2.8.120.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.120.6 Associated Requirements

ID
30.050.012.002.4

2.8.120.7 Change Orders

ID	Name	Description
728	KCHIPS KYMM1400-R024	Customer requested EDS to build report KYMM1400-R024

2.8.121 MAR-8022-Q -- SCHIP Statistical Enrollment Report - Quarterly - Final

This report presents the final report of State Children's Health Insurance Program (SCHIP) enrollment data for the reporting quarter 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.

2.8.121.1 Technical Name
MAR-8022-Q

2.8.121.2 Sort Order
N/A – Totals Only

For readability, the layout displays on the next page.

2.8.121.3 SCHIP Statistical Enrollment Report - Quarterly - Final Layout

```
Report  : MAR-8022-Q                    COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/CCYY
Process : MARJQ822                  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 ***
```

2.8.121.4 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

2.8.121.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.121.6 Associated Requirements

ID
30.050.012.002.4

2.8.121.7 Change Orders

ID	Name	Description
729	KCHIPS KYMM1400-R025	Customer requested EDS to build report KYMM1400-R025

2.8.122 MAR-8023-A -- KCHIP Total Enrolled By Status Code (Annual)

The KCHIP Total Enrolled By Status Code (Annual) (MAR-8023-A) report presents the total unduplicated number of members enrolled in Kentucky Children's Health Insurance Program (KCHIP) by member status code. Phase 1 section shows number of eligibles enrolled in Phase I of KCHIP; Phase 2 section shows number of eligibles enrolled in Phase II of KCHIP; and Phase 3 section shows number of eligibles enrolled in Phase III of KCHIP.

INCLUSIONS/EXCLUSIONS: N/A

SORTS/GROUPINGS: Grouped by member status code.

2.8.122.1 Technical Name

MAR-8023-A

2.8.122.2 Sort Order

Member Status Code

2.8.122.3 KCHIP Total Enrolled By Status Code (Annual) Layout

```
Report  : MAR-8023-A                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJA823                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: MRM8023                       TOTAL NUMBER OF MEMBERS BY STATUS CODE                      Page:        999
                                            ENROLLED IN THE KCHIP PROGRAM
                                        DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                        UNDUPLICATED MEMBER COUNT

                                        CURRENT    ALL OTHER        TOTAL
                MEMBER STATUS           SEGMENT     SEGMENTS

                      M4              9,999,999    9,999,999    9,999,999
                      M5              9,999,999    9,999,999    9,999,999
                      M6              9,999,999    9,999,999    9,999,999
                      M7              9,999,999    9,999,999    9,999,999
                      P4              9,999,999    9,999,999    9,999,999
                      P5              9,999,999    9,999,999    9,999,999
                      P6              9,999,999    9,999,999    9,999,999
                      P7              9,999,999    9,999,999    9,999,999

                GRAND TOTAL :         9,999,999    9,999,999    9,999,999

                                            *** END OF REPORT ***
```

2.8.122.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
GRAND TOTAL	A total count of all status codes by segment grouping, and grand total.	11	Number	Calculated	Calculated
MEMBER STATUS	Status code of the member. Program lists all possible status codes. (that is, M4, M5, M6, M7, P4, P5, P6, P7). KCHIP members are identified with aid category of I, P, or KC, and status code of M4, M5, M6, M7, P4, P5, P6, or P7.	2	Char	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
UNDUPLICATED MEMBER COUNT - ALL OTHER SEGMENTS	An unduplicated count of all other member segments by status code.	11	Number	T_RE_AID_ELIG_DN	SAK_RECIP
UNDUPLICATED MEMBER COUNT - CURRENT SEGMENT	An unduplicated count of all current member segments by status code.	11	Number	T_RE_AID_ELIG_DN	SAK_RECIP
UNDUPLICATED MEMBER COUNT - TOTAL	A total count of current and all other member segments by status code.	11	Number	Calculated	Calculated

2.8.122.5 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

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
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

2.8.122.6 Associated Requirements

ID
30.050.012.002.4

2.8.122.7 Change Orders

ID	Name	Description
1256	KCHIPS KYMM1410-R003	Customer requested EDS to build report KYMM1410-R003

2.8.123 MAR-8023-M -- KCHIP Total Enrolled By Status Code (Monthly)

The KCHIP Total Enrolled By Status Code (Monthly) (MAR-8023-M) report presents the total unduplicated number of members enrolled in Kentucky Children's Health Insurance Program (KCHIP) by member status code.

INCLUSIONS/EXCLUSIONS: N/A

SORTS/GROUPINGS: Grouped by member status code.

2.8.123.1 Technical Name

MAR-8023-M

2.8.123.2 Sort Order

Member Status Code

2.8.123.3 KCHIP Total Enrolled By Status Code (Monthly) Layout

```
Report  : MAR-8023-M                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJM823                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: MRM8023                       TOTAL NUMBER OF MEMBERS BY STATUS CODE                      Page:        999
                                            ENROLLED IN THE KCHIP PROGRAM
                                        DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                        UNDUPLICATED MEMBER COUNT

                                        CURRENT    ALL OTHER        TOTAL
                MEMBER STATUS           SEGMENT     SEGMENTS

                       M4             9,999,999    9,999,999    9,999,999
                       M5             9,999,999    9,999,999    9,999,999
                       M6             9,999,999    9,999,999    9,999,999
                       M7             9,999,999    9,999,999    9,999,999
                       P4             9,999,999    9,999,999    9,999,999
                       P5             9,999,999    9,999,999    9,999,999
                       P6             9,999,999    9,999,999    9,999,999
                       P7             9,999,999    9,999,999    9,999,999

                GRAND TOTAL :         9,999,999    9,999,999    9,999,999

                                                *** END OF REPORT ***
```

2.8.123.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
GRAND TOTAL	A total count of all status codes by segment grouping, and grand total.	11	Number	Calculated	Calculated
MEMBER STATUS	Status code of the member. Program lists all possible status codes. (that is, M4, M5, M6, M7, P4, P5, P6, P7). KCHIP members are identified with aid category of I, P, or KC, and status code of M4, M5, M6, M7, P4, P5, P6, or P7.	2	Char	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
UNDUPLICATED MEMBER COUNT - ALL OTHER SEGMENTS	An unduplicated count of all other member segments by status code.	11	Number	T_RE_AID_ELIG_DN	SAK_RECIP
UNDUPLICATED MEMBER COUNT - CURRENT SEGMENT	An unduplicated count of all current member segments by status code.	11	Number	T_RE_AID_ELIG_DN	SAK_RECIP
UNDUPLICATED MEMBER COUNT - TOTAL	A total count of current and all other member segments by status code.	11	Number	Calculated	Calculated

2.8.123.5 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

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
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
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

2.8.123.6 Associated Requirements

ID
30.050.012.002.4

2.8.123.7 Change Orders

ID	Name	Description
730	KCHIPS KYMM1410-R001	Customer requested EDS to build report KYMM1410-R001

2.8.124 MAR-8023-Q -- KCHIP Total Enrolled By Status Code (Quarterly)

The KCHIP Total Enrolled By Status Code (Quarterly) (MAR-8023-Q) report presents the total unduplicated number of members enrolled in Kentucky Children's Health Insurance Program (KCHIP) by member status code.

INCLUSIONS/EXCLUSIONS: N/A

SORTS/GROUPINGS: Grouped by member status code.

2.8.124.1 Technical Name

MAR-8023-Q

2.8.124.2 Sort Order

Member Status Code

2.8.124.3 KCHIP Total Enrolled By Status Code (Quarterly) Layout

```
Report  : MAR-8023-Q                          COMMONWEALTH OF KENTUCKY                          Run Date: MM/DD/CCYY
Process : MARJQ823                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: MRM8023                       TOTAL NUMBER OF MEMBERS BY STATUS CODE                      Page:        999
                                            ENROLLED IN THE KCHIP PROGRAM
                                        DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY

                                        UNDUPLICATED MEMBER COUNT

                                        CURRENT    ALL OTHER        TOTAL
                MEMBER STATUS           SEGMENT     SEGMENTS

                       M4             9,999,999    9,999,999    9,999,999
                       M5             9,999,999    9,999,999    9,999,999
                       M6             9,999,999    9,999,999    9,999,999
                       M7             9,999,999    9,999,999    9,999,999
                       P4             9,999,999    9,999,999    9,999,999
                       P5             9,999,999    9,999,999    9,999,999
                       P6             9,999,999    9,999,999    9,999,999
                       P7             9,999,999    9,999,999    9,999,999

                GRAND TOTAL :         9,999,999    9,999,999    9,999,999

                                            *** END OF REPORT ***
```

2.8.124.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
GRAND TOTAL	A total count of all status codes by segment grouping, and grand total.	11	Number	Calculated	Calculated
MEMBER STATUS	Status code of the member. Program lists all possible status codes. (that is, M4, M5, M6, M7, P4, P5, P6, P7). KCHIP members are identified with aid category of I, P, or KC, and status code of M4, M5, M6, M7, P4, P5, P6, or P7.	2	Char	T_RE_AID_ELIG_DN	CDE_PGM_STATUS
UNDUPLICATED MEMBER COUNT - ALL OTHER SEGMENTS	An unduplicated count of all other member segments by status code.	11	Number	T_RE_AID_ELIG_DN	SAK_RECIP
UNDUPLICATED MEMBER COUNT - CURRENT SEGMENT	An unduplicated count of all current member segments by status code.	11	Number	T_RE_AID_ELIG_DN	SAK_RECIP
UNDUPLICATED MEMBER COUNT - TOTAL	A total count of current and all other member segments by status code.	11	Number	Calculated	Calculated

2.8.124.5 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

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
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

2.8.124.6 Associated Requirements

ID
30.050.012.002.4

2.8.124.7 Change Orders

ID	Name	Description
1255	KCHIPS KYMM1410-R002	Customer requested EDS to build report KYMM1410-R002

2.8.125 MAR-8041-M -- Undup Eligibles Under 19 By County

This report presents Unduplicated Eligibles under age 19 by county for the month.

2.8.125.1 Technical Name

MAR-8041-M

2.8.125.2 Sort Order

County

2.8.125.3 Undup Eligibles Under 19 By County Layout

```
Report  : MAR-8041-M                    COMMONWEALTH OF KENTUCKY                    Run Date: MM/DD/CCYY
Process : MARJM841                MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   99:99:99
Location: MRM8041                    UNDUPLICATED ELIGIBLES BY COUNTY                   Page:        999
                                  DATE RANGE:  MM/DD/CCYY  -  MM/DD/CCYY
```

CODE	COUNTY	MEDICAID	PHASE1	PHASE2	PHASE3	TOTAL
999	XXXXXXXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
999	XXXXXXXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
999	XXXXXXXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
999	XXXXXXXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
999	XXXXXXXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
999	XXXXXXXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
999	XXXXXXXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
999	XXXXXXXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
999	XXXXXXXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
999	XXXXXXXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
999	XXXXXXXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
999	XXXXXXXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
999	XXXXXXXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
999	XXXXXXXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
999	XXXXXXXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
999	XXXXXXXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
999	XXXXXXXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
999	XXXXXXXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
999	XXXXXXXXXXXXXXXX	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
TOTAL		999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

*** END OF REPORT ***

2.8.125.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CODE	The code of the member's county of residence.	3	Char	T_MR_ELIG_SAK	CDE_COUNTY
COUNTY	The name of the county of residence.	12	Char	T_COUNTY	DSC_COUNTY
MEDICAID	Total number of eligible members under 19 who is not in KCHIP Phase 1, 2 or 3.	11	Number	T_RE_ELIG, T_MR_ELIG_SAK	SAK_MR_ELIG
PHASE 1	Total number of eligible members under 19 with Aid Category =I, P, KC and status code =M4, P4.	11	Number	T_RE_ELIG, T_MR_ELIG_SAK	SAK_MR_ELIG
PHASE 2	Total number of eligible members under 19 with Aid Category =I, P, KC and status =M5, M6, P5, P6.	11	Number	T_RE_ELIG, T_MR_ELIG_SAK	SAK_MR_ELIG
PHASE 3	Total number eligible members under 19 with Aid Category=I, P, KC and status=M7, P7.	11	Number	T_RE_ELIG, T_MR_ELIG_SAK	SAK_MR_ELIG
TOTAL (BY CATEGORY)	A total count of eligible member in each category for all counties.	12	Number	Calculated	Calculated
TOTAL (BY COUNTY)	A total count of eligible members under 19 for Medicaid, and Phase 1, 2, 3 for the county.	11	Number	Calculated	Calculated

2.8.125.5 Associated Programs

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

Program	Description
sed	Unix command stream editor
oraload.sh	Oracle Table Load-Unload Utility
mrm8041	Undup Eligibles Under 19 By County
oraload.sh	Oracle Table Load-Unload Utility
mrm8041	Undup Eligibles Under 19 By County

2.8.125.6 Associated Requirements

ID
30.050.012.002.4

2.8.125.7 Change Orders

ID	Name	Description
731	KCHIPS KYMM1500-R001	Customer requested EDS to build report KYMM1500-R001

2.8.126 MAR-9000-Q -- Unknown MAS - BOE Assignment

This report contains members who had an unknown Maintenance Assistance Status (MAS) / Basis of Eligibility (BOE) assignment during creation of the Medicaid Statistical Information System (MSIS) Eligible file.

