DIVERTED WAIVER MEMBERS	The total unduplicated count of diverted waiver members receiving acute care services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. B.1.TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES MEMBERS	The total unduplicated count of waiver members receiving acute care services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VIII. A. TOTAL ACUTE CARE SERVICES EXPENDITURES	The total acute care expenditures while in the waiver accumulated by waiver members during the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
VIII. A.1. ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES	The total expenditures accumulated by waiver members for inpatient services while in the waiver within the waiver year.	17	Number	Calculated	Calculated
VIII. A.2. PHYSICIANS SERVICES EXPENDITURES	The total expenditures accumulated by waiver members for physician services while in the waiver within the waiver year.	17	Number	Calculated	Calculated
VIII. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES	The total expenditures accumulated by waiver member for outpatient services while in the waiver within the waiver year.	17	Number	Calculated	Calculated
VIII. A.4. LABORATORY AND X-RAY SERVICES EXPENDITURES	The total expenditures accumulated by waiver members for laboratory and x-ray services while in the waiver within the waiver year.	17	Number	Calculated	Calculated
VIII. A.5. PRESCRIBED DRUGS EXPENDITURES	The total expenditures accumulated by waiver members for prescribed drug services while in the waiver within the waiver year.	17	Number	Calculated	Calculated
VIII. A.6. ALL OTHER ACUTE CARE SERVICES EXPENDITURES	The total expenditures accumulated by waiver members for receiving any acute care service other than those described above while in the waiver.	17	Number	Calculated	Calculated
VIII. B.1. AVERAGE PER CAPITA ACUTE CARE - A. FOR DEINSTITUTIONALIZED WAIVER MEMBERS	The average acute care expenditures while in the waiver for deinstitutionalized waiver members during the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
VIII. B.1. AVERAGE PER CAPITA ACUTE CARE - B. FOR DIVERTED WAIVER MEMBERS	The average acute care expenditures while in the waiver for diverted waiver members during the waiver year.	17	Number	Calculated	Calculated
VIII. B.1. AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES TO WAIVER MEMBERS	The average acute care expenditures while in the waiver accumulated by the waiver members during the waiver year. Calculated by dividing the TOTAL ACUTE CARE SERVICES EXPENDITURES (Section VIII.A.) by the TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES MEMBERS (Section VII. B.1.).	17	Number	Calculated	Calculated

2.8.58.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.58.6 Associated Requirements

ID
30.090.012.003.2

2.8.58.7 Change Orders

ID	Name	Description
5551	MAR reports/PWB mismatch	Process & Location in the following reports is not same as PWB. CMS 372 - ABI Report MAR-4850-A Initial Report CMS 372 - HCB/ADC Report MAR-4810-A Initial Report CMS 372 - Model II Report MAR-4840-A Initial Report Comm Living Report MAR-4800-A Initial Report Expenditure Analysis Report MAR-4102-M Member Cnty Expenditure Analysis Report MAR-1201-M

ID	Name	Description
		Prod MS-264 5856 Fam Plan and Ster - Mthly MAR-5856-M Prod MS-264 9856 Fam Plan and Ster - Annual MAR-5856-A Comm Living Report MAR-4800-A Lag Report
737	CMS 372 - HCB/ADC	Customer requested EDS to build report KYMM4810-R001, KYMM4811-R001, KYMM4812-R001, KYMM4813-R001, and KYMM4814-R001. Reports will be combined in one file.

2.8.59 MAR-4840-A -- CMS 372 For Model II

The CMS 372 For Model II (MAR-4840-A) report provides data on the participation of members in the Model II waiver. It compares the participation and expenditures of these members to other institutional members who are not participating in the waiver program.

INCLUSIONS/EXCLUSIONS: Fee-For-Service, latest, paid claims are included.

SORTS/GROUPINGS: N/A

2.8.59.1 Technical Name
MAR-4840-A

2.8.59.2 Sort Order
N/A - Totals Only

For readability, this layout appears on the following several pages.

2.8.59.3 CMS 372 For Model II Layout

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STATE            : KENTUCKY
REPORTING PERIOD: MM/DD/CCYY - MM/DD/CCYY
WAIVER NUMBER    : 0040146
WAIVER TITLE     : MODEL II WAIVER
INITIAL REPORT   : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                                    VENTILATOR DEPENDENT

I.      ANNUAL NUMBER OF INSTITUTIONAL MEMBERS FOR LEVEL/S OF CARE WAIVER

A.      INSTITUTIONAL MEMBERS

A.1.    ICF/MR SERVICES
        A.   NONWAIVER MEMBERS                                                   999,999,999
        B.   WAIVER MEMBERS                                                      999,999,999

A.2.    NF SERVICES
        A.   NONWAIVER MEMBERS                                                   999,999,999
        B.   WAIVER MEMBERS                                                      999,999,999

A.3.    MENTAL HEALTH FACILITY NF SERVICES
        A.   NONWAIVER MEMBERS                                                   999,999,999
        B.   WAIVER MEMBERS                                                      999,999,999

A.4.    HOSPITAL SERVICES (REFER TO INSTRUCTIONS)
        A.   NONWAIVER MEMBERS                                                   999,999,999
        B.   WAIVER MEMBERS                                                      999,999,999

B.1.    TOTAL UNDUPLICATED MEMBERS (ACTUAL FACTOR A' VALUE/S)                    999,999,999
        A.   NONWAIVER MEMBERS                                                   999,999,999
        B.   WAIVER MEMBERS                                                      999,999,999
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Report  : MAR-4840-A                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
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STATE            : KENTUCKY
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WAIVER NUMBER    : 0040146
WAIVER TITLE     : MODEL II WAIVER
INITIAL REPORT   : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                                    VENTILATOR DEPENDENT
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II.    ANNUAL EXPENDITURES FOR INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER

A.     TOTAL INSTITUTIONAL EXPENDITURES                                          $9,999,999,999.99

A.1.   ICF/MR SERVICES EXPENDITURES
       A.   NONWAIVER MEMBERS                                                    $9,999,999,999.99
       B.   WAIVER MEMBERS                                                       $9,999,999,999.99

A.2.   NF SERVICES EXPENDITURES
       A.   NONWAIVER MEMBERS                                                    $9,999,999,999.99
       B.   WAIVER MEMBERS                                                       $9,999,999,999.99

A.3.   MENTAL HEALTH FACILITY NF SERVICES EXPENDITURES
       A.   NONWAIVER MEMBERS                                                    $9,999,999,999.99
       B.   WAIVER MEMBERS                                                       $9,999,999,999.99

A.4.   HOSPITAL SERVICES EXPENDITURES (REFER TO INSTRUCTIONS)
       A.   NONWAIVER MEMBERS                                                    $9,999,999,999.99
       B.   WAIVER MEMBERS                                                       $9,999,999,999.99

B.1.   AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES                    $9,999,999,999.99
       (ACTUAL FACTOR B VALUE/S)
       A.   NONWAIVER MEMBERS                                                    $9,999,999,999.99
       B.   WAIVER MEMBERS                                                       $9,999,999,999.99

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WAIVER NUMBER    : 0040146
WAIVER TITLE     : MODEL II WAIVER
INITIAL REPORT   : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                          VENTILATOR DEPENDENT

III.   ANNUAL NUMBER OF INSTITUTIONAL SERVICES MEMBERS WHO RECEIVED ACUTE CARE SERVICES WHILE
       INSTITUTIONALIZED

A.     ACUTE CARE SERVICES MEMBERS

A.1.   ACUTE INPATIENT HOSPITAL SERVICES
       A.   NONWAIVER MEMBERS                                                    999,999,999
       B.   WAIVER MEMBERS                                                       999,999,999

A.2.   PHYSICIANS SERVICES
       A.   NONWAIVER MEMBERS                                                    999,999,999
       B.   WAIVER MEMBERS                                                       999,999,999

A.3.   OUTPATIENT HOSPITAL/CLINIC SERVICES
       A.   NONWAIVER MEMBERS                                                    999,999,999
       B.   WAIVER MEMBERS                                                       999,999,999

A.4.   LABORATORY AND X-RAY SERVICES
       A.   NONWAIVER MEMBERS                                                    999,999,999
       B.   WAIVER MEMBERS                                                       999,999,999

A.5.   PRESCRIBED DRUGS
       A.   NONWAIVER MEMBERS                                                    999,999,999
       B.   WAIVER MEMBERS                                                       999,999,999

A.6.   ALL OTHER ACUTE CARE SERVICES
       A.   NONWAIVER MEMBERS                                                    999,999,999
       B.   WAIVER MEMBERS                                                       999,999,999
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B.1.   TOTAL UNDUPLICATED INSTITUTIONAL SERVICES MEMBERS                    999,999,999
       (ACTUAL FACTOR E/S)
       A.   NONWAIVER MEMBERS                                               999,999,999
       B.   WAIVER MEMBERS                                                  999,999,999

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WAIVER TITLE     : MODEL II WAIVER
INITIAL REPORT   : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                   VENTILATOR DEPENDENT

IV.    ANNUAL EXPENDITURES FOR ACUTE CARE SERVICES TO INSTITUTIONAL SERVICES MEMBERS

A.     TOTAL ACUTE CARE SERVICES EXPENDITURES                       $9,999,999,999.99

A.1.   ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES
       A.   NONWAIVER MEMBERS                                       $9,999,999,999.99
       B.   WAIVER MEMBERS                                          $9,999,999,999.99

A.2.   PHYSICIANS' SERVICES EXPENDITURES
       A.   NONWAIVER MEMBERS                                       $9,999,999,999.99
       B.   WAIVER MEMBERS                                          $9,999,999,999.99

A.3.   OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES
       A.   NONWAIVER MEMBERS                                       $9,999,999,999.99
       B.   WAIVER MEMBERS                                          $9,999,999,999.99

A.4.   LABORATORY AND X-RAY SERVICES EXPENDITURES
       A.   NONWAIVER MEMBERS                                       $9,999,999,999.99
       B.   WAIVER MEMBERS                                          $9,999,999,999.99

A.5.   PRESCRIBED DRUGS EXPENDITURES
       A.   NONWAIVER MEMBERS                                       $9,999,999,999.99
       B.   WAIVER MEMBERS                                          $9,999,999,999.99

A.6.   ALL OTHER ACUTE CARE SERVICES EXPENDITURES
       A.   NONWAIVER MEMBERS                                       $9,999,999,999.99
       B.   WAIVER MEMBERS                                          $9,999,999,999.99

B.1.   AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES          $9,999,999,999.99
       FOR INSTITUTIONAL MEMBERS (ACTUAL FACTOR B' VALUE/S)
       A.   NONWAIVER MEMBERS                                       $9,999,999,999.99
       B.   WAIVER MEMBERS                                          $9,999,999,999.99

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WAIVER TITLE     : MODEL II WAIVER
INITIAL REPORT   : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                   VENTILATOR DEPENDENT
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V.      ANNUAL NUMBER OF SECTION 1915(C) WAIVER MEMBERS

A.      CMS APPROVED SECTION 1915(C) WAIVER SERVICES
        (SPECIFY EACH SERVICE IN THE APPROVED WAIVER)

A.1 REGISTERED NURSE                                                    999,999,999
A.2 LICENSED PRACTICAL NURSE                                            999,999,999
A.3 RESPIRATORY                                                         999,999,999

B.1.    TOTAL UNDUPLICATED SECTION 1915(C) WAIVER MEMBERS               999,999,999
        (ACTUAL FACTOR C VALUE/S)
        A.    FOR DEINSTITUTIONALIZED WAIVER MEMBERS                    999,999,999
        B.    FOR DIVERTED WAIVER MEMBERS                               999,999,999


VI.     ANNUAL SECTION 1915(C) WAIVER EXPENDITURES

A.      TOTAL CMS APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES $9,999,999,999.99
        (SPECIFY EACH SERVICE IN THE APPROVED WAIVER)

A.1 REGISTERED NURSE                                                    $9,999,999,999.99
A.2 LICENSED PRACTICAL NURSE                                            $9,999,999,999.99
A.3 RESPIRATORY                                                         $9,999,999,999.99

B.1.    AVERAGE PER CAPITA SECTION 1915(C) WAIVER SERVICES EXPENDITURES $9,999,999,999.99
        (ACTUAL FACTOR D VALUE/S)
        A.    FOR DEINSTITUTIONALIZED WAIVER MEMBERS                    $9,999,999,999.99
        B.    FOR DIVERTED WAIVER MEMBERS                               $9,999,999,999.99


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WAIVER TITLE     : MODEL II WAIVER
INITIAL REPORT   : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                       VENTILATOR DEPENDENT

VII.    ANNUAL NUMBER OF WAIVER MEMBERS WHO RECEIVED ACUTE CARE SERVICES WHILE IN THE WAIVER

A.      ACUTE CARE SERVICES MEMBERS

A.1.    ACUTE INPATIENT HOSPITAL SERVICES                               999,999,999

A.2.    PHYSICIANS' SERVICES                                            999,999,999

A.3.    OUTPATIENT HOSPITAL/CLINIC SERVICES                             999,999,999

A.4.    LABORATORY AND X-RAY SERVICES                                   999,999,999

A.5.    PRESCRIBED DRUGS                                                999,999,999

A.6.    ALL OTHER ACUTE CARE SERVICES                                   999,999,999

B.1.    TOTAL UNDUPLICATED WAIVER AND ACUTE CARE                        999,999,999
        SERVICES MEMBERS (ACTUAL FACTOR C' VALUE/S)
        A.    DEINSTITUTIONALIZED WAIVER MEMBERS                        999,999,999
        B.    DIVERTED WAIVER MEMBERS                                   999,999,999
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VIII.  ANNUAL EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER MEMBERS

A.     TOTAL ACUTE CARE SERVICES EXPENDITURES                          $9,999,999,999.99

A.1.   ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES                  $9,999,999,999.99

A.2.   PHYSICIANS' SERVICES EXPENDITURES                               $9,999,999,999.99

A.3.   OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                $9,999,999,999.99

A.4.   LABORATORY AND X-RAY SERVICES EXPENDITURES                      $9,999,999,999.99

A.5.   PRESCRIBED DRUGS EXPENDITURES                                   $9,999,999,999.99

A.6.   ALL OTHER ACUTE CARE SERVICES EXPENDITURES                      $9,999,999,999.99

B.1.   AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR ACUTE   $9,999,999,999.99
       CARE SERVICES TO WAIVER MEMBERS
       (ACTUAL FACTOR D' VALUE/S)
       A.   DEINSTITUTIONALIZED WAIVER MEMBERS                         $9,999,999,999.99
       B.   DIVERTED WAIVER MEMBERS                                    $9,999,999,999.99

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WAIVER TITLE    : MODEL II WAIVER
INITIAL REPORT  : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                      VENTILATOR DEPENDENT

IX.    OTHER REQUIRED DATA

A.     TOTAL DAYS OF WAIVERED COVERAGE:                                 999,999,999
       1.   DEINSTITUTIONALIZED WAIVER MEMBERS                          999,999,999
       2.   DIVERTED WAIVER MEMBERS                                     999,999,999

B.     TOTAL DAYS OF INSTITUTIONAL CARE:                                999,999,999
       1.   NONWAIVER MEMBERS                                           999,999,999
       2.   WAIVER MEMBERS                                              999,999,999

C.     ATTACH A LAG REPORT FOR THE PREVIOUS YEAR OF THIS WAIVER (INCLUDING RENEWALS AND REPLACEMENTS) OR A
       DETAILED EXPLANATION OF WHY THERE IS NO LAG DATA. (DOES NOT APPLY TO REPORTS FOR THE FIRST YEAR OF A
       NEW WAIVER.)

D.    IMPACT OF THE WAIVER ON THE HEALTH AND WELFARE OF THE MEMBERS.
```

ASSURANCES: (PLEASE CHECK)

[ ] 1. ASSURANCES WERE SUBMITTED WITH THE INITIAL REPORT.

[ ] 2. ALL PROVIDER STANDARDS AND HEALTH AND WELFARE SAFEGUARDS HAVE BEEN MET AND CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.

[ ] 3. ALL PROVIDERS OF WAIVERS SERVICES WERE PROPERLY TRAINED, SUPERVISED, AND CERTIFIED AND/OR LICENSED, AND CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.

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WAIVER NUMBER : 0040146
WAIVER TITLE : MODEL II WAIVER
INITIAL REPORT : X LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER VENTILATOR DEPENDENT

DOCUMENTATION: (PLEASE CHECK AND ATTACH)

[ ] 4. ATTACHED IS A BRIEF DESCRIPTION OF THE PROCESS FOR MONITORING THE SAFEGUARDS AND STANDARDS UNDER THE WAIVER.

FINDINGS OF MONITORING: (PLEASE CHECK AND ATTACH DOCUMENTATION IF APPROPRIATE)

[ ] 5. NO DEFICIENCIES WERE DETECTED DURING THE MONITORING PROCESS; OR

[ ] 6. DEFICIENCIES WERE DETECTED. ATTACHED IS A SUMMARY OF THE SIGNIFICANT AREA WHERE DEFICIENCIES WERE DETECTED, (NOTE: INDIVIDUAL REPORTS OR ASSESSMENT FORMS FOR WAIVER MEMBERS AND/OR PROVIDERS DISCLOSING DEFICIENCIES AND WHICH DOCUMENT THE SUMMARY ARE NOT NECESSARY); AND

[ ] 7. ATTACHED IS AN EXPLANATION OF HOW THESE DEFICIENCIES HAVE BEEN OR ARE BEING CORRECTED.

CERTIFICATION: I, EXECUTIVE OFFICER OF THE STATE AGENCY, DO CERTIFY THAT THE INFORMATION SHOWN ON THE FORM CMS 372 IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED: _____

TITLE: _____

DATE: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

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Report  : MAR-4840-A                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
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STATE            : KENTUCKY
REPORTING PERIOD: MM/DD/CCYY - MM/DD/CCYY
WAIVER NUMBER    : 0040146
WAIVER TITLE     : MODEL II WAIVER
INITIAL REPORT   :     LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                                  VENTILATOR DEPENDENT

I.      ANNUAL NUMBER OF INSTITUTIONAL MEMBERS FOR LEVEL/S OF CARE WAIVER

A.      INSTITUTIONAL MEMBERS

A.1.    ICF/MR SERVICES
        A.   NONWAIVER MEMBERS                                                  999,999,999
        B.   WAIVER MEMBERS                                                     999,999,999

A.2.    NF SERVICES
        A.   NONWAIVER MEMBERS                                                  999,999,999
        B.   WAIVER MEMBERS                                                     999,999,999

A.3.    MENTAL HEALTH FACILITY NF SERVICES
        A.   NONWAIVER MEMBERS                                                  999,999,999
        B.   WAIVER MEMBERS                                                     999,999,999

A.4.    HOSPITAL SERVICES (REFER TO INSTRUCTIONS)
        A.   NONWAIVER MEMBERS                                                  999,999,999
        B.   WAIVER MEMBERS                                                     999,999,999

B.1.    TOTAL UNDUPLICATED MEMBERS (ACTUAL FACTOR A' VALUE/S)                   999,999,999
        A.   NONWAIVER MEMBERS                                                  999,999,999
        B.   WAIVER MEMBERS                                                     999,999,999
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Report  : MAR-4840-A                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
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STATE            : KENTUCKY
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WAIVER NUMBER    : 0040146
WAIVER TITLE     : MODEL II WAIVER
INITIAL REPORT   :     LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                                  VENTILATOR DEPENDENT
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II.     ANNUAL EXPENDITURES FOR INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER

A.      TOTAL INSTITUTIONAL EXPENDITURES                                                  $9,999,999,999.99

A.1.    ICF/MR SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                            $9,999,999,999.99
        B.   WAIVER MEMBERS                                                               $9,999,999,999.99

A.2.    NF SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                            $9,999,999,999.99
        B.   WAIVER MEMBERS                                                               $9,999,999,999.99

A.3.    MENTAL HEALTH FACILITY NF SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                            $9,999,999,999.99
        B.   WAIVER MEMBERS                                                               $9,999,999,999.99

A.4.    HOSPITAL SERVICES EXPENDITURES (REFER TO INSTRUCTIONS)
        A.   NONWAIVER MEMBERS                                                            $9,999,999,999.99
        B.   WAIVER MEMBERS                                                               $9,999,999,999.99

B.1.    AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES                            $9,999,999,999.99
        (ACTUAL FACTOR B VALUE/S)
        A.   NONWAIVER MEMBERS                                                            $9,999,999,999.99
        B.   WAIVER MEMBERS                                                               $9,999,999,999.99


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INITIAL REPORT   :      LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                                   VENTILATOR DEPENDENT

III.    ANNUAL NUMBER OF INSTITUTIONAL SERVICES MEMBERS WHO RECEIVED ACUTE CARE SERVICES WHILE
        INSTITUTIONALIZED

A.      ACUTE CARE SERVICES MEMBERS

A.1.    ACUTE INPATIENT HOSPITAL SERVICES
        A.   NONWAIVER MEMBERS                                                            999,999,999
        B.   WAIVER MEMBERS                                                               999,999,999

A.2.    PHYSICIANS SERVICES
        A.   NONWAIVER MEMBERS                                                            999,999,999
        B.   WAIVER MEMBERS                                                               999,999,999

A.3.    OUTPATIENT HOSPITAL/CLINIC SERVICES
        A.   NONWAIVER MEMBERS                                                            999,999,999
        B.   WAIVER MEMBERS                                                               999,999,999

A.4.    LABORATORY AND X-RAY SERVICES
        A.   NONWAIVER MEMBERS                                                            999,999,999
        B.   WAIVER MEMBERS                                                               999,999,999

A.5.    PRESCRIBED DRUGS
        A.   NONWAIVER MEMBERS                                                            999,999,999
        B.   WAIVER MEMBERS                                                               999,999,999

A.6.    ALL OTHER ACUTE CARE SERVICES
        A.   NONWAIVER MEMBERS                                                            999,999,999
        B.   WAIVER MEMBERS                                                               999,999,999

B.1.    TOTAL UNDUPLICATED INSTITUTIONAL SERVICES MEMBERS                                 999,999,999
        (ACTUAL FACTOR E/S)
        A.   NONWAIVER MEMBERS                                                            999,999,999
        B.   WAIVER MEMBERS                                                               999,999,999
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Report  : MAR-4840-A                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
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WAIVER TITLE     : MODEL II WAIVER
INITIAL REPORT   :      LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                                    VENTILATOR DEPENDENT

IV.     ANNUAL EXPENDITURES FOR ACUTE CARE SERVICES TO INSTITUTIONAL SERVICES MEMBERS

A.      TOTAL ACUTE CARE SERVICES EXPENDITURES                                      $9,999,999,999.99

A.1.    ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                      $9,999,999,999.99
        B.   WAIVER MEMBERS                                                         $9,999,999,999.99

A.2.    PHYSICIANS' SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                      $9,999,999,999.99
        B.   WAIVER MEMBERS                                                         $9,999,999,999.99

A.3.    OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                      $9,999,999,999.99
        B.   WAIVER MEMBERS                                                         $9,999,999,999.99

A.4.    LABORATORY AND X-RAY SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                      $9,999,999,999.99
        B.   WAIVER MEMBERS                                                         $9,999,999,999.99

A.5.    PRESCRIBED DRUGS EXPENDITURES
        A.   NONWAIVER MEMBERS                                                      $9,999,999,999.99
        B.   WAIVER MEMBERS                                                         $9,999,999,999.99

A.6.    ALL OTHER ACUTE CARE SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                      $9,999,999,999.99
        B.   WAIVER MEMBERS                                                         $9,999,999,999.99

B.1.    AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES                         $9,999,999,999.99
        FOR INSTITUTIONAL MEMBERS (ACTUAL FACTOR B' VALUE/S)
        A.   NONWAIVER MEMBERS                                                      $9,999,999,999.99
        B.   WAIVER MEMBERS                                                         $9,999,999,999.99
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STATE            : KENTUCKY
REPORTING PERIOD: MM/DD/CCYY - MM/DD/CCYY
WAIVER NUMBER    : 0040146
WAIVER TITLE     : MODEL II WAIVER
INITIAL REPORT   :      LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                                    VENTILATOR DEPENDENT

V.      ANNUAL NUMBER OF SECTION 1915(C) WAIVER MEMBERS

A.      CMS APPROVED SECTION 1915(C) WAIVER SERVICES
        (SPECIFY EACH SERVICE IN THE APPROVED WAIVER)

A.1 REGISTERED NURSE                                                                999,999,999
A.2 LICENSED PRACTICAL NURSE                                                        999,999,999
A.3 RESPIRATORY                                                                     999,999,999
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B.1.   TOTAL UNDUPLICATED SECTION 1915(C) WAIVER MEMBERS                    999,999,999
       (ACTUAL FACTOR C VALUE/S)
       A.   FOR DEINSTITUTIONALIZED WAIVER MEMBERS                          999,999,999
       B.   FOR DIVERTED WAIVER MEMBERS                                     999,999,999


VI.    ANNUAL SECTION 1915(C) WAIVER EXPENDITURES

A.     TOTAL CMS APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES     $9,999,999,999.99
       (SPECIFY EACH SERVICE IN THE APPROVED WAIVER)

A.1 REGISTERED NURSE                                                       $9,999,999,999.99
A.2 LICENSED PRACTICAL NURSE                                               $9,999,999,999.99
A.3 RESPIRATORY                                                            $9,999,999,999.99

B.1.   AVERAGE PER CAPITA SECTION 1915(C) WAIVER SERVICES EXPENDITURES     $9,999,999,999.99
       (ACTUAL FACTOR D VALUE/S)
       A.   FOR DEINSTITUTIONALIZED WAIVER MEMBERS                         $9,999,999,999.99
       B.   FOR DIVERTED WAIVER MEMBERS                                    $9,999,999,999.99


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                                                EXHIBIT A

STATE           : KENTUCKY
REPORTING PERIOD: MM/DD/CCYY - MM/DD/CCYY
WAIVER NUMBER   : 0040146
WAIVER TITLE    : MODEL II WAIVER
INITIAL REPORT  :     LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                          VENTILATOR DEPENDENT

VII.   ANNUAL NUMBER OF WAIVER MEMBERS WHO RECEIVED ACUTE CARE SERVICES WHILE IN THE WAIVER

A.     ACUTE CARE SERVICES MEMBERS

A.1.   ACUTE INPATIENT HOSPITAL SERVICES                                    999,999,999

A.2.   PHYSICIANS' SERVICES                                                 999,999,999

A.3.   OUTPATIENT HOSPITAL/CLINIC SERVICES                                 999,999,999

A.4.   LABORATORY AND X-RAY SERVICES                                       999,999,999

A.5.   PRESCRIBED DRUGS                                                    999,999,999

A.6.   ALL OTHER ACUTE CARE SERVICES                                       999,999,999

B.1.   TOTAL UNDUPLICATED WAIVER AND ACUTE CARE                            999,999,999
       SERVICES MEMBERS (ACTUAL FACTOR C' VALUE/S)
       A.   DEINSTITUTIONALIZED WAIVER MEMBERS                             999,999,999
       B.   DIVERTED WAIVER MEMBERS                                        999,999,999
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VIII. ANNUAL EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER MEMBERS

A.	TOTAL ACUTE CARE SERVICES EXPENDITURES	$9,999,999,999.99
A.1.	ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES	$9,999,999,999.99
A.2.	PHYSICIANS' SERVICES EXPENDITURES	$9,999,999,999.99
A.3.	OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES	$9,999,999,999.99
A.4.	LABORATORY AND X-RAY SERVICES EXPENDITURES	$9,999,999,999.99
A.5.	PRESCRIBED DRUGS EXPENDITURES	$9,999,999,999.99
A.6.	ALL OTHER ACUTE CARE SERVICES EXPENDITURES	$9,999,999,999.99
B.1.	AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER MEMBERS (ACTUAL FACTOR D' VALUE/S)	$9,999,999,999.99
	A. DEINSTITUTIONALIZED WAIVER MEMBERS	$9,999,999,999.99
	B. DIVERTED WAIVER MEMBERS	$9,999,999,999.99

Report : MAR-4840-A COMMONWEALTH OF KENTUCKY Run Date: MM/DD/CCYY
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EXHIBIT A

STATE : KENTUCKY
REPORTING PERIOD: MM/DD/CCYY - MM/DD/CCYY
WAIVER NUMBER : 0040146
WAIVER TITLE : MODEL II WAIVER
INITIAL REPORT : LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER VENTILATOR DEPENDENT

IX. OTHER REQUIRED DATA

A.	TOTAL DAYS OF WAIVERED COVERAGE:	999,999,999
	1. DEINSTITUTIONALIZED WAIVER MEMBERS	999,999,999
	2. DIVERTED WAIVER MEMBERS	999,999,999
B.	TOTAL DAYS OF INSTITUTIONAL CARE:	999,999,999
	1. NONWAIVER MEMBERS	999,999,999
	2. WAIVER MEMBERS	999,999,999

C. ATTACH A LAG REPORT FOR THE PREVIOUS YEAR OF THIS WAIVER (INCLUDING RENEWALS AND REPLACEMENTS) OR A DETAILED EXPLANATION OF WHY THERE IS NO LAG DATA. (DOES NOT APPLY TO REPORTS FOR THE FIRST YEAR OF A NEW WAIVER.)

D. IMPACT OF THE WAIVER ON THE HEALTH AND WELFARE OF THE MEMBERS.

ASSURANCES: (PLEASE CHECK)

[ ] 1. ASSURANCES WERE SUBMITTED WITH THE INITIAL REPORT.

[ ] 2. ALL PROVIDER STANDARDS AND HEALTH AND WELFARE SAFEGUARDS HAVE BEEN MET AND CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.

[ ] 3. ALL PROVIDERS OF WAIVERS SERVICES WERE PROPERLY TRAINED, SUPERVISED, AND CERTIFIED AND/OR LICENSED, AND CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.

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Report  : MAR-4840-A                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
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                                                          EXHIBIT A

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INITIAL REPORT   :     LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                                    VENTILATOR DEPENDENT

DOCUMENTATION: (PLEASE CHECK AND ATTACH)

[  ]  4.  ATTACHED IS A BRIEF DESCRIPTION OF THE PROCESS FOR MONITORING THE SAFEGUARDS AND STANDARDS
          UNDER THE WAIVER.

FINDINGS OF MONITORING: (PLEASE CHECK AND ATTACH DOCUMENTATION IF APPROPRIATE)

[  ]  5.  NO DEFICIENCIES WERE DETECTED DURING THE MONITORING PROCESS; OR

[  ]  6.  DEFICIENCIES WERE DETECTED.  ATTACHED IS A SUMMARY OF THE SIGNIFICANT AREA WHERE DEFICIENCIES
          WERE DETECTED, (NOTE: INDIVIDUAL REPORTS OR ASSESSMENT FORMS FOR WAIVER MEMBERS AND/OR PROVIDERS
          DISCLOSING DEFICIENCIES AND WHICH DOCUMENT THE SUMMARY ARE NOT NECESSARY); AND

[  ]  7.  ATTACHED IS AN EXPLANATION OF HOW THESE DEFICIENCIES HAVE BEEN OR ARE BEING CORRECTED.

CERTIFICATION:  I, EXECUTIVE OFFICER OF THE STATE AGENCY, DO CERTIFY THAT THE INFORMATION SHOWN ON THE FORM
                CMS 372 IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED: ____________________________________________

TITLE:  ____________________________________________

DATE:   ____________________________________________

CONTACT PERSON: ____________________________________

TELEPHONE NUMBER: ___________________________________

                                                   *** END OF REPORT ***
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2.8.59.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
I. A.1. ICF/MR SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving ICF/MR institutional care services within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
I. A.1. ICF/MR SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving ICF/MR institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. A.2. NF SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving nursing facility institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. A.2. NF SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving nursing facility institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. A.3. MENTAL HEALTH FACILITY NF SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving Mental Health Nursing Facility institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. A.3. MENTAL HEALTH FACILITY NF SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving Mental Health Nursing Facility institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. A.4. HOSPITAL SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving hospital institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. A.4. HOSPITAL SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving hospital institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. B.1. TOTAL UNDUPLICATED MEMBERS (ACTUAL FACTOR A VALUE/S)	An unduplicated count of the total non-waiver and waiver members receiving institutional care services within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
I. B.1. TOTAL UNDUPLICATED MEMBERS (ACTUAL FACTOR A VALUE/S) - A. NONWAIVER MEMBERS	An unduplicated count of the total non-waiver members receiving institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. B.1. TOTAL UNDUPLICATED MEMBERS (ACTUAL FACTOR A VALUE/S) - B. WAIVER MEMBERS	An unduplicated count of the total waiver members receiving institutional care services within the waiver year.	11	Number	Calculated	Calculated
II. A. TOTAL INSTITUTIONAL EXPENDITURES	The total institutional care expenditures for non-waiver and waiver members during the waiver year.	17	Number	Calculated	Calculated
II. A.1. ICF/MR SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The total expenditures for non-waiver members for ICF/MR services for the waiver year.	17	Number	Calculated	Calculated
II. A.1. ICF/MR SERVICES EXPENDITURES - B. WAIVER MEMBERS	The total expenditures for waiver members for ICF/MR services for the waiver year.	17	Number	Calculated	Calculated
II. A.2. N F SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The total expenditures for non-waiver members for nursing facility services for the waiver year.	17	Number	Calculated	Calculated
II. A.2. N F SERVICES EXPENDITURES - B. WAIVER	The total expenditures for waiver members for nursing facility services for the waiver year.	17	Number	Calculated	Calculated
II. A.3. MENTAL	The total expenditures for non-waiver members for	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
HEALTH FACILITY NF SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	mental health nursing facility services for the waiver year.				
II. A.3. MENTAL HEALTH FACILITY NF SERVICES EXPENDITURES - B. WAIVER MEMBERS	The total expenditures for waiver members for mental health nursing facility services for the waiver year.	17	Number	Calculated	Calculated
II. A.4. HOSPITAL SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The total expenditures for non-waiver members for hospital services for the waiver year.	17	Number	Calculated	Calculated
II. A.4. HOSPITAL SERVICES EXPENDITURES - B. WAIVER MEMBERS	The total expenditures for waiver members for hospital services for the waiver year.	17	Number	Calculated	Calculated
II. B.1. AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURE (ACTUAL FACTOR B VALUE/S)	The average per capita expenditures for all members for institutional services for the waiver year. Calculated by dividing the TOTAL INSTITUTIONAL EXPENDITURES in Section II A., by the member counts from Section I, B.1.	17	Number	Calculated	Calculated
II. B.1. AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURE (ACTUAL FACTOR B VALUE/S) - A. NONWAIVER MEMBERS	The average per capita expenditures for non-waiver members for institutional services for the waiver year. Calculated by dividing the non-waiver member expenditure by the member counts from Section I, B.1. A	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
II. B.1. AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURE (ACTUAL FACTOR B VALUE/S) - B. WAIVER MEMBERS	The average per capita expenditures for waiver members for institutional services for the waiver year. Calculated by dividing the waiver member expenditures by the member counts from Section I, B.1. B	17	Number	Calculated	Calculated
III. A.1. ACUTE INPATIENT HOSPITAL SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving acute care inpatient hospital services within the waiver year.	11	Number	Calculated	Calculated
III. A.1. ACUTE INPATIENT HOSPITAL SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving acute care inpatient hospital services within the waiver year.	11	Number	Calculated	Calculated
III. A.2. PHYSICIANS SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving physician services within the waiver year.	11	Number	Calculated	Calculated
III. A.2. PHYSICIANS SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving physician services within the waiver year.	11	Number	Calculated	Calculated
III. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving outpatient hospital and/or clinic services within the waiver year.	11	Number	Calculated	Calculated
III. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving outpatient hospital and/or clinic services within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
III. A.4. LABORATORY AND X-RAY SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving laboratory and x-ray services within the waiver year.	11	Number	Calculated	Calculated
III. A.4. LABORATORY AND X-RAY SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving laboratory and x-ray services within the waiver year.	11	Number	Calculated	Calculated
III. A.5. PRESCRIBED DRUGS - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving prescribed drugs within the waiver year.	11	Number	Calculated	Calculated
III. A.5. PRESCRIBED DRUGS - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving prescribed drugs within the waiver year.	11	Number	Calculated	Calculated
III. A.6. ALL OTHER ACUTE CARE SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving all other acute care services within the waiver year.	11	Number	Calculated	Calculated
III. A.6. ALL OTHER ACUTE CARE SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving all other acute care services within the waiver year.	11	Number	Calculated	Calculated
III. B.1. TOTAL UNDUPLICATED INSTITUTIONAL SERVICES MEMBERS (ACTUAL FACTOR E/S)	An unduplicated count of the total non-waiver and waiver institutional members receiving acute care services within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
III. B.1. TOTAL UNDUPLICATED INSTITUTIONAL SERVICES MEMBERS (ACTUAL FACTOR E/S) - A. NONWAIVER MEMBERS	An unduplicated count of the total non-waiver institutional members receiving acute care services within the waiver year.	11	Number	Calculated	Calculated
III. B.1. TOTAL UNDUPLICATED INSTITUTIONAL SERVICES MEMBERS (ACTUAL FACTOR E/S) - B. WAIVER MEMBERS	An unduplicated count of the total waiver institutional members receiving acute care services within the waiver year.	11	Number	Calculated	Calculated
IV. A. TOTAL ACUTE CARE SERVICES EXPENDITURES	The total amount of expenditures for acute care services to for non-waiver and waiver institutionalized members.	17	Number	Calculated	Calculated
IV. A.1. ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving acute care inpatient hospital services within the waiver year.	17	Number	Calculated	Calculated
IV. A.1. ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving acute care inpatient hospital services within the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
IV. A.2. PHYSICIANS SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving physician services within the waiver year.	17	Number	Calculated	Calculated
IV. A.2. PHYSICIANS SERVICES EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving physician services within the waiver year.	17	Number	Calculated	Calculated
IV. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving outpatient hospital and/or clinic services within the waiver year.	17	Number	Calculated	Calculated
IV. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving outpatient hospital and/or clinic services within the waiver year.	17	Number	Calculated	Calculated
IV. A.4. LABORATORY AND X-RAY SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving laboratory and x-ray services within the waiver year.	17	Number	Calculated	Calculated
IV. A.4. LABORATORY AND X-RAY SERVICES EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving laboratory and x-ray services within the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
IV. A.5. PRESCRIBED DRUGS EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving prescribed drugs within the waiver year.	17	Number	Calculated	Calculated
IV. A.5. PRESCRIBED DRUGS EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving prescribed drugs within the waiver year.	17	Number	Calculated	Calculated
IV. A.6. ALL OTHER ACUTE CARE SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving all other acute care services within the waiver year.	17	Number	Calculated	Calculated
IV. A.6. ALL OTHER ACUTE CARE SERVICES EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving all other acute care services within the waiver year.	17	Number	Calculated	Calculated
IV. B.1. AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL MEMBERS (ACTUAL FACTOR B VALUE/S)	The average per capita expenditure for acute care services for institutional non-waiver members. Calculated by dividing the TOTAL ACUTE CARE SERVICES EXPENDITURES in Section IV. A., by the number of members in Section III. B.1.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
IV. B.1. AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL MEMBERS (ACTUAL FACTOR B VALUE/S) - A. NONWAIVER MEMBERS	The average per capita expenditure for acute care services for institutional non-waiver members. Calculated by dividing the non-waiver member expenditure by the number of non-waiver members in Section III. B.1. A	17	Number	Calculated	Calculated
IV. B.1. AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL MEMBERS (ACTUAL FACTOR B VALUE/S) - B. WAIVER MEMBERS	The average per capita expenditure for acute care services for institutional waiver members. Calculated by dividing the waiver member expenditure by the number of waiver members in Section III. B.1. B.	17	Number	Calculated	Calculated
IX.A. TOTAL DAYS OF WAIVERED COVERAGE	The total number of days waiver members were covered by waiver coverage during the waiver year.	11	Number	Calculated	Calculated
IX.A. TOTAL DAYS OF WAIVERED COVERAGE - 1. DEINSTITUTIONALIZED WAIVER MEMBERS	The total number of days deinstitutionalized waiver members were covered by waiver coverage during the waiver year.	11	Number	Calculated	Calculated
IX.A. TOTAL DAYS OF WAIVERED COVERAGE - 2. DIVERTED WAIVER MEMBERS	The total number of days diverted waiver members was covered by waiver coverage during the waiver year.	11	Number	Calculated	Calculated
IX.B. TOTAL DAYS OF INSTITUTIONAL CARE	The total number of days waiver and non-waiver members received institutional care services.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
IX.B. TOTAL DAYS OF INSTITUTIONAL CARE - 1. NONWAIVER MEMBERS	The total number of days non-waiver members received institutional care services.	11	Number	Calculated	Calculated
IX.B. TOTAL DAYS OF INSTITUTIONAL CARE - 2. WAIVER MEMBERS	The total number of days waiver members received institutional care services.	11	Number	Calculated	Calculated
LEVELS OF CARE IN APPROVED WAIVER	All institutional care claims within a waiver year are associated with VENTILATOR DEPENDENT.	20	Char	Calculated	Calculated
V. A.1 REGISTERED NURSE	A total unduplicated count of waiver members receiving registered nurse services within the waiver year.	11	Number	Calculated	Calculated
V. A.2 LICENSED PRACTICAL NURSE	A total unduplicated count of waiver members receiving licensed practical nurse services within the waiver year.	11	Number	Calculated	Calculated
V. A.3 RESPIRATORY	A total unduplicated count of waiver members receiving respiratory services within the waiver year.	11	Number	Calculated	Calculated
V. B.1 A. FOR DEINSTITUTIONALIZED WAIVER MEMBERS	The total unduplicated count of waiver members receiving waiver services that were deinstitutionalized during the waiver year.	11	Number	Calculated	Calculated
V. B.1 B. FOR DIVERTED WAIVER MEMBERS	The total unduplicated count of waiver members receiving waiver services that were diverted during the waiver year.	11	Number	Calculated	Calculated
V. B.1 TOTAL UNDUPLICATED SECTION 1915(C) WAIVER MEMBERS	The total unduplicated count of waiver members receiving waiver services within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
VI. A. TOTAL APPROVED SECTION 1915 (C) WAIVER SERVICES EXPENDITURES	The total expenditures on waiver services during the waiver year.	17	Number	Calculated	Calculated
VI. A.1 REGISTERED NURSE	The total Medicaid expenditures for registered nurse services for the waiver year.	17	Number	Calculated	Calculated
VI. A.2 LICENSED PRACTICAL NURSE	The total Medicaid expenditures for licensed practical nurse services for the waiver year.	17	Number	Calculated	Calculated
VI. A.3 RESPIRATORY	The total Medicaid expenditures for respiratory services for the waiver year.	17	Number	Calculated	Calculated
VI. B.1 A. FOR DEINSTITUTIONALIZED WAIVER MEMBERS	The average waiver service expenditures accumulated by the deinstitutionalized waiver members during the waiver year. Calculated by dividing the total expenditures for deinstitutionalized member by the number of deinstitutionalized members in Section V. B.1. A	17	Number	Calculated	Calculated
VI. B.1 AVERAGE PER CAPITA SECTION 1915(C) WAIVER SERVICES EXPENDITURES	The average waiver service expenditures accumulated by the waiver members during the waiver year. Calculated by dividing the TOTAL APPROVED SECTION 1915C WAIVER SERVICES EXPENDITURES in Section VI. A., by the number of members in Section V. B.1.	17	Number	Calculated	Calculated
VI. B.1 B. FOR DIVERTED WAIVER MEMBERS	The average waiver service expenditures accumulated by the diverted waiver members during the waiver year. Calculated by dividing the total expenditures for deinstitutionalized member by the number of diverted members in Section V. B.1. B	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
VII. A.1.ACUTE INPATIENT HOSPITAL SERVICES	An unduplicated count of waiver members receiving inpatient services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. A.2. PHYSICIAN SERVICES	An unduplicated count of waiver members receiving physician services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES	An unduplicated count of waiver members receiving outpatient services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. A.4. LABORATORY AND X-RAY SERVICES	An unduplicated count of waiver members receiving laboratory and x-ray services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. A.5. PRESCRIBED DRUGS	An unduplicated count of waiver members receiving prescribed drug services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. A.6. ALL OTHER ACUTE CARE SERVICES	An unduplicated count of waiver members receiving any other acute care services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. B.1.TOTAL UNDUPLICATED WAIVER AND ACUTE CARE - A. DEINSTITUTIONALIZED WAIVER MEMBERS	The total unduplicated count of deinstitutionalized waiver members receiving acute care services while in the waiver within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
VII. B.1.TOTAL UNDUPLICATED WAIVER AND ACUTE CARE - B. DIVERTED WAIVER MEMBERS	The total unduplicated count of diverted waiver members receiving acute care services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. B.1.TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES MEMBERS	The total unduplicated count of waiver members receiving acute care services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VIII. A. TOTAL ACUTE CARE SERVICES EXPENDITURES	The total acute care expenditures while in the waiver accumulated by waiver members during the waiver year.	17	Number	Calculated	Calculated
VIII. A.1. ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES	The total expenditures accumulated by waiver members for inpatient services while in the waiver within the waiver year.	17	Number	Calculated	Calculated
VIII. A.2. PHYSICIANS SERVICES EXPENDITURES	The total expenditures accumulated by waiver members for physician services while in the waiver within the waiver year.	17	Number	Calculated	Calculated
VIII. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES	The total expenditures accumulated by waiver member for outpatient services while in the waiver within the waiver year.	17	Number	Calculated	Calculated
VIII. A.4. LABORATORY AND X-RAY SERVICES EXPENDITURES	The total expenditures accumulated by waiver members for laboratory and x-ray services while in the waiver within the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
VIII. A.5. PRESCRIBED DRUGS EXPENDITURES	The total expenditures accumulated by waiver members for prescribed drug services while in the waiver within the waiver year.	17	Number	Calculated	Calculated
VIII. A.6. ALL OTHER ACUTE CARE SERVICES EXPENDITURES	The total expenditures accumulated by waiver members for receiving any acute care service other than those described above while in the waiver.	17	Number	Calculated	Calculated
VIII. B.1. AVERAGE PER CAPITA ACUTE CARE - A. FOR DEINSTITUTIONALIZED WAIVER MEMBERS	The average acute care expenditures while in the waiver for deinstitutionalized waiver members during the waiver year.	17	Number	Calculated	Calculated
VIII. B.1. AVERAGE PER CAPITA ACUTE CARE - B. FOR DIVERTED WAIVER MEMBERS	The average acute care expenditures while in the waiver for diverted waiver members during the waiver year.	17	Number	Calculated	Calculated
VIII. B.1. AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES TO WAIVER MEMBERS	The average acute care expenditures while in the waiver accumulated by the waiver members during the waiver year. Calculated by dividing the TOTAL ACUTE CARE SERVICES EXPENDITURES (Section VIII.A.) by the TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES MEMBERS (Section VII. B.1.).	17	Number	Calculated	Calculated

2.8.59.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.59.6 Associated Requirements

ID
30.090.012.003.2

2.8.59.7 Change Orders

ID	Name	Description
5551	MAR reports/PWB mismatch	Process & Location in the following reports is not same as PWB. CMS 372 - ABI Report MAR-4850-A Initial Report CMS 372 - HCB/ADC Report MAR-4810-A Initial Report CMS 372 - Model II Report MAR-4840-A Initial Report Comm Living Report MAR-4800-A Initial Report Expenditure Analysis Report MAR-4102-M Member Cnty Expenditure Analysis Report MAR-1201-M Prod MS-264 5856 Fam Plan and Ster - Mthly MAR-5856-M Prod MS-264 9856 Fam Plan and Ster - Annual MAR-5856-A Comm Living Report MAR-4800-A Lag Report
742	CMS 372 - Model II	Customer requested EDS to build report KYMM4840-R001, KYMM4841-R001, KYMM4842-R001, KYMM4843-R001, KYMM4844-R001. Reports will be combined in one file.

2.8.60 MAR-4850-A -- CMS 372 For ABI

The CMS 372 For ABI (MAR-4850-A) report provides data on the participation of members in the Acquired Brian Injury (ABI) Waiver for providers with Provider type 129. It compares the participation and expenditures of these members to other institutional members who are not participating in the waiver program.

INCLUSIONS/EXCLUSIONS: Fee-For-Service, latest, paid claims are included.

SORTS/GROUPINGS: N/A

2.8.60.1 Technical Name
MAR-4850-A

2.8.60.2 Sort Order
Reporting Period (descending order)

For readability, this layout appears on the following several pages.

2.8.60.3 CMS 372 For ABI Layout

```
Report  : MAR-4850-A                    COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
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                                                EXHIBIT A

STATE            : KENTUCKY
REPORTING PERIOD: MM/DD/CCYY - MM/DD/CCYY
WAIVER NUMBER    : 0333.01
WAIVER TITLE     : BRAIN INJURY WAIVER
INITIAL REPORT   : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                                  NF

I.      ANNUAL NUMBER OF INSTITUTIONAL MEMBERS FOR LEVEL/S OF CARE WAIVER

A.      INSTITUTIONAL MEMBERS

A.1.    ICF/MR SERVICES
        A.   NONWAIVER MEMBERS                                              999,999,999
        B.   WAIVER MEMBERS                                                 999,999,999

A.2.    NF SERVICES
        A.   NONWAIVER MEMBERS                                              999,999,999
        B.   WAIVER MEMBERS                                                 999,999,999

A.3.    MENTAL HEALTH FACILITY NF SERVICES
        A.   NONWAIVER MEMBERS                                              999,999,999
        B.   WAIVER MEMBERS                                                 999,999,999

A.4.    HOSPITAL SERVICES (REFER TO INSTRUCTIONS)
        A.   NONWAIVER MEMBERS                                              999,999,999
        B.   WAIVER MEMBERS                                                 999,999,999

B.1.    TOTAL UNDUPLICATED MEMBERS (ACTUAL FACTOR A' VALUE/S)               999,999,999
        A.   NONWAIVER MEMBERS                                              999,999,999
        B.   WAIVER MEMBERS                                                 999,999,999

Report  : MAR-4850-A                    COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
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STATE            : KENTUCKY
REPORTING PERIOD: MM/DD/CCYY - MM/DD/CCYY
WAIVER NUMBER    : 0333.01
WAIVER TITLE     : BRAIN INJURY WAIVER
INITIAL REPORT   : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                                  NF

II.     ANNUAL EXPENDITURES FOR INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER

A.      TOTAL INSTITUTIONAL EXPENDITURES                                      $9,999,999,999.99

A.1.    ICF/MR SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                $9,999,999,999.99
        B.   WAIVER MEMBERS                                                   $9,999,999,999.99

A.2.    NF SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                $9,999,999,999.99
        B.   WAIVER MEMBERS                                                   $9,999,999,999.99

A.3.    MENTAL HEALTH FACILITY NF SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                $9,999,999,999.99
        B.   WAIVER MEMBERS                                                   $9,999,999,999.99

A.4.    HOSPITAL SERVICES EXPENDITURES (REFER TO INSTRUCTIONS)
        A.   NONWAIVER MEMBERS                                                $9,999,999,999.99
        B.   WAIVER MEMBERS                                                   $9,999,999,999.99
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B.1.   AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES                    $9,999,999,999.99
       (ACTUAL FACTOR B VALUE/S)
       A.   NONWAIVER MEMBERS                                                    $9,999,999,999.99
       B.   WAIVER MEMBERS                                                       $9,999,999,999.99

Report  : MAR-4850-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
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INITIAL REPORT   : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                                 NF

III.   ANNUAL NUMBER OF INSTITUTIONAL SERVICES MEMBERS WHO RECEIVED ACUTE CARE SERVICES WHILE
       INSTITUTIONALIZED

A.     ACUTE CARE SERVICES MEMBERS

A.1.   ACUTE INPATIENT HOSPITAL SERVICES
       A.   NONWAIVER MEMBERS                                                    999,999,999
       B.   WAIVER MEMBERS                                                       999,999,999

A.2.   PHYSICIANS SERVICES
       A.   NONWAIVER MEMBERS                                                    999,999,999
       B.   WAIVER MEMBERS                                                       999,999,999

A.3.   OUTPATIENT HOSPITAL/CLINIC SERVICES
       A.   NONWAIVER MEMBERS                                                    999,999,999
       B.   WAIVER MEMBERS                                                       999,999,999

A.4.   LABORATORY AND X-RAY SERVICES
       A.   NONWAIVER MEMBERS                                                    999,999,999
       B.   WAIVER MEMBERS                                                       999,999,999

A.5.   PRESCRIBED DRUGS
       A.   NONWAIVER MEMBERS                                                    999,999,999
       B.   WAIVER MEMBERS                                                       999,999,999

A.6.   ALL OTHER ACUTE CARE SERVICES
       A.   NONWAIVER MEMBERS                                                    999,999,999
       B.   WAIVER MEMBERS                                                       999,999,999

B.1.   TOTAL UNDUPLICATED INSTITUTIONAL SERVICES MEMBERS                          999,999,999
       (ACTUAL FACTOR E/S)
       A.   NONWAIVER MEMBERS                                                    999,999,999
       B.   WAIVER MEMBERS                                                       999,999,999

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REPORTING PERIOD: MM/DD/CCYY - MM/DD/CCYY
WAIVER NUMBER    : 0333.01
WAIVER TITLE     : BRAIN INJURY WAIVER
INITIAL REPORT   : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                                 NF
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IV.     ANNUAL EXPENDITURES FOR ACUTE CARE SERVICES TO INSTITUTIONAL SERVICES MEMBERS

A.      TOTAL ACUTE CARE SERVICES EXPENDITURES                                  $9,999,999,999.99

A.1.    ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                  $9,999,999,999.99
        B.   WAIVER MEMBERS                                                     $9,999,999,999.99

A.2.    PHYSICIANS' SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                  $9,999,999,999.99
        B.   WAIVER MEMBERS                                                     $9,999,999,999.99

A.3.    OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                  $9,999,999,999.99
        B.   WAIVER MEMBERS                                                     $9,999,999,999.99

A.4.    LABORATORY AND X-RAY SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                  $9,999,999,999.99
        B.   WAIVER MEMBERS                                                     $9,999,999,999.99

A.5.    PRESCRIBED DRUGS EXPENDITURES
        A.   NONWAIVER MEMBERS                                                  $9,999,999,999.99
        B.   WAIVER MEMBERS                                                     $9,999,999,999.99

A.6.    ALL OTHER ACUTE CARE SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                                  $9,999,999,999.99
        B.   WAIVER MEMBERS                                                     $9,999,999,999.99

B.1.    AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES                     $9,999,999,999.99
        FOR INSTITUTIONAL MEMBERS (ACTUAL FACTOR B' VALUE/S)
        A.   NONWAIVER MEMBERS                                                  $9,999,999,999.99
        B.   WAIVER MEMBERS                                                     $9,999,999,999.99

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WAIVER TITLE     : BRAIN INJURY WAIVER
INITIAL REPORT   : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                                NF

V.      ANNUAL NUMBER OF SECTION 1915(C) WAIVER MEMBERS

A.      CMS APPROVED SECTION 1915(C) WAIVER SERVICES
        (SPECIFY EACH SERVICE IN THE APPROVED WAIVER)

A.1 LEVEL 1 COMM (RESIDENTIAL 8 HOURS)                                           999,999,999
A.2 LEVEL 2 COMM (RESIDENTIAL 16 HOURS)                                          999,999,999
A.3 LEVEL 3 COMM (RESIDENTIAL 24 HOURS)                                          999,999,999
A.4 CASE MANAGEMENT                                                              999,999,999
A.5 PERSONAL CARE                                                                999,999,999
A.6 RESPITE                                                                      999,999,999
A.7 COMPANION                                                                    999,999,999
A.8 STRUCTURED DAY PROGRAM                                                       999,999,999
A.9 PREV SERVICES                                                                999,999,999
A.10 SUPPORTED EMPLOYMENT                                                        999,999,999
A.11 BEHAVIORAL                                                                  999,999,999
A.12 COUNSELING & TRAINING                                                       999,999,999
A.13 OCCUPATIONAL THERAPY                                                        999,999,999
A.14 SPEECH THERAPY                                                              999,999,999
A.15 SPECIALIZED MED EQUIP                                                       999,999,999
A.16 ENVIRONMENTAL MODS                                                          999,999,999
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B.1.   TOTAL UNDUPLICATED SECTION 1915(C) WAIVER MEMBERS                    999,999,999
       (ACTUAL FACTOR C VALUE/S)
       A.   FOR DEINSTITUTIONALIZED WAIVER MEMBERS                          999,999,999
       B.   FOR DIVERTED WAIVER MEMBERS                                     999,999,999

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WAIVER NUMBER    : 0333.01
WAIVER TITLE     : BRAIN INJURY WAIVER
INITIAL REPORT   : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                            NF

VI.    ANNUAL SECTION 1915(C) WAIVER EXPENDITURES

A.     TOTAL CMS APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES      $9,999,999,999.99
       (SPECIFY EACH SERVICE IN THE APPROVED WAIVER)

A.1 LEVEL 1 COMM (RESIDENTIAL 8 HOURS)                                      $9,999,999,999.99
A.2 LEVEL 2 COMM (RESIDENTIAL 16 HOURS)                                     $9,999,999,999.99
A.3 LEVEL 3 COMM (RESIDENTIAL 24 HOURS)                                     $9,999,999,999.99
A.4 CASE MANAGEMENT                                                         $9,999,999,999.99
A.5 PERSONAL CARE                                                           $9,999,999,999.99
A.6 RESPITE                                                                 $9,999,999,999.99
A.7 COMPANION                                                               $9,999,999,999.99
A.8 STRUCTURED DAY PROGRAM                                                  $9,999,999,999.99
A.9 PREV SERVICES                                                           $9,999,999,999.99
A.10 SUPPORTED EMPLOYMENT                                                   $9,999,999,999.99
A.11 BEHAVIORAL                                                             $9,999,999,999.99
A.12 COUNSELING & TRAINING                                                  $9,999,999,999.99
A.13 OCCUPATIONAL THERAPY                                                   $9,999,999,999.99
A.14 SPEECH THERAPY                                                         $9,999,999,999.99
A.15 SPECIALIZED MED EQUIP                                                  $9,999,999,999.99
A.16 ENVIRONMENTAL MODS                                                     $9,999,999,999.99

B.1.   AVERAGE PER CAPITA SECTION 1915(C) WAIVER SERVICES EXPENDITURES     $9,999,999,999.99
       (ACTUAL FACTOR D VALUE/S)
       A.   FOR DEINSTITUTIONALIZED WAIVER MEMBERS                          $9,999,999,999.99
       B.   FOR DIVERTED WAIVER MEMBERS                                     $9,999,999,999.99

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WAIVER NUMBER    : 0333.01
WAIVER TITLE     : BRAIN INJURY WAIVER
INITIAL REPORT   : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                            NF
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VII.	ANNUAL NUMBER OF WAIVER MEMBERS WHO RECEIVED ACUTE CARE SERVICES WHILE IN THE WAIVER	
A.	ACUTE CARE SERVICES MEMBERS	
A.1.	ACUTE INPATIENT HOSPITAL SERVICES	999,999,999
A.2.	PHYSICIANS' SERVICES	999,999,999
A.3.	OUTPATIENT HOSPITAL/CLINIC SERVICES	999,999,999
A.4.	LABORATORY AND X-RAY SERVICES	999,999,999
A.5.	PRESCRIBED DRUGS	999,999,999
A.6.	ALL OTHER ACUTE CARE SERVICES	999,999,999
B.1.	TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES MEMBERS (ACTUAL FACTOR C' VALUE/S)	999,999,999
	A. DEINSTITUTIONALIZED WAIVER MEMBERS	999,999,999
	B. DIVERTED WAIVER MEMBERS	999,999,999
VIII.	ANNUAL EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER MEMBERS	
A.	TOTAL ACUTE CARE SERVICES EXPENDITURES	$9,999,999,999.99
A.1.	ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES	$9,999,999,999.99
A.2.	PHYSICIANS' SERVICES EXPENDITURES	$9,999,999,999.99
A.3.	OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES	$9,999,999,999.99
A.4.	LABORATORY AND X-RAY SERVICES EXPENDITURES	$9,999,999,999.99
A.5.	PRESCRIBED DRUGS EXPENDITURES	$9,999,999,999.99
A.6.	ALL OTHER ACUTE CARE SERVICES EXPENDITURES	$9,999,999,999.99
B.1.	AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER MEMBERS (ACTUAL FACTOR D' VALUE/S)	$9,999,999,999.99
	A. DEINSTITUTIONALIZED WAIVER MEMBERS	$9,999,999,999.99
	B. DIVERTED WAIVER MEMBERS	$9,999,999,999.99

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WAIVER NUMBER    : 0333.01
WAIVER TITLE     : BRAIN INJURY WAIVER
INITIAL REPORT   : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                                          NF

IX.     OTHER REQUIRED DATA

A.      TOTAL DAYS OF WAIVERED COVERAGE:                                                 999,999,999
        1.   DEINSTITUTIONALIZED WAIVER MEMBERS                                          999,999,999
        2.   DIVERTED WAIVER MEMBERS                                                     999,999,999

B.      TOTAL DAYS OF INSTITUTIONAL CARE:                                                999,999,999
        1.   NONWAIVER MEMBERS                                                           999,999,999
        2.   WAIVER MEMBERS                                                              999,999,999

C.      ATTACH A LAG REPORT FOR THE PREVIOUS YEAR OF THIS WAIVER (INCLUDING RENEWALS AND REPLACEMENTS) OR A
        DETAILED EXPLANATION OF WHY THERE IS NO LAG DATA. (DOES NOT APPLY TO REPORTS FOR THE FIRST YEAR OF A
        NEW WAIVER.)

