2.12.130 PE Txn Datamodel changes - 2971

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2971	Change Order		Provider Data Maintenance	40.00		2

2.12.130.1 Desired Solution

Create tables to support the Provider Enrollment transaction with First Health. This includes transaction receive, response and error tables, as well as an error code table.

2.12.130.2 Business Impact

N/A

2.12.130.3 Technical Specifications

N/A

2.12.130.4 Clarifications

No associated clarifications found.

2.12.130.5 Associated Requirements

Requirement ID	Type
30.100.003.008	RFP Requirement

2.12.130.6 Associated System Objects

Technical Name	Object Type	Title
T_PR_TXN_ERROR	Database Table	
T_PR_TXN_RESP	Database Table	
T_PR_TXN	Database Table	
T_PR_TXN_ERROR_CDE	Database Table	

2.12.130.7 Change Order Status

Status	Date
Issue Identified	06/27/2006
Ready for DM Review	07/20/2006
DM Review Board Approved	07/24/2006
Ready for Construction Walkthrough	07/25/2006
Ready for Model Office	07/28/2006
Model Office Implemented	08/11/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.131 KAMES interface change - 2972

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2972	Change Order		Provider Data Maintenance	40.00		2

2.12.131.1 Desired Solution
Update the KAMES interface program to send a 14 byte provider ID and other information as identified by KAMES.

2.12.131.2 Business Impact
N/A

2.12.131.3 Technical Specifications
The layout has changed dramatically from legacy.

The Action Reason Code 01 = an Active status. Report the t_pr_php_elig segment with the greatest end date.

Update the job script to copy the output file to the $FTPDIR/provider/outbound/kames directory (without a gdg extension) and update the job doco to reflect this extra job step.

2.12.131.4 Clarifications
9/18/2007 2:18:44 PM Will be sending out a sign off memo on this CO this week. This was a CO that went into production in June. Bonnie

2.12.131.5 Associated Requirements

Requirement ID	Type
30.110.003.012	Interfaces - Outbound

2.12.131.6 Associated System Objects

Technical Name	Object Type	Title
prvp840d	Program	Provider KAMES Extract
PRVJD840	Batch Job	Provider KAMES Extract

2.12.131.7 Change Order Status

Status	Date
Issue Identified	06/27/2006
Change Order Written	06/28/2006
Construction in Progress	07/12/2006
Ready for Construction Walkthrough	07/14/2006
Ready for Model Office	07/17/2006
Model Office Implemented	07/21/2006

Status	Date
Model Office Implemented	07/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.132 PA-62 Interface - 2973

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2973	Change Order		Provider Data Maintenance	40.00		1

2.12.132.1 Desired Solution

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.

2.12.132.2 Business Impact

N/A

2.12.132.3 Technical Specifications

Update the job script to copy the output file to the $FTPDIR/provider/outbound/kames directory (without a gdg extension) and create the job and program doco.

Filler has been added to the end of this file to make the lrecl not match what is currently in Legacy.

New job name is PRVJD866, new program name is prvp866d.sc.

Use the KAMES interface job PRVJD840 as a starting point.

2.12.132.4 Clarifications

No associated clarifications found.

2.12.132.5 Associated Requirements

Requirement ID	Type
30.110.003.012	Interfaces - Outbound

2.12.132.6 Associated System Objects

Technical Name	Object Type	Title
prvp866d	Program	Provider PA-62 Extract
PRVJD866	Batch Job	Provider PA-62 Extract

2.12.132.7 Change Order Status

Status	Date
Issue Identified	06/27/2006
Change Order Written	06/28/2006
Ready for Construction Walkthrough	07/20/2006
Ready for Model Office	07/21/2006
Model Office Implemented	07/28/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

Change Order Specs

CHANGES MADE:

1. Modify structure output_pro_provider_st to fit the new extract layout.

2. Modified the main cursor to select provider type and provider id as well.

3. Modify the following functions:

main() - remove the code of checking run type and the function call to fetch_provs().

get_parm() - remove the query of selecting run type.

fetch_all_provs - fetch cde_prov_type and id_provider as well.

select_rec() - a. deleted the query of selecting provider id as it has been merged into the main cursor.

b. .Modified the main cursor to select provider type and provider id as well.

c. add code for setting up provider_pnt and provider_3rd_digit field.

d. add the query to get start_date and end_date from t_pr_php_elig table.

e. remove the query of selecting from t_pr_tax_id table.

f. modify the query of selecting provider's name to fit the new name length.

g. remove the logic of building repeating sections of provider specialties.

select_rec3() - add code to fill up the new fields.

4. Add new global variables needed for the new data fields.

5. Delete global variables related to the fields that have been removed from the extract file.

6. Delete the following cursors:

prov_csr - this is the cursor that retrieves data from audit tables. Since the new program creates “full” file only, the audit cursor is no longer needed.

prov_spec_csr - this is the cursor that retrieves providers specialties. Since the specialty fields have been removed from the file, this cursor is no longer needed.

7. Delete function fetch_provs() - this function fetches data from prov_csr cursor. Since the cursor has been removed, this function should be removed as well.

CHANGES MADE:

1. Modify structure output_pro_provider_st to fit the new extract layout.

2. Modified the main cursor to select provider type and provider id as well.

3. Modify the following functions:

main() - remove the code of checking run type and the function call to fetch_provs().

get_parm() - remove the query of selecting run type.

fetch_all_provs - fetch cde_prov_type and id_provider as well.

select_rec() - a. deleted the query of selecting provider id as it has been merged into the main cursor.

b. .Modified the main cursor to select provider type and provider id as well.

c. add code for setting up provider_pnt and provider_3rd_digit field.

d. add the query to get start_date and end_date from t_pr_php_elig table.

e. remove the query of selecting from t_pr_tax_id table.

f. modify the query of selecting provider's name to fit the new name length.

g. remove the logic of building repeating sections of provider specialties.

select_rec3() - add code to fill up the new fields.

4. Add new global variables needed for the new data fields.

5. Delete global variables related to the fields that have been removed from the extract file.

6. Delete the following cursors:

prov_csr - this is the cursor that retrieves data from audit tables. Since the new program creates “full” file only, the audit cursor is no longer needed.

prov_spec_csr - this is the cursor that retrieves providers specialties. Since the specialty fields have been removed from the file, this cursor is no longer needed.

7. Delete function fetch_provs() - this function fetches data from prov_csr cursor. Since the cursor has been removed, this function should be removed as well.

2.12.133 Provider Rate Update - 3007

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3007	Change Order		Provider Data Maintenance			1

2.12.133.1 Desired Solution
Create a batch program to update provider rate tables from a file sent by DMS.

2.12.133.2 Business Impact
N/A

2.12.133.3 Technical Specifications
Job is run on request.

Cde_rate_type is a parameter passed from the job to the program. This info is supplied by DMS.

Rate Effective Date is retrieved from t_system_parms where nam_program is equal to the name of the C program.

Input file name is prrate.dat and is read from the $FTPDIR/provider/inbound/dms directory.

The input file contains the provider number, rate. See Supplemental Documentation for more info from the legacy code.

To update a rate, de-activate the current rate segment with an end date of the input Rate Effective Date - 1 and then insert a new row on T_PR_RATE.

Use this sql to find the sak_prov_loc based upon the input provider number:
select sak_prov_loc from t_pr_identifier where id_provider = '[Provider Number]' and cde_prov_id_type = 'MCD'

If the provider number is not found on t_pr_identifer, display an error in the job log and continue processing the next record.

If the provider number is found, search for a row on t_pr_rate for this sak_prov_loc, cde_rate_type, and [given date] between dte_effective and dte_end. If found, end date this row and insert a new row (if needed). If not found, then just insert a new row.

If needed means make sure the rate is different, this update could be to extend the end date or it could be an update that had already been manually applied. This process should not add or update any data that is unnecessary.

New job name is PRVJR770, new program is prvp770r.sc.

No reporting is required, display providers not found in normal job output.

2.12.133.4 Clarifications
No associated clarifications found.

2.12.133.5 Associated Requirements

Requirement ID	Type
30.090.003.003.13	Provider Specific Rates

2.12.133.6 Associated System Objects

Technical Name	Object Type	Title
prvp770r	Program	Provider Rate Update

2.12.133.7 Change Order Status

Status	Date
Change Order Written	06/29/2006
SE Assigned	07/07/2006
Ready for Model Office	07/26/2006
Model Office Implemented	07/28/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.134 Interface FTPDIR - 3008

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3008	Change Order		Provider Data Maintenance			1

2.12.134.1 Desired Solution

Update all provider interface jobs to make use of the $FTPDIR/provider/[outbound or inbound]/[entity] directories.

2.12.134.2 Business Impact

N/A

2.12.134.3 Technical Specifications

Add a job step to copy (using the cp command) the generational dataset created in the $DATADIR folder to the proper ftp directory.

The jobs to change are:

Outbound $FTPDIR/provider/outbound/..

- PRVJD840 - kames/prd84001.dat;
- PRVJD865 - pba/prm86501.dat;
- PRVJW900 - captiva/prvstub.dat;
- PRVJW901 - captiva/prtxstub.dat;
- PRVJM846 - passport/prm84502.dat; and,
- PRVJM861 - passport/prm86101.dat.

Inbound $FTPDIR/provider/inbound/..

- PRVJW012 - cms/PRV01205.DAT

2.12.134.4 Clarifications

No associated clarifications found.

2.12.134.5 Associated Requirements

Requirement ID	Type
30.090.003.004	Interfaces - Outbound

2.12.134.6 Associated System Objects

Technical Name	Object Type	Title
prvp845m	Program	CLIA Partnership Extract

2.12.134.7 Change Order Status

Status	Date

Status	Date
Change Order Written	06/29/2006
SE Assigned	07/05/2006
Ready for Construction Walkthrough	07/10/2006
Ready for Model Office	07/11/2006
Model Office Implemented	07/14/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.135 KY Add OOS Code Table - 3010

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3010	Change Order		Provider Data Maintenance			

2.12.135.1 Desired Solution

In order to facilitate using the provider out of state indicator in reimbursement rules configuration, a code table needs to be created that contains the valid code values and their descriptions.

2.12.135.2 Business Impact

N/A

2.12.135.3 Technical Specifications

Create a new table, T_PR_CDE_OOS that contains the following attributes: CDE_OOS, and DSC_OOS.

Column Name	Description	Type	Length	Precision	Primary Key	Action
CDE_OOS	Out of state provider identifier.	CHAR	1	0	Y	Add
DSC_OOS	Description of the out of state provider (oos).	VARCHAR	50	0	N	Add

2.12.135.4 Clarifications

No associated clarifications found.

2.12.135.5 Associated Requirements

Requirement ID	Type
30.090.003.002.5	Report

2.12.135.6 Associated System Objects

Technical Name	Object Type	Title
T_PR_CDE_OOS	Database Table	

2.12.135.7 Change Order Status

Status	Date
Change Order Written	06/29/2006
SE Assigned	07/14/2006
Ready for DM Review	07/17/2006
DM Review Board Approved	07/19/2006
Ready for Construction Walkthrough	07/20/2006

Status	Date
Ready for Model Office	07/28/2006
Model Office Implemented	08/04/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.136 UI - Use OOS code table - 3068

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3068	Change Order		Provider Data Maintenance			1

2.12.136.1 Desired Solution

Modify the Provider Service Location panel to make the Out of State type field list values from the new code table T_PR_CDE_OOS. The field name is changing from ind_oos to cde_oos.

2.12.136.2 Business Impact

N/A

2.12.136.3 Technical Specifications

N/A

2.12.136.4 Clarifications

No associated clarifications found.

2.12.136.5 Associated Requirements

Requirement ID	Type
30.090.003.002.5	Report

2.12.136.6 Associated System Objects

Technical Name	Object Type	Title
Prov.ProviderServiceLocation.ascx	Panel	Provider Service Location

2.12.136.7 Change Order Status

Status	Date
Change Order Written	07/05/2006
Ready for Model Office	07/27/2006
Model Office Implemented	08/04/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.137 MEUPS and TP - 3098

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3098	Change Order		Provider Data Maintenance			1

2.12.137.1 Desired Solution
Create a job to insert new providers into the t_tp table and extract them for MEUPS.

2.12.137.2 Business Impact
N/A

2.12.137.3 Technical Specifications
Trading partner table is t_tp.
Link on id_provider, (using MCD), if a provider is active and does not have a row on t_tp then insert it and add to the extract file.

Extract to MEUPS

- Trading Partner id (= Medicaid ID);
- NPI;
- Medicaid ID;
- Name;
- Address; and,
- Telephone #.

2.12.137.4 Clarifications
No associated clarifications found.

2.12.137.5 Associated Requirements

Requirement ID	Type
30.110.003.012	Interfaces - Outbound

2.12.137.6 Associated System Objects

Technical Name	Object Type	Title
prvp440d	Program	Provider MEUPS Extract
PRVJD440	Batch Job	Provider MEUPS extract

2.12.137.7 Change Order Status

Status	Date
Issue Identified	07/07/2006
Ready for Construction Walkthrough	07/27/2006
Ready for Model Office	07/27/2006
Model Office Implemented	08/04/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.138 KY DRG ProviderPanel Updates - 3100

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3100	Change Order		Provider Data Maintenance			

2.12.138.1 Desired Solution

There are some fields and panels related to DRG's that are not needed by the KY customer. In order to prevent confusion and potential payment errors, these fields and panels need to be removed from the KY UI.

2.12.138.2 Business Impact

N/A

2.12.138.3 Technical Specifications

Under Provider Maintenance, remove the following links: Inpatient LOC Rate, Med Ed Cost and Provider NH Rates.

On the Provider DRG Rates panel, remove/hide the following fields: Paid Percentage (default to 0 on adds) and Disproportionate Share Percentage (default to 0 on adds).

2.12.138.4 Clarifications

No associated clarifications found.

2.12.138.5 Associated Requirements

Requirement ID	Type
30.090.003.002.18	Provider Specific Rates

2.12.138.6 Associated System Objects

Technical Name	Object Type	Title
Prov.ProviderDrgRatePanel.ascx	Panel	Provider DRG Rate

2.12.138.7 Change Order Status

Status	Date
Change Order Written	07/07/2006
Ready for Model Office	07/18/2006
Model Office Implemented	07/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.139 KYAMend-Code Tables - 3165

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3165	Change Order		Provider Data Maintenance			1

2.12.139.1 Desired Solution
Create tables to store the code tables listed on the KAPER form.

2.12.139.2 Business Impact
N/A

2.12.139.3 Technical Specifications
N/A

2.12.139.4 Clarifications
No associated clarifications found.

2.12.139.5 Associated Requirements

Requirement ID	Type
2911	KY Amend

2.12.139.6 Associated System Objects

Technical Name	Object Type	Title
T_KAPER_COUNTRY	Database Table	
T_KAPER_EXAM_INTENT	Database Table	
T_KAPER_LICENSE_STATUS	Database Table	
T_KAPER_PROF_ID_TYPE	Database Table	
T_KAPER_SPECIALTY	Database Table	
T_KAPER_TYPE	Database Table	
T_KAPER_TYPE_SPEC	Database Table	
T_KAPER_CONTACT_TYPE	Database Table	
T_KAPER_SCHOOL	Database Table	
T_KAPER_DISCLOSURE_TYPE	Database Table	
T_KAPER_LANGUAGE	Database Table	
T_KAPER_INTERN_TYPE	Database Table	
T_KAPER_DISCLOSURE_QUEST	Database Table	
T_KAPER_EDUCATION_TYPE	Database Table	

2.12.139.7 Change Order Status

Status	Date
SE Assigned	07/25/2006
Ready for DM Review	07/26/2006
Ready for Construction Walkthrough	07/26/2006
Ready for Model Office	08/07/2006
Model Office Implemented	08/11/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.140 REL2 PBA License Extracts - 3244

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3244	Change Order		Provider Data Maintenance			1

2.12.140.1 Desired Solution

Create three 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.

2.12.140.2 Business Impact

N/A

2.12.140.3 Technical Specifications

Job Name: PRVJD867 (new)

program name: prvp867d (new)

Use cp to copy the gdg file to the proper $FTPDIR.

All data comes from the T_PR_HB_LIC table with the exception of the Specialty Record. If the license from t_pr_hb_lic is for a Medicaid provider then the Provider Specialty is used instead of the license specialty.

Tables accessed are: T_PR_HB_LIC, T_PR_LICENSE, T_PR_TYPE and the associated audit tables.

See the program doco for information on parameters used. If the parameter does not exist then insert it.

2.12.140.4 Clarifications

No associated clarifications found.

2.12.140.5 Associated Requirements

Requirement ID	Type
30.110.003.012	Interfaces - Outbound

2.12.140.6 Associated System Objects

Technical Name	Object Type	Title
PRVJD867	Batch Job	PBA License Extracts
prvp867d	Program	PBA License Extract

2.12.140.7 Change Order Status

Status	Date

Status	Date
Change Order Written	08/03/2006
Define/Analyze In Progress	08/08/2006
Construction in Progress	08/08/2006
Ready for Model Office	08/10/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.141 Rel2 PR Enrl Txn - Err Checking - 3269

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3269	Change Order		Provider Data Maintenance			1

2.12.141.1 Desired Solution
Add Error checking ability to the Provider Enrollment transaction.

2.12.141.2 Business Impact
N/A

2.12.141.3 Technical Specifications
N/A

2.12.141.4 Clarifications
No associated clarifications found.

2.12.141.5 Associated Requirements

Requirement ID	Type
30.050.003.002.2	RFP Requirement
30.090.003.001.1	Interfaces - Incoming

2.12.141.6 Associated System Objects

Technical Name	Object Type	Title
prvpkmaa1	Program	KMAA Transaction processor

2.12.141.7 Change Order Status

Status	Date
SE Assigned	08/04/2006
Model Office Implemented	09/12/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.142 REL2 PR Enrl Txn - Update - 3270

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3270	Change Order		Provider Data Maintenance			1

2.12.142.1 Desired Solution
Add update ability to the Provider Enrollment transaction.

2.12.142.2 Business Impact
N/A

2.12.142.3 Technical Specifications
N/A

2.12.142.4 Clarifications
No associated clarifications found.

2.12.142.5 Associated Requirements

Requirement ID	Type
30.050.003.002.2	RFP Requirement
30.090.003.001.1	Interfaces - Incoming

2.12.142.6 Associated System Objects

Technical Name	Object Type	Title
prvpkmaa1	Program	KMAA Transaction processor

2.12.142.7 Change Order Status

Status	Date
Change Order Written	08/04/2006
Construction in Progress	09/12/2006
Ready for Model Office	11/16/2006
Model Office Implemented	11/28/2006
UAT Implemented	12/04/2006
Prod Implemented	06/14/2007

2.12.143 KAMES Layout correction - 3311

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3311	Change Order		Provider Data Maintenance			1

2.12.143.1 Desired Solution

Jeff, Bruce noticed an error on our KAMES provider layout so I am sending you a revised version. There was an error on the amount of space in the first name. It should be ten instead of nine. Therefore we are removing the one byte of filler between the telephone numbers.

See Supplemental documentation for an updated file layout.

Once complete, update the KAMES Output File Layout under the Input/Output section of the PWB.

2.12.143.2 Business Impact

N/A

2.12.143.3 Technical Specifications

N/A

2.12.143.4 Clarifications

No associated clarifications found.

2.12.143.5 Associated Requirements

Requirement ID	Type
30.110.003.012	Interfaces - Outbound

2.12.143.6 Associated System Objects

Technical Name	Object Type	Title
prvp840d	Program	Provider KAMES Extract
PRVJD840	Batch Job	Provider KAMES Extract

2.12.143.7 Change Order Status

Status	Date
SE Assigned	08/07/2006
SE Assigned	08/07/2006
Construction in Progress	08/07/2006
Ready for Model Office	08/08/2006
Model Office Implemented	08/11/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.144 Rel2 - PCG Provider Extract - 3317

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3317	Change Order	1	Provider Data Maintenance			1

2.12.144.1 Desired Solution

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

2.12.144.2 Business Impact

N/A

2.12.144.3 Technical Specifications

N/A

2.12.144.4 Clarifications

No associated clarifications found.

2.12.144.5 Associated Requirements

Requirement ID	Type
30.110.003.012	Interfaces - Outbound

2.12.144.6 Associated System Objects

Technical Name	Object Type	Title
PRVJM847	Batch Job	Full File - Provider Monthly data extract for PCG
prvp847m	Program	Provider PCG Extract

2.12.144.7 Change Order Status

Status	Date
Change Order Written	08/07/2006
SE Assigned	08/08/2006
Construction in Progress	08/08/2006
Ready for Model Office	08/11/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.145 Rel2 Max MC provider extract - 3319

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3319	Change Order		Provider Data Maintenance			1

2.12.145.1 Desired Solution

Create a new daily provider extract of for Max MC that contains only the changes since the last run.

The output file is copied to the following directory: $FTPDIR/provider/outbound/shps

See the Input/Output sections for the file layout.

2.12.145.2 Business Impact

N/A

2.12.145.3 Technical Specifications

N/A

2.12.145.4 Clarifications

No associated clarifications found.

2.12.145.5 Associated Requirements

Requirement ID	Type
30.110.003.012	Interfaces - Outbound

2.12.145.6 Associated System Objects

Technical Name	Object Type	Title
prvp868d	Program	Provider MaxMC Extract
PRVJD868	Batch Job	MaxMC Provider Extract

2.12.145.7 Change Order Status

Status	Date
Change Order Written	08/07/2006
SE Assigned	08/15/2006
Ready for Model Office	09/08/2006
Model Office Implemented	09/15/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.146 Rel2 Passport Provider Extract - 3320

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3320	Change Order		Provider Data Maintenance			1

2.12.146.1 Desired Solution

Create a new monthly full provider extract of for Passport.

The output file is copied to the following directory: $FTPDIR/provider/outbound/passport

See the Input/Output sections for the file layout.

2.12.146.2 Business Impact

N/A

2.12.146.3 Technical Specifications

N/A

2.12.146.4 Clarifications

No associated clarifications found.

2.12.146.5 Associated Requirements

Requirement ID	Type
30.110.003.012	Interfaces - Outbound

2.12.146.6 Associated System Objects

Technical Name	Object Type	Title
prvp862m	Program	Provider Partnership Extract
PRVJM862	Batch Job	Passport Provider Extract

2.12.146.7 Change Order Status

Status	Date
Change Order Written	08/07/2006
SE Assigned	08/10/2006
Define/Analyze In Progress	08/11/2006
Construction in Progress	08/14/2006
Ready for Model Office	08/16/2006
Model Office Implemented	08/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.147 Rel2 Create NEMT Provider Update - 3327

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3327	Change Order		Provider Data Maintenance			1

2.12.147.1 Desired Solution

Create the Non-Emergency Medical Transportation Provider update extract file for the Commonwealth.

2.12.147.2 Business Impact

N/A

2.12.147.3 Technical Specifications

Only Provider Type 56 records are included in the interface.

Extract is daily and includes all changes and inserts.

Layout is under the Input/Output section.

New job name: PRVJD869

New program name: prvp869d.sc

Output filename: prd86901.dat.

Output file is copied to the $FTPDIR/provider/outbound/transportation directory (flat file, no gdg).

2.12.147.4 Clarifications

No associated clarifications found.

2.12.147.5 Associated Requirements

Requirement ID	Type
30.110.003.012	Interfaces - Outbound

2.12.147.6 Associated System Objects

Technical Name	Object Type	Title
prvp869d	Program	Provider NET Extract
PRVJD869	Batch Job	NET Provider Extract

2.12.147.7 Change Order Status

Status	Date
Change Order Written	08/08/2006
SE Assigned	09/14/2006
Define/Analyze In Progress	09/19/2006
Technical Design In Progress	09/19/2006

Status	Date
(obsolete)	
Construction in Progress	09/20/2006
Unit Test in Progress (obsolete)	09/22/2006
Ready for Construction Walkthrough	09/25/2006
Ready for Model Office	09/26/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.148 REL2 - Assistant panel name chg - 3357

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3357	Change Order		Provider Data Maintenance			1

2.12.148.1 Desired Solution

Change the Provider Maintenance menu and Assistant panels to rename them.

Change Assistant to Physician Assistant.

Change Assisted Physician to Supervising Physician.

The PWB contains the most current panel layouts.

2.12.148.2 Business Impact

N/A

2.12.148.3 Technical Specifications

N/A

2.12.148.4 Clarifications

No associated clarifications found.

2.12.148.5 Associated Requirements

Requirement ID	Type
30.090.003.002.15	Web Page

2.12.148.6 Associated System Objects

Technical Name	Object Type	Title
Prov.PhysicianAssistants.ascx	Panel	Physician Assistants
Prov.AssistedPhysicians.ascx	Panel	Supervising Physician

2.12.148.7 Change Order Status

Status	Date
SE Assigned	08/11/2006
Ready for Construction Walkthrough	08/22/2006
Ready for Model Office	08/23/2006
Model Office Implemented	09/08/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.149 KYAmend - Asst Extended - 3444

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3444	Change Order		Provider Data Maintenance			2

2.12.149.1 Desired Solution
PRV-9140-R

2.12.149.2 Business Impact
N/A

2.12.149.3 Technical Specifications
N/A

2.12.149.4 Clarifications
No associated clarifications found.

2.12.149.5 Associated Requirements

Requirement ID	Type
2913	KY Amend

2.12.149.6 Associated System Objects

Technical Name	Object Type	Title
PRV-9140-R	Report	Provider Physician Assistant Extension

2.12.149.7 Change Order Status

Status	Date
SE Assigned	08/22/2006
Construction in Progress	08/24/2006
Ready for Model Office	08/29/2006
Model Office Implemented	09/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.150 KYAmend - Emerg App approval - 3445

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3445	Change Order		Provider Data Maintenance			2

2.12.150.1 Desired Solution
PRV-9141-R

2.12.150.2 Business Impact
N/A

2.12.150.3 Technical Specifications
N/A

2.12.150.4 Clarifications
No associated clarifications found.

2.12.150.5 Associated Requirements

Requirement ID	Type
2913	KY Amend

2.12.150.6 Associated System Objects

Technical Name	Object Type	Title
PRV-9141-R	Report	Provider Emergency Application Approval

2.12.150.7 Change Order Status

Status	Date
SE Assigned	08/22/2006
Define/Analyze In Progress	08/23/2006
Construction in Progress	08/23/2006
Ready for Model Office	08/29/2006
Model Office Implemented	09/08/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.151 KYAmend - Direct Deposit - 3446

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3446	Change Order		Provider Data Maintenance			2

2.12.151.1 Desired Solution
Provider Letter PRV-9150-R.

2.12.151.2 Business Impact
N/A

2.12.151.3 Technical Specifications
N/A

2.12.151.4 Clarifications
No associated clarifications found.

2.12.151.5 Associated Requirements

Requirement ID	Type
2913	KY Amend

2.12.151.6 Associated System Objects

Technical Name	Object Type	Title
PRV-9150-R	Report	Provider Direct Deposit Acknowledgement

2.12.151.7 Change Order Status

Status	Date
SE Assigned	08/22/2006
Construction in Progress	08/25/2006
Ready for Model Office	08/29/2006
Model Office Implemented	09/08/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.152 KYAmend - Direct Dep Enroll - 3447

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3447	Change Order		Provider Data Maintenance			2

2.12.152.1 Desired Solution
PRV-9151-R - First page only.

2.12.152.2 Business Impact
N/A

2.12.152.3 Technical Specifications
N/A

2.12.152.4 Clarifications
No associated clarifications found.

2.12.152.5 Associated Requirements

Requirement ID	Type
2913	KY Amend

2.12.152.6 Associated System Objects

Technical Name	Object Type	Title
PRV-9151-R	Report	Request for Provider Direct Deposit Enrollment

2.12.152.7 Change Order Status

Status	Date
SE Assigned	08/22/2006
Construction in Progress	08/28/2006
Model Office Implemented	09/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.153 REL2 Provider Organization Code - 3621

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3621	Change Order		Provider Data Maintenance			1

2.12.153.1 Desired Solution

On the Service Location panel the values for Organization Code (hard-coded) should be:

- A - Individual;
- B - Sole Proprietorship;
- C - Partnership;
- D - Estate Trust;
- E - Corporate;
- F - Public Service Corporation (Hr. Only);
- G - Government / Non-Profit; and,
- H - Limited Liability Company.

2.12.153.2 Business Impact

N/A

2.12.153.3 Technical Specifications

N/A

2.12.153.4 Clarifications

No associated clarifications found.

2.12.153.5 Associated Requirements

Requirement ID	Type
30.090.003.002.12	Web Page

2.12.153.6 Associated System Objects

Technical Name	Object Type	Title
Prov.ProviderMaintenanceServiceLocation.ascx	Panel	Provider Maintenance Service Location

2.12.153.7 Change Order Status

Status	Date
Change Order Written	09/05/2006
SE Assigned	09/06/2006
Ready for Model Office	09/11/2006
Model Office Implemented	09/15/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.154 REL2 - Provider MEUPS update - 3694

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3694	Change Order		Provider Data Maintenance			1

2.12.154.1 Desired Solution
Update the MEUPS interface to use the stored procedure to insert to the Trading Partner table rather than inserting directly.

2.12.154.2 Business Impact
N/A

2.12.154.3 Technical Specifications
Make file: libproviderInfo.so.mak

Source: providerInfo.sc

Function to be used: addNewTPInfo (char *providerId)

The return value is SUCCESS 0 or FAILURE -1

Program to be updated is prvp440d.sc. Job is PRVJD440. Original Change order is 3098.

2.12.154.4 Clarifications
No associated clarifications found.

2.12.154.5 Associated Requirements

Requirement ID	Type
30.110.003.012	Interfaces - Outbound

2.12.154.6 Associated System Objects

Technical Name	Object Type	Title
PRVJD440	Batch Job	Provider MEUPS extract
prvp440d	Program	Provider MEUPS Extract

2.12.154.7 Change Order Status

Status	Date
Change Order Written	09/11/2006
SE Assigned	09/14/2006
Define/Analyze In Progress	09/15/2006
Technical Design In Progress (obsolete)	09/15/2006
Construction in Progress	09/15/2006
Unit Test in Progress (obsolete)	09/18/2006
Ready for Construction Walkthrough	09/18/2006
Ready for Model Office	09/19/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.155 REL2 - DCR1108 PR Ltr Chg - 3813

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3813	Change Order		Provider Data Maintenance			1

2.12.155.1 Desired Solution
Update all letters according to DCR 1108. Change references of Kentucky Medicaid, EDS and First Health to KyHealth Choices

2.12.155.2 Business Impact
N/A

2.12.155.3 Technical Specifications
See letter changes in supplemental doco pdf.

N/A

2.12.155.4 Clarifications
No associated clarifications found.

2.12.155.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.155.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.155.7 Change Order Status

Status	Date
Change Order Written	09/21/2006
SE Assigned	11/02/2006
Construction in Progress	11/02/2006
Model Office Implemented	11/20/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.156 Correct T_PR_DRG_RATE Indexes - 3911

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3911	Change Order		Provider Data Maintenance			

2.12.156.1 Desired Solution

The indexes for the table T_PR_DRG_RATE are not set up correctly. As a result, there could be unique constraint issues that could cause claims to be unable to process.

2.12.156.2 Business Impact

N/A

2.12.156.3 Technical Specifications

Index I_PR_DRG_RATE_SAK_PRO needs to be modified to also contain CDE_RATE_TYPE. The sequence of the attributes in this index should be: SAK_PROV_LOC, SAK_DRG, CDE_RATE_TYPE, DTE_EFFECTIVE and DTE_INACTIVE.

Reorder the columns so that the fields that make up the unique key are grouped together at the beginning of the table. To do this, DTE_INACTIVE needs to be placed after the DTE_EFFECTIVE attribute and CDE_RATE_TYPE needs to be placed after the SAK_DRG attribute.

2.12.156.4 Clarifications

Changes moved into KY TEST (kymist1) on 11/1/2006. Will move changes into MO release 85 (11/9). [Schmidt]

2.12.156.5 Associated Requirements

Requirement ID	Type
30.090.007.002.41	Claims Pricing

2.12.156.6 Associated System Objects

Technical Name	Object Type	Title
T_PR_DRG_RATE	Database Table	

2.12.156.7 Change Order Status

Status	Date
Change Order Written	09/27/2006
Define/Analyze In Progress	09/28/2006
Ready for DM Review	10/09/2006
Ready for Construction Walkthrough	10/25/2006
Ready for Model Office	11/04/2006
Model Office Implemented	11/10/2006

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

2.12.157 UI Provider DRG Rate Overlaps - 3913

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3913	Change Order		Provider Data Maintenance			

2.12.157.1 Desired Solution

The overlap edits on the provider DRG rate panel are currently based on an incorrect index on the table, T_PR_DRG_RATE. The index is being corrected and the UI needs to update the overlap edits on this panel.

2.12.157.2 Business Impact

N/A

2.12.157.3 Technical Specifications

An overlap on effective/end dates should only be flagged if ALL of the following fields are the same on ACTIVE rows with overlapping effective dates: SAK_PROV_LOC, SAK_DRG, and CDE_RATE_TYPE.

The overlap checking is being done in ProviderDrgRateList.cs. Verify that new records do not have an Inactive Date that has already passed.

2.12.157.4 Clarifications

No associated clarifications found.

2.12.157.5 Associated Requirements

Requirement ID	Type
30.090.003.002.18	Provider Specific Rates

2.12.157.6 Associated System Objects

Technical Name	Object Type	Title
Prov.ProviderDrgRatePanel.ascx	Panel	Provider DRG Rate

2.12.157.7 Change Order Status

Status	Date
Change Order Written	09/27/2006
SE Assigned	10/02/2006
Define/Analyze In Progress	10/03/2006
Ready for Model Office	10/12/2006
Model Office Implemented	10/23/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.158 Remove Lvl of Care panels - 4147

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4147	Change Order		Provider Data Maintenance			1

2.12.158.1 Desired Solution
Remove the Level of Care and Inpatient Level of Care options from the Provider Related Data Codes menu.

2.12.158.2 Business Impact
N/A

2.12.158.3 Technical Specifications
N/A

2.12.158.4 Clarifications
No associated clarifications found.

2.12.158.5 Associated Requirements

Requirement ID	Type
30.090.003.002.5	Report

2.12.158.6 Associated System Objects

Technical Name	Object Type	Title
Prov.InpatientLevelofCareCode.ascx	Panel	Inpatient Level of Care Code
Prov.LevelofCareCode.ascx	Panel	Level of Care Code

2.12.158.7 Change Order Status

Status	Date
Change Order Written	10/10/2006
Ready for Model Office	10/16/2006
Model Office Implemented	10/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.159 Remove T_PR_UB_LOC_RATE - 4353

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4353	Change Order		Provider Data Maintenance			4

2.12.159.1 Desired Solution
Remove the T_PR_UB_LOC_RATE table. This table is no longer being used.

2.12.159.2 Business Impact
Remove the T_PR_UB_LOC_RATE table. This table is no longer being used.

2.12.159.3 Technical Specifications
Remove the T_PR_UB_LOC_RATE table. This table is no longer being used.

FYI - the panel (provider) looks like it has been removed already.

2.12.159.4 Clarifications
There was some discussion to cancel this CO. I suggested that it not be cancelled - see attached doco in supplemental doco. This is a "clean-up" CO. [Schmidt]

CO status put to deferred per agreement - see supplemental doco. [Schmidt]

2.12.159.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

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	10/18/2006
Deferred	11/01/2006

2.12.160 Rel3 - New PR Passport Ext - 4466

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4466	Change Order		Provider Data Maintenance			1

2.12.160.1 Desired Solution

Create a new provider Passport extract. See supplemental documentation for layout and sql.

Modify program prvp862m to use to create the new layout. Job name is PRVJM862.

2.12.160.2 Business Impact

N/A

2.12.160.3 Technical Specifications

N/A

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	10/25/2006
SE Assigned	10/25/2006
Ready for Construction Walkthrough	11/01/2006
Ready for Model Office	11/02/2006
Model Office Implemented	11/09/2006
Model Office Implemented	11/10/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.161 t_kaper_insurance db change - 4558

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4558	Change Order		Provider Data Maintenance			1

2.12.161.1 Desired Solution
Add a field to table t_kaper_insurance to store the Self Insured indicator.

2.12.161.2 Business Impact
N/A

2.12.161.3 Technical Specifications
N/A

2.12.161.4 Clarifications
No associated clarifications found.

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
DM Review Board Approved	10/31/2006
Ready for Construction Walkthrough	11/02/2006
Ready for Construction Walkthrough	11/02/2006
Ready for Model Office	11/06/2006
Model Office Implemented	11/30/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.162 Receive KenPAC Hdr Data From FH - 4851

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4851	Change Order	2	Provider Data Maintenance			1

2.12.162.1 Desired Solution
Modify the First Health Provider Interface to receive and store the KenPAC header fields for Header Name, Address, Specialty and Age Range.

2.12.162.2 Business Impact
N/A

2.12.162.3 Technical Specifications
Modifications include:

- cde_age_restr;
- Provider Number;
- Group Indicator; and,
- KenPac Header node.

See Supplemental doco for details.

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	11/20/2006
SE Assigned	11/20/2006
Construction in Progress	11/27/2006
Model Office Implemented	02/03/2007
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.163 Auto RA Date - 5387

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
5387	Change Order		Provider Data Maintenance			1

2.12.163.1 Desired Solution

Allow the field DTE_ARA_EFF on the T_PR_SVC_LOC panel to be updated in interChange via a panel. This can be either through the existing Service Location panel or a new panel depending upon security concerns.

2.12.163.2 Business Impact

N/A

2.12.163.3 Technical Specifications

N/A

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	01/02/2007
SE Assigned	03/19/2007
Construction in Progress	03/19/2007
Ready for Construction Walkthrough	03/20/2007
Ready for Model Office	03/20/2007
Model Office Implemented	03/25/2007
UAT Implemented	03/25/2007
Prod Implemented	06/14/2007

2.12.164 Provider Audit Trail Data in Pan - 5388

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
5388	Change Order		Provider Data Maintenance	50.00		1

2.12.164.1 Desired Solution

The audit trail table link in many of the provider UI panels is not returning the appropriate information.

The problem is that the UI configuration that describes the table structure does not match the actual table design. This was done at the time because they could not get the code to work otherwise.

The problem is that the database triggers that create the audit trail records only insert the primary key and any information that was changed. When the UI goes to retrieve it, it specifies the primary key. Since the two primary keys don't match (the UI specifies two fields and the database only has one), no data is returned.

The easiest fix is to add the second field to the table's primary key so they match.

2.12.164.2 Business Impact

User cannot view audit trail information in most of the provider panels.

2.12.164.3 Technical Specifications

The primary key specified in the database (sak_prov_loc) does not match the primary key as defined in the UI config files (sak_prov_loc+sak_prov). This is causing the SQL used when the audit button is clicked to return no matching rows. If we add sak_prov to the primary key of the tables listed below (after sak_prov_loc), this should resolve the problem.

2.12.164.4 Clarifications

----Original Message----- From: Taylor, Tina L Sent: Tuesday, October 17, 2006 1:23 PM To: Vega, Adrian P; Perry, Shelley M; Rollins-Smith, Leslye J; Minnis, Donna W; Hunt, Susie Subject: RE: Audit Table Defect Found in Provider - Defect #14666 The Audit Trail defect # for AL is 1221. [A. Vega}

Audit records from before 11/15/2006 still do not work. You need to create new audit records for test case verification. [Ted Lefkowitz]

2.12.164.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.164.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.164.7 Change Order Status

Status	Date
Ready for DM Review	01/02/2007

Status	Date
DM Review Board Approved	01/08/2007
Ready for Model Office	01/26/2007
Model Office Implemented	02/02/2007
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.165 Prescriber input file - 5464

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
5464	Change Order		Provider Data Maintenance			2

2.12.165.1 Desired Solution

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.

2.12.165.2 Business Impact

N/A

2.12.165.3 Technical Specifications

A daily and monthly file is processed thru the same program (different jobs).

A match is determined based upon issuing state and license number.

If a match is found: If the effective dates overlap an existing segment, the existing segment (sak_short) is overwritten (delete all sak_shorts for the found sak_prov_lic where the effective dates are within the input range and then insert the new row).

If a match is not found:. Create a new sak_prov_lic.

Input files are placed in the $FTPDIR/provider/inbound directory. The file is copied to $DATADIR and deleted from $FTPDIR upon successful processing.

2.12.165.4 Clarifications

Proposed layout sent to FH today - Jeff Layton

2.12.165.5 Associated Requirements

Requirement ID	Type
30.090.003.001.1	Interfaces - Incoming

2.12.165.6 Associated System Objects

Technical Name	Object Type	Title
prvp771d	Program	Prescriber Interface Input file
PRVJD771	Batch Job	Daily Prescriber Input File
PRVJM771	Batch Job	Monthly Prescriber Input file

2.12.165.7 Change Order Status

Status	Date
Issue Identified	01/05/2007
SE Assigned	02/05/2007

Status	Date
Ready for Model Office	02/21/2007
Model Office Implemented	02/23/2007
UAT Implemented	03/01/2007
Prod Implemented	03/01/2007

2.12.166 Rel2 - PR EFT Txn - 6235

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
6235	Change Order		Provider Data Maintenance			1

2.12.166.1 Desired Solution
Produce EFT XML Transactions to be sent to BizTalk.

2.12.166.2 Business Impact
N/A

2.12.166.3 Technical Specifications
The program creates an XML transaction for ever provider with either a Pre-Note or Active status row on T_FIN_EFT_ACCT. These represent the pre-note tests created by the Financial cycle.

A library is already created to create the xml and only the sak_prov_loc need be passed to it.

2.12.166.4 Clarifications
No associated clarifications found.

2.12.166.5 Associated Requirements

Requirement ID	Type
30.090.003.001.1	Interfaces - Incoming

2.12.166.6 Associated System Objects

Technical Name	Object Type	Title
prvp600d	Program	Provider EFT Transaction
PRVJD600	Batch Job	Produce Provider EFT Txns

2.12.166.7 Change Order Status

Status	Date
Change Order Written	02/05/2007
Ready for Model Office	02/27/2007
Model Office Implemented	03/01/2007
UAT Implemented	03/01/2007
Prod Implemented	03/01/2007

2.12.167 Rel2 - KAMES Prov Id - 6236

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
6236	Change Order		Provider Data Maintenance			4

2.12.167.1 Desired Solution

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.

2.12.167.2 Business Impact

N/A

2.12.167.3 Technical Specifications

N/A

2.12.167.4 Clarifications

No associated clarifications found.