2.8.126.1 Technical Name

MAR-9000-Q

2.8.126.2 Sort Order

Member ID

2.8.126.3 Unknown MAS - BOE Assignment Layout

```
Report  : MAR-9000-Q                    COMMONWEALTH OF KENTUCKY                                  Run Date: MM/DD/YYYY
Process : MARJQ991                  MEDICAID MANAGEMENT INFORMATION SYSTEM                        Run Time:   HH:MM:SS
Location: MRQMSUNK                       UNKNOWN MAS / BOE ASSIGNMENT                                 Page:      9,999
                                       REPORT PERIOD:  MM/YYYY - MM/YYYY

                          MEMBER ID          AGE       AID CATEGORY        BENEFIT PLAN

                        XXXXXXXXXXXX         999          XXX                XXXXXX

                        XXXXXXXXXXXX         999          XXX                XXXXXX

                        XXXXXXXXXXXX         999          XXX                XXXXXX

                        XXXXXXXXXXXX         999          XXX                XXXXXX

                        XXXXXXXXXXXX         999          XXX                XXXXXX

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

2.8.126.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
AGE	Age of member during monthly reporting period.	3	Number	Calculated	Calculated
AID CATEGORY	Aid category for member.	3	Char	T_CA_RECIP_KEY	CDE_AID_CATEGORY

Field	Description	Length	Data Type	DB Table	DB Attributes
BENEFIT PLAN	Benefit plan for member.	6	Char	T_RE_ELIG	SAK_PUB_HLTH
MEMBER ID	Medicaid ID for member.	12	Char	T_CA_ICN	ID_MEDICAID

2.8.126.5 Associated Programs

Program	Description
copy2crld	CRLD copy
mrqmssum	MSIS File Summary Report
mrqmsunk	Unknown MAS - BOE Assignment

2.8.126.6 Associated Requirements

ID
30.090.012.004.1

2.8.126.7 Change Orders

ID	Name	Description
1412	Create MSIS Tape Files	Quarterly MSIS Process Shortly after the end of each federal fiscal quarter, interChange MAR runs a series of batch jobs to produce the required MSIS files. The Commonwealth reviews the data in the files to verify its validity and approve the files. Upon approval by the Commonwealth, EDS Operations writes the files to tapes according to the MSIS specifications, and sends the tapes to CMS. At the same time, interChange MAR will load all five of the MSIS files to tables in the MAR database. These tables are accessible in BusinessObjects, through the MSIS universe, giving the Commonwealth the ability to examine the data in each file in detail. Up to four quarters of each of the five MSIS files are loaded and retained in these tables, normally corresponding to the four quarters of the current MSIS federal fiscal year (October 1st through

ID	Name	Description
		September 30th). Prior to loading the files for the first quarter of a new year, the files from the prior year are removed. Each time the MAR MSIS batch process is run to create the files, they're automatically loaded to the tables, replacing any previous version of the same quarter's data, so that the tables only contain the most recent versions of each quarter's files. The interChange MAR MSIS process produces the "Unknown MAS - BOE Assignment" report (MAR-9000-Q) to identify those members who were assigned the MSIS values for Unknown MAS and Unknown BOE, so those records can be examined and corrected, if possible.

2.8.127 MAR.ComparisonByCOS.rdl -- Payment Comparison by COS

This report displays a comparison of payments listed by State Category of Service (COS) and State-Sub COS. It includes the number of claims paid and paid amounts for this month, same month last year, SFYTD this year, and SFYTD last year. Selection criteria for this report are: benefit plan, fund code, region/county, state category of service, state sub-category of service, and reporting period.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_PROV

2.8.127.1 Technical Name

MAR.ComparisonByCOS.rdl

2.8.127.2 Sort Order

For readability, the layout displays on the next page.

2.8.127.3 Payment Comparison by COS Layout

1/23/2007 16:41

Commonwealth of Kentucky

Payment Comparison By Category of Service

Fee For Service

Report Criteria			
Benefit Plan	ALL	County/Region	ALL
State COS	ALL	Fund Code	ALL
State Sub-COS	ALL	Report Period	JUN 2005

	|------- This Month ------|		|- Same Month Last Year -|		|---- SFYTD This Year ----|		|---- SFYTD Last Year ---|	
State Category of Service	Paid Claims	Paid Amount	Paid Claims	Paid Amount	Paid Claims	Paid Amount	Paid Claims	Paid Amount
02 Inpatient Hosp Acute Care	139,738	$5,085,268	0	$0	139,738	$5,085,268	0	$0
03 Mental Hospital	347	$0	0	$0	347	$0	0	$0
04 Renal Dialysis Clinic	756	$198,650	0	$0	756	$198,650	0	$0
07 Model Waiver 2	82	$21,931	0	$0	82	$21,931	0	$0
08 Psychiatric Residential Treatment Facility	11	$0	0	$0	11	$0	0	$0
13 Ambulatory Surgery	641	$237,753	0	$0	641	$237,753	0	$0
15 HANDS	5	$251	0	$0	5	$251	0	$0
16 Impact Plus	3,136	$423,632	0	$0	3,136	$423,632	0	$0
17 Spec. Childrens Services Clinic	35	$18,830	0	$0	35	$18,830	0	$0
20 Adult Targeted Case Management	818	$199,331	0	$0	818	$199,331	0	$0
21 Children Targeted Case Management	970	$225,940	0	$0	970	$225,940	0	$0
22 Title V DSS	0	$0	0	$0	0	$0	0	$0
23 School Based Hlth Svcs	2,967	$25,285	0	$0	2,967	$25,285	0	$0

2.8.127.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
SFYTD Last Year - Claims Paid	This field displays the number of paid claims by provider type and provider specialty through the prior state fiscal year reporting period for the selected reporting period.	10	Number	T_MR_PROV	CNT_CLAIMS_PAID
SFYTD Last Year - Paid Amount	This field displays the paid amount for paid claims by provider type and provider specialty, through the prior state fiscal year reporting period for the month indicated.	15	Number	T_MR_PROV	AMT_PAID
SFYTD This Year - Claims Paid	This field displays the number of paid claims by provider type and provider specialty through the current state fiscal year reporting period for the selected reporting period.	10	Number	T_MR_PROV	CNT_CLAIMS_PAID
SFYTD This Year - Paid Amount	This field displays the paid amount for paid claims by provider type and provider specialty through the current state fiscal year reporting period for the selected reporting period.	15	Number	T_MR_PROV	AMT_PAID
Same Month Last Year - Claims Paid	This field displays the number of paid claims by provider type and provider specialty for the same month last year based on the selected reporting period.	10	Number	T_MR_PROV	CNT_CLAIMS_PAID
Same Month Last Year - Paid Amount	This field displays the paid amount for paid claims by provider type and provider specialty for the same month last year based on the selected reporting period.	15	Number	T_MR_PROV	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
State Category of Service	This field displays the combined high-level State category of service (COS) and detail-level State Sub-COS value. The State category of service is a derived value assigned to each record reported in MAR.	50	Character	T_MR_PROV	CDE_COS_ST
This Month - Claims Paid	This field displays the number of paid claims by provider type and provider specialty for the selected reporting period.	10	Number	T_MR_PROV	CNT_CLAIMS_PAID
This Month - Paid Amount	This field displays the paid amount for paid claims by provider type and provider specialty, claims during the month indicated.	15	Number	T_MR_PROV	AMT_PAID
Totals	These are the totals for the corresponding columns.	15	Number	Calculated	Calculated

2.8.127.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.127.6 Associated Requirements

ID
No associated Requirements found.

2.8.127.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.128 MAR.ComparisonByProvType.rdl -- Payment Comparison by Provider Type

This report displays a comparison of provider payments listed by provider type and specialty. It includes the number of claims paid and paid amounts for this month, same month last year, SFYTD this year, and SFYTD last year. Selection criteria for this report are: benefit plan, fund code, region/county, provider type, provider specialty, and reporting period.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_PROV

2.8.128.1 Technical Name

MAR.ComparisonByProvType.rdl

2.8.128.2 Sort Order

For readability, the layout displays on the next page.

2.8.128.3 Payment Comparison by Provider Type Layout

1/23/2007 16:47

Commonwealth of Kentucky

Payment Comparison By Provider Type

Fee For Service

Report Criteria			
Benefit Plan	ALL	County/Region	ALL
Provider Type	ALL	Fund Code	ALL
Provider Specialty	ALL	Report Period	JUN 2005

	|------- This Month ------|		|- Same Month Last Year -|		|---- SFYTD This Year ----|		|---- SFYTD Last Year ---|	
Provider Type / Specialty	Paid Claims	Paid Amount	Paid Claims	Paid Amount	Paid Claims	Paid Amount	Paid Claims	Paid Amount
## Unknown	0	$10,500	0	$0	0	$10,500	0	$0
01 General hospital	149,882	$6,144,739	0	$0	149,882	$6,144,739	0	$0
02 Mental Hospital	347	$3,701	0	$0	347	$3,701	0	$0
04 Psychiatric Residential Treatment Facility	11	$0	0	$0	11	$0	0	$0
11 ICF/MR	390	$0	0	$0	390	$0	0	$0
12 Nursing Facility	493	$715	0	$0	493	$715	0	$0
13 Specialized Children Service Clinics	35	$18,830	0	$0	35	$18,830	0	$0
15 Health Access Nurturing Development Svcs	5	$251	0	$0	5	$251	0	$0
17 Acquired Brain Injury	281	$47,979	0	$0	281	$47,979	0	$0
20 Preventive & Remedial Public Health	53	$599	0	$0	53	$599	0	$0
21 School Based Health Services	9,246	$67,380	0	$0	9,246	$67,380	0	$0
22 Commission for Handicapped Children	4	$169	0	$0	4	$169	0	$0
23 Title V/DSS	0	$0	0	$0	0	$0	0	$0
24 First Steps/Early Int.	477	$31,384	0	$0	477	$31,384	0	$0

2.8.128.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider Type / Specialty	This field displays the provider type and description or the provider specialty codes and descriptions for the providers who had data for the chosen selection criteria on this report.	50	Character	T_MR_PROV	CDE_PROV_TYPE, CDE_PROV_SPEC
SFYTD Last Year - Claims Paid	This field displays the number of paid claims by provider type and provider specialty through the prior state fiscal year reporting period for the selected reporting period.	10	Number	T_MR_PROV	CNT_CLAIMS_PAID
SFYTD Last Year - Paid Amount	This field displays the paid amount for paid claims by provider type and provider specialty, through the prior state fiscal year reporting period for the month indicated.	15	Number	T_MR_PROV	AMT_PAID
SFYTD This Year - Claims Paid	This field displays the number of paid claims by provider type and provider specialty through the current state fiscal year reporting period for the selected reporting period.	10	Number	T_MR_PROV	CNT_CLAIMS_PAID
SFYTD This Year - Paid Amount	This field displays the paid amount for paid claims by provider type and provider specialty through the current state fiscal year reporting period for the selected reporting period.	15	Number	T_MR_PROV	AMT_PAID
Same Month Last Year - Claims Paid	This field displays the number of paid claims by provider type and provider specialty for the same month last year based on the selected reporting period.	10	Number	T_MR_PROV	CNT_CLAIMS_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Same Month Last Year - Paid Amount	This field displays the paid amount for paid claims by provider type and provider specialty for the same month last year based on the selected reporting period.	15	Number	T_MR_PROV	AMT_PAID
This Month - Claims Paid	This field displays the number of paid claims by provider type and provider specialty for the selected reporting period.	10	Number	T_MR_PROV	CNT_CLAIMS_PAID
This Month - Paid Amount	This field displays the paid amount for paid claims by provider type and provider specialty, claims during the month indicated.	15	Number	T_MR_PROV	AMT_PAID
Totals	These are the totals for the corresponding columns.	15	Number	Calculated	Calculated

2.8.128.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.128.6 Associated Requirements

ID
No associated Requirements found.

2.8.128.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.129 MAR.ErrorCode.rdl -- Error Code Analysis

This report displays the most common provider billing errors in a selected time period and includes the number of error claims and the percent of total errors. This highlights the overall provider understanding of billing procedures and program policies.

The type of detail lines (all, override, or denial) reported in the data window is controlled by the code types selection criteria. For example, if the user selects the Code Types - All radio button, the data window will display denial and override error code detail lines. When the user selects the Provider Detail check box, the provider detail is displayed. Selection criteria for the report are benefit plan, region/county, provider type, provider specialty, provider number, and reporting period date range.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_ERROR

2.8.129.1 Technical Name

MAR.ErrorCode.rdl

2.8.129.2 Sort Order

For readability, the layout displays on the next page.

2.8.129.3 Error Code Analysis Layout

3/21/2007 21:00

Commonwealth of Kentucky
Error Code Analysis
Fee For Service

Report Criteria			
Benefit Plan	ALL	**County/Region**	ALL
Fund Code	ALL	**Provider Number**	
Provider Type	ALL	**Code Type**	ALL
Provider Specialty	ALL	**Begin/End Period**	JUN 2005 / JUN 2005
State COS	ALL	**State Sub-COS**	ALL

Error Code	Error Claims	Amount Billed	*Provider Number	*Provider Claims	*Percent of Total
0 Test	2,824	$18,480			18.3%
5001 EXACT DUPLICATE	888	$7,080			5.8%
545 TIMELY FILING	825	$3,360			5.4%
509 NET BILLED OUT OF BALANCE	711	$2,760			4.6%
1020 ATTENDING PHYSICIAN ID NOT ON FILE	429	$1,200			2.8%
1026 PRESCRIBING PHYSICIAN LICENSE NUMBER NOT ON FILE	425	$2,520			2.8%
4134 INTERIM BILLING REQUIRES REVIEW	372	$1,200			2.4%
1054 DETAIL ATTENDING PHYSICIAN ID NUMBER NOT ON FILE	362	$360			2.3%
456 INVALID PROCEDURE TYPE ACC. TO PROCEDURE QUALIFIER	351	$4,920			2.3%
263 TOOTH SURFACE CODE INVALID	306	$480			2.0%
555 CLAIM PAST 24 MONTH FILING DEADLINE- DETAIL	300	$1,680			1.9%
476 DETAIL ATTENDING PHYSICIAN ID IS INVALID	298	$1,080			1.9%
2054 UNABLE TO DETERMINE FUND CODE - DETAIL	268	$1,680			1.7%
1001 BILLING PROV NOT ENROLLED AT SVC LOC FOR PGM BILLD	254	$1,200			1.6%
1032 BILLING PROVIDER NOT ELIGIBLE TO BILL THIS CLM TYP	223	$2,640			1.4%
4130 PAYER HIERARCHY NOT FOUND	206	$4,800			1.3%
248 PLACE OF SERVICE IS MISSING OR BLANK	205	$1,320			1.3%
400 DETAIL UNITS OF SERVICE MUST BE GREATER THAN ZERO	203	$600			1.3%
4040 PRIMARY DIAGNOSIS CODE NOT ON FILE	203	$240			1.3%
1000 BILLING PROVIDER I.D. NUMBER NOT 0N FILE	187	$720			1.2%

2.8.129.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
*Provider Claims	If the provider detail option is selected, this field displays the total number of provider claims receiving this error code for the top providers.	10	Number	T_MR_ERROR	CNT_CLAIMS, SAK_PROV_LOC
*Provider Number	If the Provider Detail option is selected, this field displays the top provider numbers receiving the error code.	9	Character	T_MR_ERROR, T_PR_IDENTIFIER	SAK_PROV_LOC, ID_PROVIDER
Amount Billed	This field displays the total dollars billed for services rendered in the selection criteria during the reporting period.	10	Number	T_MR_ERROR	AMT_BILLED
Error Claims	This field displays the total number of claims receiving the error code.	10	Number	T_MR_ERROR	CNT_CLAIMS
Error Code	This field displays the edit or audit code and description for paid and denied claims.	50	Character	T_MR_ERROR	CDE_ESC
Percent of Total	On an error code detail line, this field displays the total number of claims with this code as a percent of the total number of claims with all codes. On a provider detail line, this field displays the total code claims for this provider as a percent of the total code claims.	6	Number	Calculated	Calculated
Totals	These are the totals for the corresponding columns.	10	Number	Calculated	Calculated

2.8.129.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.129.6 Associated Requirements

ID
No associated Requirements found.

2.8.129.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.130 MAR.ExpendituresByCOS.rdl -- Expenditure Analysis by COS

This report displays paid claim data grouped by State category of service and program code. It includes member, units and paid dollars as applicable for paid claims. When the user selects the Unduplicated members box, the number of unduplicated members is displayed for the listed category of service, program code combination. Selection criteria for this report includes: benefit plan, fund code, state category of service, state sub-category of service, program code, and reporting period date range.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_RECIP, T_MR_RE

2.8.130.1 Technical Name

MAR.ExpendituresByCOS.rdl

2.8.130.2 Sort Order

For readability, the layout displays on the next page.

2.8.130.3 Expenditure Analysis by COS Layout

1/23/2007 15:12

Commonwealth of Kentucky

Expenditure Analysis By Category of Service

Fee For Service

Report Criteria			
Benefit Plan	ALL	Fund Code	ALL
State COS	ALL	Program Code	ALL
State Sub-COS	ALL	Begin/End Period	JUN 2005 / JUN 2005

State Category of Service	Program Code	*Undup Memb	Units of Service	Paid Amount	*Avg Paid per Memb
02 Inpatient Hosp Acute Care	## Unknown		18,224	$579,156	
02 Inpatient Hosp Acute Care	A Aged indiv 65 and over who rec SSI		74	$1,924	
02 Inpatient Hosp Acute Care	AP Aged indiv 65 and over who rec SSI		5	$19	
02 Inpatient Hosp Acute Care	B Blind indiv who rec SSI		271	$5,558	
02 Inpatient Hosp Acute Care	BP Blind indiv who rec SSI		5	$389	
02 Inpatient Hosp Acute Care	C Chldrn and their caretaker rel who rec KTAP		50,495	$336,223	
02 Inpatient Hosp Acute Care	D Disabled indiv who rec SSI		57,725	$1,987,053	
02 Inpatient Hosp Acute Care	DP Dis indiv who rec SSI and State Suppl		618	$13,471	

2.8.130.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
*Avg Paid per Memb	This is the average of dollars paid per member for claims adjudicated for payments during the reporting period.	10	Number	N/A	N/A
*Undup Memb	This is the count of unique members served in the selection criteria for claims finalized during the reporting period.	8	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Paid Amount	This is the amount reimbursed for all paid claims for each State COS, Program Code combination. This total will reflect the criteria selected by the user.	15	Number	N/A	N/A
Program Code	This is the eligibility category for which a member is assigned.	30	Character	N/A	N/A
State Category of Service	This field displays the combined high-level State category of service (COS) and detail-level State Sub-COS value. The State category of service is a derived value assigned to each record reported in MAR.	30	Character	N/A	N/A
Totals	These are the totals for corresponding columns. Unduplicated Consumers is the unduplicated total across all the State COS, Aid Categories displayed.	15	Number	N/A	N/A
Units of Service	This is the total units of service for paid claims for each State COS, Program Code combination. This total will reflect the criteria selected by the user.	10	Number	N/A	N/A

2.8.130.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.130.6 Associated Requirements

ID
No associated Requirements found.

2.8.130.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.131 MAR.LongTermByRev.rdl -- Long Term Care Payments by Revenue Code

This report displays paid long term care claim information. The top section of the data results includes averages and amounts based on the criteria selected by the user. The bottom section of the data results displays the unduplicated member count, days of care, and billed amount by revenue code for the user-selected criteria. When the user selects the Undup members box, the number of members and average paid per member are displayed. Selection criteria for this report includes: benefit plan, program code, level of care, provider number, and reporting period date range.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_LTC, T_MR_LTC_REV

2.8.131.1 Technical Name

MAR.LongTermByRev.rdl

2.8.131.2 Sort Order

2.8.131.3 Long Term Care Payments by Revenue Code Layout

1/23/2007 15:34

Commonwealth of Kentucky

Long Term Care Payments By Revenue Code

Fee For Service

Report Criteria			
Benefit Plan	ALL	Fund Code	ALL
Program Code	ALL	Provider Number	
Level Of Care	ALL	Begin/End Period	JUN 2005 / JUN 2005

Avg Paid per Patient Day	$0	Allowed Amount	$849,954
Avg Paid per Provider	$0	Other Insurance Amount	$0
Avg Applied Income per Patient Day	$0	Patient Liability Amount	$0
*Avg Paid per Memb		Paid Amount	$0
Total Number Providers	16		

2.8.131.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
*Avg Paid per Memb	This field will display the average of the dollars reimbursed per the count of unique members served for claims paid during the reporting period.	10	Number	N/A	N/A
*Undup Memb	This field will display a count of the unique members for whom services paid during the reporting period.	8	Number	N/A	N/A
Allowed Amount	This is the total dollars allowed for services rendered in the selection criteria for claims paid during the reporting period.	15	Number	N/A	N/A
Avg Applied Income per Patient Day	This field will display the average of the dollar amount of applied income per member days of care for claims paid during the reporting period.	10	Number	N/A	N/A
Avg Paid per Patient Day	This field will display the average of dollars reimbursed per member days of care for claims paid during the reporting period.	10	Number	N/A	N/A
Avg Paid per Provider	This field will display the average of dollars reimbursed per the unique number of providers for claims paid during the reporting period.	10	Number	N/A	N/A
Billed Amount	This field displays the total dollars billed for services rendered in the selection criteria during the reporting period.	15	Number	N/A	N/A
Days Of Care	This field will display the total number of the days of care rendered for claims paid during the reporting period.	10	Number	N/A	N/A
Other Insurance Amount	This field will display the amount of any third party payments for long term care claims finalized for payment during the reporting period.	15	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Paid Amount	This field displays the total dollars paid for services rendered in the selection criteria for claims paid during the reporting period.	15	Number	N/A	N/A
Patient Liability Amount	This field will display the payment liability for the members.	15	Number	N/A	N/A
Revenue Code	This field will display the code and description representing the services allowed for claims finalized during the reporting period.	50	Character	N/A	N/A
Total Number Providers	This field will display the total number of providers paid for services rendered during the reporting period.	8	Number	N/A	N/A
Totals	These are the totals for the corresponding columns.	15	Number	N/A	N/A

2.8.131.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.131.6 Associated Requirements

ID
No associated Requirements found.

2.8.131.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.132 MAR.MedicarePartA.rdl -- Medicare Participation Part A

This report displays number of Part A claims paid, Medicaid paid amount for Part A claims, Medicaid allowed for Part A claims, Medicare paid amount for Part A claims, and the Medicaid paid amount as a percent of total Medicare and Medicaid payments. It also displays the number of Part A eligibles, buy-in premium, and the percent of buy-in as compared to Medicare paid. When the user selects the Eligibles box, the eligibles with Part A coverage, Part A buy-in premium amount, and Part A buy-in premium as a percent of the Medicare paid amount are displayed. Selection criteria for this report are: benefit plan, state category of service, state sub-category of service, program code and reporting period date range.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_XOVER, T_MR_BUYIN_PREM, T_MR_ELIG, T_MR_ELIG_SAK

Notes: Part A claims are defined as claim types A and C - Inpatient Crossover and Outpatient Crossover.

2.8.132.1 Technical Name

MAR.MedicarePartA.rdl

2.8.132.2 Sort Order

For readability, the layout displays on the next page.

2.8.132.3 Medicare Participation Part A Layout

1/23/2007 17:27

Commonwealth of Kentucky
Medicare Participation Part A
Fee For Service

Report Criteria			
Benefit Plan	ALL	State COS	ALL
Fund Code	ALL	State Sub-COS	ALL
Program Code	ALL	Begin/End Period	JUN 2005 / JUN 2005

Program Code	*Eligibles	Claims Paid	Medicaid Allowed Amount	Medicaid Paid Amount	Medicare Paid Amount	Pct Paid of Total Paid	*Buyin Premium	*Pct Buyin of Medicare Paid
## Unknown		4,551	$212,287	$0	$30,531,534	0.0%		
A Aged indiv 65 and over who rec		4,119	$154,284	$0	$22,677,948	0.0%		
AP Aged indiv 65 and over who rec		146	$5,204	$0	$471,557	0.0%		
B Blind indiv who rec SSI		131	$4,145	$0	$441,165	0.0%		
C Chldrn and their caretaker rel		38	$372	$0	$742,881	0.0%		
D Disabled indiv who rec SSI		17,073	$797,288	$0	$106,136,563	0.0%		
DP Dis indiv who rec SSI and Stat		297	$16,678	$0	$2,445,593	0.0%		
E Chldrn & caregiv who do not re		32	$1,908	$0	$76,396	0.0%		
F Aged indiv 65 and over who los		206	$8,433	$0	$1,604,645	0.0%		
FP Aged indiv 65 and over who rec		237	$3,677	$0	$3,492,636	0.0%		
H Disabled indiv who lost SSI be		475	$21,806	$0	$2,294,386	0.0%		
HP Disabled indiv who rec State S		165	$7,225	$0	$594,251	0.0%		
I Preg women and chldrn under ag		39	$594	$0	$189,174	0.0%		
J Aged persons 65 and over who d		4,280	$138,996	$0	$36,134,109	0.0%		

2.8.132.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
*Buyin Premium	This displays the paid amount by Medicaid toward Medicare Part A buy-in premiums during the reporting period.	15	Number	N/A	N/A
*Eligibles	This displays the current unduplicated number of eligibles who also qualify for Medicare Part A benefits.	8	Number	N/A	N/A
*Pct Buyin of Medicare Paid	This displays the paid amount by Medicaid toward Medicare Part A Buy-In premiums as a percentage of the Part A paid amount by Medicare during the reporting period. Formula = Medicare Buy-In / Amount Paid by Medicare.	6	Number	N/A	N/A
Claims Paid	This field displays the number of claims with some portion of the total bill paid by Medicare Part A paid during the reporting period.	10	Number	N/A	N/A
Medicaid Allowed Amount	This field displays the allowed amount by Medicaid for Part A claims during the reporting period.	15	Number	N/A	N/A
Medicaid Paid Amount	This field displays the paid amount by Medicaid for Part A claims during the reporting period.	15	Number	N/A	N/A
Medicare Paid Amount	This field displays the paid amount by Medicare for Part A claims during the reporting period.	15	Number	N/A	N/A
Pct Paid of Total Paid	This field displays the percent paid by Medicaid on Part A crossover claims as a percentage of the total Part A paid amount by both Medicaid and Medicare paid during the reporting period.	6	Number	N/A	N/A
Program Code	This is the eligibility category for which a member is assigned.	50	Character	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Totals	These are the totals for the corresponding columns.	15	Number	N/A	N/A

2.8.132.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.132.6 Associated Requirements

ID
No associated Requirements found.

2.8.132.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.133 MAR.MedicarePartAB.rdl -- Medicare Participation Part A and B

This report displays total Medicaid payment for Medicaid/Medicare eligibles, total Medicaid/Medicare payment for Medicaid/Medicare eligibles, total Medicaid payments as a percent of total Medicare and Medicaid payments as well as the total eligibles with Part A and Part B. When the user selects the Options - Eligibles box, the total eligibles with Part A and B coverage is displayed. Selection criteria for this report are: benefit plan, program code fund code, and reporting period date range.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_XOVER, T_MR_BUYIN_PREM, T_MR_ELIG, T_MR_ELIG_SAK

2.8.133.1 Technical Name

MAR.MedicarePartAB.rdl

2.8.133.2 Sort Order

2.8.133.3 Medicare Participation Part A and B Layout

1/23/2007 17:31

Commonwealth of Kentucky

Medicare Participation Part A and B

Fee For Service

Report Criteria			
Benefit Plan	ALL	Program Code	ALL
Fund Code	ALL	Begin/End Period	JUN 2005 / JUN 2005

Total Eligibles with Part A and B	
Total for Medicaid / Medicare Eligibles:	
Total Medicaid Paid	$1,711,493
Total Medicare Paid	$348,977,877
Total Medicare and Medicaid Paid	$350,689,370
Percent of Medicaid Payment	0.5%

2.8.133.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Percent of Medicaid Payment	This field displays the dollars paid by Medicaid on all crossover claims as a percentage of the total dollars reimbursed by both Medicaid and Medicare for claims paid during the reporting period.	6	Number	N/A	N/A
Total Eligibles with Part A and B	This displays the current number of eligibles who also qualify for Medicare Part A or B benefits.	8	Number	N/A	N/A
Total Medicaid Paid	This displays the dollars paid by Medicaid for the claims with Medicare Part A or B payments.	15	Number	N/A	N/A
Total Medicaid and Medicare Paid	This field displays the sum of the Total Medicare Paid and Total Medicaid Paid fields. It represents the dollars paid by both Medicaid and Medicare for claims with Medicare Part A or B payments.	15	Number	N/A	N/A
Total Medicare Paid	This displays the total dollars paid by Medicare for the claims with Medicare Part A or B payments	15	Number	N/A	N/A

2.8.133.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.133.6 Associated Requirements

ID
No associated Requirements found.

2.8.133.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.134 MAR.MedicarePartB.rdl -- Medicare Participation Part B

This report displays number of Part B claims paid, Medicaid paid amount for Part B claims, Medicaid allowed for Part B claims, Medicare paid amount for Part B claims, and the Medicaid paid amount as a percent of total Medicare and Medicaid payments. It also displays the number of Part B eligibles, buy-in premium, and the percent of buy-in as compared to Medicare paid. When the user selects the Options - Eligibles box, the eligibles with Part B coverage, Part B buy-in premium amount, and Part B buy-in premium as a percent of the Medicare paid amount are displayed. Selection criteria for this report are: benefit plan, state category of service, state sub-category of service, program code, fund code, and reporting period date range.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_XOVER, T_MR_BUYIN_PREM, T_MR_ELIG, T_MR_ELIG_SAK

Notes: Part B claims are defined as claim types B - Physician Crossover.

2.8.134.1 Technical Name

MAR.MedicarePartB.rdl

2.8.134.2 Sort Order

For readability, the layout displays on the next page.

2.8.134.3 Medicare Participation Part B Layout

3/20/2007 11:32

Commonwealth of Kentucky

Medicare Participation Part B

Fee For Service

Report Criteria			
Benefit Plan	ALL	**Aid Category**	ALL
State COS	ALL	**State Sub-COS**	ALL
Fund Code	ALL	**Begin/End Period**	FEB 2007 / FEB 2007

Aid Category	*Eligibles	Claims Paid	Medicaid Allowed Amount	Medicaid Paid Amount	Medicare Paid Amount	Pct Paid of Total Paid	*Buyin Premium	*Pct Buyin of Medicare Paid
A Aged indiv 65 and over who rec		498	$1,695	$1,695	$43,447	3.8%		
AP Aged indiv 65 and over who rec		26	$242	$242	$2,010	10.8%		
B Blind indiv who rec SSI		24	$291	$291	$1,163	20.0%		
D Disabled indiv who rec SSI		641	$4,254	$4,254	$29,298	12.7%		
E Chldrn & caregiv who do not re		16	$41	$41	$1,928	2.1%		
FP Aged indiv 65 and over who rec		6	$0	$0	$832	0.0%		
H Disabled indiv who lost SSI be		2	$12	$12	$47	20.0%		
HP Disabled indiv who rec State S		5	$12	$12	$249	4.5%		
J Aged persons 65 and over who d		269	$11,231	$11,231	$35,048	24.3%		
M Dis persons who do not rec SSI		182	$996	$996	$9,984	9.1%		
Z QMB Only		312	$4,780	$4,780	$26,340	15.4%		
ZJ QI1		1	$0	$0	$0	0.0%		
Totals:		**1,982**	**$23,553**	**$23,553**	**$150,344**	**13.5%**		

2.8.134.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
*Buyin Premium	This displays the paid amount by Medicaid toward Medicare Part B buy-in premiums during the reporting period.	15	Number	N/A	N/A
*Eligibles	This displays the current unduplicated number of eligibles who also qualify for Medicare Part B benefits.	8	Number	N/A	N/A
*Pct Buyin of Medicare Paid	This displays the paid amount by Medicaid toward Medicare Part B buy-in premiums as a percentage of the Part B paid amount by Medicare during the reporting period. Formula = Medicare Buyin / Amount Paid by Medicare.	6	Number	N/A	N/A
Claims Paid	This field displays the number of claims with some portion of the total bill paid by Medicare Part B paid during the reporting period.	10	Number	N/A	N/A
Medicaid Allowed Amount	This field displays the allowed amount by Medicaid for Part B claims during the reporting period.	15	Number	N/A	N/A
Medicaid Paid Amount	This field displays the paid amount by Medicaid for Part B claims during the reporting period.	15	Number	N/A	N/A
Medicare Paid Amount	This field displays the paid amount by Medicare for Part B claims during the reporting period.	15	Number	N/A	N/A
Pct Paid of Total Paid	This field displays the percent paid by Medicaid on Part B crossover claims as a percentage of the total Part B paid amount by both Medicaid and Medicare paid during the reporting period.	6	Number	N/A	N/A
Program Code	This is the eligibility category for which a member is assigned.	50	Character	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Totals	These are the totals for the corresponding columns.	15	Number	N/A	N/A

2.8.134.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.134.6 Associated Requirements

ID
No associated Requirements found.

2.8.134.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.135 MAR.PaymentByCOS.rdl -- Payment Statistics by COS

This report displays paid and denied claim statistics grouped by State category of service. It includes member, claim, billed and paid dollars as applicable for paid and denied claims. When the user selects the Unduplicated members box, the number of unduplicated members is displayed for the listed category of service. The data results are grouped by the four character State COS. Selection criteria for this report includes: benefit plan, fund code, state category of service, state sub-category of service, program code, claim type, transaction type, and reporting period date range.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_RECIP, T_MR_RE

2.8.135.1 Technical Name

MAR.PaymentByCOS.rdl

2.8.135.2 Sort Order

For readability, the layout displays on the next page.

2.8.135.3 Payment Statistics by COS Layout

1/23/2007 15:24

Commonwealth of Kentucky

Payment Statistics By State COS

Fee For Service

Report Criteria			
Benefit Plan	ALL	Program Code	ALL
Fund Code	ALL	Claim Type	ALL
State COS	ALL	Transaction Type	ALL
State Sub-COS	ALL	Begin/End Period	JUN 2005 / JUN 2005

		Paid			Denied	
State Category of Service	*Undup Memb	Claims	Units of Service	Paid Amount	Claims	Billed Amount
02 Inpatient Hosp Acute Care		139,738	473,306	$5,085,268	28,500	$19,519,886
03 Mental Hospital		347	1,334	$0	165	$441,326
04 Renal Dialysis Clinic		756	34,610	$198,650	580	$882,137
07 Model Waiver 2		82	768	$21,931	3	$870
08 Psychiatric Residential Treatment Facility		11	184	$0	136	$354,155
13 Ambulatory Surgery		641	641	$237,753	281	$322,503
15 HANDS		5	5	$251	4	$600
16 Impact Plus		3,136	3,136	$423,632	461	$91,455
17 Spec. Childrens Services Clinic		35	35	$18,830	9	$4,842
20 Adult Targeted Case Management		818	818	$199,331	30	$8,788
21 Children Targeted Case Management		970	970	$225,940	115	$13,164
22 Title V DSS		0	0	$0	1,271	$520,926
23 School Based Hlth Svcs		2,967	2,967	$25,285	652	$106,556
24 Comm For Chldrn w/Spec Hlth Care Needs (CSHC)		4	4	$169	410	$19,977
26 Institutional - ICF/MR		390	2,280	$0	115	$249,678

2.8.135.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
*Undup Memb	This is the count of unduplicated members for all finalized claims that meet the selected criteria.	8	Number	N/A	N/A
Denied - Billed Amount	This is the amount billed for all denied claims for each State COS. This total will reflect the criteria selected by the user.	15	Number	N/A	N/A
Denied - Claims	This is the number of claims that have been denied for each State COS. This total will reflect the criteria selected by the user.	10	Number	N/A	N/A
Paid - Claims	This is the number of claims that have been paid for each State COS. This total will reflect the criteria selected by the user.	10	Number	N/A	N/A
Paid - Paid Amount	This is the amount reimbursed for all paid claims for each State COS. This total will reflect the criteria selected by the user.	15	Number	N/A	N/A
Paid - Units of Service	This is the total units of service for paid claims for each State COS. This total will reflect the criteria selected by the user.	10	Number	N/A	N/A
State Category of Service	This field displays the combined high-level State category of service (COS) and detail-level State Sub-COS value. The State category of service is a derived value assigned to each record reported in MAR.	50	Character	N/A	N/A
Totals	These are the totals for corresponding columns. Unduplicated Consumers is the unduplicated total across all the State COSs displayed.	15	Number	N/A	N/A

2.8.135.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.135.6 Associated Requirements

ID
No associated Requirements found.

2.8.135.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.136 MAR.PaymentByProvType.rdl -- Payment Statistics by Provider Type

This report displays paid and denied claim statistics grouped by provider type and specialty. It includes claim counts, billed and paid dollars as applicable for paid and denied claims. The data results are grouped by provider type and specialty. Selection criteria for this report includes: benefit plan, fund code, provider type, provider specialty, claim type, transaction type, and reporting period date range.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_PROV

2.8.136.1 Technical Name

MAR.PaymentByProvType.rdl

2.8.136.2 Sort ORder

For readability, the layout displays on the next page.

2.8.136.3 Payment Statistics by Provider Type Layout

1/23/2007 15:27

Commonwealth of Kentucky

Payment Statistics By Provider Type

Fee For Service

Report Criteria			
Benefit Plan	ALL	Claim Type	ALL
Fund Code	ALL	Transaction Type	ALL
Provider Type	ALL		
Provider Specialty	ALL	Begin/End Period	JUN 2005 / JUN 2005

	Paid			Denied	
Provider Type / Provider Specialty	Claims	Units of Service	Paid Amount	Claims	Billed Amount
## Unknown	0	0	$10,500	1,020	$237,389
01 General hospital	149,882	596,781	$6,144,739	30,469	$21,644,598
02 Mental Hospital	347	1,334	$3,701	217	$637,123
04 Psychiatric Residential Treatment Facility	11	184	$0	136	$354,155
11 ICF/MR	390	2,280	$0	115	$249,678
12 Nursing Facility	493	8,465	$715	4,361	$4,490,609
13 Specialized Children Service Clinics	35	35	$18,830	9	$4,842
15 Health Access Nurturing Development Svcs	5	5	$251	4	$600
17 Acquired Brain Injury	281	281	$47,979	14	$3,648
20 Preventive & Remedial Public Health	53	53	$599	22	$345
21 School Based Health Services	9,246	9,246	$67,380	1,383	$119,574
22 Commission for Handicapped Children	4	4	$169	410	$19,977
23 Title V/DSS	0	0	$0	1,271	$520,926
24 First Steps/Early Int.	477	477	$31,384	2,683	$167,749
27 Adult Targeted Case Management	818	818	$199,331	30	$8,788

2.8.136.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Denied - Billed Amount	This is the amount billed for all denied claims for each provider type and specialty. This total will reflect the criteria selected by the user.	15	Number	N/A	N/A
Denied - Claims	This is the number of claims that have been denied for each provider type and specialty. This total will reflect the criteria selected by the user.	10	Number	N/A	N/A
Paid - Claims	This is the number of claims that have been paid for each provider type and specialty. This total will reflect the criteria selected by the user.	10	Number	N/A	N/A
Paid - Paid Amount	This is the amount reimbursed for all paid claims for each provider type and specialty. This total will reflect the criteria selected by the user.	15	Number	N/A	N/A
Paid - Units of Service	This is the total units of service for paid claims for each provider type and specialty. This total will reflect the criteria selected by the user.	10	Number	N/A	N/A
Totals	These are the totals for corresponding columns.	15	Number	N/A	N/A

2.8.136.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.136.6 Associated Requirements

ID
No associated Requirements found.

2.8.136.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.137 MAR.PerformanceAvgPct.rdl -- Operational Performance Summary - Averages and Percents

This report displays percents and averages of original paid claims, denied claims, corrected claims, adjudicated without correction, average number of days from service to receipt, service to payment, and service to adjudication. The data results are grouped by provider type and specialty. Selection criteria for this report are: benefit plan, fund code, provider type, provider specialty, and reporting period date range.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_OP_PERFORM

2.8.137.1 Technical Name

MAR.PerformanceAvgPct.rdl

2.8.137.2 Sort Order

For readability, the layout displays on the next page.

2.8.137.3 Operational Performance Summary - Averages and Percents Layout

1/23/2007 16:13

Commonwealth of Kentucky

Operational Performance Summary - Averages & Percents

Fee For Service

Report Criteria

Benefit Plan	ALL	**Fund Code**	ALL
Provider Type	ALL		
Provider Specialty	ALL	**Begin/End Period**	JUN 2005 / JUN 2005

Provider Type / Provider Specialty	Pct Paid	Pct Adjud w/o Corr	Pct Denied	Pct Corrected	Avg DOS to DOR	Avg DOS to DOA	Avg DOS to DOP
01 General hospital	82.9%	100.0%	17.1%	0.0%	44.3	65.2	65.2
02 Mental Hospital	61.3%	100.0%	38.7%	0.0%	100.6	120.8	120.8
04 Psychiatric Residential Treatment Facility	5.6%	100.0%	94.4%	0.0%	25.8	44.3	44.3
11 ICF/MR	77.2%	100.0%	22.8%	0.0%	19.3	24.0	24.0
12 Nursing Facility	8.6%	100.0%	91.4%	0.0%	75.1	82.9	82.9
13 Specialized Children Service Clinics	79.5%	100.0%	20.5%	0.0%	88.3	111.2	111.2
15 Health Access Nurturing Development Svcs	0.0%	100.0%	100.0%	0.0%	183.8	196.8	196.8
17 Acquired Brain Injury	95.3%	100.0%	4.7%	0.0%	9.4	31.4	31.4
20 Preventive & Remedial Public Health	64.4%	100.0%	35.6%	0.0%	246.9	262.7	262.7
21 School Based Health Services	87.0%	100.0%	13.0%	0.0%	164.1	185.4	185.4
22 Commission for Handicapped Children	0.2%	100.0%	99.8%	0.0%	27.0	42.3	42.3
23 Title V/DSS	0.0%	100.0%	100.0%	0.0%	242.5	245.5	245.5
24 First Steps/Early Int.	15.1%	100.0%	84.9%	0.0%	132.7	153.7	153.7
27 Adult Targeted Case Management	96.5%	100.0%	3.5%	0.0%	22.5	44.3	44.3
28 Children Targeted Case Management	89.4%	100.0%	10.6%	0.0%	26.9	46.8	46.8
29 Impact Plus	87.1%	100.0%	12.9%	0.0%	33.8	55.3	55.3
30 Community Mental Health	83.4%	100.0%	16.6%	0.0%	71.8	91.4	91.4

2.8.137.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Avg DOS to DOA	This is the average number of days from date of service to date of adjudication.	6	Number	N/A	N/A
Avg DOS to DOP	This is the average number of days from date of service to date of payment.	6	Number	N/A	N/A
Avg DOS to DOR	This is the average number of days from date of service to date of receipt.	6	Number	N/A	N/A
Pct Adjud w/o Corr	This field displays the percent of the paid and denied claims that were adjudicated without being corrected.	6	Number	N/A	N/A
Pct Corrected	This field displays the percent of the paid and denied claims that were corrected, (corrected paid + corrected denied) / (total paid + total denied).	6	Number	N/A	N/A
Pct Denied	This field displays the percent of the paid and denied claims that were denied.	6	Number	N/A	N/A
Pct Paid	This field displays the percent of the paid and denied claims that were paid.	6	Number	N/A	N/A
Provider Type / Provider Specialty	This field displays the provider type and description or the provider specialty codes and descriptions for the providers who had data for the chosen selection criteria on this report.	50	Character	N/A	N/A
Totals	These are the totals for the corresponding columns.	6	Number	N/A	N/A

2.8.137.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.137.6 Associated Requirements

ID
No associated Requirements found.

2.8.137.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.138 MAR.PerformanceDollars.rdl -- Operational Performance Summary - Dollars

This report displays for original claims and financial transactions the billed amount for paid, denied and pending claims, total charges submitted (the sum of the paid, denied and pending billed amounts), and the difference between the paid claims billed amount and the reimbursement amount. Results are listed by provider type and specialty. Selection criteria for this report are: benefit plan, fund code, provider type, provider specialty, and reporting period date range.

The report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_PROV, T_MR_PROV_SUSP

2.8.138.1 Technical Name

MAR.PerformanceDollars.rdl

2.8.138.2 Sort Order

For readability, the layout displays on the next page.

2.8.138.3 Operational Performance Summary - Dollars Layout

1/23/2007 16:20

Commonwealth of Kentucky

Operational Performance Summary - Dollars

Fee For Service

Report Criteria			
Benefit Plan	ALL	Fund Code	ALL
Provider Type	ALL		
Provider Specialty	ALL	Begin/End Period	JUN 2005 / JUN 2005

	Billed Amount				
Provider Type / Provider Specialty	Paid Claims	Denied Claims	Pending Claims	Total Charges Submitted	Paid Billed - Paid Amt
## Unknown	$10,500	$237,389	$1,441,590	$1,689,479	$0
01 General hospital	$64,752,870	$21,590,861	$43,812,220	$130,155,951	$59,430,883
02 Mental Hospital	$1,383,226	$637,123	$2,268,561	$4,288,910	$1,383,226
04 Psychiatric Residential Treatment Facility	$37,984	$354,155	$124,756	$516,895	$37,984
11 ICF/MR	$779,172	$249,678	$4,371,833	$5,400,683	$779,172
12 Nursing Facility	$820,695	$4,490,609	$4,325,741	$9,637,045	$820,695
13 Specialized Children Service Clinics	$18,830	$4,842	$37,372	$61,044	$0
15 Health Access Nurturing Development Svcs	$0	$600	$20,182	$20,782	$0
17 Acquired Brain Injury	$48,715	$3,648	$598,455	$650,818	$736
20 Preventive & Remedial Public Health	$968	$339	$3,658	$4,965	$479
21 School Based Health Services	$177,209	$119,553	$33,181	$329,943	$109,906
22 Commission for Handicapped Children	$90	$19,977	$5,474	$25,541	$0
23 Title V/DSS	$0	$520,926	$11,160	$532,086	$0
24 First Steps/Early Int.	$31,384	$167,749	$2,731	$201,864	$0
27 Adult Targeted Case Management	$202,212	$8,788	$80,783	$291,783	$3,131
28 Children Targeted Case Management	$231,617	$13,164	$63,685	$308,466	$5,677
29 Impact Plus	$429,672	$91,455	$15,911	$537,038	$8,413
30 Community Mental Health	$2,241,612	$1,324,570	$70,606	$3,636,788	$445,175
31 Primary Care	$1,087,626	$267,094	$45,030	$1,399,750	$155,780

2.8.138.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Billed Amount - Denied Claims	This field is the billed amount for denied claims.	15	Number	N/A	N/A
Billed Amount - Paid Claims	This field is the billed amount for paid claims.	15	Number	N/A	N/A
Billed Amount - Pending Claims	This field is the billed amount for denied claims.	15	Number	N/A	N/A
Paid Billed - Paid Amount	This field is the difference between the billed amount for paid claim and the reimbursement amount for paid claims.	15	Number	N/A	N/A
Provider Type / Provider Specialty	This field displays the provider type and description or the provider specialty codes and descriptions for the providers who had data for the chosen selection criteria on this report.	50	Character	N/A	N/A
Total Charges Submitted	This field is the total billed amount for paid, denied and suspended claims.	15	Number	N/A	N/A
Totals	These are the totals for the corresponding columns.	15	Number	N/A	N/A

2.8.138.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.138.6 Associated Requirements

ID
No associated Requirements found.

2.8.138.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.139 MAR.PerformanceProvider.rdl -- Operational Performance Summary - Provider

This report displays the counts of claims processed, original claims paid, original claims denied, claims pending, adjustment claims paid, adjustment claims denied and billed amount for pending claims. Results are listed by provider type and specialty. Selection criteria for this report are: benefit plan, fund code, provider type, provider specialty, and reporting period date range.

Pending claims do not have a Fund Code Assignment, therefore, each Fund Code category reports all claims pending billed amount.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_PROV, T_MR_PROV_SUSP

2.8.139.1 Technical Name

MAR.PerformanceProvider.rdl

2.8.139.2 Sort Order

For readability, the layout displays on the next page.

2.8.139.3 Operational Performance Summary - Provider Layout

1/23/2007 16:24

Commonwealth of Kentucky

Operational Performance Summary - Provider

Fee For Service

Report Criteria			
Benefit Plan	ALL	**Fund Code**	ALL
Provider Type	ALL		
Provider Specialty	ALL	**Begin/End Period**	JUN 2005 / JUN 2005

					|------- Adjustments -----|		
Provider Type / Provider Specialty	**Claims Processed**	**Claims Paid**	**Claims Denied**	**Claims Pending**	**Claims Paid**	**Claims Denied**	**Pending Billed Amt**
## Unknown	2,012	0	1,020	992	0	0	$1,441,590
01 General hospital	183,229	147,430	30,384	2,877	2,453	85	$43,812,220
02 Mental Hospital	873	344	217	309	3	0	$2,268,561
04 Psychiatric Residential Treatment Facility	190	8	136	43	3	0	$124,756
11 ICF/MR	889	390	115	384	0	0	$4,371,833
12 Nursing Facility	6,171	409	4,361	1,314	87	0	$4,325,741
13 Specialized Children Service Clinics	118	35	9	74	0	0	$37,372
15 Health Access Nurturing Development Svcs	141	0	4	132	5	0	$20,182
17 Acquired Brain Injury	2,834	281	14	2,539	0	0	$598,455
20 Preventive & Remedial Public Health	302	38	21	227	15	1	$3,658
21 School Based Health Services	10,943	9,235	1,382	314	11	1	$33,181
22 Commission for Handicapped Children	521	1	410	107	3	0	$5,474
23 Title V/DSS	1,333	0	1,271	62	0	0	$11,160
24 First Steps/Early Int.	3,195	476	2,683	35	1	0	$2,731
27 Adult Targeted Case Management	1,157	817	30	309	1	0	$80,783

2.8.139.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Adjustments - Claims Denied	This field is the count of denied adjustment claims.	8	Number	N/A	N/A
Adjustments - Claims Paid	This field is the count of paid adjustment claims.	8	Number	N/A	N/A
Claims Paid	This field is the count of paid claims.	8	Number	N/A	N/A
Claims Pending	This field is the count of suspense claims.	8	Number	N/A	N/A
Claims Processed	This field is the count of claims processed - paid and denied original and adjustment claims, and suspended claims. Non-claim financial transactions are not included.	8	Number	N/A	N/A
Pending Billed Amount	This field is the billed amount for suspense claims.	15	Number	N/A	N/A
Provider Type / Provider Specialty	This field displays the provider type and description or the provider specialty codes and descriptions for the providers who had data for the chosen selection criteria on this report.	50	Character	N/A	N/A
Totals	These are the totals for the corresponding columns.	15	Number	N/A	N/A

2.8.139.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.139.6 Associated Requirements

ID
No associated Requirements found.

2.8.139.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.140 MAR.PlaceOfService.rdl -- Place of Service Analysis

This report provides analysis of members and dollars paid for each state category of service by region/county and location (place) of service. It includes the number of unduplicated members, claims and dollars paid, and average paid per claim and member. When the user selects the Unduplicated members checkbox, the number of members and average expenditures per member are displayed. Selection criteria for this report are: benefit plan, region/county, state category of service, state sub-category of service, age group, and reporting period date range.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_POS, T_MR_POS_RE

2.8.140.1 Technical Name

MAR.PlaceOfService.rdl

2.8.140.2 Sort Order

For readability, the layout displays on the next page.

1/23/2007 15:07

Commonwealth of Kentucky

Place Of Service Analysis

Fee For Service

Report Criteria			
Benefit Plan	ALL	County/Region	ALL
Fund Code	ALL	Age Group	ALL
State COS	ALL		
State Sub-COS	ALL	Begin/End Period	JUN 2005 / JUN 2005

Place Of Service	*Undup Memb	Claims Paid	Paid Amount	Avg Paid per Claim	*Avg Paid per Memb
## Unknown		321,143	$17,902,336	$56	
00 Pharmacy		854	$0	$0	
11 Office		17,524	$825,715	$47	
12 Home		36,347	$2,139,637	$59	
21 Inpatient Hospital		38,313	$52	$0	
22 Outpatient Hospital		114,061	$5,656,265	$50	
24 Ambulatory Surgical Center		83	$4,335	$52	
31 Skilled Nursing Facility		789	$0	$0	
32 Nursing Facility		7	$182	$26	
Totals:		**529,121**	**$26,528,522**	**50**	

2.8.140.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
*Avg Paid per Memb	This will display an average of the dollars reimbursed per member for the count of unduplicated members for claims finalized for payment during the reporting period.	10	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
*Undup Memb	This will display a count of the unique members served at the location for claims finalized during the reporting period. This count only includes members from paid claims.	8	Number	N/A	N/A
Avg Paid per Claim	This will display an average of the dollars paid per claim for claims finalized for payment during the reporting period.	10	Number	N/A	N/A
Claims Paid	This field displays the number of paid claims for the listed location for the reporting period.	10	Number	N/A	N/A
Paid Amount	This field displays the total dollars paid for services rendered at the location for claims finalized during the reporting period.	15	Number	N/A	N/A
Place Of Service	This will display the location (place) of service where claims paid with criteria selected.	50	Character	N/A	N/A
Totals	These are the totals for the corresponding columns. Unduplicated members is the unduplicated total across all the places of service displayed.	15	Number	N/A	N/A

2.8.140.4 Associated Programs

Program	Description
No associated Programs found.	

2.8.140.5 Associated Requirements

ID
No associated Requirements found.

2.8.140.6 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.141 MAR.ProviderError.rdl -- Provider Error Analysis

This report displays statistical data about errors and claims payment percentages in order to highlight the overall provider understanding of billing procedures and program policies. Results are given by individual provider and provider peer group total. Selection criteria for this report are: benefit plan, region/county, provider type, provider specialty, provider number, and report period date range.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_PROV, T_MR_PROV_DENIED

2.8.141.1 Technical Name

MAR.ProviderError.rdl

2.8.141.2 Sort Order

For readability, the layout displays on the next page.

2.8.141.3 Provider Error Analysis Layout

1/23/2007 16:28

Commonwealth of Kentucky

Provider Error Analysis

Fee For Service

Report Criteria			
Benefit Plan	ALL	County/Region	ALL
Provider Type	ALL	Provider Number	
Provider Specialty	ALL	Begin/End Period	JUN 2005 / JUN 2005

	Individual Provider	Provider Peer Group
Total Claims		667,157
Claims Paid		529,125
Claims Denied		138,032
Total Claims Corrected		0
Paid After Corrected		0
Pct Paid After Corrected		0.0%
Pct Paid w/ No Error		0.0%
Pct w/Error Override		0.0%
Pct Denied		20.7%
Avg Error per Adjud Claim		0.0

2.8.141.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Avg Error per Adjud Claim	This is the average number of errors per adjudicated claim for the selected provider group.	5	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Claims Denied	This field displays the number of claims for the selected provider/group finalized during the reporting period denied for payment.	10	Number	N/A	N/A
Claims Paid	This field displays the number of claims for the selected provider/group finalized during the reporting period that processed for payment.	10	Number	N/A	N/A
Individual Provider	When a provider number is entered in the selection criteria, this column displays the data for that provider.	0	Character	N/A	N/A
Paid After Corrected	This field displays the number of claims for the selected provider/group that required error correction to finalize for payment during the reporting period.	10	Number	N/A	N/A
Pct Denied	This field displays the number of paid claims for the selected provider/group that were denied as a percent of the total number of paid and denied claims finalized during the reporting period for the same provider/group.	6	Number	N/A	N/A
Pct Paid After Corrected	This field displays the number of corrected claims as a percentage of the total paid claims finalized during the reporting period for the selected provider/group.	6	Number	N/A	N/A
Pct Paid w/No Error	This field displays the number of paid claims that did not require correction as a percentage of the total paid claims finalized during the reporting period for the selected provider/group.	6	Number	N/A	N/A
Pct w/Error Override	This field displays the number of claims for the selected provider/group that were overridden as a percent of the total number of paid and denied claims finalized during the reporting period for the same provider/group.	6	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider Peer Group	This column displays the data for all providers with claim data that matches the selection criteria. When a provider number is entered in the selection criteria, the data for that provider is included in this column as well as in the Individual Provider column.	0	Character	N/A	N/A
Total Claims	This will display the number of claims submitted by the selected provider/group finalized during the reporting period.	10	Number	N/A	N/A
Total Claims Corrected	This will display a count of error corrections or adjudications to claims submitted by the provider/group and finalized during the reporting period.	10	Number	N/A	N/A

2.8.141.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.141.6 Associated Requirements

ID
No associated Requirements found.

2.8.141.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.142 MAR.ProviderFiling.rdl -- Provider Filing Analysis

This report provides statistical data about provider filing trends. Results are given by individual provider and provider peer group total. Selection criteria for this report are: benefit plan, region/county, provider type, provider specialty, provider number, and reporting period date range.

Extra Feature: If a provider number is entered in the provider number field, the individual provider column will display for that provider the search results that meet the user's selections

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_PROV_PERFORM

2.8.142.1 Technical Name

MAR.ProviderFiling.rdl

2.8.142.2 Sort Order

2.8.142.3 Provider Filing Analysis Layout

3/19/2007 21:21

Commonwealth of Kentucky
Provider Filing Analysis
Fee For Service

Report Criteria			
Benefit Plan	ALL	County/Region	ALL
Fund Code	ALL	Provider Number	
Provider Type	ALL		
Provider Specialty	ALL	Begin/End Period	FEB 2007 / FEB 2007

	Individual Provider	Provider Peer Group
Avg DOS to DOR		329
Avg DOR to DOP		1
Avg DOS to DOP		333

DOS to DOR	Number of Claims	Percent of Total	Paid Amount	Percent of Total Paid	Number of Claims	Percent of Total	Paid Amount	Percent of Total Paid
1 - 7 Days					11,980	9.0%	124,103	1.2%
8 - 14 Days					11,674	8.8%	196,486	1.9%
15 - 30 Days					3,727	2.8%	192,216	1.9%
31 - 60 Days					4,037	3.0%	78,154	0.8%
61 - 90 Days					3,951	3.0%	40,843	0.4%
> 90 Days					97,074	73.3%	9,498,294	93.8%
Total Claims					132,443	100.0%	$10,130,096.10	100.0%

2.8.142.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Avg DOR to DOP	This is the average number of days from date of receipt to date of payment for the provider/group.	6	Number	N/A	N/A
Avg DOS to DOP	This is the average number of days from date of service to date of payment for the provider/group.	6	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Avg DOS to DOR	This is the average number of days from date of service to date of receipt for the provider/group.	6	Number	N/A	N/A
Individual Provider	When a provider number is entered in the selection criteria, this column displays the data for that provider.	0	Character	N/A	N/A
Number of Claims - 1-7 Days	This will display the number of claims received from the provider/group within seven days from the date of service.	10	Number	N/A	N/A
Number of Claims - 15-30 Days	This will display the number of claims received from the provider/group between 15 and 30 days from the date of service.	10	Number	N/A	N/A
Number of Claims - 31-60 Days	This will display the number of claims received from the provider/group between 31 and 60 days from the date of service.	10	Number	N/A	N/A
Number of Claims - 61-90 Days	This will display the number of claims received from the provider/group between 61 and 90 days from the date of service.	10	Number	N/A	N/A
Number of Claims - 8-14 Days	This will display the number of claims received from the provider/group between eight and 14 days from the date of service.	10	Number	N/A	N/A
Number of Claims - >90 Days	This will display the number of claims received from the provider/group more than 90 days from the date of service.	10	Number	N/A	N/A
Number of Claims - Total Claims	This will display the total number of claims received from the provider/group in the reporting period.	10	Number	N/A	N/A
Paid Amount - 1-7 Days	This will display the paid amount from the provider/group within seven days from the date of service.	10	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Paid Amount - 15-30 Days	This will display the paid amount from the provider/group between 15 and 30 days from the date of service.	10	Number	N/A	N/A
Paid Amount - 31-60 Days	This will display the paid amount from the provider/group between 31 and 60 days from the date of service.	10	Number	N/A	N/A
Paid Amount - 61-90 Days	This will display the paid amount from the provider/group between 61 and 90 days from the date of service.	10	Number	N/A	N/A
Paid Amount - 8-14 Days	This will display the paid amount from the provider/group between eight and 14 days from the date of service.	10	Number	N/A	N/A
Paid Amount - >90 Days	This will display the paid amount from the provider/group more than 90 days from the date of service.	10	Number	N/A	N/A
Paid Amount - Total Claims	This will display the total paid amount received from the provider/group in the reporting period.	10	Number	N/A	N/A
Percent of Total - 1-7 Days	This field displays the number of claims as a percent of the total number of received claims from the provider/group received within seven days from the date of service.	6	Number	N/A	N/A
Percent of Total - 15-30 Days	This field displays the number of claims as a percent of the total number of received claims from the provider/group received between 15 and 30 days from the date of service.	6	Number	N/A	N/A
Percent of Total - 31-60 Days	This field displays the number of claims as a percent of the total number of received claims from the provider/group received between 31 and 60 days from the date of service.	6	Number	N/A	N/A
Percent of Total - 61-90 Days	This field displays the number of claims as a percent of the total number of received claims from the provider/group received between 61 and 90 days from the date of service.	6	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Percent of Total - 8-14 Days	This field displays the number of claims as a percent of the total number of received claims from the provider/group received between 8 and 14 days from the date of service.	6	Number	N/A	N/A
Percent of Total - >90 Days	This field displays the number of claims as a percent of the total number of received claims from the provider/group received more than 90 days from the date of service.	6	Number	N/A	N/A
Percent of Total - Total Claims	This field displays the total number of claims as a percent of the total number of received claims from the provider/group during the reporting period.	6	Number	N/A	N/A
Percent of Total Paid - 1-7 Days	This will display the percent of the paid amount from the provider/group within seven days from the date of service and the total paid.	10	Number	N/A	N/A
Percent of Total Paid - 15-30 Days	This will display the percent of the paid amount from the provider/group between 15 and 30 days from the date of service and the total paid.	10	Number	N/A	N/A
Percent of Total Paid - 31-60 Days	This will display the percent of the paid amount from the provider/group between 31 and 60 days from the date of service and the total paid.	10	Number	N/A	N/A
Percent of Total Paid - 61-90 Days	This will display the percent of the paid amount from the provider/group between 61 and 90 days from the date of service and the total paid.	10	Number	N/A	N/A
Percent of Total Paid - 8-14 Days	This will display the percent of the paid amount from the provider/group between eight and 14 days from the date of service and the total paid.	10	Number	N/A	N/A
Percent of Total Paid - >90 Days	This will display the percent of the paid amount from the provider/group more than 90 days from the date of service and the total paid.	10	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Percent of Total Paid - Total Claims	This will display the total paid amount received from the provider/group in the reporting period.	10	Number	N/A	N/A
Provider Group	This column displays the data for all providers with claim data that matches the selection criteria. When a provider number is entered in the selection criteria, the data for that provider is included in this column as well as in the Individual Provider column.	0	Character	N/A	N/A

2.8.142.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.142.6 Associated Requirements

ID
No associated Requirements found.

2.8.142.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.143 MAR.ProviderPrtcpAvg.rdl -- Provider Participation Average

This report provides analysis of provider participation by averages of provider activity, including members, paid claims, denied claims, reimbursement, and billed amounts per participating provider. Participation is defined as claim or non-claim activity within the selection criteria. Detail lines are grouped by provider type and provider specialty. Selection criteria for this report are: benefit plan, fund code, region/county, provider type, provider specialty, and reporting period date range.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_PROV, T_MR_PROV_RE

2.8.143.1 Technical Name

MAR.ProviderPrtcpAvg.rdl

2.8.143.2 Sort Order

For readability, the layout displays on the next page.

2.8.143.3 Provider Participation Average Layout

1/23/2007 16:50

Commonwealth of Kentucky
Provider Participation Average
Fee For Service

Report Criteria			
Benefit Plan	ALL	County/Region	ALL
Provider Type	ALL	State COS	ALL
Provider Specialty	ALL	State Sub-COS	ALL
		Begin/End Period	JUN 2005 / JUN 2005

Provider Type / Provider Specialty	Members per Provider	Paid Claims per Prov	Denied Claims per Prov	Paid per Provider	Paid per Member	Billed per Paid Claim	Billed per Denied Claim
## Unknown	0	0	1,020	$10,500	$0	$0	$233
01 General hospital	107	724	147	$29,685	$277	$445	$710
02 Mental Hospital	10	35	22	$370	$39	$4,044	$2,936
04 Psychiatric Residential Treatment Facility	0	1	10	$0	$0	$5,128	$2,604
11 ICF/MR	15	49	14	$0	$0	$1,998	$2,171
12 Nursing Facility	1	2	21	$3	$3	$2,149	$1,030
13 Specialized Children Service Clinics	4	4	1	$2,354	$607	$538	$538
15 Health Access Nurturing Development Svcs	1	3	2	$126	$251	$122	$150
17 Acquired Brain Injury	5	31	2	$5,331	$1,170	$173	$261
20 Preventive & Remedial Public Health	10	27	11	$300	$30	$25	$16
21 School Based Health Services	22	226	34	$1,643	$73	$19	$86
22 Commission for Handicapped Children	2	4	410	$169	$85	$57	$49
23 Title V/DSS	0	0	1,271	$0	$0	$0	$410
24 First Steps/Early Int.	46	239	1,342	$15,692	$341	$66	$63
27 Adult Targeted Case Management	87	102	4	$24,916	$288	$248	$293

2.8.143.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Billed per Denied Claim	This field will display an average of the dollars billed for denied claims per the quantity of the denied claims.	10	Number	N/A	N/A
Billed per Paid Claim	This field will display an average of the dollars billed for paid claims per the quantity of the paid claims	10	Number	N/A	N/A
Denied Claims per Prov	This field will display an average of the number of denied claims per the number of participating providers.	8	Number	N/A	N/A
Members per Provider	This field will display an average of the number of participating eligibles per the number of participating providers for claims finalized for payment within the reporting period.	8	Number	N/A	N/A
Paid Claims per Prov	This field will display an average of the number of paid claims per the number of participating providers.	8	Number	N/A	N/A
Paid per Member	This field will display an average of the total reimbursement per participating eligible.	10	Number	N/A	N/A
Paid per Provider	This field will display an average of the total reimbursement per participating provider.	10	Number	N/A	N/A
Provider Type / Provider Specialty	This field displays the provider type and description or the provider specialty codes and descriptions for the providers who had data for the chosen selection criteria on this report.	50	Character	N/A	N/A
Totals	These are the totals for the corresponding columns.	10	Number	N/A	N/A

2.8.143.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.143.6 Associated Requirements

ID
No associated Requirements found.

2.8.143.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.144 MAR.ProviderPrtcpTotals.rdl -- Provider Participation Total

This report provides analysis of totals of provider participation including number of providers enrolled, number of providers participating, percent participating, number unduplicated members, claims paid and denied and reimbursement amount. Participation is defined as claim or non-claim activity within the selection criteria. When the user selects the Undup members box, the average payment per participating member is displayed. Results are grouped by provider type and provider specialty. Selection criteria for this report are: benefit plan, fund code, county/region, provider type, provider specialty, and reporting period date range.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_PROV, T_MR_PROV_RE, T_MR_PR_ENROL, T_MR_PR_ENROL_SAK

2.8.144.1 Technical Name

MAR.ProviderPrtcpTotals.rdl

2.8.144.2 Sort Order

For readability, the layout displays on the next page.

2.8.144.3 Provider Participation Total Layout

1/23/2007 16:53

Commonwealth of Kentucky
Provider Participation Total
Fee For Service

Report Criteria			
Benefit Plan	ALL	**County/Region**	ALL
Provider Type	ALL	**State COS**	ALL
Provider Specialty	ALL	**State Sub-COS**	ALL
		Begin/End Period	JUN 2005 / JUN 2005

Provider Type / Provider Specialty	Providers Enrolled	Providers Prtcp	Pct Prov Prtcp	*Undup Memb	Claims Paid	Claims Denied	Paid Amount
## Unknown	0	1	0.0%		0	1,020	$10,500
01 General hospital	0	207	0.0%		149,882	30,469	$6,144,739
02 Mental Hospital	0	10	0.0%		347	217	$3,701
04 Psychiatric Residential Treatment Facility	0	13	0.0%		11	136	$0
11 ICF/MR	0	8	0.0%		390	115	$0
12 Nursing Facility	0	209	0.0%		493	4,361	$715
13 Specialized Children Service Clinics	0	8	0.0%		35	9	$18,830
15 Health Access Nurturing Development Svcs	0	2	0.0%		5	4	$251
17 Acquired Brain Injury	0	9	0.0%		281	14	$47,979
20 Preventive & Remedial Public Health	0	2	0.0%		53	22	$599
21 School Based Health Services	0	41	0.0%		9,246	1,383	$67,380
22 Commission for Handicapped Children	0	1	0.0%		4	410	$169
23 Title V/DSS	0	1	0.0%		0	1,271	$0
24 First Steps/Early Int.	0	2	0.0%		477	2,683	$31,384
27 Adult Targeted Case Management	0	8	0.0%		818	30	$199,331

2.8.144.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
*Undup Memb	This field will display an unduplicated count of the number of participating eligibles that meet the criteria selected. This count only includes members from paid claims that finalized during the reporting period.	8	Number	N/A	N/A
Claims Denied	This field will display the number of submitted claims that meet the criteria selected that denied.	10	Number	N/A	N/A
Claims Paid	This field will display the number of submitted claims that meet the criteria selected that processed for payment.	10	Number	N/A	N/A
Paid Amount	This field will display the dollar amount paid for finalized claims.	15	Number	N/A	N/A
Pct Prov Prtcp	This field will display the number of participating providers as a percentage of the total enrolled providers.	6	Number	N/A	N/A
Provider Type / Provider Specialty	This field displays the provider type and description or the provider specialty codes and descriptions for the providers who had data for the chosen selection criteria on this report.	50	Character	N/A	N/A
Providers Enrolled	This field will display the total number of providers enrolled that meet the criteria selected.	8	Number	N/A	N/A
Providers Prtcp	This field will display the number of enrolled providers with claims that processed to pay during the reporting period.	8	Number	N/A	N/A
Totals	These are the totals for the corresponding columns.	15	Number	N/A	N/A

2.8.144.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.144.6 Associated Requirements

ID
No associated Requirements found.

2.8.144.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.145 MAR.ProviderRanking.rdl -- Provider Ranking

This report displays provider performance ranking among selected groups of like providers. using the sort option, results can be displayed as either the top 100 ranked providers or the bottom 100 ranked providers. The providers are ranked by paid amount, paid claims, and denied claims. When the user selects the Undup Memb/Avg Paid checkbox, the average payment per unique member is displayed. Selection criteria for this report are: benefit plan, fund code, claim type, region/county, provider type, provider specialty, provider number, and reporting period date range.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_PROV, T_MR_PROV_RE

2.8.145.1 Technical Name

MAR.ProviderRanking.rdl

2.8.145.2 Sort Order

For readability, the layout displays on the next page.

2.8.145.3 Provider Ranking Layout

1/23/2007 16:57

Commonwealth of Kentucky

Provider Ranking

Fee For Service

Report Criteria			
Benefit Plan	ALL	Provider Type	ALL
Fund Code	ALL	Provider Specialty	ALL
Claim Type	ALL	Provider Number	
County/Region	ALL	Begin/End Period	JUN 2005 / JUN 2005

Provider Number	Provider Name	Claims Paid	Claims Denied	Paid Amount	Billed Amt Paid Claims	Billed Amt Denied Claims	Avg Paid	Pct Paid	Pct Billed
30606099	SEVEN COUNTIES SVCS INC	7,996	460	$600,823	$705,996	$55,894	$75	2.2%	0.6%
01013978	UNIVERSITY HOSPITAL	5,669	1,560	$431,311	$3,449,384	$1,822,026	$76	1.6%	2.8%
33900770	COMMUNITY ALT KY LEXINGTON	2,732	59	$365,487	$365,487	$7,469	$134	1.3%	0.3%
01000090	LAKE CUMBERLAND REGIONAL HOSPITAL	3,094	887	$313,169	$2,168,193	$821,226	$101	1.1%	1.8%
65904807	KY MEDICAL SERV FOUNDATIO	5,684	1,194	$311,353	$1,453,997	$309,787	$55	1.1%	1.2%
33900663	COMM ALTER KY INC CAKY SYMONIA	2,198	38	$302,300	$302,801	$5,359	$138	1.1%	0.2%
01013671	ST ELIZABETH MEDICALCENTER	3,260	1,242	$278,159	$1,627,017	$987,975	$85	1.0%	1.3%
33900622	COMM ALTERNATIVE KY INC ELIZABETHTOWN	1,984	0	$253,461	$253,461	$0	$128	0.9%	0.2%

2.8.145.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
*Avg Paid per Memb	When undup memb/avg paid checkbox is selected, this field will display an average dollar amount of the total payments made to the provider per the participating eligibles of that provider for claims finalized for payment during the reporting period.	10	Number	N/A	N/A
Avg Paid	This field will display the average dollar amount reimbursed to the individual provider per total number of claims paid to the provider type and specialty.	10	Number	N/A	N/A
Billed Amt Denied Claims	This field will display the total dollars billed for all denied claims during the reporting period.	15	Number	N/A	N/A
Billed Amt Paid Claims	This field will display the total dollars billed for all claims finalized for payment to the provider during the reporting period.	15	Number	N/A	N/A
Claims Denied	This field will display the number of claims submitted by the provider denied during the reporting period.	10	Number	N/A	N/A
Claims Paid	This field will display the number of claims submitted by the provider finalized for payment during the reporting period.	10	Number	N/A	N/A
Paid Amount	This field will display the total dollar amount reimbursed on claims finalized for the provider during the reporting period.	15	Number	N/A	N/A
Pct Billed	This field will display this provider's billed amount for paid claims as a percentage of the total billed amount for paid claims for all providers meeting the selection criteria.	6	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Pct Paid	This field will display this provider's paid amount as a percentage of the total reimbursed amount for all providers meeting the selection criteria.	6	Number	N/A	N/A
Provider Name	This field will display the name of the provider.	40	Character	N/A	N/A
Provider Number	This field will display the numeric value assigned to identify each provider.	10	Char	N/A	N/A
Rank	This field will display the numeric ranking of total payments for a provider with the same type and specialty during the reporting period.	3	Number	N/A	N/A
Totals	These are the totals for the corresponding columns.	15	Number	N/A	N/A

2.8.145.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.145.6 Associated Requirements

ID
No associated Requirements found.

2.8.145.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.146 MAR.ProviderRankingOpPerf.rdl -- Provider Ranking by Operation Performance

This report displays provider performance ranking among selected groups of like providers.

2.8.146.1 Technical Name

MAR.ProviderRankingOpPerf.rdl

2.8.146.2 Sort Order

For readability, the layout displays on the next page.

2.8.146.3 Provider Ranking by Operation Performance Layout

3/19/2007 22:26

Commonwealth of Kentucky

Provider Ranking - Operating Performance

Fee For Service

Report Criteria			
Benefit Plan	ALL	County/Region	ALL
Fund Code	ALL	State COS	ALL
Provider Type	ALL	State Sub-COS	ALL
Provider Specialty	ALL	Begin/End Period	FEB 2007 / FEB 2007

			1-30 days		31-60 days		61-90 days		Over 90 days	
Provider Number	Provider Name	Avg DOS to DOR	Number Claims	Paid Amount	Number Claims	Paid Amount	Number Claims	Paid Amount	Number Claims	Paid Amount
90003161	MCCREARY MEDICAL SUPPLY	1	1	$0	0	$0	0	$0	0	$0
78003308	SNODGRASS, TINA L,	1	3	$64	0	$0	0	$0	0	$0
77901403	EYE INSTITUTE OF CENTRAL KENTUCKY	2	1	$49	0	$0	0	$0	0	$0
64072358	GHANIM, WAEL I,	3	74	$2,009	0	$0	0	$0	0	$0
65917569	KUNATH, BURKE & TEMMING	3	2	$42	0	$0	0	$0	0	$0
78003217	PERDUE, TARA,	3	16	$170	0	$0	0	$0	0	$0
31000110	OLBH OUTREACH CLINIC AT SOUTHSHORE	3	76	$0	0	$0	0	$0	0	$0
64023187	SUESS, LAWRENCE E,	3	151	$6,622	0	$0	0	$0	0	$0
64316250	ZETTER, DAVID R,	3	89	$1,116	0	$0	0	$0	0	$0
65936734	ALLERGY PARTNERS PSC	4	4	$0	0	$0	0	$0	0	$0
64241284	JONES, DALE,	4	4	$0	0	$0	0	$0	0	$0
64294762	AHMADI, MEHDI,	4	60	$0	0	$0	0	$0	0	$0
65905788	NEPHROLOGY ASSOCIATES	4	6	$355	0	$0	0	$0	0	$0
65914673	OPHTHALMOLOGICAL SERVICES INC	4	1	$36	0	$0	0	$0	0	$0
64281686	WILDER, DEBRA L,	4	48	$692	0	$0	0	$0	0	$0
78001260	CAYCE, HELEN H,	4	2	$20	0	$0	0	$0	0	$0
64024201	SASSLER, ALFRED M,	4	16	$766	0	$0	0	$0	0	$0
64053515	FLASPOHLER, LOUIS,	4	2	$42	0	$0	0	$0	0	$0
78900842	MS COMMUNITY	4	23	$201	0	$0	0	$0	0	$0
65929572	THE WOMEN'S PAVILIION	4	36	$720	0	$0	0	$0	0	$0
65943664	SINGH MEDICAL ASSOC PLLC	5	8	$216	0	$0	0	$0	0	$0
64304603	DUDEE, JITANDER S,	5	60	$0	0	$0	0	$0	0	$0

2.8.146.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Avg DOS to DOR	This is the average number of days from date of service to date of receipt for the provider/group.	6	Number	N/A	N/A
Number of Claims - 1-30 Days	This will display the number of claims received from the provider/group within 30 days from the date of service.	10	Number	N/A	N/A
Number of Claims - 31-60 Days	This will display the number of claims received from the provider/group between 31 and 60 days from the date of service.	10	Number	N/A	N/A
Number of Claims - 61-90 Days	This will display the number of claims received from the provider/group between 61 and 90 days from the date of service.	10	Number	N/A	N/A
Number of Claims - >90 Days	This will display the number of claims received from the provider/group more than 90 days from the date of service.	10	Number	N/A	N/A
Paid Amount - 1-30 Days	This will display the paid amount from the provider/group within 30 days from the date of service.	10	Number	N/A	N/A
Paid Amount - 31-60 Days	This will display the paid amount from the provider/group between 31 and 60 days from the date of service.	10	Number	N/A	N/A
Paid Amount - 61-90 Days	This will display the paid amount from the provider/group between 61 and 90 days from the date of service.	10	Number	N/A	N/A
Paid Amount - >90 Days	This will display the paid amount from the provider/group more than 90 days from the date of service.	10	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider Name	This field will display the name of the provider matching the number listed in the Provider Number column of the data report.	40	Character	N/A	N/A
Provider Number	This field will display the numeric value assigned to identify each provider.	10	Character	N/A	N/A

2.8.146.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.146.6 Associated Requirements

ID
No associated Requirements found.

2.8.146.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.147 MAR.PrtcpByAidCategory.rdl -- Locality Participation Analysis by Program Code

This report displays number of eligible members, members receiving a service, and paid claims along with the billed, allowed, and paid amounts for paid claims. When the user selects the Unduplicated Member checkbox, the number of participating members and average payment per member is displayed. When the user selects the Eligibles checkbox, the number of eligibles and the average payment per eligible member is displayed. When both checkboxes are selected, the eligibles and participating counts are displayed. The report results are grouped by program code. Selection criteria for this window are: benefit plan, region/county, state category of service, state sub-category of service, program code, age group, race, gender, and reporting period date range.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_RE_CNTY, T_MR_RE, T_MR_ELIG, T_MR_ELIG_SAK

2.8.147.1 Technical Name

MAR.PrtcpByAidCategory.rdl

2.8.147.2 Sort Order

For readability, the layout displays on the next page.

2.8.147.3 Locality Participation Analysis by Program Code Layout

1/23/2007 15:21

Commonwealth of Kentucky

Locality Participation Analysis By Program Code

Fee For Service

Report Criteria			
Benefit Plan	ALL	Age Group	ALL
County/Region	ALL	Race	ALL
Program Code	ALL	Gender	ALL
State COS	ALL		
State Sub-COS	ALL	Begin/End Period	JUN 2005 / JUN 2005

Program Code	*Eligibles	*Undup Memb	*Pct Elig Prtcp	Claims Paid	Billed Amount	Allowed Amount	Paid Amount	*Avg Paid per Elig	*Avg Paid per Memb
## Unknown				64,775	$16,516,290	$4,342,759	$4,018,608		
A Aged indiv 65 and over wh				15,625	$3,340,916	$452,652	$260,601		
AP Aged indiv 65 and over wh				688	$120,517	$21,112	$15,896		
B Blind indiv who rec SSI				1,398	$224,408	$88,985	$84,429		
BP Blind indiv who rec SSI				8	$1,882	$508	$508		
C Chldrn and their caretake				23,196	$4,040,004	$1,315,755	$1,305,523		
D Disabled indiv who rec SS				198,418	$48,625,228	$12,158,755	$11,184,818		
DP Dis indiv who rec SSI and				3,536	$765,785	$171,749	$154,821		
E Chldrn & caregiv who do n				29,255	$5,719,581	$1,659,389	$1,633,571		
F Aged indiv 65 and over wh				643	$192,296	$15,601	$7,165		
FP Aged indiv 65 and over wh				807	$280,194	$13,088	$9,224		

2.8.147.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
*Avg Paid Per Elig	This is the average of dollars paid per eligible for claims adjudicated for payments during the reporting period.	10	Number	N/A	N/A
*Avg Paid Prtcp Member	This is the average of dollars paid per member for claims adjudicated for payments during the reporting period.	10	Number	N/A	N/A
*Eligibles	This is the count of members eligible for service during the reporting period.	8	Number	N/A	N/A
*Pct Elig Prtcp	When both checkboxes are selected, the percentage of all eligible members who participate in the program.	6	Number	N/A	N/A
*Undup Memb	This is the count of unique members served in the selection criteria for claims finalized during the reporting period.	8	Number	N/A	N/A
Allowed Amount	This is the total dollars allowed for services rendered in the selection criteria for claims paid during the reporting period.	15	Number	N/A	N/A
Billed Amount	This field displays the total dollars billed for services rendered in the selection criteria during the reporting period.	15	Number	N/A	N/A
Claims Paid	This field displays the number of claims in the selected criteria finalized for payment during the reporting period.	10	Number	N/A	N/A
Paid Amount	This field displays the total dollars paid for services rendered in the selection criteria for claims paid during the reporting period.	15	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Program Code	This is the eligibility category for which a member is assigned.	50	Character	N/A	N/A
Totals	These are the totals for the corresponding columns.	15	Number	N/A	N/A

2.8.147.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.147.6 Associated Requirements

ID
No associated Requirements found.

2.8.147.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.148 MAR.PrtcpByCOS.rdl -- Locality Participation Analysis by COS

This report displays member and claim counts and dollars for paid claims. When the user selects the Undup members checkbox, the number of members participating and average paid per member are displayed. The report is grouped by state category of service. Selection criteria for this report includes: benefit plan, region/county, state category of service, state sub-category of service, program code, age group, race, gender, and reporting period date range.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_RE_CNTY, T_MR_RE

2.8.148.1 Technical Name

MAR.PrtcpByCOS.rdl

2.8.148.2 Sort Order

For readability, the layout displays on the next page.

2.8.148.3 Locality Participation Analysis by COS Layout

1/23/2007 15:17

Commonwealth of Kentucky

Locality Participation Analysis By State COS

Fee For Service

Report Criteria			
Benefit Plan	ALL	Age Group	ALL
County/Region	ALL	Race	ALL
State COS	ALL	Gender	ALL
State Sub-COS	ALL		
Program Code	ALL	Begin/End Period	JUN 2005 / JUN 2005

State Category of Service	*Undup Memb	*Pct Elig Prtcp	Claims Paid	Billed Amount	Allowed Amount	Paid Amount	*Avg Paid per Memb
02 Inpatient Hosp Acute Care			139,738	$62,644,977	$6,972,007	$5,085,268	
03 Mental Hospital			347	$1,399,624	$0	$0	
04 Renal Dialysis Clinic			756	$1,800,774	$229,203	$198,650	
07 Model Waiver 2			82	$23,351	$21,931	$21,931	
08 Psychiatric Residential Treatment Facility			11	$56,409	$0	$0	
13 Ambulatory Surgery			641	$867,006	$240,284	$237,753	
15 HANDS			5	$610	$716	$251	
16 Impact Plus			3,136	$432,360	$423,632	$423,632	
17 Spec. Childrens Services Clinic			35	$18,830	$18,830	$18,830	
20 Adult Targeted Case Management			818	$202,462	$199,331	$199,331	
21 Children Targeted Case Management			970	$231,617	$225,940	$225,940	
23 School Based Hlth Svcs			2,967	$65,181	$36,205	$25,285	
24 Comm For Chldrn w/Spec Hlth Care Needs (CSHC)			4	$228	$228	$169	

2.8.148.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
*Avg Paid Prtcp Memb	This is the average of dollars paid per member for claims adjudicated for payments during the reporting period.	10	Number	N/A	N/A
*Pct Elig Prtcp	When both checkboxes are selected, the percentage of all eligible members who participate in the program.	6	Number	N/A	N/A
*Undup Memb	This is the count of unique members served in the selection criteria for claims finalized during the reporting period.	8	Number	N/A	N/A
Allowed Amount	This is the total dollars allowed for services rendered in the selection criteria for claims paid during the reporting period.	15	Number	N/A	N/A
Billed Amount	This field displays the total dollars billed for services rendered in the selection criteria during the reporting period.	15	Number	N/A	N/A
Claims Paid	This field displays the number of claims in the selected criteria finalized for payment during the reporting period.	10	Number	N/A	N/A
Paid Amount	This field displays the total dollars paid for services rendered in the selection criteria for claims paid during the reporting period.	15	Number	N/A	N/A
State Category of Service	This field displays the combined high-level State category of service (COS) and detail-level State Sub-COS value. The State category of service is a derived value assigned to each record reported in MAR.	50	Character	N/A	N/A
Totals	These are the totals for the corresponding columns.	15	Number	N/A	N/A

2.8.148.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.148.6 Associated Requirements

ID
No associated Requirements found.

2.8.148.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.149 MAR.RecipPrtcpByCnty.rdl -- Member Participation Summary by County

This report displays member utilization grouped by county code and description. Selection criteria for this report includes: benefit plan, fund code, region/county, claim type, state category of service, state sub-category of service, program code, and reporting period date range.

The report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_RE_CNTY, T_MR_RE, T_MR_RE_ELIG, T_MR_RE_ELIG_SAK

2.8.149.1 Technical Name

MAR.RecipPrtcpByCnty.rdl

2.8.149.2 Sort Order

For readability, the layout displays on the next page.

2.8.149.3 Member Participation Summary by County Layout

1/23/2007 17:42

Commonwealth of Kentucky

Member Participation Summary By County

Fee For Service

Report Criteria			
Benefit Plan	ALL	County/Region	ALL
Fund Code	ALL	Age Group	ALL
Program Code	ALL	Gender	ALL
Claim Type	ALL	Race	ALL
State COS	ALL		
State Sub-COS	ALL	Begin/End Period	JUN 2005 / JUN 2005

County	Eligibles	Undup Memb	Pct of Elig Prtcp	Paid Amount	Avg Paid per Elig	Avg Paid Prtcp Memb
### Unknown	0	1	0.0%	$759,523	$0	$759,523
001 Adair	4,071	872	21.4%	$195,557	$48	$224
002 Allen	3,373	627	18.6%	$73,718	$22	$118
003 Anderson	1,962	262	13.4%	$49,083	$25	$187
004 Ballard	1,359	243	17.9%	$43,217	$32	$178
005 Barren	7,845	1,329	16.9%	$147,003	$19	$111
006 Bath	3,316	581	17.5%	$114,103	$34	$196
007 Bell	11,310	2,310	20.4%	$321,852	$28	$139
008 Boone	7,409	1,408	19.0%	$365,580	$49	$260
009 Bourbon	2,946	510	17.3%	$83,398	$28	$164
010 Boyd	9,780	2,135	21.8%	$372,278	$38	$174
011 Boyle	4,321	887	20.5%	$128,863	$30	$145
012 Bracken	1,529	276	18.1%	$49,082	$32	$178
013 Breathitt	6,501	1,209	18.6%	$226,353	$35	$187

2.8.149.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Avg Paid Per Elig	This is the average of the dollars paid per eligible for claims adjudicated for payment during the reporting period.	10	Number	N/A	N/A
Avg Paid Prtcp Member	This is the average of the dollars paid per member for claims adjudicated for payment during the reporting period.	10	Number	N/A	N/A
County	This will display the county description associated with the detail line totals. This county description is based on the member county code.	50	Character	N/A	N/A