D.     IMPACT OF THE WAIVER ON THE HEALTH AND WELFARE OF THE MEMBERS.

ASSURANCES: (PLEASE CHECK)

[  ]  1.  ASSURANCES WERE SUBMITTED WITH THE INITIAL REPORT.

[  ]  2.  ALL PROVIDER STANDARDS AND HEALTH AND WELFARE SAFEGUARDS HAVE BEEN MET AND CORRECTIVE
          ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.

[  ]  3.  ALL PROVIDERS OF WAIVERS SERVICES WERE PROPERLY TRAINED, SUPERVISED, AND CERTIFIED AND/OR
          LICENSED, AND CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.
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Report  : MAR-4850-A                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
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WAIVER NUMBER    : 0333.01
WAIVER TITLE     : BRAIN INJURY WAIVER
INITIAL REPORT   : X   LAG REPORT:

LEVEL/S OF CARE IN APPROVED WAIVER                                                          NF
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DOCUMENTATION: (PLEASE CHECK AND ATTACH)

[ ] 4. ATTACHED IS A BRIEF DESCRIPTION OF THE PROCESS FOR MONITORING THE SAFEGUARDS AND STANDARDS UNDER THE WAIVER.

FINDINGS OF MONITORING: (PLEASE CHECK AND ATTACH DOCUMENTATION IF APPROPRIATE)

[ ] 5. NO DEFICIENCIES WERE DETECTED DURING THE MONITORING PROCESS; OR

[ ] 6. DEFICIENCIES WERE DETECTED. ATTACHED IS A SUMMARY OF THE SIGNIFICANT AREA WHERE DEFICIENCIES WERE DETECTED, (NOTE: INDIVIDUAL REPORTS OR ASSESSMENT FORMS FOR WAIVER MEMBERS AND/OR PROVIDERS DISCLOSING DEFICIENCIES AND WHICH DOCUMENT THE SUMMARY ARE NOT NECESSARY); AND

[ ] 7. ATTACHED IS AN EXPLANATION OF HOW THESE DEFICIENCIES HAVE BEEN OR ARE BEING CORRECTED.

CERTIFICATION: I, EXECUTIVE OFFICER OF THE STATE AGENCY, DO CERTIFY THAT THE INFORMATION SHOWN ON THE FORM CMS 372 IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED: _____

TITLE: _____

DATE: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

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STATE : KENTUCKY
REPORTING PERIOD: MM/DD/CCYY - MM/DD/CCYY
WAIVER NUMBER : 0333.01
WAIVER TITLE : BRAIN INJURY WAIVER
INITIAL REPORT : LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER		NF
I.	ANNUAL NUMBER OF INSTITUTIONAL MEMBERS FOR LEVEL/S OF CARE WAIVER	
A.	INSTITUTIONAL MEMBERS	
A.1.	ICF/MR SERVICES	
	A. NONWAIVER MEMBERS	999,999,999
	B. WAIVER MEMBERS	999,999,999
A.2.	NF SERVICES	
	A. NONWAIVER MEMBERS	999,999,999
	B. WAIVER MEMBERS	999,999,999
A.3.	MENTAL HEALTH FACILITY NF SERVICES	
	A. NONWAIVER MEMBERS	999,999,999
	B. WAIVER MEMBERS	999,999,999
A.4.	HOSPITAL SERVICES (REFER TO INSTRUCTIONS)	
	A. NONWAIVER MEMBERS	999,999,999
	B. WAIVER MEMBERS	999,999,999
B.1.	TOTAL UNDUPLICATED MEMBERS (ACTUAL FACTOR A' VALUE/S)	999,999,999
	A. NONWAIVER MEMBERS	999,999,999
	B. WAIVER MEMBERS	999,999,999

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Report  : MAR-4850-A                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
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WAIVER TITLE     : BRAIN INJURY WAIVER
INITIAL REPORT   :     LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                                          NF

II.    ANNUAL EXPENDITURES FOR INSTITUTIONAL SERVICES FOR LEVEL/S OF CARE COVERED BY THE WAIVER

A.     TOTAL INSTITUTIONAL EXPENDITURES                                                $9,999,999,999.99

A.1.   ICF/MR SERVICES EXPENDITURES
       A.   NONWAIVER MEMBERS                                                          $9,999,999,999.99
       B.   WAIVER MEMBERS                                                              $9,999,999,999.99

A.2.   NF SERVICES EXPENDITURES
       A.   NONWAIVER MEMBERS                                                          $9,999,999,999.99
       B.   WAIVER MEMBERS                                                              $9,999,999,999.99

A.3.   MENTAL HEALTH FACILITY NF SERVICES EXPENDITURES
       A.   NONWAIVER MEMBERS                                                          $9,999,999,999.99
       B.   WAIVER MEMBERS                                                              $9,999,999,999.99

A.4.   HOSPITAL SERVICES EXPENDITURES (REFER TO INSTRUCTIONS)
       A.   NONWAIVER MEMBERS                                                          $9,999,999,999.99
       B.   WAIVER MEMBERS                                                              $9,999,999,999.99

B.1.   AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURES                          $9,999,999,999.99
       (ACTUAL FACTOR B VALUE/S)
       A.   NONWAIVER MEMBERS                                                          $9,999,999,999.99
       B.   WAIVER MEMBERS                                                              $9,999,999,999.99
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Report  : MAR-4850-A                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
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WAIVER NUMBER    : 0333.01
WAIVER TITLE     : BRAIN INJURY WAIVER
INITIAL REPORT   :     LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                                          NF
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III.   ANNUAL NUMBER OF INSTITUTIONAL SERVICES MEMBERS WHO RECEIVED ACUTE CARE SERVICES WHILE
       INSTITUTIONALIZED
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```
A.      ACUTE CARE SERVICES MEMBERS

A.1.    ACUTE INPATIENT HOSPITAL SERVICES
        A.   NONWAIVER MEMBERS                                          999,999,999
        B.   WAIVER MEMBERS                                             999,999,999

A.2.    PHYSICIANS SERVICES
        A.   NONWAIVER MEMBERS                                          999,999,999
        B.   WAIVER MEMBERS                                             999,999,999

A.3.    OUTPATIENT HOSPITAL/CLINIC SERVICES
        A.   NONWAIVER MEMBERS                                          999,999,999
        B.   WAIVER MEMBERS                                             999,999,999

A.4.    LABORATORY AND X-RAY SERVICES
        A.   NONWAIVER MEMBERS                                          999,999,999
        B.   WAIVER MEMBERS                                             999,999,999

A.5.    PRESCRIBED DRUGS
        A.   NONWAIVER MEMBERS                                          999,999,999
        B.   WAIVER MEMBERS                                             999,999,999

A.6.    ALL OTHER ACUTE CARE SERVICES
        A.   NONWAIVER MEMBERS                                          999,999,999
        B.   WAIVER MEMBERS                                             999,999,999

B.1.    TOTAL UNDUPLICATED INSTITUTIONAL SERVICES MEMBERS               999,999,999
        (ACTUAL FACTOR E/S)
        A.   NONWAIVER MEMBERS                                          999,999,999
        B.   WAIVER MEMBERS                                             999,999,999


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WAIVER NUMBER    : 0333.01
WAIVER TITLE     : BRAIN INJURY WAIVER
INITIAL REPORT   :      LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                        NF

IV.     ANNUAL EXPENDITURES FOR ACUTE CARE SERVICES TO INSTITUTIONAL SERVICES MEMBERS

A.      TOTAL ACUTE CARE SERVICES EXPENDITURES                         $9,999,999,999.99

A.1.    ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                         $9,999,999,999.99
        B.   WAIVER MEMBERS                                            $9,999,999,999.99

A.2.    PHYSICIANS' SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                         $9,999,999,999.99
        B.   WAIVER MEMBERS                                            $9,999,999,999.99

A.3.    OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                         $9,999,999,999.99
        B.   WAIVER MEMBERS                                            $9,999,999,999.99

A.4.    LABORATORY AND X-RAY SERVICES EXPENDITURES
        A.   NONWAIVER MEMBERS                                         $9,999,999,999.99
        B.   WAIVER MEMBERS                                            $9,999,999,999.99
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A.5.    PRESCRIBED DRUGS EXPENDITURES
        A.    NONWAIVER MEMBERS                                          $9,999,999,999.99
        B.    WAIVER MEMBERS                                             $9,999,999,999.99

A.6.    ALL OTHER ACUTE CARE SERVICES EXPENDITURES
        A.    NONWAIVER MEMBERS                                          $9,999,999,999.99
        B.    WAIVER MEMBERS                                             $9,999,999,999.99

B.1.    AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES              $9,999,999,999.99
        FOR INSTITUTIONAL MEMBERS (ACTUAL FACTOR B' VALUE/S)
        A.    NONWAIVER MEMBERS                                          $9,999,999,999.99
        B.    WAIVER MEMBERS                                             $9,999,999,999.99

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INITIAL REPORT   :      LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                        NF

V.      ANNUAL NUMBER OF SECTION 1915(C) WAIVER MEMBERS

A.      CMS APPROVED SECTION 1915(C) WAIVER SERVICES
        (SPECIFY EACH SERVICE IN THE APPROVED WAIVER)

A.1 LEVEL 1 COMM (RESIDENTIAL 8 HOURS)                                   999,999,999
A.2 LEVEL 2 COMM (RESIDENTIAL 16 HOURS)                                  999,999,999
A.3 LEVEL 3 COMM (RESIDENTIAL 24 HOURS)                                  999,999,999
A.4 CASE MANAGEMENT                                                      999,999,999
A.5 PERSONAL CARE                                                        999,999,999
A.6 RESPITE                                                              999,999,999
A.7 COMPANION                                                            999,999,999
A.8 STRUCTURED DAY PROGRAM                                               999,999,999
A.9 PREV SERVICES                                                        999,999,999
A.10 SUPPORTED EMPLOYMENT                                                999,999,999
A.11 BEHAVIORAL                                                          999,999,999
A.12 COUNSELING & TRAINING                                               999,999,999
A.13 OCCUPATIONAL THERAPY                                                999,999,999
A.14 SPEECH THERAPY                                                      999,999,999
A.15 SPECIALIZED MED EQUIP                                               999,999,999
A.16 ENVIRONMENTAL MODS                                                  999,999,999

B.1.    TOTAL UNDUPLICATED SECTION 1915(C) WAIVER MEMBERS                999,999,999
        (ACTUAL FACTOR C VALUE/S)
        A.    FOR DEINSTITUTIONALIZED WAIVER MEMBERS                     999,999,999
        B.    FOR DIVERTED WAIVER MEMBERS                                999,999,999

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WAIVER TITLE     : BRAIN INJURY WAIVER
INITIAL REPORT   :      LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                        NF

VI.     ANNUAL SECTION 1915(C) WAIVER EXPENDITURES
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A.      TOTAL CMS APPROVED SECTION 1915(C) WAIVER SERVICES EXPENDITURES                $9,999,999,999.99
        (SPECIFY EACH SERVICE IN THE APPROVED WAIVER)

A.1 LEVEL 1 COMM (RESIDENTIAL 8 HOURS)                                                 $9,999,999,999.99
A.2 LEVEL 2 COMM (RESIDENTIAL 16 HOURS)                                                $9,999,999,999.99
A.3 LEVEL 3 COMM (RESIDENTIAL 24 HOURS)                                                $9,999,999,999.99
A.4 CASE MANAGEMENT                                                                    $9,999,999,999.99
A.5 PERSONAL CARE                                                                      $9,999,999,999.99
A.6 RESPITE                                                                            $9,999,999,999.99
A.7 COMPANION                                                                          $9,999,999,999.99
A.8 STRUCTURED DAY PROGRAM                                                             $9,999,999,999.99
A.9 PREV SERVICES                                                                      $9,999,999,999.99
A.10 SUPPORTED EMPLOYMENT                                                              $9,999,999,999.99
A.11 BEHAVIORAL                                                                        $9,999,999,999.99
A.12 COUNSELING & TRAINING                                                             $9,999,999,999.99
A.13 OCCUPATIONAL THERAPY                                                              $9,999,999,999.99
A.14 SPEECH THERAPY                                                                    $9,999,999,999.99
A.15 SPECIALIZED MED EQUIP                                                             $9,999,999,999.99
A.16 ENVIRONMENTAL MODS                                                                $9,999,999,999.99

B.1.    AVERAGE PER CAPITA SECTION 1915(C) WAIVER SERVICES EXPENDITURES                $9,999,999,999.99
        (ACTUAL FACTOR D VALUE/S)
        A.    FOR DEINSTITUTIONALIZED WAIVER MEMBERS                                   $9,999,999,999.99
        B.    FOR DIVERTED WAIVER MEMBERS                                              $9,999,999,999.99

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WAIVER TITLE     : BRAIN INJURY WAIVER
INITIAL REPORT   :     LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                                      NF

VII.    ANNUAL NUMBER OF WAIVER MEMBERS WHO RECEIVED ACUTE CARE SERVICES WHILE IN THE WAIVER

A.      ACUTE CARE SERVICES MEMBERS

A.1.    ACUTE INPATIENT HOSPITAL SERVICES                                               999,999,999

A.2.    PHYSICIANS' SERVICES                                                            999,999,999

A.3.    OUTPATIENT HOSPITAL/CLINIC SERVICES                                             999,999,999

A.4.    LABORATORY AND X-RAY SERVICES                                                   999,999,999

A.5.    PRESCRIBED DRUGS                                                                999,999,999

A.6.    ALL OTHER ACUTE CARE SERVICES                                                   999,999,999

B.1.    TOTAL UNDUPLICATED WAIVER AND ACUTE CARE                                        999,999,999
        SERVICES MEMBERS (ACTUAL FACTOR C' VALUE/S)
        A.    DEINSTITUTIONALIZED WAIVER MEMBERS                                        999,999,999
        B.    DIVERTED WAIVER MEMBERS                                                   999,999,999
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VIII.  ANNUAL EXPENDITURES FOR ACUTE CARE SERVICES TO WAIVER MEMBERS

A.     TOTAL ACUTE CARE SERVICES EXPENDITURES                                  $9,999,999,999.99

A.1.   ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES                          $9,999,999,999.99

A.2.   PHYSICIANS' SERVICES EXPENDITURES                                       $9,999,999,999.99

A.3.   OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES                        $9,999,999,999.99

A.4.   LABORATORY AND X-RAY SERVICES EXPENDITURES                              $9,999,999,999.99

A.5.   PRESCRIBED DRUGS EXPENDITURES                                           $9,999,999,999.99

A.6.   ALL OTHER ACUTE CARE SERVICES EXPENDITURES                              $9,999,999,999.99

B.1.   AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR ACUTE           $9,999,999,999.99
       CARE SERVICES TO WAIVER MEMBERS
       (ACTUAL FACTOR D' VALUE/S)
       A.   DEINSTITUTIONALIZED WAIVER MEMBERS                                 $9,999,999,999.99
       B.   DIVERTED WAIVER MEMBERS                                            $9,999,999,999.99

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INITIAL REPORT   :     LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                              NF

IX.    OTHER REQUIRED DATA

A.     TOTAL DAYS OF WAIVERED COVERAGE:                                        999,999,999
       1.   DEINSTITUTIONALIZED WAIVER MEMBERS                                 999,999,999
       2.   DIVERTED WAIVER MEMBERS                                            999,999,999

B.     TOTAL DAYS OF INSTITUTIONAL CARE:                                       999,999,999
       1.   NONWAIVER MEMBERS                                                  999,999,999
       2.   WAIVER MEMBERS                                                     999,999,999

C.     ATTACH A LAG REPORT FOR THE PREVIOUS YEAR OF THIS WAIVER (INCLUDING RENEWALS AND REPLACEMENTS) OR A
       DETAILED EXPLANATION OF WHY THERE IS NO LAG DATA. (DOES NOT APPLY TO REPORTS FOR THE FIRST YEAR OF A
       NEW WAIVER.)

D.    IMPACT OF THE WAIVER ON THE HEALTH AND WELFARE OF THE MEMBERS.

ASSURANCES: (PLEASE CHECK)

[  ]  1.  ASSURANCES WERE SUBMITTED WITH THE INITIAL REPORT.

[  ]  2.  ALL PROVIDER STANDARDS AND HEALTH AND WELFARE SAFEGUARDS HAVE BEEN MET AND CORRECTIVE
          ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.

[  ]  3.  ALL PROVIDERS OF WAIVERS SERVICES WERE PROPERLY TRAINED, SUPERVISED, AND CERTIFIED AND/OR
          LICENSED, AND CORRECTIVE ACTIONS HAVE BEEN TAKEN WHERE APPROPRIATE.
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INITIAL REPORT   :     LAG REPORT: X

LEVEL/S OF CARE IN APPROVED WAIVER                                                                  NF

DOCUMENTATION: (PLEASE CHECK AND ATTACH)

[  ]  4.  ATTACHED IS A BRIEF DESCRIPTION OF THE PROCESS FOR MONITORING THE SAFEGUARDS AND STANDARDS
          UNDER THE WAIVER.

FINDINGS OF MONITORING: (PLEASE CHECK AND ATTACH DOCUMENTATION IF APPROPRIATE)

[  ]  5.  NO DEFICIENCIES WERE DETECTED DURING THE MONITORING PROCESS; OR

[  ]  6.  DEFICIENCIES WERE DETECTED.  ATTACHED IS A SUMMARY OF THE SIGNIFICANT AREA WHERE DEFICIENCIES
          WERE DETECTED, (NOTE: INDIVIDUAL REPORTS OR ASSESSMENT FORMS FOR WAIVER MEMBERS AND/OR PROVIDERS
          DISCLOSING DEFICIENCIES AND WHICH DOCUMENT THE SUMMARY ARE NOT NECESSARY); AND

[  ]  7.  ATTACHED IS AN EXPLANATION OF HOW THESE DEFICIENCIES HAVE BEEN OR ARE BEING CORRECTED.

CERTIFICATION:  I, EXECUTIVE OFFICER OF THE STATE AGENCY, DO CERTIFY THAT THE INFORMATION SHOWN ON THE FORM
                CMS 372 IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED: ____________________________________________

TITLE:  ____________________________________________

DATE:   ____________________________________________

CONTACT PERSON: ____________________________________

TELEPHONE NUMBER: ____________________________________

                                    *** END OF REPORT ***
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2.8.60.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
I. A.1. ICF/MR SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving ICF/MR institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. A.1. ICF/MR SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving ICF/MR institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. A.2. NF SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving nursing facility institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. A.2. NF SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving nursing facility institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. A.3. MENTAL HEALTH FACILITY NF SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving Mental Health Nursing Facility institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. A.3. MENTAL HEALTH FACILITY NF SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving Mental Health Nursing Facility institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. A.4. HOSPITAL SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving hospital institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. A.4. HOSPITAL SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving hospital institutional care services within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
I. B.1. TOTAL UNDUPLICATED MEMBERS (ACTUAL FACTOR A VALUE/S)	An unduplicated count of the total non-waiver and waiver members receiving institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. B.1. TOTAL UNDUPLICATED MEMBERS (ACTUAL FACTOR A VALUE/S) - A. NONWAIVER MEMBERS	An unduplicated count of the total non-waiver members receiving institutional care services within the waiver year.	11	Number	Calculated	Calculated
I. B.1. TOTAL UNDUPLICATED MEMBERS (ACTUAL FACTOR A VALUE/S) - B. WAIVER MEMBERS	An unduplicated count of the total waiver members receiving institutional care services within the waiver year.	11	Number	Calculated	Calculated
II. A. TOTAL INSTITUTIONAL EXPENDITURES	The total institutional care expenditures for non-waiver and waiver members during the waiver year.	17	Number	Calculated	Calculated
II. A.1. ICF/MR SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The total expenditures for non-waiver members for ICF/MR services for the waiver year.	17	Number	Calculated	Calculated
II. A.1. ICF/MR SERVICES EXPENDITURES - B. WAIVER MEMBERS	The total expenditures for waiver members for ICF/MR services for the waiver year.	17	Number	Calculated	Calculated
II. A.2. N F SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The total expenditures for non-waiver members for nursing facility services for the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
II. A.2. N F SERVICES EXPENDITURES - B. WAIVER	The total expenditures for waiver members for nursing facility services for the waiver year.	17	Number	Calculated	Calculated
II. A.3. MENTAL HEALTH FACILITY NF SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The total expenditures for non-waiver members for mental health nursing facility services for the waiver year.	17	Number	Calculated	Calculated
II. A.3. MENTAL HEALTH FACILITY NF SERVICES EXPENDITURES - B. WAIVER MEMBERS	The total expenditures for waiver members for mental health nursing facility services for the waiver year.	17	Number	Calculated	Calculated
II. A.4. HOSPITAL SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The total expenditures for non-waiver members for hospital services for the waiver year.	17	Number	Calculated	Calculated
II. A.4. HOSPITAL SERVICES EXPENDITURES - B. WAIVER MEMBERS	The total expenditures for waiver members for hospital services for the waiver year.	17	Number	Calculated	Calculated
II. B.1. AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURE (ACTUAL FACTOR B VALUE/S)	The average per capita expenditures for all members for institutional services for the waiver year. Calculated by dividing the TOTAL INSTITUTIONAL EXPENDITURES in Section II A., by the member counts from Section I, B.1.	17	Number	Calculated	Calculated
II. B.1. AVERAGE PER CAPITA INSTITUTIONAL SERVICES	The average per capita expenditures for non-waiver members for institutional services for the waiver year. Calculated by dividing the non-waiver member	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
EXPENDITURE (ACTUAL FACTOR B VALUE/S) - A. NONWAIVER MEMBERS	expenditure by the member counts from Section I, B.1. A				
II. B.1. AVERAGE PER CAPITA INSTITUTIONAL SERVICES EXPENDITURE (ACTUAL FACTOR B VALUE/S) - B. WAIVER MEMBERS	The average per capita expenditures for waiver members for institutional services for the waiver year. Calculated by dividing the waiver member expenditures by the member counts from Section I, B.1. B	17	Number	Calculated	Calculated
III. A.1. ACUTE INPATIENT HOSPITAL SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving acute care inpatient hospital services within the waiver year.	11	Number	Calculated	Calculated
III. A.1. ACUTE INPATIENT HOSPITAL SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving acute care inpatient hospital services within the waiver year.	11	Number	Calculated	Calculated
III. A.2. PHYSICIANS SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving physician services within the waiver year.	11	Number	Calculated	Calculated
III. A.2. PHYSICIANS SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving physician services within the waiver year.	11	Number	Calculated	Calculated
III. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving outpatient hospital and/or clinic services within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
III. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving outpatient hospital and/or clinic services within the waiver year.	11	Number	Calculated	Calculated
III. A.4. LABORATORY AND X-RAY SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving laboratory and x-ray services within the waiver year.	11	Number	Calculated	Calculated
III. A.4. LABORATORY AND X-RAY SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving laboratory and x-ray services within the waiver year.	11	Number	Calculated	Calculated
III. A.5. PRESCRIBED DRUGS - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving prescribed drugs within the waiver year.	11	Number	Calculated	Calculated
III. A.5. PRESCRIBED DRUGS - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving prescribed drugs within the waiver year.	11	Number	Calculated	Calculated
III. A.6. ALL OTHER ACUTE CARE SERVICES - A. NONWAIVER MEMBERS	An unduplicated count of non-waiver members receiving all other acute care services within the waiver year.	11	Number	Calculated	Calculated
III. A.6. ALL OTHER ACUTE CARE SERVICES - B. WAIVER MEMBERS	An unduplicated count of waiver members receiving all other acute care services within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
III. B.1. TOTAL UNDUPLICATED INSTITUTIONAL SERVICES MEMBERS (ACTUAL FACTOR E/S)	An unduplicated count of the total non-waiver and waiver institutional members receiving acute care services within the waiver year.	11	Number	Calculated	Calculated
III. B.1. TOTAL UNDUPLICATED INSTITUTIONAL SERVICES MEMBERS (ACTUAL FACTOR E/S) - A. NONWAIVER MEMBERS	An unduplicated count of the total non-waiver institutional members receiving acute care services within the waiver year.	11	Number	Calculated	Calculated
III. B.1. TOTAL UNDUPLICATED INSTITUTIONAL SERVICES MEMBERS (ACTUAL FACTOR E/S) - B. WAIVER MEMBERS	An unduplicated count of the total waiver institutional members receiving acute care services within the waiver year.	11	Number	Calculated	Calculated
IV. A. TOTAL ACUTE CARE SERVICES EXPENDITURES	The total amount of expenditures for acute care services to for non-waiver and waiver institutionalized members.	17	Number	Calculated	Calculated
IV. A.1. ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving acute care inpatient hospital services within the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
IV. A.1. ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving acute care inpatient hospital services within the waiver year.	17	Number	Calculated	Calculated
IV. A.2. PHYSICIANS SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving physician services within the waiver year.	17	Number	Calculated	Calculated
IV. A.2. PHYSICIANS SERVICES EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving physician services within the waiver year.	17	Number	Calculated	Calculated
IV. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving outpatient hospital and/or clinic services within the waiver year.	17	Number	Calculated	Calculated
IV. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving outpatient hospital and/or clinic services within the waiver year.	17	Number	Calculated	Calculated
IV. A.4. LABORATORY AND X-RAY SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving laboratory and x-ray services within the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
IV. A.4. LABORATORY AND X-RAY SERVICES EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving laboratory and x-ray services within the waiver year.	17	Number	Calculated	Calculated
IV. A.5. PRESCRIBED DRUGS EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving prescribed drugs within the waiver year.	17	Number	Calculated	Calculated
IV. A.5. PRESCRIBED DRUGS EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving prescribed drugs within the waiver year.	17	Number	Calculated	Calculated
IV. A.6. ALL OTHER ACUTE CARE SERVICES EXPENDITURES - A. NONWAIVER MEMBERS	The expenditures for non-waiver institutional members receiving all other acute care services within the waiver year.	17	Number	Calculated	Calculated
IV. A.6. ALL OTHER ACUTE CARE SERVICES EXPENDITURES - B. WAIVER MEMBERS	The expenditures for waiver institutional members receiving all other acute care services within the waiver year.	17	Number	Calculated	Calculated
IV. B.1. AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL MEMBERS (ACTUAL FACTOR B VALUE/S)	The average per capita expenditure for acute care services for institutional non-waiver members. Calculated by dividing the TOTAL ACUTE CARE SERVICES EXPENDITURES in Section IV. A., by the number of members in Section III. B.1.	17	Number	Calculated	Calculated
IV. B.1. AVERAGE PER CAPITA ACUTE CARE SERVICES	The average per capita expenditure for acute care services for institutional non-waiver members. Calculated by dividing the non-waiver member	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
EXPENDITURES FOR INSTITUTIONAL MEMBERS (ACTUAL FACTOR B VALUE/S) - A. NONWAIVER MEMBERS	expenditure by the number of non-waiver members in Section III. B.1. A				
IV. B.1. AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES FOR INSTITUTIONAL MEMBERS (ACTUAL FACTOR B VALUE/S) - B. WAIVER MEMBERS	The average per capita expenditure for acute care services for institutional waiver members. Calculated by dividing the waiver member expenditure by the number of waiver members in Section III. B.1. B.	17	Number	Calculated	Calculated
IX.A. TOTAL DAYS OF WAIVERED COVERAGE	The total number of days waiver members was covered by waiver coverage during the waiver year.	11	Number	Calculated	Calculated
IX.A. TOTAL DAYS OF WAIVERED COVERAGE - 1. DEINSTITUTIONALIZED WAIVER MEMBERS	The total number of days deinstitutionalized waiver members was covered by waiver coverage during the waiver year.	11	Number	Calculated	Calculated
IX.A. TOTAL DAYS OF WAIVERED COVERAGE - 2. DIVERTED WAIVER MEMBERS	The total number of days diverted waiver members was covered by waiver coverage during the waiver year.	11	Number	Calculated	Calculated
IX.B. TOTAL DAYS OF INSTITUTIONAL CARE	The total number of days waiver and non-waiver members received institutional care services.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
IX.B. TOTAL DAYS OF INSTITUTIONAL CARE - 1. NONWAIVER MEMBERS	The total number of days non-waiver members received institutional care services.	11	Number	Calculated	Calculated
IX.B. TOTAL DAYS OF INSTITUTIONAL CARE - 2. WAIVER MEMBERS	The total number of days waiver members received institutional care services.	11	Number	Calculated	Calculated
LEVELS OF CARE IN APPROVED WAIVER	All institutional care claims within a waiver year are associated with NF.	20	Char	Calculated	Calculated
V. A.1 LEVEL 1 COMM (RESIDENTIAL 8 HOURS)	A total unduplicated count of waiver members receiving level 1 comm (residential 8 hours) services within the waiver year.	11	Number	Calculated	Calculated
V. A.10 SUPPORTED EMPLOYMENT	A total unduplicated count of waiver members receiving supported employment services within the waiver year.	11	Number	Calculated	Calculated
V. A.11 BEHAVIORAL	A total unduplicated count of waiver members receiving behavioral services within the waiver year.	11	Number	Calculated	Calculated
V. A.12 COUNSELING AND TRAINING	A total unduplicated count of waiver members receiving counseling and training services within the waiver year.	11	Number	Calculated	Calculated
V. A.13 OCCUPATOINAL THERAPY	A total unduplicated count of waiver members receiving occupational therapy services within the waiver year.	11	Number	Calculated	Calculated
V. A.14 SPEECH THERAPY	A total unduplicated count of waiver members receiving speech therapy services within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
V. A.15 SPECIALIZED MED EQUIP	A total unduplicated count of waiver members receiving specialized med equip services within the waiver year.	11	Number	Calculated	Calculated
V. A.16 ENVIRONMENTAL MODS	A total unduplicated count of waiver members receiving environmental mods services within the waiver year.	11	Number	Calculated	Calculated
V. A.2 LEVEL 2 COMM (RESIDENTIAL 16 HOURS)	A total unduplicated count of waiver members receiving level 2 comm (residential 16 hours) services within the waiver year.	11	Number	Calculated	Calculated
V. A.3 LEVEL 3 COMM (RESIDENTIAL 24 HOURS)	A total unduplicated count of waiver members receiving level 3 comm (residential 24 hours) services within the waiver year.	11	Number	Calculated	Calculated
V. A.4 CASE MANAGEMENT	A total unduplicated count of waiver members receiving case management services within the waiver year.	11	Number	Calculated	Calculated
V. A.5 PERSONAL CARE	A total unduplicated count of waiver members receiving personal care services within the waiver year.	11	Number	Calculated	Calculated
V. A.6 RESPITE	A total unduplicated count of waiver members receiving respite services within the waiver year.	11	Number	Calculated	Calculated
V. A.7 COMPANION	A total unduplicated count of waiver members receiving companion services within the waiver year.	11	Number	Calculated	Calculated
V. A.8 STRUCTURED DAY PROGRAM	A total unduplicated count of waiver members receiving structured day program services within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
V. A.9 PREV SERVICES	A total unduplicated count of waiver members receiving previous services within the waiver year.	11	Number	Calculated	Calculated
V. B.1 A. FOR DEINSTITUTIONALIZED WAIVER MEMBERS	The total unduplicated count of waiver members receiving waiver services that were deinstitutionalized during the waiver year.	11	Number	Calculated	Calculated
V. B.1 B. FOR DIVERTED WAIVER MEMBERS	The total unduplicated count of waiver members receiving waiver services that were diverted during the waiver year.	11	Number	Calculated	Calculated
V. B.1 TOTAL UNDUPLICATED SECTION 1915(C) WAIVER MEMBERS	The total unduplicated count of waiver members receiving waiver services within the waiver year.	11	Number	Calculated	Calculated
VI. A. TOTAL APPROVED SECTION 1915 (C) WAIVER SERVICES EXPENDITURES	The total expenditures on waiver services during the waiver year.	17	Number	Calculated	Calculated
VI. A.1 LEVEL 1 COMM (RESIDENTIAL 8 HOURS)	The total Medicaid expenditures for level 1 comm (residential 8 hours) services for the waiver year.	17	Number	Calculated	Calculated
VI. A.10 SUPPORTED EMPLOYMENT	The total Medicaid expenditures for supported employment services for the waiver year.	17	Number	Calculated	Calculated
VI. A.11 BEHAVIORAL	The total Medicaid expenditures for behavioral services for the waiver year.	17	Number	Calculated	Calculated
VI. A.12 COUNSELING AND TRAINING	The total Medicaid expenditures for counseling and training services for the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
VI. A.13 OCCUPATIONAL THERAPY	The total Medicaid expenditures for occupational therapy services for the waiver year.	17	Number	Calculated	Calculated
VI. A.14 SPEECH THERAPY	The total Medicaid expenditures for speech therapy services for the waiver year.	17	Number	Calculated	Calculated
VI. A.15 SPECIALIZED MED EQUIP	The total Medicaid expenditures for specialized med equip services for the waiver year.	17	Number	Calculated	Calculated
VI. A.16 ENVIRONMENTAL MODS	The total Medicaid expenditures for environmental mods services for the waiver year.	17	Number	Calculated	Calculated
VI. A.2 LEVEL 2 COMM (RESIDENTIAL 16 HOURS)	The total Medicaid expenditures for level 2 comm (residential 16 hours) services for the waiver year.	17	Number	Calculated	Calculated
VI. A.3 LEVEL 3 COMM (RESIDENTIAL 24 HOURS)	The total Medicaid expenditures for level 3 comm (residential 24 hours) services for the waiver year.	17	Number	Calculated	Calculated
VI. A.4 CASE MANAGEMENT	The total Medicaid expenditures for case management services for the waiver year.	17	Number	Calculated	Calculated
VI. A.5 PERSONAL CARE	The total Medicaid expenditures for personal care services for the waiver year.	17	Number	Calculated	Calculated
VI. A.6 RESPITE	The total Medicaid expenditures for respite services for the waiver year.	17	Number	Calculated	Calculated
VI. A.7 COMPANION	The total Medicaid expenditures for companion services for the waiver year.	17	Number	Calculated	Calculated
VI. A.8 STRUCTURED DAY PROGRAM	The total Medicaid expenditures for structured day program services for the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
VI. A.9 PREV SERVICES	The total Medicaid expenditures for previous services for the waiver year.	17	Number	Calculated	Calculated
VI. B.1 A. FOR DEINSTITUTIONALIZED WAIVER MEMBERS	The average waiver service expenditures accumulated by the deinstitutionalized waiver members during the waiver year. Calculated by dividing the total expenditures for deinstitutionalized member by the number of deinstitutionalized members in Section V. B.1. A	17	Number	Calculated	Calculated
VI. B.1 AVERAGE PER CAPITA SECTION 1915(C) WAIVER SERVICES EXPENDITURES	The average waiver service expenditures accumulated by the waiver members during the waiver year. Calculated by dividing the TOTAL APPROVED SECTION 1915C WAIVER SERVICES EXPENDITURES in Section VI. A., by the number of members in Section V. B.1.	17	Number	Calculated	Calculated
VI. B.1 B. FOR DIVERTED WAIVER MEMBERS	The average waiver service expenditures accumulated by the diverted waiver members during the waiver year. Calculated by dividing the total expenditures for deinstitutionalized member by the number of diverted members in Section V. B.1. B	17	Number	Calculated	Calculated
VII. A.1.ACUTE INPATIENT HOSPITAL SERVICES	An unduplicated count of waiver members receiving inpatient services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. A.2. PHYSICIAN SERVICES	An unduplicated count of waiver members receiving physician services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES	An unduplicated count of waiver members receiving outpatient services while in the waiver within the waiver year.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
VII. A.4. LABORATORY AND X-RAY SERVICES	An unduplicated count of waiver members receiving laboratory and x-ray services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. A.5. PRESCRIBED DRUGS	An unduplicated count of waiver members receiving prescribed drug services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. A.6. ALL OTHER ACUTE CARE SERVICES	An unduplicated count of waiver members receiving any other acute care services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. B.1.TOTAL UNDUPLICATED WAIVER AND ACUTE CARE - A. DEINSTITUTIONALIZED WAIVER MEMBERS	The total unduplicated count of deinstitutionalized waiver members receiving acute care services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. B.1.TOTAL UNDUPLICATED WAIVER AND ACUTE CARE - B. DIVERTED WAIVER MEMBERS	The total unduplicated count of diverted waiver members receiving acute care services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VII. B.1.TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES MEMBERS	The total unduplicated count of waiver members receiving acute care services while in the waiver within the waiver year.	11	Number	Calculated	Calculated
VIII. A. TOTAL ACUTE CARE SERVICES EXPENDITURES	The total acute care expenditures while in the waiver accumulated by waiver members during the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
VIII. A.1. ACUTE INPATIENT HOSPITAL SERVICES EXPENDITURES	The total expenditures accumulated by waiver members for inpatient services while in the waiver within the waiver year.	17	Number	Calculated	Calculated
VIII. A.2. PHYSICIANS SERVICES EXPENDITURES	The total expenditures accumulated by waiver members for physician services while in the waiver within the waiver year.	17	Number	Calculated	Calculated
VIII. A.3. OUTPATIENT HOSPITAL/CLINIC SERVICES EXPENDITURES	The total expenditures accumulated by waiver member for outpatient services while in the waiver within the waiver year.	17	Number	Calculated	Calculated
VIII. A.4. LABORATORY AND X-RAY SERVICES EXPENDITURES	The total expenditures accumulated by waiver members for laboratory and x-ray services while in the waiver within the waiver year.	17	Number	Calculated	Calculated
VIII. A.5. PRESCRIBED DRUGS EXPENDITURES	The total expenditures accumulated by waiver members for prescribed drug services while in the waiver within the waiver year.	17	Number	Calculated	Calculated
VIII. A.6. ALL OTHER ACUTE CARE SERVICES EXPENDITURES	The total expenditures accumulated by waiver members for receiving any acute care service other than those described above while in the waiver.	17	Number	Calculated	Calculated
VIII. B.1. AVERAGE PER CAPITA ACUTE CARE - A. FOR DEINSTITUTIONALIZED WAIVER MEMBERS	The average acute care expenditures while in the waiver for deinstitutionalized waiver members during the waiver year.	17	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
VIII. B.1. AVERAGE PER CAPITA ACUTE CARE - B. FOR DIVERTED WAIVER MEMBERS	The average acute care expenditures while in the waiver for diverted waiver members during the waiver year.	17	Number	Calculated	Calculated
VIII. B.1. AVERAGE PER CAPITA ACUTE CARE SERVICES EXPENDITURES TO WAIVER MEMBERS	The average acute care expenditures while in the waiver accumulated by the waiver members during the waiver year. Calculated by dividing the TOTAL ACUTE CARE SERVICES EXPENDITURES (Section VIII.A.) by the TOTAL UNDUPLICATED WAIVER AND ACUTE CARE SERVICES MEMBERS (Section VII. B.1.).	17	Number	Calculated	Calculated

2.8.60.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.60.6 Associated Requirements

ID
30.090.012.003.2

2.8.60.7 Change Orders

ID	Name	Description
5551	MAR reports/PWB mismatch	Process & Location in the following reports is not same as PWB. CMS 372 - ABI Report MAR-4850-A Initial Report CMS 372 - HCB/ADC Report MAR-4810-A Initial Report CMS 372 - Model II Report MAR-4840-A Initial Report Comm Living Report MAR-4800-A Initial Report Expenditure Analysis Report MAR-4102-M

ID	Name	Description
		Member Cnty Expenditure Analysis Report MAR-1201-M Prod MS-264 5856 Fam Plan and Ster - Mthly MAR-5856-M Prod MS-264 9856 Fam Plan and Ster - Annual MAR-5856-A Comm Living Report MAR-4800-A Lag Report
747	CMS 372 - ABI	Customer requested EDS to build report KYMM4850-R001, KYMM4851-R001, KYMM4852-R001, KYMM4853-R001, KYMM4854-R001. Reports will be combined in one file.

2.8.61 MAR-5851-A -- MS-264 Summary - Annual

The MS-264 Summary - Annual (MAR-5851-A) report presents expenditure amounts by member program code for a given year. The report shows the total claim payment amount, total claim details billed, and member program code by Category of Service group.

EXCLUSIONS/INCLUSIONS: Only original claims for the specified provider categories of service are reported.

SORTS/GROUPINGS: Grouped by category of service, and sorted by member program code.

2.8.61.1 Technical Name

MAR-5851-A

2.8.61.2 Sort Order

COS, Program Code

2.8.61.3 MS-264 Summary - Annual Layout

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Report  : MAR-5851-A                    COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA501                 MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRA5851                     SUMMARY MEDICAL VENDOR PAYMENTS                         Page:        999
                                   DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY
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MS-264 COS	PROGRAM CODE	NO OF LINE ITEMS	PAYMENT AMOUNT
02	A	999,999	$999,999,999.99
	AP	999,999	$999,999,999.99
	B	999,999	$999,999,999.99
	BP	999,999	$999,999,999.99
	C	999,999	$999,999,999.99
	D	999,999	$999,999,999.99
	DP	999,999	$999,999,999.99
	E	999,999	$999,999,999.99
	F	999,999	$999,999,999.99
	FP	999,999	$999,999,999.99
	G	999,999	$999,999,999.99
	GP	999,999	$999,999,999.99
	H	999,999	$999,999,999.99
	HP	999,999	$999,999,999.99
	I	999,999	$999,999,999.99
	J	999,999	$999,999,999.99
	K	999,999	$999,999,999.99
	KC	999,999	$999,999,999.99
	L	999,999	$999,999,999.99
	M	999,999	$999,999,999.99
	N	999,999	$999,999,999.99
	P	999,999	$999,999,999.99
	PE	999,999	$999,999,999.99
	R	999,999	$999,999,999.99
	S	999,999	$999,999,999.99
	T	999,999	$999,999,999.99
	U	999,999	$999,999,999.99
	V	999,999	$999,999,999.99
	W	999,999	$999,999,999.99
	X	999,999	$999,999,999.99
	Y	999,999	$999,999,999.99
	Z	999,999	$999,999,999.99
	ZJ	999,999	$999,999,999.99
	ZK	999,999	$999,999,999.99
	ZL	999,999	$999,999,999.99
	ZQ	999,999	$999,999,999.99
	SUBTOTAL :	999,999	$999,999,999.99

Report : MAR-5851-A
Process : MARJA501
Location: MRA5851

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
SUMMARY MEDICAL VENDOR PAYMENTS
DATE RANGE: MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

SMI	PROGRAM CODE	NO OF LINE ITEMS	PAYMENT AMOUNT
	A	999,999	$999,999,999.99
	AP	999,999	$999,999,999.99
	B	999,999	$999,999,999.99
	BP	999,999	$999,999,999.99
	C	999,999	$999,999,999.99
	D	999,999	$999,999,999.99
	DP	999,999	$999,999,999.99
	E	999,999	$999,999,999.99
	F	999,999	$999,999,999.99
	FP	999,999	$999,999,999.99
	G	999,999	$999,999,999.99
	GP	999,999	$999,999,999.99
	H	999,999	$999,999,999.99
	HP	999,999	$999,999,999.99
	I	999,999	$999,999,999.99
	J	999,999	$999,999,999.99
	K	999,999	$999,999,999.99
	KC	999,999	$999,999,999.99
	L	999,999	$999,999,999.99
	M	999,999	$999,999,999.99
	N	999,999	$999,999,999.99
	P	999,999	$999,999,999.99
	PE	999,999	$999,999,999.99
	R	999,999	$999,999,999.99
	S	999,999	$999,999,999.99
	T	999,999	$999,999,999.99
	U	999,999	$999,999,999.99
	V	999,999	$999,999,999.99
	W	999,999	$999,999,999.99
	X	999,999	$999,999,999.99
	Y	999,999	$999,999,999.99
	Z	999,999	$999,999,999.99
	ZJ	999,999	$999,999,999.99
	ZK	999,999	$999,999,999.99
	ZL	999,999	$999,999,999.99
	ZQ	999,999	$999,999,999.99
	SUBTOTAL :	999,999	$999,999,999.99

Report : MAR-5851-A
Process : MARJA501
Location: MRA5851

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
SUMMARY MEDICAL VENDOR PAYMENTS
DATE RANGE: MM/DD/CCYY - MM/DD/CCYY

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Page: 999

TOTALS	PROGRAM CODE	NO OF LINE ITEMS	PAYMENT AMOUNT
	A	999,999	$999,999,999.99
	AP	999,999	$999,999,999.99
	B	999,999	$999,999,999.99
	BP	999,999	$999,999,999.99
	C	999,999	$999,999,999.99
	D	999,999	$999,999,999.99
	DP	999,999	$999,999,999.99
	E	999,999	$999,999,999.99
	F	999,999	$999,999,999.99
	FP	999,999	$999,999,999.99
	G	999,999	$999,999,999.99
	GP	999,999	$999,999,999.99
	H	999,999	$999,999,999.99
	HP	999,999	$999,999,999.99
	I	999,999	$999,999,999.99
	J	999,999	$999,999,999.99
	K	999,999	$999,999,999.99
	KC	999,999	$999,999,999.99
	L	999,999	$999,999,999.99
	M	999,999	$999,999,999.99
	N	999,999	$999,999,999.99
	P	999,999	$999,999,999.99
	PE	999,999	$999,999,999.99
	R	999,999	$999,999,999.99
	S	999,999	$999,999,999.99
	T	999,999	$999,999,999.99
	U	999,999	$999,999,999.99
	V	999,999	$999,999,999.99
	W	999,999	$999,999,999.99
	X	999,999	$999,999,999.99
	Y	999,999	$999,999,999.99
	Z	999,999	$999,999,999.99
	ZJ	999,999	$999,999,999.99
	ZK	999,999	$999,999,999.99
	ZL	999,999	$999,999,999.99
	ZQ	999,999	$999,999,999.99
	SUBTOTAL :	999,999	$999,999,999.99

*** END OF REPORT ***

2.8.61.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
MS-264 COS	Represents a unique classification of services, which is applicable only to the MS-264 reports.	2	Char	T_MR_RE_CNTY	CDE_COS_ST
NO OF LINE ITEMS	The total number of claim details.	7	Number	T_MR_RE_CNTY	CNT_CLAIMS
PAYMENT AMOUNT	The total Medicaid payments for the year.	15	Number	T_MR_RE_CNTY	AMT_PAID
PROGRAM CODE	The member program code.	2	Char	T_MR_RE_CNTY	CDE_AID_CATEGORY
SUBTOTAL - NO OF LINE ITEMS	Subtotal of the unique classification of service for number of claim details for the year.	7	Number	CALCULATED	
SUBTOTAL - PAYMENT AMOUNT	Subtotal of the unique classification of service for Medicaid payments for the year	15	Number	CALCULATED	

2.8.61.5 Associated Programs

Program	Description
copy2crld	CRLD copy
mra5851	MS-264 Summary - Annual
oraload.sh	Oracle Table Load-Unload Utility
sed	Unix command stream editor
oraload.sh	Oracle Table Load-Unload Utility
sed	Unix command stream editor
sed	Unix command stream editor

Program	Description
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
sed	Unix command stream editor

2.8.61.6 Associated Requirements

ID
30.090.012.003.1

2.8.61.7 Change Orders

ID	Name	Description
752	Produce MS-264 5851	Customer requested EDS to build report KYMM5851-R001

2.8.62 MAR-5853-A -- MS-264 Table 1 Medicaid Pmts By Provider Ctg - Annual

The MS-264 Table 1 Medicaid Pmts By Provider Ctg - Annual (MAR-5853-A) report presents expenditure amounts by member program code and provider category of service for a given year. The report shows the total claim payment amount and the total number of members, with separate totals for adults and children.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included.

SORTS/GROUPINGS: Grouped by category of service and sorted by member program code.

2.8.62.1 Technical Name

MAR-5853-A

2.8.62.2 Sort Order

Program Code

2.8.62.3 MS-264 Table 1 Medicaid Pmts By Provider Ctg - Annual Layout

Report : MAR-5853-A
Process : MARJA502
Location: MRA5853

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID UTILILZERS AND PAYMENTS BY TYPE OF SERVICE
DATE RANGE: MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

PROGRAM A

CATEGORY OF MEDICAL SERVICE	MS-264 COS	--- UNDUPLICATED UTILIZERS --- ADULTS	CHILDREN	TTL MEMBERS	--------- PAYMENTS --------- TOTAL PAYMENTS	CHILDREN
Inpatient Hosp Acute C	02	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Mental Hospital	03	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Renal Dialysis Clinic	04	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Model Waiver 1	05	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Model Waiver 2	07	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Psychiatric Residentia	08	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Outpatient Hospital	12	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Ambulatory Surgery	13	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Impact Plus	16	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Spec. Childrens Servic	17	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Adult Targeted Case Ma	20	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Children Targeted Case	21	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Title V DSS	22	99,999	99,999	99,999	$9,999,999.99	$999,999.99
School Based Hlth Svcs	23	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Comm For Chldrn w/Spec	24	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Institutional - ICF	25	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Institutional - ICF/MR	26	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Institutional - ICF/	26-10	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Institutional - ICF/	26-20	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Case Mix-Nursing Facil	27	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Targeted Case Mgmt	28	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Preventative Care	29	99,999	99,999	99,999	$9,999,999.99	$999,999.99
First Steps/Early Int	30	99,999	99,999	99,999	$9,999,999.99	$999,999.99
EPSDT-Related Services	32	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Institutional - SNF	33	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Other Lab and X-Ray	36	99,999	99,999	99,999	$9,999,999.99	$999,999.99
DME Supplier	40	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Primary Care	41	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Community Mental Healt	42	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Rural Health Clinic	43	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Nurse Midwife	44	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Family Planning	45	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Home Health	46	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Independent Lab	47	99,999	99,999	99,999	$9,999,999.99	$999,999.99
EPSDT	48	99,999	99,999	99,999	$9,999,999.99	$999,999.99
BIRTHING CENTERS	49	99,999	99,999	99,999	$9,999,999.99	$999,999.99
SCL-Supports For Commu	50	99,999	99,999	99,999	$9,999,999.99	$999,999.99
ALCOHOL TREATMENT FACI	51	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Home and Community Bas	52	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Home and Community Adu	53	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Nurse Anesthetist	54	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Hospice	55	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Department Of Transpor	58	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Transportation	62	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Non-Emergency Transpor	63	99,999	99,999	99,999	$9,999,999.99	$999,999.99

Report : MAR-5853-A
Process : MARJA502
Location: MRA5853

COMMONWEALTH OF KENTUCKY
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PROGRAM A

CATEGORY OF MEDICAL SERVICE	MS-264 COS	--- UNDUPLICATED UTILIZERS --- ADULTS	CHILDREN	TTL MEMBERS	--------- PAYMENTS --------- TOTAL PAYMENTS	CHILDREN
Pharmacy	64	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Vision	67	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Vision - Optician	67-10	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Vision - Optometrist	67-20	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Dental	72	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Physician	74	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Certified Nurse Practi	75	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Audiology	81	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Podiatry	88	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Psychiatric DPU	92	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Rehab DPU	93	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Physicial Health Mgcar	96	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Behave Partner Capitat	97	99,999	99,999	99,999	$9,999,999.99	$999,999.99
2 - Account Receivab	98-10	99,999	99,999	99,999	$9,999,999.99	$999,999.99
3 - Expenditure	98-20	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Unknown Services by Cl	99	99,999	99,999	99,999	$9,999,999.99	$999,999.99
A - Inpatient Crosso	99-10	99,999	99,999	99,999	$9,999,999.99	$999,999.99
I - Inpatient	99-15	99,999	99,999	99,999	$9,999,999.99	$999,999.99
B - CMS-1500 Crossov	99-20	99,999	99,999	99,999	$9,999,999.99	$999,999.99
M - CMS-1500	99-25	99,999	99,999	99,999	$9,999,999.99	$999,999.99
C - Outpatient Cross	99-30	99,999	99,999	99,999	$9,999,999.99	$999,999.99
O - Outpatient	99-35	99,999	99,999	99,999	$9,999,999.99	$999,999.99
D - Dental	99-40	99,999	99,999	99,999	$9,999,999.99	$999,999.99
H - Home Health	99-45	99,999	99,999	99,999	$9,999,999.99	$999,999.99
L - Long Term Care	99-50	99,999	99,999	99,999	$9,999,999.99	$999,999.99
P - Pharmacy	99-55	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Q - Compound Drug	99-60	99,999	99,999	99,999	$9,999,999.99	$999,999.99
1 - Capitation	99-65	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Other Transactions	99-90	99,999	99,999	99,999	$9,999,999.99	$999,999.99
QMB SERVICES		99,999	99,999	99,999	$9,999,999.99	$999,999.99
Clinical Social Work	34	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Chiropractor	35	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Physical Therapist X	37	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Occupational Therapi	38	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Psychologist Xover	39	99,999	99,999	99,999	$9,999,999.99	$999,999.99
CORF	90	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Physician Assistant	94	99,999	99,999	99,999	$9,999,999.99	$999,999.99
ALTERNATIVE SERVICES		99,999	99,999	99,999	$9,999,999.99	$999,999.99
HANDS	15	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Home Care Waiver	57	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Personal Care Waiver	59	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Brain Injury	60	99,999	99,999	99,999	$9,999,999.99	$999,999.99
T O T A L		99,999,999	9,999,999	9,999,999	$99,999,999.99	$9,999,999.99

Report : MAR-5853-A
Process : MARJA502
Location: MRA5853

COMMONWEALTH OF KENTUCKY
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PROGRAM TOTAL

CATEGORY OF MEDICAL SERVICE	MS-264 COS	--- UNDUPLICATED UTILIZERS --- ADULTS	CHILDREN	TTL MEMBERS	--------- PAYMENTS --------- TOTAL PAYMENTS	CHILDREN
Inpatient Hosp Acute C	02	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Mental Hospital	03	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Renal Dialysis Clinic	04	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Model Waiver 1	05	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Model Waiver 2	07	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Psychiatric Residentia	08	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Outpatient Hospital	12	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Ambulatory Surgery	13	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Impact Plus	16	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Spec. Childrens Servic	17	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Adult Targeted Case Ma	20	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Children Targeted Case	21	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Title V DSS	22	99,999	99,999	99,999	$9,999,999.99	$999,999.99
School Based Hlth Svcs	23	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Comm For Chldrn w/Spec	24	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Institutional - ICF	25	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Institutional - ICF/MR	26	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Institutional - ICF/	26-10	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Institutional - ICF/	26-20	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Case Mix-Nursing Facil	27	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Targeted Case Mgmt	28	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Preventative Care	29	99,999	99,999	99,999	$9,999,999.99	$999,999.99
First Steps/Early Int	30	99,999	99,999	99,999	$9,999,999.99	$999,999.99
EPSDT-Related Services	32	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Institutional - SNF	33	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Other Lab and X-Ray	36	99,999	99,999	99,999	$9,999,999.99	$999,999.99
DME Supplier	40	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Primary Care	41	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Community Mental Healt	42	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Rural Health Clinic	43	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Nurse Midwife	44	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Family Planning	45	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Home Health	46	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Independent Lab	47	99,999	99,999	99,999	$9,999,999.99	$999,999.99
EPSDT	48	99,999	99,999	99,999	$9,999,999.99	$999,999.99
BIRTHING CENTERS	49	99,999	99,999	99,999	$9,999,999.99	$999,999.99
SCL-Supports For Commu	50	99,999	99,999	99,999	$9,999,999.99	$999,999.99
ALCOHOL TREATMENT FACI	51	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Home and Community Bas	52	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Home and Community Adu	53	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Nurse Anesthetist	54	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Hospice	55	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Department Of Transpor	58	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Transportation	62	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Non-Emergency Transpor	63	99,999	99,999	99,999	$9,999,999.99	$999,999.99

Report : MAR-5853-A
Process : MARJA502
Location: MRA5853

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
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PROGRAM TOTAL

CATEGORY OF MEDICAL SERVICE	MS-264 COS	--- UNDUPLICATED UTILIZERS --- ADULTS	CHILDREN	TTL MEMBERS	--------- PAYMENTS --------- TOTAL PAYMENTS	CHILDREN
Pharmacy	64	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Vision	67	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Vision - Optician	67-10	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Vision - Optometrist	67-20	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Dental	72	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Physician	74	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Certified Nurse Practi	75	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Audiology	81	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Podiatry	88	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Psychiatric DPU	92	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Rehab DPU	93	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Physicial Health Mgcar	96	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Behave Partner Capitat	97	99,999	99,999	99,999	$9,999,999.99	$999,999.99
2 - Account Receivab	98-10	99,999	99,999	99,999	$9,999,999.99	$999,999.99
3 - Expenditure	98-20	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Unknown Services by Cl	99	99,999	99,999	99,999	$9,999,999.99	$999,999.99
A - Inpatient Crosso	99-10	99,999	99,999	99,999	$9,999,999.99	$999,999.99
I - Inpatient	99-15	99,999	99,999	99,999	$9,999,999.99	$999,999.99
B - CMS-1500 Crossov	99-20	99,999	99,999	99,999	$9,999,999.99	$999,999.99
M - CMS-1500	99-25	99,999	99,999	99,999	$9,999,999.99	$999,999.99
C - Outpatient Cross	99-30	99,999	99,999	99,999	$9,999,999.99	$999,999.99
O - Outpatient	99-35	99,999	99,999	99,999	$9,999,999.99	$999,999.99
D - Dental	99-40	99,999	99,999	99,999	$9,999,999.99	$999,999.99
H - Home Health	99-45	99,999	99,999	99,999	$9,999,999.99	$999,999.99
L - Long Term Care	99-50	99,999	99,999	99,999	$9,999,999.99	$999,999.99
P - Pharmacy	99-55	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Q - Compound Drug	99-60	99,999	99,999	99,999	$9,999,999.99	$999,999.99
1 - Capitation	99-65	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Other Transactions	99-90	99,999	99,999	99,999	$9,999,999.99	$999,999.99
QMB SERVICES		99,999	99,999	99,999	$9,999,999.99	$999,999.99
Clinical Social Work	34	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Chiropractor	35	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Physical Therapist X	37	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Occupational Therapi	38	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Psychologist Xover	39	99,999	99,999	99,999	$9,999,999.99	$999,999.99
CORF	90	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Physician Assistant	94	99,999	99,999	99,999	$9,999,999.99	$999,999.99
ALTERNATIVE SERVICES		99,999	99,999	99,999	$9,999,999.99	$999,999.99
HANDS	15	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Home Care Waiver	57	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Personal Care Waiver	59	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Brain Injury	60	99,999	99,999	99,999	$9,999,999.99	$999,999.99
T O T A L		99,999,999	9,999,999	9,999,999	$99,999,999.99	$9,999,999.99

*** END OF REPORT ***

2.8.62.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CATEGORY OF MEDICAL SERVICE	The provider category of service description.	21	Char	T_CDE_COS_VALUES	DSC_COS_VALUE
MS-264 COS	The provider category of service code.	2	Char	T_CDE_COS_VALUES	CDE_COS_VALUE
PAYMENTS - CHILDREN	The total Medicaid payments for members under 21. (Adult and Children is based on specific combinations of Program Code, Program Status Code, and IMID values. For more information please see Adult.Children Code values.xls in Supplemental Documentation.)	11	Number	Calculated	N/A
PAYMENTS - TOTAL PAYMENTS	The total Medicaid payments for the year.	13	Number	T_MR_RECIP	AMT_PAID
PROGRAM	The member program code or program code title (for more information, please see in Supplemental Documentation: Program Code Title Values.xls).	3	Char	T_CDE_AID	CDE_AID_CATEGORY
TOTAL - PAYMENTS - CHILDREN	Total for column of the total Medicaid payments for members under 21.	13	Number	Calculated	N/A
TOTAL - PAYMENTS - TOTAL PAYMENTS	Total for column of the total Medicaid payments for the year.	14	Number	Calculated	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL - UNDUPLICATED UTILIZERS - ADULTS	Total for column of the total number of adult members who received service.	10	Number	Calculated	N/A
TOTAL - UNDUPLICATED UTILIZERS - CHILDREN	Total for column of the total number of child members who received service.	9	Number	Calculated	N/A
TOTAL - UNDUPLICATED UTILIZERS - TTL MEMBERS	Total for column of the total adults and children who received service.	9	Number	Calculated	N/A
UNDUPLICATED UTILIZERS - ADULTS	The total number of adult members who received service. (Adult and Children is based on specific combinations of Program Code, Program Status Code, and IMID values. For more information please see Adult.Children Code values.xls in Supplemental Documentation.)	6	Number	Calculated	N/A
UNDUPLICATED UTILIZERS - CHILDREN	The total number of child members who received service. (Adult and Children is based on specific combinations of Program Code, Program Status Code, and IMID values. For more information please see Adult.Children Code values.xls in Supplemental Documentation.)	6	Number	Calculated	N/A
UNDUPLICATED UTILIZERS - TTL MEMBERS	The total adults and children who received service.	6	Number	T_MR_RE	ID_MEDICAID

2.8.62.5 Associated Programs

Program	Description
copy2crld	CRLD copy
mra5853	MS-264 Table 1 Medicaid Pmts By Provider Ctg

2.8.62.6 Associated Requirements

ID
30.090.012.003.1

2.8.62.7 Change Orders

ID	Name	Description
754	Produce MS-264 5853	Customer requested EDS to build report KYMM5853-R001

2.8.63 MAR-5853-M -- MS-264 Table 1 Medicaid Pmts By Provider Ctg - Monthly

The MS-264 Table 1 Medicaid Pmts By Provider Ctg - Monthly (MAR-5853-M) report presents expenditure amounts by member program code and provider category of service for a given month. The report shows the total claim payment amount and the total number of members, with a separate total for adults and children.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included.