2.12.167.5 Associated Requirements

Requirement ID	Type
30.110.003.012	Interfaces - Outbound

2.12.167.6 Associated System Objects

Technical Name	Object Type	Title
prvp610d	Program	Create KAMES Provider ID
PRVJD610	Batch Job	Create KAMES provider ID

2.12.167.7 Change Order Status

Status	Date
Change Order Written	02/05/2007
Ready for Model Office	02/21/2007
Model Office Implemented	03/01/2007
UAT Implemented	03/01/2007
Prod Implemented	03/01/2007

2.12.168 PE Txn updates - 6633

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
6633	Change Order		Provider Data Maintenance			2

2.12.168.1 Desired Solution

The PE txn processing program needs two enhancements:

1. Do not update num_act_panel on t_pmp_svc_loc with the value that FH gives us. EDS receives an interface every night from KAMES that updates this field and that value is more current than what FH sends on an update transaction.

2. Add PREV as a valid Provider Number Type. Store this as a PRV number for the provider. This is used for a change of ownership when a new provider is added and then an old provider is end dated. Transaction 1437 sent on Wednesday 3/14 contains an example of this. This transaction is included in the supplemental documentation below. 3. Store num_panel_limit in the t_pmp_panel_size table.

2.12.168.2 Business Impact

N/A

2.12.168.3 Technical Specifications

N/A

2.12.168.4 Clarifications

No associated clarifications found.

2.12.168.5 Associated Requirements

Requirement ID	Type
30.030.003.001.5	RFP Requirement
30.090.003.001.1	Interfaces - Incoming

2.12.168.6 Associated System Objects

Technical Name	Object Type	Title
prvpkmaa1	Program	KMAA Transaction processor

2.12.168.7 Change Order Status

Status	Date
Issue Identified	03/15/2007
SE Assigned	03/15/2007
Ready for Model Office	03/27/2007
Model Office Implemented	03/30/2007
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.169 NPI - Taxonomy input - 6634

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
6634	Change Order		Provider Data Maintenance			2

2.12.169.1 Desired Solution

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 is not 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.

2.12.169.2 Business Impact

N/A

2.12.169.3 Technical Specifications

N/A

2.12.169.4 Clarifications

No associated clarifications found.

2.12.169.5 Associated Requirements

Requirement ID	Type
30.090.003.001.1	Interfaces - Incoming

2.12.169.6 Associated System Objects

Technical Name	Object Type	Title
prvp780r	Program	NPI and Taxonomy Load
PRVJR780	Batch Job	NPI and Taxonomy Load

2.12.169.7 Change Order Status

Status	Date
Change Order Written	03/15/2007
Construction in Progress	03/25/2007
Ready for Model Office	03/27/2007
Model Office Implemented	03/29/2007
UAT Implemented	03/29/2007
Prod Implemented	03/29/2007

2.12.170 Rel3 - PE Recon Txn - 6856

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
6856	Change Order		Provider Data Maintenance			2

2.12.170.1 Desired Solution

Process a new transaction type - R - that is a recon transaction. This txn compares the incoming data to the database and creates a log in the error table for each table that has a discrepancy. If there is a discrepancy, then apply the changes.

Error code table needs to be enhanced to add errors for these discrepancies.

Do not return a response.

Design a report to be produced from these errors showing error statistics. The frequency of this report varies, starting out weekly and moving to monthly once confidence is gained. Have the program use its own parameters to produce all the errors since the last time it ran.

The report needs summary info at the bottom: Total number of recon txns sent, total number with errors, percent correct and total number of problems per error code.

2.12.170.2 Business Impact

N/A

2.12.170.3 Technical Specifications

N/A

2.12.170.4 Clarifications

No associated clarifications found.

2.12.170.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.170.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.170.7 Change Order Status

Status	Date
Change Order Written	03/26/2007

2.12.171 PE Txn - state share - 6911

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
6911	Change Order		Provider Data Maintenance			3

* The electronic billing indicator was defined in the MOA, but there was not an attribute created in the WSDL for this data element. FH & EDS propose to use an existing attribute with a new value to indicate electronic billing. The existing attribute <s:attribute name="allowPaper" type="s:string" use="required" /> currently has 2 values Y & N. We are proposing to add the new X value (highlighted in list below).

Using the existing attribute with a new value will negate changes to the WSDL at this time. Adding the new value will require changes at FH in the interface stored procedures and in the FH conversion programs. Adding the new value will require changes at EDS to allow iC to apply the new value and in the conversion programs that EDS uses to create the FH conversion file.

ALLOW_PAPER	Description
Y	Paper claims allowed
N	POS Only
X	Paper Claims allowed and electronic billing

2.12.171.1 Desired Solution

Insert a row into t_pr_state_share for Add transactions when the provider type = 21.

cde_agency = 'SB'
dte_effective = contract effective date
dte_end = 22991231
qty_age_from = 0
qty_age_to = 21
sak_short = 1
sak_prov and sak_prov_loc match the provider.

Validate and translate the application type field, cde_appln_type.

Input = NEW - Store 1
Input = REA - Store 2
Input = CHG - Store 3
Input = REI - Store 4

The Allow_paper field has a new value. This field is going to be used to populate two different interChange fields, please make sure this is documented.

Y = Allow_paper = Y and IND_ELEC_BILLER = N
N = Allow_paper = N and IND_ELEC_BILLER = Y
X = Allow-Paper = Y and IND_ELEC_BILLER = Y

Store num_panel_limit into the t_pmp_svc_loc.num_future_panel field (Managed Care made a change to not use the t_pmp_panel_size table and instead use this field on t_pmp_svc_loc).

Default CDE_RELATION_TYPE to UK when inserting into T_PR_OWNER. Currently spaces are inserted.

2.12.171.2 Business Impact
N/A

2.12.171.3 Technical Specifications
N/A

2.12.171.4 Clarifications
No associated clarifications found.

2.12.171.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.171.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.171.7 Change Order Status

Status	Date
Change Order Written	03/27/2007
Ready for Model Office	04/11/2007
Model Office Implemented	04/13/2007
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.172 Rel2 - Healthcare Ind - 7159

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
7159	Change Order		Provider Data Maintenance			2

2.12.172.1 Desired Solution

Two modifications to the Service Location panel are needed:

Change the Healthcare Indicator to pull from the t_pr_svc_loc table instead of t_pr_type_spec. Make this field be updatable.

Inter Account Indicator - Change this from being a derived (computed) field to using the field t_pr_svc_loc.cde_indian_prov.

The descriptions remain the same: I for Impact Plus, P for Partnership, Y for Commonwealth Agency and blank for blank. Create a drop down so that this field can be updated.

2.12.172.2 Business Impact

N/A

2.12.172.3 Technical Specifications

N/A

2.12.172.4 Clarifications

No associated clarifications found.

2.12.172.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.172.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.172.7 Change Order Status

Status	Date
Change Order Written	04/05/2007
SE Assigned	04/10/2007
Construction in Progress	04/11/2007
Ready for Construction Walkthrough	04/11/2007
Ready for Model Office	04/11/2007
UAT Implemented	04/19/2007
Prod Implemented	06/14/2007

2.12.173 T_PR_BEDS Audit Trail - 7207

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
7207	Change Order		Provider Data Maintenance			2

2.12.173.1 Desired Solution
Turn on the audit trail for the T_PR_BEDS Table.

2.12.173.2 Business Impact
N/A

2.12.173.3 Technical Specifications
N/A

2.12.173.4 Clarifications
No associated clarifications found.

2.12.173.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.173.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.173.7 Change Order Status

Status	Date
Change Order Written	04/06/2007
DM Review Board Approved	04/06/2007
Ready for Model Office	04/20/2007
UAT Implemented	04/27/2007
Prod Implemented	06/14/2007

2.12.174 Contract Status Z - 7580

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
7580	Change Order		Provider Data Maintenance			1

2.12.174.1 Desired Solution
On the Provider Contract panel, allow the Z status code to have an open ended end date.

2.12.174.2 Business Impact
N/A

2.12.174.3 Technical Specifications
N/A

2.12.174.4 Clarifications
No associated clarifications found.

2.12.174.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.174.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.174.7 Change Order Status

Status	Date
SE Assigned	04/24/2007
Construction in Progress	04/24/2007
Ready for Construction Walkthrough	04/25/2007
Construction in Progress	04/25/2007
Ready for Construction Walkthrough	04/26/2007
Ready for Model Office	04/26/2007
Model Office Implemented	05/04/2007
UAT Implemented	05/04/2007
Prod Implemented	06/14/2007

2.12.175 PBA Provider File - 8233

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8233	Change Order		Provider Data Maintenance			1

2.12.175.1 Desired Solution
Need to limit the Provider extract to the PBA to only provider type 54.

2.12.175.2 Business Impact
N/A

2.12.175.3 Technical Specifications
N/A

2.12.175.4 Clarifications
Testing ready to review. Copy of txt extract shows pharmacy providers. Bonnie

2.12.175.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.175.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.175.7 Change Order Status

Status	Date
Ready for Model Office	06/07/2007
Ready for DM Review	06/08/2007
Model Office Implemented	06/09/2007
UAT Implemented	06/09/2007
Prod Implemented	06/09/2007
Model Office Implemented	06/09/2007
UAT Implemented	06/09/2007
Prod Implemented	06/09/2007

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_BOARD_PART

This is the table that contains individuals who have been identified as being a member of a board of directors.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BOARD_PART	This is the unique identifier for board participants.	NUMBER	9	0	Y
NAM_LAST	This is the last name of the board participant.	CHAR	50	0	N
NAM_FIRST	This is the first name of the board participant.	CHAR	50	0	N
NAM_MIDDLE_INT	This is the middle initial of the board participant.	CHAR	1	0	N
NUM_TAX_ID	This is the tax ID of the board participant.	CHAR	9	0	N
ADR_STREET1	This field holds board participant street address.	CHAR	50	0	N
ADR_STREET2	This field holds board participant street address information.	CHAR	50	0	N
ADR_CITY	This field holds board participant city address information.	CHAR	50	0	N
ADR_STATE	This field holds board participant state address information.	CHAR	2	0	N
ADR_ZIP	This field holds board participant zip code address information.	CHAR	5	0	N
ADR_ZIP_4	This field holds board participant zip code + 4 address information.	CHAR	4	0	N

2.13.2 T_BOARD_POSITION

This is a list of all the valid board of director's positions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_POSITION	This is the board position code.	CHAR	2	0	Y
DSC_POSITION	This is the board position description.	CHAR	50	0	N

2.13.3 T_CLIA_CERT

This is the clinical lab information from OSCAR. The information on this record is what OSCAR calls the Type 3 record.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CLIA	This is the clinical lab number from OSCAR.	CHAR	10	0	Y
SAK_SHORT	This is the system value that makes each record unique.	NUMBER	4	0	Y
CDE_CERT_TYPE	This is the CLIA type 3 certification code. 1 = Regular 2 = Waiver 3 = Accreditation 4 = Provider-performed Microscopy Procedure (PPMP 5 = Partial Accredited 9 = Registration	CHAR	1	0	N
CDE_LAB_TYPE	This is the CLIA type of laboratory. 1 = Independent 2 = Physician-owned	CHAR	1	0	N
CDE_CERT_NUM	CLIA Certificate number. The latest certificate issued is always = 1.	CHAR	2	0	N
DTE_EFFECTIVE	This is the effective date of the CLIA type 3 (certification) information.	NUMBER	8	0	N
DTE_END	This is the end date of the CLIA type 3 (certification) information.	NUMBER	8	0	N

2.13.4 T_CLIA_LAB

This table contains CLIA type 5 lab data.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CLIA	This is the clinical lab number from OSCAR.	CHAR	10	0	Y
SAK_SHORT	This is the system value that makes each record unique.	NUMBER	4	0	Y
CDE_LAB_CODE	This is the CLIA type 5 lab code.	CHAR	3	0	N
DTE_EFFECTIVE	This is the effective date of the CLIA lab code record.	NUMBER	8	0	N
DTE_END	This is the end date of the CLIA lab code record.	NUMBER	8	0	N

2.13.5 T_COUNTRY

Contains a list of the ISO standard country codes, descriptions and indicators determining the format of the address and phone number.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	Y
DSC_COUNTRY	Country name	VARCHAR2	50	0	N
DIALING_CODE	Five character out of country dialing prefix for the country.	CHAR	5	0	N
AREA_CODE	Three character area code for those countries that can be dialed without using the country dialing prefix.	CHAR	3	0	N
IND_INT_ADDRESS	Yes / No indicator designating whether the country requires extra fields to enter the address.	CHAR	1	0	N
IND_INT_PHONE	Yes / No indicator designating whether the country requires extra characters to store the phone number.	CHAR	1	0	N
CDE_COUNTRY_CURRENCY	Three character ISO country currency abbreviation.	CHAR	3	0	N

2.13.6 T_DISP_SHARE

The disproportionate share entity is used in old inpatient pricing. This table may be used in the future, but is not currently used to calculate inpatient pricing.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
DTE_EFFECTIVE	The effective date is used to specify a date range for an entry in the disproportionate share entity.	NUMBER	8	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	N
DTE_END	The end date is used to specify a date range for an entry in the disproportionate share entity.	NUMBER	8	0	N
PCT_DISP_SHARE	Disproportionate share is used in old inpatient pricing. After the allowed amount is calculated, then a percent may be added to the allowed amount.	NUMBER	5	4	N

2.13.7 T_FACILITY

This is the table that contains a list of all valid facilities.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FACILITY	This is the unique system assigned key for each facility.	NUMBER	9	0	Y
ID_FACILITY	This is the unique identification number for each facility.	CHAR	10	0	N
NAM_FACILITY	This is the original name of facility.	CHAR	50	0	N
ADR_STREET1	This is the first street address of the facility.	CHAR	50	0	N
ADR_STREET2	This is the second street address of the facility.	CHAR	50	0	N
ADR_CITY	This is the city of the facility.	CHAR	50	0	N
ADR_STATE	This is the state of the facility.	CHAR	2	0	N
ADR_ZIP	This is the zip code of the facility.	CHAR	5	0	N
ADR_ZIP_4	This is the zip + 4 code of the facility.	CHAR	4	0	N

2.13.8 T_IRS_W9_INFO

This entity is used to hold information for 1099 purposes. This table holds unique tax IDs and corresponding information about the receiver of the 1099.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_TAX_ID	This is the tax identification number assigned to a provider by the Internal Revenue Service.	CHAR	9	0	Y
IND_TAX_ID_TYPE	This field indicates whether the tax ID is a social security number or an FEIN.	CHAR	1	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
NAME	This is the name the W9 form would be addressed to.	CHAR	40	0	N
ADR_MAIL_STRT1	Street address 1. This is the street address where the provider would receive the W9 form.	CHAR	30	0	N
ADR_MAIL_STRT2	Street address 2. This is the street address where the provider would receive the W9 form.	CHAR	30	0	N
ADR_MAIL_CITY	This is the city where the provider would receive the W9 form.	CHAR	15	0	N
ADR_MAIL_STATE	This is the city where the provider would receive the W9 form.	CHAR	2	0	N
ADR_MAIL_ZIP	This is the zip code where the provider would receive the W9 form.	CHAR	5	0	N
ADR_MAIL_ZIP_4	This is the zip code extension where the provider would receive the W9 form.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	The first date the W9 information for this provider becomes effective.	NUMBER	8	0	N
DTE_END	The last date the W9 information for this provider is effective.	NUMBER	8	0	N
NUM_PHONE	The phone number where the provider would receive the W9 form.	CHAR	10	0	N
NUM_PHO_EXT	The phone number extension where the provider would receive the W9 form.	CHAR	4	0	N
IND_TAX_ID_EXEMPT	Indicator showing whether the provider is tax exempt.	CHAR	1	0	N
IND_W9_FORM	Indicator showing whether this provider requires a W9 form sent to them.	CHAR	1	0	N
IND_FORM_147	Indicator showing whether this provider requires a form 147 sent to them.	CHAR	1	0	N

2.13.9 T_KAPER_ACCESS

This table holds the provider handicap accessibility options listed on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
IND_ADA	Meet ADA accessibility Requirements. Y or N	CHAR	1	0	N
IND_BUILDING	Building handicap access. Y or N	CHAR	1	0	N
IND_PARKING	Parking handicap access. Y or N	CHAR	1	0	N
IND_RESTROOM	Restroom handicap access. Y or N	VARCHAR2	10	0	N
IND_OTHER	Other services for the disabled. Y or N	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_TTY	Text Telephone. Y or N	CHAR	1	0	N
IND_SIGN_LANG	American Sign Language. Y or N	CHAR	1	0	N
IND_IMPAIRMENT	Mental / Physical impairment services. Y or N	CHAR	1	0	N
IND_PUB_TRANSP	Accessible by public transportation. Y or N	CHAR	1	0	N
IND_BUS	Accessible by bus. Y or N	CHAR	1	0	N
IND_SUBWAY	Accessible by subway. Y or N	CHAR	1	0	N
IND_TRAIN	Accessible by train. Y or N	CHAR	1	0	N
TXT_OTHER_ACCESS	Other handicap access.	VARCHAR2	100	0	N
TXT_OTHER_SERVICE	Other disability services.	VARCHAR2	100	0	N
TXT_OTHER_TRANSP	Other transportation access.	VARCHAR2	100	0	N

2.13.10 T_KAPER_BOARD_CERTIFY

This table stores the certifying boards listed on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BOARD_CERTIFY	Code identifying the certifying board.	CHAR	4	0	Y
DSC_BOARD_CERTIFY	Description of the certifying board.	VARCHAR2	50	0	N
TYPE_BOARD	Type of certifying board.	CHAR	10	0	N

2.13.11 T_KAPER_CERT

This table holds the provider certifications listed on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
SAK_SHORT	System defined number used to uniquely identify a row	NUMBER	4	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CERT_TYPE	This is the code value for the specific provider certifications.	CHAR	2	0	N
DTE_EXPIRE	Date the certification expires.	NUMBER	8	0	N

2.13.12 T_KAPER_COLLEAGUE

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
CDE_PARTNER	Partner or Covering only provider. (P or C)	CHAR	1	0	Y
SAK_SHORT	System defined number used to uniquely identify a row	NUMBER	4	0	Y
NAM_LAST	Last name.	CHAR	30	0	N
NAM_FIRST	First name.	CHAR	30	0	N
NAM_MDDL_INIT	Middle initial.	CHAR	1	0	N
CDE_SPEC_KAPER	KAPER defined specialty code.	CHAR	3	0	N
CDE_PR_TYPE_KAPER	Provider type code as defined on the KAPER form.	CHAR	3	0	N
IND_COVERING	Partner associate is also a covering colleague. (Y or N)	CHAR	1	0	N

2.13.13 T_KAPER_CONTACT

This table contains the provider contact information as entered on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
CDE_CONTACT_TYPE	Code indicating the type of contact.	CHAR	1	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SHORT	System defined number used to uniquely identify a row	NUMBER	4	0	Y
NAM_LAST	Last name.	CHAR	30	0	N
NAM_FIRST	First name	CHAR	30	0	N
NAM_MDDL_INIT	Middle initial.	CHAR	1	0	N
ADR_CONT_NUMBER	House number	CHAR	5	0	N
ADR_CONT_STREET	Street name	CHAR	30	0	N
ADR_CONT_SUITE	Suite number	CHAR	5	0	N
ADR_CONT_CITY	City	CHAR	30	0	N
ADR_CONT_STATE	State	CHAR	2	0	N
ADR_CONT_ZIP	Zip code	CHAR	9	0	N
ADR_CONT_COUNTRY_KAPER	Country code	CHAR	3	0	N
NUM_PHONE	Phone number	CHAR	10	0	N
NUM_FAX	Fax number	CHAR	10	0	N
CONT_EMAIL	Email address	VARCHAR2	50	0	N

2.13.14 T_KAPER_CONTACT_TYPE

This table stores the contact type codes as listed on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CONTACT_TYPE	Code indicating the type of contact.	CHAR	1	0	Y
DSC_CONTACT_TYPE	Description of the contact type.	VARCHAR2	50	0	N

2.13.15 T_KAPER_COUNTRY

This table stores the country codes and descriptions as listed on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_KAPER_COUNTRY	Code depicting the country code as defined on the KAPER form.	CHAR	3	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_KAPER_COUNTRY	Description of the country code.	VARCHAR2	100	0	N
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	N

2.13.16 T_KAPER_DISCLOSURE

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
SAK_DISCLOSURE_QUEST	System assigned key to uniquely identify the row.	NUMBER	9	0	Y
IND_DISCLOSURE	Indicates a yes or no answer to the question.	CHAR	1	0	N
TXT_DISCLOSURE	Required explanation for each Yes answer.	VARCHAR2	400	0	N

2.13.17 T_KAPER_DISCLOSURE_QUEST

This table stores the disclosure questions and question numbers as listed on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DISCLOSURE_QUEST	System assigned key to uniquely identify the row.	NUMBER	9	0	Y
DSC_DISCLOSURE_QUEST	The question as it appears in the disclosure section of the KAPER form.	VARCHAR2	1000	0	N
CDE_DISLOSURE_TYPE	Code depicting the type of disclosure question.	CHAR	3	0	N
DTE_EFFECTIVE	Date this question began appearing on the KAPER form.	NUMBER	8	0	N
DTE_END	Date this question no longer appears on the KAPER form.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_DISCLOSURE_QUEST	Question number as it appears on the KAPER form.	NUMBER	4	0	N

2.13.18 T_KAPER_DISCLOSURE_TYPE

This table stores the disclosure type codes and descriptions as listed on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DISLOSURE_TYPE	Code depicting the type of disclosure question.	CHAR	3	0	Y
DSC_DISCLOSURE_TYPE	Description of the disclosure type.	VARCHAR2	100	0	N

2.13.19 T_KAPER_EDUCATION

This table stores the provider education data elements entered on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
CDE_EDUCATION_TYPE	Code depicting the type of education.	CHAR	3	0	Y
SAK_SHORT	System assigned number used to uniquely identify a row.	NUMBER	4	0	Y
NAM_SCHOOL	Name of the school.	VARCHAR2	30	0	N
ADR_SCHOOL_STREET	Street address.	VARCHAR2	30	0	N
ADR_SCHOOL_CITY	City	VARCHAR2	30	0	N
ADR_SCHOOL_STATE	State	CHAR	2	0	N
ADDR_SCHOOL_ZIP	Zip code	CHAR	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_SCHOOL_COUNTRY_KAPER	Country code as defined on the KAPER form.	CHAR	3	0	N
NUM_PHONE	Phone number of the school	CHAR	10	0	N
NUM_FAX	Fax number of the school.	CHAR	10	0	N
DTE_EFFECTIVE	Start date at the school.	NUMBER	8	0	N
DTE_END	End date at the school.	NUMBER	8	0	N
CDE_DEGREE	Degree awarded.	CHAR	5	0	N
IND_COMPLETE	Indicates if education completed at this school.	CHAR	1	0	N
CDE_SCHOOL	School code as listed on the KAPER form.	CHAR	3	0	N

2.13.20 T_KAPER_EDUCATION_TYPE

This table stores the education type codes and descriptions as listed on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_EDUCATION_TYPE	Code depicting the type of education.	CHAR	3	0	Y
DSC_EDUCATION_TYPE	Description of the education type.	VARCHAR2	50	0	N

2.13.21 T_KAPER_EXAM_INTENT

This table stores the exam intent codes and descriptions as listed on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_EXAM_INTENT	Code value depicting the intent for exam.	CHAR	1	0	Y
DSC_EXAM_INTENT	Description of the exam intent code.	VARCHAR2	50	0	N

2.13.22 T_KAPER_GENERAL_INFO

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
CDE_PR_TYPE_KAPER	Provider type code as defined on the KAPER form.	CHAR	3	0	N
IND_INP_ONLY	Used to indicate inpatient only provider.	CHAR	1	0	N
NAM_LAST	Provider last name	CHAR	25	0	N
NAM_SUFFIX	Provider name suffix	CHAR	3	0	N
NAM_FIRST	Provider first name.	CHAR	15	0	N
NAM_MIDDLE	Provider middle name	CHAR	13	0	N
IND_OTHER_NAMES	Indicates if the provider has entered data into the other names portion of the KAPER form.	CHAR	1	0	N
IND_GENDER	Provider gender (Male, Female, or blank)	CHAR	1	0	N
DTE_BIRTH	Provider's date of birth	NUMBER	8	0	N
CDE_STATE_BIRTH	State in which the provider was born.	CHAR	2	0	N
CDE_COUNTRY_BIRTH_KAPER	Country in which the provider was born.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_SSN	Provider's social security number	CHAR	9	0	N
NUM_FNIN	Foreign national identification number.	CHAR	12	0	N
CDE_COUNTRY_FNIN_KAPER	Country that issued the Foreign national identification number.	CHAR	3	0	N
ADR_HOME_NUMBER	House number	CHAR	5	0	N
ADR_HOME_STREET	Street name	CHAR	17	0	N
ADR_HOME_APT	Home address apartment number.	CHAR	5	0	N
ADR_HOME_CITY	City name	CHAR	20	0	N
ADR_HOME_STATE	State	CHAR	2	0	N
ADR_HOME_ZIP	Zip code	CHAR	9	0	N
ADR_HOME_PHONE	Home phone number	CHAR	10	0	N
APP_EMAIL_ADDR	Email address	VARCHAR2	50	0	N
NUM_PHONE_FAX	Fax number	CHAR	10	0	N
CDE_CONTACT_METHOD	Contact preference - Email or Fax.	CHAR	1	0	N
IND_ELEC_BILLING	Electronic Billing indicator.	CHAR	1	0	N
DEPT_BILLING	Name of Billing Department.	VARCHAR2	30	0	N
NAM_PAYABLE_TO	Pay-to name.	VARCHAR2	50	0	N
IND_MID_LEVEL_PRACT	Mid Level Practitioner indicator (physician assistants).	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_INTERPRETER_AVAIL	Interpreter available in the office.	CHAR	1	0	N
IND_HOSP_PRIV	Hospital Privileges.	CHAR	1	0	N
TXT_ADMIT_ARRANGE	Text field describing Admitting arrangements	VARCHAR2	400	0	N
IND_MILITARY	Indicates if the providers served in the military.	CHAR	1	0	N

2.13.23 T_KAPER_HOSP_PRIV

This table stores the information entered in the hospital privileges section of the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
CDE_PRIV_TYPE	Privilege type - Primary or Other.	CHAR	1	0	Y
SAK_SHORT	System defined number used to uniquely identify a row	NUMBER	4	0	Y
NAM_HOSPITAL	Name of hospital.	CHAR	50	0	N
ADR_HOSP_NUMBER	Hospital addresses number.	CHAR	5	0	N
ADR_HOSP_STREET	Street name	VARCHAR2	30	0	N
ADR_HOSP_SUITE	Suite number	CHAR	5	0	N
ADR_HOSP_CITY	City	VARCHAR2	30	0	N
ADR_HOSP_STATE	State	CHAR	2	0	N
ADR_HOSP_ZIP	Zip code	CHAR	9	0	N
NUM_PHONE	Phone number	CHAR	10	0	N
NUM_FAX	Fax number	CHAR	10	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_DEPT	Department name	CHAR	50	0	N
NAM_DIRECTOR_LAST	Last name of department director.	CHAR	30	0	N
NAM_DIRECTOR_FIRST	First name of department director.	CHAR	30	0	N
NAM_DIRECTOR_MI	Middle initial of department director.	CHAR	1	0	N
DTE_EFFECTIVE	Affiliation start date.	NUMBER	8	0	N
DTE_END	Affiliation end date.	NUMBER	8	0	N
IND_FULL_PRIV	Full unrestricted privileges Y or N.	CHAR	1	0	N
IND_TEMP	Temporary privileges Y or N.	CHAR	1	0	N
STATUS_PRIV	Admitting Privilege Status	CHAR	20	0	N
PCT_ADMIN	Percentage of annual admissions to this hospital.	NUMBER	3	0	N
TXT_TERM_REASON	Terminated affiliation reason.	VARCHAR2	400	0	N

2.13.24 T_KAPER_INSURANCE

This table stores the information entered in the Professional Liability Insurance Carrier section of the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
SAK_SHORT	System defined number used to uniquely identify a row	NUMBER	4	0	Y
NAM_CARRIER	Name of the carrier.	CHAR	50	0	N
ADR_CARRIER_NUMBER	Carrier address number.	CHAR	5	0	N
ADR_CARRIER_STREET	Street Name.	CHAR	30	0	N
ADR_CARRIER_SUITE	Suite Number.	CHAR	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_CARRIER_CITY	City	CHAR	30	0	N
ADR_CARRIER_STATE	State	CHAR	2	0	N
ADR_CARRIER_ZIP	Zip code	CHAR	9	0	N
DTE_EFFECTIVE_ORIG	Original effective date.	NUMBER	8	0	N
DTE_EFFECTIVE	Effective date.	NUMBER	8	0	N
DTE_END	Expiration date.	NUMBER	8	0	N
CDE_COVERAGE_TYPE	Type of coverage. I - Individual or S - Shared.	CHAR	1	0	N
IND_UNLIMITED	Unlimited coverage. Y or N.	CHAR	1	0	N
IND_TAIL	Policy includes tail coverage. Y or N.	CHAR	1	0	N
AMT_OCCURRENCE	Amount of coverage per occurrence.	NUMBER	8	2	N
AMT_AGGREGATE	Amount of coverage aggregate.	NUMBER	8	2	N
NUM_POLICY	Policy Number.	CHAR	30	0	N
IND_SELF_INSURED	Self Insured. Y or N	CHAR	1	0	N

2.13.25 T_KAPER_INTERN_TYPE

This table stores the intern type codes and descriptions as listed on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_INTERN_TYPE	Code depicting the type of internship and residency.	CHAR	1	0	Y
DSC_INTERN_TYPE	Description of intern type.	VARCHAR2	50	0	N

2.13.26 T_KAPER_LANGUAGE

This table stores the language codes and descriptions as listed on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LANGUAGE_KAPER	Code depicting the language as listed on the KAPER form.	VARCHAR2	10	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_LANGUAGE_KAPER	Description of the language.	VARCHAR2	50	0	N
CDE_LANGUAGE	This is the unique two character code for each language that the system tracks.	CHAR	3	0	N

2.13.27 T_KAPER_LICENSE_STATUS

This table stores the license status codes and descriptions as listed on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LICENSE_STATUS	Code depicting the status of a physician's license.	CHAR	3	0	Y
DSC_LICENSE_STATUS	Description of the license status.	VARCHAR2	50	0	N

2.13.28 T_KAPER_MID_LVL_PRACT

This table stores the Mid-Level Practitioner information entered on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
SAK_SHORT	System defined number used to uniquely identify a row	NUMBER	4	0	Y
NAM_LAST	Last name	CHAR	30	0	N
NAM_FIRST	First name	CHAR	30	0	N
NAM_MDDL_INIT	Middle initial	CHAR	1	0	N
CDE_PRACTITIONER_TYPE	Practitioner type	CHAR	5	0	N
NUM_LICENSE	License or certificate number.	CHAR	14	0	N
CDE_STATE	Practitioner state	CHAR	2	0	N

2.13.29 T_KAPER_NAME_OTHER

This table stores the data entered into the Other Names section of the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
SAK_SHORT	Used to uniquely identify a row.	NUMBER	4	0	Y
NAM_LAST	Last name.	CHAR	25	0	N
NAM_SUFFIX	Name suffix	CHAR	3	0	N
NAM_FIRST	First name	CHAR	15	0	N
NAM_MIDDLE	Middle name	CHAR	13	0	N
DTE_EFFECTIVE	Date name becomes effective.	NUMBER	8	0	N
DTE_END	Date name is no longer effective.	NUMBER	8	0	N

2.13.30 T_KAPER_OFFICE_HOURS

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
START_MON	Time office opens	CHAR	4	0	N
START_MON_AP	AM or PM indicator (A or P)	CHAR	1	0	N
END_MON	Time office closes	CHAR	4	0	N
END_MON_AP	AM or PM indicator (A or P)	CHAR	1	0	N
START_TUE	Time office opens	CHAR	4	0	N
START_TUE_AP	AM or PM indicator (A or P)	CHAR	1	0	N
END_TUE	Time office closes	CHAR	4	0	N
END_TUE_AP	AM or PM indicator (A or P)	CHAR	1	0	N
START_WED	Time office opens	CHAR	4	0	N
START_WED_AP	AM or PM indicator (A or P)	CHAR	1	0	N
END_WED	Time office closes	CHAR	4	0	N
END_WED_AP	AM or PM indicator (A or P)	CHAR	1	0	N
START_THU	Time office opens	CHAR	4	0	N
START_THU_AP	AM or PM indicator (A or P)	CHAR	1	0	N
END_THU	Time office closes	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
END_THU_AP	AM or PM indicator (A or P)	CHAR	1	0	N
START_FRI	Time office opens	CHAR	4	0	N
START_FRI_AP	AM or PM indicator (A or P)	CHAR	1	0	N
END_FRI	Time office closes	CHAR	4	0	N
END_FRI_AP	AM or PM indicator (A or P)	CHAR	1	0	N
START_SAT	Time office opens	CHAR	4	0	N
START_SAT_AP	AM or PM indicator (A or P)	VARCHAR2	10	0	N
END_SAT	Time office closes	CHAR	4	0	N
END_SAT_AP	AM or PM indicator (A or P)	CHAR	1	0	N
START_SUN	Time office opens	CHAR	4	0	N
START_SUN_AP	AM or PM indicator (A or P)	CHAR	1	0	N
END_SUN	Time office closes	CHAR	4	0	N
END_SUN_AP	AM or PM indicator (A or P)	CHAR	1	0	N
IND_24_PHONE	Indicates 24/7 phone coverage (Y or N)	CHAR	1	0	N
IND_PHONE_SERVICE	Indicates voice mail or answering services. A - Answering service, V - Voice mail with instructions to call answering service, O - Voice mail with other instructions.	CHAR	1	0	N
NUM_PHONE_AFTER	After hours telephone number. (To not be published under any circumstances).	CHAR	10	0	N

2.13.31 T_KAPER_OFF_MGR

This table stores info from the Office Manager or Business Office Staff Contact section of the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SHORT	System defined number used to uniquely identify a row	NUMBER	4	0	Y
NAM_LAST	Last name	CHAR	30	0	N
NAM_FIRST	First name	CHAR	30	0	N
NAM_MDDL_INIT	Middle initial	CHAR	1	0	N
NUM_PHONE	Phone number	CHAR	10	0	N
NUM_FAX	Fax number	CHAR	10	0	N
MGR_EMAIL	Email address of Office Manager or Staff Contact.	VARCHAR2	50	0	N

2.13.32 T_KAPER_PRACTICE_LOC

This table stores practice location information entered on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
SAK_SHORT	System defined number used to uniquely identify a row	NUMBER	4	0	Y
NAM_DIRECTORY	Name as it should appear in the directory.	VARCHAR2	50	0	N
NAM_CORP	Corporate name as it appears on the W-9, if different than directory name.	VARCHAR2	50	0	N
ADR_PRACT_NUMBER	House number	CHAR	5	0	N
ADR_PRACT_STREET	Street name	CHAR	30	0	N
ADR_PRACT_SUITE	Suite number	CHAR	5	0	N
ADR_PRACT_CITY	City	CHAR	30	0	N
ADR_PRACT_STATE	State	CHAR	2	0	N
ADR_PRACT_ZIP	Zip code	CHAR	9	0	N
ADR_PRACT_COUNTRY	Country code (from KAPER list)	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_CURR_PRACTICE	Indicates if currently practicing at this address. (Y or N)	CHAR	1	0	N
DTE_EXPECT_PRACTICE	Expected start date to practice at this address.	NUMBER	8	0	N
IND_CORR_HERE	Indicates if the provider wants general correspondence sent to this location. (Y or N)	CHAR	1	0	N
OFFICE_EMAIL	Office email address.	VARCHAR2	50	0	N
NUM_TAX_ID_IND	Individual tax id.	CHAR	9	0	N
NUM_TAX_ID_GRP	Group tax id.	CHAR	9	0	N
IND_PRIM_TAX_ID	Indicates which is the primary tax id, individual or group. (I or G)	CHAR	1	0	N

2.13.33 T_KAPER_PRACTICE_STATUS

This table stores the Open Practice Status information entered on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
IND_ACC_NEW_PAT	Accept new patients into this practice.	CHAR	1	0	N
IND_ACC_ALL_NEW	Accept all new patients.	CHAR	1	0	N
IND_ACC_PAY_CHG	Accept existing patients with change of payor.	CHAR	1	0	N
IND_ACC_MCARE	Accept new Medicare patients.	CHAR	1	0	N
IND_ACC_REFERRAL	Accept new patients with physician referral.	CHAR	1	0	N
IND_ACC_MCD	Accepts new Medicaid patients	CHAR	1	0	N
TXT_PRACTICE	Explanation if any information varies by plan.	VARCHAR2	400	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_PRACT_LIMIT	Indicates practice limitations.	CHAR	1	0	N
IND_GENDER_LIMIT	Gender limitations. Male only, female only, or no gender limitations.	CHAR	1	0	N
NUM_AGE_MIN	Minimum age limitation	NUMBER	2	0	N
NUM_AGE_MAX	Maximum age limitation.	NUMBER	3	0	N
TXT_OTHER_LIMIT	Other limitations.	VARCHAR2	400	0	N

2.13.34 T_KAPER_PRACT_INTEREST

This table holds a free form text field containing the other practice interests of this provider as entered on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
SAK_SHORT	System defined number used to uniquely identify a row	NUMBER	4	0	Y
TXN_INTEREST_COMMENT	Other practice interest, activities, procedures, diagnoses or populations.	VARCHAR2	400	0	N

2.13.35 T_KAPER_PROF_IDS

This table is used to compute the professional IDs entered on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
CDE_PROF_ID_TYPE	Code identifying the type of professional ID	CHAR	3	0	Y
SAK_SHORT	Used to uniquely identify a row.	NUMBER	4	0	Y
NUM_PROF_ID	Professional Id number	CHAR	14	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATE_ISS	Issuing state.	CHAR	2	0	N
DTE_EFFECTIVE	Date the ID is effective.	NUMBER	8	0	N
DTE_END	Date the id expires.	NUMBER	8	0	N
IND_CURR_PRACT	Currently practicing in this state.	CHAR	1	0	N
CDE_LICENSE_STATUS	Code depicting the status of a physician's license.	CHAR	3	0	N
CDE_PR_TYPE_KAPER	Provider type code as defined on the KAPER form.	CHAR	3	0	N

2.13.36 T_KAPER_PROF_ID_TYPE

This table stores the professional ID codes as listed on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROF_ID_TYPE	Code identifying the type of professional ID	CHAR	3	0	Y
DSC_PROF_ID_TYPE	Description of the professional ID	VARCHAR2	50	0	N
IND_ID_TYPE	Type of ID (P or O).	CHAR	1	0	N

2.13.37 T_KAPER_PR_LANGUAGE

This table captures the languages spoken by the physician, by office staff and by interpreters available to the physician.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
CDE_LANG_METHOD	Code describing how the language is spoken, by the Physician, Office Staff, or an Interpreter.	CHAR	1	0	Y
SAK_SHORT	Used to uniquely identify a row.	NUMBER	4	0	Y
CDE_LANGUAGE_KAPER	Code depicting the language as listed on the KAPER form.	VARCHAR2	10	0	N

2.13.38 T_KAPER_PR_SPECIALTY

This table stores the primary and secondary provider specialties as entered on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
SAK_SHORT	System defined number used to uniquely identify a row.	NUMBER	4	0	Y
IND_PRIM_SPEC	Indicates primary specialty (Y or N).	CHAR	1	0	N
CDE_SPEC_KAPER	KAPER defined specialty code.	CHAR	3	0	N
DTE_CERT	Date the provider is certified in this specialty.	NUMBER	8	0	N
DTE_RECERT	Date the provider is recertified for this specialty.	NUMBER	8	0	N
DTE_EXPIRE	Date the certification for this specialty expires.	NUMBER	8	0	N
IND_HMO_DIRECTORY	Indicates desire to be listed in the HMO directory for this specialty (Y or N)	CHAR	1	0	N
IND_PPO_DIRECTORY	Indicates desire to be listed in the PPO directory for this specialty (Y or N)	CHAR	1	0	N
IND_POS_DIRECTORY	Indicates desire to be listed in the POS directory for this specialty (Y or N)	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_EXAM_INTENT	Code value depicting the intent for exam.	CHAR	1	0	N
CDE_BOARD_CERTIFY	Code identifying the certifying board.	CHAR	4	0	N
IND_EXAM_INTENT	Intent to sit for an exam Y or N.	CHAR	1	0	N
TXT_EXAM_COMMENT	Reason why no intent to sit for an exam for this specialty.	VARCHAR2	256	0	N
CDE_BOARD_CERT_PENDING	Code indicating the certifying board for which the pending exam is to be taken.	CHAR	4	0	N
DTE_EXAM_INTENT	Date of pending exam.	NUMBER	8	0	N
IND_BOARD_CERTIFY	Indicates if the provider is board certified, values are Y and N.	CHAR	1	0	N

2.13.39 T_KAPER_REFERENCE

This tables stores the information entered in the Professional References section of the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
SAK_SHORT	System defined number used to uniquely identify a row	NUMBER	4	0	Y
NAM_LAST	Last name.	CHAR	30	0	N
NAM_FIRST	First name.	CHAR	30	0	N
CDE_PR_TYPE_KAPER	Provider type code as defined on the KAPER form.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_REF_NUMBER	Reference address number.	CHAR	5	0	N
ADR_REF_STREET	Reference street name.	CHAR	30	0	N
ADR_REF_SUITE	Suite name.	CHAR	5	0	N
ADR_REF_CITY	City	CHAR	30	0	N
ADR_REF_STATE	State	CHAR	2	0	N
ADR_REF_ZIP	Zip code	CHAR	9	0	N
NUM_PHONE	Phone number	CHAR	10	0	N
NUM_FAX	Fax number	CHAR	10	0	N

2.13.40 T_KAPER_SCHOOL

This table stores the school codes and descriptions as listed on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SCHOOL	School code as listed on the KAPER form.	CHAR	3	0	Y
DSC_SCHOOL	Description of the school code.	VARCHAR2	100	0	N
CDE_STATE	State code as listed on the KAPER form.	CHAR	2	0	N
IND_CANANDA	Indicates if the school is in Canada (Y or N).	CHAR	1	0	N