Eligibles	This will display the total number of persons enrolled in the selected program and eligible to receive services during the reporting period.	8	Number	N/A	N/A
Paid Amount	This field displays the total dollar amount paid for claims finalized during the reporting period.	15	Number	N/A	N/A
Pct of Elig Memb	This field displays the unduplicated count of members as a percent of the total number of members during the reporting period.	6	Number	N/A	N/A
Totals	These are the totals for the corresponding columns.	15	Number	N/A	N/A
Undup Memb	This will display a unique count of member for claims finalized during the reporting period.	8	Number	N/A	N/A

2.8.149.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.149.6 Associated Requirements

ID
No associated Requirements found.

2.8.149.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.150 MAR.RecipientCopay.rdl -- Member Copayment by Category of Service

This report provides a method of tracking claim counts and expenditures saved as a result of co-payment policies. It includes claims paid, total claims paid, percentage of claims with copay, copay deducted, and claim amounts. Results are listed by program code depending on user selection of the type of co-payment. Selection criteria for this report are: benefit plan, fund code, co-payment type, and reporting period date range.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_RE_CNTY

2.8.150.1 Technical Name

MAR.RecipientCopay.rdl

2.8.150.2 Sort Order

For readability, the layout displays on the next page.

2.8.150.3 Member Copayment by Category of Service Layout

1/23/2007 17:38

Commonwealth of Kentucky

Member Copayment By Category of Service

Fee For Service

Report Criteria

Benefit Plan	ALL	**Co-payment Type**	ALL
Program Code	ALL	**Fund Code**	ALL
State COS	ALL		
State Sub-COS	ALL	**Begin/End Period**	JUN 2005 / JUN 2005

State Category of Service	Paid Claims with Copay	Total Claims Paid	Pct Claims Copay	Copay Deducted	Avg Copay per Claim	Billed Amount	Allowed Amount	Paid Amount
02 Inpatient Hosp Acute Care	267	139,738	0.2%	$15,187	$57	$42,249	$3,333	$3,333
13 Ambulatory Surgery	194	641	30.3%	$93,367	$481	$312,540	$18,748	$18,748
34 Clinical Social Worker	197	197	100.0%	$7,767	$39	$17,450	$1,677	$1,677
35 Chiropractor	2,584	2,975	86.9%	$16,559	$6	$94,443	$35,792	$33,971
36 Other Lab and X-Ray	600	811	74.0%	$44,399	$74	$120,444	$9,193	$9,193
37 Physical Therapist Xover	453	453	100.0%	$18,559	$41	$30,011	$3,808	$3,808
39 Psychologist Xover	48	48	100.0%	$3,923	$82	$7,379	$889	$877
40 DME Supplier	8,406	15,518	54.2%	$985,827	$117	$1,567,350	$185,872	$185,699
41 Primary Care	1,278	15,526	8.2%	$75,378	$59	$103,565	$430	$0
42 Community Mental Health	810	27,458	2.9%	$36,078	$45	$67,877	$6,753	$6,751
43 Rural Health Clinic	9,088	10,567	86.0%	$1,008,809	$111	$613,663	$581,140	$577,637
47 Independent Lab	190	12,087	1.6%	$18,201	$96	$32,001	$662	$662
54 Nurse Anesthetist	251	917	27.4%	$35,500	$141	$141,789	$2,213	$2,213
62 Transportation	3,925	5,783	67.9%	$639,191	$163	$1,169,893	$6,334	$6,334

2.8.150.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Allowed Amount	This is the allowed amount for the claims that had co-payment collected.	15	Number	N/A	N/A
Avg Copay per Claim	This field will display the average of the Paid Claims with Copay per Copay Deducted .	50	Character	N/A	N/A
Billed Amount	This field displays the billed amount for the claims that had co-payment collected.	15	Number	N/A	N/A
Copay Deducted	This is the co-payment amount deducted from the total allowed for claims finalized during the reporting period that met the criteria set for co-payment deduction.	15	Number	N/A	N/A
Paid Amount	This field displays the paid amount for the claims that had co-payment collected.	15	Number	N/A	N/A
Paid Claims with Copay	This field displays the number of claims finalized during the reporting period with co-pay deducted from the total allowed amount.	10	Number	N/A	N/A
Pct Claims Copay	This field displays the percentage of the totals claims paid that had co-payment collected.	6	Number	N/A	N/A
State Category of Service	This field displays the combined high-level State category of service (COS) and detail-level State Sub-COS value. The State category of service is a derived value assigned to each record reported in MAR.	50	Character	N/A	N/A
Total Claims Paid	This is the total number of claims finalized during the reporting period. This total includes claims with co-pay deducted and without co-pay deducted.	10	Number	N/A	N/A
Totals	These are the totals for the corresponding columns.	15	Number	N/A	N/A

2.8.150.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.150.6 Associated Requirements

ID
No associated Requirements found.

2.8.150.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.151 MAR.RecipientRanking.rdl -- Member Ranking

This report displays member usage ranking among selected groups of like members. The top 100 members that fit the selection criteria are displayed, ranked by paid amount, paid claims and denied claims. Selection criteria includes: benefit plan, region/county, claim type, program code, fund code, and reporting period date range.

Note: This report only displays the most recent rolling 6 months of data.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_RECIP_RANK

2.8.151.1 Technical Name

MAR.RecipientRanking.rdl

2.8.151.2 Sort Order

For readability, the layout displays on the next page.

2.8.151.3 Member Ranking Layout

1/23/2007 17:47

Commonwealth of Kentucky

Member Ranking

Fee For Service

Report Criteria			
Benefit Plan	ALL	Fund Code	ALL
Claim Type	ALL	County/Region	ALL
Program Code	ALL	Begin/End Period	JUN 2005 / JUN 2005

Member ID	Claims Paid	Claims Denied	Paid Amount	Billed Amt Paid Claims	Billed Amt Denied Claims	Avg Paid	Percent Paid	Percent Billed	Rank
1111111114	64,771	2,355	$3,259,086	$15,756,768	$313,960	$50	11.9%	12.8%	1
	4	0	$749,023	$749,023	$0	$187,256	2.7%	0.6%	2
7382997024	18	3	$35,726	$66,299	$56	$1,985	0.1%	0.1%	3
7372053404	6	0	$34,147	$62,230	$0	$5,691	0.1%	0.1%	4
7379511024	6	23	$25,898	$38,342	$12,930	$4,316	0.1%	0.0%	5
7381877564	12	12	$21,470	$42,097	$1,987	$1,789	0.1%	0.0%	6
7375625634	25	6	$19,789	$34,924	$319	$792	0.1%	0.0%	7
7383380434	12	0	$18,568	$33,436	$0	$1,547	0.1%	0.0%	8
7378674124	30	0	$18,000	$18,000	$0	$600	0.1%	0.0%	9
7377806774	7	0	$17,482	$29,890	$0	$2,497	0.1%	0.0%	10
7380129154	29	0	$17,400	$17,400	$0	$600	0.1%	0.0%	11
7375597214	8	0	$17,167	$30,754	$0	$2,146	0.1%	0.0%	12
7380285494	28	0	$16,800	$16,800	$0	$600	0.1%	0.0%	13
7384036444	28	0	$16,233	$36,269	$0	$580	0.1%	0.0%	14
7381525694	13	0	$16,038	$42,275	$0	$1,234	0.1%	0.0%	15
7381375014	27	1	$15,900	$15,900	$600	$589	0.1%	0.0%	16
7387243904	2	0	$15,080	$17,360	$0	$7,540	0.1%	0.0%	17

2.8.151.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Avg Paid	This will display the average dollar amount paid on behalf of the member per total number of paid claims.	10	Number	N/A	N/A
Billed Amt Denied Claims	This field displays the total dollars billed for all denied claims during the reporting period.	15	Number	N/A	N/A
Billed Amt Paid Claims	This field displays the total dollars billed for all claims finalized for payment on behalf of the member during the reporting period.	15	Number	N/A	N/A
Claims Denied	This field displays the number of claims submitted on behalf of the member and denied during the reporting period.	10	Number	N/A	N/A
Claims Paid	This field displays the number of claims submitted on behalf of the member and finalized for payment during the reporting period.	10	Number	N/A	N/A
Member ID	This field displays the member identification number.	30	Number	N/A	N/A
Paid Amount	This field displays the total dollar amount paid for claims finalized on behalf of the member during the reporting period.	15	Number	N/A	N/A
Percent - Billed	This field displays this member's billed amount for paid claims as a percentage of the total billed amount for paid claims for all members meeting the selection criteria.	6	Number	N/A	N/A
Percent - Paid	This field displays this member's paid amount as a percentage of the total paid amount for all members meeting the selection criteria.	6	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Rank	This field displays the numeric ranking of total payments for the member during the reporting period.	3	Number	N/A	N/A
Totals	These are the totals for the corresponding columns.	15	Number	N/A	N/A

2.8.151.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.151.6 Associated Requirements

ID
No associated Requirements found.

2.8.151.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.152 MAR.ThirdPartyPayment.rdl -- Third Party Payment Ranking

This report analyzes third party payment trends by provider. It displays claim counts, dollar amounts, related percentages, and rankings of the information in a selected provider grouping for paid claims with third party payment considerations. The top 100 providers, ranked by TPL dollars, that fit the selection criteria, are displayed. Selection criteria for this report are: benefit plan, fund code, claim type, provider type, provider specialty, and reporting period date range.

The Third Party Payment Report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_PROV

2.8.152.1 Technical Name

MAR.ThirdPartyPayment.rdl

2.8.152.2 Sort Order

For readability, the layout displays on the next page.

2.8.152.3 Third Party Payment Ranking Layout

1/23/2007 17:12

Commonwealth of Kentucky

Third Party Payment Ranking

Fee For Service

Report Criteria			
Benefit Plan	ALL	Claim Type	ALL
Provider Type	ALL	Fund Code	ALL
Provider Specialty	ALL	County/Region	ALL
State COS	ALL		
State Sub-COS	ALL	Begin/End Period	JUN 2005 / JUN 2005

Provider Number	Provider Name	Claims Paid	TPL Claims	TPL / Claim Pct	Total Paid	Total Billed	TPL Dollars	TPL Dollars / Paid Pct	Rank TPL / Paid
65904807	KY MEDICAL SERV FOUNDATIO	5,684	114	2.0%	$311,353	$1,453,997	$9,121	2.9%	1
55000871	MED FLIGHT OF EASTERN KY	5	2	40.0%	$4,179	$40,520	$7,000	167.5%	2
54032198	D & R PHARMACARE	73	73	100.0%	$0	$8,302	$6,557	0.0%	3
54021811	PHARM-SAVE INC	161	161	100.0%	$0	$8,467	$6,486	0.0%	4
54026018	THREE FORKS APOTHECA	41	41	100.0%	$0	$4,956	$3,933	0.0%	5
65933715	ONCOLOGY HEMATOLOGY CARE INC	124	11	8.9%	$4,449	$33,390	$3,611	81.2%	6
54034731	RESPIRATORY PARTNERS	16	16	100.0%	$0	$4,548	$3,603	0.0%	7
55056204	STATCARE	5	1	20.0%	$7,679	$43,750	$3,500	45.6%	8
90254137	THE BRACE PROSTHETICORTHOTIC CTRS	9	3	33.3%	$2,640	$9,058	$2,977	112.8%	9
64324742	HELTSLEY, CATHERINE G,	32	7	21.9%	$2,286	$9,760	$2,874	125.7%	10
65915621	ST LUKE HOSPITAL CLINIC	343	31	9.0%	$10,294	$24,537	$2,684	26.1%	11
54034566	KINDRED PHARMACY SERVICES	20	20	100.0%	$0	$3,966	$2,620	0.0%	12

2.8.152.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Claims Paid	This field will display the number of claims submitted by the provider finalized for payment during the reporting period.	10	Number	N/A	N/A
Number TPL Claims	This field will display the number of paid claims with payment from a third party not including Medicare.	10	Number	N/A	N/A
Provider Name	This field will display the name of the provider matching the number listed in the Provider Number column of the data report.	40	Character	N/A	N/A
Provider Number	This field will display the numeric value assigned to identify each provider.	10	Character	N/A	N/A
Rank TPL/Paid	This field will display the numeric ranking of the provider according to the amount of third party dollars per dollars billed for paid claims for the reporting period. Only the top 100 providers that fit the selection criteria will be displayed.	3	Number	N/A	N/A
TPL Dollars	This field will display the dollar amount paid by a third party for claims paid to the provider during the reporting period.	15	Number	N/A	N/A
TPL Dollars/Paid Pct	This field will display the dollar amount paid by a third party as a percentage of the total dollar amount reimbursed on claims finalized for the provider during the reporting period.	6	Number	N/A	N/A
TPL/Claim Pct	This field will display the number of paid claims with third party dollars, as a percentage of the total number of claims paid to the provider during the reporting period.	6	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Billed	This field will display the total dollars billed by the provider for claims paid during the reporting period.	15	Number	N/A	N/A
Total Paid	This field will display the total dollar amount reimbursed on claims finalized for the provider during the reporting period.	15	Number	N/A	N/A
Totals	These are the totals for the corresponding columns.	15	Number	N/A	N/A

2.8.152.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.152.6 Associated Requirements

ID
No associated Requirements found.

2.8.152.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.153 MAR.ThruputDORDOA.rdl -- Claims Processing Throughput Analysis - DOR to DOA

This report displays the percentage of claims paid based on the length of time between receipt of a claim to adjudication. The percentages are reported in seven categories to provide the user with a summary of timeliness on claims adjudication. The data results are grouped by provider type and specialty. Selection criteria for this report includes: benefit plan, fund code, claim type, provider type, provider specialty, ICN region code, and reporting period date range.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_OP_PERFORM

2.8.153.1 Technical Name

MAR.ThruputDORDOA.rdl

2.8.153.2 Sort Order

For readability, the layout displays on the next page.

2.8.153.3 Claims Processing Throughput Analysis - DOR to DOA Layout

1/23/2007 16:34

Commonwealth of Kentucky

Claims Processing Throughput Analysis - DOR to DOA

Fee For Service

Report Criteria

Benefit Plan	ALL	**Fund Code**	ALL
Provider Type	ALL	**ICN Region**	ALL
Provider Specialty	ALL	**Begin/End Period**	JUN 2005 / JUN 2005

Provider Type / Provider Specialty	Total Claims	2 Days	4 Days	7 Days	14 Days	21 Days	30 Days	60 Days	Over 60 Days	Avg Days to Adjud
	78	9.0%	0.0%	0.0%	0.0%	42.3%	48.7%	0.0%	0.0%	18.5
-1	968	8.8%	1.2%	0.0%	2.5%	32.7%	54.8%	0.0%	0.0%	19.1
01 General hospital	177,814	6.4%	1.2%	0.1%	0.3%	30.7%	61.4%	0.0%	0.0%	21.0
02 Mental Hospital	561	5.9%	0.7%	0.0%	0.0%	28.0%	65.4%	0.0%	0.0%	20.2
04 Psychiatric Residential Treatment Facility	144	13.2%	0.0%	0.0%	0.0%	43.8%	43.1%	0.0%	0.0%	18.6
11 ICF/MR	505	77.4%	0.0%	0.0%	2.4%	0.0%	20.2%	0.0%	0.0%	5.5
12 Nursing Facility	4,770	63.7%	1.7%	0.1%	0.2%	16.0%	18.4%	0.0%	0.0%	8.3
13 Specialized Children Service Clinics	44	0.0%	0.0%	0.0%	2.3%	25.0%	72.7%	0.0%	0.0%	22.9
15 Health Access Nurturing Development Svcs	4	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	13.0
17 Acquired Brain Injury	295	0.3%	0.3%	0.0%	0.3%	23.4%	75.6%	0.0%	0.0%	22.1
20 Preventive & Remedial Public Health	59	0.0%	0.0%	0.0%	30.5%	57.6%	11.9%	0.0%	0.0%	15.8
21 School Based Health Services	10,617	0.7%	0.2%	0.0%	0.6%	81.5%	16.7%	0.4%	0.0%	21.3
22 Commission for Handicapped Children	411	0.0%	0.0%	0.0%	0.0%	96.4%	3.6%	0.0%	0.0%	15.3
23 Title V/DSS	1,271	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.0
24 First Steps/Early Int.	3,159	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	21.0
27 Adult Targeted Case Management	847	0.2%	0.0%	0.0%	0.0%	53.1%	46.6%	0.0%	0.0%	21.9

2.8.153.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
14 Days	This is the percent of total claims for the provider type and provider specialty that were adjudicated in eight to 14 days of being received.	6	Number	N/A	N/A
2 Days	This is the percent of total claims for the provider type and provider specialty that were adjudicated within two days of being received.	6	Number	N/A	N/A
21 Days	This is the percent of total claims for the provider type and provider specialty that were adjudicated in 15 to 21 days of being received.	6	Number	N/A	N/A
30 Days	This is the percent of total claims for the provider type and provider specialty that were adjudicated in 22 to 30 days of being received.	6	Number	N/A	N/A
4 Days	This is the percent of total claims for the provider type and provider specialty that were adjudicated between three and four days of being received.	6	Number	N/A	N/A
60 Days	This is the percent of total claims for the provider type and provider specialty that were adjudicated in 31 to 60 days of being received.	6	Number	N/A	N/A
7 Days	This is the percent of total claims for the provider type and provider specialty that were adjudicated in five to seven days of being received.	6	Number	N/A	N/A
Avg Days to Adjud	This is the average number of days from being received to adjudication for the provider type and provider specialty. This average will reflect the criteria selected by the user.	6	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Over 60 Days	This is the percent of total claims for the provider type and provider specialty that were adjudicated over 60 days of being received.	6	Number	N/A	N/A
Provider Type / Provider Specialty	This field displays the provider type and description or the provider specialty codes and descriptions for the providers who had data for the chosen selection criteria on this report.	50	Character	N/A	N/A
Total Claims	This is the total number of claims that have been adjudicated for the provider type and provider specialty. This total will reflect the criteria selected by the user.	10	Number	N/A	N/A
Totals	These are the totals for the corresponding columns. For the percentage columns, the values are calculated for the total claims displayed.	10	Number	N/A	N/A

2.8.153.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.153.6 Associated Requirements

ID
No associated Requirements found.

2.8.153.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.154 MAR.ThruputDORDOP.rdl -- Claims Processing Throughput Analysis - DOR to DOP

This report displays the percentage of claims paid based on the length of time between claim receipt date to claim payment date. The percentages are reported in seven categories to provide the user with a summary of timeliness on claims payment. The data results are grouped by provider type and specialty. Selection criteria for this report includes: benefit plan, fund code, claim type, provider type, provider specialty, ICN region code, and reporting period date range.

This report is designed to consistently display fee-for-service or encounter information.

Tables: T_MR_OP_PERFORM

2.8.154.1 Technical Name

MAR.ThruputDORDOP.rdl

2.8.154.2 Sort Order

For readability, the layout displays on the next page.

2.8.154.3 Claims Processing Throughput Analysis - DOR to DOP Layout

1/23/2007 16:37

Commonwealth of Kentucky

Claims Processing Throughput Analysis - DOR to DOP

Fee For Service

Report Criteria

Benefit Plan	ALL	**Fund Code**	ALL
Provider Type	ALL	**ICN Region**	ALL
Provider Specialty	ALL	**Begin/End Period**	JUN 2005 / JUN 2005

Provider Type / Provider Specialty	Total Claims	7 Days	14 Days	21 Days	30 Days	60 Days	90 Days	Over 90 Days	Avg Days to Paid
	78	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0
-1	968	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0
01 General hospital	177,814	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0
02 Mental Hospital	561	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0
04 Psychiatric Residential Treatment Facility	144	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0
11 ICF/MR	505	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0
12 Nursing Facility	4,770	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0
13 Specialized Children Service Clinics	44	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0
15 Health Access Nurturing Development Svcs	4	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0
17 Acquired Brain Injury	295	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0
20 Preventive & Remedial Public Health	59	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0
21 School Based Health Services	10,617	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0
22 Commission for Handicapped Children	411	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0
23 Title V/DSS	1,271	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0
24 First Steps/Early Int.	3,159	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0
27 Adult Targeted Case Management	847	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0

2.8.154.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
14 Days	This is the percent of total claims for the provider type and provider specialty that were paid in eight to 14 days of being received.	6	Number	N/A	N/A
21 Days	This is the percent of total claims for the provider type and provider specialty that were paid in 15 to 21 days of being received.	6	Number	N/A	N/A
30 Days	This is the percent of total claims for the provider type and provider specialty that were paid in 22 to 30 days of being received.	6	Number	N/A	N/A
4 Days	This is the percent of total claims for the provider type and provider specialty that were adjudicated between three and four days of being received.	6	Number	N/A	N/A
60 Days	This is the percent of total claims for the provider type and provider specialty that were paid in 31 to 60 days of being received.	6	Number	N/A	N/A
7 Days	This is the percent of total claims for the provider type and provider specialty that were paid within seven days of being received.	6	Number	N/A	N/A
90 Days	This is the percent of total claims for the provider type and provider specialty that were paid in 61 to 90 days of being received.	6	Number	N/A	N/A
Avg Days to Paid	This is the average number of days from being received to paid for the provider type and provider specialty. This average will reflect the criteria selected by the user.	6	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Over 90 Days	This is the percent of total claims for the provider type and provider specialty that were paid over 90 days after being received.	6	Number	N/A	N/A
Provider Type / Provider Specialty	This field displays the provider type and description or the provider specialty codes and descriptions for the providers who had data for the chosen selection criteria on this report.	50	Character	N/A	N/A
Total Claims	This is the total number of claims that have been paid for the provider type and provider specialty. This total will reflect the criteria selected by the user.	10	Number	N/A	N/A
Totals	These are the totals for the corresponding columns. For the percentage columns, the values are calculated for the total claims displayed.	10	Number	N/A	N/A

2.8.154.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.154.6 Associated Requirements

ID
No associated Requirements found.

2.8.154.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.9 Letters

The MAR subsystem does not produce or send any letters.

2.10 Internal and External Interfaces

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

2.10.1 Entities

CMS	Centers for Medicare & Medicaid Services

2.10.2 Input Files

None.

2.10.3 Output Files

Interface ID	File Name	Entity	Frequency	Subsystem
638	MSIS Inpatient Claims File(CLAIMIP)	CMS	Quarterly	MAR
374	MSIS Long Term Care Claims File (CLAIMLT)	CMS	Quarterly	MAR
376	MSIS Pharmacy Claims File (CLAIMRX)	CMS	Quarterly	MAR
375	MSIS All Other Claims File (CLAIMOT)	CMS	Quarterly	MAR
377	MSIS Eligible File (ELIGIBLE)	CMS	Quarterly	MAR

2.10.4 File Layouts

- DataModel
- MAR
- MSIS CLAIMIP Record Layout
- MSIS CLAIMLT Record Layout
- MSIS CLAIMOT Record Layout
- MSIS CLAIMRX Record Layout
- MSIS ELIGIBLE Record Layout
- MSIS Header Record Layout
- DataModel_files

2.10.5 MSIS CLAIMIP Record Layout

The CLAIMIP file records identify Title XIX and XXI claims for inpatient hospital services.

The naming convention of this output file from the MAR subsystem is: mr_ipYYYYQ.

Field Name	Size	Description
MSIS-IDENTIFICATION-NUMBER	X(20)	A unique identification number used to identify a Medicaid Eligible to MSIS.
ADJUSTMENT-INDICATOR	9(1)	A code indicating type of adjustment record claim/encounter represents.
TYPE-OF-SERVICE	9(2)	A code indicating the type of service being billed.
TYPE-OF-CLAIM	9(1)	A code indicating what kind of payment is covered in this claim.
DATE-OF-PAYMENT-ADJUDICATION	9(8)	The date on which the payment status of the claim was adjudicated by the State.
MEDICAID-AMOUNT-PAID	S9(8)	The amount paid by Medicaid on this claim or adjustment.
BEGINNING-DATE-OF-SERVICE	9(8)	For services received during a single encounter with a provider, the date the service covered by this claim was received; for services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim began; for capitation premium payments, the date on which the period of coverage related to this payment began.
ENDING-DATE-OF-SERVICE	9(8)	For services received during a single encounter with a provider, the date the service covered by this claim was received; for services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim ended; for capitation premium payments, the date on which the period of coverage related to this payment ends/ended.

Field Name	Size	Description
PROVIDER-ID-NUMBER-BILLING	X(12)	A unique identification number assigned by the state to a provider or capitation plan, representing the entity billing for the service: for encounter records (TYPE-OF-CLAIM = 3), this represents the entity billing (or reporting) to the managed care plan (See PLAN-ID-NUMBER for reporting capitation plan-ID); capitation PLAN-ID should be used in this field only for premium payments (TYPE-OF-SERVICE = 20, 21, 22).
AMOUNT-CHARGED	S9(8)	The total charge for this claim as submitted by the provider.
OTHER-THIRD-PARTY-PAYMENT	S9(6)	The total amount paid by all sources other than Medicaid, Medicare, and the recipient's personal funds.
PROGRAM-TYPE	9(1)	A code indicating the special Medicaid program under which the service was provided.
PLAN-ID-NUMBER	X(12)	A unique number that represents the health plan under which the non-fee-for-service encounter was provided.
MEDICAID-COVERED-INPATIENT-DAYS	S9(5)	The number of inpatient days covered by Medicaid on this claim; for states that combine delivery/birth services on a single claim, include covered days for both the mother and the neonate in this field.
MEDICARE-DEDUCTIBLE-PAYMENT	S9(5)	The amount paid by Medicaid, on this claim, toward the recipient's Medicare deductible.
MEDICARE-COINSURANCE-PAYMENT	S9(5)	The amount paid by Medicaid, on this claim, toward the recipient's Medicare coinsurance.
DIAGNOSIS-CODE-PRINCIPAL	X(6)	The ICD-9-CM code for the principal diagnosis for this claim; principal diagnosis is the condition established after study to be chiefly responsible for the admission, and even though another diagnosis may be more severe than the principal diagnosis, the principal diagnosis, as defined above, is entered.
DIAGNOSIS-CODE-2	X(6)	The second ICD-9-CM code found on the claim.
DIAGNOSIS-CODE-3	X(6)	The third ICD-9-CM code found on the claim.
DIAGNOSIS-CODE-4	X(6)	The fourth ICD-9-CM code found on the claim.

Field Name	Size	Description
DIAGNOSIS-CODE-5	X(6)	The fifth ICD-9-CM code found on the claim.
DIAGNOSIS-CODE-6	X(6)	The sixth ICD-9-CM code found on the claim.
DIAGNOSIS-CODE-7	X(6)	The seventh ICD-9-CM code found on the claim.
DIAGNOSIS-CODE-8	X(6)	The eighth ICD-9-CM code found on the claim.
DIAGNOSIS-CODE-9	X(6)	The ninth ICD-9-CM code found on the claim.
PROC-CODE-PRINCIPAL	X(7)	A code used by the State to identify the principal procedure performed during the hospital stay referenced by this claim; a principal procedure is performed for definitive treatment rather than for diagnostic or exploratory purposes and is closely related to either the principal diagnosis or to complications that arise during other treatments.
PROC-CODE-FLAG-PRINCIPAL	9(2)	A flag that identifies the coding system used for the PROC-CODE-PRINCIPAL.
PROC-CODE-MOD-PRINCIPAL	X(2)	The procedure code modifier used with the PROC-CODE-PRINCIPAL; for example, some states use modifiers to indicate assistance in surgery or anesthesia services.
PROC-CODE-2	X(7)	One of up to five codes used by the state to identify the procedures performed in addition to the principal procedure during the hospital stay referenced by this claim.
PROC-CODE-FLAG-2	9(2)	A flag that identifies the coding system used for the associated procedure codes.
PROC-CODE-MOD-2	X(2)	A procedure code modifier used with its corresponding procedure code.
PROC-CODE-3	X(7)	One of up to five codes used by the state to identify the procedures performed in addition to the principal procedure during the hospital stay referenced by this claim.
PROC-CODE-FLAG-3	9(2)	A flag that identifies the coding system used for the associated procedure codes.

Field Name	Size	Description
PROC-CODE-MOD-3	X(2)	A procedure code modifier used with its corresponding procedure code.
PROC-CODE-4	X(7)	One of up to five codes used by the state to identify the procedures performed in addition to the principal procedure during the hospital stay referenced by this claim.
PROC-CODE-FLAG-4	9(2)	A flag that identifies the coding system used for the associated procedure codes.
PROC-CODE-MOD-4	X(2)	A procedure code modifier used with its corresponding procedure code.
PROC-CODE-5	X(7)	One of up to five codes used by the state to identify the procedures performed in addition to the principal procedure during the hospital stay referenced by this claim.
PROC-CODE-FLAG-5	9(2)	A flag that identifies the coding system used for the associated procedure codes.
PROC-CODE-MOD-5	X(2)	A procedure code modifier used with its corresponding procedure code.
PROC-CODE-6	X(7)	One of up to five codes used by the state to identify the procedures performed in addition to the principal procedure during the hospital stay referenced by this claim.
PROC-CODE-FLAG-6	9(2)	A flag that identifies the coding system used for the associated procedure codes.
PROC-CODE-MOD-6	X(2)	A procedure code modifier used with its corresponding procedure code.
ADMISSION-DATE	9(8)	The date on which the recipient was admitted to a hospital or long term care facility.
PATIENT-STATUS	9(2)	A code indicating the Patient's status as of the ENDING-DATE-OF-SERVICE; values used are from UB-92, File Locator 22 (as listed in the HCFA Web Site version 4/97).
DIAGNOSIS-RELATED-GROUP(DRG)	9(4)	A code representing the Diagnosis Related Group that is applicable for the inpatient services being rendered.

Field Name	Size	Description
DIAGNOSIS-RELATED-GROUP-INDICATOR	X(4)	An indicator identifying the grouping algorithm used to assign DIAGNOSIS-RELATED-GROUP (DRG) values.
PROC-DATE-PRINCIPAL	9(8)	The date on which the principal procedure was performed.
UB-REV-CODE-1	9(4)	As defined by the UB-92 Billing Manual, form locator 42, "A code which identifies a specific accommodation, ancillary service or billing calculation."
UB-REV-UNITS-1	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). "A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on."
UB-REV-CHARGE-1	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).
UB-REV-CODE-2	9(4)	As defined by the UB-92 Billing Manual, form locator 42, "A code which identifies a specific accommodation, ancillary service or billing calculation."
UB-REV-UNITS-2	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). "A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on."
UB-REV-CHARGE-2	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).
UB-REV-CODE-3	9(4)	As defined by the UB-92 Billing Manual, form locator 42, "A code which identifies a specific accommodation, ancillary service or billing calculation."

Field Name	Size	Description
UB-REV-UNITS-3	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). “A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on.”
UB-REV-CHARGE-3	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).
UB-REV-CODE-4	9(4)	As defined by the UB-92 Billing Manual, form locator 42, “A code which identifies a specific accommodation, ancillary service or billing calculation.”
UB-REV-UNITS-4	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). “A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on.”
UB-REV-CHARGE-4	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).
UB-REV-CODE-5	9(4)	As defined by the UB-92 Billing Manual, form locator 42, “A code which identifies a specific accommodation, ancillary service or billing calculation.”
UB-REV-UNITS-5	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). “A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on.”
UB-REV-CHARGE-5	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).

Field Name	Size	Description
UB-REV-CODE-6	9(4)	As defined by the UB-92 Billing Manual, form locator 42, "A code which identifies a specific accommodation, ancillary service or billing calculation."
UB-REV-UNITS-6	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). "A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on."
UB-REV-CHARGE-6	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).
UB-REV-CODE-7	9(4)	As defined by the UB-92 Billing Manual, form locator 42, "A code which identifies a specific accommodation, ancillary service or billing calculation."
UB-REV-UNITS-7	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). "A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on."
UB-REV-CHARGE-7	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).
UB-REV-CODE-8	9(4)	As defined by the UB-92 Billing Manual, form locator 42, "A code which identifies a specific accommodation, ancillary service or billing calculation."
UB-REV-UNITS-8	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). "A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on."

Field Name	Size	Description
UB-REV-CHARGE-8	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).
UB-REV-CODE-9	9(4)	As defined by the UB-92 Billing Manual, form locator 42, “A code which identifies a specific accommodation, ancillary service or billing calculation.”
UB-REV-UNITS-9	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). “A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on.”
UB-REV-CHARGE-9	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).
UB-REV-CODE-10	9(4)	As defined by the UB-92 Billing Manual, form locator 42, “A code which identifies a specific accommodation, ancillary service or billing calculation.”
UB-REV-UNITS-10	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). “A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on.”
UB-REV-CHARGE-10	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).
UB-REV-CODE-11	9(4)	As defined by the UB-92 Billing Manual, form locator 42, “A code which identifies a specific accommodation, ancillary service or billing calculation.”

Field Name	Size	Description
UB-REV-UNITS-11	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). “A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on.”
UB-REV-CHARGE-11	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).
UB-REV-CODE-12	9(4)	As defined by the UB-92 Billing Manual, form locator 42, “A code which identifies a specific accommodation, ancillary service or billing calculation.”
UB-REV-UNITS-12	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). “A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on.”
UB-REV-CHARGE-12	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).
UB-REV-CODE-13	9(4)	As defined by the UB-92 Billing Manual, form locator 42, “A code which identifies a specific accommodation, ancillary service or billing calculation.”
UB-REV-UNITS-13	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). “A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on.”
UB-REV-CHARGE-13	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).

Field Name	Size	Description
UB-REV-CODE-14	9(4)	As defined by the UB-92 Billing Manual, form locator 42, "A code which identifies a specific accommodation, ancillary service or billing calculation."
UB-REV-UNITS-14	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). "A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on."
UB-REV-CHARGE-14	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).
UB-REV-CODE-15	9(4)	As defined by the UB-92 Billing Manual, form locator 42, "A code which identifies a specific accommodation, ancillary service or billing calculation."
UB-REV-UNITS-15	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). "A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on."
UB-REV-CHARGE-15	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).
UB-REV-CODE-16	9(4)	As defined by the UB-92 Billing Manual, form locator 42, "A code which identifies a specific accommodation, ancillary service or billing calculation."
UB-REV-UNITS-16	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). "A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on."

Field Name	Size	Description
UB-REV-CHARGE-16	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).
UB-REV-CODE-17	9(4)	As defined by the UB-92 Billing Manual, form locator 42, “A code which identifies a specific accommodation, ancillary service or billing calculation.”
UB-REV-UNITS-17	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). “A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on.”
UB-REV-CHARGE-17	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).
UB-REV-CODE-18	9(4)	As defined by the UB-92 Billing Manual, form locator 42, “A code which identifies a specific accommodation, ancillary service or billing calculation.”
UB-REV-UNITS-18	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). “A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on.”
UB-REV-CHARGE-18	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).
UB-REV-CODE-19	9(4)	As defined by the UB-92 Billing Manual, form locator 42, “A code which identifies a specific accommodation, ancillary service or billing calculation.”

Field Name	Size	Description
UB-REV-UNITS-19	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). “A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on.”
UB-REV-CHARGE-19	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).
UB-REV-CODE-20	9(4)	As defined by the UB-92 Billing Manual, form locator 42, “A code which identifies a specific accommodation, ancillary service or billing calculation.”
UB-REV-UNITS-20	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). “A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on.”
UB-REV-CHARGE-20	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).
UB-REV-CODE-21	9(4)	As defined by the UB-92 Billing Manual, form locator 42, “A code which identifies a specific accommodation, ancillary service or billing calculation.”
UB-REV-UNITS-21	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). “A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on.”
UB-REV-CHARGE-21	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).

Field Name	Size	Description
UB-REV-CODE-22	9(4)	As defined by the UB-92 Billing Manual, form locator 42, "A code which identifies a specific accommodation, ancillary service or billing calculation."
UB-REV-UNITS-22	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). "A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on."
UB-REV-CHARGE-22	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).
UB-REV-CODE-23	9(4)	As defined by the UB-92 Billing Manual, form locator 42, "A code which identifies a specific accommodation, ancillary service or billing calculation."
UB-REV-UNITS-23	S9(7)	The units associated with UB-92 Revenue Code fields (UB-REV-CODE-1 through UB-REV-CODE-23). "A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments, and so on."
UB-REV-CHARGE-23	S9(8)	The total charge for the related UB-92 Revenue Code (UB-REV-CODE-1 through UB-REV-CODE-23) for the billing period; total charges include both covered and non covered charges (as defined by UB-92 Billing Manual, form locator 47).
FILLER	X(32)	Blanks

2.10.6 MSIS CLAIMLT Record Layout

The CLAIMLT file records identify Title XIX and XXI claims for long term care services received in an institution. The phrase "long term care" includes services received in:

- Nursing Facilities (NFs);
- Intermediate Care Facilities for the Mentally Retarded (ICF-MRs);
- Psychiatric Hospitals; and
- Independent (free-standing) psychiatric wings of acute care hospitals.

The naming convention of this output file from the MAR subsystem is: mr_ltYYYYQ.

Field Name	Size	Description
MSIS-IDENTIFICATION-NUMBER	X(20)	A unique identification number used to identify a Medicaid Eligible to MSIS.
ADJUSTMENT-INDICATOR	9(1)	A code indicating type of adjustment record claim/encounter represents.
TYPE-OF-SERVICE	9(2)	A code indicating the type of service being billed.
TYPE-OF-CLAIM	9(1)	A code indicating what kind of payment is covered in this claim.
DATE-OF-PAYMENT-ADJUDICATION	9(8)	The date on which the payment status of the claim was adjudicated by the State.
MEDICAID-AMOUNT-PAID	S9(8)	The amount paid by Medicaid on this claim or adjustment.
BEGINNING-DATE-OF-SERVICE	9(8)	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began.
ENDING-DATE-OF-SERVICE	9(8)	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended.
PROVIDER-ID-NUMBER-BILLING	X(12)	A unique identification number assigned by the state to a provider or capitation plan, representing the entity billing for the service: for encounter records (TYPE-OF-CLAIM = 3), this represents the entity billing (or reporting) to the managed care plan.
AMOUNT-CHARGED	S9(8)	The total charge for this claim as submitted by the provider.

Field Name	Size	Description
OTHER-THIRD-PARTY-PAYMENT	S9(6)	The total amount paid by all sources other than Medicaid, Medicare, and the recipient's personal funds.
PROGRAM-TYPE	9(1)	A code indicating the special Medicaid program under which the service was provided.
PLAN-ID-NUMBER	X(12)	A unique number which represents the health plan under which the non-fee-for-service encounter was provided.
MEDICAID-COVERED-INPATIENT-DAYS	S9(5)	The number of inpatient psychiatric days covered by Medicaid on this claim.
MEDICARE-DEDUCTIBLE-PAYMENT	S9(5)	The amount paid by Medicaid, on this claim, toward the recipient's Medicare deductible.
MEDICARE-COINSURANCE-PAYMENT	S9(5)	The amount paid by Medicaid, on this claim, toward the recipient's Medicare coinsurance.
DIAGNOSIS-CODE-1	X(6)	The ICD-9-CM code for the first diagnosis for this claim.
DIAGNOSIS-CODE-2	X(6)	The second ICD-9-CM code found on the claim.
DIAGNOSIS-CODE-3	X(6)	The third ICD-9-CM code found on the claim.
DIAGNOSIS-CODE-4	X(6)	The fourth ICD-9-CM code found on the claim.
DIAGNOSIS-CODE-5	X(6)	The fifth ICD-9-CM code found on the claim.
ADMISSION-DATE	9(8)	The date on which the recipient was admitted to the long term care facility.
PATIENT-STATUS	9(2)	A code indicating the patient's status as of the ENDING-DATE-OF-SERVICE; values used are from UB-92, File Locator 22 (as listed in the HCFA Web Site version 4/97).
ICF-MR-DAYS	S9(5)	The number of days of intermediate care for the mentally retarded should be included in this claim that were paid for, in whole or in part, by Medicaid.
LEAVE-DAYS	S9(5)	The number of days, during the period covered by Medicaid, on which the patient did not reside in the long term care facility.

Field Name	Size	Description
NURSING-FACILITY-DAYS	S9(5)	The number of days of nursing care included in this claim that were paid for, in whole or in part, by Medicaid, including days during which nursing facility received partial payment for holding a bed during patient leave days.
PATIENT-LIABILITY	S9(6)	The total amount paid by the patient for services where they are required to use their personal funds to cover part of their care before Medicaid funds can be utilized.
FILLER	X(29)	Blanks

2.10.7 MSIS CLAIMOT Record Layout

The CLAIMOT file records cover all Medicaid claims that are not included in the CLAIMIP file, the CLAIMLT file, or the CLAIMRX file. CLAIMOT file records include:

- Provider claims for all non-institutional Medicaid services;
- Provider claims for all services received in hospitals, NFs, or ICF/MRs that are not billed as part of a long term care or inpatient claim, such as claims for physician visits, services of private duty nurses, encounters,. and so on;
- Capitated payments; and
- Claims for medical and non-medical services received under an approved Title XIX waiver.

CLAIMOT records may contain bills for multiple units of service, for example, several physician visits related to the same illness. However, a single line item or claim record may refer to only one procedure code. Thus, lab and X-ray claims related to a sequence of office visits must be recorded as separate line items with each having its own CLAIMOT record.

The naming convention of this output file from the MAR subsystem is: mr_otYYYYQ.

Field Name	Size	Description
MSIS-IDENTIFICATION-NUMBER	X(20)	A unique identification number used to identify a Medicaid Eligible to MSIS.
ADJUSTMENT-INDICATOR	9(1)	A code indicating type of adjustment record claim/encounter represents.
TYPE-OF-SERVICE	9(2)	A code indicating the type of service being billed.
TYPE-OF-CLAIM	9(1)	A code indicating what kind of payment is covered in this claim.

Field Name	Size	Description
DATE-OF-PAYMENT-ADJUDICATION	9(8)	The date on which the payment status of the claim was adjudicated by the State.
MEDICAID-AMOUNT-PAID	S9(8)	The amount paid by Medicaid on this claim or adjustment.
BEGINNING-DATE-OF-SERVICE	9(8)	For services received during a single encounter with a provider, the date the service covered by this claim was received; for services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim started; for capitation premium payments, the date on which the period of coverage related to this payment began.
ENDING-DATE-OF-SERVICE	9(8)	For services received during a single encounter with a provider, the date the service covered by this claim was received; for services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim ended; for capitation premium payments, the date on which the period of coverage related to this payment ends/ended.
PROVIDER-ID-NUMBER-BILLING	X(12)	A unique identification number assigned by the state to a provider or capitation plan, representing the entity billing for the service: for encounter records (TYPE-OF-CLAIM = 3), this represents the entity billing (or reporting) to the managed care plan.
AMOUNT-CHARGED	S9(8)	The total charge for this claim as submitted by the provider.
OTHER-THIRD-PARTY-PAYMENT	S9(6)	The total amount paid by all sources other than Medicaid, Medicare, and the recipient's personal funds.
PROGRAM-TYPE	9(1)	A code indicating the special Medicaid program under which the service was provided.
PLAN-ID-NUMBER	X(12)	A unique number which represents the health plan under which the non-fee-for-service encounter was provided.
QUANTITY-OF-SERVICE	S9(5)	The number of units of service received by the recipient as shown on the claim record.

Field Name	Size	Description
MEDICARE-DEDUCTIBLE-PAYMENT	S9(5)	The amount paid by Medicaid, on this claim, toward the recipient's Medicare deductible.
MEDICARE-COINSURANCE-PAYMENT	S9(5)	The amount paid by Medicaid, on this claim, toward the recipient's Medicare coinsurance.
DIAGNOSIS-CODE-1	X(6)	The ICD-9-CM code for the first diagnosis for this claim.
DIAGNOSIS-CODE-2	X(6)	Second ICD-9-CM code found on the claim.
PLACE-OF-SERVICE	9(2)	A code indicating where the service was performed. HCFA 1500 values are used for this data element.
SPECIALTY-CODE	X(4)	A code which describes the area of specialty for the individual providing the service; applies only to Physicians, Osteopaths, Dentists and other Licensed Practitioners.
SERVICE-CODE	X(7)	The code used by the State to indicate the service provided during the period covered by this claim.
SERVICE-CODE-FLAG	9(2)	A flag that identifies the coding system used for SERVICE-CODE.
SERVICE-CODE-MOD	X(2)	A service code modifier can be used to enhance the SERVICE-CODE (for example, anesthesia or surgical assistance services billed separately from actual procedure).
UB-92-REVENUE-CODE	9(4)	UB-92 revenue code reported on the UB-92 line item that is represented on this claim/encounter record.
PROVIDER-ID-NUMBER-SERVICING	X(12)	A unique number to identify the provider who treated the recipient (as opposed to the provider “billing” for the service, see PROVIDER-ID-NUMBER-BILLING).
FILLER	X(20)	Blanks

2.10.8 MSIS CLAIMRX Record Layout

The CLAIMRX file records identify Title XIX and XXI claims for prescription drugs (including durable medical equipment and supplies provided by a pharmacist under a prescription). Injectables and other drugs dispensed as a bundled service are reported for the provider administering the service (for example, physician-administered inoculations are reported on the CLAIMOT file as physician service).

The naming convention of this output file from the MAR subsystem is: mr_rxYYYYQ.

Field Name	Size	Description
MSIS-IDENTIFICATION-NUMBER	X(20)	A unique identification number used to identify a Medicaid Eligible to MSIS.
ADJUSTMENT-INDICATOR	9(1)	A code indicating type of adjustment record claim/encounter represents.
TYPE-OF-SERVICE	9(2)	A code indicating the type of service being billed.
TYPE-OF-CLAIM	9(1)	A code indicating what kind of payment is covered in this claim.
DATE-OF-PAYMENT-ADJUDICATION	9(8)	The date on which the payment status of the claim was finally adjudicated by the State.
MEDICAID-AMOUNT-PAID	S9(8)	The amount paid by Medicaid on this claim or adjustment.
DATE-PRESCRIBED	9(8)	The date the drug, device or supply was prescribed by the physician or other practitioner; DATE-PRESCRIBED should not be confused with DATE-FILLED, which represents the date the prescription was actually filled by the provider.
FILLER	9(8)	Blanks
PROVIDER-ID-NUMBER-BILLING	X(12)	A unique identification number assigned by the state to a provider or capitation plan, representing the entity billing for the service: for encounter records (TYPE-OF-CLAIM = 3), this represents the entity billing (or reporting) to the managed care plan.
AMOUNT-CHARGED	S9(8)	The total charge for this claim as submitted by the provider.
OTHER-THIRD-PARTY-PAYMENT	S9(6)	The total amount paid by all sources other than Medicaid, Medicare, and the recipient's personal funds.
PROGRAM-TYPE	9(1)	A code indicating the special Medicaid program under which the service was provided.
PLAN-ID-NUMBER	X(12)	A unique number which represents the health plan under which the non-fee-for-service encounter was provided.

Field Name	Size	Description
QUANTITY-OF-SERVICE	S9(5)	The number of units of service received by the recipient as shown on the claim record.
DAYS-SUPPLY	9(3)	The number of days supply dispensed.
NATIONAL-DRUG-CODE	X(12)	A code indicating the drug, device or medical supply covered by this claim, in National Drug Code (NDC) format.
PRESCRIPTION-FILL-DATE	9(8)	The date that the drug, device or supply was dispensed by the provider.
NEW-REFILL-INDICATOR	9(2)	An indicator showing whether the prescription being filled was a new prescription or a refill; if it is a refill, the indicator will indicate the number of refills.
PRESCRIBING-PHYSICIAN-ID-NUMBER	X(12)	A unique identification number assigned to a provider which identifies the physician or other provider prescribing the drug, device or supply; for physicians, this must be the individual's ID number, not a group identification number.
FILLER	X(38)	Blanks

2.10.9 MSIS ELIGIBLE Record Layout

The ELIGIBLE file contains:

- One record for each person who was eligible for Medicaid for at least one day during the reporting quarter covered by this file; or who, at State option, is being included as a non-Medicaid CHIP record;
- One record for each individual for whom retroactive eligibility was established during the reporting quarter and, for each prior reporting quarter covered by the retroactive eligibility;
- Corrections to ELIGIBLE File records submitted in prior quarters. Note: All correction records must be submitted as complete records. Do not submit records that contain valid values only in the corrected fields. Correction records will completely replace the eligible record previously provided.

The naming convention of this output file from the MAR subsystem is: mr_eligYYYYQ

Field Name	Size	Description
Root Fields		
MSIS-IDENTIFICATION-	X(20)	A unique identification number used to identify a Medicaid

Field Name	Size	Description
NUMBER		Eligible to MSIS.
DATE-OF-BIRTH	9(8)	The eligible's Date of Birth.
DATE-OF-DEATH	9(8)	The eligible's Date of Death.
SEX-CODE	X(1)	The eligible's gender.
RACE-ETHNICITY-CODE	9(1)	A code indicating the eligible's race/ethnicity.
SOCIAL-SECURITY-NUMBER	9(9)	The eligible's social security number.
COUNTY-CODE	9(3)	The FIPS code indicating eligible's county of residence.
ZIP-CODE	9(5)	The zip code of eligible's place of residence.
TYPE-OF-RECORD	9(1)	A code indicating whether the eligibility information contained in this record refers to the current fiscal quarter (the quarter specified in the Header Record) or to a previous quarter; a previous quarter could pertain to either retroactive eligibility or to a record that corrects eligibility information submitted in an earlier quarter.
FEDERAL-FISCAL-YEAR-QUARTER	9(5)	This indicates the Federal Fiscal Year and Quarter for the record.
FILLER	X(2)	Blanks.
HIC-NUMBER	X(12)	The eligible’s Medicare Health Insurance Claim (HIC) Identification Number, if applicable.
MSIS-CASE-NUMBER	X(12)	The state-assigned number uniquely identifying the Medicaid case to which the enrollee belongs on the last day of the current Federal Fiscal Year Quarter; the definition of a case varies: there are single-person cases (mostly aged and blind/disabled) and multi-person cases (mostly TANF) in which each member of the case has the same case number, but a unique MSIS identification number -- a warning for longitudinal research efforts: a person’s case number may change over time.
RACE-CODE-1	9(1)	A code indicating if the eligible has indicated a race of White.

Field Name	Size	Description
RACE-CODE-2	9(1)	A code indicating if the eligible has indicated a race of Black or African-American.
RACE-CODE-3	9(1)	A code indicating if the eligible has indicated a race of American Indian or Alaska Native.
RACE-CODE-4	9(1)	A code indicating if the eligible has indicated a race of Asian.
RACE-CODE-5	9(1)	A code indicating if the eligible has indicated a race of Native Hawaiian or other Pacific Islander.
ETHNICITY-CODE	9(1)	A code indicating if eligible has indicated an ethnicity of Hispanic or Latino.
FILLER	X(9)	Blanks
Monthly Fields		
Month 1:		
DAYS-OF-ELIGIBILITY	S9(2)	The number of days an individual was eligible for Medicaid during each month of the quarter.
ELIGIBILITY-GROUP	X(6)	The composite of eligibility mapping factors used to create the corresponding Maintenance Assistance Status (MAS) and Basis of Eligibility (BOE) values, which might include State eligibility group or aid category, Payment status, Disability status, Family status, Person code, and Money code.
MAINTENANCE-ASSISTANCE-STATUS	X(1)	A code indicating an eligible's maintenance assistance status.
BASIS-OF-ELIGIBILITY	X(1)	A code indicating the individual's Basis of Eligibility as of the last day of the month referenced.
HEALTH-INSURANCE	9(1)	A flag indicating whether this enrollee had private health insurance coverage during the month, including both coverage purchased by the State or by a third party, but not including Medicare or enrollment in a Medicaid/Medicare HMO as it is not considered private

Field Name	Size	Description
		health insurance.
TANF-CASH-FLAG	9(1)	A flag that indicates whether the eligible received Temporary Assistance for Needy Families (TANF) benefits during the month.
RESTRICTED-BENEFITS-FLAG	9(1)	A flag that indicates the scope of Medicaid benefits to which an eligible is entitled during each month.
PLAN-TYPE-1	9(2)	One of up to 4 codes for specifying managed care plan types under which the eligible individual is covered during the month.
PLAN-ID-1	X(12)	One of up to 4 fields for specifying managed care plan identification numbers under which the eligible individual is covered during the month.
PLAN-TYPE-2	9(2)	One of up to 4 codes for specifying managed care plan types under which the eligible individual is covered during the month.
PLAN-ID-2	X(12)	One of up to 4 fields for specifying managed care plan identification numbers under which the eligible individual is covered during the month.
PLAN-TYPE-3	9(2)	One of up to 4 codes for specifying managed care plan types under which the eligible individual is covered during the month.
PLAN-ID-3	X(12)	One of up to 4 fields for specifying managed care plan identification numbers under which the eligible individual is covered during the month.
PLAN-TYPE-4	9(2)	One of up to 4 codes for specifying managed care plan types under which the eligible individual is covered during the month.
PLAN-ID-4	X(12)	One of up to 4 fields for specifying managed care plan identification numbers under which the eligible individual is covered during the month.
SCHIP-CODE	X(1)	A code indicating the individual's inclusion in the CHIP program for the month.

Field Name	Size	Description
INCOME-CODE	X(2)	A code indicating the family income level associated with the CHIP program reporting requirements for the month; this code is to be reported for Medicaid eligible below the CHIP age limit, Medicaid expansion CHIP enrollees and non-Medicaid CHIP eligible reported by the State; for States not opting to provide this optional data on ANY eligible records, blank-fill this field.
WAIVER-TYPE-1	X(1)	Codes for specifying up to three waiver types under which the eligible individual is covered during the month.
WAIVER-ID-1	X(2)	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered.
WAIVER-TYPE-2	X(1)	Codes for specifying up to three waiver types under which the eligible individual is covered during the month.
WAIVER-ID-2	X(2)	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered.
WAIVER-TYPE-3	X(1)	Codes for specifying up to three waiver types under which the eligible individual is covered during the month.
WAIVER-ID-3	X(2)	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered.
DUAL-ELIGIBLE-CODE	X(2)	Indicates coverage for individuals entitled to Medicare (Part A and/or B benefits) and eligible for some category of Medicaid benefits.
FILLER	X(8)	Blanks
Month 2:		
DAYS-OF-ELIGIBILITY	S9(2)	The number of days an individual was eligible for Medicaid during each month of the quarter.

Field Name	Size	Description
ELIGIBILITY-GROUP	X(6)	The composite of eligibility mapping factors used to create the corresponding Maintenance Assistance Status (MAS) and Basis of Eligibility (BOE) values, which might include State eligibility group or aid category, Payment status, Disability status, Family status, Person code, and Money code.
MAINTENANCE-ASSISTANCE-STATUS	X(1)	A code indicating an eligible's maintenance assistance status.
BASIS-OF-ELIGIBILITY	X(1)	A code indicating the individual's Basis of Eligibility as of the last day of the month referenced.
HEALTH-INSURANCE	9(1)	A flag indicating whether this enrollee had private health insurance coverage during the month, including both coverage purchased by the State or by a third party, but not including Medicare or enrollment in a Medicaid/Medicare HMO as it is not considered private health insurance.
TANF-CASH-FLAG	9(1)	A flag that indicates whether the eligible received Temporary Assistance for Needy Families (TANF) benefits during the month.
RESTRICTED-BENEFITS-FLAG	9(1)	A flag that indicates the scope of Medicaid benefits to which an eligible is entitled during each month.
PLAN-TYPE-1	9(2)	One of up to 4 codes for specifying managed care plan types under which the eligible individual is covered during the month.
PLAN-ID-1	X(12)	One of up to 4 fields for specifying managed care plan identification numbers under which the eligible individual is covered during the month.
PLAN-TYPE-2	9(2)	One of up to 4 codes for specifying managed care plan types under which the eligible individual is covered during the month.
PLAN-ID-2	X(12)	One of up to 4 fields for specifying managed care plan identification numbers under which the eligible individual is covered during the month.
PLAN-TYPE-3	9(2)	One of up to 4 codes for specifying managed care plan types under which the eligible individual is covered during

Field Name	Size	Description
		the month.
PLAN-ID-3	X(12)	One of up to 4 fields for specifying managed care plan identification numbers under which the eligible individual is covered during the month.
PLAN-TYPE-4	9(2)	One of up to 4 codes for specifying managed care plan types under which the eligible individual is covered during the month.
PLAN-ID-4	X(12)	One of up to 4 fields for specifying managed care plan identification numbers under which the eligible individual is covered during the month.
CHIP-CODE	X(1)	A code indicating the individual's inclusion in the CHIP program for the month.
INCOME-CODE	X(2)	A code indicating the family income level associated with the CHIP program reporting requirements for the month; this code is to be reported for Medicaid eligibles below the CHIP age limit, Medicaid expansion CHIP enrollees and non-Medicaid CHIP eligibles reported by the State; for States not opting to provide this optional data on ANY eligible records, blank-fill this field.
WAIVER-TYPE-1	X(1)	Codes for specifying up to three waiver types under which the eligible individual is covered during the month.
WAIVER-ID-1	X(2)	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered.
WAIVER-TYPE-2	X(1)	Codes for specifying up to three waiver types under which the eligible individual is covered during the month.
WAIVER-ID-2	X(2)	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered.
WAIVER-TYPE-3	X(1)	Codes for specifying up to three waiver types under which the eligible individual is covered during the month.

Field Name	Size	Description
WAIVER-ID-3	X(2)	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered.
DUAL-ELIGIBLE-CODE	X(2)	Indicates coverage for individuals entitled to Medicare (Part A and/or B benefits) and eligible for some category of Medicaid benefits.
FILLER	X(8)	Blanks
Month 3:		
DAYS-OF-ELIGIBILITY	S9(2)	The number of days an individual was eligible for Medicaid during each month of the quarter.
ELIGIBILITY-GROUP	X(6)	The composite of eligibility mapping factors used to create the corresponding Maintenance Assistance Status (MAS) and Basis of Eligibility (BOE) values, which might include State eligibility group or aid category, Payment status, Disability status, Family status, Person code, and Money code.
MAINTENANCE-ASSISTANCE-STATUS	X(1)	A code indicating an eligible's maintenance assistance status.
BASIS-OF-ELIGIBILITY	X(1)	A code indicating the individual's Basis of Eligibility as of the last day of the month referenced.
HEALTH-INSURANCE	9(1)	A flag indicating whether this enrollee had private health insurance coverage during the month, including both coverage purchased by the State or by a third party, but not including Medicare or enrollment in a Medicaid/Medicare HMO as it is not considered private health insurance.
TANF-CASH-FLAG	9(1)	A flag that indicates whether the eligible received Temporary Assistance for Needy Families (TANF) benefits during the month.
RESTRICTED-BENEFITS-FLAG	9(1)	A flag that indicates the scope of Medicaid benefits to which an eligible is entitled during each month.
PLAN-TYPE-1	9(2)	One of up to 4 codes for specifying managed care plan types under which the eligible individual is covered during

Field Name	Size	Description
		the month.
PLAN-ID-1	X(12)	One of up to 4 fields for specifying managed care plan identification numbers under which the eligible individual is covered during the month.
PLAN-TYPE-2	9(2)	One of up to 4 codes for specifying managed care plan types under which the eligible individual is covered during the month.
PLAN-ID-2	X(12)	One of up to 4 fields for specifying managed care plan identification numbers under which the eligible individual is covered during the month.
PLAN-TYPE-3	9(2)	One of up to 4 codes for specifying managed care plan types under which the eligible individual is covered during the month.
PLAN-ID-3	X(12)	One of up to 4 fields for specifying managed care plan identification numbers under which the eligible individual is covered during the month.
PLAN-TYPE-4	9(2)	One of up to 4 codes for specifying managed care plan types under which the eligible individual is covered during the month.
PLAN-ID-4	X(12)	One of up to 4 fields for specifying managed care plan identification numbers under which the eligible individual is covered during the month.
CHIP-CODE	X(1)	A code indicating the individual's inclusion in the CHIP program for the month.
INCOME-CODE	X(2)	A code indicating the family income level associated with the CHIP program reporting requirements for the month; this code is to be reported for Medicaid eligibles below the CHIP age limit, Medicaid expansion CHIP enrollees and non-Medicaid CHIP eligibles reported by the State; for States not opting to provide this optional data on ANY eligible records, blank-fill this field.
WAIVER-TYPE-1	X(1)	Codes for specifying up to three waiver types under which the eligible individual is covered during the month.
WAIVER-ID-1	X(2)	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month.

Field Name	Size	Description
		These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered.
WAIVER-TYPE-2	X(1)	Codes for specifying up to three waiver types under which the eligible individual is covered during the month.
WAIVER-ID-2	X(2)	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered.
WAIVER-TYPE-3	X(1)	Codes for specifying up to three waiver types under which the eligible individual is covered during the month.
WAIVER-ID-3	X(2)	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered.
DUAL-ELIGIBLE-CODE	X(2)	Indicates coverage for individuals entitled to Medicare (Part A and/or B benefits) and eligible for some category of Medicaid benefits.
FILLER	X(8)	Blanks

2.10.10 MSIS Header Record Layout

One header record is generated for each of the following files:

- ELIGIBLE
- CLAIMIP
- CLAIMLT
- CLAIMOT
- CLAIMRX

Field Name	Size	Description
FILE-NAME	X(8)	The name of the file to which this header record is attached. The name of the file also specifies the type of records contained in the file.

Field Name	Size	Description
FILE-STATUS-INDICATOR	X(1)	The test or production status of the file.
FILLER	X(2)	Blanks
STATE-ABBREVIATION	X(2)	The U. S. Postal Service abbreviation for the state submitting the file.
DATE-FILE-CREATED	9(8)	The date on which the file was created.
START-OF-TIME-PERIOD	9(8)	The beginning date of the federal fiscal quarter covered by this file.
END-OF-TIME-PERIOD	9(8)	The last date of the reporting period covered by the file to which this header record is attached
SSN-INDICATOR	9(1)	This indicates whether the state uses the eligibles' social security numbers (SSN) as MSIS-IDENTIFICATION-NUMBER.
FILLER:		
ELIGIBLE	X(337)	Blanks
CLAIMIP	X(687)	Blanks
CLAIMLT	X(162)	Blanks
CLAIMOT	X(137)	Blanks
CLAIMRX	X(137)	Blanks

2.11 Requirement Matrix and Cross Reference

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

Requirement	Status	Mapped Objects	Change Orders
30.030.012	No mapping required		
30.030.012.001	No mapping required		
30.030.012.001.1	No mapping required		
30.030.012.001.2	No mapping required		
30.030.012.001.3	No mapping required		
30.030.012.001.4	No mapping required		
30.030.012.001.5	No mapping required		
30.030.012.001.6	No mapping required		
30.030.012.001.7	No mapping required		
30.030.012.002	No mapping required		
30.030.012.002.1	No mapping required		
30.030.012.002.10	No mapping required		
30.030.012.002.11	No mapping required		
30.030.012.002.12	No mapping required		
30.030.012.002.13	No mapping required		
30.030.012.002.14	No mapping required		
30.030.012.002.15	No mapping required		
30.030.012.002.16	No mapping required		
30.030.012.002.17	No mapping required		

Requirement	Status	Mapped Objects	Change Orders
30.030.012.002.18	No mapping required		
30.030.012.002.19	No mapping required		
30.030.012.002.2	No mapping required		
30.030.012.002.3	No mapping required		
30.030.012.002.4	No mapping required		
30.030.012.002.5	No mapping required		
30.030.012.002.6	No mapping required		
30.030.012.002.7	No mapping required		
30.030.012.002.8	No mapping required		
30.030.012.002.9	No mapping required		
30.050.001O	RV Sign-Off CO	MAR.ExpenditureByCOS MAR.LongTermByRev MAR.MemberCopay MAR.MemberPrtcpByCnty MAR.MemberRanking MAR.PaymentByCOS MAR.PlaceOfService MAR.ProviderPrtcpTotals MAR.ProviderRanking MAR.PrtcpByAidCategory MAR.PrtcpByCOS	350 - Change Recip to Member - MAR
30.050.012	Informational		
30.050.012.001	Commonwealth		
30.050.012.001.1	Commonwealth		
30.050.012.001.2	Commonwealth		

Requirement	Status	Mapped Objects	Change Orders
30.050.012.001.3	Commonwealth		
30.050.012.001.4	Commonwealth		
30.050.012.001.5	Commonwealth		
30.050.012.001.6	Commonwealth		
30.050.012.001.7	Commonwealth		
30.050.012.002	Informational		
30.050.012.002.1	RV Sign-Off Task		
30.050.012.002.10	RV Sign-Off Task		
30.050.012.002.11	RV Sign-Off Task		
30.050.012.002.12	RV Sign-Off Task		
30.050.012.002.13	RV Sign-Off Task		
30.050.012.002.14	RV Sign Off	MAR.ComparisonByCOS MAR.ComparisonByProvType MAR.ErrorCode MAR.ExpenditureByCOS MAR.LongTermByRev MAR.MedicarePartA MAR.MedicarePartAB MAR.MedicarePartB MAR.MemberCopay MAR.MemberPrtcpByCnty MAR.MemberRanking MAR.PaymentByCOS MAR.PaymentByProvType MAR.PerformanceAvgPct MAR.PerformanceDollars MAR.PerformanceProvider	

Requirement	Status	Mapped Objects	Change Orders
		MAR.PlaceOfService MAR.ProviderError MAR.ProviderFiling MAR.ProviderPrtcpAvg MAR.ProviderPrtcpTotals MAR.ProviderRanking MAR.PrtcpByAidCategory MAR.PrtcpByCOS MAR.ThirdPartyPayment MAR.ThruputDORDOA MAR.ThruputDORDOP	
30.050.012.002.15	RV Sign-Off CO	MAR-9853-M MAR-9856-M	
30.050.012.002.16	RV Sign-Off Task		2111 - Cost Allocation Plan - Post Imp
30.050.012.002.17	RV Sign-Off CO	MARJQ000 MARJQ970 MARJQ971 MARJQ972 MARJQ973 MARJQ974 MARJQ975 MARJQ980 MARJQ981 MARJQ982 MARJQ983 MARJQ984 MARJQ985 MARJQ990 MARJQ991 MARJQ993 MARJQ994 MARJQ995 MARJQ996 MARJQ998 mrm8023 MAR-9001-Q	1412 - Create MSIS Tape Files 864 - MSIS Data Summary

Requirement	Status	Mapped Objects	Change Orders
30.050.012.002.18	RV Sign-Off Task		
30.050.012.002.19	RV Sign-Off Task		
30.050.012.002.2	RV Sign-Off Task		
30.050.012.002.3	RV Sign-Off Task		
30.050.012.002.4	RV Sign-Off Task	MARJA801 MARJA802 MARJA803 MARJA811 MARJA812 MARJA813 MARJA821 MARJA822 MARJA823 MARJM801 MARJM802 MARJM803 MARJM811 MARJM812 MARJM813 MARJM821 MARJM822 MARJM823 MARJQ801 MARJQ802 MARJQ803 MARJQ811 MARJQ812 MARJQ813 MARJQ821 MARJQ822 MARJQ823 mrm8001 mrm8002 mrm8003 mrm8021 mrm8023 MAR-8001-A MAR-8001-M MAR-8001-Q MAR-8002-A MAR-8002-M MAR-8002-Q MAR-8003-A	686 - KCHIPS KYMM1400-R001 713 - KCHIPS KYMM1400-R004 789 - KCHIPS KYMM1400-R026 710 - KCHIPS KYMM1400-R011 712 - KCHIPS KYMM1400-R012 720 - KCHIPS KYMM1400-R016 723 - KCHIPS KYMM1400-R009 724 - KCHIPS KYMM1400-R018 726 - KCHIPS KYMM1400-R022 728 - KCHIPS KYMM1400-R024 722 - KCHIPS KYMM1400-R017 727 - KCHIPS KYMM1400-R023 782 - KCHIPS KYMM1400-R002 1255 - KCHIPS KYMM1410-R002 708 - KCHIPS KYMM1400-R010 716 - KCHIPS KYMM1400-R014 719 - KCHIPS KYMM1400-R007 731 - KCHIPS KYMM1500-R001 714 - KCHIPS KYMM1400-R013 729 - KCHIPS

Requirement	Status	Mapped Objects	Change Orders
		MAR-8003-M MAR-8003-Q MAR-8011-A MAR-8011-M MAR-8011-Q MAR-8012-A MAR-8012-M MAR-8012-Q MAR-8013-A MAR-8013-M MAR-8013-Q MAR-8021-A MAR-8021-M MAR-8021-Q MAR-8022-A MAR-8022-M MAR-8022-Q MAR-8023-A MAR-8023-M MAR-8023-Q MAR-8041-M	KYMM1400-R025 711 - KCHIPS KYMM1400-R003 717 - KCHIPS KYMM1400-R006 718 - KCHIPS KYMM1400-R015 1256 - KCHIPS KYMM1410-R003 715 - KCHIPS KYMM1400-R005 721 - KCHIPS KYMM1400-R008 725 - KCHIPS KYMM1400-R021 730 - KCHIPS KYMM1410-R001
30.050.012.002.5	RV Sign-Off Task		
30.050.012.002.6	RV Sign-Off Task		
30.050.012.002.7	RV Sign-Off Task		
30.050.012.002.8	RV Sign-Off CO	MARJM111 MARJM111 mrm0111 MAR-0111-M	1725 - Reconcile MAR to data warehouse
30.050.012.002.9	RV Sign-Off Task		
30.090.007.002.69A	RV Sign Off	MAR.ComparisonByCOS MAR.ComparisonByProvType MAR.ErrorCode MAR.ExpenditureByCOS MAR.LongTermByRev MAR.MedicarePartA MAR.MedicarePartAB MAR.MedicarePartB MAR.MemberCopay	

Requirement	Status	Mapped Objects	Change Orders
		MAR.MemberPrtcpBy Cnty MAR.MemberRanking MAR.PaymentByCOS MAR.PaymentByProv Type MAR.PerformanceAvg Pct MAR.PerformanceDoll ars MAR.PerformancePro vider MAR.PlaceOfService MAR.ProviderError MAR.ProviderFiling MAR.ProviderPrtcpAv g MAR.ProviderPrtcpTot als MAR.ProviderRanking MAR.PrtcpByAidCateg ory MAR.PrtcpByCOS MAR.ThirdPartyPayme nt MAR.ThruputDORDO A MAR.ThruputDORDO P	
30.090.007.003.14	RV Sign-Off CO	MAR.PerformanceDoll ars MAR.PerformancePro vider CLM-0016-D CLM-0017-D CLM-0018-D CLM-0024-D	1281 - Medicaid Program Summary Report 642 - Create Inventory Trend Report
30.090.007.003.19A	RV Sign Off	MAR.ThruputDORDO A MAR.ThruputDORDO P	
30.090.012	Informational		

Requirement	Status	Mapped Objects	Change Orders
30.090.012.001	Informational		
30.090.012.001.1	RV Sign Off		
30.090.012.001.2	RV Sign Off		
30.090.012.001.3	RV Sign Off		
30.090.012.001.4	RV Sign Off		
30.090.012.001.5	RV Sign-Off CO		1656 - Budget data storage-retrieval
30.090.012.001.6	RV Sign Off		
30.090.012.001.7	RV Sign Off		
30.090.012.002	Informational		
30.090.012.002.1	RV Sign-Off CO	MAR.unv T_MR_ELIG T_MR_LTC T_MR_LTC_REV T_MR_OP_PERFOR M T_MR_POS T_MR_PROV T_MR_PROV_RE T_MR_PR_ENROL T_MR_RE T_MR_RE_CNTY T_MR_XOVER SchedDClawback	409 - Create MAR Universe
30.090.012.002.10	RV Sign Off	MAR.ComparisonByC OS MAR.ExpenditureByC OS MAR.MemberCopay MAR.PaymentByCOS MAR.PrtcpByAidCateg ory MAR.PrtcpByCOS	
30.090.012.002.11	RV Sign Off	MAR.ComparisonByC OS	

Requirement	Status	Mapped Objects	Change Orders
		MAR.ComparisonByProvType MAR.ProviderFiling	
30.090.012.002.12	RV Sign-Off CO	MAR.unv T_MR_LTC T_MR_MSIS_CLAIMIP T_MR_MSIS_CLAIMLT T_MR_MSIS_CLAIMOT T_MR_MSIS_CLAIMRX T_MR_MSIS_ELIG T_MR_POS T_MR_POS_RE T_MR_PROV T_MR_PROV_DENIED T_MR_PROV_PERFORM T_MR_PROV_SUSP T_MR_RE T_MR_RECIP T_MR_RE_CNTY T_MR_XOVER	409 - Create MAR Universe
30.090.012.002.13	RV Sign Off	MAR.ComparisonByCOS MAR.ExpenditureByCOS MAR.MemberCopay MAR.PaymentByCOS MAR.PrtcpByAidCategory MAR.PrtcpByCOS	
30.090.012.002.14	RV Sign-Off Task	MAR.ComparisonByCOS MAR.ComparisonByProvType MAR.ErrorCode MAR.ExpenditureByCOS MAR.LongTermByRev MAR.MedicarePartA	

Requirement	Status	Mapped Objects	Change Orders
		MAR.MedicarePartB MAR.MemberCopay MAR.MemberPrtcpBy Cnty MAR.PaymentByCOS MAR.PaymentByProv Type MAR.PerformanceAvg Pct MAR.PerformanceDoll ars MAR.PerformancePro vider MAR.PlaceOfService MAR.ProviderFiling MAR.ProviderPrtcpAv g MAR.ProviderPrtcpTot als MAR.ProviderRanking MAR.PrtcpByAidCateg ory MAR.PrtcpByCOS MAR.ThirdPartyPayme nt MAR.ThruputDORDO A MAR.ThruputDORDO P	
30.090.012.002.15	RV Sign Off		
30.090.012.002.16	RV Sign Off		
30.090.012.002.17	RV Sign-Off CO	MARJA308 MARJA309 MARJA310 MARJA312 MARJA314 MARJA316 MARJA318 MARJA320 MARJA322 MARJA324 MARJA326 MARJA328 MARJA329	834 - PRTF Hospital Recon Schd C Month 836 - Acute Care Hospital Recon Days 828 - Nursing Facility Pd Clm Summary 1710 - SCL Paid Claims Listing 1711 - SCL Paid Claims Summary 1718 - Sup for Comm Paid Claims Recon 822 - Rural Health Paid

Requirement	Status	Mapped Objects	Change Orders
		MARJA330 MARJA331 MARJA332 MARJA333 MARJA334 MARJA335 MARJA336 MARJA337 MARJA338 MARJA339 MARJA340 MARJA341 MARJA342 MARJA343 MARJA368 MARJD345 MARJM301 MARJM302 MARJM303 MARJM304 MARJM305 MARJM306 MARJM307 MARJM311 MARJM313 MARJM315 MARJM317 MARJM319 MARJM321 MARJM323 MARJM325 MARJM327 MAR.OnRequest.ascx mra3511 mra3512 mra3521 mra3522 mra3531 mra3532 mra3541 mra3542 mra3551 mra3552 mra3555 mra3556 mra3561 mra3562 mra3565	Claims Summary 824 - Rural Health Paid Claims Recon 831 - PRTF Paid Claims Listing 1165 - Comm. For CSN Pd Clm Summary 1707 - Target Case Mgmt Pd Clms Summary 823 - Primary Care Paid Claims Recon 830 - Mental Hospital Pd Clm Summary 835 - Outpatient Paid Claims Listing 1166 - Nursing Fac Summary - Sched A&B 1167 - ICF/SNF Routine Recon - Sched C 1169 - Comm. For CSN Reconciliation 1279 - Target Case Mgmt Pd Clms Recon 1706 - Target Case Mgmt Pd Clms Listing 1709 - Home Health Paid Claims Summary 1714 - Adult Day Care Pd Claims Listing 1717 - HCB Paid Claims Recon 1726 - On-request Paid Claims Summaries 820 - Primary Care Paid Claims Summary 825 - Inpatient Paid Claims Listing 833 - PRTF Hospital Recon - Schedule C 1715 - Adult Day Care Pd Claims Summary 821 - Rural Health Paid Claims Listing 826 - Inpatient Paid Claims Summary 838 - Outpatient Paid Claims Summary

Requirement	Status	Mapped Objects	Change Orders
		mra3566 mra3571 mra3572 mra3574 mra3575 mra3576 mra3581 mra3582 mra3585 mra3586 mra3592 mra3595 mra3596 mra3636 mra3637 mra3663 mra3664 mra3671 mra3672 mra3673 mra3674 mra3675 mra3676 mra3677 mra3678 mra3682 mra3683 mra3685 mra3687 mrd3699 MAR-3511-M (or MAR-3511-D) MAR-3512-M (or MAR-3512-D) MAR-3521-M (or MAR-3521-D) MAR-3522-M (or MAR-3522-D) MAR-3531-M (or MAR-3531-D) MAR-3532-M (or MAR-3532-D) MAR-3541-M (or MAR-3541-D) MAR-3542-M (or MAR-3542-D) MAR-3551-M (or MAR-3551-D)	1164 - Comm. For CSN Pd Clm Listing 1712 - HCB Paid Claims Listing 827 - Nursing Facility Pd Clm Listing 829 - Mental Hospital Pd Clm Listing 1170 - Outpatient Paid Claims Recon 1708 - Home Health Paid Claims Listing 819 - Primary Care Paid Claims Listing 832 - PRTF Paid Claims Summary 837 - Mental Hospital Recon Schedule C 1713 - HCB Paid Claims Summary 1716 - Home Health Paid Claims Recon

Requirement	Status	Mapped Objects	Change Orders
		MAR-3552-M (or MAR-3552-D) MAR-3555-M (or MAR-3555-D) MAR-3556-M (or MAR-3556-D) MAR-3561-M (or MAR-3561-D) MAR-3562-M (or MAR-3562-D) MAR-3565-M (or MAR-3565-D) MAR-3566-M (or MAR-3566-D) MAR-3571-M (or MAR-3571-D) MAR-3572-M (or MAR-3572-D) MAR-3574-M (or MAR-3574-D) MAR-3575-M (or MAR-3575-D) MAR-3576-M (or MAR-3576-D) MAR-3581-M (or MAR-3581-D) MAR-3582-M (or MAR-3582-D) MAR-3585-M (or MAR-3585-D) MAR-3586-M (or MAR-3586-D) MAR-3592-M (or MAR-3592-D) MAR-3595-M (or MAR-3595-D) MAR-3596-M (or MAR-3596-D) MAR-3636-M (or MAR-3636-D) MAR-3637-M (or MAR-3637-D) MAR-3663-M (or MAR-3663-D) MAR-3664-M (or MAR-3664-D) MAR-3671-M (or MAR-3671-D)	

Requirement	Status	Mapped Objects	Change Orders
		MAR-3672-M (or MAR-3672-D) MAR-3673-M (or MAR-3673-D) MAR-3674-M (or MAR-3674-D) MAR-3675-M (or MAR-3675-D) MAR-3676-M (or MAR-3676-D) MAR-3677-M (or MAR-3677-D) MAR-3678-M (or MAR-3678-D) MAR-3682-M (or MAR-3682-D) MAR-3683-M (or MAR-3683-D) MAR-3685-M (or MAR-3685-D) MAR-3687-M (or MAR-3687-D) MAR-3699-D	
30.090.012.002.2	RV Sign Off		
30.090.012.002.3	RV Sign Off		
30.090.012.002.4	RV Sign Off	MARJW045 MAR.ComparisonByCOS MAR.ComparisonByProvType MAR.ErrorCode MAR.ExpenditureByCOS MAR.LongTermByRev MAR.MedicarePartA MAR.MedicarePartAB MAR.MedicarePartB MAR.MemberCopay MAR.MemberPrtcpByCnty MAR.MemberRanking MAR.PaymentByCOS MAR.PaymentByProvType	2205 - State COS - Design and Implement

Requirement	Status	Mapped Objects	Change Orders
		MAR.PerformanceAvgPct MAR.PerformanceDollars MAR.PerformanceProvider MAR.PlaceOfService MAR.ProviderError MAR.ProviderFiling MAR.ProviderPrtcpAvg MAR.ProviderPrtcpTotals MAR.ProviderRanking MAR.PrtcpByAidCategory MAR.PrtcpByCOS MAR.ThirdPartyPayment MAR.ThruputDORDOA MAR.ThruputDORDOP cos_assign.sc cos_assign_defs_base.h cos_assign_defs_state.h cos_override.c cos_pharm_fam_plan.h cos_proc_diag.sc libcos_assign.so mrw0450 MAR-0450-W	
30.090.012.002.5	RV Sign Off	MAR.ComparisonByCOS MAR.ComparisonByProvType MAR.PaymentByCOS MAR.PaymentByProvType	
30.090.012.002.6	RV Sign-Off CO	MAR.ThirdPartyPayment.ascx	

Requirement	Status	Mapped Objects	Change Orders
30.090.012.002.7	RV Sign-Off CO	MARJQ000 MARJQ970 MARJQ971 MARJQ972 MARJQ973 MARJQ974 MARJQ975 MARJQ980 MARJQ981 MARJQ982 MARJQ983 MARJQ984 MARJQ985 MARJQ990 MARJQ991 MARJQ993 MARJQ994 MARJQ995 MARJQ996 MARJQ998 mrm8023 MAR-9001-Q	1412 - Create MSIS Tape Files 864 - MSIS Data Summary
30.090.012.002.8	RV Sign-Off CO	MARJQ000 MARJQ980 MARJQ981 MARJQ982 MARJQ983 MARJQ984 MARJQ985 T_MR_MSIS_CLAIML T T_MR_MSIS_CLAIMO T T_MR_MSIS_CLAIMR X T_MR_MSIS_ELIG T_SYS_REPORT_CT L MAR.ComparisonByC OS MAR.ExpenditureByC OS MAR.MemberCopay MAR.PaymentByCOS MAR.PrtcpByAidCateg ory	864 - MSIS Data Summary

Requirement	Status	Mapped Objects	Change Orders
		MAR.PrtcpByCOS	
30.090.012.002.9	RV Sign-Off CO	MARJM111 MARJM111 mrm0111 MAR-0111-M	1725 - Reconcile MAR to data warehouse
30.090.012.003	Informational	PMRMCYCL MAR-6001-Q MAR-7001-M	1276 - Install Base MAR Summary Proc
30.090.012.003.1	RV Sign-Off CO	MARJA501 MARJA502 MARJA503 MARJA504 MARJA505 MARJA511 MARJA512 MARJA513 MARJA514 MARJA515 MARJM502 MARJM505 MAR.ComparisonByCOS MAR.ComparisonByProvType MAR.ErrorCode MAR.ExpenditureByCOS MAR.LongTermByRev MAR.MedicarePartA MAR.MedicarePartAB MAR.MedicarePartB MAR.MemberCopay MAR.MemberPrtcpByCnty MAR.MemberRanking MAR.PaymentByCOS MAR.PaymentByProvType MAR.PerformanceAvgPct MAR.PerformanceDollars MAR.PerformanceProvider	765 - Produce MS-264 5865 773 - Produce MS-264 5873 778 - Produce MS-264 5881 1331 - Produce MS-264 5950 1337 - Produce MS-264 5956 770 - Produce MS-264 5870 774 - Produce MS-264 5875 777 - Produce MS-264 5879 764 - Produce MS-264 5864 771 - Produce MS-264 5871 781 - Produce MS-264 5888 756 - Produce MS-264 5854 772 - Produce MS-264 5872 776 - Produce MS-264 5878 1336 - Produce MS-264 5955 754 - Produce MS-264 5853 758 - Produce MS-264 5855 769 - Produce MS-264 5869

Requirement	Status	Mapped Objects	Change Orders
		MAR.PlaceOfService MAR.ProviderError MAR.ProviderFiling MAR.ProviderPrtcpAvg MAR.ProviderPrtcpTotals MAR.ProviderRanking MAR.PrtcpByAidCategory MAR.PrtcpByCOS MAR.ThirdPartyPayment MAR.ThruputDORDOA MAR.ThruputDORDOP mr264tbl mr264tbl3 mr264tbl3a mra5851 mra5853 mra5854 mra5855 mra5856 mra5859 mra5950 mra5951 mra5952 MAR-5851-A MAR-5853-A MAR-5853-M MAR-5854-A MAR-5855-A MAR-5856-A MAR-5856-M MAR-5859-A MAR-5863-A MAR-5864-A MAR-5865-A MAR-5866-A MAR-5867-A MAR-5868-A MAR-5869-A MAR-5870-A MAR-5871-A MAR-5872-A MAR-5873-A	775 - Produce MS-264 5876 760 - Produce MS-264 5856 767 - Produce MS-264 5867 779 - Produce MS-264 5882 1332 - Produce MS-264 5951 1333 - Produce MS-264 5952 763 - Produce MS-264 5863 766 - Produce MS-264 5866 768 - Produce MS-264 5868 780 - Produce MS-264 5883 1335 - Produce MS-264 5954 752 - Produce MS-264 5851 761 - Produce MS-264 9856 762 - Produce MS-264 5859 1334 - Produce MS-264 5953

Requirement	Status	Mapped Objects	Change Orders
		MAR-5875-A MAR-5876-A MAR-5878-A MAR-5879-A MAR-5881-A MAR-5882-A MAR-5883-A MAR-5888-A MAR-5950-A MAR-5951-A MAR-5952-A MAR-5953-A MAR-5954-A MAR-5955-A MAR-5956-A	
30.090.012.003.2	RV Sign-Off CO	MARJA400 MARJA401 MARJA402 MARJA403 MARJA420 MARJA421 MARJA422 MARJA423 MARJA440 MARJA441 MARJA442 MARJA443 MARJA460 MARJA461 MARJA462 MARJA463 MARJA480 MARJA481 MARJA482 MARJA483 MARJA490 MARJA491 MARJA492 MARJA493 T_MR_WVR_SVC mr372clm mr372elg mr372rpt MAR-4800-A MAR-4810-A MAR-4840-A	742 - CMS 372 - Model II 737 - CMS 372 - HCB/ADC 747 - CMS 372 - ABI 732 - CMS 372 - Comm Living

Requirement	Status	Mapped Objects	Change Orders
		MAR-4850-A	
30.090.012.003.3	RV Sign-Off CO	MAR.ComparisonByCOS MAR.ComparisonByProvType MAR.PrtcpByAidCategory MAR.PrtcpByCOS	1165 - Comm. For CSN Pd Clm Summary 1169 - Comm. For CSN Reconciliation 1345 - Expenditures By COS And DOS 1578 - Develop Dental Reports in DSS 1164 - Comm. For CSN Pd Clm Listing
30.090.012.003.4	RV Sign-Off CO	MARJA308 MARJA309 MARJA310 MARJA312 MARJA314 MARJA316 MARJA318 MARJA320 MARJA322 MARJA324 MARJA326 MARJA328 MARJA329 MARJA330 MARJA331 MARJA332 MARJA333 MARJA334 MARJA335 MARJA336 MARJA337 MARJA338 MARJA339 MARJA340 MARJA341 MARJA342 MARJA343 MARJA368 MARJD345 MARJM301 MARJM302 MARJM303 MARJM304 MARJM305 MARJM306	834 - PRTF Hospital Recon Schd C Month 836 - Acute Care Hospital Recon Days 828 - Nursing Facility Pd Clm Summary 1710 - SCL Paid Claims Listing 1711 - SCL Paid Claims Summary 1718 - Sup for Comm Paid Claims Recon 822 - Rural Health Paid Claims Summary 824 - Rural Health Paid Claims Recon 831 - PRTF Paid Claims Listing 1165 - Comm. For CSN Pd Clm Summary 1707 - Target Case Mgmt Pd Clms Summary 823 - Primary Care Paid Claims Recon 830 - Mental Hospital Pd Clm Summary 835 - Outpatient Paid Claims Listing 1166 - Nursing Fac Summary - Sched A&B 1167 - ICF/SNF Routine Recon - Sched C 1169 - Comm. For CSN Reconciliation

Requirement	Status	Mapped Objects	Change Orders
		MARJM307 MARJM311 MARJM313 MARJM315 MARJM317 MARJM319 MARJM321 MARJM323 MARJM325 MARJM327 mra3511 mra3512 mra3521 mra3522 mra3531 mra3532 mra3541 mra3542 mra3551 mra3552 mra3555 mra3556 mra3561 mra3562 mra3565 mra3566 mra3571 mra3572 mra3574 mra3575 mra3576 mra3581 mra3582 mra3585 mra3586 mra3592 mra3595 mra3596 mra3636 mra3637 mra3663 mra3664 mra3671 mra3672 mra3673 mra3674 mra3675 mra3676	1279 - Target Case Mgmt Pd Clms Recon 1706 - Target Case Mgmt Pd Clms Listing 1709 - Home Health Paid Claims Summary 1714 - Adult Day Care Pd Claims Listing 1717 - HCB Paid Claims Recon 820 - Primary Care Paid Claims Summary 825 - Inpatient Paid Claims Listing 833 - PRTF Hospital Recon - Schedule C 1715 - Adult Day Care Pd Claims Summary 821 - Rural Health Paid Claims Listing 826 - Inpatient Paid Claims Summary 838 - Outpatient Paid Claims Summary 1164 - Comm. For CSN Pd Clm Listing 1712 - HCB Paid Claims Listing 827 - Nursing Facility Pd Clm Listing 829 - Mental Hospital Pd Clm Listing 1170 - Outpatient Paid Claims Recon 1708 - Home Health Paid Claims Listing 819 - Primary Care Paid Claims Listing 832 - PRTF Paid Claims Summary 837 - Mental Hospital Recon Schedule C 1713 - HCB Paid Claims Summary 1716 - Home Health Paid Claims Recon

Requirement	Status	Mapped Objects	Change Orders
		mra3677 mra3678 mra3682 mra3683 mra3685 mra3687 mrd3699 MAR-3511-M (or MAR-3511-D) MAR-3512-M (or MAR-3512-D) MAR-3521-M (or MAR-3521-D) MAR-3522-M (or MAR-3522-D) MAR-3531-M (or MAR-3531-D) MAR-3532-M (or MAR-3532-D) MAR-3541-M (or MAR-3541-D) MAR-3542-M (or MAR-3542-D) MAR-3551-M (or MAR-3551-D) MAR-3552-M (or MAR-3552-D) MAR-3555-M (or MAR-3555-D) MAR-3556-M (or MAR-3556-D) MAR-3561-M (or MAR-3561-D) MAR-3562-M (or MAR-3562-D) MAR-3565-M (or MAR-3565-D) MAR-3566-M (or MAR-3566-D) MAR-3571-M (or MAR-3571-D) MAR-3572-M (or MAR-3572-D) MAR-3574-M (or MAR-3574-D) MAR-3575-M (or MAR-3575-D) MAR-3576-M (or	

Requirement	Status	Mapped Objects	Change Orders
		MAR-3576-D) MAR-3581-M (or MAR-3581-D) MAR-3582-M (or MAR-3582-D) MAR-3585-M (or MAR-3585-D) MAR-3586-M (or MAR-3586-D) MAR-3592-M (or MAR-3592-D) MAR-3595-M (or MAR-3595-D) MAR-3596-M (or MAR-3596-D) MAR-3636-M (or MAR-3636-D) MAR-3637-M (or MAR-3637-D) MAR-3663-M (or MAR-3663-D) MAR-3664-M (or MAR-3664-D) MAR-3671-M (or MAR-3671-D) MAR-3672-M (or MAR-3672-D) MAR-3673-M (or MAR-3673-D) MAR-3674-M (or MAR-3674-D) MAR-3675-M (or MAR-3675-D) MAR-3676-M (or MAR-3676-D) MAR-3677-M (or MAR-3677-D) MAR-3678-M (or MAR-3678-D) MAR-3682-M (or MAR-3682-D) MAR-3683-M (or MAR-3683-D) MAR-3685-M (or MAR-3685-D) MAR-3687-M (or MAR-3687-D)	

Requirement	Status	Mapped Objects	Change Orders
		MAR-3699-D	
30.090.012.003.5	RV Sign Off		
30.090.012.003.6	RV Sign-Off CO	MARJM115 MARJM116 MARJM121 MARJM202 MARJM205 MARJM206 MARJM208 MARJM209 MARJM210 MARJM213 MARJM214 MARJM310 MARJM841 MARJQ201 MARJQ401 MAR.ComparisonByCOS.ascx MAR.ComparisonByProvType.ascx MAR.ErrorCode.ascx MAR.ExpenditureByCOS.ascx MAR.LongTermByRev.ascx MAR.MedicarePartA.ascx MAR.MedicarePartAB.ascx MAR.MedicarePartB.ascx MAR.MemberCopay.ascx MAR.MemberPrtcpByCnty.ascx MAR.MemberRanking.ascx MAR.PaymentByCOS.ascx MAR.PaymentByProvType.ascx MAR.PerformanceAvgPct.ascx MAR.PerformanceDollars.ascx	855 - Medical Asst Financial Status 1281 - Medicaid Program Summary Report 1305 - Oper Perf Summary - Avg and Pcts 1310 - Pmnt Comparison by Provider Type 1357 - Provider Ranking by Op Perf 854 - Financial Summary 1290 - Provider Claim Filing Analysis 1301 - Medicare Participation Part A&B 1304 - Payment Statistics by COS 1309 - Claims Proc Thruput Anal-DOR/DOP 1319 - Place of Service Analysis 1724 - SCL Expenditures 851 - Provider YTD Ranking 856 - Expenditure Analysis 1292 - Provider Error Analysis 1293 - Provider Participation Total 1303 - Provider Ranking 1306 - Oper Perf Summary - Dollars 1308 - Claims Proc Thruput Anal-DOR/DOA 1723 - SCL Expenditures by Fiscal Year 2716 - KY MAR - Modify

Requirement	Status	Mapped Objects	Change Orders
		MAR.PerformanceProvider.ascx MAR.PlaceOfService.ascx MAR.ProviderError.ascx MAR.ProviderFiling.ascx MAR.ProviderPrtcpAvg.ascx MAR.ProviderPrtcpTotals.ascx MAR.ProviderRanking.ascx MAR.ProviderRankingOpPerf.ascx MAR.PrtcpByCOS.ascx MAR.PrtcpByProgramCode.ascx MAR.ThirdPartyPayment.ascx MAR.ThruputDORDOA.ascx MAR.ThruputDORDOP.ascx mrm0115 mrm0116 mrm0121 mrm1201 mrm3101 mrm4101 mrm4102 mrm4301 mrm4350 mrm4351 mrm7000 mrm7001 mrm8041 mrq4401 mrq6001 MAR-0115-M MAR-0116-M MAR-0121-M MAR-1201-M MAR-3101-M MAR-4101-M MAR-4102-M	Summ Proc 1 858 - Medicare Participation Analysis 1311 - Member Ranking 1312 - Oper Perf Summary - Provider 1315 - Expenditure Analysis by COS 1317 - Member Copayment by Aid Category 1345 - Expenditures By COS And DOS 1578 - Develop Dental Reports in DSS 845 - Member Cnty Expenditure Analysis 1300 - Medicare Participation Part B 1302 - Provider Participation Average 1313 - Locality Partic Anal by Aid Cat 1314 - Locality Partic Anal by COS 3132 - MAR UI - Sub-COS and ADA Updates 861 - Clms Proc Thruput - DOS/DOR 1296 - Provider Filing Analysis 1297 - Payment Comparison by COS 1307 - Third Party Payment Ranking 1318 - Member Partic Summary by County 860 - Clms Proc Thruput - DOS/DOP 1280 - Preventive Services Report 1298 - Error Code Analysis 1299 - Medicare Participation Part A 1316 - Long Term Care Pmnts by Rev Code 1321 - Payment Stats by

Requirement	Status	Mapped Objects	Change Orders
		MAR-4300-M MAR-4301-M MAR-4350-M MAR-4351-M MAR-7000-M ComparisonByCOS ComparisonByProvTy pe ErrorCode ExpendituresByCOS LongTermCare MedicarePartA MedicarePartAB MedicarePartB PaymentByCOS PaymentByProvType PerformanceAvgPct PerformanceDollars PerformanceProvider PlaceOfService ProviderError ProviderFiling ProviderPrtcpAvg ProviderPrtcpTotals ProviderRanking PrtcpByAidCategory PrtcpByCOS RecipCopay RecipPrtcpByCnty RecipRanking ThirdPartyPayment ThruputDORDOA ThruputDORDOP	Provider Type 1330 - Comm For Handicapped Children
30.090.012.003.7	RV Sign Off		
30.090.012.004	Informational		
30.090.012.004.1	RV Sign Off	MARJQ971 MARJQ972 MARJQ973 MARJQ974 MARJQ975 MARJQ979 MARJQ990 MARJQ991 MARJQ993	1412 - Create MSIS Tape Files

Requirement	Status	Mapped Objects	Change Orders
		MARJQ994 MARJQ995 MARJQ996 MARJQ998 mrqmssum MAR-9000-Q	
30.100.012	No mapping required		
30.100.012.001	No mapping required		
30.100.012.002	No mapping required		
30.100.012.003	No mapping required		
30.110.012	Informational		
30.110.012.001	RV Sign-Off Task		
30.110.012.002	RV Sign-Off Task		
30.110.012.003	RV Sign-Off Task		

2.12 Change Orders

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

2.12.1 Create MAR Universe - 409

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
409	Change Order		MAR			

2.12.1.1 Desired Solution

Create a BusinessObjects universe over selected MAR summary tables.

2.12.1.2 Business Impact

Users can create and run queries for MAR summary and MSIS data through BusinessObjects.

2.12.1.3 Technical Specifications

Create a universe in BusinessObjects that includes fact and dimension tables from the MAR summary database, including the tables used to hold the quarterly MSIS files.

The 6.5 iCMAR universe converted to XI and named MAR.

The following tables were added:

- MSIS Inpatient Claim T_MR_MSIS_CLAIMIP
- MSIS Long Term Care Claims T_MR_MSIS_CLAIMLT
- MSIS All Other Claims T_MR_MSIS_CLAIMOT
- MSIS Pharmacy Claims T_MR_MSIS_CLAIMRX
- MSIS Eligible File T_MR_MSIS_ELIG
- MSIS Aid Category/Benefit plan Combinations to MAS/BOE T_MR_MSIS_AID

The following code tables were added:

- T_DIAGNOSIS
- T_PLACE_OF_SERVICE