SORTS/GROUPIINGS: Grouped by member program code and sorted by category of service.

2.8.63.1 Technical Name

MAR-5853-M

2.8.63.2 Sort Order

Program Code

For readability, this layout appears on the following several pages.

2.8.63.3 MS-264 Table 1 Medicaid Pmts By Provider Ctg - Monthly Layout

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Report  : MAR-5853-M                    COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJM585                  MEDICAID MANAGEMENT INFORMATION SYSTEM                        Run Time:   99:99:99
Location: MAR5853M              MEDICAID UTILILZERS AND PAYMENTS BY TYPE OF SERVICE                   Page:        999
                                     DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY
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PROGRAM A

CATEGORY OF MEDICAL SERVICE	MS-264 COS	--- UNDUPLICATED UTILIZERS --- ADULTS	CHILDREN	TTL MEMBERS	--------- PAYMENTS --------- TOTAL PAYMENTS	CHILDREN
Inpatient Hosp Acute C	02	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Mental Hospital	03	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Renal Dialysis Clinic	04	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Model Waiver 1	05	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Model Waiver 2	07	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Psychiatric Residentia	08	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Outpatient Hospital	12	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Ambulatory Surgery	13	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Impact Plus	16	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Spec. Childrens Servic	17	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Adult Targeted Case Ma	20	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Children Targeted Case	21	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Title V DSS	22	99,999	99,999	99,999	$9,999,999.99	$999,999.99
School Based Hlth Svcs	23	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Comm For Chldrn w/Spec	24	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Institutional - ICF	25	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Institutional - ICF/MR	26	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Institutional - ICF/	26-10	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Institutional - ICF/	26-20	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Case Mix-Nursing Facil	27	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Targeted Case Mgmt	28	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Preventative Care	29	99,999	99,999	99,999	$9,999,999.99	$999,999.99
First Steps/Early Int	30	99,999	99,999	99,999	$9,999,999.99	$999,999.99
EPSDT-Related Services	32	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Institutional - SNF	33	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Other Lab and X-Ray	36	99,999	99,999	99,999	$9,999,999.99	$999,999.99
DME Supplier	40	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Primary Care	41	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Community Mental Healt	42	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Rural Health Clinic	43	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Nurse Midwife	44	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Family Planning	45	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Home Health	46	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Independent Lab	47	99,999	99,999	99,999	$9,999,999.99	$999,999.99
EPSDT	48	99,999	99,999	99,999	$9,999,999.99	$999,999.99
BIRTHING CENTERS	49	99,999	99,999	99,999	$9,999,999.99	$999,999.99
SCL-Supports For Commu	50	99,999	99,999	99,999	$9,999,999.99	$999,999.99
ALCOHOL TREATMENT FACI	51	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Home and Community Bas	52	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Home and Community Adu	53	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Nurse Anesthetist	54	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Hospice	55	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Department Of Transpor	58	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Transportation	62	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Non-Emergency Transpor	63	99,999	99,999	99,999	$9,999,999.99	$999,999.99

Report : MAR-5853-M
Process : MARJM585
Location: MAR5853M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID UTILILZERS AND PAYMENTS BY TYPE OF SERVICE
DATE RANGE: MM/DD/CCYY - MM/DD/CCYY

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PROGRAM A

CATEGORY OF MEDICAL SERVICE	MS-264 COS	--- UNDUPLICATED UTILIZERS --- ADULTS	CHILDREN	TTL MEMBERS	--------- PAYMENTS --------- TOTAL PAYMENTS	CHILDREN
Pharmacy	64	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Vision	67	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Vision - Optician	67-10	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Vision - Optometrist	67-20	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Dental	72	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Physician	74	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Certified Nurse Practi	75	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Audiology	81	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Podiatry	88	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Psychiatric DPU	92	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Rehab DPU	93	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Physicial Health Mgcar	96	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Behave Partner Capitat	97	99,999	99,999	99,999	$9,999,999.99	$999,999.99
2 - Account Receivab	98-10	99,999	99,999	99,999	$9,999,999.99	$999,999.99
3 - Expenditure	98-20	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Unknown Services by Cl	99	99,999	99,999	99,999	$9,999,999.99	$999,999.99
A - Inpatient Crosso	99-10	99,999	99,999	99,999	$9,999,999.99	$999,999.99
I - Inpatient	99-15	99,999	99,999	99,999	$9,999,999.99	$999,999.99
B - CMS-1500 Crossov	99-20	99,999	99,999	99,999	$9,999,999.99	$999,999.99
M - CMS-1500	99-25	99,999	99,999	99,999	$9,999,999.99	$999,999.99
C - Outpatient Cross	99-30	99,999	99,999	99,999	$9,999,999.99	$999,999.99
O - Outpatient	99-35	99,999	99,999	99,999	$9,999,999.99	$999,999.99
D - Dental	99-40	99,999	99,999	99,999	$9,999,999.99	$999,999.99
H - Home Health	99-45	99,999	99,999	99,999	$9,999,999.99	$999,999.99
L - Long Term Care	99-50	99,999	99,999	99,999	$9,999,999.99	$999,999.99
P - Pharmacy	99-55	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Q - Compound Drug	99-60	99,999	99,999	99,999	$9,999,999.99	$999,999.99
1 - Capitation	99-65	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Other Transactions	99-90	99,999	99,999	99,999	$9,999,999.99	$999,999.99
QMB SERVICES		99,999	99,999	99,999	$9,999,999.99	$999,999.99
Clinical Social Work	34	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Chiropractor	35	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Physical Therapist X	37	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Occupational Therapi	38	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Psychologist Xover	39	99,999	99,999	99,999	$9,999,999.99	$999,999.99
CORF	90	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Physician Assistant	94	99,999	99,999	99,999	$9,999,999.99	$999,999.99
ALTERNATIVE SERVICES		99,999	99,999	99,999	$9,999,999.99	$999,999.99
HANDS	15	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Home Care Waiver	57	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Personal Care Waiver	59	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Brain Injury	60	99,999	99,999	99,999	$9,999,999.99	$999,999.99
T O T A L		99,999,999	9,999,999	9,999,999	$99,999,999.99	$9,999,999.99

Report : MAR-5853-M
Process : MARJM585
Location: MAR5853M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID UTILILZERS AND PAYMENTS BY TYPE OF SERVICE
DATE RANGE: MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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PROGRAM TOTAL

CATEGORY OF MEDICAL SERVICE	MS-264 COS	--- UNDUPLICATED UTILIZERS --- ADULTS	CHILDREN	TTL MEMBERS	--------- PAYMENTS --------- TOTAL PAYMENTS	CHILDREN
Inpatient Hosp Acute C	02	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Mental Hospital	03	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Renal Dialysis Clinic	04	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Model Waiver 1	05	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Model Waiver 2	07	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Psychiatric Residentia	08	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Outpatient Hospital	12	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Ambulatory Surgery	13	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Impact Plus	16	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Spec. Childrens Servic	17	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Adult Targeted Case Ma	20	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Children Targeted Case	21	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Title V DSS	22	99,999	99,999	99,999	$9,999,999.99	$999,999.99
School Based Hlth Svcs	23	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Comm For Chldrn w/Spec	24	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Institutional - ICF	25	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Institutional - ICF/MR	26	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Institutional - ICF/	26-10	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Institutional - ICF/	26-20	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Case Mix-Nursing Facil	27	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Targeted Case Mgmt	28	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Preventative Care	29	99,999	99,999	99,999	$9,999,999.99	$999,999.99
First Steps/Early Int	30	99,999	99,999	99,999	$9,999,999.99	$999,999.99
EPSDT-Related Services	32	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Institutional - SNF	33	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Other Lab and X-Ray	36	99,999	99,999	99,999	$9,999,999.99	$999,999.99
DME Supplier	40	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Primary Care	41	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Community Mental Healt	42	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Rural Health Clinic	43	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Nurse Midwife	44	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Family Planning	45	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Home Health	46	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Independent Lab	47	99,999	99,999	99,999	$9,999,999.99	$999,999.99
EPSDT	48	99,999	99,999	99,999	$9,999,999.99	$999,999.99
BIRTHING CENTERS	49	99,999	99,999	99,999	$9,999,999.99	$999,999.99
SCL-Supports For Commu	50	99,999	99,999	99,999	$9,999,999.99	$999,999.99
ALCOHOL TREATMENT FACI	51	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Home and Community Bas	52	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Home and Community Adu	53	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Nurse Anesthetist	54	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Hospice	55	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Department Of Transpor	58	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Transportation	62	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Non-Emergency Transpor	63	99,999	99,999	99,999	$9,999,999.99	$999,999.99

Report : MAR-5853-M
Process : MARJM585
Location: MAR5853M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID UTILILZERS AND PAYMENTS BY TYPE OF SERVICE
DATE RANGE: MM/DD/CCYY - MM/DD/CCYY

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PROGRAM TOTAL

CATEGORY OF MEDICAL SERVICE	MS-264 COS	--- UNDUPLICATED UTILIZERS --- ADULTS	CHILDREN	TTL MEMBERS	--------- PAYMENTS --------- TOTAL PAYMENTS	CHILDREN
Pharmacy	64	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Vision	67	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Vision - Optician	67-10	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Vision - Optometrist	67-20	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Dental	72	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Physician	74	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Certified Nurse Practi	75	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Audiology	81	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Podiatry	88	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Psychiatric DPU	92	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Rehab DPU	93	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Physicial Health Mgcar	96	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Behave Partner Capitat	97	99,999	99,999	99,999	$9,999,999.99	$999,999.99
2 - Account Receivab	98-10	99,999	99,999	99,999	$9,999,999.99	$999,999.99
3 - Expenditure	98-20	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Unknown Services by Cl	99	99,999	99,999	99,999	$9,999,999.99	$999,999.99
A - Inpatient Crosso	99-10	99,999	99,999	99,999	$9,999,999.99	$999,999.99
I - Inpatient	99-15	99,999	99,999	99,999	$9,999,999.99	$999,999.99
B - CMS-1500 Crossov	99-20	99,999	99,999	99,999	$9,999,999.99	$999,999.99
M - CMS-1500	99-25	99,999	99,999	99,999	$9,999,999.99	$999,999.99
C - Outpatient Cross	99-30	99,999	99,999	99,999	$9,999,999.99	$999,999.99
O - Outpatient	99-35	99,999	99,999	99,999	$9,999,999.99	$999,999.99
D - Dental	99-40	99,999	99,999	99,999	$9,999,999.99	$999,999.99
H - Home Health	99-45	99,999	99,999	99,999	$9,999,999.99	$999,999.99
L - Long Term Care	99-50	99,999	99,999	99,999	$9,999,999.99	$999,999.99
P - Pharmacy	99-55	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Q - Compound Drug	99-60	99,999	99,999	99,999	$9,999,999.99	$999,999.99
1 - Capitation	99-65	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Other Transactions	99-90	99,999	99,999	99,999	$9,999,999.99	$999,999.99
QMB SERVICES		99,999	99,999	99,999	$9,999,999.99	$999,999.99
Clinical Social Work	34	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Chiropractor	35	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Physical Therapist X	37	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Occupational Therapi	38	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Psychologist Xover	39	99,999	99,999	99,999	$9,999,999.99	$999,999.99
CORF	90	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Physician Assistant	94	99,999	99,999	99,999	$9,999,999.99	$999,999.99
ALTERNATIVE SERVICES		99,999	99,999	99,999	$9,999,999.99	$999,999.99
HANDS	15	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Home Care Waiver	57	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Personal Care Waiver	59	99,999	99,999	99,999	$9,999,999.99	$999,999.99
Brain Injury	60	99,999	99,999	99,999	$9,999,999.99	$999,999.99
T O T A L		99,999,999	9,999,999	9,999,999	$99,999,999.99	$9,999,999.99

*** END OF REPORT ***

2.8.63.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CATEGORY OF MEDICAL SERVICE	The provider category of service description.	21	Char	T_CDE_COS_VALUES	DSC_COS_VALUE
MS-264 COS	The provider category of service code.	2	Char	T_CDE_COS_VALUES	CDE_COS_VALUE
PAYMENTS - CHILDREN	The total Medicaid payments for members under 21. (Adult and Children is based on specific combinations of Program Code, Program Status Code, and IMID values. For more information please see Adult.Children Code values.xls in Supplemental Documentation.)	11	Number	Calculated	N/A
PAYMENTS - TOTAL PAYMENTS	The total Medicaid payments for the year.	13	Number	T_MR_RECIP	AMT_PAID
PROGRAM	The member program code or program code title (for more information, please see in Supplemental Documentation: Program Code Title Values.xls).	3	Char	T_CDE_AID	CDE_AID_CATEGORY
TOTAL - PAYMENTS - CHILDREN	Total for column of the total Medicaid payments for members under 21.	13	Number	Calculated	N/A
TOTAL - PAYMENTS - TOTAL PAYMENTS	Total for column of the total Medicaid payments for the year.	14	Number	Calculated	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL - UNDUPLICATED UTILIZERS - ADULTS	Total for column of the total number of adult members who received service.	10	Number	Calculated	N/A
TOTAL - UNDUPLICATED UTILIZERS - CHILDREN	Total for column of the total number of child members who received service.	9	Number	Calculated	N/A
TOTAL - UNDUPLICATED UTILIZERS - TTL MEMBERS	Total for column of the total adults and children who received service.	9	Number	Calculated	N/A
UNDUPLICATED UTILIZERS - ADULTS	The total number of adult members who received service. (Adult and Children is based on specific combinations of Program Code, Program Status Code, and IMID values. For more information please see Adult.Children Code values.xls in Supplemental Documentation.)	6	Number	Calculated	N/A
UNDUPLICATED UTILIZERS - CHILDREN	The total number of child members who received service. (Adult and Children is based on specific combinations of Program Code, Program Status Code, and IMID values. For more information please see Adult.Children Code values.xls in Supplemental Documentation.)	6	Number	Calculated	N/A
UNDUPLICATED UTILIZERS - TTL MEMBERS	The total adults and children who received service.	6	Number	T_MR_RE	ID_MEDICAID

2.8.63.5 Associated Programs

Program	Description
mra5853	MS-264 Table 1 Medicaid Pmts By Provider Ctg
copy2crld	CRLD copy

2.8.63.6 Associated Requirements

ID
30.090.012.003.1

2.8.63.7 Change Orders

ID	Name	Description
755	Produce MS-264 9853	Customer requested EDS to build report KYMM9853-R001

2.8.64 MAR-5854-A -- MS-264 Supplement - Annual

The MS-264 Supplement - Annual (MAR-5854-A) report presents annual totals of provider payments for Intermediate Care Facility/Mental Retardation (ICF/MR) KyHealth Choices providers. The report shows the provider number, county code, number of members, total claim payments, and total days by member program code.

EXCLUSIONS/INCLUSIONS: Only original claims for the specified provider categories of service are reported.

SORTS/GROUPINGS: Grouped by facility type.

2.8.64.1 Technical Name
MAR-5854-A

2.8.64.2 Sort Order
Vendor #

For readability, the layout displays on the next page.

2.8.64.3 MS-264 Supplement - Annual Layout

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Report  : MAR-5854-A                          COMMONWEALTH OF KENTUCKY                                   Run Date: MM/DD/CCYY
Process : MARJA503                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   99:99:99
Location: MRA5854                                 MS-264 SUPPLEMENT                                          Page:        999
                                        DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                                                   -------------DAYS BY BASIS OF ELIGIBILITY-----------------
   FACILITY                 VENDOR#   COUNTY#   #MEMBERS          PAYMENTS    TOTAL DAYS  AGE 65 & OVER  BLINDNESS DISABLED  AFDC & MAC

MENTAL HOSPITAL
   FACILITY

XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
TOTAL                                          9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999

ICF-MR PUBLIC
   FACILITY

XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
TOTAL                                          9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999

ICF-MR PRIVATE
   FACILITY

XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
TOTAL                                          9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999

PSYCHIATRIC RESIDENTIAL
   TREATMENT FACILITY

XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
TOTAL                                          9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999

CASE MIX

XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
XXXXXXXXXXXXXXXXXXXXXXXX 9999999999   999       9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999
TOTAL                                          9,999,999   $9,999,999.99     999,999       999,999      999,999    999,999    999,999

                                                ** E N D   O F   R E P O R T **
```

2.8.64.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
#MEMBERS	The total number of Medicaid members who received services from the facility.	8	Number	T_CA_ICN	ID_MEDICAID
COUNTY#	The members Kentucky county code.	10	Char	T_CA_RECIP_KEY	CDE_RECIP_COUNTY
DAYS BY BASIS OF ELIGIBILITY - AFDC & MAC	The total number of days for members who are on AFDC or MAC.	7	Number	Calculated	Calculated
DAYS BY BASIS OF ELIGIBILITY - AGE 65 AND OVER	The total number of days for members 65 and over.	7	Number	Calculated	Calculated
DAYS BY BASIS OF ELIGIBILITY - BLINDNESS	The total number of days for members who are blind.	7	Number	Calculated	Calculated
DAYS BY BASIS OF ELIGIBILITY - DISABLED	The total number of days for members who are disabled.	7	Number	Calculated	Calculated
DAYS BY BASIS OF ELIGIBILITY - TOTAL DAYS	The total days stay from the paid claims for the year.	7	Number	Calculated	Calculated
FACILITY	The name of the facility.	50	Char	T_CA_PROV_KEY	NAM_PROVIDER
PAYMENTS	The total Medicaid payments for the year for the facility.	8	Number	T_CA_ICN	AMT_PAID
TOTAL - #MEMBERS	Totals for column of the total number of Medicaid members who received services from all facilities.	9	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL - DAYS BY BASIS OF ELIGIBILITY - AFDC & MAC	Totals for column of the total number of days for members who are on AFDC or MAC for all facilities.	7	Number	Calculated	Calculated
TOTAL - DAYS BY BASIS OF ELIGIBILITY - AGE 65 AND OVER	Totals for column of the total number of days for members 65 and over for all facilities.	7	Number	Calculated	Calculated
TOTAL - DAYS BY BASIS OF ELIGIBILITY - BLINDNESS	Totals for column of the total number of days for members who are blind for all facilities.	7	Number	Calculated	Calculated
TOTAL - DAYS BY BASIS OF ELIGIBILITY - DISABLED	Totals for column of the total number of days for members who are disabled for all facilities.	7	Number	Calculated	Calculated
TOTAL - DAYS BY BASIS OF ELIGIBILITY - TOTAL DAYS	Totals for column of the total days stay from the paid claims for the year for all facilities.	7	Number	Calculated	Calculated
TOTAL - PAYMENTS	Totals for column of the total Medicaid payments for the year for all facilities.	13	Number	Calculated	Calculated
VENDOR#	The Medicaid provider number.	15	Char	T_CA_PROV_KEY	ID_PROVIDER_MCAID

2.8.64.5 Associated Programs

Program	Description
copy2crld	CRLD copy

Program	Description
mra5854	MS-264 Supplement - Annual

2.8.64.6 Associated Requirements

ID
30.090.012.003.1

2.8.64.7 Change Orders

ID	Name	Description
756	Produce MS-264 5854	Customer requested EDS to build report KYMM5854-R001

2.8.65 MAR-5855-A -- MS-264 Medicare Coinsurance - Annual

The MS-264 Medicare Coinsurance - Annual (MAR-5855-A) report presents annual totals of provider payments of Medicare crossover coinsurance and deductible amounts paid by KyHealth Choices. The report shows the Medicare category, member program code, and number of claims and total claim payments by coinsurance, deductible, and total. All valid categories of service are reported, plus a Total page.

EXCLUSIONS/INCLUSIONS: Only original claims are included on this report.

SORTS/GROUPINGS: Grouped by Medicare category, and sorted by member program code.

2.8.65.1 Technical Name
MAR-5855-A

2.8.65.2 Sort Order
Medicare Part, Program Code

For readability, this layout appears on the following several pages.

2.8.65.3 MS-264 Medicare Coinsurance - Annual Layout

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Report  : MAR-5855-A                    COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA504                 MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRA5855                 MEDICARE COINSURANCE AND DEDUCTIBLE REPORT                  Page:        999
                                    DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY
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MEDICARE PART A

PROGRAM CODE	------COINSURANCE----- CLAIMS	PAYMENT	------DEDUCTIBLE------ CLAIMS	PAYMENT	-------COMBINED------- CLAIMS	PAYMENT
A	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
AP	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
B	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
BP	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
C	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
D	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
DP	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
E	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
F	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
FP	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
G	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
GP	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
H	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
HP	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
I	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
J	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
K	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
KC	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
L	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
M	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
N	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
P	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
PE	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
S	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
T	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
U	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
V	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
W	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
X	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
Y	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
Z	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
ZJ	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
ZK	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
ZL	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
ZQ	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
UNK	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
TOTAL	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99

Report : MAR-5855-A
Process : MARJA504
Location: MRA5855

COMMONWEALTH OF KENTUCKY
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MEDICARE PART A/B

PROGRAM CODE	COINSURANCE CLAIMS	COINSURANCE PAYMENT	DEDUCTIBLE CLAIMS	DEDUCTIBLE PAYMENT	COMBINED CLAIMS	COMBINED PAYMENT
A	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
AP	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
B	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
BP	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
C	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
D	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
DP	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
E	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
F	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
FP	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
G	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
GP	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
H	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
HP	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
I	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
J	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
K	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
KC	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
L	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
M	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
N	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
P	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
PE	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
S	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
T	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
U	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
V	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
W	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
X	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
Y	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
Z	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
ZJ	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
ZK	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
ZL	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
ZQ	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
UNK	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
TOTAL	999,999	$99,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99

Report : MAR-5855-A
Process : MARJA504
Location: MRA5855

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MEDICARE PART A

SERVICE	COINSURANCE CLAIMS	COINSURANCE PAYMENT	DEDUCTIBLE CLAIMS	DEDUCTIBLE PAYMENT	COMBINED CLAIMS	COMBINED PAYMENT
INPAT HOSP	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
IN HOSP-MR	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
RENAL DIAL	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
IN HOSP-TB	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
OUTP HOSPG	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
AMB SURG	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
HANDS	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
IMPACT PLS	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
SPEC CHILD	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
ICF - MR	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
CMIX NURSE	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
PREV CARE	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
SOC WORKER	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
CHIROPRACT	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
X-RAY SUPP	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
PHY THERAP	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
OCC THERAP	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
PSYCHOLGST	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
DME SUPPLY	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
PRIME CARE	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
CLNC MENTL	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
RURAL HLTH	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
MIDWIFE	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
HME HEALTH	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
INDEP LAB	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
NUR ANESTH	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
QUAL PRVDR	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
HOME CARE	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
N-EMG TRAN	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
PERS CARE	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
BRAIN INJ	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
MED TRANSP	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
PHARMACY	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
VISION	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
DENTAL	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
TOTAL	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99

Report : MAR-5855-A
Process : MARJA504
Location: MRA5855

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MEDICARE PART B

SERVICE	COINSURANCE CLAIMS	COINSURANCE PAYMENT	DEDUCTIBLE CLAIMS	DEDUCTIBLE PAYMENT	COMBINED CLAIMS	COMBINED PAYMENT
INPAT HOSP	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
IN HOSP-MR	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
RENAL DIAL	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
IN HOSP-TB	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
OUTP HOSPG	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
AMB SURG	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
HANDS	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
IMPACT PLS	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
SPEC CHILD	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
ICF - MR	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
CMIX NURSE	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
PREV CARE	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
SOC WORKER	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
CHIROPRACT	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
X-RAY SUPP	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
PHY THERAP	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
OCC THERAP	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
PSYCHOLGST	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
DME SUPPLY	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
PRIME CARE	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
CLNC MENTL	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
RURAL HLTH	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
MIDWIFE	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
HME HEALTH	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
INDEP LAB	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
NUR ANESTH	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
QUAL PRVDR	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
HOME CARE	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
N-EMG TRAN	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
PERS CARE	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
BRAIN INJ	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
MED TRANSP	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
PHARMACY	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
VISION	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
DENTAL	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
TOTAL	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99

Report : MAR-5855-A
Process : MARJA504
Location: MRA5855

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICARE COINSURANCE AND DEDUCTIBLE REPORT
DATE RANGE: MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

MEDICARE PART A/B

SERVICE	COINSURANCE CLAIMS	COINSURANCE PAYMENT	DEDUCTIBLE CLAIMS	DEDUCTIBLE PAYMENT	COMBINED CLAIMS	COMBINED PAYMENT
INPAT HOSP	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
IN HOSP-MR	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
RENAL DIAL	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
IN HOSP-TB	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
OUTP HOSPG	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
AMB SURG	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
HANDS	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
IMPACT PLS	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
SPEC CHILD	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
ICF - MR	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
CMIX NURSE	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
PREV CARE	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
SOC WORKER	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
CHIROPRACT	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
X-RAY SUPP	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
PHY THERAP	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
OCC THERAP	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
PSYCHOLGST	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
DME SUPPLY	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
PRIME CARE	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
CLNC MENTL	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
RURAL HLTH	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
MIDWIFE	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
HME HEALTH	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
INDEP LAB	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
NUR ANESTH	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
QUAL PRVDR	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
HOME CARE	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
N-EMG TRAN	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
PERS CARE	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
BRAIN INJ	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
MED TRANSP	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
PHARMACY	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
VISION	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
DENTAL	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99
TOTAL	999,999	$9,999,999.99	999,999	$99,999,999.99	999,999	$99,999,999.99

*** END OF REPORT ***

2.8.65.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
COINSURANCE - CLAIMS	The total number of claims paid for a Medicare Coinsurance amount for the year for the program code or for the service code. If Deductible amount paid is zero, this field will get populated.	7	Number	T_MR_XOVER	CNT_CLAIMS, Calculated
COINSURANCE - PAYMENT	The total amount paid by Medicaid for Medicare Coinsurance fees for the year for the program code or for the service code.	14	Number	T_MR_XOVER	AMT_COINSURANCE
COMBINED - PAYMENT	The combined total amount paid by for coinsurance and deductible.	14	Number	Calculated	Calculated
COMBINED - CLAIMS	The combined total number of claims for coinsurance and deductible.	7	Number	Calculated	Calculated
DEDUCTIBLE - PAYMENT	The total amount paid by Medicaid for Medicare Deductible fees for the year for the program code or for the service code.	14	Number	T_MR_XOVER	AMT_DEDUCT
DEDUCTIBLE - CLAIMS	The total number of claims paid for a Medicare Deductible amount for the year for the program code or for the service code. If Coinsurance amount paid is zero, this field will get populated.	7	Number	T_MR_XOVER	CNT_CLAIMS, Calculated
MEDICARE PART	Medicare Part A, Medicare Part B or Both.	3	Char	T_MR_XOVER	Various
PROGRAM CODE	The member Medicaid program code.	3	Char	T_CDE_AID	CDE_AID_CATEGORY
SERVICE	The category of service description.	10	Char	T_CDE_COS_VALUES	DSC_COS_VALUE

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL - COINSURANCE - CLAIMS	Column totals for the total number of claims paid for a Medicare Coinsurance amount for the year for the program code or for the service code.	7	Number	Calculated	Calculated
TOTAL - COINSURANCE - PAYMENT	Column totals for the total amount paid by Medicaid for Medicare Coinsurance fees for the year for the program code or for the service code.	14	Number	Calculated	Calculated
TOTAL - COMBINED - PAYMENT	Column totals for the combined total amount paid by for coinsurance and deductible.	14	Number	Calculated	Calculated
TOTAL - COMBINED - CLAIMS	Column totals for the combined total number of claims for coinsurance and deductible.	7	Number	Calculated	Calculated
TOTAL - DEDUCTIBLE - PAYMENT	Column totals for the total amount paid by Medicaid for Medicare Deductible fees for the year for the program code or for the service code.	14	Number	Calculated	Calculated
TOTAL - DEDUCTIBLE - CLAIMS	Column totals for the total number of claims paid for a Medicare Deductible amount for the year for the program code or for the service code.	7	Number	Calculated	Calculated

2.8.65.5 Associated Programs

Program	Description
copy2crld	CRLD copy
mra5855	MS-264 Medicare Coinsurance - Annual

2.8.65.6 Associated Requirements

ID
30.090.012.003.1

2.8.65.7 Change Orders

ID	Name	Description
758	Produce MS-264 5855	Customer requested EDS to build report KYMM5855-R001

2.8.66 MAR-5856-A -- MS-264 Fam Planning and Sterilization - Annual

The MS-264 Fam Planning and Sterilization - Annual (MAR-5856-A) report presents a breakdown of claim and payment information on Family Planning and Sterilization claims.

EXCLUSIONS/INCLUSIONS: Only claims assigned the calculated category of service 95 are included on this report.

SORTS/GROUPINGS: Grouped by service type.

2.8.66.1 Technical Name

MAR-5856-A

2.8.66.2 Sort Order

Service Type

2.8.66.3 MS-264 Fam Planning and Sterilization - Annual Layout

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Report  : MAR-5856-A                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJA585                     MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   99:99:99
Location: MRA5856                     FAMILY PLANNING AND STERILIZATION REPORT                             Page:        999
                                       DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY
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	-------REGULAR FAMILY PLANNING-----			----------STERILIZATION----------			----------T O T A L----------		
		SFY-TO-DATE			SFY-TO-DATE			SFY-TO-DATE	
SERVICE		CLAIMS	PAYMENT		CLAIMS	PAYMENT		CLAIMS	PAYMENT
Inpatient Hosp	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Outpatient Hosp	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Ambulatory Surg	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Other Lab and X	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Primary Care	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Rural Health Cl	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Independent Lab	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Nurse Anestheti	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Pharmacy	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Physician	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Certified Nurse	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Family Planning	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Preventative Ca	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
TOTAL		999,999,999	$9,999,999,99		999,999,999	$9,999,999,99		999,999,999	$9,999,999,99

2.8.66.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
REGULAR FAMILY PLANNING - SFY-TO-DATE - CLAIMS	The total claim count for the fiscal year is calculated for REGULAR FAMILY PLANNING.	10	Number	T_CA_COS_DTL_XREF	CDE_FUND_SRC
REGULAR FAMILY PLANNING - SFY-TO-DATE - PAYMENT	The total payment amount for the fiscal year is calculated for REGULAR FAMILY PLANNING.	10	Number	T_CA_ICN	AMT_PAID
SERVICE	The claim category of service which included Family Planning or Sterilization activity.	15	Char	T_CDE_COS_VALUES	DSC_COS_VALUE
STERILIZATION - SFY-TO-DATE - CLAIMS	The total claim count for the fiscal year is calculated for STERILIZATION.	10	Number	T_CA_COS_DTL_XREF	CDE_FUND_SRC
STERILIZATION - SFY-TO-DATE - PAYMENT	The total payment amount for the fiscal year is calculated for STERILIZATION.	10	Number	T_CA_ICN	AMT_PAID
TOTAL	Column totals for each category.	10	Number	Calculated	Calculated
TOTAL - SFY-TO-DATE - CLAIMS	The total claim count for the fiscal year is calculated for the TOTAL of REGULAR FAMILY PLANNING and STERILIZATION.	11	Number	Calculated	Calculated
TOTAL - SFY-TO-DATE - PAYMENT	The total payment amount for the fiscal year is calculated for the TOTAL of REGULAR FAMILY PLANNING and STERILIZATION.	14	Number	Calculated	Calculated

2.8.66.5 Associated Programs

Program	Description
oraload.sh	Oracle Table Load-Unload Utility
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
mra5856	MS-264 Fam Planning and Sterilization
mra5856	MS-264 Fam Planning and Sterilization
mrm5856	MS-264 Fam Planning and Sterilization
mra5856	MS-264 Fam Planning and Sterilization
copy2routedir	Copy Reports to Router

2.8.66.6 Associated Requirements

ID
30.090.012.003.1

2.8.66.7 Change Orders

ID	Name	Description
5551	MAR reports/PWB mismatch	Process & Location in the following reports is not same as PWB.

ID	Name	Description
		CMS 372 - ABI Report MAR-4850-A Initial Report CMS 372 - HCB/ADC Report MAR-4810-A Initial Report CMS 372 - Model II Report MAR-4840-A Initial Report Comm Living Report MAR-4800-A Initial Report Expenditure Analysis Report MAR-4102-M Member Cnty Expenditure Analysis Report MAR-1201-M Prod MS-264 5856 Fam Plan and Ster - Mthly MAR-5856-M Prod MS-264 9856 Fam Plan and Ster - Annual MAR-5856-A Comm Living Report MAR-4800-A Lag Report
760	Produce MS-264 5856	Customer requested EDS to build report KYMM5856-R001

2.8.67 MAR-5856-M -- MS-264 Fam Planning and Sterilization - Monthly

The MS-264 Fam Planning and Sterilization - Monthly (MAR-5856-M) report presents a breakdown of claim and payment information on Family Planning and Sterilization claims.

EXCLUSIONS/INCLUSIONS: Only claims assigned the calculated category of service 95 are included on this report.

SORTS/GROUPINGS: Grouped by service type.

2.8.67.1 Technical Name

MAR-5856-M

2.8.67.2 Sort Order

Service Type

2.8.67.3 MS-264 Fam Planning and Sterilization - Monthly Layout

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Report  : MAR-5856-M                    COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJM585                 MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRM5856                 FAMILY PLANNING AND STERILIZATION REPORT                    Page:        999
                                   DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY
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	-------REGULAR FAMILY PLANNING-----			-----------STERILIZATION-----------			----------T O T A L----------		
	------MONTHLY-------		QTR-TO-DATE	------MONTHLY-------		QTR-TO-DATE	------MONTHLY-------		QTR-TO-DATE
SERVICE	PAYMENT	CLAIMS	PAYMENT	PAYMENT	CLAIMS	PAYMENT	PAYMENT	CLAIMS	PAYMENT
Inpatient Hosp	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Outpatient Hosp	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Ambulatory Surg	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Other Lab and X	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Primary Care	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Rural Health Cl	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Independent Lab	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Nurse Anestheti	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Pharmacy	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Physician	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Certified Nurse	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Farmily Planning	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
Preventative Car	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99
TOTAL	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99	$999,999.99	999,999	$999,999.99

2.8.67.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
REGULAR FAMILY PLANNING - MONTHLY - CLAIMS	The total claim count for the cycle month is calculated for REGULAR FAMILY PLANNING.	10	Number	T_CA_COS_DTL_XREF	CDE_FUND_SRC
REGULAR FAMILY PLANNING - MONTHLY - PAYMENT	The total payment amount for the cycle month is calculated for REGULAR FAMILY PLANNING.	10	Number	T_CA_ICN	AMT_PAID
REGULAR FAMILY PLANNING - QTR-TO-DATE - PAYMENT	The Quarter to date payment amount is calculated for the REGULAR FAMILY PLANNING.	10	Number	T_CA_ICN	AMT_PAID
SERVICE	The claim category of service which included Family Planning or Sterilization activity.	15	Char	T_CDE_COS_VALUES	DSC_COS_VALUE
STERILIZATION - MONTHLY - CLAIMS	The total claim count for the cycle month is calculated for STERILIZATION.	10	Number	T_CA_COS_DTL_XREF	CDE_FUND_SRC
STERILIZATION - MONTHLY - PAYMENT	The total payment amount for the cycle month is calculated for STERILIZATION.	10	Number	T_CA_ICN	AMT_PAID
STERILIZATION - QTR-TO-DATE - PAYMENT	The Quarter to date payment amount is calculated for the STERILIZATION.	10	Number	T_CA_ICN	AMT_PAID
TOTAL	Column totals for each category.	10	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL - MONTHLY - CLAIMS	The total claim count for the cycle month is calculated for the TOTAL of REGULAR FAMILY PLANNING and STERILIZATION.	10	Number	Calculated	Calculated
TOTAL - MONTHLY - PAYMENT	The total payment amount for the cycle month is calculated for the TOTAL of REGULAR FAMILY PLANNING and STERILIZATION.	14	Number	Calculated	Calculated
TOTAL - QTR-TO-DATE - PAYMENT	The Quarter to date payment amount is calculated for the TOTAL of both of REGULAR FAMILY PLANNING and STERILIZATION.	14	Number	Calculated	Calculated

2.8.67.5 Associated Programs

Program	Description
mrm5856	MS-264 Fam Planning and Sterilization
copy2routedir	Copy Reports to Router
oraload.sh	Oracle Table Load-Unload Utility
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
mrm5856	MS-264 Fam Planning and Sterilization
mrm5856	MS-264 Fam Planning and Sterilization

2.8.67.6 Associated Requirements

ID
30.090.012.003.1

2.8.67.7 Change Orders

ID	Name	Description
5551	MAR reports/PWB mismatch	Process & Location in the following reports is not same as PWB. CMS 372 - ABI Report MAR-4850-A Initial Report CMS 372 - HCB/ADC Report MAR-4810-A Initial Report CMS 372 - Model II Report MAR-4840-A Initial Report Comm Living Report MAR-4800-A Initial Report Expenditure Analysis Report MAR-4102-M Member Cnty Expenditure Analysis Report MAR-1201-M Prod MS-264 5856 Fam Plan and Ster - Mthly MAR-5856-M Prod MS-264 9856 Fam Plan and Ster - Annual MAR-5856-A Comm Living Report MAR-4800-A Lag Report
761	Produce MS-264 9856	Customer requested EDS to build report KYMM9856-R001

2.8.68 MAR-5859-A -- MS-264 Table 12.6 - Annual

The MS-264 Table 12.6 - Annual (MAR-5859-A) report presents annual KyHealth Choices paid amounts for member program: Medically Needy, Children in Aid to Families with Dependent Children (AFDC) Families. The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. Detailed pages are repeated to report all the provider categories of service for all counties. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM-ID
C	P1,P2,P3	NOT 01,03,04,06,08
C	NOT 01,11	68,69,70,72,78,71,73,76,77
W	P1,P2,P3	-
W	-	68,69,70,72, 78,71,73,76,77.

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.68.1 Technical Name
MAR-5859-A

2.8.68.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.68.3 MS-264 Table 12.6 - Annual Layout

```
Report  : MAR-5859-A                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : MARJA512                  MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   99:99:99
Location: MRA5859                      MEDICAID PAID AMOUNTS PER PROGRAM                Page:        999
                                       DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                          TABLE 12.6: MEDICAID PAYMENTS TO CHILDREN FROM AFDC FAMILIES
                                        -- MEDICALLY NEEDY CASES --

                                                                                                FOR SFY OF:   CCYY
                                  AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                              ---------------------------------------------------------------------------------------
                                  MANAGED CARE CAPITATION FEES
                              ----------------------------------------
                   TOTAL          PHYSICAL     BEHAVIORAL   NON-EMERGENCY   INPATIENT    OUTPATIENT
   COUNTY        PAYMENTS          HEALTH        HEALTH     TRANSPORTATION   HOSPITAL     HOSPITAL     PHYSICIAN     PHARMACY
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

    COS                                 96            97            58            02            12            74            64

GUARDIANSHIP
CASES : C.O.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

                                                   - 81 -
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Report  : MAR-5859-A                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : MARJA512                  MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   99:99:99
Location: MRA5859                      MEDICAID PAID AMOUNTS PER PROGRAM                Page:        999
                                       DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                          TABLE 12.6: MEDICAID PAYMENTS TO CHILDREN FROM AFDC FAMILIES
                                        -- MEDICALLY NEEDY CASES --

                                                                                                FOR SFY OF:   CCYY
                                  AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                              ---------------------------------------------------------------------------------------
                                                 PRIMARY       RURAL        RENAL      AMBULATORY                  OTHER
   COUNTY          DENTAL          CARE         HEALTH      DIALYSIS      SURGICAL     LABORATORY    LAB/XRAY      HOSPICE
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

    COS                    72            41            43            04            13            47            36            55

GUARDIANSHIP
CASES : C.O.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

                                                   - 81A -
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Report : MAR-5859-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.6: MEDICAID PAYMENTS TO CHILDREN FROM AFDC FAMILIES
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	46	40	75, 44	54	88	81	45	95
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5859-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.6: MEDICAID PAYMENTS TO CHILDREN FROM AFDC FAMILIES
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5859-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.6: MEDICAID PAYMENTS TO CHILDREN FROM AFDC FAMILIES
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5859-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.6: MEDICAID PAYMENTS TO CHILDREN FROM AFDC FAMILIES
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5859-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.6: MEDICAID PAYMENTS TO CHILDREN FROM AFDC FAMILIES
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5859-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.6: MEDICAID PAYMENTS TO CHILDREN FROM AFDC FAMILIES
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5859-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.6: MEDICAID PAYMENTS TO CHILDREN FROM AFDC FAMILIES
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5859-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.6: MEDICAID PAYMENTS TO CHILDREN FROM AFDC FAMILIES
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

- T1 -
*** END OF REPORT ***

2.8.68.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.68.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
oraload.sh	Oracle Table Load-Unload Utility
sed	Unix command stream editor
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
mr264tbl	MS-264 TABLE 4 - 13.2 table program identification process
oraload.sh	Oracle Table Load-Unload Utility
mr264tbl	MS-264 TABLE 4 - 13.2 table program identification process
oraload.sh	Oracle Table Load-Unload Utility
mr264tbl	MS-264 TABLE 4 - 13.2 table program identification process
oraload.sh	Oracle Table Load-Unload Utility
mr264tbl	MS-264 TABLE 4 - 13.2 table program identification process
clmphash	Build Hash Index
mr264tbl	MS-264 TABLE 4 - 13.2 table program identification process

Program	Description
clmphash	Build Hash Index
mr264tbl	MS-264 TABLE 4 - 13.2 table program identification process
otsortd	Sort - UNIX
mr264tbl	MS-264 TABLE 4 - 13.2 table program identification process
otsortd	Sort - UNIX
otsortd	Sort - UNIX
mr264tbl	MS-264 TABLE 4 - 13.2 table program identification process
otsortd	Sort - UNIX
otsortd	Sort - UNIX
clmphash	Build Hash Index
otsortd	Sort - UNIX
clmphash	Build Hash Index
mr264tbl	MS-264 TABLE 4 - 13.2 table program identification process
otsortd	Sort - UNIX
mr264tbl	MS-264 TABLE 4 - 13.2 table program identification process
otsortd	Sort - UNIX
otsortd	Sort - UNIX
clmphash	Build Hash Index
otsortd	Sort - UNIX

Program	Description
clmphash	Build Hash Index
otsortd	Sort - UNIX
otsortd	Sort - UNIX
clmphash	Build Hash Index
clmphash	Build Hash Index
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
clmphash	Build Hash Index
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
clmphash	Build Hash Index
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
clmphash	Build Hash Index
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
otsortd	Sort - UNIX
otsortd	Sort - UNIX
clmphash	Build Hash Index
otsortd	Sort - UNIX
clmphash	Build Hash Index
oraload.sh	Oracle Table Load-Unload Utility

Program	Description
oraload.sh	Oracle Table Load-Unload Utility

2.8.68.6 Associated Requirements

ID
30.090.012.003.1

2.8.68.7 Change Orders

ID	Name	Description
762	Produce MS-264 5859	Customer requested EDS to build report KYMM5859-R001

2.8.69 MAR-5863-A -- MS-264 Table 8 - AFDC - Annual

The MS-264 Table 8 - AFDC - Annual (MAR-5863-A) report presents annual KyHealth Choices paid amounts for member program: Families with Dependent Children Categorically Needy receiving Title IV, Aid to Families with Dependent Children (AFDC), and Foster Care. The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following inclusion/exclusion logics are used for member program code. (- means all)

Member Program Code	Member Status Code	IM-ID	Include/Exclude
E,T,X,S,KC	-	-	Include
C	01,11	NOT 13,14,15,16	Include
C	P1,P2,P3	01,03,04,06,08, AND NOT 13,14,15,16	Include
C	P1,P2,P3	NOT 01,03,04,06,08 OR ARE 68,69,70,72, 78,71,73,76,77,13,14,15,16	Exclude
W	NOT P1,P2,P3	NOT 13,14,15,16.NOT 68,69,70,72, 78,71,73,76,77.	Include

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.69.1 Technical Name
MAR-5863-A

2.8.69.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.69.3 MS-264 Table 8 - AFDC - Annual Layout

```
Report  : MAR-5863-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRA5859                           MEDICAID PAID AMOUNTS PER PROGRAM                       Page:        999
                                            DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                                 TABLE 8: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
                                    -- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
                                                 -- BASIC AFDC AND FOSTER CARE --
                                                                                                  FOR SFY OF:   CCYY
                                      AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                                 ----------------------------------------------------------------------------------------
                                       MANAGED CARE CAPITATION FEES
                                 ----------------------------------------
                     TOTAL          PHYSICAL     BEHAVIORAL   NON-EMERGENCY   INPATIENT    OUTPATIENT
   COUNTY          PAYMENTS         HEALTH        HEALTH     TRANSPORTATION   HOSPITAL     HOSPITAL     PHYSICIAN     PHARMACY
------------   ---------------   ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.     99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------   ---------------   ------------  ------------  ------------  ------------  ------------  ------------  ------------
CHILD PYMTS.    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
CHILD UTIL.     99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------   ---------------   ------------  ------------  ------------  ------------  ------------  ------------  ------------

   COS                                   96            97            58            02            12            74            64

GUARDIANSHIP
CASES : C.O.    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report  : MAR-5863-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRA5859                           MEDICAID PAID AMOUNTS PER PROGRAM                       Page:        999
                                            DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                                 TABLE 8: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
                                    -- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
                                                 -- BASIC AFDC AND FOSTER CARE --
                                                                                                  FOR SFY OF:   CCYY
                                      AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ----------------------------------------------------------------------------------------------------------
   COUNTY          DENTAL          PRIMARY CARE   RURAL HEALTH   RENAL DIALYSIS   AMBULATORY SURGICAL   LABORATORY   OTHER LAB/XRAY   HOSPICE
------------   ---------------   ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.     99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------   ---------------   ------------  ------------  ------------  ------------  ------------  ------------  ------------
CHILD PYMTS.    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
CHILD UTIL.     99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------   ---------------   ------------  ------------  ------------  ------------  ------------  ------------  ------------

   COS                    72            41            43            04            13            47            36            55

GUARDIANSHIP
CASES : C.O.    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

                                                        - 42A -
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Report : MAR-5863-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- BASIC AFDC AND FOSTER CARE --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	46	40	75, 44	54	88	81	45	95
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
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TABLE 8: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- BASIC AFDC AND FOSTER CARE --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
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TABLE 8: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- BASIC AFDC AND FOSTER CARE --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
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TABLE 8: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- BASIC AFDC AND FOSTER CARE --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
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TABLE 8: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- BASIC AFDC AND FOSTER CARE --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
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TABLE 8: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- BASIC AFDC AND FOSTER CARE --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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TABLE 8: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- BASIC AFDC AND FOSTER CARE --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- BASIC AFDC AND FOSTER CARE --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

- T1 -
*** END OF REPORT ***

2.8.69.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
CHILD PYMTS.	The total payments for members under 21.	11	Number	Calculated	Calculated
CHILD UTIL.	The total claims for members under 21.	11	Number	Calculated	Calculated
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.69.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.69.6 Associated Requirements

ID
30.090.012.003.1

2.8.69.7 Change Orders

ID	Name	Description
763	Produce MS-264 5863	Customer requested EDS to build report KYMM5863-R001

2.8.70 MAR-5864-A -- MS-264 Table 8.1 - Annual

The MS-264 Table 8.1 - Annual (MAR-5864-A) report presents annual KyHealth Choices paid amounts for member program: Families with Dependent Children Categorically Needy receiving Title IV, Aid to Families with Dependent Children (AFDC) Death, Absence, Incapacity. The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following inclusion/exclusion logics are used for member program code. (- means all)

Member Program Code	Member Status Code	IM-ID	Include/Exclude
E	-	-	Include
C	01,11	NOT 13,14,15,16	Include
C	P1,P2,P3	01,03,04,06,08, AND NOT 13,14,15,16	Include
C	P1,P2,P3	NOT 01,03,04,06,08 OR ARE 68,69,70,72, 78, 71, 73, 76, 77, 13, 14, 15, 16	Exclude

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.70.1 Technical Name

MAR-5864-A

2.8.70.2 Sort Order

County Name

For readability, this layout appears on the following several pages.

2.8.70.3 MS-264 Table 8.1 - Annual Layout

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Report  : MAR-5864-A                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : MARJA512                  MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   99:99:99
Location: MRA5859                      MEDICAID PAID AMOUNTS PER PROGRAM                Page:        999
                                       DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                        TABLE 8.1: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
                            -- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
                                -- BASIC AFDC: DEATH, ABSENCE, INCAPACITY --
                                                                                  FOR SFY OF:   CCYY
                                AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                        ------------------------------------------------------------------------------------
                                MANAGED CARE CAPITATION FEES
                        ----------------------------------------
                   TOTAL        PHYSICAL     BEHAVIORAL   NON-EMERGENCY   INPATIENT    OUTPATIENT
   COUNTY        PAYMENTS        HEALTH        HEALTH     TRANSPORTATION   HOSPITAL      HOSPITAL      PHYSICIAN      PHARMACY
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
CHILD PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
CHILD UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

   COS                                   96            97            58            02            12            74            64

GUARDIANSHIP
CASES : C.O.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report  : MAR-5864-A                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : MARJA512                  MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   99:99:99
Location: MRA5859                      MEDICAID PAID AMOUNTS PER PROGRAM                Page:        999
                                       DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                        TABLE 8.1: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
                            -- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
                                -- BASIC AFDC: DEATH, ABSENCE, INCAPACITY --
                                                                                  FOR SFY OF:   CCYY
                                AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                        ------------------------------------------------------------------------------------
                                                                                                  OTHER
                                PRIMARY        RURAL        RENAL      AMBULATORY                 LAB/XRAY
   COUNTY        DENTAL          CARE         HEALTH      DIALYSIS      SURGICAL     LABORATORY     HOSPICE
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------
CHILD PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
CHILD UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------

   COS                    72            41            43            04            13            47            36            55

GUARDIANSHIP
CASES : C.O.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

                                                   - 45A -
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Report : MAR-5864-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
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TABLE 8.1: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- BASIC AFDC: DEATH, ABSENCE, INCAPACITY --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	46	40	75, 44	54	88	81	45	95
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5864-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.1: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- BASIC AFDC: DEATH, ABSENCE, INCAPACITY --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5864-A
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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.1: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- BASIC AFDC: DEATH, ABSENCE, INCAPACITY --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5864-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.1: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- BASIC AFDC: DEATH, ABSENCE, INCAPACITY --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5864-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.1: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- BASIC AFDC: DEATH, ABSENCE, INCAPACITY --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Report : MAR-5864-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.1: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- BASIC AFDC: DEATH, ABSENCE, INCAPACITY --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Report : MAR-5864-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.1: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- BASIC AFDC: DEATH, ABSENCE, INCAPACITY --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5864-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.1: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- BASIC AFDC: DEATH, ABSENCE, INCAPACITY --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

- T1 -
*** END OF REPORT ***

2.8.70.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
CHILD PYMTS.	The total payments for members under 21.	11	Number	Calculated	Calculated
CHILD UTIL.	The total claims for members under 21.	11	Number	Calculated	Calculated
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
	(ICF-MR).				
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.70.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.70.6 Associated Requirements

ID
30.090.012.003.1

2.8.70.7 Change Orders

ID	Name	Description
764	Produce MS-264 5864	Customer requested EDS to build report KYMM5864-R001

2.8.71 MAR-5865-A -- MS-264 Table 8.2 - Annual

The MS-264 Table 8.2 - Annual (MAR-5865-A) report presents annual KyHealth Choices paid amounts for member program: Families with Dependent Children, Categorically Needy receiving Title IV, Aid to Families with Dependent Children (AFDC) Foster Care. The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM ID
X, S		

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.71.1 Technical Name

MAR-5865-A

2.8.71.2 Sort Order

County Name

For readability, this layout appears on the following several pages.

2.8.71.3 MS-264 Table 8.2 - Annual Layout

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Report  : MAR-5865-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRA5859                           MEDICAID PAID AMOUNTS PER PROGRAM                       Page:        999
                                            DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                          TABLE 8.2: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
                              -- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
                                                -- FOSTER CARE --
                                                                                                FOR SFY OF:   CCYY
                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                          ---------------------------------------------------------------------------------------------
                                  MANAGED CARE CAPITATION FEES
                          ----------------------------------------
                 TOTAL          PHYSICAL     BEHAVIORAL   NON-EMERGENCY   INPATIENT     OUTPATIENT
   COUNTY       PAYMENTS         HEALTH        HEALTH     TRANSPORTATION   HOSPITAL      HOSPITAL      PHYSICIAN     PHARMACY
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.  $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.   99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

   COS                                 96            97            58            02            12            74            64

GUARDIANSHIP
CASES : C.O.  $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX  $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX  $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX  $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX  $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX  $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report  : MAR-5865-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRA5859                           MEDICAID PAID AMOUNTS PER PROGRAM                       Page:        999
                                            DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                          TABLE 8.2: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
                              -- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
                                                -- FOSTER CARE --
                                                                                                FOR SFY OF:   CCYY
                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ---------------------------------------------------------------------------------------------------------
                                                PRIMARY       RURAL        RENAL      AMBULATORY                   OTHER
   COUNTY          DENTAL                        CARE        HEALTH      DIALYSIS      SURGICAL     LABORATORY    LAB/XRAY      HOSPICE
------------  ---------------                 ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.  $9,999,999,999                  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.   99,999,999,999                  999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------                 ------------  ------------  ------------  ------------  ------------  ------------  ------------

   COS                                 72            41            43            04            13            47            36            55

GUARDIANSHIP
CASES : C.O.  $9,999,999,999                  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX  $9,999,999,999                  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX  $9,999,999,999                  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX  $9,999,999,999                  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX  $9,999,999,999                  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX  $9,999,999,999                  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report : MAR-5865-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.2: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- FOSTER CARE --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	46	40	75, 44	54	88	81	45	95
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5865-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.2: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- FOSTER CARE --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		TARGETED CASE MGMT				ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5865-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.2: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- FOSTER CARE --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

- 48D -

Report : MAR-5865-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.2: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- FOSTER CARE --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Report : MAR-5865-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
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TABLE 8.2: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- FOSTER CARE --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5865-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.2: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- FOSTER CARE --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5865-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.2: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- FOSTER CARE --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5865-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.2: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- FOSTER CARE --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

- T1 -
*** END OF REPORT ***

2.8.71.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.71.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.71.6 Associated Requirements

ID
30.090.012.003.1

2.8.71.7 Change Orders

ID	Name	Description
765	Produce MS-264 5865	Customer requested EDS to build report KYMM5865-R001

2.8.72 MAR-5866-A -- MS-264 Table 9 - Aged - Annual

The MS-264 Table 9 - Aged - Annual (MAR-5866-A) report presents annual KyHealth Choices paid amounts for member program: Medically Needy Aged. The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM ID
J		

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.72.1 Technical Name
MAR-5866-A

2.8.72.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.72.3 MS-264 Table 9 - Aged - Annual Layout

```
Report  : MAR-5866-A                                   COMMONWEALTH OF KENTUCKY                                   Run Date: MM/DD/CCYY
Process : MARJA512                                  MEDICAID MANAGEMENT INFORMATION SYSTEM                        Run Time:   99:99:99
Location: MRA5859                                      MEDICAID PAID AMOUNTS PER PROGRAM                             Page:        999
                                                       DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                                                    TABLE 9: MEDICAID PAYMENTS TO THE AGED
                                                        -- MEDICALLY NEEDY CASES --

                                                                                                                  FOR SFY OF:   CCYY
                                          AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                                        ---------------------------------------------------------------------------------------------
                                                 MANAGED CARE CAPITATION FEES
                                        ---------------------------------------
                          TOTAL          PHYSICAL     BEHAVIORAL   NON-EMERGENCY   INPATIENT    OUTPATIENT
   COUNTY               PAYMENTS         HEALTH        HEALTH      TRANSPORTATION   HOSPITAL      HOSPITAL      PHYSICIAN     PHARMACY
------------         ---------------   ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.         $9,999,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.          99,999,999,999    999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------         ---------------   ------------  ------------  ------------  ------------  ------------  ------------  ------------

   COS                                          96            97            58            02            12            74            64

GUARDIANSHIP
CASES : C.O.         $9,999,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXX          $9,999,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXX          $9,999,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXX          $9,999,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXX          $9,999,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXX          $9,999,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report  : MAR-5866-A                                   COMMONWEALTH OF KENTUCKY                                   Run Date: MM/DD/CCYY
Process : MARJA512                                  MEDICAID MANAGEMENT INFORMATION SYSTEM                        Run Time:   99:99:99
Location: MRA5859                                      MEDICAID PAID AMOUNTS PER PROGRAM                             Page:        999
                                                       DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                                                    TABLE 9: MEDICAID PAYMENTS TO THE AGED
                                                        -- MEDICALLY NEEDY CASES --

                                                                                                                  FOR SFY OF:   CCYY
                                          AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                                        ---------------------------------------------------------------------------------------------
                                                                                                                                  OTHER
                                                PRIMARY        RURAL        RENAL       AMBULATORY                                LAB/XRAY
   COUNTY               DENTAL              CARE          HEALTH       DIALYSIS       SURGICAL      LABORATORY                    HOSPICE
------------         ---------------   ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.         $9,999,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.          99,999,999,999    999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------         ---------------   ------------  ------------  ------------  ------------  ------------  ------------  ------------

   COS                           72            41            43            04            13            47            36            55

GUARDIANSHIP
CASES : C.O.         $9,999,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXX          $9,999,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXX          $9,999,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXX          $9,999,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXX          $9,999,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXX          $9,999,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report  : MAR-5866-A                                   COMMONWEALTH OF KENTUCKY                                   Run Date: MM/DD/CCYY
Process : MARJA512                                  MEDICAID MANAGEMENT INFORMATION SYSTEM                        Run Time:   99:99:99
Location: MRA5859                                      MEDICAID PAID AMOUNTS PER PROGRAM                             Page:        999
                                                       DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                                                    TABLE 9: MEDICAID PAYMENTS TO THE AGED
                                                        -- MEDICALLY NEEDY CASES --

                                                                                                                  FOR SFY OF:   CCYY
                                          AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                                        ---------------------------------------------------------------------------------------------
                                                 HOME HEALTH                                                          FAMILY PLANNING
                                        ------------------------------                                        ------------------------
                                                                                                                 CLINIC       NON-CLINIC
   COUNTY               HOME HEALTH          DME        NURSE PRACTITIONER   NURSE ANESTHETIST   PODIATRY      HEARING
------------         ---------------   ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.         $9,999,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.          99,999,999,999    999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------         ---------------   ------------  ------------  ------------  ------------  ------------  ------------  ------------

   COS                           46            40         75, 44            54            88            81            45            95

GUARDIANSHIP
CASES : C.O.         $9,999,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXX          $9,999,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXX          $9,999,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXX          $9,999,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXX          $9,999,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXX          $9,999,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report : MAR-5866-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 9: MEDICAID PAYMENTS TO THE AGED
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		TARGETED CASE MGMT				ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5866-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 9: MEDICAID PAYMENTS TO THE AGED
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5866-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 9: MEDICAID PAYMENTS TO THE AGED
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5866-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
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TABLE 9: MEDICAID PAYMENTS TO THE AGED
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5866-A
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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
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TABLE 9: MEDICAID PAYMENTS TO THE AGED
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
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MEDICAID PAID AMOUNTS PER PROGRAM
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Run Date: MM/DD/CCYY
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TABLE 9: MEDICAID PAYMENTS TO THE AGED
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		TARGETED CASE MGMT				ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5866-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 9: MEDICAID PAYMENTS TO THE AGED
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