2.13.41 T_KAPER_SERVICES

This table captures the information entered in the Services section of the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
IND_LAB	Laboratory services. (Y or N)	CHAR	1	0	N
TXT_LAB	Lab certifying program	VARCHAR2	30	0	N
IND_RAD	Radiology services. Y or N	CHAR	1	0	N
TXT_RAD	X-ray certification type.	VARCHAR2	30	0	N
IND_EKGS	EKGS services provided. Y or N	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_DRAW_BLOOD	Drawing blood services performed. Y or N	CHAR	1	0	N
IND_ASTHMA	Asthma treatment services performed. Y or N	CHAR	1	0	N
IND_PULM	Pulmonary function testing services performed. Y or N	CHAR	1	0	N
IND_ALLERGY_INJ	Allergy injection services performed. Y or N	CHAR	1	0	N
IND_IMMUN	Age appropriate immunization services performed. Y or N	CHAR	1	0	N
IND_OSTEO	Osteopathic manipulation services provided. Y or N	CHAR	1	0	N
IND_PT	Physical therapy services performed. Y or N	CHAR	1	0	N
IND_ALLERGY_TEST	Allergy skin testing services performed. Y or N	CHAR	1	0	N
IND_SIGMOID	Flexible sigmoidoscopy services performed. Y or N	CHAR	1	0	N
IND_IV	IV hydration services performed. Y or N	CHAR	1	0	N
IND_LACERAT	Care of minor laceration services performed. Y or N	CHAR	1	0	N
IND_ANESTHESIA	Anesthesia administered in this office. Y or N	CHAR	1	0	N
CLASS_ANESTHESIA	Category of anesthesia.	VARCHAR2	30	0	N
ANES_NAM_LAST	Last name of person administering anesthesia.	VARCHAR2	30	0	N
ANES_NAM_FIRST	First name of person administering anesthesia.	CHAR	20	0	N
TXT_SERVICES	Additional office procedures administered in this office.	VARCHAR2	400	0	N
IND_GYNO	Routine office gynecology services performed. Y or N	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_TYMP	Tympanometry/audiometry screening services performed. Y or N	CHAR	1	0	N
IND_CARDIAC	Cardiac stress services performed. Y or N	CHAR	1	0	N
IND_PRACT_TYPE	Type of practice. S - Solo, G - single specialty group, M - multi specialty group.	CHAR	1	0	N

2.13.42 T_KAPER_SPECIALTY

This table stores the specialty codes and descriptions as listed on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SPEC_KAPER	KAPER defined specialty code.	CHAR	3	0	Y
DSC_SPEC_KAPER	Description of the specialty code.	VARCHAR2	100	0	N

2.13.43 T_KAPER_TRAINING

This table stores the provider training information entered on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_TRAINING	System generated number used to uniquely identify a training row.	NUMBER	9	0	Y
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
NAM_INSTITUTION	Name of the institution/hospital where the training took place.	VARCHAR2	50	0	N
CDE_SCHOOL	School code as listed on the KAPER form.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_TRAIN_NUMBER	Street number of the training institution.	CHAR	5	0	N
ADR_TRAIN_STREET	Street name of the training institution.	VARCHAR2	30	0	N
ADR_TRAIN_CITY	City name of the institution.	VARCHAR2	30	0	N
ADR_TRAIN_STATE	State	CHAR	2	0	N
ADR_TRAIN_ZIP	Zip code	CHAR	9	0	N
ADR_TRAIN_COUNTRY_KAPER	Country code as defined on the KAPER form.	CHAR	3	0	N
NUM_PHONE	Phone number	CHAR	10	0	N
NUM_FAX	Fax number	CHAR	10	0	N
IND_COMPLETE	Training program completed at this institution.	CHAR	1	0	N
TXT_TRAIN_COMMENT	Comment field used to explain why training was not completed at this institution.	VARCHAR2	400	0	N

2.13.44 T_KAPER_TRAINING_INTERN

This table stores the provider intern data for each training institution as entered on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_TRAINING	System generated number used to uniquely identify a training row.	NUMBER	9	0	Y
SAK_SHORT	System generated number used to uniquely identify a row.	NUMBER	4	0	Y
CDE_INTERN_TYPE	Code depicting the type of internship and residency.	CHAR	1	0	N
DTE_EFFECTIVE	Start date of internship.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END	End date of internship.	NUMBER	8	0	N
INTERN_DEPT	Name of department or specialty where the internship occurred.	VARCHAR2	50	0	N
NAM_DIRECTOR	Name of the director.	VARCHAR2	50	0	N

2.13.45 T_KAPER_TYPE

This table stores the provider type codes and descriptions as listed on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PR_TYPE_KAPER	Provider type code as defined on the KAPER form.	CHAR	3	0	Y
DSC_PR_TYPE_KAPER	Description of the provider type.	VARCHAR2	50	0	N

2.13.46 T_KAPER_TYPE_SPEC

This table stores the provider type and specialty relationships as listed on the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PR_TYPE_KAPER	Provider type code as defined on the KAPER form.	CHAR	3	0	Y
CDE_SPEC_KAPER	KAPER defined specialty code.	CHAR	3	0	Y
CDE_PROV_TYPE	Type that a provider is licensed for.	CHAR	2	0	N
CDE_PROV_SPEC	A code representing the specialized area of practice for a provider.	CHAR	3	0	N

2.13.47 T_KAPER_WORK_GAPS

This table stores the information entered into the Gaps in Professional Work History section of the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
SAK_SHORT	System defined number used to uniquely identify a row	NUMBER	4	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	Gap start date.	NUMBER	8	0	N
DTE_END	Gap end date.	NUMBER	8	0	N
TXT_GAP_REASON	Reason for gap.	VARCHAR2	400	0	N

2.13.48 T_KAPER_WORK_HIST

This table stores the information entered into the Work History section of the KAPER form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
SAK_SHORT	System defined number used to uniquely identify a row	NUMBER	4	0	Y
NAM_EMPLOYER	Name of employer	CHAR	50	0	N
ADR_EMP_NUMBER	Employer address number.	CHAR	5	0	N
ADR_EMP_STREET	Street name	CHAR	30	0	N
ADR_EMP_SUITE	Suite name	CHAR	5	0	N
ADR_EMP_CITY	City	CHAR	30	0	N
ADR_EMP_STATE	State	CHAR	2	0	N
ADR_EMP_ZIP	Zip code	CHAR	9	0	N
NUM_PHONE	Phone number	CHAR	10	0	N
NUM_FAX	Fax number	CHAR	10	0	N
CDE_COUNTRY_KAPER	Country code as defined on the KAPER form.	CLOB	3	0	N
DTE_EFFECTIVE	Start date of employment.	NUMBER	8	0	N
DTE_END	End date of employment.	NUMBER	8	0	N
TXT_DEPART_REASON	Reason for departure.	VARCHAR2	400	0	N

2.13.49 T_LANGUAGE

This is a list of all the languages that the system tracks.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LANGUAGE	This is the unique two character code for each language that the system tracks.	CHAR	3	0	Y
DSC_LANGUAGE	This is the full description for each language that the system tracks.	CHAR	100	0	N

2.13.50 T_OWNER

This is a table that contains the owners of providers in the system with their name and address information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_OWNER	This is the unique identifier of the record on the owner table.	NUMBER	9	0	Y
NAM_BUSINESS	This is the name of the organization or business that is involved in the ownership.	CHAR	50	0	N
NAM_LAST	This is the last name of the individual that is involved in the ownership.	CHAR	50	0	N
NAM_FIRST	This is the first name of the individual that is involved in the ownership.	CHAR	50	0	N
NAM_MIDDLE_INT	This is the middle initial of the individual that is involved in the ownership.	CHAR	1	0	N
ADR_STREET1	This is the first street address of the owner.	CHAR	50	0	N
ADR_STREET2	This is the second street address of the owner.	CHAR	50	0	N
ADR_CITY	This is the city of the owner.	CHAR	50	0	N

ADR_STATE	This is the state code of the owner.	CHAR	2	0	N
ADR_ZIP	This is the zip code of the owner.	CHAR	5	0	N
ADR_ZIP_4	This is the zip code 4 extension for the owner.	CHAR	4	0	N
NUM_TAX_ID	Owners tax ID	CHAR	9	0	N

2.13.51 T_OWNER_REL_TYPE

This is a list of all the valid types of relationships that a provider and owner can have.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RELATION_TYPE	This is the code value of the relationships that a provider and owner can have.	CHAR	2	0	Y
DSC_RELATION_TYPE	This is the description of the relationships that a provider and owner can have.	CHAR	50	0	N

2.13.52 T_PAY_PULL_REASON

This is a table that contains the payment pull reason codes. These are the reasons why the State can request a payment to be manually pulled for review before it is sent to the provider.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PULL_REASON	This is the reason that a payment can be pulled for manual review.	CHAR	2	0	Y
DSC_PULL_REASON	This is the description of the reason that a payment can be pulled for manual review.	CHAR	50	0	N

2.13.53 T_PMP_SVC_LOC

This is the individual Primary Medical Provider (PMP) information. The service location identifies the various locations where a provider does business. The PMP service location contains PMP specific information for a service location.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PMP_SER_LOC	The unique system assigned key to identify a Primary Medical Provider's service location.	NUMBER	9	0	Y
SAK_PROV_PGM	This is the system assigned key to the provider Contract under which Providers may be certified.	NUMBER	9	0	N
SAK_PUB_HLTH	System assigned internal key for a member plan.	NUMBER	9	0	N
DTE_EFFECTIVE	This is the effective date for PMP for this managed care program and service location. Used to signify the start of a span or period of participation in the Managed Care program.	NUMBER	8	0	N
DTE_END	This is the end date for PMP for this managed care program and service location. Used to signify the end of a span or period of participation in the Managed Care program.	NUMBER	8	0	N
SAK_PMP_FOCUS	Unique identifier for the focus.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGE_RESTR	Identifies the age restrictions that this PMP has selected for this service location. AA - No age restrictions BB - Age 0 - 12 years CC - Age 13 - 20 years DD - Age 21 and Over EE - Age 0 - 20 years FF - Age 13 and Over	CHAR	2	0	N
NUM_PHO_24_HOUR	This is the 24 hour availability phone number for the provider in the format area code + prefix + suffix.	CHAR	10	0	N
NUM_PHO_EXT	A phone number extension for the 24 hour phone number.	CHAR	4	0	N
IND_SPEC_COND	Indicates whether the PMP offers special services at this location for special patient conditions.	CHAR	1	0	N
IND_FMLY_PRAC	Indicates whether a PMP accepts entire families in their practice.	CHAR	1	0	N
IND_OBSTETRICS	Indicates whether a PMP provides obstetric services in their practice.	CHAR	1	0	N
IND_WOMEN_ONLY	Indicates whether the provider only accepts women as Managed Care members.	CHAR	1	0	N
CDE_FILE_FORMAT	This column controls if the PMP receives electronic file or paper reports.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_ACT_PANEL	This is the number of members currently assigned to the PMP service location.	NUMBER	9	0	N
NUM_FUTURE_PANEL	This is the number of members assigned to the PMP during the upcoming enrollment period.	NUMBER	9	0	N
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	N
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N

2.13.54 T_PMP_SVC_LOC_STATE

Additional data for Kentucky Managed Care providers are maintained in this table. Included is Kentucky-specific data such as KenPAC site number, number of physicians, number of ARNP, and so on.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PMP_SER_LOC	The unique system assigned key to identify a Primary Medical Provider's service location.	NUMBER	9	0	Y
NUM_SITE	KenPAC site number - 0000 for non-KenPac PMP data.	CHAR	4	0	N
CDE_SITE_STATUS	KenPAC site status (1=Active, 2=Unknown, 3=Not Active).	CHAR	1	0	N
IND_ALLOW_EXCEED	This site allows additional family members to be enrolled if the indicator is Yes. If the quota is reached, no one else may be enrolled if the indicator is No.	CHAR	1	0	N
NUM_PHYS	Number of physicians at this site.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_ARNP	Number of Advanced Registered Nurse Practitioners at this site.	NUMBER	9	0	N
NUM_PHYS_ASST	Number of Physicians Assistants at this site.	NUMBER	9	0	N
NUM_MIDWIFE	Number of midwives at this site.	NUMBER	9	0	N
NAM_SITE	Site name.	CHAR	50	0	N
ADR_SITE_STRT1	This is the street address for the physical location of the site.	CHAR	30	0	N
ADR_SITE_STRT2	This is the second street address for the physical location of the site.	CHAR	30	0	N
ADR_SITE_CITY	This is the city for the physical location of the site.	CHAR	30	0	N
ADR_SITE_ST	This is the state for the physical location of the site.	CHAR	2	0	N
ADR_SITE_ZIP	This is the first 5 digits of the zip code for the physical location of the site.	CHAR	5	0	N
ADR_SITE_ZIP_4	This is the last 4 digits of the zip code for the physical location of the site.	CHAR	4	0	N

2.13.55 T_PR_ACCT_REC_MAX

The maximum amount of money that can be recovered from a provider in a financial cycle.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_SHORT	This is the column that keeps the record unique.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
DTE_EFFECTIVE	This is the effective date when the maximum recoupment amount takes effect.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END	This is the end date when the maximum recoupment amount ends.	NUMBER	8	0	N
AMT_MAX_RECOUP	This is the maximum amount that can be recovered for a specific provider service location in one cycle.	NUMBER	10	2	N

2.13.56 T_PR_ADDR_CODE

This indicates how the provider's address is used. A provider is allowed a Home Office, Bill To, Mail To and Service Location address.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ADDR_USAGE	A one character code that identifies the type of address.	CHAR	1	0	Y
DSC_ADDR_USAGE	The description that describes the address type code.	CHAR	20	0	N

2.13.57 T_PR_ADR

Provider Address contains the mailing address and phone number of each provider.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_SHORT_ADDRESS	This field is the internal ID that uniquely identifies an occurrence of the address attribute.	NUMBER	4	0	Y
ADR_MAIL_STRT1	Mailing address street 1. This is the street address for a provider.	CHAR	30	0	N
ADR_MAIL_STRT2	Mailing address street 2. This is the mailing address for a provider.	CHAR	30	0	N
ADR_MAIL_CITY	Mailing address city. This is the city where a provider would receive business mail.	CHAR	30	0	N
ADR_MAIL_STATE	Mailing address state. This is the state where a provider would receive business mail.	CHAR	2	0	N
ADR_MAIL_ZIP	Mailing address zip code. This is the first 5 digits of the zip code for a business mailing zip code.	CHAR	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_MAIL_ZIP_4	Mailing address zip code + 4. This is the last 4 digits of a zip code.	CHAR	4	0	N
NUM_PHONE	This is a phone number in the format area code + prefix + suffix.	CHAR	10	0	N
NUM_PHO_EXT	A phone number extension.	CHAR	4	0	N
NUM_LATITUDE	Latitude to the providers address	NUMBER	11	6	N
NUM_LONGITUDE	Longitude to the providers address.	NUMBER	11	6	N
CDE_HANDICAP_ACC	Identify whether the providers service location has handicap access. Valid values: Y = Yes N = No	CHAR	1	0	N
NUM_PHONE_FAX	This is fax number of the provider's office.	CHAR	10	0	N
IND_GIS_QUALITY	This is the code that stores the precision of the address match for the latitude and longitude lookup.	NUMBER	4	0	N
ADR_EMAIL	Email address of the provider.	VARCHAR2	50	0	N
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	N
ADR_MAIL_INT	The international address line. This contains the international equivalent of City, State, and Zip.	VARCHAR2	50	0	N
NUM_PHONE_INT	International phone number.	VARCHAR2	15	0	N
NUM_PHONE_EXT_INT	International phone number extension.	CHAR	5	0	N
NUM_PHONE_FAX_INT	International fax number.	VARCHAR2	15	0	N

2.13.58 T_PR_APPLN

This table holds all applications that are received by OHCA. Only the applications that have a status of 'Enrolled' have a corresponding provider file in the MMIS.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	N
CDE_APPL_TYPE	This code indicates the type of enrollment for which a provider is applying.	CHAR	3	0	N
DTE_LAST_STATUS	The last time the status was changed for the application	NUMBER	8	0	N
CDE_STATUS1	This is a description of possible statuses.	CHAR	1	0	N
DTE_RECEIVED	A date that the object was received.	NUMBER	8	0	N
CDE_REQUEST_TYPE	This code represents the media in which the application request was received.	CHAR	1	0	N
DTE_FINALIZED	This is the date the object was finalized.	NUMBER	8	0	N
DTE_RTP	A date that the object was returned to the provider.	NUMBER	8	0	N
QTY_RTN_TO_PROV	This is an accumulator of the number of times something has been returned to a provider.	NUMBER	4	0	N
DTE_RTP_REC	A date that the RTP object was returned to OHCA.	NUMBER	8	0	N
QTY_RTN_FRM_PRV	This is an accumulator of the number of times something has been returned from a provider.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_NAME_TYPE	This is an indicator of whether a name is of a person or an organization.	CHAR	1	0	N
NAME	This is the name associated with an organization or person.	CHAR	50	0	N
ADR_STREET_1	This is the first street line in an address.	CHAR	30	0	N
ADR_STREET_2	This is the second street line in an address.	CHAR	30	0	N
ADR_CITY	This is the city field in an address.	CHAR	15	0	N
ADR_STATE	This is the abbreviated 2 character state code.	CHAR	2	0	N
ADR_ZIP_CODE	The five digit zip code prefix in an address.	CHAR	5	0	N
ADR_ZIP_CODE_4	The four digit zip code suffix in an address.	CHAR	4	0	N
NUM_PHONE	This is a phone number in the format area code + prefix + suffix.	CHAR	10	0	N
NUM_PHO_EXT	A phone number extension.	CHAR	4	0	N
NAM_CONTACT	Contact name. This is the person you contact if you have questions concerning an application.	CHAR	40	0	N
IND_TAX_ID_TYPE	This is the Tax ID indicator, SSN or FEIN.	CHAR	1	0	N
NUM_TAX_ID	This is the tax identification number assigned to a provider by the Internal Revenue Service.	CHAR	9	0	N
NUM_PROV_LIC	The provider's license or certification number.	CHAR	10	0	N
CDE_LIC_STATE	The state the provider is licensed or certified in.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LIC_TYPE	The license type, typically a licensing agency or board.	CHAR	1	0	N
DTE_LIC_CERT	The provider's license certification date.	NUMBER	8	0	N
DTE_LIC_CERT_END	The provider's license certification end date, if applicable.	NUMBER	8	0	N
ID_CLERK	This is the clerk identification code of a system user who is assigned to the application.	CHAR	8	0	N
NPI	National Provider ID	CHAR	10	0	N

2.13.59 T_PR_APPLN_COMMENT

Contains all comments related to provider applications

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y
SAK_SHORT_ATN	The incremental counter that uniquely identifies a comment on a specific provider application, when combined with the sak_atn.	NUMBER	4	0	Y
DTE_COMMENT	The date on which the comment was entered	NUMBER	8	0	N
COMMENT1	The comment related to a specific provider application	VARCHAR2	250	0	N

2.13.60 T_PR_APPLN_RTP

The reasons sent to a provider for returning a Medicaid application.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATN	System assigned key that uniquely identifies a provider application	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_RTP_REAS	This is free form text description stating the reason that a provider application was returned to a provider applicant.	VARCHAR2	250	0	Y

2.13.61 T_PR_APPLN_TYPE

A code table that contains all the possible contract types for an application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_APPL_TYPE	A system generated number that uniquely identifies an application type	NUMBER	3	0	Y
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	N
DSC_APPL_TYPE	The description of the application type	VARCHAR2	100	0	N

2.13.62 T_PR_BEDS

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC		NUMBER	9	0	Y
CDE_BED_TYPE	Code depicting the type of bed.	CHAR	2	0	Y
SAK_SHORT	2 byte sequential number used to uniquely identify a row.	NUMBER	4	0	Y
NUM_MEDICARE_BEDS	Number of beds in the facility designated for Medicare patients ONLY.	NUMBER	6	0	N
NUM_MEDICAID_BEDS	Number of beds in the facility designated for Medicaid patients ONLY.	NUMBER	6	0	N
NUM_BOTH_BEDS	Number of beds in the facility designated as dual, for both Medicare and Medicaid patients.	NUMBER	6	0	N
DTE_EFFECTIVE	The date the bed segment is effective.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END	The date the bed segment ends.	NUMBER	8	0	N

2.13.63 T_PR_BED_TYPE

This code table contains the bed type codes and descriptions used on the provider beds panel.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BED_TYPE	Code depicting the type of bed.	CHAR	2	0	Y
DSC_BED_TYPE	Description of the bed type code.	VARCHAR2	50	0	N

2.13.64 T_PR_BOARD_MEM

This is the table that contains individuals who have been identified as being a member of a board of directors for the provider.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_BOARD_PART	This is the unique identifier for board participants.	NUMBER	9	0	Y
SAK_SHORT	This is the system assigned key that makes this record unique.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
CDE_POSITION	This is the board position code.	CHAR	2	0	N
DTE_EFFECTIVE	This is the effective date that the board participant became a board member for this provider.	NUMBER	8	0	N
DTE_END	This is the last date of the relationship between the board participant and board member.	NUMBER	8	0	N

2.13.65 T_PR_CDE_BUS_ACT

Contains a list of valid business activity codes as received on the Drug Enforcement Administration quarterly subscription file.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUS_ACT	Business activity code	CHAR	1	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_BUS_ACT	Description of business activity code	VARCHAR2	30	0	N

2.13.66 T_PR_CDE_REVIEW

This code table contains the review type codes and descriptions used on the provider review panel.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVIEW_TYPE	Code depicting the type of review or agency conducting the review.	CHAR	1	0	Y
DSC_REVIEW_TYPE	Description of the review type code.	VARCHAR2	50	0	N

2.13.67 T_PR_CDE_REVIEW_REASON

This code table contains the review reasons and descriptions used on the provider restriction panel.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVIEW_REASON	Code depicting the reason a provider has been placed on review.	CHAR	1	0	Y
DSC_REVIEW_REASON	Description of the review reason.	VARCHAR2	50	0	N

2.13.68 T_PR_CERT_CODE

This table holds provider certification codes and descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CERT_TYPE	This is the code value for the specific provider certifications.	CHAR	2	0	Y
DSC_CERT_TYPE	This is the description for the specific provider certifications.	CHAR	50	0	N

2.13.69 T_PR_CLIA_STAT

This entity shows the clinical lab number assigned to the provider practicing at an individual (non-group) location.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_SHORT	This is the system value that makes each record unique.	NUMBER	4	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
NUM_CLIA	This is the clinical lab number from OSCAR.	CHAR	10	0	N
DTE_EFFECTIVE	This is the effective date of the provider's CLIA number.	NUMBER	8	0	N
DTE_END	This is the end date of the provider's CLIA number.	NUMBER	8	0	N

2.13.70 T_PR_COMMENT

This is a table that contains comments and notes that pertain to a specific provider.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	Service Location SAK	NUMBER	9	0	Y
SAK_SHORT	This is the system assigned key that makes this record unique in the system.	NUMBER	4	0	Y
DTE_COMMENT	The date of the note or comment relating to the provider.	NUMBER	8	0	N
DSC_COMMENT	The text of the note or comment relating to the provider.	VARCHAR2	4000	0	N

2.13.71 T_PR_CONTRACT_RATE

This table contains contracted provider percentages for institutional claims. The contracted percentage only applies to claims submitted by the provider for the member and service dates on the row.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service location SAK	NUMBER	9	0	Y
SAK_SHORT	This is the system-assigned internal key that is 4 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
SAK_RECIP	The system assigned internal key for a unique recipient.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_FIRST_SVC	The first date of service this rate is effective.	NUMBER	8	0	N
DTE_LAST_SVC	The last date of service this rate is effective.	NUMBER	8	0	N
CDE_CLM_TYPE	Value for the type of claim that can be processed in the MMIS system.	CHAR	1	0	N
PCT_CONTRACT_RATE	The percentage amount for this claim that has been contracted by the Commonwealth with the provider of the services.	NUMBER	6	3	N

2.13.72 T_PR_DEA

This entity shows the Drug Enforcement Agency (DEA) number for each service location for a provider practicing at an individual (non-group) location.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
NUM_DEA	Drug Enforcement Administration identification number for a provider.	CHAR	9	0	N
DTE_EFFECTIVE	Effective date for an object. Used to signify the start of a span or period.	NUMBER	8	0	N
DTE_END	The date that something is no longer in effect.	NUMBER	8	0	N

2.13.73 T_PR_DEA_LIC

Contains a master list of provider numbers assigned by the Drug Enforcement Administration for persons and organizations certified to handle controlled substances under the Controlled Substances Act. The information is updated via a quarterly subscription file from DEA.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_DEA	Drug Enforcement Administration identification number for a provider.	CHAR	9	0	Y
CDE_BUS_ACT	Business activity code	CHAR	1	0	N
DSC_DRUG_SCH	Drug Schedules	VARCHAR2	12	0	N
DTE_END_LIC	Provider License Expiration Date	NUMBER	8	0	N
NAM_PROVIDER	Provider name - Last, First	VARCHAR2	40	0	N
ADR_LINE_1	First address line	VARCHAR2	40	0	N
ADR_LINE_2	Second address line	VARCHAR2	40	0	N
ADR_LINE_3	Third address line	VARCHAR2	40	0	N
ADR_CITY	Address City	VARCHAR2	33	0	N
ADR_STATE	Address State	CHAR	2	0	N
ADR_ZIP	Address ZIP Code	CHAR	5	0	N
CDE_BUS_ACT_SUB	Business activity sub code	CHAR	1	0	N
IND_MANUAL	Denotes whether this record was manually entered into the table as opposed to coming from the subscription file.	CHAR	1	0	N
DTE_ADDED	Date the record was added to the table	NUMBER	8	0	N

2.13.74 T_PR_DISPRO_EXPEND

This is a table that contains the cross reference to the actual payments that were made for this disproportionate share payment.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_YEAR	This is the year that the payments are made for.	NUMBER	4	0	Y
NUM_PERIOD	This is the period that the payment was made for such as the month or quarter. In Kentucky this is the quarter that the payment was made for.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_EXPENDITURE	This is the system assigned key of the expenditure that made the payment.	NUMBER	9	0	N

2.13.75 T_PR_DISPRO_PAY

This is a table that contains the annual payment amounts for disproportionate share payments.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
DTE_YEAR	This is the year that the payments are made for.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
AMT_DISPRO_PAY	This is the annual amount that should be paid to the provider/hospital for disproportionate share.	NUMBER	10	2	N

2.13.76 T_PR_DISP_FEE

A provider may be assigned an adjustment percentage to be used to modify the dispensing fee assigned to a specialty. The adjustment percentage may either raise or lower the fee the provider receives for dispensing a prescription legend drug.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	N
CDE_PROV_SPEC	A code representing the specialized area of practice for a provider.	CHAR	3	0	N
DTE_EFFECTIVE	This is the date that the dispensing fee for the provider is in effect.	NUMBER	8	0	N
DTE_END	This is the date that the dispensing fee for the provider is no longer in effect.	NUMBER	8	0	N
AMT_NDC_PROFEE	This is the dispensing fee for the provider.	NUMBER	7	2	N
IND_DRUG_TYPE	Indicates Generic/Branded/Either for a provider.	CHAR	1	0	N
NUM_INGRED_FROM	Number of ingredients from range (1-9999) to allow for compounds to pay varying based on the number of unique ingredients in the compound.	NUMBER	4	0	N
NUM_INGRED_TO	Number of ingredients to range (1-9999) to allow for compounds to pay varying based on the number of unique ingredients in the compound.	NUMBER	4	0	N

2.13.77 T_PR_DRG_RATE

The Provider DRG Rate table contains information used to calculate the total DRG reimbursement rate paid to a provider. The date sensitive information includes the DRG base rate and the cost to charge rate. This is used in conjunction with state-wide DRG variables for the calculation.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PR_DRG_RT	System Assigned Key for the Provider Specific DRG Rate.	NUMBER	9	0	Y
SAK_DRG	System assigned key for a unique DRG.	NUMBER	9	0	Y
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	N
SAK_PROV_LOC	Service Location SAK.	NUMBER	9	0	N
DTE_EFFECTIVE	The date the Provider DRG Rate took effect.	NUMBER	8	0	Y
DTE_INACTIVE	Rate segment inactive date. This is the date/time that the rate can no longer be used, regardless of the dates of service on the claim.	DATE	0	0	N
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
DTE_END	The date the Provider DRG Rate is no longer in effect.	NUMBER	8	0	N
NUM_BASE_RATE	This is a date sensitive pricing factor expressed in dollars terms, and is one of the primary components for the DRG calculation. This base rate is used for the provider specific calculation.	NUMBER	10	3	N
CST_CHRG_RATE	This is the cost to charge DRG rate for the provider.	NUMBER	6	5	N
AMT_CAPITAL	This is the capital amount utilized to calculate the DRG base rate specific for a provider.	NUMBER	10	4	N
AMT_MED_ED	This is the educational amount utilized to calculate the DRG base rate specific for a provider.	NUMBER	10	2	N

Column Name	Description	Type	Length	Precision	Primary Key
PCT_DISP_SHR	This is the disproportionate share percentage that is utilized for pricing calculation.	NUMBER	5	5	N
NUM_COST_OUTLIER	This is the outlier threshold. This cost is used in outlier payment determination.	NUMBER	11	2	N
PCT_COST_OUTLIER	Marginal Cost Percentage used to calculate price for cost outlier pricing. (Percent Cost)	NUMBER	5	4	N
PCT_PAID	Percentage used to identify if cost outlier is applicable for DRG priced claims.	NUMBER	5	4	N
PCT_MED_ED	Medical Education percentage used to determine the base rate for a DRG priced claim. Only providers who receive a medical education add-on have a value in this field.	NUMBER	7	4	N
PCT_CAPT_MED_ED	Medical Education percentage used to determine the capital cost rate for a DRG priced claim. Only providers who receive a medical education add-on have a value in this field.	NUMBER	7	4	N

2.13.78 T_PR_ENROLL_PGM

This table contains the list of programs that a provider can be enrolled in.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_PGM	This is the system assigned key to the provider Contract under which Providers may be certified.	NUMBER	9	0	Y
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	N
CDE_PROV_PGM	Identifies the medical assistance programs that a provider can enroll in.	CHAR	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_PROV_PGM	This is the short description to the provider enrollment program.	CHAR	20	0	N
DSC_PROV_PGM_LONG	This is the long description to the provider enrollment program.	VARCHAR2	4000	0	N
IND_CT_EDITING	The IND_CT_EDITING attribute indicates what type of claim type to program editing is to be performed. If the indicator is set to 'N' (non), no claim type to program editing is performed. If the indicator is set to 'I' (include), only the claim types listed are billable for the specified program. If the indicator is set to 'E' (exclude), the claim types listed are not billable for the specified program.	CHAR	1	0	N
DTE_EFFECTIVE	The date the claim type to program restriction becomes effective for use in claims editing.	NUMBER	8	0	N
DTE_END	The last date the claim type to program restriction is effective for use in claims editing.	NUMBER	8	0	N
DTE_INACTIVE	Rate segment inactive date. This is the date/time that the rate can no longer be used, regardless of the dates of service on the claim.	DATE	0	0	N

2.13.79 T_PR_ENROLL_STATUS

This status describes the provider's eligibility. The status must have effective and end dates.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ENROLL_STATUS	This is the letter assigned to the enrollment status description to uniquely identify it. Examples of valid values are: R=Retired, D=Deceased, M=Return Mail, H=Term by HCFA, B=Term by HPB, and A=Active.	CHAR	1	0	Y
DSC_ENROLL_STATUS	This is the enrollment status description that is added to a provider when enrolled. Examples of valid descriptions are: Retired, Deceased, Return Mail, Terminated by HCFA, and Active.	CHAR	21	0	N

2.13.80 T_PR_FACILITY

This is the table that contains a list of all valid facilities for a provider service location.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_FACILITY	This is the unique system assigned key for each facility.	NUMBER	9	0	Y
SAK_SHORT	This is the unique system assigned key for the provider facility table.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
DTE_EFFECTIVE	This is the date that the facility becomes effective for the provider.	NUMBER	8	0	N
DTE_END	This is the date that the facility ends for the provider.	NUMBER	8	0	N
NAM_FACILITY	This is the name of the facility when it was used by this provider.	CHAR	50	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_LAST_ADMIN	This is the last name of the administrator of the facility when the provider was associated with the facility.	CHAR	50	0	N
NAM_FIRST_ADMIN	This is the first name of the administrator of the facility when the provider was associated with the facility.	CHAR	50	0	N
NAM_MI_ADMIN	This is the middle initial of the administrator of the facility when the provider was associated with the facility.	CHAR	1	0	N
NAM_LAST_CO_ADMIN	This is the last name of the co-administrator of the facility when the provider was associated with the facility.	CHAR	50	0	N
NAM_FIRST_CO_ADMIN	This is the first name of the co-administrator of the facility when the provider was associated with the facility.	CHAR	50	0	N
NAM_MI_CO_ADMIN	This is the middle initial of the co-administrator of the facility when the provider was associated with the facility.	CHAR	1	0	N
NAM_OPERATOR	This is the name of the operator of the facility.	CHAR	50	0	N

2.13.81 T_PR_FIN_INST

A bank or other institution where the providers or MCOs request us to send their payments.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_ABA	A unique number assigned to individual financial institutions for identification.	CHAR	9	0	Y
NAM_INV_CORP	The financial contact's address name.	CHAR	39	0	N
ADR_MAIL_STRT1	This is the first street line in an address.	CHAR	30	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_MAIL_STRT2	This is the second street line in an address.	CHAR	30	0	N
ADR_MAIL_CITY	This is the city field in an address.	CHAR	15	0	N
ADR_MAIL_STATE	This is the abbreviated 2 character state code.	CHAR	2	0	N
ADR_MAIL_ZIP	The five digit zip code prefix in an address.	CHAR	5	0	N
ADR_MAIL_ZIP_4	The four digit zip code suffix in an address.	CHAR	4	0	N
NUM_PHONE	This is a phone number in the format area code + prefix + suffix.	CHAR	10	0	N
NUM_PHO_EXT	A phone number extension.	CHAR	4	0	N

2.13.82 T_PR_GRP_MBR

Contains a list of all group providers and their associated group members.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_PROV_LOC_MBR	Service Location SAK	NUMBER	9	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_GROUP	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
DTE_EFFECTIVE	Date that the provider is effective with this group.	NUMBER	8	0	N
DTE_END	Date that the provider is no longer effective with this group.	NUMBER	8	0	N

2.13.83 T_PR_HB_LIC

The table contains all provider licenses, including all prescriber licenses issued in the Commonwealth of Kentucky.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LIC	System assigned key used to uniquely identify the license row.	NUMBER	9	0	Y
SAK_SHORT	This is the part of the key for the T_PR_HB_LIC that makes the record unique for different date ranges	NUMBER	4	0	Y
CDE_STATE_ISSUE	The state that issued the provider license.	CHAR	2	0	N
CDE_LIC_TYPE	Code identifying the licensure board.	CHAR	1	0	N
CDE_LIC_CLASS	Code identifying the classification of provider license.	CHAR	3	0	N
NUM_PROV_LIC	The Provider License Number.	CHAR	10	0	N
LIC_SOURCE	Indicates if the license was entered Manually or Electronically (M or E).	CHAR	1	0	N
DTE_EFFECTIVE	Date the license is effective	NUMBER	8	0	N
DTE_END	Date the license is no longer effective.	NUMBER	8	0	N
ID_NPI	National Provider Identifier	CHAR	10	0	N
NAME	Name as it appears on the license	CHAR	50	0	N
ADR_STREET_1	Address street 1 as it appears on the license.	CHAR	30	0	N
ADR_STREET_2	Address street line 2 as it appears on the license.	CHAR	30	0	N
ADR_CITY	Address city as it appears on the license.	CHAR	30	0	N
ADR_STATE	Address city as it appears on the license	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_ZIP_CDE	Address zip code as it appears on the license.	CHAR	5	0	N
ADR_ZIP_4	Address zip code 4 digit extension as it appears on the license	CHAR	4	0	N
NUM_SSN	The SSN or EIN of the Provider.	CHAR	9	0	N
CDE_STATUS1	The status of the license row, Active or Inactive (A or I).	CHAR	1	0	N
CDE_COUNTY	Code indicating the county the license is valid for.	VARCHAR2	10	0	N

2.13.84 T_PR_IDENTIFIER

Used to store all provider IDs.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider ID value	CHAR	15	0	Y
CDE_PROV_ID_TYPE	Type of Provider ID	CHAR	3	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_SHORT	Makes key unique	NUMBER	4	0	Y
DTE_PR_ID_EFF	Effective start date	NUMBER	8	0	N
DTE_PR_ID_END	Effective end date	NUMBER	8	0	N
CDE_PR_ID_END_RSN	Reason code for end dating the t_pr_identifier segment	CHAR	3	0	N
IND_DFLT_NPI_LOC	For NPI entries, indicates that this is the default service location for this NPI.	CHAR	1	0	N
IND_NPI_VERIFY	For NPI entries, indicates if this NPI has been validated with NPPES.	CHAR	1	0	N

2.13.85 T_PR_ID_END_RSN

Used to store the different provider ID end date reason codes.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PR_ID_END_RSN	Reason code for end dating the t_pr_identifier segment	CHAR	3	0	Y
DSC_PR_ID_END_RSN	Description of provider ID end date reason code	VARCHAR2	50	0	N

2.13.86 T_PR_ID_TYPE

Used to store the different types of provider IDs allowed.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_ID_TYPE	Type of Provider ID	CHAR	3	0	Y
DSC_PROV_ID_TYPE	Description of Provider ID type	VARCHAR2	50	0	N
QLF_PROV_ID_TYPE	ASC X12 qualifier value for this provider ID type	CHAR	2	0	N
IND_PR_ID_UNIQUE	Indicates if this type of provider ID can only be active for one provider service location for any specific date	CHAR	1	0	N
IND_PR_ID_AUTO	Indicates if this type of provider ID should be generated and not entered	CHAR	1	0	N
PRI_PR_ID_PRT	The provider ID type print priority	NUMBER	2	0	N
PRI_PR_ID_DSP	The provider ID type display priority	NUMBER	2	0	N
SRT_PR_ID_SEARCH	Indicates if this provider ID type should be displayed on the provider search window and the order in which to display it	NUMBER	1	0	N

2.13.87 T_PR_LABEL_CRIT

This entity shows the selection criteria for each run of the provider labels and reports.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PR_LABEL	Unique identifier for each run of the provider labels and reports.	NUMBER	9	0	Y
ID_PROVIDER_FROM	From value for PMP Label Request Provider ID Range.	CHAR	15	0	N
ID_PROVIDER_TO	To value for PMP Label Request Provider ID Range.	CHAR	15	0	N
CDE_TYPE_FROM	The beginning range of the provider types that have been requested for label generation	CHAR	2	0	N
CDE_TYPE_TO	This is the provider type that a provider is licensed for.	CHAR	2	0	N
CDE_PR_FROM_SPEC	From range for the provider specialty used to limit the report.	CHAR	3	0	N
CDE_PR_TO_SPEC	To range for the provider specialty used to limit the report.	CHAR	3	0	N
CDE_CNTY_FROM	From range for the provider county used to limit the report.	VARCHAR2	10	0	N
CDE_CNTY_TO	To range for the provider county used to limit the report.	VARCHAR2	10	0	N
ADR_ZIP_CODE_FROM	From range for the provider address zip code used to limit the report.	CHAR	5	0	N
ADR_ZIP_CODE_TO	To range for the provider address zip code used to limit the report.	CHAR	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_PGM	This is the system assigned key to the provider Contract under which Providers may be certified.	NUMBER	9	0	N
IND_MANAGE_CARE	Indicator that specifies what type of managed care providers are to be included in the list.	CHAR	1	0	N
IND_STATUS	Indicator that specifies what type of enrollment statuses is desired to be included in the list.	CHAR	1	0	N
IND_REPORT	Indicates if the criteria are for provider mailing labels or for the provider report list.	CHAR	1	0	N
IND_GRP_INDIV	Indicator which can be Group or Individual to limit the types of providers who have labels produced for them.	CHAR	1	0	N
CDE	Specifies the type of sort to be used for the label or list.	CHAR	1	0	N
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	N
ID_CLERK	The analyst who added or last update the label criteria.	CHAR	8	0	N
DTE_ADDED	The date the label criteria was added or last updated.	NUMBER	8	0	N
ADR_CITY	This is city from criteria.	CHAR	15	0	N

2.13.88 T_PR_LICENSE

This table contains a cross reference between the provider and the license.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	System assigned key for the provider's location	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LIC	System assigned key used to uniquely identify the license row.	NUMBER	9	0	Y
SAK_SHORT	This is the part of the key for the T_PR_HB_LIC that makes the record unique for different date ranges	NUMBER	4	0	Y
DTE_EFFECTIVE	Date the provider / license relationship becomes effective.	NUMBER	8	0	N
DTE_END	Date the provider / license relationship ends.	NUMBER	8	0	N

2.13.89 T_PR_LOC_NM_ADR

The Provider Location Name Address table is a cross reference table between the provider's location and his name and address.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
IND_ADDR_TYPE	A one character code that identifies the type of address.	CHAR	1	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_SHORT_ADDRESS	This field is the internal ID that uniquely identifies an occurrence of the address attribute.	NUMBER	4	0	N
SAK_SHORT_NAME	This field is an internal system assigned key that uniquely identifies an individual or institution's name.	NUMBER	4	0	N

2.13.90 T_PR_MCARE_BILL

A provider that is also enrolled in Medicare and has a Medicare billing provider number. A provider can have more than one billing number depending on if they are in a group and/or are a sole practitioner.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MEDICARE	Medicare number assigned by the government to the provider.	CHAR	10	0	Y
CDE_MCARE_TYPE	Medicare type, valid values are M (Medicare) and D (DMERC).	CHAR	1	0	Y
DTE_EFFECTIVE	The first date in which the Medicare number became effective.	NUMBER	8	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
DTE_END	The last date in which the Medicare number expires.	NUMBER	8	0	N

2.13.91 T_PR_NAM

The Provider Name table contains the names and titles of the providers.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_SHORT_NAME	This field is an internal system assigned key that uniquely identifies an individual or institution's name.	NUMBER	4	0	Y
NAME	This is the name associated with an organization or person.	CHAR	50	0	N
IND_NAME_TYPE	This is an indicator of whether a name is that of a person or an organization. The current valid values are: B - Business P - Personal Name	CHAR	1	0	N
NAM_TITLE	This field indicates the professional title of an individual.	CHAR	15	0	N
CDE_SOUNDEX	Identify the Oracle Soundex phonetic value.	CHAR	4	0	N

2.13.92 T_PR_OWNER

This is the table that contains the owners of a specific provider.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_OWNER	This is the unique identifier of the record on the owner table.	NUMBER	9	0	Y
SAK_SHORT	This is the system assigned key that makes this record unique.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
CDE_RELATION_TYPE	This is the code value of the relationships that a provider and owner can have.	CHAR	2	0	N
DTE_EFFECTIVE	This is the date that the ownership of the provider begins.	NUMBER	8	0	N
DTE_END	This is the date that the ownership of the provider ends.	NUMBER	8	0	N
NUM_PERCENT_OWNER	This is the percentage of ownership of the provider that the owner has.	NUMBER	3	2	N

2.13.93 T_PR_PAY_PULL

This is a table that contains payment pull requests. This is a list of providers that an individual or organization has requested to have the providers payments pulled for manual review. If there is a payment pull record on file for a provider that normally gets an EFT payment, the payment is converted to a paper check until the payment pull end date.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_SHORT	This is the system assigned key that makes the payment pull records unique.	NUMBER	4	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
CDE_PULL_REASON	This is the reason that a payment can be pulled for manual review.	CHAR	2	0	N
DTE_EFFECTIVE	This is the date that the payment pull becomes effective.	NUMBER	8	0	N
DTE_END	This is the date that the payment pull ends.	NUMBER	8	0	N
NAM_REQUESTOR	This is the name of the individual or organization that requested the payment to be pulled.	CHAR	50	0	N

2.13.94 T_PR_PHP_ELIG

The Provider Program Eligibility table is a cross-reference between the providers and the programs for which they are eligible.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
SAK_PROV_PGM	This is the system assigned key to the provider Contract under which Providers may be certified.	NUMBER	9	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	This is the effective date when the maximum recoupment amount takes effect.	NUMBER	8	0	N
DTE_END	This is the end date when the maximum recoupment amount ends.	NUMBER	8	0	N
DTE_INACTIVE	The date the segment was inactivated	DATE	0	0	N
CDE_ENROLL_STATUS	This is the letter assigned to the enrollment status description to uniquely identify it. Examples of valid values are: R=Retired, D=Deceased, M=Return Mail, I=Term by IFSSA, H=Term by HCFA, B=Term by HPB, and A=Active.	CHAR	1	0	N

2.13.95 T_PR_PHYS_ASST

This table associates physician providers with their assistants.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_PROV_LOC_ASST	System assigned key that uniquely identifies the provider assistant.	NUMBER	9	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
DTE_EFFECTIVE	Date that the assistant/physician relationship becomes effective.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END	Date that the assistant/physician relationship is no longer effective.	NUMBER	8	0	N

2.13.96 T_PR_PROV

The Provider table contains information about each Medicaid provider, including provider number, UPIN, review status and owner interest.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
NUM_UPIN	This is the universal provider identification number.	CHAR	6	0	N
IND_ON_REVIEW	This field indicates whether a provider is on review.	CHAR	1	0	N
IND_OWNER_INTEREST	This indicator denotes whether a provider has an ownership interest in another provider's business.	CHAR	1	0	N
CDE_GENDER	This identifies the gender of the provider. Current Valid Values: M = Male F = Female O = Organization N = N/A	CHAR	1	0	N
NUM_PROV_SSN	The Social Security Number of the Provider.	CHAR	9	0	N
DTE_BIRTH	The date of birth of the Provider.	NUMBER	8	0	N

2.13.97 T_PR_PROV_YTD_AMT

The year-to-date total counts and amounts for a provider at a specific location. These amounts are printed on the provider remittance advice.