- T_DRG

The table join option was changed to "Edit Manually (none)" and modified accordingly.

The following fields were added:

- cde_pgm_status for tables T_MR_MSIS_AID T_MR_RE T_MR_RECIP
- cde_imid for tables T_MR_MSIS_AID T_MR_RE T_MR_RECIP
- cde_cos_st for table T_MR_ERROR
- cde_cos_sub for table T_MR_ERROR

- amt_billed for T_MR_ERROR

The Date fields for the MSIS objects were not formatted as DATES because of the defaults of'8' or '9' per CMS directives. Currently these fields are defined as CHAR in the database.

The Dollar Amounts for the MSIS objects were formatted as MEASURES (currency). Currently these fields are defined as CHAR (default values '8' or '9' values per CMS directives) in the database.

None of the new code tables had any data. The Data was very limited for testing. Test Cases were produced; however, very limited.

2.12.1.4 Clarifications

Status changed to Ready for M.O., due to database change requests for adding two new views to MAR DB, to support the B.O. universe. Mike Barnard

2.12.1.5 Associated Requirements

Requirement ID	Type
30.090.012.002.1	RFP Requirement
30.090.012.002.12	RFP Requirement

2.12.1.6 Associated System Objects

Technical Name	Object Type	Title
MAR.unv	DSS Universe	MAR Universes
T_MR_PROV	Database Table	
T_MR_MSIS_CLAIMOT	Database Table	
T_MR_MSIS_CLAIMRX	Database Table	
T_MR_MSIS_CLAIMIP	Database Table	
T_MR_RE_CNTY	Database Table	
T_MR_RECIP	Database Table	
T_MR_PROV_SUSP	Database Table	
T_MR_MSIS_CLAIMLT	Database Table	
T_MR_POS_RE	Database Table	
T_MR_PROV_DENIED	Database Table	
T_MR_LTC	Database Table	
T_MR_MSIS_ELIG	Database Table	
T_MR_PROV_PERFORM	Database Table	
T_MR_RE	Database Table	

Technical Name	Object Type	Title
T_MR_POS	Database Table	
T_MR_XOVER	Database Table	

2.12.1.7 Change Order Status

Status	Date
Change Order Written	08/08/2005
Define/Analyze In Progress	03/21/2006
SE Assigned	07/03/2006
Construction in Progress	07/25/2006
Ready for Construction Walkthrough	07/31/2006
Ready for DM Review	08/10/2006
DM Review Board Approved	08/10/2006
Ready for Model Office	08/21/2006
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Ready for Model Office	02/01/2007
UAT Implemented	02/26/2007
Prod Implemented	06/14/2007

2.12.2 KCHIPS KYMM1400-R001 - 686

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
686	Change Order		MAR			

2.12.2.1 Desired Solution
Customer requested EDS to build report KYMM1400-R001.

2.12.2.2 Business Impact
None.

2.12.2.3 Technical Specifications
Preliminary version run shortly after month end. Only enrollees who received a service are reported.

2.12.2.4 Clarifications
Received Fax forwarded by Andy Hough, originally sent by Lisa Lee.

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.
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- 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.

e-mail from Lisa Lee on June 08, 2006:

- CMS-64EC should report the number of all children enrolled in Medicaid. This would include status codes in addition to those on the chart. It would also include P4 and M4 status codes because those children were "rolled" into Medicaid. Phase I of KCHIP extended Medicaid coverage to eligible children age 14 - 18 who were in families at or below 100% of the FPL. These children are viewed as Medicaid recipients. This report would not include any children with a P5, P6, P7, M5, M6, or M7 status code.
- CMS-64.21E should report the number of children enrolled in Phase II of KCHIP - the Medicaid expansion. This report should include those recipients with a P5, P6, M5, or M6 status code.
- CMS-21E should report the number of KCHIP Phase III recipients - those with a status code of P7 or M7.

Other e-mail communications are stored in Supplemental Documentation section of Change Order 686 under **"Clarifications"** heading.

2.12.2.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.2.6 Associated System Objects

Technical Name	Object Type	Title
MAR-8001-M	Report	CMS-64EC Prelim Monthly
mrm8001	Program	CMS-64EC CMS21-E CMS64EC21E Preliminary and Final Report
MARJM801	Batch Job	CMS-64EC Prelim Monthly

2.12.2.7 Change Order Status

Status	Date
Model Office Implemented	09/06/2005
Ready for Model Office	10/30/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
Model Office Implemented	11/03/2006
Ready for Model Office	11/10/2006
UAT Implemented	11/16/2006
Ready for Model Office	02/16/2007
Model Office Implemented	02/22/2007

Status	Date
UAT Implemented	02/22/2007
Prod Implemented	02/22/2007

2.12.3 KCHIPS KYMM1400-R010 - 708

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
708	Change Order		MAR			

2.12.3.1 Desired Solution
Customer requested EDS to build report KYMM1400-R010

2.12.3.2 Business Impact
None.

2.12.3.3 Technical Specifications
Final version run with lag period after month end. Only enrollees who received a service are reported.

2.12.3.4 Clarifications
Received Fax forwarded by Andy Hough, originally sent by Lisa Lee.

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.
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- CMS-21E should report the number of KCHIP Phase III recipients - those with a status code of P7 or M7.

Other e-mail communications are stored in Supplemental Documentation section of Change Order 686 under **"Clarifications"** heading.

2.12.3.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.3.6 Associated System Objects

Technical Name	Object Type	Title
MAR-8011-M	Report	CMS-64EC Final Monthly
MARJM811	Batch Job	CMS-64EC Final Monthly
mrm8001	Program	CMS-64EC CMS21-E CMS64EC21E Preliminary and Final Report

2.12.3.7 Change Order Status

Status	Date
Model Office Implemented	09/07/2005
Ready for Model Office	10/30/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
Model Office Implemented	11/03/2006
Ready for Model Office	11/10/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.4 KCHIPS KYMM1400-R011 - 710

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
710	Change Order		MAR			

2.12.4.1 Desired Solution
Customer requested EDS to build report KYMM1400-R011

2.12.4.2 Business Impact
None.

2.12.4.3 Technical Specifications
Final version run with lag period after month end. Only enrollees who received a service are reported.

2.12.4.4 Clarifications
Received Fax forwarded by Andy Hough, originally sent by Lisa Lee.

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.
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- CMS-21E should report the number of KCHIP Phase III recipients - those with a status code of P7 or M7.

Other e-mail communications are stored in Supplemental Documentation section of Change Order 686 under **"Clarifications"** heading.

2.12.4.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.4.6 Associated System Objects

Technical Name	Object Type	Title
mrm8001	Program	CMS-64EC CMS21-E CMS64EC21E Preliminary and Final Report
MARJM812	Batch Job	CMS-64EC 21E Final Monthly
MAR-8012-M	Report	CMS-64EC 21E Final Monthly

2.12.4.7 Change Order Status

Status	Date
Model Office Implemented	09/07/2005
Ready for Model Office	10/30/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
Model Office Implemented	11/03/2006
Ready for Model Office	11/10/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.5 KCHIPS KYMM1400-R003 - 711

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
711	Change Order		MAR			

2.12.5.1 Desired Solution
Customer requested EDS to build report KYMM1400-R003

2.12.5.2 Business Impact
None.

2.12.5.3 Technical Specifications
Preliminary version run shortly after month end. Only enrollees who received a service are reported.

2.12.5.4 Clarifications
Received Fax forwarded by Andy Hough, originally sent by Lisa Lee.

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.
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Other e-mail communications are stored in Supplemental Documentation section of Change Order 686 under **"Clarifications"** heading.

2.12.5.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.5.6 Associated System Objects

Technical Name	Object Type	Title
mrm8001	Program	CMS-64EC CMS21-E CMS64EC21E Preliminary and Final Report
MAR-8003-M	Report	CMS-21E Prelim Monthly
MARJM803	Batch Job	CMS-21E Prelim Monthly

2.12.5.7 Change Order Status

Status	Date
Model Office Implemented	09/07/2005
Ready for Model Office	10/30/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
Model Office Implemented	11/03/2006
Ready for Model Office	11/10/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.6 KCHIPS KYMM1400-R012 - 712

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
712	Change Order		MAR			

2.12.6.1 Desired Solution
Customer requested EDS to build report KYMM1400-R012

2.12.6.2 Business Impact
None.

2.12.6.3 Technical Specifications
Final version run with lag period after month end. Only enrollees who received a service are reported.

2.12.6.4 Clarifications
Received Fax forwarded by Andy Hough, originally sent by Lisa Lee.

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.
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Other e-mail communications are stored in Supplemental Documentation section of Change Order 686 under **"Clarifications"** heading.

2.12.6.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.6.6 Associated System Objects

Technical Name	Object Type	Title
mrm8001	Program	CMS-64EC CMS21-E CMS64EC21E Preliminary and Final Report
MARJM813	Batch Job	CMS-21E Final Monthly
MAR-8013-M	Report	CMS-21E Final Monthly

2.12.6.7 Change Order Status

Status	Date
Model Office Implemented	09/07/2005
Ready for Model Office	10/30/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
Model Office Implemented	11/03/2006
Ready for Model Office	11/10/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.7 KCHIPS KYMM1400-R004 - 713

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
713	Change Order		MAR			

2.12.7.1 Desired Solution
Customer requested EDS to build report KYMM1400-R004

2.12.7.2 Business Impact
None.

2.12.7.3 Technical Specifications
Preliminary version run shortly after quarter end. Only enrollees who received a service are reported.

2.12.7.4 Clarifications
Received Fax forwarded by Andy Hough, originally sent by Lisa Lee.

KEY RULES FOR REPORTING ENROLLMENT DATA

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Other e-mail communications are stored in Supplemental Documentation section of Change Order 686 under **"Clarifications"** heading.

2.12.7.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.7.6 Associated System Objects

Technical Name	Object Type	Title
mrm8001	Program	CMS-64EC CMS21-E CMS64EC21E Preliminary and Final Report
MARJQ801	Batch Job	CMS-64EC Prelim Qrtrly
MAR-8001-Q	Report	CMS-64EC Prelim Qrtrly

2.12.7.7 Change Order Status

Status	Date
Model Office Implemented	09/07/2005
Ready for Model Office	10/30/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
Model Office Implemented	11/03/2006
Ready for Model Office	11/10/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.8 KCHIPS KYMM1400-R013 - 714

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
714	Change Order		MAR			

2.12.8.1 Desired Solution
Customer requested EDS to build report KYMM1400-R013

2.12.8.2 Business Impact
None.

2.12.8.3 Technical Specifications
Final version run with lag period after quarter end. Only enrollees who received a service are reported.

2.12.8.4 Clarifications
Received Fax forwarded by Andy Hough, originally sent by Lisa Lee.

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.
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Other e-mail communications are stored in Supplemental Documentation section of Change Order 686 under **"Clarifications"** heading.

2.12.8.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.8.6 Associated System Objects

Technical Name	Object Type	Title
MARJQ811	Batch Job	CMS-64EC Final Qrtrly
mrm8001	Program	CMS-64EC CMS21-E CMS64EC21E Preliminary and Final Report
MAR-8011-Q	Report	CMS-64EC Final Qrtrly

2.12.8.7 Change Order Status

Status	Date
Model Office Implemented	09/07/2005
Ready for Model Office	10/30/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
Model Office Implemented	11/03/2006
Ready for Model Office	11/10/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.9 KCHIPS KYMM1400-R005 - 715

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
715	Change Order		MAR			

2.12.9.1 Desired Solution
Customer requested EDS to build report KYMM1400-R005

2.12.9.2 Business Impact
None.

2.12.9.3 Technical Specifications
Preliminary version run shortly after quarter end. Only enrollees who received a service are reported.

2.12.9.4 Clarifications
Received Fax forwarded by Andy Hough, originally sent by Lisa Lee.

KEY RULES FOR REPORTING ENROLLMENT DATA

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Other e-mail communications are stored in Supplemental Documentation section of Change Order 686 under **"Clarifications"** heading.

2.12.9.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.9.6 Associated System Objects

Technical Name	Object Type	Title
mrm8001	Program	CMS-64EC CMS21-E CMS64EC21E Preliminary and Final Report
MAR-8002-Q	Report	CMS-64EC 21E Prelim Qrtrly
MARJQ802	Batch Job	CMS-64EC 21E Prelim Qrtrly

2.12.9.7 Change Order Status

Status	Date
Model Office Implemented	09/07/2005
Ready for Model Office	10/30/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
Model Office Implemented	11/03/2006
Ready for Model Office	11/10/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.10 KCHIPS KYMM1400-R014 - 716

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
716	Change Order		MAR			

2.12.10.1 Desired Solution
Customer requested EDS to build report KYMM1400-R014

2.12.10.2 Business Impact
None.

2.12.10.3 Technical Specifications
Final version run with lag period after quarter end. Only enrollees who received a service are reported.

2.12.10.4 Clarifications
Received Fax forwarded by Andy Hough, originally sent by Lisa Lee.

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.
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- 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.

e-mail from Lisa Lee on June 08, 2006:

- CMS-64EC should report the number of all children enrolled in Medicaid. This would include status codes in addition to those on the chart. It would also include P4 and M4 status codes because those children were "rolled" into Medicaid. Phase I of KCHIP extended Medicaid coverage to eligible children age 14 - 18 who were in families at or below 100% of the FPL. These children are viewed as Medicaid recipients. This report would not include any children with a P5, P6, P7, M5, M6, or M7 status code.
- CMS-64.21E should report the number of children enrolled in Phase II of KCHIP - the Medicaid expansion. This report should include those recipients with a P5, P6, M5, or M6 status code.
- CMS-21E should report the number of KCHIP Phase III recipients - those with a status code of P7 or M7.

Other e-mail communications are stored in Supplemental Documentation section of Change Order 686 under **"Clarifications"** heading.

2.12.10.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.10.6 Associated System Objects

Technical Name	Object Type	Title
MARJQ812	Batch Job	CMS-64EC 21E Final Qrtrly
mrm8001	Program	CMS-64EC CMS21-E CMS64EC21E Preliminary and Final Report
MAR-8012-Q	Report	CMS-64EC 21E Final Qrtrly

2.12.10.7 Change Order Status

Status	Date
Model Office Implemented	09/07/2005
Ready for Model Office	10/30/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
Model Office Implemented	11/03/2006
Ready for Model Office	11/10/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.11 KCHIPS KYMM1400-R006 - 717

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
717	Change Order		MAR			

2.12.11.1 Desired Solution
Customer requested EDS to build report KYMM1400-R006

2.12.11.2 Business Impact
None.

2.12.11.3 Technical Specifications
Preliminary version run shortly after quarter end. Only enrollees who received a service are reported.

2.12.11.4 Clarifications
Received Fax forwarded by Andy Hough, originally sent by Lisa Lee.

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.
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- 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.

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- CMS-64.21E should report the number of children enrolled in Phase II of KCHIP - the Medicaid expansion. This report should include those recipients with a P5, P6, M5, or M6 status code.
- CMS-21E should report the number of KCHIP Phase III recipients - those with a status code of P7 or M7.

Other e-mail communications are stored in Supplemental Documentation section of Change Order 686 under **"Clarifications"** heading.

2.12.11.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.11.6 Associated System Objects

Technical Name	Object Type	Title
MARJQ803	Batch Job	CMS-21E Prelim Qrtrly
MAR-8003-Q	Report	CMS-21E Prelim Qrtrly
mrm8001	Program	CMS-64EC CMS21-E CMS64EC21E Preliminary and Final Report

2.12.11.7 Change Order Status

Status	Date
Model Office Implemented	09/07/2005
Ready for Model Office	10/30/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
Model Office Implemented	11/03/2006
Ready for Model Office	11/10/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.12 KCHIPS KYMM1400-R015 - 718

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
718	Change Order		MAR			

2.12.12.1 Desired Solution
Customer requested EDS to build report KYMM1400-R015

2.12.12.2 Business Impact
None.

2.12.12.3 Technical Specifications
Final version run with lag period after quarter end. Only enrollees who received a service are reported.

2.12.12.4 Clarifications
Received Fax forwarded by Andy Hough, originally sent by Lisa Lee.

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.
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- CMS-21E should report the number of KCHIP Phase III recipients - those with a status code of P7 or M7.

Other e-mail communications are stored in Supplemental Documentation section of Change Order 686 under **"Clarifications"** heading.

2.12.12.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.12.6 Associated System Objects

Technical Name	Object Type	Title
MAR-8013-Q	Report	CMS-21E Final Qrtrly
mrm8001	Program	CMS-64EC CMS21-E CMS64EC21E Preliminary and Final Report
MARJQ813	Batch Job	CMS-21E Final Qrtrly

2.12.12.7 Change Order Status

Status	Date
Model Office Implemented	09/07/2005
Ready for Model Office	10/30/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
Model Office Implemented	11/03/2006
Ready for Model Office	11/10/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.13 KCHIPS KYMM1400-R007 - 719

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
719	Change Order		MAR			

2.12.13.1 Desired Solution
Customer requested EDS to build report KYMM1400-R007

2.12.13.2 Business Impact
None.

2.12.13.3 Technical Specifications
Preliminary version run shortly after FY end. Only enrollees who received a service are reported.

2.12.13.4 Clarifications
Received Fax forwarded by Andy Hough, originally sent by Lisa Lee.

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.
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e-mail from Lisa Lee on June 08, 2006:

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- CMS-21E should report the number of KCHIP Phase III recipients - those with a status code of P7 or M7.

Other e-mail communications are stored in Supplemental Documentation section of Change Order 686 under **"Clarifications"** heading.

2.12.13.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.13.6 Associated System Objects

Technical Name	Object Type	Title
MARJA801	Batch Job	CMS-64EC Prelim Annual
MAR-8001-A	Report	CMS-64EC Prelim Annual
mrm8001	Program	CMS-64EC CMS21-E CMS64EC21E Preliminary and Final Report

2.12.13.7 Change Order Status

Status	Date
Model Office Implemented	09/07/2005
Ready for Model Office	10/30/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
Model Office Implemented	11/03/2006
Ready for Model Office	11/10/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.14 KCHIPS KYMM1400-R016 - 720

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
720	Change Order		MAR			

2.12.14.1 Desired Solution
Customer requested EDS to build report KYMM1400-R016

2.12.14.2 Business Impact
None.

2.12.14.3 Technical Specifications
Final version run with lag period after FYend. Only enrollees who received a service are reported.Final version run with lag period after FYend. Only enrollees who received a service are reported.

2.12.14.4 Clarifications
Received Fax forwarded by Andy Hough, originally sent by Lisa Lee.

KEY RULES FOR REPORTING ENROLLMENT DATA

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Other e-mail communications are stored in Supplemental Documentation section of Change Order 686 under **"Clarifications"** heading.

2.12.14.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.14.6 Associated System Objects

Technical Name	Object Type	Title
MARJA811	Batch Job	CMS-64EC Final Annual
MAR-8011-A	Report	CMS-64EC Final Annual
mrm8001	Program	CMS-64EC CMS21-E CMS64EC21E Preliminary and Final Report

2.12.14.7 Change Order Status

Status	Date
Model Office Implemented	09/07/2005
Ready for Model Office	10/30/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
Model Office Implemented	11/03/2006
Ready for Model Office	11/10/2006
UAT Implemented	11/16/2006

Status	Date
Prod Implemented	06/14/2007

2.12.15 KCHIPS KYMM1400-R008 - 721

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
721	Change Order		MAR			

2.12.15.1 Desired Solution
Customer requested EDS to build report KYMM1400-R008

2.12.15.2 Business Impact
None.

2.12.15.3 Technical Specifications
Preliminary version run shortly after FY end. Only enrollees who received a service are reported.

2.12.15.4 Clarifications
Received Fax forwarded by Andy Hough, originally sent by Lisa Lee.

KEY RULES FOR REPORTING ENROLLMENT DATA

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Other e-mail communications are stored in Supplemental Documentation section of Change Order 686 under **"Clarifications"** heading.

2.12.15.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.15.6 Associated System Objects

Technical Name	Object Type	Title
mrm8001	Program	CMS-64EC CMS21-E CMS64EC21E Preliminary and Final Report
MAR-8002-A	Report	CMS-64EC 21E Prelim Annual
MARJA802	Batch Job	CMS-64EC 21E Prelim Annual

2.12.15.7 Change Order Status

Status	Date
Model Office Implemented	09/07/2005
Ready for Model Office	10/30/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
Model Office Implemented	11/03/2006
Ready for Model Office	11/10/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.16 KCHIPS KYMM1400-R017 - 722

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
722	Change Order		MAR			

2.12.16.1 Desired Solution
Customer requested EDS to build report KYMM1400-R017

2.12.16.2 Business Impact
None.

2.12.16.3 Technical Specifications
Final version run with lag period after FYend. Only enrollees who received a service are reported.Final version run with lag period after FYend. Only enrollees who received a service are reported.

2.12.16.4 Clarifications
Received Fax forwarded by Andy Hough, originally sent by Lisa Lee.

KEY RULES FOR REPORTING ENROLLMENT DATA

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Other e-mail communications are stored in Supplemental Documentation section of Change Order 686 under **"Clarifications"** heading.

2.12.16.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.16.6 Associated System Objects

Technical Name	Object Type	Title
MAR-8012-A	Report	CMS-64EC 21E Final Annual
mrm8001	Program	CMS-64EC CMS21-E CMS64EC21E Preliminary and Final Report
MARJA812	Batch Job	CMS-64EC 21E Final Annual

2.12.16.7 Change Order Status

Status	Date
Model Office Implemented	09/07/2005
Ready for Model Office	10/30/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
Model Office Implemented	11/03/2006
Ready for Model Office	11/10/2006
UAT Implemented	11/16/2006

Status	Date
Prod Implemented	06/14/2007

2.12.17 KCHIPS KYMM1400-R009 - 723

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
723	Change Order		MAR			

2.12.17.1 Desired Solution
Customer requested EDS to build report KYMM1400-R009

2.12.17.2 Business Impact
None.

2.12.17.3 Technical Specifications
Preliminary version run shortly after FY end. Only enrollees who received a service are reported.

2.12.17.4 Clarifications
Received Fax forwarded by Andy Hough, originally sent by Lisa Lee.

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.

e-mail from Lisa Lee on June 08, 2006:

- CMS-64EC should report the number of all children enrolled in Medicaid. This would include status codes in addition to those on the chart. It would also include P4 and M4 status codes because those children were "rolled" into Medicaid. Phase I of KCHIP extended Medicaid coverage to eligible children age 14 - 18 who were in families at or below 100% of the FPL. These children are viewed as Medicaid recipients. This report would not include any children with a P5, P6, P7, M5, M6, or M7 status code.
- CMS-64.21E should report the number of children enrolled in Phase II of KCHIP - the Medicaid expansion. This report should include those recipients with a P5, P6, M5, or M6 status code.
- CMS-21E should report the number of KCHIP Phase III recipients - those with a status code of P7 or M7.

Other e-mail communications are stored in Supplemental Documentation section of Change Order 686 under **"Clarifications"** heading.

2.12.17.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.17.6 Associated System Objects

Technical Name	Object Type	Title
mrm8001	Program	CMS-64EC CMS21-E CMS64EC21E Preliminary and Final Report
MARJA803	Batch Job	CMS-21E Prelim Annual
MAR-8003-A	Report	CMS-21E Prelim Annual

2.12.17.7 Change Order Status

Status	Date
Model Office Implemented	09/07/2005
Ready for Model Office	10/30/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
Model Office Implemented	11/03/2006
Ready for Model Office	11/10/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.18 KCHIPS KYMM1400-R018 - 724

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
724	Change Order		MAR			

2.12.18.1 Desired Solution
Customer requested EDS to build report KYMM1400-R018

2.12.18.2 Business Impact
None.

2.12.18.3 Technical Specifications
Final version run with lag period after FYend. Only enrollees who received a service are reported.

2.12.18.4 Clarifications
Received Fax forwarded by Andy Hough, originally sent by Lisa Lee.

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.

e-mail from Lisa Lee on June 08, 2006:

- CMS-64EC should report the number of all children enrolled in Medicaid. This would include status codes in addition to those on the chart. It would also include P4 and M4 status codes because those children were "rolled" into Medicaid. Phase I of KCHIP extended Medicaid coverage to eligible children age 14 - 18 who were in families at or below 100% of the FPL. These children are viewed as Medicaid recipients. This report would not include any children with a P5, P6, P7, M5, M6, or M7 status code.
- CMS-64.21E should report the number of children enrolled in Phase II of KCHIP - the Medicaid expansion. This report should include those recipients with a P5, P6, M5, or M6 status code.
- CMS-21E should report the number of KCHIP Phase III recipients - those with a status code of P7 or M7.

Other e-mail communications are stored in Supplemental Documentation section of Change Order 686 under **"Clarifications"** heading.

2.12.18.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.18.6 Associated System Objects

Technical Name	Object Type	Title
mrm8001	Program	CMS-64EC CMS21-E CMS64EC21E Preliminary and Final Report
MAR-8013-A	Report	CMS-21E Final Annual
MARJA813	Batch Job	CMS-21E Final Annual

2.12.18.7 Change Order Status

Status	Date
Model Office Implemented	09/07/2005
Ready for Model Office	10/30/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
Model Office Implemented	11/03/2006
Ready for Model Office	11/10/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.19 KCHIPS KYMM1400-R021 - 725

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
725	Change Order		MAR			

2.12.19.1 Desired Solution
Customer requested EDS to build report KYMM1400-R021

2.12.19.2 Business Impact
None.

2.12.19.3 Technical Specifications
Collection of data contained on CMS 64EC, CMS 64EC-21E, and CMS 21E for the same period. Preliminary report run shortly after end of month reported.

2.12.19.4 Clarifications
No associated clarifications found.

2.12.19.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.19.6 Associated System Objects

Technical Name	Object Type	Title
MARJM821	Batch Job	SCHIP Statistical Enrollment Report - Monthly - Preliminary
MAR-8021-M	Report	SCHIP Statistical Enrollment Report - Monthly - Preliminary
mrm8021	Program	SCHIP Statistical Enrollment Report - Monthly - Preliminary

2.12.19.7 Change Order Status

Status	Date
Model Office Implemented	07/26/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/06/2006
UAT Implemented	11/16/2006
Ready for Model Office	03/20/2007
Model Office Implemented	03/22/2007
UAT Implemented	03/22/2007
Prod Implemented	03/22/2007

2.12.20 KCHIPS KYMM1400-R022 - 726

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
726	Change Order		MAR			

2.12.20.1 Desired Solution
Customer requested EDS to build report KYMM1400-R022

2.12.20.2 Business Impact
None.

2.12.20.3 Technical Specifications
Collection of data contained on CMS 64EC, CMS 64EC-21E, and CMS 21E for the same period. Preliminary report run shortly after end of quarter reported.

2.12.20.4 Clarifications
No associated clarifications found.

2.12.20.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.20.6 Associated System Objects

Technical Name	Object Type	Title
MAR-8021-Q	Report	SCHIP Statistical Enrollment Report - Quarterly - Preliminary
mrm8021	Program	SCHIP Statistical Enrollment Report - Monthly - Preliminary
MARJQ821	Batch Job	SCHIP Statistical Enrollment Report - Quarterly - Preliminary

2.12.20.7 Change Order Status

Status	Date
Model Office Implemented	07/26/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/06/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.21 KCHIPS KYMM1400-R023 - 727

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
727	Change Order		MAR			

2.12.21.1 Desired Solution
Customer requested EDS to build report KYMM1400-R023

2.12.21.2 Business Impact
None.

2.12.21.3 Technical Specifications
Collection of data contained on CMS 64EC, CMS 64EC-21E, and CMS 21E for the same period. Preliminary report run shortly after end of FYreported.

2.12.21.4 Clarifications
No associated clarifications found.

2.12.21.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.21.6 Associated System Objects

Technical Name	Object Type	Title
MAR-8021-A	Report	SCHIP Statistical Enrollment Report - Annual - Preliminary
mrm8021	Program	SCHIP Statistical Enrollment Report - Monthly - Preliminary
MARJA821	Batch Job	SCHIP Statistical Enrollment Report - Annual - Preliminary

2.12.21.7 Change Order Status

Status	Date
Model Office Implemented	07/26/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/06/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.22 KCHIPS KYMM1400-R024 - 728

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
728	Change Order		MAR			

2.12.22.1 Desired Solution
Customer requested EDS to build report KYMM1400-R024

2.12.22.2 Business Impact
None.

2.12.22.3 Technical Specifications
Collection of data contained on CMS 64EC, CMS 64EC-21E, and CMS 21E for the same period. Final report run after lag period from end of month reported.

2.12.22.4 Clarifications
No associated clarifications found.

2.12.22.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.22.6 Associated System Objects

Technical Name	Object Type	Title
MAR-8022-M	Report	SCHIP Statistical Enrollment Report - Monthly - Final
mrm8021	Program	SCHIP Statistical Enrollment Report - Monthly - Preliminary
MARJM822	Batch Job	SCHIP Statistical Enrollment Report - Monthly - Final

2.12.22.7 Change Order Status

Status	Date
Model Office Implemented	07/26/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/06/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.23 KCHIPS KYMM1400-R025 - 729

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
729	Change Order		MAR			

2.12.23.1 Desired Solution
Customer requested EDS to build report KYMM1400-R025

2.12.23.2 Business Impact
None.

2.12.23.3 Technical Specifications
Collection of data contained on CMS 64EC, CMS 64EC-21E, and CMS 21E for the same period. Final report run after lag period from end of quarter reported.

2.12.23.4 Clarifications
No associated clarifications found.

2.12.23.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.23.6 Associated System Objects

Technical Name	Object Type	Title
MAR-8022-Q	Report	SCHIP Statistical Enrollment Report - Quarterly - Final
mrm8021	Program	SCHIP Statistical Enrollment Report - Monthly - Preliminary
MARJQ822	Batch Job	SCHIP Statistical Enrollment Report - Quarterly - Final

2.12.23.7 Change Order Status

Status	Date
Model Office Implemented	07/26/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/06/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.24 KCHIPS KYMM1410-R001 - 730

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
730	Change Order		MAR			

2.12.24.1 Desired Solution
Customer requested EDS to build report KYMM1410-R001

2.12.24.2 Business Impact
None.

2.12.24.3 Technical Specifications
Run monthly. Organize by status code, showing current active segment plus all other segments.

2.12.24.4 Clarifications
No associated clarifications found.

2.12.24.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.24.6 Associated System Objects

Technical Name	Object Type	Title
MARJM823	Batch Job	KCHIP Total Enrolled By Status Code (Monthly)
mrm8023	Program	KCHIP Total Enrolled By Status Code
MAR-8023-M	Report	KCHIP Total Enrolled By Status Code (Monthly)

2.12.24.7 Change Order Status

Status	Date
Model Office Implemented	07/15/2006
Ready for Model Office	11/01/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.25 KCHIPS KYMM1500-R001 - 731

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
731	Change Order		MAR			

2.12.25.1 Desired Solution
Customer requested EDS to build report KYMM1500-R001

2.12.25.2 Business Impact
None.

2.12.25.3 Technical Specifications
This report is organized by County code. For County code, total Eligible count is accumulated in each Program, Status group for the current month.

2.12.25.4 Clarifications
e-mail communications between Andy Hough and Lisa Lee is found in Supplemental Documentation under **Clarifications** heading.

2.12.25.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement
30.090.012.003.6	RFP Requirement

2.12.25.6 Associated System Objects

Technical Name	Object Type	Title
MARJM841	Batch Job	Undup Eligibles Under 19 By County
MAR-8041-M	Report	Undup Eligibles Under 19 By County
mrm8041	Program	Undup Eligibles Under 19 By County

2.12.25.7 Change Order Status

Status	Date
Ready for Model Office	08/07/2005
Model Office Implemented	10/13/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
UAT Implemented	11/16/2006
Ready for Model Office	11/29/2006
Model Office Implemented	12/08/2006
UAT Implemented	12/12/2006

Status	Date
Ready for Model Office	03/23/2007
Model Office Implemented	03/29/2007
UAT Implemented	03/29/2007
Prod Implemented	03/29/2007

2.12.26 CMS 372 - Comm Living - 732

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
732	Change Order		MAR			

2.12.26.1 Desired Solution
Customer requested EDS to build report KYMM4800-R001, KYMM4801-R001, KYMM4802-R001, KYMM4803-R001, and KYMM4804-R001. Reports will be combined in one file.

2.12.26.2 Business Impact
None.

2.12.26.3 Technical Specifications
Section I and II
Institutional care and waiver member institutional care counts and expenditures are accumulated for ICF/MR facility types.

Section III and IV
Institutional care and waiver member acute care counts and expenditures are accumulated for ICF/MR facility types.

Section V and VI
Waiver services counts and expenditures are accumulated for SCL facility types. They are categorized based on participation in institutional care services.

Section VII and VIII
Waiver member acute care counts and expenditures are accumulated for ICF/MR facility types.

Section IX
Waiver services counts, expenditures, and waiver days are accumulated for SCL waiver types. For those waiver members not institutionalized during the year, the accumulations are considered "NOT IN INSTIT."

2.12.26.4 Clarifications
Sachi Wisner - talked with Kristina Heyden on the phone and confirmed working change "RECIPIENT" to "MEMBER". According to her, this change has been approved by CMS.

Saved e-mail communications with commonwealth under Clarifications directory of supplemental documentation section.

2.12.26.5 Associated Requirements

Requirement ID	Type
30.090.012.003.2	RFP Requirement

2.12.26.6 Associated System Objects

Technical Name	Object Type	Title
mr372elg	Program	Determines Dates of Waiver Coverage for Wavier Eligibles
mr372clm	Program	Extract claim data for CMS 372 Waiver Report

Technical Name	Object Type	Title
MARJA440	Batch Job	CMS 372 waiver report extract claim SCL waiver
MARJA460	Batch Job	CMS 372 waiver report pre-processing SCL waiver
MAR-4800-A	Report	CMS 372 For SCL
MARJA490	Batch Job	CMS 372 waiver report update extract SCL waiver
T_MR_WVR_SVC	Database Table	
MARJA400	Batch Job	CMS 372 waiver report extract peer ICF-MR level of care
mr372rpt	Program	Builds CMS 372 Waiver Reports
MARJA420	Batch Job	CMS 372 waiver report extract eligible SCL waiver
MARJA480	Batch Job	CMS 372 waiver report writer SCL waiver

2.12.26.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
SE Assigned	11/10/2005
Technical Design In Progress (obsolete)	11/10/2005
Unit Test in Progress (obsolete)	01/12/2006
Ready for Construction Walkthrough	06/08/2006
Ready for Model Office	06/16/2006
Model Office Implemented	06/26/2006
Ready for Model Office	08/18/2006
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Ready for Model Office	12/27/2006
Model Office Implemented	01/11/2007
UAT Implemented	01/11/2007
Prod Implemented	06/14/2007

2.12.27 CMS 372 - HCB/ADC - 737

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
737	Change Order		MAR			

2.12.27.1 Desired Solution
Customer requested EDS to build report KYMM4810-R001, KYMM4811-R001, KYMM4812-R001, KYMM4813-R001, and KYMM4814-R001. Reports will be combined in one file.

2.12.27.2 Business Impact
None.

2.12.27.3 Technical Specifications
Section I and II
Institutional care and waiver member institutional care counts and expenditures are accumulated for NF facility types.

Section III and IV
Institutional care and waiver member acute care counts and expenditures are accumulated for NF facility types.

Section V and VI
Waiver services counts and expenditures are accumulated for NF facility types. They are categorized based on participation in institutional care services.

Section VII and VIII
Waiver member acute care counts and expenditures are accumulated for NF facility types.

Section IX
Waiver services counts, expenditures, and waiver days are accumulated for HCB/ACD waiver types. For those waiver members not institutionalized during the year, the accumulations are considered "NOT IN INSTIT."

2.12.27.4 Clarifications
Sachi Wisner - talked with Kristina Heyden on the phone and confirmed working change "RECIPIENT" to "MEMBER". According to her, this change has been approved by CMS.

Saved e-mail communications with commonwealth under Clarifications directory of supplemental documentation section.

2.12.27.5 Associated Requirements

Requirement ID	Type
30.090.012.003.2	RFP Requirement

2.12.27.6 Associated System Objects

Technical Name	Object Type	Title
MAR-4810-A	Report	CMS 372 For HCB-ADC
MARJA491	Batch Job	CMS 372 waiver report update extract HCB waiver
mr372elg	Program	Determines Dates of Waiver Coverage for Wavier

Technical Name	Object Type	Title
		Eligibles
MARJA421	Batch Job	CMS 372 waiver report extract eligible HCB waiver
MARJA401	Batch Job	CMS 372 waiver report extract peer NF level of care
T_MR_WVR_SVC	Database Table	
MARJA441	Batch Job	CMS 372 waiver report extract claim HCB waiver
MARJA481	Batch Job	CMS 372 waiver report writer HCB waiver
mr372rpt	Program	Builds CMS 372 Waiver Reports
mr372clm	Program	Extract claim data for CMS 372 Waiver Report
MARJA461	Batch Job	CMS 372 waiver report pre-processing HCB waiver

2.12.27.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
SE Assigned	11/10/2005
Construction in Progress	01/12/2006
Unit Test in Progress (obsolete)	01/12/2006
Ready for Construction Walkthrough	06/08/2006
Ready for Model Office	06/16/2006
Model Office Implemented	06/26/2006
Ready for Model Office	08/18/2006
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.28 CMS 372 - Model II - 742

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
742	Change Order		MAR			

2.12.28.1 Desired Solution
Customer requested EDS to build report KYMM4840-R001, KYMM4841-R001, KYMM4842-R001, KYMM4843-R001, KYMM4844-R001. Reports will be combined in one file.

2.12.28.2 Business Impact
None.

2.12.28.3 Technical Specifications
Section I and II
Institutional care and waiver member institutional care counts and expenditures are accumulated for ventilator dependent types.

Section III and IV
Institutional care and waiver member acute care counts and expenditures are accumulated for ventilator dependent types.

Section V and VI
Waiver services counts and expenditures are accumulated for ventilator dependent types. They are categorized based on participation in institutional care services.

Section VII and VIII
Waiver member acute care counts and expenditures are accumulated for ventilator dependent types.

Section IX
Waiver services counts, expenditures, and waiver days are accumulated for Model 2 waiver types. For those waiver members not institutionalized during the year, the accumulations are considered "NOT IN INSTIT."

2.12.28.4 Clarifications
Sachi Wisner - talked with Kristina Heyden on the phone and confirmed working change "RECIPIENT" to "MEMBER". According to her, this change has been approved by CMS.

Saved e-mail communications with commonwealth under Clarifications directory of supplemental documentation section.

2.12.28.5 Associated Requirements

Requirement ID	Type
30.090.012.003.2	RFP Requirement

2.12.28.6 Associated System Objects

Technical Name	Object Type	Title
MARJA402	Batch Job	CMS 372 waiver report extract peer Ventilator Dependent Level of care

Technical Name	Object Type	Title
MARJA442	Batch Job	CMS 372 waiver report extract claim Model II waiver
mr372rpt	Program	Builds CMS 372 Waiver Reports
MARJA422	Batch Job	CMS 372 waiver report extract eligible Model II waiver
mr372clm	Program	Extract claim data for CMS 372 Waiver Report
mr372elg	Program	Determines Dates of Waiver Coverage for Wavier Eligibles
T_MR_WVR_SVC	Database Table	
MAR-4840-A	Report	CMS 372 For Model II
MARJA462	Batch Job	CMS 372 waiver report pre-processing Model II waiver
MARJA492	Batch Job	CMS 372 waiver report update extract Model II waiver
MARJA482	Batch Job	CMS 372 waiver report writer Model II waiver

2.12.28.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
SE Assigned	11/10/2005
Construction in Progress	01/12/2006
Unit Test in Progress (obsolete)	01/12/2006
Ready for Construction Walkthrough	06/08/2006
Ready for Model Office	06/16/2006
Model Office Implemented	06/26/2006
Ready for Model Office	08/18/2006
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.29 CMS 372 - ABI - 747

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
747	Change Order		MAR			

2.12.29.1 Desired Solution
Customer requested EDS to build report KYMM4850-R001, KYMM4851-R001, KYMM4852-R001, KYMM4853-R001, KYMM4854-R001. Reports will be combined in one file.

2.12.29.2 Business Impact
None.

2.12.29.3 Technical Specifications
Section I and II
Institutional care and waiver member institutional care counts and expenditures are accumulated for NF facility types.

Section III and IV
Institutional care and waiver member acute care counts and expenditures are accumulated for NF facility types.

Section V and VI
Waiver services counts and expenditures are accumulated for NF facility types. They are categorized based on participation in institutional care services.

Section VII and VIII
Waiver member acute care counts and expenditures are accumulated for NF facility types.

Section IX
Waiver services counts, expenditures, and waiver days are accumulated for ABI waiver types. For those waiver members not institutionalized during the year, the accumulations are considered "NOT IN INSTIT."

2.12.29.4 Clarifications
Sachi Wisner - talked with Kristina Heyden on the phone and confirmed working change "RECIPIENT" to "MEMBER". According to her, this change has been approved by CMS.

Saved e-mail communications with commonwealth under Clarifications directory of supplemental documentation section.

2.12.29.5 Associated Requirements

Requirement ID	Type
30.090.012.003.2	RFP Requirement

2.12.29.6 Associated System Objects

Technical Name	Object Type	Title
mr372clm	Program	Extract claim data for CMS 372 Waiver Report
MAR-4850-A	Report	CMS 372 For ABI
MARJA423	Batch Job	CMS 372 waiver report extract eligible ABI waiver

Technical Name	Object Type	Title
MARJA483	Batch Job	CMS 372 waiver report writer ABI waiver
mr372rpt	Program	Builds CMS 372 Waiver Reports
MARJA443	Batch Job	CMS 372 waiver report extract claim ABI waiver
T_MR_WVR_SVC	Database Table	
MARJA493	Batch Job	CMS 372 waiver report update extract ABI waiver
MARJA463	Batch Job	CMS 372 waiver report pre-processing ABI waiver
mr372elg	Program	Determines Dates of Waiver Coverage for Wavier Eligibles
MARJA403	Batch Job	CMS 372 waiver report extract peer NF (Brain Injury) level of care

2.12.29.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
SE Assigned	11/10/2005
Construction in Progress	01/12/2006
Unit Test in Progress (obsolete)	01/12/2006
Ready for Construction Walkthrough	06/08/2006
Ready for Model Office	06/16/2006
Model Office Implemented	06/26/2006
Ready for Model Office	08/18/2006
Model Office Implemented	08/25/2006
Ready for Model Office	08/31/2006
Model Office Implemented	09/08/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.30 Produce MS-264 5851 - 752

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
752	Change Order		MAR			

2.12.30.1 Desired Solution
Customer requested EDS to build report KYMM5851-R001

2.12.30.2 Business Impact
None.

2.12.30.3 Technical Specifications
This report contains amounts by category of service and member program code for all claim payments. A total page includes all service groups by member program code.

2.12.30.4 Clarifications
The following are clarifications confirmed by Neville Wise:

- Capitation payments should be included in this report.
- The following COS were not being printed in the legacy reports, but we will continue to print all valid COS values, even if zero amounts.
  COS 06 - "TB 06 has not been paid in the last 15 years so it was left out."
  COS 48 - "EPSDT and Family planning clinic are derived totals in that they are a combination of procedure codes extracted from other categories of service such as Physician so I think the totals for those services were left in their original COS for this report."
- The following Program Codes were not being printed in the legacy reports but we will continue to print all valid Program Codes, even if zero amounts.
  Program Code R & ZK - "R and ZK frequently do not have activity so they may be dropped on some reports."
- The following question was asked: " What is 32-EPSDT TXNS , 32-NON-ESPDT TXNS, and SMI in report (Toward the end of sample Legacy reports)?
  * Currently, COS 32 will show up once as 32" **Response:** "32 having only 1 line is OK. SMI is Medicare premium payments."

2.12.30.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.30.6 Associated System Objects

Technical Name	Object Type	Title
MAR-5851-A	Report	MS-264 Summary - Annual
mra5851	Program	MS-264 Summary - Annual
MARJA501	Batch Job	MS-264 Summary - Annual

2.12.30.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
SE Assigned	02/16/2006
Ready for Tech Walkthrough	02/16/2006
Technical Design In Progress (obsolete)	02/16/2006
Design Complete	02/16/2006
Construction in Progress	02/16/2006
Ready for Construction Walkthrough	02/16/2006
Ready for Model Office	06/28/2006
Model Office Implemented	08/21/2006
Ready for Model Office	10/03/2006
Model Office Implemented	10/06/2006
UAT Implemented	11/01/2006
Model Office Implemented	04/26/2007
UAT Implemented	04/26/2007
Prod Implemented	04/26/2007

2.12.31 Produce MS-264 5853 - 754

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
754	Change Order		MAR			

2.12.31.1 Desired Solution
Customer requested EDS to build report KYMM5853-R001

2.12.31.2 Business Impact
None.

2.12.31.3 Technical Specifications
This report contains amounts by member program code and provider service category. A total page includes the total for all member program codes.

2.12.31.4 Clarifications
No associated clarifications found.

2.12.31.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.31.6 Associated System Objects

Technical Name	Object Type	Title
mra5853	Program	MS-264 Table 1 Medicaid Pmts By Provider Ctg
MARJA502	Batch Job	MS-264 Table 1 Medicaid Pmts By Provider Ctg - Annual
MAR-5853-A	Report	MS-264 Table 1 Medicaid Pmts By Provider Ctg - Annual

2.12.31.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
SE Assigned	02/28/2006
Technical Design In Progress (obsolete)	02/28/2006
Ready for Tech Walkthrough	03/02/2006
Design Complete	06/02/2006
Construction in Progress	06/02/2006
Ready for Construction Walkthrough	09/08/2006
Ready for Model Office	09/08/2006

Status	Date
Model Office Implemented	10/02/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.32 Produce MS-264 9853 - 755

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
755	Change Order		MAR			

2.12.32.1 Desired Solution
Customer requested EDS to build report KYMM9853-R001

2.12.32.2 Business Impact
None.

2.12.32.3 Technical Specifications
This report contains amounts by member program code and provider service category. A total page includes the total for all member program codes.

2.12.32.4 Clarifications
CO Cancelled - customer cancelled all monthly MS-264 reports (except 1). Mike Barnard

This CO reinstated per customer request. Determined this one is used for CMS 64 reporting. Mike Barnard

2.12.32.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.32.6 Associated System Objects

Technical Name	Object Type	Title
mra5853	Program	MS-264 Table 1 Medicaid Pmts By Provider Ctg
MARJM502	Batch Job	MS-264 Table 1 Medicaid Pmts By Provider Ctg - Monthly
MAR-5853-M	Report	MS-264 Table 1 Medicaid Pmts By Provider Ctg - Monthly

2.12.32.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Cancelled	11/18/2005
Change Order Written	12/15/2005
SE Assigned	06/02/2006
Construction in Progress	06/02/2006
Ready for Construction Walkthrough	09/11/2006
Ready for Model Office	09/11/2006

Status	Date
Model Office Implemented	10/02/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.33 Produce MS-264 5854 - 756

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
756	Change Order		MAR			

2.12.33.1 Desired Solution
Customer requested EDS to build report KYMM5854-R001

2.12.33.2 Business Impact
None.

2.12.33.3 Technical Specifications
This report is listed in provider number order within the following provider type categories: Mental Hospital Facility, ICF/MR Public Facility, ICF/MR Private Facility, Psychiatric Residential Treatment Facility.

2.12.33.4 Clarifications
No associated clarifications found.

2.12.33.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.33.6 Associated System Objects

Technical Name	Object Type	Title
MAR-5854-A	Report	MS-264 Supplement - Annual
MARJA503	Batch Job	MS-264 Supplement - Annual
mra5854	Program	MS-264 Supplement - Annual

2.12.33.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
SE Assigned	06/02/2006
Design Complete	06/02/2006
Construction in Progress	06/02/2006
Ready for Construction Walkthrough	06/02/2006
Ready for Model Office	06/28/2006
Model Office Implemented	10/06/2006
UAT Implemented	11/01/2006

Status	Date
Ready for Model Office	11/07/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.34 Produce MS-264 5855 - 758

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
758	Change Order		MAR			

2.12.34.1 Desired Solution
Customer requested EDS to build report KYMM5855-R001

2.12.34.2 Business Impact
None.

2.12.34.3 Technical Specifications
This first report section is listed in member program code order and divides coinsurance and deductible payments into two category totals with a grand total of both. Medicare Part A and B are on separate pages with a total page combining both. The second section is by provider category of service type.

2.12.34.4 Clarifications
Please see under:
Supplemental Documentation
Important Documentation
Read Me - KYMM5855.txt.
This file explains why certain COS values are excluded from the report.

2.12.34.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.34.6 Associated System Objects

Technical Name	Object Type	Title
mra5855	Program	MS-264 Medicare Coinsurance - Annual
MARJA504	Batch Job	MS-264 Medicare Coinsurance - Annual
MAR-5855-A	Report	MS-264 Medicare Coinsurance - Annual

2.12.34.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
SE Assigned	06/02/2006
Design Complete	06/02/2006
Construction in Progress	06/02/2006
Ready for Construction Walkthrough	06/21/2006

Status	Date
Ready for Model Office	06/21/2006
Model Office Implemented	08/21/2006
Ready for Model Office	10/03/2006
Model Office Implemented	10/06/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.35 Produce MS-264 5856 - 760

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
760	Change Order		MAR			

2.12.35.1 Desired Solution
Customer requested EDS to build report KYMM5856-R001

2.12.35.2 Business Impact
None.

2.12.35.3 Technical Specifications
For each category of service with a qualifying Family Planning or Sterilization claim activity, the claim count and dollar amounts are provided for Regular Family Planning Claims and Sterilization claims. The SFY-to-date payment amounts are listed and the total payment and claims are tallied.

2.12.35.4 Clarifications
No associated clarifications found.

2.12.35.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.35.6 Associated System Objects

Technical Name	Object Type	Title
MARJA505	Batch Job	MS-264 Fam Planning and Sterilization - Annual
mra5856	Program	MS-264 Fam Planning and Sterilization
MAR-5856-A	Report	MS-264 Fam Planning and Sterilization - Annual

2.12.35.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Ready for Model Office	08/25/2006
Model Office Implemented	09/01/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/03/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.36 Produce MS-264 9856 - 761

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
761	Change Order		MAR			

2.12.36.1 Desired Solution
Customer requested EDS to build report KYMM9856-R001

2.12.36.2 Business Impact
None.

2.12.36.3 Technical Specifications
For each category of service with a qualifying Family Planning or Sterilization claim activity, the claim count and dollar amounts are provided for Regular Family Planning Claims and Sterilization claims. The quarter-to-date payment amounts are listed and the total payment and claims are tallied.

2.12.36.4 Clarifications
No associated clarifications found.

2.12.36.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.36.6 Associated System Objects

Technical Name	Object Type	Title
mra5856	Program	MS-264 Fam Planning and Sterilization
MARJM505	Batch Job	MS-264 Fam Planning and Sterilization - Monthly
MAR-5856-M	Report	MS-264 Fam Planning and Sterilization - Monthly

2.12.36.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Ready for Model Office	08/25/2006
Model Office Implemented	09/01/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/03/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.37 Produce MS-264 5859 - 762

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
762	Change Order		MAR			

2.12.37.1 Desired Solution
Customer requested EDS to build report KYMM5859-R001

2.12.37.2 Business Impact
None.

2.12.37.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.37.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report:

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.
- For detail, refer to CO 762 Supplemental Documentation section.

2.12.37.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.37.6 Associated System Objects

Technical Name	Object Type	Title
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report
MARJA512	Batch Job	MS-264 Table - Payment extract process
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process
MAR-5859-A	Report	MS-264 Table 12.6 - Annual
MARJA511	Batch Job	MS-264 Table - Annual - County extract process

2.12.37.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
SE Assigned	01/18/2006
Technical Design In Progress (obsolete)	01/26/2006
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
Ready for Model Office	08/25/2006
Model Office Implemented	09/01/2006
Ready for Model Office	09/22/2006
Model Office Implemented	09/28/2006
Ready for Model Office	10/19/2006
Model Office Implemented	10/27/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.38 Produce MS-264 5863 - 763

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
763	Change Order		MAR			

2.12.38.1 Desired Solution
Customer requested EDS to build report KYMM5863-R001

2.12.38.2 Business Impact
None.

2.12.38.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.38.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.
- For detail, refer to CO 762 Supplemental Documentation section.

2.12.38.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.38.6 Associated System Objects

Technical Name	Object Type	Title
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process
MAR-5863-A	Report	MS-264 Table 8 - AFDC - Annual
MARJA512	Batch Job	MS-264 Table - Payment extract process
MARJA511	Batch Job	MS-264 Table - Annual - County extract process

2.12.38.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.39 Produce MS-264 5864 - 764

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
764	Change Order		MAR			

2.12.39.1 Desired Solution
Customer requested EDS to build report KYMM5864-R001

2.12.39.2 Business Impact
None.

2.12.39.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.39.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.39.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.39.6 Associated System Objects

Technical Name	Object Type	Title
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process
MARJA512	Batch Job	MS-264 Table - Payment extract process
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report
MAR-5864-A	Report	MS-264 Table 8.1 - Annual
MARJA511	Batch Job	MS-264 Table - Annual - County extract process

2.12.39.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.40 Produce MS-264 5865 - 765

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
765	Change Order		MAR			

2.12.40.1 Desired Solution
Customer requested EDS to build report KYMM5865-R001

2.12.40.2 Business Impact
None.

2.12.40.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.40.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.40.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.40.6 Associated System Objects

Technical Name	Object Type	Title
MARJA512	Batch Job	MS-264 Table - Payment extract process
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process
MAR-5865-A	Report	MS-264 Table 8.2 - Annual
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report
MARJA511	Batch Job	MS-264 Table - Annual - County extract process

2.12.40.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.41 Produce MS-264 5866 - 766

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
766	Change Order		MAR			

2.12.41.1 Desired Solution
Customer requested EDS to build report KYMM5866-R001

2.12.41.2 Business Impact
None.

2.12.41.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.41.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.41.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.41.6 Associated System Objects

Technical Name	Object Type	Title
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report
MARJA511	Batch Job	MS-264 Table - Annual - County extract process
MAR-5866-A	Report	MS-264 Table 9 - Aged - Annual
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process
MARJA512	Batch Job	MS-264 Table - Payment extract process

2.12.41.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.42 Produce MS-264 5867 - 767

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
767	Change Order		MAR			

2.12.42.1 Desired Solution
Customer requested EDS to build report KYMM5867-R001

2.12.42.2 Business Impact
None.

2.12.42.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.42.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.42.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.42.6 Associated System Objects

Technical Name	Object Type	Title
MARJA512	Batch Job	MS-264 Table - Payment extract process
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report
MAR-5867-A	Report	MS-264 Table 10 - Annual
MARJA511	Batch Job	MS-264 Table - Annual - County extract process

2.12.42.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.43 Produce MS-264 5868 - 768

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
768	Change Order		MAR			

2.12.43.1 Desired Solution
Customer requested EDS to build report KYMM5868-R001

2.12.43.2 Business Impact
None.

2.12.43.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.43.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.43.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.43.6 Associated System Objects

Technical Name	Object Type	Title
MAR-5868-A	Report	MS-264 Table 11 - Annual
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process
MARJA511	Batch Job	MS-264 Table - Annual - County extract process
MARJA512	Batch Job	MS-264 Table - Payment extract process

2.12.43.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.44 Produce MS-264 5869 - 769

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
769	Change Order		MAR			

2.12.44.1 Desired Solution
Customer requested EDS to build report KYMM5869-R001

2.12.44.2 Business Impact
None.

2.12.44.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.44.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.44.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.44.6 Associated System Objects

Technical Name	Object Type	Title
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report
MARJA511	Batch Job	MS-264 Table - Annual - County extract process
MAR-5869-A	Report	MS-264 Table 12 - Annual
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process
MARJA512	Batch Job	MS-264 Table - Payment extract process

2.12.44.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.45 Produce MS-264 5870 - 770

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
770	Change Order		MAR			

2.12.45.1 Desired Solution
Customer requested EDS to build report KYMM5870-R001

2.12.45.2 Business Impact
None.

2.12.45.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.45.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.45.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.45.6 Associated System Objects

Technical Name	Object Type	Title
MARJA512	Batch Job	MS-264 Table - Payment extract process
MAR-5870-A	Report	MS-264 Table 12.1 - Annual
MARJA511	Batch Job	MS-264 Table - Annual - County extract process
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report

2.12.45.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.46 Produce MS-264 5871 - 771

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
771	Change Order		MAR			

2.12.46.1 Desired Solution
Customer requested EDS to build report KYMM5871-R001

2.12.46.2 Business Impact
None.

2.12.46.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.46.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.46.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.46.6 Associated System Objects

Technical Name	Object Type	Title
MARJA512	Batch Job	MS-264 Table - Payment extract process
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process
MAR-5871-A	Report	MS-264 Table 12.2 - Annual
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report
MARJA511	Batch Job	MS-264 Table - Annual - County extract process

2.12.46.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.47 Produce MS-264 5872 - 772

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
772	Change Order		MAR			

2.12.47.1 Desired Solution
Customer requested EDS to build report KYMM5872-R001

2.12.47.2 Business Impact
None.

2.12.47.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.47.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.47.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.47.6 Associated System Objects

Technical Name	Object Type	Title
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report
MARJA512	Batch Job	MS-264 Table - Payment extract process
MAR-5872-A	Report	MS-264 Table 12.4 - Annual
MARJA511	Batch Job	MS-264 Table - Annual - County extract process
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process

2.12.47.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.48 Produce MS-264 5873 - 773

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
773	Change Order		MAR			

2.12.48.1 Desired Solution
Customer requested EDS to build report KYMM5873-R001

2.12.48.2 Business Impact
None.

2.12.48.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.48.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.48.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.48.6 Associated System Objects

Technical Name	Object Type	Title
MAR-5873-A	Report	MS-264 Table 12.5 - Annual
MARJA511	Batch Job	MS-264 Table - Annual - County extract process
MARJA512	Batch Job	MS-264 Table - Payment extract process
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report

2.12.48.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.49 Produce MS-264 5875 - 774

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
774	Change Order		MAR			

2.12.49.1 Desired Solution
Customer requested EDS to build report KYMM5875-R001

2.12.49.2 Business Impact
None.

2.12.49.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.49.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.49.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.49.6 Associated System Objects

Technical Name	Object Type	Title
MARJA511	Batch Job	MS-264 Table - Annual - County extract process
MARJA512	Batch Job	MS-264 Table - Payment extract process
MAR-5875-A	Report	MS-264 Table 12.7 - Annual
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process

2.12.49.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.50 Produce MS-264 5876 - 775

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
775	Change Order		MAR			

2.12.50.1 Desired Solution
Customer requested EDS to build report KYMM5876-R001

2.12.50.2 Business Impact
None.

2.12.50.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.50.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.50.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.50.6 Associated System Objects

Technical Name	Object Type	Title
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process
MAR-5876-A	Report	MS-264 Table 12.8 - Annual
MARJA511	Batch Job	MS-264 Table - Annual - County extract process
MARJA512	Batch Job	MS-264 Table - Payment extract process

2.12.50.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.51 Produce MS-264 5878 - 776

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
776	Change Order		MAR			

2.12.51.1 Desired Solution
Customer requested EDS to build report KYMM5878-R001

2.12.51.2 Business Impact
None.

2.12.51.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.51.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.51.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.51.6 Associated System Objects

Technical Name	Object Type	Title
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process
MAR-5878-A	Report	MS-264 Table 8.3 - Annual
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report
MARJA511	Batch Job	MS-264 Table - Annual - County extract process
MARJA512	Batch Job	MS-264 Table - Payment extract process

2.12.51.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.52 Produce MS-264 5879 - 777

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
777	Change Order		MAR			

2.12.52.1 Desired Solution
Customer requested EDS to build report KYMM5879-R001

2.12.52.2 Business Impact
None.

2.12.52.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.52.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.52.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.52.6 Associated System Objects

Technical Name	Object Type	Title
MAR-5879-A	Report	MS-264 Table 8.4 - Annual
MARJA511	Batch Job	MS-264 Table - Annual - County extract process
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process
MARJA512	Batch Job	MS-264 Table - Payment extract process

2.12.52.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.53 Produce MS-264 5881 - 778

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
778	Change Order		MAR			

2.12.53.1 Desired Solution
Customer requested EDS to build report KYMM5881-R001

2.12.53.2 Business Impact
None.

2.12.53.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.53.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.53.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.53.6 Associated System Objects

Technical Name	Object Type	Title
MAR-5881-A	Report	MS-264 Table 13 - Annual
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process
MARJA511	Batch Job	MS-264 Table - Annual - County extract process
MARJA512	Batch Job	MS-264 Table - Payment extract process
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report

2.12.53.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.54 Produce MS-264 5882 - 779

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
779	Change Order		MAR			

2.12.54.1 Desired Solution
Customer requested EDS to build report KYMM5882-R001

2.12.54.2 Business Impact
None.

2.12.54.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.54.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.54.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.54.6 Associated System Objects

Technical Name	Object Type	Title
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report
MARJA512	Batch Job	MS-264 Table - Payment extract process
MARJA511	Batch Job	MS-264 Table - Annual - County extract process
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process
MAR-5882-A	Report	MS-264 Table 13.1 - Annual

2.12.54.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Model Office Implemented	05/17/2007
UAT Implemented	05/17/2007
Prod Implemented	05/17/2007

2.12.55 Produce MS-264 5883 - 780

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
780	Change Order		MAR			

2.12.55.1 Desired Solution
Customer requested EDS to build report KYMM5883-R001

2.12.55.2 Business Impact
None.

2.12.55.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.55.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.55.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.55.6 Associated System Objects

Technical Name	Object Type	Title
MARJA512	Batch Job	MS-264 Table - Payment extract process
MARJA511	Batch Job	MS-264 Table - Annual - County extract process
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report
MAR-5883-A	Report	MS-264 Table 13.2 - Annual

2.12.55.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.56 Produce MS-264 5888 - 781

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
781	Change Order		MAR			

2.12.56.1 Desired Solution
Customer requested EDS to build report KYMM5888-R001

2.12.56.2 Business Impact
None.

2.12.56.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.56.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.56.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.56.6 Associated System Objects

Technical Name	Object Type	Title
MARJA512	Batch Job	MS-264 Table - Payment extract process
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report
MAR-5888-A	Report	MS-264 Table 12.3 - Annual
MARJA511	Batch Job	MS-264 Table - Annual - County extract process
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process

2.12.56.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.57 KCHIPS KYMM1400-R002 - 782

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
782	Change Order		MAR			

2.12.57.1 Desired Solution
Customer requested EDS to build report KYMM1400-R002

2.12.57.2 Business Impact
None.

2.12.57.3 Technical Specifications
Preliminary version run shortly after month end. Only enrollees who received a service are reported.

2.12.57.4 Clarifications
Received Fax forwarded by Andy Hough, originally sent by Lisa Lee.

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.

e-mail from Lisa Lee on June 08, 2006:

- CMS-64EC should report the number of all children enrolled in Medicaid. This would include status codes in addition to those on the chart. It would also include P4 and M4 status codes because those children were "rolled" into Medicaid. Phase I of KCHIP extended Medicaid coverage to eligible children age 14 - 18 who were in families at or below 100% of the FPL. These children are viewed as Medicaid recipients. This report would not include any children with a P5, P6, P7, M5, M6, or M7 status code.
- CMS-64.21E should report the number of children enrolled in Phase II of KCHIP - the Medicaid expansion. This report should include those recipients with a P5, P6, M5, or M6 status code.
- CMS-21E should report the number of KCHIP Phase III recipients - those with a status code of P7 or M7.

Other e-mail communications are stored in Supplemental Documentation section of Change Order 686 under **"Clarifications"** heading.

2.12.57.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.57.6 Associated System Objects

Technical Name	Object Type	Title
mrm8001	Program	CMS-64EC CMS21-E CMS64EC21E Preliminary and Final Report
MARJM802	Batch Job	CMS-64EC 21E Prelim Monthly
MAR-8002-M	Report	CMS-64EC 21E Prelim Monthly

2.12.57.7 Change Order Status

Status	Date
Model Office Implemented	09/07/2005
Ready for Model Office	10/30/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
Model Office Implemented	11/03/2006
Ready for Model Office	11/10/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.58 KCHIPS KYMM1400-R026 - 789

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
789	Change Order		MAR			

2.12.58.1 Desired Solution
Customer requested EDS to build report KYMM1400-R026

2.12.58.2 Business Impact
None.

2.12.58.3 Technical Specifications
Collection of data contained on CMS 64EC, CMS 64EC-21E, and CMS 21E for the same period. Final report run after lag period from end of FY reported.

2.12.58.4 Clarifications
No associated clarifications found.

2.12.58.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.58.6 Associated System Objects

Technical Name	Object Type	Title
mrm8021	Program	SCHIP Statistical Enrollment Report - Monthly - Preliminary
MAR-8022-A	Report	SCHIP Statistical Enrollment Report - Annual - Final
MARJA822	Batch Job	SCHIP Statistical Enrollment Report - Annual - Final

2.12.58.7 Change Order Status

Status	Date
Model Office Implemented	07/26/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/06/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.59 Primary Care Paid Claims Listing - 819

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
819	Change Order		MAR			

2.12.59.1 Desired Solution
Customer requested EDS to build report KYSM3530-R001

2.12.59.2 Business Impact
None.

2.12.59.3 Technical Specifications
This report consists of three sections: Primary Care Effective Rate Summary, Primary Care Summary, and Primary Care Final Summary. Data reported on the Effective Rate Summary are for individual effective rates for individual providers for the cycle period. Data reported on the Summary are totals for all effective rates for individual providers for the cycle period. Data on the Final Summary are totals for all providers for the cycle period.

2.12.59.4 Clarifications
Added paid claims validation in shells and id_provider fix to the script

2.12.59.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.59.6 Associated System Objects

Technical Name	Object Type	Title
mra3531	Program	Primary Care Paid Claims Listing
MAR-3531-M (or MAR-3531-D)	Report	Primary Care Paid Claims Listing
MARJM305	Batch Job	Primary Care Paid Claims Listing

2.12.59.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Ready for Model Office	07/19/2006
Model Office Implemented	07/26/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007

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

2.12.60 Primary Care Paid Claims Summary - 820

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
820	Change Order		MAR			

2.12.60.1 Desired Solution
Customer requested EDS to build report KYSM3530-R002

2.12.60.2 Business Impact
None.

2.12.60.3 Technical Specifications
This report consists of three sections: Primary Care Effective Rate Summary, Primary Care Summary, and Primary Care Final Summary. Data reported on the Effective Rate Summary are for individual effective rates for individual providers for the cycle period. Data reported on the Summary are totals for all effective rates for individual providers for the cycle period. Data on the Final Summary are totals for all providers for the cycle period.

2.12.60.4 Clarifications
Added paid claims validation in shells and id_provider fix to the script

2.12.60.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.60.6 Associated System Objects

Technical Name	Object Type	Title
MARJM306	Batch Job	Primary Care Paid Claims Summary
MAR-3532-M (or MAR-3532-D)	Report	Primary Care Paid Claims Summary
mra3532	Program	Primary Care Paid Claims Summary

2.12.60.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Ready for Construction Walkthrough	07/26/2006
Ready for Model Office	08/02/2006
Model Office Implemented	10/02/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006

Status	Date
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.61 Rural Health Paid Claims Listing - 821

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
821	Change Order		MAR			

2.12.61.1 Desired Solution
Customer requested EDS to build report KYSM3570-R001

2.12.61.2 Business Impact
None.

2.12.61.3 Technical Specifications
This report is sequenced by provider number. It is further sequenced by provider effective rate date, member last name and transaction control number.

2.12.61.4 Clarifications
Added paid claims validation in shells and id_provider fix to the script

2.12.61.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.61.6 Associated System Objects

Technical Name	Object Type	Title
MARJM317	Batch Job	Rural Health Paid Claims Listing
mra3571	Program	Rural Health Paid Claims Listing
MAR-3571-M (or MAR-3571-D)	Report	Rural Health Paid Claims Listing

2.12.61.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Ready for Model Office	07/19/2006
Model Office Implemented	07/26/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007

Status	Date
Prod Implemented	06/14/2007

2.12.62 Rural Health Paid Claims Summary - 822

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
822	Change Order		MAR			

2.12.62.1 Desired Solution
Customer requested EDS to build report KYSM3570-R002

2.12.62.2 Business Impact
None.

2.12.62.3 Technical Specifications
This report consists of three sections: Rural Health Effective Rate Summary, Rural Health Summary, and Rural Health Final Summary. Data reported on the Effective Rate Summary are for individual effective rates for individual providers for the cycle period. Data reported on the Summary are totals for all effective rates for individual providers for the cycle period. Data on the Final Summary are totals for all providers for the cycle period.

2.12.62.4 Clarifications
Added paid claims validation in shells and id_provider fix to the script

2.12.62.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.62.6 Associated System Objects

Technical Name	Object Type	Title
mra3572	Program	Rural Health Paid Claims Summary
MARJA318	Batch Job	Rural Health Paid Claims Summary
MAR-3572-M (or MAR-3572-D)	Report	Rural Health Paid Claims Summary

2.12.62.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Ready for Construction Walkthrough	07/26/2006
Ready for Model Office	08/02/2006
Model Office Implemented	10/06/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006

Status	Date
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.63 Primary Care Paid Claims Recon - 823

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
823	Change Order		MAR			

2.12.63.1 Desired Solution
Customer requested EDS to build report KYMM3671-R001

2.12.63.2 Business Impact
None.

2.12.63.3 Technical Specifications
This report is sequenced by provider number.

2.12.63.4 Clarifications
Added paid claims validation in shells and id_provider fix to the script

2.12.63.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.63.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3671-M (or MAR-3671-D)	Report	Primary Care Paid Claims Reconciliation
mra3671	Program	Primary Care Paid Claims Reconciliation
MARJA333	Batch Job	Primary Care Paid Claims Reconciliation

2.12.63.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Construction in Progress	07/26/2006
Ready for Model Office	08/19/2006
Model Office Implemented	10/06/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007

Status	Date
Prod Implemented	06/14/2007

2.12.64 Rural Health Paid Claims Recon - 824

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
824	Change Order		MAR			

2.12.64.1 Desired Solution
Customer requested EDS to build report KYMM3672-R001

2.12.64.2 Business Impact
None.

2.12.64.3 Technical Specifications
This report is sequenced by provider number.

2.12.64.4 Clarifications
Added paid claims validation in shells and id_provider fix to the script

2.12.64.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.64.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3672-M (or MAR-3672-D)	Report	Rural Health Paid Claims Reconciliation
mra3672	Program	Rural Health Paid Claims Reconciliation
MARJA334	Batch Job	Rural Health Paid Claims Reconciliation

2.12.64.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Construction in Progress	07/26/2006
Ready for Model Office	08/19/2006
Model Office Implemented	10/06/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007

Status	Date
Prod Implemented	06/14/2007

2.12.65 Inpatient Paid Claims Listing - 825

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
825	Change Order		MAR			

2.12.65.1 Desired Solution
Customer requested EDS to build report KYSM3510-R001

2.12.65.2 Business Impact
None.

2.12.65.3 Technical Specifications
This report is sequenced by provider number. It is further sequenced by provider effective rate date, member last name and transaction control number.

2.12.65.4 Clarifications
MARJA301 veer 1.2 - Initial version of this job did not validate the reconciliation reports so, condition "AND retest not in (1, 3, 5, 7, 9, 11, 13, 15)" was added to js10, 20, and 100 for version 1.2.

MARJA301 veer 1.3 - Originally, developers created the T_MR_CST_STLMT_REQ table in their own schema using the following field names : sak_prov, dte_from, dte_to, dte_paid_beg, and dte_paid_end change.

When the table was created in KYMART1, these field names changed to id_provider, date_from, date_to, date_paid_beg, and date_paid_end respectively, so the job script was updated using the new field names.

Added conditions to files mra30120.01.shl and mra30120.02.shl to ensure that only FFS claims are extracted. Conditions are :
IND_CLAIM = 'F' AND
IND_LATEST_CLM = 'Y'

2.12.65.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.65.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3511-M (or MAR-3511-D)	Report	Inpatient Paid Claims Listing
mra3511	Program	Inpatient Paid Claims Listing
MARJM301	Batch Job	Inpatient Paid Claims Listing

2.12.65.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
SE Assigned	01/16/2006
Technical Design In Progress (obsolete)	02/10/2006
Design Complete	02/11/2006
Construction in Progress	02/28/2006
Ready for Construction Walkthrough	08/01/2006
Ready for Model Office	08/07/2006
Model Office Implemented	08/25/2006
Ready for Model Office	10/13/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.66 Inpatient Paid Claims Summary - 826

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
826	Change Order		MAR			

2.12.66.1 Desired Solution
Customer requested EDS to build report KYSM3510-R002

2.12.66.2 Business Impact
None.

2.12.66.3 Technical Specifications
his report consists of five sections: Inpatient Hospital Effective Rate Summary, Inpatient Hospital DRG Summary, Inpatient Hospital Psych Summary, Inpatient Hospital Summary, and Inpatient Final Hospital Summary. Data reported on the Effective Rate Summary are for individual effective rates for individual providers for the cycle period. Data reported on the DRG Summary are totals for claims billed with DRG Numbers for the cycle period. Data reported on the Psych Summary are totals for claims billed with specific Psychiatric DRG numbers for the cycle period. Data reported on the Summary are totals for all effective rates for individual providers for the cycle period. Data on the Final Summary are totals for all providers for the cycle period.

2.12.66.4 Clarifications
MARJA302 ver 1.2 - Initial version of this job did not validate the reconciliation reports so, condition "AND rpt_st not in (1, 3, 5, 7, 9, 11, 13, 15)" was added to js10, 20, and 100 for version 1.2.

MARJA302 ver 1.3 - Originally, developers created the T_MR_CST_STLMT_REQ table in their own schema using the following field names : sak_prov, dte_from, dte_to, dte_paid_beg, and dte_paid_end change. When the table was created in KYMART1, these field names changed to id_provider, date_from, date_to, date_paid_beg, and date_paid_end respectively, so the job script was updated using the new field names.

Added conditions to files mra30220.01.shl and mra30220.02.shl to ensure that only FFS claims are extracted. Conditions are:

- IND_CLAIM = 'F' AND
- IND_LATEST_CLM = 'Y'

2.12.66.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.66.6 Associated System Objects

Technical Name	Object Type	Title
mra3512	Program	Inpatient Paid Claims Summary

Technical Name	Object Type	Title
MAR-3512-M (or MAR-3512-D)	Report	Inpatient Paid Claims Summary
MARJM302	Batch Job	Inpatient Paid Claims Summary

2.12.66.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
SE Assigned	01/16/2006
Technical Design In Progress (obsolete)	02/10/2006
Design Complete	02/11/2006
Construction in Progress	02/28/2006
Ready for Construction Walkthrough	08/06/2006
Ready for Model Office	08/14/2006
Model Office Implemented	08/25/2006
Ready for Model Office	10/13/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.67 Nursing Facility Pd Clm Listing - 827

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
827	Change Order		MAR			

2.12.67.1 Desired Solution
Customer requested EDS to build report KYSM3520-R001

2.12.67.2 Business Impact
None.

2.12.67.3 Technical Specifications
This report is organized by provider number, effective rate date, and member last name.

2.12.67.4 Clarifications
MARJA303 ver 1.2 - When this job was created, table T_MR_CST_STLMT_REQ was not created yet, so no "customer request" logic was coded. Ver 1.2 Adds the logic to validate if the listing report is already created (js10, 20, and 60). Also, adds logic to validate the ICF/SNF reconciliation report.

mra3521.sc ver 1.2 - After migration to server kysun0ap, executable mra3521 was not moved to the dsky/ubin directory. I got some errors when I tried to check in the executable because of the sys/ddi.h header file, so I deleted it from the source file.

MARJA303 ver 1.3 - Originally, developers created the T_MR_CST_STLMT_REQ table in their own schema using the following field names : sak_prov, dte_from, dte_to, dte_paid_beg, and dte_paid_end change. When the table was created in KYMART1, these field names changed to id_provider, date_from, date_to, date_paid_beg, and date_paid_end respectively, so the job script was updated using the new field names.

Added conditions to files mra30320.01.shl and mra30320.02.shl to ensure that only FFS claims are extracted. Conditions are:

- IND_CLAIM = 'F' AND
- IND_LATEST_CLM = 'Y'

2.12.67.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.67.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3521-M (or MAR-3521-D)	Report	Nursing Facility Paid Claims Listing
MARJM303	Batch Job	Nursing Facility Paid Claims Listing
mra3521	Program	Nursing Facility Paid Claims Listing

2.12.67.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
SE Assigned	03/20/2006
Technical Design In Progress (obsolete)	03/20/2006
Design Complete	03/22/2006
Construction in Progress	03/22/2006
Ready for Construction Walkthrough	06/02/2006
Ready for Model Office	07/05/2006
Model Office Implemented	07/13/2006
Ready for Model Office	09/25/2006
Model Office Implemented	09/29/2006
Ready for Model Office	10/13/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.68 Nursing Facility Pd Clm Summary - 828

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
828	Change Order		MAR			

2.12.68.1 Desired Solution
Customer requested EDS to build report KYSM3520-R002

2.12.68.2 Business Impact
None.

2.12.68.3 Technical Specifications
This report consists of three sections: NF Effective Rate Summary, NF Summary, and NF Final Summary. Data reported on the Effective Rate Summary are for individual effective rates for individual providers for the cycle period. Data reported on the Summary are totals for all effective rates for individual providers for the cycle period. Data on the Final Summary are totals for all providers for the cycle period.

2.12.68.4 Clarifications
MARJA304 ver 1.2 - When this job was created, table T_MR_CST_STLMT_REQ was not created yet, so no "customer request" logic was coded. Ver 1.2 Adds the logic to validate if the listing report is already created (js10, 20, and 60). Also, adds logic to validate the ICF/SNF reconciliation report.

mra3522.sc ver 1.2 - After migration to server kysun0ap, executable mra3521 was not moved to the dsky/ubin directory. I got some errors when I tried to check in the executable because of the sys/ddi.h header file, so I deleted it from the source file.

MARJA304 ver 1.3 - Originally, developers created the T_MR_CST_STLMT_REQ table in their own schema using the following field names : sak_prov, dte_from, dte_to, dte_paid_beg, and dte_paid_end change. When the table was created in KYMART1, these field names changed to id_provider, date_from, date_to, date_paid_beg, and date_paid_end respectively, so the job script was updated using the new field names.

Added conditions to files mra30420.01.shl and mra30420.02.shl to ensure that only FFS claims are extracted. Conditions are:

- IND_CLAIM = 'F' AND
- IND_LATEST_CLM = 'Y'

2.12.68.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.68.6 Associated System Objects

Technical Name	Object Type	Title
mra3522	Program	Nursing Facility Paid Claims Summary

Technical Name	Object Type	Title
MARJM304	Batch Job	Nursing Facility Paid Claims Summary
MAR-3522-M (or MAR-3522-D)	Report	Nursing Facility Paid Claims Summary