- T1 -
*** END OF REPORT ***

2.8.72.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.72.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.72.6 Associated Requirements

ID
30.090.012.003.1

2.8.72.7 Change Orders

ID	Name	Description
766	Produce MS-264 5866	Customer requested EDS to build report KYMM5866-R001

2.8.73 MAR-5867-A -- MS-264 Table 10 - Annual

The MS-264 Table 10 - Annual (MAR-5867-A) report presents annual KyHealth Choices paid amounts for member program: Medically Needy Blind. The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM ID
K		

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.73.1 Technical Name
MAR-5867-A

2.8.73.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.73.3 MS-264 Table 10 - Annual Layout

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Report  : MAR-5867-A                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : MARJA512                 MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   99:99:99
Location: MRA5859                     MEDICAID PAID AMOUNTS PER PROGRAM                 Page:        999
                                     DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                                  TABLE 10: MEDICAID PAYMENTS TO THE BLIND
                                       -- MEDICALLY NEEDY CASES --

                                                                                                FOR SFY OF:   CCYY
                                 AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ------------------------------------------------------------------------------------------------------------
                          HOME HEALTH                                                              FAMILY PLANNING
                 ----------------------------                                                 -------------------------
                    HOME                          NURSE        NURSE
   COUNTY          HEALTH            DME        PRACTITIONER  ANESTHETIST     PODIATRY      HEARING        CLINIC      NON-CLINIC
 ------------   ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
 TOTAL PYMTS.    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 TOTAL UTIL.     99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
 ------------   ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
 CHILD PYMTS.    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 CHILD UTIL.     99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
 ------------   ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

     COS                    46            40        75, 44            54            88            81            45            95

 GUARDIANSHIP
 CASES : C.O.    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report  : MAR-5867-A                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : MARJA512                 MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   99:99:99
Location: MRA5859                     MEDICAID PAID AMOUNTS PER PROGRAM                 Page:        999
                                     DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                                  TABLE 10: MEDICAID PAYMENTS TO THE BLIND
                                       -- MEDICALLY NEEDY CASES --

                                                                                                FOR SFY OF:   CCYY
                                 AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ------------------------------------------------------------------------------------------------------------
                                                TARGETED CASE MGMT                                ALTERNATIVE SERVICES
                 COMM. MENTAL                ------------------------                  ------------------------------------------
                   HEALTH                     MENTALLY     EMOTIONALLY    NURSING     HOME AND      ADULT        MODEL
   COUNTY          CENTERS      IMPACT PLUS   ILL ADULTS   DIST. CHILD   FACILITIES  COMM. BASED   DAY CARE     WAIVERS       SCL
 ------------   --------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
 TOTAL PYMTS.     $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 TOTAL UTIL.    9,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
 ------------   --------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
 CHILD PYMTS.     $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 CHILD UTIL.    9,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
 ------------   --------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

     COS                   42            16            20            21   27, 25, 33            52            53        05, 07            50

 GUARDIANSHIP
 CASES : C.O.     $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX     $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX     $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX     $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX     $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX     $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report : MAR-5867-A
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Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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TABLE 10: MEDICAID PAYMENTS TO THE BLIND
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS		96	97	58	02	12	74	64
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5867-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 10: MEDICAID PAYMENTS TO THE BLIND
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	72	41	43	04	13	47	36	55
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5867-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 10: MEDICAID PAYMENTS TO THE BLIND
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Report : MAR-5867-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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Page: 999

TABLE 10: MEDICAID PAYMENTS TO THE BLIND
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Report : MAR-5867-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 10: MEDICAID PAYMENTS TO THE BLIND
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Report : MAR-5867-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
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TABLE 10: MEDICAID PAYMENTS TO THE BLIND
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Report : MAR-5867-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
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TABLE 10: MEDICAID PAYMENTS TO THE BLIND
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5867-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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TABLE 10: MEDICAID PAYMENTS TO THE BLIND
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

- T1 -
*** END OF REPORT ***

2.8.73.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
CHILD PYMTS.	The total payments for members under 21.	11	Number	Calculated	Calculated
CHILD UTIL.	The total claims for members under 21.	11	Number	Calculated	Calculated
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.73.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.73.6 Associated Requirements

ID
30.090.012.003.1

2.8.73.7 Change Orders

ID	Name	Description
767	Produce MS-264 5867	Customer requested EDS to build report KYMM5867-R001

2.8.74 MAR-5868-A -- MS-264 Table 11 - Annual

The MS-264 Table 11 - Annual (MAR-5868-A) report presents annual KyHealth Choices paid amounts for member program: Medically Needy Disabled. The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM ID
M		

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.74.1 Technical Name
MAR-5868-A

2.8.74.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.74.3 MS-264 Table 11 - Annual Layout

Report : MAR-5868-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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TABLE 11: MEDICAID PAYMENTS TO THE DISABLED
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	TOTAL PAYMENTS	MANAGED CARE CAPITATION FEES: PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS		96	97	58	02	12	74	64
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5868-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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TABLE 11: MEDICAID PAYMENTS TO THE DISABLED
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	72	41	43	04	13	47	36	55
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5868-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
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TABLE 11: MEDICAID PAYMENTS TO THE DISABLED
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	46	40	75, 44	54	88	81	45	95
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Report : MAR-5868-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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TABLE 11: MEDICAID PAYMENTS TO THE DISABLED
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Report : MAR-5868-A
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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
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TABLE 11: MEDICAID PAYMENTS TO THE DISABLED
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 11: MEDICAID PAYMENTS TO THE DISABLED
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
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TABLE 11: MEDICAID PAYMENTS TO THE DISABLED
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
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TABLE 11: MEDICAID PAYMENTS TO THE DISABLED
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
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TABLE 11: MEDICAID PAYMENTS TO THE DISABLED
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 11: MEDICAID PAYMENTS TO THE DISABLED
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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*** END OF REPORT ***

2.8.74.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
CHILD PYMTS.	The total payments for members under 21.	11	Number	Calculated	Calculated
CHILD UTIL.	The total claims for members under 21.	11	Number	Calculated	Calculated
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.74.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.74.6 Associated Requirements

ID
30.090.012.003.1

2.8.74.7 Change Orders

ID	Name	Description
768	Produce MS-264 5868	Customer requested EDS to build report KYMM5868-R001

2.8.75 MAR-5869-A -- MS-264 Table 12 - Annual

The MS-264 Table 12 - Annual (MAR-5869-A) report presents annual KyHealth Choices paid amounts for member program: Medically Needy Families with Children. The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM-ID
C	P1,P2,P3	NOT 01,03,04,06,08
C	NOT 01,11	68,69,70,72,78,71,73,76,77
C	-	13,14,15,16
W	P1,P2,P3	-
W	-	68,69,70,72, 78, 71, 73, 76, 77.
W	-	13,14,15,16
KC	P4,P5,P6,P7,M4,M5,M6,M7	-
I,L,N,P,U,Y	-	-

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.75.1 Technical Name

MAR-5869-A

2.8.75.2 Sort Order

County Name

2.8.75.3 MS-264 Table 12 - Annual Layout

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Report  : MAR-5869-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                     MEDICAID MANAGEMENT INFORMATION SYSTEM                   Run Time:   99:99:99
Location: MRA5859                         MEDICAID PAID AMOUNTS PER PROGRAM                         Page:        999
                                          DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                                 TABLE 12: MEDICAID PAYMENTS TO FAMILIES WITH CHILDREN
                                              -- MEDICALLY NEEDY CASES --

                                                                                                   FOR SFY OF:   CCYY
                                       AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                                 ---------------------------------------------------------------------------------------
                                        MANAGED CARE CAPITATION FEES
                                 ----------------------------------------
                      TOTAL        PHYSICAL     BEHAVIORAL   NON-EMERGENCY   INPATIENT    OUTPATIENT
   COUNTY           PAYMENTS       HEALTH        HEALTH     TRANSPORTATION   HOSPITAL      HOSPITAL     PHYSICIAN     PHARMACY
------------   ---------------   ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.     99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------   ---------------   ------------  ------------  ------------  ------------  ------------  ------------  ------------
CHILD PYMTS.    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
CHILD UTIL.     99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------   ---------------   ------------  ------------  ------------  ------------  ------------  ------------  ------------

    COS                                   96            97            58            02            12            74            64

GUARDIANSHIP
CASES : C.O.    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report  : MAR-5869-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                     MEDICAID MANAGEMENT INFORMATION SYSTEM                   Run Time:   99:99:99
Location: MRA5859                         MEDICAID PAID AMOUNTS PER PROGRAM                         Page:        999
                                          DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                                 TABLE 12: MEDICAID PAYMENTS TO FAMILIES WITH CHILDREN
                                              -- MEDICALLY NEEDY CASES --

                                                                                                   FOR SFY OF:   CCYY
                                       AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ---------------------------------------------------------------------------------------------------------
                                                PRIMARY       RURAL        RENAL       AMBULATORY                   OTHER
   COUNTY           DENTAL                      CARE        HEALTH       DIALYSIS      SURGICAL      LABORATORY    LAB/XRAY      HOSPICE
------------   ---------------                ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.    $9,999,999,999                $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.     99,999,999,999                999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------   ---------------                ------------  ------------  ------------  ------------  ------------  ------------  ------------
CHILD PYMTS.    $9,999,999,999                $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
CHILD UTIL.     99,999,999,999                999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------   ---------------                ------------  ------------  ------------  ------------  ------------  ------------  ------------

    COS                    72                         41            43            04            13            47            36            55

GUARDIANSHIP
CASES : C.O.    $9,999,999,999                $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999                $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999                $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999                $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999                $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999                $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 12: MEDICAID PAYMENTS TO FAMILIES WITH CHILDREN
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	46	40	75, 44	54	88	81	45	95
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5869-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
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TABLE 12: MEDICAID PAYMENTS TO FAMILIES WITH CHILDREN
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5869-A
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Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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TABLE 12: MEDICAID PAYMENTS TO FAMILIES WITH CHILDREN
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Report : MAR-5869-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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TABLE 12: MEDICAID PAYMENTS TO FAMILIES WITH CHILDREN
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
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TABLE 12: MEDICAID PAYMENTS TO FAMILIES WITH CHILDREN
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5869-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12: MEDICAID PAYMENTS TO FAMILIES WITH CHILDREN
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5869-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12: MEDICAID PAYMENTS TO FAMILIES WITH CHILDREN
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5869-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12: MEDICAID PAYMENTS TO FAMILIES WITH CHILDREN
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

- T1 -
*** END OF REPORT ***

2.8.75.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
CHILD PYMTS.	The total payments for members under 21.	11	Number	Calculated	Calculated
CHILD UTIL.	The total claims for members under 21.	11	Number	Calculated	Calculated
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.75.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.75.6 Associated Requirements

ID
30.090.012.003.1

2.8.75.7 Change Orders

ID	Name	Description
769	Produce MS-264 5869	Customer requested EDS to build report KYMM5869-R001

2.8.76 MAR-5870-A -- MS-264 Table 12.1 - Annual

The MS-264 Table 12.1 - Annual (MAR-5870-A) report presents annual KyHealth Choices paid amounts for member program: Medically Needy Families with Children. Criteria: Death, Absence or Incapacity of Parent. The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM ID
L		
C		13, 14, 15, 16

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.76.1 Technical Name
MAR-5870-A

2.8.76.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.76.3 MS-264 Table 12.1 - Annual Layout

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Report  : MAR-5870-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRA5859                           MEDICAID PAID AMOUNTS PER PROGRAM                       Page:        999
                                            DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                          TABLE 12.1: MEDICAID PAYMENTS TO BASIC MA FAMILIES WITH CHILDREN
                           -- BASIC CRITERIA: DEATH, ABSENCE, OR INCAPACITY OF PARENT --
                                          -- MEDICALLY NEEDY CASES --
                                                                                                FOR SFY OF:   CCYY
                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                             ---------------------------------------------------------------------------------------
                                   MANAGED CARE CAPITATION FEES
                             ---------------------------------------
                   TOTAL          PHYSICAL     BEHAVIORAL   NON-EMERGENCY   INPATIENT    OUTPATIENT
   COUNTY        PAYMENTS         HEALTH        HEALTH      TRANSPORTATION  HOSPITAL     HOSPITAL     PHYSICIAN     PHARMACY
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
CHILD PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
CHILD UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
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   COS                                 96            97            58            02            12            74            64

GUARDIANSHIP
CASES : C.O.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report  : MAR-5870-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRA5859                           MEDICAID PAID AMOUNTS PER PROGRAM                       Page:        999
                                            DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                          TABLE 12.1: MEDICAID PAYMENTS TO BASIC MA FAMILIES WITH CHILDREN
                           -- BASIC CRITERIA: DEATH, ABSENCE, OR INCAPACITY OF PARENT --
                                          -- MEDICALLY NEEDY CASES --
                                                                                                FOR SFY OF:   CCYY
                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                             ---------------------------------------------------------------------------------------
                                                                                                                 OTHER
                                   PRIMARY        RURAL        RENAL       AMBULATORY                          LAB/XRAY
   COUNTY        DENTAL            CARE          HEALTH      DIALYSIS      SURGICAL      LABORATORY                   HOSPICE
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
CHILD PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
CHILD UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

   COS                     72            41            43            04            13            47            36            55

GUARDIANSHIP
CASES : C.O.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

                                                   - 66A -
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Report : MAR-5870-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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TABLE 12.1: MEDICAID PAYMENTS TO BASIC MA FAMILIES WITH CHILDREN
-- BASIC CRITERIA: DEATH, ABSENCE, OR INCAPACITY OF PARENT --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	46	40	75, 44	54	88	81	45	95
GUARDIANSHIP								
CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5870-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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TABLE 12.1: MEDICAID PAYMENTS TO BASIC MA FAMILIES WITH CHILDREN
-- BASIC CRITERIA: DEATH, ABSENCE, OR INCAPACITY OF PARENT --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP									
CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5870-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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TABLE 12.1: MEDICAID PAYMENTS TO BASIC MA FAMILIES WITH CHILDREN
-- BASIC CRITERIA: DEATH, ABSENCE, OR INCAPACITY OF PARENT --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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TABLE 12.1: MEDICAID PAYMENTS TO BASIC MA FAMILIES WITH CHILDREN
-- BASIC CRITERIA: DEATH, ABSENCE, OR INCAPACITY OF PARENT --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Report : MAR-5870-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 12.1: MEDICAID PAYMENTS TO BASIC MA FAMILIES WITH CHILDREN
-- BASIC CRITERIA: DEATH, ABSENCE, OR INCAPACITY OF PARENT --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 12.1: MEDICAID PAYMENTS TO BASIC MA FAMILIES WITH CHILDREN
-- BASIC CRITERIA: DEATH, ABSENCE, OR INCAPACITY OF PARENT --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Report : MAR-5870-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.1: MEDICAID PAYMENTS TO BASIC MA FAMILIES WITH CHILDREN
-- BASIC CRITERIA: DEATH, ABSENCE, OR INCAPACITY OF PARENT --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	TOTAL PAYMENTS	MANAGED CARE CAPITATION FEES: PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HOME HEALTH: HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	FAMILY PLANNING: CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	TARGETED CASE MGMT: MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	ALTERNATIVE SERVICES: HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5870-A
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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 12.1: MEDICAID PAYMENTS TO BASIC MA FAMILIES WITH CHILDREN
-- BASIC CRITERIA: DEATH, ABSENCE, OR INCAPACITY OF PARENT --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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*** END OF REPORT ***

2.8.76.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
CHILD PYMTS.	The total payments for members under 21.	11	Number	Calculated	Calculated
CHILD UTIL.	The total claims for members under 21.	11	Number	Calculated	Calculated
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.76.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.76.6 Associated Requirements

ID
30.090.012.003.1

2.8.76.7 Change Orders

ID	Name	Description
770	Produce MS-264 5870	Customer requested EDS to build report KYMM5870-R001

2.8.77 MAR-5871-A -- MS-264 Table 12.2 - Annual

The MS-264 Table 12.2 - Annual (MAR-5871-A) report presents annual KyHealth Choices paid amounts for member program: Medically Needy Families with Children and Unemployed Parents. The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM ID
N		
W		13, 14, 15, 16

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.77.1 Technical Name
MAR-5871-A

2.8.77.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.77.3 MS-264 Table 12.2 - Annual Layout

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Report  : MAR-5871-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRA5859                           MEDICAID PAID AMOUNTS PER PROGRAM                       Page:        999
                                            DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                          TABLE 12.2: MEDICAID PAYMENTS TO FAMILIES WITH UNEMPLOYED PARENTS
                                     -- FEDERAL DEFINITION OF UNEMPLOYMENT --
                                          -- MEDICALLY NEEDY CASES --
                                                                                                FOR SFY OF:   CCYY
                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                             ---------------------------------------------------------------------------------------
                                   MANAGED CARE CAPITATION FEES
                             ----------------------------------------
                   TOTAL          PHYSICAL     BEHAVIORAL   NON-EMERGENCY   INPATIENT    OUTPATIENT
   COUNTY        PAYMENTS         HEALTH        HEALTH     TRANSPORTATION   HOSPITAL     HOSPITAL      PHYSICIAN     PHARMACY
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
CHILD PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
CHILD UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

    COS                                 96            97            58            02            12            74            64

GUARDIANSHIP
CASES : C.O.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report  : MAR-5871-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRA5859                           MEDICAID PAID AMOUNTS PER PROGRAM                       Page:        999
                                            DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                          TABLE 12.2: MEDICAID PAYMENTS TO FAMILIES WITH UNEMPLOYED PARENTS
                                     -- FEDERAL DEFINITION OF UNEMPLOYMENT --
                                          -- MEDICALLY NEEDY CASES --
                                                                                                FOR SFY OF:   CCYY
                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                             ---------------------------------------------------------------------------------------
                                                                                                                 OTHER
                                   PRIMARY        RURAL        RENAL       AMBULATORY                          LAB/XRAY
   COUNTY         DENTAL           CARE         HEALTH       DIALYSIS      SURGICAL      LABORATORY                    HOSPICE
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
CHILD PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
CHILD UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

    COS                    72            41            43            04            13            47            36            55

GUARDIANSHIP
CASES : C.O.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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TABLE 12.2: MEDICAID PAYMENTS TO FAMILIES WITH UNEMPLOYED PARENTS
-- FEDERAL DEFINITION OF UNEMPLOYMENT --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	46	40	75, 44	54	88	81	45	95
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
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TABLE 12.2: MEDICAID PAYMENTS TO FAMILIES WITH UNEMPLOYED PARENTS
-- FEDERAL DEFINITION OF UNEMPLOYMENT --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Report : MAR-5871-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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TABLE 12.2: MEDICAID PAYMENTS TO FAMILIES WITH UNEMPLOYED PARENTS
-- FEDERAL DEFINITION OF UNEMPLOYMENT --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 12.2: MEDICAID PAYMENTS TO FAMILIES WITH UNEMPLOYED PARENTS
-- FEDERAL DEFINITION OF UNEMPLOYMENT --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 12.2: MEDICAID PAYMENTS TO FAMILIES WITH UNEMPLOYED PARENTS
-- FEDERAL DEFINITION OF UNEMPLOYMENT --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 12.2: MEDICAID PAYMENTS TO FAMILIES WITH UNEMPLOYED PARENTS
-- FEDERAL DEFINITION OF UNEMPLOYMENT --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 12.2: MEDICAID PAYMENTS TO FAMILIES WITH UNEMPLOYED PARENTS
-- FEDERAL DEFINITION OF UNEMPLOYMENT --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
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TABLE 12.2: MEDICAID PAYMENTS TO FAMILIES WITH UNEMPLOYED PARENTS
-- FEDERAL DEFINITION OF UNEMPLOYMENT --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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*** END OF REPORT ***

2.8.77.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
CHILD PYMTS.	The total payments for members under 21.	11	Number	Calculated	Calculated
CHILD UTIL.	The total claims for members under 21.	11	Number	Calculated	Calculated
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.77.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.77.6 Associated Requirements

ID
30.090.012.003.1

2.8.77.7 Change Orders

ID	Name	Description
771	Produce MS-264 5871	Customer requested EDS to build report KYMM5871-R001

2.8.78 MAR-5872-A -- MS-264 Table 12.4 - Annual

The MS-264 Table 12.4 - Annual (MAR-5872-A) report presents annual KyHealth Choices paid amounts for member program: Medically Needy, Pregnant Women and Children, Members in Intact Families. The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM ID
Y		

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.78.1 Technical Name
MAR-5872-A

2.8.78.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.78.3 MS-264 Table 12.4 - Annual Layout

```
Report  : MAR-5872-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRA5859                           MEDICAID PAID AMOUNTS PER PROGRAM                       Page:        999
                                            DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                    TABLE 12.4: MEDICAID PAYMENTS TO MEMBERS IN INTACT FAMILIES, DEPRIVATION NOT REQUIRED
                                       -- PREGNANT WOMEN AND CHILDREN ONLY --
                                            -- MEDICALLY NEEDY CASES --
                                                                                                  FOR SFY OF:   CCYY
                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                              ---------------------------------------------------------------------------------------
                                     MANAGED CARE CAPITATION FEES
                              ----------------------------------------
                     TOTAL          PHYSICAL     BEHAVIORAL   NON-EMERGENCY   INPATIENT    OUTPATIENT
   COUNTY          PAYMENTS         HEALTH        HEALTH     TRANSPORTATION   HOSPITAL     HOSPITAL     PHYSICIAN     PHARMACY
------------   ---------------   ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.     99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------   ---------------   ------------  ------------  ------------  ------------  ------------  ------------  ------------
CHILD PYMTS.    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
CHILD UTIL.     99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------   ---------------   ------------  ------------  ------------  ------------  ------------  ------------  ------------

    COS                                   96            97            58            02            12            74            64

GUARDIANSHIP
CASES : C.O.    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report  : MAR-5872-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRA5859                           MEDICAID PAID AMOUNTS PER PROGRAM                       Page:        999
                                            DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                    TABLE 12.4: MEDICAID PAYMENTS TO MEMBERS IN INTACT FAMILIES, DEPRIVATION NOT REQUIRED
                                       -- PREGNANT WOMEN AND CHILDREN ONLY --
                                            -- MEDICALLY NEEDY CASES --
                                                                                                  FOR SFY OF:   CCYY
                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                              ---------------------------------------------------------------------------------------
                                                                                                                 OTHER
                                      PRIMARY        RURAL        RENAL       AMBULATORY                     LAB/XRAY
   COUNTY          DENTAL             CARE         HEALTH       DIALYSIS      SURGICAL      LABORATORY                   HOSPICE
------------   ---------------   ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.     99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------   ---------------   ------------  ------------  ------------  ------------  ------------  ------------  ------------
CHILD PYMTS.    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
CHILD UTIL.     99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------   ---------------   ------------  ------------  ------------  ------------  ------------  ------------  ------------

    COS                     72            41            43            04            13            47            36            55

GUARDIANSHIP
CASES : C.O.    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

                                                        - 75A -
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Report : MAR-5872-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.4: MEDICAID PAYMENTS TO MEMBERS IN INTACT FAMILIES, DEPRIVATION NOT REQUIRED
-- PREGNANT WOMEN AND CHILDREN ONLY --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	46	40	75, 44	54	88	81	45	95
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5872-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.4: MEDICAID PAYMENTS TO MEMBERS IN INTACT FAMILIES, DEPRIVATION NOT REQUIRED
-- PREGNANT WOMEN AND CHILDREN ONLY --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5878-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/CC/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.3: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- UNEMPLOYED PARENTS RECEIVING AFDC --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5878-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/CC/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.3: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- UNEMPLOYED PARENTS RECEIVING AFDC --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5872-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.4: MEDICAID PAYMENTS TO MEMBERS IN INTACT FAMILIES, DEPRIVATION NOT REQUIRED
-- PREGNANT WOMEN AND CHILDREN ONLY --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Report : MAR-5872-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.4: MEDICAID PAYMENTS TO MEMBERS IN INTACT FAMILIES, DEPRIVATION NOT REQUIRED
-- PREGNANT WOMEN AND CHILDREN ONLY --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

- 75G -

Report : MAR-5872-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.4: MEDICAID PAYMENTS TO MEMBERS IN INTACT FAMILIES, DEPRIVATION NOT REQUIRED
-- PREGNANT WOMEN AND CHILDREN ONLY --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	TOTAL PAYMENTS	MANAGED CARE CAPITATION FEES: PHYSICAL HEALTH	MANAGED CARE CAPITATION FEES: BEHAVIORAL HEALTH	MANAGED CARE CAPITATION FEES: NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HOME HEALTH: HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	FAMILY PLANNING: CLINIC	FAMILY PLANNING: NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	TARGETED CASE MGMT: MENTALLY ILL ADULTS	TARGETED CASE MGMT: EMOTIONALLY DIST. CHILD	NURSING FACILITIES	ALTERNATIVE SERVICES: HOME AND COMM. BASED	ALTERNATIVE SERVICES: ADULT DAY CARE	ALTERNATIVE SERVICES: MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5872-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.4: MEDICAID PAYMENTS TO MEMBERS IN INTACT FAMILIES, DEPRIVATION NOT REQUIRED
-- PREGNANT WOMEN AND CHILDREN ONLY --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

- T1 -
*** END OF REPORT ***

2.8.78.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
CHILD PYMTS.	The total payments for members under 21.	11	Number	Calculated	Calculated
CHILD UTIL.	The total claims for members under 21.	11	Number	Calculated	Calculated
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.78.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.78.6 Associated Requirements

ID
30.090.012.003.1

2.8.78.7 Change Orders

ID	Name	Description
772	Produce MS-264 5872	Customer requested EDS to build report KYMM5872-R001

2.8.79 MAR-5873-A -- MS-264 Table 12.5 - Annual

The MS-264 Table 12.5 - Annual (MAR-5873-A) report presents annual KyHealth Choices paid amounts for member program: Medically Needy, Children in Foster Care (Non-Aid to Families with Dependent Children (AFDC)). The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM ID
P	NOT P4,P5,P6,P7,M4,M5,M6,M7	

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.79.1 Technical Name
MAR-5873-A

2.8.79.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.79.3 MS-264 Table 12.5 - Annual Layout

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Report  : MAR-5873-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                     MEDICAID MANAGEMENT INFORMATION SYSTEM                   Run Time:   99:99:99
Location: MRA5859                         MEDICAID PAID AMOUNTS PER PROGRAM                         Page:        999
                                          DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                         TABLE 12.5: MEDICAID PAYMENTS TO CHILDREN IN FOSTER CARE (NON-AFDC)
                                        -- MEDICALLY NEEDY CASES --

                                                                                                          FOR SFY OF:   CCYY
                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ---------------------------------------------------------------------------------------------------------------
                          HOME HEALTH                                                                  FAMILY PLANNING
                 ----------------------------                                                     -------------------------
                   HOME                          NURSE        NURSE
   COUNTY         HEALTH            DME       PRACTITIONER  ANESTHETIST    PODIATRY     HEARING       CLINIC      NON-CLINIC
 ------------   ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
 TOTAL PYMTS.    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 TOTAL UTIL.     99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
 ------------   ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

     COS                    46            40        75, 44            54            88            81            45            95

 GUARDIANSHIP
 CASES : C.O.    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX    $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report  : MAR-5873-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                     MEDICAID MANAGEMENT INFORMATION SYSTEM                   Run Time:   99:99:99
Location: MRA5859                         MEDICAID PAID AMOUNTS PER PROGRAM                         Page:        999
                                          DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                         TABLE 12.5: MEDICAID PAYMENTS TO CHILDREN IN FOSTER CARE (NON-AFDC)
                                        -- MEDICALLY NEEDY CASES --

                                                                                                          FOR SFY OF:   CCYY
                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ---------------------------------------------------------------------------------------------------------------
                                                   TARGETED CASE MGMT                                ALTERNATIVE SERVICES
                                              -------------------------                   ---------------------------------------
                 COMM. MENTAL
                   HEALTH                      MENTALLY     EMOTIONALLY     NURSING     HOME AND      ADULT        MODEL
   COUNTY          CENTERS       IMPACT PLUS  ILL ADULTS   DIST. CHILD   FACILITIES   COMM. BASED   DAY CARE     WAIVERS        SCL
 ------------   --------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
 TOTAL PYMTS.     $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 TOTAL UTIL.    9,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
 ------------   --------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

     COS                    42            16            20            21   27, 25, 33            52            53        05, 07            50

 GUARDIANSHIP
 CASES : C.O.     $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX     $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX     $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX     $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX     $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX     $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report : MAR-5873-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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TABLE 12.5: MEDICAID PAYMENTS TO CHILDREN IN FOSTER CARE (NON-AFDC)
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	TOTAL PAYMENTS	MANAGED CARE CAPITATION FEES: PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS		96	97	58	02	12	74	64
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5873-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 12.5: MEDICAID PAYMENTS TO CHILDREN IN FOSTER CARE (NON-AFDC)
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	72	41	43	04	13	47	36	55
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5873-A
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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
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TABLE 12.5: MEDICAID PAYMENTS TO CHILDREN IN FOSTER CARE (NON-AFDC)
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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TABLE 12.5: MEDICAID PAYMENTS TO CHILDREN IN FOSTER CARE (NON-AFDC)
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
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TABLE 12.5: MEDICAID PAYMENTS TO CHILDREN IN FOSTER CARE (NON-AFDC)
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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TABLE 12.5: MEDICAID PAYMENTS TO CHILDREN IN FOSTER CARE (NON-AFDC)
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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TABLE 12.5: MEDICAID PAYMENTS TO CHILDREN IN FOSTER CARE (NON-AFDC)
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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TABLE 12.5: MEDICAID PAYMENTS TO CHILDREN IN FOSTER CARE (NON-AFDC)
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

- T1 -
*** END OF REPORT ***

2.8.79.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.79.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.79.6 Associated Requirements

ID
30.090.012.003.1

2.8.79.7 Change Orders

ID	Name	Description
773	Produce MS-264 5873	Customer requested EDS to build report KYMM5873-R001

2.8.80 MAR-5875-A -- MS-264 Table 12.7 - Annual

The MS-264 Table 12.7 - Annual (MAR-5875-A) report presents annual KyHealth Choices paid amounts for member program: Medically Needy, Children in Medical Institutions, Intermediate Care Facility/Mental Retardation (ICF/MR) or Psychiatric Hospital. The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM ID
U		

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.80.1 Technical Name
MAR-5875-A

2.8.80.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.80.3 MS-264 Table 12.7 - Annual Layout

```
Report  : MAR-5875-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRA5859                           MEDICAID PAID AMOUNTS PER PROGRAM                       Page:        999
                                            DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                          TABLE 12.7: MEDICAID PAYMENTS TO CHILDREN IN MEDICAL INSTITUTIONS
                                          -- ICF-MR OR PHY. HOSPITAL --
                                           -- MEDICALLY NEEDY CASES --
                                                                                                FOR SFY OF:   CCYY
                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                                 ---------------------------------------------------------------------------------------
                                        MANAGED CARE CAPITATION FEES
                                 ----------------------------------------
                   TOTAL          PHYSICAL      BEHAVIORAL   NON-EMERGENCY   INPATIENT     OUTPATIENT
   COUNTY         PAYMENTS         HEALTH         HEALTH     TRANSPORTATION  HOSPITAL      HOSPITAL      PHYSICIAN     PHARMACY
------------  ---------------  ------------   ------------   ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.   $9,999,999,999   $99,999,999    $99,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.    99,999,999,999   999,999,999    999,999,999    999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------   ------------   ------------  ------------  ------------  ------------  ------------

    COS                                 96             97             58            02            12            74            64

GUARDIANSHIP
CASES : C.O.   $9,999,999,999   $99,999,999    $99,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999    $99,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999    $99,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999    $99,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999    $99,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999    $99,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report  : MAR-5875-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRA5859                           MEDICAID PAID AMOUNTS PER PROGRAM                       Page:        999
                                            DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                          TABLE 12.7: MEDICAID PAYMENTS TO CHILDREN IN MEDICAL INSTITUTIONS
                                          -- ICF-MR OR PHY. HOSPITAL --
                                           -- MEDICALLY NEEDY CASES --
                                                                                                FOR SFY OF:   CCYY
                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ---------------------------------------------------------------------------------------------------------
                                                                                                                  OTHER
                                   PRIMARY        RURAL        RENAL       AMBULATORY                          LAB/XRAY
   COUNTY          DENTAL           CARE         HEALTH      DIALYSIS      SURGICAL      LABORATORY                    HOSPICE
------------  ---------------  ------------   ------------   ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.   $9,999,999,999   $99,999,999    $99,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.    99,999,999,999   999,999,999    999,999,999    999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------   ------------   ------------  ------------  ------------  ------------  ------------

    COS                     72             41             43            04            13            47            36            55

GUARDIANSHIP
CASES : C.O.   $9,999,999,999   $99,999,999    $99,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999    $99,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999    $99,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999    $99,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999    $99,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999    $99,999,999    $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report : MAR-5875-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.7: MEDICAID PAYMENTS TO CHILDREN IN MEDICAL INSTITUTIONS
-- ICF-MR OR PHY. HOSPITAL --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	46	40	75, 44	54	88	81	45	95
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5875-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.7: MEDICAID PAYMENTS TO CHILDREN IN MEDICAL INSTITUTIONS
-- ICF-MR OR PHY. HOSPITAL --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		TARGETED CASE MGMT			ALTERNATIVE SERVICES				
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5875-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.7: MEDICAID PAYMENTS TO CHILDREN IN MEDICAL INSTITUTIONS
-- ICF-MR OR PHY. HOSPITAL --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5875-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.7: MEDICAID PAYMENTS TO CHILDREN IN MEDICAL INSTITUTIONS
-- ICF-MR OR PHY. HOSPITAL --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5875-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.7: MEDICAID PAYMENTS TO CHILDREN IN MEDICAL INSTITUTIONS
-- ICF-MR OR PHY. HOSPITAL --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	TOTAL PAYMENTS	MANAGED CARE CAPITATION FEES: PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HOME HEALTH: HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	FAMILY PLANNING: CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	TARGETED CASE MGMT: MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	ALTERNATIVE SERVICES: HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5875-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.7: MEDICAID PAYMENTS TO CHILDREN IN MEDICAL INSTITUTIONS
-- ICF-MR OR PHY. HOSPITAL --
-- MEDICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

- T1 -
*** END OF REPORT ***

2.8.80.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.80.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.80.6 Associated Requirements

ID
30.090.012.003.1

2.8.80.7 Change Orders

ID	Name	Description
774	Produce MS-264 5875	Customer requested EDS to build report KYMM5875-R001

2.8.81 MAR-5876-A -- MS-264 Table 12.8 - Annual

The MS-264 Table 12.8 - Annual (MAR-5876-A) report presents annual KyHealth Choices paid amounts for member program: Medically Needy, receiving benefits through the Kentucky Children's Health Insurance Program (KCHIP)'s program. The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM ID
I,P,KC	P4,P5,P6,P7,M4,M5,M6,M7	

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.81.1 Technical Name
MAR-5876-A

2.8.81.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.81.3 MS-264 Table 12.8 - Annual Layout

Report : MAR-5876-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
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TABLE 12.8: MEDICAID PAYMENTS FOR CHILDREN HEALTH INSURANCE PROGRAM

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	46	40	75, 44	54	88	81	45	95
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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TABLE 12.8: MEDICAID PAYMENTS FOR CHILDREN HEALTH INSURANCE PROGRAM

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		TARGETED CASE MGMT				ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
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TABLE 12.8: MEDICAID PAYMENTS FOR CHILDREN HEALTH INSURANCE PROGRAM

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
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TABLE 12.8: MEDICAID PAYMENTS FOR CHILDREN HEALTH INSURANCE PROGRAM

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
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TABLE 12.8: MEDICAID PAYMENTS FOR CHILDREN HEALTH INSURANCE PROGRAM

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5876-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.8: MEDICAID PAYMENTS FOR CHILDREN HEALTH INSURANCE PROGRAM

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5876-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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TABLE 12.8: MEDICAID PAYMENTS FOR CHILDREN HEALTH INSURANCE PROGRAM

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5876-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
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TABLE 12.8: MEDICAID PAYMENTS FOR CHILDREN HEALTH INSURANCE PROGRAM

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

- T1 -
*** END OF REPORT ***

2.8.81.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
CHILD PYMTS.	The total payments for members under 21.	11	Number	Calculated	Calculated
CHILD UTIL.	The total claims for members under 21.	11	Number	Calculated	Calculated
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.81.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.81.6 Associated Requirements

ID
30.090.012.003.1

2.8.81.7 Change Orders

ID	Name	Description
775	Produce MS-264 5876	Customer requested EDS to build report KYMM5876-R001

2.8.82 MAR-5878-A -- MS-264 Table 8.3 - Annual

The MS-264 Table 8.3 - Annual (MAR-5878-A) report presents annual KyHealth Choices paid amounts for member program: Families with Dependent Children Categorically Needy receiving Title IV, Unemployed Parents receiving Aid to Families with Dependent Children (AFDC). The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM ID
W	NOT P1,P2,P3	NOT 13,14,15,16.NOT 68,69,70,72, 78,71,73,76,77.

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.82.1 Technical Name
MAR-5878-A

2.8.82.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.82.3 MS-264 Table 8.3 - Annual Layout

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Report  : MAR-5878-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/CC/CCYY
Process : MARJA512                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRA5859                           MEDICAID PAID AMOUNTS PER PROGRAM                       Page:        999
                                            DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                          TABLE 8.3: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
                              -- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
                                      -- UNEMPLOYED PARENTS RECEIVING AFDC --
                                                                                                FOR SFY OF:   CCYY
                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                          ---------------------------------------------------------------------------------------
                                 MANAGED CARE CAPITATION FEES
                          ----------------------------------------
                 TOTAL        PHYSICAL     BEHAVIORAL   NON-EMERGENCY   INPATIENT    OUTPATIENT
   COUNTY       PAYMENTS       HEALTH        HEALTH     TRANSPORTATION   HOSPITAL     HOSPITAL     PHYSICIAN     PHARMACY
------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.  $9,999,999,999 $99,999,999  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.   99,999,999,999 999,999,999  999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
CHILD PYMTS.  $9,999,999,999 $99,999,999  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
CHILD UTIL.   99,999,999,999 999,999,999  999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

   COS                                 96            97            58            02            12            74            64

GUARDIANSHIP
CASES : C.O.  $9,999,999,999 $99,999,999  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX  $9,999,999,999 $99,999,999  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX  $9,999,999,999 $99,999,999  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX  $9,999,999,999 $99,999,999  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX  $9,999,999,999 $99,999,999  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX  $9,999,999,999 $99,999,999  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report  : MAR-5878-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/CC/CCYY
Process : MARJA512                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRA5859                           MEDICAID PAID AMOUNTS PER PROGRAM                       Page:        999
                                            DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                          TABLE 8.3: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
                              -- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
                                      -- UNEMPLOYED PARENTS RECEIVING AFDC --
                                                                                                FOR SFY OF:   CCYY
                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                          ---------------------------------------------------------------------------------------
                                                                                                                 OTHER
                                 PRIMARY        RURAL        RENAL       AMBULATORY                           LAB/XRAY
   COUNTY        DENTAL          CARE          HEALTH      DIALYSIS      SURGICAL      LABORATORY                HOSPICE
------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.  $9,999,999,999 $99,999,999  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.   99,999,999,999 999,999,999  999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
CHILD PYMTS.  $9,999,999,999 $99,999,999  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
CHILD UTIL.   99,999,999,999 999,999,999  999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

   COS                   72            41            43            04            13            47            36            55

GUARDIANSHIP
CASES : C.O.  $9,999,999,999 $99,999,999  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX  $9,999,999,999 $99,999,999  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX  $9,999,999,999 $99,999,999  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX  $9,999,999,999 $99,999,999  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX  $9,999,999,999 $99,999,999  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX  $9,999,999,999 $99,999,999  $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

                                                   - 51A -
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Report : MAR-5878-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/CC/CCYY
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TABLE 8.3: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- UNEMPLOYED PARENTS RECEIVING AFDC --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	46	40	75, 44	54	88	81	45	95
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5878-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/CC/CCYY
Run Time: 99:99:99
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TABLE 8.3: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- UNEMPLOYED PARENTS RECEIVING AFDC --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5878-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/CC/CCYY
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TABLE 8.3: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- UNEMPLOYED PARENTS RECEIVING AFDC --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Report : MAR-5878-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/CC/CCYY
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TABLE 8.3: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- UNEMPLOYED PARENTS RECEIVING AFDC --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Report : MAR-5878-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/CC/CCYY
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TABLE 8.3: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- UNEMPLOYED PARENTS RECEIVING AFDC --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5878-A
Process : MARJA512
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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/CC/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.3: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- UNEMPLOYED PARENTS RECEIVING AFDC --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

- T1 -
*** END OF REPORT ***

2.8.82.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
CHILD PYMTS.	The total payments for members under 21.	11	Number	Calculated	Calculated
CHILD UTIL.	The total claims for members under 21.	11	Number	Calculated	Calculated
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment(DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.82.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.82.6 Associated Requirements

ID
30.090.012.003.1

2.8.82.7 Change Orders

ID	Name	Description
776	Produce MS-264 5878	Customer requested EDS to build report KYMM5878-R001

2.8.83 MAR-5879-A -- MS-264 Table 8.4 - Annual

The MS-264 Table 8.4 - Annual (MAR-5879-A) report presents annual KyHealth Choices paid amounts for member program: Kinship Care.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM ID
KC		

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.83.1 Technical Name
MAR-5879-A

2.8.83.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.83.3 MS-264 Table 8.4 - Annual Layout

```
Report  : MAR-5879-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                         MEDICAID MANAGEMENT INFORMATION SYSTEM               Run Time:   99:99:99
Location: MRA5859                             MEDICAID PAID AMOUNTS PER PROGRAM                     Page:        999
                                              DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                              TABLE 8.4: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
                                  -- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
                                                  -- KINSHIP MEMBERS --
                                                                                                  FOR SFY OF:   CCYY
                                     AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                              ---------------------------------------------------------------------------------------
                                     MANAGED CARE CAPITATION FEES
                              ----------------------------------------
                   TOTAL        PHYSICAL     BEHAVIORAL   NON-EMERGENCY   INPATIENT    OUTPATIENT
   COUNTY        PAYMENTS       HEALTH        HEALTH      TRANSPORTATION  HOSPITAL     HOSPITAL     PHYSICIAN     PHARMACY
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
CHILD PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
CHILD UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

    COS                                 96            97            58            02            12            74            64

GUARDIANSHIP
CASES : C.O.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report  : MAR-5879-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                         MEDICAID MANAGEMENT INFORMATION SYSTEM               Run Time:   99:99:99
Location: MRA5859                             MEDICAID PAID AMOUNTS PER PROGRAM                     Page:        999
                                              DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                              TABLE 8.4: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
                                  -- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
                                                  -- KINSHIP MEMBERS --
                                                                                                  FOR SFY OF:   CCYY
                                     AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                              ---------------------------------------------------------------------------------------
                                                                                                                  OTHER
                                  PRIMARY        RURAL        RENAL       AMBULATORY                           LAB/XRAY
   COUNTY        DENTAL           CARE          HEALTH      DIALYSIS       SURGICAL      LABORATORY                    HOSPICE
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
CHILD PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
CHILD UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

    COS                    72            41            43            04            13            47            36            55

GUARDIANSHIP
CASES : C.O.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

                                                   - 51A -
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Report : MAR-5879-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.4: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- KINSHIP MEMBERS --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	46	40	75, 44	54	88	81	45	95
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5879-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.4: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- KINSHIP MEMBERS --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5879-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.4: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- KINSHIP MEMBERS --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5879-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
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TABLE 8.4: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- KINSHIP MEMBERS --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Report : MAR-5879-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.4: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- KINSHIP MEMBERS --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Report : MAR-5879-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.4: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- KINSHIP MEMBERS --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Report : MAR-5879-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.4: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- KINSHIP MEMBERS --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5879-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 8.4: MEDICAID PAYMENTS TO FAMILIES WITH DEPENDENT CHILDREN
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE IV, AFDC --
-- KINSHIP MEMBERS --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

- T1 -
*** END OF REPORT ***

2.8.83.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
CHILD PYMTS.	The total payments for members under 21.	11	Number	Calculated	Calculated
CHILD UTIL.	The total claims for members under 21.	11	Number	Calculated	Calculated
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.83.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.83.6 Associated Requirements

ID
30.090.012.003.1

2.8.83.7 Change Orders

ID	Name	Description
777	Produce MS-264 5879	Customer requested EDS to build report KYMM5879-R001

2.8.84 MAR-5881-A -- MS-264 Table 13 - Annual

The MS-264 Table 13 - Annual (MAR-5881-A) report presents annual KyHealth Choices paid amounts for member program: Other Needy Cases, Qualified Medicare Beneficiaries. The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS AND LIMITATIONS: Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM ID
Z,ZL,ZQ,ZJ,ZK		

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.84.1 Technical Name
MAR-5881-A

2.8.84.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.84.3 MS-264 Table 13 - Annual Layout

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Report  : MAR-5881-A                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : MARJA512                  MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   99:99:99
Location: MRA5859                      MEDICAID PAID AMOUNTS PER PROGRAM                Page:        999
                                       DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                         TABLE 13: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
                                        -- OTHER NEEDY CASES --

                                                                                                FOR SFY OF:   CCYY
                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                              ------------------------------------------------------------------------------------
                                     MANAGED CARE CAPITATION FEES
                              ----------------------------------------
                   TOTAL        PHYSICAL     BEHAVIORAL   NON-EMERGENCY   INPATIENT    OUTPATIENT
   COUNTY        PAYMENTS       HEALTH        HEALTH     TRANSPORTATION   HOSPITAL     HOSPITAL     PHYSICIAN     PHARMACY
------------  ---------------  ----------  ----------  ----------  ----------  ----------  ----------  ----------
TOTAL PYMTS.   $9,999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999
TOTAL UTIL.    99,999,999,999  999,999,999  999,999,999  999,999,999  999,999,999  999,999,999  999,999,999  999,999,999
------------  ---------------  ----------  ----------  ----------  ----------  ----------  ----------  ----------
CHILD PYMTS.   $9,999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999
CHILD UTIL.    99,999,999,999  999,999,999  999,999,999  999,999,999  999,999,999  999,999,999  999,999,999  999,999,999
------------  ---------------  ----------  ----------  ----------  ----------  ----------  ----------  ----------

    COS                                 96          97          58          02          12          74          64

GUARDIANSHIP
CASES : C.O.   $9,999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999
XXXXXXXXXXXX   $9,999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999
XXXXXXXXXXXX   $9,999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999
XXXXXXXXXXXX   $9,999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999
XXXXXXXXXXXX   $9,999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999
XXXXXXXXXXXX   $9,999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999

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Report  : MAR-5881-A                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : MARJA512                  MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   99:99:99
Location: MRA5859                      MEDICAID PAID AMOUNTS PER PROGRAM                Page:        999
                                       DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                         TABLE 13: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
                                        -- OTHER NEEDY CASES --

                                                                                                FOR SFY OF:   CCYY
                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                              ------------------------------------------------------------------------------------
   COUNTY        DENTAL         PRIMARY CARE   RURAL HEALTH   RENAL DIALYSIS   AMBULATORY SURGICAL   LABORATORY   OTHER LAB/XRAY   HOSPICE
------------  ---------------  ----------  ----------  ----------  ----------  ----------  ----------  ----------
TOTAL PYMTS.   $9,999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999
TOTAL UTIL.    99,999,999,999  999,999,999  999,999,999  999,999,999  999,999,999  999,999,999  999,999,999  999,999,999
------------  ---------------  ----------  ----------  ----------  ----------  ----------  ----------  ----------
CHILD PYMTS.   $9,999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999
CHILD UTIL.    99,999,999,999  999,999,999  999,999,999  999,999,999  999,999,999  999,999,999  999,999,999  999,999,999
------------  ---------------  ----------  ----------  ----------  ----------  ----------  ----------  ----------

    COS                     72          41          43          04          13          47          36          55

GUARDIANSHIP
CASES : C.O.   $9,999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999
XXXXXXXXXXXX   $9,999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999
XXXXXXXXXXXX   $9,999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999
XXXXXXXXXXXX   $9,999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999
XXXXXXXXXXXX   $9,999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999
XXXXXXXXXXXX   $9,999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 13: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	46	40	75, 44	54	88	81	45	95
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
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TABLE 13: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		TARGETED CASE MGMT			ALTERNATIVE SERVICES				
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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TABLE 13: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
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TABLE 13: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 13: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
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TABLE 13: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
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TABLE 13: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5881-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 13: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

- T1 -
*** END OF REPORT ***

2.8.84.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
CHILD PYMTS.	The total payments for members under 21.	11	Number	Calculated	Calculated
CHILD UTIL.	The total claims for members under 21.	11	Number	Calculated	Calculated
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.84.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.84.6 Associated Requirements

ID
30.090.012.003.1

2.8.84.7 Change Orders

ID	Name	Description
778	Produce MS-264 5881	Customer requested EDS to build report KYMM5881-R001

2.8.85 MAR-5882-A -- MS-264 Table 13.1 - Annual

The MS-264 Table 13.1 - Annual (MAR-5882-A) report presents annual KyHealth Choices paid amounts for member program: Other Needy Cases, Qualified Medicare Beneficiaries - Aged. The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM ID
Z,ZL	NOT 02, 03	
ZJ,ZK	NOT 07, 09	

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.85.1 Technical Name
MAR-5882-A

2.8.85.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.85.3 MS-264 Table 13.1 - Annual Layout

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Report  : MAR-5882-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRA5859                           MEDICAID PAID AMOUNTS PER PROGRAM                       Page:        999
                                            DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                         TABLE 13.1: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
                                                  -- AGED --
                                             -- OTHER NEEDY CASES --
                                                                                                FOR SFY OF:   CCYY
                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                                 ---------------------------------------------------------------------------------------
                                      MANAGED CARE CAPITATION FEES
                                 ----------------------------------------
                   TOTAL          PHYSICAL     BEHAVIORAL   NON-EMERGENCY   INPATIENT    OUTPATIENT
   COUNTY        PAYMENTS          HEALTH        HEALTH     TRANSPORTATION   HOSPITAL      HOSPITAL     PHYSICIAN     PHARMACY
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

    COS                                 96            97            58            02            12            74            64

GUARDIANSHIP
CASES : C.O.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report  : MAR-5882-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRA5859                           MEDICAID PAID AMOUNTS PER PROGRAM                       Page:        999
                                            DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                         TABLE 13.1: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
                                                  -- AGED --
                                             -- OTHER NEEDY CASES --
                                                                                                FOR SFY OF:   CCYY
                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ---------------------------------------------------------------------------------------------------------
                                                PRIMARY        RURAL        RENAL       AMBULATORY                  OTHER
   COUNTY          DENTAL                        CARE         HEALTH      DIALYSIS      SURGICAL     LABORATORY   LAB/XRAY      HOSPICE
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

    COS                                 72            41            43            04            13            47            36            55

GUARDIANSHIP
CASES : C.O.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

                                                   - 90A -
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Report : MAR-5882-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 13.1: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- AGED --
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	46	40	75, 44	54	88	81	45	95
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5882-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 13.1: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- AGED --
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5882-A
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Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
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TABLE 13.1: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- AGED --
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 13.1: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- AGED --
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
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MEDICAID PAID AMOUNTS PER PROGRAM
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TABLE 13.1: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- AGED --
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
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TABLE 13.1: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- AGED --
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
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TABLE 13.1: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- AGED --
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 13.1: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- AGED --
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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*** END OF REPORT ***

2.8.85.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.85.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.85.6 Associated Requirements

ID
30.090.012.003.1

2.8.85.7 Change Orders

ID	Name	Description
779	Produce MS-264 5882	Customer requested EDS to build report KYMM5882-R001

2.8.86 MAR-5883-A -- MS-264 Table 13.2 - Annual

The MS-264 Table 13.2 - Annual (MAR-5883-A) report presents annual KyHealth Choices paid amounts for member program: Other Needy Cases, Qualified Medicare Beneficiaries - Blind and Disabled. The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM ID
Z,ZL	02, 03	
ZQ		
ZJ,ZK	07, 09	

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.86.1 Technical Name
MAR-5883-A

2.8.86.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.86.3 MS-264 Table 13.2 - Annual Layout

```
Report   : MAR-5883-A                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process  : MARJA512                 MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:    99:99:99
Location: MRA5859                      MEDICAID PAID AMOUNTS PER PROGRAM                 Page:         999
                                       DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                         TABLE 13.2: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
                                        -- OTHER (BLIND AND DISABLED) --
                                           -- OTHER NEEDY CASES --
                                                                                                  FOR SFY OF:    CCYY
                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ---------------------------------------------------------------------------------------------------------
                          HOME HEALTH                                                              FAMILY PLANNING
                 ------------------------------                                                ---------------------------
                   HOME                          NURSE          NURSE
   COUNTY         HEALTH            DME        PRACTITIONER  ANESTHETIST     PODIATRY      HEARING        CLINIC      NON-CLINIC
 ------------   ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
 TOTAL PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 TOTAL UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
 ------------   ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
 CHILD PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 CHILD UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
 ------------   ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

     COS                   46            40        75, 44            54            88            81            45            95

 GUARDIANSHIP
 CASES : C.O.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report   : MAR-5883-A                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process  : MARJA512                 MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:    99:99:99
Location: MRA5859                      MEDICAID PAID AMOUNTS PER PROGRAM                 Page:         999
                                       DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                         TABLE 13.2: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
                                        -- OTHER (BLIND AND DISABLED) --
                                           -- OTHER NEEDY CASES --
                                                                                                  FOR SFY OF:    CCYY
                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ---------------------------------------------------------------------------------------------------------
                                                   TARGETED CASE MGMT                          ALTERNATIVE SERVICES
                                              -------------------------                  -------------------------------------
                 COMM. MENTAL
                   HEALTH                      MENTALLY     EMOTIONALLY    NURSING     HOME AND     ADULT       MODEL
   COUNTY          CENTERS      IMPACT PLUS   ILL ADULTS   DIST. CHILD   FACILITIES   COMM. BASED  DAY CARE    WAIVERS       SCL
 ------------   --------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
 TOTAL PYMTS.    $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 TOTAL UTIL.    9,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
 ------------   --------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
 CHILD PYMTS.    $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 CHILD UTIL.    9,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
 ------------   --------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

     COS                   42            16            20            21   27, 25, 33            52            53       05, 07            50

 GUARDIANSHIP
 CASES : C.O.    $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX    $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX    $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX    $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX    $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
 XXXXXXXXXXXX    $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

                                                   - 93C -
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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
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TABLE 13.2: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- OTHER (BLIND AND DISABLED) --
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	TOTAL PAYMENTS	MANAGED CARE CAPITATION FEES: PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS		96	97	58	02	12	74	64
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5883-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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TABLE 13.2: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- OTHER (BLIND AND DISABLED) --
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	72	41	43	04	13	47	36	55
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5883-A
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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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TABLE 13.2: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- OTHER (BLIND AND DISABLED) --
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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TABLE 13.2: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- OTHER (BLIND AND DISABLED) --
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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TABLE 13.2: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- OTHER (BLIND AND DISABLED) --
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 13.2: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- OTHER (BLIND AND DISABLED) --
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

- 93G -

Report : MAR-5883-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 13.2: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- OTHER (BLIND AND DISABLED) --
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5883-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 13.2: MEDICAID PAYMENTS TO QUALIFIED MEDICARE BENEFICIARIES
-- OTHER (BLIND AND DISABLED) --
-- OTHER NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

- T1 -
*** END OF REPORT ***

2.8.86.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
CHILD PYMTS.	The total payments for members under 21.	11	Number	Calculated	Calculated
CHILD UTIL.	The total claims for members under 21.	11	Number	Calculated	Calculated
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.86.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.86.6 Associated Requirements

ID
30.090.012.003.1

2.8.86.7 Change Orders

ID	Name	Description
780	Produce MS-264 5883	Customer requested EDS to build report KYMM5883-R001

2.8.87 MAR-5888-A -- MS-264 Table 12.3 - Annual

The MS-264 Table 12.3 - Annual (MAR-5888-A) report presents annual KyHealth Choices paid amounts for member program: Optional Categorically Needy for Pregnant Women and Children only. The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM ID
I	NOT P4,P5,P6,P7,M4,M5,M6,M7	

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.87.1 Technical Name
MAR-5888-A

2.8.87.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.87.3 MS-264 Table 12.3 - Annual Layout

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Report  : MAR-5888-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                         MEDICAID MANAGEMENT INFORMATION SYSTEM               Run Time:   99:99:99
Location: MRA5859                             MEDICAID PAID AMOUNTS PER PROGRAM                     Page:        999
                                              DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                          TABLE 12.3: MEDICAID PAYMENTS TO MEMBERS MEETING POVERTY RELATED CRITERIA
                                          -- PREGNANT WOMEN AND CHILDREN ONLY --
                                          -- OPTIONAL CATEGORICALLY NEEDY CASES --
                                                                                                   FOR SFY OF:   CCYY
                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ---------------------------------------------------------------------------------------------------------
                                   QUALIFIED MEDICARE BENEFICIARIES SERVICES                      PSYCHIATRIC FACILITIES
                 ---------------------------------------------------------------------------------------------------------
                   CLINICAL                  PHYSICAL   OCCUPATIONAL                                PHYSICIAN      MENTAL    RESIDENTIAL
   COUNTY        SOC. WORKER  CHIROPRACTIC  THERAPIST   THERAPIST    PSYCHOLOGIST  C.O.R.F.     ASSISTANT     HOSPITAL    TREATMENT
------------   -------------  ------------ ------------ ------------ ------------ ------------ ------------ ------------ ------------
T O T A L S     $999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999

                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ---------------------------------------------------------------------------------------------------------
                                                                        TITLE V GRANTEES        TRANSPORTATION
                                                                     ------------------------ ------------------------
                                                                                   COMM. FOR
                                                                                   SPEC. NEEDS
   COUNTY        OPTOMETRIST    OPTICIAN       EPSDT      EPSDT      PREVENTIVE   CHILDREN    AMBULANCE     NON-      TITLE V/DSS
                                                          RELATED     SERVICES                              EMERGENCY
------------   -------------  ------------ ------------ ------------ ------------ ------------ ------------ ------------ ------------
T O T A L S     $999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999

                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ---------------------------------------------------------------------------------------------------------
                                                                                          ALTERNATIVE SERVICES
                                                                                       ---------------------------------
                                                  EARLY       SCHOOL-
                   PUBLIC       PRIVATE       INTERVENTION    BASED      ALCOHOL TRTMT  QUALIFIED    HOME CARE    PERSONAL   BRAIN INJURY
   COUNTY          ICF-MR       ICF-MR         SERVICES      SERVICES      FACILITY     PROV ORG      WAIVER     CARE WAIVER    WAIVER
------------   -------------  ------------ ------------ ------------ ------------ ------------ ------------ ------------ ------------
T O T A L S     $999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999

                                   AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ---------------------------------------------------------------------------------------------------------
                                   SPEC CHILD
   COUNTY          HANDS          SVC CLINIC     PSYCH DPU     REHAB DPU      UNKNOWN
------------   -------------  ------------  ------------  ------------  ------------
T O T A L S     $999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

                                                   -  T1   -
                                             *** END OF REPORT ***
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Report : MAR-5888-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 12.3: MEDICAID PAYMENTS TO MEMBERS MEETING POVERTY RELATED CRITERIA
-- PREGNANT WOMEN AND CHILDREN ONLY --
-- OPTIONAL CATEGORICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	TOTAL PAYMENTS	MANAGED CARE CAPITATION FEES: PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS		96	97	58	02	12	74	64
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5888-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
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TABLE 12.3: MEDICAID PAYMENTS TO MEMBERS MEETING POVERTY RELATED CRITERIA
-- PREGNANT WOMEN AND CHILDREN ONLY --
-- OPTIONAL CATEGORICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	72	41	43	04	13	47	36	55
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5888-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
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TABLE 12.3: MEDICAID PAYMENTS TO MEMBERS MEETING POVERTY RELATED CRITERIA
-- PREGNANT WOMEN AND CHILDREN ONLY --
-- OPTIONAL CATEGORICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	46	40	75, 44	54	88	81	45	95
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5888-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 12.3: MEDICAID PAYMENTS TO MEMBERS MEETING POVERTY RELATED CRITERIA
-- PREGNANT WOMEN AND CHILDREN ONLY --
-- OPTIONAL CATEGORICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 12.3: MEDICAID PAYMENTS TO MEMBERS MEETING POVERTY RELATED CRITERIA
-- PREGNANT WOMEN AND CHILDREN ONLY --
-- OPTIONAL CATEGORICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 12.3: MEDICAID PAYMENTS TO MEMBERS MEETING POVERTY RELATED CRITERIA
-- PREGNANT WOMEN AND CHILDREN ONLY --
-- OPTIONAL CATEGORICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 12.3: MEDICAID PAYMENTS TO MEMBERS MEETING POVERTY RELATED CRITERIA
-- PREGNANT WOMEN AND CHILDREN ONLY --
-- OPTIONAL CATEGORICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 12.3: MEDICAID PAYMENTS TO MEMBERS MEETING POVERTY RELATED CRITERIA
-- PREGNANT WOMEN AND CHILDREN ONLY --
-- OPTIONAL CATEGORICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
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DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 12.3: MEDICAID PAYMENTS TO MEMBERS MEETING POVERTY RELATED CRITERIA
-- PREGNANT WOMEN AND CHILDREN ONLY --
-- OPTIONAL CATEGORICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
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TABLE 12.3: MEDICAID PAYMENTS TO MEMBERS MEETING POVERTY RELATED CRITERIA
-- PREGNANT WOMEN AND CHILDREN ONLY --
-- OPTIONAL CATEGORICALLY NEEDY CASES --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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*** END OF REPORT ***

2.8.87.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
CHILD PYMTS.	The total payments for members under 21.	11	Number	Calculated	Calculated
CHILD UTIL.	The total claims for members under 21.	11	Number	Calculated	Calculated
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.87.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.87.6 Associated Requirements

ID
30.090.012.003.1

2.8.87.7 Change Orders

ID	Name	Description
781	Produce MS-264 5888	Customer requested EDS to build report KYMM5888-R001

2.8.88 MAR-5950-A -- MS-264 Table 2 - Annual

The MS-264 Table 2 - Annual (MAR-5950-A) report presents total KyHealth Choices Managed Care Enrollees, by eligibility category for the following programs: Category Needy and Medically Needy for Title XVI, Supplemental Security Income (SSI) , and State Supplemental and Title IV, Aid to Families with Dependent Children (AFDC). The report shows the total number of enrollees for the year with enrollees count by aid category by each county in Kentucky.