Column Name	Description	Type	Length	Precision	Primary Key
PROV_BILLING	The sak of an individual provider for whom we are keeping track of activity for the current year.	NUMBER	9	0	Y
CDE_SERVICE_LOC	A code that indicates the location the provider is performing the services from.	CHAR	1	0	Y
DTE_CYCLE	The cycle date associated with the last update of the year-to-date record. This is the same as the issue date of the payment on t_check.	NUMBER	8	0	Y
SAK_FIN_SCHED	The system assigned key that identifies a unique financial schedule within the interChange financial subsystem.	NUMBER	9	0	Y
CNT_CLAIMS_PAID	The number of claims paid to an individual provider in the current year.	NUMBER	9	0	N
CNT_CL_PD_ADJ	The number of adjustments processed for an individual provider during the current year.	NUMBER	9	0	N
CNT_CL_DENIED	The number of claims denied for an individual provider during the current year.	NUMBER	9	0	N
TOTAL_AMT_PAID	The amount paid to an individual provider during the current year.	NUMBER	11	2	N
AMT_PAID_TOT_ADJ	The amount paid for adjustments to an individual provider during the current year.	NUMBER	10	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_PAID_ADMIN	The total amount paid to an individual provider for administrative fees during the current year.	NUMBER	10	2	N
AMT_PAID_CAP	The amount paid for capitation to an individual provider during the current year.	NUMBER	10	2	N
AMT_EXPENSE_TOT	The amount paid for non-claim payments to an individual provider during the current year.	NUMBER	10	2	N
AMT_CLAIM_OFFSET	The amount withheld from an individual provider's payments for the overpayment of previously submitted claims.	NUMBER	10	2	N
AMT_NONCLM_OFFSET	The amount withheld from an individual provider's payment for accounts receivable that were established for a reason other than an overpayment of a previous claim.	NUMBER	10	2	N
AMT_ADV_OFFSET	Amount withheld from an individual provider's payment due to accounts receivable established by an advance payment to the provider.	NUMBER	10	2	N
AMT_CLM_REFUND	Amount returned from an individual provider for claims that had previously been overpaid.	NUMBER	10	2	N
AMT_NONCLM_REFUND	Amount returned from an individual provider for a reason other than overpayment of claims.	NUMBER	10	2	N
AMT_CHCK_MANUAL	The amount paid to an individual provider outside of the weekly financial cycle.	NUMBER	10	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_CHCK_VOID	The amount an individual provider's 1099 are credited for due to a check that has never been cashed.	NUMBER	10	2	N
AMT_CLAIM_INTEREST	Amount of interest accumulated on a given provider's claims in the current year.	NUMBER	10	2	N
AMT_FICA	The amount of FICA accumulated by the provider and service location for this payment.	NUMBER	10	2	N
AMT_STATE_SHARE	The amount of State Share accumulated by the provider and service location for this payment.	NUMBER	10	2	N
AMT_BACKUP_WITHHLD	This is the amount of money that is being withheld for IRS Backup Withholding.	NUMBER	10	2	N
DTE_ISSUE	This is the issue date of the payment which the earnings are being reported.	NUMBER	8	0	N

2.13.98 T_PR_RATE

This table contains provider specific reimbursement rates that are used to price both professional and institutional claims. The rate type associated with a pricing method is used to determine which rate from this table is used in claims pricing. Rates included on this table are per diems, unit rates and percentages.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	System assigned key for the provider’s location	NUMBER	9	0	Y
SAK_SHORT	This is the system-assigned internal key that is 4 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	N
DTE_EFFECTIVE	The first date of service this rate is effective for this provider.	NUMBER	8	0	N
DTE_END	The last date of service this rate is effective for this provider.	NUMBER	8	0	N
AMT_RATE	The per unit, per diem, or flat rate amount for this provider.	NUMBER	9	2	N
PCT_RATE	The percentage amount for this provider.	NUMBER	7	3	N
DTE_ACTIVE	The processing date this rate is active for this provider.	DATE	0	0	N
DTE_INACTIVE	The processing date this rate is inactive for this provider.	DATE	0	0	N

2.13.99 T_PR_REVIEW

This table stores provider review data with effective dates. It contains a code indicating the type of review being performed, which often refers to the office that is conducting the review. This information does not affect claims; it is for information purposes only.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
CDE_REVIEW_TYPE	Code depicting the type of review or agency conducting the review.	CHAR	1	0	Y
SAK_SHORT	2 byte sequential number used to uniquely identify a row.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date the review began.	NUMBER	8	0	N
DTE_END	The date the review ends.	NUMBER	8	0	N

2.13.100 T_PR_RST_SVC

The Provider Restricted Services table contains the services that a provider is restricted to or from.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
CDE_STATUS1	Code that represents the status of the restricted service.	CHAR	1	0	N
DTE_EFFECTIVE	Effective date for an object. Used to signify the start of a span or period.	NUMBER	8	0	N
DTE_END	The date that something is no longer in effect.	NUMBER	8	0	N
CDE_POS	Place of medical assistance service code.	CHAR	2	0	N
CDE_CLM_TYPE	Value used to describe the type of Medicaid claim being processed.	CHAR	1	0	N
IND_IN_EXCLUDE	This field indicates whether the associated drug, revenue code, or procedure range is included or excluded from the billing restrictions for a provider.	CHAR	1	0	N
CDE_RST_TYPE	This field indicates the type of restriction that is being enforced for the NDC, revenue code or procedure code.	CHAR	1	0	N
CDE_RANGE_LOW	This field contains the low value in a range of generic drug, revenue, or procedure codes for which a restriction exists for a provider.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RANGE_HI	This field contains the high value in a range of drug, revenue, or procedure codes for which a restriction exists for a provider.	NUMBER	9	0	N
CDE_PROC_MOD	This is the first modifier code which supplies additional information about the procedure code	CHAR	2	0	N
CDE_REVIEW_REASON	Code depicting the reason a provider has been placed on review.	CHAR	1	0	N
CDE_REVIEW_TYPE	Code depicting the type of review or agency conducting the review.	CHAR	1	0	N

2.13.101 T_PR_RST_SVC_STATE

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
CDE_COUNTY	Member county to which the restriction applies.	VARCHAR	10	0	N
CDE_GENDER	Limitation to gender of member.	CHAR	1	0	N
NUM_AGE_FROM	Member from age limitation.	NUMBER	4	0	N
NUM_AGE_TO	Member to age limitation.	NUMBER	4	0	N

2.13.102 T_PR_SPEC

The specialized area of practice for a provider.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
CDE_PROV_TYPE	This is the provider type that a provider is licensed for.	CHAR	2	0	N
CDE_PROV_SPEC	A code representing the specialized area of practice for a provider.	CHAR	3	0	N
DTE_EFFECTIVE	The date the specialty of a provider becomes valid (effective).	NUMBER	8	0	N
DTE_END	The date the specialty of a provider is no longer valid.	NUMBER	8	0	N
CDE_PROV_SUBSPEC	A designation indicating the scope of practice or operations of the provider within a provider specialty.	CHAR	3	0	N

2.13.103 T_PR_SPEC_CDE

Valid provider specialties and their PA and Procedure inclusions or exclusions and whether this specialty is eligible as a Primary Medical Provider in managed care.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_SPEC	A code representing the specialized area of practice for a provider.	CHAR	3	0	Y
DSC_PROV_SPEC	Description associated with a provider specialty code.	CHAR	50	0	N
IND_PROC_IN_EXCLUD	Indicates whether the associated list of procedure codes is valid or invalid for the specialty.	CHAR	1	0	N

2.13.104 T_PR_STATE_AGENCY

This is a list of all the state agencies.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGENCY	This is the State Agency Code.	CHAR	2	0	Y
DSC_AGENCY	This is the description of the State Agency.	CHAR	50	0	N
CDE_BILLING	This is the code to indicate what type of state share the provider is. Valid Values: B - Bill back D - Deductible	CHAR	1	0	N

2.13.105 T_PR_STATE_SHARE

This is a table that contains the list of eligibility periods when the provider (schools, other agencies) are eligible for state share coverage. State Share is a process of paying other state agencies, such as DHS claims (payable to foster parents who have custody of children in the ward of the State), Department of Education claims (payable to public schools for immunizations, EPSDT exams, and so on), or any other state agency that the KyHealth Choices acts as an agent for. State Share goes on the same matching as the FMAP table, in Kentucky, roughly a 70/30 split. So on a normal claim (forget State Share) the Feds pay 70% and the State pays 30%. Well, on a State Share claim, the KyHealth Choices pays 70% and the other state agency pays the 30%. If they are "Bill Back" (see CDE_BILLING on T_PR_STATE_AGENCY), then the KyHealth Choices pays the entire claim and then their Finance department uses our bill back report from Financial to send an invoice of sorts to the other state agency. However, if they are "Deductible" then KyHealth Choices pays a school 70%, and the school has to collect the other 30% from the Department of Education, or whoever is responsible for the claim payment. KyHealth Choices determines if they are "Deductible" or "Bill Back" based on prior experience. If they are not timely in paying, or fail to pay, then they are switched to deductible. But if an agency guarantees payment, and are timely, then they are bill back. When an agency is bill back and they send money to the KyHealth Choices, it is deposited as a CCN in our system and goes to whatever fund code bucket the claims were originally paid out of.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_SHORT	This is the value that makes each record unique on this table.	NUMBER	4	0	Y
CDE_AGENCY	This is the State Agency Code responsible for the "share" portion of the claim payment.	CHAR	2	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	This is the effective date when the provider became active as a state share provider with the agency on this record.	NUMBER	8	0	N
DTE_END	This is the end date when the provider became active as a state share provider with the agency on this record.	NUMBER	8	0	N
QTY_AGE_FROM	This is the member age range start value.	NUMBER	3	0	N
QTY_AGE_TO	This is the member age range end value.	NUMBER	3	0	N

2.13.106 T_PR_SUMM_TBL_LIST

This table contains the list of audit tables that are used to create the Provider Change Summary report (PRV-0530-W). The sort order of the report is controlled via the NUM_SORT in the table for each audit table. The DSC_TABLE_NAME contains the text for the table definition that appears on the report.

Column Name	Description	Type	Length	Precision	Primary Key
NAM_TABLE_NAME	This is the audit table name that is used to look up the weekly information.	CHAR	50	0	Y
DSC_TABLE_NAME	This is the report description of the audit table.	CHAR	35	0	N
CDE_REPORTING	This field is used to report the information as an individual line item on the report or as a summary group. The valid values are "I" for individual listing and "O" for other/summary.	CHAR	1	0	N
NUM_SORT	This is the sort order that the report appears in.	NUMBER	4	0	N

2.13.107 T_PR_SURS_SPEC

This table holds provider SURS specialty codes for reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SHORT	This is the value on the table that makes the record unique.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
CDE_PROV_SPEC	A code representing the specialized area of practice for a provider.	CHAR	3	0	N
DTE_EFFECTIVE	This is the date that the SURs specialty became effective.	NUMBER	8	0	N
DTE_END	This is the date that the SURs specialty ends.	NUMBER	8	0	N

2.13.108 T_PR_SVC_CERT

This table holds provider certification information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_SHORT	This is the value that makes the certification code unique on this table.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
CDE_CERT_TYPE	This is the code value for the specific provider certifications.	CHAR	2	0	N
DTE_EFFECTIVE	This is the effective date of the provider certification information.	NUMBER	8	0	N
DTE_END	This is the end date of the provider certification information.	NUMBER	8	0	N

2.13.109 T_PR_SVC_LANG

This is the table that contains the list of languages spoken at a provider's service location.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SHORT	This is the field that makes the language record on the provider service location unique.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
CDE_LANGUAGE	This is the unique two character code for each language that the system tracks.	CHAR	3	0	N
DTE_EFFECTIVE	This is the effective date of the language segment for a specific provider service location.	NUMBER	8	0	N
DTE_END	This is the end date of the language segment for a specific provider service location.	NUMBER	8	0	N

2.13.110 T_PR_SVC_LOC

The service location identifies the various locations that a provider does business.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
CDE_COUNTY	Numeric representation of county in the state.	VARCHAR2	10	0	N
DTE_ARA_EFF	This field indicates the date that a provider became eligible to receive an automated remittance advice.	NUMBER	8	0	N
DTE_END_PAPER_RA	This date indicates when a provider stops receiving paper copies of the RA.	NUMBER	8	0	N
DTE_SUPPRESS_CHECK	This field indicates whether a provider is having their check suppressed or not.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_ECC_EFF	This is the date that a provider became eligible to submit claims electronically.	NUMBER	8	0	N
CDE_ORGANIZ	This code identifies the proprietary nature of a provider's practice. (1-Individual, 2-Partnership, 3-Corporation, and so on.)	CHAR	1	0	N
CDE_PEER_GROUP	This field indicates the peer group for a provider's service location.	CHAR	1	0	N
CDE_INDIAN_PROV	This identifies the type of Indian provider.	CHAR	1	0	N
IND_MASS_RATE_UPD	This is a Yes/No indicator to specify whether this provider receives mass rate updates.	CHAR	1	0	N
IND_INDIAN_MGDCARE	This is a Yes/No indicator to specify whether this provider is eligible to be an Indian Managed Care provider.	CHAR	1	0	N
IND_SUPPRESS_RA	Indicates whether the RA should be suppressed if the only thing there is to report on the RA is account receivables.	CHAR	1	0	N
IND_FICA	Indicates whether this service location should have FICA computed on it or not. The default is "No".	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PUB_PRIV	This indicator identifies whether a provider is a private or public organization/practice. Valid values are: B: Public V: Private	CHAR	1	0	N
IND_BILLER	Tells whether the service location can be used for billing claims. Valid value are Y = YES and N = No.	CHAR	1	0	N
IND_HEALTHCARE	Indicates if item is healthcare related	CHAR	1	0	N

2.13.111 T_PR_SVC_LOC_STATE

This table stores Kentucky specific fields related to a provider service location.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
NUM_FYE_MONTH	Month in which the provider's fiscal year end occurs.	CHAR	2	0	N
CDE_OOS	Code indicating the Out of State categorization to be used in pricing.	CHAR	1	0	N
CDE_CONTACT_PREF	Provider's contact preference - Electronic, Paper, or Fax.	CHAR	1	0	N
IND_PAPER_ALLOW	Indicates if Pharmacy provider is allowed to bill on paper media. Valid values are Y = YES (Paper media allowed) and N = No (POS only)	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_ELEC_BILLER	Indicates this provider has notified KMAA of the desire to bill electronically and has filled out the proper form with KMAA. (Y for Yes, N for No)	CHAR	1	0	N
IND_EXEMPT_DEACTIV	Indicates a provider is to be exempted from the "No Claim Activity" deactivation process.	CHAR	1	0	N

2.13.112 T_PR_TAXONOMY

Indicates the taxonomies a provider uses when billing a claim or being submitted as the rendering provider on a claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_TAXONOMY	This is the system assigned key for the taxonomy code.	NUMBER	9	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
DTE_EFFECTIVE	The date this taxonomy becomes valid for this provider (effective).	NUMBER	8	0	N
DTE_END	The date this taxonomy is no longer valid for this provider.	NUMBER	8	0	N
IND_PRIMARY	Indicates if this is the primary taxonomy associated with this provider	CHAR	1	0	N

2.13.113 T_PR_TAXONOMY_CDE

This is the provider taxonomy code table. It holds all valid taxonomy codes and their descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_TAXONOMY	This is the system assigned key for the taxonomy code.	NUMBER	9	0	Y
CDE_TAXONOMY	This is the 10 character taxonomy code.	CHAR	10	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_TAXONOMY	This is the description of the taxonomy code.	CHAR	100	0	N

2.13.114 T_PR_TAX_ID

This table indicates the tax identification number to be used for reporting purposes. This may be either a Social Security Number or Federal Employer Identification Number. This table also contains the effective dates for a given tax ID.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
DTE_EFFECTIVE	Effective date for an object. Used to signify the start of a span or period.	NUMBER	8	0	N
DTE_END	The date that something is no longer in effect.	NUMBER	8	0	N
NUM_TAX_ID	This is the tax identification number assigned to a provider by the Internal Revenue Service.	CHAR	9	0	N
IND_TAX_ID_TYPE	This field indicates whether the tax ID is a social security number or an FEIN.	CHAR	1	0	N
IND_TAX_ID_EXEMPT	This field indicates whether the corresponding tax id field contains an EXEMPT number or not. The valid values are Y = Tax Exempt and N = Not Tax Exempt.	CHAR	1	0	N

2.13.115 T_PR_TITLE_CODE

Indicates the professional title assigned to the license, for example, Physician.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TITLE	Professional title	CHAR	15	0	Y
DSC_TITLE	Professional Title Description	CHAR	50	0	N

2.13.116 T_PR_TXN

This table contains the Provider Enrollment input transactions.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PR_TXN	Unique system generated key used to track this transaction.	NUMBER	9	0	Y
NUM_KMAA_TXN	Transaction ID on the incoming transaction.	NUMBER	9	0	N
NUM_KMAA_PR_ID	Provider ID on txn as defined by FIQM.	NUMBER	9	0	N
CDE_TXN	Transaction code (Update or Add) on the input transaction.	CHAR	1	0	N
DTE_TXN	System date and time the transaction is received by interChange.	DATE	0	0	N
DSC_COMPLETE_TXN	The complete input transaction xml record.	VARCHAR2	4000	0	N

2.13.117 T_PR_TXN_ERROR

This table contains the errors encountered while processing a particular Provider Enrollment transaction.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PR_TXN	Unique system generated key used to track this transaction.	NUMBER	9	0	Y
CDE_TXN_ERROR	Code used to identify the error.	CHAR	7	0	Y

2.13.118 T_PR_TXN_ERROR_CDE

This table contains the list of valid Provider Enrollment error codes and descriptions that may occur when processing the enrollment transaction.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TXN_ERROR	Code used to identify the error.	CHAR	7	0	Y
DSC_TXN_ERROR	Description of the error code.	VARCHAR2	100	0	N

2.13.119 T_PR_TXN_RESP

This table contains the Provider Enrollment response transactions.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PR_TXN	Unique system generated key used to track this transaction.	NUMBER	9	0	Y
NUM_KMAA_TXN	Transaction ID on the incoming transaction.	NUMBER	9	0	N
NUM_KMAA_PR_ID	Provider ID on txn as defined by FIQM.	NUMBER	9	0	N
ID_PROVIDER	interChange created Provider Medicaid Id returned on the response transaction.	CHAR	15	0	N
SAK_PROV_LOC	System assigned key for the provider's location	NUMBER	9	0	N
DTE_TXN	System date and time the response is transmitted by interChange.	DATE	0	0	N
DSC_COMPLETE_TXN	The complete response transaction xml record.	VARCHAR2	4000	0	N

2.13.120 T_PR_TYPE

Indicates the type of services the provider is licensed to render.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
CDE_PROV_TYPE	Type that a provider is licensed for.	CHAR	2	0	N
NUM_PROV_LIC	A provider license number.	CHAR	10	0	N
CDE_PROV_SPEC_PRIM	This field contains the provider specialty which is the main focus of the provider's practice. Each provider type must have a primary specialty and the primary specialty must be one of the provider's existing specialties.	CHAR	3	0	N

2.13.121 T_PR_TYPE_CDE

Indicates all valid Provider Types.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_TYPE	Type that a provider is licensed for.	CHAR	2	0	Y
DSC_PROV_TYPE	Description associated with a provider type code.	CHAR	50	0	N
IND_LVL_CARE	Indicates whether the corresponding provider type requires a level of care segment or not.	CHAR	1	0	N
IND_PEER_GROUP	Indicates whether the corresponding provider type requires a peer group or not.	CHAR	1	0	N
IND_LICENSE_REQD	Indicates whether the corresponding provider type requires a license.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_GROUP	When used on this table, this attribute indicates whether a provider type is only valid for a group. A value of 'Y' indicates that a member of a group may not be assigned the corresponding provider type.	CHAR	1	0	N
IND_COPAY	This field indicates whether this provider type is set up for copay or not. The valid values are 'Y' (Yes) and 'N' (No).	CHAR	1	0	N

2.13.122 T_PR_TYPE_SPEC

Indicates the specialties which are acceptable under a specific provider type.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_TYPE	This is the provider type that a provider is licensed for.	CHAR	2	0	Y
CDE_PROV_SPEC	A code representing the specialized area of practice for a provider.	CHAR	3	0	N
SAK_TAXONOMY	This is the system assigned key for the taxonomy code.	NUMBER	9	0	N
IND_HEALTHCARE	Indicates if item is healthcare related	CHAR	1	0	N

2.13.123 T_PR_YTD_AMT_HIST

The history of year-to-date total counts and amounts for a provider at a specific location. These amounts for years prior to the current year and are maintained for historical purposes.

Column Name	Description	Type	Length	Precision	Primary Key
PROV_BILLING	The sak of an individual provider for whom we are keeping track of activity for the current year. This is the same as the issue date of the payment on t_check.	NUMBER	9	0	Y
CDE_SERVICE_LOC	A code that indicates the location the provider is performing the services from.	CHAR	1	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_CYCLE	The last cycle date the year-to-date information for this provider and service location were updated.	NUMBER	8	0	Y
SAK_FIN_SCHED	The system assigned key that identifies a unique financial schedule within the interChange financial subsystem.	NUMBER	9	0	Y
CNT_CLAIMS_PAID	The number of claims paid to an individual provider in the current year.	NUMBER	9	0	N
CNT_CL_PD_ADJ	The number of adjustments processed for an individual provider during the current year.	NUMBER	9	0	N
CNT_CL_DENIED	The number of claims denied for an individual provider during the current year.	NUMBER	9	0	N
TOTAL_AMT_PAID	The amount paid to an individual provider during the current year.	NUMBER	11	2	N
AMT_PAID_TOT_ADJ	The amount paid for adjustments to an individual provider during the current year.	NUMBER	10	2	N
AMT_PAID_ADMIN	The total amount paid to an individual provider for administrative fees during the current year.	NUMBER	10	2	N
AMT_PAID_CAP	The amount paid for capitation to an individual provider during the current year.	NUMBER	10	2	N
AMT_EXPENSE_TOT	The amount paid for non-claim payments to an individual provider during the current year.	NUMBER	10	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_CLAIM_OFFSET	The amount withheld from an individual provider's payments for the overpayment of previously submitted claims.	NUMBER	10	2	N
AMT_NONCLM_OFFSET	The amount withheld from an individual provider's payment for accounts receivable that were established for a reason other than an overpayment of a previous claim.	NUMBER	10	2	N
AMT_ADV_OFFSET	Amount withheld from an individual provider's payment due to accounts receivable established by an advance payment to the provider.	NUMBER	10	2	N
AMT_CLM_REFUND	Amount returned from an individual provider for claims that had previously been overpaid.	NUMBER	10	2	N
AMT_NONCLM_REFUND	Amount returned from an individual provider for a reason other than overpayment of claims.	NUMBER	10	2	N
AMT_CHCK_MANUAL	The amount paid to an individual provider outside of the weekly financial cycle.	NUMBER	10	2	N
AMT_CHCK_VOID	The amount an individual provider's 1099 are credited for due to a check that has never been cashed.	NUMBER	10	2	N
AMT_CLAIM_INTEREST	The amount of interest on claims accumulated by the provider and service location this year.	NUMBER	10	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_FICA	The amount of FICA accumulated by the provider and service location for this payment.	NUMBER	10	2	N
AMT_STATE_SHARE	The amount of State Share accumulated by the provider and service location for this payment.	NUMBER	10	2	N
AMT_BACKUP_WITHHLD	This is the amount of money that is being withheld for IRS Backup Withholding.	NUMBER	10	2	N
DTE_ISSUE	This is the issue date of the payment which the earnings are being reported.	NUMBER	8	0	N

2.13.124 T_PUB_HLTH_PGM

This entity represents the Benefit or Assignment plans defined within a Financial Payer supported by the system. A member is enrolled in one or more of these plans based on the criteria established by the Financial Payer. The Benefit Plan lists the services for which the member is eligible to receive. A specific service may be subject to different rules and restrictions under different Benefit Plans. An Assignment plan is a generalization of the traditional Lockin concept. A member may be assigned to a provider or provider organization in order to receive certain services. These services must be provided or, in some cases, referred by the assigned provider. The services may be reimbursed on a fee for service or capitation basis. The provider may be compensated for acting as a gate keeper in some instances.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PUB_HLTH	System assigned internal key for a member plan.	NUMBER	9	0	Y
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	N
CDE_PGM_HEALTH	Identifies the medical assistance program that is supported in the system.	CHAR	5	0	N
DSC_PGM_HEALTH	Describes the medical assistance program.	VARCHAR2	50	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_PGM_DEFINITION	Text definition of program describing who is eligible and what types of services are provided.	VARCHAR2	4000	0	N
CDE_TYPE_PLAN	This is the type of plan. There are two types of Plans. For Benefit Plans, the value in this column is 'BNFT'. For Assignment Plans, the value in this column is 'ASGN'.	CHAR	4	0	N
IND_RECIP_ONLY	Yes/No indicator used to identify programs that are used for recipient enrollment only. No services are covered by the program.	CHAR	1	0	N
IND_MAJOR_PGM	Yes/No indicator used to identify a program is a major program. A major program is a program that can stand alone. The program needs no other program. A major program can not be combined with any other major program.	CHAR	1	0	N
IND_STAND_ALONE	Yes/No indicator used to identify a program is a stand alone program. A stand alone program can only stand by itself. No other program can exist.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_CT_EDITING	The IND_CT_EDITING attribute indicates what type of claim type to program editing is to be performed. If the indicator is set to 'N' (none), no claim type to program editing is performed. If the indicator is set to 'I' (include), only the claim types listed are billable for the specified program. If the indicator is set to 'E' (exclude), the claim types listed are not billable for the specified program.	CHAR	1	0	N
IND_COPAY	Yes/No indicator used to identify programs that qualify for copay calculations during claims payment determination.	CHAR	1	0	N
IND_DUAL	Yes/No indicator used to identify a program is a Dual program. A dual program is a program that can either stand alone or with another major/dual program.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_HIER_ID_BNFT	This is another system assigned identifier that is used to identify a hierarchy thread that contains this benefit plan within a Payer. This column contains only positive values when the CDE_TYPE_PLAN is equal to 'BNFT'. Otherwise the value of this column is zero. The value is maintained as an ascending sequence of numbers starting with 1. There is a sequence for each payer. So Payer 1 may have values 1, 2, 3; and Payer 2 might have values 1, 2, 3, 4.	NUMBER	9	0	N
NUM_HIER_ID_ASGN	This is another system assigned identifier that is used to identify a hierarchy thread that contains this assignment plan. This column contains only positive values when the CDE_TYPE_PLAN is equal to 'ASGN'. Otherwise the value of this column is zero. The value is maintained as an ascending sequence of numbers starting with 1. There is a sequence for each payer. So Payer 1 may have values 1, 2, 3; and Payer 2 might have values 1, 2, 3, 4.	NUMBER	9	0	N
DTE_EFFECTIVE	The date the claim type to program restriction becomes effective for use in claims editing.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END	The last date the claim type to program restriction is effective for use in claims editing.	NUMBER	8	0	N
DTE_INACTIVE	This is the date this row becomes inactive. For new claims the system date is compared to this date. If the system date is greater than or equal to this date, the row is not used to process the claim.	DATE	0	0	N

2.13.125 T_RTS_INFO

Contains information about cash receipts or claim adjustment requests that need to be returned to the sender.

Column Name	Description	Type	Length	Precision	Primary Key
SAK	System assigned key that identifies either a cash receipt number (CCN) or claim adjustment (ICN).	NUMBER	9	0	Y
CDE	Indicates whether the system assigned key is cash receipts (check related 'C') or an adjustment request (non-check related 'A' or 'P'). 'A' indicates that provider mailing address is used; 'P' indicates that address keyed on RTS is used.	CHAR	1	0	Y
CDE_REASON_FOUR	Indicates the reason the request (check or non-check related) is being returned to the sender. This code helps determine which letter format to produce.	CHAR	4	0	N
SAK_ADDRESS	System assigned key that uniquely identifies the address of the sender a return letter should be generated for. For cash receipts this is an optional field; provider number is stored on cash receipt. For adjustments, this is required.	NUMBER	9	0	N
IND	Field to indicate whether a letter has been written for the return to sender cash receipt.	CHAR	1	0	N
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
CDE_SERVICE_LOC	Suffix added to the provider number to identify the various locations that a provider does business.	CHAR	1	0	N

Quality Assurance & Audits 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	
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1 Introduction

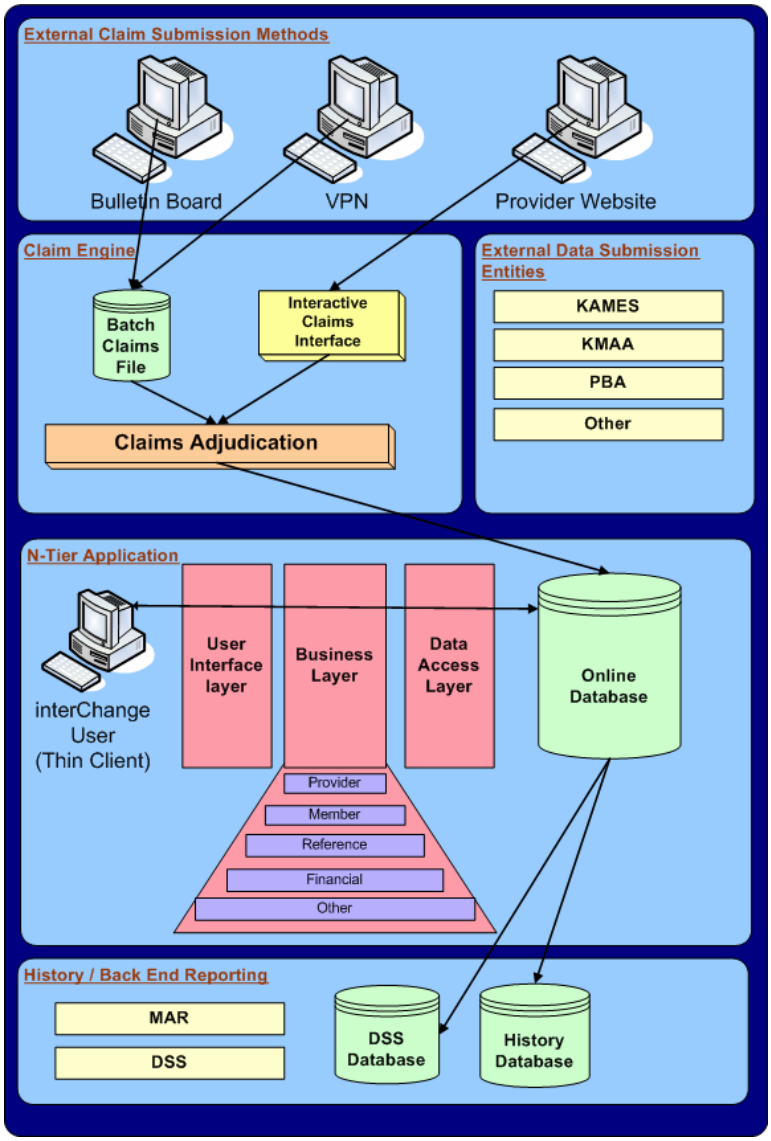
This document provides the Quality Assurance and Audits (QAA) Detailed System Design (DSD). The DSD validates the design process and approach to solution, and identifies those items as specified in the Kentucky MMIS (KY MMIS) Request for Proposal (RFP) and as specified by Kentucky Medicaid.

2 Quality Assurance and Audits Detailed System Design

2.1 System Flow

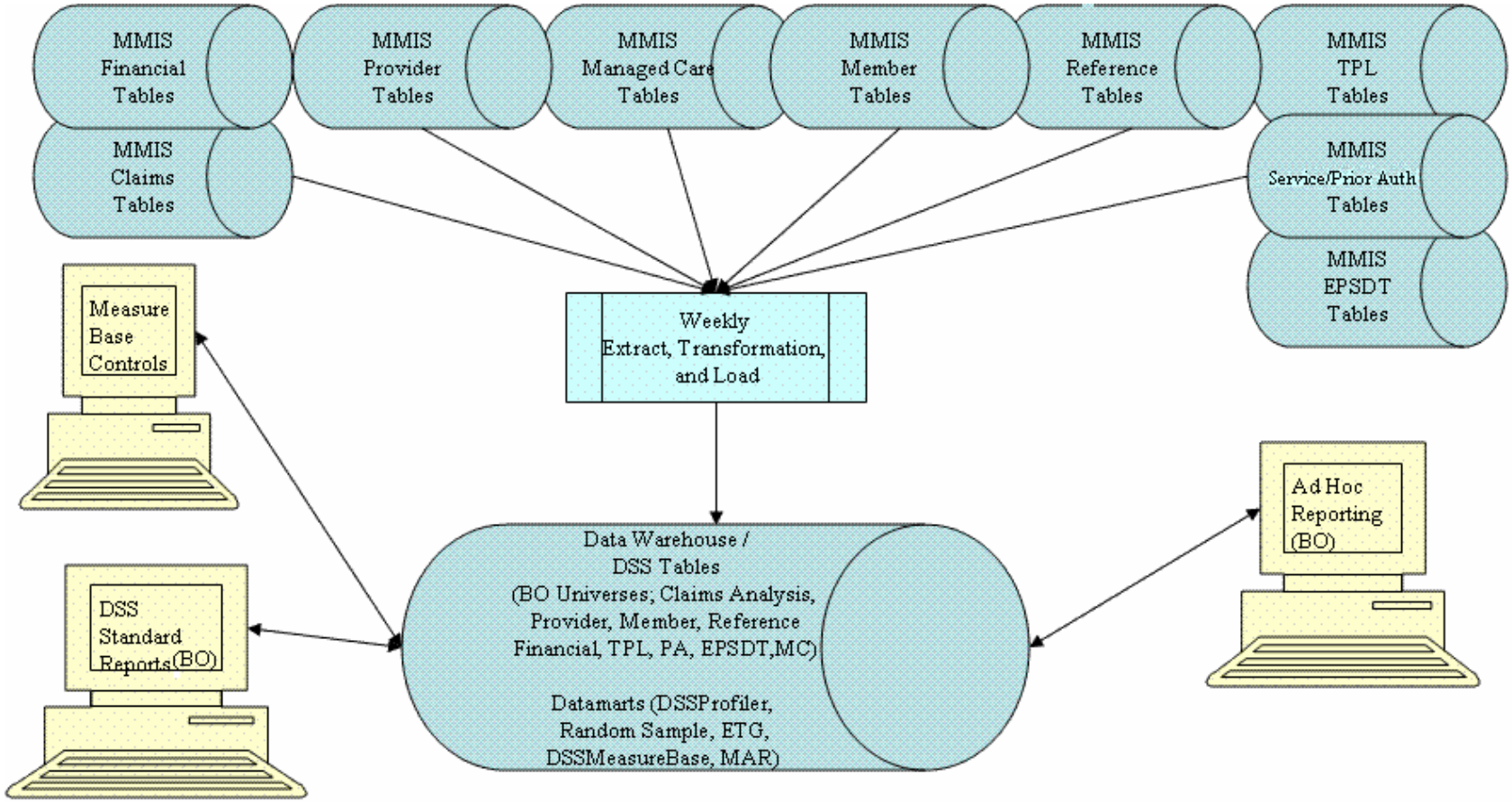
2.1.1 interChange System Architecture

The system is logically divided into four primary components: Claims engine, User Interface, Batch, and the History and Back End Reporting. The Claims engine is responsible for receiving interactive transactions from external sources, adjudicating them, and returning the appropriate response. The User Interface is an N-tier application providing segregated and loosely coupled presentation, business logic, and data logic layers. The user interface provides access to the online subsystem functions through a thin client, the web browser. The Batch component is responsible for maintaining and reporting on data contained within the online database. The History and Back End reporting component is responsible for analyzing, reporting, and supporting the management of the activities that have occurred in the two front end systems. The system interfaces with a variety of data sources which influence processing within the system. The External data submission entities are organizations that supply information to the Medicaid Management Information System (MMIS).


External Claim Submission Methods
Bulletin Board
VPN
Provider Website
Claim Engine
Batch Claims File
Interactive Claims Interface
Claims Adjudication
External Data Submission Entities
KAMES
KMAA
PBA
Other
N-Tier Application
interChange User (Thin Client)
User Interface layer
Business Layer
Data Access Layer
Online Database
Provider
Member
Reference
Financial
Other
History / Back End Reporting
MAR
DSS
DSS Database
History Database

2.1.2 System Flow

Quality Assurance and Audits input/output processing is depicted in the following diagram in a production context.



2.1.3 Database Roadmap

The base interChange source code resides in a repository that is shared for all implementations going live in 2006 and later. At present, that includes Connecticut, Alabama, Oregon, Florida, Wisconsin, and Kentucky. This shared repository resides on the DSSCSUN0 server.

The shared code base (AKA Single Source) has its own workbook which is for EDS internal use. This workbook has information about future direction of the application, shared projects and other issues of interest to any interChange implementation. When an issue impacts Kentucky, the TFAL replicates the information in the KY workbook. The database for the shared workbook is CFDOCP1.

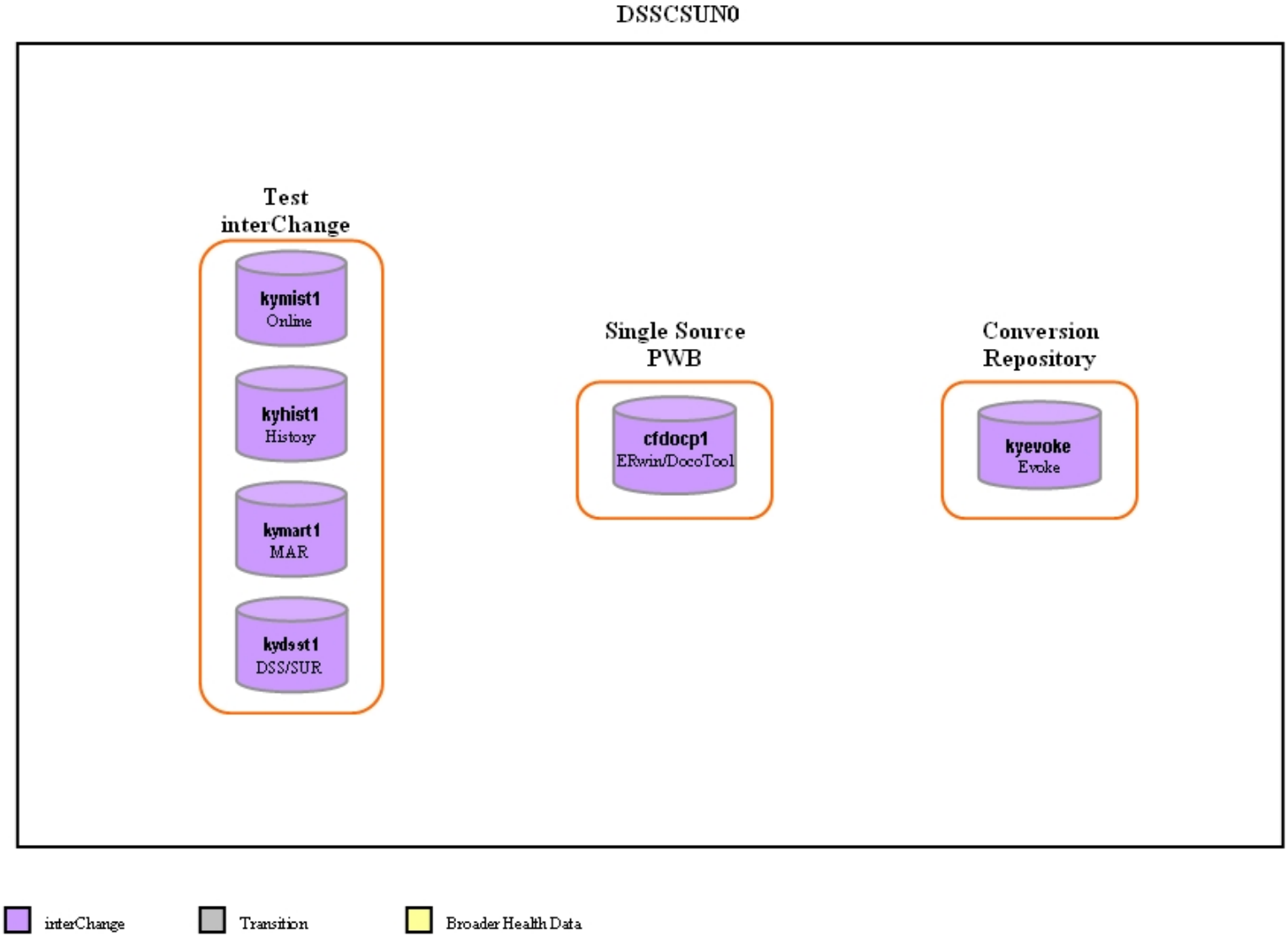
For performance and Disaster Recovery (DR) purposes, all fully adjudicated claims over a week old are moved from the online database (KYMIST1) to the history database (KYHIST1).