2.12.68.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Technical Design In Progress (obsolete)	03/24/2006
SE Assigned	03/24/2006
Design Complete	03/27/2006
Construction in Progress	03/28/2006
Ready for Construction Walkthrough	06/02/2006
Ready for Model Office	07/05/2006
Model Office Implemented	07/13/2006
Ready for Model Office	09/25/2006
Model Office Implemented	09/29/2006
Ready for Model Office	10/13/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.69 Mental Hospital Pd Clm Listing - 829

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
829	Change Order		MAR			

2.12.69.1 Desired Solution
Customer requested EDS to build report KYSM3574-R001

2.12.69.2 Business Impact
None.

2.12.69.3 Technical Specifications
This report is sequenced by provider number. It is further sequenced by provider effective rate date, member last name, and transaction control number.

2.12.69.4 Clarifications
MARJA325 ver 1.2 - The name of job step 60 was wrong. It was "s60" and fixed to "js60". No comments were added to the flower box.

MARJA325 ver 1.3. Updated flower box. Flower box was not updated when the job script was modified on version 1.2.

MARJA325 ver 1.3 - Originally, developers created the T_MR_CST_STLMT_REQ table in their own schema using the following field names : sak_prov, dte_from, dte_to, dte_paid_beg, and dte_paid_end change. When the table was created in KYMIST1, these field names changed to id_provider, date_from, date_to, date_paid_beg, and date_paid_end respectively, so the job script was updated using the new field names.

Added conditions to files mra32520.01.shl and mra32520.02.shl to ensure that only FFS claims are extracted. Conditions are:

- IND_CLAIM = 'F' AND
- IND_LATEST_CLM = 'Y'

2.12.69.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.69.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3574-M (or MAR-3574-D)	Report	Mental Hospital Paid Claims Listing
mra3574	Program	Mental Hospital Paid Claims Listing
MARJM325	Batch Job	Mental Hospital Paid Claims Listing

2.12.69.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Ready for Construction Walkthrough	08/08/2006
Ready for Model Office	08/18/2006
Model Office Implemented	08/25/2006
Ready for Model Office	09/25/2006
Model Office Implemented	09/29/2006
Ready for Model Office	10/13/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.70 Mental Hospital Pd Clm Summary - 830

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
830	Change Order		MAR			

2.12.70.1 Desired Solution
Customer requested EDS to build report KYSM3574-R002

2.12.70.2 Business Impact
None.

2.12.70.3 Technical Specifications
This report consists of three sections: Mental Hospital Effective Rate Summary, Mental Hospital Summary, and Mental Hospital Final Summary. Data reported on the Effective Rate Summary are for individual effective rates for individual providers for the cycle period. Data reported on the Summary are totals for all effective rates for individual providers for the cycle period. Data on the Final Summary are totals for all providers for the cycle period.

2.12.70.4 Clarifications
MARJA326 ver 1.2 - The name of job step 60 was wrong. It was "s60" and fixed to "js60". No comments were added to the flower box.

MARJA326 ver 1.3. Updated flower box. Flower box was not updated when the job script was modified on version 1.2.

MARJA326 ver 1.4 - Originally, developers created the T_MR_CST_STLMT_REQ table in their own schema using the following field names : sak_prov, dte_from, dte_to, dte_paid_beg, and dte_paid_end change. When the table was created in KYMART1, these field names changed to id_provider, date_from, date_to, date_paid_beg, and date_paid_end respectively, so the job script was updated using the new field names.

Added conditions to files mra32620.01.shl and mra32620.02.shl to ensure that only FFS claims are extracted. Conditions are:

- IND_CLAIM = 'F' AND
- IND_LATEST_CLM = 'Y'

2.12.70.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.70.6 Associated System Objects

Technical Name	Object Type	Title
mra3592	Program	Mental Hospital Paid Claims Summary
MARJA326	Batch Job	Mental Hospital Paid Claims Summary
MAR-3592-M (or MAR-3592-D)	Report	Mental Hospital Paid Claims Summary

2.12.70.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Ready for Construction Walkthrough	08/09/2006
Ready for Model Office	08/21/2006
Model Office Implemented	08/25/2006
Ready for Model Office	09/25/2006
Model Office Implemented	09/29/2006
Ready for Model Office	10/13/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.71 PRTF Paid Claims Listing - 831

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
831	Change Order		MAR			

2.12.71.1 Desired Solution
Customer requested EDS to build report KYSM3575-R001

2.12.71.2 Business Impact
None.

2.12.71.3 Technical Specifications
This report is sequenced by provider number. It is further sequenced by provider category of service, member last name and transaction control number.

2.12.71.4 Clarifications
MARJA319 ver 1.2 - Logic to validate the reconciliation monthly report was added in this version.

MARJA319 ver 1.3 - Originally, developers created the T_MR_CST_STLMT_REQ table in their own schema using the following field names : sak_prov, dte_from, dte_to, dte_paid_beg, and dte_paid_end change. When the table was created in KYMART1, these field names changed to id_provider, date_from, date_to, date_paid_beg, and date_paid_end respectively, so the job script was updated using the new field names.

Added conditions to files mra31920.01.shl and mra31920.02.shl to ensure that only FFS claims are extracted. Conditions are : IND_CLAIM = 'F' AND IND_LATEST_CLM = 'Y'

2.12.71.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.71.6 Associated System Objects

Technical Name	Object Type	Title
mra3575	Program	PRTF Paid Claims Listing
MARJM319	Batch Job	PRTF Paid Claims Listing
MAR-3575-M (or MAR-3575-D)	Report	PRTF Paid Claims Listing

2.12.71.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
SE Assigned	04/04/2006
Technical Design In Progress	04/04/2006

Status	Date
(obsolete)	
Design Complete	04/05/2006
Construction in Progress	04/05/2006
Ready for Construction Walkthrough	07/05/2006
Ready for Model Office	07/19/2006
Model Office Implemented	07/21/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.72 PRTF Paid Claims Summary - 832

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
832	Change Order		MAR			

2.12.72.1 Desired Solution
Customer requested EDS to build report KYSM3575-R002

2.12.72.2 Business Impact
None.

2.12.72.3 Technical Specifications
This report consists of three sections: PRTF Effective Rate Summary, PRTF Summary, and PRTF Final Summary. Data reported on the Effective Rate Summary are for individual effective rates for individual providers for the cycle period. Data reported on the Summary are totals for all effective rates for individual providers for the cycle period. Data on the Final Summary are totals for all providers for the cycle period.

2.12.72.4 Clarifications
MARJA320 ver 1.2 - Logic to validate the reconciliation monthly report was added in this version.

MARJA320 ver 1.3 - Originally, developers created the T_MR_CST_STLMT_REQ table in their own schema using the following field names : sak_prov, dte_from, dte_to, dte_paid_beg, and dte_paid_end change. When the table was created in KYMART1, these field names changed to id_provider, date_from, date_to, date_paid_beg, and date_paid_end respectively, so the job script was updated using the new field names.

Added conditions to files mra32020.01.shl and mra32020.02.shl to ensure that only FFS claims are extracted. Conditions are : IND_CLAIM = 'F' AND IND_LATEST_CLM = 'Y'

2.12.72.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.72.6 Associated System Objects

Technical Name	Object Type	Title
mra3576	Program	PRTF Paid Claims Summary
MARJA320	Batch Job	PRTF Paid Claims Summary
MAR-3576-M (or MAR-3576-D)	Report	PRTF Paid Claims Summary

2.12.72.7 Change Order Status

Status	Date
Change Order Written	09/07/2005

Status	Date
SE Assigned	04/15/2006
Technical Design In Progress (obsolete)	04/15/2006
Design Complete	04/17/2006
Construction in Progress	04/17/2006
Ready for Construction Walkthrough	07/05/2006
Ready for Model Office	07/19/2006
Model Office Implemented	07/21/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.73 PRTF Hospital Recon - Schedule C - 833

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
833	Change Order		MAR			

2.12.73.1 Desired Solution
Customer requested EDS to build report KYMM3636-R001

2.12.73.2 Business Impact
None.

2.12.73.3 Technical Specifications
This report is sequenced by provider number.

2.12.73.4 Clarifications
MARJA363 ver 1.2 - Logic to validate the reconciliation monthly report was added in this version.

MARJA363 ver 1.3 - Originally, developers created the T_MR_CST_STLMT_REQ table in their own schema using the following field names : sak_prov, dte_from, dte_to, dte_paid_beg, and dte_paid_end change. When the table was created in KYMART1, these field names changed to id_provider, date_from, date_to, date_paid_beg, and date_paid_end respectively, so the job script was updated using the new field names.

Added conditions to files mra36320.01.shl and mra36320.02.shl to ensure that only FFS claims are extracted. Conditions are : IND_CLAIM = 'F' AND IND_LATEST_CLM = 'Y'

2.12.73.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.73.6 Associated System Objects

Technical Name	Object Type	Title
MARJA329	Batch Job	PRTF Hospital Reconciliation - Schedule C
mra3636	Program	PRTF Hospital Reconciliation - Schedule C
MAR-3636-M (or MAR-3636-D)	Report	PRTF Hospital Reconciliation - Schedule C

2.12.73.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
SE Assigned	05/04/2006
Technical Design In Progress (obsolete)	05/04/2006

Status	Date
Design Complete	05/05/2006
Construction in Progress	05/05/2006
Ready for Model Office	07/19/2006
Model Office Implemented	07/21/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.74 PRTF Hospital Recon Schd C Month - 834

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
834	Change Order		MAR			

2.12.74.1 Desired Solution
Customer requested EDS to build report KYMM3637-R001

2.12.74.2 Business Impact
None.

2.12.74.3 Technical Specifications
This report is sequenced by provider number.

2.12.74.4 Clarifications
MARJA330 ver 1.2 - Originally, developers created the T_MR_CST_STLMT_REQ table in their own schema using the following field names : sak_prov, dte_from, dte_to, dte_paid_beg, and dte_paid_end change. When the table was created in KYMART1, these field names changed to id_provider, date_from, date_to, date_paid_beg, and date_paid_end respectively, so the job script was updated using the new field names.

Added conditions to file mra33020.01.shl to ensure that only FFS claims are extracted. Conditions are : IND_CLAIM = 'F' AND IND_LATEST_CLM = 'Y'

2.12.74.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.74.6 Associated System Objects

Technical Name	Object Type	Title
MARJA330	Batch Job	PRTF Hospital Reconciliation - Schedule C - Monthly
mra3637	Program	PRTF Hospital Reconciliation - Schedule C - Monthly
MAR-3637-M (or MAR-3637-D)	Report	PRTF Hospital Reconciliation - Schedule C - Monthly

2.12.74.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
SE Assigned	05/10/2006
Technical Design In Progress (obsolete)	05/10/2006

Status	Date
Design Complete	05/11/2006
Construction in Progress	05/11/2006
Ready for Model Office	08/02/2006
Model Office Implemented	08/03/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.75 Outpatient Paid Claims Listing - 835

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
835	Change Order		MAR			

2.12.75.1 Desired Solution
Customer requested EDS to build report KYSM3540-R001

2.12.75.2 Business Impact
None.

2.12.75.3 Technical Specifications
This report is sequenced by provider number. It is further sequenced by provider effective rate date, member last name, and transaction control number.

2.12.75.4 Clarifications
Added conditions to file mra30720.01.shl to ensure that only FFS claims are extracted. Conditions are : IND_CLAIM = 'F' AND IND_LATEST_CLM = 'Y'

2.12.75.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.75.6 Associated System Objects

Technical Name	Object Type	Title
mra3541	Program	Outpatient Paid Claims Listing
MAR-3541-M (or MAR-3541-D)	Report	Outpatient Paid Claims Listing
MARJM307	Batch Job	Outpatient Paid Claims Listing

2.12.75.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Ready for Model Office	08/26/2006
Model Office Implemented	09/29/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007

Status	Date
Prod Implemented	06/14/2007

2.12.76 Acute Care Hospital Recon Days - 836

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
836	Change Order		MAR			

2.12.76.1 Desired Solution
Customer requested EDS to build report KYMM3682-R001

2.12.76.2 Business Impact
None.

2.12.76.3 Technical Specifications
This report is sequenced by provider number.

2.12.76.4 Clarifications
MARJA341 ver 1.2 - Originally, developers created the T_MR_CST_STLMT_REQ table in their own schema using the following field names : sak_prov, dte_from, dte_to, dte_paid_beg, and dte_paid_end change. When the table was created in KYMART1, these field names changed to id_provider, date_from, date_to, date_paid_beg, and date_paid_end respectively, so the job script was updated using the new field names.

Added conditions to files mra34120.01.shl and mra34120.02.shl to ensure that only FFS claims are extracted. Conditions are : IND_CLAIM = 'F' AND IND_LATEST_CLM = 'Y'

2.12.76.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.76.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3682-M (or MAR-3682-D)	Report	Acute Care Hospital Reconciliation - Days - Schedule C
MARJA341	Batch Job	Acute Care Hospital Reconciliation - Days - Schedule C
mra3682	Program	Acute Care Hospital Reconciliation - Days - Schedule C

2.12.76.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Ready for Construction Walkthrough	08/10/2006
Ready for Model Office	08/25/2006

Status	Date
Model Office Implemented	09/22/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.77 Mental Hospital Recon Schedule C - 837

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
837	Change Order		MAR			

2.12.77.1 Desired Solution
Customer requested EDS to build report KYMM3685-R001

2.12.77.2 Business Impact
None.

2.12.77.3 Technical Specifications
This report is sequenced by provider number.

2.12.77.4 Clarifications
MARJA343 ver 1.2 - The name of job step 60 was wrong. It was "s60" and fixed to "js60".

Added conditions to files mra34320.01.shl and mra34320.02.shl to ensure that only FFS claims are extracted. Conditions are : IND_CLAIM = 'F' AND IND_LATEST_CLM = 'Y'

2.12.77.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.77.6 Associated System Objects

Technical Name	Object Type	Title
mra3685	Program	Mental Hospital Reconciliation - Schedule C
MAR-3685-M (or MAR-3685-D)	Report	Mental Hospital Reconciliation - Schedule C
MARJA343	Batch Job	Mental Hospital Reconciliation - Schedule C

2.12.77.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Ready for Construction Walkthrough	08/17/2006
Ready for Model Office	08/25/2006
Model Office Implemented	09/22/2006
Ready for Model Office	09/25/2006
Model Office Implemented	09/29/2006
Ready for Model Office	10/16/2006

Status	Date
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.78 Outpatient Paid Claims Summary - 838

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
838	Change Order		MAR			

2.12.78.1 Desired Solution
Customer requested EDS to build report KYSM3540-R002

2.12.78.2 Business Impact
None.

2.12.78.3 Technical Specifications
This report consists of three sections: Outpatient Hospital Effective Rate Summary, Outpatient Hospital Summary, and Outpatient Final Hospital Summary. Data reported on the Effective Rate Summary are for individual effective rates for individual providers for the cycle period. Data reported on the Summary are totals for all effective rates for individual providers for the cycle period. Data on the Final Summary are totals for all providers for the cycle period.

2.12.78.4 Clarifications
Added conditions to file mra30820.01.shl to ensure that only FFS claims are extracted. Conditions are : IND_CLAIM = 'F' AND IND_LATEST_CLM = 'Y'

2.12.78.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.78.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3542-M (or MAR-3542-D)	Report	Outpatient Paid Claims Summary
mra3542	Program	Outpatient Paid Claims Summary
MARJA308	Batch Job	Outpatient Paid Claims Summary

2.12.78.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Ready for Model Office	08/26/2006
Model Office Implemented	09/29/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006

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

2.12.79 Member Cnty Expenditure Analysis - 845

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
845	Change Order		MAR			

2.12.79.1 Desired Solution
Customer requested EDS to build report KYMM1200-R002

2.12.79.2 Business Impact
None.

2.12.79.3 Technical Specifications
The report is sequenced by federal aid category within maintenance assistance group, within member county, by Federal category of service Categories of Service - Inpatient - Physician - Nursing Home - Pharmacy - Other

2.12.79.4 Clarifications
No associated clarifications found.

2.12.79.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.79.6 Associated System Objects

Technical Name	Object Type	Title
mrm1201	Program	Member County Expenditure Analysis
MARJM202	Batch Job	Member County Expenditure Analysis
MAR-1201-M	Report	Member County Expenditure Analysis

2.12.79.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Ready for Model Office	09/12/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/14/2006
UAT Implemented	11/16/2006
Ready for Model Office	11/27/2006
UAT Implemented	12/04/2006
Prod Implemented	06/14/2007

2.12.80 Provider YTD Ranking - 851

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
851	Change Order		MAR			

2.12.80.1 Desired Solution
Customer requested EDS to build report KYMM3100-R002

2.12.80.2 Business Impact
None.

2.12.80.3 Technical Specifications
The report is sequenced by federal aid category within maintenance assistance group, within member county, by Federal category of service Categories of Service - Inpatient - Physician - Nursing Home - Pharmacy - Other

2.12.80.4 Clarifications
No associated clarifications found.

2.12.80.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.80.6 Associated System Objects

Technical Name	Object Type	Title
MARJM310	Batch Job	Provider YTD Ranking List
MAR-3101-M	Report	Provider YTD Ranking List
mrm3101	Program	Provider YTD Ranking List

2.12.80.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Ready for Construction Walkthrough	03/17/2006
Ready for Model Office	06/26/2006
Model Office Implemented	07/11/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.81 Financial Summary - 854

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
854	Change Order		MAR			

2.12.81.1 Desired Solution
Customer requested EDS to build report KYMM4100-R001

2.12.81.2 Business Impact
None.

2.12.81.3 Technical Specifications
This report presents financial data by provider category of service with a total for all categories. Budget and expenditure data for the current month are compared to related previous operating periods. Projections for the remainder of the state's fiscal year are also presented.

2.12.81.4 Clarifications
On August 31, 2006, Tammy Bullock clarified the meaning of Adjustments to: "Sum of the net differences between the adjustment and the corresponding original claim."

Report Layout was changed due to the following reasons:

- On August 31, 2006, Tammy Bullock said " 'gross' should be removed from the line to read only 'Adjustments' " in reference to the last line of each report page that originally read: "GROSS ADJUSTMENTS" and will now read: "ADJUSTMENTS".

This report finds the Fiscal Year End by computing the trend and using it's data to determine the Fiscal Year End. For more information on the calculation of trend or the Fiscal Year End projection, please see the following file for more information under:
Supplemental Documentation:
Test Document
Trend and Fiscal Year End.xls

On October 13, 2006 - Mike Barnard confirmed that capitation payments should be included in this report.

2.12.81.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.81.6 Associated System Objects

Technical Name	Object Type	Title
MAR-0116-M	Report	Financial Summary
mrm0116	Program	Financial Summary
MARJM116	Batch Job	Financial Summary

2.12.81.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
SE Assigned	02/01/2006
Define/Analyze In Progress	02/01/2006
Technical Design In Progress (obsolete)	02/01/2006
Ready for Construction Walkthrough	06/30/2006
FOLLOW-UP	06/30/2006
Ready for Model Office	08/21/2006
Model Office Implemented	10/02/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/20/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/13/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.82 Medical Asst Financial Status - 855

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
855	Change Order		MAR			

2.12.82.1 Desired Solution
Customer requested EDS to build report KYMM4100-R002

2.12.82.2 Business Impact
None.

2.12.82.3 Technical Specifications
This report contains amounts budgeted and expended for each category of service as well as a total for all categories. It also presents financial information for five different time periods - current month, same month last year, average last six months, state fiscal year to date, and last year's fiscal year to date.

2.12.82.4 Clarifications
On August 31, 2006, Tammy Bullock clarified the meaning of Adjustments to: "Sum of the net differences between the adjustment and the corresponding original claim."

Report Layout was changed due to the following reasons:

- On August 31, 2006, Tammy Bullock said " 'gross' should be removed from the line to read only 'Adjustments' " in reference to the last line of the report that originally read: "GROSS ADJUSTMENTS" and will now read: "ADJUSTMENTS".

This report finds the Fiscal Year End by computing the trend and using it's data to determine the Fiscal Year End. For more information on the calculation of trend or the Fiscal Year End projection, please see the following file for more information under:
Supplemental Documentation:
Test Document
Trend and Fiscal Year End.xls

On October 13, 2006 - Mike Barnard confirmed that capitation payments should be included in this report.

2.12.82.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.82.6 Associated System Objects

Technical Name	Object Type	Title
MAR-4101-M	Report	Medical Assistance Financial Status
mrm4101	Program	Medical Assistance Financial Status
MARJM205	Batch Job	Medical Assistance Financial Status

2.12.82.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Define/Analyze In Progress	03/23/2006
Construction in Progress	04/10/2006
Ready for Construction Walkthrough	05/03/2006
SE Assigned	06/30/2006
Construction in Progress	08/25/2006
Ready for Construction Walkthrough	08/25/2006
Ready for Model Office	08/25/2006
Model Office Implemented	10/02/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/20/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/13/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.83 Expenditure Analysis - 856

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
856	Change Order		MAR			

2.12.83.1 Desired Solution
Customer requested EDS to build report KYMM4100-R003

2.12.83.2 Business Impact
None.

2.12.83.3 Technical Specifications
The report presents expenditure data by aid category within provider category of service.

2.12.83.4 Clarifications
No associated clarifications found.

2.12.83.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.83.6 Associated System Objects

Technical Name	Object Type	Title
MAR-4102-M	Report	Expenditure Analysis
mrm4102	Program	Expenditure Analysis
MARJM206	Batch Job	Expenditure Analysis

2.12.83.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Construction in Progress	08/11/2006
Ready for Model Office	09/12/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/14/2006
UAT Implemented	11/16/2006
Ready for Model Office	11/27/2006
UAT Implemented	12/04/2006
Ready for Model Office	01/23/2007

Status	Date
Ready for Model Office	04/03/2007
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	04/05/2007

2.12.84 Medicare Participation Analysis - 858

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
858	Change Order		MAR			

2.12.84.1 Desired Solution
Customer requested EDS to build report KYMM4200-R002

2.12.84.2 Business Impact
None.

2.12.84.3 Technical Specifications
This report summarizes information from a variety of sources to provide a concise picture of the Medicaid-Medicare relationship. The report is divided into three major sections - Part A Medicare, Part B Medicare and Parts A and B jointly. Report content includes primarily data on Medicare enrollment premium payments, claims processed, and respective Medicaid and Medicare expenditures. Each report item is presented for five different time periods. Input data includes up to 24 months of claims. Part A data comes from claims with a claim input form indicator equal to Medicare inpatient crossover, while Part B data comes from claims with a claim input form indicator equal to Medicare outpatient or non-institutional crossover.

2.12.84.4 Clarifications
"Per Tammy Bullock, Part D data will not be added to this report because the Commonwealth will not be making any payments for that program."

2.12.84.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.84.6 Associated System Objects

Technical Name	Object Type	Title
MARJM121	Batch Job	Medicare Participation Analysis
MAR-0121-M	Report	Medicare Participation Analysis
mrm0121	Program	Medicare Participation Analysis

2.12.84.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Construction in Progress	07/13/2006
Ready for Model Office	07/24/2006
Model Office Implemented	09/12/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

2.12.85 Clms Proc Thruput - DOS/DOP - 860

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
860	Change Order		MAR			

2.12.85.1 Desired Solution
Customer requested EDS to build report KYMM4350-R001 HCFA 120

2.12.85.2 Business Impact
None.

2.12.85.3 Technical Specifications
The report lists totals of claims processed in certain time ranges, by provider category of service. The calculation of the time required for adjudication will be based on the entry (batch) date of the claim into the system and the actual date of claim approval (adjudication date).

2.12.85.4 Clarifications
Per conversation with Tammy Bullock on 10/14/05, because the KYMM4300-R001 and KYMM4350-R001 differ only in that the KYMM4350-R001 has one more column, these two reports can be combined into one report with all columns included. The combined report will look like KYMM4350-R001, and the MAR-4350-M report will be the combined report in interChange. This Change Order has been updated to reflect this, and Change Order 859 is cancelled. Mike Barnard.

2.12.85.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.85.6 Associated System Objects

Technical Name	Object Type	Title
MAR-4350-M	Report	Claims Processing Thruput Analysis by Category of Service
mrm4350	Program	Claims Processing Thruput Analysis by Category of Service
MARJM209	Batch Job	Claims Processing Thruput Analysis by Category of Service

2.12.85.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Ready for Construction Walkthrough	03/17/2006
Unit Test in Progress (obsolete)	06/06/2006
Ready for Model Office	07/11/2006
Model Office Implemented	07/24/2006

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

2.12.86 Clms Proc Thruput - DOS/DOR - 861

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
861	Change Order		MAR			

2.12.86.1 Desired Solution
Customer requested EDS to build report KYMM4350-R002 HCFA 120

2.12.86.2 Business Impact
None.

2.12.86.3 Technical Specifications
The report lists totals of claims processed in certain time ranges, by provider category of service. The calculation of the time required for adjudication will be based on the entry (batch) date of the claim into the system and the actual date of claim approval (adjudication date).

2.12.86.4 Clarifications
No associated clarifications found.

2.12.86.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.86.6 Associated System Objects

Technical Name	Object Type	Title
MARJM210	Batch Job	Provider Claims Payment Analysis By Categories of Service
MAR-4351-M	Report	Provider Claims Payment Analysis By Categories of Service
mrm4351	Program	Provider Claims Payment Analysis By Categories of Service

2.12.86.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Unit Test in Progress (obsolete)	03/17/2006
Ready for Model Office	07/11/2006
Model Office Implemented	07/24/2006
UAT Implemented	11/01/2006
Ready for Model Office	05/07/2007

2.12.87 MSIS Data Summary - 864

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
864	Change Order		MAR			

2.12.87.1 Desired Solution

Viewing MSIS data

Shortly after the end of each federal fiscal quarter, interChange MAR runs a series of batch jobs to produce the required MSIS (Medicaid Statistical Information System) files.

At the same time, interChange MAR will load all five of the MSIS files to tables in the MAR database. These tables are accessible in Business Objects, through the MSIS universe, giving the Commonwealth the ability to examine the data in each file in detail. Up to four quarters of each of the five MSIS files are loaded and retained in these tables, normally corresponding to the four quarters of the current MSIS federal fiscal year (October 1st through September 30th). Prior to loading the files for the first quarter of a new year, the files from the prior year are removed.

Each time the MAR MSIS batch process is run to create the files, they're automatically loaded to the tables, replacing any previous version of the same quarter's data, so that the tables only contain the most recent versions of each quarter's files.

2.12.87.2 Business Impact

MSIS files are sent to CMS every quarter, and contain detail records for every claim and encounter finalized during the quarter, as well as a record of every person who was eligible for the Commonwealth's Medicaid programs during the quarter. Currently, DMS gets no comprehensive information about the contents of the files when the files are sent to CMS. The solution identified by this Change Order will provide the ability to review summary information about the data contained in the MSIS files sent to CMS, so DMS can know what data has been sent.

2.12.87.3 Technical Specifications

The MSIS files will be loaded into tables in the MAR database designed for this purpose. The tables will be included in the MAR universe in the DSS. The files from each quarter for the current federal fiscal year should be made available as they are sent to CMS. At the start of the next fiscal year, the files from the previous year will be removed from the tables and archived, so they can be reloaded to the database if needed.

2.12.87.4 Clarifications

EDS will ensure that the MSIS files produced by the Transition system are retained so they can be loaded into the tables described by this change order, for customer analysis.

The following text was replaced in the Narrative, to support creating the User Manual.

"Provide a means to create and view summary reports produced from the MSIS file data sent to CMS. Up to four quarters of data from a given federal fiscal year needs to be included in the reports."

2.12.87.5 Associated Requirements

Requirement ID	Type
30.050.012.002.17	RFP Requirement
30.090.012.002.7	RFP Requirement
30.090.012.002.8	RFP Requirement

2.12.87.6 Associated System Objects

Technical Name	Object Type	Title
MARJQ000	Batch Job	Quarterly Update of MAR Date Parm Entries
T_SYS_REPORT_CTL	Database Table	
T_MR_MSIS_CLAIMOT	Database Table	
T_MR_MSIS_ELIG	Database Table	
MARJQ980	Batch Job	Cleans up MSIS claim and eligibility tables
T_MR_MSIS_CLAIMLT	Database Table	
MARJQ984	Batch Job	Load MSIS Claim Other File
MARJQ985	Batch Job	Loads MSIS Claim Pharmacy File
T_MR_MSIS_CLAIMRX	Database Table	
MARJQ981	Batch Job	Loads MSIS Eligibles File
MARJQ982	Batch Job	Loads MSIS Claim Inpatient File
MARJQ983	Batch Job	Loads MSIS Claim LT File

2.12.87.7 Change Order Status

Status	Date
Change Order Written	09/07/2005
Ready for Construction Walkthrough	03/17/2006
Ready for Model Office	05/30/2006
Model Office Implemented	06/06/2006
Ready for Model Office	10/31/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
Model Office Implemented	11/08/2006

Status	Date
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.88 Comm. For CSN Pd Clm Listing - 1164

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1164	Change Order		MAR			

2.12.88.1 Desired Solution
Customer requested EDS to build report KYSM3580-R001

2.12.88.2 Business Impact
None.

2.12.88.3 Technical Specifications
This report is sequenced by provider number, member name, and program MCHIP, SCHIP, Medicaid and Combined within provider number.

2.12.88.4 Clarifications
No associated clarifications found.

2.12.88.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.3	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.88.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3581-M (or MAR-3581-D)	Report	Commission For Children With Special Needs Paid Claims Listing
MARJM321	Batch Job	Commission For Children With Special Needs Paid Claims Listing
mra3581	Program	Commission For Children With Special Needs Paid Claims Listing

2.12.88.7 Change Order Status

Status	Date
Change Order Written	09/28/2005
Ready for Model Office	05/15/2006
Model Office Implemented	06/06/2006
Model Office Implemented	10/16/2006
Ready for Model Office	10/18/2006
Model Office Implemented	10/30/2006

Status	Date
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.89 Comm. For CSN Pd Clm Summary - 1165

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1165	Change Order		MAR			

2.12.89.1 Desired Solution
Customer requested EDS to build report KYSM3580-R002

2.12.89.2 Business Impact
None.

2.12.89.3 Technical Specifications
This report is sequenced by provider number and by program MCHIP, SCHIP, MEDICAID and Combined.

2.12.89.4 Clarifications
No associated clarifications found.

2.12.89.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.3	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.89.6 Associated System Objects

Technical Name	Object Type	Title
MARJA322	Batch Job	Commission For Children With Special Needs Paid Claims Summary
mra3582	Program	Commission For Children With Special Needs Paid Claims Summary
MAR-3582-M (or MAR-3582-D)	Report	Commission For Children With Special Needs Paid Claims Summary

2.12.89.7 Change Order Status

Status	Date
Change Order Written	09/28/2005
SE Assigned	07/14/2006
Construction in Progress	07/26/2006
Ready for Model Office	08/14/2006
Model Office Implemented	08/24/2006
Ready for Model Office	10/16/2006

Status	Date
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.90 Nursing Fac Summary - Sched A&B - 1166

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1166	Change Order		MAR			

2.12.90.1 Desired Solution
Customer requested EDS to build report KYMM3663-R001

2.12.90.2 Business Impact
None.

2.12.90.3 Technical Specifications
This report is sequenced by provider number.

2.12.90.4 Clarifications
MARJA331 ver 1.2 - When this job was created, table T_MR_CST_STLMT_REQ was not created yet, so no "customer request" logic was coded. Ver 1.2 Adds the logic to validate if the listing report is already created (js10, 20, and 50). Also, adds logic to validate the ICF/SNF reconciliation report.

mra3663.c ver 1.2 - Variable RPTPROV was not printing the provider ID properly. Variable szId_Provider was changed by str_rpt_out_listing.id_provider in function get_parms.

Added conditions to file mra33120.01.shl to ensure that only FFS claims are extracted. Conditions are : IND_CLAIM = 'F' AND IND_LATEST_CLM = 'Y'

2.12.90.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.90.6 Associated System Objects

Technical Name	Object Type	Title
MARJA331	Batch Job	Nursing Facility Summary Of Claims - Schedule A and B
mra3663	Program	Nursing Facility Summary Of Claims - Schedule A and B
MAR-3663-M (or MAR-3663-D)	Report	Nursing Facility Summary Of Claims - Schedule A and B

2.12.90.7 Change Order Status

Status	Date
Change Order Written	09/28/2005
Construction in Progress	05/24/2006

Status	Date
Ready for Construction Walkthrough	06/29/2006
Ready for Model Office	07/19/2006
Model Office Implemented	07/21/2006
Ready for Model Office	09/25/2006
Model Office Implemented	09/29/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.91 ICF/SNF Routine Recon - Sched C - 1167

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1167	Change Order		MAR			

2.12.91.1 Desired Solution
Customer requested EDS to build report KYMM3664-R001

2.12.91.2 Business Impact
None.

2.12.91.3 Technical Specifications
This report is sequenced by provider number.

2.12.91.4 Clarifications
Added paid claims validation in shells and id_provider fix to the script

2.12.91.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.91.6 Associated System Objects

Technical Name	Object Type	Title
mra3664	Program	ICF-SNF Routine Reconciliation - Schedule C
MARJA332	Batch Job	ICF-SNF Routine Reconciliation - Schedule C
MAR-3664-M (or MAR-3664-D)	Report	ICF-SNF Routine Reconciliation - Schedule C

2.12.91.7 Change Order Status

Status	Date
Change Order Written	09/28/2005
Ready for Construction Walkthrough	10/02/2006
Ready for Model Office	10/02/2006
Model Office Implemented	10/13/2006
Ready for Model Office	10/17/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007

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

2.12.92 Comm. For CSN Reconciliation - 1169

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1169	Change Order		MAR			

2.12.92.1 Desired Solution
Customer requested EDS to build report KYMM3678-R001

2.12.92.2 Business Impact
None.

2.12.92.3 Technical Specifications
This report is sequenced by provider number and program MCHIP, SCHIP, MEDICAID, and COMBINED.

2.12.92.4 Clarifications
No associated clarifications found.

2.12.92.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.3	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.92.6 Associated System Objects

Technical Name	Object Type	Title
mra3678	Program	Commission For Children With Special Needs Paid Claims Reconciliation
MAR-3678-M (or MAR-3678-D)	Report	Commission For Children With Special Needs Paid Claims Reconciliation
MARJA340	Batch Job	Commission For Children With Special Needs Paid Claims Reconciliation

2.12.92.7 Change Order Status

Status	Date
Change Order Written	09/28/2005
Ready for Model Office	08/14/2006
Model Office Implemented	08/24/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006

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

2.12.93 Outpatient Paid Claims Recon - 1170

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1170	Change Order		MAR			

2.12.93.1 Desired Solution
Customer requested EDS to build report KYMM3687-R001

2.12.93.2 Business Impact
None.

2.12.93.3 Technical Specifications
This report is sequenced by provider number.

2.12.93.4 Clarifications
Added conditions to file mra36820.01.shl to ensure that only FFS claims are extracted.
Conditions are : IND_CLAIM = 'F' AND IND_LATEST_CLM = 'Y'

2.12.93.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.93.6 Associated System Objects

Technical Name	Object Type	Title
MARJA368	Batch Job	Outpatient Paid Claims Reconciliation
mra3687	Program	Outpatient Paid Claims Reconciliation
MAR-3687-M (or MAR-3687-D)	Report	Outpatient Paid Claims Reconciliation

2.12.93.7 Change Order Status

Status	Date
Change Order Written	09/28/2005
Ready for Model Office	08/26/2006
Model Office Implemented	09/29/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007

Status	Date
Prod Implemented	06/14/2007

2.12.94 KCHIPS KYMM1410-R002 - 1255

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1255	Change Order		MAR			

2.12.94.1 Desired Solution
Customer requested EDS to build report KYMM1410-R002

2.12.94.2 Business Impact
None.

2.12.94.3 Technical Specifications
Run quarterly. Organize by status code, showing current active segment plus all other segments.

2.12.94.4 Clarifications
No associated clarifications found.

2.12.94.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.94.6 Associated System Objects

Technical Name	Object Type	Title
mrm8023	Program	KCHIP Total Enrolled By Status Code
MAR-8023-Q	Report	KCHIP Total Enrolled By Status Code (Quarterly)
MARJQ823	Batch Job	KCHIP Total Enrolled By Status Code (Quarterly)

2.12.94.7 Change Order Status

Status	Date
Model Office Implemented	07/15/2006
Ready for Model Office	11/01/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
Ready for Model Office	11/13/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.95 KCHIPS KYMM1410-R003 - 1256

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1256	Change Order		MAR			

2.12.95.1 Desired Solution
Customer requested EDS to build report KYMM1410-R003

2.12.95.2 Business Impact
None.

2.12.95.3 Technical Specifications
Run annually. Organize by status code, showing current active segment plus all other segments.

2.12.95.4 Clarifications
No associated clarifications found.

2.12.95.5 Associated Requirements

Requirement ID	Type
30.050.012.002.4	RFP Requirement

2.12.95.6 Associated System Objects

Technical Name	Object Type	Title
MAR-8023-A	Report	KCHIP Total Enrolled By Status Code (Annual)
MARJA823	Batch Job	KCHIP Total Enrolled By Status Code (Annual)
mrm8023	Program	KCHIP Total Enrolled By Status Code

2.12.95.7 Change Order Status

Status	Date
Model Office Implemented	07/15/2006
Ready for Model Office	11/01/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.96 Implement UI for MAR Reports - 1257

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1257	Change Order		MAR			

2.12.96.1 Desired Solution
Implement Kentucky UI for MAR Reports

2.12.96.2 Business Impact
None.

2.12.96.3 Technical Specifications
None.

2.12.96.4 Clarifications
This change order was cancelled and replaced with individual change orders for each base system web report.
Mike Barnard

This change order is being used to track the work to install the base set of MAR panels. The individual change orders for each panel will be used to track specific changes, and to record testing results. Therefore, this change order has not been cancelled, but will not have any test cases associated with it.
Mike Barnard

2.12.96.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.96.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.96.7 Change Order Status

Status	Date
Change Order Written	10/10/2005
Task Assigned	11/11/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

2.12.97 Install Base MAR Summary Proc - 1276

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1276	Change Order	1	MAR			

2.12.97.1 Desired Solution
Install Base MAR Summary Process

2.12.97.2 Business Impact
None.

2.12.97.3 Technical Specifications
Install the base system MAR web reports, data summary batch processes, and MAR database prior to making modifications for the Kentucky MMIS.

2.12.97.4 Clarifications
No associated clarifications found.

2.12.97.5 Associated Requirements

Requirement ID	Type
30.090.012.003	RFP Requirement
3005000400215	New Requirement

2.12.97.6 Associated System Objects

Technical Name	Object Type	Title
MARJM015	Batch Job	Monthly Suspense Claims Summary
MARJM000	Batch Job	Monthly Update of MAR Date Parm Entries
MARJM030	Batch Job	Monthly Backup of MAR Database Tables
MARJM005	Batch Job	Monthly Common Unloads and Indexing
MARJM050	Batch Job	Monthly Buyin Premium Build
MARJM034	Batch Job	MAR Summary Tables Processing
MARJM020	Batch Job	Monthly Enrolled Provider Summary
PMRMCYCL	Batch Cycle	Monthly MAR Cycle
MARJM010	Batch Job	Monthly Eligible Recipient Summary
MARJM035	Batch Job	Monthly Database Load Process

2.12.97.7 Change Order Status

Status	Date
Change Order Written	10/14/2005

Status	Date
Ready for Model Office	07/11/2006
Model Office Implemented	09/28/2006
UAT Implemented	11/01/2006
Ready for Model Office	03/26/2007
Model Office Implemented	03/29/2007
UAT Implemented	03/29/2007
Prod Implemented	03/29/2007

2.12.98 Target Case Mgmt Pd Clms Recon - 1279

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1279	Change Order		MAR			

2.12.98.1 Desired Solution
Customer requested EDS to build report KYMM3675-R001

2.12.98.2 Business Impact
None.

2.12.98.3 Technical Specifications
To provide summary service, charge, and payment data to assist in the reconciliation of the provider's cost settlement.

2.12.98.4 Clarifications
MARJA337 ver 1.2 - The name of job step 60 was wrong. It was "s60" and fixed to "js60". No comments were added to the flower box.

MARJA337 ver 1.3 - Updated flower box. Flower box was not updated when the job script was modified on version 1.2.

Added conditions to file mra33720.01.shl to ensure that only FFS claims are extracted. Conditions are : IND_CLAIM = 'F' AND IND_LATEST_CLM = 'Y'

2.12.98.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.98.6 Associated System Objects

Technical Name	Object Type	Title
MARJA337	Batch Job	Targeted Case Management Paid Claims Reconciliation
MAR-3675-M (or MAR-3675-D)	Report	Targeted Case Management Paid Claims Reconciliation
mra3675	Program	Targeted Case Management Paid Claims Reconciliation

2.12.98.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Ready for Model Office	08/25/2006
Model Office Implemented	09/22/2006

Status	Date
Ready for Model Office	09/25/2006
Model Office Implemented	09/29/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.99 Preventive Services Report - 1280

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1280	Change Order		MAR			

2.12.99.1 Desired Solution
Customer requested EDS to build report KYMM7000-R001

2.12.99.2 Business Impact
None.

2.12.99.3 Technical Specifications
This report contains claim paid amounts by each category.

2.12.99.4 Clarifications
No associated clarifications found.

2.12.99.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.99.6 Associated System Objects

Technical Name	Object Type	Title
mrm7000	Program	Preventive Services Report
MARJM213	Batch Job	Preventive Services Report
MAR-7000-M	Report	Preventive Services Report

2.12.99.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Design Complete	09/08/2006
Construction in Progress	09/08/2006
Ready for Construction Walkthrough	09/08/2006
Ready for Model Office	09/08/2006
Model Office Implemented	09/19/2006
Ready for Model Office	09/19/2006
Model Office Implemented	09/22/2006
Ready for Model Office	10/03/2006

Status	Date
Model Office Implemented	10/06/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.100 Medicaid Program Summary Report - 1281

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1281	Change Order		MAR			

2.12.100.1 Desired Solution

Four legacy summary reports have many items in common. These will be combined into one report in interChange.

The four legacy reports are:

- KYMM0300 Operational Performance Summary
- KYMM1300 Recipient Participation Summary
- KYMM2200 Provider Participation Summary
- KYMM4200 Medical Assistance Program Status

2.12.100.2 Business Impact

None.

2.12.100.3 Technical Specifications

Create one batch report with the following line items:

- TOTAL TITLE XIX PAYMENTS
- TOTAL CROSSOVER PAYMENTS
- TOTAL CLAIMS PROCESSED
- PERCENT APPROVED
- AVG DAYS - SVC TO BATCH
- AVG DAYS - BATCH TO ADJUD
- CLAIMS IN PROCESS MONTH END
- CHARGE AMT CLAIMS IN PROCESS
- NUMBER OF ELIGIBLE RECIPIENTS
- NUMBER OF RECIPIENTS PARTICIPATING
- PERCENT RECIPIENTS PARTICIPATING
- AVG PMT PER RECIPIENT PARTICIPATING
- PROVIDERS ENROLLED
- PROVIDERS PARTICIPATING
- PERCENT PROVIDERS PARTICIPATING

- AVG PMT PER PROVIDER PARTICIPATING

The report should have these columns:

- THIS MONTH
- SAME MONTH LAST YEAR
- MOST RECENT 6 MONTH AVERAGE
- TREND
- FISCAL YEAR-TO-DATE THIS YEAR
- FISCAL YEAR-TO-DATE LAST YEAR

2.12.100.4 Clarifications

Report Layout was changed due to the following reasons:

- When the report layout was initially created, it mistakenly included the "TREND" column for line items that came from KYMM0300. It was approved by Tammy Bullock on Friday September 15, 2006 to modify the layout and leave out values from being reported for the line items that were derived from KYMM0300.
- Tammy Bullock requested that since the above change was to be made that we should move " "Total Title XIX..." and "Total Crossover...." to the bottom so there is not a break within the report". She suggested moving those two lines to below "Avg Pmt per Provider Participating.

This report computes the trend. For more information on the calculation of trend, please see the following file for more information under:

Supplemental Documentation:

Test Document

Trend.xls

On October 5, 2006, Tammy Bullock said that encounters should be left off this report.

2.12.100.5 Associated Requirements

Requirement ID	Type
30.090.007.003.14	Claims Reporting
30.090.012.003.6	RFP Requirement

2.12.100.6 Associated System Objects

Technical Name	Object Type	Title
MAR-0115-M	Report	Medicaid Program Summary
mrm0115	Program	Medicaid Program Summary
MARJM115	Batch Job	Medicaid Program Summary

2.12.100.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Define/Analyze In Progress	06/30/2006
Design Complete	06/30/2006
Ready for Construction Walkthrough	06/30/2006
FOLLOW-UP	06/30/2006
Ready for Model Office	08/21/2006
Model Office Implemented	08/24/2006
Ready for Model Office	09/25/2006
Model Office Implemented	10/02/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.101 Provider Claim Filing Analysis - 1290

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1290	Change Order		MAR			

2.12.101.1 Desired Solution
Produce legacy report KYMM4300-R002

2.12.101.2 Business Impact
None.

2.12.101.3 Technical Specifications
The report lists totals of provider filing and payment data for each category of service. The calculation of the time required for filing will be based on the last date of service on the claim, and the date of receipt stamped on the claim (batch date).

2.12.101.4 Clarifications
On October 12, 2006 - Tammy Bullock agreed that the first data column "Total Claims Adjudicated" should include crossovers, because it appears that the current reports were produced in the same manner. Therefore the interchange version will also carry that format.

2.12.101.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.101.6 Associated System Objects

Technical Name	Object Type	Title
MAR-4301-M	Report	Provider Claim Filing Analysis
mrm4301	Program	Provider Claim Filing Analysis
MARJM208	Batch Job	Provider Claim Filing Analysis

2.12.101.7 Change Order Status

Status	Date
Change Order Written	10/16/2005
Design Complete	09/08/2006
Construction in Progress	09/08/2006
Ready for Construction Walkthrough	09/08/2006
Ready for Model Office	09/08/2006
Model Office Implemented	09/22/2006
Ready for Model Office	10/03/2006

Status	Date
Model Office Implemented	10/06/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.102 Provider Error Analysis - 1292

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1292	Change Order		MAR			

2.12.102.1 Desired Solution
Install the Provider Error Analysis report.

2.12.102.2 Business Impact
None.

2.12.102.3 Technical Specifications
Create Provider Error Analysis Report in .NET framework. Tasks include:

- report layout with code expressions
- SQL to retrieve report data
- report criteria setup
- where possible, expand decimals to two places.

2.12.102.4 Clarifications
No associated clarifications found.

2.12.102.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.102.6 Associated System Objects

Technical Name	Object Type	Title
MAR.ProviderError.ascx	Panel	Provider Error Analysis - Search

2.12.102.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.103 Provider Participation Total - 1293

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1293	Change Order		MAR			

2.12.103.1 Desired Solution
Install the Provider Participation Total report.

2.12.103.2 Business Impact
None.

2.12.103.3 Technical Specifications
Create Provider Participation Totals for MAR Online Reports in Visual Studio Reporting Services based on a template report.
This report was modified to support its corresponding:

- datasets
- report parameters
- main cursor
- report layout
- where possible, expand decimals to two places.

2.12.103.4 Clarifications
No associated clarifications found.

2.12.103.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.103.6 Associated System Objects

Technical Name	Object Type	Title
MAR.ProviderPrtcpTotals.ascx	Panel	Provider Participation Total - Search

2.12.103.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006

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

2.12.104 Provider Filing Analysis - 1296

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1296	Change Order		MAR			

2.12.104.1 Desired Solution
Modify the Provider Filing Analysis report.

2.12.104.2 Business Impact
None.

2.12.104.3 Technical Specifications
Create Provider Payment Filing Analysis for MAR Online Reports in Visual Studio Reporting Services based on a template report. This report was modified to support its corresponding:

- datasets
- report parameters
- main cursor
- report layout
- where possible, expand decimals to two places.
- modify T_MR_PROV_PERFORM to include 2 new fields Total Dollars Paid and Category of Service.

2.12.104.4 Clarifications
It has been determined that decimals cannot be expanded to two places. MB

2.12.104.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.104.6 Associated System Objects

Technical Name	Object Type	Title
MAR.ProviderFiling.ascx	Panel	Provider Filing Analysis - Search

2.12.104.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Model Office	07/24/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

2.12.105 Payment Comparison by COS - 1297

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1297	Change Order		MAR			

2.12.105.1 Desired Solution
Modify the Provider Payment Comparison by State COS report.

2.12.105.2 Business Impact
None.

2.12.105.3 Technical Specifications
Create Provider Payment Comparison by State COS Report in .NET framework. Tasks include:

- report layout with code expressions
- SQL to retrieve report data
- report criteria setup
- where possible, expand decimals to two places.

2.12.105.4 Clarifications
No associated clarifications found.

2.12.105.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.105.6 Associated System Objects

Technical Name	Object Type	Title
MAR.ComparisonByCOS.ascx	Panel	Payment Comparison By COS - Search

2.12.105.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.106 Error Code Analysis - 1298

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1298	Change Order		MAR			

2.12.106.1 Desired Solution
Modify the Error Code Analysis report.

2.12.106.2 Business Impact
None.

2.12.106.3 Technical Specifications
Create Provider Code Analysis Report in .NET framework. Tasks include:

- report layout with code expressions
- SQL to retrieve report data
- report criteria setup
- where possible, expand decimals to two places.
- modify T_MR_ERROR to include 2 new fields Amount Billed and Category of Service.

2.12.106.4 Clarifications
No associated clarifications found.

2.12.106.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.106.6 Associated System Objects

Technical Name	Object Type	Title
MAR.ErrorCode.ascx	Panel	Error Code Analysis - Search

2.12.106.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Model Office	07/24/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.107 Medicare Participation Part A - 1299

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1299	Change Order		MAR			

2.12.107.1 Desired Solution
Modify the Medicare Participation Part A report.

2.12.107.2 Business Impact
None.

2.12.107.3 Technical Specifications
Where possible, expand decimals to two places.

2.12.107.4 Clarifications
No associated clarifications found.

2.12.107.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.107.6 Associated System Objects

Technical Name	Object Type	Title
MAR.MedicarePartA.ascx	Panel	Medicare Participation Part A - Search

2.12.107.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.108 Medicare Participation Part B - 1300

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1300	Change Order		MAR			

2.12.108.1 Desired Solution
Modify the Medicare Participation Part B report.

2.12.108.2 Business Impact
None.

2.12.108.3 Technical Specifications
Where possible, expand decimals to two places.

2.12.108.4 Clarifications
No associated clarifications found.

2.12.108.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.108.6 Associated System Objects

Technical Name	Object Type	Title
MAR.MedicarePartB.ascx	Panel	Medicare Participation Part B - Search

2.12.108.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.109 Medicare Participation Part A&B - 1301

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1301	Change Order		MAR			

2.12.109.1 Desired Solution
Install the Medicare Participation Part A and B report.

2.12.109.2 Business Impact
None.

2.12.109.3 Technical Specifications
Where possible, expand decimals to two places.

2.12.109.4 Clarifications
No associated clarifications found.

2.12.109.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.109.6 Associated System Objects

Technical Name	Object Type	Title
MAR.MedicarePartAB.ascx	Panel	Medicare Participation Part A B - Search

2.12.109.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.110 Provider Participation Average - 1302

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1302	Change Order		MAR			

2.12.110.1 Desired Solution
Install the Provider Participation Average report.

2.12.110.2 Business Impact
None.

2.12.110.3 Technical Specifications
Create Provider Participation Average for MAR Online Reports in Visual Studio Reporting Services based on a template report. This report was modified to support its corresponding:

- datasets
- report parameters
- main cursor
- report layout
- where possible, expand decimals to two places.

2.12.110.4 Clarifications
No associated clarifications found.

2.12.110.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.110.6 Associated System Objects

Technical Name	Object Type	Title
MAR.ProviderPrtcpAvg.ascx	Panel	Provider Participation Avg - Search

2.12.110.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

2.12.111 Provider Ranking - 1303

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1303	Change Order		MAR			

2.12.111.1 Desired Solution
Install the Provider Ranking report.

2.12.111.2 Business Impact
None.

2.12.111.3 Technical Specifications
Create Provider Ranking for MAR Online Reports in Visual Studio Reporting Services based on a template report. This report was modified to support its corresponding:

- datasets
- report parameters
- main cursor
- report layout
- where possible, expand decimals to two places.

2.12.111.4 Clarifications
No associated clarifications found.

2.12.111.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.111.6 Associated System Objects

Technical Name	Object Type	Title
MAR.ProviderRanking.ascx	Panel	Provider Ranking - Search

2.12.111.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

2.12.112 Payment Statistics by COS - 1304

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1304	Change Order		MAR			

2.12.112.1 Desired Solution
Modify the Payment Statistics by State COS report.

2.12.112.2 Business Impact
None.

2.12.112.3 Technical Specifications
Create Payment by COS Report in .NET framework. Tasks include:

- report layout
- SQL to retrieve report data
- report criteria setup
- where possible, expand decimals to two places.

2.12.112.4 Clarifications
No associated clarifications found.

2.12.112.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.112.6 Associated System Objects

Technical Name	Object Type	Title
MAR.PaymentByCOS.ascx	Panel	Payment By COS - Search

2.12.112.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.113 Oper Perf Summary - Avg and Pcts - 1305

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1305	Change Order		MAR			

2.12.113.1 Desired Solution
Install the Operational Performance Summary - Averages & Percents report.

2.12.113.2 Business Impact
None.

2.12.113.3 Technical Specifications
Create Operational Performance Summary - Averages & Percents Report in .NET framework. Tasks include:

- report layout with code expressions
- SQL to retrieve report data
- report criteria setup
- where possible, expand decimals to two places.

2.12.113.4 Clarifications
No associated clarifications found.

2.12.113.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.113.6 Associated System Objects

Technical Name	Object Type	Title
MAR.PerformanceAvgPct.ascx	Panel	Oper Performance - Avg Pct - Search

2.12.113.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.114 Oper Perf Summary - Dollars - 1306

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1306	Change Order		MAR			

2.12.114.1 Desired Solution
Install the Operational Performance Summary - Dollars report.

2.12.114.2 Business Impact
None.

2.12.114.3 Technical Specifications
Create Operational Performance Summary - Dollars for MAR Online Reports in Visual Studio Reporting Services based on a template report.
This report was modified to support its corresponding:

- datasets
- report parameters
- main cursor
- report layout
- where possible, expand decimals to two places.

2.12.114.4 Clarifications
No associated clarifications found.

2.12.114.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.114.6 Associated System Objects

Technical Name	Object Type	Title
MAR.PerformanceDollars.ascx	Panel	Oper Performance - Dollars - Search

2.12.114.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006

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

2.12.115 Third Party Payment Ranking - 1307

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1307	Change Order		MAR			

2.12.115.1 Desired Solution
Modify the Third Party Payment Ranking report.

2.12.115.2 Business Impact
None.

2.12.115.3 Technical Specifications
Create Third Party Payment Analysis for MAR Online Reports in Visual Studio Reporting Services based on a template report.

This report was modified to support its corresponding:

- datasets
- report parameters
- main cursor
- report layout

Modifications related to legacy report KYMM2100-R001 "Third Party Payment Analysis Report":

- Where possible, expand decimals to two places.
- Add column for total paid.
- Change "TPL Total Dollars/Billed Pct" to "TPL Total Dollars/Paid Pct"
- Include COS as a search criteria

2.12.115.4 Clarifications
Because the "Third Party Payment Ranking" web report is also the subject of change order 671, that change order has been cancelled and the associated specifications merged with this one. The information from CO 671 is shown in the following Clarifications entry.
Mike Barnard

This entry copied from cancelled CO 671

interChange MAR base web report "Third Party Payment Ranking" can replace the legacy report KYMM2100-R001 with the following modifications to the interchange web report:

- Add column for total paid.
- Change "TPL Total Dollars/Billed Pct" to "TPL Total Dollars/Paid Pct"
- Include COS as a search criteria

2.12.115.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.115.6 Associated System Objects

Technical Name	Object Type	Title
MAR.ThirdPartyPayment.ascx	Panel	Third Party Payment Ranking - Search

2.12.115.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.116 Claims Proc Thruput Anal-DOR/DOA - 1308

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1308	Change Order		MAR			

2.12.116.1 Desired Solution
Install the Claims Processing Throughput Analysis - DOR to DOA report.

2.12.116.2 Business Impact
None.

2.12.116.3 Technical Specifications
Create Claim Processing Throughput Analysis Receipt to Adjudication Report in .NET framework. Tasks include:

- report layout with code expressions
- SQL to retrieve report data
- report criteria setup
- where possible, expand decimals to two places.

2.12.116.4 Clarifications
No associated clarifications found.

2.12.116.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.116.6 Associated System Objects

Technical Name	Object Type	Title
MAR.ThruputDORDOA.ascx	Panel	Thruput Analysis - DOR to DOA - Search

2.12.116.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.117 Claims Proc Thruput Anal-DOR/DOP - 1309

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1309	Change Order		MAR			

2.12.117.1 Desired Solution
Install the Claims Processing Throughput Analysis - DOR to DOP report.

2.12.117.2 Business Impact
None.

2.12.117.3 Technical Specifications
Create Claims Processing Throughput Analysis Receipt to Paid Report in .NET framework. Tasks include:

- report layout with code expressions
- SQL to retrieve report data
- report criteria setup
- where possible, expand decimals to two places.

2.12.117.4 Clarifications
No associated clarifications found.

2.12.117.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.117.6 Associated System Objects

Technical Name	Object Type	Title
MAR.ThruputDORDOP.ascx	Panel	Thruput Analysis - DOR to DOP - Search

2.12.117.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.118 Pmnt Comparison by Provider Type - 1310

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1310	Change Order		MAR			

2.12.118.1 Desired Solution
Install the Payment Comparison by Provider Type report.

2.12.118.2 Business Impact
None.

2.12.118.3 Technical Specifications
Create Provider Payment Comparison By Provider Type for MAR Online Reports in Visual Studio Reporting Services based on a template report. This report was modified to support its corresponding:

- datasets
- report parameters
- main cursor
- report layout
- where possible, expand decimals to two places.

2.12.118.4 Clarifications
No associated clarifications found.

2.12.118.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.118.6 Associated System Objects

Technical Name	Object Type	Title
MAR.ComparisonByProvType.ascx	Panel	Payment Comparison By Provider Type - Search

2.12.118.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006

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

2.12.119 Member Ranking - 1311

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1311	Change Order		MAR			

2.12.119.1 Desired Solution
Install the Member Ranking report.

2.12.119.2 Business Impact
None.

2.12.119.3 Technical Specifications
Where possible, expand decimals to two places.

2.12.119.4 Clarifications
No associated clarifications found.

2.12.119.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.119.6 Associated System Objects

Technical Name	Object Type	Title
MAR.MemberRanking.ascx	Panel	Member Ranking - Search

2.12.119.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.120 Oper Perf Summary - Provider - 1312

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1312	Change Order		MAR			

2.12.120.1 Desired Solution
Install the Operational Performance Summary - Provider report.

2.12.120.2 Business Impact
None.

2.12.120.3 Technical Specifications
Create Operational Performance Summary - Provider for MAR Online Reports in Visual Studio Reporting Services based on a template report. This report was modified to support its corresponding:

- datasets
- report parameters
- main cursor
- report layout
- where possible, expand decimals to two places.

2.12.120.4 Clarifications
No associated clarifications found.

2.12.120.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.120.6 Associated System Objects

Technical Name	Object Type	Title
MAR.PerformanceProvider.ascx	Panel	Oper Performance - Provider - Search

2.12.120.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006

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

2.12.121 Locality Partic Anal by Aid Cat - 1313

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1313	Change Order		MAR			

2.12.121.1 Desired Solution
Modify the Locality Participation Analysis by Aid Category report.

2.12.121.2 Business Impact
None.

2.12.121.3 Technical Specifications
Create Participation Analysis By Aid Category Report in .NET framework. Tasks include:

- report layout with code expressions
- SQL to retrieve report data
- report criteria setup
- where possible, expand decimals to two places.

2.12.121.4 Clarifications
No associated clarifications found.

2.12.121.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.121.6 Associated System Objects

Technical Name	Object Type	Title
MAR.PrtcpByProgramCode.ascx	Panel	Participation By Program Code - Search

2.12.121.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.122 Locality Partic Anal by COS - 1314

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1314	Change Order		MAR			

2.12.122.1 Desired Solution
Modify the Locality Participation Analysis by COS report.

2.12.122.2 Business Impact
None.

2.12.122.3 Technical Specifications
Create Participation Analysis By COS Report in .NET framework. Tasks include:

- report layout with code expressions
- SQL to retrieve report data
- report criteria setup
- logic for grouping of COS/sub-COS
- where possible, expand decimals to two places.

2.12.122.4 Clarifications
No associated clarifications found.

2.12.122.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.122.6 Associated System Objects

Technical Name	Object Type	Title
MAR.PrtcpByCOS.ascx	Panel	Participation By COS - Search

2.12.122.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

2.12.123 Expenditure Analysis by COS - 1315

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1315	Change Order		MAR			

2.12.123.1 Desired Solution
Modify the Expenditure Analysis by COS report.

2.12.123.2 Business Impact
None.

2.12.123.3 Technical Specifications
Create Claim Reimbursement Analysis By COS Report in .NET framework. Tasks include:

- report layout with code expressions
- SQL to retrieve report data
- report criteria setup
- where possible, expand decimals to two places.
- Remove State Sub-COS criteria

2.12.123.4 Clarifications
No associated clarifications found.

2.12.123.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.123.6 Associated System Objects

Technical Name	Object Type	Title
MAR.ExpenditureByCOS.ascx	Panel	Expenditures By COS - Search

2.12.123.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

2.12.124 Long Term Care Pmnts by Rev Code - 1316

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1316	Change Order		MAR			

2.12.124.1 Desired Solution
Install the Long Term Care Payments by Revenue Code report.

2.12.124.2 Business Impact
None.

2.12.124.3 Technical Specifications
Create Long Term Care Payments by Revenue Code Report in .NET framework. Tasks include:

- report layout with code expressions
- SQL to retrieve report data
- report criteria setup
- where possible, expand decimals to two places.

2.12.124.4 Clarifications
No associated clarifications found.

2.12.124.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.124.6 Associated System Objects

Technical Name	Object Type	Title
MAR.LongTermByRev.ascx	Panel	Long Term By Revenue - Search

2.12.124.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.125 Member Copayment by Aid Category - 1317

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1317	Change Order		MAR			

2.12.125.1 Desired Solution
Modify the Member Copayment by Aid Category report.

2.12.125.2 Business Impact
None.

2.12.125.3 Technical Specifications
Create Recipient Copayment Report in .NET framework.

Tasks include:

- report layout with code expressions
- SQL to retrieve report data
- report criteria setup
- where possible, expand decimals to two places.

Make the following modifications to the base web report "Recipient Copayment by Aid Category":

- organize output by COS instead of Aid Category
- patient contribution listed represents patient liability
- include averages

2.12.125.4 Clarifications
Change order 853 has been cancelled, and the specifications added to the Technical Specifications for this CO.
Mike Barnard

2.12.125.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.125.6 Associated System Objects

Technical Name	Object Type	Title
MAR.MemberCopay.ascx	Panel	Member Copayment By COS - Search

2.12.125.7 Change Order Status

Status	Date
Change Order Written	10/14/2005

Status	Date
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.126 Member Partic Summary by County - 1318

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1318	Change Order		MAR			

2.12.126.1 Desired Solution
Modify the Member Participation Summary by County report.

2.12.126.2 Business Impact
None.

2.12.126.3 Technical Specifications
Create Recipient Participation Summary Report in .NET framework. Tasks include:

- report layout with code expressions
- SQL to retrieve report data
- report criteria setup
- where possible, expand decimals to two places
- Remove State Sub-COS criteria

2.12.126.4 Clarifications
No associated clarifications found.

2.12.126.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.126.6 Associated System Objects

Technical Name	Object Type	Title
MAR.MemberPrtcpByCnty.ascx	Panel	Member Participation By County - Search

2.12.126.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006

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

2.12.127 Place of Service Analysis - 1319

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1319	Change Order		MAR			

2.12.127.1 Desired Solution
Modify the Place of Service Analysis report.

2.12.127.2 Business Impact
None.

2.12.127.3 Technical Specifications
Create State COS and Place of Service Analysis Report in .NET framework. Tasks include:

- report layout with code expressions
- SQL to retrieve report data
- report criteria setup
- where possible, expand decimals to two places.
- Remove State Sub-COS criteria

2.12.127.4 Clarifications
No associated clarifications found.

2.12.127.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.127.6 Associated System Objects

Technical Name	Object Type	Title
MAR.PlaceOfService.ascx	Panel	Place Of Service Analysis - Search

2.12.127.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

2.12.128 Payment Stats by Provider Type - 1321

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1321	Change Order		MAR			

2.12.128.1 Desired Solution
Install the Payment Statistics by Provider Type report.

2.12.128.2 Business Impact
None.

2.12.128.3 Technical Specifications
Create Provider Payment Comparison by Provider Type Report in .NET framework. Tasks include:

- report layout with code expressions
- SQL to retrieve report data
- report criteria setup
- where possible, expand decimals to two places.

2.12.128.4 Clarifications
No associated clarifications found.

2.12.128.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.128.6 Associated System Objects

Technical Name	Object Type	Title
MAR.PaymentByProvType.ascx	Panel	Payment By Provider Type - Search

2.12.128.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Construction Walkthrough	03/24/2006
Ready for Model Office	04/22/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.129 Comm For Handicapped Children - 1330

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1330	Change Order		MAR			

2.12.129.1 Desired Solution
Produce KYMM7000-R002

2.12.129.2 Business Impact
None.

2.12.129.3 Technical Specifications
This report contains claim paid amounts by each category.

2.12.129.4 Clarifications
No associated clarifications found.

2.12.129.5 Associated Requirements

Requirement ID	Type
30.090.012.003	RFP Requirement
30.090.012.003.6	RFP Requirement

2.12.129.6 Associated System Objects

Technical Name	Object Type	Title
MARJM214	Batch Job	Commission For Handicapped Children
MAR-7001-M	Report	Commission For Handicapped Children
mrm7001	Program	Commission For Handicapped Children

2.12.129.7 Change Order Status

Status	Date
Change Order Written	10/17/2005
SE Assigned	07/13/2006
Ready for Model Office	08/11/2006
Model Office Implemented	09/12/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.130 Produce MS-264 5950 - 1331

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1331	Change Order		MAR			

2.12.130.1 Desired Solution
Customer requested EDS to build report KYMM5950-R001

2.12.130.2 Business Impact
None.

2.12.130.3 Technical Specifications
This report contains enrollee counts by county in alphabetical order for aid category.

2.12.130.4 Clarifications
Received e-mail from Tammy Bulock.

[Sachi's question]
Regarding MAR-5950-A, the title of the report is "TABLE 2: GRAND TOTAL MANAGED CARE ENROLLEES, BY ELIGIBILITY CATEGORY", but the documentation on this report consistently refers this report includes only enrollees who received service. "report shows the total number of enrollees who received a Medicaid Service for the Year" "Only enrollees who received a service are reported" That was why I was pulling members who are Managed Care enrollee for this report. Should I be looking at all enrollees both those who received services and who did not receive services?

[Tammy's answer]
Yes, include all enrollees whether they received a "service" or not. There might be some confusion in the terminology between us because the intent of this report was to show all enrollees and in this case, we consider the cap payment as a "service". Perhaps the wording should be changed on the report?

[Sachi's e-mail]
I will make changes to the program to look at all managed care enrollees. The report title says just "enrollees", so I think we are fine there. I will update documentation to clarify the meaning of "service".

2.12.130.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.130.6 Associated System Objects

Technical Name	Object Type	Title
MARJA513	Batch Job	MS-264 Table 2 - Grand Total managed Care Enrollees by Elig Category
mra5950	Program	MS-264 Table 2
MAR-5950-A	Report	MS-264 Table 2 - Annual

2.12.130.7 Change Order Status

Status	Date
Change Order Written	10/17/2005
SE Assigned	03/15/2006
Technical Design In Progress (obsolete)	03/15/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/14/2006
Model Office Implemented	08/25/2006
Ready for Model Office	08/25/2006
Model Office Implemented	09/01/2006
Ready for Model Office	09/25/2006
Model Office Implemented	09/28/2006
UAT Implemented	11/01/2006
Ready for Model Office	03/27/2007
Model Office Implemented	03/29/2007
UAT Implemented	03/29/2007
Prod Implemented	03/29/2007

2.12.131 Produce MS-264 5951 - 1332

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1332	Change Order		MAR			

2.12.131.1 Desired Solution
Customer requested EDS to build report KYMM5951-R001

2.12.131.2 Business Impact
None.

2.12.131.3 Technical Specifications
This report contains member counts by county in alphabetical order for aid category.

2.12.131.4 Clarifications
No associated clarifications found.

2.12.131.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.131.6 Associated System Objects

Technical Name	Object Type	Title
mr264tbl3	Program	MS-264 TABLE 3 pre-processing program
MAR-5951-A	Report	MS-264 Table 3 - Annual
mra5951	Program	MS-264 Table 3
MARJA514	Batch Job	MS-264 Table 3 - Utilizers (Members) by Eligibility Factor

2.12.131.7 Change Order Status

Status	Date
Change Order Written	10/17/2005
SE Assigned	03/15/2006
Construction in Progress	08/08/2006
Ready for Construction Walkthrough	08/16/2006
Ready for Model Office	08/25/2006
Model Office Implemented	09/01/2006
Ready for Model Office	09/22/2006
Model Office Implemented	09/28/2006

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

2.12.132 Produce MS-264 5952 - 1333

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1333	Change Order		MAR			

2.12.132.1 Desired Solution
Customer requested EDS to build report KYMM5952-R001

2.12.132.2 Business Impact
None.

2.12.132.3 Technical Specifications
This report contains member counts by county in alphabetical order for each provider category.

2.12.132.4 Clarifications
No associated clarifications found.

2.12.132.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.132.6 Associated System Objects

Technical Name	Object Type	Title
mr264tbl3a	Program	MS-264 TABLE 3A pre-processing program
mra5952	Program	MS-264 Table 3A
MARJA515	Batch Job	MS-264 Table 3A - Utilizers (Members) by Type of Service
MAR-5952-A	Report	MS-264 Table 3A - Annual

2.12.132.7 Change Order Status

Status	Date
Change Order Written	10/17/2005
SE Assigned	03/15/2006
Construction in Progress	08/16/2006
Ready for Construction Walkthrough	08/21/2006
Ready for Model Office	08/25/2006
Model Office Implemented	09/01/2006
Ready for Model Office	09/22/2006
Model Office Implemented	09/28/2006

Status	Date
UAT Implemented	11/01/2006
Ready for Model Office	11/07/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.133 Produce MS-264 5953 - 1334

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1334	Change Order		MAR			

2.12.133.1 Desired Solution
Customer requested EDS to build report KYMM5953-R001

2.12.133.2 Business Impact
None.

2.12.133.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.133.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.133.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.133.6 Associated System Objects

Technical Name	Object Type	Title
MARJA512	Batch Job	MS-264 Table - Payment extract process
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process
MAR-5953-A	Report	MS-264 Table 4 - Annual
MARJA511	Batch Job	MS-264 Table - Annual - County extract process

2.12.133.7 Change Order Status

Status	Date
Change Order Written	10/17/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.134 Produce MS-264 5954 - 1335

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1335	Change Order		MAR			

2.12.134.1 Desired Solution
Customer requested EDS to build report KYMM5954-R001

2.12.134.2 Business Impact
None.

2.12.134.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.134.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.134.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.134.6 Associated System Objects

Technical Name	Object Type	Title
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report
MAR-5954-A	Report	MS-264 Table 5 - Annual
MARJA511	Batch Job	MS-264 Table - Annual - County extract process
MARJA512	Batch Job	MS-264 Table - Payment extract process
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process

2.12.134.7 Change Order Status

Status	Date
Change Order Written	10/17/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.135 Produce MS-264 5955 - 1336

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1336	Change Order		MAR			

2.12.135.1 Desired Solution
Customer requested EDS to build report KYMM5955-R001

2.12.135.2 Business Impact
None.

2.12.135.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.135.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

- "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.
- Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.
- Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.135.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.135.6 Associated System Objects

Technical Name	Object Type	Title
MARJA511	Batch Job	MS-264 Table - Annual - County extract process
MAR-5955-A	Report	MS-264 Table 6 - Annual
MARJA512	Batch Job	MS-264 Table - Payment extract process
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report

2.12.135.7 Change Order Status

Status	Date
Change Order Written	10/17/2005
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.136 Produce MS-264 5956 - 1337

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1337	Change Order		MAR			

2.12.136.1 Desired Solution
Customer requested EDS to build report KYMM5956-R001

2.12.136.2 Business Impact
None.

2.12.136.3 Technical Specifications
This report contains claim paid amounts by county in alphabetical order for each provider category.

2.12.136.4 Clarifications
Sachi Wisner
According to e-mail conversation with Neville Wise, following clarifications were made on this report.

1) "Header pages" at the end of report will be reported on two sheets of paper, and the report header in between each column is being deleted.

2) Table 12 is modified to report all reported payment in report 12.1, 12.2, 12.3, 12.4, 12.5, 12.6 12,7 and 12.8. Legacy report was not reporting program code "KC" which is included in Table 12.8.

3) Children are considered ages 20 and younger. Adults are considered ages 21 and older.

For detail, refer to CO 762 Supplemental Documentation section.

2.12.136.5 Associated Requirements

Requirement ID	Type
30.090.012.003.1	RFP Requirement

2.12.136.6 Associated System Objects

Technical Name	Object Type	Title
MAR-5956-A	Report	MS-264 Table 7 - Annual
mr264tbl	Program	MS-264 TABLE 4 - 13.2 table program identification process
MARJA512	Batch Job	MS-264 Table - Payment extract process
mra5859	Program	MS-264 Tables 4 - 13.2 - Annual Report
MARJA511	Batch Job	MS-264 Table - Annual - County extract process

2.12.136.7 Change Order Status

Status	Date
Change Order Written	10/17/2005

Status	Date
Unit Test in Progress (obsolete)	03/06/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/09/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.137 Expenditures By COS And DOS - 1345

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1345	Change Order		MAR			

2.12.137.1 Desired Solution
Produce KYQM6001-R001

2.12.137.2 Business Impact
None.

2.12.137.3 Technical Specifications
This report presents Medicaid paid amounts and member counts by provider category of service. The report is used to review annual expenditures by claim date of service for the Medicaid program.

2.12.137.4 Clarifications
What is DOS (date of service)? The date on the claim or the reporting period?
[Bullock, Tammy (CHFS DMS)] date of service for the procedure/diagnosis that is shown on the claim

The recipients on the new system will not be enrolled by COS, how are we going to get the number of enrollee? (it will be the same number for every row of COS on the report)
[Bullock, Tammy (CHFS DMS)] I'm interpreting this a little differently. I see "Avg Units Per Enrollee" as the average # of units for the "recipients served" (or utilizers). "Cost Per Enrollee" is taking the amount for each COS and dividing it by the total number of members. Even though you are using the same enrollee number for each line, the average costs listed could be different for each COS because the costs may vary by each category. After reviewing these for your questions, I can definitely see where the field headings should be updated because they are confusing. Is it possible to update the two we are confused about?

On the column "PERCENT OF TOTAL", what should the percentage base on? (amount paid, member served, or number of units?) [Bullock, Tammy (CHFS DMS)] amount paid

2.12.137.5 Associated Requirements

Requirement ID	Type
30.090.012.003	RFP Requirement
30.090.012.003.3	RFP Requirement
30.090.012.003.6	RFP Requirement

2.12.137.6 Associated System Objects

Technical Name	Object Type	Title
MARJQ201	Batch Job	Expenditures by COS and DOS
MAR-6001-Q	Report	Expenditures by COS and DOS
mrq6001	Program	Expenditures by COS and DOS

2.12.137.7 Change Order Status

Status	Date
Change Order Written	10/17/2005
Ready for Model Office	06/06/2006
Model Office Implemented	06/19/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.138 Provider Ranking by Op Perf - 1357

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1357	Change Order		MAR			

2.12.138.1 Desired Solution
Create a report that ranks the top 100 providers on filing performance, based on average time from date of service to date of receipt.

2.12.138.2 Business Impact
None.

2.12.138.3 Technical Specifications
Rank based on average interval from date of last service to date of receipt. Date of receipt identified by date stored in claim ICN assigned by interChange.

2.12.138.4 Clarifications
This replaces legacy report KYMM2400-R001 Provider Claim Filing Details.

2.12.138.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.138.6 Associated System Objects

Technical Name	Object Type	Title
MAR.ProviderRankingOpPerf.ascx	Panel	Provider Ranking by Op Perf - Search

2.12.138.7 Change Order Status

Status	Date
Change Order Written	10/14/2005
Construction in Progress	01/01/2006
Ready for Model Office	07/24/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.139 Create MSIS Tape Files - 1412

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1412	Change Order		MAR			

2.12.139.1 Desired Solution

Quarterly MSIS Process

Shortly after the end of each federal fiscal quarter, interChange MAR runs a series of batch jobs to produce the required MSIS files. The Commonwealth reviews the data in the files to verify its validity and approve the files. Upon approval by the Commonwealth, EDS Operations writes the files to tapes according to the MSIS specifications, and sends the tapes to CMS.

At the same time, interChange MAR will load all five of the MSIS files to tables in the MAR database. These tables are accessible in BusinessObjects, through the MSIS universe, giving the Commonwealth the ability to examine the data in each file in detail. Up to four quarters of each of the five MSIS files are loaded and retained in these tables, normally corresponding to the four quarters of the current MSIS federal fiscal year (October 1st through September 30th). Prior to loading the files for the first quarter of a new year, the files from the prior year are removed.

Each time the MAR MSIS batch process is run to create the files, they're automatically loaded to the tables, replacing any previous version of the same quarter's data, so that the tables only contain the most recent versions of each quarter's files.

The interChange MAR MSIS process produces the "Unknown MAS - BOE Assignment" report (MAR-9000-Q) to identify those members who were assigned the MSIS values for Unknown MAS and Unknown BOE, so those records can be examined and corrected, if possible.

2.12.139.2 Business Impact

None.

2.12.139.3 Technical Specifications

Develop according to specs in CMS MSIS data dictionary. Current version is Release 2, Version 5, Updated December 2004,February 2005, December 2005 And January 2006. interChange base system MSIS process will be implemented and modified as necessary to produce correct output for KyHealth Choices program.

2.12.139.4 Clarifications

The MSIS file batch cycle should be held until the T_RE_HIB table is updated. According to the Buy-In functional area lead, this should happen by the 5th of the month:
"Buy-In is one of the places where a Medicare ID is updated by CMS. In Kentucky, the Buy-In billing files from CMS will be processed first by the outside vendor PCG, then the files sent the following business day to interChange. The files are processed monthly and arrive at the beginning of the month, approximately the 5th."

Modified source code to change 'RECIPIENT' to MEMBER in report header. Ready to promote in release 89.
Mike Barnard.

2.12.139.5 Associated Requirements

Requirement ID	Type
30.050.012.002.17	RFP Requirement
30.090.012.002.7	RFP Requirement
30.090.012.004.1	RFP Requirement

2.12.139.6 Associated System Objects

Technical Name	Object Type	Title
MARJQ996	Batch Job	Quarterly Pharmacy Claims Extraction Process for MSIS
MARJQ998	Batch Job	Quarterly Capitation Payment File (Final) for MSIS
MARJQ993	Batch Job	Quarterly Physician Claims Extraction Process for MSIS