EXCLUSIONS AND LIMITATIONS: All managed care enrollees are included whether they received a "service" or not.

SORTS/GROUPINGS: Sorted by county code and grouped by eligibility category.

2.8.88.1 Technical Name
MAR-5950-A

2.8.88.2 Sort Order
County Name

For readability, this layout appears on the following two pages.

2.8.88.3 MS-264 Table 2 - Annual Layout

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Report  : MAR-5950-A                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJA513                       MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:    99:99:99
Location: MRA5950                       MEDICAID ENROLLEES PER ELIGIBILITY GROUP                            Page:         999
                                            DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                              TABLE 2:  GRAND TOTAL MANAGED CARE ENROLLEES, BY ELIGIBILITY CATEGORY
                                                                                                      FOR SFY OF:    CCYY
                                                       MEDICALLY NEEDY ENROLLEES
                 ---------------------------------------------------------------------------------------------------------
                   DEATH, ABSENCE,
                   INCAPACITY/A          UNEMPLOYED PARENT       POVERTY RELATED        INTACT FAMILIES
                 ---------------------  ---------------------  ---------------------  ---------------------     MA          FOSTER
   COUNTY         ADULTS    CHILDREN     ADULTS    CHILDREN     ADULTS    CHILDREN     ADULTS    CHILDREN     ONLY         CARE
 ------------    ---------- ---------- ---------- ---------- ---------- ---------- ---------- ---------- ---------- ----------
 TOTAL            9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999
 ------------    ---------- ---------- ---------- ---------- ---------- ---------- ---------- ---------- ---------- ----------
 GUARDIANSHIP
 CASES : C.O.     9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999
 XXXXXXXXXXXX     9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999
 XXXXXXXXXXXX     9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999
 XXXXXXXXXXXX     9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999
 XXXXXXXXXXXX     9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999
 XXXXXXXXXXXX     9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999
 XXXXXXXXXXXX     9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999
 XXXXXXXXXXXX     9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999
 XXXXXXXXXXXX     9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999
 XXXXXXXXXXXX     9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999
 XXXXXXXXXXXX     9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999

 A/INCLUDES 999,999 CHILDREN WHOSE ELIGIBILITY IS INSTITUTIONALIZATOIN IN PSYCHIATRIC HOSPITALS.

                                                        -  21B  -
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Report  : MAR-5950-A                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJA513                       MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:    99:99:99
Location: MRA5950                       MEDICAID ENROLLEES PER ELIGIBILITY GROUP                            Page:         999
                                            DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                              TABLE 2:  GRAND TOTAL MANAGED CARE ENROLLEES, BY ELIGIBILITY CATEGORY
                                                                                                      FOR SFY OF:    CCYY

                                                                                                                   OTHER
                                  CATEGORICALLY NEEDY                          MEDICALLY NEEDY                     NEEDY
                   TOTAL     ---------------------------------------------  ---------------------------------------------  ----------
   COUNTY        ENROLLEES     AGED     DISABLED/A   ADULTS    CHILDREN     AGED     DISABLED/B   ADULTS    CHILDREN      QMB/C
 ------------    ---------- ---------- ---------- ---------- ---------- ---------- ---------- ---------- ---------- ----------
 T O T A L S     99,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999

                                                   CATEGORICALLY NEEDY ENROLLEES
                 ---------------------------------------------------------------------------------------------------------
                                 BASIC                          UNEMPLOYED PARENT
                 ---------------------------------------------  ---------------------------------------------
   COUNTY                ADULTS       CHILDREN                    ADULTS       CHILDREN                FOSTER CARE                ADOPTION
 ------------    ---------------- ----------------            ---------------- ----------------    ----------------    ----------------
 T O T A L S          999,999,999  999,999,999                 999,999,999  999,999,999                 999,999,999                 999,999,999

                                                       MEDICALLY NEEDY ENROLLEES
                 ---------------------------------------------------------------------------------------------------------
                   DEATH, ABSENCE,
                   INCAPACITY/A          UNEMPLOYED PARENT       POVERTY RELATED        INTACT FAMILIES
                 ---------------------  ---------------------  ---------------------  ---------------------     MA          FOSTER
   COUNTY         ADULTS    CHILDREN     ADULTS    CHILDREN     ADULTS    CHILDREN     ADULTS    CHILDREN     ONLY         CARE
 ------------    ---------- ---------- ---------- ---------- ---------- ---------- ---------- ---------- ---------- ----------
 T O T A L S      9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999  9,999,999

                                                        -  T1   -
                                                  *** END OF REPORT ***
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Report : MAR-5950-A
Process : MARJA513
Location: MRA5950

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID ENROLLEES PER ELIGIBILITY GROUP
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 2: GRAND TOTAL MANAGED CARE ENROLLEES, BY ELIGIBILITY CATEGORY

FOR SFY OF: CCYY

COUNTY	TOTAL ENROLLEES	CATEGORICALLY NEEDY				MEDICALLY NEEDY				OTHER NEEDY
		AGED	DISABLED/A	ADULTS	CHILDREN	AGED	DISABLED/B	ADULTS	CHILDREN	QMB/C
TOTAL	99,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
GUARDIANSHIP CASES : C.O.	99,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XXXXXXXXXXX	99,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XXXXXXXXXXX	99,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XXXXXXXXXXX	99,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XXXXXXXXXXX	99,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XXXXXXXXXXX	99,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XXXXXXXXXXX	99,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XXXXXXXXXXX	99,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XXXXXXXXXXX	99,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XXXXXXXXXXX	99,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XXXXXXXXXXX	99,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

A/INCLUDES 999,999 BLIND ENROLLEES.
B/INCLUDES 999,999 BLIND ENROLLEES.
C/INCLUDES 999,999 QUALIFIED MEDICARE BENEFICIARIES; 999,999 QUALIFIED DISABLED WORKING INDIVIDUALS; 999,999 SPECIFIED LOW INCOME MEDICARE BENEFICIARIES; 999,999 QUALIFIED INDIVIDUAL GROUP 1; AND 999,999 QUALIFIED INDIVIDUALS GROUP 2.

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Report : MAR-5950-A
Process : MARJA513
Location: MRA5950

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID ENROLLEES PER ELIGIBILITY GROUP
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 2: GRAND TOTAL MANAGED CARE ENROLLEES, BY ELIGIBILITY CATEGORY

FOR SFY OF: CCYY

COUNTY	CATEGORICALLY NEEDY ENROLLEES					
	BASIC		UNEMPLOYED PARENT		FOSTER CARE	ADOPTION
	ADULTS	CHILDREN	ADULTS	CHILDREN		
TOTAL	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
GUARDIANSHIP CASES : C.O.	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

- 21A -

2.8.88.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CATEGORICALLY NEEDY - ADULTS	The total enrollee counts by county aid category for enrollees eligible in the aid categories of Categorically Needy Adults. Aid Category = C,W and Program Status Code = NOT P1,P2,P3 and IM-ID = 01,03,04,06,08. Aid Category = E,T and IM-ID = 01,03,04,06,08.	7	Number	T_MR_ELIG	ID_MEDICAID
CATEGORICALLY NEEDY - AGED	The total enrollee counts by county aid category for enrollees eligible in the aid categories of Categorically Needy Aged. Aid Category = A, AP, F, FP.	7	Number	T_MR_ELIG	ID_MEDICAID
CATEGORICALLY NEEDY - CHILDREN	The total enrollee counts by county aid category for enrollees eligible in the aid categories of Categorically Needy Children. Aid Category = C,W and Program Status Code = NOT P1,P2,P3 and IM-ID = Not 01,03,04,06,08 , Not 13,14,15,16, Not 60 thru 79. Aid Category = E,T and IM-ID = Not 01,03,04,06,08. Aid Category = X, S.	7	Number	T_MR_ELIG	ID_MEDICAID
CATEGORICALLY NEEDY - DISABLED/A	The total enrollee counts by county aid category for enrollees eligible in the aid categories of Categorically Needy Disabled. Aid Category = B, BP, G, GP, D, DP, H, HP.	7	Number	T_MR_ELIG	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
CATEGORICALLY NEEDY ENROLLEES - ADOPTION	The total enrollee counts by county for enrollees eligible for aid in Categorically Needy Adoption. Aid Category = S.	7	Number	T_MR_ELIG	ID_MEDICAID
CATEGORICALLY NEEDY ENROLLEES - BASIC - ADULTS	The total enrollee counts by county for Adults eligible in the Categorically Needy Basic aid category. Aid Category = C and Program Status Code = NOT P1,P2,P3 and IM-ID = 01,03,04,06,08. Aid Category = E and IM-ID = 01,03,04,06,08.	7	Number	T_MR_ELIG	ID_MEDICAID
CATEGORICALLY NEEDY ENROLLEES - BASIC - CHILDREN	The total enrollee counts by county for Children eligible in the Categorically Needy Basic aid category. Aid Category = C and Program Status Code = NOT P1,P2,P3 and IM-ID = Not 01,03,04,06,08, Not 13,14,15,16, Not 60 thru 79. Aid Category = E and IM-ID = Not 01,03,04,06,08.	7	Number	T_MR_ELIG	ID_MEDICAID
CATEGORICALLY NEEDY ENROLLEES - FOSTER CARE	The total enrollee counts by county for enrollees eligible for aid in Categorically Needy Foster Care. Aid Category = X.	7	Number	T_MR_ELIG	ID_MEDICAID
CATEGORICALLY NEEDY ENROLLEES - UNEMPLOYED PARENTS - ADULTS	The total enrollee counts by county for Adults eligible in the Categorically Needy Unemployed Parent aid category. Aid Category = T and IM-ID = 01,03,04,06,08. Aid Category = W and Program Status Code = NOT P1,P2,P3 and IM-ID =01,03,04,06,08.	7	Number	T_MR_ELIG	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
CATEGORICALLY NEEDY ENROLLEES - UNEMPLOYED PARENTS - CHILDREN	The total enrollee counts by county for Children eligible in the Categorically Needy Unemployed Parent aid category. Aid Category = T and IM-ID = Not 01,03,04,06,08. Aid Category = W and Program Status Code = NOT P1,P2,P3 and IM-ID = Not 01,03,04,06,08, Not 13,14,15,16, Not 60 thru 79.	7	Number	T_MR_ELIG	ID_MEDICAID
COUNTY	The Kentucky county of enrollee's residence.	12	Char	T_COUNTY	DSC_COUNTY
FOOTNOTE A (DEATH, ABSENCE, INCAPACITY)	Aid Category = U.	7	Number	T_MR_ELIG	ID_MEDICAID
FOOTNOTE A (DISABLED)	Aid Category = B,BP,G,GP.	7	Number	T_MR_ELIG	ID_MEDICAID
FOOTNOTE B	Aid Category = K.	7	Number	T_MR_ELIG	ID_MEDICAID
FOOTNOTE C	QUALIFIED MEDICARE BENEFICIARIES; Aid Category = Z. QUALIFIED DISABLED WORKING INDIVIDUALS; Aid Category = ZQ. SPECIFIED LOW INCOME MEDICARE BENEFICIARIES; Aid Category = ZL. QUALIFIED INDIVIDUAL GROUP 1; Aid Category = ZJ. QUALIFIED INDIVIDUALS GROUP 2; Aid Category =ZK.	7	Number	T_MR_ELIG	ID_MEDICAID
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance. County Code = 121.	7	Number	T_MR_ELIG	ID_MEDICAID
MEDICALLY NEEDY -	The total enrollee counts by county aid category for	7	Number	T_MR_ELIG	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
ADULTS	enrollees eligible in the aid categories of Medically Needy Adults. Aid Category = L, N, I, KC, Y and IM-ID = 01,03,04,06,08. Aid Category = C,W and Program Status Code = NOT P1,P2,P3 and IM-ID = 13,14.				
MEDICALLY NEEDY - AGED	The total enrollee counts by county aid category for enrollees eligible in the aid categories of Medically Needy Aged. Aid Category = J.	7	Number	T_MR_ELIG	ID_MEDICAID
MEDICALLY NEEDY - CHILDREN	The total enrollee counts by county aid category for enrollees eligible in the aid categories of Medically Needy Children. Aid Category = L and IM-ID = Not 01,03,04,06,08. Aid Category = W and Program Status Code = NOT P1,P2,P3 and IM-ID = 15,16. Aid Category = W and Program Status Code = NOT P1,P2,P3 and IM-ID = 60 THRU 79. Aid Category = W and Program Status Code = P1,P2,P3. Aid Category = U, P. Aid Category = N, I, KC, Y and IM-ID = Not 01,03,04,06,08.	7	Number	T_MR_ELIG	ID_MEDICAID
MEDICALLY NEEDY - DISABLED/B	The total enrollee counts by county aid category for enrollees eligible in the aid categories of Medically Needy Disabled. Aid Category = K, M.	7	Number	T_MR_ELIG	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MEDICALLY NEEDY ENROLLEES - DEATH / ABSENCE / INCAPACITY/A - ADULTS	The total enrollee counts by county for Adults eligible in the Medically Needy Death, Absence, Incapacity aid category. Aid Category = L and IM-ID = 01,03,04,06,08. Aid Category = C and Program Status Code = NOT P1,P2,P3 and IM-ID = 13,14.	7	Number	T_MR_ELIG	ID_MEDICAID
MEDICALLY NEEDY ENROLLEES - DEATH / ABSENCE / INCAPACITY/A - CHILDREN	The total enrollee counts by county for Children eligible in the Medically Needy Death / Absence / Incapacity aid category. Aid Category = L and IM-ID = Not 01,03,04,06, 08. Aid Category = C and Program Status Code = NOT P1,P2,P3 and IM-ID = 15,16. Aid Category = U.	7	Number	T_MR_ELIG	ID_MEDICAID
MEDICALLY NEEDY ENROLLEES - FOSTER CARE	The total enrollee counts by county for enrollees eligible in the Medically Needy Foster Care aid category. Aid Category = P.	7	Number	T_MR_ELIG	ID_MEDICAID
MEDICALLY NEEDY ENROLLEES - INTACT FAMILIES - ADULTS	The total enrollee counts by county for Adults eligible in the Medically Needy Intact Families aid category. Aid Category = Y and IM-ID = 01,03,04,06,08.	7	Number	T_MR_ELIG	ID_MEDICAID
MEDICALLY NEEDY ENROLLEES - INTACT FAMILIES - CHILDREN	The total enrollee counts by county for Children eligible in the Medically Needy Intact Families aid category. Aid Category = Y and IM-ID = NOT 01,03,04,06,08.	7	Number	T_MR_ELIG	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MEDICALLY NEEDY ENROLLEES - MA ONLY	The total enrollee counts by county for enrollees eligible in the Medically Needy MA Only aid category. Aid Category = C,W and Program Status Code = NOT P1,P2,P3 and IM-ID = 60 THRU 79. Aid Category = C,W and Program Status Code = P1,P2,P3.	7	Number	T_MR_ELIG	ID_MEDICAID
MEDICALLY NEEDY ENROLLEES - POVERTY RELATED - ADULTS	The total enrollee counts by county for Adults eligible in the Medically Needy Poverty Related aid category. Aid Category = I,KC and IM-ID = 01,03,04,06,08.	7	Number	T_MR_ELIG	ID_MEDICAID
MEDICALLY NEEDY ENROLLEES - POVERTY RELATED - CHILDREN	The total enrollee counts by county for Children eligible in the Medically Needy Poverty Related aid category. Aid Category = I,KC and IM-ID = NOT 01,03,04,06,08.	7	Number	T_MR_ELIG	ID_MEDICAID
MEDICALLY NEEDY ENROLLEES - UNEMPLOYED PARENT - ADULTS	The total enrollee counts by county for Adults eligible in the Medically Needy Unemployed Parent aid category. Aid Category = N and IM-ID = 01,03,04,06,08. Aid Category = W and Program Status Code = NOT P1,P2,P3 and IM-ID = 13,14.	7	Number	T_MR_ELIG	ID_MEDICAID
MEDICALLY NEEDY ENROLLEES - UNEMPLOYED PARENT - CHILDREN	The total enrollee counts by county for Children eligible in the Medically Needy Unemployed Parent aid category. Aid Category = N and IM-ID = Not 01,03,04,06,08. Aid Category = W and Program Status Code =	7	Number	T_MR_ELIG	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
	NOT P1,P2,P3 and IM-ID = 15,16.				
OTHER NEEDY - QMB/C	The total enrollee counts by county who are Qualified Medicare Beneficiaries. Aid Category = Z, ZQ, ZL, ZJ, ZK.	7	Number	T_MR_ELIG	ID_MEDICAID
TOTAL	The total counts for all columns.	7	Number	Calculated	Calculated
TOTAL ENROLLEES	The total counts of enrollees for each county	7	Number	Calculated	Calculated

2.8.88.5 Associated Programs

Program	Description
sed	Unix command stream editor
oraload.sh	Oracle Table Load-Unload Utility
sed	Unix command stream editor
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
clmphash	Build Hash Index
mra5950	MS-264 Table 2
oraload.sh	Oracle Table Load-Unload Utility
clmphash	Build Hash Index
clmphash	Build Hash Index
mra5950	MS-264 Table 2
clmphash	Build Hash Index

Program	Description
mra5950	MS-264 Table 2
mra5950	MS-264 Table 2
copy2routedir	Copy Reports to Router

2.8.88.6 Associated Requirements

ID
30.090.012.003.1

2.8.88.7 Change Orders

ID	Name	Description
1331	Produce MS-264 5950	Customer requested EDS to build report KYMM5950-R001

2.8.89 MAR-5951-A -- MS-264 Table 3 - Annual

The MS-264 Table 3 - Annual (MAR-5951-A) report presents total KyHealth Choices member counts for the following member programs: Categorically Needy and Medically Needy for Title XIX, Supplemental Security Income (SSI) and State Supplemental and Title IV, Aid to Families with Dependent Children (AFDC). The report shows the total number of members who received a KyHealth Choices service for the year with member count by aid category by each county in Kentucky. A total page includes the totals by aid category for all counties.

EXCLUSIONS AND LIMITATIONS: Only members who received a service are reported.

SORTS/GROUPINGS: Sorted by county code and grouped by eligibility categories.

2.8.89.1 Technical Name
MAR-5951-A

2.8.89.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.89.3 MS-264 Table 3 - Annual Layout

```
Report  : MAR-5951-A                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJA514                          MEDICAID MANAGEMENT INFORMATION SYSTEM                      Run Time:   99:99:99
Location: MRA5951                          UTILIZERS (MEMBERS) BY ELIGIBILITY FACTOR                        Page:        999
                                              DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                                   TABLE 3:  UTILIZERS (MEMBERS), BY ELIGIBILITY FACTOR
                                       -- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --
                                                                                                  FOR SFY OF:   CCYY

                                          CATEGORICALLY NEEDY UTILIZING MEMBERS, RECEIVE MONEY PAYMENT
                                 ------------------------------------------------------------------------------------------
                                   ELIG. FACTOR: TITLE XVI, SSI/ST. SUPP              ELIGIBILITY FACTOR: TITLE IV, AFDC
                UNDUPLICATED     ------------------------------------------------  ------------------------------------------
                 UTILIZERS                                                                  BASIC    UNEMPLOYED    FOSTER
   COUNTY        (MEMBERS)         TOTAL        AGED      BLIND      DISABLED       TOTAL      AFDC      PARENT       CARE
------------    ------------    ----------- ----------- ----------- -----------    ----------- ----------- ----------- -----------
T O T A L S      999,999,999     99,999,999  99,999,999  99,999,999  99,999,999     99,999,999  99,999,999  99,999,999  99,999,999


                                          MEDICALLY NEEDY UTILIZING MEMBERS                                          OTHER NEEDY
                 ------------------------------------------------------------------------------------------------------  --------
                   ELIGIBILITY FACTOR:  ABD                  ELIGIBILITY FACTOR: FAMILIES WITH CHILDREN /1                ELIG.
                 ------------------------------------------  ------------------------------------------------------------  FACTOR:
                                                                                  PREGNANT WOMEN &
                                                                                  CHILDREN ONLY
                                                                                 ----------------
                                                                  DEATH,    UNEM-
                                                                ABSENCE OR  PLOYED  POVERTY  INTACT   FOSTER
   COUNTY         TOTAL      AGED      BLIND  DISABLED        TOTAL    INCAPACITY  PARENT  RELATED  FAMILY    CARE          QMB
------------    ----------- -------- -------- --------      ----------- -------- -------- -------- -------- --------     --------
T O T A L S      99,999,999  999,999  999,999  999,999       99,999,999   999,999  999,999  999,999  999,999  999,999      999,999

1/ INCLUDES  999,999 CHILDREN FROM AFDC FAMILIES WHO ARE INELIGIBLE FOR MONEY PAYMENT AND  999,999 CHILDREN WHOSE ELIGIBILITY IS
   INSTITUTIONALIZATION IN PSYCHIATRIC HOSPITALS.


                                                                  -  T1   -
                                                              *** END OF REPORT ***
```

Report : MAR-5951-A
Process : MARJA514
Location: MRA5951

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
UTILIZERS (MEMBERS) BY ELIGIBILITY FACTOR
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 3: UTILIZERS (MEMBERS), BY ELIGIBILITY FACTOR
-- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --

FOR SFY OF: CCYY

CATEGORICALLY NEEDY UTILIZING MEMBERS, RECEIVE MONEY PAYMENT

		ELIG. FACTOR: TITLE XVI, SSI/ST. SUPP				ELIGIBILITY FACTOR: TITLE IV, AFDC			
COUNTY	UNDUPLICATED UTILIZERS (MEMBERS)	TOTAL	AGED	BLIND	DISABLED	TOTAL	BASIC AFDC	UNEMPLOYED PARENT	FOSTER CARE
TOTAL:	999,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
GUARDIANSHIP CASES : C.O.	999,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
XXXXXXXXXXXX	999,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
XXXXXXXXXXXX	999,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
XXXXXXXXXXXX	999,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
XXXXXXXXXXXX	999,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
XXXXXXXXXXXX	999,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
XXXXXXXXXXXX	999,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
XXXXXXXXXXXX	999,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
XXXXXXXXXXXX	999,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
XXXXXXXXXXXX	999,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
XXXXXXXXXXXX	999,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
XXXXXXXXXXXX	999,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999

1/ INCLUDES 999,999 CHILDREN FROM AFDC FAMILIES WHO ARE INELIGIBLE FOR MONEY PAYMENT AND 999,999 CHILDREN WHOSE ELIGIBILITY IS INSTITUTIONALIZATION IN PSYCHIATRIC HOSPITALS.

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Report : MAR-5951-A
Process : MARJA514
Location: MRA5951

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
UTILIZERS (MEMBERS) BY ELIGIBILITY FACTOR
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 3: UTILIZERS (MEMBERS), BY ELIGIBILITY FACTOR
-- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --

FOR SFY OF: CCYY

	MEDICALLY NEEDY UTILIZING MEMBERS										OTHER NEEDY
	ELIGIBILITY FACTOR: ABD				ELIGIBILITY FACTOR: FAMILIES WITH CHILDREN /1						ELIG. FACTOR:
								PREGNANT WOMEN & CHILDREN ONLY			
COUNTY	TOTAL	AGED	BLIND	DISABLED	TOTAL	DEATH, ABSENCE OR INCAPACITY	UNEM-PLOYED PARENT	POVERTY RELATED	INTACT FAMILY	FOSTER CARE	QMB
TOTAL:	99,999,999	999,999	999,999	999,999	99,999,999	999,999	999,999	999,999	999,999	999,999	999,999
GUARDIANSHIP CASES : C.O.	99,999,999	999,999	999,999	999,999	99,999,999	999,999	999,999	999,999	999,999	999,999	999,999
XXXXXXXXXXX	99,999,999	999,999	999,999	999,999	99,999,999	999,999	999,999	999,999	999,999	999,999	999,999
XXXXXXXXXXX	99,999,999	999,999	999,999	999,999	99,999,999	999,999	999,999	999,999	999,999	999,999	999,999
XXXXXXXXXXX	99,999,999	999,999	999,999	999,999	99,999,999	999,999	999,999	999,999	999,999	999,999	999,999
XXXXXXXXXXX	99,999,999	999,999	999,999	999,999	99,999,999	999,999	999,999	999,999	999,999	999,999	999,999
XXXXXXXXXXX	99,999,999	999,999	999,999	999,999	99,999,999	999,999	999,999	999,999	999,999	999,999	999,999
XXXXXXXXXXX	99,999,999	999,999	999,999	999,999	99,999,999	999,999	999,999	999,999	999,999	999,999	999,999
XXXXXXXXXXX	99,999,999	999,999	999,999	999,999	99,999,999	999,999	999,999	999,999	999,999	999,999	999,999
XXXXXXXXXXX	99,999,999	999,999	999,999	999,999	99,999,999	999,999	999,999	999,999	999,999	999,999	999,999
XXXXXXXXXXX	99,999,999	999,999	999,999	999,999	99,999,999	999,999	999,999	999,999	999,999	999,999	999,999
XXXXXXXXXXX	99,999,999	999,999	999,999	999,999	99,999,999	999,999	999,999	999,999	999,999	999,999	999,999
XXXXXXXXXXX	99,999,999	999,999	999,999	999,999	99,999,999	999,999	999,999	999,999	999,999	999,999	999,999

- 24A -

2.8.89.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CATEGORICALLY NEEDY UTILIZING MEMBERS - ELIG FACTOR: TITLE IV, AFDC - BASIC AFDC	The individual category member counts by county for members eligible under Title IV and AFDC in the aid categories of Basic AFDC. Aid Category = C,E and Program Status Code = NOT P1,P2,P3 and IM-ID = NOT 70,71,72,73,75,76,13,14,15,16,68,69,77,78.	7	Number	T_MR_RE	ID_MEDICAID
CATEGORICALLY NEEDY UTILIZING MEMBERS - ELIG FACTOR: TITLE IV, AFDC - FOSTER CARE	The individual category member counts by county for members eligible under Title IV and AFDC in the aid categories of Foster Care. Aid Category = X, S.	7	Number	T_MR_RE	ID_MEDICAID
CATEGORICALLY NEEDY UTILIZING MEMBERS - ELIG FACTOR: TITLE IV, AFDC - TOTAL	The total counts by county for members eligible under Title IV and AFDC in the aid categories of Basic AFDC, Unemployed Parent, and Foster Care. Aid Category =C,E and Program Status Code = NOT P1,P2,P3 and IM-ID = NOT 70,71,72,73. Aid Category = W,T and IM-ID = 75,76,13,14,15,16,68,69,77,78. Aid Category = X,S.	7	Number	T_MR_RE	ID_MEDICAID
CATEGORICALLY NEEDY UTILIZING MEMBERS - ELIG FACTOR: TITLE IV, AFDC -UNEMPLOYED PARENT	The individual category member counts by county for members eligible under Title IV and AFDC in the aid categories of Unemployed Parent. Aid Category = W,T and Program Status Code = NOT P1,P2,P3 and IM-ID = NOT 70,71,72,73,75,76,13,14,15,16, 68,69,77,78.	7	Number	T_MR_RE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
CATEGORICALLY NEEDY UTILIZING MEMBERS - ELIG. FACTOR: TITLEXVI, SSI/ST. SUPP. - AGED	The individual category member counts by county for members eligible under Title XVI and SSI/State Supplement in the aid categories of Aged. Aid Category = A, AP, F, FP.	7	Number	T_MR_RE	ID_MEDICAID
CATEGORICALLY NEEDY UTILIZING MEMBERS - ELIG. FACTOR: TITLEXVI, SSI/ST. SUPP. - BLIND	The individual category member counts by county for members eligible under Title XVI and SSI/State Supplement in the aid categories of Blind. Aid Category = B, BP, G, GP.	7	Number	T_MR_RE	ID_MEDICAID
CATEGORICALLY NEEDY UTILIZING MEMBERS - ELIG. FACTOR: TITLEXVI, SSI/ST. SUPP. - DISABLED	The individual category member counts by county for members eligible under Title XVI and SSI/State Supplement in the aid categories of Disabled. Aid Category = D, DP, H, HP.	7	Number	T_MR_RE	ID_MEDICAID
CATEGORICALLY NEEDY UTILIZING MEMBERS - ELIG. FACTOR: TITLEXVI, SSI/ST. SUPP. - TOTAL	The total counts by county for members eligible under Title XVI and SSI/State Supplement in the aid categories of Aged, Blind, and Disabled. Aid Category = A, AP, F,FP, B, BP, G, GP, D, DP, H, HP.	7	Number	T_MR_RE	ID_MEDICAID
COUNTY	Kentucky county of members residence.	12	Char	T_COUNTY	DSC_COUNTY
FOOTNOTE 1 (CHILDREN FROM AFDC FAMILIES)	Aid Category = C,W and Program Status Code = P1,P2,P3. Aid Category = C, W and IM-ID = 60 THRU 79.	7	Number	T_MR_RE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
FOOTNOTE 1 (PSYCHIATRIC HOSPITALS)	Aid Category = U.	7	Number	T_MR_RE	ID_MEDICAID
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance. County Code = 121.	7	Number	T_MR_RE	ID_MEDICAID
MEDICALLY NEEDY UTILIZING MEMBERS - ELIGIBILITY FACTOR - ABD - AGED	The individual category member counts by county for members eligible under ABD in the aid categories of Aged, Blind, Disabled. Aid Category = J.	7	Number	T_MR_RE	ID_MEDICAID
MEDICALLY NEEDY UTILIZING MEMBERS - ELIGIBILITY FACTOR - ABD - BLIND	The individual category member counts by county for members eligible under ABD in the aid categories of Blind. Aid Category = K.	7	Number	T_MR_RE	ID_MEDICAID
MEDICALLY NEEDY UTILIZING MEMBERS - ELIGIBILITY FACTOR - ABD - DISABLED	The individual category member counts by county for members eligible under ABD in the aid categories of Disabled. Aid Category = M.	7	Number	T_MR_RE	ID_MEDICAID
MEDICALLY NEEDY UTILIZING MEMBERS - ELIGIBILITY FACTOR - ABD - TOTAL	The total member counts by county for members eligible under ABD in the aid categories of Aged, Blind, Disabled. Aid Category = J, K, M.	7	Number	T_MR_RE	ID_MEDICAID
MEDICALLY NEEDY UTILIZING MEMBERS - ELIGIBILITY FACTOR: FAMILIES WITH CHILDREN	The sub-category member counts for members eligible under the category Families with Children in the aid category of Death, Absence or Incapacity.	7	Number	T_MR_RE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
1/ELIGIBILITY - DEATH ABSENCE OR INCAPACITY	Aid Category = L,U. Aid Category = C and IM-ID = 13,14,15,16, 68,69,70,72,78. Aid Category = C and Program Status Code = P1,P2,P3.				
MEDICALLY NEEDY UTILIZING MEMBERS - ELIGIBILITY FACTOR: FAMILIES WITH CHILDREN 1/ELIGIBILITY - FOSTER CARE	The sub-category member counts for members eligible under the category Families with Children in the aid category of Foster Care. Aid Category = P.	7	Number	T_MR_RE	ID_MEDICAID
MEDICALLY NEEDY UTILIZING MEMBERS - ELIGIBILITY FACTOR: FAMILIES WITH CHILDREN 1/ELIGIBILITY - PREGRANT WOMEN & CHILDREN ONLY - INTACT FAMILY	The sub-category member counts for members eligible under the category Families with Children in the aid category of Intact Family (Pregnant Women and Children Only). Aid Category = Y.	7	Number	T_MR_RE	ID_MEDICAID
MEDICALLY NEEDY UTILIZING MEMBERS - ELIGIBILITY FACTOR: FAMILIES WITH CHILDREN 1/ELIGIBILITY - PREGRANT WOMEN & CHILDREN ONLY - POVERTY RELATED	The sub-category member counts for members eligible under the category Families with Children in the aid category of Poverty Related (Pregnant Women and Children Only). Aid Category = I.	7	Number	T_MR_RE	ID_MEDICAID
MEDICALLY NEEDY UTILIZING MEMBERS - ELIGIBILITY FACTOR: FAMILIES WITH CHILDREN	The total member counts for members eligible under the category Families with Children. These members are broken down into the following sub-categories: Death, Absence or	7	Number	T_MR_RE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
1/ELIGIBILITY - TOTAL	Incapacity; Unemployed Parent; Poverty Related (Pregnant Women and Children Only) Intact Family (Pregnant Women and Children Only); and Foster Care. Aid Category = L, U, N, I, Y, P. Aid Category = C,W and IM-ID = 13,14,15,16, 68,69,70,72,78. Aid Category = C, W and Program Status Code = P1,P2,P3.				
MEDICALLY NEEDY UTILIZING MEMBERS - ELIGIBILITY FACTOR: FAMILIES WITH CHILDREN 1/ELIGIBILITY - UNEMPLOYED PARENT	The sub-category member counts for members eligible under the category Families with Children in the aid category of Unemployed Parent. Aid Category = N. Aid Category = W and IM-ID = 13,14,15,16, 68,69,70,72,78. Aid Category = W and Program Status Code = P1,P2,P3.	7	Number	T_MR_RE	ID_MEDICAID
OTHER NEEDY ELIGIBILITY FACTOR: QMB	The total unduplicated count of members by county who are Qualified Medicare Beneficiaries. Aid Category = Z, ZL, ZQ, ZJ, ZK.	7	Number	T_MR_RE	ID_MEDICAID
TOTAL (BY COUNTY)	The Total counts for all columns.	7	Number	Calculated	Calculated
TOTAL PAGE COUNTY TOTAL	The total member count for all counties by aid category.	7	Number	Calculated	Calculated
UNDUPLICATED UTILIZERS (MEMBERS)	Total number of Medicaid members who received service during the cycle period.	7	Number	T_MR_RE	ID_MEDICAID

2.8.89.5 Associated Programs

Program	Description
sed	Unix command stream editor
sed	Unix command stream editor
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
otsortd	Sort - UNIX
otsortd	Sort - UNIX
otsortd	Sort - UNIX
otsortd	Sort - UNIX
clmphash	Build Hash Index
mra5951	MS-264 Table 3
oraload.sh	Oracle Table Load-Unload Utility
mr264tbl3	MS-264 TABLE 3 pre-processing program
oraload.sh	Oracle Table Load-Unload Utility
mr264tbl3	MS-264 TABLE 3 pre-processing program
mr264tbl3	MS-264 TABLE 3 pre-processing program
otsortd	Sort - UNIX
mr264tbl3	MS-264 TABLE 3 pre-processing program
otsortd	Sort - UNIX
otsortd	Sort - UNIX

Program	Description
mra5951	MS-264 Table 3
otsortd	Sort - UNIX
clmphash	Build Hash Index
mra5951	MS-264 Table 3
otsortd	Sort - UNIX
mra5951	MS-264 Table 3
otsortd	Sort - UNIX
clmphash	Build Hash Index
mra5951	MS-264 Table 3
otsortd	Sort - UNIX
clmphash	Build Hash Index
mra5951	MS-264 Table 3
otsortd	Sort - UNIX
clmphash	Build Hash Index
mra5951	MS-264 Table 3
otsortd	Sort - UNIX
clmphash	Build Hash Index
mra5951	MS-264 Table 3
otsortd	Sort - UNIX

Program	Description
clmphash	Build Hash Index
mra5951	MS-264 Table 3
clmphash	Build Hash Index
mra5951	MS-264 Table 3
clmphash	Build Hash Index
mra5951	MS-264 Table 3
clmphash	Build Hash Index
mra5951	MS-264 Table 3
mra5951	MS-264 Table 3
copy2routedir	Copy Reports to Router

2.8.89.6 Associated Requirements

ID
30.090.012.003.1

2.8.89.7 Change Orders

ID	Name	Description
1332	Produce MS-264 5951	Customer requested EDS to build report KYMM5951-R001
6529	MAR-5951-A rpt totals incorrect	Totals are not consistent with DSS for the MS-264 5951 Table 3 - Annual MAR-5951-A report

2.8.90 MAR-5952-A -- MS-264 Table 3A - Annual

The MS-264 Table 3A - Annual (MAR-5952-A) report presents total KyHealth Choices member counts for the following member programs: Categorically Needy and Medically Needy. The report shows the total number of members who received a KyHealth Choices service for the year with member count by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS AND LIMITATIONS: None

SORTS/GROUPINGS: Sorted by county code and grouped by categories of service.

2.8.90.1 Technical Name
MAR-5952-A

2.8.90.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.90.3 MS-264 Table 3A - Annual Layout

```
Report  : MAR-5952-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA515                     MEDICAID MANAGEMENT INFORMATION SYSTEM                   Run Time:   99:99:99
Location: MRA5952                      UTILIZERS (MEMBERS) BY TYPE OF SERVICE                       Page:        999
                                          DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                                   TABLE 3A:  UTILIZERS (MEMBERS), BY TYPE OF SERVICE
                                      -- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --
                                                                                                  FOR SFY OF:   CCYY
                                   NUMBER OF MEDICAID MEMBERS, BY TYPE OF SERVICE
                              ----------------------------------------------------------------------------------------
                                   MANAGED CARE CAPITATION FEES
                              ----------------------------------------
                   UNDUP        PHYSICAL     BEHAVIORAL   NON-EMERGENCY   INPATIENT    OUTPATIENT
   COUNTY          MEMBER       HEALTH        HEALTH      TRANSPORTATION  HOSPITAL     HOSPITAL     PHYSICIAN     PHARMACY
------------  --------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL UTIL.    99,999,999,999  999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  --------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

    COS                                 96            97            58            02            12            74            64

GUARDIANSHIP
CASES : C.O.   99,999,999,999  999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
XXXXXXXXXXXX   99,999,999,999  999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
XXXXXXXXXXXX   99,999,999,999  999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
XXXXXXXXXXXX   99,999,999,999  999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
XXXXXXXXXXXX   99,999,999,999  999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
XXXXXXXXXXXX   99,999,999,999  999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999

                                                   - 27  -
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Report  : MAR-5952-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA515                     MEDICAID MANAGEMENT INFORMATION SYSTEM                   Run Time:   99:99:99
Location: MRA5952                      UTILIZERS (MEMBERS) BY TYPE OF SERVICE                       Page:        999
                                          DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                                   TABLE 3A:  UTILIZERS (MEMBERS), BY TYPE OF SERVICE
                                      -- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --
                                                                                                  FOR SFY OF:   CCYY
                                   NUMBER OF MEDICAID MEMBERS, BY TYPE OF SERVICE
                  ----------------------------------------------------------------------------------------------------
                                                PRIMARY       RURAL       RENAL      AMBULATORY                OTHER
   COUNTY              DENTAL                   CARE        HEALTH      DIALYSIS     SURGICAL     LABORATORY   LAB/XRAY     HOSPICE
------------  --------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL UTIL.    99,999,999,999  999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  --------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

    COS                     72            41            43            04            13            47            36            55

GUARDIANSHIP
CASES : C.O.   99,999,999,999  999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
XXXXXXXXXXXX   99,999,999,999  999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
XXXXXXXXXXXX   99,999,999,999  999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
XXXXXXXXXXXX   99,999,999,999  999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
XXXXXXXXXXXX   99,999,999,999  999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
XXXXXXXXXXXX   99,999,999,999  999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999

                                                   - 27A -
```

Report : MAR-5952-A
Process : MARJA515
Location: MRA5952

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
UTILIZERS (MEMBERS) BY TYPE OF SERVICE
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 3A: UTILIZERS (MEMBERS), BY TYPE OF SERVICE
-- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --

FOR SFY OF: CCYY

NUMBER OF MEDICAID MEMBERS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	46	40	75, 44	54	88	81	45	95
GUARDIANSHIP CASES : C.O.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

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Report : MAR-5952-A
Process : MARJA515
Location: MRA5952

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
UTILIZERS (MEMBERS) BY TYPE OF SERVICE
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 3A: UTILIZERS (MEMBERS), BY TYPE OF SERVICE
-- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --

FOR SFY OF: CCYY

NUMBER OF MEDICAID MEMBERS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP CASES : C.O.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

- 27C -

Report : MAR-5952-A
Process : MARJA515
Location: MRA5952

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
UTILIZERS (MEMBERS) BY TYPE OF SERVICE
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 3A: UTILIZERS (MEMBERS), BY TYPE OF SERVICE
-- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --

FOR SFY OF: CCYY

NUMBER OF MEDICAID MEMBERS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

Report : MAR-5952-A
Process : MARJA515
Location: MRA5952

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
UTILIZERS (MEMBERS) BY TYPE OF SERVICE
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 3A: UTILIZERS (MEMBERS), BY TYPE OF SERVICE
-- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --

FOR SFY OF: CCYY

NUMBER OF MEDICAID MEMBERS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

Report : MAR-5952-A
Process : MARJA515
Location: MRA5952

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
UTILIZERS (MEMBERS) BY TYPE OF SERVICE
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 3A: UTILIZERS (MEMBERS), BY TYPE OF SERVICE
-- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --

FOR SFY OF: CCYY

NUMBER OF MEDICAID MEMBERS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

Report : MAR-5952-A
Process : MARJA515
Location: MRA5952

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
UTILIZERS (MEMBERS) BY TYPE OF SERVICE
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 3A: UTILIZERS (MEMBERS), BY TYPE OF SERVICE
-- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --

FOR SFY OF: CCYY

NUMBER OF MEDICAID MEMBERS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
XXXXXXXXXXXX	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

Report : MAR-5952-A
Process : MARJA515
Location: MRA5952

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
UTILIZERS (MEMBERS) BY TYPE OF SERVICE
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 3A: UTILIZERS (MEMBERS), BY TYPE OF SERVICE
-- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --

FOR SFY OF: CCYY

NUMBER OF MEDICAID MEMBERS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	UNDUP MEMBER	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

NUMBER OF MEDICAID MEMBERS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

NUMBER OF MEDICAID MEMBERS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

NUMBER OF MEDICAID MEMBERS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

Report : MAR-5952-A
Process : MARJA515
Location: MRA5952

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
UTILIZERS (MEMBERS) BY TYPE OF SERVICE
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 3A: UTILIZERS (MEMBERS), BY TYPE OF SERVICE
-- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --

FOR SFY OF: CCYY

NUMBER OF MEDICAID MEMBERS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

NUMBER OF MEDICAID MEMBERS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

NUMBER OF MEDICAID MEMBERS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

NUMBER OF MEDICAID MEMBERS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

- T1 -
*** END OF REPORT ***

2.8.90.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The member counts by county for members who received the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE	ID_MEDICAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The member counts by county for members who received the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE	ID_MEDICAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The member counts by county for members who received the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE	ID_MEDICAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The member counts by county for members who received the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE	ID_MEDICAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The member counts by county for members who received the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE	ID_MEDICAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The member counts by county for members who received the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE	ID_MEDICAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The member counts by county for members who received the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE	ID_MEDICAID
ALTERNATIVE SERVICES - SCL	The member counts by county for members who received the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE	ID_MEDICAID
AMBULATORY	The member counts by county for members who received the provider category service of	10	Number	T_MR_RE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
SURGICAL	Ambulatory Surgical.				
COMM. MENTAL HEALTH CENTERS	The member counts by county for members who received the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE	ID_MEDICAID
COS	Category of Service Code	2	Char	T_MR_RE	CDE_COS_ST
COUNTY	County of member's residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The member counts by county for members who received the provider category service of Dental.	10	Number	T_MR_RE	ID_MEDICAID
EARLY INTERVENTION SERVICES	The member counts by county for members who received the provider service category of Early Intervention Services.	10	Number	T_MR_RE	ID_MEDICAID
EPSDT	The member counts by county for members who received the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE	ID_MEDICAID
EPSDT RELATED	The member counts by county for members who received the provider service category of EPSDT Related.	10	Number	T_MR_RE	ID_MEDICAID
FAMILY PLANNING - CLINIC	The member counts by county for members who received the provider category service of Family Planning - Clinic.	10	Number	T_MR_RE	ID_MEDICAID
FAMILY PLANNING - NON-CLINIC	The member counts by county for members who received the provider category service of Family Planning - Non-clinic.	10	Number	T_MR_RE	ID_MEDICAID
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption	10	Number	T_MR_RE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
	assistance.				
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	Calculated	Calculated
HANDS	The member counts by county for members who received the provider service category of HANDS..	10	Number	T_MR_RE	ID_MEDICAID
HEARING	The member counts by county for members who received the provider category service of Hearing.	10	Number	T_MR_RE	ID_MEDICAID
HOME HEALTH - DME	The member counts by county for members who received the provider category service of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE	ID_MEDICAID
HOME HEALTH - HOME HEALTH	The member counts by county for members who received the provider category service of Home Health - Home Health.	10	Number	T_MR_RE	ID_MEDICAID
HOSPICE	The member counts by county for members who received the provider category service of Hospice.	10	Number	T_MR_RE	ID_MEDICAID
IMPACT PLUS	The member counts by county for members who received the provider service category of Impact Plus.	10	Number	T_MR_RE	ID_MEDICAID
INPATIENT HOSPITAL	The member counts by county for members who received the provider category service of Inpatient Hospital.	10	Number	T_MR_RE	ID_MEDICAID
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The member counts by county for members who received the provider category service of Behavioral Health.	10	Number	T_MR_RE	ID_MEDICAID
MANAGED CARE CAPITATION FEES -	The member counts by county for members who received the provider category service of Physical	10	Number	T_MR_RE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PHYSICAL HEALTH	Health.				
NON-EMERGENCY TRANSPORTATION	The member counts by county for members who received the provider category service of Non-emergency transportation.	10	Number	T_MR_RE	ID_MEDICAID
NURSE ANESTHETIST	The member counts by county for members who received the provider category service of Nurse Anesthetist.	10	Number	T_MR_RE	ID_MEDICAID
NURSE PRACTITIONER	The member counts by county for members who received the provider category service of Nurse Practitioner.	10	Number	T_MR_RE	ID_MEDICAID
NURSING FACILITIES	The member counts by county for members who received the provider service category of Nursing Facilities.	10	Number	T_MR_RE	ID_MEDICAID
OPTICIAN	The member counts by county for members who received the provider service category of Optician.	10	Number	T_MR_RE	ID_MEDICAID
OPTOMETRIST	The member counts by county for members who received the provider service category of Optometrist.	10	Number	T_MR_RE	ID_MEDICAID
OTHER LAB/XRAY	The member counts by county for members who received the provider category service of Other Lab/X-ray.	10	Number	T_MR_RE	ID_MEDICAID
OUTPATIENT HOSPITAL	The member counts by county for members who received the provider category service of Outpatient Hospital.	10	Number	T_MR_RE	ID_MEDICAID
PHARMACY	The member counts by county for members who received the provider category service of Pharmacy.	10	Number	T_MR_RE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PHYSICIAN	The member counts by county for members who received the provider category service of Physician.	10	Number	T_MR_RE	ID_MEDICAID
PODIATRY	The member counts by county for members who received the provider category service of Nurse Podiatry.	10	Number	T_MR_RE	ID_MEDICAID
PRIMARY CARE	The member counts by county for members who received the provider category service of Primary Care.	10	Number	T_MR_RE	ID_MEDICAID
PRIVATE ICF-MR	The member counts by county for members who received the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE	ID_MEDICAID
PSYCH DPU	The member counts by county for members who received the provider service category of Psych DPU.	10	Number	T_MR_RE	ID_MEDICAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The member counts by county for members who received the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE	ID_MEDICAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The member counts by county for members who received the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE	ID_MEDICAID
PUBLIC ICF-MR	The member counts by county for members who received the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE	ID_MEDICAID
QUALIFIED MEDICARE	The member counts by county for members who	10	Number	T_MR_RE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
BENEFICIARIES SERVICES - C.O.R.F.	received the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).				
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The member counts by county for members who received the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE	ID_MEDICAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The member counts by county for members who received the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE	ID_MEDICAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The member counts by county for members who received the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE	ID_MEDICAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The member counts by county for members who received the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE	ID_MEDICAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The member counts by county for members who received the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE	ID_MEDICAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The member counts by county for members who received the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED PROV ORG	The member counts by county for members who received the provider service category of Qualified Prov Org.	10	Number	T_MR_RE	ID_MEDICAID
REHAB DPU	The member counts by county for members who received the provider service category of Rehab DPU.	10	Number	T_MR_RE	ID_MEDICAID
RENAL DIALYSIS	The member counts by county for members who received the provider category service of Renal Dialysis.	10	Number	T_MR_RE	ID_MEDICAID
RURAL HEALTH	The member counts by county for members who received the provider category service of Rural Health.	10	Number	T_MR_RE	ID_MEDICAID
SCHOOL-BASED SERVICES	The member counts by county for members who received the provider service category of School-based Services.	10	Number	T_MR_RE	ID_MEDICAID
SPEC CHILD SVC CLINIC	The member counts by county for members who received the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE	ID_MEDICAID
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The member counts by county for members who received the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE	ID_MEDICAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The member counts by county for members who received the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE	ID_MEDICAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The member counts by county for members who received the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
TITLE V GRANTEES - PREVENTIVE SERVICES	The member counts by county for members who received the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE	ID_MEDICAID
TITLE V/DSS	The member counts by county for members who received the provider service category of Title V/DSS	10	Number	T_MR_RE	ID_MEDICAID
TOTAL PAGE COUNTY TOTALS	The total unduplicated member counts for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTALS (BY COUNTY)	The column totals.	11	Number	Calculated	Calculated
TRANSPORTATION - AMBULANCE	The member counts by county for members who received the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE	ID_MEDICAID
TRANSPORTATION - NON-EMERGENCY	The member counts by county for members who received the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE	ID_MEDICAID
UNDUPLICATED MEMBERS	Total number of Medicaid members who received service.	11	Number	T_MR_RE	ID_MEDICAID
UNKNOWN	The member counts by county for members who received the provider service category of Unknown.	10	Number	T_MR_RE	ID_MEDICAID

2.8.90.5 Associated Programs

Program	Description
sed	Unix command stream editor
sed	Unix command stream editor
oraload.sh	Oracle Table Load-Unload Utility

Program	Description
oraload.sh	Oracle Table Load-Unload Utility
otsortd	Sort - UNIX
otsortd	Sort - UNIX
otsortd	Sort - UNIX
otsortd	Sort - UNIX
clmphash	Build Hash Index
mra5952	MS-264 Table 3A
oraload.sh	Oracle Table Load-Unload Utility
mr264tbl3a	MS-264 TABLE 3A pre-processing program
oraload.sh	Oracle Table Load-Unload Utility
mr264tbl3a	MS-264 TABLE 3A pre-processing program
mr264tbl3a	MS-264 TABLE 3A pre-processing program
otsortd	Sort - UNIX
mr264tbl3a	MS-264 TABLE 3A pre-processing program
otsortd	Sort - UNIX
otsortd	Sort - UNIX
mra5952	MS-264 Table 3A
otsortd	Sort - UNIX
mra5952	MS-264 Table 3A

Program	Description
otsortd	Sort - UNIX
clmphash	Build Hash Index
mra5952	MS-264 Table 3A
otsortd	Sort - UNIX
clmphash	Build Hash Index
mra5952	MS-264 Table 3A
otsortd	Sort - UNIX
clmphash	Build Hash Index
mra5952	MS-264 Table 3A
otsortd	Sort - UNIX
clmphash	Build Hash Index
mra5952	MS-264 Table 3A
otsortd	Sort - UNIX
clmphash	Build Hash Index
mra5952	MS-264 Table 3A
otsortd	Sort - UNIX
clmphash	Build Hash Index
mra5952	MS-264 Table 3A
clmphash	Build Hash Index

Program	Description
mra5952	MS-264 Table 3A
clmphash	Build Hash Index
mra5952	MS-264 Table 3A
clmphash	Build Hash Index
mra5952	MS-264 Table 3A
copy2routedir	Copy Reports to Router
mra5952	MS-264 Table 3A

2.8.90.6 Associated Requirements

ID
30.090.012.003.1

2.8.90.7 Change Orders

ID	Name	Description
1333	Produce MS-264 5952	Customer requested EDS to build report KYMM5952-R001

2.8.91 MAR-5953-A -- MS-264 Table 4 - Annual

The MS-264 Table 4 - Annual (MAR-5953-A) report presents annual KyHealth Choices paid amounts for member programs: Categorically Needy and Medically Needy. The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM ID
A,AP,F,FP,B,BP,G,GP,D,DP,H,HP,C,W,S,X,KC,E,T		

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.91.1 Technical Name
MAR-5953-A

2.8.91.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.91.3 MS-264 Table 4 - Annual Layout

```
Report  : MAR-5953-A                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJA512                          MEDICAID MANAGEMENT INFORMATION SYSTEM                      Run Time:   99:99:99
Location: MRA5859                             MEDICAID PAID AMOUNTS PER PROGRAM                            Page:        999
                                              DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                                   TABLE 4: SUMMARY OF MEDICAID PAYMENTS, BY TYPE OF SERVICE
                                         -- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --

                                                                                                                FOR SFY OF:   CCYY
                                 AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ------------------------------------------------------------------------------------------------------------------
                                 QUALIFIED MEDICARE BENEFICIARIES SERVICES                                  PSYCHIATRIC FACILITIES
                 ------------------------------------------------------------------------------------------------------------------
                   CLINICAL                  PHYSICAL   OCCUPATIONAL                                  PHYSICIAN     MENTAL    RESIDENTIAL
   COUNTY        SOC. WORKER  CHIROPRACTIC  THERAPIST   THERAPIST    PSYCHOLOGIST  C.O.R.F.      ASSISTANT     HOSPITAL    TREATMENT
 ------------    ------------- ------------ ------------ ------------ ------------ ------------ ------------ ------------ ------------
 T O T A L S     $999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999

                                 AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ------------------------------------------------------------------------------------------------------------------
                                                                        TITLE V GRANTEES          TRANSPORTATION
                                                                  ------------------------ ------------------------
                                                                                 COMM. FOR
   COUNTY        OPTOMETRIST   OPTICIAN      EPSDT      EPSDT      PREVENTIVE   SPEC. NEEDS  AMBULANCE     NON-
                                                                                 CHILDREN                  EMERGENCY   TITLE V/DSS
 ------------    ------------- ------------ ------------ ------------ ------------ ------------ ------------ ------------ ------------
 T O T A L S     $999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999

                                 AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ------------------------------------------------------------------------------------------------------------------
                                                                                                  ALTERNATIVE SERVICES
                                                                                                 ------------------------------------
                                                                                                 HOME CARE    PERSONAL   BRAIN INJURY
   COUNTY         PUBLIC       PRIVATE     EARLY      SCHOOL-
                   ICF-MR       ICF-MR     INTERVENTION  BASED     ALCOHOL TRTMT  QUALIFIED    WAIVER      CARE WAIVER   WAIVER
                                                                                                 WAIVER
 ------------    ------------- ------------ ------------ ------------ ------------ ------------ ------------ ------------ ------------
 T O T A L S     $999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999

                                 AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ------------------------------------------------------------------------------------------------------------------
                                                                                                                                 ------------
   COUNTY         HANDS        SPEC CHILD
                                SVC CLINIC    PSYCH DPU     REHAB DPU      UNKNOWN
 ------------    ------------- ------------ ------------ ------------ ------------
 T O T A L S     $999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999

                                                                  -  T1   -
                                                              *** END OF REPORT ***
```

Report : MAR-5953-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 4: SUMMARY OF MEDICAID PAYMENTS, BY TYPE OF SERVICE
-- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS		96	97	58	02	12	74	64
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5953-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 4: SUMMARY OF MEDICAID PAYMENTS, BY TYPE OF SERVICE
-- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	72	41	43	04	13	47	36	55
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5953-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 4: SUMMARY OF MEDICAID PAYMENTS, BY TYPE OF SERVICE
-- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	46	40	75, 44	54	88	81	45	95
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
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TABLE 4: SUMMARY OF MEDICAID PAYMENTS, BY TYPE OF SERVICE
-- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		TARGETED CASE MGMT			ALTERNATIVE SERVICES				
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
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TABLE 4: SUMMARY OF MEDICAID PAYMENTS, BY TYPE OF SERVICE
-- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
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TABLE 4: SUMMARY OF MEDICAID PAYMENTS, BY TYPE OF SERVICE
-- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
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TABLE 4: SUMMARY OF MEDICAID PAYMENTS, BY TYPE OF SERVICE
-- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
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TABLE 4: SUMMARY OF MEDICAID PAYMENTS, BY TYPE OF SERVICE
-- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
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TABLE 4: SUMMARY OF MEDICAID PAYMENTS, BY TYPE OF SERVICE
-- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5953-A
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COMMONWEALTH OF KENTUCKY
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TABLE 4: SUMMARY OF MEDICAID PAYMENTS, BY TYPE OF SERVICE
-- CATEGORICALLY NEEDY AND MEDICALLY NEEDY --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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*** END OF REPORT ***

2.8.91.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
CHILD PYMTS.	The total payments for children.	11	Number	Calculated	Calculated
CHILD UTIL.	The total claims for members under 21.	11	Number	Calculated	Calculated
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of member's residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.91.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.91.6 Associated Requirements

ID
30.090.012.003.1

2.8.91.7 Change Orders

ID	Name	Description
1334	Produce MS-264 5953	Customer requested EDS to build report KYMM5953-R001

2.8.92 MAR-5954-A -- MS-264 Table 5 - Annual

The MS-264 Table 5 - Annual (MAR-5954-A) report presents annual KyHealth Choices paid amounts for member program: Categorically Needy receiving Title XVI, Supplemental Security Income (SSI) and/or State Supplemental Insurance. The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM ID
A,AP,F,FP		

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.92.1 Technical Name
MAR-5954-A

2.8.92.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.92.3 MS-264 Table 5 - Annual Layout

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Report  : MAR-5954-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRA5859                           MEDICAID PAID AMOUNTS PER PROGRAM                       Page:        999
                                            DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                                         TABLE 5: MEDICAID PAYMENTS TO THE AGED
                          -- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI, SSI AND/OR STATE SUPPLEMENT --

                                                                                                  FOR SFY OF:   CCYY
                                     AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                                  ---------------------------------------------------------------------------------------
                                        MANAGED CARE CAPITATION FEES
                                  ----------------------------------------
                     TOTAL          PHYSICAL     BEHAVIORAL   NON-EMERGENCY   INPATIENT    OUTPATIENT
   COUNTY          PAYMENTS         HEALTH        HEALTH      TRANSPORTATION  HOSPITAL      HOSPITAL     PHYSICIAN     PHARMACY
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
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    COS                                 96            97            58            02            12            74            64

GUARDIANSHIP
CASES : C.O.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report  : MAR-5954-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA512                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRA5859                           MEDICAID PAID AMOUNTS PER PROGRAM                       Page:        999
                                            DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                                         TABLE 5: MEDICAID PAYMENTS TO THE AGED
                          -- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI, SSI AND/OR STATE SUPPLEMENT --

                                                                                                  FOR SFY OF:   CCYY
                                     AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                  ---------------------------------------------------------------------------------------------------------
                                                PRIMARY       RURAL        RENAL       AMBULATORY                  OTHER
   COUNTY          DENTAL                        CARE        HEALTH      DIALYSIS      SURGICAL     LABORATORY   LAB/XRAY      HOSPICE
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------
TOTAL PYMTS.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
TOTAL UTIL.    99,999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999   999,999,999
------------  ---------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------

    COS                                 72            41            43            04            13            47            36            55

GUARDIANSHIP
CASES : C.O.   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999
XXXXXXXXXXXX   $9,999,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999   $99,999,999

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Report : MAR-5954-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 5: MEDICAID PAYMENTS TO THE AGED
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI, SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	46	40	75, 44	54	88	81	45	95
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5954-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 5: MEDICAID PAYMENTS TO THE AGED
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI, SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5954-A
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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
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TABLE 5: MEDICAID PAYMENTS TO THE AGED
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI, SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Report : MAR-5954-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 5: MEDICAID PAYMENTS TO THE AGED
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI, SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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Report : MAR-5954-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 5: MEDICAID PAYMENTS TO THE AGED
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI, SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5954-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 5: MEDICAID PAYMENTS TO THE AGED
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI, SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5954-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 5: MEDICAID PAYMENTS TO THE AGED
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI, SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5954-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 5: MEDICAID PAYMENTS TO THE AGED
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI, SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

- T1 -
*** END OF REPORT ***

2.8.92.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE	The annual expenditure amounts by county for the provider service category of Qualified	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
BENEFICIARIES SERVICES - C.O.R.F.	Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).				
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.92.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.92.6 Associated Requirements

ID
30.090.012.003.1

2.8.92.7 Change Orders

ID	Name	Description
1335	Produce MS-264 5954	Customer requested EDS to build report KYMM5954-R001

2.8.93 MAR-5955-A -- MS-264 Table 6 - Annual

The MS-264 Table 6 - Annual (MAR-5955-A) report presents annual KyHealth Choices paid amounts for member program: Blind and Receiving Title XVI, Supplemental Security Income (SSI) and/or State Supplemental Insurance (Categorically Needy). The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM ID
B,BP,G,GP		

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.93.1 Technical Name
MAR-5955-A

2.8.93.2 Sort Order
County Name

For readability, this layout appears on the following several pages.