The following diagram illustrates these repositories.

For readability, the diagram displays on the next page.

Kentucky MMIS Databases

Single Source Server



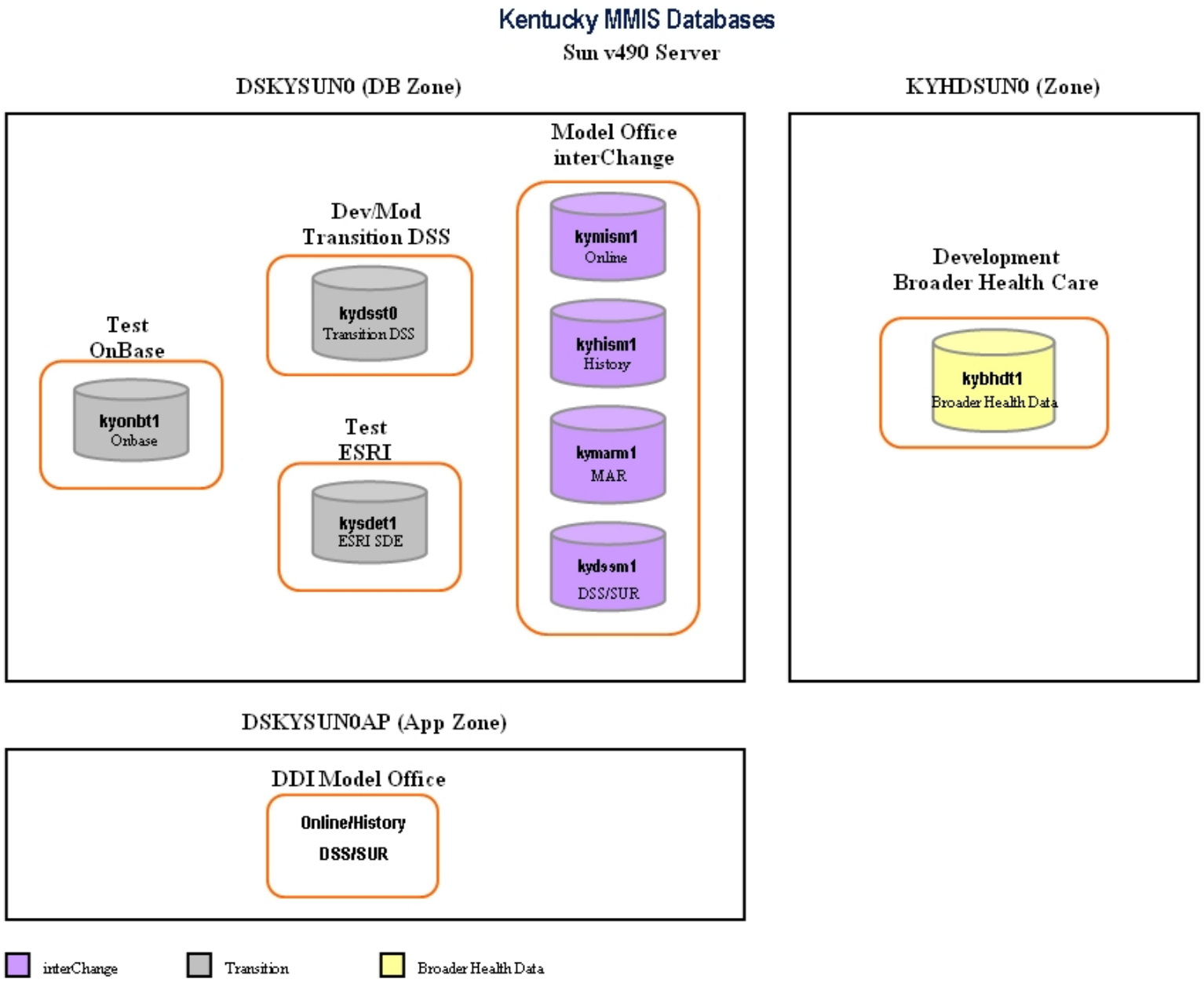
The SUN V90 server (depicted in the diagram on the next page) is primarily a model office server. However, some development is being done on this server for Transition DSS. A "Zone" is a new feature of Solaris 10. Each zone is a "Virtual Machine". The DSKYSUN0 zone has the model office databases for OnBase (KYONBT1), Transition DSS (KYDSST0), and ESRI (KYSDET1) and the interChange model office databases including online, history, MAR, and Decision Support System (DSS) (and SUR).

The Broader Health Database (KYBHDT1) and associated applications when created will be given their own virtual environment (KYHDSUN0) on this server.

All DDI programs run in the DSKYSUN0AP zone which is separate from the databases.

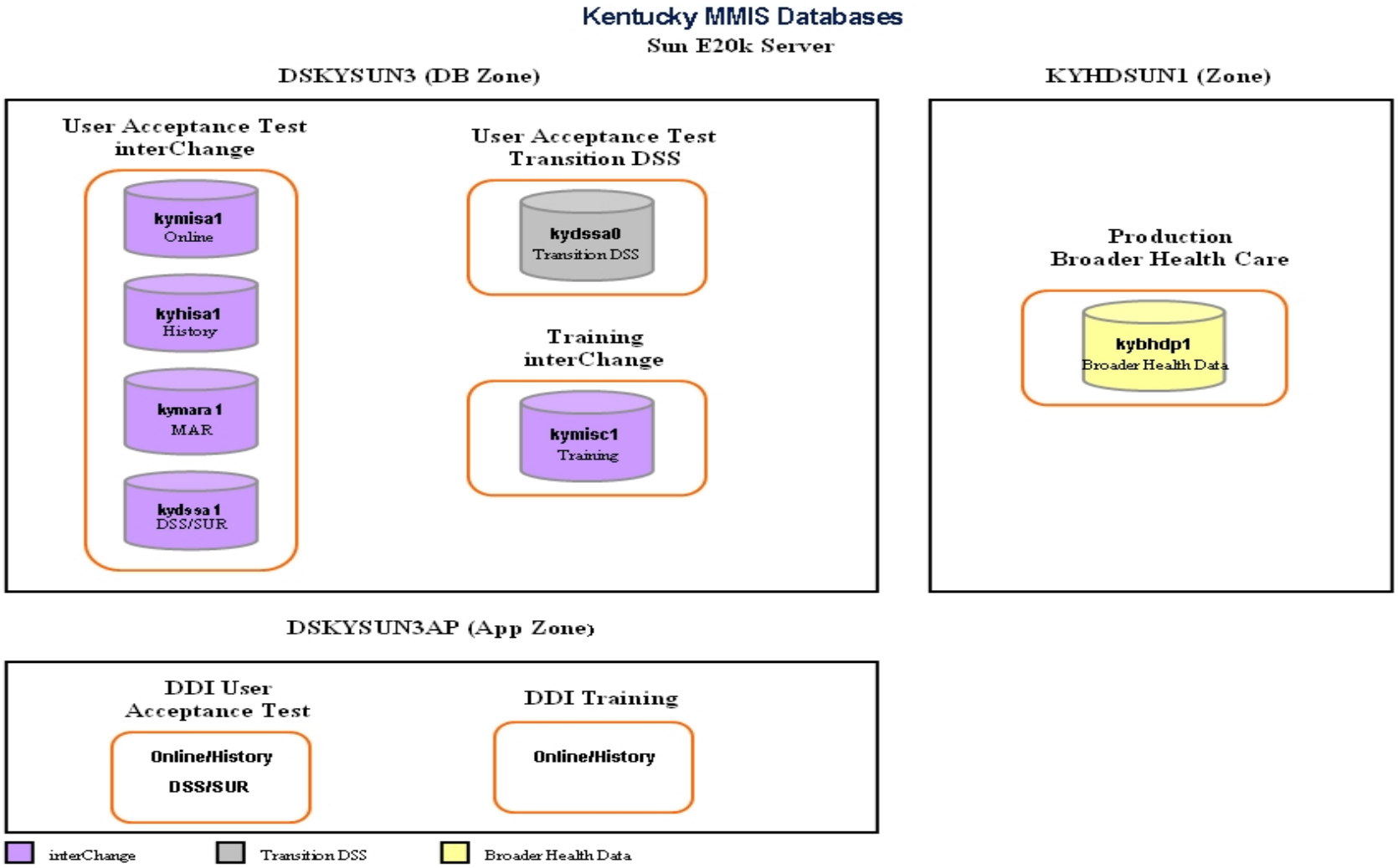
After interChange goes live and the transition DSS is no longer required, the DSKYSUN0 zone will be removed and resources reallocated as needed to other Kentucky zones.

For readability, the diagram displays on the next page.


Kentucky MMIS Databases
Sun v490 Server
DSKYSUN0 (DB Zone)
KYHDSUN0 (Zone)
Model Office
interChange
kymism1
Online
kyhism1
History
kymarm1
MAR
kydssm1
DSS/SUR
Dev/Mod
Transition DSS
kydsst0
Transition DSS
Test
OnBase
kyonbt1
Onbase
Test
ESRI
kysdet1
ESRI SDE
Development
Broader Health Care
kybhdt1
Broader Health Data
DSKYSUN0AP (App Zone)
DDI Model Office
Online/History
DSS/SUR
interChange
Transition
Broader Health Data

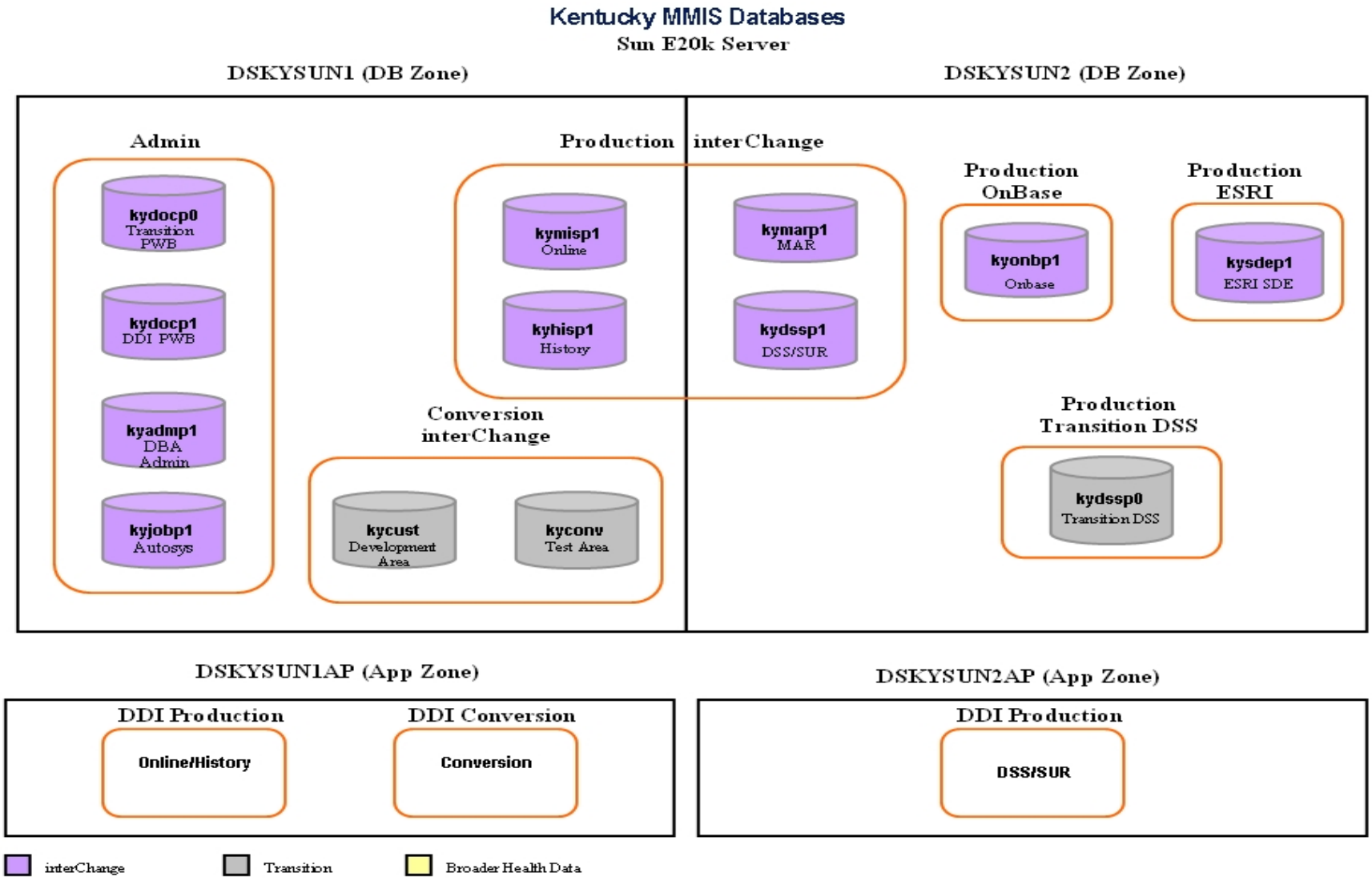
DSKYSUN3 (depicted in the diagram on the next page) holds the acceptance test and training database for interChange. The production Broader Health database and applications run in the KYHDSUN1 zone. All DDI user acceptance test applications run in the DSKYSUN3AP zone.

When transition is not longer needed, the DSKYSUN3 zone will be renamed DSKYSUN3DB.



The DSKYSUN1 zone contains the production interChange databases. This includes kymisp1 and kyhisp1 as well as the workbook, autosys and conversion databases.

The DSKYSUN2 zone contains the production DSS, MAR (and SUR), OnBase and ESRI database as well as the Transition DSS.



2.2 Subsystem Description

2.2.1 Introduction to Quality Assurance and Audits

The interChange Quality Assurance and Audit (QAA) function which is part of the Decision Support System/Data Warehouse (DSS/DW) subsystem provides access to Kentucky's interChange Medicaid Management Information System (KY MMIS) data for use in evaluating MMIS processing.

The DSS/DW is an Oracle 10g Relational Database Management System (RDBMS) database which is accessed through the BusinessObjects XI application for query and report development. Within BusinessObjects, data models that show the relationships among individual elements are created by functional area.

These data models are referred to as "Universes". The BusinessObjects "Universes" remove the need for technical knowledge to develop and run queries against the MMIS data within the system.

To simplify the development of queries, data elements are given practical names and logically grouped for easy selection. Use of common Windows-like features, such as drag and drop, help to quickly develop queries and gain access to the desired data. Through the DSS/DW, users of all experience levels can generate reports ranging from simple queries to more complex reporting and data analysis.

2.2.1.1 Business Process Flow/Narrative for Quality Assurance and Audit

This section of the document provides a high level narrative overview of the Quality Assurance and Audit functionality. The DSS/DW used for QAA combines specialized tools and processes to make enterprise data easily accessible for ad hoc query and reporting, and for producing regularly scheduled sampling reports.

Capitation, encounter, fee for service claims, and other MMIS data are included in the DSS/DW so that previously separate subject areas can be combined and formatted into reports by both novice and power users. Through the DSS/DW statistically valid random sample process, QAA loads claims samples to the Random Sample Universe.

BusinessObjects reporter creates the monthly sampling reports. The random sample process is initiated and accessed through browser-based windows from the data warehouse Web site. Through this Web site, users can specify if they want to sample claims for adjudicated claims, providers, or members, and they can specify the date ranges and other filter conditions such as specific claim types or code values.
The results from the sample are stored in the data warehouse where the results can be reported on summary Web screens or from QAA reports generated through the data warehouse. The DSS/DW is comprised of programs and processes to extract data from the interChange MMIS and store it in an Oracle database accessed by BusinessObjects.

The following tools and functionality are included in the DSS/DW:

- High performance data storage and access using Oracle with partitioning option;
- Pre-built BusinessObjects Universes that provide a completely documented semantic layer allowing non-technical users to understand the data and build complex optimized queries to access it; and,

- The BusinessObjects tool suite for reporting, environment control, and monitoring, consisting of these components:
  - Reporter - builds queries and format advanced reports and graphs;
  - Designer - builds universes that document the data and define how it is accessed;
  - CMC - defines various levels of users and the data, reports, and functions to which they have access;
  - Commonwealth of Kentucky – MMIS Quality Assurance & Audits General System Design;
  - Scheduler - automates the running of periodic reports and large ad hoc queries at off-peak times;
  - InfoView - provides a Web-based common access point and report library to system; and,
  - Components and pre-built reports.

2.3 Processes

2.3.1 Quality Assurance and Audits Processes

The interChange Decision Support System (DSS)/Data Warehouse provides Quality Assurance and Audit (QAA) capabilities and offers ease of use and access to a comprehensive database.

Using the integrated tools through a single entry point, access is provided to the data needed to make program decisions quickly and effectively. The Data Warehouse provides predefined and ad hoc reports, in addition to the ability to design and share queries. The interChange DSS/Data Warehouse also allows refinement of the extracted data. This function is accomplished by accessing reports and providing the capability to use other applications, such as a statistical analysis tool like SPSS or a geographical analysis tool like ESRI.

Connected via	Connected to	Source	Destination
QAA Standard Reports (BusinessObjects)	Commonwealth Users	X	
Ad Hoc Reporting	Commonwealth Users	X	
Random Sample Process (QAA)	DSS Data Warehouse		X

2.3.2 DSS – QAA

QAA through the DSS/Data Warehouse provides integrated tools through a single entry point. The interChange DSS/Data Warehouse provides predefined and ad hoc reports, in addition to the ability to design and share queries. The interChange Data Warehouse also allows extracted data to be continually refined.

The BusinessObjects tool suite for reporting, environment control, and monitoring, consists of these components:

- Reporter to build queries and format advanced reports and graphs;
- Designer to build universes that document the data and define how it is accessed;
- CMC to define various levels of users and the data, reports, and functions to which they have access;
- Scheduler to automate the running of periodic reports and large ad hoc queries at off-peak times; and,
- Info View to provide a web based common access point and report library to system components and pre-built reports.

The interChange Data Warehouse QAA capabilities use the following:

- DSSNavigator/InfoView -A common access point and report library to system components and pre-built reports; and,

- Predefined Reports - Fully integrated predefined reports specifically designed to help users get answers quickly and help organize the vast stores of detailed data into meaningful reports.

A more detailed overview of these two functions is provided in the following sections.

2.3.2.1 DSSNavigator/InfoView

The BusinessObjects InfoView application is a component of the user interface tool suite that serves as the central welcome page for the Data Warehouse. InfoView is the central location for viewing standard reports or running on-demand reports. From here the various functions available in the DSS/Data Warehouse can be accessed.

The following table includes a list of windows associated with DSSNavigator/InfoView for the Quality Assurance and Audit subsystem

Technical Name	Title	Type
DSSNavigator – Corporate Documents	DSSNavigator - Corporate Documents	Window
DSSNavigator – Corporate Documents Expanded	DSSNavigator - Corporate Documents Expanded	Window
DSSNavigator - Login Window	DSSNavigator - Login Window	Window
DSSNavigator – Welcome Window	DSSNavigator - Welcome Window	Window

2.3.2.2 Predefined Reports

The primary user interface for the interChange DSS solution is BusinessObjects. Through this tool, the core Data Warehouse tables and the specialized data marts are created to provide a large selection of predefined reports. These reports are specifically designed to help provide answers quickly and to help organize the vast stores of detailed data into meaningful reports.

The report library contains the predefined reports which are grouped by subject area to allow for easy organization and location of reports. Some of the reports are prompted, allowing the user to enter an effective date range and identification number, thus making the reports flexible and focused.

A predefined report can be copied and modified, such as adding a column on the report, or changing the sort order to meet a specific need. The predefined reports are more than just presentations of data. They also serve as a template for the development of other related reports.

Technical Name	*Title*	*Type*
QAA CM Prescribed Drugs	*QAA-CM Prescribed Drugs*	*Report*
QAA Claims Monitoring-Hospital Services	*QAA Claims Monitoring-Hospital Services*	*Report*

Technical Name	Title	Type
QAA Claims Monitoring-Hospital Svcs-Detail	QAA Claims Monitoring-Hospital Svcs-Detail	Report
QAA Contract Monitoring Diagnosis Display	QAA Contract Monitoring Diagnosis Display	Report
QAA Contract Monitoring Kentucky MMIS Claims Details	QAA Contract Monitoring Kentucky MMIS Claims Details	Report
QAA Contract Monitoring Member TPL Resources	QAA Contract Monitoring Member TPL Resources	Report
QAA Contract Monitoring PRO Review Display	QAA Contract Monitoring PRO Review Display	Report
QAA Contract Monitoring Procedure Drug Display	QAA Contract Monitoring Procedure Drug Display	Report
QAA Contract Monitoring Sample Summary	QAA Contract Monitoring Sample Summary	Report
QAA Contract Monitoring UR Medical Criteria	QAA Contract Monitoring UR Medical Criteria	Report
QAA Provider Information Sheets	QAA Provider Information Sheets	Report
QAA-CM Crossover Services	QAA-CM Crossover Services	Report
QAA-CM Hospital Services	QAA-CM Hospital Services	Report
QAA-CM Long Term Care Services	QAA-CM Long Term Care Services	Report
QAA-CM Other Services	QAA-CM Other Services	Report
QAA-CM Procedure Drug Display-2	QAA-CM Procedure Drug Display-2	Report
QAA-Member Eligibility Listing	QAA-Member Eligibility Listing	Report

2.3.2.3 DSS Ad Hoc Query Tools

Ad hoc query tools include the report library, ad hoc reporting, and the batch query capability. Within BusinessObjects, data models that show the relationships among individual elements are created by functional area. These data models are referred to as "Universes". The BusinessObjects "Universes" remove the need for technical knowledge to develop and run queries against the MMIS data within the system. To simplify the development of queries, data elements are given practical names and logically grouped for easy selection. Common Windows-like features, such as drag and drop, can be used to quickly develop queries and gain access to the desired data. Through the DSS/DW users of all experience levels can generate reports ranging from simple queries to more complex reporting and data analysis.

2.3.2.4 Report Library

The BusinessObjects InfoView serves as the central location for standard reports available for viewing or running on-demand reports. The reports are organized by subject area. Through this library of reports, access is provided to the query and reporting tool and the reports scheduling tool.

Users can link to multiple functions within the interChange DSS/Data Warehouse solution, such as the link to open reports from the corporate documents location. Additionally, users can elect to review reports sent to them in their private inbox, launch the BusinessObjects application, or access the report scheduling function through this interface.

2.3.2.5 Ad Hoc Reporting

The primary user interface for the interChange Data Warehouse solution is the BusinessObjects query and reporting tool. This tool, when combined with the interChange Data Warehouse data structures, provides the capability to run ad hoc queries. The interChange Data Warehouse uses Claims/Encounters, Provider, Member, Reference, TPL, and Service/Prior Authorization database structures. Through BusinessObjects report viewing and ad hoc requests are immediate.

2.3.2.6 Report Formatting Capabilities

The ad hoc report returns and the results and trends can be displayed in charts, graphs, or tabular form. This is a help for the reviewers to interpret the data. The reporting tool allows the combination of tables, charts, and other application objects into a single report. The system furnishes the capability to perform the following:

- Create bar charts, pie charts, stacked and side-by-side bar charts, single and multiple line charts, three-dimensional graphs, tree graphs, probability plots, and other common graphical presentation methods;
- Customize the attributes of charts, including the orientation, legends, intervals, and scaling;
- Import, export, and manipulate data files with spreadsheet and database management tools, such as Microsoft Excel and Access;
- Manipulate the font style and size of text or numbers;
- Edit, shadow, mirror, highlight, or change axes; and,
- Print gray scale, patterns, and symbols.

2.3.2.7 Batch Query Capability

Reports may be scheduled through the BusinessObjects Broadcast Scheduler Server. This capability is typically used for scheduling a report on a defined basis, such as monthly or weekly. It is also used to run a report overnight so it is ready for review first thing the next morning. When a request is completed through BusinessObjects Scheduler, it can be automatically distributed to a defined distribution list and provide notification to the user that the report is ready for review.

2.3.2.8 Random Sample

The QAA sample for the QAA standard report is produced monthly using the DSS Random Sample process. The Random Sample Universe and the various Support Universes (Reference, Provider, Member, etc.) are used to create the QAA Standard reports. The Random Sample process may also be run whenever additional samples are needed.

The windows described below, detailed in the Windows Documentation section for Surveillance Utilization Review System (SURS), are used to create the QAA sample and the SURS Random Sample reports.

Use the **Random Sample - 1 – Request Information** window to generate a random sample of paid Claims/Encounters for a Provider, Member, or month of paid claims. Use this first tab to configure the basic information for the request such as the Provider/Member, dates, and the sample size. Other tabs described later in this document include information on filtering the request.

Use the **Random Sample - 2 – Request Filters** window to select specific filter criteria to limit the results of the random sample. Restrict Claim/Encounter information by entering a range of values for the following fields:

- Procedure Code;
- Diagnosis;
- Place Of Service;
- Member Aid Category;
- Therapeutic Class;
- Claim Type;
- Category Of Service;
- ICN;
- PA#;
- Benefit Plan;
- Lock in Indicator;
- Brand Certification; and
- Provider Specialty.

The user may Add/Change/Delete from the list of filter condition codes.

The **Random Sample - 3 – Request Log** window allows the user to view the status of their Random Sample requests. A batch process executes the Random Sample requests and stores the results in a table for the user to view. This window is the main entry point to request a status.

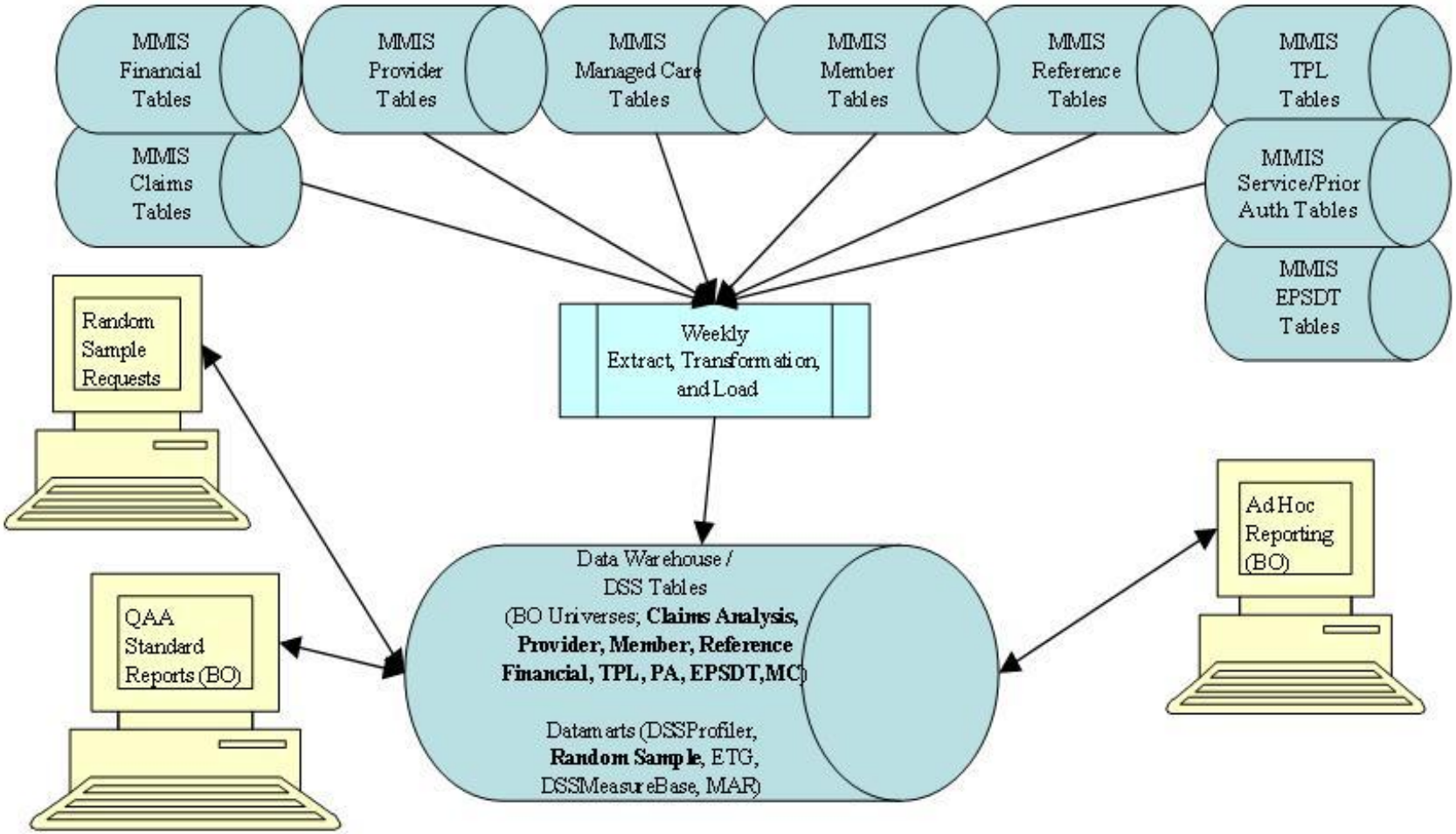
The **Random Sample - 4 – Request Result** window displays the detail Claim/Encounter results of the Random Sample. The user can view the ID, ICN, Detail Number, Warrant Date, Date of Service, Billed Amount, and Paid Amounts. Hyperlinks are available to access more claim information if desired, by clicking on the Detail Number column heading.

The **Random Sample - 5 – ID Listing** window displays a list of unique Providers or Members from the Random Sample results.

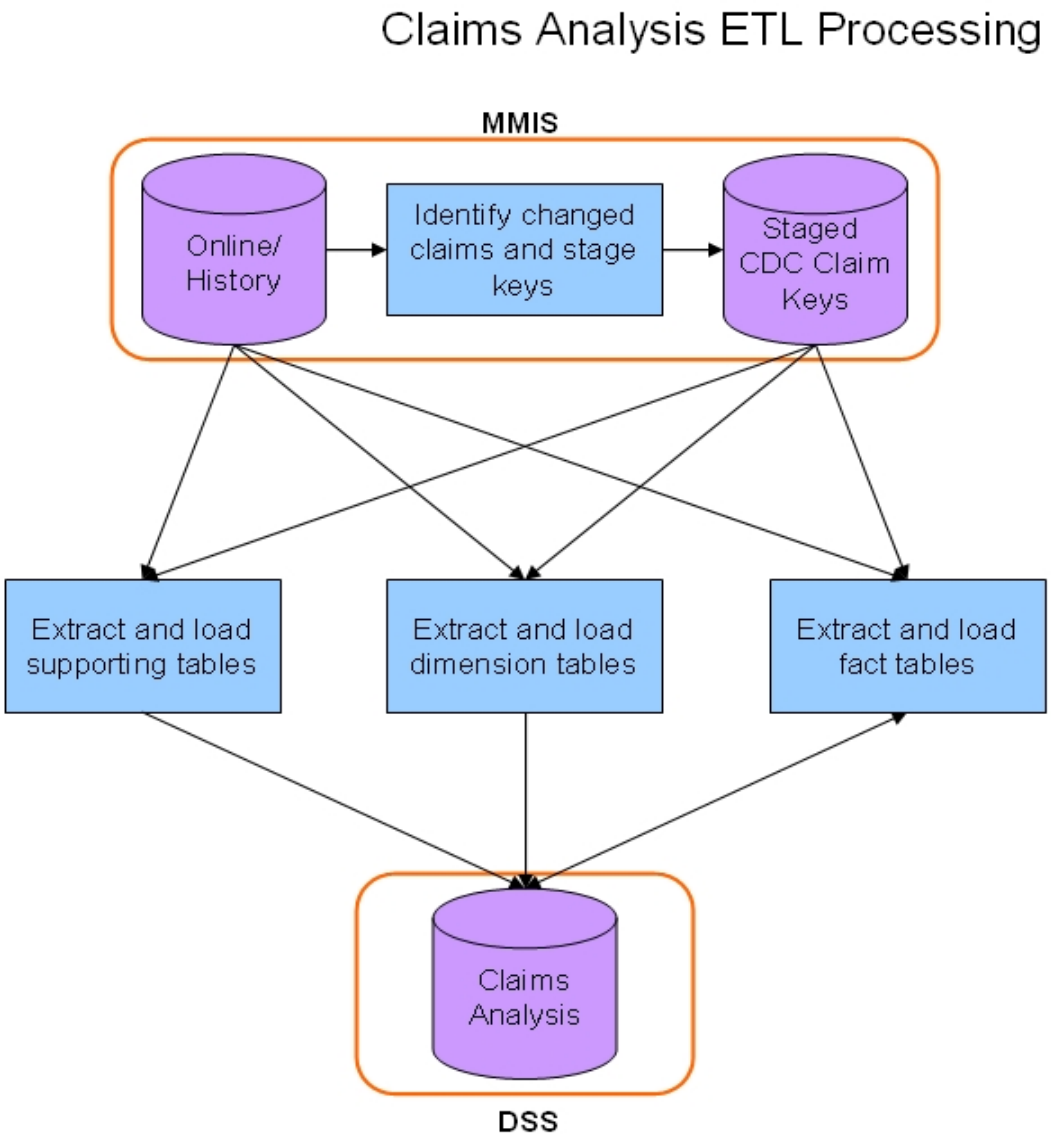
The **Random Sample - six –Claim Detail** displays pertinent information about a particular detail of a specific Claim/Encounter.

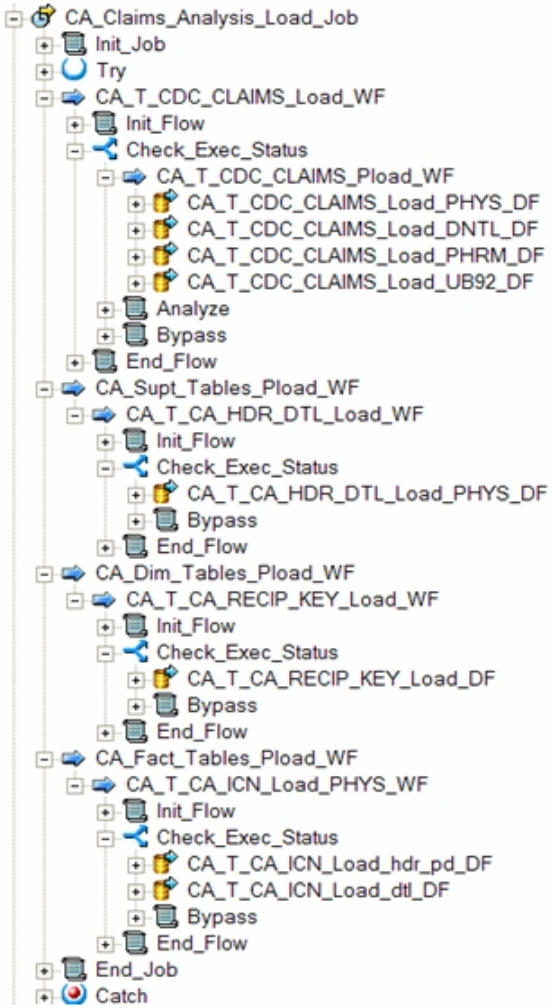
2.4 Data Model

The following data model gives a view of the primary entities within the QAA functional area.



2.4.1 Claims Analysis ETL Processing Overview





2.4.2 Claims Analysis Table Overview

Production..Production DSS_MAR_SUR -- Display1 / Data Warehouse.ClaimsAnalysis

Claims Analysis

T_CA_TIME_KEY

SAK_TIME_KEY: NUMBER(9) NOT NULL

DTE_CLAIM: DATE NOT NULL
DTE_WEEK: NUMBER(6) NOT NULL
DTE_MO: NUMBER(6) NOT NULL
DTE_QTR: NUMBER(6) NOT NULL
DTE_CY: NUMBER(4) NOT NULL
DTE_SFY: NUMBER(4) NOT NULL
DTE_FFY: NUMBER(4) NOT NULL
DAY_OF_WEEK: NUMBER(4) NOT NULL

T_CA_ICN

SAK_CLAIM: NUMBER(9) NOT NULL
PERF_PROV_KEY: NUMBER(9) NOT NULL
REFER_PROV_KEY: NUMBER(9) NOT NULL
BILL_PROV_KEY: NUMBER(9) NOT NULL
SUBM_PROV_KEY: NUMBER(9) NOT NULL
FAC_PROV_KEY: NUMBER(9) NOT NULL
SURG_PROV_KEY: NUMBER(9) NOT NULL
CLAIM_KEY: NUMBER(9) NOT NULL
RECIP_KEY: NUMBER(9) NOT NULL
DOS_TIME_KEY: NUMBER(9) NOT NULL
PAID_TIME_KEY: NUMBER(9) NOT NULL
AMT_BILLED: NUMBER(10,2) NOT NULL
AMT_ALWD: NUMBER(10,2) NOT NULL
AMT_REIMBURSED: NUMBER(10,2) NOT NULL
AMT_PAID: NUMBER(10,2) NOT NULL
AMT_STATE_SHARE: NUMBER(10,2) NOT NULL
AMT_FEDERAL_SHARE: NUMBER(10,2) NOT NULL
AMT_ENCOUNTER: NUMBER(10,2) NOT NULL
AMT_TPL: NUMBER(10,2) NOT NULL
AMT_CO_PAY: NUMBER(10,2) NOT NULL
AMT_PAT_LIAB: NUMBER(10,2) NOT NULL
AMT_MCARE_PAID: NUMBER(10,2) NOT NULL
AMT_PD_MCO: NUMBER(10,2) NOT NULL
CNT_CLAIMS_PAID: NUMBER(9) NOT NULL
CNT_CLAIMS_DENIED: NUMBER(9) NOT NULL
QTY_UNITS_BILLED: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD: NUMBER(9,2) NOT NULL
NUM_DAYS_COVD: NUMBER(9) NOT NULL
NUM_DAYS_NCOVD: NUMBER(9) NOT NULL
SAK_RECIP: NUMBER(9) NOT NULL
NUM_RECIP_AGE: NUMBER(4) NOT NULL
NUM_DTL: NUMBER(4) NOT NULL
BUDGET_YR: NUMBER(4) NOT NULL
DTE_BILLED: DATE NOT NULL
DTE_PAID: DATE NOT NULL
DTE_FIRST_SVC: DATE NOT NULL
DTE_LAST_SVC: DATE NOT NULL
DTE_ADMISSION: DATE NOT NULL
DTE_DISCHARGE: DATE NOT NULL
DTE_BIRTH: DATE NOT NULL
NUM_ICN: CHAR(13) NOT NULL
ID_MEDICAID: CHAR(12) NOT NULL
CDE_RELATION: CHAR(1) NOT NULL
NUM_ADJ_ICN: CHAR(13) NOT NULL
CDE_PROC_PRIM: CHAR(6) NOT NULL
CDE_MODIFIER_1: CHAR(2) NOT NULL
CDE_MODIFIER_2: CHAR(2) NOT NULL
CDE_MODIFIER_3: CHAR(2) NOT NULL
CDE_MODIFIER_4: CHAR(2) NOT NULL
CDE_NDC: CHAR(11) NOT NULL
CDE_DIAG_PRIM: CHAR(7) NOT NULL
CDE_DIAG_2: CHAR(7) NOT NULL
CDE_DIAG_3: CHAR(7) NOT NULL
CDE_DIAG_4: CHAR(7) NOT NULL
CDE_DRG: CHAR(4) NOT NULL
CDE_TYPE_OF_BILL: CHAR(3) NOT NULL
NUM_PRIOR_AUTH: CHAR(10) NOT NULL
CDE_DTL_STATUS: CHAR(1) NOT NULL
ID_CLERK: CHAR(8) NOT NULL
IND_ACCIDENT: CHAR(1) NOT NULL
IND_PRICING: CHAR(1) NOT NULL
NUM_CASE: CHAR(10) NOT NULL
NUM_CHECK: CHAR(9) NOT NULL
IND_REF_EPSDT: CHAR(1) NOT NULL
IND_REF_FAM_PLAN: CHAR(1) NOT NULL
IND_STERILIZATION: CHAR(1) NOT NULL
IND_HYST: CHAR(1) NOT NULL
CDE_EMERGENCY: CHAR(1) NOT NULL
IND_ABORTION: CHAR(1) NOT NULL
CDE_ABORTION: CHAR(1) NOT NULL
CDE_STERILIZATION: CHAR(3) NOT NULL
CDE_CLM_TYPE: CHAR(1) NOT NULL
CDE_PROV_TYPE_BILL: CHAR(2) NOT NULL
CDE_PROV_SPEC_BILL: CHAR(3) NOT NULL
CDE_PROV_TYPE_PERF: CHAR(2) NOT NULL
CDE_PROV_SPEC_PERF: CHAR(3) NOT NULL
CDE_ADJ_VOID: CHAR(1) NOT NULL
IND_MNGD_HLTH: CHAR(1) NOT NULL
IND_RESTRICT_LI: CHAR(1) NOT NULL
IND_CLAIM: CHAR(1) NOT NULL
IND_LATEST_CLM: CHAR(1) NOT NULL
CNT_CLAIMS_CORR: NUMBER(9) NOT NULL
CNT_CLAIMS_OVRD: NUMBER(9) NOT NULL
CNT_CLAIMS_TPL: NUMBER(9) NOT NULL
CNT_CLAIMS_ERRORS: NUMBER(9) NOT NULL
SAK_COPAY_TYPE: NUMBER(9) NOT NULL

T_CA_CLAIM_KEY

CLAIM_KEY: NUMBER(9) NOT NULL

CDE_CLM_TYPE: CHAR(1) NOT NULL
CDE_DTL_STATUS: CHAR(1) NOT NULL
CDE_ADJ_VOID: CHAR(1) NOT NULL
CDE_CLM_REGION: CHAR(2) NOT NULL
CDE_POS: CHAR(2) NOT NULL
CDE_PGM_HEALTH: CHAR(5) NOT NULL
CDE_SOURCE: CHAR(2) NOT NULL
CDE_FUND_CODE: CHAR(2) NOT NULL
CDE_COS_ST: CHAR(2) NOT NULL
CDE_COS_SUB: CHAR(2) NOT NULL
IND_CLAIM: CHAR(1) NOT NULL
IND_CARRIER_DENIED: CHAR(1) NOT NULL
DSC_CLM_TYPE: VARCHAR2(50) NOT NULL
DSC_CLM_STATUS: VARCHAR2(50) NOT NULL
DSC_REGION: VARCHAR2(50) NOT NULL
DSC_POS: VARCHAR2(50) NOT NULL
DSC_PGM_HEALTH: VARCHAR2(50) NOT NULL
DSC_SOURCE: CHAR(50) NOT NULL
DSC_FUND_CODE: CHAR(50) NOT NULL
DSC_COS: CHAR(50) NOT NULL