MARJQ972	Batch Job	Quarterly Inpatient Claims File (Final) for MSIS
MARJQ974	Batch Job	Quarterly 'All Other' (OT) Claims File (Final) for MSIS
MARJQ991	Batch Job	Quarterly Build of ELIGIBLE File for MSIS
MARJQ971	Batch Job	Quarterly Eligible File (Final) for MSIS
MARJQ975	Batch Job	Quarterly Pharmacy Claims File (Final) for MSIS
MARJQ990	Batch Job	Quarterly Build of Common Hash Index Files for MSIS
MARJQ973	Batch Job	Quarterly Long Term Care Claims File (Final) for MSIS
MARJQ994	Batch Job	Quarterly Dental Claims Extraction Process for MSIS
MARJQ995	Batch Job	Quarterly UB Claims Extraction Process for MSIS
MAR-9000-Q	Report	Unknown MAS - BOE Assignment

2.12.139.7 Change Order Status

Status	Date
Change Order Written	10/27/2005
Technical Design In Progress (obsolete)	03/17/2006
Unit Test in Progress (obsolete)	06/06/2006
Ready for Model Office	06/27/2006
Model Office Implemented	07/11/2006
UAT Implemented	11/01/2006

Status	Date
Ready for Model Office	12/15/2006
Ready for Model Office	02/05/2007
UAT Implemented	02/09/2007
Model Office Implemented	02/09/2007
Prod Implemented	02/09/2007
Ready for Model Office	05/21/2007
Model Office Implemented	05/25/2007
UAT Implemented	05/25/2007
Prod Implemented	05/25/2007

2.12.140 Target Case Mgmt Pd Clms Listing - 1706

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1706	Change Order		MAR			

2.12.140.1 Desired Solution
Customer requested EDS to build report KYSM3551-R001

2.12.140.2 Business Impact
None.

2.12.140.3 Technical Specifications
To provide detail listings of provider claims to assist in the verification of provider cost settlement.

2.12.140.4 Clarifications
Added conditions to file mra31120.01.shll to ensure that only FFS claims are extracted.
Conditions are : IND_CLAIM = 'F' AND IND_LATEST_CLM = 'Y'

2.12.140.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.140.6 Associated System Objects

Technical Name	Object Type	Title
MARJM311	Batch Job	Targeted Case Management Paid Claims Listing
MAR-3555-M (or MAR-3555-D)	Report	Targeted Case Management Paid Claims Listing
mra3555	Program	Targeted Case Management Paid Claims Listing

2.12.140.7 Change Order Status

Status	Date
Change Order Written	11/30/2005
Ready for Model Office	08/25/2006
Model Office Implemented	09/22/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007

Status	Date
Prod Implemented	06/14/2007

2.12.141 Target Case Mgmt Pd Clms Summary - 1707

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1707	Change Order		MAR			

2.12.141.1 Desired Solution
Customer requested EDS to build report KYSM3551-R002.

2.12.141.2 Business Impact
None.

2.12.141.3 Technical Specifications
To provide summary service, charge, and payment data to assist in the verification of provider cost settlement.

2.12.141.4 Clarifications
Added conditions to file mra31220.01.shl to ensure that only FFS claims are extracted.
Conditions are : IND_CLAIM = 'F' AND IND_LATEST_CLM = 'Y'

2.12.141.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.141.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3556-M (or MAR-3556-D)	Report	Targeted Case Management Paid Claims Summary
MARJA312	Batch Job	Targeted Case Management Paid Claims Summary
mra3556	Program	Targeted Case Management Paid Claims Summary

2.12.141.7 Change Order Status

Status	Date
Change Order Written	11/30/2005
Ready for Model Office	08/25/2006
Model Office Implemented	09/22/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006

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

2.12.142 Home Health Paid Claims Listing - 1708

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1708	Change Order		MAR			

2.12.142.1 Desired Solution
Customer requested EDS to build report KYSM3560-R001.

2.12.142.2 Business Impact
None.

2.12.142.3 Technical Specifications
This report is sequenced by provider number. It is further sequenced by provider effective rate date, member last name and transaction control number.

2.12.142.4 Clarifications
No associated clarifications found.

2.12.142.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.142.6 Associated System Objects

Technical Name	Object Type	Title
mra3561	Program	Home Health Paid Claims Listing
MAR-3561-M (or MAR-3561-D)	Report	Home Health Paid Claims Listing
MARJM313	Batch Job	Home Health Paid Claims Listing

2.12.142.7 Change Order Status

Status	Date
Change Order Written	11/30/2005
Ready for Model Office	08/16/2006
Model Office Implemented	08/18/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007

Status	Date
Prod Implemented	06/14/2007

2.12.143 Home Health Paid Claims Summary - 1709

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1709	Change Order		MAR			

2.12.143.1 Desired Solution
Customer requested EDS to build report KYSM3560-R002.

2.12.143.2 Business Impact
None.

2.12.143.3 Technical Specifications
This report consists of three sections: Home Health Effective Rate Summary, Home Health Summary, and Home Health Summary - All Home Health Providers. Data reported on the Effective Rate Summary are for individual effective rates for individual providers for the cycle period. Data reported on the Summary are totals for all effective rates for individual providers for the cycle period. Data on the Final Summary are totals for all providers for the cycle period.

2.12.143.4 Clarifications
No associated clarifications found.

2.12.143.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.143.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3562-M (or MAR-3562-D)	Report	Home Health Paid Claims Summary
mra3562	Program	Home Health Paid Claims Summary
MARJA314	Batch Job	Home Health Paid Claims Summary

2.12.143.7 Change Order Status

Status	Date
Change Order Written	11/30/2005
Ready for Model Office	08/16/2006
Model Office Implemented	08/18/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007

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

2.12.144 SCL Paid Claims Listing - 1710

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1710	Change Order		MAR			

2.12.144.1 Desired Solution
Customer requested EDS to build report KYSM3571-R001.

2.12.144.2 Business Impact
None.

2.12.144.3 Technical Specifications
This report is sequenced by provider number. It is further sequenced by provider effective rate date, member last name and transaction control number.

2.12.144.4 Clarifications
Added paid claims validation in shells and id_provider fix to the script

2.12.144.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.144.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3565-M (or MAR-3565-D)	Report	SCL Paid Claims Listing
mra3565	Program	SCL Paid Claims Listing
MARJM315	Batch Job	SCL Paid Claims Listing

2.12.144.7 Change Order Status

Status	Date
Change Order Written	11/30/2005
Construction in Progress	07/26/2006
Ready for Model Office	08/25/2006
Model Office Implemented	10/06/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007

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

2.12.145 SCL Paid Claims Summary - 1711

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1711	Change Order		MAR			

2.12.145.1 Desired Solution
Customer requested EDS to build report KYSM3571-R002.

2.12.145.2 Business Impact
None.

2.12.145.3 Technical Specifications
This report consists of two sections: SCL Summary by Provider and SCL Summary - All SCL Providers. Data reported on the Summary are totals for all effective rates for individual providers for the cycle period. Data on the Final Summary are totals for all providers for the cycle period.

2.12.145.4 Clarifications
Added paid claims validation in shells and id_provider fix to the script

2.12.145.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.145.6 Associated System Objects

Technical Name	Object Type	Title
mra3566	Program	SCL Paid Claims Summary
MARJA316	Batch Job	SCL Paid Claims Summary
MAR-3566-M (or MAR-3566-D)	Report	SCL Paid Claims Summary

2.12.145.7 Change Order Status

Status	Date
Change Order Written	11/30/2005
Ready for Model Office	08/25/2006
Model Office Implemented	10/06/2006
Ready for Model Office	10/17/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007

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

2.12.146 HCB Paid Claims Listing - 1712

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1712	Change Order		MAR			

2.12.146.1 Desired Solution
Customer requested EDS to build report KYSM3572-R001.

2.12.146.2 Business Impact
None.

2.12.146.3 Technical Specifications
This report is sequenced by provider number. It is further sequenced by provider effective rate date, member last name and transaction control number.

2.12.146.4 Clarifications
No associated clarifications found.

2.12.146.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.146.6 Associated System Objects

Technical Name	Object Type	Title
mra3585	Program	Home Community Based Paid Claims Listing
MAR-3585-M (or MAR-3585-D)	Report	Home Community Based Paid Claims Listing
MARJM323	Batch Job	Home Community Based Paid Claims Listing

2.12.146.7 Change Order Status

Status	Date
Change Order Written	11/30/2005
Ready for Model Office	08/24/2006
Model Office Implemented	09/18/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007

Status	Date
Prod Implemented	06/14/2007

2.12.147 HCB Paid Claims Summary - 1713

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1713	Change Order		MAR			

2.12.147.1 Desired Solution
Customer requested EDS to build report KYSM3572-R002.

2.12.147.2 Business Impact
None.

2.12.147.3 Technical Specifications
This report consists of three sections: Home/Com. Based Effective Rate Summary, Home/Com. Based Provider Summary, and Home/Com. Based Final - All Home/Com. Based Providers. Data reported on the Effective Rate Summary are for individual effective rates for individual providers for the cycle period. Data reported on the Summary are totals for all effective rates for individual providers for the cycle period. Data on the Final Summary are totals for all providers for the cycle period.

2.12.147.4 Clarifications
No associated clarifications found.

2.12.147.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.147.6 Associated System Objects

Technical Name	Object Type	Title
MARJA324	Batch Job	Home Community Based Paid Claims Summary
mra3586	Program	Home Community Based Paid Claims Summary
MAR-3586-M (or MAR-3586-D)	Report	Home Community Based Paid Claims Summary

2.12.147.7 Change Order Status

Status	Date
Change Order Written	11/30/2005
Ready for Model Office	08/24/2006
Model Office Implemented	09/18/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006

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

2.12.148 Adult Day Care Pd Claims Listing - 1714

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1714	Change Order		MAR			

2.12.148.1 Desired Solution
Customer requested EDS to build report KYSM3573-R001.

2.12.148.2 Business Impact
None.

2.12.148.3 Technical Specifications
To provide detail listings of provider claims to assist in the verification of provider cost settlement.

2.12.148.4 Clarifications
Added paid claims validation in shells and id_provider fix to the script

2.12.148.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.148.6 Associated System Objects

Technical Name	Object Type	Title
MARJM327	Batch Job	Adult Day Care Paid Claims Listing
MAR-3595-M (or MAR-3595-D)	Report	Adult Day Care Paid Claims Listing
mra3595	Program	Adult Day Care Paid Claims Listing

2.12.148.7 Change Order Status

Status	Date
Change Order Written	11/30/2005
Ready for Construction Walkthrough	09/20/2006
Ready for Model Office	09/25/2006
Model Office Implemented	10/13/2006
Ready for Model Office	10/17/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007

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

2.12.149 Adult Day Care Pd Claims Summary - 1715

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1715	Change Order		MAR			

2.12.149.1 Desired Solution
Customer requested EDS to build report KYSM3573-R002.

2.12.149.2 Business Impact
None.

2.12.149.3 Technical Specifications
To provide summary service, charge, and payment data to assist in the verification of provider cost settlement.

2.12.149.4 Clarifications
Added paid claims validation in shells and id_provider fix to the script

2.12.149.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.149.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3596-M (or MAR-3596-D)	Report	Adult Day Care Paid Claims Summary
mra3596	Program	Adult Day Care Paid Claims Summary
MARJA328	Batch Job	Adult Day Care Paid Claims Summary

2.12.149.7 Change Order Status

Status	Date
Change Order Written	11/30/2005
Ready for Construction Walkthrough	09/20/2006
Ready for Model Office	09/25/2006
Model Office Implemented	10/06/2006
Ready for Model Office	10/17/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007

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

2.12.150 Home Health Paid Claims Recon - 1716

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1716	Change Order		MAR			

2.12.150.1 Desired Solution
Customer requested EDS to build report KYMM3673-R001.

2.12.150.2 Business Impact
None.

2.12.150.3 Technical Specifications
This report is sequenced by provider number.

2.12.150.4 Clarifications
No associated clarifications found.

2.12.150.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.150.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3673-M (or MAR-3673-D)	Report	Home Health Paid Claims Reconciliation
mra3673	Program	Home Health Paid Claims Reconciliation
MARJA335	Batch Job	Home Health Paid Claims Reconciliation

2.12.150.7 Change Order Status

Status	Date
Change Order Written	11/30/2005
Ready for Model Office	08/16/2006
Model Office Implemented	08/18/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.151 HCB Paid Claims Recon - 1717

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1717	Change Order		MAR			

2.12.151.1 Desired Solution
Customer requested EDS to build report KYMM3674-R001.

2.12.151.2 Business Impact
None.

2.12.151.3 Technical Specifications
This report is sequenced by provider number.

2.12.151.4 Clarifications
No associated clarifications found.

2.12.151.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.151.6 Associated System Objects

Technical Name	Object Type	Title
mra3674	Program	Home Community Based Paid Claims Reconciliation
MAR-3674-M (or MAR-3674-D)	Report	Home Community Based Paid Claims Reconciliation
MARJA336	Batch Job	Home Community Based Paid Claims Reconciliation

2.12.151.7 Change Order Status

Status	Date
Change Order Written	11/30/2005
Ready for Model Office	08/24/2006
Model Office Implemented	09/18/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/30/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007

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

2.12.152 Sup for Comm Paid Claims Recon - 1718

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1718	Change Order		MAR			

2.12.152.1 Desired Solution
Customer requested EDS to build report KYMM3677-R001.

2.12.152.2 Business Impact
None.

2.12.152.3 Technical Specifications
This report is sequenced by provider number.

2.12.152.4 Clarifications
No associated clarifications found.

2.12.152.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.152.6 Associated System Objects

Technical Name	Object Type	Title
MARJA339	Batch Job	Supports for Community Living Paid Claims Reconciliation
MAR-3677-M (or MAR-3677-D)	Report	Supports for Community Living Paid Claims Reconciliation
mra3677	Program	Supports for Community Living Paid Claims Reconciliation

2.12.152.7 Change Order Status

Status	Date
Change Order Written	11/30/2005
Construction in Progress	09/18/2006
Ready for Model Office	10/09/2006
Model Office Implemented	10/16/2006
UAT Implemented	11/01/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007

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

2.12.153 SCL Expenditures by Fiscal Year - 1723

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1723	Change Order		MAR			

2.12.153.1 Desired Solution
This is a new report showing expenses for the SCL waiver for multiple fiscal years, along with some budget data for that waiver. Definition is still being refined.

2.12.153.2 Business Impact
None.

2.12.153.3 Technical Specifications
Not yet determined. See spreadsheet under "Associated Documentation". This is the current method for analyzing the data.

2.12.153.4 Clarifications
No associated clarifications found.

2.12.153.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.153.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.153.7 Change Order Status

Status	Date
No associated Change Orders found.	

2.12.154 SCL Expenditures - 1724

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1724	Change Order		MAR			

2.12.154.1 Desired Solution

Create new process to produce data currently stored and analyzed in a spreadsheet. Data is expenditure and member counts, extracted from claims for members enrolled in SCL HCBS waiver at the time of the claim. Data is collected for the current Commonwealth fiscal year, plus several prior fiscal years. See Supplemental Documentation for example spreadsheet.

2.12.154.2 Business Impact

None.

2.12.154.3 Technical Specifications

Quarterly process to extract files of claim data for members enrolled in the SCL waiver on the date of first service of the claim. The files will be in a format suitable for importing into a spreadsheet or other data management tool.

Claim data is included in a particular fiscal year based on the date the claim was finalized. Only fee-for-service claims are reported. The data will be broken out by Category of Service (COS), and will include the total paid amount and unduplicated count of members receiving services in each COS.

For COS 50 (SCL waiver), in addition to the total paid amount and unduplicated count of members for that COS, the data will be broken out by procedure codes, showing the total paid amount and unduplicated count of members for each code.

The files will include only data for paid amount and member counts, the COS and procedure code values and corresponding descriptions, and the header row. Any other data, including totals, subtotals, budget data, calculations, and notes will not be produced.

Initially, after system implementation, a file will be extracted for each Commonwealth fiscal year back through FY 2000. Thereafter, after the end of each quarter a file will be extracted for each of the three Commonwealth fiscal years previous to the current fiscal year, plus a file for the current fiscal year, for a total of four files. This will allow for picking up retroactive adjustments in claim data for prior years. The file for the current fiscal year will include all data from the beginning of the fiscal year.

The file layout is described in a separate document "SCL_expenditures_file_layout", and is included in the Supplemental Documentation section of New MMIS Change Order 1724.

2.12.154.4 Clarifications

No associated clarifications found.

2.12.154.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.154.6 Associated System Objects

Technical Name	Object Type	Title

Technical Name	Object Type	Title
mrq4401	Program	SCL Waiver Expenditures
MARJQ401	Batch Job	SCL Waiver Expenditures

2.12.154.7 Change Order Status

Status	Date
Change Order Written	12/01/2005
Ready for Construction Walkthrough	06/13/2006
Ready for Model Office	06/19/2006
Model Office Implemented	06/26/2006
UAT Implemented	11/01/2006
Ready for Model Office	05/21/2007
Model Office Implemented	05/25/2007
UAT Implemented	05/25/2007
Prod Implemented	05/25/2007

2.12.155 Reconcile MAR to data warehouse - 1725

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1725	Change Order		MAR			

2.12.155.1 Desired Solution

Develop a monthly process for reconciling MAR to its source data in the data warehouse, and internally among web reports and among batch reports. An example of the spreadsheet used in the current system is available under Supplemental Documentation.

2.12.155.2 Business Impact

Ensure MAR summary data is accurate and reconciles with input data, so Commonwealth users can expect that reports based on MAR data are a valid representation of the KyHealth Choices program.

2.12.155.3 Technical Specifications

Present comparisons of MAR input data to summary data contained in various MAR database tables. Compare key measures, including number of members participating, number of claims reported, and dollar amounts. Segregate paid claims from denied claims. Report capitation payment data, and separately from claim data.

2.12.155.4 Clarifications

No associated clarifications found.

2.12.155.5 Associated Requirements

Requirement ID	Type
30.050.012.002.8	RFP Requirement
30.090.012.002.9	RFP Requirement

2.12.155.6 Associated System Objects

Technical Name	Object Type	Title
mrm0111	Program	MAR Monthly Reconciliation Report Writer
MARJM111	Batch Job	MAR Monthly Reconciliation
MAR-0111-M	Report	MAR Monthly Reconciliation

2.12.155.7 Change Order Status

Status	Date
Change Order Written	12/01/2005
SE Assigned	03/07/2006
Construction in Progress	06/27/2006
Ready for Model Office	07/11/2006
Model Office Implemented	07/24/2006

Status	Date
UAT Implemented	11/01/2006
Ready for Model Office	12/19/2006
UAT Implemented	12/22/2006
Prod Implemented	06/14/2007

2.12.156 On-request Paid Claims Summaries - 1726

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1726	Change Order		MAR			

2.12.156.1 Desired Solution

Need a process for submitting requests to run Paid Claim summary reports at times other than scheduled batch runs.

2.12.156.2 Business Impact

None.

2.12.156.3 Technical Specifications

Should provide capability to submit request to run a Paid Claim report for one or more specific provider numbers, as well as range of paid dates and range of dates of service.

2.12.156.4 Clarifications

To request non-scheduled runs of Paid Claim reports, the Commonwealth will submit a Work Request to EDS Operations, specifying the report to run, the Providers to include on the report, the range of claim paid dates, and the range of claim dates of service.

EDS Operations will have access to the appropriate infrastructure (database table, job scheduler, and so on) to run the reports, and will be responsible for executing them on a timely basis. The reports will automatically be sent to the report storage server, in the same way as regularly schedule Paid Claim reports. The Work Request will specify the number of printed copies, if any, and these will be delivered to the requestor once the report runs successfully.

Currently no system object to associate to this CO. Requirement is 30.090.012.002.17

Based on discussion during DSD review, a new panel will be added, for submitting ad-hoc requests for Paid Claim Summary reports. A placeholder panel "Cost Settlement Report Request" has been created.

All Cost Settlement reports, including those requested via this online request screen, will be moved to the OnBase report storage system.
Mike Barnard

2.12.156.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement

2.12.156.6 Associated System Objects

Technical Name	Object Type	Title
MAR.OnRequest.ascx	Panel	Cost Settlement Report Request

2.12.156.7 Change Order Status

Status	Date
Change Order Written	12/01/2005
Define/Analyze In Progress	04/21/2006
Ready for Model Office	08/14/2006
Model Office Implemented	09/28/2006
UAT Implemented	11/01/2006
Ready for Model Office	12/15/2006
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.157 State COS - Design and Implement - 2205

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2205	Change Order		MAR			

2.12.157.1 Desired Solution
The legacy system State Category of Service scheme needs to be implemented in interChange. This change order is written to document the effort needed to convert the definitions into ones that will work in interChange and implement them.

2.12.157.2 Business Impact
Provide method of data comparison consistent with legacy system.

2.12.157.3 Technical Specifications
Use legacy system State Category of Service values and descriptions. Definitions in interChange should be developed based on definitions in legacy system, and crosswalk between legacy system claim types and provider types to interChange claim types and provider types. This solution will be designed to work using the rules engine in the interChange base system.

2.12.157.4 Clarifications
No associated clarifications found.

2.12.157.5 Associated Requirements

Requirement ID	Type
30.090.012.002.4	RFP Requirement

2.12.157.6 Associated System Objects

Technical Name	Object Type	Title
libcos_assign.so	Program	COS assignment library
MARJW045	Batch Job	Weekly MAR Default Category of Service Report
MAR-0450-W	Report	Default MAR State Category of Service Report
mrw0450	Program	Report Writer MAR Default Category of Service Report

2.12.157.7 Change Order Status

Status	Date
Define/Analyze In Progress	03/27/2006
Construction in Progress	08/01/2006
Model Office Implemented	08/31/2006
Ready for Model Office	08/31/2006
Model Office Implemented	09/08/2006
Ready for Model Office	10/09/2006

Status	Date
Model Office Implemented	10/18/2006
UAT Implemented	11/01/2006
Ready for Model Office	05/03/2007
Model Office Implemented	05/03/2007
UAT Implemented	05/03/2007
Prod Implemented	05/03/2007
Ready for Model Office	05/30/2007
Model Office Implemented	05/31/2007
UAT Implemented	05/31/2007
Prod Implemented	05/31/2007

2.12.158 Expand LOC Field in MAR Tables - 2625

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2625	Change Order		MAR			

2.12.158.1 Desired Solution

With removal of the recipient level of care tables, the level of care code will now be stored in the CDE_PGM_HEALTH column on the T_PUB_HLTH_PGM table. The old level of care code was 3 characters and the CDE_PGM_HEALTH field is 5 characters.

The T_MR_LTC and T_MR_LTC_REV tables within the MAR subsystem must be modified to expand the level of care to 5 characters.

2.12.158.2 Business Impact

Meet system requirements for storing recipient level of care code within MAR.

2.12.158.3 Technical Specifications

Expand cde_level_of_care column from 3 to 5 characters in the T_MR_LTC and T_MR_LTC_REV tables.

2.12.158.4 Clarifications

No associated clarifications found.

2.12.158.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.158.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.158.7 Change Order Status

Status	Date
Ready for Model Office	05/31/2006
Model Office Implemented	06/07/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.159 KY MAR - Modify Summ Proc 1 - 2716

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2716	Change Order		MAR			

2.12.159.1 Desired Solution

The MAR summary process needs to be modified to extract data from the Data Warehouse to populate new columns on existing tables.

2.12.159.2 Business Impact

None.

2.12.159.3 Technical Specifications

Modify MARJM034 and MARJM035 as follows:

1. extract CDE_COS_ST and CDE_COS_SUB from T_CA_PROV_PERFORM and T_CA_MR_ERROR, and load those columns to the corresponding MAR tables.
2. extract AMT_PAID from T_CA_PROV_PERFORM and load to T_MR_PROV_PERFORM
3. extract AMT_BILLED from T_CA_MR_ERROR and load to T_MR_ERROR
4. modify monthly summary process sysin members to extract CDE_PGM_STATUS and CDE_IMID from T_CA_RECIP_KEY to populate those same columns on T_MR_RE and T_MR_RECIP
5. Modify all sort/sum sysin members for T_MR_RE and T_MR_RECIP to accommodate the new record length

2.12.159.4 Clarifications

Added tech spec about updating sysin members to extract CDE_PGM_STATUS and CDE_IMID from T_CA_RECIP_KEY. MJB

2.12.159.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.159.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.159.7 Change Order Status

Status	Date
Change Order Written	06/06/2006
SE Assigned	07/03/2006
Ready for Model Office	08/08/2006
Model Office Implemented	09/28/2006

Status	Date
Ready for Model Office	09/29/2006
Model Office Implemented	10/30/2006
Ready for Model Office	04/23/2007
Model Office Implemented	04/26/2007
UAT Implemented	04/26/2007
Prod Implemented	04/26/2007

2.12.160 MAR New Table w/Elig Attributes - 2725

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2725	Change Order		MAR			

2.12.160.1 Desired Solution
The MAR summary database requires at least one table that incorporates two Kentucky eligibility attributes: Program Status (also referred to as Recipient Status) and IM ID, to support data needs for various batch reports.

2.12.160.2 Business Impact
Customer uses batch reports with these attributes to perform business analysis of the Commonwealth Medicaid program.

2.12.160.3 Technical Specifications
Add two columns each to the T_MR_RECIP and T_MR_RE tables: CDE_PGM_STATUS for Program Status and CDE_IMID for IM ID. These should follow the CDE_AID_CATEGORY column on each table. Create two non-unique secondary indexes on each table, one consisting of DTE_RPT_PRD, CDE_AID_CATEGORY, and CDE_PGM_STATUS, and one consisting of DTE_RPT_PRD, CDE_AID_CATEGORY, and CDE_IMID.

2.12.160.4 Clarifications
No associated clarifications found.

2.12.160.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.160.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.160.7 Change Order Status

Status	Date
Change Order Written	06/07/2006
Construction in Progress	06/09/2006
Model Office Implemented	06/27/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.161 Repla Tbl: T_RE_AID_ELIG_STATE - 3065

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3065	Change Order		MAR			1

2.12.161.1 Desired Solution
There is a need to replace table T_RE_AID_ELIG_STATE with T_RE_AID_ELIG.

2.12.161.2 Business Impact
None.

2.12.161.3 Technical Specifications
The columns from T_RE_AID_ELIG_STATE will be moved to T_RE_AID_ELIG.

Modify the Buy-in programs to read the T_RE_AID_ELIG table for the IMID and Program Status codes.

2.12.161.4 Clarifications
Dropping T_RE_AID_ELIG_STATE and modifying T_RE_AID_ELIG affects some MAR change orders. SE's have identified the affected COs and documented any necessary changes to the technical specifications.

Mike Barnard

2.12.161.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.161.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.161.7 Change Order Status

Status	Date
Issue Identified	07/05/2006
Closed	07/21/2006

2.12.162 Modify MAR table layouts - 3119

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3119	Change Order		MAR			

2.12.162.1 Desired Solution

Columns were added to two KY MAR tables. The position of the columns needs to be changed to match the corresponding source tables in the KY Data Warehouse, so that the MAR summary process will load data to the tables correctly.

2.12.162.2 Business Impact

None.

2.12.162.3 Technical Specifications

On T_MR_PROV_PERFORM move CDE_COS_ST, CDE_COS_SUB, and AMT_PAID to be the last three columns on the table.

On T_MR_ERROR move CDE_COS_ST, CDE_COS_SUB, and AMT_BILLED to be the last three columns on the table.

2.12.162.4 Clarifications

No associated clarifications found.

2.12.162.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.162.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.162.7 Change Order Status

Status	Date
Change Order Written	07/13/2006
Ready for DM Review	07/20/2006
Ready for Construction Walkthrough	07/20/2006
Ready for Model Office	08/08/2006
Model Office Implemented	08/11/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.163 Add columns to T_MR_ELIG_SAK - 3120

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3120	Change Order		MAR			

2.12.163.1 Desired Solution
Two KY eligibility attributes need to be added to the MAR eligibility summary table, to support MAR batch and online reports.

2.12.163.2 Business Impact
Allow for meaningful reporting of KY eligibility data.

2.12.163.3 Technical Specifications
Add columns CDE_PGM_STATUS and CDE_IMID to T_MR_ELIG_SAK, at end of table.

2.12.163.4 Clarifications
No associated clarifications found.

2.12.163.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.163.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.163.7 Change Order Status

Status	Date
Change Order Written	07/13/2006
Ready for DM Review	07/27/2006
Ready for Construction Walkthrough	07/27/2006
Ready for Model Office	08/07/2006
Model Office Implemented	09/28/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.164 MAR UI - Sub-COS and ADA Updates - 3132

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3132	Change Order		MAR			

2.12.164.1 Desired Solution

The sub-category-of-service (sub-COS) selection criteria was de-activated during initial development because the KY legacy category of service scheme does not use a sub-COS attribute. During development it became apparent adding a sub-COS attribute would enhance the legacy COS scheme, so it needs to be re-activated in the MAR web UI.

In addition, the color scheme of all of the reports needs to be updated to be in compliance with the American Disabilities Act (ADA).

2.12.164.2 Business Impact

None.

2.12.164.3 Technical Specifications

Enable the sub-COS selection criteria in the following MAR web UI. The base system functionality should not need to be modified.

- Payment Comparison By COS - Search
- Error Code Analysis - Search
- Expenditures By COS - Search
- Medicare Participation Part A - Search
- Medicare Participation Part B - Search
- Member Participation By County - Search
- Payment By COS - Search
- Place Of Service Analysis - Search
- Provider Participation Avg - Search
- Provider Participation Total - Search
- Participation By Aid Category - Search
- Panel Participation By COS - Search

For color scheme changes, bring in the latest version of the report rdls. Since inheritance does not apply for rdls, reapply KY specific changes.

2.12.164.4 Clarifications

No associated clarifications found.

2.12.164.5 Associated Requirements

Requirement ID	Type
30.090.012.003.6	RFP Requirement

2.12.164.6 Associated System Objects

Technical Name	Object Type	Title
LongTermCare	Window	Long Term Care Payments by Revenue Code
MedicarePartB	Window	Medicare Participation Part B
ExpendituresByCOS	Window	Expenditure Analysis by COS
PerformanceProvider	Window	Operational Performance Summary - Provider
ProviderPrtcpTotals	Window	Provider Participation Total
ComparisonByProvType	Window	Payment Comparison by Provider Type
MAR.MedicarePartA.ascx	Panel	Medicare Participation Part A - Search
MAR.PerformanceAvgPct.ascx	Panel	Oper Performance - Avg Pct - Search
ComparisonByCOS	Window	Payment Comparison by COS
RecipRanking	Window	Recipient Ranking
MAR.ExpenditureByCOS.ascx	Panel	Expenditures By COS - Search
MAR.ErrorCode.ascx	Panel	Error Code Analysis - Search
MAR.ComparisonByProvType.ascx	Panel	Payment Comparison By Provider Type - Search
MedicarePartAB	Window	Medicare Participation Part A and B
MAR.MedicarePartB.ascx	Panel	Medicare Participation Part B - Search
ThruputDORDOP	Window	Claims Processing Throughput Analysis - DOR to DOP
RecipCopay	Window	Recipient Copayment by Aid Category
PerformanceDollars	Window	Operational Performance Summary - Dollars
MAR.ThruputDORDOA.ascx	Panel	Thruput Analysis - DOR to DOA - Search
MAR.ThruputDORDOP.ascx	Panel	Thruput Analysis - DOR to DOP - Search
MAR.ProviderPrtcpTotals.ascx	Panel	Provider Participation Total - Search
MAR.ProviderRankingOpPerf.ascx	Panel	Provider Ranking by Op Perf - Search

Technical Name	Object Type	Title
ProviderError	Window	Provider Error Analysis
ThruputDORDOA	Window	Claims Processing Throughput Analysis - DOR to DOA
ProviderFiling	Window	Provider Filing Analysis
PrtcpByAidCategory	Window	Locality Participation Analysis by Aid Category
MAR.PrtcpByCOS.ascx	Panel	Participation By COS - Search
MAR.ProviderPrtcpAvg.ascx	Panel	Provider Participation Avg - Search
MAR.ProviderRanking.ascx	Panel	Provider Ranking - Search
MAR.ThirdPartyPayment.ascx	Panel	Third Party Payment Ranking - Search
PrtcpByCOS	Window	Locality Participation Analysis by COS
PlaceOfService	Window	Place of Service Analysis
ProviderPrtcpAvg	Window	Provider Participation Average
RecipPrtcpByCnty	Window	Recipient Participation Summary by County
PaymentByProvType	Window	Payment Statistics by Provider Type
MAR.PaymentByProvType.ascx	Panel	Payment By Provider Type - Search
MAR.PlaceOfService.ascx	Panel	Place Of Service Analysis - Search
MAR.ComparisonByCOS.ascx	Panel	Payment Comparison By COS - Search
MAR.MemberCopay.ascx	Panel	Member Copayment By COS - Search
MAR.ProviderError.ascx	Panel	Provider Error Analysis - Search
ErrorCode	Window	Error Code Analysis
PaymentByCOS	Window	Payment Statistics by COS
MedicarePartA	Window	Medicare Participation Part A
ProviderRanking	Window	Provider Ranking
MAR.PaymentByCOS.ascx	Panel	Payment By COS - Search
MAR.LongTermByRev.ascx	Panel	Long Term By Revenue - Search
MAR.MedicarePartAB.ascx	Panel	Medicare Participation Part A B - Search
MAR.MemberRanking.ascx	Panel	Member Ranking - Search

Technical Name	Object Type	Title
MAR.PerformanceDollars.ascx	Panel	Oper Performance - Dollars - Search
MAR.PerformanceProvider.ascx	Panel	Oper Performance - Provider - Search
MAR.ProviderFiling.ascx	Panel	Provider Filing Analysis - Search
PerformanceAvgPct	Window	Operational Performance Summary - Averages and Percents
ThirdPartyPayment	Window	Third Party Payment Ranking
MAR.PrtcpByProgramCode.ascx	Panel	Participation By Program Code - Search
MAR.MemberPrtcpByCnty.ascx	Panel	Member Participation By County - Search

2.12.164.7 Change Order Status

Status	Date
Change Order Written	07/17/2006
SE Assigned	07/17/2006
Construction in Progress	07/18/2006
Ready for Construction Walkthrough	07/24/2006
Ready for Model Office	10/13/2006
Model Office Implemented	10/13/2006
UAT Implemented	11/01/2006
Ready for Model Office	01/15/2007
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	06/14/2007

2.12.165 Add COS to MAR tables - 3134

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3134	Change Order		MAR			

2.12.165.1 Desired Solution

The interChange COS assignment process is being moved to the front end of the system, and as a result, suspended claims will have a COS and sub-COS assigned. These attributes should be added to the MAR suspended claims data so they can be used for reporting.

To support some batch reports, the T_MR_OP_PERFORM table needs to include COS and sub-COS.

2.12.165.2 Business Impact

None.

2.12.165.3 Technical Specifications

Add CDE_COS_ST and CDE_COS_SUB to the T_MR_PROV_SUSP table.

Resulting changes:

- Add the specified columns to T_MR_PROV_SUSP
- Add COS and sub-COS to T_MR_OP_PERFORM
- Make any necessary changes to the MAR summary process to load data to these two columns.

2.12.165.4 Clarifications

No associated clarifications found.

2.12.165.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.165.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.165.7 Change Order Status

Status	Date
Change Order Written	07/17/2006
Ready for DM Review	08/17/2006
DM Review Board Approved	08/25/2006
Ready for Construction Walkthrough	08/28/2006

Status	Date
Ready for Model Office	08/29/2006
Model Office Implemented	09/28/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.166 Add elig attributes to tables - 3235

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3235	Change Order		MAR			

2.12.166.1 Desired Solution

The member-based tables in the MAR summary database need to have two Kentucky eligibility attributes added so they can support the Commonwealth's reporting needs: Program Status (also referred to as Recipient Status) and IM ID, to support data needs for various batch reports.

2.12.166.2 Business Impact

Customer uses batch reports with these attributes to perform business analysis of the Commonwealth Medicaid program

2.12.166.3 Technical Specifications

Add two columns each to the T_MR_RECIP_RANK and T_MR_RE_CNTY tables: CDE_PGM_STATUS for Program Status and CDE_IMID for IM ID. These should follow the CDE_AID_CATEGORY column on each table. Create one non-unique secondary index on each table, consisting of DTE_RPT_PRD, CDE_AID_CATEGORY, and CDE_PGM_STATUS.

2.12.166.4 Clarifications

CO originally written to add attributes to T_MR_RE and T_MR_RECIP. Those tables modified in Model Office in release Add tables T_MR_RE_CNTY and T_MR_RECIP_RANK

2.12.166.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.166.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.166.7 Change Order Status

Status	Date
Ready for DM Review	08/02/2006
Ready for Construction Walkthrough	08/04/2006
Model Office Implemented	08/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.167 MAR - add T_MR_CST_STLMT_REQ - 3712

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3712	Change Order		MAR			

2.12.167.1 Desired Solution

The MAR subsystem needs to support ad-hoc requests for Cost Settlement reports. This change order is part of the necessary modifications.

2.12.167.2 Business Impact

Customer needs to be able to run Cost Settlement reports at other than scheduled monthly batch runs.

2.12.167.3 Technical Specifications

Add table to store parameters for each ad-hoc request to run a Cost Settlement report. The table should store the service date range parameters, the paid date range parameters, the Category of Service requested (identifies the specific report set to run), the provider to report on, the ID of the user making the request, the date submitted, and the status of the request.

2.12.167.4 Clarifications

No associated clarifications found.

2.12.167.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.167.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.167.7 Change Order Status

Status	Date
Ready for Construction Walkthrough	09/13/2006
DM Review Board Approved	09/28/2006
Ready for Construction Walkthrough	09/28/2006
Ready for Model Office	10/10/2006
Model Office Implemented	10/30/2006
Ready for Construction Walkthrough	10/30/2006
DM Review Board Approved	10/30/2006

Status	Date
Ready for UAT	11/16/2006
UAT Implemented	05/17/2007
Prod Implemented	06/14/2007

2.12.168 MAR - Add T_MR_ELIG_MAS_BOE_XREF - 4500

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4500	Change Order		MAR			

2.12.168.1 Desired Solution

Some batch reports report eligibility information categorized by the MSIS Maintenance Assistance Status (MAS) and Basis of Eligibility (BOE). The MAS and BOE categories are determined by KY eligibility codes. This table will cross-reference KY eligibility codes to the corresponding MAS and BOE.

2.12.168.2 Business Impact

Support KY batch reporting

2.12.168.3 Technical Specifications

Add new table to KY MAR data model. Structure is as follows:

T_MR_ELIG_MAS_BOE_XREF

- CDE_AID_CATEGORY - NOT NULL - CHAR(2)
- CDE_PGM_STATUS - NOT NULL - CHAR(2)
- CDE_IMID - NOT NULL - CHAR(2)
- CDE_MAS_BOE - NOT NULL - NUMBER(4)
- IND_MAS_BOE - NOT NULL - CHAR(1)

2.12.168.4 Clarifications

No associated clarifications found.

2.12.168.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.168.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.168.7 Change Order Status

Status	Date
Change Order Written	10/27/2006
Ready for DM Review	10/31/2006
Ready for Construction Walkthrough	11/02/2006
DM Review Board Approved	11/07/2006

Status	Date
Ready for Model Office	11/08/2006
UAT Implemented	03/07/2007
Prod Implemented	06/14/2007

2.12.169 MAR - Cost Stlmt Proc Code Table - 4607

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4607	Change Order		MAR			

2.12.169.1 Desired Solution

MAR runs several Cost Settlement reports that present data for narrowly defined groups of procedures. These groups of procedures appear in various sections of the reports, and could change over time.

2.12.169.2 Business Impact

None.

2.12.169.3 Technical Specifications

Create table T_CA_MR_CST_STLMT_PROC_CDE in DSS data model. See attached documentation for table specifications.

2.12.169.4 Clarifications

Submitted modification to table, to change CDE_PROC to CDE_PROC_BEG, and add column CDE_PROC_END, same size and data type.

These members were modified to reflect the modified table name (T_CA_MR instead of T_MR)

- mra31120.02.shl
- mra31220.02.shl
- mra31320.01.shl
- mra31320.02.shl
- mra31420.01.shl
- mra31420.02.shl
- mra32220.01.shl
- mra33520.01.shl
- mra33520.02.shl
- mra30640.sql
- mra32740.sql
- mra32840.sql
- mra33340.sql
- mra33440.sql

2.12.169.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.169.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.169.7 Change Order Status

Status	Date
Change Order Written	11/02/2006
DM Review Board Approved	11/06/2006
UAT Implemented	11/08/2006
Prod Implemented	06/14/2007

2.12.170 Primary Care - 4657

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4657	Change Order		MAR			

2.12.170.1 Desired Solution
Implement KYSM3530-R001, KYSM3530-R002 and KYMM3671-R001 for scheduled runs.

2.12.170.2 Business Impact
None.

2.12.170.3 Technical Specifications
This report consists of three sections: Primary Care Effective Rate Summary, Primary Care Summary, and Primary Care Final Summary. Data reported on the Effective Rate Summary are for individual effective rates for individual providers for the cycle period. Data reported on the Summary are totals for all effective rates for individual providers for the cycle period. Data on the Final Summary are totals for all providers for the cycle period.

2.12.170.4 Clarifications
E-mail communications between Mike Barnard and commonwealth users are found in CO 4668 (Mental Hospital) supplemental documentation section under heading "Clarification Doco".

2.12.170.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement

2.12.170.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3532-M (or MAR-3532-D)	Report	Primary Care Paid Claims Summary
MAR-3671-M (or MAR-3671-D)	Report	Primary Care Paid Claims Reconciliation
MAR-3531-M (or MAR-3531-D)	Report	Primary Care Paid Claims Listing

2.12.170.7 Change Order Status

Status	Date
Change Order Written	11/06/2006
Ready for Construction Walkthrough	01/23/2007
Ready for Model Office	01/30/2007
UAT Implemented	02/01/2007
Prod Implemented	02/01/2007
Ready for Model Office	02/14/2007
Model Office Implemented	02/22/2007

Status	Date
UAT Implemented	02/22/2007
Prod Implemented	02/22/2007
Ready for Model Office	02/26/2007
Model Office Implemented	03/01/2007
UAT Implemented	03/01/2007
Prod Implemented	03/01/2007

2.12.171 Rural Health - 4660

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4660	Change Order		MAR			

2.12.171.1 Desired Solution
Implement KYSM3570-R001 for scheduled runs.

2.12.171.2 Business Impact
None.

2.12.171.3 Technical Specifications
This report is sequenced by provider number. It is further sequenced by provider effective rate date, member last name and transaction control number.

2.12.171.4 Clarifications
E-mail communications between Mike Barnard and commonwealth users are found in CO 4668 (Mental Hospital) supplemental documentation section under heading "Clarification Doco".

2.12.171.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement

2.12.171.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3572-M (or MAR-3572-D)	Report	Rural Health Paid Claims Summary
MAR-3571-M (or MAR-3571-D)	Report	Rural Health Paid Claims Listing
MAR-3672-M (or MAR-3672-D)	Report	Rural Health Paid Claims Reconciliation

2.12.171.7 Change Order Status

Status	Date
Change Order Written	11/06/2006
Ready for Construction Walkthrough	01/23/2007
Ready for Model Office	01/30/2007
UAT Implemented	02/01/2007
Prod Implemented	02/01/2007
Ready for Model Office	02/14/2007
Model Office Implemented	02/22/2007
UAT Implemented	02/22/2007

Status	Date
Prod Implemented	02/22/2007
Ready for Model Office	02/26/2007
Model Office Implemented	03/01/2007
UAT Implemented	03/01/2007
Prod Implemented	03/01/2007

2.12.172 Inpatient - 4663

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4663	Change Order		MAR			

2.12.172.1 Desired Solution
Implement KYSM3510-R001 for scheduled runs.

2.12.172.2 Business Impact
None.

2.12.172.3 Technical Specifications
This report is sequenced by provider number. It is further sequenced by provider effective rate date, member last name and transaction control number.

2.12.172.4 Clarifications
E-mail communications between Mike Barnard and commonwealth users are found in CO 4668 (Mental Hospital) supplemental documentation section under heading "Clarification Doco".

2.12.172.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement
30.090.012.003.4	RFP Requirement

2.12.172.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3682-M (or MAR-3682-D)	Report	Acute Care Hospital Reconciliation - Days - Schedule C
MAR-3512-M (or MAR-3512-D)	Report	Inpatient Paid Claims Summary
MAR-3511-M (or MAR-3511-D)	Report	Inpatient Paid Claims Listing

2.12.172.7 Change Order Status

Status	Date
Change Order Written	11/06/2006
Construction in Progress	02/06/2007
Ready for Construction Walkthrough	02/13/2007
Ready for Model Office	02/19/2007
Model Office Implemented	02/22/2007
UAT Implemented	02/22/2007
Prod Implemented	02/22/2007

Status	Date
DM Review Board Approved	04/03/2007
Ready for Model Office	04/16/2007
Model Office Implemented	04/19/2007
UAT Implemented	04/19/2007
Prod Implemented	04/19/2007

2.12.173 Nursing Facility - 4665

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4665	Change Order		MAR			

2.12.173.1 Desired Solution
Implement KYSM3520-R001 for scheduled runs.

2.12.173.2 Business Impact
None.

2.12.173.3 Technical Specifications
This report is organized by provider number, effective rate date, and member last name.

2.12.173.4 Clarifications
E-mail communications between Mike Barnard and commonwealth users are found in CO 4668 (Mental Hospital) supplemental documentation section under heading "Clarification Doco".

2.12.173.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement

2.12.173.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3521-M (or MAR-3521-D)	Report	Nursing Facility Paid Claims Listing
MAR-3664-M (or MAR-3664-D)	Report	ICF-SNF Routine Reconciliation - Schedule C
MAR-3663-M (or MAR-3663-D)	Report	Nursing Facility Summary Of Claims - Schedule A and B
MAR-3522-M (or MAR-3522-D)	Report	Nursing Facility Paid Claims Summary

2.12.173.7 Change Order Status

Status	Date
Change Order Written	11/06/2006
Ready for Model Office	01/19/2007
UAT Implemented	02/01/2007
Prod Implemented	02/01/2007
Ready for Model Office	02/21/2007
Model Office Implemented	03/01/2007
UAT Implemented	03/01/2007
Prod Implemented	03/01/2007

2.12.174 Mental Hospital - 4668

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4668	Change Order		MAR			

2.12.174.1 Desired Solution
Implement KYSM3574-R001 for scheduled runs.

2.12.174.2 Business Impact
None.

2.12.174.3 Technical Specifications
This report is sequenced by provider number. It is further sequenced by provider effective rate date, member last name, and transaction control number.

2.12.174.4 Clarifications
E-mail communications between Mike Barnard and commonwealth users are found in CO 4668 (Mental Hospital) supplemental documentation section under heading "Clarification Doco".

Sachi Wisner - fixed amt_billed that was over inflated for header paid claims.

2.12.174.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement

2.12.174.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3592-M (or MAR-3592-D)	Report	Mental Hospital Paid Claims Summary
MAR-3574-M (or MAR-3574-D)	Report	Mental Hospital Paid Claims Listing
MAR-3685-M (or MAR-3685-D)	Report	Mental Hospital Reconciliation - Schedule C

2.12.174.7 Change Order Status

Status	Date
Change Order Written	11/06/2006
Construction in Progress	12/27/2006
Ready for Model Office	01/15/2007
UAT Implemented	01/18/2007
Prod Implemented	01/23/2007
Ready for Model Office	02/13/2007
Model Office Implemented	02/22/2007
UAT Implemented	02/22/2007

Status	Date
Prod Implemented	02/22/2007
Ready for Model Office	03/21/2007
Model Office Implemented	03/29/2007
UAT Implemented	03/29/2007
Prod Implemented	03/29/2007

2.12.175 PRTF - 4671

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4671	Change Order		MAR			

2.12.175.1 Desired Solution
Implement KYSM3575-R001 for scheduled runs.

2.12.175.2 Business Impact
None.

2.12.175.3 Technical Specifications
This report is sequenced by provider number. It is further sequenced by provider category of service, member last name and transaction control number.

2.12.175.4 Clarifications
E-mail communications between Mike Barnard and commonwealth users are found in CO 4668 (Mental Hospital) supplemental documentation section under heading "Clarification Doco".

Sachi Wisner - promoting again with new sysin member without unused field.

2.12.175.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement

2.12.175.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3637-M (or MAR-3637-D)	Report	PRTF Hospital Reconciliation - Schedule C - Monthly
MAR-3576-M (or MAR-3576-D)	Report	PRTF Paid Claims Summary
MAR-3636-M (or MAR-3636-D)	Report	PRTF Hospital Reconciliation - Schedule C
MAR-3575-M (or MAR-3575-D)	Report	PRTF Paid Claims Listing

2.12.175.7 Change Order Status

Status	Date
Change Order Written	11/06/2006
Ready for Construction Walkthrough	01/15/2007
Ready for Model Office	01/15/2007
UAT Implemented	01/18/2007
Prod Implemented	01/23/2007
Ready for Model Office	01/24/2007

Status	Date
UAT Implemented	02/01/2007
Prod Implemented	02/01/2007
Ready for Model Office	02/13/2007
Model Office Implemented	02/22/2007
UAT Implemented	02/22/2007
Prod Implemented	02/22/2007
Ready for Model Office	03/21/2007
Model Office Implemented	03/29/2007
UAT Implemented	03/29/2007
Prod Implemented	03/29/2007

2.12.176 Outpatient - 4678

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4678	Change Order		MAR			

2.12.176.1 Desired Solution
Implement KYSM3540-R001 for scheduled runs.

2.12.176.2 Business Impact
None.

2.12.176.3 Technical Specifications
This report is sequenced by provider number. It is further sequenced by provider effective rate date, member last name, and transaction control number.

2.12.176.4 Clarifications
E-mail communications between Mike Barnard and commonwealth users are found in CO 4668 (Mental Hospital) supplemental documentation section under heading "Clarification Doco".

2.12.176.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement

2.12.176.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3542-M (or MAR-3542-D)	Report	Outpatient Paid Claims Summary
MAR-3687-M (or MAR-3687-D)	Report	Outpatient Paid Claims Reconciliation
MAR-3541-M (or MAR-3541-D)	Report	Outpatient Paid Claims Listing

2.12.176.7 Change Order Status

Status	Date
Change Order Written	11/06/2006
Ready for Model Office	02/05/2007
Model Office Implemented	02/08/2007
UAT Implemented	02/09/2007
Prod Implemented	02/09/2007
Ready for Model Office	02/27/2007
Model Office Implemented	03/08/2007
UAT Implemented	03/08/2007
Prod Implemented	03/08/2007

2.12.177 Acute Care Hospital - 4681

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4681	Change Order		MAR			

2.12.177.1 Desired Solution
Implement KYMM3682-R001 for scheduled runs

2.12.177.2 Business Impact
None.

2.12.177.3 Technical Specifications
This report is sequenced by provider number.

2.12.177.4 Clarifications
E-mail communications between Mike Barnard and commonwealth users are found in CO 4668 (Mental Hospital) supplemental documentation section under heading "Clarification Doco".

This change order is worked with CO 4663. Detail information is found on Supplemental documentation section of CO4663.

2.12.177.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement

2.12.177.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3682-M (or MAR-3682-D)	Report	Acute Care Hospital Reconciliation - Days - Schedule C

2.12.177.7 Change Order Status

Status	Date
Change Order Written	11/06/2006
Construction in Progress	01/23/2007
Ready for Construction Walkthrough	02/13/2007
Ready for Model Office	02/19/2007
Model Office Implemented	02/22/2007
UAT Implemented	02/22/2007
Prod Implemented	02/22/2007

2.12.178 Comm. For CSN - 4685

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4685	Change Order		MAR			

2.12.178.1 Desired Solution
Implement KYSM3580-R001 for scheduled runs.

2.12.178.2 Business Impact
None.

2.12.178.3 Technical Specifications
This report is sequenced by provider number, member name, and program MCHIP, SCHIP, Medicaid and Combined within provider number.

2.12.178.4 Clarifications
E-mail communications between Mike Barnard and commonwealth users are found in CO 4668 (Mental Hospital) supplemental documentation section under heading "Clarification Doco".

2.12.178.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement

2.12.178.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3678-M (or MAR-3678-D)	Report	Commission For Children With Special Needs Paid Claims Reconciliation
MAR-3582-M (or MAR-3582-D)	Report	Commission For Children With Special Needs Paid Claims Summary
MAR-3581-M (or MAR-3581-D)	Report	Commission For Children With Special Needs Paid Claims Listing

2.12.178.7 Change Order Status

Status	Date
Change Order Written	11/06/2006
Ready for Construction Walkthrough	04/18/2007
Ready for Model Office	04/23/2007
Model Office Implemented	04/26/2007
UAT Implemented	04/26/2007
Prod Implemented	04/26/2007
Ready for Model Office	05/04/2007

2.12.179 ICF/SNF - 4688

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4688	Change Order		MAR			

2.12.179.1 Desired Solution
Implement KYMM3664-R001 for scheduled results.

2.12.179.2 Business Impact
None.

2.12.179.3 Technical Specifications
This report is sequenced by provider number.

2.12.179.4 Clarifications
E-mail communications between Mike Barnard and commonwealth users are found in CO 4668 (Mental Hospital) supplemental documentation section under heading "Clarification Doco".

2.12.179.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement

2.12.179.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3664-M (or MAR-3664-D)	Report	ICF-SNF Routine Reconciliation - Schedule C

2.12.179.7 Change Order Status

Status	Date
Change Order Written	11/06/2006
Ready for Model Office	01/19/2007
Ready for Model Office	02/26/2007
Model Office Implemented	03/01/2007
UAT Implemented	03/01/2007
Prod Implemented	03/01/2007

2.12.180 Target Case Mgmt - 4689

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4689	Change Order		MAR			

2.12.180.1 Desired Solution
Implement KYSM3551-R001 for scheduled runs.

2.12.180.2 Business Impact
None.

2.12.180.3 Technical Specifications
To provide detail listings of provider claims to assist in the verification of provider cost settlement.

2.12.180.4 Clarifications
E-mail communications between Mike Barnard and commonwealth users are found in CO 4668 (Mental Hospital) supplemental documentation section under heading "Clarification Doco".

2.12.180.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement

2.12.180.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3675-M (or MAR-3675-D)	Report	Targeted Case Management Paid Claims Reconciliation
MAR-3555-M (or MAR-3555-D)	Report	Targeted Case Management Paid Claims Listing
MAR-3556-M (or MAR-3556-D)	Report	Targeted Case Management Paid Claims Summary

2.12.180.7 Change Order Status

Status	Date
Change Order Written	11/06/2006
Ready for Model Office	01/15/2007
UAT Implemented	01/18/2007
Prod Implemented	01/23/2007
Ready for Model Office	02/05/2007
Model Office Implemented	02/08/2007
UAT Implemented	02/09/2007
Prod Implemented	02/09/2007

Status	Date
Ready for Model Office	02/15/2007
Model Office Implemented	02/22/2007
UAT Implemented	02/22/2007
Prod Implemented	02/22/2007

2.12.181 Home Health - 4692

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4692	Change Order		MAR			

2.12.181.1 Desired Solution
Implement KYSM3560-R001 for scheduled runs

2.12.181.2 Business Impact
None.

2.12.181.3 Technical Specifications
This report is sequenced by provider number. It is further sequenced by provider effective rate date, member last name and transaction control number.

2.12.181.4 Clarifications
E-mail communications between Mike Barnard and commonwealth users are found in CO 4668 (Mental Hospital) supplemental documentation section under heading "Clarification Doco".

2.12.181.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement

2.12.181.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3562-M (or MAR-3562-D)	Report	Home Health Paid Claims Summary
MAR-3673-M (or MAR-3673-D)	Report	Home Health Paid Claims Reconciliation
MAR-3561-M (or MAR-3561-D)	Report	Home Health Paid Claims Listing

2.12.181.7 Change Order Status

Status	Date
Change Order Written	11/06/2006
Construction in Progress	02/06/2007
Ready for Model Office	03/20/2007
Model Office Implemented	03/22/2007
UAT Implemented	03/22/2007
Prod Implemented	03/22/2007
Ready for Model Office	03/26/2007
Model Office Implemented	03/29/2007
UAT Implemented	03/29/2007

Status	Date
Prod Implemented	03/29/2007

2.12.182 SCL - 4695

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4695	Change Order		MAR			

2.12.182.1 Desired Solution
Implement KYSM3571-R001 for scheduled runs.

2.12.182.2 Business Impact
None.

2.12.182.3 Technical Specifications
This report is sequenced by provider number. It is further sequenced by provider effective rate date, member last name and transaction control number.

2.12.182.4 Clarifications
E-mail communications between Mike Barnard and commonwealth users are found in CO 4668 (Mental Hospital) supplemental documentation section under heading "Clarification Doco".

2.12.182.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement

2.12.182.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3565-M (or MAR-3565-D)	Report	SCL Paid Claims Listing
MAR-3566-M (or MAR-3566-D)	Report	SCL Paid Claims Summary
MAR-3677-M (or MAR-3677-D)	Report	Supports for Community Living Paid Claims Reconciliation

2.12.182.7 Change Order Status

Status	Date
Change Order Written	11/06/2006
Construction in Progress	01/23/2007
Ready for Construction Walkthrough	02/01/2007
Ready for Model Office	02/05/2007
Model Office Implemented	02/08/2007
UAT Implemented	02/09/2007
Prod Implemented	02/09/2007
Ready for Model Office	02/13/2007

Status	Date
Model Office Implemented	02/22/2007
UAT Implemented	02/22/2007
Prod Implemented	02/22/2007

2.12.183 HCB - 4698

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4698	Change Order		MAR			

2.12.183.1 Desired Solution
Implement KYSM3572-R001 for scheduled runs.

2.12.183.2 Business Impact
None.

2.12.183.3 Technical Specifications
This report is sequenced by provider number. It is further sequenced by provider effective rate date, member last name and transaction control number.

2.12.183.4 Clarifications
E-mail communications between Mike Barnard and commonwealth users are found in CO 4668 (Mental Hospital) supplemental documentation section under heading "Clarification Doco".

2.12.183.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement

2.12.183.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3586-M (or MAR-3586-D)	Report	Home Community Based Paid Claims Summary
MAR-3585-M (or MAR-3585-D)	Report	Home Community Based Paid Claims Listing
MAR-3674-M (or MAR-3674-D)	Report	Home Community Based Paid Claims Reconciliation

2.12.183.7 Change Order Status

Status	Date
Change Order Written	11/06/2006
Construction in Progress	02/06/2007
Ready for Model Office	02/26/2007
Model Office Implemented	03/01/2007
UAT Implemented	03/01/2007
Prod Implemented	03/01/2007
Ready for Model Office	03/12/2007
Model Office Implemented	03/15/2007

Status	Date
UAT Implemented	03/15/2007
Prod Implemented	03/15/2007

2.12.184 Adult Day Care - 4701

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4701	Change Order		MAR			

2.12.184.1 Desired Solution
Implement KYSM3573-R001 for scheduled results.

2.12.184.2 Business Impact
None.

2.12.184.3 Technical Specifications
To provide detail listings of provider claims to assist in the verification of provider cost settlement.

2.12.184.4 Clarifications
E-mail communications between Mike Barnard and commonwealth users are found in CO 4668 (Mental Hospital) supplemental documentation section under heading "Clarification Doco".

Removed Effective Rate Summary from Adult Day Care summary report. This report now consists of Provider Summary and Final Summary only. As rate is standardized for all the providers, no need to report Effective Rate for each provider. Find e-mail in Supplemental Documentation section under Clarification heading.

2.12.184.5 Associated Requirements

Requirement ID	Type
30.090.012.002.17	RFP Requirement

2.12.184.6 Associated System Objects

Technical Name	Object Type	Title
MAR-3595-M (or MAR-3595-D)	Report	Adult Day Care Paid Claims Listing
MAR-3596-M (or MAR-3596-D)	Report	Adult Day Care Paid Claims Summary

2.12.184.7 Change Order Status

Status	Date
Change Order Written	11/06/2006
Ready for Construction Walkthrough	01/30/2007
Ready for Model Office	02/06/2007
Model Office Implemented	02/08/2007
UAT Implemented	02/09/2007
Prod Implemented	02/09/2007
Ready for Model Office	03/05/2007

Status	Date
Model Office Implemented	03/08/2007
UAT Implemented	03/08/2007
Prod Implemented	03/08/2007

2.12.185 Add T_CA_MR_CST_STLMT_PROV - 5179

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
5179	Change Order		MAR			

2.12.185.1 Desired Solution
Supporting table for scheduled and on-request Cost Settlement reports.

2.12.185.2 Business Impact
Cost settlement reports will run on regular schedule, and also be produced for ad-hoc requests. Report writing processes need to know this if a report is running on a schedule or for an ad-hoc request, to collect the correct data parameters for the report.

2.12.185.3 Technical Specifications
Create table T_CA_MR_CST_STLMT_PROV in the Data Warehouse. The cost settlement report writing processes run in that environment.

2.12.185.4 Clarifications
No associated clarifications found.

2.12.185.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.185.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.185.7 Change Order Status

Status	Date
Change Order Written	12/13/2006
Ready for DM Review	12/14/2006
Prod Implemented	12/21/2006

2.12.186 Psych DPU - 6197

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
6197	Change Order		MAR			

2.12.186.1 Desired Solution
Implement the set of Psych DPU cost settlement reports for scheduled and ad-hoc runs.

2.12.186.2 Business Impact
None.

2.12.186.3 Technical Specifications
Same report specs as Inpatient cost settlement reports. Create Paid Claims Listing and Paid Claims Summary. Select provider type 92 and category of service 92. Use same report layout as corresponding Inpatient reports.

This report is sequenced by provider number. It is further sequenced by provider effective rate date, member last name and transaction control number.

2.12.186.4 Clarifications
According to Harriet Devore, the Psych DPU reports use the same layouts and tech specs as the Inpatient reports, but selecting for provider type 92 and Category of Service 92. It does not have its own "KYMS####" report name.

2.12.186.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.186.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.186.7 Change Order Status

Status	Date
Change Order Written	02/02/2007
Ready for Model Office	05/25/2007
Model Office Implemented	05/31/2007
UAT Implemented	05/31/2007
Prod Implemented	05/31/2007

2.12.187 Rehab DPU - 6198

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
6198	Change Order		MAR			

2.12.187.1 Desired Solution
Implement the set of Rehab DPU cost settlement reports for scheduled and ad-hoc runs.

2.12.187.2 Business Impact
None.

2.12.187.3 Technical Specifications
Same report specs as Inpatient cost settlement reports. Create Paid Claims Listing and Paid Claims Summary. Select provider type 93 and category of service 93. Use same report layout as corresponding Inpatient reports.

This report is sequenced by provider number. It is further sequenced by provider effective rate date, member last name and transaction control number.

2.12.187.4 Clarifications
According to Harriet Devore, the Rehab DPU reports use the same layouts and tech specs as the Inpatient reports, but selecting for provider type 93 and Category of Service 93. It does not have its own "KYMS####" report name.

2.12.187.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.187.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.187.7 Change Order Status

Status	Date
Change Order Written	02/02/2007
Ready for Model Office	05/25/2007
Model Office Implemented	05/31/2007
UAT Implemented	05/31/2007
Prod Implemented	05/31/2007

2.12.188 SCHIP reports - update ethnicity - 8328

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8328	Change Order		MAR			5

2.12.188.1 Desired Solution

Legacy system change order 1572 requests the new member program codes that were implemented into the member subsystem last summer be included in the KYMM1400R021-R026 reports. This was not completed in legacy. Modify the interChange reports according to the specifications in the legacy system change order. The interChange reports are MAR-8021-M, MAR-8021-Q, MAR-8021-A, MAR-8022-M, MAR-8022-Q, and MAR-8022-A.

2.12.188.2 Business Impact

None.

2.12.188.3 Technical Specifications

See email document "Race/ethnicity report" in Clarifications" section for complete details

Ethnicity coding as requested by Lisa Lee at DMS

- Line 1: code 44
- Line 2: codes 45-75
- Line 3: codes 03-35 and 99

Below is how the member program codes should be reported on the reports under RACE as well.

- American Indian/Alaska Native - reports race codes 08 and 48
- Asian/Pacific Islander - reports 03, 06, and 46
- Black or African American - reports 05 and 45
- Native Hawaiian -
- White - reports 04 and 44
- More than one race - reports 10 thru 43, and 50 thru 75
- Unspecified race - reports 07 and 99

2.12.188.4 Clarifications

No associated clarifications found.

2.12.188.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.188.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.188.7 Change Order Status

Status	Date
Change Order Written	06/13/2007

2.12.189 Fix cde_fund_src for ctg of svc - 8410

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8410	Change Order		MAR			

2.12.189.1 Desired Solution

In interChange, the category of service assignment process also assigns an indicator to identify claims having abortion, EPSDT, family planning, or sterilization services, according to rules defined by the Commonwealth. At the time interChange went live, this process had known defects in the program that applies the rules to set the indicator. This change order is to correct those defects, so that the indicator is set correctly on claim records. This affects claim records only. Financial and capitation records do not get flagged for these services.

2.12.189.2 Business Impact

Correctly identify abortion, EPSDT, family planning, and sterilization on claim records.

2.12.189.3 Technical Specifications

Modify the cos_override.c module and the cos_proc_diag.sc module used for the online category of service process, to match the source code in the same modules used to update converted history (cos_override_conv.c and cos_proc_diag_conv.sc).

The exception to this is the logic for EPSDT which differs between converted history and interChange newday claims. The specific modifications are addressed in the Program Specification documents in the Supplemental Documentation section.. A unix diff shows the changes needed, and those are addressed by line number in the Program Specifications.

The rules for each service are described in the individual test case documents for each service.

2.12.189.4 Clarifications

Approval to move into Production override given on June 29th, 2007. See "CO 8410 customer approval" under "Walkthrough" heading in Supplemental Documentation. Mike Barnard

2.12.189.5 Associated Requirements

Requirement ID	Type
30.090.012.002.4	RFP Requirement

2.12.189.6 Associated System Objects

Technical Name	Object Type	Title
cos_assign.sc	Program	Category of Service driver module
cos_pharm_fam_plan.h	Program	COS assignment process - pharmacy family planning header
cos_proc_diag.sc	Program	COS procedure code and diagnosis code module
cos_assign_defs_base.h	Program	COS assignment process - base header
cos_override.c	Program	COS override module
libcos_assign.so	Program	COS assignment library

Technical Name	Object Type	Title
cos_assign_defs_state.h	Program	COS assignment process - state specific header

2.12.189.7 Change Order Status

Status	Date
SE Assigned	06/19/2007
UAT Testing in Progress	06/28/2007
Ready for UAT	07/03/2007
Model Office Implemented	07/09/2007
UAT Implemented	07/09/2007
Ready for Prod	07/10/2007
Prod Implemented	07/19/2007

2.12.190 MAR Summ Proc - COS 45 and 95 - 8501

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8501	Change Order		MAR			

2.12.190.1 Desired Solution

For claim records identified as having family planning services, if the category of service is not 45 - Family Planning, it should be changed to 95 - Non-Clinic Family Planning. This change should be made only in the MAR summary data.

2.12.190.2 Business Impact

Try to match how family planning data was reported in the KY legacy system.

2.12.190.3 Technical Specifications

For claims with records in T_COS_DTL_XREF with cde_fund_src = F (family planning only) or G (sterilization and family planning), check the category of service assigned to that record. If it's 45, leave it 45. If it's anything other than 45, change it to 95.

2.12.190.4 Clarifications

No associated clarifications found.

2.12.190.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.190.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.190.7 Change Order Status

Status	Date
Change Order Written	06/25/2007
Ready for Construction Walkthrough	07/03/2007

2.12.191 MSIS - fix core defects - 8873

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8873	Change Order		MAR			3

2.12.191.1 Desired Solution

The core interChange MSIS process had some defects identified recently. These need to be fixed in the KY process as well.

2.12.191.2 Business Impact

Report data accurately in the MSIS files submitted to CMS.

2.12.191.3 Technical Specifications

See "Tech Specs" under Supplementary Documentation.

2.12.191.4 Clarifications

No associated clarifications found.

2.12.191.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.191.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.191.7 Change Order Status

Status	Date
SE Assigned	08/01/2007

2.12.192 MAR Cost Stlmt rpt modifications - 8930

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8930	Change Order		MAR			

2.12.192.1 Desired Solution

Cost settlement reports run on scheduled basis should select claims based on date of first service. Paid date should not be a selection criterion. Rates should be selected based on what was in effect on the date of first service, not the date the claim was finalized.

2.12.192.2 Business Impact

Cost settlement reports should include all paid claims that were initially serviced within the reporting dates of the report. Including paid date as a parameter results in an incorrect and incomplete set of claims.

Claims are paid according to rates in effect on the date of first service. Choosing rates in effect at the time the claim was finalized results in incorrect reporting and affects DMS's reimbursement analysis based on these reports.

2.12.192.3 Technical Specifications

- Remove paid date from the claim selection queries.
- Change rate selection to get rate in effect on date of first service, and where the report run date falls within the active and inactive dates for the rate. If multiple rows exist for the same rate on the same date, only one row will have active and inactive dates that encompass the reporting date.

2.12.192.4 Clarifications

No associated clarifications found.

2.12.192.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.192.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.192.7 Change Order Status

Status	Date
SE Assigned	08/09/2007

2.12.193 MAR Cost Stlmt Inpat Outpat rate - 8931

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8931	Change Order		MAR			

2.12.193.1 Desired Solution

The Inpatient and Outpatient cost settlement reports include both flat rate, and percentage of rate sections. Critical access providers on these reports should be reported in the correct section based on their contract, in addition to revenue codes on the claim.

2.12.193.2 Business Impact

Report each provider's claims under the correct pricing so that DMS's cost analysis is based on accurate data.

2.12.193.3 Technical Specifications

Provider type 01, specialty 014 should be reported under percentage of rate report section if they have a contract type of NACOP. Otherwise, they should be reported under the flat rate section.

2.12.193.4 Clarifications

No associated clarifications found.

2.12.193.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.193.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.193.7 Change Order Status

Status	Date
SE Assigned	08/09/2007

2.13 Data Element Dictionary

Because of the length of some column names and the use of underscore characters, some names in the tables below may wrap to the next line.

2.13.1 T_MR_BUYIN_PREM

This table contains Part A and Part B buyin premium information built from the CMS BENDEX information stored in Recipient.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_RPT_PRD	Date representing MAR reporting month.	DATE	0	0	N
CDE_PREM	A code indicating the Medicare program associated with the premium amount. Valid values are A (Medicare Part A) and B (Medicare Part B).	CHAR	1	0	N
ID_MEDICAID	Unique identification number for the recipient.	CHAR	12	0	N
AMT_PREM_PAID	The premium amount paid to Medicare for the reporting period.	NUMBER	12	2	N

2.13.2 T_MR_ELIG

This table identifies people eligible to receive services for the programs supported by the claim payment system.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	The date the recipient became eligible for the corresponding aid category and health program code.	DATE	0	0	N
DTE_END	The date the recipient is no longer eligible for the corresponding aid category and health program code.	DATE	0	0	N
SAK_MR_ELIG	A system assigned key (SAK) used to describe eligibility peer group information.	NUMBER	9	0	N
ID_MEDICAID	Unique identification number for the eligible recipient.	CHAR	12	0	N

2.13.3 T_MR_ELIG_MAS_BOE_XREF

This table maps combinations of the three primary KY eligibility codes to corresponding federal Medical Assistance Status (MAS) and Basis of Eligibility (BOE) codes.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AID_CATEGORY	Code identifying the type of aid for which a recipient is eligible.	CHAR	2	0	Y
CDE_PGM_STATUS	The program status code adds more information to the eligibility defined by the program code (stored as cde_aid_category in interChange).	CHAR	2	0	Y
CDE_IMID	The unique code used to categorize a recipient, primarily in terms of their family arrangement/status.	CHAR	2	0	Y
IND_MAS_BOE	Indicates that the value in CDE_MAS_BOE is a MAS (M) value or BOE (B) value.	CHAR	1	0	Y
CDE_MAS_BOE	The MAS or BOE value for this row.	NUMBER	4	0	N

2.13.4 T_MR_ELIG_SAK

This table defines system keys used to categorize people eligible to receive services for the programs supported by the claim payment system.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_MR_ELIG	A system assigned key (SAK) used to describe eligibility peer group information.	NUMBER	9	0	N
CDE_PGM_HEALTH	Code identifying the medical assistance program.	CHAR	5	0	N
CDE_AID_CATEGORY	Code identifying the type of aid for which a recipient is eligible.	CHAR	2	0	N
CDE_PGM_STATUS	The program status code adds more information to the eligibility defined by the program code (stored as cde_aid_category in interChange).	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_IMID	The unique code used to categorize a recipient, primarily in terms of their family arrangement/status.	CHAR	2	0	N
SAK_AGE_GROUP	A system assigned key (SAK) used to describe a recipient age grouping.	NUMBER	9	0	N
CDE_COUNTY	This is the eligible recipient's county of residence.	VARCHAR2	10	0	N
CDE_STATE_REGION	Code for the geographic state region calculated from the eligible recipient's county of residence.	CHAR	1	0	N
CDE_MEDICARE_IND	A code indicating if the recipient is enrolled in Medicare Part A, Part B, both or neither.	CHAR	1	0	N
CDE_RACE	This is the race code of the recipient.	CHAR	2	0	N
CDE_SEX	This is the gender code for the recipient.	CHAR	1	0	N
IND_MANAGED_CARE	A code indicating if the recipient is enrolled in a managed care program.	CHAR	1	0	N

2.13.5 T_MR_ERROR

This table contains summarized data about the frequency of claim errors by provider and provider peer group.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_RPT_PRD	Date representing MAR reporting month.	DATE	7	0	N
IND_FFS	Indicates if record is Fee For Service (FFS) or Encounter. Value 'Y' is FFS; 'N' is Encounter.	CHAR	1	0	N
CDE_PGM_HEALTH	Code identifying the medical assistance program.	CHAR	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_FUND_CODE	Code used in financial reporting to correctly categorize funds (money).	CHAR	3	0	N
CDE_PROV_TYPE	Code describing the services a provider is licensed to perform.	CHAR	2	0	N
CDE_PROV_SPEC	A value used to indicate the scope of practice for the provider type.	CHAR	3	0	N
CDE_SOURCE	Code indicating the source for the data on this row. Valid values are: CO - Claim original; CV - Claim void (the negative reversal); CA - Claim adjustment (the daughter); EO - Encounter original claim; EV - Encounter void claim (the negative reversal); EA - Encounter adjustment claim (the daughter); CP - Capitation transaction; EX - Expenditure transaction; AR - A/R transaction.	CHAR	2	0	N
SAK_PROV_LOC	Identification number for the provider billing the claim.	NUMBER	9	0	N
CDE_COUNTY	This is the county of the billing provider's service location.	VARCHAR2	10	0	N
CDE_STATE_REGION	Code for the geographic state region calculated from the billing provider's service location county.	CHAR	1	0	N
CDE_ESC	A code that corresponds to a particular edit/audit.	NUMBER	4	0	N
CDE_DISP_STATUS	A code that represents the action (pay, deny, suspend) which should be taken on a claim at disposition time.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CNT_CLAIMS	The number of claims for a provider that have failed a given edit or audit during the reporting period.	NUMBER	9	0	N
CDE_COS_ST	MAR State Category of Service Code.	CHAR	2	0	N
CDE_COS_SUB	MAR State Sub Category of Service Code.	CHAR	2	0	N
AMT_BILLED	Amount of money requested for payment by a provider for services rendered to a recipient.	NUMBER	12	2	N

2.13.6 T_MR_LTC

This table contains summarized data about long term care (LTC) claim payments. This table is used to populate the information on the MRLP window.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_RPT_PRD	Date representing MAR reporting month.	DATE	7	0	N
IND_FFS	Indicates if record is Fee For Service (FFS) or Encounter. Value 'Y' is FFS; 'N' is Encounter.	CHAR	1	0	N
CDE_PGM_HEALTH	Code identifying the medical assistance program.	CHAR	5	0	N
CDE_FUND_CODE	Code used in financial reporting to correctly categorize funds (money).	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SOURCE	Code indicating the source for the data on this row. Valid values are: CO - Claim original; CV - Claim void (the negative reversal); CA - Claim adjustment (the daughter); EO - Encounter original claim; EV - Encounter void claim (the negative reversal); EA - Encounter adjustment claim (the daughter); CP - Capitation transaction; EX - Expenditure transaction; AR - A/R transaction.	CHAR	2	0	N
SAK_PROV_LOC	Identification number for the provider billing the claim.	NUMBER	9	0	N
CDE_LEVEL_OF_CARE	Code identifying the recipient level of care.	CHAR	5	0	N
CDE_AID_CATEGORY	Code identifying the type of aid for which a recipient is eligible.	CHAR	2	0	N
CNT_LTC_DAYS_CARE	The accumulation of the number of covered days for paid long term care claims during the reporting period.	NUMBER	9	0	N
AMT_ALWD	The accumulation of the allowed amounts for paid long term care claims during the reporting period.	NUMBER	12	2	N
AMT_REIM	The accumulation of the reimbursement amounts for paid long term care claims during the reporting period.	NUMBER	12	2	N
AMT_PAID	The accumulation of the paid amounts for paid long term care claims during the reporting period.	NUMBER	12	2	N
AMT_PAT_LIAB	The accumulation of patient liability amounts for paid long term care claims during the reporting period.	NUMBER	12	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_CO_PAY	The accumulation of co-payment amounts for paid long term care claims during the reporting period.	NUMBER	12	2	N
AMT_LTC_OTHR_INS	The accumulation of the Other Insurance Paid amounts for paid long term care claims during the reporting period.	NUMBER	12	2	N

2.13.7 T_MR_MSIS_CLAIMIP

This table is used for storing records from the MSIS CLAIMIP extract file

Column Name	Description	Type	Length	Precision	Primary Key
MSIS_ID	A unique identification number used to identify a Medicaid Eligible to MSIS.	CHAR	20	0	N
ADJ_IND	Code indicating type of adjustment record claim/encounter represents.	CHAR	1	0	N
TOS	A code indicating the type of service being billed.	CHAR	2	0	N
TYPE_CLM	A code indicating what kind of payment is covered in this claim.	CHAR	1	0	N
DATE_PAID	The date on which the payment status of the claim was finally adjudicated by the State.	CHAR	8	0	N
AMT_PAID	The amount paid by Medicaid on this claim or adjustment.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
BEG_DOS	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began.	CHAR	8	0	N
END_DOS	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended.	CHAR	8	0	N
PROV_ID	A unique identification number assigned by the state to a provider or capitation plan. This should represent the entity billing for the service.	CHAR	12	0	N
AMT_CHG	The total charge for this claim as submitted by the provider.	CHAR	8	0	N
TPL_AMT	The total amount paid by all sources other than Medicaid, Medicare, and the recipient's personal funds.	CHAR	6	0	N
PROG_TYPE	Code indicating special Medicaid program under which the service was provided.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
PLAN_ID	A unique number which represents the health plan under which the non-fee-for-service encounter was provided.	CHAR	12	0	N
COV_DAYS	The number of inpatient days covered by Medicaid on this claim. For states that combine delivery/birth services on a single claim, include covered days for both the mother and the neonate in this field.	CHAR	5	0	N
MEDI_DED	The amount paid by Medicaid, on this claim, toward the recipient's Medicare deductible.	CHAR	5	0	N
MEDI_COIN	The amount paid by Medicaid, on this claim, toward the recipient's Medicare coinsurance.	CHAR	5	0	N
DIAG_1	The ICD 9 CM code for the principal diagnosis for this claim. Principal diagnosis is the condition established after study to be chiefly responsible for the admission.	CHAR	6	0	N
DIAG_2	The ICD 9 CM code for the second diagnosis for this claim.	CHAR	6	0	N
DIAG_3	The ICD 9 CM code for the third diagnosis for this claim.	CHAR	6	0	N
DIAG_4	The ICD 9 CM code for the fourth diagnosis for this claim.	CHAR	6	0	N
DIAG_5	The ICD 9 CM code for the fifth diagnosis for this claim.	CHAR	6	0	N
DIAG_6	The ICD 9 CM code for the sixth diagnosis for this claim.	CHAR	6	0	N
DIAG_7	The ICD 9 CM code for the seventh diagnosis for this claim.	CHAR	6	0	N
DIAG_8	The ICD 9 CM code for the eighth diagnosis for this claim.	CHAR	6	0	N
DIAG_9	The ICD 9 CM code for the ninth diagnosis for this claim.	CHAR	6	0	N

Column Name	Description	Type	Length	Precision	Primary Key
PROC_1	A code used by the State to identify the principal procedure performed during the hospital stay referenced by this claim.	CHAR	7	0	N
PROC_FLAG_1	A flag that identifies the coding system used for the principal procedure code.	CHAR	2	0	N
PROC_MOD_1	The procedure code modifier used with the Principal Procedure Code.	CHAR	2	0	N
PROC_2	Second code to identify a procedure performed in addition to the principal procedure during the hospital stay referenced by this claim.	CHAR	7	0	N
PROC_FLAG_2	Flag that identifies the coding system used for the second procedure code.	CHAR	2	0	N
PROC_MOD_2	The procedure code modifier used with the second procedure code.	CHAR	2	0	N
PROC_3	Third code to identify a procedure performed in addition to the principal procedure during the hospital stay referenced by this claim.	CHAR	7	0	N
PROC_FLAG_3	Flag that identifies the coding system used for the third procedure code.	CHAR	2	0	N
PROC_MOD_3	The procedure code modifier used with the third procedure code.	CHAR	2	0	N
PROC_4	Fourth code to identify a procedure performed in addition to the principal procedure during the hospital stay referenced by this claim.	CHAR	7	0	N
PROC_FLAG_4	Flag that identifies the coding system used for the fourth procedure code.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
PROC_MOD_4	The procedure code modifier used with the fourth procedure code.	CHAR	2	0	N
PROC_5	Fifth code to identify a procedure performed in addition to the principal procedure during the hospital stay referenced by this claim.	CHAR	7	0	N
PROC_FLAG_5	Flag that identifies the coding system used for the fifth procedure code.	CHAR	2	0	N
PROC_MOD_5	The procedure code modifier used with the fifth procedure code.	CHAR	2	0	N
PROC_6	Sixth code to identify a procedure performed in addition to the principal procedure during the hospital stay referenced by this claim.	CHAR	7	0	N
PROC_FLAG_6	Flag that identifies the coding system used for the sixth procedure code.	CHAR	2	0	N
PROC_MOD_6	The procedure code modifier used with the sixth procedure code.	CHAR	2	0	N
ADMIT_DATE	The date on which the recipient was admitted to a hospital or long term care facility.	CHAR	8	0	N
PAT_STAT	A code indicating the Patients status as of the ENDING-DATE-OF-SERVICE. Values used are from UB-92.	CHAR	2	0	N
DRG	Code representing the Diagnosis Related Group that is applicable for the inpatient services being rendered.	CHAR	4	0	N
DRG_IND	An indicator identifying the grouping algorithm used to assign DIAGNOSIS-RELATED-GROUP (DRG) values.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
PROC_DATE_PRIN	The date on which the principal procedure was performed.	CHAR	8	0	N
UB_REV_CDE_1	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N
UB_REV_UNIT_1	Units associated UB Revenue Code 1 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N
UB_REV_CHG_1	The total charge for UB revenue code 1 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
UB_REV_CDE_2	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N
UB_REV_UNIT_2	Units associated UB Revenue Code 2 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N
UB_REV_CHG_2	The total charge for UB revenue code 2 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
UB_REV_CDE_3	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
UB_REV_UNIT_3	Units associated UB Revenue Code 3 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N
UB_REV_CHG_3	The total charge for UB revenue code 3 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
UB_REV_CDE_4	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N
UB_REV_UNIT_4	Units associated UB Revenue Code 4 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N
UB_REV_CHG_4	The total charge for UB revenue code 4 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
UB_REV_CDE_5	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N
UB_REV_UNIT_5	Units associated UB Revenue Code 5 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N
UB_REV_CHG_5	The total charge for UB revenue code 5 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
UB_REV_CDE_6	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N