2.8.93.3 MS-264 Table 6 - Annual Layout

```
Report  : MAR-5955-A                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJA512                         MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   99:99:99
Location: MRA5859                             MEDICAID PAID AMOUNTS PER PROGRAM                            Page:        999
                                              DATE RANGE MM/DD/CCYY - MM/DD/CCYY

                                          TABLE 6: MEDICAID PAYMENTS TO THE BLIND
                              -- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI, SSI AND/OR STATE SUPPLEMENT --

                                                                                                                  FOR SFY OF:   CCYY
                                      AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ---------------------------------------------------------------------------------------------------------------
                                        QUALIFIED MEDICARE BENEFICIARIES SERVICES                          PSYCHIATRIC FACILITIES
                 ------------------------------------------------------------------------------------------ -------------------------
                   CLINICAL                    PHYSICAL   OCCUPATIONAL                                        PHYSICIAN     MENTAL    RESIDENTIAL
   COUNTY         SOC. WORKER  CHIROPRACTIC  THERAPIST   THERAPIST    PSYCHOLOGIST  C.O.R.F.     ASSISTANT     HOSPITAL    TREATMENT
------------     ------------- ------------ ------------ ------------ ------------ ------------ ------------ ------------ ------------
T O T A L S      $999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999


                                      AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ---------------------------------------------------------------------------------------------------------------
                                                                                  TITLE V GRANTEES          TRANSPORTATION
                                                                              ------------------------- -------------------------
                                                                                                COMM. FOR
                                                                                                SPEC. NEEDS
   COUNTY         OPTOMETRIST    OPTICIAN       EPSDT      EPSDT      PREVENTIVE   CHILDREN    AMBULANCE     NON-      TITLE V/DSS
                                                           RELATED     SERVICES                              EMERGENCY
------------     ------------- ------------ ------------ ------------ ------------ ------------ ------------ ------------ ------------
T O T A L S      $999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999


                                      AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ---------------------------------------------------------------------------------------------------------------
                                                                                                   ALTERNATIVE SERVICES
                                                                                                 ------------------------------------
                                                                                                                                 BRAIN INJURY
                                                  EARLY       SCHOOL-                                                  PERSONAL
   COUNTY          PUBLIC       PRIVATE       INTERVENTION    BASED      ALCOHOL TRTMT  QUALIFIED    HOME CARE     CARE WAIVER    WAIVER
                   ICF-MR       ICF-MR         SERVICES      SERVICES      FACILITY     PROV ORG      WAIVER
------------     ------------- ------------ ------------ ------------ ------------ ------------ ------------ ------------ ------------
T O T A L S      $999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999


                                      AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE
                 ---------------------------------------------------------------------------------------------------------------
                                     SPEC CHILD
   COUNTY          HANDS             SVC CLINIC     PSYCH DPU      REHAB DPU      UNKNOWN
------------     ------------- ------------ ------------ ------------ ------------
T O T A L S      $999,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999


                                                   -  T1   -
                                             *** END OF REPORT ***
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Report : MAR-5955-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

TABLE 6: MEDICAID PAYMENTS TO THE BLIND
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI, SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	TOTAL PAYMENTS	MANAGED CARE CAPITATION FEES: PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS		96	97	58	02	12	74	64
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5955-A
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Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
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TABLE 6: MEDICAID PAYMENTS TO THE BLIND
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI, SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	72	41	43	04	13	47	36	55
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5955-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 6: MEDICAID PAYMENTS TO THE BLIND
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI, SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	46	40	75, 44	54	88	81	45	95
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5955-A
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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 6: MEDICAID PAYMENTS TO THE BLIND
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI, SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5955-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
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TABLE 6: MEDICAID PAYMENTS TO THE BLIND
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI, SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5955-A
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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
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TABLE 6: MEDICAID PAYMENTS TO THE BLIND
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI, SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
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TABLE 6: MEDICAID PAYMENTS TO THE BLIND
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI, SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
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TABLE 6: MEDICAID PAYMENTS TO THE BLIND
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI, SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
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TABLE 6: MEDICAID PAYMENTS TO THE BLIND
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI, SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
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TABLE 7: MEDICAID PAYMENTS TO THE DISABLED
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI ,SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

- T1 -
*** END OF REPORT ***

2.8.93.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
CHILD PYMTS.	The total payments for members under 21.	11	Number	Calculated	Calculated
CHILD UTIL.	The total claims for members under 21.	11	Number	Calculated	Calculated
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY PLANNING - NON-CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - non-clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
MANAGED CARE CAPITATION FEES - BEHAVIORAL HEALTH	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - C.O.R.F.	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Comprehensive Outpatient Rehabilitation Facility (CORF).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN ASSISTANT	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY ILL ADULTS	The annual expenditure amounts by county for the provider service category of Targeted Care Management - Mentally Ill Adults.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.93.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.93.6 Associated Requirements

ID
30.090.012.003.1

2.8.93.7 Change Orders

ID	Name	Description
1336	Produce MS-264 5955	Customer requested EDS to build report KYMM5955-R001

2.8.94 MAR-5956-A -- MS-264 Table 7 - Annual

The MS-264 Table 7 - Annual (MAR-5956-A) report presents annual KyHealth Choices paid amounts for member program: Disabled Categorically Needy receiving Title XVI, Supplemental Security Income (SSI) and or State Supplemental Insurance. The report shows the annual expenditure amounts by provider category of service (type of medical service) by each county in Kentucky. A total page includes the totals by provider category (type of medical service) for all counties.

EXCLUSIONS/INCLUSIONS: Claims and capitation payments are included. Following member program codes are included. (- means all)

Member Program Code	Member Status Code	IM ID
D,DP,H,HP		

SORTS/GROUPINGS: Sorted by county code and grouped by category of service.

2.8.94.1 Technical Name
MAR-5956-A

2.8.94.2 Sort Order
County Name

2.8.94.3 MS-264 Table 7 - Annual Layout
For readability, this layout appears on the following several pages.

Report : MAR-5956-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
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TABLE 7: MEDICAID PAYMENTS TO THE DISABLED
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI ,SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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*** END OF REPORT ***

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
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TABLE 7: MEDICAID PAYMENTS TO THE DISABLED
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI ,SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	TOTAL PAYMENTS	MANAGED CARE CAPITATION FEES: PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS		96	97	58	02	12	74	64
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
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TABLE 7: MEDICAID PAYMENTS TO THE DISABLED
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI ,SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	72	41	43	04	13	47	36	55
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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TABLE 7: MEDICAID PAYMENTS TO THE DISABLED
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI ,SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
TOTAL PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	99,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	46	40	75, 44	54	88	81	45	95
GUARDIANSHIP CASES : C.O.	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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TABLE 7: MEDICAID PAYMENTS TO THE DISABLED
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI ,SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	42	16	20	21	27, 25, 33	52	53	05, 07	50
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

Report : MAR-5956-A
Process : MARJA512
Location: MRA5859

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 7: MEDICAID PAYMENTS TO THE DISABLED
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI ,SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	34	35	37	38	39	90	94	03	08
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 7: MEDICAID PAYMENTS TO THE DISABLED
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI ,SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	67	67	48	32	29	24	62	63	22
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
DATE RANGE MM/DD/CCYY - MM/DD/CCYY

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TABLE 7: MEDICAID PAYMENTS TO THE DISABLED
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI ,SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	26	26	30	23	51	56	57	59	60
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID PAID AMOUNTS PER PROGRAM
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TABLE 7: MEDICAID PAYMENTS TO THE DISABLED
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI ,SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
TOTAL PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
CHILD PYMTS.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CHILD UTIL.	9,999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
COS	15	17	92	93	99
GUARDIANSHIP CASES : C.O.	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
XXXXXXXXXXXX	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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TABLE 7: MEDICAID PAYMENTS TO THE DISABLED
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI ,SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

		MANAGED CARE CAPITATION FEES						
COUNTY	TOTAL PAYMENTS	PHYSICAL HEALTH	BEHAVIORAL HEALTH	NON-EMERGENCY TRANSPORTATION	INPATIENT HOSPITAL	OUTPATIENT HOSPITAL	PHYSICIAN	PHARMACY
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	DENTAL	PRIMARY CARE	RURAL HEALTH	RENAL DIALYSIS	AMBULATORY SURGICAL	LABORATORY	OTHER LAB/XRAY	HOSPICE
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	HOME HEALTH						FAMILY PLANNING	
COUNTY	HOME HEALTH	DME	NURSE PRACTITIONER	NURSE ANESTHETIST	PODIATRY	HEARING	CLINIC	NON-CLINIC
T O T A L S	$9,999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

			TARGETED CASE MGMT			ALTERNATIVE SERVICES			
COUNTY	COMM. MENTAL HEALTH CENTERS	IMPACT PLUS	MENTALLY ILL ADULTS	EMOTIONALLY DIST. CHILD	NURSING FACILITIES	HOME AND COMM. BASED	ADULT DAY CARE	MODEL WAIVERS	SCL
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
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TABLE 7: MEDICAID PAYMENTS TO THE DISABLED
-- CATEGORICALLY NEEDY CASES: RECEIVES TITLE XVI ,SSI AND/OR STATE SUPPLEMENT --

FOR SFY OF: CCYY

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

	QUALIFIED MEDICARE BENEFICIARIES SERVICES							PSYCHIATRIC FACILITIES	
COUNTY	CLINICAL SOC. WORKER	CHIROPRACTIC	PHYSICAL THERAPIST	OCCUPATIONAL THERAPIST	PSYCHOLOGIST	C.O.R.F.	PHYSICIAN ASSISTANT	MENTAL HOSPITAL	RESIDENTIAL TREATMENT
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

					TITLE V GRANTEES		TRANSPORTATION		
COUNTY	OPTOMETRIST	OPTICIAN	EPSDT	EPSDT RELATED	PREVENTIVE SERVICES	COMM. FOR SPEC. NEEDS CHILDREN	AMBULANCE	NON-EMERGENCY	TITLE V/DSS
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

							ALTERNATIVE SERVICES		
COUNTY	PUBLIC ICF-MR	PRIVATE ICF-MR	EARLY INTERVENTION SERVICES	SCHOOL-BASED SERVICES	ALCOHOL TRTMT FACILITY	QUALIFIED PROV ORG	HOME CARE WAIVER	PERSONAL CARE WAIVER	BRAIN INJURY WAIVER
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

AMOUNT OF VENDOR MEDICAL PAYMENTS, BY TYPE OF SERVICE

COUNTY	HANDS	SPEC CHILD SVC CLINIC	PSYCH DPU	REHAB DPU	UNKNOWN
T O T A L S	$999,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

- T1 -
*** END OF REPORT ***

2.8.94.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ALCOHOL TRTMT FACILITY	The annual expenditure amounts by county for the provider service category of Alcohol Treatment Facility.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - ADULT DAY CARE	The annual expenditure amounts by county for the provider service category of Alternative Services - Adult Day Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - BRAIN INJURY WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Brain Injury Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME AND COMM. BASED	The annual expenditure amounts by county for the provider service category of Alternative services - Home and Comm. based.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - HOME CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Home Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - MODEL WAIVERS	The annual expenditure amounts by county for the provider service category of Alternative Services - Model Waivers.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - PERSONAL CARE WAIVER	The annual expenditure amounts by county for the provider service category of Alternative Service - Personal Care Waiver.	10	Number	T_MR_RE_CNTY	AMT_PAID
ALTERNATIVE SERVICES - SCL	The annual expenditure amounts by county for the provider service category of Alternative Services - Supports for Community Living (SCL).	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
AMBULATORY SURGICAL	The annual expenditure amounts by county for the provider service category of Ambulatory Surgical.	10	Number	T_MR_RE_CNTY	AMT_PAID
CHILD PYMTS.	The total payments for members under 21.	11	Number	Calculated	Calculated
CHILD UTIL.	The total claims for members under 21.	11	Number	Calculated	Calculated
COMM. MENTAL HEALTH CENTERS	The annual expenditure amounts by county for the provider service category of Comm. Mental Health Centers.	10	Number	T_MR_RE_CNTY	AMT_PAID
COS	Category of Service Code	2	Char	T_MR_RE_CNTY	CDE_COS_ST
COUNTY	County of members residence.	12	Char	T_COUNTY	DSC_COUNTY
DENTAL	The annual expenditure amounts by county for the provider service category of Dental.	10	Number	T_MR_RE_CNTY	AMT_PAID
EARLY INTERVENTION SERVICES	The annual expenditure amounts by county for the provider service category of Early Intervention Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT	The annual expenditure amounts by county for the provider service category of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	10	Number	T_MR_RE_CNTY	AMT_PAID
EPSDT RELATED	The annual expenditure amounts by county for the provider service category of EPSDT Related.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING - CLINIC	The annual expenditure amounts by county for the provider service category of Family Planning - Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
FAMILY PLANNING -	The annual expenditure amounts by county for the provider service category of Family Planning -	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
NON-CLINIC	non-clinic.				
GUARDIANSHIP CASES	The totals for authorized assistance for foster children and for families receiving adoption assistance.	10	Number	T_MR_RE_CNTY	AMT_PAID
HANDS	The annual expenditure amounts by county for the provider service category of HANDS.	10	Number	T_MR_RE_CNTY	AMT_PAID
HEARING	The annual expenditure amounts by county for the provider service category of Hearing.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - DME	The annual expenditure amounts by county for the provider service category of Home Health - Durable Medical Equipment (DME).	10	Number	T_MR_RE_CNTY	AMT_PAID
HOME HEALTH - HOME HEALTH	The annual expenditure amounts by county for the provider service category of Home Health - Home Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
HOSPICE	The annual expenditure amounts by county for the provider service category of Hospice.	10	Number	T_MR_RE_CNTY	AMT_PAID
IMPACT PLUS	The annual expenditure amounts by county for the provider service category of Impact Plus.	10	Number	T_MR_RE_CNTY	AMT_PAID
INPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Inpatient hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
LABORATORY	The annual expenditure amounts by county for the provider service category of Laboratory.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - BEHAVIORAL	The annual expenditure amounts by county for the provider service category of managed Care Capitation Fees - Behavioral Health.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
HEALTH					
MANAGED CARE CAPITATION FEES - NON-EMERGENCY TRANSPORTATION	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Non-emergency transportation.	10	Number	T_MR_RE_CNTY	AMT_PAID
MANAGED CARE CAPITATION FEES - PHYSICAL HEALTH	The annual expenditure amounts by county for the provider service category of Managed Care Capitation Fees - Physical Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE ANESTHETIST	The annual expenditure amounts by county for the provider service category of Nurse Anesthetist.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSE PRACTITIONER	The annual expenditure amounts by county for the provider service category of Nurse Practitioner.	10	Number	T_MR_RE_CNTY	AMT_PAID
NURSING FACILITIES	The annual expenditure amounts by county for the provider service category of Nursing Facilities.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTICIAN	The annual expenditure amounts by county for the provider service category of Optician.	10	Number	T_MR_RE_CNTY	AMT_PAID
OPTOMETRIST	The annual expenditure amounts by county for the provider service category of Optometrist.	10	Number	T_MR_RE_CNTY	AMT_PAID
OTHER LAB/XRAY	The annual expenditure amounts by county for the provider service category of Other Lab/X-ray.	10	Number	T_MR_RE_CNTY	AMT_PAID
OUTPATIENT HOSPITAL	The annual expenditure amounts by county for the provider service category of Outpatient Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PHARMACY	The annual expenditure amounts by county for the provider service category of Pharmacy.	10	Number	T_MR_RE_CNTY	AMT_PAID
PHYSICIAN	The annual expenditure amounts by county for the provider service category of Physician.	10	Number	T_MR_RE_CNTY	AMT_PAID
PODIATRY	The annual expenditure amounts by county for the provider service category of Podiatry.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIMARY CARE	The annual expenditure amounts by county for the provider service category of Primary Care.	10	Number	T_MR_RE_CNTY	AMT_PAID
PRIVATE ICF-MR	The annual expenditure amounts by county for the provider service category of Private Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCH DPU	The annual expenditure amounts by county for the provider service category of Psych DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - MENTAL HOSPITAL	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Mental Hospital.	10	Number	T_MR_RE_CNTY	AMT_PAID
PSYCHIATRIC FACILITIES - RESIDENTIAL TREATMENT	The annual expenditure amounts by county for the provider service category of Psychiatric Facilities - Residential Treatment.	10	Number	T_MR_RE_CNTY	AMT_PAID
PUBLIC ICF-MR	The annual expenditure amounts by county for the provider service category of Public Intermediate Care Facility/Mental Retardation (ICF-MR).	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services -	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
SERVICES - C.O.R.F.	Comprehensive Outpatient Rehabilitation Facility (CORF).				
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CHIROPRACTIC	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Chiropractic.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - CLINICAL SOC.WORKER	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Clinical Social Worker.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - OCCUPATIONAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Occupational Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICAL THERAPIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physical Therapist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PHYSICIAN	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Physician Assistant.	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
ASSISTANT					
QUALIFIED MEDICARE BENEFICIARIES SERVICES - PSYCHOLOGIST	The annual expenditure amounts by county for the provider service category of Qualified Medicare Beneficiaries Services - Psychologist.	10	Number	T_MR_RE_CNTY	AMT_PAID
QUALIFIED PROV ORG	The annual expenditure amounts by county for the provider service category of Qualified Prov Org.	10	Number	T_MR_RE_CNTY	AMT_PAID
REHAB DPU	The annual expenditure amounts by county for the provider service category of Rehab DPU.	10	Number	T_MR_RE_CNTY	AMT_PAID
RENAL DIALYSIS	The annual expenditure amounts by county for the provider service category of Renal Dialysis.	10	Number	T_MR_RE_CNTY	AMT_PAID
RURAL HEALTH	The annual expenditure amounts by county for the provider service category of Rural Health.	10	Number	T_MR_RE_CNTY	AMT_PAID
SCHOOL-BASED SERVICES	The annual expenditure amounts by county for the provider service category of School-based Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
SPEC CHILD SVC CLINIC	The annual expenditure amounts by county for the provider service category of Spec Child Service Clinic.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - EMOTIONALLY DIST. CHILD	The annual expenditure amounts by county for the provider service category of Targeted Case Management - Emotionally Disturbed Child.	10	Number	T_MR_RE_CNTY	AMT_PAID
TARGETED CASE MGMT. - MENTALLY	The annual expenditure amounts by county for the provider service category of Targeted Care	10	Number	T_MR_RE_CNTY	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
ILL ADULTS	Management - Mentally Ill Adults.				
TITLE V GRANTEES - COMM. FOR SPEC. NEEDS CHILDREN	The annual expenditure amounts by county for the provider service category of Title V Grantees - Comm. for Special Needs Children.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V GRANTEES - PREVENTIVE SERVICES	The annual expenditure amounts by county for the provider service category of Title V Grantees - Preventive Services.	10	Number	T_MR_RE_CNTY	AMT_PAID
TITLE V/DSS	The annual expenditure amounts by county for the provider service category of Title V/DSS	10	Number	T_MR_RE_CNTY	AMT_PAID
TOTAL PAGE COUNTY TOTALS	The total Medicaid paid reimbursement amount for all counties by provider category of service (type of medical service).	10	Number	Calculated	Calculated
TOTAL PAYMENTS (BY COUNTY)	The total payment amount for all types of medical services for the county.	11	Number	Calculated	Calculated
TOTAL PMTS.	Total Medicaid paid for the year for all provider categories.	11	Number	Calculated	Calculated
TOTAL UTIL.	The unduplicated count of utilizers for all categories of service for all counties.	11	Number	T_MR_RE	ID_MEDICAID
TRANSPORTATION - AMBULANCE	The annual expenditure amounts by county for the provider service category of Transportation - Ambulance.	10	Number	T_MR_RE_CNTY	AMT_PAID
TRANSPORTATION - NON-EMERGENCY	The annual expenditure amounts by county for the provider service category of Transportation - Non-Emergency.	10	Number	T_MR_RE_CNTY	AMT_PAID
UNKNOWN	The annual expenditure amounts by county for the provider service category of Unknown.	10	Number	T_MR_RE_CNTY	AMT_PAID

2.8.94.5 Associated Programs

Program	Description
mra5859	MS-264 Tables 4 - 13.2 - Annual Report
copy2routedir	Copy Reports to Router

2.8.94.6 Associated Requirements

ID
30.090.012.003.1

2.8.94.7 Change Orders

ID	Name	Description
1337	Produce MS-264 5956	Customer requested EDS to build report KYMM5956-R001

2.8.95 MAR-6001-Q -- Expenditures by COS and DOS

The Expenditures by COS and DOS (MAR-6001-Q) report presents KyHealth Choices paid amounts and member counts by provider category of service (COS). The report is used to review annual expenditures by claim date of service (DOS) for the KyHealth Choices program.

2.8.95.1 Technical Name

MAR-6001-Q

2.8.95.2 Sort Order

Category of Service

2.8.95.3 Expenditures by COS and DOS Layout

```
Report  : MAR-6001-Q                    COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJQ201                   MEDICAID MANAGEMENT INFORMATION SYSTEM               Run Time:   99:99:99
Location: MRQ6001                 EXPENDITURES BY DATE OF SERVICE AND CATEGORY OF SERVICE      Page:        999
                                     DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY
```

CATEGORY OF SERVICE	AMOUNT PAID	MEMBERS SERVED	NUMBER OF UNITS	PERCENT OF TOTAL	AVG UNITS PER ENROLLEE	COST PER UNIT	COST PER USER	COST PER ENROLLEE
XXXXXXXXXX	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999
XXXXXXXXXX	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999
XXXXXXXXXX	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999
XXXXXXXXXX	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999
XXXXXXXXXX	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999
XXXXXXXXXX	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999
XXXXXXXXXX	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999
XXXXXXXXXX	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999
XXXXXXXXXX	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999
XXXXXXXXXX	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999
XXXXXXXXXX	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999
XXXXXXXXXX	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999
XXXXXXXXXX	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999
XXXXXXXXXX	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999
XXXXXXXXXX	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999
XXXXXXXXXX	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999
XXXXXXXXXX	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999
XXXXXXXXXX	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999
XXXXXXXXXX	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999
XXXXXXXXXX	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999
XXXXXXXXXX	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999
TOTAL	99,999,999	99,999,999	99,999,999	99.99	999	99,999,999	99,999,999	99,999,999

2.8.95.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
AMOUNT PAID	Total Medicaid paid amount for the reporting period.	10	Number	T_CA_ICN	AMT_PAID
AVERAGE UNITS	The average units per member.	3	Number	Calculated	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
PER ENROLLEE					
CATEGORY OF SERVICE	Total Medicaid provider category of service.	10	Char	T_CA_CLAIM_KEY	CDE_COS_ST
COST PER ENROLLEE	The average Medicaid paid per person enrolled in the program.	10	Number	Calculated	N/A
COST PER UNIT	The average Medicaid paid per unit.	10	Number	Calculated	N/A
COST PER USER	The average Medicaid paid per member.	10	Number	Calculated	N/A
MEMBERS SERVED	Total Medicaid members for the reporting period	10	Number	Calculated	N/A
NUMBER OF UNITS	Total number of claim units for the reporting period.	10	Number	T_CA_ICN	QTY_UNITS_ALWD
PERCENT OF TOTAL	Total percentage for this provider type as compared to the total.	5	Number	Calculated	N/A
TOTAL	Grand total for all provider categories.	10	Number	Calculated	N/A

2.8.95.5 Associated Programs

Program	Description
mrq6001	Expenditures by COS and DOS
copy2crld	CRLD copy

2.8.95.6 Associated Requirements

ID
30.090.012.003

2.8.95.7 Change Orders

ID	Name	Description
1345	Expenditures By COS And DOS	Produce KYQM6001-R001

2.8.96 MAR-7000-M -- Preventive Services Report

The Preventive Services (MAR-7000-M) report provides total expenditure amounts for Preventive Services (COS 29) broken out by Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) Services, Family Planning Services, and Other Services.

Exclusions: Reports fee-for-service claims only. All other records are excluded.

Sort order: N/A

2.8.96.1 Technical Name

MAR-7000-M

2.8.96.2 Sort Order

N/A – Totals Only

2.8.96.3 Preventive Services Report Layout

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Report  : MAR-7000-M                    COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJM213                  MEDICAID MANAGEMENT INFORMATION SYSTEM                        Run Time:   99:99:99
Location: MRM7000                        PREVENTIVE SERVICES REPORT                                   Page:        999
                                    DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                                                  TOTAL PAYMENT

                    PREVENTIVE SERVICES TOTAL                  $  99,999,999.99

                    PREVENTIVE SERVICES EPSDT                  $  99,999,999.99

                    PREVENTIVE SERVICES FAMILY PLANNING        $  99,999,999.99

                    PREVENTIVE SERVICES OTHER                  $  99,999,999.99

                    PREVENTIVE SERVICES NOT CLASSIFIED         $  99,999,999.99
```

2.8.96.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
PREVENTIVE SERVICES EPSDT	Total Medicaid paid for the month for all EPSDT services.	14	Number	T_CA_COS_DTL_XREF, T_CA_ICN	CDE_FUND_SRC, AMT_PAID
PREVENTIVE SERVICES	Total Medicaid paid for the month	14	Number	T_CA_COS_DTL_XREF,	CDE_FUND_SRC,

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY PLANNING	for all Family Planning services.			T_CA_ICN	AMT_PAID
PREVENTIVE SERVICES NON-CLASSIFIED	Total Medicaid paid for the month for all procedures that are not classified in one of the above groups. This amount should always be zero.	14	Number	T_CA_COS_DTL_XREF, T_CA_ICN	CDE_FUND_SRC, AMT_PAID
PREVENTIVE SERVICES OTHER	Total Medicaid paid for the month for all OTHER services.	14	Number	T_CA_COS_DTL_XREF, T_CA_ICN	CDE_FUND_SRC, AMT_PAID
PREVENTIVE SERVICES TOTAL	Total Medicaid paid for the month for all categories.	14	Number	Calculated	Calculated

2.8.96.5 Associated Programs

Program	Description
sed	Unix command stream editor
sed	Unix command stream editor
oraload	Oraload
oraload	Oraload
oraload	Oraload
oraload	Oraload
copy2crld	CRLD copy
mrm7000	Preventive Services Report

2.8.96.6 Associated Requirements

ID
30.090.012.003.6

2.8.96.7 Change Orders

ID	Name	Description
1280	Preventive Services Report	Customer requested EDS to build report KYMM7000-R001

2.8.97 MAR-7001-M -- Commission For Handicapped Children

The Commission for Handicapped Children (MAR-7001-M) report presents monthly KyHealth Choices paid amounts for the Commission for Handicapped Children service claims. The total payments are broken out by Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT), Family Planning, and Other. The report is used to review the service utilization for Commission for Handicapped Children providers by procedure category.

2.8.97.1 Technical Name

MAR-7001-M

2.8.97.2 Sort Order

N/A – Totals Only

2.8.97.3 Commission For Handicapped Children Layout

```
Report  : MAR-7001-M                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : MARJM701                 MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   99:99:99
Location: MAR7001M            COMMISSION FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS  Page:        999


                    COMMISSION FOR HANDICAPPED CHILDREN REPORT

                                                        TOTAL PAYMENT

          COMM. FOR HANDICAPPED CHILD. TOTAL          $  99,999,999.99

          CHC - EPSDT                                 $  99,999,999.99

          CHC - FAMILY PLANNING                       $  99,999,999.99

          CHC - OTHER                                 $  99,999,999.99
```

2.8.97.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CHC - EPSDT	Total Medicaid paid for the month for all EPSDT services.	14	Number	T_MR_PROV	AMT_PAID
CHC - FAMILY	Total Medicaid paid for the month for all Family	14	Number	T_MR_PROV	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
PLANNING	Planning services.				
CHC - OTHER	Total Medicaid paid for the month for all OTHER services	14	Number	T_MR_PROV	AMT_PAID
COMM. FOR HANDICAPPED CHILD. TOTAL	Total Medicaid paid for the month for all categories.	14	Number	Calculated	

2.8.97.5 Associated Programs

Program	Description
copy2crld	CRLD copy
mrm7001	Commission For Handicapped Children

2.8.97.6 Associated Requirements

ID
30.090.012.003

2.8.97.7 Change Orders

ID	Name	Description
1330	Comm For Handicapped Children	Produce KYMM7000-R002

2.8.98 MAR-8001-A -- CMS-64EC Prelim Annual

The CMS-64EC-Prelim Annual (MAR-8001-A) report presents the number of children served for the Medical Assistance Program by age groupings for the reporting year. CMS-64EC reports the number of all children enrolled in KyHealth Choices.

INCLUSIONS/EXCLUSIONS: Children enrolled in KyHealth Choices are included.

SORTS/GROUPINGS: Grouped by age group (Under 1, 1-5, 6-12, 13-17, 18, 13-18, & All age groups), enrollment type (new enrollment, disenrollment) and plan type.

The column of Family Income is determined by member status code.

Family Income (%FPL)				
Form Name	0 – 100	101 – 150	151 – 200	201 +
CMS64EC	Other	M2, P2, 07	M3, P3	Zero

Sub-section is determined by public health pgm.

- FEE-FOR-SERVICE PLANS - Not B. or C.
- MANAGED CARE ARRANGEMENTS - Partnership
- PRIMARY CARE CASE MANAGEMENT - KenPAC

KEY RULES FOR REPORTING ENROLLMENT DATA

- Each quarterly report (CMSA-21E, CMS-64.21E, CMS-64EC, and CMS 21 Waiver) should present unduplicated within-program counts of enrollees, disenrollees, and enrollment months for each program. A child's enrollment in another children's health insurance program before, during, or after the quarter should not affect how he or she is reported or categorized on the report for any given program.
- Any child reported as a new enrollee or disenrollee during a quarter must also be reported as ever enrolled during the quarter.

- Children should be grouped into service delivery system and program type categories based on the delivery system and program type in which they were last covered for basic services during the quarter. A "new enrollee" is a child who was enrolled in the program at any time during the quarter who was not enrolled on the last day of the previous quarter.
- Children whose eligibility is retroactive to an earlier quarter should be reported as new enrollees in the quarter in which their coverage became effective, not in the quarter in which they applied. They should be reported as ever enrolled in both quarters.
- A "disenrollee" is a child who was disenrolled from the program at any time during the quarter who was not re-enrolled as of the last day of the quarter.
- A child who was enrolled only through the last day of a quarter (no longer enrolled as of the first day of the next quarter) should be counted as a disenrollee in the earlier quarter.
- A child who "ages out" of a program during the quarter should be counted as a disenrollee in that quarter.
- A "enrollment month" is any month in which a child was enrolled for at least one day.
- All of a child's enrollment months for the quarter should be counted under the service delivery system and program type in which he or she was last covered for basic services during the quarter.

Effective FFY2005, the child would be counted as "ever enrolled" only in the program in which he or she was last enrolled in during the quarter or year.

2.8.98.1 Technical Name
MAR-8001-A

2.8.98.2 Sort Order
Age Group. Enrollment Type, Plan Type

2.8.98.3 CMS-64EC Prelim Annual Layout

```
Report  : MAR-8001-A                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : MARJA801                  MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   99:99:99
Location: MRM8001                       NUMBER OF CHILDREN SERVED FOR                   Page:        999
                                  THE MEDICAL ASSISTANCE PROGRAM - CMS-64EC
                                   DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                        *** PRELIMINARY REPORT ***

                                         AGE OF CHILDREN:  XXXXXXXXXXXXXX
```

	FAMILY INCOME (%FPL)				
	0 - 100	101 - 150	151 - 200	201+	TOTAL
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
D. TOTAL ALL PLANS (A + B + C)	999,999	999,999	999,999	999,999	999,999
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
D. TOTAL ALL PLANS (A + B + C)	999,999	999,999	999,999	999,999	999,999
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
D. TOTAL ALL PLANS (A + B + C)	999,999	999,999	999,999	999,999	999,999
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1)					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999

FORM CMS-64EC

*** END OF REPORT ***

2.8.98.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS (Plan which is not PRIMARY CARE CASE MANAGEMENTS nor MANAGED CARE ARRANGEMENTS) for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS (Partnership Program) for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENTS (KENPAC) for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	Total of unduplicated count of children ever enrolled in these plans for the reporting year.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of new children enrolled in FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of new children enrolled in MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of new children enrolled in PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of new children enrolled in one of these plans for the reporting year.	7	Number	Calculated	Calculated
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children disenrolled from FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children disenrolled from MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children disenrolled from PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children disenrolled from one of these plans for the reporting year.	7	Number	Calculated	Calculated
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - A. FEE-FOR-SERVICE PLANS	An average number of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - B. MANAGED CARE ARRANGEMENTS	An average number of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - C. PRIMARY CARE CASE MANAGEMENT	An average number of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
AGE OF CHILDREN	The age of children reported on this page. Each report has seven age groupings. (that is "Under 1", "1-5", "6-12", "13-17", "18", "13-18", and "ALL AGE GROUPS").	9	Number	T_RE_BASE_DN	DTE_BIRTH
FAMILY INCOME (%FPL) - 0 - 100	The counts for enrollees whose family income is 0 - 100 % of Federal Poverty Level. If status code does not match to Federal Poverty level 101-150% or 151-200%, enrollee is reported in this column.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 101 - 150	The counts for enrollees whose family income is 101 - 150 % of Federal Poverty Level. Determined by status code value M2 and P2.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 151 - 200	The counts for enrollees whose family income is 151 - 200 % of Federal Poverty Level. Determined by status code value M3 and P3.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 201 +	The counts for enrollees whose family income is over 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - TOTAL	The total counts for enrollees for each category.	7	Number	Calculated	Calculated
GRAND TOTALS ALL AGE GROUPS	The grand totals page lists all sections mentioned above and gives the grand totals of each plan.	10	Number	Calculated	Calculated

2.8.98.5 Associated Programs

Program	Description
oraload.sh	Oracle Table Load-Unload Utility

2.8.98.6 Associated Requirements

ID
30.050.012.002.4

2.8.98.7 Change Orders

ID	Name	Description
719	KCHIPS KYMM1400-R007	Customer requested EDS to build report KYMM1400-R007

2.8.99 MAR-8001-M -- CMS-64EC Prelim Monthly

The CMS-64EC Prelim Monthly (MAR-8001-M) report presents the number of children served for the Medical Assistance Program by age groupings for the reporting month. CMS-64EC report the number of all children enrolled in KyHealth Choices.

INCLUSIONS/EXCLUSIONS: Children enrolled in KyHealth Choices are included.

SORTS/GROUPINGS: Grouped by age group (Under 1, 1-5, 6-12, 13-17, 18, 13-18, & All age groups), enrollment type (new enrollment, disenrollment) and plan type.

The column of Family Income is determined by member status code.

Family Income (%FPL)				
Form Name	0 – 100	101 – 150	151 – 200	201 +
CMS64EC	Other	M2, P2, 07	M3, P3	Zero

Sub-section is determined by public health pgm.

- FEE-FOR-SERVICE PLANS - Not B. or C.
- MANAGED CARE ARRANGEMENTS - Partnership
- PRIMARY CARE CASE MANAGEMENT - KENPAC

KEY RULES FOR REPORTING ENROLLMENT DATA

- Each quarterly report (CMSA-21E, CMS-64.21E, CMS-64EC, and CMS 21 Waiver) should present unduplicated within-program counts of enrollees, disenrollees, and enrollment months for each program. A child's enrollment in another children's health insurance program before, during, or after the quarter should not affect how he or she is reported or categorized on the report for any given program.
- Any child reported as a new enrollee or disenrollee during a quarter must also be reported as ever enrolled during the quarter.

- Children should be grouped into service delivery system and program type categories based on the delivery system and program type in which they were last covered for basic services during the quarter. A "new enrollee" is a child who was enrolled in the program at any time during the quarter who was not enrolled on the last day of the previous quarter.
- Children whose eligibility is retroactive to an earlier quarter should be reported as new enrollees in the quarter in which their coverage became effective, not in the quarter in which they applied. They should be reported as ever enrolled in both quarters.
- A "disenrollee" is a child who was disenrolled from the program at any time during the quarter who was not re-enrolled as of the last day of the quarter.
- A child who was enrolled only through the last day of a quarter (no longer enrolled as of the first day of the next quarter) should be counted as a disenrollee in the earlier quarter.
- A child who "ages out" of a program during the quarter should be counted as a disenrollee in that quarter.
- A "enrollment month" is any month in which a child was enrolled for at least one day.
- All of a child's enrollment months for the quarter should be counted under the service delivery system and program type in which he or she was last covered for basic services during the quarter.

Effective FFY2005, the child would be counted as "ever enrolled" only in the program in which he or she was last enrolled in during the quarter or year.

2.8.99.1 Technical Name
MAR-8001-M

2.8.99.2 Sort Order
Group by age of children

2.8.99.3 CMS-64EC Prelim Monthly Layout

```
Report  : MAR-8001-M                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJM801                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: MRM8001                            NUMBER OF CHILDREN SERVED FOR                          Page:        999
                                       THE MEDICAL ASSISTANCE PROGRAM - CMS-64EC
                                        DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                             *** PRELIMINARY REPORT ***

                                             AGE OF CHILDREN:  XXXXXXXXXXXXXX
```

	FAMILY INCOME (%FPL)				
	0 - 100	101 - 150	151 - 200	201+	TOTAL
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
D. TOTAL ALL PLANS (A + B + C)	999,999	999,999	999,999	999,999	999,999
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
D. TOTAL ALL PLANS (A + B + C)	999,999	999,999	999,999	999,999	999,999
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
D. TOTAL ALL PLANS (A + B + C)	999,999	999,999	999,999	999,999	999,999
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1)					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999

FORM CMS-64EC

*** END OF REPORT ***

2.8.99.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS (Plan which is not PRIMARY CARE CASE MANAGEMENTS nor MANAGED CARE ARRANGEMENTS) for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS (Partnership Program) for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENTS (KENPAC) for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - D. TOTAL ALL PLANS (A + B + C)	Total of unduplicated count of children ever enrolled in these plans for the reporting month.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of new children enrolled in FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of new children enrolled in MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of new children enrolled in PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of new children enrolled in one of these plans for the reporting month.	7	Number	Calculated	Calculated
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children disenrolled from FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children disenrolled from MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children disenrolled from PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children disenrolled from one of these plans for the reporting month.	7	Number	Calculated	Calculated
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - A. FEE-FOR-SERVICE PLANS	An average number of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - B. MANAGED CARE ARRANGEMENTS	An average number of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - C. PRIMARY CARE CASE MANAGEMENT	An average number of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - A. FEE-FOR-SERVICE PLANS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENT for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	[FOR FOURTH QUARTER ONLY] An unduplicated total count of children ever enrolled in these plans for the year.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
AGE OF CHILDREN	The age of children reported on this page. Each report has seven age groupings. (that is "Under 1", "1-5", "6-12", "13-17", "18", "13-18", and "ALL AGE GROUPS").	9	Number	T_RE_BASE_DN	DTE_BIRTH
FAMILY INCOME (%FPL) - 0 - 100	The counts for enrollees whose family income is 0 - 100 % of Federal Poverty Level. If status code does not match to Federal Poverty level 101-150% or 151-200%, enrollee is reported in this column.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 101 - 150	The counts for enrollees whose family income is 101 - 150 % of Federal Poverty Level. Determined by status code value M2 and P2.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 151 - 200	The counts for enrollees whose family income is 151 - 200 % of Federal Poverty Level. Determined by status code value M3 and P3.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 201 +	The counts for enrollees whose family income is over 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - TOTAL	The total counts for enrollees for each category.	7	Number	Calculated	Calculated
GRAND TOTALS ALL AGE GROUPS	The grand totals page lists all sections mentioned above and gives the grand totals of each plan.	10	Number	Calculated	Calculated

2.8.99.5 Associated Programs

Program	Description
sed	Unix command stream editor
oraload.sh	Oracle Table Load-Unload Utility
sed	Unix command stream editor

2.8.99.6 Associated Requirements

ID
30.050.012.002.4

2.8.99.7 Change Orders

ID	Name	Description
686	KCHIPS KYMM1400-R001	Customer requested EDS to build report KYMM1400-R001.

2.8.100 MAR-8001-Q -- CMS-64EC Prelim Qrtrly

The CMS-64EC Prelim Qrtrly (MAR-8001-Q) report presents the number of children served for the Medical Assistance Program by age groupings for the reporting quarter. CMS-64EC reports the number of all children enrolled in KyHealth Choices.

INCLUSIONS/EXCLUSIONS: Children enrolled in Medicaid are included.

SORTS/GROUPINGS: Grouped by age group (Under 1, 1-5, 6-12, 13-17, 18, 13-18, & All age groups), enrollment type (new enrollment, disenrollment) and plan type.

The column of Family Income is determined by member status code.

Family Income (%FPL)				
Form Name	0 – 100	101 – 150	151 – 200	201 +
CMS64EC	Other	M2, P2, 07	M3, P3	Zero

Sub-section is determined by public health pgm.

- FEE-FOR-SERVICE PLANS - Not B. or C.
- MANAGED CARE ARRANGEMENTS - Partnership
- PRIMARY CARE CASE MANAGEMENT - KenPAC

KEY RULES FOR REPORTING ENROLLMENT DATA

- Each quarterly report (CMSA-21E, CMS-64.21E, CMS-64EC, and CMS 21 Waiver) should present unduplicated within-program counts of enrollees, disenrollees, and enrollment months for each program. A child's enrollment in another children's health insurance program before, during, or after the quarter should not affect how he or she is reported or categorized on the report for any given program.
- Any child reported as a new enrollee or disenrollee during a quarter must also be reported as ever enrolled during the quarter.

- Children should be grouped into service delivery system and program type categories based on the delivery system and program type in which they were last covered for basic services during the quarter. A "new enrollee" is a child who was enrolled in the program at any time during the quarter who was not enrolled on the last day of the previous quarter.
- Children whose eligibility is retroactive to an earlier quarter should be reported as new enrollees in the quarter in which their coverage became effective, not in the quarter in which they applied. They should be reported as ever enrolled in both quarters.
- A "disenrollee" is a child who was disenrolled from the program at any time during the quarter who was not re-enrolled as of the last day of the quarter.
- A child who was enrolled only through the last day of a quarter (no longer enrolled as of the first day of the next quarter) should be counted as a disenrollee in the earlier quarter.
- A child who "ages out" of a program during the quarter should be counted as a disenrollee in that quarter.
- A "enrollment month" is any month in which a child was enrolled for at least one day.
- All of a child's enrollment months for the quarter should be counted under the service delivery system and program type in which he or she was last covered for basic services during the quarter.

Effective FFY2005, the child would be counted as "ever enrolled" only in the program in which he or she was last enrolled in during the quarter or year.