T_CA_HDR_DTL_DN

SAK_CLAIM: NUMBER(9) NOT NULL

CDE_REVENUE_1: CHAR(4) NOT NULL
CDE_PROC_1: CHAR(6) NOT NULL
AMT_ALWD_1: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_1: NUMBER(9,2) NOT NULL
CDE_REVENUE_2: CHAR(4) NOT NULL
CDE_PROC_2: CHAR(6) NOT NULL
AMT_ALWD_2: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_2: NUMBER(9,2) NOT NULL
CDE_REVENUE_3: CHAR(4) NOT NULL
CDE_PROC_3: CHAR(6) NOT NULL
AMT_ALWD_3: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_3: NUMBER(9,2) NOT NULL
CDE_REVENUE_4: CHAR(4) NOT NULL
CDE_PROC_4: CHAR(6) NOT NULL
AMT_ALWD_4: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_4: NUMBER(9,2) NOT NULL
CDE_REVENUE_5: CHAR(4) NOT NULL
CDE_PROC_5: CHAR(6) NOT NULL
AMT_ALWD_5: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_5: NUMBER(9,2) NOT NULL
CDE_REVENUE_6: CHAR(4) NOT NULL
CDE_PROC_6: CHAR(6) NOT NULL
AMT_ALWD_6: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_6: NUMBER(9,2) NOT NULL
CDE_REVENUE_7: CHAR(4) NOT NULL
CDE_PROC_7: CHAR(6) NOT NULL
AMT_ALWD_7: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_7: NUMBER(9,2) NOT NULL
CDE_REVENUE_8: CHAR(4) NOT NULL
CDE_PROC_8: CHAR(6) NOT NULL
AMT_ALWD_8: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_8: NUMBER(9,2) NOT NULL
CDE_REVENUE_9: CHAR(4) NOT NULL
CDE_PROC_9: CHAR(6) NOT NULL
AMT_ALWD_9: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_9: NUMBER(9,2) NOT NULL
CDE_REVENUE_10: CHAR(4) NOT NULL
CDE_PROC_10: CHAR(6) NOT NULL
AMT_ALWD_10: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_10: NUMBER(9,2) NOT NULL
CDE_REVENUE_11: CHAR(4) NOT NULL
CDE_PROC_11: CHAR(6) NOT NULL
AMT_ALWD_11: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_11: NUMBER(9,2) NOT NULL
CDE_REVENUE_12: CHAR(4) NOT NULL
CDE_PROC_12: CHAR(6) NOT NULL
AMT_ALWD_12: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_12: NUMBER(9,2) NOT NULL
CDE_REVENUE_13: CHAR(4) NOT NULL
CDE_PROC_13: CHAR(6) NOT NULL
AMT_ALWD_13: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_13: NUMBER(9,2) NOT NULL
CDE_REVENUE_14: CHAR(4) NOT NULL
CDE_PROC_14: CHAR(6) NOT NULL
AMT_ALWD_14: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_14: NUMBER(9,2) NOT NULL
CDE_REVENUE_15: CHAR(4) NOT NULL
CDE_PROC_15: CHAR(6) NOT NULL
AMT_ALWD_15: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_15: NUMBER(9,2) NOT NULL
CDE_REVENUE_16: CHAR(4) NOT NULL
CDE_PROC_16: CHAR(6) NOT NULL
AMT_ALWD_16: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_16: NUMBER(9,2) NOT NULL
CDE_REVENUE_17: CHAR(4) NOT NULL
CDE_PROC_17: CHAR(6) NOT NULL
AMT_ALWD_17: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_17: NUMBER(9,2) NOT NULL
CDE_REVENUE_18: CHAR(4) NOT NULL
CDE_PROC_18: CHAR(6) NOT NULL
AMT_ALWD_18: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_18: NUMBER(9,2) NOT NULL
CDE_REVENUE_19: CHAR(4) NOT NULL
CDE_PROC_19: CHAR(6) NOT NULL
AMT_ALWD_19: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_19: NUMBER(9,2) NOT NULL
CDE_REVENUE_20: CHAR(4) NOT NULL
CDE_PROC_20: CHAR(6) NOT NULL
AMT_ALWD_20: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_20: NUMBER(9,2) NOT NULL
CDE_REVENUE_21: CHAR(4) NOT NULL
CDE_PROC_21: CHAR(6) NOT NULL
AMT_ALWD_21: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_21: NUMBER(9,2) NOT NULL
CDE_REVENUE_22: CHAR(4) NOT NULL
CDE_PROC_22: CHAR(6) NOT NULL
AMT_ALWD_22: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_22: NUMBER(9,2) NOT NULL
CDE_REVENUE_23: CHAR(4) NOT NULL
CDE_PROC_23: CHAR(6) NOT NULL
AMT_ALWD_23: NUMBER(9,2) NOT NULL
QTY_UNITS_ALWD_23: NUMBER(9,2) NOT NULL
DTE_PAID: DATE NOT NULL

T_CA_RECIP_KEY

RECIP_KEY: NUMBER(9) NOT NULL

CDE_RECIP_COUNTY: VARCHAR2(10) NOT NULL
CDE_RACE: CHAR(2) NOT NULL
CDE_ETHNIC: CHAR(2) NOT NULL
CDE_SEX: CHAR(1) NOT NULL
CDE_LIV_ARNG: CHAR(2) NOT NULL
CDE_STATE_REGION: CHAR(1) NOT NULL
CDE_AID_CATEGORY: CHAR(2) NOT NULL
CDE_LEVEL_OF_CARE: CHAR(3) NOT NULL
SAK_AGE_GROUP: NUMBER(9) NOT NULL
DSC_RECIP_COUNTY: VARCHAR2(25) NOT NULL
DSC_RACE: VARCHAR2(100) NOT NULL
DSC_ETHNIC: VARCHAR2(50) NOT NULL
DSC_SEX: VARCHAR2(20) NOT NULL
DSC_LIV_ARNG: VARCHAR2(50) NOT NULL
DSC_STATE_REGION: CHAR(15) NOT NULL
DSC_AID_CATEGORY: CHAR(50) NOT NULL
DSC_LEVEL_OF_CARE: CHAR(100) NOT NULL
DSC_AGE_GROUP: CHAR(15) NOT NULL

T_CA_PROV_KEY

PROV_KEY: NUMBER(9) NOT NULL

SAK_PROV: NUMBER(9) NOT NULL
SAK_PROV_LOC: NUMBER(9) NOT NULL
ID_PROVIDER_BASE: CHAR(15) NOT NULL
ID_PROVIDER_NPI: CHAR(15) NOT NULL
ID_PROVIDER_MCAID: CHAR(15) NOT NULL
NAM_PROVIDER: CHAR(50) NOT NULL
NAM_TITLE: CHAR(15) NOT NULL
IND_NAME_TYPE: CHAR(1) NOT NULL
ID_PROVIDER_PREV: CHAR(15) NOT NULL
CDE_PROV_TYPE_PRIM: CHAR(2) NOT NULL
CDE_PROV_SPEC_PRIM: CHAR(3) NOT NULL
NUM_TAX_ID: CHAR(9) NOT NULL
IND_TAX_ID_TYPE: CHAR(1) NOT NULL
NUM_PROV_LIC: CHAR(10) NOT NULL
CDE_TAXONOMY: CHAR(10) NOT NULL
ADR_SVC_STRT1: CHAR(30) NOT NULL
ADR_SVC_STRT2: CHAR(30) NOT NULL
ADR_SVC_CITY: CHAR(15) NOT NULL
ADR_SVC_STATE: CHAR(2) NOT NULL
ADR_SVC_ZIP: CHAR(5) NOT NULL
ADR_SVC_ZIP4: CHAR(4) NOT NULL
ADR_SVC_PHONE: CHAR(10) NOT NULL
ADR_SVC_PHO_EXT: CHAR(4) NOT NULL
ADR_SVC_LATITUDE: NUMBER(11,6) NOT NULL
ADR_SVC_LONGITUDE: NUMBER(11,6) NOT NULL
ADR_BILL_STRT1: CHAR(30) NOT NULL
ADR_BILL_STRT2: CHAR(30) NOT NULL
ADR_BILL_CITY: CHAR(15) NOT NULL
ADR_BILL_STATE: CHAR(2) NOT NULL
ADR_BILL_ZIP: CHAR(5) NOT NULL
ADR_BILL_ZIP4: CHAR(4) NOT NULL
ADR_BILL_PHONE: CHAR(10) NOT NULL
ADR_BILL_PHO_EXT: CHAR(4) NOT NULL
ADR_BILL_LATITUDE: NUMBER(11,6) NOT NULL
ADR_BILL_LONGITUDE: NUMBER(11,6) NOT NULL
CDE_ORGANIZATION: CHAR(1) NOT NULL
PRI_PROV_ID_TYPE_PRT: CHAR(3) NOT NULL
PRI_PROV_ID_TYPE_DSP: CHAR(3) NOT NULL
IND_PROV_HLTH_CARE: CHAR(1) NOT NULL
IND_NPI_VERIFY: CHAR(1) NOT NULL
IND_ON_REVIEW: CHAR(1) NOT NULL
CDE_SVC_STATE_REGION: CHAR(1) NOT NULL
CDE_SVC_COUNTY: VARCHAR2(10) NOT NULL
DSC_PROV_TYPE: VARCHAR2(50) NOT NULL
DSC_PROV_SPEC: VARCHAR2(50) NOT NULL
DSC_SVC_COUNTY: VARCHAR2(50) NOT NULL
DSC_SVC_STATE_REGION: VARCHAR2(50) NOT NULL
DSC_TAXONOMY: VARCHAR2(100) NOT NULL

T_CA_PROV_TAX

PROV_KEY: NUMBER(9) NOT NULL

CDE_TAXONOMY2: CHAR(10) NOT NULL
CDE_TAXONOMY3: CHAR(10) NOT NULL
CDE_TAXONOMY4: CHAR(10) NOT NULL
CDE_TAXONOMY5: CHAR(10) NOT NULL
DSC_TAXONOMY2: VARCHAR2(100) NOT NULL
DSC_TAXONOMY3: VARCHAR2(100) NOT NULL
DSC_TAXONOMY4: VARCHAR2(100) NOT NULL
DSC_TAXONOMY5: VARCHAR2(100) NOT NULL

T_CA_ANALYSIS

CLAIM_KEY: NUMBER(9) NOT NULL
PERF_PROV_KEY: NUMBER(9) NOT NULL
BILL_PROV_KEY: NUMBER(9) NOT NULL
REFER_PROV_KEY: NUMBER(9) NOT NULL
RECIP_KEY: NUMBER(9) NOT NULL
DOS_TIME_KEY: NUMBER(9) NOT NULL
PAID_TIME_KEY: NUMBER(9) NOT NULL
TOT_AMT_BILLED: NUMBER(11,2) NOT NULL
TOT_AMT_ALWD: NUMBER(11,2) NOT NULL
TOT_AMT_REIMB: NUMBER(11,2) NOT NULL
TOT_AMT_PAID: NUMBER(11,2) NOT NULL
TOT_AMT_ST_SHARE: NUMBER(11,2) NOT NULL
TOT_AMT_FED_SHARE: NUMBER(11,2) NOT NULL
TOT_AMT_ENCOUNTER: NUMBER(11,2) NOT NULL
TOT_AMT_TPL: NUMBER(11,2) NOT NULL
TOT_AMT_CO_PAY: NUMBER(11,2) NOT NULL
TOT_AMT_PAT_PAID: NUMBER(11,2) NOT NULL
TOT_AMT_MCARE_PAID: NUMBER(11,2) NOT NULL
TOT_AMT_PD_MCO: NUMBER(11,2) NOT NULL
CNT_CLAIMS_PAID: NUMBER(9) NOT NULL
CNT_CLAIMS_DENIED: NUMBER(9) NOT NULL
TOT_CLAIMS_CORR: NUMBER(9) NOT NULL
TOT_CLAIMS_OVRD: NUMBER(9) NOT NULL
TOT_CLAIMS_TPL: NUMBER(9) NOT NULL
TOT_CLAIMS_ERRORS: NUMBER(9) NOT NULL
TOT_QTY_BILLED: NUMBER(11,2) NOT NULL
TOT_QTY_ALWD: NUMBER(11,2) NOT NULL
TOT_DAYS_COVRD: NUMBER(9) NOT NULL
TOT_DAYS_NCOVRD: NUMBER(9) NOT NULL
DTE_PAID: DATE NOT NULL

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Production..Production DSS_MAR_SUR -- Display1 / Data Warehouse.ClaimsAnalysis

T_CA_UB92

SAK_CLAIM: NUMBER(9) NOT NULL
AMT_BASE_DRG: NUMBER(9,2) NOT NULL
AMT_OUTLIER: NUMBER(9,2) NOT NULL
AMT_PROV_PER_DIEM: NUMBER(9,2) NOT NULL
GRP_PAY_RATE: NUMBER(9,2) NOT NULL
CDE_ADMIT_HOUR: NUMBER(4) NOT NULL
TIME_DISCHARGE: NUMBER(4) NOT NULL
CDE_PATIENT_STATUS: CHAR(2) NOT NULL
CDE_ADMIT_SOURCE: CHAR(1) NOT NULL
DTE_PAID: DATE NOT NULL

T_CA_DRUG

SAK_CLAIM: NUMBER(9) NOT NULL
NUM_DTL: NUMBER(4) NOT NULL
NUM_DAY_SUPPLY: NUMBER(9) NOT NULL
QTY_DISPENSE: NUMBER(10,3) NOT NULL
AMT_BILLED: NUMBER(9,2) NOT NULL
AMT_ALWD: NUMBER(9,2) NOT NULL
AMT_PAID: NUMBER(9,2) NOT NULL
AMT_AWP: NUMBER(9,5) NOT NULL
AMT_MAC: NUMBER(9,5) NOT NULL
AMT_EAC: NUMBER(9,5) NOT NULL
AMT_NDC_PROFEE: NUMBER(9,2) NOT NULL
CDE_THERA_CLS_AHFS: CHAR(8) NOT NULL
PATIENT_LOCATION: NUMBER(2) NOT NULL
LEVEL_OF_SERVICE: NUMBER(2) NOT NULL
CDE_NDC: CHAR(11) NOT NULL
QTY_REFILL: CHAR(2) NOT NULL
NUM_PRSCRIP: CHAR(7) NOT NULL
IND_DRUG_GENERIC: CHAR(1) NOT NULL
CDE_CLM_STATUS: CHAR(1) NOT NULL
CDE_ORGANIZ: CHAR(1) NOT NULL
IND_BRAND_MED_NEC: CHAR(1) NOT NULL
IND_PRICING: CHAR(1) NOT NULL
CDE_DEA: CHAR(1) NOT NULL
NUM_GCN: NUMBER(5) NOT NULL
CDE_THERA_CLS_SPEC: CHAR(3) NOT NULL
DTE_DISPENSE: DATE NOT NULL
DTE_PRESCRIBE: DATE NOT NULL
DTE_PAID: DATE NOT NULL

T_CA_DENTAL

SAK_CLAIM: NUMBER(9) NOT NULL
NUM_DTL: NUMBER(4) NOT NULL
CDE_TOOTH_NBR: CHAR(2) NOT NULL
CDE_TOOTH_SURFACE_1: CHAR(1) NOT NULL
CDE_TOOTH_SURFACE_2: CHAR(1) NOT NULL
CDE_TOOTH_SURFACE_3: CHAR(1) NOT NULL
CDE_TOOTH_SURFACE_4: CHAR(1) NOT NULL
CDE_TOOTH_SURFACE_5: CHAR(1) NOT NULL
CDE_TOOTH_SURFACE_6: CHAR(1) NOT NULL
DTE_PAID: DATE NOT NULL

T_CA_LTC

SAK_CLAIM: NUMBER(9) NOT NULL
NUM_DTL: NUMBER(4) NOT NULL
AMT_PROV_PER_DIEM: NUMBER(9,2) NOT NULL
AMT_FAC_LV_ALW: NUMBER(9,2) NOT NULL
AMT_HOSP_ALW: NUMBER(9,2) NOT NULL
AMT_COINSURANCE: NUMBER(9,2) NOT NULL
NUM_HOSPITAL_DAYS: NUMBER(4) NOT NULL
NUM_LEAVE_DAYS: NUMBER(4) NOT NULL
NUM_FACILITY_DAYS: NUMBER(4) NOT NULL
CDE_PATIENT_STATUS: CHAR(2) NOT NULL
CDE_ADMIT_SOURCE: CHAR(1) NOT NULL
DTE_PAID: DATE NOT NULL

T_CA_XOVER

SAK_CLAIM: NUMBER(9) NOT NULL
AMT_ALWD_MCARE: NUMBER(8,2) NOT NULL
AMT_PAID_MCARE: NUMBER(8,2) NOT NULL
AMT_DEDUCT: NUMBER(8,2) NOT NULL
AMT_DEDUCT_BLOOD: NUMBER(8,2) NOT NULL
AMT_COINSURANCE: NUMBER(8,2) NOT NULL
AMT_PSYCH: NUMBER(9,2) NOT NULL
DTE_PAID: DATE NOT NULL

T_CA_TCN

SAK_CLAIM: NUMBER(9) NOT NULL
NUM_TCN: NUMBER(17) NOT NULL
DTE_PAID: DATE NOT NULL

T_CA_ICD9_PROC

SAK_CLAIM: NUMBER(9) NOT NULL
NUM_SEQ: NUMBER(4) NOT NULL
CDE_PROC_ICD9: VARCHAR2(4) NOT NULL
DTE_ICD_9_CM_PROC: DATE NOT NULL
DTE_PAID: DATE NOT NULL

T_CA_ICD9_PROC_DN

SAK_CLAIM: NUMBER(9) NOT NULL
DTE_ICD_9_CM_PROC_1: DATE NOT NULL
DTE_ICD_9_CM_PROC_2: DATE NOT NULL
DTE_ICD_9_CM_PROC_3: DATE NOT NULL
DTE_ICD_9_CM_PROC_4: DATE NOT NULL
DTE_ICD_9_CM_PROC_5: DATE NOT NULL
DTE_ICD_9_CM_PROC_6: DATE NOT NULL
CDE_PROC_ICD9_1: VARCHAR2(4) NOT NULL
CDE_PROC_ICD9_2: VARCHAR2(4) NOT NULL
CDE_PROC_ICD9_3: VARCHAR2(4) NOT NULL
CDE_PROC_ICD9_4: VARCHAR2(4) NOT NULL
CDE_PROC_ICD9_5: VARCHAR2(4) NOT NULL
CDE_PROC_ICD9_6: VARCHAR2(4) NOT NULL
DTE_PAID: DATE NOT NULL

T_CA_DIAG

SAK_CLAIM: NUMBER(9) NOT NULL
CDE_DIAG_SEQ: CHAR(2) NOT NULL
CDE_DIAG: CHAR(7) NOT NULL
DTE_PAID: DATE NOT NULL

T_CA_DIAG_DN

SAK_CLAIM: NUMBER(9) NOT NULL
NUM_DTL: NUMBER(4) NOT NULL
CDE_DIAG_5: CHAR(7) NOT NULL
CDE_DIAG_6: CHAR(7) NOT NULL
CDE_DIAG_7: CHAR(7) NOT NULL
CDE_DIAG_8: CHAR(7) NOT NULL
CDE_DIAG_9: CHAR(7) NOT NULL
DTE_PAID: DATE NOT NULL

T_CA_ERROR

SAK_CLAIM: NUMBER(9) NOT NULL
NUM_DTL: NUMBER(4) NOT NULL
SAK_PUB_HLTH: NUMBER(9) NOT NULL
SAK_ESC: NUMBER(9) NOT NULL
CDE_ESC: NUMBER(4) NOT NULL
CDE_DISP_STATUS: CHAR(1) NOT NULL
CDE_STAT_ERROR: CHAR(1) NOT NULL
CDE_EOB: CHAR(4) NOT NULL
DTE_ERROR: DATE NOT NULL
DSC_ESC: CHAR(50) NOT NULL
DSC_EOB: CHAR(75) NOT NULL
DTE_PAID: DATE NOT NULL

T_CA_ERROR_DN

SAK_CLAIM: NUMBER(9) NOT NULL
NUM_DTL: NUMBER(4) NOT NULL
SAK_ESC_1: NUMBER(9) NOT NULL
SAK_ESC_2: NUMBER(9) NOT NULL
SAK_ESC_3: NUMBER(9) NOT NULL
SAK_ESC_4: NUMBER(9) NOT NULL
SAK_ESC_5: NUMBER(9) NOT NULL
SAK_ESC_6: NUMBER(9) NOT NULL
DTE_ERROR_1: DATE NOT NULL
DTE_ERROR_2: DATE NOT NULL
DTE_ERROR_3: DATE NOT NULL
DTE_ERROR_4: DATE NOT NULL
DTE_ERROR_5: DATE NOT NULL
DTE_ERROR_6: DATE NOT NULL
CDE_DISP_STATUS_1: CHAR(1) NOT NULL
CDE_DISP_STATUS_2: CHAR(1) NOT NULL
CDE_DISP_STATUS_3: CHAR(1) NOT NULL
CDE_DISP_STATUS_4: CHAR(1) NOT NULL
CDE_DISP_STATUS_5: CHAR(1) NOT NULL
CDE_DISP_STATUS_6: CHAR(1) NOT NULL
CDE_EOB_1: CHAR(4) NOT NULL
CDE_EOB_2: CHAR(4) NOT NULL
CDE_EOB_3: CHAR(4) NOT NULL
CDE_EOB_4: CHAR(4) NOT NULL
CDE_EOB_5: CHAR(4) NOT NULL
CDE_EOB_6: CHAR(4) NOT NULL
DTE_PAID: DATE NOT NULL

T_CA_ATTACH

SAK_CLAIM: NUMBER(9) NOT NULL
NUM_DTL: NUMBER(4) NOT NULL
CDE_ATTACH: CHAR(2) NOT NULL
DTE_PAID: DATE NOT NULL

T_CA_ATTACH_DN

SAK_CLAIM: NUMBER(9) NOT NULL
NUM_DTL: NUMBER(4) NOT NULL
CDE_ATTACH_1: CHAR(2) NOT NULL
CDE_ATTACH_2: CHAR(2) NOT NULL
CDE_ATTACH_3: CHAR(2) NOT NULL
CDE_ATTACH_4: CHAR(2) NOT NULL
DTE_PAID: DATE NOT NULL

T_CA_COND

SAK_CLAIM: NUMBER(9) NOT NULL
CDE_COND_SEQ: CHAR(2) NOT NULL
CDE_COND: CHAR(2) NOT NULL
DTE_PAID: DATE NOT NULL

T_CA_COND_DN

SAK_CLAIM: NUMBER(9) NOT NULL
CDE_COND_1: CHAR(2) NOT NULL
CDE_COND_2: CHAR(2) NOT NULL
CDE_COND_3: CHAR(2) NOT NULL
CDE_COND_4: CHAR(2) NOT NULL
CDE_COND_5: CHAR(2) NOT NULL
CDE_COND_6: CHAR(2) NOT NULL
CDE_COND_7: CHAR(2) NOT NULL
CDE_COND_8: CHAR(2) NOT NULL
DTE_PAID: DATE NOT NULL

T_CA_OCCUR

SAK_CLAIM: NUMBER(9) NOT NULL
NUM_SEQ: NUMBER(4) NOT NULL
CDE_OCCURRENCE: CHAR(2) NOT NULL
DTE_OCCURRENCE: DATE NOT NULL
DTE_PAID: DATE NOT NULL

T_CA_OCCUR_DN

SAK_CLAIM: NUMBER(9) NOT NULL
DTE_OCCUR_1: DATE NOT NULL
DTE_OCCUR_2: DATE NOT NULL
DTE_OCCUR_3: DATE NOT NULL
DTE_OCCUR_4: DATE NOT NULL
DTE_OCCUR_5: DATE NOT NULL
DTE_OCCUR_6: DATE NOT NULL
DTE_OCCUR_7: DATE NOT NULL
DTE_OCCUR_8: DATE NOT NULL
CDE_OCCUR_1: CHAR(2) NOT NULL
CDE_OCCUR_2: CHAR(2) NOT NULL
CDE_OCCUR_3: CHAR(2) NOT NULL
CDE_OCCUR_4: CHAR(2) NOT NULL
CDE_OCCUR_5: CHAR(2) NOT NULL
CDE_OCCUR_6: CHAR(2) NOT NULL
CDE_OCCUR_7: CHAR(2) NOT NULL
CDE_OCCUR_8: CHAR(2) NOT NULL
DTE_PAID: DATE NOT NULL

T_CA_VALUE

SAK_CLAIM: NUMBER(9) NOT NULL
NUM_SEQ: NUMBER(4) NOT NULL
AMT_VALUE: NUMBER(9,2) NOT NULL
CDE_VALUE: CHAR(2) NOT NULL
DTE_PAID: DATE NOT NULL

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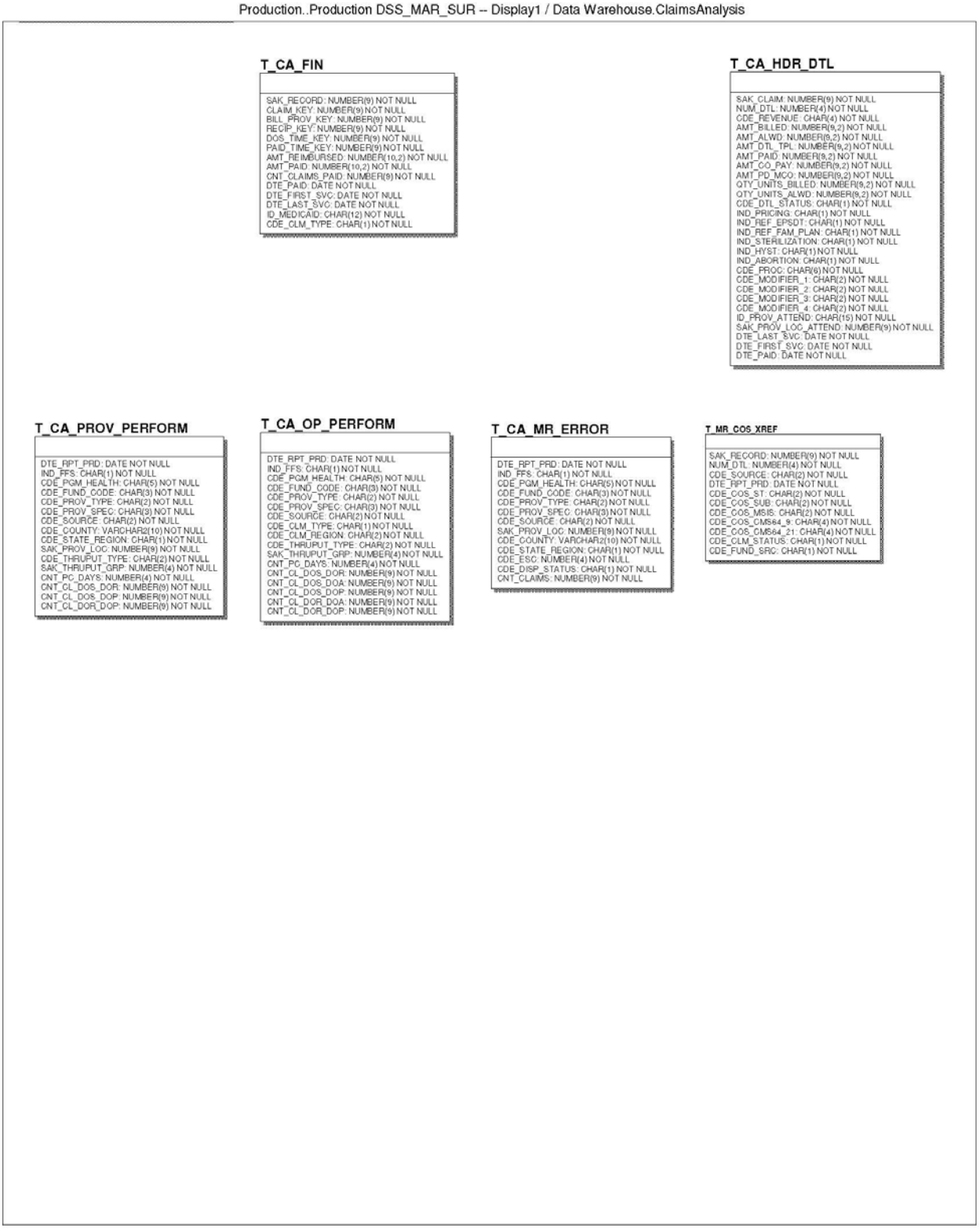
Production..Production DSS_MAR_SUR -- Display1 / Data Warehouse.ClaimsAnalysis



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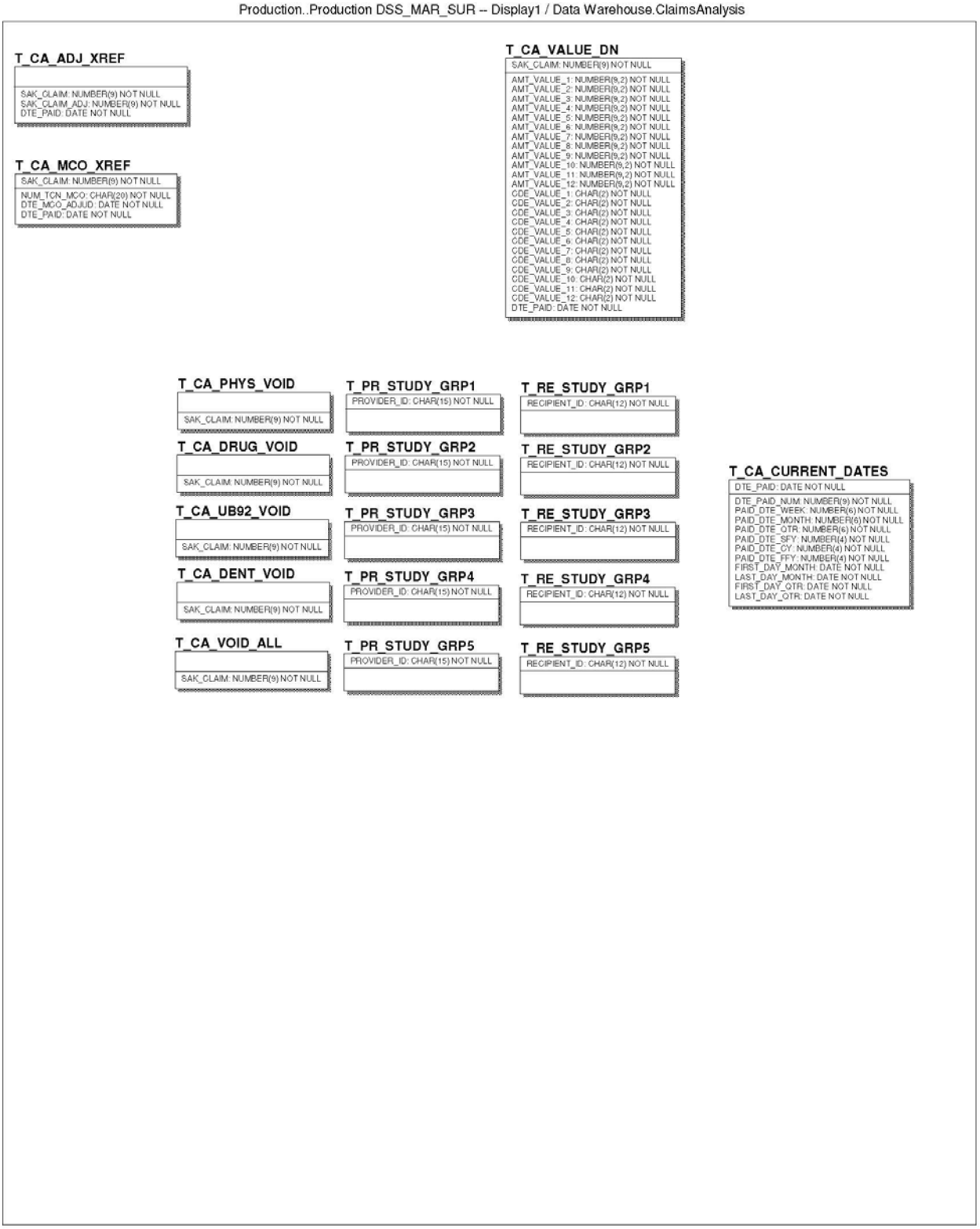
Production..Production DSS_MAR_SUR -- Display1 / Data Warehouse.ClaimsAnalysis



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2.4.3 External System Interfaces

The QAA subsystem does not have any external interfaces.

2.5 Job Scripts

The QAA reports are produced by Business Objects and not by Job Scripts.

2.5.1 QAAJM001 - Random Sample requests for claim strata

2.5.1.1 Detailed Job Script Information

Unix Script:	QAAJM001
Description:	QAAJM001 submits Random Sample requests for the Other (Claim type M, D), Pharmacy, Hospital (Claim Type H,O,I), LTC, and Crossover claims strata. Job Step 10 submits a sequel that loads the request onto T_RS_SELECT. When the SURRSRS autosys box runs (every 15 minutes), the requests are processed and the claims are loaded onto T_RS_SELECT_RSLT. The QA&A reports are created from the data on T_RS_SELECT_RSLT and various satellite tables.

Job Step:	JS010-sqlplus
Description:	Step submits a sequel that loads the request onto T_RS_SELECT. When the SURRSRS autosys box runs (every 15 minutes), the requests are processed and the claims are loaded onto T_RS_SELECT_RSLT. The QA&A reports are created from the data on T_RS_SELECT_RSLT and various satellite tables.

Input/Output Files:		

2.5.2 QAAJM501 - CM Hospital Services Report Job Script

2.5.2.1 Detailed Job Script Information

Unix Script:	QAAJM501	
Description:	This job script executes qaap5001 which generates the CM Hospital Services Report file and then sends the report file to OnBase.	
Job Step:		js 010-qaap5001.sc
Description:		Job Step 10 executes qaap5001 to create the report file.
Input/Output Files:		
qaa5001m.rpt	I	QAA Contract Monitoring Hospital Services report file.
Job Step:		js 020-copy2routedir
Description:		Job Step 20 uses the copy2routedir utility to send the report file to OnBase.
Input/Output Files:		
qaa5001m.rpt	O	QAA Contract Monitoring Hospital Services report file.

2.5.3 QAAJM502 - CM LTC Services Report Job Script

2.5.3.1 Detailed Job Script Information

Unix Script:	QAAJM502	
Description:	This job executes the CM LTC services report and copies the report file to OnBase.	
Job Step:		js 010-qaap5002.sc
Description:		Job Step 10 executes qaap5002 in order to generate the CM LTC Services report file.
Input/Output Files:		
qaa5002m.rpt	I	QA&A CM LTC services report file
Job Step:		js 020-copy2routedir
Description:		Job Step 20 uses the copy2routedir to copy the report file to OnBase.
Input/Output Files:		
qaa5002m.rpt	O	QA&A CM LTC services report file

2.5.4 QAAJM503 - Contract Monitoring Other Services

2.5.4.1 Detailed Job Script Information

Unix Script:	QAAJM503	
Description:	The purpose of this job script is to produce the all contract monitoring other services report file and to copy the report file to OnBase.	
Job Step:		js 010-qaap5003.sc
Description:		Job Step 10 executes qaap5003 which produces the CM Other Services report file.
Input/Output Files:		
qaa5003m.rpt	I	CM Other Services report file.
Job Step:		js 020-copy2routedir
Description:		Job Step 20 uses the copy2routedir utility to copy the report file to OnBase.
Input/Output Files:		
qaa5003m.rpt	O	CM Other Services report file.

2.5.5 QAAJM504 - CM Prescribed Drugs Report

2.5.5.1 Detailed Job Script Information

Unix Script:	QAAJM504	
Description:	This job executes the CM Prescribed Drugs report and copies the report file to OnBase.	
Job Step:		js 010-qaap5004.sc
Description:		Job Step 10 executes qaap5004 and produces the report file.
Input/Output Files:		
qaa5004m.rpt	I	CM Prescribed Drugs report file.
Job Step:		js 020-copy2routedir
Description:		Job Step 20 uses the copy2routedir utility to move the report file to OnBase.
Input/Output Files:		
qaa5004m.rpt	O	CM Prescribed Drugs report file.

2.5.6 QAAJM505 - CM Crossover Services Report

2.5.6.1 Detailed Job Script Information

Unix Script:	QAAJM505	
Description:	This job executes the CM crossover services report program and sends the report file to OnBase.	
Job Step:		js 010-qaap5005.sc
Description:		Executes the CM crossover services report program.
Input/Output Files:		
qaa5005m.rpt	I	CM crossover services report file.
Job Step:		js 020-copy2routedir
Description:		Copies the report file to OnBase.
Input/Output Files:		
qaa5005m.rpt	O	CM crossover services report file.

2.5.7 QAAJM601 - CM Sample Summary Report

2.5.7.1 Detailed Job Script Information

Unix Script:	QAAJM601	
Description:	This job script executes qaap6001 which generates the CM Sample Summary Report file and then send the report file to OnBase.	
Job Step:		js 010-qaap6001.sc
Description:		Job Step 10 executes qaap6001 to produce the CM Sample Summary Report report file.
Input/Output Files:		
qaa6001m.rpt	I	QAA Contract Monitoring Sample Summary Report file
Job Step:		js 020-copy2routedir
Description:		Job Step 20 executes the copy2routedir utility to send the report file to OnBase.
Input/Output Files:		
qaa6001m.rpt	O	QAA Contract Monitoring Sample Summary Report file

2.5.8 QAAJM610 - QAA CM Member Eligib Listing Report Job Script

2.5.8.1 Detailed Job Script Information

Unix Script:	QAAJM610	
Description:	This job script executes qaapm610 which creates the QAA CM Member Eligib Listing Report report file and then send the report file to OnBase.	
Job Step:		js 010-qaapm610.sc
Description:		Job Step 10 executes qaapm610.
Input/Output Files:		
qaa6100m.rpt	I	QAA CM Member Eligib Listing Report file.
Job Step:		js 020-copy2routedir
Description:		Job Step 20 uses the copy2routedir utility to send the report file to OnBase.
Input/Output Files:		
qaa6100m.rpt	O	QAA CM Member Eligib Listing Report file.

2.5.9 QAAJM630 - QAA Contract Monitoring Member TPL

2.5.9.1 Detailed Job Script Information

Unix Script:	QAAJM630	
Description:	This job produces the QAA Claims Monitoring Claims Detail Report. The run frequency is monthly.	
Job Step:		js 010-oraload.sh
Description:		Unloads the QAA claims data for the report.
Input/Output Files:		
qaa630010.01.ctl	I	Oraload control file which unloads the QAA claims data.
qaa630010.02.sql	I	Provides access to T_COVERAGE_XREF info
qaa630010.04.sql	I	Provides access to T_RS_SELECT_RECIP info
qaa630010.05.sql	I	Provides access to T_RS_SELECT_RSLT info
qaa630010.06.sql	I	Provides access to T_TPL_AC_PARENT info
qaa630010.08.sql	I	Provides access to T_TPL_COIN_DED info
qaa630010.09.sql	I	Provides access to T_TPL_RESOURCE, T_COVERAGE_XREF, T_POLICY_HOLDER/T_RE_BASE_DN, T_TPL_CARRIER info.
t_coverage_xref2_630	O	The QAA 630 coverage xref2 hash file.
t_rs_select_recip_630	O	The QAA 630 RS select recip hash file.
t_rs_select_rslt_630	O	The QAA 630 RS select result hash file.
t_tpl_ac_parent_630	O	The QAA 630 tpl absent parent hash file.
t_tpl_coin_ded_630	O	The QAA 630 tpl coinsurance deductible hash file.
t_tpl_resource_630	O	The QAA 630 tpl resource hash file.
Job Step:		js 020-oraload.sh
Description:		Unloads the QAA audit data for the report.
Input/Output Files:		
qaa630020.01.ctl	I	Control file for QAAJM630 QAA Reports Generator
qaa630020.01.sql	I	Provides access to A_T_COVERAGE_XREF info
qaa630020.02.sql	I	Provides access to A_T_TPL_RESOURCE info

a_t_coverage_xref_630	O	The QAA 630 audit coverage xref hash file.
a_t_tpl_resource_630	O	The QAA 630 audit tpl resource hash file.
Job Step:		js 030-clmphash
Description:		This step hashes the files created in js010 and js020 data for the extract.
Input/Output Files:		
qaa630030.01.ctl	I	Support tables for QAAJM640 QAA Reports Generator.
Job Step:		js 040-qaap6300.c
Description:		Runs the qaap6300 program to produce the report.
Input/Output Files:		
qaa630040.01.ctl	I	The QAA 630 hash control file.
t_rs_select_rslt_630	I	The QAA 630 RS select result hash file.
t_rs_select_rslt_630.dat	I	QAA 630 RS result file.
qaa6300m.rpt	O	The QAA Contract Monitoring Member TPL Resources Report file.
Job Step:		js 050-copy2routedir
Description:		Sends the QAA Contract Monitoring Member TPL Resources Report to OnBase
Input/Output Files:		
qaa6300m.rpt	I	The QAA Contract Monitoring Member TPL Resources Report file.

2.5.10 QAAJM640 - QAA-CM KY Claims Detail Report

2.5.10.1 Detailed Job Script Information

Unix Script:	QAAJM640
Description:	QAAJM640 produces the QAA Claims Monitoring Claims Detail Report. QAAJM640 runs monthly using input claims captured by the Random Sample process. All claim strata are processed.