UB_REV_UNIT_6	Units associated UB Revenue Code 6 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N
UB_REV_CHG_6	The total charge for UB revenue code 6 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
UB_REV_CDE_7	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N
UB_REV_UNIT_7	Units associated UB Revenue Code 7 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N
UB_REV_CHG_7	The total charge for UB revenue code 7 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
UB_REV_CDE_8	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N
UB_REV_UNIT_8	Units associated UB Revenue Code 8 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N

Column Name	Description	Type	Length	Precision	Primary Key
UB_REV_CHG_8	The total charge for UB revenue code 8 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
UB_REV_CDE_9	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N
UB_REV_UNIT_9	Units associated UB Revenue Code 9 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N
UB_REV_CHG_9	The total charge for UB revenue code 9 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
UB_REV_CDE_10	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N
UB_REV_UNIT_10	Units associated UB Revenue Code 10 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N
UB_REV_CHG_10	The total charge for UB revenue code 10 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
UB_REV_CDE_11	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
UB_REV_UNIT_11	Units associated UB Revenue Code 11 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N
UB_REV_CHG_11	The total charge for UB revenue code 11 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
UB_REV_CDE_12	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N
UB_REV_UNIT_12	Units associated UB Revenue Code 12 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N
UB_REV_CHG_12	The total charge for UB revenue code 12 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
UB_REV_CDE_13	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N
UB_REV_UNIT_13	Units associated UB Revenue Code 13 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N

Column Name	Description	Type	Length	Precision	Primary Key
UB_REV_CHG_13	The total charge for UB revenue code 13 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
UB_REV_CDE_14	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N
UB_REV_UNIT_14	Units associated UB Revenue Code 14 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N
UB_REV_CHG_14	The total charge for UB revenue code 14 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
UB_REV_CDE_15	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N
UB_REV_UNIT_15	Units associated UB Revenue Code 15 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N
UB_REV_CHG_15	The total charge for UB revenue code 15 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
UB_REV_CDE_16	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
UB_REV_UNIT_16	Units associated UB Revenue Code 16 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N
UB_REV_CHG_16	The total charge for UB revenue code 16 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
UB_REV_CDE_17	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N
UB_REV_UNIT_17	Units associated UB Revenue Code 17 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N
UB_REV_CHG_17	The total charge for UB revenue code 17 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
UB_REV_CDE_18	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N
UB_REV_UNIT_18	Units associated UB Revenue Code 18 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N

Column Name	Description	Type	Length	Precision	Primary Key
UB_REV_CHG_18	The total charge for UB revenue code 18 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
UB_REV_CDE_19	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N
UB_REV_UNIT_19	Units associated UB Revenue Code 19 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N
UB_REV_CHG_19	The total charge for UB revenue code 19 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
UB_REV_CDE_20	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N
UB_REV_UNIT_20	Units associated UB Revenue Code 20 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N
UB_REV_CHG_20	The total charge for UB revenue code 20 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
UB_REV_CDE_21	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
UB_REV_UNIT_21	Units associated UB Revenue Code 21 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N
UB_REV_CHG_21	The total charge for UB revenue code 21 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
UB_REV_CDE_22	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N
UB_REV_UNIT_22	Units associated UB Revenue Code 22 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N
UB_REV_CHG_22	The total charge for UB revenue code 22 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
UB_REV_CDE_23	Code which identifies a specific accommodation, ancillary service or billing calculation.	CHAR	4	0	N
UB_REV_UNIT_23	Units associated UB Revenue Code 23 defined as a quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood , or renal dialysis treatments, and so on.	CHAR	7	0	N

Column Name	Description	Type	Length	Precision	Primary Key
UB_REV_CHG_23	The total charge for UB revenue code 23 for the billing period. Total charges include both covered and non covered charges.	CHAR	8	0	N
ICN	Unique control number assigned to the invoice to indicate its date of receipt. The format is RRYYJJJBBBSSS where RR is the claim region; YY is the last two digits of the calendar year the claim was received; JJJ is the Julian date of claim receipt; BBB is the batch number; and SSS is the sequence number of the invoice within the batch.	CHAR	13	0	N
FFYQ	Indicates the Federal Fiscal Year and Quarter for the record.	CHAR	5	0	N
FILLER	Filler in the record layout.	CHAR	14	0	N

2.13.8 T_MR_MSIS_CLAIMLT

This table is used for storing records from the MSIS CLAIMLT extract file

Column Name	Description	Type	Length	Precision	Primary Key
MSIS_ID	A unique identification number used to identify a Medicaid Eligible to MSIS.	CHAR	20	0	N
ADJ_IND	Code indicating type of adjustment record claim/encounter represents.	CHAR	1	0	N
TOS	A code indicating the type of service being billed.	CHAR	2	0	N
TYPE_CLM	A code indicating what kind of payment is covered in this claim.	CHAR	1	0	N
DATE_PAID	The date on which the payment status of the claim was finally adjudicated by the State.	CHAR	8	0	N
AMT_PAID	The amount paid by Medicaid on this claim or adjustment.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
BEG_DOS	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began.	CHAR	8	0	N
END_DOS	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended.	CHAR	8	0	N
PROV_ID	A unique identification number assigned by the state to a provider or capitation plan. This should represent the entity billing for the service.	CHAR	12	0	N
AMT_CHG	The total charge for this claim as submitted by the provider.	NUMBER	8	0	N
TPL_AMT	The total amount paid by all sources other than Medicaid, Medicare, and the recipient's personal funds.	NUMBER	6	0	N
PROG_TYPE	Code indicating special Medicaid program under which the service was provided.	CHAR	1	0	N
PLAN_ID	A unique number which represents the health plan under which the non-fee-for-service encounter was provided.	CHAR	12	0	N
INPAT_DAYS	The number of inpatient psychiatric days covered by Medicaid on this claim.	CHAR	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
MEDI_DED	The amount paid by Medicaid, on this claim, toward the recipient's Medicare deductible.	CHAR	5	0	N
MEDI_COIN	The amount paid by Medicaid, on this claim, toward the recipient's Medicare coinsurance.	CHAR	5	0	N
DIAG_1	The ICD 9 CM code for the first diagnosis for this claim.	CHAR	6	0	N
DIAG_2	The ICD 9 CM code for the second diagnosis for this claim.	CHAR	6	0	N
DIAG_3	The ICD 9 CM code for the third diagnosis for this claim.	CHAR	6	0	N
DIAG_4	The ICD 9 CM code for the fourth diagnosis for this claim.	CHAR	6	0	N
DIAG_5	The ICD 9 CM code for the fifth diagnosis for this claim.	CHAR	6	0	N
ADMIT_DATE	The date on which the recipient was admitted to a hospital or long term care facility.	CHAR	8	0	N
PAT_STAT	A code indicating the Patients status as of the ENDING-DATE-OF-SERVICE. Values used are from UB-92.	CHAR	2	0	N
ICF_DAYS	The number of days of intermediate care for the mentally retarded should be included in this claim that were paid for, in whole or in part, by Medicaid.	CHAR	5	0	N
LEAVE_DAYS	The number of days, during the period covered by Medicaid, on which the patient did not reside in the long term care facility.	CHAR	5	0	N
NURSE_DAYS	The number of days of nursing care included in this claim that were paid for, in whole or in part, by Medicaid. Includes days during which nursing facility received partial payment for holding a bed during patient leave days.	CHAR	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
PAT_LIAB	The total amount paid by the patient for services where they are required to use their personal funds to cover part of their care before Medicaid funds can be utilized.	CHAR	6	0	N
ICN	Unique control number assigned to the invoice to indicate its date of receipt. The format is RRYYJJJBBBSSS where RR is the claim region; YY is the last two digits of the calendar year the claim was received; JJJ is the Julian date of claim receipt; BBB is the batch number; and SSS is the sequence number of the invoice within the batch.	CHAR	13	0	N
FFYQ	Indicates the Federal Fiscal Year and Quarter for the record.	CHAR	5	0	N
FILLER	Filler in the record layout.	CHAR	11	0	N

2.13.9 T_MR_MSIS_CLAIMOT

This table is used for storing records from the MSIS CLAIMOT extract file

Column Name	Description	Type	Length	Precision	Primary Key
MSIS_ID	A unique identification number used to identify a Medicaid Eligible to MSIS.	CHAR	20	0	N
ADJ_IND	Code indicating type of adjustment record claim/encounter represents.	CHAR	1	0	N
TOS	A code indicating the type of service being billed.	CHAR	2	0	N
TYPE_CLM	A code indicating what kind of payment is covered in this claim.	CHAR	1	0	N
DATE_PAID	The date on which the payment status of the claim was finally adjudicated by the State.	CHAR	8	0	N
AMT_PAID	The amount paid by Medicaid on this claim or adjustment.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
BEG_DOS	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began.	CHAR	8	0	N
END_DOS	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended.	CHAR	8	0	N
PROV_ID	A unique identification number assigned by the state to a provider or capitation plan. This should represent the entity billing for the service.	CHAR	12	0	N
AMT_CHG	The total charge for this claim as submitted by the provider.	NUMBER	8	0	N
TPL_AMT	The total amount paid by all sources other than Medicaid, Medicare, and the recipient's personal funds.	NUMBER	6	0	N
PROG_TYPE	Code indicating special Medicaid program under which the service was provided.	CHAR	1	0	N
PLAN_ID	A unique number which represents the health plan under which the non-fee-for-service encounter was provided.	CHAR	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
QTY	The number of units of service received by the recipient as shown on the claim record.	CHAR	5	0	N
MEDI_DED	The amount paid by Medicaid, on this claim, toward the recipient's Medicare deductible.	CHAR	5	0	N
MEDI_COIN	The amount paid by Medicaid, on this claim, toward the recipient's Medicare coinsurance.	CHAR	5	0	N
DIAG_1	The ICD 9 CM code for the first diagnosis for this claim.	CHAR	6	0	N
DIAG_2	The ICD 9 CM code for the second diagnosis for this claim.	CHAR	6	0	N
POS	A code indicating where the service was performed. CMS 1500 values are used for this data element.	CHAR	2	0	N
SPECIALTY	Code which describes the area of specialty for the individual providing the service.	CHAR	4	0	N
SVC_CDE	The code used by the State to indicate the service provided during the period covered by this claim.	CHAR	7	0	N
SVC_CDE_FLAG	A flag that identifies the coding system used for the service code.	CHAR	2	0	N
SVC_CDE_MOD	A service code modifier for the Service Code.	CHAR	2	0	N
UB92_REV_CDE	UB-92 revenue code reported on the UB-92 line item that is represented on this claim/encounter record.	CHAR	4	0	N
PROV_ID_SVC	A unique number to identify the provider who treated the recipient.	CHAR	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ICN	Unique control number assigned to the invoice to indicate its date of receipt. The format is RRYYJJJBBBSSS where RR is the claim region; YY is the last two digits of the calendar year the claim was received; JJJ is the Julian date of claim receipt; BBB is the batch number; and SSS is the sequence number of the invoice within the batch.	CHAR	13	0	N
FFYQ	Indicates the Federal Fiscal Year and Quarter for the record.	CHAR	5	0	N
FILLER	Filler in the record layout.	CHAR	2	0	N

2.13.10 T_MR_MSIS_CLAIMRX

This table is used for storing records from the MSIS CLAIMRX extract file

Column Name	Description	Type	Length	Precision	Primary Key
MSIS_ID	A unique identification number used to identify a Medicaid Eligible to MSIS.	CHAR	20	0	N
ADJ_IND	Code indicating type of adjustment record claim/encounter represents.	CHAR	1	0	N
TOS	A code indicating the type of service being billed.	CHAR	2	0	N
TYPE_CLM	A code indicating what kind of payment is covered in this claim.	CHAR	1	0	N
DATE_PAID	The date on which the payment status of the claim was finally adjudicated by the State.	CHAR	8	0	N
AMT_PAID	The amount paid by Medicaid on this claim or adjustment.	NUMBER	8	0	N
DATE_PRESCRIBED	Date the drug, device or supply was prescribed by the physician or other practitioner.	CHAR	8	0	N
FILLER_1	Filler in the record layout.	CHAR	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
PROV_ID	A unique identification number assigned by the state to a provider or capitation plan. This should represent the entity billing for the service.	CHAR	12	0	N
AMT_CHG	The total charge for this claim as submitted by the provider.	NUMBER	8	0	N
TPL_AMT	The total amount paid by all sources other than Medicaid, Medicare, and the recipient's personal funds.	NUMBER	6	0	N
PROG_TYPE	Code indicating special Medicaid program under which the service was provided.	CHAR	1	0	N
PLAN_ID	A unique number which represents the health plan under which the non-fee-for-service encounter was provided.	CHAR	12	0	N
QTY	The number of units of service received by the recipient as shown on the claim record.	CHAR	5	0	N
DAYS_SUPPLY	Number of days supply dispensed.	CHAR	3	0	N
NDC	A code indicating the drug, device or medical supply covered by this claim, in National Drug Code (NDC) format.	CHAR	12	0	N
FILL_DATE	Date the drug, device or supply was dispensed by the provider.	CHAR	8	0	N
NEW_REFILL_IND	Indicator showing whether the prescription being filled was a new prescription or a refill. If it is a refill, the indicator will indicate the number of refills.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
PROV_ID_PRESC	A unique identification number assigned to a provider by the which identifies the physician or other provider prescribing the drug, device or supply. For physicians, this must be the individual's ID number, not a group identification number.	CHAR	12	0	N
ICN	Unique control number assigned to the invoice to indicate its date of receipt. The format is RRYYJJJBBBSSS where RR is the claim region; YY is the last two digits of the calendar year the claim was received; JJJ is the Julian date of claim receipt; BBB is the batch number; and SSS is the sequence number of the invoice within the batch.	CHAR	13	0	N
FFYQ	Indicates the Federal Fiscal Year and Quarter for the record.	CHAR	5	0	N
FILLER_2	Filler in the record layout.	CHAR	20	0	N

2.13.11 T_MR_MSIS_ELIG

This table is used for storing records from the MSIS ELIGIBLE extract file

Column Name	Description	Type	Length	Precision	Primary Key
MSIS_ID	A unique identification number used to identify a Medicaid Eligible to MSIS.	CHAR	20	0	N
DATE_BIRTH	Eligible's Date of Birth.	CHAR	8	0	N
DATE_DEATH	Eligible's Date of Death.	CHAR	8	0	N
SEX	The eligible's gender.	CHAR	1	0	N
RACE	A code indicating the eligible's race/ethnicity.	CHAR	1	0	N
SSN	The eligible's social security number.	CHAR	9	0	N
COUNTY_CDE	FIPS code indicating eligible's county of residence.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ZIP_CDE	Zip code of eligible's place of residence.	CHAR	5	0	N
TYPE_RECORD	A code indicating whether the eligibility information contained in this record refers to the current fiscal quarter (the quarter specified in the Header Record) or to a previous quarter. A previous quarter could pertain to either retroactive eligibility or to a record that corrects eligibility information submitted in an earlier quarter.	CHAR	1	0	N
FFYQ	Indicates the Federal Fiscal Year and Quarter for the record.	CHAR	5	0	N
FILLER_1	Filler in the record layout.	CHAR	2	0	N
HIC_NUM	The eligible's Medicare Health Insurance Claim (HIC) Identification Number, if applicable.	CHAR	12	0	N
CASE_NUM	The state-assigned number which uniquely identifies the Medicaid case to which the enrollee belongs on the last day of the current Federal Fiscal Year Quarter.	CHAR	12	0	N
RACE_CDE_1	A code indicating if the eligible has indicated a race of White. 0 = Non-White or Race Unknown and 1 = White.	CHAR	1	0	N
RACE_CDE_2	A code indicating if the eligible has indicated a race of Black or African-American. 0 = Non-Black or African American or Race Unknown and 1 = Black or African American.	CHAR	1	0	N
RACE_CDE_3	A code indicating if the eligible has indicated a race of American Indian or Alaska Native. 0 = Non-American Indian or Alaska Native or Race Unknown and 1 = American Indian or Alaska Native.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
RACE_CDE_4	A code indicating if the eligible has indicated a race of Asian. 0 = Non-Asian or Race Unknown and 1 = Asian.	CHAR	1	0	N
RACE_CDE_5	A code indicating if the eligible has indicated a race of Native Hawaiian or other Pacific Islander. 0 = Non-Native Hawaiian or Other Pacific Islander or Race Unknown and 1 = Native Hawaiian or Other Pacific Islander.	CHAR	1	0	N
ETHNICITY	A code indicating if the eligible has indicated an ethnicity of Hispanic or Latino.	CHAR	1	0	N
FILLER_2	Filler in the record layout.	CHAR	9	0	N
M1_DAYS	The number of days an individual was eligible for Medicaid during each month of the quarter.	CHAR	2	0	N
M1_ELIG_GRP	The composite of eligibility mapping factors used to create the corresponding Maintenance Assistance Status (MAS) and Basis of Eligibility (BOE) values.	CHAR	6	0	N
M1_MAS	A code indicating an eligible's maintenance assistance status.	CHAR	1	0	N
M1_BOE	A code indicating the individual's Basis of Eligibility as of the last day of the month referenced.	CHAR	1	0	N
M1_HLTH_INS	A flag indicating whether this enrollee had private health insurance coverage during the month. This includes both coverage purchased by the State or by a third party. Medicare is not considered private health insurance. Enrollment in a Medicaid/Medicare HMO does not constitute health insurance for this data element.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M1_TANF	A flag that indicates whether the eligible received Temporary Assistance for Needy Families (TANF) benefits during the month.	CHAR	1	0	N
M1_RESTR_BENE	A flag that indicates the scope of Medicaid benefits to which an eligible is entitled during each month.	CHAR	1	0	N
M1_PLAN_TYPE_1	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N
M1_PLAN_ID_1	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M1_PLAN_TYPE_2	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N
M1_PLAN_ID_2	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M1_PLAN_TYPE_3	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N
M1_PLAN_ID_3	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M1_PLAN_TYPE_4	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M1_PLAN_ID_4	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M1_CHIP	A code indicating the individual's inclusion in the SCHIP program for the month.	CHAR	1	0	N
M1_INCOME_CDE	(OPTIONAL FIELD) A code indicating the family income level associated with the SCHIP program reporting requirements for the month. This code is to be reported for Medicaid eligibles below the SCHIP age limit, Medicaid expansion SCHIP enrollees and non-Medicaid SCHIP eligibles reported by the State. For States not opting to provide this data on ANY eligible records, blank-fill this field.	CHAR	2	0	N
M1_WAIVER_TYPE_1	Code for specifying the waiver type under which the eligible individual is covered during the month.	CHAR	1	0	N
M1_WAIVER_ID_1	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered. The categories of waiver programs include 1915(b), 1915(c), combined (b)/(c) programs, and 1115 demonstrations. Individuals are to be associated with a specific waiver only if they are enrolled in a waiver program.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M1_WAIVER_TYPE_2	Code for specifying the waiver type under which the eligible individual is covered during the month.	CHAR	1	0	N
M1_WAIVER_ID_2	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered. The categories of waiver programs include 1915(b), 1915(c), combined (b)/(c) programs, and 1115 demonstrations. Individuals are to be associated with a specific waiver only if they are enrolled in a waiver program.	CHAR	2	0	N
M1_WAIVER_TYPE_3	Code for specifying the waiver type under which the eligible individual is covered during the month.	CHAR	1	0	N
M1_WAIVER_ID_3	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered. The categories of waiver programs include 1915(b), 1915(c), combined (b)/(c) programs, and 1115 demonstrations. Individuals are to be associated with a specific waiver only if they are enrolled in a waiver program.	CHAR	2	0	N
M1_DUAL_ELIG_CDE	Indicates coverage for individuals entitled to Medicare (Part A and/or Part B) and eligible for some category of Medicaid benefits.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M1_FILLER	Filler in the record layout.	CHAR	8	0	N
M2_DAYS	The number of days an individual was eligible for Medicaid during each month of the quarter.	CHAR	2	0	N
M2_ELIG_GRP	The composite of eligibility mapping factors used to create the corresponding Maintenance Assistance Status (MAS) and Basis of Eligibility (BOE) values.	CHAR	6	0	N
M2_MAS	A code indicating an eligible's maintenance assistance status.	CHAR	1	0	N
M2_BOE	A code indicating the individual's Basis of Eligibility as of the last day of the month referenced.	CHAR	1	0	N
M2_HLTH_INS	A flag indicating whether this enrollee had private health insurance coverage during the month. This includes both coverage purchased by the State or by a third party. Medicare is not considered private health insurance. Enrollment in a Medicaid/Medicare HMO does not constitute health insurance for this data element	CHAR	1	0	N
M2_TANF	A flag that indicates whether the eligible received Temporary Assistance for Needy Families (TANF) benefits during the month.	CHAR	1	0	N
M2_RESTR_BENE	A flag that indicates the scope of Medicaid benefits to which an eligible is entitled during each month.	CHAR	1	0	N
M2_PLAN_TYPE_1	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M2_PLAN_ID_1	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M2_PLAN_TYPE_2	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N
M2_PLAN_ID_2	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M2_PLAN_TYPE_3	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N
M2_PLAN_ID_3	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M2_PLAN_TYPE_4	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N
M2_PLAN_ID_4	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M2_CHIP	A code indicating the individual's inclusion in the SCHIP program for the month.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M2_INCOME_CDE	(OPTIONAL FIELD) A code indicating the family income level associated with the SCHIP program reporting requirements for the month. This code is to be reported for Medicaid eligibles below the SCHIP age limit, Medicaid expansion SCHIP enrollees and non-Medicaid SCHIP eligibles reported by the State. For States not opting to provide this data on ANY eligible records, blank-fill this field.	CHAR	2	0	N
M2_WAIVER_TYPE_1	Code for specifying the waiver type under which the eligible individual is covered during the month.	CHAR	1	0	N
M2_WAIVER_ID_1	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered. The categories of waiver programs include 1915(b), 1915(c), combined (b)/(c) programs, and 1115 demonstrations. Individuals are to be associated with a specific waiver only if they are enrolled in a waiver program.	CHAR	2	0	N
M2_WAIVER_TYPE_2	Code for specifying the waiver type under which the eligible individual is covered during the month.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M2_WAIVER_ID_2	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered. The categories of waiver programs include 1915(b), 1915(c), combined (b)/(c) programs, and 1115 demonstrations. Individuals are to be associated with a specific waiver only if they are enrolled in a waiver program.	CHAR	2	0	N
M2_WAIVER_TYPE_3	Code for specifying the waiver type under which the eligible individual is covered during the month.	CHAR	1	0	N
M2_WAIVER_ID_3	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered. The categories of waiver programs include 1915(b), 1915(c), combined (b)/(c) programs, and 1115 demonstrations. Individuals are to be associated with a specific waiver only if they are enrolled in a waiver program.	CHAR	2	0	N
M2_DUAL_ELIG_CDE	Indicates coverage for individuals entitled to Medicare (Part A and/or Part B) and eligible for some category of Medicaid benefits.	CHAR	2	0	N
M2_FILLER	Filler in the record layout.	CHAR	8	0	N
M3_DAYS	The number of days an individual was eligible for Medicaid during each month of the quarter.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M3_ELIG_GRP	The composite of eligibility mapping factors used to create the corresponding Maintenance Assistance Status (MAS) and Basis of Eligibility (BOE) values.	CHAR	6	0	N
M3_MAS	A code indicating an eligible's maintenance assistance status.	CHAR	1	0	N
M3_BOE	A code indicating the individual's Basis of Eligibility as of the last day of the month referenced.	CHAR	1	0	N
M3_HLTH_INS	A flag indicating whether this enrollee had private health insurance coverage during the month. This includes both coverage purchased by the State or by a third party. Medicare is not considered private health insurance. Enrollment in a Medicaid/Medicare HMO does not constitute health insurance for this data element	CHAR	1	0	N
M3_TANF	A flag that indicates whether the eligible received Temporary Assistance for Needy Families (TANF) benefits during the month.	CHAR	1	0	N
M3_RESTR_BENE	A flag that indicates the scope of Medicaid benefits to which an eligible is entitled during each month.	CHAR	1	0	N
M3_PLAN_TYPE_1	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N
M3_PLAN_ID_1	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M3_PLAN_TYPE_2	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M3_PLAN_ID_2	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M3_PLAN_TYPE_3	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N
M3_PLAN_ID_3	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M3_PLAN_TYPE_4	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N
M3_PLAN_ID_4	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M3_CHIP	A code indicating the individual's inclusion in the SCHIP program for the month.	CHAR	1	0	N
M3_INCOME_CDE	(OPTIONAL FIELD) A code indicating the family income level associated with the SCHIP program reporting requirements for the month. This code is to be reported for Medicaid eligibles below the SCHIP age limit, Medicaid expansion SCHIP enrollees and non-Medicaid SCHIP eligibles reported by the State. For States not opting to provide this data on ANY eligible records, blank-fill this field.	CHAR	2	0	N
M3_WAIVER_TYPE_1	Code for specifying the waiver type under which the eligible individual is covered during the month.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M3_WAIVER_ID_1	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered. The categories of waiver programs include 1915(b), 1915(c), combined (b)/(c) programs, and 1115 demonstrations. Individuals are to be associated with a specific waiver only if they are enrolled in a waiver program.	CHAR	2	0	N
M3_WAIVER_TYPE_2	Code for specifying the waiver type under which the eligible individual is covered during the month.	CHAR	1	0	N
M3_WAIVER_ID_2	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered. The categories of waiver programs include 1915(b), 1915(c), combined (b)/(c) programs, and 1115 demonstrations. Individuals are to be associated with a specific waiver only if they are enrolled in a waiver program.	CHAR	2	0	N
M3_WAIVER_TYPE_3	Code for specifying the waiver type under which the eligible individual is covered during the month.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M3_WAIVER_ID_3	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered. The categories of waiver programs include 1915(b), 1915(c), combined (b)/(c) programs, and 1115 demonstrations. Individuals are to be associated with a specific waiver only if they are enrolled in a waiver program.	CHAR	2	0	N
M3_DUAL_ELIG_CDE	Indicates coverage for individuals entitled to Medicare (Part A and/or Part B) and eligible for some category of Medicaid benefits.	CHAR	2	0	N
M3_FILLER	Filler in the record layout.	CHAR	8	0	N

2.13.12 T_MR_MSIS_ELIGIBLE

This table is used for storing records from the MSIS ELIGIBLE extract file

Column Name	Description	Type	Length	Precision	Primary Key
MSIS_ID	A unique identification number used to identify a Medicaid Eligible to MSIS.	CHAR	20	0	N
DATE_BIRTH	Eligible's Date of Birth.	CHAR	8	0	N
DATE_DEATH	Eligible's Date of Death.	CHAR	8	0	N
SEX	The eligible's gender.	CHAR	1	0	N
RACE	A code indicating the eligible's race/ethnicity.	CHAR	1	0	N
SSN	The eligible's social security number.	CHAR	9	0	N
COUNTY_CDE	FIPS code indicating eligible's county of residence.	CHAR	3	0	N
ZIP_CDE	Zip code of eligible's place of residence.	CHAR	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
TYPE_RECORD	A code indicating whether the eligibility information contained in this record refers to the current fiscal quarter (the quarter specified in the Header Record) or to a previous quarter. A previous quarter could pertain to either retroactive eligibility or to a record that corrects eligibility information submitted in an earlier quarter.	CHAR	1	0	N
FFYQ	Indicates the Federal Fiscal Year and Quarter for the record.	CHAR	5	0	N
FILLER_1	Filler in the record layout.	CHAR	2	0	N
HIC_NUM	The eligible's Medicare Health Insurance Claim (HIC) Identification Number, if applicable.	CHAR	12	0	N
CASE_NUM	The state-assigned number which uniquely identifies the Medicaid case to which the enrollee belongs on the last day of the current Federal Fiscal Year Quarter.	CHAR	12	0	N
RACE_CDE_1	A code indicating if the eligible has indicated a race of White. 0 = Non-White or Race Unknown and 1 = White.	CHAR	1	0	N
RACE_CDE_2	A code indicating if the eligible has indicated a race of Black or African-American. 0 = Non-Black or African American or Race Unknown and 1 = Black or African American.	CHAR	1	0	N
RACE_CDE_3	A code indicating if the eligible has indicated a race of American Indian or Alaska Native. 0 = Non-American Indian or Alaska Native or Race Unknown and 1 = American Indian or Alaska Native.	CHAR	1	0	N
RACE_CDE_4	A code indicating if the eligible has indicated a race of Asian. 0 = Non-Asian or Race Unknown and 1 = Asian.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
RACE_CDE_5	A code indicating if the eligible has indicated a race of Native Hawaiian or other Pacific Islander. 0 = Non-Native Hawaiian or Other Pacific Islander or Race Unknown and 1 = Native Hawaiian or Other Pacific Islander.	CHAR	1	0	N
ETHNICITY	A code indicating if the eligible has indicated an ethnicity of Hispanic or Latino.	CHAR	1	0	N
FILLER_2	Filler in the record layout.	CHAR	9	0	N
M1_DAYS	The number of days an individual was eligible for Medicaid during each month of the quarter.	CHAR	2	0	N
M1_ELIG_GRP	The composite of eligibility mapping factors used to create the corresponding Maintenance Assistance Status (MAS) and Basis of Eligibility (BOE) values.	CHAR	6	0	N
M1_MAS	A code indicating an eligible's maintenance assistance status.	CHAR	1	0	N
M1_BOE	A code indicating the individual's Basis of Eligibility as of the last day of the month referenced.	CHAR	1	0	N
M1_HLTH_INS	A flag indicating whether this enrollee had private health insurance coverage during the month. This includes both coverage purchased by the State or by a third party. Medicare is not considered private health insurance. Enrollment in a Medicaid/Medicare HMO does not constitute health insurance for this data element.	CHAR	1	0	N
M1_TANF	A flag that indicates whether the eligible received Temporary Assistance for Needy Families (TANF) benefits during the month.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M1_RESTR_BENE	A flag that indicates the scope of Medicaid benefits to which an eligible is entitled during each month.	CHAR	1	0	N
M1_PLAN_TYPE_1	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N
M1_PLAN_ID_1	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M1_PLAN_TYPE_2	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N
M1_PLAN_ID_2	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M1_PLAN_TYPE_3	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N
M1_PLAN_ID_3	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M1_PLAN_TYPE_4	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N
M1_PLAN_ID_4	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M1_CHIP	A code indicating the individual's inclusion in the SCHIP program for the month.	CHAR	1	0	N
M1_INCOME_CDE	(OPTIONAL FIELD) A code indicating the family income level associated with the SCHIP program reporting requirements for the month. This code is to be reported for Medicaid eligibles below the SCHIP age limit, Medicaid expansion SCHIP enrollees and non-Medicaid SCHIP eligibles reported by the State. For States not opting to provide this data on ANY eligible records, blank-fill this field.	CHAR	2	0	N
M1_WAIVER_TYPE_1	Code for specifying the waiver type under which the eligible individual is covered during the month.	CHAR	1	0	N
M1_WAIVER_ID_1	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered. The categories of waiver programs include 1915(b), 1915(c), combined (b)/(c) programs, and 1115 demonstrations. Individuals are to be associated with a specific waiver only if they are enrolled in a waiver program.	CHAR	2	0	N
M1_WAIVER_TYPE_2	Code for specifying the waiver type under which the eligible individual is covered during the month.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M1_WAIVER_ID_2	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered. The categories of waiver programs include 1915(b), 1915(c), combined (b)/(c) programs, and 1115 demonstrations. Individuals are to be associated with a specific waiver only if they are enrolled in a waiver program.	CHAR	2	0	N
M1_WAIVER_TYPE_3	Code for specifying the waiver type under which the eligible individual is covered during the month.	CHAR	1	0	N
M1_WAIVER_ID_3	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered. The categories of waiver programs include 1915(b), 1915(c), combined (b)/(c) programs, and 1115 demonstrations. Individuals are to be associated with a specific waiver only if they are enrolled in a waiver program.	CHAR	2	0	N
M1_DUAL_ELIG_CDE	Indicates coverage for individuals entitled to Medicare (Part A and/or Part B) and eligible for some category of Medicaid benefits.	CHAR	2	0	N
M1_FILLER	Filler in the record layout.	CHAR	8	0	N
M2_DAYS	The number of days an individual was eligible for Medicaid during each month of the quarter.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M2_ELIG_GRP	The composite of eligibility mapping factors used to create the corresponding Maintenance Assistance Status (MAS) and Basis of Eligibility (BOE) values.	CHAR	6	0	N
M2_MAS	A code indicating an eligible's maintenance assistance status.	CHAR	1	0	N
M2_BOE	A code indicating the individual's Basis of Eligibility as of the last day of the month referenced.	CHAR	1	0	N
M2_HLTH_INS	A flag indicating whether this enrollee had private health insurance coverage during the month. This includes both coverage purchased by the State or by a third party. Medicare is not considered private health insurance. Enrollment in a Medicaid/Medicare HMO does not constitute health insurance for this data element	CHAR	1	0	N
M2_TANF	A flag that indicates whether the eligible received Temporary Assistance for Needy Families (TANF) benefits during the month.	CHAR	1	0	N
M2_RESTR_BENE	A flag that indicates the scope of Medicaid benefits to which an eligible is entitled during each month.	CHAR	1	0	N
M2_PLAN_TYPE_1	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N
M2_PLAN_ID_1	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M2_PLAN_TYPE_2	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M2_PLAN_ID_2	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M2_PLAN_TYPE_3	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N
M2_PLAN_ID_3	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M2_PLAN_TYPE_4	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N
M2_PLAN_ID_4	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M2_CHIP	A code indicating the individual's inclusion in the SCHIP program for the month.	CHAR	1	0	N
M2_INCOME_CDE	(OPTIONAL FIELD) A code indicating the family income level associated with the SCHIP program reporting requirements for the month. This code is to be reported for Medicaid eligibles below the SCHIP age limit, Medicaid expansion SCHIP enrollees and non-Medicaid SCHIP eligibles reported by the State. For States not opting to provide this data on ANY eligible records, blank-fill this field.	CHAR	2	0	N
M2_WAIVER_TYPE_1	Code for specifying the waiver type under which the eligible individual is covered during the month.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M2_WAIVER_ID_1	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered. The categories of waiver programs include 1915(b), 1915(c), combined (b)/(c) programs, and 1115 demonstrations. Individuals are to be associated with a specific waiver only if they are enrolled in a waiver program.	CHAR	2	0	N
M2_WAIVER_TYPE_2	Code for specifying the waiver type under which the eligible individual is covered during the month.	CHAR	1	0	N
M2_WAIVER_ID_2	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered. The categories of waiver programs include 1915(b), 1915(c), combined (b)/(c) programs, and 1115 demonstrations. Individuals are to be associated with a specific waiver only if they are enrolled in a waiver program.	CHAR	2	0	N
M2_WAIVER_TYPE_3	Code for specifying the waiver type under which the eligible individual is covered during the month.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M2_WAIVER_ID_3	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered. The categories of waiver programs include 1915(b), 1915(c), combined (b)/(c) programs, and 1115 demonstrations. Individuals are to be associated with a specific waiver only if they are enrolled in a waiver program.	CHAR	2	0	N
M2_DUAL_ELIG_CDE	Indicates coverage for individuals entitled to Medicare (Part A and/or Part B) and eligible for some category of Medicaid benefits.	CHAR	2	0	N
M2_FILLER	Filler in the record layout.	CHAR	8	0	N
M3_DAYS	The number of days an individual was eligible for Medicaid during each month of the quarter.	CHAR	2	0	N
M3_ELIG_GRP	The composite of eligibility mapping factors used to create the corresponding Maintenance Assistance Status (MAS) and Basis of Eligibility (BOE) values.	CHAR	6	0	N
M3_MAS	A code indicating an eligible's maintenance assistance status.	CHAR	1	0	N
M3_BOE	A code indicating the individual's Basis of Eligibility as of the last day of the month referenced.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M3_HLTH_INS	A flag indicating whether this enrollee had private health insurance coverage during the month. This includes both coverage purchased by the State or by a third party. Medicare is not considered private health insurance. Enrollment in a Medicaid/Medicare HMO does not constitute health insurance for this data element	CHAR	1	0	N
M3_TANF	A flag that indicates whether the eligible received Temporary Assistance for Needy Families (TANF) benefits during the month.	CHAR	1	0	N
M3_RESTR_BENE	A flag that indicates the scope of Medicaid benefits to which an eligible is entitled during each month.	CHAR	1	0	N
M3_PLAN_TYPE_1	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N
M3_PLAN_ID_1	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M3_PLAN_TYPE_2	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N
M3_PLAN_ID_2	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M3_PLAN_TYPE_3	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M3_PLAN_ID_3	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M3_PLAN_TYPE_4	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	N
M3_PLAN_ID_4	Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.	CHAR	12	0	N
M3_CHIP	A code indicating the individual's inclusion in the SCHIP program for the month.	CHAR	1	0	N
M3_INCOME_CDE	(OPTIONAL FIELD) A code indicating the family income level associated with the SCHIP program reporting requirements for the month. This code is to be reported for Medicaid eligibles below the SCHIP age limit, Medicaid expansion SCHIP enrollees and non-Medicaid SCHIP eligibles reported by the State. For States not opting to provide this data on ANY eligible records, blank-fill this field.	CHAR	2	0	N
M3_WAIVER_TYPE_1	Code for specifying the waiver type under which the eligible individual is covered during the month.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M3_WAIVER_ID_1	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered. The categories of waiver programs include 1915(b), 1915(c), combined (b)/(c) programs, and 1115 demonstrations. Individuals are to be associated with a specific waiver only if they are enrolled in a waiver program.	CHAR	2	0	N
M3_WAIVER_TYPE_2	Code for specifying the waiver type under which the eligible individual is covered during the month.	CHAR	1	0	N
M3_WAIVER_ID_2	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered. The categories of waiver programs include 1915(b), 1915(c), combined (b)/(c) programs, and 1115 demonstrations. Individuals are to be associated with a specific waiver only if they are enrolled in a waiver program.	CHAR	2	0	N
M3_WAIVER_TYPE_3	Code for specifying the waiver type under which the eligible individual is covered during the month.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
M3_WAIVER_ID_3	Fields for specifying up to three waiver programs under which the eligible individual is covered during the month. These Ids must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered. The categories of waiver programs include 1915(b), 1915(c), combined (b)/(c) programs, and 1115 demonstrations. Individuals are to be associated with a specific waiver only if they are enrolled in a waiver program.	CHAR	2	0	N
M3_DUAL_ELIG_CDE	Indicates coverage for individuals entitled to Medicare (Part A and/or Part B) and eligible for some category of Medicaid benefits.	CHAR	2	0	N
M3_FILLER	Filler in the record layout.	CHAR	8	0	N

2.13.13 T_MR_OP_PERFORM

This table contains summarized data about provider claim time to filing and time to finalization (including and excluding days spent in State and CCF locations)

Column Name	Description	Type	Length	Precision	Primary Key
DTE_RPT_PRD	Date representing MAR reporting month.	DATE	7	0	N
IND_FFS	Indicates if record is Fee For Service (FFS) or Encounter. Value 'Y' is FFS; 'N' is Encounter.	CHAR	1	0	N
CDE_PGM_HEALTH	Code identifying the medical assistance program.	CHAR	5	0	N
CDE_FUND_CODE	Code used in financial reporting to correctly categorize funds (money).	CHAR	3	0	N
CDE_PROV_TYPE	Code describing the services a provider is licensed to perform.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_SPEC	Code describing the scope of practice for the provider type.	CHAR	3	0	N
CDE_SOURCE	Code indicating the source for the data on this row. Valid values are: CO - Claim original; CV - Claim void (the negative reversal); CA - Claim adjustment (the daughter); EO - Encounter original claim; EV - Encounter void claim (the negative reversal); EA - Encounter adjustment claim (the daughter); CP - Capitation transaction; EX - Expenditure transaction; AR - A/R transaction.	CHAR	2	0	N
CDE_CLM_TYPE	Code describing the type of Medicaid claim being processed.	CHAR	1	0	N
CDE_CLM_REGION	Code indicating the media on which a claim entered the MMIS.	CHAR	2	0	N
CDE_THRUPUT_TYPE	Code identifying the type of throughput days grouping represented in the Paid Claims Days Count (CNT_PC_DAYS) field.	CHAR	2	0	N
SAK_THRUPUT_GRP	System assigned key for the range of throughput days.	NUMBER	4	0	N
CNT_PC_DAYS	Represents the number of days for the Throughput Type Code (CDE_THRUPUT_TYPE). This field is used with the applicable claim count fields in this table to display the number of claims for the desired day range.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CNT_CL_DOS_DOR	The number of claims with a date of service (DOS) to date of receipt (DOR) day range for the value in the Paid Claim Days Count (CNT_PC_DAYS) field.	NUMBER	9	0	N
CNT_CL_DOS_DOA	The number of claims with a date of service (DOS) to date of adjudication (DOA) day range for the value in the Paid Claim Days Count (CNT_PC_DAYS) field.	NUMBER	9	0	N
CNT_CL_DOS_DOP	The number of claims with a date of service (DOS) to date of payment (DOP) day range for the value in the Paid Claim Days Count (CNT_PC_DAYS) field.	NUMBER	9	0	N
CNT_CL_DOR_DOA	The number of claims with a date of receipt (DOR) to date of adjudication (DOA) day range for the value in the Paid Claim Days Count (CNT_PC_DAYS) field.	NUMBER	9	0	N
CNT_CL_DOR_DOP	The number of claims with a date of receipt (DOR) to date of payment (DOP) day range for the value in the Paid Claim Days Count (CNT_PC_DAYS) field.	NUMBER	9	0	N
CDE_COS_ST	Code for the State category of service (COS) that defines the grouping of services appearing on State MAR reports.	CHAR	2	0	N
CDE_COS_SUB	Code for a sub-category of service (COS) that provides a more detailed State Category of Service classification in MAR state reporting.	CHAR	2	0	N

2.13.14 T_MR_POS

This table contains summarized paid claims information by financial peer group and POS.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_RPT_PRD	Date representing MAR reporting month.	DATE	0	0	N
IND_FFS	Indicates if record is Fee For Service (FFS) or Encounter. Value 'Y' is FFS; 'N' is Encounter.	CHAR	1	0	N
CDE_PGM_HEALTH	Code identifying the medical assistance program.	CHAR	5	0	N
CDE_FUND_CODE	Code used in financial reporting to correctly categorize funds (money).	CHAR	3	0	N
CDE_COUNTY	This is the county of the billing provider's service location.	VARCHAR2	10	0	N
CDE_STATE_REGION	Code for the geographic state region calculated from the billing provider's service location county.	CHAR	1	0	N
CDE_SOURCE	Code indicating the source for the data on this row. Valid values are: CO - Claim original; CV - Claim void (the negative reversal); CA - Claim adjustment (the daughter); EO - Encounter original claim; EV - Encounter void claim (the negative reversal); EA - Encounter adjustment claim (the daughter); CP - Capitation transaction; EX - Expenditure transaction; AR - A/R transaction.	CHAR	2	0	N
CDE_COS_ST	Code for the State category of service (COS) that defines the grouping of services appearing on State MAR reports.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COS_SUB	Code for a sub-category of service (COS) that provides a more detailed State Category of Service classification in MAR state reporting.	CHAR	2	0	N
SAK_AGE_GROUP	A system assigned key (SAK) used to describe a recipient age grouping.	NUMBER	9	0	N
CDE_POS	Code indicating where a service was rendered.	CHAR	2	0	N
AMT_ALWD	The accumulation of the allowed amounts for the paid claims for a recipient group during the reporting period.	NUMBER	12	2	N
AMT_REIM	The accumulation of the paid amounts for the paid claims for a recipient during the reporting period.	NUMBER	12	2	N
AMT_PAID	The accumulation of the paid amounts for the paid claims during the reporting period.	NUMBER	12	2	N
CNT_CLAIMS_PAID	The number of paid claims during the reporting period.	NUMBER	9	0	N

2.13.15 T_MR_PROV

This table contains summarized paid and denied claims statistics for the provider peer group.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_RPT_PRD	Date representing MAR reporting month.	DATE	0	0	N
IND_FFS	Indicates if record is Fee For Service (FFS) or Encounter. Value 'Y' is FFS; 'N' is Encounter.	CHAR	1	0	N
CDE_PGM_HEALTH	Code identifying the medical assistance program.	CHAR	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_FUND_CODE	Code used in financial reporting to correctly categorize funds (money).	CHAR	3	0	N
CDE_PROV_TYPE	Code describing the services a provider is licensed to perform.	CHAR	2	0	N
CDE_PROV_SPEC	Code describing the scope of practice for the provider type.	CHAR	3	0	N
CDE_CLM_TYPE	Code describing the type of Medicaid claim being processed.	CHAR	1	0	N
CDE_CLM_REGION	Code indicating the media on which a claim entered the MMIS.	CHAR	2	0	N
CDE_SOURCE	Code indicating the source for the data on this row. Valid values are: CO - Claim original; CV - Claim void (the negative reversal); CA - Claim adjustment (the daughter); EO - Encounter original claim; EV - Encounter void claim (the negative reversal); EA - Encounter adjustment claim (the daughter); CP - Capitation transaction; EX - Expenditure transaction; AR - A/R transaction.	CHAR	2	0	N
CDE_COUNTY	This is the county of the billing provider's service location.	VARCHAR2	10	0	N
CDE_STATE_REGION	Code for the geographic state region calculated from the billing provider's service location county.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COS_ST	Code for the State category of service (COS) that defines the grouping of services appearing on State MAR reports.	CHAR	2	0	N
CDE_COS_SUB	Code for a sub-category of service (COS) that provides a more detailed State Category of Service classification in MAR state reporting.	CHAR	2	0	N
SAK_PROV_LOC	Identification number for the provider billing the claim.	NUMBER	9	0	N
CNT_CLAIMS_PAID	The number of paid claims during the reporting period.	NUMBER	9	0	N
CNT_CLAIMS_TPL	The total number of paid claims which had Third Party Liability for a provider during the reporting period.	NUMBER	9	0	N
CNT_CLAIMS_CORR	The number of paid claims that required some form of correction during the reporting period.	NUMBER	9	0	N
CNT_CLAIMS_OVRD	The number of claims paid after overriding a claim edit during the reporting period.	NUMBER	9	0	N
CNT_CLAIMS_ERRORS	The count of paid claims that contained errors during the reporting period.	NUMBER	9	0	N
CNT_UNITS_SERV	The accumulation of the units of service for the paid claims for a recipient during the reporting period.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_BILLED_PAID	The accumulation of the billed amounts for the paid claims during the reporting period.	NUMBER	12	2	N
AMT_ALWD	The accumulation of the allowed amounts for the paid claims during the reporting period.	NUMBER	12	2	N
AMT_REIM	The accumulation of the reimbursement amounts for the paid claims during the reporting period.	NUMBER	12	2	N
AMT_PAID	The accumulation of the paid amounts for the paid claims during the reporting period.	NUMBER	12	2	N
AMT_TPL	The accumulation of claim TPL amounts reported by billing providers during the reporting period.	NUMBER	12	2	N
CNT_CL_DENIED	The total number claims denied during the reporting period.	NUMBER	9	0	N
AMT_BILLED_DENIED	The accumulation of the billed amounts for the denied claims during the reporting period.	NUMBER	12	2	N

2.13.16 T_MR_PROV_DENIED

This table contains summarized denied claims information by provider peer group.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_RPT_PRD	Date representing MAR reporting month.	DATE	0	0	N
IND_FFS	Indicates if record is Fee For Service (FFS) or Encounter. Value 'Y' is FFS; 'N' is Encounter.	CHAR	1	0	N
CDE_PGM_HEALTH	Code identifying the medical assistance program.	CHAR	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_FUND_CODE	Code used in financial reporting to correctly categorize funds (money).	CHAR	3	0	N
CDE_PROV_TYPE	Code describing the services a provider is licensed to perform.	CHAR	2	0	N
CDE_PROV_SPEC	Code describing the scope of practice for the provider type.	CHAR	3	0	N
CDE_SOURCE	Code indicating the source for the data on this row. Valid values are: CO - Claim original; CV - Claim void (the negative reversal); CA - Claim adjustment (the daughter); EO - Encounter original claim; EV - Encounter void claim (the negative reversal); EA - Encounter adjustment claim (the daughter); CP - Capitation transaction; EX - Expenditure transaction; AR - A/R transaction.	CHAR	2	0	N
CDE_COUNTY	This is the county of the billing provider's service location.	VARCHAR2	10	0	N
CDE_STATE_REGION	Code for the geographic state region calculated from the billing provider's service location county.	CHAR	1	0	N
SAK_PROV_LOC	Identification number for the provider billing the claim.	NUMBER	9	0	N
CNT_CLAIMS	The total number of claims denied during the reporting period.	NUMBER	9	0	N
CNT_CLAIMS_CORR	The number of denied claims during the reporting period that received some form of correction.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CNT_CLAIMS_OVRD	The number of claims denied after overriding a claim edit during the reporting period.	NUMBER	9	0	N
CNT_CLAIMS_ERRORS	The count of denied claims that contained errors during the reporting period.	NUMBER	9	0	N
AMT_BILLED	The accumulation of the billed amounts for the denied claims during the reporting period.	NUMBER	12	2	N

2.13.17 T_MR_PROV_PERFORM

This table contains summarized data about provider claim time to filing and time to finalization (including and excluding days spent in State and CCF locations)

Column Name	Description	Type	Length	Precision	Primary Key
DTE_RPT_PRD	Date representing MAR reporting month.	DATE	0	0	N
IND_FFS	Indicates if record is Fee For Service (FFS) or Encounter. Value 'Y' is FFS; 'N' is Encounter.	CHAR	1	0	N
CDE_PGM_HEALTH	Code identifying the medical assistance program.	CHAR	5	0	N
CDE_FUND_CODE	Code used in financial reporting to correctly categorize funds (money).	CHAR	3	0	N
CDE_PROV_TYPE	Code describing the services a provider is licensed to perform.	CHAR	2	0	N
CDE_PROV_SPEC	Code describing the scope of practice for the provider type.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SOURCE	Code indicating the source for the data on this row. Valid values are: CO - Claim original; CV - Claim void (the negative reversal); CA - Claim adjustment (the daughter); EO - Encounter original claim; EV - Encounter void claim (the negative reversal); EA - Encounter adjustment claim (the daughter); CP - Capitation transaction; EX - Expenditure transaction; AR - A/R transaction.	CHAR	2	0	N
CDE_COUNTY	This is the county of the billing provider's service location.	VARCHAR2	10	0	N
CDE_STATE_REGION	Code for the geographic state region calculated from the billing provider's service location county.	CHAR	1	0	N
SAK_PROV_LOC	Identification number for the provider billing the claim.	NUMBER	9	0	N
CDE_THRUPUT_TYPE	Code identifying the type of throughput days grouping represented in the Paid Claims Days Count (CNT_PC_DAYS) field.	CHAR	2	0	N
SAK_THRUPUT_GRP	System assigned key for the range of throughput days.	NUMBER	4	0	N
CNT_PC_DAYS	Represents the number of days for the Throughput Type Code (CDE_THRUPUT_TYPE). This field is used with the applicable claim count fields in this table to display the number of claims for the desired day range.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CNT_CL_DOS_DOR	The number of claims with a date of service (DOS) to date of receipt (DOR) day range for the value in the Paid Claim Days Count (CNT_PC_DAYS) field.	NUMBER	9	0	N
CNT_CL_DOS_DOP	The number of claims with a date of service (DOS) to date of payment (DOP) day range for the value in the Paid Claim Days Count (CNT_PC_DAYS) field.	NUMBER	9	0	N
CNT_CL_DOR_DOP	The number of claims with a date of receipt (DOR) to date of payment (DOP) day range for the value in the Paid Claim Days Count (CNT_PC_DAYS) field.	NUMBER	9	0	N
CDE_COS_ST	MAR State Category of Service Code.	CHAR	2	0	N
CDE_COS_SUB	MAR State Sub Category of Service Code.	CHAR	2	0	N
AMT_PAID	Amount that will be applied toward the check amount.	NUMBER	12	2	N

2.13.18 T_MR_PROV_RE

This table contains summarized recipient ID information by provider peer group.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_RPT_PRD	Date representing MAR reporting month.	DATE	0	0	N
IND_FFS	Indicates if record is Fee For Service (FFS) or Encounter. Value 'Y' is FFS; 'N' is Encounter.	CHAR	1	0	N
CDE_PGM_HEALTH	Code identifying the medical assistance program.	CHAR	5	0	N
CDE_FUND_CODE	Code used in financial reporting to correctly categorize funds (money).	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_TYPE	Code describing the services a provider is licensed to perform.	CHAR	2	0	N
CDE_PROV_SPEC	Code describing the scope of practice for the provider type.	CHAR	3	0	N
CDE_CLM_TYPE	Code describing the type of Medicaid claim being processed.	CHAR	1	0	N
CDE_CLM_REGION	Code indicating the media on which a claim entered the MMIS.	CHAR	2	0	N
CDE_SOURCE	Code indicating the source for the data on this row. Valid values are: CO - Claim original; CV - Claim void (the negative reversal); CA - Claim adjustment (the daughter); EO - Encounter original claim; EV - Encounter void claim (the negative reversal); EA - Encounter adjustment claim (the daughter); CP - Capitation transaction; EX - Expenditure transaction; AR - A/R transaction.	CHAR	2	0	N
CDE_COUNTY	This is the county of the billing provider's service location.	VARCHAR2	10	0	N
CDE_STATE_REGION	Code for the geographic state region calculated from the billing provider's service location county.	CHAR	1	0	N
CDE_COS_ST	Code for the State category of service (COS) that defines the grouping of services appearing on State MAR reports.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COS_SUB	Code for a sub-category of service (COS) that provides a more detailed State Category of Service classification in MAR state reporting.	CHAR	2	0	N
SAK_PROV_LOC	Identification number for the provider billing the claim.	NUMBER	9	0	N
ID_MEDICAID	Unique identification number for the recipient.	CHAR	12	0	N

2.13.19 T_MR_PROV_SUSP

This table contains suspended claim information by a provider peer group, representing a snap shot of the suspense inventory at the end of the MAR month.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_RPT_PRD	Date representing MAR reporting month.	DATE	7	0	N
CDE_PGM_HEALTH	Code identifying the medical assistance program.	CHAR	5	0	N
CDE_PROV_TYPE	Code describing the services a provider is licensed to perform.	CHAR	2	0	N
CDE_PROV_SPEC	A value used to indicate the scope of practice for the provider type.	CHAR	3	0	N
CDE_CLM_TYPE	Code describing the type of Medicaid claim being processed.	CHAR	1	0	N
AMT_BILLED	The accumulation of the billed amounts for the suspended claims for the reporting period.	NUMBER	12	2	N
CNT_SUSPENSE_CL	Number of claims in suspense at the end of the report month	NUMBER	9	0	N
CDE_COS_ST	Code for the State category of service (COS) that defines the grouping of services appearing on State MAR reports.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COS_SUB	Code for a sub-category of service (COS) that provides a more detailed State Category of Service classification in MAR state reporting.	CHAR	2	0	N

2.13.20 T_MR_PR_ENROL

This table identifies providers enrolled in programs supported by the claim payment system.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_MR_PR_ENROL	A system assigned key (SAK) used to describe provider enrollment peer group information.	NUMBER	9	0	N
DTE_EFFECTIVE	The provider's start date of enrollment.	DATE	7	0	N
DTE_END	The provider's end date of enrollment.	DATE	7	0	N
ID_PROV_BASE	Identification number for the enrolled provider.	CHAR	15	0	N

2.13.21 T_MR_PR_ENROL_SAK

This table defines system keys used to categorize providers enrolled in one of the supported health care programs.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_MR_PR_ENROL	A system assigned key (SAK) used to describe provider enrollment peer group information.	NUMBER	9	0	N
CDE_PROV_TYPE	Code describing the services a provider is licensed to perform.	CHAR	2	0	N
CDE_PROV_SPEC	Code describing the scope of practice for the provider type.	CHAR	3	0	N
CDE_COUNTY	This is the county of the enrolled provider's service location.	VARCHAR2	10	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATE_REGION	Code for the geographic state region calculated from the enrolled provider's service location county.	CHAR	1	0	N
IND_MANAGED_CARE	A code indicating if the provider participates in a managed care program.	CHAR	1	0	N

2.13.22 T_MR_RE

This table contains recipient ID information used to calculate unduplicated recipient counts (participating recipient counts) for windows and reports using recipient characteristics as the reporting criteria.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_RPT_PRD	Date representing MAR reporting month.	DATE	7	0	N
IND_FFS	Indicates if record is Fee For Service (FFS) or Encounter. Value 'Y' is FFS; 'N' is Encounter.	CHAR	1	0	N
CDE_PGM_HEALTH	Code identifying the medical assistance program.	CHAR	5	0	N
CDE_FUND_CODE	Code used in financial reporting to correctly categorize funds (money).	CHAR	3	0	N
CDE_COUNTY	This is the recipient's county of residence.	VARCHAR2	10	0	N
CDE_STATE_REGION	Code for the geographic state region calculated from the recipient's county of residence.	CHAR	1	0	N
CDE_COS_ST	Code for the State category of service (COS) that defines the grouping of services appearing on State MAR reports.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COS_SUB	Code for a sub-category of service (COS) that provides a more detailed State Category of Service classification in MAR state reporting.	CHAR	2	0	N
CDE_AID_CATEGORY	Code identifying the type of aid for which a recipient is eligible.	CHAR	2	0	N
CDE_PGM_STATUS	The program status code adds more information to the eligibility defined by the program code (stored as cde_aid_category in interChange).	CHAR	2	0	N
CDE_IMID	The unique code used to categorize a recipient, primarily in terms of their family arrangement/status.	CHAR	2	0	N
CDE_SOURCE	Code indicating the source for the data on this row. Valid values are: CO - Claim original; CV - Claim void (the negative reversal); CA - Claim adjustment (the daughter); EO - Encounter original claim; EV - Encounter void claim (the negative reversal); EA - Encounter adjustment claim (the daughter); CP - Capitation transaction; EX - Expenditure transaction; AR - A/R transaction.	CHAR	2	0	N
CDE_CLM_TYPE	Code describing the type of Medicaid claim being processed.	CHAR	1	0	N
SAK_AGE_GROUP	A system assigned key (SAK) used to describe a recipient age grouping.	NUMBER	9	0	N
CDE_RACE	This is the race code of the recipient.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SEX	This is the gender of the recipient.	CHAR	1	0	N
ID_MEDICAID	Unique identification number for the recipient.	CHAR	12	0	N

2.13.23 T_MR_RECIP

This table contains summarized paid and denied claims information by recipient peer group.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_RPT_PRD	Date representing MAR reporting month.	DATE	7	0	N
IND_FFS	Indicates if record is Fee For Service (FFS) or Encounter. Value 'Y' is FFS; 'N' is Encounter.	CHAR	1	0	N
CDE_PGM_HEALTH	Code identifying the medical assistance program.	CHAR	5	0	N
CDE_FUND_CODE	Code used in financial reporting to correctly categorize funds (money).	CHAR	3	0	N
CDE_AID_CATEGORY	Code identifying the type of aid for which a recipient is eligible.	CHAR	2	0	N
CDE_PGM_STATUS	The program status code adds more information to the eligibility defined by the program code (stored as cde_aid_category in interChange).	CHAR	2	0	N
CDE_IMID	The unique code used to categorize a recipient, primarily in terms of their family arrangement/status.	CHAR	2	0	N
CDE_CLM_REGION	Code indicating the media on which a claim entered the MMIS.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SOURCE	Code indicating the source for the data on this row. Valid values are: CO - Claim original; CV - Claim void (the negative reversal); CA - Claim adjustment (the daughter); EO - Encounter original claim; EV - Encounter void claim (the negative reversal); EA - Encounter adjustment claim (the daughter); CP - Capitation transaction; EX - Expenditure transaction; AR - A/R transaction.	CHAR	2	0	N
CDE_CLM_TYPE	Code describing the type of Medicaid claim being processed.	CHAR	1	0	N
CDE_COS_ST	Code for the State category of service (COS) that defines the grouping of services appearing on State MAR reports.	CHAR	2	0	N
CDE_COS_SUB	Code for a sub-category of service (COS) that provides a more detailed State Category of Service classification in MAR state reporting.	CHAR	2	0	N
SAK_COPAY_TYPE	System assigned key for the co-payment type.	NUMBER	9	0	N
CNT_CLAIMS_PAID	The number of paid claims for the reporting period.	NUMBER	9	0	N
AMT_BILLED	The accumulation of the billed amounts for the paid claims during the reporting period.	NUMBER	12	2	N
AMT_ALWD	The accumulation of the allowed amounts for the paid claims for the reporting period.	NUMBER	12	2	N
AMT_REIM	The accumulation of the reimbursement amounts for the paid claims for the reporting period.	NUMBER	12	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_PAID	The accumulation of the paid amounts for the paid claims for the reporting period.	NUMBER	12	2	N
CNT_UNITS_SERV	The accumulation of the units of service for the paid claims for the reporting period.	NUMBER	9	0	N
CNT_CL_DENIED	The total number of claims denied during the reporting period.	NUMBER	9	0	N
AMT_BILLED_DENIED	The accumulation of the billed amounts for the denied claims during the reporting period.	NUMBER	12	2	N
AMT_COPAY	The accumulation of the co-payment amounts for paid claims during the reporting period.	NUMBER	12	2	N

2.13.24 T_MR_RECIP_RANK

This table contains summarized paid and denied claim statistics by recipient. This table is used to support the Recipient Ranking MAR window.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_RPT_PRD	Date representing MAR reporting month.	DATE	7	0	N
IND_FFS	Indicates if record is Fee For Service (FFS) or Encounter. Value 'Y' is FFS; 'N' is Encounter.	CHAR	1	0	N
CDE_PGM_HEALTH	Code identifying the medical assistance program.	CHAR	5	0	N
CDE_FUND_CODE	Code used in financial reporting to correctly categorize funds (money).	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SOURCE	Code indicating the source for the data on this row. Valid values are: CO - Claim original; CV - Claim void (the negative reversal); CA - Claim adjustment (the daughter); EO - Encounter original claim; EV - Encounter void claim (the negative reversal); EA - Encounter adjustment claim (the daughter); CP - Capitation transaction; EX - Expenditure transaction; AR - A/R transaction.	CHAR	2	0	N
CDE_COUNTY	This is the recipient's county of residence.	VARCHAR2	10	0	N
CDE_STATE_REGION	Code for the geographic state region calculated from the recipient's county of residence.	CHAR	1	0	N
CDE_CLM_TYPE	Code describing the type of Medicaid claim being processed.	CHAR	1	0	N
CDE_AID_CATEGORY	Code identifying the type of aid for which a recipient is eligible.	CHAR	2	0	N
CDE_PGM_STATUS	The program status code adds more information to the eligibility defined by the program code (stored as cde_aid_category in interChange)	CHAR	2	0	N
CDE_IMID	The unique code used to categorize a recipient, primarily in terms of their family arrangement/status.	CHAR	2	0	N
ID_MEDICAID	Unique identification number for the recipient.	CHAR	12	0	N
CNT_CLAIMS_PAID	The number of paid claims for the reporting period.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_BILLED_PAID	The accumulation of the billed amounts for the paid claims during the reporting period.	NUMBER	12	2	N
AMT_REIM	The accumulation of the reimbursement amounts for the paid claims during the reporting period.	NUMBER	12	2	N
AMT_PAID	The accumulation of the paid amounts for the paid claims during the reporting period.	NUMBER	12	2	N
CNT_CL_DENIED	The total number claims denied during the reporting period.	NUMBER	9	0	N
AMT_BILLED_DENIED	The accumulation of the billed amounts for the denied claims during the reporting period.	NUMBER	12	2	N

2.13.25 T_MR_RE_CNTY

This table contains summarized paid claims information by recipient peer group, county, gender and race. This table is primarily used for MAR windows MRAC and MRCS.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_RPT_PRD	Date representing MAR reporting month.	DATE	7	0	N
IND_FFS	Indicates if record is Fee For Service (FFS) or Encounter. Value 'Y' is FFS; 'N' is Encounter.	CHAR	1	0	N
CDE_PGM_HEALTH	Code identifying the medical assistance program.	CHAR	5	0	N
CDE_FUND_CODE	Code used in financial reporting to correctly categorize funds (money).	CHAR	3	0	N
CDE_AID_CATEGORY	Code identifying the type of aid for which a recipient is eligible.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PGM_STATUS	The program status code adds more information to the eligibility defined by the program code (stored as cde_aid_category in interChange)	CHAR	2	0	N
CDE_IMID	The unique code used to categorize a recipient, primarily in terms of their family arrangement/status.	CHAR	2	0	N
SAK_AGE_GROUP	A system assigned key (SAK) used to describe a recipient age grouping.	NUMBER	9	0	N
CDE_COS_ST	Code for the State category of service (COS) that defines the grouping of services appearing on State MAR reports.c.).	CHAR	2	0	N
CDE_COS_SUB	Code for a sub-category of service (COS) that provides a more detailed State Category of Service classification in MAR state reporting.	CHAR	2	0	N
CDE_COUNTY	This is the recipient's county of residence.	VARCHAR2	10	0	N
CDE_STATE_REGION	Code for the geographic state region calculated from the recipient's county of residence.	CHAR	1	0	N
CDE_CLM_REGION	Code indicating the media on which a claim entered the MMIS.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SOURCE	Code indicating the source for the data on this row. Valid values are: CO - Claim original; CV - Claim void (the negative reversal); CA - Claim adjustment (the daughter); EO - Encounter original claim; EV - Encounter void claim (the negative reversal); EA - Encounter adjustment claim (the daughter); CP - Capitation transaction; EX - Expenditure transaction; AR - A/R transaction.	CHAR	2	0	N
CDE_CLM_TYPE	Code describing the type of Medicaid claim being processed.	CHAR	1	0	N
CDE_RACE	This is the race code of the recipient.	CHAR	2	0	N
CDE_SEX	This is the gender code of the recipient.	CHAR	1	0	N
CNT_CLAIMS	The total number of claims paid during the reporting period.	NUMBER	9	0	N
CNT_UNITS_SERV	The accumulation of the units of service for the paid claims for the reporting period.	NUMBER	9	0	N
AMT_BILLED	The accumulation of the billed amounts for the paid claims during the reporting period.	NUMBER	12	2	N
AMT_ALWD	The accumulation of the allowed amounts for the paid claims for the reporting period.	NUMBER	12	2	N
AMT_REIM	The accumulation of the reimbursement amounts for the paid claims for the reporting period.	NUMBER	12	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_PAID	The accumulation of the paid amounts for the paid claims for the reporting period.	NUMBER	12	2	N

2.13.26 T_MR_WVR_CLM

This table stores claims reported on the CMS 372 federal report for the indicated DTE_RPT_PRD_END. A CMS 372 report is required annually for each State 1915(c) waiver program and is produced for 2 years based on date of service. This table is used by technical staff to research questions regarding the recipients/dollars reported on each section of the summarized CMS 372 report.

Column Name	Description	Type	Length	Precision	Primary Key
ID_WVR	This is a unique identifier for the waiver used by internal programs to produce the CMS 372 reports. These values will vary with each State waiver.	CHAR	3	0	Y
DTE_RPT_PRD_END	Date representing the end date of the period where this record was reported.	DATE	7	0	Y
CDE_INIT_LAG	Code identifying whether this record is for the Initial (I) or Lag (L) reporting period.	CHAR	1	0	Y
CDE_LOC	Code identifying the recipient level of care where this record was reported.	CHAR	6	0	N
RPT_SECT	Value identifying the section of the CMS 372 where this record was reported.	CHAR	5	0	N
RPT_EXT_ROW	Value identifying the row within the RPT_SECT of the CMS 372 where this record was reported.	NUMBER	2	0	N
SAK_CLAIM	System assigned key that uniquely identifies the claim record.	NUMBER	9	0	N
NUM_DTL	The number of the detail on a claim record. This field will have a value of zero for header processed claims.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_ICN	Number assigned to a claim processed in the system. This number is used for control purposes.	CHAR	13	0	N
SAK_RECIP	System assigned key that uniquely identifies the recipient.	NUMBER	9	0	N
AMT_PAID	Payment amount reported on the CMS 372 for this record.	NUMBER	12	2	N

2.13.27 T_MR_WVR_ELG

This table stores recipient waiver and level of care days counts reported on the CMS 372 federal report for the indicated DTE_RPT_PRD_END. A CMS 372 report is required annually for each State 1915(c) waiver program and is produced for 2 years based on date of service. This table is used by technical staff to research questions regarding the days counts reported on the CMS 372.

Column Name	Description	Type	Length	Precision	Primary Key
ID_WVR	This is a unique identifier for the waiver used by internal programs to produce the CMS 372 reports. These values will vary with each State waiver.	CHAR	3	0	Y
DTE_RPT_PRD_END	Date representing the end date of the period where this record was reported.	DATE	7	0	Y
CDE_INIT_LAG	Code identifying whether this record is for the Initial (I) or Lag (L) reporting period.	CHAR	1	0	Y
CDE_LOC	Code identifying the recipient level of care where this record was reported.	CHAR	6	0	N
SAK_RECIP	System assigned key that uniquely identifies the recipient.	NUMBER	9	0	N
CNT_WVR_DAYS	This is the sum of the covered waiver days for this recipient within the level of care, initial/lag period, reporting period and waiver.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CNT_LTC_DAYS	This is the sum of the days of long term care coverage for this recipient within the level of care, initial/lag period, reporting period and waiver.	NUMBER	9	0	N

2.13.28 T_MR_WVR_SVC

This table is used to associate procedure groups with waiver report service lines.

Column Name	Description	Type	Length	Precision	Primary Key
ID_WVR	A code identifying the waiver program.	CHAR	3	0	Y
SEQ_WVR_SVC	An indicator that determines the order the waiver services for the specified waiver program will appear on the CMS 372 report.	NUMBER	4	0	Y
DSC_WVR_SVC	A description of the waiver service that will appear on the CMS 372 report.	CHAR	50	0	N
SAK_PROC_TYPE	A system assigned key (SAK) that represents the collection of procedure codes for the waiver service.	NUMBER	9	0	N
CDE_SVC_TYPE	Code describing the service group represented in the SAK_PROC_TYPE column. Values are 'P' - Procedure and 'R' - Revenue Code.	CHAR	1	0	N
DTE_EFFECTIVE	The date the waiver service is to become effective for the waiver program in MAR processing.	NUMBER	9	0	N
DTE_END	The last date the waiver service is in effect for the waiver program in MAR processing.	NUMBER	9	0	N

2.13.29 T_MR_XOVER

This table contains summarized Medicare A and B claims information. This table is primarily used for MAR windows MRMA, MRMB and MRMC.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_RPT_PRD	Date representing MAR reporting month.	DATE	7	0	N
IND_FFS	Indicates if record is Fee For Service (FFS) or Encounter. Value 'Y' is FFS; 'N' is Encounter.	CHAR	1	0	N
CDE_PGM_HEALTH	Code identifying the medical assistance program.	CHAR	5	0	N
CDE_FUND_CODE	Code used in financial reporting to correctly categorize funds (money).	CHAR	3	0	N
CDE_AID_CATEGORY	Code identifying the type of aid for which a recipient is eligible.	CHAR	2	0	N
CDE_CLM_REGION	Code indicating the media on which a claim entered the MMIS.	CHAR	2	0	N
CDE_SOURCE	Code indicating the source for the data on this row. Valid values are: CO - Claim original; CV - Claim void (the negative reversal); CA - Claim adjustment (the daughter); EO - Encounter original claim; EV - Encounter void claim (the negative reversal); EA - Encounter adjustment claim (the daughter); CP - Capitation transaction; EX - Expenditure transaction; AR - A/R transaction.	CHAR	2	0	N
CDE_CLM_TYPE	Code describing the type of Medicaid claim being processed.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COS_ST	Code for the State category of service (COS) that defines the grouping of services appearing on State MAR reports.	CHAR	2	0	N
CDE_COS_SUB	Code for a sub-category of service (COS) that provides a more detailed State Category of Service classification in MAR state reporting.	CHAR	2	0	N
CNT_CLAIMS	The total number of Medicare crossover claims paid for the reporting period.	NUMBER	9	0	N
AMT_PAID_MCARE	The accumulation of the paid amounts from the Medicare Part A crossover claims paid during the reporting period.	NUMBER	12	2	N
AMT_ALWD	The accumulation of the allowed amounts for the paid Medicare crossover claims paid during the reporting period.	NUMBER	12	2	N
AMT_REIM	The accumulation of the reimbursement amounts for the paid claims for the reporting period.	NUMBER	12	2	N
AMT_PAID	The accumulation of the paid amounts for the Medicare crossover paid claims paid during the reporting period.	NUMBER	12	2	N
AMT_DEDUCT	The accumulation of the deductible amounts from the Medicare crossover claims paid during the reporting period.	NUMBER	12	2	N
AMT_COINSURANCE	The accumulation of the deductible amounts from the Medicare crossover claims paid during the reporting period.	NUMBER	12	2	N

2.13.30 T_CDE_MSIS_ADJUST_IND

Adjustment Indicator Codes Code Information.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ADJUST_IND	Code indicating type of adjustment record claim/encounter represents.	CHAR	1	0	Yes
DSC_ADJUST_IND	CMS description for the adjustment indicator code.	VARCHAR2	200	0	No

2.13.31 T_MR_AGE_GROUP

Age Group Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
SAK_AGE_GROUP	A system assigned key (SAK) used to describe a recipient age grouping.	NUMBER	9	0	No
CDE_AGE_GROUP_TYPE	A code used to classify the age groupings.	CHAR	2	0	No
DSC_AGE_GROUP	A text description of the age grouping.	CHAR	15	0	No
AGE_BEGIN_GROUP	The starting age of an age grouping.	NUMBER	4	0	No
AGE_END_GROUP	The ending age of an age grouping.	NUMBER	4	0	No
IND_ACTIVE	The activity state of the age grouping. The valid values are 'Y', the age grouping is active; 'N', the age grouping is not active.	CHAR	1	0	No

2.13.32 T_CDE_MSIS_BOE

Basis of Eligibility Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BOE	Code indicating the individual's Basis of Eligibility (BOE) as of the last day of the month referenced.	CHAR	1	0	Yes
DSC_BOE	CMS description for the Basis of Eligiblity code.	VARCHAR2	200	0	No

2.13.33 T_CDE_MSIS_DUAL_ELIG

Dual Eligibility Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DUAL_ELIG	Code indicating coverage for individuals entitled to Medicare (Part A and/or B benefits) and eligible for some category of Medicaid benefits.	CHAR	2	0	Yes
DSC_DUAL_ELIG	CMS description for the dual eligibles code.	VARCHAR2	300	0	No

2.13.34 T_CDE_MSIS_ELIG_GROUP

Eligibility Group Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ELIG_GROUP	A code which is a composite of eligibility mapping factors used to create the corresponding Maintenance Assistance Status (MAS) and Basis of Eligibility (BOE) values.	CHAR	6	0	Yes
DSC_ELIG_GROUP	Description for the eligibility group.	VARCHAR2	500	0	No

2.13.35 T_CDE_MSIS_ETHNICITY

Ethnicity Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ETHNICITY	A code indicating if the eligible has indicated an ethnicity of Hispanic or Latino.	CHAR	1	0	Yes
DSC_ETHNICITY	CMS description for the ethnicity code.	VARCHAR2	30	0	No

2.13.36 T_CDE_MSIS_HLTH_INS

Health Insurance Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_HLTH_INS	A code indicating whether this enrollee had private health insurance coverage during the month. This includes both coverage purchased by the State or by a third party. Medicare is not considered private health insurance. Enrollment in a Medicaid/Medicare HMO does not constitute health insurance for this data element.	CHAR	1	0	Yes
DSC_HLTH_INS	CMS description for the health insurance code.	VARCHAR2	50	0	No

2.13.37 T_CDE_MSIS_INCOME

Income Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_INCOME	A code indicating the family income level associated with the SCHIP program reporting requirements for the month. This code is to be reported for Medicaid eligibles below the SCHIP age limit, Medicaid expansion SCHIP enrollees and non-Medicaid SCHIP eligibles reported by the State. For States not opting to provide this data on ANY eligible records, blank-fill this field.	CHAR	2	0	Yes
DSC_INCOME	CMS description for the income code.	VARCHAR2	100	0	No

2.13.38 T_MR_THRUPUT_GRP

Intervals for Claims Processing Performance Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_THRUPUT_TYPE	Code identifying the type of throughput days grouping.	CHAR	2	0	No
SAK_THRUPUT_GRP	System assigned key for the range of throughput days.	NUMBER	4	0	No
DSC_THRUPUT_GRP	Description for the throughput group.	CHAR	25	0	No
DAYS_BEGIN_GRP	Begin Throughput Days	NUMBER	4	0	No
DAYS_END_GRP	Ending Throughput Days	NUMBER	4	0	No
IND_ACTIVE	The activity state of the throughput grouping. The valid values are 'Y', the grouping is active; 'N', the grouping is not active.	CHAR	1	0	No

2.13.39 T_MR_NONCLAIM_TYPE

MAR CDE Claim Type Values Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLM_TYPE	A value used to describe the type of Medicaid record being processed.	CHAR	1	0	Yes
DSC_CLM_TYPE	A description for the claim type value.	CHAR	50	0	No

2.13.40 T_CDE_MSIS_MAS

Maintenance Assistance Status Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MAS	A code indicating an eligible's Maintenance Assistance Status (MAS).	CHAR	1	0	Yes
DSC_MAS	CMS description for the MAS code.	VARCHAR2	50	0	No

2.13.41 T_CDE_MSIS_REFILL_IND

New Refill Indicator Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REFILL_IND	Code indicating whether the prescription being filled was a new prescription or a refill. If it is a refill, the value in this field be the number of refills.	CHAR	2	0	Yes
DSC_REFILL_IND	CMS description for the refill indicator code.	VARCHAR2	30	0	No

2.13.42 T_CDE_MSIS_PATIENT_STAT

Patient Status Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PATIENT_STATUS	Code indicating indicating the patient's status as of the ending date of service.	CHAR	2	0	Yes
DSC_PATIENT_STATUS	CMS description for the patient status code.	VARCHAR2	200	0	No

2.13.43 T_CDE_MSIS_POS

Place of Service Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_POS	A code indicating where the service was performed	CHAR	2	0	Yes
DSC_POS	CMS description for the place of service code.	VARCHAR2	75	0	No

2.13.44 T_CDE_MSIS_PLAN_TYPE

Plan Type Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PLAN_TYPE	A code specifying up to four managed care plan types under which the eligible individual is	CHAR	2	0	Yes

	covered during the month.				
DSC_PLAN_TYPE	CMS description for the plan type code.	VARCHAR2	150	0	No

2.13.45 T_CDE_MSIS_PROC_FLAG

Procedure Code Flag Principal Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROC_FLAG	A code that identifies the coding system used for the procedure code.	CHAR	2	0	Yes
DSC_PROC_FLAG	CMS description for the procedure code flag code.	VARCHAR2	75	0	No

2.13.46 T_CDE_MSIS_PGM_TYPE

Program Type Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PGM_TYPE	A code indicating special Medicaid program under which the service was provided.	CHAR	1	0	Yes
DSC_PGM_TYPE	CMS description for the program type code.	VARCHAR2	150	0	No

2.13.47 T_CDE_MSIS_RACE

Race Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
NUM_RACE_FIELD	Number specifying the race code field on the eligibles file for which the code and description apply. If the value is 1 this record corresponds to the RACE-CODE-1 field. Value of 2 is for RACE-CODE-2, etc.	NUMBER	2	0	Yes
CDE_RACE	Code value that functions as a flag to indicate if the eligible's race demographics include this race.	CHAR	1	0	Yes
DSC_RACE	CMS description for the race code.	VARCHAR2	75	0	No

2.13.48 T_CDE_MSIS_RACE_ETHNIC

Race Ethnicity Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RACE_ETHNIC	A code indicating the eligible's race/ethnicity.	CHAR	1	0	Yes
DSC_RACE_ETHNIC	CMS description for the race/ethnicity code.	VARCHAR2	50	0	No

2.13.49 T_MR_COPAY_TYPE

Member Copayment Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
SAK_COPAY_TYPE	A system assigned key to identify the copayment type.	NUMBER	9	0	Yes
DSC_COPAY_TYPE	A description of the copayment type.	CHAR	50	0	No
IND_ACTIVE	An indicator used to specify if the co-payment category is active. Valid values for this indicator are A - active; I - inactive.	CHAR	1	0	No

2.13.50 T_CDE_MSIS_RESTRICT_BEN

Restrict Benefit Plan Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RESTRICT_BEN	A code indicating the scope of Medicaid benefits to which an eligible is entitled during each month.	CHAR	1	0	Yes
DSC_RESTRICT_BEN	CMS description for the restricted benefits code.	VARCHAR2	300	0	No

2.13.51 T_CDE_MSIS_SCHIP

Schip Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SCHIP	A code indicating the individual's inclusion in the SCHIP program for the	CHAR	1	0	Yes

	month.				
DSC_SCHIP	CMS description for the SCHIP code.	VARCHAR2	300	0	No

2.13.52 T_CDE_MSIS_SEX

2.14 Sex Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SEX	A code indicating the eligibles gender.	CHAR	1	0	Yes
DSC_SEX	CMS description for the sex code	VARCHAR2	20	0	No

2.14.1 T_MR_FIPS

State County and Federal County Codes Xref Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COUNTY	A character code used to indicate a county in the state.	VARCHAR2	10	0	Yes
CDE_FIPS	The federal assigned code for the county.	CHAR	3	0	No

2.14.2 T_CDE_MSIS_TANF_CASH

Tanf Cash Flag Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TANF_CASH	A code indicating whether the eligible received Temporary Assistance for Needy Families (TANF) benefits during the month.	CHAR	1	0	Yes
DSC_TANF_CASH	CMS description for the TANF cash code.	VARCHAR2	300	0	No

2.14.3 T_MR_CDE_SOURCE

Transaction Types Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SOURCE	A code indicating the source for the data on this row. Valid values are: CO - Claim original; CV - Claim void (the negative reversal); CA -	CHAR	2	0	Yes

	Claim adjustment (the daughter); EO - Encounter original claim; EV - Encounter void claim (the negative reversal); EA - Encounter adjustment claim (the daughter); CP - Capitation transaction; EX - Expenditure transaction; AR - A/R transaction.				
DSC_SOURCE	A description of the transaction type value.	CHAR	50	0	No

2.14.4 Type of Claim Codes - T_CDE_MSIS_TYPE_CLAIM

Type of Claim Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TYPE_CLAIM		CHAR	1	0	Yes
DSC_TYPE_CLAIM	CMS description for the type of claim code.	VARCHAR2	500	0	No

2.14.5 T_CDE_MSIS_RECORD_TYPE

Type of Record Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RECORD_TYPE	A code indicating whether the eligibility information contained in this record refers to the current fiscal quarter (the quarter specified in the Header Record) or to a previous quarter. A previous quarter could pertain to either retroactive eligibility or to a record that corrects eligibility information submitted in an earlier quarter.	CHAR	1	0	Yes
DSC_RECORD_TYPE	CMS description for the record type code.	VARCHAR2	500	0	No

2.14.6 T_CDE_MSIS_WAIVER_ID

Waiver ID Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_WAIVER_ID	A code specifying up to three waiver programs under which the eligible individual is covered during the month. These IDs must be assigned	CHAR	2	0	Yes

	by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered. The categories of waiver programs include 1915(b), 1915(c), combined (b)/(c) programs, and 1115 demonstrations. Individuals are to be associated with a specific waiver only if they are enrolled in a waiver program.				
DSC_WAIVER_ID	State description for the waiver ID code	VARCHAR2	500	0	No

2.14.7 T_CDE_MSIS_WAIVER_TYPE

Waiver Type Codes Code Information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_WAIVER_TYPE	A code for specifying up to three waiver types under which the eligible individual is covered during the month.	CHAR	1	0	Yes
DSC_WAIVER_TYPE	CMS description for the waiver type code.	VARCHAR2	500	0	No

Provider Data Maintenance Detailed System Design

Kentucky MMIS Project

Cabinet for Health and Family Services
Department for Medicaid Services

March 7, 2008

Cabinet for Health and Family Services Department for Medicaid Services	
Role:	Name:
Author	Amy Sanders
Reviewer	Patti George
EDS Management	Glenn Jennings, Account Manager
Client	Commissioner Elizabeth Johnson Deputy Commissioner Carrie Banahan Claims Division Director Rhonda Poston Executive Director/CIO Lorna S. Jones Chief Technical Officer Sandeep Kapoor
DELIVERABLE TITLE: Provider Data Maintenance Detailed System Design	DATE SUBMITTED: March 7, 2008
FILE NAME: KY_MMIS_Provider_Data_Maintenance_DSD_REFRESH_v6.3_FINAL_(03-07-2008).doc	AUTHORING TOOL: MSWord2003

Document Change Log

Version	Changed Date	Changed By	Reason
1.0	8/24/2007	Jeff Layton	Creation of new document – 1st draft.
2.0	8/27/2007	Jeff Layton	Revisions made according to internal review comments – 2nd Draft.
3.0		Jeff Layton	Revisions made according to Commonwealth comments – 3rd Draft.
4.0		Jeff Layton	Revisions made according to Walkthrough Comment Log – FINAL.
5.0		Jeff Layton	Updated with the latest information - REFRESH.
6.0	12/07/2007	Jeff Layton	Global walkthrough updates
6.1	01/28/2008	Ann Murray	Updated Internal/External Interfaces section
6.2	01/30/2008	Cathy Hill	Made revisions requested by Commonwealth per Patti George.
6.3	02/29/2008	Cathy Hill	Made revisions per Patti George.

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1 Introduction

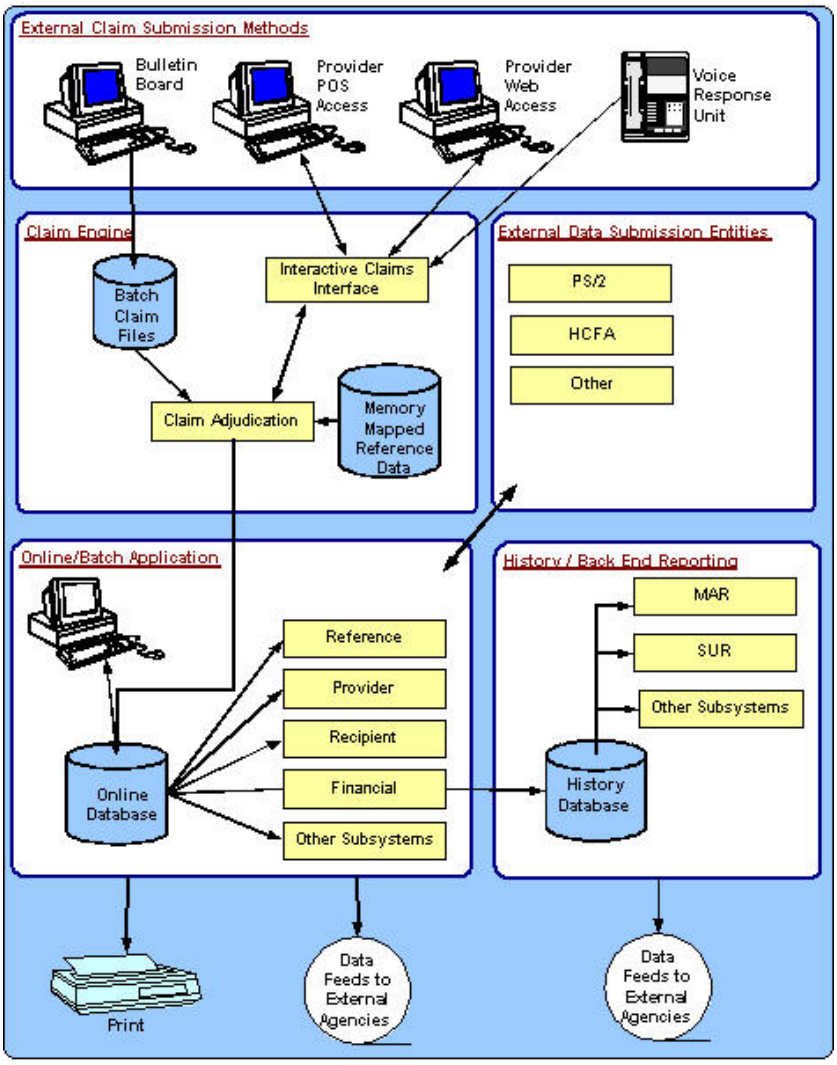
This document provides the Provider Data Maintenance Detailed System Design (DSD). The DSD validates the design process and approach to solution, and identifies those items as specified in the Kentucky MMIS (KY MMIS) Request for Proposal (RFP) and as specified by KyHealth Choices.

2 Provider Data Maintenance Detailed System Design

2.1 System Flow

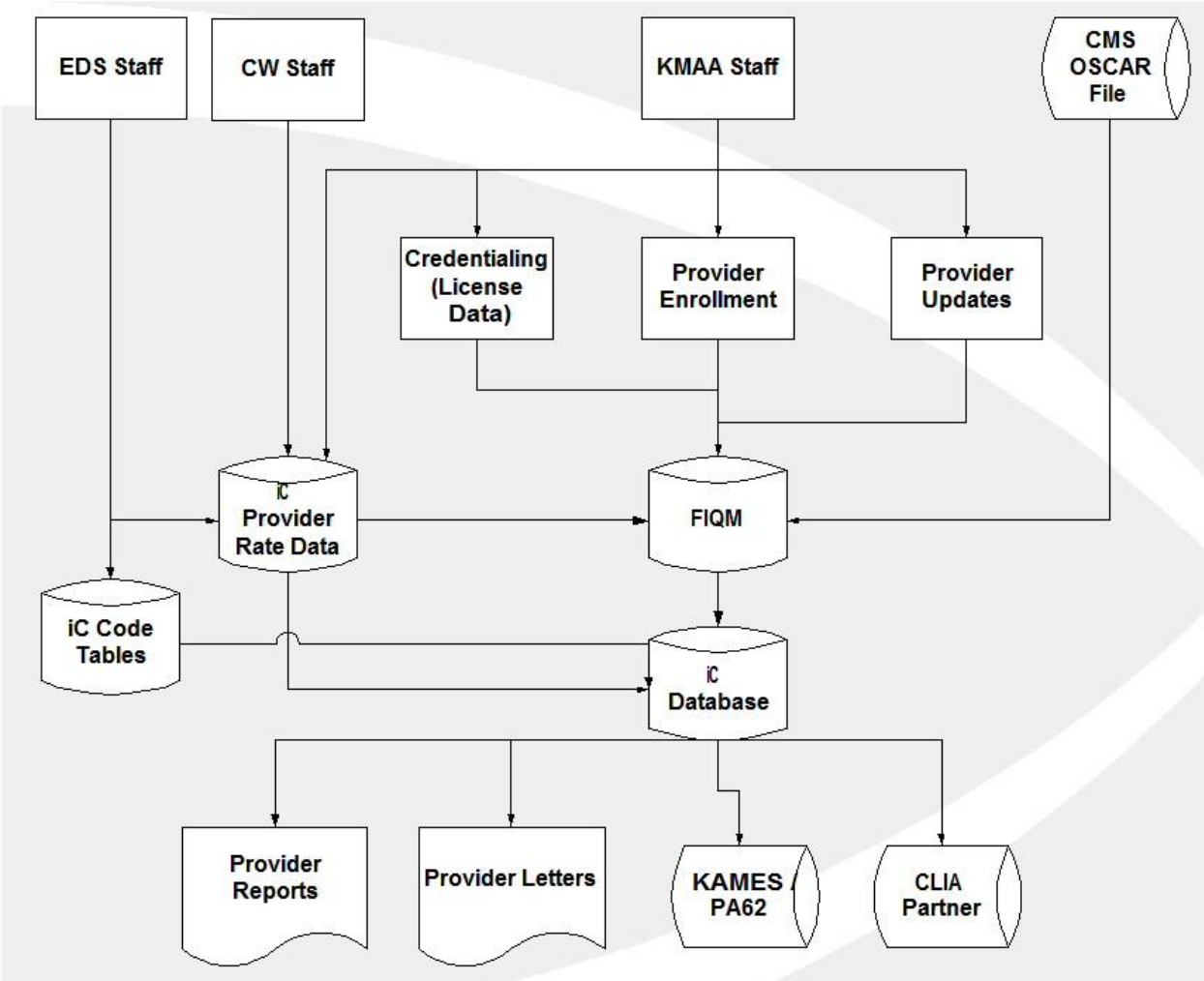
2.1.1 interChange System Architecture

The system is logically divided into four primary components: Claims engine, User Interface, Batch and the History and Back End Reporting. The Claims engine is responsible for receiving interactive transactions from external sources, adjudicating them and returning the appropriate response. The User Interface is an N-tier application providing segregated and loosely coupled presentation, business logic and data logic layers. The user interface provides access to the online subsystem functions through the web browser. The Batch component is responsible for maintaining and reporting on data contained within the online database. The History and Back End reporting component is responsible for analyzing, reporting and supporting the management of the activities that have occurred in the two front end systems. The system interfaces with a variety of data sources which influence processing within the system. The External data submission entities are organizations that supply information to the Medicaid Management Information System (MMIS).