2.8.100.1 Technical Name
MAR-8001-Q

2.8.100.2 Sort Order
Group by age of children

2.8.100.3 CMS-64EC Prelim Qrtrly Layout

```
Report  : MAR-8001-Q                    COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJQ801                  MEDICAID MANAGEMENT INFORMATION SYSTEM                Run Time:   99:99:99
Location: MRM8001                       NUMBER OF CHILDREN SERVED FOR                         Page:        999
                                  THE MEDICAL ASSISTANCE PROGRAM - CMS-64EC
                                    DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                         *** PRELIMINARY REPORT ***

                                      AGE OF CHILDREN:  XXXXXXXXXXXXXX

                                                   -------------------- FAMILY INCOME (%FPL) ---------------
                                                     0 - 100   101 - 150   151 - 200      201+        TOTAL
                                                   ---------   ---------   ---------   ---------   ---------

 1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER
      A. FEE-FOR-SERVICE PLANS                       999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                   999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                 999,999     999,999     999,999     999,999     999,999

 2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER
      A. FEE-FOR-SERVICE PLANS                       999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                   999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                 999,999     999,999     999,999     999,999     999,999

 3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER
      A. FEE-FOR-SERVICE PLANS                       999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                   999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                 999,999     999,999     999,999     999,999     999,999

 4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER
      A. FEE-FOR-SERVICE PLANS                       999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                   999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                999,999     999,999     999,999     999,999     999,999

 5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1)
      A. FEE-FOR-SERVICE PLANS                       999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                   999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                999,999     999,999     999,999     999,999     999,999

 6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER
      A. FEE-FOR-SERVICE PLANS                       999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                   999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                 999,999     999,999     999,999     999,999     999,999


Report  : MAR-8001-Q                    COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJQ801                  MEDICAID MANAGEMENT INFORMATION SYSTEM                Run Time:   99:99:99
Location: MRM8001                       NUMBER OF CHILDREN SERVED FOR                         Page:        999
                                  THE MEDICAL ASSISTANCE PROGRAM - CMS-64EC
                                    DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

 FOR FOURTH QUARTER ONLY
 7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR
      A. FEE-FOR-SERVICE PLANS                       999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                   999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                 999,999     999,999     999,999     999,999     999,999

FORM CMS-64EC

                                         *** END OF REPORT ***
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2.8.100.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS (Plan which is not PRIMARY CARE CASE MANAGEMENTS nor MANAGED CARE ARRANGEMENTS) for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS (Partnership Program) for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENTS (KENPAC) for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total of unduplicated count of children ever enrolled in these plans for the reporting quarter.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of new children enrolled in FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of new children enrolled in MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of new children enrolled in PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of new children enrolled in one of these plans for the reporting quarter.	7	Number	Calculated	Calculated
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children disenrolled from FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children disenrolled from MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children disenrolled from PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children disenrolled from one of these plans for the reporting quarter.	7	Number	Calculated	Calculated
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - A. FEE-FOR-SERVICE PLANS	An average number of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - B. MANAGED CARE ARRANGEMENTS	An average number of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - C. PRIMARY CARE CASE MANAGEMENT	An average number of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children enrolled in FEE-FOR-SERVICE PLANS on the last day of the quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children enrolled in MANAGED CARE ARRANGEMENTS on the last day of the quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children enrolled in PRIMARY CARE CASE MANAGEMENT on the last day of the quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children enrolled in these plans on the last day of the quarter.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	[FOR FOURTH QUARTER ONLY] An unduplicated total count of children ever enrolled in these plans for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - A. FEE-FOR-SERVICE PLANS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS for the year.	7	Number	Calculated	Calculated
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS for the year.	7	Number	Calculated	Calculated
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENT for the year.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
AGE OF CHILDREN	The age of children reported on this page. Each report has seven age groupings. (that is "Under 1", "1-5", "6-12", "13-17", "18", "13-18", and "ALL AGE GROUPS").	9	Number	T_RE_BASE_DN	DTE_BIRTH
FAMILY INCOME (%FPL) - 0 - 100	The counts for enrollees whose family income is 0 - 100 % of Federal Poverty Level. If status code does not match to Federal Poverty level 101-150% or 151-200%, enrollee is reported in this column.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 101 - 150	The counts for enrollees whose family income is 101 - 150 % of Federal Poverty Level. Determined by status code value M2 and P2.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 151 - 200	The counts for enrollees whose family income is 151 - 200 % of Federal Poverty Level. Determined by status code value M3 and P3.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 201 +	The counts for enrollees whose family income is over 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - TOTAL	The total counts for enrollees for each category.	7	Number	Calculated	Calculated
GRAND TOTALS ALL AGE GROUPS	The grand totals page lists all sections mentioned above and gives the grand totals of each plan.	10	Number	Calculated	Calculated

2.8.100.5 Associated Programs

Program	Description
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
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Program	Description
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
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Program	Description
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
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sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor

Program	Description
sed	Unix command stream editor

2.8.100.6 Associated Requirements

ID
30.050.012.002.4

2.8.100.7 Change Orders

ID	Name	Description
713	KCHIPS KYMM1400-R004	Customer requested EDS to build report KYMM1400-R004

2.8.101 MAR-8002-A -- CMS-64EC 21E Prelim Annual

The CMS-64EC 21E Prelim Annual (MAR-8002-A) report presents the number of children served related to the Kentucky Children's Health Insurance Program (KCHIP) by age groupings for the reporting year. CMS-64.21E reports the number of children enrolled in Phase II of KCHIP - the Medicaid expansion. This report includes those children with a P5, P6, M5, or M6 member status code.

INCLUSIONS/EXCLUSIONS: Children enrolled in KCHIP Phase II are included.

SORTS/GROUPINGS: Grouped by age group (Under 1, 1-5, 6-12, 13-17, 18, 13-18, & All age groups), enrollment type (new enrollment, disenrollment) and plan type.

The column of Family Income is determined by member status code.

Family Income (%FPL)				
Form Name	0 – 100	101 – 150	151 – 200	201 +
CMS6421E	Zero	M4,M5,M6,P4,P5,P6	Zero	Zero

Sub-section is determined by public health pgm.

- FEE-FOR-SERVICE PLANS - Not B. or C.
- MANAGED CARE ARRANGEMENTS - Partnership
- PRIMARY CARE CASE MANAGEMENT - KenPAC

KEY RULES FOR REPORTING ENROLLMENT DATA

- Each quarterly report (CMSA-21E, CMS-64.21E, CMS-64EC, and CMS 21 Waiver) should present unduplicated within-program counts of enrollees, disenrollees, and enrollment months for each program. A child's enrollment in another children's health insurance program before, during, or after the quarter should not affect how he or she is reported or categorized on the report for any given program.
- Any child reported as a new enrollee or disenrollee during a quarter must also be reported as ever enrolled during the quarter.

2.8.101.1 Technical Name
MAR-8002-A

2.8.101.2 Sort Order
Age Group, Enrollment Type, Plan Type

2.8.101.3 CMS-64EC 21E Prelim Annual Layout

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Report  : MAR-8002-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA802                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRM8001                         NUMBER OF CHILDREN SERVED RELATED TO                      Page:        999
                                     THE CHILDREN'S HEALTH INSURANCE PROGRAM - CMS-64EC 21
                                            DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                                 *** PRELIMINARY REPORT ***

                                                 AGE OF CHILDREN:  XXXXXXXXXXXXXX

TYPE OF ELIGIBLE: BOTH (U2 AND U3)                          -------------------- FAMILY INCOME (%FPL) ---------------
                                                              0 - 100   101 - 150   151 - 200      201+       TOTAL
                                                            ---------   ---------   ---------   ---------   ---------

1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR
     A. FEE-FOR-SERVICE PLANS                                 999,999     999,999     999,999     999,999     999,999
     B. MANAGED CARE ARRANGEMENTS                             999,999     999,999     999,999     999,999     999,999
     C. PRIMARY CARE CASE MANAGEMENT                          999,999     999,999     999,999     999,999     999,999

     D. TOTAL ALL PLANS (A + B + C)                           999,999     999,999     999,999     999,999     999,999

2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR
     A. FEE-FOR-SERVICE PLANS                                 999,999     999,999     999,999     999,999     999,999
     B. MANAGED CARE ARRANGEMENTS                             999,999     999,999     999,999     999,999     999,999
     C. PRIMARY CARE CASE MANAGEMENT                          999,999     999,999     999,999     999,999     999,999

     D. TOTAL ALL PLANS (A + B + C)                           999,999     999,999     999,999     999,999     999,999

3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR
     A. FEE-FOR-SERVICE PLANS                                 999,999     999,999     999,999     999,999     999,999
     B. MANAGED CARE ARRANGEMENTS                             999,999     999,999     999,999     999,999     999,999
     C. PRIMARY CARE CASE MANAGEMENT                          999,999     999,999     999,999     999,999     999,999

     D. TOTAL ALL PLANS (A + B + C)                           999,999     999,999     999,999     999,999     999,999

4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR
     A. FEE-FOR-SERVICE PLANS                                 999,999     999,999     999,999     999,999     999,999
     B. MANAGED CARE ARRANGEMENTS                             999,999     999,999     999,999     999,999     999,999
     C. PRIMARY CARE CASE MANAGEMENT                          999,999     999,999     999,999     999,999     999,999

5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1)
     A. FEE-FOR-SERVICE PLANS                                 999,999     999,999     999,999     999,999     999,999
     B. MANAGED CARE ARRANGEMENTS                             999,999     999,999     999,999     999,999     999,999
     C. PRIMARY CARE CASE MANAGEMENT                          999,999     999,999     999,999     999,999     999,999

FORM CMS-64EC 21E

                                                 *** END OF REPORT ***
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2.8.101.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS (Plan which is not PRIMARY CARE CASE MANAGEMENTS nor MANAGED CARE ARRANGEMENTS) for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS (Partnership Program) for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENTS (KENPAC) for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	Total of unduplicated count of children ever enrolled in these plans for the reporting year.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of new children enrolled in FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of new children enrolled in MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of new children enrolled in PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of new children enrolled in one of these plans for the reporting year.	7	Number	Calculated	Calculated
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children disenrolled from FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children disenrolled from MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children disenrolled from PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children disenrolled from one of these plans for the reporting year.	7	Number	Calculated	Calculated
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - A. FEE-FOR-SERVICE PLANS	An average number of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - B. MANAGED CARE ARRANGEMENTS	An average number of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - C. PRIMARY CARE CASE MANAGEMENT	An average number of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
AGE OF CHILDREN	The age of children reported on this page. Each report has seven age groupings. (that is "Under 1", "1-5", "6-12", "13-17", "18", "13-18", and "ALL AGE GROUPS").	9	Number	T_RE_BASE_DN	DTE_BIRTH
FAMILY INCOME (%FPL) - 0 - 100	The counts for enrollees whose family income is 0 - 100 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 101 - 150	The counts for enrollees whose family income is 101 - 150 % of Federal Poverty Level. Determined by status code value M4, M5, M6, P4, P5, and P6.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 151 - 200	The counts for enrollees whose family income is 151 - 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 201 +	The counts for enrollees whose family income is over 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - TOTAL	The total counts for enrollees for each category.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
GRAND TOTALS ALL AGE GROUPS	The grand totals page lists all sections mentioned above and gives the grand totals of each plan.	10	Number	Calculated	Calculated
TYPE OF ELIGIBLE: BOTH (U2 AND U3)	The type of eligibility reported. This label appears on all 64EC 21E reports.	16	Char	None	None

2.8.101.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.101.6 Associated Requirements

ID
30.050.012.002.4

2.8.101.7 Change Orders

ID	Name	Description
721	KCHIPS KYMM1400-R008	Customer requested EDS to build report KYMM1400-R008

2.8.102 MAR-8002-M -- CMS-64EC 21E Prelim Monthly

The CMS-64EC 21E Prelim Monthly (MAR-8002-M) report presents the number of children served related to Kentucky Children's Health Insurance Program (KCHIP) by age groupings for the reporting month. CMS-64.21E reports the number of children enrolled in Phase II of KCHIP - the Medicaid expansion. This report includes those children with a P5, P6, M5, or M6 member status code.

INCLUSIONS/EXCLUSIONS: Children enrolled in KCHIP Phase II are included.

SORTS/GROUPINGS: Grouped by age group (Under 1, 1-5, 6-12, 13-17, 18, 13-18, & All age groups), enrollment type (new enrollment, disenrollment) and plan type.

The column of Family Income is determined by member status code.

Family Income (%FPL)				
Form Name	0 – 100	101 – 150	151 – 200	201 +
CMS6421E	Zero	M4,M5,M6,P4,P5,P6	Zero	Zero

Sub-section is determined by public health pgm.

- FEE-FOR-SERVICE PLANS - Not B. or C.
- MANAGED CARE ARRANGEMENTS - Partnership
- PRIMARY CARE CASE MANAGEMENT - KenPAC

KEY RULES FOR REPORTING ENROLLMENT DATA

- Each quarterly report (CMSA-21E, CMS-64.21E, CMS-64EC, and CMS 21 Waiver) should present unduplicated within-program counts of enrollees, disenrollees, and enrollment months for each program. A child's enrollment in another children's health insurance program before, during, or after the quarter should not affect how he or she is reported or categorized on the report for any given program.
- Any child reported as a new enrollee or disenrollee during a quarter must also be reported as ever enrolled during the quarter.

- Children should be grouped into service delivery system and program type categories based on the delivery system and program type in which they were last covered for basic services during the quarter. A "new enrollee" is a child who was enrolled in the program at any time during the quarter who was not enrolled on the last day of the previous quarter.
- Children whose eligibility is retroactive to an earlier quarter should be reported as new enrollees in the quarter in which their coverage became effective, not in the quarter in which they applied. They should be reported as ever enrolled in both quarters.
- A "disenrollee" is a child who was disenrolled from the program at any time during the quarter who was not re-enrolled as of the last day of the quarter.
- A child who was enrolled only through the last day of a quarter (no longer enrolled as of the first day of the next quarter) should be counted as a disenrollee in the earlier quarter.
- A child who "ages out" of a program during the quarter should be counted as a disenrollee in that quarter.
- A "enrollment month" is any month in which a child was enrolled for at least one day.
- All of a child's enrollment months for the quarter should be counted under the service delivery system and program type in which he or she was last covered for basic services during the quarter.

Effective FFY2005, the child would be counted as "ever enrolled" only in the program in which he or she was last enrolled in during the quarter or year.

2.8.102.1 Technical Name
MAR-8002-M

2.8.102.2 Sort Order
Grouped by age of children

2.8.102.3 CMS-64EC 21E Prelim Monthly Layout

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Report  : MAR-8002-M                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJM802                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: MRM8001                        NUMBER OF CHILDREN SERVED RELATED TO                       Page:        999
                                   THE CHILDREN'S HEALTH INSURANCE PROGRAM - CMS-64EC 21
                                          DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                              *** PRELIMINARY REPORT ***


                                              AGE OF CHILDREN:  XXXXXXXXXXXXXX

TYPE OF ELIGIBLE: BOTH (U2 AND U3)                          -------------------- FAMILY INCOME (%FPL) ---------------
                                                              0 - 100   101 - 150   151 - 200      201+       TOTAL
                                                            ---------   ---------   ---------   ---------   ---------

 1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH
      A. FEE-FOR-SERVICE PLANS                                999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                            999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                         999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                          999,999     999,999     999,999     999,999     999,999

 2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH
      A. FEE-FOR-SERVICE PLANS                                999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                            999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                         999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                          999,999     999,999     999,999     999,999     999,999

 3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH
      A. FEE-FOR-SERVICE PLANS                                999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                            999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                         999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                          999,999     999,999     999,999     999,999     999,999

 4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH
      A. FEE-FOR-SERVICE PLANS                                999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                            999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                         999,999     999,999     999,999     999,999     999,999

 5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1)
      A. FEE-FOR-SERVICE PLANS                                999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                            999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                         999,999     999,999     999,999     999,999     999,999


FORM CMS-64EC 21E

                                                  *** END OF REPORT ***
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2.8.102.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS (Plan which is not PRIMARY CARE CASE MANAGEMENTS nor MANAGED CARE ARRANGEMENTS) for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS (Partnership Program) for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENTS (KENPAC) for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - D. TOTAL ALL PLANS (A + B + C)	Total of unduplicated count of children ever enrolled in these plans for the reporting month.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of new children enrolled in FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of new children enrolled in MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of new children enrolled in PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of new children enrolled in one of these plans for the reporting month.	7	Number	Calculated	Calculated
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children disenrolled from FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children disenrolled from MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children disenrolled from PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children disenrolled from one of these plans for the reporting month.	7	Number	Calculated	Calculated
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - A. FEE-FOR-SERVICE PLANS	An average number of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - B. MANAGED CARE ARRANGEMENTS	An average number of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - C. PRIMARY CARE CASE MANAGEMENT	An average number of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - A. FEE-FOR-SERVICE PLANS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENT for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	[FOR FOURTH QUARTER ONLY] An unduplicated total count of children ever enrolled in these plans for the year.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
AGE OF CHILDREN	The age of children reported on this page. Each report has seven age groupings. (that is "Under 1", "1-5", "6-12", "13-17", "18", "13-18", and "ALL AGE GROUPS").	9	Number	T_RE_BASE_DN	DTE_BIRTH
FAMILY INCOME (%FPL) - 0 - 100	The counts for enrollees whose family income is 0 - 100 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 101 - 150	The counts for enrollees whose family income is 101 - 150 % of Federal Poverty Level. Determined by status code value M4, M5, M6, P4, P5, and P6.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 151 - 200	The counts for enrollees whose family income is 151 - 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 201 +	The counts for enrollees whose family income is over 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - TOTAL	The total counts for enrollees for each category.	7	Number	Calculated	Calculated
GRAND TOTALS ALL AGE GROUPS	The grand totals page lists all sections mentioned above and gives the grand totals of each plan.	10	Number	Calculated	Calculated
TYPE OF ELIGIBLE: BOTH (U2 AND U3)	The type of eligibility reported. This label appears on all 64EC 21E reports.	16	Char	None	None

2.8.102.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.102.6 Associated Requirements

ID
30.050.012.002.4

2.8.102.7 Change Orders

ID	Name	Description
782	KCHIPS KYMM1400-R002	Customer requested EDS to build report KYMM1400-R002

2.8.103 MAR-8002-Q -- CMS-64EC 21E Prelim Qrtrly

The CMS-64EC 21E Prelim Qrtly (MAR-8002-Q) report presents the number of children served related to Kentucky Children's Health Insurance Program (KCHIP) by age groupings for the reporting quarter. CMS-64.21E reports the number of children enrolled in Phase II of KCHIP - the Medicaid expansion. This report includes those children with a P5, P6, M5, or M6 member status code.

INCLUSIONS/EXCLUSIONS: Children enrolled in KCHIP Phase II are included.

SORTS/GROUPINGS: Grouped by age group (Under 1, 1-5, 6-12, 13-17, 18, 13-18, & All age groups), enrollment type (new enrollment, disenrollment) and plan type.

The column of Family Income is determined by member status code.

Family Income (%FPL)				
Form Name	0 – 100	101 – 150	151 – 200	201 +
CMS6421E	Zero	M4,M5,M6,P4,P5,P6	Zero	Zero

Sub-section is determined by public health pgm.

- FEE-FOR-SERVICE PLANS - Not B. or C.
- MANAGED CARE ARRANGEMENTS - Partnership
- PRIMARY CARE CASE MANAGEMENT - KenPAC

KEY RULES FOR REPORTING ENROLLMENT DATA

- Each quarterly report (CMSA-21E, CMS-64.21E, CMS-64EC, and CMS 21 Waiver) should present unduplicated within-program counts of enrollees, disenrollees, and enrollment months for each program. A child's enrollment in another children's health insurance program before, during, or after the quarter should not affect how he or she is reported or categorized on the report for any given program.
- Any child reported as a new enrollee or disenrollee during a quarter must also be reported as ever enrolled during the quarter.

- Children should be grouped into service delivery system and program type categories based on the delivery system and program type in which they were last covered for basic services during the quarter. A "new enrollee" is a child who was enrolled in the program at any time during the quarter who was not enrolled on the last day of the previous quarter.
- Children whose eligibility is retroactive to an earlier quarter should be reported as new enrollees in the quarter in which their coverage became effective, not in the quarter in which they applied. They should be reported as ever enrolled in both quarters.
- A "disenrollee" is a child who was disenrolled from the program at any time during the quarter who was not re-enrolled as of the last day of the quarter.
- A child who was enrolled only through the last day of a quarter (no longer enrolled as of the first day of the next quarter) should be counted as a disenrollee in the earlier quarter.
- A child who "ages out" of a program during the quarter should be counted as a disenrollee in that quarter.
- A "enrollment month" is any month in which a child was enrolled for at least one day.
- All of a child's enrollment months for the quarter should be counted under the service delivery system and program type in which he or she was last covered for basic services during the quarter.

Effective FFY2005, the child would be counted as "ever enrolled" only in the program in which he or she was last enrolled in during the quarter or year.

2.8.103.1 Technical Name
MAR-8002-Q

2.8.103.2 Sort Order
Grouped by age of children

2.8.103.3 CMS-64EC 21E Prelim Qrtrly Layout

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Report  : MAR-8002-Q                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJQ802                       MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   99:99:99
Location: MRM8001                         NUMBER OF CHILDREN SERVED RELATED TO                              Page:        999
                                     THE CHILDREN'S HEALTH INSURANCE PROGRAM - CMS-64EC 21
                                          DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                               *** PRELIMINARY REPORT ***

                                                AGE OF CHILDREN:  XXXXXXXXXXXXXX

TYPE OF ELIGIBLE: BOTH (U2 AND U3)                                  -------------------- FAMILY INCOME (%FPL) ---------------
                                                                      0 - 100   101 - 150   151 - 200      201+        TOTAL
                                                                    ---------   ---------   ---------   ---------   ---------

 1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER
      A. FEE-FOR-SERVICE PLANS                                        999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                    999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                                 999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                                  999,999     999,999     999,999     999,999     999,999

 2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER
      A. FEE-FOR-SERVICE PLANS                                        999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                    999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                                 999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                                  999,999     999,999     999,999     999,999     999,999

 3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER
      A. FEE-FOR-SERVICE PLANS                                        999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                    999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                                 999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                                  999,999     999,999     999,999     999,999     999,999

 4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER
      A. FEE-FOR-SERVICE PLANS                                        999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                    999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                                 999,999     999,999     999,999     999,999     999,999

 5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1)
      A. FEE-FOR-SERVICE PLANS                                        999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                    999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                                 999,999     999,999     999,999     999,999     999,999

 6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER
      A. FEE-FOR-SERVICE PLANS                                        999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                    999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                                 999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                                  999,999     999,999     999,999     999,999     999,999

Report  : MAR-8002-Q                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJQ802                       MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   99:99:99
Location: MRM8001                         NUMBER OF CHILDREN SERVED RELATED TO                              Page:        999
                                     THE CHILDREN'S HEALTH INSURANCE PROGRAM - CMS-64EC 21
                                          DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

 FOR FOURTH QUARTER ONLY
 7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR
      A. FEE-FOR-SERVICE PLANS                                        999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                    999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                                 999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                                  999,999     999,999     999,999     999,999     999,999

FORM CMS-64EC 21E

                                                   *** END OF REPORT ***
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2.8.103.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS (Plan which is not PRIMARY CARE CASE MANAGEMENTS nor MANAGED CARE ARRANGEMENTS) for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS (Partnership Program) for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENTS (KENPAC) for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total of unduplicated count of children ever enrolled in these plans for the reporting quarter.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of new children enrolled in FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of new children enrolled in MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of new children enrolled in PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of new children enrolled in one of these plans for the reporting quarter.	7	Number	Calculated	Calculated
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children disenrolled from FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children disenrolled from MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children disenrolled from PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children disenrolled from one of these plans for the reporting quarter.	7	Number	Calculated	Calculated
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - A. FEE-FOR-SERVICE PLANS	An average number of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - B. MANAGED CARE ARRANGEMENTS	An average number of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - C. PRIMARY CARE CASE MANAGEMENT	An average number of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children enrolled in FEE-FOR-SERVICE PLANS on the last day of the quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children enrolled in MANAGED CARE ARRANGEMENTS on the last day of the quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children enrolled in PRIMARY CARE CASE MANAGEMENT on the last day of the quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children enrolled in these plans on the last day of the quarter.	7	Number	Calculated	Calculated
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	[FOR FOURTH QUARTER ONLY] An unduplicated total count of children ever enrolled in these plans for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - A. FEE-FOR-SERVICE PLANS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENT for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
AGE OF CHILDREN	The age of children reported on this page. Each report has seven age groupings. (that is "Under 1", "1-5", "6-12", "13-17", "18", "13-18", and "ALL AGE GROUPS").	9	Number	T_RE_BASE_DN	DTE_BIRTH
FAMILY INCOME (%FPL) - 0 - 100	The counts for enrollees whose family income is 0 - 100 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY INCOME (%FPL) - 101 - 150	The counts for enrollees whose family income is 101 - 150 % of Federal Poverty Level. Determined by status code value M4, M5, M6, P4, P5, and P6.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 151 - 200	The counts for enrollees whose family income is 151 - 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 201 +	The counts for enrollees whose family income is over 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - TOTAL	The total counts for enrollees for each category.	7	Number	Calculated	Calculated
GRAND TOTALS ALL AGE GROUPS	The grand totals page lists all sections mentioned above and gives the grand totals of each plan.	10	Number	Calculated	Calculated
TYPE OF ELIGIBLE: BOTH (U2 AND U3)	The type of eligibility reported. This label appears on all 64EC 21E reports.	16	Char	None	None

2.8.103.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.103.6 Associated Requirements

ID
30.050.012.002.4

2.8.103.7 Change Orders

ID	Name	Description
715	KCHIPS KYMM1400-R005	Customer requested EDS to build report KYMM1400-R005

2.8.104 MAR-8003-A -- CMS-21E Prelim Annual

The CMS-21E Prelim Annual (MAR-8003-A) report presents the number of children served related to the Kentucky Children's Health Insurance Program (KCHIP) by age groupings for the reporting year. CMS-21E report the number of KCHIP Phase III members - those with a member status code of P7 or M7.

INCLUSIONS/EXCLUSIONS: Children enrolled in KCHIP Phase III are included.

SORTS/GROUPINGS: Grouped by age group (Under 1, 1-5, 6-12, 13-17, 18, 13-18, & All age groups), enrollment type (new enrollment, disenrollment) and plan type.

The column of Family Income is determined by member status code.

Family Income (%FPL)				
Form Name	0 – 100	101 – 150	151 – 200	201 +
CMS21E	Zero	Zero	M7,P7	Zero

Sub-section is determined by public health pgm.

- FEE-FOR-SERVICE PLANS - Not B. or C.
- MANAGED CARE ARRANGEMENTS - Partnership
- PRIMARY CARE CASE MANAGEMENT - KenPAC

KEY RULES FOR REPORTING ENROLLMENT DATA

- Each quarterly report (CMSA-21E, CMS-64.21E, CMS-64EC, and CMS 21 Waiver) should present unduplicated within-program counts of enrollees, disenrollees, and enrollment months for each program. A child's enrollment in another children's health insurance program before, during, or after the quarter should not affect how he or she is reported or categorized on the report for any given program.
- Any child reported as a new enrollee or disenrollee during a quarter must also be reported as ever enrolled during the quarter.

- Children should be grouped into service delivery system and program type categories based on the delivery system and program type in which they were last covered for basic services during the quarter. A "new enrollee" is a child who was enrolled in the program at any time during the quarter who was not enrolled on the last day of the previous quarter.
- Children whose eligibility is retroactive to an earlier quarter should be reported as new enrollees in the quarter in which their coverage became effective, not in the quarter in which they applied. They should be reported as ever enrolled in both quarters.
- A "disenrollee" is a child who was disenrolled from the program at any time during the quarter who was not re-enrolled as of the last day of the quarter.
- A child who was enrolled only through the last day of a quarter (no longer enrolled as of the first day of the next quarter) should be counted as a disenrollee in the earlier quarter.
- A child who "ages out" of a program during the quarter should be counted as a disenrollee in that quarter.
- A "enrollment month" is any month in which a child was enrolled for at least one day.
- All of a child's enrollment months for the quarter should be counted under the service delivery system and program type in which he or she was last covered for basic services during the quarter.

Effective FFY2005, the child would be counted as "ever enrolled" only in the program in which he or she was last enrolled in during the quarter or year.

2.8.104.1 Technical Name
MAR-8003-A

2.8.104.2 Sort Order
Age Group, Enrollment Type, Plan Type

2.8.104.3 CMS-21E Prelim Annual Layout

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Report  : MAR-8003-A                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : MARJA803                  MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   99:99:99
Location: MRM8001                 CHILDREN'S HEALTH INSURANCE PROGRAM - CMS-21E         Page:        999

                                  DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                       *** PRELIMINARY REPORT ***

                                       AGE OF CHILDREN:  XXXXXXXXXXXXXX

PROGRAM CODE: KY1                                          -------------------- FAMILY INCOME (%FPL) ---------------
                                                             0 - 100   101 - 150   151 - 200      201+       TOTAL
                                                           ---------  ---------   ---------   ---------   ---------

 1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                         999,999     999,999     999,999     999,999     999,999

 2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                         999,999     999,999     999,999     999,999     999,999

 3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                         999,999     999,999     999,999     999,999     999,999

 4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

 5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1)
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

FORM CMS-21E

                                       *** END OF REPORT ***
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2.8.104.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS (Plan which is not PRIMARY CARE CASE MANAGEMENTS nor MANAGED CARE ARRANGEMENTS) for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS (Partnership Program) for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENTS (KENPAC) for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	Total of unduplicated count of children ever enrolled in these plans for the reporting year.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of new children enrolled in FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of new children enrolled in MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of new children enrolled in PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of new children enrolled in one of these plans for the reporting year.	7	Number	Calculated	Calculated
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children disenrolled from FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children disenrolled from MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children disenrolled from PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children disenrolled from one of these plans for the reporting year.	7	Number	Calculated	Calculated
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - A. FEE-FOR-SERVICE PLANS	An average number of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - B. MANAGED CARE ARRANGEMENTS	An average number of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - C. PRIMARY CARE CASE MANAGEMENT	An average number of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
AGE OF CHILDREN	The age of children reported on this page. Each report has seven age groupings. (that is "Under 1", "1-5", "6-12", "13-17", "18", "13-18", and "ALL AGE GROUPS").	9	Number	T_RE_BASE_DN	DTE_BIRTH
FAMILY INCOME (%FPL) - 0 - 100	The counts for enrollees whose family income is 0 - 100 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 101 - 150	The counts for enrollees whose family income is 101 - 150 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 151 - 200	The counts for enrollees whose family income is 151 - 200 % of Federal Poverty Level. Determined by status code value M7 and P7.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 201 +	The counts for enrollees whose family income is over 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - TOTAL	The total counts for enrollees for each category.	7	Number	Calculated	Calculated
GRAND TOTALS ALL AGE GROUPS	The grand totals page lists all sections mentioned above and gives the grand totals of each plan.	10	Number	Calculated	Calculated
PROGRAM CODE: KY1	The program code reported. This label is printed on all 21E reports.	3	Char	None	None

2.8.104.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.104.6 Associated Requirements

ID
30.050.012.002.4

2.8.104.7 Change Orders

ID	Name	Description
723	KCHIPS KYMM1400-R009	Customer requested EDS to build report KYMM1400-R009

2.8.105 MAR-8003-M -- CMS-21E Prelim Monthly

The CMS-21E Prelim Monthly (MAR-8003-M) report presents the number of children served related to the Kentucky Children's Health Insurance Program (KCHIP) by age groupings for the reporting month. CMS-21E report the number of KCHIP Phase III members - those with a member status code of P7 or M7.

INCLUSIONS/EXCLUSIONS: Children enrolled in KCHIP Phase III are included.

SORTS/GROUPINGS: Grouped by age group (Under 1, 1-5, 6-12, 13-17, 18, 13-18, & All age groups), enrollment type (new enrollment, disenrollment) and plan type.

The column of Family Income is determined by member status code.

Family Income (%FPL)				
Form Name	0 – 100	101 – 150	151 – 200	201 +
CMS21E	Zero	Zero	M7,P7	Zero

Sub-section is determined by public health pgm.

- FEE-FOR-SERVICE PLANS - Not B. or C.
- MANAGED CARE ARRANGEMENTS - Partnership
- PRIMARY CARE CASE MANAGEMENT - KenPAC

KEY RULES FOR REPORTING ENROLLMENT DATA

- Each quarterly report (CMSA-21E, CMS-64.21E, CMS-64EC, and CMS 21 Waiver) should present unduplicated within-program counts of enrollees, disenrollees, and enrollment months for each program. A child's enrollment in another children's health insurance program before, during, or after the quarter should not affect how he or she is reported or categorized on the report for any given program.
- Any child reported as a new enrollee or disenrollee during a quarter must also be reported as ever enrolled during the quarter.

- Children should be grouped into service delivery system and program type categories based on the delivery system and program type in which they were last covered for basic services during the quarter. A "new enrollee" is a child who was enrolled in the program at any time during the quarter who was not enrolled on the last day of the previous quarter.
- Children whose eligibility is retroactive to an earlier quarter should be reported as new enrollees in the quarter in which their coverage became effective, not in the quarter in which they applied. They should be reported as ever enrolled in both quarters.
- A "disenrollee" is a child who was disenrolled from the program at any time during the quarter who was not re-enrolled as of the last day of the quarter.
- A child who was enrolled only through the last day of a quarter (no longer enrolled as of the first day of the next quarter) should be counted as a disenrollee in the earlier quarter.
- A child who "ages out" of a program during the quarter should be counted as a disenrollee in that quarter.
- A "enrollment month" is any month in which a child was enrolled for at least one day.
- All of a child's enrollment months for the quarter should be counted under the service delivery system and program type in which he or she was last covered for basic services during the quarter.

Effective FFY2005, the child would be counted as "ever enrolled" only in the program in which he or she was last enrolled in during the quarter or year.

2.8.105.1 Technical Name
MAR-8003-M

2.8.105.2 Sort Order
Grouped by age of children

2.8.105.3 CMS-21E Prelim Monthly Layout

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Report  : MAR-8003-M                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJM803                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRM8001                   CHILDREN'S HEALTH INSURANCE PROGRAM - CMS-21E                   Page:        999

                                       DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                            *** PRELIMINARY REPORT ***

                                             AGE OF CHILDREN:  XXXXXXXXXXXXXX

PROGRAM CODE: KY1                                                 -------------------- FAMILY INCOME (%FPL) ---------------
                                                                   0 - 100   101 - 150   151 - 200      201+       TOTAL
                                                                  ---------  ---------  ---------   ---------   ---------

 1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH
      A. FEE-FOR-SERVICE PLANS                                     999,999    999,999    999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                 999,999    999,999    999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                              999,999    999,999    999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                               999,999    999,999    999,999     999,999     999,999

 2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH
      A. FEE-FOR-SERVICE PLANS                                     999,999    999,999    999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                 999,999    999,999    999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                              999,999    999,999    999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                               999,999    999,999    999,999     999,999     999,999

 3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH
      A. FEE-FOR-SERVICE PLANS                                     999,999    999,999    999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                 999,999    999,999    999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                              999,999    999,999    999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                               999,999    999,999    999,999     999,999     999,999

 4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH
      A. FEE-FOR-SERVICE PLANS                                     999,999    999,999    999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                 999,999    999,999    999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                              999,999    999,999    999,999     999,999     999,999

 5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1)
      A. FEE-FOR-SERVICE PLANS                                     999,999    999,999    999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                 999,999    999,999    999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                              999,999    999,999    999,999     999,999     999,999

FORM CMS-21E

                                                 *** END OF REPORT ***
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2.8.105.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS (Plan which is not PRIMARY CARE CASE MANAGEMENTS nor MANAGED CARE ARRANGEMENTS) for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS (Partnership Program) for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENTS (KENPAC) for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - D. TOTAL ALL PLANS (A + B + C)	Total of unduplicated count of children ever enrolled in these plans for the reporting month.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of new children enrolled in FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of new children enrolled in MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of new children enrolled in PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of new children enrolled in one of these plans for the reporting month.	7	Number	Calculated	Calculated
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children disenrolled from FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children disenrolled from MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children disenrolled from PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children disenrolled from one of these plans for the reporting month.	7	Number	Calculated	Calculated
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - A. FEE-FOR-SERVICE PLANS	An average number of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - B. MANAGED CARE ARRANGEMENTS	An average number of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - C. PRIMARY CARE CASE MANAGEMENT	An average number of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - A. FEE-FOR-SERVICE PLANS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENT for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	[FOR FOURTH QUARTER ONLY] An unduplicated total count of children ever enrolled in these plans for the year.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
AGE OF CHILDREN	The age of children reported on this page. Each report has seven age groupings. (that is "Under 1", "1-5", "6-12", "13-17", "18", "13-18", and "ALL AGE GROUPS").	9	Number	T_RE_BASE_DN	DTE_BIRTH
FAMILY INCOME (%FPL) - 0 - 100	The counts for enrollees whose family income is 0 - 100 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 101 - 150	The counts for enrollees whose family income is 101 - 150 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 151 - 200	The counts for enrollees whose family income is 151 - 200 % of Federal Poverty Level. Determined by status code value M7 and P7.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 201 +	The counts for enrollees whose family income is over 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - TOTAL	The total counts for enrollees for each category.	7	Number	Calculated	Calculated
GRAND TOTALS ALL AGE GROUPS	The grand totals page lists all sections mentioned above and gives the grand totals of each plan.	10	Number	Calculated	Calculated
PROGRAM CODE: KY1	The program code reported. This label is printed on all 21E reports.	3	Char	None	None

2.8.105.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.105.6 Associated Requirements

ID
30.050.012.002.4

2.8.105.7 Change Orders

ID	Name	Description
711	KCHIPS KYMM1400-R003	Customer requested EDS to build report KYMM1400-R003

2.8.106 MAR-8003-Q -- CMS-21E Prelim Qrtrly

The CMS-21E Prelim Qrtrly (MAR-8003-Q) report presents the number of children served related to the Kentucky Children's Health Insurance Program (KCHIP) by age groupings for the reporting quarter. CMS-21E reports the number of KCHIP Phase III members - those with a member status code of P7 or M7.

INCLUSIONS/EXCLUSIONS: Children enrolled in KCHIP Phase III are included.

SORTS/GROUPINGS: Grouped by age group (Under 1, 1-5, 6-12, 13-17, 18, 13-18, & All age groups), enrollment type (new enrollment, disenrollment) and plan type.

The column of Family Income is determined by member status code.

Family Income (%FPL)				
Form Name	0 – 100	101 – 150	151 – 200	201 +
CMS21E	Zero	Zero	M7, P&	Zero

Sub-section is determined by public health pgm.

- FEE-FOR-SERVICE PLANS - Not B. or C.
- MANAGED CARE ARRANGEMENTS - Partnership
- PRIMARY CARE CASE MANAGEMENT - KenPAC

KEY RULES FOR REPORTING ENROLLMENT DATA

- Each quarterly report (CMSA-21E, CMS-64.21E, CMS-64EC, and CMS 21 Waiver) should present unduplicated within-program counts of enrollees, disenrollees, and enrollment months for each program. A child's enrollment in another children's health insurance program before, during, or after the quarter should not affect how he or she is reported or categorized on the report for any given program.
- Any child reported as a new enrollee or disenrollee during a quarter must also be reported as ever enrolled during the quarter.

- Children should be grouped into service delivery system and program type categories based on the delivery system and program type in which they were last covered for basic services during the quarter. A "new enrollee" is a child who was enrolled in the program at any time during the quarter who was not enrolled on the last day of the previous quarter.
- Children whose eligibility is retroactive to an earlier quarter should be reported as new enrollees in the quarter in which their coverage became effective, not in the quarter in which they applied. They should be reported as ever enrolled in both quarters.
- A "disenrollee" is a child who was disenrolled from the program at any time during the quarter who was not re-enrolled as of the last day of the quarter.
- A child who was enrolled only through the last day of a quarter (no longer enrolled as of the first day of the next quarter) should be counted as a disenrollee in the earlier quarter.
- A child who "ages out" of a program during the quarter should be counted as a disenrollee in that quarter.
- A "enrollment month" is any month in which a child was enrolled for at least one day.
- All of a child's enrollment months for the quarter should be counted under the service delivery system and program type in which he or she was last covered for basic services during the quarter.

Effective FFY2005, the child would be counted as "ever enrolled" only in the program in which he or she was last enrolled in during the quarter or year.

2.8.106.1 Technical Name
MAR-8003-Q

2.8.106.2 Sort Order
Grouped by age of children

2.8.106.3 CMS-21E Prelim Qrtrly Layout

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Report  : MAR-8003-M                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJM803                       MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   99:99:99
Location: MRM8001                     CHILDREN'S HEALTH INSURANCE PROGRAM - CMS-21E                         Page:        999

                                         DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                              *** PRELIMINARY REPORT ***

                                               AGE OF CHILDREN:  XXXXXXXXXXXXXX

PROGRAM CODE: KY1                                                 -------------------- FAMILY INCOME (%FPL) ---------------
                                                                   0 - 100   101 - 150   151 - 200     201+        TOTAL
                                                                  ---------  ---------   ---------   ---------   ---------

 1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER
      A. FEE-FOR-SERVICE PLANS                                     999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                 999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                              999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                               999,999     999,999     999,999     999,999     999,999

 2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER
      A. FEE-FOR-SERVICE PLANS                                     999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                 999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                              999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                               999,999     999,999     999,999     999,999     999,999

 3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER
      A. FEE-FOR-SERVICE PLANS                                     999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                 999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                              999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                               999,999     999,999     999,999     999,999     999,999

 4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER
      A. FEE-FOR-SERVICE PLANS                                     999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                 999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                              999,999     999,999     999,999     999,999     999,999

 5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1)
      A. FEE-FOR-SERVICE PLANS                                     999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                 999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                              999,999     999,999     999,999     999,999     999,999

 6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER
      A. FEE-FOR-SERVICE PLANS                                     999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                 999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                              999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                               999,999     999,999     999,999     999,999     999,999

Report  : MAR-8003-M                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJM803                       MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   99:99:99
Location: MRM8001                     CHILDREN'S HEALTH INSURANCE PROGRAM - CMS-21E                         Page:        999

                                         DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

 FOR FOURTH QUARTER ONLY
 7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR
      A. FEE-FOR-SERVICE PLANS                                     999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                 999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                              999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                               999,999     999,999     999,999     999,999     999,999

FORM CMS-21E

                                                  *** END OF REPORT ***
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2.8.106.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS (Plan which is not PRIMARY CARE CASE MANAGEMENTS nor MANAGED CARE ARRANGEMENTS) for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS (Partnership Program) for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENTS (KENPAC) for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total of unduplicated count of children ever enrolled in these plans for the reporting quarter.	7	Number	Calculated	Calculated
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of new children enrolled in FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of new children enrolled in MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of new children enrolled in PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of new children enrolled in one of these plans for the reporting quarter.	7	Number	Calculated	Calculated
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children disenrolled from FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children disenrolled from MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children disenrolled from PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children disenrolled from one of these plans for the reporting quarter.	7	Number	Calculated	Calculated
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - A. FEE-FOR-SERVICE PLANS	An average number of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - B. MANAGED CARE ARRANGEMENTS	An average number of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - C. PRIMARY CARE CASE MANAGEMENT	An average number of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children enrolled in FEE-FOR-SERVICE PLANS on the last day of the quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children enrolled in MANAGED CARE ARRANGEMENTS on the last day of the quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children enrolled in PRIMARY CARE CASE MANAGEMENT on the last day of the quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children enrolled in these plans on the last day of the quarter.	7	Number	Calculated	Calculated
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	[FOR FOURTH QUARTER ONLY] An unduplicated total count of children ever enrolled in these plans for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - A. FEE-FOR-SERVICE PLANS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENT for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
AGE OF CHILDREN	The age of children reported on this page. Each report has seven age groupings. (that is "Under 1", "1-5", "6-12", "13-17", "18", "13-18", and "ALL AGE GROUPS").	9	Number	T_RE_BASE_DN	DTE_BIRTH
FAMILY INCOME (%FPL) - 0 - 100	The counts for enrollees whose family income is 0 - 100 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 101 - 150	The counts for enrollees whose family income is 101 - 150 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY INCOME (%FPL) - 151 - 200	The counts for enrollees whose family income is 151 - 200 % of Federal Poverty Level. Determined by status code value M7 and P7.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 201 +	The counts for enrollees whose family income is over 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - TOTAL	The total counts for enrollees for each category.	7	Number	Calculated	Calculated
GRAND TOTALS ALL AGE GROUPS	The grand totals page lists all sections mentioned above and gives the grand totals of each plan.	10	Number	Calculated	Calculated
PROGRAM CODE: KY1	The program code reported. This label is printed on all 21E reports.	3	Char	None	None

2.8.106.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.106.6 Associated Requirements

ID
30.050.012.002.4

2.8.106.7 Change Orders

ID	Name	Description
717	KCHIPS KYMM1400-R006	Customer requested EDS to build report KYMM1400-R006

2.8.107 MAR-8011-A -- CMS-64EC Final Annual

The CMS-64EC Final Annual (MAR-8011-A) report presents the number of children served for the Medical Assistance Program by age groupings for the reporting year. CMS-64EC reports the number of all children enrolled in KyHealth Choices.

INCLUSIONS/EXCLUSIONS: Children enrolled in Medicaid are included.

SORTS/GROUPINGS: Grouped by age group (Under 1, 1-5, 6-12, 13-17, 18, 13-18, & All age groups), enrollment type (new enrollment, disenrollment) and plan type.

The column of Family Income is determined by member status code.

Family Income (%FPL)				
Form Name	0 – 100	101 – 150	151 – 200	201 +
CMS64EC	Other	M2, P2, 07	M3, P3	Zero

Sub-section is determined by public health pgm.

- FEE-FOR-SERVICE PLANS - Not B. or C.
- MANAGED CARE ARRANGEMENTS - Partnership
- PRIMARY CARE CASE MANAGEMENT - KenPAC

KEY RULES FOR REPORTING ENROLLMENT DATA

- Each quarterly report (CMSA-21E, CMS-64.21E, CMS-64EC, and CMS 21 Waiver) should present unduplicated within-program counts of enrollees, disenrollees, and enrollment months for each program. A child's enrollment in another children's health insurance program before, during, or after the quarter should not affect how he or she is reported or categorized on the report for any given program.
- Any child reported as a new enrollee or disenrollee during a quarter must also be reported as ever enrolled during the quarter.

- Children should be grouped into service delivery system and program type categories based on the delivery system and program type in which they were last covered for basic services during the quarter. A "new enrollee" is a child who was enrolled in the program at any time during the quarter who was not enrolled on the last day of the previous quarter.
- Children whose eligibility is retroactive to an earlier quarter should be reported as new enrollees in the quarter in which their coverage became effective, not in the quarter in which they applied. They should be reported as ever enrolled in both quarters.
- A "disenrollee" is a child who was disenrolled from the program at any time during the quarter who was not re-enrolled as of the last day of the quarter.
- A child who was enrolled only through the last day of a quarter (no longer enrolled as of the first day of the next quarter) should be counted as a disenrollee in the earlier quarter.
- A child who "ages out" of a program during the quarter should be counted as a disenrollee in that quarter.
- A "enrollment month" is any month in which a child was enrolled for at least one day.
- All of a child's enrollment months for the quarter should be counted under the service delivery system and program type in which he or she was last covered for basic services during the quarter.

Effective FFY2005, the child would be counted as "ever enrolled" only in the program in which he or she was last enrolled in during the quarter or year.

2.8.107.1 Technical Name
MAR-8011-A

2.8.107.2 Sort Order
Age Group, Enrollment Type, Plan Type

2.8.107.3 CMS-64EC Final Annual Layout

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Report  : MAR-8011-A                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : MARJA811                  MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   99:99:99
Location: MRM8001                       NUMBER OF CHILDREN SERVED FOR                   Page:        999
                                  THE MEDICAL ASSISTANCE PROGRAM - CMS-64EC
                                    DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                          *** FINAL REPORT ***

                                     AGE OF CHILDREN:  XXXXXXXXXXXXXX
```

	FAMILY INCOME (%FPL)				
	0 - 100	101 - 150	151 - 200	201+	TOTAL
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
D. TOTAL ALL PLANS (A + B + C)	999,999	999,999	999,999	999,999	999,999
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
D. TOTAL ALL PLANS (A + B + C)	999,999	999,999	999,999	999,999	999,999
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
D. TOTAL ALL PLANS (A + B + C)	999,999	999,999	999,999	999,999	999,999
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1)					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999

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FORM CMS-64EC

                                          *** END OF REPORT ***
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2.8.107.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS (Plan which is not PRIMARY CARE CASE MANAGEMENTS nor MANAGED CARE ARRANGEMENTS) for the reporting year.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS (Partnership Program) for the reporting year.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENTS (KENPAC) for the reporting year.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	Total of unduplicated count of children ever enrolled in these plans for the reporting year.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of new children enrolled in FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of new children enrolled in MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of new children enrolled in PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of new children enrolled in one of these plans for the reporting year.	7	Number	Calculated	Calculated
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children disenrolled from FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children disenrolled from MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children disenrolled from PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children disenrolled from one of these plans for the reporting year.	7	Number	Calculated	Calculated
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - A. FEE-FOR-SERVICE PLANS	An average number of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - B. MANAGED CARE ARRANGEMENTS	An average number of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - C. PRIMARY CARE CASE MANAGEMENT	An average number of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
AGE OF CHILDREN	The age of children reported on this page. Each report has seven age groupings. (that is "Under 1", "1-5", "6-12", "13-17", "18", "13-18", and "ALL AGE GROUPS").	9	Number	T_RE_BASE_DN	DTE_BIRTH
FAMILY INCOME (%FPL) - 0 - 100	The counts for enrollees whose family income is 0 - 100 % of Federal Poverty Level. If status code does not match to Federal Poverty level 101-150% or 151-200%, enrollee is reported in this column.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 101 - 150	The counts for enrollees whose family income is 101 - 150 % of Federal Poverty Level. Determined by status code value M2 and P2.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 151 - 200	The counts for enrollees whose family income is 151 - 200 % of Federal Poverty Level. Determined by status code value M3 and P3.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 201 +	The counts for enrollees whose family income is over 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - TOTAL	The total counts for enrollees for each category.	7	Number	Calculated	Calculated
GRAND TOTALS ALL AGE GROUPS	The grand totals page lists all sections mentioned above and gives the grand totals of each plan.	10	Number	Calculated	Calculated

2.8.107.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.107.6 Associated Requirements

ID
30.050.012.002.4

2.8.107.7 Change Orders

ID	Name	Description
720	KCHIPS KYMM1400-R016	Customer requested EDS to build report KYMM1400-R016

2.8.108 MAR-8011-M -- CMS-64EC Final Monthly

The CMS-64EC Final Monthly (MAR-8011-M) report presents the number of children served for the Medical Assistance Program by age groupings for the reporting month. CMS-64EC reports the number of all children enrolled in KyHealth Choices.

INCLUSIONS/EXCLUSIONS: Children enrolled in Medicaid are included.

SORTS/GROUPINGS: Grouped by age group (Under 1, 1-5, 6-12, 13-17, 18, 13-18, & All age groups), enrollment type (new enrollment, disenrollment) and plan type.

The column of Family Income is determined by member status code.

Family Income (%FPL)				
Form Name	0 – 100	101 – 150	151 – 200	201 +
CMS64EC	Other	M2, P2, 07	M3, P3	Zero

Sub-section is determined by public health pgm.

- FEE-FOR-SERVICE PLANS - Not B. or C.
- MANAGED CARE ARRANGEMENTS - Partnership
- PRIMARY CARE CASE MANAGEMENT - KenPAC

KEY RULES FOR REPORTING ENROLLMENT DATA

- Each quarterly report (CMSA-21E, CMS-64.21E, CMS-64EC, and CMS 21 Waiver) should present unduplicated within-program counts of enrollees, disenrollees, and enrollment months for each program. A child's enrollment in another children's health insurance program before, during, or after the quarter should not affect how he or she is reported or categorized on the report for any given program.
- Any child reported as a new enrollee or disenrollee during a quarter must also be reported as ever enrolled during the quarter.

- Children should be grouped into service delivery system and program type categories based on the delivery system and program type in which they were last covered for basic services during the quarter. A "new enrollee" is a child who was enrolled in the program at any time during the quarter who was not enrolled on the last day of the previous quarter.
- Children whose eligibility is retroactive to an earlier quarter should be reported as new enrollees in the quarter in which their coverage became effective, not in the quarter in which they applied. They should be reported as ever enrolled in both quarters.
- A "disenrollee" is a child who was disenrolled from the program at any time during the quarter who was not re-enrolled as of the last day of the quarter.
- A child who was enrolled only through the last day of a quarter (no longer enrolled as of the first day of the next quarter) should be counted as a disenrollee in the earlier quarter.
- A child who "ages out" of a program during the quarter should be counted as a disenrollee in that quarter.
- A "enrollment month" is any month in which a child was enrolled for at least one day.
- All of a child's enrollment months for the quarter should be counted under the service delivery system and program type in which he or she was last covered for basic services during the quarter.

Effective FFY2005, the child would be counted as "ever enrolled" only in the program in which he or she was last enrolled in during the quarter or year.

2.8.108.1 Technical Name
MAR-8011-M

2.8.108.2 Sort Order
Grouped by age of children

2.8.108.3 CMS-64EC Final Monthly Layout

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Report  : MAR-8011-M                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : MARJM811                  MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   99:99:99
Location: MRM8001                       NUMBER OF CHILDREN SERVED FOR                   Page:        999
                                   THE MEDICAL ASSISTANCE PROGRAM - CMS-64EC
                                     DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                          *** FINAL REPORT ***

                                       AGE OF CHILDREN:  XXXXXXXXXXXXXX
```

	FAMILY INCOME (%FPL)				
	0 - 100	101 - 150	151 - 200	201+	TOTAL
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
D. TOTAL ALL PLANS (A + B + C)	999,999	999,999	999,999	999,999	999,999
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
D. TOTAL ALL PLANS (A + B + C)	999,999	999,999	999,999	999,999	999,999
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
D. TOTAL ALL PLANS (A + B + C)	999,999	999,999	999,999	999,999	999,999
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1)					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999

FORM CMS-64EC

*** END OF REPORT ***

2.8.108.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS (Plan which is not PRIMARY CARE CASE MANAGEMENTS nor MANAGED CARE ARRANGEMENTS) for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS (Partnership Program) for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENTS (KENPAC) for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - D. TOTAL ALL PLANS (A + B + C)	Total of unduplicated count of children ever enrolled in these plans for the reporting month.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of new children enrolled in FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of new children enrolled in MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of new children enrolled in PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of new children enrolled in one of these plans for the reporting month.	7	Number	Calculated	Calculated
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children disenrolled from FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children disenrolled from MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children disenrolled from PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children disenrolled from one of these plans for the reporting month.	7	Number	Calculated	Calculated
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - A. FEE-FOR-SERVICE PLANS	An average number of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - B. MANAGED CARE ARRANGEMENTS	An average number of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - C. PRIMARY CARE CASE MANAGEMENT	An average number of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - A. FEE-FOR-SERVICE PLANS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENT for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	[FOR FOURTH QUARTER ONLY] An unduplicated total count of children ever enrolled in these plans for the year.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
AGE OF CHILDREN	The age of children reported on this page. Each report has seven age groupings. (that is "Under 1", "1-5", "6-12", "13-17", "18", "13-18", and "ALL AGE GROUPS").	9	Number	T_RE_BASE_DN	DTE_BIRTH
FAMILY INCOME (%FPL) - 0 - 100	The counts for enrollees whose family income is 0 - 100 % of Federal Poverty Level. If status code does not match to Federal Poverty level 101-150% or 151-200%, enrollee is reported in this column.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 101 - 150	The counts for enrollees whose family income is 101 - 150 % of Federal Poverty Level. Determined by status code value M2 and P2.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 151 - 200	The counts for enrollees whose family income is 151 - 200 % of Federal Poverty Level. Determined by status code value M3 and P3.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 201 +	The counts for enrollees whose family income is over 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - TOTAL	The total counts for enrollees for each category.	7	Number	Calculated	Calculated
GRAND TOTALS ALL AGE GROUPS	The grand totals page lists all sections mentioned above and gives the grand totals of each plan.	10	Number	Calculated	Calculated

2.8.108.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.108.6 Associated Requirements

ID
30.050.012.002.4

2.8.108.7 Change Orders

ID	Name	Description
708	KCHIPS KYMM1400-R010	Customer requested EDS to build report KYMM1400-R010

2.8.109 MAR-8011-Q -- CMS-64EC Final Qrtrly

The CMS-64EC Final Qrtrly (MAR-8011-Q) report presents the number of children served for the Medical Assistance Program by age groupings for the reporting quarter. CMS-64EC reports the number of all children enrolled in KyHealth Choices.

INCLUSIONS/EXCLUSIONS: Children enrolled in KyHealth Choices are included.

SORTS/GROUPINGS: Grouped by age group (Under 1, 1-5, 6-12, 13-17, 18, 13-18, & All age groups), enrollment type (new enrollment, disenrollment) and plan type.

The column of Family Income is determined by member status code.

Family Income (%FPL)				
Form Name	0 – 100	101 – 150	151 – 200	201 +
CMS64EC	Other	M2, P2, 07	M3, P3	Zero

Sub-section is determined by public health pgm.

- FEE-FOR-SERVICE PLANS - Not B. or C.
- MANAGED CARE ARRANGEMENTS - Partnership
- PRIMARY CARE CASE MANAGEMENT - KenPAC

KEY RULES FOR REPORTING ENROLLMENT DATA

- Each quarterly report (CMSA-21E, CMS-64.21E, CMS-64EC, and CMS 21 Waiver) should present unduplicated within-program counts of enrollees, disenrollees, and enrollment months for each program. A child's enrollment in another children's health insurance program before, during, or after the quarter should not affect how he or she is reported or categorized on the report for any given program.
- Any child reported as a new enrollee or disenrollee during a quarter must also be reported as ever enrolled during the quarter.

- Children should be grouped into service delivery system and program type categories based on the delivery system and program type in which they were last covered for basic services during the quarter. A "new enrollee" is a child who was enrolled in the program at any time during the quarter who was not enrolled on the last day of the previous quarter.
- Children whose eligibility is retroactive to an earlier quarter should be reported as new enrollees in the quarter in which their coverage became effective, not in the quarter in which they applied. They should be reported as ever enrolled in both quarters.
- A "disenrollee" is a child who was disenrolled from the program at any time during the quarter who was not re-enrolled as of the last day of the quarter.
- A child who was enrolled only through the last day of a quarter (no longer enrolled as of the first day of the next quarter) should be counted as a disenrollee in the earlier quarter.
- A child who "ages out" of a program during the quarter should be counted as a disenrollee in that quarter.
- A "enrollment month" is any month in which a child was enrolled for at least one day.
- All of a child's enrollment months for the quarter should be counted under the service delivery system and program type in which he or she was last covered for basic services during the quarter.

Effective FFY2005, the child would be counted as "ever enrolled" only in the program in which he or she was last enrolled in during the quarter or year.

2.8.109.1 Technical Name
MAR-8011-Q

2.8.109.2 Sort Order
Grouped by age of children

2.8.109.3 CMS-64EC Final Qrtrly Layout

```
Report  : MAR-8011-Q                    COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJQ811                   MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   99:99:99
Location: MRM8001                       NUMBER OF CHILDREN SERVED FOR                                  Page:        999
                                   THE MEDICAL ASSISTANCE PROGRAM - CMS-64EC
                                     DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                          *** FINAL REPORT ***

                                       AGE OF CHILDREN:  XXXXXXXXXXXXXX
```

	FAMILY INCOME (%FPL) 0 - 100	101 - 150	151 - 200	201+	TOTAL
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
D. TOTAL ALL PLANS (A + B + C)	999,999	999,999	999,999	999,999	999,999
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
D. TOTAL ALL PLANS (A + B + C)	999,999	999,999	999,999	999,999	999,999
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
D. TOTAL ALL PLANS (A + B + C)	999,999	999,999	999,999	999,999	999,999
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1)					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
D. TOTAL ALL PLANS (A + B + C)	999,999	999,999	999,999	999,999	999,999

```
Report  : MAR-8011-Q                    COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJQ811                   MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   99:99:99
Location: MRM8001                       NUMBER OF CHILDREN SERVED FOR                                  Page:        999
                                   THE MEDICAL ASSISTANCE PROGRAM - CMS-64EC
                                     DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY
```

FOR FOURTH QUARTER ONLY					
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR					
A. FEE-FOR-SERVICE PLANS	999,999	999,999	999,999	999,999	999,999
B. MANAGED CARE ARRANGEMENTS	999,999	999,999	999,999	999,999	999,999
C. PRIMARY CARE CASE MANAGEMENT	999,999	999,999	999,999	999,999	999,999
D. TOTAL ALL PLANS (A + B + C)	999,999	999,999	999,999	999,999	999,999

FORM CMS-64EC

*** END OF REPORT ***

2.8.109.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS (Plan which is not PRIMARY CARE CASE MANAGEMENTS nor MANAGED CARE ARRANGEMENTS) for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS (Partnership Program) for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENTS (KENPAC) for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total of unduplicated count of children ever enrolled in these plans for the reporting quarter.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of new children enrolled in FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of new children enrolled in MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of new children enrolled in PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of new children enrolled in one of these plans for the reporting quarter.	7	Number	Calculated	Calculated
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children disenrolled from FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children disenrolled from MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children disenrolled from PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children disenrolled from one of these plans for the reporting quarter.	7	Number	Calculated	Calculated
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - A. FEE-FOR-SERVICE PLANS	An average number of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - B. MANAGED CARE ARRANGEMENTS	An average number of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - C. PRIMARY CARE CASE MANAGEMENT	An average number of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children enrolled in FEE-FOR-SERVICE PLANS on the last day of the quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children enrolled in MANAGED CARE ARRANGEMENTS on the last day of the quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children enrolled in PRIMARY CARE CASE MANAGEMENT on the last day of the quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children enrolled in these plans on the last day of the quarter.	7	Number	Calculated	Calculated
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	[FOR FOURTH QUARTER ONLY] An unduplicated total count of children ever enrolled in these plans for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - A. FEE-FOR-SERVICE PLANS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENT for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
AGE OF CHILDREN	The age of children reported on this page. Each report has seven age groupings. (that is "Under 1", "1-5", "6-12", "13-17", "18", "13-18", and "ALL AGE GROUPS").	9	Number	T_RE_BASE_DN	DTE_BIRTH
FAMILY INCOME (%FPL) - 0 - 100	The counts for enrollees whose family income is 0 - 100 % of Federal Poverty Level. If status code does not match to Federal Poverty level 101-150% or 151-200%, enrollee is reported in this column.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY INCOME (%FPL) - 101 - 150	The counts for enrollees whose family income is 101 - 150 % of Federal Poverty Level. Determined by status code value M2 and P2.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 151 - 200	The counts for enrollees whose family income is 151 - 200 % of Federal Poverty Level. Determined by status code value M3 and P3.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 201 +	The counts for enrollees whose family income is over 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - TOTAL	The total counts for enrollees for each category.	7	Number	Calculated	Calculated
GRAND TOTALS ALL AGE GROUPS	The grand totals page lists all sections mentioned above and gives the grand totals of each plan.	10	Number	Calculated	Calculated

2.8.109.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.109.6 Associated Requirements

ID
30.050.012.002.4

2.8.109.7 Change Orders

ID	Name	Description
714	KCHIPS KYMM1400-R013	Customer requested EDS to build report KYMM1400-R013

2.8.110 MAR-8012-A -- CMS-64EC 21E Final Annual

The CMS-64EC 21E Final Annual (MAR-8012-A) report presents the number of children served related to the Kentucky Children's Health Insurance Program (KCHIP) by age groupings for the reporting year. CMS-64.21E reports the number of children enrolled in Phase II of KCHIP - the KyHealth Choices expansion. This report includes those children with a P5, P6, M5, or M6 member status code.

INCLUSIONS/EXCLUSIONS: Children enrolled in KCHIP Phase II are included.

SORTS/GROUPINGS: Grouped by age group (Under 1, 1-5, 6-12, 13-17, 18, 13-18, & All age groups), enrollment type (new enrollment, disenrollment) and plan type.

The column of Family Income is determined by member status code.

Family Income (%FPL)				
Form Name	0 – 100	101 – 150	151 – 200	201 +
CMS64EC	Zero	M4,M5,M6,P4,P5,P6	Zero	Zero

Sub-section is determined by public health pgm.

- FEE-FOR-SERVICE PLANS - Not B. or C.
- MANAGED CARE ARRANGEMENTS - Partnership
- PRIMARY CARE CASE MANAGEMENT - KenPAC

KEY RULES FOR REPORTING ENROLLMENT DATA

- Each quarterly report (CMSA-21E, CMS-64.21E, CMS-64EC, and CMS 21 Waiver) should present unduplicated within-program counts of enrollees, disenrollees, and enrollment months for each program. A child's enrollment in another children's health insurance program before, during, or after the quarter should not affect how he or she is reported or categorized on the report for any given program.
- Any child reported as a new enrollee or disenrollee during a quarter must also be reported as ever enrolled during the quarter.

- Children should be grouped into service delivery system and program type categories based on the delivery system and program type in which they were last covered for basic services during the quarter. A "new enrollee" is a child who was enrolled in the program at any time during the quarter who was not enrolled on the last day of the previous quarter.
- Children whose eligibility is retroactive to an earlier quarter should be reported as new enrollees in the quarter in which their coverage became effective, not in the quarter in which they applied. They should be reported as ever enrolled in both quarters.
- A "disenrollee" is a child who was disenrolled from the program at any time during the quarter who was not re-enrolled as of the last day of the quarter.
- A child who was enrolled only through the last day of a quarter (no longer enrolled as of the first day of the next quarter) should be counted as a disenrollee in the earlier quarter.
- A child who "ages out" of a program during the quarter should be counted as a disenrollee in that quarter.
- A "enrollment month" is any month in which a child was enrolled for at least one day.
- All of a child's enrollment months for the quarter should be counted under the service delivery system and program type in which he or she was last covered for basic services during the quarter.

Effective FFY2005, the child would be counted as "ever enrolled" only in the program in which he or she was last enrolled in during the quarter or year.

2.8.110.1 Technical Name
MAR-8012-A

2.8.110.2 Sort Order
Age Group, Enrollment Type, Plan Type

2.8.110.3 CMS-64EC 21E Final Annual Layout

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Report  : MAR-8012-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA812                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   99:99:99
Location: MRM8001                         NUMBER OF CHILDREN SERVED RELATED TO                      Page:        999
                                     THE CHILDREN'S HEALTH INSURANCE PROGRAM - CMS-64EC 21
                                          DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                                 *** FINAL REPORT ***

                                              AGE OF CHILDREN:  XXXXXXXXXXXXXX

TYPE OF ELIGIBLE: BOTH (U2 AND U3)                          -------------------- FAMILY INCOME (%FPL) ---------------
                                                              0 - 100   101 - 150   151 - 200      201+       TOTAL
                                                            ---------   ---------   ---------   ---------   ---------

 1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                         999,999     999,999     999,999     999,999     999,999

 2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                         999,999     999,999     999,999     999,999     999,999

 3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                         999,999     999,999     999,999     999,999     999,999

 4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

 5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1)
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

FORM CMS-64EC 21E

                                                 *** END OF REPORT ***
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2.8.110.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS (Plan which is not PRIMARY CARE CASE MANAGEMENTS nor MANAGED CARE ARRANGEMENTS) for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS (Partnership Program) for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENTS (KENPAC) for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	Total of unduplicated count of children ever enrolled in these plans for the reporting year.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of new children enrolled in FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of new children enrolled in MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of new children enrolled in PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of new children enrolled in one of these plans for the reporting year.	7	Number	Calculated	Calculated
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children disenrolled from FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children disenrolled from MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children disenrolled from PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children disenrolled from one of these plans for the reporting year.	7	Number	Calculated	Calculated
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS	An unduplicated count of months each child has been enrolled PRIMARY	7	Number	T_RE_AID_ELIG_	SAK_RECIP, DTE_EFFECTIVE,

Field	Description	Length	Data Type	DB Table	DB Attributes
OF ENROLLMENT IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	CARE CASE MANAGEMENT for the reporting year.			DN	DTE_END
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - A. FEE-FOR-SERVICE PLANS	An average number of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - B. MANAGED CARE ARRANGEMENTS	An average number of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - C. PRIMARY CARE CASE MANAGEMENT	An average number of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	Calculated	Calculated
AGE OF CHILDREN	The age of children reported on this page. Each report has seven age groupings. (that is "Under 1", "1-5", "6-12", "13-17", "18", "13-18", and "ALL AGE GROUPS").	9	Number	T_RE_BASE_DN	DTE_BIRTH

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY INCOME (%FPL) - 0 - 100	The counts for enrollees whose family income is 0 - 100 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 101 - 150	The counts for enrollees whose family income is 101 - 150 % of Federal Poverty Level. Determined by status code value M4, M5, M6, P4, P5, and P6.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 151 - 200	The counts for enrollees whose family income is 151 - 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 201 +	The counts for enrollees whose family income is over 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - TOTAL	The total counts for enrollees for each category.	7	Number	Calculated	Calculated
GRAND TOTALS ALL AGE GROUPS	The grand totals page lists all sections mentioned above and gives the grand totals of each plan.	10	Number	Calculated	Calculated
TYPE OF ELIGIBLE: BOTH (U2 AND U3)	The type of eligibility reported. This label appears on all 64EC 21E reports.	16	Char	None	None

2.8.110.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.110.6 Associated Requirements

ID
30.050.012.002.4

2.8.110.7 Change Orders

ID	Name	Description
722	KCHIPS KYMM1400-R017	Customer requested EDS to build report KYMM1400-R017

2.8.111 MAR-8012-M -- CMS-64EC 21E Final Monthly

The CMS-64EC 21E Final Monthly (MAR-8012-M) report presents the number of children served related to Kentucky Children's Health Insurance Program (KCHIP) by age groupings for the reporting month. CMS-64.21E reports the number of children enrolled in Phase II of KCHIP - the KyHealth Choices expansion. This report includes those children with a P5, P6, M5, or M6 member status code.

INCLUSIONS/EXCLUSIONS: Children enrolled in KCHIP Phase II are included.

SORTS/GROUPINGS: Grouped by age group (Under 1, 1-5, 6-12, 13-17, 18, 13-18, & All age groups), enrollment type (new enrollment, disenrollment) and plan type.

The column of Family Income is determined by member status code.

Family Income (%FPL)				
Form Name	0 – 100	101 – 150	151 – 200	201 +
CMS64EC	Zero	M4,M5,M6,P4,P5,P6	Zero	Zero

Sub-section is determined by public health pgm.

- FEE-FOR-SERVICE PLANS - Not B. or C.
- MANAGED CARE ARRANGEMENTS - Partnership
- PRIMARY CARE CASE MANAGEMENT - KenPAC

KEY RULES FOR REPORTING ENROLLMENT DATA

- Each quarterly report (CMSA-21E, CMS-64.21E, CMS-64EC, and CMS 21 Waiver) should present unduplicated within-program counts of enrollees, disenrollees, and enrollment months for each program. A child's enrollment in another children's health insurance program before, during, or after the quarter should not affect how he or she is reported or categorized on the report for any given program.
- Any child reported as a new enrollee or disenrollee during a quarter must also be reported as ever enrolled during the quarter.

- Children should be grouped into service delivery system and program type categories based on the delivery system and program type in which they were last covered for basic services during the quarter. A "new enrollee" is a child who was enrolled in the program at any time during the quarter who was not enrolled on the last day of the previous quarter.
- Children whose eligibility is retroactive to an earlier quarter should be reported as new enrollees in the quarter in which their coverage became effective, not in the quarter in which they applied. They should be reported as ever enrolled in both quarters.
- A "disenrollee" is a child who was disenrolled from the program at any time during the quarter who was not re-enrolled as of the last day of the quarter.
- A child who was enrolled only through the last day of a quarter (no longer enrolled as of the first day of the next quarter) should be counted as a disenrollee in the earlier quarter.
- A child who "ages out" of a program during the quarter should be counted as a disenrollee in that quarter.
- A "enrollment month" is any month in which a child was enrolled for at least one day.
- All of a child's enrollment months for the quarter should be counted under the service delivery system and program type in which he or she was last covered for basic services during the quarter.

Effective FFY2005, the child would be counted as "ever enrolled" only in the program in which he or she was last enrolled in during the quarter or year.

2.8.111.1 Technical Name
MAR-8012-M

2.8.111.2 Sort Order
Grouped by age of children

2.8.111.3 CMS-64EC 21E Final Monthly Layout

```
Report  : MAR-8012-M                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJM812                         MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   99:99:99
Location: MRM8001                           NUMBER OF CHILDREN SERVED RELATED TO                            Page:        999
                                      THE CHILDREN'S HEALTH INSURANCE PROGRAM - CMS-64EC 21
                                             DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                                   *** FINAL REPORT ***


                                                AGE OF CHILDREN:  XXXXXXXXXXXXXX

TYPE OF ELIGIBLE: BOTH (U2 AND U3)                                  -------------------- FAMILY INCOME (%FPL) ---------------
                                                                      0 - 100   101 - 150   151 - 200      201+       TOTAL
                                                                    ---------   ---------   ---------   ---------   ---------

1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH
      A. FEE-FOR-SERVICE PLANS                                        999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                    999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                                 999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                                  999,999     999,999     999,999     999,999     999,999

 2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH
      A. FEE-FOR-SERVICE PLANS                                        999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                    999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                                 999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                                  999,999     999,999     999,999     999,999     999,999

 3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH
      A. FEE-FOR-SERVICE PLANS                                        999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                    999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                                 999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                                  999,999     999,999     999,999     999,999     999,999

 4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH
      A. FEE-FOR-SERVICE PLANS                                        999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                    999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                                 999,999     999,999     999,999     999,999     999,999

 5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1)
      A. FEE-FOR-SERVICE PLANS                                        999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                                    999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                                 999,999     999,999     999,999     999,999     999,999


FORM CMS-64EC 21E

                                                   *** END OF REPORT ***
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2.8.111.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS (Plan which is not PRIMARY CARE CASE MANAGEMENTS nor MANAGED CARE ARRANGEMENTS) for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS (Partnership Program) for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENTS (KENPAC) for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - D. TOTAL ALL PLANS (A + B + C)	Total of unduplicated count of children ever enrolled in these plans for the reporting month.	7	Number	Calculated	Calculated
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of new children enrolled in FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of new children enrolled in MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of new children enrolled in PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of new children enrolled in one of these plans for the reporting month.	7	Number	Calculated	Calculated
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children disenrolled from FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children disenrolled from MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children disenrolled from PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children disenrolled from one of these plans for the reporting month.	7	Number	Calculated	Calculated
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - A. FEE-FOR-SERVICE PLANS	An average number of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - B. MANAGED CARE ARRANGEMENTS	An average number of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - C. PRIMARY CARE CASE MANAGEMENT	An average number of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	Calculated	Calculated
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - A. FEE-FOR-SERVICE PLANS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENT for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	[FOR FOURTH QUARTER ONLY] An unduplicated total count of children ever enrolled in these plans for the year.	7	Number	Calculated	Calculated
AGE OF CHILDREN	The age of children reported on this page. Each report has seven age groupings. (that is "Under 1", "1-5", "6-12", "13-17", "18", "13-18", and "ALL AGE GROUPS").	9	Number	T_RE_BASE_DN	DTE_BIRTH
FAMILY INCOME (%FPL) - 0 - 100	The counts for enrollees whose family income is 0 - 100 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 101 - 150	The counts for enrollees whose family income is 101 - 150 % of Federal Poverty Level. Determined by status code value M4, M5, M6, P4, P5, and P6.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 151 - 200	The counts for enrollees whose family income is 151 - 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY INCOME (%FPL) - 201 +	The counts for enrollees whose family income is over 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - TOTAL	The total counts for enrollees for each category.	7	Number	Calculated	Calculated
GRAND TOTALS ALL AGE GROUPS	The grand totals page lists all sections mentioned above and gives the grand totals of each plan.	10	Number	Calculated	Calculated
TYPE OF ELIGIBLE: BOTH (U2 AND U3)	The type of eligibility reported. This label appears on all 64EC 21E reports.	16	Char	None	None

2.8.111.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.111.6 Associated Requirements

ID
30.050.012.002.4

2.8.111.7 Change Orders

ID	Name	Description
710	KCHIPS KYMM1400-R011	Customer requested EDS to build report KYMM1400-R011

2.8.112 MAR-8012-Q -- CMS-64EC 21E Final Qrtrly

The CMS-64EC 21E Final Qrtrly (MAR-8012-Q) report presents the number of children served related to Kentucky Children's Health Insurance Program (KCHIP) by age groupings for the reporting quarter. CMS-64.21E reports the number of children enrolled in Phase II of KCHIP - the KyHealth Choices expansion. This report includes those children with a P5, P6, M5, or M6 member status code.