Job Step:		js 010-oraload.sh
Description:		Unload the QAA claims data for the report.
Input/Output Files:		
qaa640010.01.ctl	I	Control file for QAAJM640 QAA Reports Generator.
qaa640010.01.sql	I	Provides access to T_CA_ADJ_XREF info thru T_CA_ICN.
qaa640010.02.sql	I	Provides access to T_CA_ICN info.
qaa640010.03.sql	I	Provides access to T_CA_ICN daughter info.
qaa640010.04.sql	I	Provides access to T_CA_CLAIM_KEY info.
qaa640010.05.sql	I	Provides access to T_CA_COND info.
qaa640010.06.sql	I	Provides access to T_CA_DRUG info.
qaa640010.07.sql	I	Provides access to T_CA_ERROR info.
qaa640010.08.sql	I	Provides access to T_CA_ERROR_DN info.
qaa640010.09.sql	I	Provides access to T_CA_HDR_DTL info.
qaa640010.10.sql	I	Provides access to T_CA_ICD9_PROC_DN info.
qaa640010.11.sql	I	Provides access to T_CA_IND_KEY info.
qaa640010.12.sql	I	Provides access to T_CA_OCCUR info.
qaa640010.13.sql	I	Provides access to T_CA_PROV_KEY info.
qaa640010.14.sql	I	Provides access to T_CA_RECIP_KEY info.
qaa640010.15.sql	I	Provides access to T_CA_TCN info.
qaa640010.16.sql	I	Provides access to T_CA_UB92 info.
qaa640010.17.sql	I	Provides access to T_CA_VALUE_DN info.
qaa640010.18.sql	I	Provides access to T_CA_XOVER info.
qaa640010.19.sql	I	Provides access to T_CASH_RECEIPT info.

qaa640010.20.sql	I	Provides access to T_CDE_HIPAA_ADJRSN info.
qaa640010.21.sql	I	Provides access to T_CA_MISC info.
qaa640010.22.sql	I	Provides access to T_PR_GRP_MBR info.
qaa640010.23.sql	I	Provides access to T_PR_HB_LIC info.
qaa640010.24.sql	I	Provides access to T_PR_SVC_LOC_DN info.
qaa640010.25.sql	I	Provides access to T_RE_BASE_DN info.
qaa640010.26.sql	I	Provides access to T_RE_EDB info.
qaa640010.27.sql	I	Provides access to T_RE_REV_RSN info.
qaa640010.28.sql	I	Provides access to T_RE_SPEND_LIAB info.
qaa640010.29.sql	I	Provides access to T_DRUG_DN info.
qaa640010.30.sql	I	Provides access to T_RS_SELECT_RECIP info.
qaa640010.31.sql	I	Provides access to T_RS_SELECT_RSLT info
qaa640010.32.sql	I	Provides access to T_CA_XOVER info
t_ca_adj_xref_qaa	O	The qaa claims adjustment cross reference hash file.
t_ca_claim_key_qaa	O	The claims qaa claim key hash file.
t_ca_cond_qaa	O	The claims qaa condition code hash file.
t_ca_drug_qaa	O	The claims qaa drug hash file.
t_ca_error_dn_qaa	O	The claims qaa denormalized error code information hash file.
t_ca_error_qaa	O	The claims qaa error code information hash file.
t_ca_hdr_dtl_qaa	O	The claims qaa paid at the header detail information hash file.
t_ca_icd9_proc_dn_qaa	O	The claims qaa surgical procedure code information hash file.
t_ca_icn_next_qaa	O	The claims qaa ICN Daughter hash file.
t_ca_icn_qaa	O	The claims qaa ICN hash file.
t_ca_ind_key_qaa	O	The claims qaa indicators hash file.
t_ca_misc_qaa	O	The claims qaa miscellaneous hash file.
t_ca_occur_qaa	O	The claims qaa occurrence code information hash file.
t_ca_prov_key_qaa	O	The claims qaa provider information hash file.

t_ca_recip_key_qaa	O	The claims qaa member information hash file.
t_ca_tcn_qaa	O	The Claim Reference Number of the converted claim on the current MMIS hash file.
t_ca_ub92_qaa	O	The claims UB information hash file.
t_ca_value_dn_qaa	O	The claims inpatient value code information hash file.
t_ca_xover_qaa	O	The claims qaa crossover information hash file.
t_ca_xover_sum_qaa	O	The claims qaa crossover summed amounts hash file.
t_cash_receipt_qaa	O	The qaa hash file for checks deposited by the account.
t_cde_hipaa_adjrsn_qaa	O	The qaa hash file for HIPAA adjustment reason code mapped to TPL A/R reason code
t_drug_dn_qaa	O	The qaa drug information hash file.
t_pr_grp_mbr_qaa	O	The qaa hash file that contains providers and their associated group members.
t_pr_hb_lic_qaa	O	The qaa hash file that contains provider prescriber license numbers which are assigned by OHCA.
t_pr_svc_loc_dn_qaa	O	The qaa hash file that Identifies the combinations of services and locations the provider uses to do business.
t_re_base_dn_qaa	O	The qaa has file that contains basic member information.
t_re_edb_qaa	O	The qaa hash file that stores the Enrollment DataBase as an alternative for BENDEX processing, the transaction sent from CMS for processing Medicare enrollment information.
t_re_rev_rsn_qaa	O	The qaa hash file that identifies the valid member review reason codes and their descriptions.
t_re_spend_liab_qaa	O	The qaa hash file that contains the start and stop dates when the member case must meet a spend down liability.
t_rs_select_recip_qaa	O	The qaa hash file that contains the Random Sample member information.
t_rs_select_rslt_qaa	O	The qaa hash file that contains the Random Sample claim information.
Job Step:		js 020-clmphash
Description:		Hash the QAA claims data for the extract.

Input/Output Files:		
qaa640020.01.ctl	I	Control file that hashes the files created in js 10.
Job Step:		js 030-qaap6400.sc
Description:		Run the QAAP6400 program to produce the report.
Input/Output Files:		
mrerror.ctl	I	Error messages for the MAR subsystem.
qaa640030.01.ctl	I	Support tables for QAAJM640 QAA Reports Generator.
t_rs_select_recip_qaa	I	The qaa hash file that contains the Random Sample member information.
t_rs_select_rslt_qaa	I	The qaa hash file that contains the Random Sample claim information.
qaa6400m.rpt	O	The QAA Claim Detail report.
Job Step:		js 040-copy2routedir
Description:		Copy the report to COLD.
Input/Output Files:		
qaa6400m.rpt	I	The QAA Claim Detail report.

2.5.11 QAAJM671 - QAA Contract Monitoring Diagnosis Display

2.5.11.1 Detailed Job Script Information

Unix Script:	QAAJM671	
Description:	This job script executes qaap6701 which produces the QAA Contract Monitoring Diagnosis Display report and sends the report files to OnBase.	
Job Step:		js 010-oraload.sh
Description:		Unload files needed for Diagnosis display report.
Input/Output Files:		
qaa68011.ctl	I	QA&A Oraload unload control file
qaa68011.sql	I	QA&A PRO Review Display report a_t_pa_line_item sequel. A_t_pa_line_item table sequel.
t_txn_auth	O	QA&A PRO Review Display t_txn_auth.dat file.
Job Step:		js 020-clmphash
Description:		Build indexes for unloaded files.
Input/Output Files:		
qaa68012.ctl	I	QA&A PRO Review Display hash index file.
t_txn_auth.idx	O	QA&A PRO Review Display hash index output file.
Job Step:		js 030-qaap6701.sc
Description:		Execute qaap6701 to create the report.
Input/Output Files:		
qaa68013.ctl	I	QA&A PRO Review Display input to qaap7001.
qaa6801m.rpt	O	QA&A PRO Review Display report file.
Job Step:		js 040-copy2routedir
Description:		Sends the report file to OnBase.
Input/Output Files:		
qaa6801m.rpt	I	QA&A PRO Review Display report file.

2.5.12 QAAJM681 - QA&A CM PRO review report

2.5.12.1 Detailed Job Script Information

Unix Script:	QAAJM681	
Description:	This job executes the CM PRO review report and sends the report file to OnBase.	
Job Step:		js 010-oraload.sh
Description:		Unload hash files needed for PRO Review report
Input/Output Files:		
qaa68011.ctl	I	QA&A Oraload unload control file
qaa68011.sql	I	QA&A PRO Review Display report a_t_pa_line_item sequel. A_t_pa_line_item table sequel.
t_txn_auth	O	QA&A PRO Review Display t_txn_auth.dat file.
Job Step:		js 020-clmphash
Description:		Builds indexes for unloaded files.
Input/Output Files:		
qaa68012.ctl	I	QA&A PRO Review Display hash index file.
t_txn_auth.idx	O	QA&A PRO Review Display hash index output file.
Job Step:		js 030-qaap6801.sc
Description:		Execute qaap6801 to create the report
Input/Output Files:		
qaa68013.ctl	I	QA&A PRO Review Display input to qaap7001.
qaa6801m.rpt	O	QA&A PRO Review Display report file.
Job Step:		js 040-copy2routedir
Description:		Uses the copy2routedir utility to send the report file to OnBase.
Input/Output Files:		
qaa6801m.rpt	O	QA&A PRO Review Display report file.

2.5.13 QAAJM690 - QAA CM Procedure/Drug Display Report

2.5.13.1 Detailed Job Script Information

Unix Script:	QAAJM690	
Description:	This job script creates the CM Procedure/Drug report and sends it to OnBase.	
Job Step:		js 010-qaapm690.sc
Description:		Executes qaapm690 to create the report
Input/Output Files:		
qaa6900m.rpt	O	Report file for the QAA Procedure/Drug Display Report
Job Step:		js 020-copy2crld
Description:		The copy utility that sends the report to OnBase.
Input/Output Files:		
qaa6900m.rpt	I	Report file for the QAA Procedure/Drug Display Report

2.5.14 QAAJM701 - QA&A CM UR Medical Criteria report

2.5.14.1 Detailed Job Script Information

Unix Script:	QAAJM701	
Description:	This job executes the CM UR Medical Criteria report and sends the report file to OnBase.	
Job Step:		js 010-qaap7001.sc
Description:		Job Step 10 executes qaap7001 which produces the QA&A CM UR Medical Criteria report file.
Input/Output Files:		
qaa7001m.rpt	I	QA&A CM UR Medical Criteria report file.
Job Step:		js 020-copy2routedir
Description:		Job Step 20 uses the copy2routedir utility to send the report file to OnBase.
Input/Output Files:		
qaa7001m.rpt	O	QA&A CM UR Medical Criteria report file.

2.5.15 QAAJM801 - QA&A Sample for Acute Hospitalization

2.5.15.1 Detailed Job Script Information

Unix Script:	QAAJM801	
Description:	This job script executes qaap8001 to generate the sample for acute hospitalization report file and then send the report file to OnBase.	
Job Step:		js 010-qaap8001.sc
Description:		Job Step 10 executes qaap8001 in order to generate the acute hospitalization report file.
Input/Output Files:		
qaa8001m.rpt	I	QA&A CM hospital services report file.
Job Step:		js 020-copy2routedir
Description:		Job Step 20 sends the report file to OnBase.
Input/Output Files:		
qaa8001m.rpt	O	QA&A CM hospital services report file.

2.5.16 QAAJM810 - QAA Claims Monitoring Hospital Services Detail Report.

2.5.16.1 Detailed Job Script Information

Unix Script:	QAAJM810
Description:	This job script produces the QAA Claims Monitoring Hospital Services Detail Report. QAAJM810 runs monthly • js010 - Unload the QAA Hospital claims data for the report. • js020 - Hash the QAA Hospital claims data for the extract. • js030 - Run the QAAP8100 program to produce the report. • js040 - Copy the report to OnBase.

Job Step:		js 010-oraload.sh
Description:		Unload the QAA Hospital claims data for the report.
Input/Output Files:		
qaa810010.01.ctl	I	Control file for QAAJM810 QAA Reports Generator.
qaa810010.01.sql	I	Provides access to T_CA_ADJ_XREF info for UB92
qaa810010.02.sql	I	Provides access to T_CA_ICN info for UB92
qaa810010.03.sql	I	Provides access to T_CA_ICN daughter info for UB92
qaa810010.04.sql	I	Provides access to T_CA_CLAIM_KEY info for UB92
qaa810010.05.sql	I	Provides access to T_CA_COND info for UB92
qaa810010.07.sql	I	Provides access to T_CA_ERROR info for UB92
qaa810010.08.sql	I	Provides access to T_CA_ERROR_DN info for UB92
qaa810010.09.sql	I	Provides access to T_CA_HDR_DTL info for UB92
qaa810010.10.sql	I	Provides access to T_CA_ICD9_PROC_DN info for UB92
qaa810010.11.sql	I	Provides access to T_CA_IND_KEY info for UB92
qaa810010.12.sql	I	Provides access to T_CA_OCCUR info for UB92
qaa810010.13.sql	I	Provides access to T_CA_PROV_KEY info for UB92
qaa810010.14.sql	I	Provides access to T_CA_RECIP_KEY info for UB92
qaa810010.15.sql	I	Provides access to T_CA_TCN info for UB92
qaa810010.16.sql	I	Provides access to T_CA_UB92 info for UB92

qaa810010.17.sql	I	Provides access to T_CA_VALUE_DN info for UB92
qaa810010.18.sql	I	Provides access to T_CA_XOVER info for UB92
qaa810010.19.sql	I	Provides access to T_CASH_RECEIPT info for UB92
qaa810010.20.sql	I	Provides access to T_CDE_HIPAA_ADJRSN info for UB92
qaa810010.21.sql	I	Provides access to T_CA_MISC info for UB92
qaa810010.22.sql	I	Provides access to T_PR_GRP_MBR info for UB92
qaa810010.23.sql	I	Provides access to T_PR_HB_LIC info for UB92
qaa810010.24.sql	I	Provides access to T_PR_SVC_LOC_DN info for UB92
qaa810010.25.sql	I	Provides access to T_RE_BASE_DN info for UB92
qaa810010.26.sql	I	Provides access to T_RE_EDB info for UB92
qaa810010.27.sql	I	Provides access to T_RE_REV_RSN info for UB92
qaa810010.28.sql	I	Provides access to T_RE_SPEND_LIAB info for UB92
qaa810010.29.sql	I	Provides access to T_RS_SELECT_PROV info for UB92
qaa810010.30.sql	I	Provides access to T_RS_SELECT_RECIP info for UB92
qaa810010.31.sql	I	Provides access to T_RS_SELECT_RECIP info for UB92
t_ca_adj_xref_qaa	O	The qaa claims adjustment cross reference hash file.
t_ca_claim_key_qaa	O	The claims qaa claim key hash file.
t_ca_cond_qaa	O	The claims qaa condition code hash file.
t_ca_error_dn_qaa	O	The claims qaa denormalized error code information hash file.
t_ca_error_qaa	O	The claims qaa error code information hash file.
t_ca_hdr_dtl_qaa	O	The claims qaa paid at the header detail information hash file.
t_ca_icd9_proc_dn_qaa	O	The claims qaa surgical procedure code information hash file.
t_ca_icn_next_qaa	O	The claims qaa ICN Daughter hash file.
t_ca_icn_qaa	O	The claims qaa ICN hash file.

t_ca_ind_key_qaa	O	The claims qaa indicators hash file.
t_ca_misc_qaa	O	The claims qaa miscellaneous hash file.
t_ca_occur_qaa	O	The claims qaa occurrence code information hash file.
t_ca_prov_key_qaa	O	The claims qaa provider information hash file.
t_ca_recip_key_qaa	O	The claims qaa member information hash file.
t_ca_tcn_qaa	O	The Claim Reference Number of the converted claim on the current MMIS hash file.
t_ca_ub92_qaa	O	The claims UB information hash file.
t_ca_value_dn_qaa	O	The claims inpatient value code information hash file.
t_ca_xover_qaa	O	The claims qaa crossover information hash file.
t_cash_receipt_qaa	O	The qaa hash file for checks deposited by the account.
t_cde_hipaa_adjrsn_qaa	O	The qaa hash file for HIPAA adjustment reason code mapped to TPL A/R reason code
t_pr_grp_mbr_qaa	O	The qaa hash file that contains providers and their associated group members.
t_pr_hb_lic_qaa	O	The qaa hash file that contains provider prescriber license numbers which are assigned by OHCA.
t_pr_svc_loc_dn_qaa	O	The qaa hash file that Identifies the combinations of services and locations the provider uses to do business.
t_re_base_dn_qaa	O	The qaa has file that contains basic member information.
t_re_edb_qaa	O	The qaa hash file that stores the Enrollment DataBase as an alternative for BENDEX processing, the transaction sent from CMS for processing Medicare enrollment information.
t_re_rev_rsn_qaa	O	The qaa hash file that identifies the valid member review reason codes and their descriptions.
t_re_spend_liab_qaa	O	The qaa hash file that contains the start and stop dates when the member case must meet a spend down liability.
t_rs_select_recip_qaa	O	The qaa hash file that contains the Random Sample member information.
t_rs_select_rslt_qaa	O	The qaa hash file that contains the Random Sample claim information.

Job Step:		js 020-clmphash
Description:		Hash the QAA Hospital claims data for the extract.
Input/Output Files:		
qaa810020.01.ctl	I	Hash Index control file for QAAJM810 QAA Reports Generator.
Job Step:		js 030-qaap8100.sc
Description:		Run the QAAP8100 program to produce the report.
Input/Output Files:		
mrerror.ctl	I	Error messages for the MAR subsystem.
qaa810030.01.ctl	I	Support tables for QAAJM810 QAA Reports Generator.
t_rs_select_rslt_qaa	I	The qaa hash file that contains the Random Sample claim information.
qaa8100m.rpt	O	The Hospital Detail report file.
Job Step:		js 040-copy2routedir
Description:		Copy the report to OnBase.
Input/Output Files:		
qaa8100m.rpt	I	The Hospital Detail report file.

2.6 Programs

The QAA reports are produced by Business Objects and not by Programs.

2.6.1 qaa630020.01.ctl -- QAAJM630 QAA Reports Generator

Technical Name:	qaa630020.01.ctl
Program Title:	QAAJM630 QAA Reports Generator
Programming Language:	Oracle Utility
Description:	Control file for QAAJM630 QAA Reports Generator which unloads data to data files used in processing the QA&A Claim Detail report.

2.6.1.1 Change Orders

ID	NAME	DESCRIPTION
1501	QAA-Member TPL Resources	Develop QA&A Contract Monitoring member TPL Resources Report. (KYML6300-R001)

2.6.2 qaa630020.01.sql -- Claim Detail A_T_COVERAGE_XREF info

Technical Name:	qaa630020.01.sql
Program Title:	Claim Detail A_T_COVERAGE_XREF info
Programming Language:	Oracle Utility
Description:	Provides access to QA&A Claim Detail A_T_COVERAGE_XREF info

2.6.2.1 Change Orders

ID	NAME	DESCRIPTION
1501	QAA-Member TPL Resources	Develop QA&A Contract Monitoring member TPL Resources Report. (KYML6300-R001)

2.6.3 qaa630020.02.sql -- Claim Detail A_T_TPL_RESOURCE info

Technical Name:	qaa630020.02.sql
Program Title:	Claim Detail A_T_TPL_RESOURCE info
Programming Language:	Oracle Utility
Description:	Provides access to QA&A Claim Detail A_T_TPL_RESOURCE info

2.6.3.1 Change Orders

ID	NAME	DESCRIPTION
1501	QAA-Member TPL Resources	Develop QA&A Contract Monitoring member TPL Resources Report. (KYML6300-R001)

2.6.4 qaa630030.01.ctl -- Hash Index control file

Technical Name:	qaa630030.01.ctl
Program Title:	Hash Index control file
Programming Language:	Oracle Utility
Description:	Hash Index control file for QAAJM630 QAA Reports Generator

2.6.4.1 Change Orders

ID	NAME	DESCRIPTION
1501	QAA-Member TPL Resources	Develop QA&A Contract Monitoring member TPL Resources Report. (KYML6300-R001)

2.6.5 qaa630040.01.ctl -- Support tables for the Reports Generator.

Technical Name:	qaa630040.01.ctl
Program Title:	Support tables for the Reports Generator.
Programming Language:	Oracle Utility
Description:	Support tables for QAAJM630 QAA Reports Generator.

2.6.5.1 Change Orders

ID	NAME	DESCRIPTION
1501	QAA-Member TPL Resources	Develop QA&A Contract Monitoring member TPL Resources Report. (KYML6300-R001)

2.6.6 qaa640010.01.ctl -- Control file for Reports Generator.

Technical Name:	qaa640010.01.ctl
Program Title:	Control file for Reports Generator.
Programming Language:	Oracle Utility
Description:	Control file for QAAJM640 QAA Reports Generator.

2.6.6.1 Change Orders

ID	NAME	DESCRIPTION
1502	QAA-CM KY Claims Detail Report	Develop QA&A Contract Monitoring Kentucky MMIS Claims Detailed Report (KYML6400-R001)
8678	RTI Improvement - QAA Process	Analyze and Improve the run time of the DSS QAA process in the Various environments - Especially Production.

2.6.7 qaa810010.03.sql -- QA&A Adjustment Data File

Technical Name:	qaa810010.03.sql
Program Title:	QA&A Adjustment Data File
Programming Language:	Oracle Utility
Description:	Provides access to T_CA_ICN daughter info for UB92

2.6.7.1 Change Orders

ID	NAME	DESCRIPTION
1514	QAA-Claims Hospital Detail	Develop QA&A Claims Monitoring-Hospital Svcs-Detail Report(KYML8100-R001).
8678	RTI Improvement - QAA Process	Analyze and Improve the run time of the DSS QAA process in the Various environments - Especially Production.

2.6.8 qaap5001.sc -- CM Hospital Services Report Program

Technical Name:	qaap5001.sc
Program Title:	CM Hospital Services Report Program
Programming Language:	C
Description:	This program generates the CM Hospital Services Report file.

2.6.8.1 Change Orders

ID	NAME	DESCRIPTION
1489	QAA-CM Hospital Services	Develop the Contract Monitoring Sample Listing for the following Strata according to specifications. (KYML5000-R001)

2.6.9 qaap5002.sc -- CM LTC Services Report Program

Technical Name:	qaap5002.sc
Program Title:	CM LTC Services Report Program
Programming Language:	C
Description:	The purpose of this program is to generate a report of all Contract Monitoring LTC services.

2.6.9.1 Change Orders

ID	NAME	DESCRIPTION
1562	QAA-CM Long Term Care Services	Develop QA&A-Contract Monitoring Long Term Care Services Report.

2.6.10 qaap5003.sc -- CM Other Services Report Program

Technical Name:	qaap5003.sc
Program Title:	CM Other Services Report Program
Programming Language:	C
Description:	The purpose of this program is to generate a report of all contract monitoring other services

2.6.10.1 Change Orders

ID	NAME	DESCRIPTION
1563	QAA-CM Other Services	Develop QA&A-Contract Monitoring Other Services Report.

2.6.11 qaap5004.sc -- CM Monitoring Prescribed Drugs

Technical Name:	qaap5004.sc
Program Title:	CM Monitoring Prescribed Drugs
Programming Language:	C
Description:	The purpose of this program is to generate a report of all contract monitoring Prescribed Drugs.

2.6.11.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.12 qaap5005.sc -- CM crossover services report

Technical Name:	qaap5005.sc
Program Title:	CM crossover services report
Programming Language:	C
Description:	This program produces the CM crossover services report of all contract monitoring crossover services details.

2.6.12.1 Change Orders

ID	NAME	DESCRIPTION
1564	QAA-CM Prescribed Drugs	Develop QA&A-Contract Monitoring Prescribed Drugs Report. (KYML5000-R004)
1565	QAA-CM Crossover Services	Develop QA&A-Contract Monitoring Crossover Services Report.

2.6.13 qaap6001.sc -- Contract Monitoring Sample Summary Report Program

Technical Name:	qaap6001.sc
Program Title:	Contract Monitoring Sample Summary Report Program
Programming Language:	C
Description:	This program produces the Contract Monitoring Sample Summary Report file and send it to OnBase.

2.6.13.1 Change Orders

ID	NAME	DESCRIPTION
1499	QAA-CM Sample Summary Report	Develop the QA&A Contract Monitoring Sample Summary Report according to specifications. (KYML6000-R001)

2.6.14 qaap6300.c -- QAA Contract Monitoring Member TPL Resources

Technical Name:	qaap6300.c
Program Title:	QAA Contract Monitoring Member TPL Resources
Programming Language:	C
Description:	Creates a report to provide supporting documentation on the TPL Resources of the Member shown on the QAA Claim Sample. The data processed includes all 5 stratums.

2.6.14.1 Change Orders

ID	NAME	DESCRIPTION
1501	QAA-Member TPL Resources	Develop QA&A Contract Monitoring member TPL Resources Report. (KYML6300-R001)

2.6.15 qaap6400.sc -- QAA Claims Monitoring Claims Detail

Technical Name:	qaap6400.sc
Program Title:	QAA Claims Monitoring Claims Detail
Programming Language:	C
Description:	Creates the QAA Claims Monitoring-Claims-Detail report which provides details for the sample universe of hospital claims generated by the Random Sample process.

2.6.15.1 Change Orders

ID	NAME	DESCRIPTION
1502	QAA-CM KY Claims Detail Report	Develop QA&A Contract Monitoring Kentucky MMIS Claims Detailed Report (KYML6400-R001)

2.6.16 qaap6701.sc -- QA&A CM Diagnosis Display report

Technical Name:	qaap6701.sc
Program Title:	QA&A CM Diagnosis Display report
Programming Language:	C
Description:	This program generates the CM diagnosis display report and sends the report file to OnBase.

2.6.16.1 Change Orders

ID	NAME	DESCRIPTION
1503	QAA-CM Diagnosis Display Report	Develop Contract Monitoring Diagnosis Display Report. (KYML6700-R001)

2.6.17 qaap6801.sc -- QA&A CM PRO review report

Technical Name:	qaap6801.sc
Program Title:	QA&A CM PRO review report
Programming Language:	C
Description:	The purpose of this program is to generate the QA&A CM PRO review report and to send the report file to OnBase.

2.6.17.1 Change Orders

ID	NAME	DESCRIPTION
1510	QAA-CM PRO Review Display	Develop QA&A Contract Monitoring PRO Review Display Report. (KYML6800-R001)

2.6.18 qaap7001.sc -- QA&A CM UR Medical Criteria report

Technical Name:	qaap7001.sc
Program Title:	QA&A CM UR Medical Criteria report
Programming Language:	C
Description:	The purpose of the program is to generate QA&A UR Medical Criteria Report. This report displays the Procedure code and corresponding limits for LTC and OTHER Claim Strata. LTC is a header paid claim, hence the distinct procedure codes for each of the sak claim values are taken from T_CA_HDR_DTL table and for OTHER claim strata the procedure code values are taken from random sample result table

2.6.18.1 Change Orders

ID	NAME	DESCRIPTION
1512	QAA-CM UR Medical Criteria	Develop QA&A Contract Monitoring UR Medical Criteria Report. (KYML7000-R001)

2.6.19 qaap8001.sc -- Sample for Acute Hospitalization Program

Technical Name:	qaap8001.sc
Program Title:	Sample for Acute Hospitalization Program
Programming Language:	C
Description:	This program generates a report sample for acute hospitalization.

2.6.19.1 Change Orders

ID	NAME	DESCRIPTION
1513	QAA-Claims Monitoring-Hospital	Develop QA&A Claims Monitoring-Hospital Services Report. (KYML8000-R001)

2.6.20 qaap8100.sc -- QAA Claims Monitoring Hospital Services Detail

Technical Name:	qaap8100.sc
Program Title:	QAA Claims Monitoring Hospital Services Detail
Programming Language:	C
Description:	Prints the QAA Claims Monitoring-Hospital Svcs-Detail report and provides a detail for the sample universe of hospital claims reported by the Claims Monitoring-Hospital Services Report.

2.6.20.1 Change Orders

ID	NAME	DESCRIPTION
1514	QAA-Claims Hospital Detail	Develop QA&A Claims Monitoring-Hospital Svcs-Detail Report(KYML8100-R001).

2.6.21 qaapm610.sc -- QAA CM Member Eligib Listing Report Program

Technical Name:	qaapm610.sc
Program Title:	QAA CM Member Eligib Listing Report Program
Programming Language:	C
Description:	This program generates the QAA CM Member Eligib Listing Report file.

2.6.21.1 Change Orders

ID	NAME	DESCRIPTION
1498	QAA-CM Member Eligib. Listing	Develop the Contract Monitoring Member Eligibility Listing report according to specifications. (KYML6100-R001)

2.6.22 qaapm620.sc -- QAA Provider Information Sheets

Technical Name:	qaapm620.sc
Program Title:	QAA Provider Information Sheets
Programming Language:	C
Description:	This program generates the Provider Information Sheets report and send the report file to OnBase.

2.6.22.1 Change Orders

ID	NAME	DESCRIPTION
1500	QAA-Provider Information Sheets	Develop QA&A Provider Information Sheets Report according to specification. (KYML6200-R001)

2.6.23 qaapm690.sc -- CM Procedure / Drug Display Report

Technical Name:	qaapm690.sc
Program Title:	CM Procedure / Drug Display Report
Programming Language:	C
Description:	This job executes qaapm690 which will create a report that provides supporting documentation on the Procedure or Drug shown on the QAA Claim Sample.

2.6.23.1 Change Orders

ID	NAME	DESCRIPTION
1511	QAA-CM Procedure Drug Display	Develop QA&A Contract Monitoring Procedure / Drug Display Report. (KYML6900-R001)

2.7 Pages/Panels

The QAA reports are produced by Business UNIX batch programs and do not make use of Panels/Windows.

2.8 Reports

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

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

2.8.1 QAA Claims Monitoring Hospital Services

The QAA Claims Monitoring-Hospital Services report provides a sample universe of hospital claims based on a starting point count and interval counter for claims monitoring.

2.8.1.1 Technical Name

QAA Claims Monitoring Hospital Services

2.8.1.2 Sort Order

QC Number

2.8.1.3 QAA Claims Monitoring Hospital Services Layout

```
Report  : QAA-8001-M                                  COMMONWEALTH OF KENTUCKY                                  Run Date: 08/29/2006
Process : QAAJM801                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   14:39:33
Location: QAAP8001                               QA&A Contract Monitoring Acute Hospital Services                   Page:          1
-------------------------------------------------------------------------------------------------------------------------------------
 QC NUMBER ICN            MEMBER NAME                            MEMBER ID    BILLING PROVIDER  FIRST DATE  ADJUDICATION        PAID
                                                                                    NUMBER       OF SERVICE      DATE          AMOUNT
-------------------------------------------------------------------------------------------------------------------------------------
         1 2005055100001  ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ 000002392     1000000971       09/23/2004  02/24/2005  $99999999.99
         2 2005117100044  BILLY  ANDERSON                        000041444     1000000971       02/07/2005  04/27/2005      $2216.55
         3 2205068130011  JANET  GATES                           000041387     1000000971       04/01/2004  03/10/2005        $17.00
         4 2205068100046  EDDIE B TYLER                          000040344     1000000971       03/01/2005  03/10/2005      $3863.76
         5 2005068100073  ANDY  MITCHEL                          000001375     1000000971       05/20/2004  03/10/2005     $14735.10
         6 2005077100069  BILLY  COX                             000040738     1000000971       09/15/2004  03/22/2005      $3694.25
         7 2005113100169  BILLY  ANDERSON                        000041444     1000000971       01/07/2005  04/25/2005      $2216.55
         8 2005060100041  ZELDA B WATERS                         000001346     1000000981       01/24/2004  03/24/2005      $7372.00
         9 2005111100093  BILLY  ANDERSON                        000041444     1000000971       03/18/2005  04/21/2005      $2216.55
        10 2005081100004  RICK  LANE                             000039888     1000000981       10/01/2004  03/22/2005      $7760.00
                                                                                  As of Date : 12/31/2005
              Beginning QC Number :          1                        Ending QC Number :        100
              Claims Universe     :        109                     Total Claims Sampled :        100
                                                        *** END OF REPORT ***
```

2.8.1.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Adjudication Date	The adjudication date.	10	Date	T_RS_SELECT_RSLT	DTE_PAID
Amount Paid	The reimbursement amount.	12	Number	T_RS_SELECT_RSLT	AMT_PAID
As of Date	The as of date for which this report is produced	10	Date (MM/DD/CCYY)	T_RS_SELECT	DTE_HIST_TO
Beginning QC Number	The transaction control number of the first claim on the report.	9	Char	T_RS_SELECT_RSLT	SEQ_RANDOM
Billing Provider Number	The provider number.	15	Char	T_RS_SELECT_RSLT	ID_PROV_BILL
Claims Universe	The total number of claims which meet the selection criteria and from which the sample was taken.	9	Number	T_RS_SELECT	NUM_POPULATION
Ending QC Number	The transaction control number of the last claim on the report.	9	Char	T_RS_SELECT_RSLT	SEQ_RANDOM
First Date of Service	The first date of service.	10	Date	T_RS_SELECT_RSLT	DTE_FIRST_SVC
ICN	The transaction control number of the claim selected.	13	Char	T_RS_SELECT_RSLT	NUM_ICN
Member ID	The Medicaid identification number for the member.	12	Char	T_RS_SELECT_RSLT	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Member Name	The full member name.	38	Char	T_RS_SELECT_RECIP	NAM_LAST, NAM_FIRST, NAM_MID_INIT
QC Number	The QC number (a system parameter with beginning number).	9	Char	T_RS_SELECT_RSLT	SEQ_RANDOM
Total Claims Sampled	The number of claims selected for the sample.	9	Number	T_RS_SELECT	CNT_RESULT

2.8.1.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.1.6 Associated Requirements

ID
30.090.010.003.4

2.8.1.7 Change Orders

ID	Name	Description
1513	QAA-Claims Monitoring-Hospital	Develop QA&A Claims Monitoring-Hospital Services Report. (KYML8000-R001)

2.8.2 QAA Claims Monitoring Hospital Services Detail

The QAA Claims Monitoring - Hospital Services Detail report provides a detail for the sample universe of hospital claims reported by the Claims Monitoring - Hospital Services Report.