2.1.2 Provider Data Maintenance Subsystem Flow

The following diagram represents Provider Data Maintenance input/output processing in a production context (job, jils, directories, and data).



2.2 Subsystem Description

2.2.1 Introduction to Provider Data Maintenance

The Provider Data Maintenance function maintains comprehensive, current, and historical information about providers eligible to participate in the Commonwealth's medical assistance program, KyHealth Choices. A single provider data repository is established and maintained with provider demographics, certification, license, CLIA, rate, and summary financial information. The repository also supports accurate and timely claim records processing, enhanced management reporting, as well as utilization review reporting and surveillance activities. The new MMIS must be capable of meeting the requirements of the National Provider Identification (NPI) standards of HIPAA. This requires identifying providers using the NPI and/or utilizing standards consistent with NPI and HIPAA requirements. This includes only one unique number for a provider, identifying all locations, provider types, specialties, authorization/certifications/licensing for services, and other required data for that provider as a logical record. The interChange Provider Data Maintenance function objectives are to:

a. Encourage the participation of qualified providers by facilitating an efficient and accurate enrollment and reenrollment process;
b. Provide for the processing of provider contracts and changes in a timely and accurate manner;
c. Maintain control over all provider data;
d. Maintain all demographic and rate information to support claims processing and reporting functions; and
e. Provide timely, efficient telephone responses to provider billing inquiries from the Kentucky Medicaid Administrative Agent (KMAA), using up-to-date information in the interChange system.

The major process flows for the Provider Data Maintenance function of the MMIS are:

a. Online Access for the provider enrollment staff.
b. Provider Reports for DMS and the provider enrollment staff to track and monitor providers.
c. Interfaces with various agencies for data exchanges.

2.2.1.1 Maintain Online Access to Provider Data Process Flow Diagram

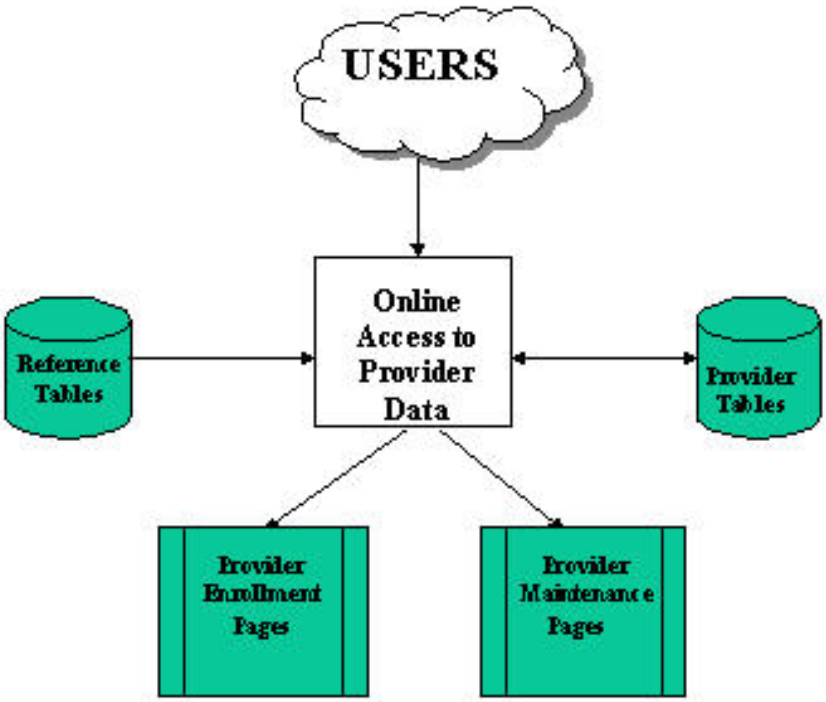


Diagram Abstract

The process flow diagram provides a visual representation of how the provider data maintenance subsystem maintains online access to provider data. The user has online access through browser pages to provider data maintained on the provider tables. The users have the ability to add providers through the provider enrollment pages or maintain existing providers through the provider maintenance pages. The detail of the data available on the pages can be found in the Internal Web and Panels sections of this document.

**EDS has this capability but this is currently a First Health function.

2.2.1.2 Provider Reports Process Flow Diagram

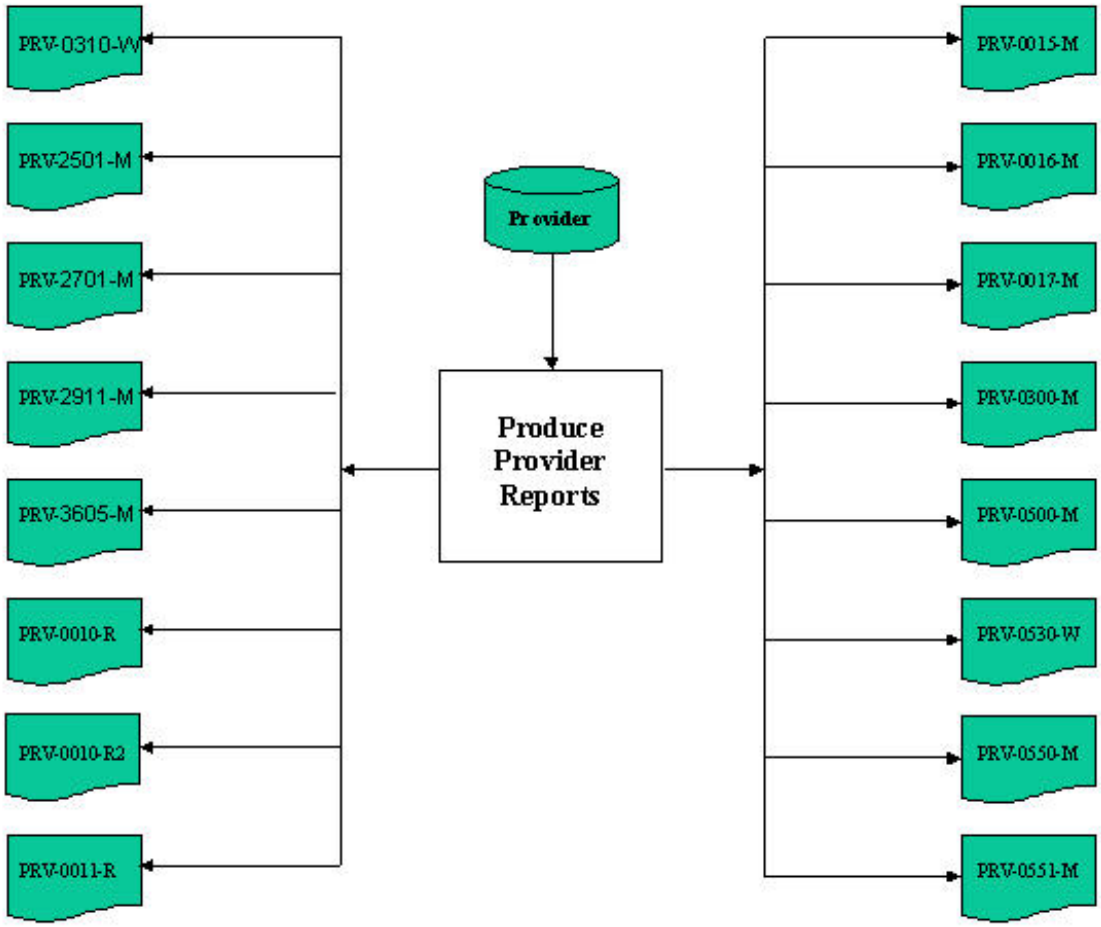
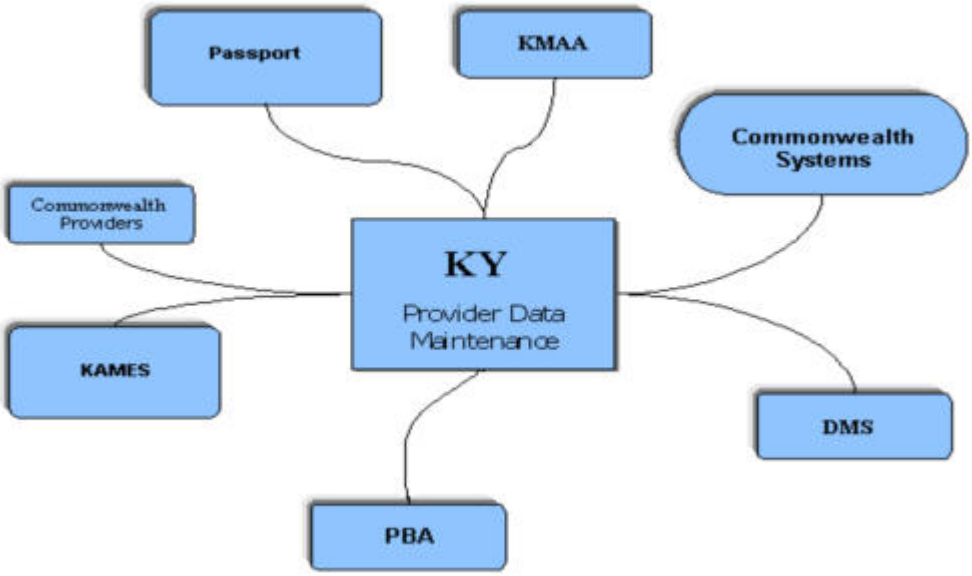


Diagram Abstract

The process flow diagram provides a visual representation of the provider data maintenance functional area reports that are generated. All reports are stored and accessible via the OnBase application. The report data is extracted from the provider data maintenance subsystem. The detailed layout of each report can be found in the report section of this document.

2.2.1.3 Provider Interfaces Process Flow Diagram



Acronym	Description
CMS	Centers for Medicaid and Medicare Services
CLIA	Clinical Laboratory Improvement Amendments
OSCAR	Online Survey Certification and Reporting
KAMES	Kentucky Automated Management and Eligibility System
KMAA	Kentucky Medicaid Administrative Agent

Diagram Abstract

The process flow diagram provides a visual representation of the external interfaces that send or receive provider data. The file layouts can be found in the Input/Output section of this document.

2.3 Provider Data Maintenance Processes

2.3.1 Provider Enrollment (Medicaid, KenPAC, Passport)

2.3.1.1 Process Description

All provider enrollments are made by the Kentucky Medicaid Administrative Agent (KMAA). KMAA sends real time transactions to EDS to insert the new provider data. As providers enroll with Medicaid they indicate whether they will also participate in KenPAC and/or Passport. Passport performs their own unique provider enrollment, although all Passport providers must have a Medicaid provider number.

2.3.1.2 interChange Process Narrative

interChange shares data with KMAA using transactional processing. The provider enrolls with KMAA and the provider's data is copied to interChange. When KMAA enrolls or updates a provider a transaction is sent to interChange, interChange processes this transaction and returns either an error condition or a Medicaid provider number.

In interChange, all provider data is stored in a centralized database. A provider that selects to participate in Medicaid and either KenPAC and/or Passport has only one provider record in this database. The provider contract displayed on the Provider Information Provider Maintenance Service Location page and updated on the Provider Contract panel indicates the contracts in which the provider has chosen to participate (Medicaid, KenPAC, Passport, Home and Community Based Services (HCBS), other waivers, and so on). A provider may have active contract segments for multiple programs. In other words, the provider may participate in multiple programs simultaneously (for example an Acute Care Hospital may be both In Patient and Out Patient contracts).

DMS sends all KenPAC updates to KMAA for processing. On a weekly basis KMAA creates a spreadsheet detailing all changes made that week which is delivered to DMS for verification. All changes made by KMAA in the FIQM system are passed directly through to the new MMIS.

The following pages, panels, and reports are the most commonly used to monitor enrollment activity.

Provider Search Page – Use this page to search for a provider using flexible search criteria. EDS and the Commonwealth use this page to search by any combination of the following data items:

- Provider Number;
- NPI
- Provider Name – search using as little as the first two characters of the last name or business name. Includes sounds-like capability.
- License Number;
- Tax ID;
- Medicare Number;
- CLIA Number;
- UPIN;

- Provider Type;
- Provider Specialty;
- Provider Contract;
- County;
- Zip Code;
- Electronic Billing Status (Y/N) ; and,
- Program Status.

Provider Information Provider Maintenance Service Location – This page lists all pertinent provider information on a single page. Select from the links on this page to update provider information.

Provider Contracts. – This panel allows EDS and the Commonwealth to insert and update the provider contract eligibility data. The user can add and end-date contracts on this panel. The user is forced to enter an end reason for each segment that is end dated.

Newly Enrolled Providers Report – This daily report lists all providers that have been enrolled that day.

Provider Enrollment Detail Report – This weekly detail report lists all providers that have been enrolled during the week

Provider Termination Report – This summary report lists all providers by type that have been terminated during the reporting month.

Provider Detail Termination Report – This detail report lists all providers that have been terminated during the reporting week and their total Accounts Receivable (A/R) outstanding amount.

Active Provider Type Trend Information – This summary reports by provider type showing the total enrollments, re-enrollments, and terminations during the reporting month. The report also lists the total active and inactive providers. Inactive is defined as not having billed in the last 12 months.

Active Provider Specialty Trend Information – This summary reports by provider specialty showing the total enrollments, re-enrollments, and terminations during the reporting month. The report also lists the total active and inactive providers. Inactive is defined as not having billed in the last 12 months.

2.3.1.3 Provider Enrollment (Medicaid, KenPAC, Passport)

These are the objects associated with Provider Enrollment.

Technical Name	Title	Type
ProviderSearch	Provider Search Page	Page
ProvInfProMainSL	Provider Information Provider Maintenance Service Location	Page
ProEligi	Provider Program Eligibility	Panel

Technical Name	Title	Type
PRV-0300-D	Newly Enrolled Providers	Report
PRV-0310-W	Provider Enrollment Detail Report	Report
PRV-0510-M	Provider Termination Report	Report
PRV-0520-W	Provider Detail Termination Report	Report
PRV-0550-M	Active Provider Type Trend Information	Report
PRV-0551-M	Active Provider Specialty Trend Information	Report

2.3.2 Maintain Provider Specific Rates

2.3.2.1 Process Description

Provider specific rates are maintained for Customary Charge, Diagnosis Related Grouping (DRG), custom contracts, and general rates.

2.3.2.2 interChange Process Narrative

Authorized users enter and update rates using the following panels:

Pricing Method	Panel
Customary Charge	Provider Customary Charge
DRG	Provider DRG Rate
Custom Contract	Provider Contract Rate
General Rates	Provider Rate

2.3.3 Provider Education

2.3.3.1 Process Description

Notices and Bulletins are published and disseminated to providers to educate them on the policies and procedures of the Commonwealth.

2.3.3.2 interChange Process Narrative

Provider Notices and Bulletins are supported by interChange through the use of Provider Labels and global messages on the internet.

Provider labels are requested through the Label Report panel. The panel allows the selection of a subset of providers based on a wide range of criteria. The more criteria entered, the narrower the selection becomes. Provider labels are produced in batch each night for the requests made during the day.

Notices and Bulletins may also be disseminated to the provider community using the Internet Mailbox feature. The mailbox loads automatically after the provider logs in to the Provider Portal and displays all new messages for that provider.

EDS supplies the Department for Medicaid Services (DMS) and other departments and agencies the following manual sections to be included in a Provider procedure manual that will be distributed by the KMAA vendor.

- Provider Billing Manuals
- Claims Processing

Provider billing training will be conducted by EDS (to be coordinated with the KMAA vendor) for the following groups.

- DMS Personnel
- Other departments or agencies as instructed by the Commonwealth
- Provider Community (group and individual as necessary)
- Managed Care Organizations

Each organized provider training session includes questionnaires and EDS supplies the Commonwealth with a summary of the provider responses as well as a record of all providers by provider type who participate in the sessions.

EDS will also provide training of the interChange Provider Management function to DMS and its designee's personnel.

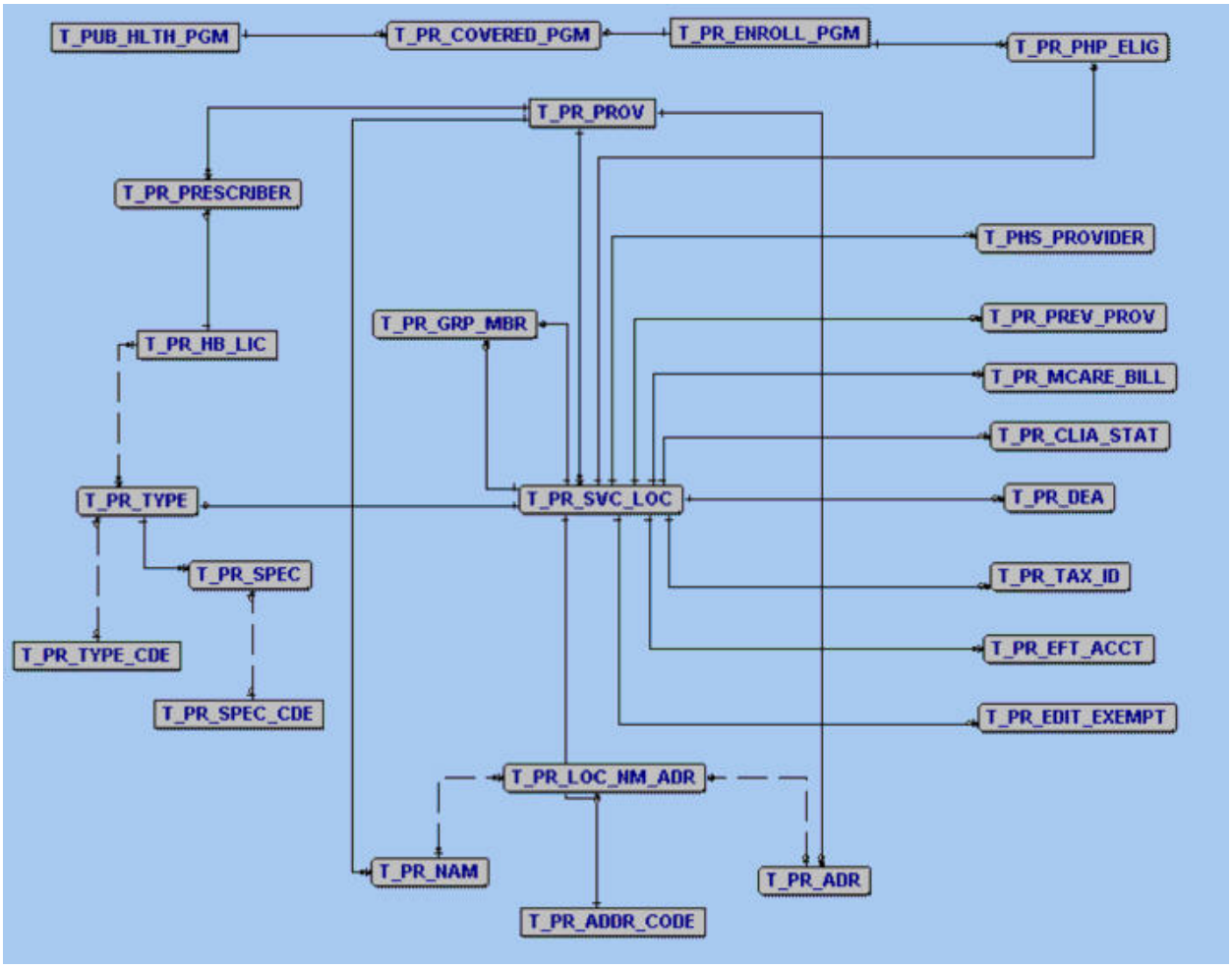
2.3.3.3 Provider Education

These are objects associated with the Provider Education process for the Provider subsystem.

Technical Name	Title	Type
PRV-0010-R	Label Print Request Summary Information Report	Report
PRV-0010-R 2	Provider Mailing Labels	Report
Mail Box	Mail Box	Internet web page
LabelReport	Label Report	Panel

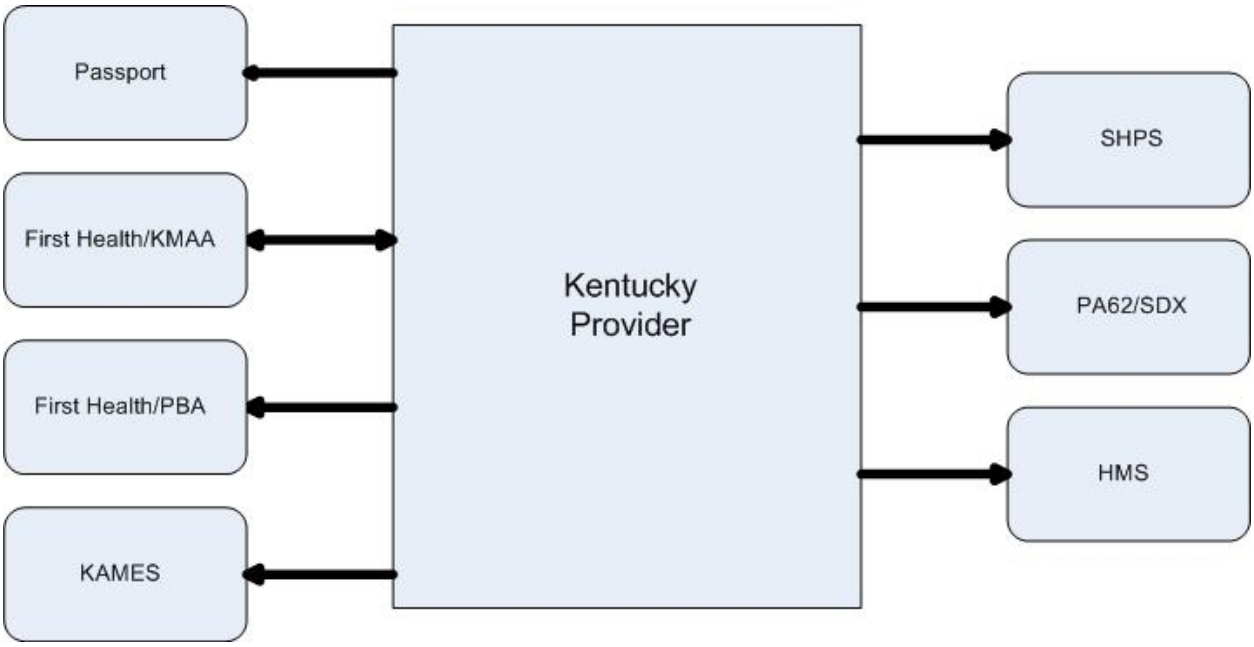
2.4 Data Model

This is a data model for the main tables/entities in provider. This model shows the provider, service location, group membership, the provider types, provider specialties, name, address, EFT information, previous MMIS provider numbers, Medicare numbers, tax ID, provider program eligibility, CLIA, and Prescriber number information.



2.4.1 External System Interfaces

The following context diagrams gives a view of the entities with which this subsystem interfaces.



2.5 Job Scripts

2.5.1 PRVJD010 - Produce Daily Provider Mailing Label Data

2.5.1.1 Detailed Job Script Information

Unix Script:	PRVJD010
Description:	This daily provider job produces provider mailing labels based on user-specified criteria. For labels to come out, the ind_report field on the t_pr_label_crit table must be equal to 'L'. The t_pr_label_crit table is updated through the Label Report panel, which can be accessed through the Provider - Rtps & Letters - Reports - Label Report options. This job will pull the specified records from the table, after processing the label row will be deleted from t_pr_label_crit.

Job Step:		js 010-prvp010d
Description:		Produce the Provider mailing labels based upon user-specified criteria.
Input/Output Files:		
naterror.prd01001.log	O	NATPRT31 file
prd01001.rpt	O	Provider Mailing Labels report
prd01001.xml	O	This is the report that has the Label Print Request Summary Information. Contains special formatting.
prd01002.dat	O	A dump of all t_pr_label_crit label rows which are retrieved based on online user requests. Each row (record) may produce zero to many labels, based on the criteria specified by the user.
prd01002.rpt	O	Run statistics for the Provider mailing label program.
prd01002.xml	O	Run statistics for the Provider mailing label program. Contains special formatting.
prd01003.dat	O	This file contains the data necessary to print the provider labels.
	O	

2.5.2 PRVJD011 - Produce Daily Provider Flexible Listing Report

2.5.2.1 Detailed Job Script Information

Unix Script:	PRVJD011	
Description:	This job produces the Provider listing by flexible criteria. For reports to come out, the ind_report field on the t_pr_label_crit table must be equal to 'R'.	
Job Step:		js 010-prvp011d
Description:		This job step produces provider flexible reports based on user-specified criteria.
Input/Output Files:		
naterror.prd01101.log	O	Contains the program error statements.
prd01101.rpt	O	Contains a report listing provider names, numbers, and addresses. The list of providers varies by the set of criteria input the user online.
prd01101.xml	O	Provider listings by flexible criteria.
prd01102.rpt	O	Run statistics file.
prd01102.wrk	O	Dump of all t_pr_label_crit report requests.
prd01102.xml	O	Run statistics file.
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prd01101.rpt	I	Contains a report listing provider names, numbers, and addresses. The list of providers varies by the set of criteria input the user online.
prd01102.rpt	I	Run statistics file.

2.5.3 PRVJD300 - Newly Enrolled Provider Daily Report

2.5.3.1 Detailed Job Script Information

Unix Script:	PRVJD300
Description:	This job produces a daily report of newly enrolled providers. This job is scheduled to run after midnight in order to catch all the provider enrollments during the day. The old_date is taken from the PRVJD300 record in t_system_parms. The current_date will always be the current date minus one. The providers are picked up if: old_date < application_finalized_date <= [current_date - 1]

Job Step:		js 010-prvp300d
Description:		Creates the newly enrolled provider report.
Input/Output Files:		
prd30001.rpt	I	The Newly Enrolled Provider Report file.
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prd30001.rpt	I	The Newly Enrolled Provider Report file.

2.5.4 PRVJD440 - Provider MEUPS extract

2.5.4.1 Detailed Job Script Information

Unix Script:	PRVJD440	
Description:	This job produces a daily extract of new providers for EDI.	
Job Step:		js 010-prvp440d
Description:		Create the extract.
Input/Output Files:		
prd44001.dat	O	Daily extract of new providers sent to EDI for single sign on purposes.

2.5.5 PRVJD502 - Provider Letter Report

2.5.5.1 Detailed Job Script Information

Unix Script:	PRVJD502	
Description:	This job produces the Provider Letter report.	
Job Step:		js 010-prvp502d
Description:		Produce the report.
Input/Output Files:		
prd50201.rpt	O	Provider Letter Report
Job Step:		js 020-copy2routedir
Description:		Route the report to COLD.
Input/Output Files:		
prd50201.rpt	B	Provider Letter Report

I	Input
O	Output
B	Both

2.5.6 PRVJD540 - Provider Shutdown Report

2.5.6.1 Detailed Job Script Information

Unix Script:	PRVJD540	
Description:	This job produces the Provider Shutdown Report.	
Job Step:		js 010-prvp540d
Description:		Produce the report.
Input/Output Files:		
prd05401.rpt	O	Provider Shutdown Report
Job Step:		js 020-copy2routedir
Description:		Route the report.
Input/Output Files:		
prd05401.rpt	B	Provider Shutdown Report

2.5.7 PRVJD550 - Provider Listing by District and County Report

2.5.7.1 Detailed Job Script Information

Unix Script:	PRVJD550	
Description:	This job produces the Provider Listing by District and County.	
Job Step:		js 010-prvp550d
Description:		Produce the report.
Input/Output Files:		
prd55001.rpt	O	Listing by District and County
Job Step:		js 020-copy2routedir
Description:		Route the report.
Input/Output Files:		
prd55001.rpt	B	Listing by District and County

2.5.8 PRVJD551 - Provider Listing by Group Affiliation Report

2.5.8.1 Detailed Job Script Information

Unix Script:	PRVJD551	
Description:	This job produces the Listing by Group Affiliation Report.	
Job Step:		js 010-prvp551d
Description:		Produce the report.
Input/Output Files:		
prd55101.rpt	O	Provider listing by Group Affiliation
Job Step:		js 020-copy2routedir
Description:		Route the report to COLD.
Input/Output Files:		
prd55101.rpt	B	Provider listing by Group Affiliation

2.5.9 PRVJD600 - Produce Provider EFT Txns

2.5.9.1 Detailed Job Script Information

Unix Script:	PRVJD600
Description:	This job produces an xml transaction for every provider with an aft status change to pre-note or active since the last run.

Job Step:	js 010-prvp600d
Description:	Execute the program.
Input/Output Files:	

2.5.10 PRVJD610 - Create KAMES provider ID

2.5.10.1 Detailed Job Script Information

Unix Script:	PRVJD610
Description:	This job creates the KAMES provider id to be stored on the provider identifier table.

Job Step:	js 010-prvp610d
Description:	Execute the program.
Input/Output Files:	

2.5.11 PRVJD771 - Daily Prescriber Input File

2.5.11.1 Detailed Job Script Information

Unix Script:	PRVJD771	
Description:	Process a daily input prescriber file sent from KMAA.	
Job Step:		js 010-prvp771d
Description:		Process the input file.
Input/Output Files:		
prd77101.dat	I	Prescriber Input file transmitted daily to iC by First Health.

2.5.12 PRVJD840 - Provider KAMES Extract

2.5.12.1 Detailed Job Script Information

Unix Script:	PRVJD840	
Description:	This job produces the data extract for KAMES and PA-62.	
Job Step:		js 010-prvp840d
Description:		Create an extract of Provider File.
Input/Output Files:		
prd84001.dat	O	Daily Extract of Provider File for KAMES/PA-62.
Job Step:		js 020-cp
Description:		Copy the extract file to $FTPDIR/provider/outbound/kames directory
Input/Output Files:		
prd84001.dat	B	Daily Extract of Provider File for KAMES/PA-62.

2.5.13 PRVJD865 - PBA Provider File Extract

2.5.13.1 Detailed Job Script Information

Unix Script:	PRVJD865	
Description:	This job produces the PBA Provider File Extract.	
Job Step:		js 010-prvp865d
Description:		Run the extract program.
Input/Output Files:		
prd86501.dat	O	Provider Extract to be sent to the PBA. This file contains either all provider data or a delta of data since the last run depending upon a parm.
Job Step:		js 020-cp
Description:		Copy extract file to $FTPDIR/provider/outbound/pba directory
Input/Output Files:		
prd86501.dat	B	Provider Extract to be sent to the PBA. This file contains either all provider data or a delta of data since the last run depending upon a parm.

2.5.14 PRVJD866 - Provider PA-62 Extract

2.5.14.1 Detailed Job Script Information

Unix Script:	PRVJD866	
Description:	This job produces a daily extract of provider information for PA-62.	
Job Step:		js 010-prvp866d
Description:		Run the extract
Input/Output Files:		
prd86601.dat	O	Daily provider extract for PA-62.
Job Step:		js 020-cp
Description:		Copy extract file to $FTPDIR/provider/outbound/kames directory
Input/Output Files:		
prd86601.dat	B	Daily provider extract for PA-62.

2.5.15 PRVJD867 - PBA License Extracts

2.5.15.1 Detailed Job Script Information

Unix Script:	PRVJD867
Description:	This job produces the License extracts to be sent to the PBA.

Job Step:		js 010-prvp867d
Description:		Create the extracts
Input/Output Files:		
prd86701.dat	O	Practitioner Base and Alias record sent to the PBA.
prd86702.dat	O	License Address record to be sent to the PBA.
prd86703.dat	O	License Specialty file to be sent to the PBA.
Job Step:		js 020-cp
Description:		Copy the files to the FTP directory.
Input/Output Files:		
prd86701.dat	B	Practitioner Base and Alias record sent to the PBA.
prd86702.dat	B	License Address record to be sent to the PBA.
prd86703.dat	B	License Specialty file to be sent to the PBA.

2.5.16 PRVJD868 - MaxMC Provider Extract

2.5.16.1 Detailed Job Script Information

Unix Script:	PRVJD868
Description:	This job creates a daily extract of file changes for MaxMC (Prior Authorization).

Job Step:		js 010-prvp868d
Description:		Create the extract.
Input/Output Files:		
prd86801.dat	O	Provider Extract to be sent to Max MC for Prior Authorization.
Job Step:		js 020-cp
Description:		Copy the extract to the FTP directory.
Input/Output Files:		
prd86801.dat	B	Provider Extract to be sent to Max MC for Prior Authorization.

2.5.17 PRVJD869 - NET Provider Extract

2.5.17.1 Detailed Job Script Information

Unix Script:	PRVJD869	
Description:	This job produces a daily provider extract of transportation providers for the transportation board.	
Job Step:		js 010-prvp869d
Description:		Produce the extract.
Input/Output Files:		
prd86901.dat	O	Daily provider extract transferred to the transportation board.
Job Step:		js 020-cp
Description:		Copy the output file to the proper $FTPDIR.
Input/Output Files:		
prd86901.dat	B	Daily provider extract transferred to the transportation board.

2.5.18 PRVJM015 - Produce Listing of Providers by FEIN/SSN

2.5.18.1 Detailed Job Script Information

Unix Script:	PRVJM015
Description:	Provider Cross Reference by FEIN/SSN. This Report lists providers sorted by FEIN/SSN. PRV-0015-R PROVIDER CROSS REFERENCE. The Provider Cross Reference Report is used to view providers selected by parameters other than the provider identification number.

Job Step:		js 010-prvp015m
Description:		First Job step. PRVJR015 -- Provider Cross Reference by FEIN/SSN. This Report lists providers sorted by FEIN/SSN. PRV-0015-R PROVIDER CROSS REFERENCE.
Input/Output Files:		
prm01501.rpt	O	The Provider Cross Reference Report will be used by EDS to view providers selected by parameters other than the provider identification number. This report is the same as report PRV-0016-R just with a different sort seq. If any changes are made to this report, the same changes should be made to PRV-0016-R.
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prm01501.rpt	I	The Provider Cross Reference Report will be used by EDS to view providers selected by parameters other than the provider identification number. This report is the same as report PRV-0016-R just with a different sort seq. If any changes are made to this report, the same changes should be made to PRV-0016-R.

2.5.19 PRVJM016 - Produce Listing of Providers by License Number

2.5.19.1 Detailed Job Script Information

Unix Script:	PRVJM016	
Description:	Produces a report listing providers sorted by License number.	
Job Step:		js 010-prvp016m
Description:		Creates the Provider listing report.
Input/Output Files:		
prm01601.rpt	O	Report listing providers sorted by License number.
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prm01601.rpt	I	Report listing providers sorted by License number.

2.5.20 PRVJM017 - Provider Cross Reference By CLIA

2.5.20.1 Detailed Job Script Information

Unix Script:	PRVJM017
Description:	This job produces a report listing providers sorted by CLIA number.

Job Step:		js 010-prvp017m
Description:		Create the Provider Cross Reference Report by CLIA.
Input/Output Files:		
prm01701.rpt	O	A report listing providers, grouped by CLIA number.
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prm01701.rpt	I	A report listing providers, grouped by CLIA number.

2.5.21 PRVJM019 - Provider Listing by Medicare Number

2.5.21.1 Detailed Job Script Information

Unix Script:	PRVJM019	
Description:	This job produces the Provider Cross Reference sorted by Medicare Number report.	
Job Step:		js 010-prvp019m
Description:		Call the program to produce the report.
Input/Output Files:		
prm01901.rpt	O	Provider Cross Reference sorted by Medicare Number.
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prm01901.rpt	I	Provider Cross Reference sorted by Medicare Number.

2.5.22 PRVJM020 - Provider Cross Ref by Zip Code.

2.5.22.1 Detailed Job Script Information

Unix Script:	PRVJM020
Description:	This job produces the Provider Cross Reference sorted by zip code report.

Job Step:		js 010-prvp020m
Description:		Call the report program.
Input/Output Files:		
prr02001.rpt	O	Provider Cross Reference sorted by Zip Code report.
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prr02001.rpt	I	Provider Cross Reference sorted by Zip Code report.

2.5.23 PRVJM022 - Facility Bed Capacity

2.5.23.1 Detailed Job Script Information

Unix Script:	PRVJM022	
Description:	This job produces the Facility Bed Capacity report.	
Job Step:		js 010-prvp022m
Description:		Call the report program.
Input/Output Files:		
prm02201.rpt	O	Facility Bed Capacity Report file.
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prm02201.rpt	I	Facility Bed Capacity Report file.

2.5.24 PRVJM250 - CLIA Prov Summary by Provider Type

2.5.24.1 Detailed Job Script Information

Unix Script:	PRVJM250
Description:	This job produces the CLIA Provider Summary by Provider Type report.

Job Step:		js 010-prvp250m
Description:		Calls the report program.
Input/Output Files:		
prm02501.rpt	O	CLIA Provider Summary by Provider Type report file.
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prm02501.rpt	I	CLIA Provider Summary by Provider Type report file.

2.5.25 PRVJM270 - CLIA Prov Summary by Cert

2.5.25.1 Detailed Job Script Information

Unix Script:	PRVJM270
Description:	This job produces the CLIA Provider Summary by Certification report.

Job Step:		js 010-prvp270m
Description:		Calls the report program.
Input/Output Files:		
prm02701.rpt	O	CLIA Provider Summary by Certification report file.
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prm02701.rpt	I	CLIA Provider Summary by Certification report file.

2.5.26 PRVJM291 - Presumptive Elig Providers

2.5.26.1 Detailed Job Script Information

Unix Script:	PRVJM291	
Description:	This job creates the Provider Presumptive Eligibility report.	
Job Step:		js 010-prvp291m
Description:		Calls the report program.
Input/Output Files:		
prm29111.rpt	O	Provider Presumptive Eligibility report file.
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prm29111.rpt	I	Provider Presumptive Eligibility report file.

2.5.27 PRVJM360 - Provider Xref by City

2.5.27.1 Detailed Job Script Information

Unix Script:	PRVJM360	
Description:	This job produces the Provider Cross-Reference Listing by City.	
Job Step:		js 010-prvp360m
Description:		Calls the report program.
Input/Output Files:		
prm36051.rpt	O	Provider Cross-Reference Listing by City file.
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prm36051.rpt	I	Provider Cross-Reference Listing by City file.

2.5.28 PRVJM541 - Provider Rate Report Script

2.5.28.1 Detailed Job Script Information

Unix Script:	PRVJM541	
Description:	This job creates the Provider Rate Report.	
Job Step:		js 010-prvp541m
Description:		Run program to create the Report.
Input/Output Files:		
prm54101.rpt	O	Provider Rate Report file
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prm54101.rpt	I	Provider Rate Report file

2.5.29 PRVJM550 - Active Provider Type Trend Information

2.5.29.1 Detailed Job Script Information

Unix Script:	PRVJM550	
Description:	This job produces a report that tracks provider enrollments and terminations during the past month, grouped by provider program and provider type.	
Job Step:		js 010-prvp550m
Description:		Create the Provider Type Trend Report.
Input/Output Files:		
prm55001.rpt	O	Contains the Provider Trend Report, broken down by Program, then by Provider Type.
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prm55001.rpt	I	Contains the Provider Trend Report, broken down by Program, then by Provider Type.

2.5.30 PRVJM551 - Active Provider Specialty Trend Information

2.5.30.1 Detailed Job Script Information

Unix Script:	PRVJM551	
Description:	This report produces a report to track provider enrollments and terminations during the past month, grouped by provider program and provider specialty.	
Job Step:		js 010-prvp551m
Description:		Create the Provider Specialty Trend Report.
Input/Output Files:		
prm55101.rpt	O	Contains the Provider Trend Report, broken down by Program, then by Provider Specialty.
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prm55101.rpt	I	Contains the Provider Trend Report, broken down by Program, then by Provider Specialty.

2.5.31 PRVJM771 - Monthly Prescriber Input file

2.5.31.1 Detailed Job Script Information

Unix Script:	PRVJM771	
Description:	Process the Monthly Prescriber input file sent by KMAA.	
Job Step:		js 010-prvp771d
Description:		Process the monthly input file.
Input/Output Files:		
prm77101.dat	I	Monthly Prescriber input file sent to iC from First Health.

2.5.32 PRVJM846 - CLIA Extract

2.5.32.1 Detailed Job Script Information

Unix Script:	PRVJM846	
Description:	This job creates the CLIA Partnership extract file.	
Job Step:		js 010-prvp845m
Description:		Call the extract program.
Input/Output Files:		
prm84602.dat	O	CLIA Partnership Extract File.
Job Step:		js 020-cp
Description:		Copy data file to $FTPDIR/provider/outbound/passport directory
Input/Output Files:		

2.5.33 PRVJM847 - Full File - Provider Monthly data extract for PCG

2.5.33.1 Detailed Job Script Information

Unix Script:	PRVJM847	
Description:	This job creates a provider extract for PCG.	
Job Step:		js 010-prvp847m
Description:		create extract file
Input/Output Files:		
prm84701.dat	O	Provider extract file to be sent to PCG.
Job Step:		js 020-cp
Description:		Copy the extract to the FTP directory.
Input/Output Files:		
prm84701.dat	B	Provider extract file to be sent to PCG.

2.5.34 PRVJM861 - Provider License Extract for Passport

2.5.34.1 Detailed Job Script Information

Unix Script:	PRVJM861	
Description:	This job produces the License provider extract file to be sent to the Partnerships (Passport).	
Job Step:		js 010-prvp861m
Description:		Create the extract file.
Input/Output Files:		
prm86101.dat	O	Provider License Extract file for Passport
Job Step:		js 020-cp
Description:		Copy data file to $FTPDIR/provider/outbound/passport directory
Input/Output Files:		
prm86101.dat	B	Provider License Extract file for Passport

2.5.35 PRVJM862 - Passport Provider Extract

2.5.35.1 Detailed Job Script Information

Unix Script:	PRVJM862
Description:	This job creates a provider extract to be sent to the Partnership (Passport).

Job Step:		js 010-prvp862m
Description:		Create the extract
Input/Output Files:		
prm86201.dat	O	Provider extract to be sent to Passport.
Job Step:		js 020-cp
Description:		Copy the extract to the FTP directory
Input/Output Files:		
prm86201.dat	B	Provider extract to be sent to Passport.

2.5.36 PRVJQ500 - Inactive Provider Report and Update

2.5.36.1 Detailed Job Script Information

Unix Script:	PRVJQ500
Description:	This job produces the Provider Inactivity Report listing providers that have not submitted claims in the last 24 months but are still currently enrolled in a program with an “Active" status. An active status is defined as having an open program eligibility segment on the t_pr_php_elig table. The following criteria is used to determine the list of providers: • No claim activity in the past 24 months; • Not a Fayette County physician; • Not an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Special Services provider type (45 legacy); • Not a Dentist (legacy type 60 and 61); and • Not a Child Advocacy Center (legacy type 13).

Job Step:		js 010-prvp500q
Description:		Create the Provider Inactivity Report.
Input/Output Files:		
prq50001.dat	O	File of providers to be de-activated.
prq50001.rpt	O	This is the Provider Inactivity Report file.
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prq50001.rpt	I	This is the Provider Inactivity Report file.

2.5.37 PRVJQ501 - Deactivate Providers

2.5.37.1 Detailed Job Script Information

Unix Script:	PRVJQ501	
Description:	This job calls a process that deactivates providers that have been inactive for 24 months. A report listing these providers is also produced.	
Job Step:		js 010-prvp501q
Description:		Calls the deactivation program.
Input/Output Files:		
prq50101.rpt	O	This file contains a report showing the list of providers deactivated by this process.
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prq50101.rpt	I	This file contains a report showing the list of providers deactivated by this process.

2.5.38 PRVJQ540 - Provider Institutional Rate Report

2.5.38.1 Detailed Job Script Information

Unix Script:	PRVJQ540	
Description:	This job produces a report listing all Nursing Home providers that have rates on file and lists the rates by Rate Type.	
Job Step:		js 010-prvp540q
Description:		Create the report.
Input/Output Files:		
prq54001.rpt	O	Institutional rate report output for prvp540q
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prq54001.rpt	I	Institutional rate report output for prvp540q

2.5.39 PRVJR018 - Suspected Duplicate Provider Job

2.5.39.1 Detailed Job Script Information

Unix Script:	PRVJR018	
Description:	This job produces the Suspected Duplicate Provider Job report.	
Job Step:		js 010-prvp018r
Description:		Call the program to produce the report.
Input/Output Files:		
prr01801.rpt	O	This file contains the Suspect Duplicate Report.
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prr01801.rpt	I	This file contains the Suspect Duplicate Report.

2.5.40 PRVJR770 - Provider Rate Update Interface

2.5.40.1 Detailed Job Script Information

Unix Script:	PRVJR770
Description:	This job processes the prrate.dat input file from DMS and updates the T_PR_RATE file. It uses an input parm in the job script to set the rate type and a date from T_SYSTEM_PARMS to set the effective date.

Job Step:		js 010-cp
Description:		Copy the rate file.
Input/Output Files:		
prrate.dat	I	Provider Rate update file from DMS.
prr77001.dat	O	Backup of prrate.dat.
Job Step:		js 020-prvp770r
Description:		Process the rate file.
Input/Output Files:		
prr77001.dat	I	Backup of prrate.dat.
prvp770r.log	O	Log file produced by program prvp770r.

2.5.41 PRVJR780 - NPI and Taxonomy Load

2.5.41.1 Detailed Job Script Information

Unix Script:	PRVJR780	
Description:	This job reads an input interface file from First Health containing NPI and Taxonomy(s) and loads the interChange tables.	
Job Step:		js 010-prvp780r
Description:		Call the program
Input/Output Files:		
prr78001.dat	I	The file is used for the initial load of the NPI and Taxonomy data into interChange.

2.5.42 PRVJW012 - Produce Daily OSCAR File

2.5.42.1 Detailed Job Script Information

Unix Script:	PRVJW012	
Description:	This job will process the records from the CMS (OSCAR) extract file and load them into the appropriate tables.	
Job Step:		js 005-cp
Description:		Copy data file from $FTPDIR/provider/inbound/cms directory to $DATADIR directory
Input/Output Files:		
Job Step:		js 010-tr
Description:		Remove character'\32' ^Z from end of file
Input/Output Files:		
PRV01205.DAT	I	This is the file that is sent from HCFA/OSCAR for updating the CLIA information on the providers.
prw01205.dat	O	Backup copy of the original HFCA/OSCAR file.
Job Step:		js 020-rm
Description:		Remove the triggering file, PRV01205.DAT
Input/Output Files:		
PRV01205.DAT	I	This is the file that is sent from HCFA/OSCAR for updating the CLIA information on the providers.
Job Step:		js 030-otsortd
Description:		Sort HCFA extract file by CLIA ID and effective date.
Input/Output Files:		
prw01201.ctl	I	CLIA File Sort cards (Sort by CLIA ID and effective date).
prw01205.dat	I	Backup copy of the original HFCA/OSCAR file.
prw01201.dat	O	Sorted HCFA/OSCAR file.
Job Step:		js 040-prvp012w
Description:		Remove certifications from tables, and output 2 files for oraload into the tables.
Input/Output Files:		
prw01201.dat	I	Sorted HCFA/OSCAR file.

prw01230.dat	O	Output file from prvp012w containing the CLIA certification data to be oraloaded to t_clia_cert
prw01250.dat	O	Output file from prvp012w to be oraloaded into table t_clia_lab
Job Step:		js 050-oraload
Description:		Get the layout for table t_clia_cert
Input/Output Files:		
prv10001.ctl	I	control file for t_clia_cert table.
Job Step:		js 060-oraload
Description:		Load the t_clia_cert table with the downloaded data
Input/Output Files:		
prv01230.ctl	I	Control file for loading t_clia_cert
prw01230.dat	I	Output file from prvp012w containing the CLIA certification data to be oraloaded to t_clia_cert
Job Step:		js 070-oraload
Description:		Get the layout for table t_clia_lab
Input/Output Files:		
prv10002.ctl	I	Control file for table t_clia_lab
Job Step:		js 080-oraload
Description:		Load the t_clia_lab table with the downloaded data
Input/Output Files:		
prv01250.ctl	I	Control file for loading t_clia_lab
prw01250.dat	I	Output file from prvp012w to be oraloaded into table t_clia_lab
Job Step:		js 090-rm
Description:		Delete the original data file from $FTPDIR/provider/inbound/cms directory
Input/Output Files:		

2.5.43 PRVJW032 - Produce Provider Prenotification Report

2.5.43.1 Detailed Job Script Information

Unix Script:	PRVJW032	
Description:	This job produces the Provider Prenotification report.	
Job Step:		js 010-prvp032w
Description:		Produce the report.
Input/Output Files:		
prw03201.rpt	O	EFT pre-note report
Job Step:		js 020-copy2routedir
Description:		Route the report.
Input/Output Files:		
prw03201.rpt	B	EFT pre-note report

2.5.44 PRVJW100 - Providers with an invalid ABA number

2.5.44.1 Detailed Job Script Information

Unix Script:	PRVJW100
Description:	This job generates a report reflecting Providers with invalid ABA numbers. The report is sent to interChange MMIS Client so the Provider ABA number can be corrected and prevent the Provider from not getting their RA's during the Financial Weekly Cycle.

Job Step:		js 010-oraload
Description:		Unload the t_pr_eft_acct table (all records) to a flat file.
Input/Output Files:		
prv10010.ctl	I	Control file for table t_pr_eft_acct
t_pr_eft_acct.dat	O	Provider load output entity shows the bank account number for the provider in which the payments are electronically transferred for each service location.
Job Step:		js 020-prv0100w
Description:		Generate the Providers with invalid ABA numbers report.
Input/Output Files:		
t_pr_eft_acct.dat	I	Provider load output entity shows the bank account number for the provider in which the payments are electronically transferred for each service location.
prv01100.rpt	O	Providers with invalid ABA numbers report file.
Job Step:		js 030-copy2routedir
Description:		Copy report to COLD and send paper report to interChange MMIS Client.
Input/Output Files:		
prv01100.rpt	I	Providers with invalid ABA numbers report file.

2.5.45 PRVJW310 - Provider Enrollment Detail

2.5.45.1 Detailed Job Script Information

Unix Script:	PRVJW310	
Description:	This job creates the Provider Enrollment Detail report.	
Job Step:		js 010-prvp310w
Description:		Calls the report program.
Input/Output Files:		
prw31001.rpt	O	Provider Enrollment Detail Report.
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prw31001.rpt	I	Provider Enrollment Detail Report.

2.5.46 PRVJW440 - Newly Re-Instated Provider Report

2.5.46.1 Detailed Job Script Information

Unix Script:	PRVJW440	
Description:	This job produces the Newly Re-Instated Provider Report.	
Job Step:		js 010-prvp440w
Description:		Calls the report program.
Input/Output Files:		
prw44021.rpt	O	Newly Re-Instated Provider Report.
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prw44021.rpt	I	Newly Re-Instated Provider Report.

2.5.47 PRVJW520 - Provider Detail Termination Report

2.5.47.1 Detailed Job Script Information

Unix Script:	PRVJW520
Description:	This job produces the Provider Detail Termination report.

Job Step:		js 010-prvp520w
Description:		Calls the report program
Input/Output Files:		
prw52001.rpt	O	Provider Detail Termination Report file.
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prw52001.rpt	I	Provider Detail Termination Report file.

2.5.48 PRVJW530 - Provider Weekly Table Audits

2.5.48.1 Detailed Job Script Information

Unix Script:	PRVJW530	
Description:	This job produces a weekly report showing a summary of the changes made to the main provider tables by clerk ID.	
Job Step:		js 010-prvp529w
Description:		This program gathers all the clerk id's that had changes in the provider tables over the previous week and outputs them into a file for use by another program.
Input/Output Files:		
prw53003.dat	O	Clerk ID Output
Job Step:		js 020-sort
Description:		Sort the clerk id's and remove duplicates
Input/Output Files:		
prw53003.dat	I	Clerk ID Output
prw53002.dat	O	Sorted Clerk ID's of week changes
Job Step:		js 030-prvp530w
Description:		Produce the audit report
Input/Output Files:		
prw53002.dat	I	Sorted Clerk ID's of week changes
prw53001.rpt	O	Provider Weekly table audits
Job Step:		js 040-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
prw53001.rpt	I	Provider Weekly table audits

2.5.49 PRVJW900 - Produce Weekly Provider Stub File For NECS

2.5.49.1 Detailed Job Script Information

Unix Script:	PRVJW900
Description:	This job creates the Provider Stub File for NECS.

Job Step:		js 010-provstub
Description:		Export tables from the on-line provider database.
Input/Output Files:		
prvstub.dat	O	Tables exported from the on-line provider database
Job Step:		js 020-cp
Description:		Copy data file to $FTPDIR/provider/outbound/captiva directory
Input/Output Files:		

2.5.50 PRVJW901 - Taxonomy stub file

2.5.50.1 Detailed Job Script Information

Unix Script:	PRVJW901	
Description:	This job creates the Provider Taxonomy Stub File for NECS.	
Job Step:		js 010-prtxnstub
Description:		Execute the program.
Input/Output Files:		
prtxstub.dat	O	Taxonomy stub file used for claims editing.
Job Step:		js 020-cp
Description:		Copy data file to $FTPDIR/provider/outbound/captiva directory
Input/Output Files:		

2.6 Programs

2.6.1 provstub -- Provider Stub File

Technical Name:	provstub
Program Title:	Provider Stub File
Programming Language:	C
Description:	This program creates the provider stub file used by the electronic claims pre-edit process. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJW900NONE **Output Files:** PRVJW900 prvstub.dat **Input Tables:** T_PR_PROV **Output Tables:** NONE **Sort Criteria:** ID_PROVIDER **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** The program extracts a list of all provider numbers.

2.6.1.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.2 prtxnstub -- Provider Taxonomy Stub File

Technical Name:	prtxnstub
Program Title:	Provider Taxonomy Stub File
Programming Language:	C
Description:	This program creates the provider taxonomy stub file used by the electronic claims pre-edit process. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJW901 NONE **Output Files:** PRVJW901 prtxstub.dat **Input Tables:** T_PR_TAXONOMY_CDE **Output Tables:** NONE **Sort Criteria:** CDE_TAXONOMY **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** The program extracts a list of all taxonomy codes.

2.6.2.1 Change Orders

ID	NAME	DESCRIPTION
2239	Output - Taxonomy stub file	A new weekly stub file is needed by the Captiva data entry system. This file needs to be transferred along with the other stub files that are required by Captiva Data Capture. The stub file needs to be sorted and include the KY Taxonomy codes. The layout of the file should be: Taxonomy 1 - 10

2.6.3 prv0100w -- Providers with invalid ABA number

Technical Name:	prv0100w
Program Title:	Providers with invalid ABA number
Programming Language:	C
Description:	This program produces the Active Providers with Invalid ABA Numbers Report. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJW100 T_PR_EFT_ACCT.DAT **Output Files:** PRVJW100 prv01100.rpt **Input Tables:** T_PR_PROV **Output Tables:** NONE **Sort Criteria:** ID_PROVIDER CDE_SERVICE_LOC **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.3.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.4 prvp010d -- Provider Mailing Labels

Technical Name:	prvp010d
Program Title:	Provider Mailing Labels
Programming Language:	C
Description:	This program produces the provider mailing labels based on user specified criteria. **Input Parameters:** Date_Parm_1, which is retrieved from T_SYSTEM_PARMS where the nam_program is equal to AIMCYCLE. **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJD010 NONE **Output Files:** PRVJD010 prd010001.rpt prd010002.rpt **Input Tables:** T_PR_LABEL_CRIT T_PR_PROV T_PR_NAM T_PR_ADR T_PR_TYPE T_PR_SVC_LOC T_PR_PHP_ELIG T_PR_LOC_NM_ADR T_PR_SPEC T_PR_GRP_MBR T_PR_ENROLL_PGM T_SYSTEM_PARMS T_ANALYST T_PR_ENROLL_STATUS T_COUNTY T_PR_TYPE_CDE T_PR_SPEC_CDE **Output Tables:** T_PR_LABEL_CRIT **Sort Criteria:** Zip Code

	Switches: None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** The program allows the user to choose any combination of the following criteria's (including all criteria): "provider type range", "provider specialty range" (per service location), "county", "zip code" (per service location), "program", "enrollment status", "City," and "Group ID". The labels are produced sorted by Zip Code and Provider Number.

2.6.4.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.5 prvp011d -- Provider Listing by Flexible Criteria Report

Technical Name:	prvp011d
Program Title:	Provider Listing by Flexible Criteria Report
Programming Language:	C
Description:	This program produces the provider listing by flexible criteria report which is based on user specified criteria. **Input Parameters:** Date_Parm_1, which is retrieved from T_SYSTEM_PARMS where the nam_program is equal to AIMCYCLE. **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJD011 NONE **Output Files:** PRVJD011 prvd0011.rpt **Input Tables:** T_PR_LABEL_CRIT T_PR_PROV T_PR_NAM T_PR_ADR T_PR_TYPE T_PR_SVC_LOC T_PR_PHP_ELIG T_PR_LOC_NM_ADR T_PR_SPEC T_PR_GRP_MBR T_PR_ENROLL_PGM T_SYSTEM_PARMS T_ANALYST T_PR_ENROLL_STATUS T_COUNTY T_PR_TYPE_CDE T_PR_SPEC_CDE **Output Tables:** T_PR_LABEL_CRIT **Sort Criteria:** User-defined criteria.

	Switches: None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** The program allows the user to choose any combination of the following criteria's (including all criteria): "provider type range", "provider specialty range" (per service location), "county", "zip code" (per service location), "program", "enrollment status", "City," and "Group ID". The user may choose the sort sequence: alphabetically (by provider name) or numerically (by provider number).

2.6.5.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.6 prvp012w -- CLIA Update program

Technical Name:	prvp012w
Program Title:	CLIA Update program
Programming Language:	C
Description:	This C program takes in the file that has been downloaded from CMS and sorted, remove any references to the CLIA numbers from the database table's T_CLIA_CERT and T_CLIA_LAB, and output two files that are used to oraload into the tables. Tables Accessed: NONE **Tables Updated:** T_CLIA_CERT T_CLIA_LAB **Input File:** CMS CLIA file **Output Files:** CLIA Record 3 file CLIA Record 5 file Report Name: NONE Temp Tables: NONE Calculations: NONE Abnormal Code: NONE Reference Controls/Sysins: NONE

2.6.6.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.7 prvp015m -- Provider Cross Reference (SSN/FEIN)

Technical Name:	prvp015m
Program Title:	Provider Cross Reference (SSN/FEIN)
Programming Language:	C
Description:	This program produces the Provider Cross Reference Report sorted by FEIN/SSN. In addition the provider name, provider ID number, license number and program involvement are printed on the report. **Input Parameters:** Date range from T_SYSTEM_PARMS where nam_program = 'AIMCYCMO'. **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJM015 NONE **Output Files:** PRVJM015 prm01501.rpt **Input Tables:** T_PR_PROV T_PR_TAX_ID T_PR_TYPE T_PR_NAM T_PR_LOC_NM_ADR T_PR_PHP_ELIG **Output Tables:** NONE **Sort Criteria:** NUM_TAX_ID ID_PROVIDER CDE_SERVICE_LOC **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.7.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.8 prvp016m -- Provider Cross Reference by License/Certification

Technical Name:	prvp016m
Program Title:	Provider Cross Reference by License/Certification
Programming Language:	C
Description:	This program produces the Provider Cross Reference Report sorted by License Number. In addition the provider name, provider ID number, license number and program involvement are printed on the report. **Input Parameters:** Date range from T_SYSTEM_PARMS where nam_program = 'AIMCYCMO'. **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJM016 NONE **Output Files:** PRVJM016 prm01601.rpt **Input Tables:** T_PR_PROV T_PR_TAX_ID T_PR_TYPE T_PR_NAM T_PR_LOC_NM_ADR T_PR_PHP_ELIG T_PR_HB_LIC T_PR_LICENSE **Output Tables:** NONE **Sort Criteria:** NUM_PROV_LIC ID_PROVIDER CDE_SERVICE_LOC **Switches:** None at this time **Link Procedures:** libxml and libmrpf

	Special Logic Notes: NONE

2.6.8.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.9 prvp017m -- Provider Cross Reference By CLIA

Technical Name:	prvp017m
Program Title:	Provider Cross Reference By CLIA
Programming Language:	C
Description:	This program produces the Provider Cross Reference Report sorted by CLIA Number. In addition the provider name, provider ID number, license number and program involvement are printed on the report. **Input Parameters:** Date range from T_SYSTEM_PARMS where nam_program = 'AIMCYCMO'. **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJM017 NONE **Output Files:** PRVJM017 prm01701.rpt **Input Tables:** T_PR_PROV T_PR_TAX_ID T_PR_TYPE T_PR_NAM T_PR_LOC_NM_ADR T_PR_PHP_ELIG T_PR_CLIA_STAT **Output Tables:** NONE **Sort Criteria:** NUM_CLIA ID_PROVIDER CDE_SERVICE_LOC **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.9.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.10 prvp018r -- Suspected Duplicate Provider report

Technical Name:	prvp018r
Program Title:	Suspected Duplicate Provider report
Programming Language:	C
Description:	This program produces the Suspected Duplicate Provider report. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJR018 NONE **Output Files:** PRVJR018 prr01801.rpt **Input Tables:** T_PR_PROV T_PR_ADR T_PR_GRP_MBR T_PR_LOC_NM_ADR T_PR_NAM **Output Tables:** NONE **Sort Criteria:** NONE **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.10.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.11 prvp019m -- Provider Cross Ref by Medicare Number

Technical Name:	prvp019m
Program Title:	Provider Cross Ref by Medicare Number
Programming Language:	C
Description:	This program produces the Provider Listing sorted by Medicare Number report. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJM019 NONE **Output Files:** PRVJM019 prr01901.rpt **Input Tables:** T_PR_PROV T_PR_ADR T_PR_LOC_NM_ADR T_PR_NAM T_PR_MCARE_NUM T_PR_TAX_ID T_PR_LICENSE T_PR_HB_LIC T_PR_SVC_LOC **Output Tables:** NONE **Sort Criteria:** Medicare Number Provider Number. **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.11.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.12 prvp020m -- Provider Cross Reference by Zip Code

Technical Name:	prvp020m
Program Title:	Provider Cross Reference by Zip Code
Programming Language:	C
Description:	This program produces the Provider Cross Reference sorted by zip code report. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJM020 NONE **Output Files:** PRVJM020 prr02001.rpt **Input Tables:** T_PR_PROV T_PR_ADR T_PR_LOC_NM_ADR T_PR_NAM T_PR_MCARE_NUM T_PR_TAX_ID T_PR_LICENSE T_PR_HB_LIC T_PR_SVC_LOC T_COUNTY **Output Tables:** NONE **Sort Criteria:** Zip Code Provider Number. **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.12.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.13 prvp022m -- Facility Bed Capacity Report

Technical Name:	prvp022m
Program Title:	Facility Bed Capacity Report
Programming Language:	C
Description:	This program produces the Facility Bed Capacity report. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJM022 NONE **Output Files:** PRVJM022 prm02201.rpt **Input Tables:** T_PR_PROV T_PR_PHP_ELIG T_PR_LOC_NM_ADR T_PR_NAM T_PR_BEDS **Output Tables:** NONE **Sort Criteria:** Provider Number. **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.13.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.14 prvp032w -- Provider Prenotification Report

Technical Name:	prvp032w
Program Title:	Provider Prenotification Report
Programming Language:	C
Description:	This program produces the Provider Prenotification Report. Listing all providers that have an EFT in a pre-note status. **Input Parameters:** Date range from t_system_parms where nam_program = 'AIMCYCWK'. **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJW032 NONE **Output Files:** PRVJW032 prw03201.rpt **Input Tables:** T_FIN_EFT_ACCT T_PR_IDENTIFIER T_PR_ID_TYPE T_PR_NAM T_PR_LOC_NM_ADR **Output Tables:** NONE **Sort Criteria:** ID_PROVIDER **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.14.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.15 prvp0813 -- Provider EFT Prenotification

Technical Name:	prvp0813
Program Title:	Provider EFT Prenotification
Programming Language:	C
Description:	This program Extracts the current Provider Prenotification records and writes them to a file for further processing by Financial. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJW010 NONE **Output Files:** PRVJW010 prw01002.rpt prw01002.xml **Input Tables:** T_PR_EFT_ACCT T_PR_PROV **Output Tables:** NONE **Sort Criteria:** NONE **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** The output file is merged with the regular EFT payment file in Financial to be transmitted to the bank.

2.6.15.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.16 prvp250m -- CLIA Prov Summary by Prov Type

Technical Name:	prvp250m
Program Title:	CLIA Prov Summary by Prov Type
Programming Language:	C
Description:	This program produces the CLIA Provider Summary by Provider Type report. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJM250 NONE **Output Files:** PRVJM250 prm02501.rpt **Input Tables:** T_PR_PHP_ELIG T_PR_PROV T_PR_LOC_NM_ADR T_PR_NAM T_PR_ADR T_PR_CLIA_STAT T_CLIA_CERT T_PR_TYPE **Output Tables:** NONE **Sort Criteria:** Provider Type Provider Number **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.16.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.17 prvp270m -- CLIA Prov Summary by Cert

Technical Name:	prvp270m
Program Title:	CLIA Prov Summary by Cert
Programming Language:	C
Description:	This program produces the CLIA Provider Summary by Certification report. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJM270 NONE **Output Files:** PRVJM270 prm02701.rpt **Input Tables:** T_PR_PHP_ELIG T_PR_PROV T_PR_LOC_NM_ADR T_PR_NAM T_PR_ADR T_PR_CLIA_STAT T_CLIA_CERT **Output Tables:** NONE **Sort Criteria:** Certification Level Provider Number **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.17.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.18 prvp291m -- Presumptive Eligibility Providers

Technical Name:	prvp291m
Program Title:	Presumptive Eligibility Providers
Programming Language:	C
Description:	This program produces the Provider Presumptive Eligibility report. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJM291 NONE **Output Files:** PRVJM291 prm29111.rpt **Input Tables:** T_PR_PHP_ELIG T_PR_PROV T_PR_LOC_NM_ADR T_PR_NAM T_PR_ADR T_PR_TYPE T_PR_SPEC_CDE **Output Tables:** NONE **Sort Criteria:** Provider Number **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.18.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.19 prvp300d -- Newly Enrolled Provider Report

Technical Name:	prvp300d
Program Title:	Newly Enrolled Provider Report
Programming Language:	C
Description:	This program produces a daily report of newly enrolled providers sorted by county code, finalized date and provider number. The end date of the date range is taken from the current date in Oracle. The beginning date for the date range is taken from the T_SYSTEM_PARMS table, where the nam_program = 'PRVJD300'. If no record is found, or if it equals zero, the program defaults to a seven day range. The old (beginning) date of the date range can be updated online via the System Parms panel. However, the end date of the date range is always the current date minus one. **Input Parameters:** Beginning date range from T_SYSTEM_PARMS where nam_program = 'PRVJD300' **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJD300 NONE **Output Files:** PRVJD300 prv30001.rpt **Input Tables:** T_SYSTEM_PARMS T_PR_APPLN T_PR_PROV T_PR_SVC_LOC T_PR_TYPE T_PR_LOC_NM_ADR T_PR_NAM T_PR_ADR T_PR_MCARE_BILL **Output Tables:** NONE **Sort Criteria:** T_PR_APPLN.CDE_REQUEST_TYPE T_PR_SVC_LOC.CDE_COUNTY T_PR_APPLN.DTE_FINALIZED

	T_PR_PROV.ID_PROVIDER T_PR_SVC_LOC.CDE_SERVICE_LOC **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.19.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.20 prvp310w -- Provider Enrollment Detail Report

Technical Name:	prvp310w
Program Title:	Provider Enrollment Detail Report
Programming Language:	C
Description:	This program produces the Provider Enrollment Detail report. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJW310 NONE **Output Files:** PRVJW310 prw31001.rpt **Input Tables:** T_PR_PROV T_PR_PHP_ELIG T_PR_LOC_NM_ADR T_PR_NAM T_PR_ENROLL_PGM T_PR_ENROLL_STATUS **Output Tables:** NONE **Sort Criteria:** Provider Number. **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.20.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.21 prvp360m -- Provider Xref by City

Technical Name:	prvp360m
Program Title:	Provider Xref by City
Programming Language:	C
Description:	This program produces the Provider Cross-Reference Listing by City. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJM360 NONE **Output Files:** PRVJM360 prm36051.rpt **Input Tables:** T_PR_PHP_ELIG T_PR_PROV T_PR_LOC_NM_ADR T_PR_NAM T_PR_ADR T_PR_TAX_ID T_PR_LICENSE T_PR_HB_LIC **Output Tables:** NONE **Sort Criteria:** City **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.21.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.22 prvp440d -- Provider MEUPS Extract

Technical Name:	prvp440d
Program Title:	Provider MEUPS Extract
Programming Language:	C
Description:	This program creates an extract of all new providers for EDI to process. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJD440 NONE **Output Files:** PRVJD440 prd44001.dat **Input Tables:** T_PR_ADR T_PR_IDENTIFIER T_PR_LOC_NM_ADR T_PR_NAM T_PR_PHP_ELIG T_PR_SVC_LOC T_PR_TYPE **Output Tables:** NONE **Sort Criteria:** Provider Number **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.22.1 Change Orders

ID	NAME	DESCRIPTION
3098	MEUPS and TP	Create a job to insert new providers into the T_TP TABLE and extract them for MEUPS.
3694	REL2 - Provider MEUPS update	Update the MEUPS interface to use the stored procedure to insert to the Trading Partner table rather than inserting directly.

2.6.23 prvp440w -- Newly Re-Instated Providers Report

Technical Name:	prvp440w
Program Title:	Newly Re-Instated Providers Report
Programming Language:	C
Description:	This program produces the Newly Re-Instated Provider Report. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJW440 NONE **Output Files:** PRVJW440 prw44021.rpt **Input Tables:** T_PR_PHP_ELIG A_T_PR_PHP_ELIG T_PR_PROV T_PR_LOC_NM_ADR T_PR_NAM **Output Tables:** NONE **Sort Criteria:** Provider Number **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** This program uses the audit trail of the program table (T_PR_PHP_ELIG) to find the program segments that have been added or changed during the reporting period. Only providers that have an end dated segment and a new segment for the same program appear on this report. For example, one Medicaid segment is end dated and a new Medicaid segment is opened.

2.6.23.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.24 prvp500q -- Provider Activity Inactivity Reporting

Technical Name:	prvp500q
Program Title:	Provider Activity Inactivity Reporting
Programming Language:	C
Description:	This program generates a report listing providers who are currently enrolled with an effective date segment in any program and have not submitted claims in the past 24 months. The providers must also meet the following criteria: • Not a Fayette County physician; • Not an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Special Services provider type (Provider Type 45) • Not a Dentist (Provider Types 60 and 61) • Not a Child Advocacy Center (legacy type 13) **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJQ500 NONE **Output Files:** PRVJQ500 prm50001.rpt **Input Tables:** T_PR_ENROLL_STATUS T_PR_PHP_ELIG T_PR_PROV T_PR_LOC_NM_ADR T_PR_ENROLL_PGM T_HIST_DIRECTORY **Output Tables:** NONE **Sort Criteria:** Provider Number **Switches:** None at this time

	Link Procedures: libxml and libmrpf **Special Logic Notes:** NONE

2.6.24.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.25 prvp501q -- Deactive Inactive Providers

Technical Name:	prvp501q
Program Title:	Deactive Inactive Providers
Programming Language:	C
Description:	This program deactivates providers meeting the following criteria: • No claim activity in the past 24 months • Not a Fayette County physician; • Not an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Special Services provider type (Provider Type 45) • Not a Dentist (Provider Types 60 and 61) • Not a Child Advocacy Center (legacy type 13) **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJQ501 NONE **Output Files:** PRVJQ501 prq50101.rpt **Input Tables:** T_PR_ENROLL_STATUS T_PR_PHP_ELIG T_PR_PROV T_PR_LOC_NM_ADR T_PR_ENROLL_PGM T_HIST_DIRECTORY **Output Tables:** T_PR_PHP_ELIG **Sort Criteria:** Provider Number **Switches:** None at this time **Link Procedures:** libxml and libmrpf

	Special Logic Notes: NONE

2.6.25.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.26 prvp502d -- Provider Letter Report

Technical Name:	prvp502d
Program Title:	Provider Letter Report
Programming Language:	C
Description:	This program reads the letter tables and prints a report listing all provider letters produced during the reporting period. **Input Parameters:** T_SYSTEM_PARMS where NAM_PROGRAM = PRVP502D DTE_LAST_RUN **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJD502 NONE **Output Files:** PRVJD502 prd50201.rpt **Input Tables:** T_LG_LETTER_REQUEST T_LG_LETTER_TEMPLATE T_PR_IDENTIFIER T_PR_NAM T_PR_LOC_NM_ADR **Output Tables:** NONE **Sort Criteria:** Letter Id Provider Number **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** All letters beginning with PRV that have been produced appear on this report.

2.6.26.1 Change Orders

ID	NAME	DESCRIPTION
412	KYAmend-Prov Change Letter Rpt	This report is produced from KMAA because the change letters are produced there. There is a need to generate a new daily Provider Change Letter report. The report lists all the Providers who have had change letters generated that day. This report has been altered to be produced for all letters.

2.6.27 prvp520w -- Provider Detail Termination Report

Technical Name:	prvp520w
Program Title:	Provider Detail Termination Report
Programming Language:	C
Description:	This program produces the Provider Detail Termination report. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJW520 NONE **Output Files:** PRVJW520 prw52001.rpt **Input Tables:** T_PR_ENROLL_STATUS T_PR_PHP_ELIG T_PR_PROV T_PR_LOC_NM_ADR T_PR_NAM T_AR_DISP T_PR_ENROLL_PGM T_PR_TAX_ID **Output Tables:** NONE **Sort Criteria:** Provider Number **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.27.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.28 prvp529w -- Clerk ID gathering Program

Technical Name:	prvp529w
Program Title:	Clerk ID gathering Program
Programming Language:	C
Description:	This program gathers the entire clerk ID's that had changes in the provider tables over the previous week and outputs them into a file for use by another program. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJW530 NONE **Output Files:** PRVJW530 prw53003.dat **Input Tables:** T_PR_SUMM_TBL_LIST **Output Tables:** NONE **Sort Criteria:** NONE **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.28.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.29 prvp530w -- Provider Weekly Table Audits

Technical Name:	prvp530w
Program Title:	Provider Weekly Table Audits
Programming Language:	C
Description:	This program produces a summary report of the changes made to the main provider tables by clerk ID on a weekly basis. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJW530 prw53002.dat **Output Files:** PRVJW530 prw53001.rpt **Input Tables:** NONE **Output Tables:** NONE **Sort Criteria:** Clerk ID **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.29.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.30 prvp540d -- Provider Shutdown Report

Technical Name:	prvp540d
Program Title:	Provider Shutdown Report
Programming Language:	C
Description:	This program produces a listing of providers that have had their EFT or Group affiliation end dated. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJD540 NONE **Output Files:** PRVJD540 prd05401.rpt **Input Tables:** T_PR_TYPE T_PR_PHP_ELIG T_PR_EFT_ACCT T_PR_ID_TYPE T_PR_GRP_MBR T_PR_IDENTIFIER T_PR_NAM T_PR_LOC_NM_ADR **Output Tables:** NONE **Sort Criteria:** Provider Number **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.30.1 Change Orders

ID	NAME	DESCRIPTION
423	KYAmend-EFT and Prv Grp shdn Rpt	There is a need to generate a new daily EFT and Provider Group Shutdown Report. The report lists all the providers whose EFT and/or Groups were shutdown due to the provider's eligibility terminated with an alpha status code.

2.6.31 prvp540q -- Provider Institutional Rate Report

Technical Name:	prvp540q
Program Title:	Provider Institutional Rate Report
Programming Language:	C
Description:	This program produces a listing of all Long Term Care providers with a rate on file. The report is sorted by provider number, rate type, and effective date. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJQ540 NONE **Output Files:** PRVJQ540 prq54001.rpt **Input Tables:** T_PR_RATE T_PR_PROV T_PR_SVC_LOC T_PR_LOC_NM_ADR T_PR_NAM T_PR_ADR T_RATE_TYPE **Output Tables:** NONE **Sort Criteria:** Provider Number Rate Type Effective Date **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.31.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.32 prvp541m -- Provider Rate Report

Technical Name:	prvp541m
Program Title:	Provider Rate Report
Programming Language:	C
Description:	This program creates the Provider Rate Report which shows the provider specific rates from the table T_PR_RATE. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJM541 NONE **Output Files:** PRVJM541 prm54101.rpt **Input Tables:** T_PR_ADR T_PR_LOC_NM_ADR T_PR_NAM T_PR_PROV T_PR_SVC_LOC T_PR_TYPE T_PR_RATE T_RATE_TYPE **Output Tables:** NONE **Sort Criteria:** Provider Type Provider Number Rate Type Effective Date **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.32.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.33 prvp550d -- Listing by District and County

Technical Name:	prvp550d
Program Title:	Listing by District and County
Programming Language:	C
Description:	This program produces a listing of providers by district and county. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJD550 NONE **Output Files:** PRVJD550 prd55001.rpt **Input Tables:** T_PR_TYPE T_PR_SVC_LOC T_PR_PHP_ELIG T_PR_ADR T_COUNTY T_PR_ID_TYPE T_PR_TYPE_CDE T_PR_GRP_MBR T_PR_IDENTIFIER T_PR_NAM T_PR_LOC_NM_ADR **Output Tables:** NONE **Sort Criteria:** District County Provider Type Provider Number **Switches:** None at this time **Link Procedures:** libxml and libmrpf

	Special Logic Notes: NONE

2.6.33.1 Change Orders

ID	NAME	DESCRIPTION
415	KYAmend-Prov listing by Grp/Cnty	These reports are better suited to be produced from FIQM. EDS agrees to create these reports if First Health declines. There is a need to generate two daily reports: Provider Listing by Group Affiliation and List By Area-Dev District County. The Provider Listing by Group Affiliation Report identifies providers who are members of a group practice. The List By Area-Dev District County Report produces a complete listing of all active providers by area development district by county.

2.6.34 prvp550m -- Active Provider Type Trend Information

Technical Name:	prvp550m
Program Title:	Active Provider Type Trend Information
Programming Language:	C
Description:	This program creates a report to display information on enrollments and terminations with the state. The report is broken up by program and by provider type with subtotals after each program break and a grand total at the end of the report. **Input Parameters:** Report period from T_SYSTEM_PARMS where nam_program = `AIMCYCMO' **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJM550 NONE **Output Files:** PRVJM550 prm55001.rpt **Input Tables:** T_PR_ENROLL_PGM T_PR_PHP_ELIG T_PR_TYPE T_PR_TYPE_CDE T_SYSTEM_PARMS **Output Tables:** NONE **Sort Criteria:** Program Provider Type **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.34.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.35 prvp551d -- Listing by Grp Affiliation

Technical Name:	prvp551d
Program Title:	Listing by Grp Affiliation
Programming Language:	C
Description:	This program produces a listing of providers by group affiliation. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJD551 NONE **Output Files:** PRVJD551 prd55101.rpt **Input Tables:** T_PR_TYPE T_PR_GRP_MBR T_PR_IDENTIFIER T_PR_NAM T_PR_LOC_NM_ADR **Output Tables:** NONE **Sort Criteria:** Group Provider Number Member Provider Number **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.35.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.36 prvp551m -- Active Provider Specialty Trend Information

Technical Name:	prvp551m
Program Title:	Active Provider Specialty Trend Information
Programming Language:	C
Description:	This program creates a report to display information on enrollments and terminations with the state. The report is broken up by program and by provider specialty with subtotals after each program break and a grand total at the end of the report. **Input Parameters:** Report period from T_SYSTEM_PARMS where nam_program = `AIMCYCMO' **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJM551 NONE **Output Files:** PRVJM551 prm55101.rpt **Input Tables:** T_PR_ENROLL_PGM T_PR_PHP_ELIG T_PR_TYPE T_PR_SPEC_CDE T_SYSTEM_PARMS **Output Tables:** NONE **Sort Criteria:** Program Provider Specialty **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.36.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.37 prvp600d -- Provider EFT Transaction

Technical Name:	prvp600d
Program Title:	Provider EFT Transaction
Programming Language:	C
Description:	Produce transactions based upon Provider EFT pre-note changes. All providers on T_FIN_EFT_ACCT with either an Active or PreNote segment added since the last run trigger a transaction. The table contains a Last Change Date that is used to compare against the parm. **Input Parameters:** Last Run date in parm 1 where nam_program = PRVJD600. **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJD600 None **Output Files:** PRVJD600 None **Input Tables:** T_FIN_EFT_ACCT **Output Tables:** None **Sort Criteria:** None **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** XML Transactions are sent to the BizTalk server to be forwarded to First Health. Library prvpeftlib is used to create and send the xml.

2.6.37.1 Change Orders

ID	NAME	DESCRIPTION
6235	Rel2 - PR EFT Txn	Produce EFT XML Transactions to be sent to BizTalk.

2.6.38 prvp610d -- Create KAMES Provider ID

Technical Name:	prvp610d
Program Title:	Create KAMES Provider ID
Programming Language:	C
Description:	Insert a KAMES provider ID onto the identifier table for all providers that do not have one. The format of the provider ID differs based upon the length of the MCD provider number >, if the length is 8 bytes, 2 byte provider type + 8 byte provider id + `002. If length is 10 bytes, 2 byte provider type + 10 byte provider id + `3. The effective dates match the effective dates of the MCD segment. The cde_prov_id_type from KAMES = `KME? **Input Parameters:** None **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJD610 None **Output Files:** PRVJD610 None **Input Tables:** T_PR_IDENTIFIER **Output Tables:** T_PR_IDENTIFIER **Sort Criteria:** None **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** None

2.6.38.1 Change Orders

ID	NAME	DESCRIPTION
6236	Rel2 - KAMES Prov Id	Add a row to T_PR_IDENTIFER for the KAMES provider ID. The KAMES provider ID is a 13 byte ID derived from the provider type and provider number. See the program doco for specifications.

2.6.39 prvp770r -- Provider Rate Update

Technical Name:	prvp770r
Program Title:	Provider Rate Update
Programming Language:	C
Description:	This program updates the T_PR_RATE table with data sent by DMS. **Input Parameters:** This program has one parms on the t_system_parms table and another parm in the Job script. The t_system_parms parm is under the program name PRVP770R. The DATE_PARM_1 field is the date is the effective date for the new rate. The rate type to be used on the new rate segment is environment variable RATETYPE in js020 in the script. **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJR770 prr77001.dat **Output Files:** PRVJR770 prvp770r.log **Input Tables:** T_PR_RATE T_PR_IDENTIFIER **Output Tables:** T_PR_RATE **Sort Criteria:** Provider Number **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.39.1 Change Orders

ID	NAME	DESCRIPTION
3007	Provider Rate Update	Create a batch program to update provider rate tables from a file sent by DMS.

2.6.40 prvp771d -- Prescriber Interface Input file

Technical Name:	prvp771d
Program Title:	Prescriber Interface Input file
Programming Language:	C
Description:	Process the daily and monthly prescriber update file from First Health. **Input Parameters:** None **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJD771 prd77101.dat PRVJM771 prm77101.dat **Output Files:** PRVJD771 None PRVJM771 None **Input Tables:** T_PR_HB_LIC **Output Tables:** T_PR_HB_LIC **Sort Criteria:** None **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.40.1 Change Orders

ID	NAME	DESCRIPTION
5464	Prescriber input file	Create a batch job to process an input file from KMAA (First Health) containing provider licenses. See the Input/Output section for the file layout. The data from this interface file is written to T_PR_HB_LIC.

2.6.41 prvp780r -- NPI and Taxonomy Load

Technical Name:	prvp780r
Program Title:	NPI and Taxonomy Load
Programming Language:	C
Description:	Insert initial NPI into the T_PR_IDENTIFIER table and the initial taxonomy(s) into T_PR_TAXONOMY. Edits include verifying the NPI is 10 bytes and all numeric, and verifying the input taxonomy code exists on the code table T_PR_TAXONOMY_CDE. These are not catastrophic errors, a message is written to the standard output (job log) and processing continues. **Input Parameters:** None **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJR780 prr78001.dat **Output Files:** PRVJR780 None **Input Tables:** T_PR_IDENTIFIER T_PR_TAXONOMY_CDE **Output Tables:** T_PR_IDENTIFIER T_PR_TAXONOMY **Sort Criteria:** None **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** Effective dates on both the NPI and Taxonomy rows are determined using the following method. If the MCD effective date > = 200700101 then the MCD Effective date is used, else 20070101 is used. The end date is always set to 22991231. NPI and Taxonomy data is deleted for each provider before an insert

	is attempted. The first taxonomy on the record is to have ind_primary set to Y the rest of the occurrences (2 thru 14) are set to N. NPI defaults in T_PR_IDENTIFIER are: cde_prov_id_type = NPI, sak_short = max(sak_short) + 1 for that sak_prov_loc; ind_npi_verify = Y, ind_npi_default = N. Use this logic to find the sak_prov and sak_prov_loc from the given Medicaid number. SELECT sak_prov, sak_prov_loc FROM T_PR_IDENTIFIER WHERE (id_provider = :Input Medicaid Number OR id_provider = SUBSTR(Input Medicaid Number, 1, 8)) AND cde_prov_id_type = MCD;

2.6.41.1 Change Orders

ID	NAME	DESCRIPTION
6634	NPI - Taxonomy input	Create an on-request job to process the NPI input file from First Health. This file contains the Medicaid Number, NPI, and up to 15 taxonomies for each provider. It is used to populate the production NPI and Taxonomy values initially. It will not be required once the PE txn is up and running. See program doco for specifications and the input/output section for the exact file layout. Use job PRVJR770 as a model on how to process input interface files. Including the location they are placed and how to handle the zip file.

2.6.42 prvp840d -- Provider KAMES Extract

Technical Name:	prvp840d
Program Title:	Provider KAMES Extract
Programming Language:	C
Description:	This program extracts provider data into a file that will be sent to KAMES. **Input Parameters:** This program has two parms on the T_SYSTEM_PARMS table. They are both under program name PRVP840D. One is in the DATE_PARM_1 field and holds the last run date. The other is in the IND field and holds the run type. There are two types of runs. A run type of A writes ALL provider data and a run type of U writes any provider UPDATES since the last run. **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJD840 NONE **Output Files:** PRVJD840 prd84001.dat **Input Tables:** A_T_PR_ADR A_T_PR_PHP_ELIG A_T_PR_SVC_LOC A_T_PR_NAM A_T_PR_SPEC A_T_PR_STATE_SHARE A_T_PR_TAX_ID A_T_PR_TYPE DUAL T_PR_ADR T_PR_GRP_MBR T_PR_LOC_NM_ADR T_PR_LOC_RATE T_PR_NAM T_PR_PHP_ELIG T_PR_PRESCRIBER T_PR_SPEC T_PR_STATE_SHARE T_PR_SVC_LOC T_PR_TAX_ID

	T_PR_TYPE T_SYSTEM_PARMS **Output Tables:** NONE **Sort Criteria:** Provider Number **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.42.1 Change Orders

ID	NAME	DESCRIPTION
2972	KAMES interface change	Update the KAMES interface program to send a 14-byte provider ID and other information as identified by KAMES.

2.6.43 prvp845m -- CLIA Partnership Extract

Technical Name:	prvp845m
Program Title:	CLIA Partnership Extract
Programming Language:	C
Description:	This program will gather the CLIA information needed for Passport and produce an extract file to be transferred to them. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJM845 NONE **Output Files:** PRVJM845 prm84502.dat **Input Tables:** T_PMP_SVC_LOC T_PR_ADR T_PR_DEA T_PR_GRP_MBR T_PR_HB_LIC T_PR_LOC_NM_ADR T_PR_MCARE_BILL T_PR_NAM T_PR_PHP_ELIG T_PR_LICENSE T_PR_CLIA_STAT T_PR_PROV T_PR_SPEC T_PR_SVC_LOC T_PR_TAX_ID T_PR_TYPE **Output Tables:** NONE **Sort Criteria:** Provider Number **Switches:** None at this time

	Link Procedures: libxml and libmrpf **Special Logic Notes:** NONE

2.6.43.1 Change Orders

ID	NAME	DESCRIPTION
1807	CLIA Partnership file	There is a need to create a monthly CLIA extract file to be sent to Passport. The layout of the file is documented under the Inputs/Outputs section.
3008	Interface FTPDIR	Update all provider interface jobs to make use of the $FTPDIR/provider/ [outbound or inbound]/ [entity] directories.

2.6.44 prvp847m -- Provider PCG Extract

Technical Name:	prvp847m
Program Title:	Provider PCG Extract
Programming Language:	C
Description:	This program produces a provider extract for PCG. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJM847 NONE **Output Files:** PRVJM847 prm84701.dat **Input Tables:** T_PR_IDENTIFIER T_PR_ADR T_PR_DEA T_PR_HB_LIC T_PR_LOC_NM_ADR T_PR_MCARE_BILL T_PR_NAM T_PR_PHP_ELIG T_PR_LICENSE T_PR_CLIA_STAT T_PR_PROV T_PR_SVC_LOC T_PR_TAX_ID T_PR_TYPE **Output Tables:** NONE **Sort Criteria:** Provider Number **Switches:** None at this time **Link Procedures:** libxml and libmrpf

	Special Logic Notes: NONE

2.6.44.1 Change Orders

ID	NAME	DESCRIPTION
3317	Rel2 - PCG Provider Extract	Create a full provider extract to be sent to PCG on a monthly basis. See the input/output section for the file layout. The output file is copied to the following directory: FTPDIR$/provider/outbound/pcg

2.6.45 prvp861m -- Provider License File for Passport

Technical Name:	prvp861m
Program Title:	Provider License File for Passport
Programming Language:	C
Description:	This program gathers the information needed for Passport and produce an extract file to be transferred to them. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJM861 NONE **Output Files:** PRVJM861 prm86101.dat **Input Tables:** T_PMP_SVC_LOC T_PR_ADR T_PR_DEA T_PR_GRP_MBR T_PR_HB_LIC T_PR_LOC_NM_ADR T_PR_MCARE_BILL T_PR_NAM T_PR_PHP_ELIG T_PR_LICENSE T_PR_PREV_PROV T_PR_PROV T_PR_SPEC T_PR_SVC_LOC T_PR_TAX_ID T_PR_TYPE **Output Tables:** NONE **Sort Criteria:** Provider Number Service Location

	Switches: None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.45.1 Change Orders

ID	NAME	DESCRIPTION
1808	License Extract for Passport	There is a need to create a monthly License file extract to be transferred to Passport. The layout of the file is documented under the Inputs/Outputs section of the DSD

2.6.46 prvp862m -- Provider Partnership Extract

Technical Name:	prvp862m
Program Title:	Provider Partnership Extract
Programming Language:	C
Description:	This program produces a provider extract for Passport. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJM847 NONE **Output Files:** PRVJM847 prm84701.dat **Input Tables:** T_PR_IDENTIFIER T_PR_ADR T_PR_DEA T_PR_HB_LIC T_PR_LOC_NM_ADR T_PR_MCARE_BILL T_PR_NAM T_PR_PHP_ELIG T_PR_LICENSE T_PR_CLIA_STAT T_PR_PROV T_PR_SVC_LOC T_PR_TAX_ID T_PR_TYPE **Output Tables:** NONE **Sort Criteria:** Provider Number **Switches:** None at this time **Link Procedures:** libxml and libmrpf

	Special Logic Notes: NONE

2.6.46.1 Change Orders

ID	NAME	DESCRIPTION
3320	Rel2 Passport Provider Extract	Create a new monthly full provider extract of for Passport. The output file will be copied to the following directory: $FTPDIR/provider/outbound/passport See the Input/Output sections for the file layout.

2.6.47 prvp865d -- PBA Provider File Extract

Technical Name:	prvp865d
Program Title:	PBA Provider File Extract
Programming Language:	C
Description:	This program gathers the Provider information needed for the PBA and produces an extract file to be transferred to them. **Input Parameters:** T_SYSTEM_PARMS where NAM_PROGRAM = PRVP865D DTE_LAST_RUN RUN_TYPE - U - Update or A – All **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJD865 NONE **Output Files:** PRVJD865 prm86501.dat **Input Tables:** T_PR_ADR T_PR_EFT_ACCT T_PR_GRP_MBR T_PR_HB_LIC T_PR_LOC_NM_ADR T_PR_MCARE_BILL T_PR_NAM T_PR_PHP_ELIG T_PR_LICENSE T_PR_PROV T_PR_SPEC T_PR_SVC_LOC T_PR_TAX_ID T_PR_TYPE **Output Tables:** NONE **Sort Criteria:** Provider Number **Switches:** None at this time

	Link Procedures: libxml and libmrpf **Special Logic Notes:** NONE

2.6.47.1 Change Orders

ID	NAME	DESCRIPTION
2097	PBA Provider Extract	Create a provider extract to be sent to the PBA.

2.6.48 prvp866d -- Provider PA-62 Extract

Technical Name:	prvp866d
Program Title:	Provider PA-62 Extract
Programming Language:	C
Description:	This program creates an extract of LTC and EPSDT providers for PA-62. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJD866 NONE **Output Files:** PRVJD866 prd86601.dat **Input Tables:** T_PR_ADR T_PR_IDENTIFIER T_PR_LOC_NM_ADR T_PR_NAM T_PR_PHP_ELIG T_PR_SVC_LOC T_PR_TYPE **Output Tables:** NONE **Sort Criteria:** Provider Number **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** NONE

2.6.48.1 Change Orders

ID	NAME	DESCRIPTION
2973	PA-62 Interface	Create an interface file for PA-62. This is a daily full file. See the Input/Output section for details on the file layout and a listing of provider types and specialties included in this file.

2.6.49 prvp867d -- PBA License Extract

Technical Name:	prvp867d
Program Title:	PBA License Extract
Programming Language:	C
Description:	This program gathers the License information needed for the PBA and produces three extract files to be transferred to them. **Input Parameters:** T_SYSTEM_PARMS where NAM_PROGRAM = PRVP867D DTE_LAST_RUN RUN_TYPE - U - Update or A – All **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJD867 NONE **Output Files:** PRVJD867 prm86701.dat prm86702.dat prm86703.dat **Input Tables:** T_PR_HB_LIC A_T_PR_HB_LIC T_PR_TYPE A_T_PR_TYPE **Output Tables:** NONE **Sort Criteria:** License Number **Switches:** None at this time **Link Procedures:** libxml and libmrpf **Special Logic Notes:** For Medicaid providers, provider specialty from the T_PR_TYPE table will be used instead of the license specialty from T_PR_HB_LIC.

2.6.49.1 Change Orders

ID	NAME	DESCRIPTION
3244	REL2 PBA License Extracts	Create 3 License extract files from one job for the PBA. The files are the Practitioner Base Record (prvd8701.dat), Practitioner Address Record (prvd8702.dat), and the Practitioner Specialty Record (prvd8703.dat). A copy of the output files without the gdg extension goes to the $FTPDIR/provider/outbound/pba directory. The layout of files can be found in the Input/Output section under PBA License Extract.

2.6.50 prvp868d -- Provider MaxMC Extract

Technical Name:	prvp868d
Program Title:	Provider MaxMC Extract
Programming Language:	C
Description:	This program produces a provider extract for MaxMC. **Input Parameters:** NONE **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJD868 NONE **Output Files:** PRVJD868 prd86801.dat **Input Tables:** T_PR_IDENTIFIER T_PR_ADR T_PR_DEA T_PR_HB_LIC T_PR_LOC_NM_ADR T_PR_MCARE_BILL T_PR_NAM T_PR_PHP_ELIG T_PR_LICENSE T_PR_CLIA_STAT T_PR_PROV T_PR_SVC_LOC T_PR_TAX_ID T_PR_TYPE **Output Tables:** NONE **Sort Criteria:** Provider Number **Switches:** None at this time **Link Procedures:** libxml and libmrpf

	Special Logic Notes: NONE

2.6.50.1 Change Orders

ID	NAME	DESCRIPTION
3319	Rel2 Max MC provider extract	Create a new daily provider extract of for Max MC that contains only the changes since the last run. The output file will be copied to the following directory: $FTPDIR/provider/outbound/shps See the Input/Output sections for the file layout.
5574	MaxMC Interface	1) Field 1, Position 1, and Provider ID: This field is 8 digits in your file. Our provider IDs from Legacy are 10 digits, because each Provider ID has two trailing zeros. I think the business people want to keep the 10-digit Provider ID. We will need to talk to them about this. But if we are to move to the 8 digits, then I need to convert the provider IDs before we can load a provider file from Interchange. **We will modify this, if the Id is 8 bytes then pad a 00 on the end.** 2) Field 2, Position 31, Provider System Type, should only be PHY or HCF. This is all we need for Kentucky Medicaid. Any provider that is a person needs to be classified as PHY. All other providers need to be classified as HCF. You have a combination of codes in there, some of which are valid and some are not (that is PHR is not valid). But we only want PHY and HCF. **EDS will correct this.** 3) Field 3, Position 34, and Provider User Type: These have not changed from the legacy system, correct? I think you told me this. **Correct.** 4) Field 10, Position 188, and Provider Gender: You are sending an N and F in here for person and non-person providers. This is not valid. We can receive M (male), F (female), U (unknown), O (Other), or a space. An N is not valid and only a space is valid for non-person providers. If you do not have the gender for person providers, please just send a space. **EDS will correct.** 5) Field 8, Position 155, and Provider Degree: The value in this field does not always start in Position 155.

ID	NAME	DESCRIPTION
		Can you please left-justify this field? **Yes. May be due to the nulls caused by the ftp.** 6) Field 18, Position 343, and Primary Language ID: You are sending Nulls in this field. Please send spaces instead. **Yes** 7) Field 11, Position 189, and Date of Birth: You are sending "0" in this field. Please send 8 spaces. **Yes** 8) Field 21, Position 363, and Other Identifier Termination Date: You are sending "22371014" in this field. Please just send spaces unless you have a valid termination date for the ID. **Why is this not valid? - Answer MaxMC cannot recognize this high date. Any date that is 22371014 or higher send spaces.** 9) Field 22, Position 371, Other Identifier ID. When the ID is a UPIN number, the ID is followed by a Null. Please do not send any nulls in this field (or any field). **Yes.** 10) Field 24, Position 407, and Provider ID Affiliation With: This position contains the Provider ID, then 7 spaces, then 15 nulls. Please replace the 15 nulls with spaces. **Yes.** 11) Field 32, Position 490, and Affiliation Termination Date: You are sending "22371014" in this field. Please just send spaces unless you have a valid termination date. **This is a valid date. See #8 above.** 12) Field 33, Position 498, Reason for Affiliation Termination. You are sending an "A" in this field, even for non-termed affiliations. What does A represent? Is this a valid code? It is being sent on every single record. If this is a valid code, I need the description, but we only want this field for termed affiliations. If this is not a valid value to send here, please send a space instead. **A stands for Active. If the value is A then send a**

ID	NAME	DESCRIPTION
		space instead. 13) Field 43, Position 556, Address ID: Same as field 24. Please see above. **Nulls will be removed.** 14) Field 46, Position 624, Address Termination Date: Same as fields 21 and 32. Please see above. **Nulls will be removed.**

2.6.51 prvp869d -- Provider NET Extract

Technical Name:	prvp869d
Program Title:	Provider NET Extract
Programming Language:	C
Description:	Create the Non-Emergency Medical Transportation Provider update extract file for the Commonwealth all providers that have data changed since the last time the file was produced is included in the extract. This program sends all provider data inserted or updated depending on a parameter. **Input Parameters:** T_SYSTEM_PARMS where nam_program = `PRVP869D. DATE_PARM_1 = Last run date, IND = type of run (A for All, U for Updates). **Exit values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors **Input Files:** PRVJD869 NONE **Output Files:** PRVJD869 prd86901.rpt **Input Tables:** T_PR_TYPE T_PR_PHP_ELIG T_PR_EFT_ACCT T_PR_ID_TYPE T_PR_GRP_MBR T_PR_IDENTIFIER T_PR_NAM T_PR_LOC_NM_ADR **Output Tables:** NONE **Sort Criteria:** Provider Number **Switches:** None at this time **Link Procedures:** libxml and libmrpf