INCLUSIONS/EXCLUSIONS: Children enrolled in KCHIP Phase II are included.

SORTS/GROUPINGS: Grouped by age group (Under 1, 1-5, 6-12, 13-17, 18, 13-18, & All age groups), enrollment type (new enrollment, disenrollment) and plan type.

The column of Family Income is determined by member status code.

Family Income (%FPL)				
Form Name	0 – 100	101 – 150	151 – 200	201 +
CMS64EC	Zero	M4,M5,M6,P4,P5,P6	Zero	Zero

Sub-section is determined by public health pgm.

- FEE-FOR-SERVICE PLANS - Not B. or C.
- MANAGED CARE ARRANGEMENTS - Partnership
- PRIMARY CARE CASE MANAGEMENT - KenPAC

KEY RULES FOR REPORTING ENROLLMENT DATA

- Each quarterly report (CMSA-21E, CMS-64.21E, CMS-64EC, and CMS 21 Waiver) should present unduplicated within-program counts of enrollees, disenrollees, and enrollment months for each program. A child's enrollment in another children's health insurance program before, during, or after the quarter should not affect how he or she is reported or categorized on the report for any given program.
- Any child reported as a new enrollee or disenrollee during a quarter must also be reported as ever enrolled during the quarter.

- Children should be grouped into service delivery system and program type categories based on the delivery system and program type in which they were last covered for basic services during the quarter. A "new enrollee" is a child who was enrolled in the program at any time during the quarter who was not enrolled on the last day of the previous quarter.
- Children whose eligibility is retroactive to an earlier quarter should be reported as new enrollees in the quarter in which their coverage became effective, not in the quarter in which they applied. They should be reported as ever enrolled in both quarters.
- A "disenrollee" is a child who was disenrolled from the program at any time during the quarter who was not re-enrolled as of the last day of the quarter.
- A child who was enrolled only through the last day of a quarter (no longer enrolled as of the first day of the next quarter) should be counted as a disenrollee in the earlier quarter.
- A child who "ages out" of a program during the quarter should be counted as a disenrollee in that quarter.
- A "enrollment month" is any month in which a child was enrolled for at least one day.
- All of a child's enrollment months for the quarter should be counted under the service delivery system and program type in which he or she was last covered for basic services during the quarter.

Effective FFY2005, the child would be counted as "ever enrolled" only in the program in which he or she was last enrolled in during the quarter or year.

2.8.112.1 Technical Name
MAR-8012-Q

2.8.112.2 Sort Order
Grouped by age of children

2.8.112.3 CMS-64EC 21E Final Qrtrly Layout

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Report  : MAR-8012-Q                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : MARJQ812                  MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   99:99:99
Location: MRM8001                    NUMBER OF CHILDREN SERVED RELATED TO                Page:        999
                              THE CHILDREN'S HEALTH INSURANCE PROGRAM - CMS-64EC 21
                                   DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                        *** FINAL REPORT ***

                                     AGE OF CHILDREN:  XXXXXXXXXXXXXX

TYPE OF ELIGIBLE: BOTH (U2 AND U3)                  -------------------- FAMILY INCOME (%FPL) ---------------
                                                      0 - 100   101 - 150   151 - 200     201+        TOTAL
                                                    ---------  ---------   ---------   ---------   ---------

 1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER
      A. FEE-FOR-SERVICE PLANS                        999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                    999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                 999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                  999,999     999,999     999,999     999,999     999,999

 2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER
      A. FEE-FOR-SERVICE PLANS                        999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                    999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                 999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                  999,999     999,999     999,999     999,999     999,999

 3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER
      A. FEE-FOR-SERVICE PLANS                        999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                    999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                 999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                  999,999     999,999     999,999     999,999     999,999

 4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER
      A. FEE-FOR-SERVICE PLANS                        999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                    999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                 999,999     999,999     999,999     999,999     999,999

 5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1)
      A. FEE-FOR-SERVICE PLANS                        999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                    999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                 999,999     999,999     999,999     999,999     999,999

 6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER
      A. FEE-FOR-SERVICE PLANS                        999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                    999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                 999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                  999,999     999,999     999,999     999,999     999,999


Report  : MAR-8012-Q                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : MARJQ812                  MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   99:99:99
Location: MRM8001                    NUMBER OF CHILDREN SERVED RELATED TO                Page:        999
                              THE CHILDREN'S HEALTH INSURANCE PROGRAM - CMS-64EC 21
                                   DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

 FOR FOURTH QUARTER ONLY
 7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR
      A. FEE-FOR-SERVICE PLANS                        999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                    999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                 999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                  999,999     999,999     999,999     999,999     999,999

FORM CMS-64EC 21E

                                        *** END OF REPORT ***
```

2.8.112.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS (Plan which is not PRIMARY CARE CASE MANAGEMENTS nor MANAGED CARE ARRANGEMENTS) for the reporting quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS (Partnership Program) for the reporting quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENTS (KENPAC) for the reporting quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total of unduplicated count of children ever enrolled in these plans for the reporting quarter.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of new children enrolled in FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of new children enrolled in MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of new children enrolled in PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of new children enrolled in one of these plans for the reporting quarter.	7	Number	Calculated	Calculated
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children disenrolled from FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children disenrolled from MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children disenrolled from PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children disenrolled from one of these plans for the reporting quarter.	7	Number	Calculated	Calculated
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - A. FEE-FOR-SERVICE PLANS	An average number of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - B. MANAGED CARE ARRANGEMENTS	An average number of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - C. PRIMARY CARE CASE MANAGEMENT	An average number of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children enrolled in FEE-FOR-SERVICE PLANS on the last day of the quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children enrolled in MANAGED CARE ARRANGEMENTS on the last day of the quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children enrolled in PRIMARY CARE CASE MANAGEMENT on the last day of the quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children enrolled in these plans on the last day of the quarter.	7	Number	Calculated	Calculated
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	[FOR FOURTH QUARTER ONLY] An unduplicated total count of children ever enrolled in these plans for the year.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - A. FEE-FOR-SERVICE PLANS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS for the year.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS for the year.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENT for the year.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
AGE OF CHILDREN	The age of children reported on this page. Each report has seven age groupings. (that is "Under 1", "1-5", "6-12", "13-17", "18", "13-18", and "ALL AGE GROUPS").	9	Number	T_RE_BASE_DN	DTE_BIRTH
FAMILY INCOME (%FPL) - 0 - 100	The counts for enrollees whose family income is 0 - 100 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG _DN	CDE_PGM_STATUS

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY INCOME (%FPL) - 101 - 150	The counts for enrollees whose family income is 101 - 150 % of Federal Poverty Level. Determined by status code value M4, M5, M6, P4, P5, and P6.	7	Number	T_RE_AID_ELIG _DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 151 - 200	The counts for enrollees whose family income is 151 - 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG _DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 201 +	The counts for enrollees whose family income is over 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG _DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - TOTAL	The total counts for enrollees for each category.	7	Number	Calculated	Calculated
GRAND TOTALS ALL AGE GROUPS	The grand totals page lists all sections mentioned above and gives the grand totals of each plan.	10	Number	Calculated	Calculated
TYPE OF ELIGIBILE: BOTH (U2 AND U3)	The type of eligibility reported. This label appears on all 64EC 21E reports.	16	Char	None	None

2.8.112.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.112.6 Associated Requirements

ID
30.050.012.002.4

2.8.112.7 Change Orders

ID	Name	Description
716	KCHIPS KYMM1400-R014	Customer requested EDS to build report KYMM1400-R014

2.8.113 MAR-8013-A -- CMS-21E Final Annual

The CMS-21E Final Annual (MAR-8013-A) report presents the number of children served related to the Kentucky Children's Health Insurance Program (KCHIP) by age groupings for the reporting year. CMS-21E reports the number of KCHIP Phase III members - those with a member status code of P7 or M7.

INCLUSIONS/EXCLUSIONS: Children enrolled in KCHIP Phase III are included.

SORTS/GROUPINGS: Grouped by age group (Under 1, 1-5, 6-12, 13-17, 18, 13-18, & All age groups), enrollment type (new enrollment, disenrollment) and plan type.

The column of Family Income is determined by member status code.

Family Income (%FPL)				
Form Name	0 – 100	101 – 150	151 – 200	201 +
CMS21E	Zero	Zero	M7,P7	Zero

Sub-section is determined by public health pgm.FEE-FOR-SERVICE PLANS - Not B. or C.

- MANAGED CARE ARRANGEMENTS - Partnership
- PRIMARY CARE CASE MANAGEMENT - KenPAC

KEY RULES FOR REPORTING ENROLLMENT DATA

- Each quarterly report (CMSA-21E, CMS-64.21E, CMS-64EC, and CMS 21 Waiver) should present unduplicated within-program counts of enrollees, disenrollees, and enrollment months for each program. A child's enrollment in another children's health insurance program before, during, or after the quarter should not affect how he or she is reported or categorized on the report for any given program.
- Any child reported as a new enrollee or disenrollee during a quarter must also be reported as ever enrolled during the quarter.
- Children should be grouped into service delivery system and program type categories based on the delivery system and program type in which they were last covered for basic services during the quarter. A "new enrollee" is a child who was enrolled in the program at any time during the quarter who was not enrolled on the last day of the previous quarter.

- Children whose eligibility is retroactive to an earlier quarter should be reported as new enrollees in the quarter in which their coverage became effective, not in the quarter in which they applied. They should be reported as ever enrolled in both quarters.
- A "disenrollee" is a child who was disenrolled from the program at any time during the quarter who was not re-enrolled as of the last day of the quarter.
- A child who was enrolled only through the last day of a quarter (no longer enrolled as of the first day of the next quarter) should be counted as a disenrollee in the earlier quarter.
- A child who "ages out" of a program during the quarter should be counted as a disenrollee in that quarter.
- A "enrollment month" is any month in which a child was enrolled for at least one day.
- All of a child's enrollment months for the quarter should be counted under the service delivery system and program type in which he or she was last covered for basic services during the quarter.

Effective FFY2005, the child would be counted as "ever enrolled" only in the program in which he or she was last enrolled in during the quarter or year.

2.8.113.1 Technical Name
MAR-8013-A

2.8.113.2 Sort Order
Age Group, Enrollment Type, Plan Type

For readability, the layout displays on the next page.

2.8.113.3 CMS-21E Final Annual Layout

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Report  : MAR-8013-A                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : MARJA813                  MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   99:99:99
Location: MRM8001                 CHILDREN'S HEALTH INSURANCE PROGRAM - CMS-21E         Page:        999

                                  DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                          *** FINAL REPORT ***


                                       AGE OF CHILDREN:  XXXXXXXXXXXXXX

PROGRAM CODE: KY1                                         -------------------- FAMILY INCOME (%FPL) ---------------
                                                            0 - 100   101 - 150   151 - 200     201+        TOTAL
                                                          ---------   ---------   ---------   ---------   ---------
  1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR
       A. FEE-FOR-SERVICE PLANS                             999,999     999,999     999,999     999,999     999,999
       B. MANAGED CARE ARRANGEMENTS                         999,999     999,999     999,999     999,999     999,999
       C. PRIMARY CARE CASE MANAGEMENT                      999,999     999,999     999,999     999,999     999,999

       D. TOTAL ALL PLANS (A + B + C)                       999,999     999,999     999,999     999,999     999,999

  2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR
       A. FEE-FOR-SERVICE PLANS                             999,999     999,999     999,999     999,999     999,999
       B. MANAGED CARE ARRANGEMENTS                         999,999     999,999     999,999     999,999     999,999
       C. PRIMARY CARE CASE MANAGEMENT                      999,999     999,999     999,999     999,999     999,999

       D. TOTAL ALL PLANS (A + B + C)                       999,999     999,999     999,999     999,999     999,999

  3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR
       A. FEE-FOR-SERVICE PLANS                             999,999     999,999     999,999     999,999     999,999
       B. MANAGED CARE ARRANGEMENTS                         999,999     999,999     999,999     999,999     999,999
       C. PRIMARY CARE CASE MANAGEMENT                      999,999     999,999     999,999     999,999     999,999

       D. TOTAL ALL PLANS (A + B + C)                       999,999     999,999     999,999     999,999     999,999

  4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR
       A. FEE-FOR-SERVICE PLANS                             999,999     999,999     999,999     999,999     999,999
       B. MANAGED CARE ARRANGEMENTS                         999,999     999,999     999,999     999,999     999,999
       C. PRIMARY CARE CASE MANAGEMENT                      999,999     999,999     999,999     999,999     999,999

  5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1)
       A. FEE-FOR-SERVICE PLANS                             999,999     999,999     999,999     999,999     999,999
       B. MANAGED CARE ARRANGEMENTS                         999,999     999,999     999,999     999,999     999,999
       C. PRIMARY CARE CASE MANAGEMENT                      999,999     999,999     999,999     999,999     999,999


FORM CMS-21E

                                          *** END OF REPORT ***
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2.8.113.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS (Plan which is not PRIMARY CARE CASE MANAGEMENTS nor MANAGED CARE ARRANGEMENTS) for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS (Partnership Program) for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENTS (KENPAC) for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	Total of unduplicated count of children ever enrolled in these plans for the reporting year.	7	Number	Calculated	Calculated
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of new children enrolled in FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of new children enrolled in MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of new children enrolled in PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of new children enrolled in one of these plans for the reporting year.	7	Number	Calculated	Calculated
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children disenrolled from FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children disenrolled from MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children disenrolled from PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children disenrolled from one of these plans for the reporting year.	7	Number	Calculated	Calculated
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR - A. FEE-FOR-SERVICE PLANS	An unduplicated count of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - A. FEE-FOR-SERVICE PLANS	An average number of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting year.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - B. MANAGED CARE ARRANGEMENTS	An average number of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting year.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - C. PRIMARY CARE CASE MANAGEMENT	An average number of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting year.	7	Number	Calculated	Calculated
AGE OF CHILDREN	The age of children reported on this page. Each report has seven age groupings. (that is "Under 1", "1-5", "6-12", "13-17", "18", "13-18", and "ALL AGE GROUPS").	9	Number	T_RE_BASE_DN	DTE_BIRTH
FAMILY INCOME (%FPL) - 0 - 100	The counts for enrollees whose family income is 0 - 100 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 101 - 150	The counts for enrollees whose family income is 101 - 150 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS

Field	Description	Length	Data Type	DB Table	DB Attributes
FAMILY INCOME (%FPL) - 151 - 200	The counts for enrollees whose family income is 151 - 200 % of Federal Poverty Level. Determined by status code value M7 and P7.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 201 +	The counts for enrollees whose family income is over 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - TOTAL	The total counts for enrollees for each category.	7	Number	Calculated	Calculated
GRAND TOTALS ALL AGE GROUPS	The grand totals page lists all sections mentioned above and gives the grand totals of each plan.	10	Number	Calculated	Calculated
PROGRAM CODE: KY1	The program code reported. This label is printed on all 21E reports.	3	Char	None	None

2.8.113.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.113.6 Associated Requirements

ID
30.050.012.002.4

2.8.113.7 Change Orders

ID	Name	Description
724	KCHIPS KYMM1400-R018	Customer requested EDS to build report KYMM1400-R018

2.8.114 MAR-8013-M -- CMS-21E Final Monthly

The CMS-21E Final Monthly (MAR-8013-M) report presents the number of children served related to the Kentucky Children's Health Insurance Program (KCHIP) by age groupings for the reporting month. CMS-21E reports the number of KCHIP Phase III members - those with a member status code of P7 or M7.

INCLUSIONS/EXCLUSIONS: Children enrolled in KCHIP Phase III are included.

SORTS/GROUPINGS: Grouped by age group (Under 1, 1-5, 6-12, 13-17, 18, 13-18, & All age groups), enrollment type (new enrollment, disenrollment) and plan type.

The column of Family Income is determined by member status code.

Family Income (%FPL)				
Form Name	0 – 100	101 – 150	151 – 200	201 +
CMS21E	Zero	Zero	M7,P7	Zero

Sub-section is determined by public health pgm.

- FEE-FOR-SERVICE PLANS - Not B. or C.
- MANAGED CARE ARRANGEMENTS - Partnership
- PRIMARY CARE CASE MANAGEMENT - KenPAC

KEY RULES FOR REPORTING ENROLLMENT DATA

- Each quarterly report (CMSA-21E, CMS-64.21E, CMS-64EC, and CMS 21 Waiver) should present unduplicated within-program counts of enrollees, disenrollees, and enrollment months for each program. A child's enrollment in another children's health insurance program before, during, or after the quarter should not affect how he or she is reported or categorized on the report for any given program.
- Any child reported as a new enrollee or disenrollee during a quarter must also be reported as ever enrolled during the quarter.

- Children should be grouped into service delivery system and program type categories based on the delivery system and program type in which they were last covered for basic services during the quarter. A "new enrollee" is a child who was enrolled in the program at any time during the quarter who was not enrolled on the last day of the previous quarter.
- Children whose eligibility is retroactive to an earlier quarter should be reported as new enrollees in the quarter in which their coverage became effective, not in the quarter in which they applied. They should be reported as ever enrolled in both quarters.
- A "disenrollee" is a child who was disenrolled from the program at any time during the quarter who was not re-enrolled as of the last day of the quarter.
- A child who was enrolled only through the last day of a quarter (no longer enrolled as of the first day of the next quarter) should be counted as a disenrollee in the earlier quarter.
- A child who "ages out" of a program during the quarter should be counted as a disenrollee in that quarter.
- A "enrollment month" is any month in which a child was enrolled for at least one day.
- All of a child's enrollment months for the quarter should be counted under the service delivery system and program type in which he or she was last covered for basic services during the quarter.

Effective FFY2005, the child would be counted as "ever enrolled" only in the program in which he or she was last enrolled in during the quarter or year.

2.8.114.1 Technical Name
MAR-8013-M

2.8.114.2 Sort Order
Grouped by age of children

2.8.114.3 CMS-21E Final Monthly Layout

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Report  : MAR-8013-M                    COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJM813                  MEDICAID MANAGEMENT INFORMATION SYSTEM                Run Time:   99:99:99
Location: MRM8001                 CHILDREN'S HEALTH INSURANCE PROGRAM - CMS-21E               Page:        999

                                    DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                            *** FINAL REPORT ***

                                         AGE OF CHILDREN:  XXXXXXXXXXXXXX

PROGRAM CODE: KY1                                          -------------------- FAMILY INCOME (%FPL) ---------------
                                                             0 - 100   101 - 150   151 - 200      201+       TOTAL
                                                           ---------  ---------   ---------   ---------   ---------

 1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                         999,999     999,999     999,999     999,999     999,999

 2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                         999,999     999,999     999,999     999,999     999,999

 3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                         999,999     999,999     999,999     999,999     999,999

 4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

 5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1)
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

FORM CMS-21E

                                            *** END OF REPORT ***
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2.8.114.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS (Plan which is not PRIMARY CARE CASE MANAGEMENTS nor MANAGED CARE ARRANGEMENTS) for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS (Partnership Program) for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENTS (KENPAC) for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE MONTH - D. TOTAL ALL PLANS (A + B + C)	Total of unduplicated count of children ever enrolled in these plans for the reporting month.	7	Number	Calculated	Calculated
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of new children enrolled in FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of new children enrolled in MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of new children enrolled in PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE MONTH - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of new children enrolled in one of these plans for the reporting month.	7	Number	Calculated	Calculated
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children disenrolled from FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children disenrolled from MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children disenrolled from PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE MONTH - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children disenrolled from one of these plans for the reporting month.	7	Number	Calculated	Calculated
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH - A. FEE-FOR-SERVICE PLANS	An unduplicated count of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE MONTH - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - A. FEE-FOR-SERVICE PLANS	An average number of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting month.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - B. MANAGED CARE ARRANGEMENTS	An average number of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting month.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - C. PRIMARY CARE CASE MANAGEMENT	An average number of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting month.	7	Number	Calculated	Calculated
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - A. FEE-FOR-SERVICE PLANS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENT for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	[FOR FOURTH QUARTER ONLY] An unduplicated total count of children ever enrolled in these plans for the year.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
AGE OF CHILDREN	The age of children reported on this page. Each report has seven age groupings. (that is "Under 1", "1-5", "6-12", "13-17", "18", "13-18", and "ALL AGE GROUPS").	9	Number	T_RE_BASE_DN	DTE_BIRTH
FAMILY INCOME (%FPL) - 0 - 100	The counts for enrollees whose family income is 0 - 100 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 101 - 150	The counts for enrollees whose family income is 101 - 150 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 151 - 200	The counts for enrollees whose family income is 151 - 200 % of Federal Poverty Level. Determined by status code value M7 and P7.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 201 +	The counts for enrollees whose family income is over 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - TOTAL	The total counts for enrollees for each category.	7	Number	Calculated	Calculated
GRAND TOTALS ALL AGE GROUPS	The grand totals page lists all sections mentioned above and gives the grand totals of each plan.	10	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
PROGRAM CODE: KY1	The program code reported. This label is printed on all 21E reports.	3	Char	None	None

2.8.114.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.114.6 Associated Requirements

ID
30.050.012.002.4

2.8.114.7 Change Orders

ID	Name	Description
712	KCHIPS KYMM1400-R012	Customer requested EDS to build report KYMM1400-R012

2.8.115 MAR-8013-Q -- CMS-21E Final Qrtrly

The CMS-21E Final Qrtrly (MAR-8013-Q) report presents the number of children served related to the Kentucky Children's Health Insurance Program (KCHIP) by age groupings for the reporting quarter. CMS-21E reports the number of KCHIP Phase III members - those with a member status code of P7 or M7.

INCLUSIONS/EXCLUSIONS: Children enrolled in KCHIP Phase III are included.

SORTS/GROUPINGS: Grouped by age group (Under 1, 1-5, 6-12, 13-17, 18, 13-18, & All age groups), enrollment type (new enrollment, disenrollment) and plan type.

The column of Family Income is determined by member status code.

Family Income (%FPL)				
Form Name	0 – 100	101 – 150	151 – 200	201 +
CMS21E	Zero	Zero	M7,P7	Zero

Sub-section is determined by public health pgm.

- FEE-FOR-SERVICE PLANS - Not B. or C.
- MANAGED CARE ARRANGEMENTS - Partnership
- PRIMARY CARE CASE MANAGEMENT - KenPAC

KEY RULES FOR REPORTING ENROLLMENT DATA

- Each quarterly report (CMSA-21E, CMS-64.21E, CMS-64EC, and CMS 21 Waiver) should present unduplicated within-program counts of enrollees, disenrollees, and enrollment months for each program. A child's enrollment in another children's health insurance program before, during, or after the quarter should not affect how he or she is reported or categorized on the report for any given program.
- Any child reported as a new enrollee or disenrollee during a quarter must also be reported as ever enrolled during the quarter.

- Children should be grouped into service delivery system and program type categories based on the delivery system and program type in which they were last covered for basic services during the quarter. A "new enrollee" is a child who was enrolled in the program at any time during the quarter who was not enrolled on the last day of the previous quarter.
- Children whose eligibility is retroactive to an earlier quarter should be reported as new enrollees in the quarter in which their coverage became effective, not in the quarter in which they applied. They should be reported as ever enrolled in both quarters.
- A "disenrollee" is a child who was disenrolled from the program at any time during the quarter who was not re-enrolled as of the last day of the quarter.
- A child who was enrolled only through the last day of a quarter (no longer enrolled as of the first day of the next quarter) should be counted as a disenrollee in the earlier quarter.
- A child who "ages out" of a program during the quarter should be counted as a disenrollee in that quarter.
- A "enrollment month" is any month in which a child was enrolled for at least one day.
- All of a child's enrollment months for the quarter should be counted under the service delivery system and program type in which he or she was last covered for basic services during the quarter.

Effective FFY2005, the child would be counted as "ever enrolled" only in the program in which he or she was last enrolled in during the quarter or year.

2.8.115.1 Technical Name
MAR-8013-Q

2.8.115.2 Sort Order
Grouped by age of children

2.8.115.3 CMS-21E Final Qrtrly Layout

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Report  : MAR-8013-Q                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJQ813                       MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   99:99:99
Location: MRM8001                     CHILDREN'S HEALTH INSURANCE PROGRAM - CMS-21E                         Page:        999

                                         DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                               *** FINAL REPORT ***

                                            AGE OF CHILDREN:  XXXXXXXXXXXXXX

PROGRAM CODE: KY1                                          -------------------- FAMILY INCOME (%FPL) ---------------
                                                             0 - 100   101 - 150   151 - 200      201+        TOTAL
                                                           ---------  ---------   ---------   ---------   ---------
 1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                         999,999     999,999     999,999     999,999     999,999

 2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                         999,999     999,999     999,999     999,999     999,999

 3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                         999,999     999,999     999,999     999,999     999,999

 4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

 5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1)
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

 6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                         999,999     999,999     999,999     999,999     999,999

Report  : MAR-8013-Q                          COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJQ813                       MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   99:99:99
Location: MRM8001                     CHILDREN'S HEALTH INSURANCE PROGRAM - CMS-21E                         Page:        999

                                         DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

 FOR FOURTH QUARTER ONLY
 7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR
      A. FEE-FOR-SERVICE PLANS                               999,999     999,999     999,999     999,999     999,999
      B. MANAGED CARE ARRANGEMENTS                           999,999     999,999     999,999     999,999     999,999
      C. PRIMARY CARE CASE MANAGEMENT                        999,999     999,999     999,999     999,999     999,999

      D. TOTAL ALL PLANS (A + B + C)                         999,999     999,999     999,999     999,999     999,999

FORM CMS-21E

                                               *** END OF REPORT ***
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2.8.115.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS (Plan which is not PRIMARY CARE CASE MANAGEMENTS nor MANAGED CARE ARRANGEMENTS) for the reporting quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS (Partnership Program) for the reporting quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENTS (KENPAC) for the reporting quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total of unduplicated count of children ever enrolled in these plans for the reporting quarter.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of new children enrolled in FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of new children enrolled in MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of new children enrolled in PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of new children enrolled in one of these plans for the reporting quarter.	7	Number	Calculated	Calculated
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children disenrolled from FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children disenrolled from MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children disenrolled from PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children disenrolled from one of these plans for the reporting quarter.	7	Number	Calculated	Calculated
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - A. FEE-FOR-SERVICE PLANS	An average number of months each child has been enrolled FEE-FOR-SERVICE PLANS for the reporting quarter.	7	Number	Calculated	Calculated
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - B. MANAGED CARE ARRANGEMENTS	An average number of months each child has been enrolled MANAGED CARE ARRANGEMENTS for the reporting quarter.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1) - C. PRIMARY CARE CASE MANAGEMENT	An average number of months each child has been enrolled PRIMARY CARE CASE MANAGEMENT for the reporting quarter.	7	Number	Calculated	Calculated
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - A. FEE-FOR-SERVICE PLANS	An unduplicated count of children enrolled in FEE-FOR-SERVICE PLANS on the last day of the quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - B. MANAGED CARE ARRANGEMENTS	An unduplicated count of children enrolled in MANAGED CARE ARRANGEMENTS on the last day of the quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - C. PRIMARY CARE CASE MANAGEMENT	An unduplicated count of children enrolled in PRIMARY CARE CASE MANAGEMENT on the last day of the quarter.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
6. NUMBER OF CHILDREN ENROLLED ON LAST DAY OF QUARTER - D. TOTAL ALL PLANS (A + B + C)	Total unduplicated count of children enrolled in these plans on the last day of the quarter.	7	Number	Calculated	Calculated
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - D. TOTAL ALL PLANS (A + B + C)	[FOR FOURTH QUARTER ONLY] An unduplicated total count of children ever enrolled in these plans for the year.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - A. FEE-FOR-SERVICE PLANS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in FEE-FOR-SERVICE PLANS for the year.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - B. MANAGED CARE ARRANGEMENTS	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in MANAGED CARE ARRANGEMENTS for the year.	7	Number	T_RE_AID_ELIG _DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
7. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR - C. PRIMARY CARE CASE MANAGEMENT	[FOR FOURTH QUARTER ONLY] An unduplicated count of children ever enrolled in PRIMARY CARE CASE MANAGEMENT for the year.	7	Number	T_RE_AID_ELIG_DN	SAK_RECIP, DTE_EFFECTIVE, DTE_END
AGE OF CHILDREN	The age of children reported on this page. Each report has seven age groupings. (that is "Under 1", "1-5", "6-12", "13-17", "18", "13-18", and "ALL AGE GROUPS").	9	Number	T_RE_BASE_DN	DTE_BIRTH
FAMILY INCOME (%FPL) - 0 - 100	The counts for enrollees whose family income is 0 - 100 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 101 - 150	The counts for enrollees whose family income is 101 - 150 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 151 - 200	The counts for enrollees whose family income is 151 - 200 % of Federal Poverty Level. Determined by status code value M7 and P7.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - 201 +	The counts for enrollees whose family income is over 200 % of Federal Poverty Level.	7	Number	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
FAMILY INCOME (%FPL) - TOTAL	The total counts for enrollees for each category.	7	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
GRAND TOTALS ALL AGE GROUPS	The grand totals page lists all sections mentioned above and gives the grand totals of each plan.	10	Number	Calculated	Calculated
PROGRAM CODE: KY1	The program code reported. This label is printed on all 21E reports.	3	Char	None	None

2.8.115.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.115.6 Associated Requirements

ID
30.050.012.002.4

2.8.115.7 Change Orders

ID	Name	Description
718	KCHIPS KYMM1400-R015	Customer requested EDS to build report KYMM1400-R015

2.8.116 MAR-8021-A -- SCHIP Statistical Enrollment Report - Annual - Preliminary

This report is a preliminary report of the State Children's Health Insurance Program (SCHIP) enrollment data for the reporting year specified. A final report is run in a subsequent period. 64 EC section shows number of KyHealth Choices members, 64.21E section shows number of members enrolled in Phase II of Kentucky Children's Health Insurance Program (KCHIP) - the KyHealth Choices expansion, and 21E section shows number of members enrolled in Phase III of Kentucky Children's Health Insurance Program (KCHIP).

INCLUSIONS/EXCLUSIONS: N/A

SORTS/GROUPINGS: Enrollment statistics are displayed in three groupings: gender, race, and ethnicity.

2.8.116.1 Technical Name
MAR-8021-A

2.8.116.2 Sort Order
N/A – Totals Only

For readability, the layout displays on the next page.

2.8.116.3 SCHIP Statistical Enrollment Report - Annual - Preliminary Layout

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Report  : MAR-8021-A                    COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJA821                   MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   99:99:99
Location: MRM8021                      SCHIP STATISTICAL ENROLLMENT DATA                              Page:        999
                                     DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                              *** PRELIMINARY REPORT ***

                                 21E        64.21E      TOTAL SCHIP        64.EC
                              ENROLLED     ENROLLED        ENROLLED     ENROLLED
GENDER

FEMALE                       99,999,999   99,999,999      99,999,999   99,999,999
MALE                         99,999,999   99,999,999      99,999,999   99,999,999
UNSPECIFIED GENDER           99,999,999   99,999,999      99,999,999   99,999,999

TOTAL                        99,999,999   99,999,999      99,999,999   99,999,999


RACE

AMERICAN INDIAN/ALASKA NATIVE 99,999,999  99,999,999      99,999,999   99,999,999
ASIAN/PACIFIC ISLANDER       99,999,999   99,999,999      99,999,999   99,999,999
BLACK OR AFRICAN AMERICAN    99,999,999   99,999,999      99,999,999   99,999,999
NATIVE HAWAIIAN              99,999,999   99,999,999      99,999,999   99,999,999
WHITE                        99,999,999   99,999,999      99,999,999   99,999,999
MORE THAN ONE RACE           99,999,999   99,999,999      99,999,999   99,999,999
UNSPECIFIED RACE             99,999,999   99,999,999      99,999,999   99,999,999

TOTAL                        99,999,999   99,999,999      99,999,999   99,999,999


ETHNICITY

HISPANIC OR LATINO           99,999,999   99,999,999      99,999,999   99,999,999
HISPANIC OR LATINO & ONE MORE 99,999,999  99,999,999      99,999,999   99,999,999
UNSPECIFIED ETHNICITY        99,999,999   99,999,999      99,999,999   99,999,999

TOTAL                        99,999,999   99,999,999      99,999,999   99,999,999

                                              *** END OF REPORT ***
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2.8.116.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
21E ENROLLED	An unduplicated count of the children enrolled in KCHIP 21E. These members are identified with aid category of I, P, or KC, and status code of P6, or P7.	10	Number	T_RE_AID_ELIG_DN	CDE_AID_CATEGORY, CDE_PGM_STATUS
64.21E ENROLLED	An unduplicated count of the children enrolled in KCHIP 64.21E. These members are identified with aid category of I, P, or KC, and status code of M4, M5, M6, P4, P5, or P6.	10	Number	T_RE_AID_ELIG_DN	CDE_AID_CATEGORY, CDE_PGM_STATUS
64.EC ENROLLED	An unduplicated count of the children not enrolled in KCHIP 21E or 64.21E.	10	Number	T_RE_AID_ELIG_DN	CDE_AID_CATEGORY, CDE_PGM_STATUS
AMERICAN INDIAN/ALASKA NATIVE	An unduplicated count of Race code "I ".	10	Number	T_RE_BASE_DN	CDE_RACE
ASIAN/PACIFIC ISLANDER	An unduplicated count of Race code "A ".	10	Number	T_RE_BASE_DN	CDE_RACE
BLACK OR AFRICAN AMERICAN	An unduplicated count of Race code "B ".	10	Number	T_RE_BASE_DN	CDE_RACE
ETHNICITY - TOTAL	Total for all ethnicities.	10	Number	Calculated	Calculated
FEMALE	An unduplicated count of the female children served.	10	Number	T_RE_BASE_DN	CDE_SEX
GENDER - TOTAL	Total for all genders.	10	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
HISPANIC OR LATINO	An unduplicated count of cde_multi_race = 44 (cde_ethnic = 00 and cde_race = O (oh))	10	Number	T_RE_BASE_DN	CDE_ETHNIC
HISPANIC OR LATINO AND ONE MORE	An unduplicated count of cde_multi_race = 45 thru 75 (cde_ethnic = 00 and cde_race not O (oh))	10	Number	T_RE_BASE_DN	CDE_ETHNIC
MALE	An unduplicated count of the male children served.	10	Number	T_RE_BASE_DN	CDE_SEX
MORE THAN ONE RACE	An unduplicated count of Race code "E ".	10	Number	T_RE_BASE_DN	CDE_RACE
NATIVE HAWAIIAN	An unduplicated count of Race code "J ".	10	Number	T_RE_BASE_DN	CDE_RACE
RACE - TOTAL	Total for all races.	10	Number	Calculated	Calculated
TOTAL SCHIP ENROLLED	The total of 21E Enrolled and 64.21 Enrolled. These members are identified with aid category of I, P, or KC, and status code of M4, M5, M6, M7, P4, P5, P6, or P7.	10	Number	Calculated	Calculated
UNSPECIFIED ETHNICITY	An unduplicated count of cde_multi_race = 03 thru 35 and 99 (cde_ethnic = 01 or (= 99 and cde_race = 7))	10	Number	T_RE_BASE_DN	CDE_ETHNIC
UNSPECIFIED GENDER	An unduplicated count of anyone who does not have a gender code of female or male.	10	Number	T_RE_BASE_DN	CDE_SEX
UNSPECIFIED RACE	An unduplicated count of Race codes not equal to those above (I,A,B,J,O, or E)	10	Number	T_RE_BASE_DN	CDE_RACE

Field	Description	Length	Data Type	DB Table	DB Attributes
WHITE	An unduplicated count of Race code "O ".	10	Number	T_RE_BASE_DN	CDE_RACE

2.8.116.5 Associated Programs

Program	Description
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
sed	Unix command stream editor
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
mrm8023	KCHIP Total Enrolled By Status Code

2.8.116.6 Associated Requirements

ID
30.050.012.002.4

2.8.116.7 Change Orders

ID	Name	Description
727	KCHIPS KYMM1400-R023	Customer requested EDS to build report KYMM1400-R023

2.8.117 MAR-8021-M -- SCHIP Statistical Enrollment Report - Monthly - Preliminary

This report is a preliminary report of the State Children's Health Insurance Program (SCHIP) enrollment data for the reporting month specified. A final report is run in a subsequent period. 64 EC section shows number of KyHealth Choices members, 64.21E section shows number of members enrolled in Phase II of Kentucky Children's Health Insurance Program (KCHIP) - the KyHealth Choices expansion, and 21E section shows number of members enrolled in Phase III of Kentucky Children's Health Insurance Program (KCHIP).

INCLUSIONS/EXCLUSIONS: N/A

SORTS/GROUPINGS: Enrollment statistics are displayed in three groupings: gender, race, and ethnicity.

2.8.117.1 Technical Name
MAR-8021-M

2.8.117.2 Sort Order
N/A – Totals Only

For readability, the layout displays on the next page.

2.8.117.3 SCHIP Statistical Enrollment Report - Monthly - Preliminary Layout

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Report  : MAR-8021-M                    COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJM821                   MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   99:99:99
Location: MRM8021                      SCHIP STATISTICAL ENROLLMENT DATA                              Page:        999
                                     DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                          *** PRELIMINARY REPORT ***

                                  21E        64.21E      TOTAL SCHIP        64.EC
                               ENROLLED     ENROLLED        ENROLLED     ENROLLED
GENDER

FEMALE                        99,999,999   99,999,999      99,999,999   99,999,999
MALE                          99,999,999   99,999,999      99,999,999   99,999,999
UNSPECIFIED GENDER            99,999,999   99,999,999      99,999,999   99,999,999

TOTAL                         99,999,999   99,999,999      99,999,999   99,999,999


RACE

AMERICAN INDIAN/ALASKA NATIVE 99,999,999   99,999,999      99,999,999   99,999,999
ASIAN/PACIFIC ISLANDER        99,999,999   99,999,999      99,999,999   99,999,999
BLACK OR AFRICAN AMERICAN     99,999,999   99,999,999      99,999,999   99,999,999
NATIVE HAWAIIAN               99,999,999   99,999,999      99,999,999   99,999,999
WHITE                         99,999,999   99,999,999      99,999,999   99,999,999
MORE THAN ONE RACE            99,999,999   99,999,999      99,999,999   99,999,999
UNSPECIFIED RACE              99,999,999   99,999,999      99,999,999   99,999,999

TOTAL                         99,999,999   99,999,999      99,999,999   99,999,999


ETHNICITY

HISPANIC OR LATINO            99,999,999   99,999,999      99,999,999   99,999,999
HISPANIC OR LATINO & ONE MORE 99,999,999   99,999,999      99,999,999   99,999,999
UNSPECIFIED ETHNICITY         99,999,999   99,999,999      99,999,999   99,999,999

TOTAL                         99,999,999   99,999,999      99,999,999   99,999,999

                                          *** END OF REPORT ***
```

2.8.117.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
21E ENROLLED	An unduplicated count of the children enrolled in KCHIP 21E. These members are identified with aid category of I, P, or KC, and status code of P6, or P7.	10	Number	T_RE_AID_ELIG_DN	CDE_AID_CATEGORY, CDE_PGM_STATUS
64.21E ENROLLED	An unduplicated count of the children enrolled in KCHIP 64.21E. These members are identified with aid category of I, P, or KC, and status code of M4, M5, M6, P4, P5, or P6.	10	Number	T_RE_AID_ELIG_DN	CDE_AID_CATEGORY, CDE_PGM_STATUS
64.EC ENROLLED	An unduplicated count of the children not enrolled in KCHIP 21E or 64.21E.	10	Number	T_RE_AID_ELIG_DN	CDE_AID_CATEGORY, CDE_PGM_STATUS
AMERICAN INDIAN/ALASKA NATIVE	An unduplicated count of Race code "I ".	10	Number	T_RE_BASE_DN	CDE_RACE
ASIAN/PACIFIC ISLANDER	An unduplicated count of Race code "A ".	10	Number	T_RE_BASE_DN	CDE_RACE
BLACK OR AFRICAN AMERICAN	An unduplicated count of Race code "B ".	10	Number	T_RE_BASE_DN	CDE_RACE
ETHNICITY - TOTAL	Total for all ethnicities.	10	Number	Calculated	Calculated
FEMALE	An unduplicated count of the female children served.	10	Number	T_RE_BASE_DN	CDE_SEX
GENDER - TOTAL	Total for all genders.	10	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
HISPANIC OR LATINO	An unduplicated count of cde_multi_race = 44 (cde_ethnic = 00 and cde_race = O (oh))	10	Number	T_RE_BASE_DN	CDE_ETHNIC
HISPANIC OR LATINO AND ONE MORE	An unduplicated count of cde_multi_race = 45 thru 75 (cde_ethnic = 00 and cde_race not O (oh))	10	Number	T_RE_BASE_DN	CDE_ETHNIC
MALE	An unduplicated count of the male children served.	10	Number	T_RE_BASE_DN	CDE_SEX
MORE THAN ONE RACE	An unduplicated count of Race code "E ".	10	Number	T_RE_BASE_DN	CDE_RACE
NATIVE HAWAIIAN	An unduplicated count of Race code "J ".	10	Number	T_RE_BASE_DN	CDE_RACE
RACE - TOTAL	Total for all races.	10	Number	Calculated	Calculated
TOTAL SCHIP ENROLLED	The total of 21E Enrolled and 64.21 Enrolled.	10	Number	Calculated	Calculated
UNSPECIFIED ETHNICITY	An unduplicated count of cde_multi_race = 03 thru 35 and 99 (cde_ethnic = 01 or (= 99 and cde_race = 7))	10	Number	T_RE_BASE_DN	CDE_ETHNIC
UNSPECIFIED GENDER	An unduplicated count of anyone who does not have a gender code of female or male.	10	Number	T_RE_BASE_DN	CDE_SEX
UNSPECIFIED RACE	An unduplicated count of Race codes not equal to those above (I,A,B,J,O, or E)	10	Number	T_RE_BASE_DN	CDE_RACE

Field	Description	Length	Data Type	DB Table	DB Attributes
WHITE	An unduplicated count of Race code "O ".	10	Number	T_RE_BASE_DN	CDE_RACE

2.8.117.5 Associated Programs

Program	Description
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
mrm8023	KCHIP Total Enrolled By Status Code
mrm8023	KCHIP Total Enrolled By Status Code

2.8.117.6 Associated Requirements

ID
30.050.012.002.4

2.8.117.7 Change Orders

ID	Name	Description
725	KCHIPS KYMM1400-R021	Customer requested EDS to build report KYMM1400-R021

2.8.118 MAR-8021-Q -- SCHIP Statistical Enrollment Report - Quarterly - Preliminary

This report is a preliminary report of the State Children's Health Insurance Program (SCHIP) enrollment data for the reporting quarter specified. A final report is run in a subsequent period. 64 EC section shows number of KyHealth Choices members, 64.21E section shows number of members enrolled in Phase II of Kentucky Children's Health Insurance Program (KCHIP) - the KyHealth Choices expansion, and 21E section shows number of members enrolled in Phase III of Kentucky Children's Health Insurance Program (KCHIP).

INCLUSIONS/EXCLUSIONS: N/A

SORTS/GROUPINGS: Enrollment statistics are displayed in three groupings: gender, race, and ethnicity.

2.8.118.1 Technical Name
MAR-8021-Q

2.8.118.2 Sort Order
N/A – Totals Only

For readability, the layout displays on the next page.

2.8.118.3 SCHIP Statistical Enrollment Report - Quarterly - Preliminary Layout

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Report  : MAR-8021-Q                    COMMONWEALTH OF KENTUCKY                                    Run Date: MM/DD/CCYY
Process : MARJQ821                   MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   99:99:99
Location: MRM8021                      SCHIP STATISTICAL ENROLLMENT DATA                                Page:        999
                                     DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                          *** PRELIMINARY REPORT ***

                                 21E        64.21E     TOTAL SCHIP       64.EC
                               ENROLLED     ENROLLED       ENROLLED    ENROLLED
GENDER

FEMALE                        99,999,999   99,999,999     99,999,999  99,999,999
MALE                          99,999,999   99,999,999     99,999,999  99,999,999
UNSPECIFIED GENDER            99,999,999   99,999,999     99,999,999  99,999,999

TOTAL                         99,999,999   99,999,999     99,999,999  99,999,999


RACE

AMERICAN INDIAN/ALASKA NATIVE 99,999,999   99,999,999     99,999,999  99,999,999
ASIAN/PACIFIC ISLANDER        99,999,999   99,999,999     99,999,999  99,999,999
BLACK OR AFRICAN AMERICAN     99,999,999   99,999,999     99,999,999  99,999,999
NATIVE HAWAIIAN               99,999,999   99,999,999     99,999,999  99,999,999
WHITE                         99,999,999   99,999,999     99,999,999  99,999,999
MORE THAN ONE RACE            99,999,999   99,999,999     99,999,999  99,999,999
UNSPECIFIED RACE              99,999,999   99,999,999     99,999,999  99,999,999

TOTAL                         99,999,999   99,999,999     99,999,999  99,999,999


ETHNICITY

HISPANIC OR LATINO            99,999,999   99,999,999     99,999,999  99,999,999
HISPANIC OR LATINO & ONE MORE 99,999,999   99,999,999     99,999,999  99,999,999
UNSPECIFIED ETHNICITY         99,999,999   99,999,999     99,999,999  99,999,999

TOTAL                         99,999,999   99,999,999     99,999,999  99,999,999

                                          *** END OF REPORT ***
```

2.8.118.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
21E ENROLLED	An unduplicated count of the children enrolled in KCHIP 21E. These members are identified with aid category of I, P, or KC, and status code of P6, or P7.	10	Number	T_RE_AID_ELIG_DN	CDE_AID_CATEGORY, CDE_PGM_STATUS
64.21E ENROLLED	An unduplicated count of the children enrolled in KCHIP 64.21E. These members are identified with aid category of I, P, or KC, and status code of M4, M5, M6, P4, P5, or P6.	10	Number	T_RE_AID_ELIG_DN	CDE_AID_CATEGORY, CDE_PGM_STATUS
64.EC ENROLLED	An unduplicated count of the children not enrolled in KCHIP 21E or 64.21E.	10	Number	T_RE_AID_ELIG_DN	CDE_AID_CATEGORY, CDE_PGM_STATUS
AMERICAN INDIAN/ALASKA NATIVE	An unduplicated count of Race code "I ".	10	Number	T_RE_BASE_DN	CDE_RACE
ASIAN/PACIFIC ISLANDER	An unduplicated count of Race code "A ".	10	Number	T_RE_BASE_DN	CDE_RACE
BLACK OR AFRICAN AMERICAN	An unduplicated count of Race code "B ".	10	Number	T_RE_BASE_DN	CDE_RACE
ETHNICITY - TOTAL	Total for all ethnicities.	10	Number	Calculated	Calculated
FEMALE	An unduplicated count of the female children served.	10	Number	T_RE_BASE_DN	CDE_SEX

Field	Description	Length	Data Type	DB Table	DB Attributes
GENDER - TOTAL	Total for all genders.	10	Number	Calculated	Calculated
HISPANIC OR LATINO	An unduplicated count of cde_multi_race = 44 (cde_ethnic = 00 and cde_race = O (oh))	10	Number	T_RE_BASE_DN	CDE_ETHNIC
HISPANIC OR LATINO AND ONE MORE	An unduplicated count of cde_multi_race = 45 thru 75 (cde_ethnic = 00 and cde_race not O (oh))	10	Number	T_RE_BASE_DN	CDE_ETHNIC
MALE	An unduplicated count of the male children served.	10	Number	T_RE_BASE_DN	CDE_SEX
MORE THAN ONE RACE	An unduplicated count of Race code "E ".	10	Number	T_RE_BASE_DN	CDE_RACE
NATIVE HAWAIIAN	An unduplicated count of Race code "J ".	10	Number	T_RE_BASE_DN	CDE_RACE
RACE - TOTAL	Total for all races.	10	Number	Calculated	Calculated
TOTAL SCHIP ENROLLED	The total of 21E Enrolled and 64.21 Enrolled.	10	Number	Calculated	Calculated
UNSPECIFIED ETHNICITY	An unduplicated count of cde_multi_race = 03 thru 35 and 99 (cde_ethnic = 01 or (= 99 and cde_race = 7))	10	Number	T_RE_BASE_DN	CDE_ETHNIC
UNSPECIFIED GENDER	An unduplicated count of anyone who does not have a gender code of female or male.	10	Number	T_RE_BASE_DN	CDE_SEX

Field	Description	Length	Data Type	DB Table	DB Attributes
UNSPECIFIED RACE	An unduplicated count of Race codes not equal to those above (I,A,B,J,O, or E)	10	Number	T_RE_BASE_DN	CDE_RACE
WHITE	An unduplicated count of Race code "O ".	10	Number	T_RE_BASE_DN	CDE_RACE

2.8.118.5 Associated Programs

Program	Description
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
mrm8023	KCHIP Total Enrolled By Status Code
mrm8023	KCHIP Total Enrolled By Status Code

2.8.118.6 Associated Requirements

ID
30.050.012.002.4

2.8.118.7 Change Orders

ID	Name	Description
726	KCHIPS KYMM1400-R022	Customer requested EDS to build report KYMM1400-R022

2.8.119 MAR-8022-A -- SCHIP Statistical Enrollment Report - Annual - Final

This report presents the final report of State Children's Health Insurance Program (SCHIP) enrollment data for the reporting year specified. 64 EC section shows number of KyHealth Choices members, 64.21E section shows number of members enrolled in Phase II of Kentucky Children's Health Insurance Program (KCHIP) - the KyHealth Choices expansion, and 21E section shows number of members enrolled in Phase III of Kentucky Children's Health Insurance Program (KCHIP).

INCLUSIONS/EXCLUSIONS: N/A

SORTS/GROUPINGS: Enrollment statistics are displayed in three groupings: gender, race, and ethnicity.

2.8.119.1 Technical Name
MAR-8022-A

2.8.119.2 Sort Order
N/A – Totals Only

For readability, the layout displays on the next page.

2.8.119.3 SCHIP Statistical Enrollment Report - Annual - Final Layout

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Report  : MAR-8022-A                    COMMONWEALTH OF KENTUCKY                                    Run Date: MM/DD/CCYY
Process : MARJA822                   MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   99:99:99
Location: MRM8021                      SCHIP STATISTICAL ENROLLMENT DATA                                Page:        999
                                    DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                              *** FINAL REPORT ***

                                  21E       64.21E     TOTAL SCHIP       64.EC
                                ENROLLED    ENROLLED       ENROLLED    ENROLLED
GENDER

FEMALE                         99,999,999  99,999,999     99,999,999  99,999,999
MALE                           99,999,999  99,999,999     99,999,999  99,999,999
UNSPECIFIED GENDER             99,999,999  99,999,999     99,999,999  99,999,999

TOTAL                          99,999,999  99,999,999     99,999,999  99,999,999


RACE

AMERICAN INDIAN/ALASKA NATIVE  99,999,999  99,999,999     99,999,999  99,999,999
ASIAN/PACIFIC ISLANDER         99,999,999  99,999,999     99,999,999  99,999,999
BLACK OR AFRICAN AMERICAN      99,999,999  99,999,999     99,999,999  99,999,999
NATIVE HAWAIIAN                99,999,999  99,999,999     99,999,999  99,999,999
WHITE                          99,999,999  99,999,999     99,999,999  99,999,999
MORE THAN ONE RACE             99,999,999  99,999,999     99,999,999  99,999,999
UNSPECIFIED RACE               99,999,999  99,999,999     99,999,999  99,999,999

TOTAL                          99,999,999  99,999,999     99,999,999  99,999,999


ETHNICITY

HISPANIC OR LATINO             99,999,999  99,999,999     99,999,999  99,999,999
HISPANIC OR LATINO & ONE MORE  99,999,999  99,999,999     99,999,999  99,999,999
UNSPECIFIED ETHNICITY          99,999,999  99,999,999     99,999,999  99,999,999

TOTAL                          99,999,999  99,999,999     99,999,999  99,999,999

                                              *** END OF REPORT ***
```

2.8.119.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
21E ENROLLED	An unduplicated count of the children enrolled in KCHIP 21E. These members are identified with aid category of I, P, or KC, and status code of P6, or P7.	10	Number	T_RE_AID_ELIG_DN	CDE_AID_CATEGORY, CDE_PGM_STATUS
64.21E ENROLLED	An unduplicated count of the children enrolled in KCHIP 64.21E. These members are identified with aid category of I, P, or KC, and status code of M4, M5, M6, P4, P5, or P6.	10	Number	T_RE_AID_ELIG_DN	CDE_AID_CATEGORY, CDE_PGM_STATUS
64.EC ENROLLED	An unduplicated count of the children not enrolled in KCHIP 21E or 64.21E.	10	Number	T_RE_AID_ELIG_DN	CDE_AID_CATEGORY, CDE_PGM_STATUS
AMERICAN INDIAN/ALASKA NATIVE	An unduplicated count of Race code "I ".	10	Number	T_RE_BASE_DN	CDE_RACE
ASIAN/PACIFIC ISLANDER	An unduplicated count of Race code "A ".	10	Number	T_RE_BASE_DN	CDE_RACE
BLACK OR AFRICAN AMERICAN	An unduplicated count of Race code "B ".	10	Number	T_RE_BASE_DN	CDE_RACE
ETHNICITY - TOTAL	Total for all ethnicities.	10	Number	Calculated	Calculated
FEMALE	An unduplicated count of the female children served.	10	Number	T_RE_BASE_DN	CDE_SEX
GENDER - TOTAL	Total for all genders.	10	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
HISPANIC OR LATINO	An unduplicated count of Race code "H ".	10	Number	T_RE_BASE_DN	CDE_RACE
HISPANIC OR LATINO AND ONE MORE	Not used.	10	Number	N/A	N/A
MALE	An unduplicated count of the male children served.	10	Number	T_RE_BASE_DN	CDE_SEX
MORE THAN ONE RACE	An unduplicated count of Race code "E ".	10	Number	T_RE_BASE_DN	CDE_RACE
NATIVE HAWAIIAN	An unduplicated count of Race code "J ".	10	Number	T_RE_BASE_DN	CDE_RACE
RACE - TOTAL	Total for all races.	10	Number	Calculated	Calculated
TOTAL SCHIP ENROLLED	The total of 21E Enrolled and 64.21 Enrolled.	10	Number	Calculated	Calculated
UNSPECIFIED ETHNICITY	An unduplicated count of all race codes except "H ".	10	Number	T_RE_BASE_DN	CDE_RACE
UNSPECIFIED GENDER	An unduplicated count of anyone who does not have a gender code of female or male.	10	Number	T_RE_BASE_DN	CDE_SEX
UNSPECIFIED RACE	An unduplicated count of Race codes not equal to those above (I,A,B,J,O, or E)	10	Number	T_RE_BASE_DN	CDE_RACE
WHITE	An unduplicated count of Race code "O ".	10	Number	T_RE_BASE_DN	CDE_RACE

2.8.119.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.119.6 Associated Requirements

ID
30.050.012.002.4

2.8.119.7 Change Orders

ID	Name	Description
789	KCHIPS KYMM1400-R026	Customer requested EDS to build report KYMM1400-R026

2.8.120 MAR-8022-M -- SCHIP Statistical Enrollment Report - Monthly - Final

This report presents the final report of State Children's Health Insurance Program (SCHIP) enrollment data for the reporting month specified. 64 EC section shows number of KyHealth Choices members, 64.21E section shows number of members enrolled in Phase II of Kentucky Children's Health Insurance Program (KCHIP) - the KyHealth Choices expansion, and 21E section shows number of members enrolled in Phase III of Kentucky Children's Health Insurance Program (KCHIP).

INCLUSIONS/EXCLUSIONS: N/A

SORTS/GROUPINGS: Enrollment statistics are displayed in three groupings: gender, race, and ethnicity.

2.8.120.1 Technical Name
MAR-8022-M

2.8.120.2 Sort Order
N/A – Totals Only

For readability, the layout displays on the next page.

2.8.120.3 SCHIP Statistical Enrollment Report - Monthly - Final Layout

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Report  : MAR-8022-M                    COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJM822                   MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   99:99:99
Location: MRM8021                      SCHIP STATISTICAL ENROLLMENT DATA                              Page:        999
                                     DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                              *** FINAL REPORT ***

                                  21E       64.21E     TOTAL SCHIP       64.EC
                               ENROLLED    ENROLLED       ENROLLED    ENROLLED
GENDER

FEMALE                        99,999,999  99,999,999     99,999,999  99,999,999
MALE                          99,999,999  99,999,999     99,999,999  99,999,999
UNSPECIFIED GENDER            99,999,999  99,999,999     99,999,999  99,999,999

TOTAL                         99,999,999  99,999,999     99,999,999  99,999,999


RACE

AMERICAN INDIAN/ALASKA NATIVE 99,999,999  99,999,999     99,999,999  99,999,999
ASIAN/PACIFIC ISLANDER        99,999,999  99,999,999     99,999,999  99,999,999
BLACK OR AFRICAN AMERICAN     99,999,999  99,999,999     99,999,999  99,999,999
NATIVE HAWAIIAN               99,999,999  99,999,999     99,999,999  99,999,999
WHITE                         99,999,999  99,999,999     99,999,999  99,999,999
MORE THAN ONE RACE            99,999,999  99,999,999     99,999,999  99,999,999
UNSPECIFIED RACE              99,999,999  99,999,999     99,999,999  99,999,999

TOTAL                         99,999,999  99,999,999     99,999,999  99,999,999


ETHNICITY

HISPANIC OR LATINO            99,999,999  99,999,999     99,999,999  99,999,999
HISPANIC OR LATINO & ONE MORE 99,999,999  99,999,999     99,999,999  99,999,999
UNSPECIFIED ETHNICITY         99,999,999  99,999,999     99,999,999  99,999,999

TOTAL                         99,999,999  99,999,999     99,999,999  99,999,999

                                              *** END OF REPORT ***
```

2.8.120.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
21E ENROLLED	An unduplicated count of the children enrolled in KCHIP 21E. These members are identified with aid category of I, P, or KC, and status code of P6, or P7.	10	Number	T_RE_AID_ELIG_DN	CDE_AID_CATEGORY, CDE_PGM_STATUS
64.21E ENROLLED	An unduplicated count of the children enrolled in KCHIP 64.21E. These members are identified with aid category of I, P, or KC, and status code of M4, M5, M6, P4, P5, or P6.	10	Number	T_RE_AID_ELIG_DN	CDE_AID_CATEGORY, CDE_PGM_STATUS
64.EC ENROLLED	An unduplicated count of the children not enrolled in KCHIP 21E or 64.21E.	10	Number	T_RE_AID_ELIG_DN	CDE_AID_CATEGORY, CDE_PGM_STATUS
AMERICAN INDIAN/ALASKA NATIVE	An unduplicated count of Race code "I ".	10	Number	T_RE_BASE_DN	CDE_RACE
ASIAN/PACIFIC ISLANDER	An unduplicated count of Race code "A ".	10	Number	T_RE_BASE_DN	CDE_RACE
BLACK OR AFRICAN AMERICAN	An unduplicated count of Race code "B ".	10	Number	T_RE_BASE_DN	CDE_RACE
ETHNICITY - TOTAL	Total for all ethnicities.	10	Number	Calculated	Calculated
FEMALE	An unduplicated count of the female children served.	10	Number	T_RE_BASE_DN	CDE_SEX
GENDER - TOTAL	Total for all genders.	10	Number	Calculated	Calculated

Field	Description	Length	Data Type	DB Table	DB Attributes
HISPANIC OR LATINO	An unduplicated count of Race code "H ".	10	Number	T_RE_BASE_DN	CDE_RACE
HISPANIC OR LATINO AND ONE MORE	Not used.	10	Number	N/A	N/A
MALE	An unduplicated count of the male children served.	10	Number	T_RE_BASE_DN	CDE_SEX
MORE THAN ONE RACE	An unduplicated count of Race code "E ".	10	Number	T_RE_BASE_DN	CDE_RACE
NATIVE HAWAIIAN	An unduplicated count of Race code "J ".	10	Number	T_RE_BASE_DN	CDE_RACE
RACE - TOTAL	Total for all races.	10	Number	Calculated	Calculated
TOTAL SCHIP ENROLLED	The total of 21E Enrolled and 64.21 Enrolled.	10	Number	Calculated	Calculated
UNSPECIFIED ETHNICITY	An unduplicated count of all race codes except "H ".	10	Number	T_RE_BASE_DN	CDE_RACE
UNSPECIFIED GENDER	An unduplicated count of anyone who does not have a gender code of female or male.	10	Number	T_RE_BASE_DN	CDE_SEX
UNSPECIFIED RACE	An unduplicated count of Race codes not equal to those above (I,A,B,J,O, or E)	10	Number	T_RE_BASE_DN	CDE_RACE
WHITE	An unduplicated count of Race code "O ".	10	Number	T_RE_BASE_DN	CDE_RACE