2.8.2.1 Technical Name

QAA Claims Monitoring Hospital Services Detail

2.8.2.2 Sort Order

QC Number

2.8.2.3 QAA Claims Monitoring Hospital Services Detail Layout

```
Report  : QAA-8101-M                    COMMONWEALTH OF KENTUCKY (M1)                    Run Date: 99/99/9999
Process : QAAJM810                   MEDICAID MANAGEMENT INFORMATION SYSTEM              Run Time:   99:99:99
Location: QAAP8100             QAA Claims Monitoring Hospital Services Detail Report         Page:   ########

 ICN      : xxxxxxxxxxxxx      FROM DATE: 99/99/9999        THRU DATE: 99/99/9999        CLM-STAT : x
 # LN ITEM: ###                REGION   : xx                INVOICE D: 99/99/9999        CLAIM TYP: x
 #CUR EXCP: xxxx
-------------------------------------------------------------------------------------------------------------
 MEMBER ID: xxxxxxxxxxxx      BASE MID : xxxxxxxxxxxx      CASE NO. : xxxxxxxxxx        SSN      : xxxxxxxxx
 HIC      : xxxxxxxxxxx       ORG-MBR  : xxxxxxxxxxxx      MBR PGM  : x                 MBR CNTY : xxx
 LAST NAME: xxxxxxxxxxxxxxxxxxx FRST NAME: xxxxxxxxxxxxxxx REVIEW   : x                 BRTH DATE: 99/99/9999
 AGE      : ###               SEX      : x               RACE     : x                 SPNDD IND: x
 MCARE IND: x  x              NH IND   : xx              HMO CAP  : x                 SOURCE-CD: xxxxx
 TP FOLLOW: xx                LOCK-IN  : x               MBR STAT : xxx               LIV ARR  : xxx
 KENPAC   : x                 WAIVR ELG: xx              SUBMIT-ID: xxxxxxxxxxxxxxx
-------------------------------------------------------------------------------------------------------------
 BILL-PROV: xxxxxxxxxxxxxxx   PROV-COS : xx              PROV-SPEC: xxx               OUT OF ST: x
 BPRV STAT: xx                STAT DATE: 99/99/9999      COUNTY   : xxx               HMO IND  : x
 UPIN     : xxxxxxxxxxxxxxx   PAYTO PRV: xxxxxxxxxxxxxxx DEA NO.  : xxxxxxxxx
 GROUP PRV: xxxxxxxxxxxxxxx   GROUP COS: xx
-------------------------------------------------------------------------------------------------------------
 ADJ. RSN.: xxxx              CRED IND.: x               CCN      : xxxxxxxxxxx                :
 ICN OF CR: xxxxxxxxxxxxx     ICN TO CR: xxxxxxxxxxxxx
-------------------------------------------------------------------------------------------------------------
 CLM-CHRG : ########.##       REIMB AMT: ########.##     NET CHRG : #######.##        MBR PMNT : #######.##
 TPL AMT  : ########.##       MCARE AMT: ########.##     NONCV-AMT: #######.##        PROF-COMP: #######.##
 SPENDDOWN: #########.##                :               RA NUMBER: ##########        WARRANT# : xxxxxxxxx
-------------------------------------------------------------------------------------------------------------
 OLD TCN  : xxxxxxxxxxxxxxxxxx PA NUMBER: xxxxxxxxxx     OLD P/A  : xxxxxxxxxx        NO. CYCLS: ##
 CLERK    : xxxxxxxx          OVR EXC  : ####            OVR CLERK: xxxxxxxx          CUT BACK : x
 MED REC# : xxxxxxxxxxxxxxx   EOB CODES: xxxx xxxx       SPEC PGM : xxx               FAM PLAN : x
-------------------------------------------------------------------------------------------------------------
 ATTN PROV: xxxxxxxxxxxxxxx   PERF PROV: xxxxxxxxxxxxxxx REFR PROV: xxxxxxxxxxxxxxx   ALLWD CHG: #######.##
 ALLWD SRC: x                 PA IND   : x               FIN CLASS: x                 TYPE BILL: xx
 DSCHRG HR: ##                PAT STAT : xx              COV DAYS : ####              NCOV DAYS: ####
 SPC PRICE: x                 UR PERFRM: xx              ADMIT DTE: 99/99/9999        ADMIT HR : ##
 DIAG CODE: xxxxxxx           DIAG CODE: xxxxxxx         DIAG CODE: xxxxxxx           DIAG CODE: xxxxxxx
 SURGERY-1: xxxx xxxxxxxxxxx  SURGERY-2: xxxx xxxxxxxxxxx SURGERY 3: xxxx xxxxxxxxxxx  COND CODE: xx
 VALU CODE: xx ########.##    VALU CODE: xx ########.##  OCCU DATA: xx      xxxxxxxxxxx OCCU DATA: xx      xxxxxxxxxxx
 MC APPRV : ######.##         MC DEDUCT: ######.##
 MC COINS : ######.##         MC NETPAY: ######.##       SURG PROV: xxxxxxxxxxxxxxx
-------------------------------------------------------------------------------------------------------------
 LINE ITEM: ###               LI FDOS  : 99/99/9999      LI TDOS  : 99/99/9999        LN PROC C: xxxxx  xx xx xx xx
 LN REVENU: xxxx              LN UNITS : ######.##       SUBM CHRG: #######.##        ALLW CHRG: #######.##
 ALLW CG S: xxxxxx            LN EOB   : xxxx xxxx xxxx xxxx LN OVRIDE: xx            LN TOS   : xx
 NCOV AMT : ######.##         PROF COMP: ###.##          UNIT BILL: #######.##
-------------------------------------------------------------------------------------------------------------


Report  : QAA-8101-M                    COMMONWEALTH OF KENTUCKY (M1)                    Run Date: 99/99/9999
Process : QAAJM810                   MEDICAID MANAGEMENT INFORMATION SYSTEM              Run Time:   99:99:99
Location: QAAP8100             QAA Claims Monitoring Hospital Services Detail Report         Page:   ########

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

2.8.2.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
# LN ITEM	The number of line items contained in the claim.	4	Number	T_RS_SELECT_RSLT / T_CA_HDR_DTL	NUM_DTL
#CUR EXCP	The number of current exceptions appearing on the claim.	4	Number	T_CA_ERROR	COUNT(SAK_CLAIM)
ADJ. RSN.	The adjustment reason code (appears on adjusted claims only).	4	Char	T_CDE_HIPAA_ADJRSN	CDE_ADJ_RSN
ADMIT DTE	The admit date. (STRATUM 100, 200, AND 500 Only)	10	Date	T_CA_ICN	DTE_ADMISSION
ADMIT HR	The admit hour. (STRATUM 100, 200, AND 500 Only)	2	Number	T_CA_UB92	CDE_ADMIT_HOUR
AGE	The member age at the time the services were performed.	2	Number	T_RS_SELECT_RSLT	NUM_RECIP_AGE
ALLW CG S	The allowed charge source code. (STRATUM 100, 200, AND 500 Only)	6	Char	T_CA_ICN	IND_PRICING
ALLW CHRG	The MAC (Maximum Allowed Charge) code. (STRATUM 400 Only)	9	Number	T_CA_HDR_DTL / T_CA_ICN	AMT_ALWD
ALLWD CHG	The allowed charge for the line item.	9	Number	T_RS_SELECT_RSLT	AMT_ALWD
ALLWD SRC	The allowed charge source code.	6	Char	T_CA_HDR_DTL / T_CA_ICN	IND_PRICING
ATTN PROV	The attending provider license number.	15	char	T_CA_HDR_DTL /	ID_PROV_ATTEND

Field	Description	Length	Data Type	DB Table	DB Attributes
	(STRATUM 100, 200, AND 500 Only)			T_CA_ICN	
BASE MID	The unique number assigned to the member.	12	Char	T_RS_SELECT_RSLT	ID_MEDCAID
BILL-PROV	The billing provider number.	15	Char	T_RS_SELECT_RSLT	ID_PROV_BILL
BPRV STAT	The billing provider's status code.	1	Char	T_PR_HB_LIC	CDE_STATUS1
BRTH DATE	The member date of birth.	10	Date	T_RS_SELECT_RECIP	DTE_BIRTH
CASE NO.	The member case number.	12	Char	T_CA_ICN	NUM_CASE
CCN	The cash control number.	11	char	T_CASH_RECEIPT	CASH_CTL_NO
CLAIM TYP	The claim input form indicator.	1	Char	T_RS_SELECT_RSLT	CDE_CLM_TYPE
CLERK	The clerk identification of the last clerk to update the claim.	8	char	T_CA_ICN	ID_CLERK
CLM-CHRG	The total claim charge submitted by the provider.	10	Number	T_CA_ICN	AMT_BILLED
CLM-STAT	The claim status code (N = Paid, P = Denied).	1	Char	T_CA_ICN	CDE_DTL_STATUS
COND CODE	The claim condition code. (STRATUM 100, 200, AND 500 Only)	2	char	T_CA_COND	CDE_COND
COUNTY	The billing provider's county code.	10	Char	T_CA_PROV_KEY	CDE_SVC_COUNTY

Field	Description	Length	Data Type	DB Table	DB Attributes
COV DAYS	The covered days (STRATUM 100, 200, AND 500 Only)	0	Number	T_CA_ICN	NUM_DAYS_COVD
CRED IND.	The claim credit indicator.	1	char	T_CA_ICN	CDE_ADJ_VOID
CUT BACK	The header cut back reason code.	1	char	T_CA_ERROR	Y if CDE_EOB = '9922'
DEA NO.	The provider's DEA number.	9	Char	T_PR_SVC_LOC_DN	NUM_DEA
DIAG CODE	The diagnosis code that was keyed on the claim.	7	Char	T_RS_SELECT_RSLT	CDE_DIAG_PRIM, CDE_DIAG_2, CDE_DIAG_3, CDE_DIAG_4
DSCHRG HR	The hour the member was discharged from the hospital. Hour 01 is 1:00 am; hour 24 is midnight.	2	Number	T_CA_UB92	TIME_DISCHARGE
EOB CODES	The header explanation of benefits codes.	4	Char	T_CA_ERROR_DN	CDE_EOB_1, CDE_EOB_2
FAM PLAN	Procedure indicator (abortion, sterilization, hysterectomy, family planning). (STRATUM 300 AND 400 Only)	4	Char	T_CA_IND_KEY	IND_STERILIZATION, IND_ABORTION, IND_HYST, IND_REF_FAM_PLA N
FIN CLASS	The financial class code (STRATUM 100, 200, AND 500 Only)	3	char	T_CA_CLAIM_KEY	CDE_FUND_CODE

Field	Description	Length	Data Type	DB Table	DB Attributes
FROM DATE	The header from date of service on the claim.	10	Date	T_RS_SELECT_RSLT	DTE_FROM_SVC
FRST NAME	The member first name.	15	Char	T_RS_SELECT_RECIP	NAM_FIRST
GROUP COS	The provider's group category of service.	2	char	T_CA_CLAIM_KEY	CDE_COS_ST
GROUP PRV	The provider's group number.	15	char	T_PR_SVC_LOC_DN	ID_PROVIDER_BASE
HIC	The member Health Insurance Claim number assigned by Medicare.	11	Char	T_RE_EDB	NUM_HIC
HMO CAP	The member HMO capitation group.	1	Char	T_CA_IND_KEY	IND_MNGD_HEALTH
HMO IND	The HMO process indicator.	1	Char	T_CA_PROV_KEY	IND_PROV_HLTH_C ARE
ICN	The internal control number of the claim pulled for Contract Monitoring review.	13	Char	T_RS_SELECT_RSLT	NUM_ICN
ICN OF CR	The original ICN if the claim was converted.	13	char	T_CA_ICN	NUM_ADJ_ICN
ICN TO CREDIT	ICN to Credit	13	char	T_CA_ICN	NUM_ICN
INVOICE D	Invoice Date	10	Date	T_CA_ICN	DTE_BILLED
KENPAC	The KenPAC flag.	1	Char	T_CA_IND_KEY	IND_KENPAC
LAST NAME	The member last name.	20	Char	T_RS_SELECT_RECIP	NAM_LAST

Field	Description	Length	Data Type	DB Table	DB Attributes
LI FDOS	The line item first date of service.	10	Date	T_CA_HDR_DTL / T_RS_SELECT_RSLT	DTE_FIRST_SVC
LI TDOS	The line item to date of service.	10	Date	T_CA_HDR_DTL / T_RS_SELECT_RSLT	DTE_LAST_SVC
LINE ITEM	The item number of the line whose detail is to follow.	2	Number	T_CA_HDR_DTL / T_RS_SELECT_RSLT	NUM_DTL
LIV ARR	The living arrangement indicator.	2	Char	T_RS_SELECT_RSLT	CDE_LIV_ARNG
LN EOB	The line item EOB code.	4	char	T_CA_ERROR_DN	CDE_EOB
LN OVRIDE	The line item override code.	1	char	T_CLAIM_ERROR	CDE_STATUS1
LN PROC C	The line item procedure code. (STRATUM 100, 200, AND 500 Only)	6	Char	T_CA_HDR_DTL / T_RS_SELECT_RSLT	CDE_PROC
LN REVENU	The line item revenue code. (STRATUM 100, 200, AND 500 Only)	4	Number	T_CA_HDR_DTL / T_CA_ICN	CDE_REVENUE
LN TOS	The line item type of service code. (STRATUM 100, 200, AND 500 Only)	1	char	T_CDE_PROC	CDE_CMS_TOS
LN TOS	The line item place of service and type of service. (STRATUM 300 AND 400 Only)	4	Char	T_CDE_PROC	CDE_CMS_TOS
LN UNITS	The units submitted for the line item.	9	Number	T_CA_HDR_DTL / T_CA_ICN	QTY_UNITS_BILLED
LOCK-IN	The member lock-in flag.	1	Char	T_RS_SELECT_RSLT	IND_RESTRICT_LI

Field	Description	Length	Data Type	DB Table	DB Attributes
MBR CNTY	The member county code used to identify a geographical/political area in the state.	3	Char	T_CA_RECIP_KEY	CDE_COUNTY
MBR PGM	The member program code.	5	Char	T_CA_CLAIM_KEY	CDE_PGM_HEALTH
MBR PMNT	The amount received by the provider from the member. This excludes copay. This is the amount that has been determined to be available from the member as partial payment of the cost of care.	9	Number	T_CA_ICN	AMT_PAT_LIAB
MBR STAT	The member status code.	2	Char	T_CA_RECIP_KEY	CDE_PGM_STATUS
MC APPRV	The sum of the amount approved by Medicare for the service. The amount approved by Medicare is the basis for deductible paid and/or coinsurance paid for which the member (Medical Assistance) is responsible.	8	Number	T_CA_XOVER	AMT_ALWD_MCARE
MC COINS	The Medicare coinsurance amount.	12	Number	T_CA_XOVER	AMT_COINSURANCE
MC DEDUCT	The Medicare deductible amount for the line item. (STRATUM 300 AND 400 Only)	12	Number	T_CA_XOVER	AMT_DEDUCT
MC NETPAY	The Medicare net pay mount. (STRATUM 100, 200, AND 500 Only)	12	Number	T_RS_SELECT_RSLT	AMT_PAID_MCARE
MCARE AMT	The amount paid by Medicare. (STRATUM 300 AND 400 Only)	12	Number	T_RS_SELECT_RSLT	AMT_PAID_MCARE

Field	Description	Length	Data Type	DB Table	DB Attributes
MCARE IND	The member Medicare coverage indicator.	1	Char	T_RE_BASE_DN	IND_MEDICARE_A / IND_MEDICARE_B
MED REC#	The medical record number submitted by the provider.	30	char	T_CA_UB92	CDE_MED_REC_NUM
MEMBER ID	The Medicaid identification number for the member.	12	Char	T_RS_SELECT_RSLT	ID_MEDICAID
NCOV AMT	The line item noncovered amount.	12	Number	T_CA_HDR_DTL / T_RS_SELECT_RSLT	calculated
NCOV DAYS	The noncovered days. (STRATUM 100, 200, AND 500 Only)	4	Number	T_CA_ICN	NUM_DAYS_NCOVD
NET CHRG	The net claim charge.	12	Number	T_RS_SELECT_RSLT	AMT_PAID
NH IND	Indicator (Y or N) denoting if member is in a nursing home.	1	Char	T_RS_SELECT_RSLT	CDE_PROV_TYPE
NO. CYCLS	The number of cycles this claim processed through until adjudication.	2	Number	T_CA_ERROR	calculated
NONCV-AMT	The header claim noncovered amount.	12	Number	T_CA_HDR_DTL / T_RS_SELECT_RSLT	calculated
OCCU DATA	The occurrence code and date. (STRATUM 100, 200, AND 500 Only)	12	char	T_CA_OCCUR	CDE_OCCURRENCE/ DTE_OCCURRENCE
OLD P/A	The previous service/prior authorization number from which the new PA number	10	char	T_CA_ICN	NUM_PRIOR_AUTH

Field	Description	Length	Data Type	DB Table	DB Attributes
	was converted.				
OLD TCN	The EDS ICN if the claim was converted.	18	Char	T_CA_ICN	NUM_TCN
ORG-MBR	The original member identification number.	12	Char	T_RS_SELECT_RSLT	ID_MEDICAID
OUT OF ST	The out of state indicator.	1	Char	T_PR_SVC_LOC_DN	IND_OOS
OVR CLERK	The identification of the clerk who entered the override fields.	8	char	T_CLAIM_ERROR	ID_CLERK
OVR EXC	The override exception code.	4	Number	T_CA_ERROR	CDE_ESC
PA IND	The long term care service/prior authorization indicator. (STRATUM 400 Only)	1	Char	T_CA_ICN	NUM_PRIOR_AUTH
PA IND	The claim service/prior authorization indicator. (STRATUM 100, 200, AND 500 Only)	1	char	T_CA_ICN	calculated
PA NUMBER	The service/prior authorization number submitted for the claim.	10	char	T_RS_SELECT_RSLT	NUM_PRIOR_AUTH
PAT STAT	The patient status at time of billing. (STRATUM 100, 200, AND 500 Only)	2	char	T_CA_RECIP_KEY	CDE_PGM_STATUS
PAYTO PRV	The pay-to provider number.	15	Char	T_RS_SELECT_RSLT	ID_PROV_BILL
PERF PROV	The performing provider number (STRATUM 100, 200, AND 500 Only)	15	char	T_RS_SELECT_RSLT	ID_PROV_PERF

Field	Description	Length	Data Type	DB Table	DB Attributes
PROF-COMP	The line item professional component amount.	9	Number	T_CA_HDR_DTL	AMT_CO_PAY
PROV-COS	The billing provider's category of service.	2	Char	T_CA_CLAIM_KEY	CDE_COS_SUB
PROV-SPEC	The billing provider's specialty code.	3	Char	T_PR_SVC_LOC_DN	CDE_PROV_SPEC
RA NUMBER	The remittance advice number on which the final adjudication of this claim is reported.	10	Number	T_CA_ICN	NUM_RA
RACE	The member race code.	2	Char	T_CA_RECIP_KEY	CDE_ETHNIC
REFR PROV	The prescribing provider's license number. (STRATUM 400 Only)	10	Char	T_CA_PROV_KEY	NUM_REFER_LIC
REGION	Code which indicates the media on which a claim was submitted (MIS table).	2	Char	T_CA_CLAIM_KEY	CDE_REGION
REIMB AMT	The total reimbursement amount by Medicaid.	10	Number	T_CA_ICN	AMT_REIMBURSED
REVIEW	The member-on-review indicator.	1	Char	T_CA_ICN	IND_INVESTIGATION
SEX	The member sex.	1	Char	T_RS_SELECT_RECIP	CDE_SEX
SOURCE -CD	The member source code.	5	Char	T_RE_BASE_DN	CDE_SOURCE
SPC PRICE	Indicates whether the procedure/drug is exempt from the member copayment requirement.	1	Char	T_CA_ICN	IND_PRICING

Field	Description	Length	Data Type	DB Table	DB Attributes
SPEC PGM	Code indicating the Special Program under which the services rendered to the patient were performed. Component of Claim Information.	3	Char	T_UB92_HDR_EXT_KEY	CDE_SPECIAL_PROGRAM
SPENDDOWN	The total amount of spenddown the case is responsible for during the specified time period.	10	Number	T_CLM_PATLIAB_X	AMT_PD_PAT_UB92
SPNDD IND	The member spenddown indicator.	1	Char	T_RE_SPEND_LIAB	AMT_SPENDDOWN (If amt_spenddown <> 0, spendown ind = Y
SSN	The member Social Security number.	9	Char	T_RE_BASE_DN	NUM_SSN
STAT DATE	The date the billing provider was first active	10	Date (CCYY/MM/DD)	T_PR_SVC_LOC_DN	DTE_EFFV
SUBM CHRG	The charge submitted for the line item.	12	Number	T_CA_HDR_DTL / T_RS_SELECT_RSLT	AMT_BILLED
SUBMIT-ID	The EMC submitter identification number.	15	Char	T_RS_SELECT_RSLT	ID_MCO_SUBMITTER
SURG PROV	The ID for the surgical provider.	15	Char	T_CA_PROV_KEY	ID_PROVIDER_NPI
SURGERY-1	The primary surgery code and date performed.	15	Char	T_CA_ICD9_PROC_DN	DTE_ICD_9_CM_PROC_1,CDE_PROC_ICD9_1

Field	Description	Length	Data Type	DB Table	DB Attributes
SURGERY-2	The secondary surgery code and date performed.	15	Char	T_CA_ICD9_PROC_DN	DTE_ICD_9_CM_PROC_2,CDE_PROC_ICD9_2
SURGERY-3	The tertiary surgery code and date performed.	15	Char	T_CA_ICD9_PROC_DN	DTE_ICD_9_CM_PROC_3,CDE_PROC_ICD9_3
THE FIELDS REPORTED WILL VARY DEPENDING ON THE CLAIM TYPE.	N/A	0	Char	N/A	N/A
THRU DATE	The header thru date of service on the claim.	10	Date	T_RS_SELECT_RSLT	DTE_LAST_SVC
TP FOLLOW	The TPL follow-up indicator.	2	Char	T_CA_IND_KEY	IND_TPL
TPL AMT	The third party payment amount.	12	Number	T_RS_SELECT_RSLT	AMT_TPL
TYPE BILL	The location at which a service was rendered, such as office, home, emergency room, and so on. This applies only to electronic claims. Paper claims do not carry place of service at header. (STRATUM 100, 200, AND 500 Only)	2	char	T_CA_ICN	CDE_TYPE_OF_BILL
UNIT BILL	The per unit bill amount.	9	Number	T_RS_SELECT_RSLT	AMT_BILLED/NUM_UNIT_SVC

Field	Description	Length	Data Type	DB Table	DB Attributes
UPIN	The Universal Provider Identification Number.	16	char	T_CA_PROV_KEY	ID_PROVIDER_NPI
VALU CODE	The claim value code dollar amount. (STRATUM 100, 200, AND 500 Only)	2	char	T_CA_VALUE_DN	CDE_VALUE_1, CDE_VALUE_2
WAIVR ELG	The COS waiver eligibility code.	2	Char	T_CA_CLAIM_KEY	CDE_COS_ST
WARRANT#	The number of the check issued to the provider which included payment for this claim.	9	char	T_CA_ICN	NUM_CHECK

2.8.2.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.2.6 Associated Requirements

ID
30.090.010.003.4

2.8.2.7 Change Orders

ID	Name	Description
1514	QAA-Claims Hospital Detail	Develop QA&A Claims Monitoring-Hospital Svcs-Detail Report(KYML8100-R001).

2.8.3 QAA Contract Monitoring Crossover Services

The CM Crossover Services report lists, by system-assigned quality control number, claims selected for processing accuracy assessment. This report is for Stratum 500 which contains only crossover services claims.

2.8.3.1 Technical Name

QAA Contract Monitoring Crossover Services

2.8.3.2 Sort Order

QC Number

2.8.3.3 QAA Contract Monitoring Crossover Services Layout

Report : QAA-5005-M COMMONWEALTH OF KENTUCKY Run Date: 07/24/2006
Process : QAAJM505 MEDICAID MANAGEMENT INFORMATION SYSTEM Run Time: 14:41:03
Location: QAAP5005 QA&A Contract Monitoring Crossover Services Page: 1

QC NUMBER	ICN	MEMBER NAME	MEMBER ID	BILLING PROVIDER NUMBER	FIRST DATE OF SERVICE	ADJUDICATION DATE	PAID AMOUNT
1	2005138003004	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	888800043	1000000360	01/02/2005	05/19/2005	$99999999.99
2	2005090000010	CINDY A BILLS	000001869	1000001037	09/01/2004	03/31/2005	$700.00
3	2005066000027	RICK LANE	000039888	1000001037	07/01/2004	03/08/2005	$125.00
4	2105061003011	MIKE J ANDERSON	000001452	1000000981	08/21/2004	03/03/2005	$11.53
5	2005105000012	AMY ANDERSON	888800041	1000000971	10/16/2004	04/15/2005	$1000.00
6	2005090000035	LYLE MITCHEL	000039996	1000001037	07/01/2004	04/04/2005	$700.00
7	2005105000011	PAM LANE	000002470	1000000971	10/16/2004	04/15/2005	$1000.00
8	2205175003002	RICK LANE	000039888	1000000971	09/09/2004	06/28/2005	$3.00
9	2005108000054	JANET J BILLS	000001889	1000001037	02/10/2005	04/19/2005	$725.50
10	2005111016032	ZELDA B WATERS	000001346	1000000025	04/04/2005	04/22/2005	$3.75
11	5205110001001	ZELDA B WATERS	000001346	1000000360	02/18/2005	04/21/2005	$47.00
12	5205112001001	RICK LANE	000039888	1000000971	08/09/2004	04/22/2005	$3.00
13	5205130001007	ZELDA B WATERS	000001346	1000000360	08/01/2004	05/10/2005	$64.00
14	2005070016014	RICK LANE	000039888	1000000394	09/06/2004	03/15/2005	$37.00
15	2005060016007	MIKE SMITH	000041515	1000000394	10/02/2004	03/01/2005	$37.00
16	2005106000022	OSCAR MITCHEL	000039969	200308710A	10/16/2004	04/18/2005	$1000.00
17	2105061003015	MIKE J ANDERSON	000001452	1000000981	10/21/2004	03/03/2005	$1.38
18	2005145003003	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	888800043	1000000360	05/02/2005	05/26/2005	$84.00
19	2005066000014	ZELDA B WATERS	000001346	1000001037	07/01/2004	03/08/2005	$700.00
20	2005091000027	HANK COX	000001326	100760599A	11/01/2004	04/04/2005	$150.00
21	5205112001007	ZELDA B WATERS	000001346	1000000360	08/01/2004	04/22/2005	$64.00
22	2005067000008	ZELDA B WATERS	000001346	1000000971	09/16/2004	03/08/2005	$1000.00
23	2105074003010	MIKE J ANDERSON	000001452	1000000981	10/21/2004	03/15/2005	$1.38
24	2005060000016	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	000041450	1000001037	10/01/2004	03/01/2005	$750.00
25	2005059016005	MIKE J ANDERSON	000001452	1000000159	09/06/2004	03/01/2005	$37.00
26	2005112000033	CINDY A BILLS	000001869	1000001037	09/04/2004	04/22/2005	$700.00
27	2005125000025	ZELDA B WATERS	000001346	1000000360	08/01/2004	05/06/2005	$64.00
28	2105074003026	MIKE J ANDERSON	000001452	1000000981	10/21/2004	03/17/2005	$1.38
29	2105067003009	DEBBIE D LANE	000002469	1000000971	08/01/2004	03/08/2005	$2.50
30	2105074003022	MIKE J ANDERSON	000001452	1000000981	10/21/2004	03/17/2005	$1.38
31	2005104016045	HANK W SMITH	000001261	1000000025	11/02/2004	04/28/2005	$8.75
32	2005090000021	ZELDA B WATERS	000001346	1000000360	01/25/2005	03/31/2005	$49.00
33	2005105016029	HANK W SMITH	000001261	1000000025	01/30/2005	04/15/2005	$18.25
34	2005077000018	ZELDA B WATERS	000001346	1000000981	01/01/2005	03/22/2005	$750.00
35	2005091000036	HANK COX	000001326	100760599A	10/01/2004	04/04/2005	$150.00
36	2005110016022	ZELDA B WATERS	000001346	1000000025	01/15/2005	04/21/2005	$3.75
37	2005070016009	LYLE R HALL	000040496	1000000394	09/06/2004	03/15/2005	$37.00
38	5205112001002	DEBBIE D LANE	000002469	1000000394	09/06/2004	04/22/2005	$22.50
39	2005073000011	ZELDA B WATERS	000001346	1000000981	03/01/2005	03/15/2005	$750.00
40	2005060000015	PAM LANE	000002470	1000000971	11/01/2004	03/01/2005	$750.00
41	2005079003001	ZELDA B WATERS	000001346	1000000360	02/03/2005	03/22/2005	$94.00
42	2005069003002	ZELDA B WATERS	000001346	1000000360	01/03/2005	03/10/2005	$94.00
43	2005110000005	HANK W SMITH	000001261	1000000360	01/27/2005	04/20/2005	$24.00
44	5005125250002	ZELDA B WATERS	000001346	1000000025	04/04/2005	05/06/2005	$3.75
45	2105074003014	MIKE J ANDERSON	000001452	1000000981	10/21/2004	03/15/2005	$1.38
46	2005063000027	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	000041450	1000001037	07/01/2004	03/08/2005	$700.00
47	2105068003003	RICK LANE	000039888	1000000971	08/09/2004	03/10/2005	$2.50
48	2005060000019	PAM LANE	000002470	1000000971	09/16/2004	03/01/2005	$1000.00

Report : QAA-5005-M COMMONWEALTH OF KENTUCKY Run Date: 07/24/2006
Process : QAAJM505 MEDICAID MANAGEMENT INFORMATION SYSTEM Run Time: 14:41:03
Location: QAAP5005 QA&A Contract Monitoring Crossover Services Page: 2

QC NUMBER	ICN	MEMBER NAME	MEMBER ID	BILLING PROVIDER NUMBER	FIRST DATE OF SERVICE	ADJUDICATION DATE	PAID AMOUNT
49	2005119000032	ZELDA B WATERS	000001346	1000000360	08/01/2004	04/29/2005	$64.00
50	2005060000022	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	000041450	1000001037	11/01/2004	03/01/2005	$700.00

As of Date : 12/31/2005

Beginning QC Number : 1 Ending QC Number : 50
Claims Universe : 66 Total Claims Sampled : 50

*** END OF REPORT ***

2.8.3.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Adjudication Date	The adjudication date.	10	Date	T_RS_SELECT_RSLT	DTE_PAID
Amount Paid	The reimbursement amount.	11	Number (Decimal)	T_RS_SELECT_RSLT	AMT_PAID
As of Date	The date of for which this report is produced	10	Date (MM/DD/CCYY)	T_RS_SELECT	DTE_HIST_TO
Beginning QC Number	The transaction control number of the first claim on the report.	9	Number	T_RS_SELECT_RSLT	SEQ_RANDOM
Billing Provider Number	The provider number.	15	Char	T_RS_SELECT_RSLT	ID_PROV_BILL
Claims Universe	The total number of claims which meet the selection criteria and from which the sample was taken.	9	Number	T_RS_SELECT	NUM_POPULATION
Ending QC Number	The transaction control number of the last claim on the report.	9	Number	T_RS_SELECT_RSLT	SEQ_RANDOM
First Date of Service	The first date of service.	10	Date	T_RS_SELECT_RSLT	DTE_FIRST_SVC
ICN	The transaction control number of the claim selected.	13	Char	T_RS_SELECT_RSLT	NUM_ICN
Member ID	The Medicaid identification number for the member.	12	Char	T_RS_SELECT_RSLT	ID_MEDICAID
Member Name	The full member name.	52	Char	T_RS_SELECT_RECIP	NAM_LAST, NAM_FIRST,

Field	Description	Length	Data Type	DB Table	DB Attributes
					NAM_MID_INIT
QC Number	The QC number (a system parameter with beginning number).	9	Number	T_RS_SELECT_RSLT	SEQ_RANDOM
Total Claims Sampled	The number of claims selected for the sample.	9	Number	T_RS_SELECT	CNT_RESULT

2.8.3.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.3.6 Associated Requirements

ID
30.090.010.002.1
30.090.010.003.4

2.8.3.7 Change Orders

ID	Name	Description
1565	QAA-CM Crossover Services	Develop QA&A-Contract Monitoring Crossover Services Report.

2.8.4 QAA Contract Monitoring Diagnosis Display

The QAA Contract Monitoring Diagnosis Display report displays the data from the Procedure Drug and Diagnosis File for each diagnosis code billed on the claims that are pulled for each of the 5 Contract Monitoring strata.

2.8.4.1 Technical Name

QAA Contract Monitoring Diagnosis Display

2.8.4.2 Sort Order

For Sample Number

2.8.4.3 QAA Contract Monitoring Diagnosis Display Layout

```
Report  : QAA-6701-M                          COMMONWEALTH OF KENTUCKY                                  Run Date: 08/18/2006
Process : QAAJM671                         MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   16:35:35
Location: QAAP6701                       Contract Monitoring Diagnosis Display Report                        Page:          1
                                                                                  As of Date: 12/31/2005

                                                 For Sample # HOSP2

                                                          Member Id: 000002469      ICN: 2005080130019
-------------------------------------------------------------------------------------------------------------------------------
 Diagnosis                                        Min  Max  Sex  Emr  Fam  Preg  Att  Primary  Sub Class   Date of last
                                                  Age  Age  Ind  Ind  Ind  Ind   Ind  Ind      Ind         Transaction
-------------------------------------------------------------------------------------------------------------------------------
4210     - AC/SUBAC BACT ENDOCARD INCREASED LENGTH  0  999  B    N    N    N     N     Y       N           08/04/2006

                                                 For Sample # HOSP3

                                                          Member Id: 000001385      ICN: 2005055100104
-------------------------------------------------------------------------------------------------------------------------------
 Diagnosis                                        Min  Max  Sex  Emr  Fam  Preg  Att  Primary  Sub Class   Date of last
                                                  Age  Age  Ind  Ind  Ind  Ind   Ind  Ind      Ind         Transaction
-------------------------------------------------------------------------------------------------------------------------------
95901    - HEAD INJURY, UNSPECIFIED                 0  999  M    N    N    N     N     Y       N           08/08/2006

                                                 For Sample # HOSP4

                                                          Member Id: 000001385      ICN: 2205056100007
-------------------------------------------------------------------------------------------------------------------------------
 Diagnosis                                        Min  Max  Sex  Emr  Fam  Preg  Att  Primary  Sub Class   Date of last
                                                  Age  Age  Ind  Ind  Ind  Ind   Ind  Ind      Ind         Transaction
-------------------------------------------------------------------------------------------------------------------------------
95901    - HEAD INJURY, UNSPECIFIED                 0  999  M    N    N    N     N     Y       N           08/08/2006

                                                 For Sample # HOSP5

                                                          Member Id: 000040075      ICN: 5205119001020
-------------------------------------------------------------------------------------------------------------------------------
 Diagnosis                                        Min  Max  Sex  Emr  Fam  Preg  Att  Primary  Sub Class   Date of last
                                                  Age  Age  Ind  Ind  Ind  Ind   Ind  Ind      Ind         Transaction
-------------------------------------------------------------------------------------------------------------------------------
25000    - DIABETES UNCOMPL ADULT                   0  999  B    N    N    N     N     Y       N           08/08/2006

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

2.8.4.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
As of Date	The last date of the period for which the report was produced.	10	Date	T_RS_SELECT	DTE_HIST_TO
Attachment Indicator	Indicates whether documentation is required for the diagnosis.	1	Char	T_DIAG_LIMIT	IND_ATTACHMENT
Date of Last Transaction	The date of the last update transaction made to the file.	10	Date	A_T_DIAG_LIMIT	DTE_SYSDATE
Diagnosis	The diagnosis code and description.	47	char	T_RS_SELECT_RSLT, T_DIAGNOSIS	CDE_DIAG_1,2,3 or 4 and DSC_25
Emr Ind	The Emergency indicator associated with this diagnosis code.	1	char	T_DIAG_LIMIT	IND_EMERGENCY
Fam Pln	The family planning indicator.	1	char	T_DIAG_LIMIT	IND_FAM_PLAN
For Sample #	The type of claim strata along with the QC number assigned to the claim whose diagnosis data follows.	10	char	T_RS_SELECT, T_RS_SELECT_RSLT	ID_RQST_BY, SEQ_RANDOM
ICN	The transaction control number of the claim whose diagnosis codes are reported.	13	char	T_RS_SELECT_RSLT	NUM_ICN
Max Age	The maximum age required for a member to be diagnosed with this code.	3	Number	T_DIAG_LIMIT	QTY_AGE_MAX
Member ID	The Medicaid identification number for the member.	12	char	T_RS_SELECT_RSLT	ID_MEDICIAD
Min Age	The minimum age required for a member to be diagnosed with this	3	Number	T_DIAG_LIMIT	QTY_AGE_MIN

Field	Description	Length	Data Type	DB Table	DB Attributes
	code.				
Pregnancy Ind	Indicates if the diagnosis is for a pregnancy.	1	Char	T_DIAG_LIMIT	IND_PREGNANCY
Primary Ind	Indicates primary diagnosis codes cannot be billed. The valid values are Y/N.	1	Char	T_DIAG_LIMIT	IND_PRIMARY
Sex Ind	The sex indicator for the diagnosis code.	1	char	T_DIAG_LIMIT	CDE_SEX
Subclass Ind	Indicates whether the diagnosis requires further specification.	1	Char	T_DIAG_LIMIT	IND_SUB_CLASS

2.8.4.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.4.6 Associated Requirements

ID
30.090.010.003.4

2.8.4.7 Change Orders

ID	Name	Description
1503	QAA-CM Diagnosis Display Report	Develop Contract Monitoring Diagnosis Display Report. (KYML6700-R001)

2.8.5 QAA Contract Monitoring Hospital Services

The Case Management Hospital Services report lists, by system-assigned quality control number, the hospital service claims selected for the claims processing accuracy sample.

2.8.5.1 Technical Name

QAA Contract Monitoring Hospital Services

2.8.5.2 Sort Order

QC Number

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

2.8.5.3 QAA Contract Monitoring Hospital Services Layout

Report : QAA-5001-M
Process : QAAJM501
Location: QAAP5001

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
QA&A Contract Monitoring Hospital Services

Run Date: 07/24/2006
Run Time: 14:40:42
Page: 1

QC NUMBER	ICN	MEMBER NAME	MEMBER ID	BILLING PROVIDER NUMBER	FIRST DATE OF SERVICE	ADJUDICATION DATE	PAID AMOUNT
1	2105106100001	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	000041487	200308710A	11/29/2004	04/18/2005	$99999999.99
2	2005080130019	DEBBIE D LANE	000002469	1000000335	05/03/2003	03/22/2005	$50.00
3	2005055100104	BILLY MITCHEL	000001385	1000000971	02/15/2004	02/24/2005	$8127.35
4	2205056100007	BILLY MITCHEL	000001385	1000000971	10/13/2004	03/01/2005	$8127.35
5	5205119001020	TIM J ROSE	000040075	1000000515	09/01/2004	04/29/2005	$37.50
6	2205115130002	ANDY D SMITH	000002456	1000000069	11/21/2004	04/25/2005	$99.00
7	2005104250042	RICK VINE	000002446	1000000515	07/20/2004	04/14/2005	$1.16
8	2005091100025	DEBBIE D LANE	000002469	1000000971	03/18/2005	04/04/2005	$735.85
9	2205068100046	EDDIE B TYLER	000040344	1000000971	03/01/2005	03/10/2005	$3863.76
10	5205110001006	HANK W SMITH	000001261	1000000515	12/02/2004	04/21/2005	$184.80
11	2005104130032	RICK C COX	000040632	1000000360	01/04/2005	04/14/2005	$24.88
12	2005112130108	YANCY C JAMES	000001297	200307489B	02/06/2004	04/22/2005	$4.95
13	2205111130001	ANDY WATERS	000039866	1000000971	12/01/2004	04/21/2005	$50.00
14	2005081100004	RICK LANE	000039888	1000000981	10/01/2004	03/22/2005	$7760.00
15	2005091100034	JANET FILCH	000041423	1000000971	08/15/2004	04/04/2005	$8127.35
16	2005064130003	JANET FILCH	000041423	1000000971	04/23/2004	03/08/2005	$50.00
17	2005110100140	FRANK ROSE	000002431	1000001297	08/24/2004	04/21/2005	$7339.97
18	2005069100127	JANET B ANDERSON	000001308	1000000971	11/15/2004	03/15/2005	$6649.65
19	2205063250009	NANCY D SMITH	000041348	1000001024	06/16/2004	03/08/2005	$708.00
20	5205121001004	ANDY SMITH	000041412	1000000971	02/15/2005	05/02/2005	$11779.70
21	2005077100068	ANDY B JAMES	000002411	1000000971	08/15/2004	03/22/2005	$3694.25
22	2005103250069	RICK VINE	000002446	1000000515	05/20/2004	04/14/2005	$188.80
23	2205115130001	ANDY D SMITH	000002456	1000000069	10/21/2004	04/25/2005	$99.00
24	2005063100063	TIM GATES	000039931	1000000971	02/15/2004	03/08/2005	$11779.70
25	2005069100077	TIM GATES	000039931	1000000971	10/15/2004	03/10/2005	$3394.90
26	2005056250036	JANET J JONES	000041294	1000000358	07/18/2004	03/01/2005	$94.40
27	5205109001005	BILLY MITCHEL	000001385	1000000971	03/15/2005	04/26/2005	$16185.18
28	2105108130135	ROBIN WILLIAMS	888800011	1000001027	10/21/2004	04/19/2005	$7.00
29	2105055130004	LYLE COX	000001423	1000000069	10/21/2004	02/24/2005	$12.80
30	2005108130029	ZELDA B WATERS	000001346	1000000360	01/14/2005	04/18/2005	$10.48
31	2105082130106	DEBBIE J HALL	000040540	200305069A	10/11/2004	03/24/2005	$17.00
32	2005102130067	GREG SMITH	000041590	1000000971	11/21/2004	04/14/2005	$18.37
33	2005113100169	BILLY ANDERSON	000041444	1000000971	01/07/2005	04/25/2005	$2216.55
34	2005060100056	SAM LANE	000001384	1000000971	03/15/2004	03/01/2005	$4404.34
35	2005116100040	SAM TYLER	000001865	1000000971	10/15/2004	04/26/2005	$10137.71
36	2005055100038	ANDY WATERS	000040014	1000001297	08/08/2004	02/24/2005	$581.69
37	2005117130096	YANCY C JAMES	000001297	1000001349	08/12/2004	04/28/2005	$4.95
38	2005112100010	PAM IZZO	000041493	1000001037	08/15/2004	04/22/2005	$6286.06
39	2005070130018	TIM J ROSE	000040075	1000000448	06/04/2004	03/15/2005	$197.00
40	2005055100009	ISABELLA SMITH	000041221	1000000971	09/27/2004	02/24/2005	$735.85
41	2105105130117	JANET W TYLER	000040787	1000000360	08/21/2004	04/15/2005	$21.37
42	2005096100070	JERRID L JOBE	234567899	1000001071	02/15/2005	04/07/2005	$8105.13
43	2005055100017	GREG J COX	000002388	1000000971	02/15/2004	02/24/2005	$8094.35
44	2005102100107	JANET W TYLER	000040787	1000000971	12/23/2004	04/12/2005	$738.85
45	2005111100093	BILLY ANDERSON	000041444	1000000971	03/18/2005	04/21/2005	$2216.55
46	2105106130091	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	000041487	200308710A	12/23/2004	04/18/2005	$13.11
47	2005063100041	DEBBIE D LANE	000002469	1000000971	06/15/2004	03/08/2005	$5876.66
48	2005111130118	ZELDA B WATERS	000001346	1000000360	10/27/2004	04/22/2005	$27.88

Report : QAA-5001-M COMMONWEALTH OF KENTUCKY Run Date: 07/24/2006
Process : QAAJM501 MEDICAID MANAGEMENT INFORMATION SYSTEM Run Time: 14:40:42
Location: QAAP5001 QA&A Contract Monitoring Hospital Services Page: 2

QC NUMBER	ICN	MEMBER NAME	MEMBER ID	BILLING PROVIDER NUMBER	FIRST DATE OF SERVICE	ADJUDICATION DATE	PAID AMOUNT
49	2005116130044	ZELDA B WATERS	000001346	1000000360	04/04/2005	04/26/2005	$16.73
50	2005080100081	DEBBIE D LANE	000002469	1000000971	05/15/2003	03/22/2005	$2147.55
51	2005073130030	DEBBIE D LANE	000002469	1000000971	05/04/2003	03/15/2005	$50.00
52	2005113130163	ZELDA B WATERS	000001346	1000000360	12/27/2004	04/25/2005	$27.88
53	5205112001004	ROBIN WILLIAMS	888800011	1000001027	10/21/2004	04/22/2005	$7.00
54	2205105130002	JANET GATES	000041387	1000000971	04/10/2004	04/15/2005	$17.00
55	2005068100073	ANDY MITCHEL	000001375	1000000971	05/20/2004	03/10/2005	$14735.10
56	2005077130025	ZELDA B WATERS	000001346	1000000360	01/05/2004	03/22/2005	$12.80
57	2005105250069	TIM J ROSE	000040075	1000000515	09/01/2004	04/18/2005	$172.50
58	2005114130113	EDDIE D PAUL	000001267	200307489B	08/18/2004	04/25/2005	$119.80
59	5205121001020	TIM J ROSE	000040075	1000000515	09/01/2004	05/02/2005	$37.50
60	2005081100006	ZELDA B WATERS	000001346	1000000981	01/10/2005	03/22/2005	$803.50
61	2005055100020	SAM LANE	000001384	1000000971	02/15/2004	02/24/2005	$9555.29
62	2005112130132	EDDIE D PAUL	000001267	200307489B	07/05/2004	04/25/2005	$50.00
63	2005115130022	ZELDA B WATERS	000001346	1000000360	02/04/2005	04/25/2005	$27.88
64	2005104130047	RICK R ROSE	000040631	1000000360	01/04/2005	04/14/2005	$24.88
65	2005115130018	EDDIE D PAUL	000001267	200307489B	08/27/2004	04/25/2005	$159.50
66	5205119001005	BILLY MITCHEL	000001385	1000000971	03/15/2005	04/29/2005	$16185.18
67	2205106130002	JANET W TYLER	000040787	1000000360	12/01/2004	04/18/2005	$50.00
68	2205074130016	DEBBIE J LANE	000040142	1000000971	10/01/2004	03/15/2005	$50.00
69	2205105130007	JANET W TYLER	000040787	1000000360	09/01/2004	04/15/2005	$50.00
70	2005107130009	HANK W SMITH	000001261	1000000360	01/04/2005	04/18/2005	$24.88
71	2005088100075	BILLY MITCHEL	000001385	1000000971	08/15/2004	03/29/2005	$8127.35
72	2005111100062	FRANK ROSE	000002431	1000001297	04/24/2004	04/21/2005	$7339.97
73	2005075100037	BILLY MITCHEL	000001385	1000000971	02/15/2005	03/17/2005	$8127.35
74	2205074100006	ANDY SMITH	000041412	1000000971	02/15/2005	03/15/2005	$3020.95
75	2105105130111	JANET W TYLER	000040787	1000000360	12/21/2004	04/15/2005	$21.37
76	2005102100080	AMY ANDERSON	888800041	1000000971	11/23/2004	04/12/2005	$738.85
77	2005073100068	DEBBIE D LANE	000002469	1000000971	06/01/2003	03/15/2005	$2863.40
78	2105105100001	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	000041487	200308710A	08/23/2004	04/15/2005	$100.00
79	2005073100045	ZELDA B WATERS	000001346	1000000981	03/02/2005	03/15/2005	$803.50
80	2005089100048	BILLY MITCHEL	000001385	1000000971	03/15/2005	03/31/2005	$16185.18
81	2005104100053	RICK C COX	000040632	1000000981	01/10/2005	04/14/2005	$800.50
82	2205066130008	DEBBIE D LANE	000002469	1000000971	07/15/2004	03/08/2005	$50.00
83	2005055100018	PAM ROSE	000001841	1000000360	02/18/2004	02/24/2005	$2710.20
84	2005112130091	EDDIE D PAUL	000001267	200307489B	07/05/2004	04/22/2005	$50.00
85	2005060100074	PAM ROSE	000001841	1000000360	03/01/2004	03/01/2005	$1084.08
86	2205074100034	DEBBIE J LANE	000040142	1000001104	02/01/2004	03/15/2005	$1228.82
87	2105103130124	ALBERT OWENS	000001110	1000000498	01/30/2005	04/14/2005	$13.11
88	2005101130060	ZELDA B WATERS	000001346	1000000360	03/18/2005	04/12/2005	$78.37
89	2005111130114	YANCY C JAMES	000001297	200307489B	01/05/2004	04/22/2005	$4.95
90	2005111100092	FRANK ROSE	000002431	1000001297	07/24/2004	04/21/2005	$2669.08
91	2105105100003	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	000041487	200308710A	09/23/2004	04/15/2005	$100.00
92	2205066250028	ISABELLA ANDERSON	000041369	1000001024	06/20/2004	03/08/2005	$47.20
93	2005112130010	ZELDA B WATERS	000001346	1000000360	09/30/2004	04/22/2005	$27.88
94	2205123130006	GREG SMITH	000041590	1000000971	03/23/2002	05/03/2005	$18.37
95	2205066250014	ISABELLA ANDERSON	000041369	1000001024	06/16/2004	03/08/2005	$16.00
96	2005114130135	YANCY C JAMES	000001297	1000001163	08/11/2004	04/25/2005	$4.95

Report : QAA-5001-M COMMONWEALTH OF KENTUCKY Run Date: 07/24/2006
Process : QAAJM501 MEDICAID MANAGEMENT INFORMATION SYSTEM Run Time: 14:40:42
Location: QAAP5001 QA&A Contract Monitoring Hospital Services Page: 3

QC NUMBER	ICN	MEMBER NAME	MEMBER ID	BILLING PROVIDER NUMBER	FIRST DATE OF SERVICE	ADJUDICATION DATE	PAID AMOUNT
97	2105105100002	AMY ANDERSON	888800041	200308710A	09/23/2004	04/15/2005	$97.00
98	2005059100073	TIM J HALL	000001331	1000000981	01/24/2004	03/29/2005	$6264.10
99	2005113100171	BILLY ANDERSON	000041444	1000000971	01/11/2005	04/25/2005	$2216.55
100	2205123130007	GREG SMITH	000041590	1000000971	03/25/2002	05/03/2005	$18.37

As of Date : 12/31/2005

Beginning QC Number : 1 Ending QC Number : 100
Claims Universe : 195 Total Claims Sampled : 100

*** END OF REPORT ***

2.8.5.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Adjudication Date	The adjudication date.	10	Date	T_RS_SELECT_RSLT	DTE_PAID
Amount Paid	The reimbursement amount.	9	Number	T_RS_SELECT_RSLT	AMT_PAID
As of Date	The date of the payment cycle for which this report was produced.	10	Date	T_RS_SELECT	DTE_HIST_TO
Beginning QC Number	The transaction control number of the first claim on the report.	4	char	T_RS_SELECT_RSLT	NUM_RANDOM
Billing Provider Number	The provider number.	9	char	T_RS_SELECT_RSLT	NUM_PROV_BILL
Claims Universe	The total number of claims which meet the selection criteria and from which the sample was taken.	4	Number	T_RS_SELECT	CNT_CRITERIA
Ending QC Number	The transaction control number of the last claim on the report.	4	char	T_RS_SELECT_RSLT	NUM_RANDOM
First Date of Service	The first date of service.	10	Date	T_RS_SELECT_RSLT	DTE_FIRST_SVC
ICN	The transaction control number of the claim selected.	13	char	T_RS_SELECT_RSLT	NUM_ICN
Member ID	The Medicaid identification number for the member.	12	char	T_RS_SELECT_RSLT	ID_MEDICAID
Member Name	The full member name.	50	char	T_RS_SELECT_RECIP	NAM_LAST, NAM_FIRST, NAM_MID_INIT
QC Number	The QC number (a system parameter with beginning number).	4	char	T_RS_SELECT_RSLT	SEQ_RANDOM

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Claims Sampled	The number of claims selected for the sample.	4	Number	T_RS_SELECT	CNT_RESULT

2.8.5.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.5.6 Associated Requirements

ID
30.090.010.002.1
30.090.010.003.4

2.8.5.7 Change Orders

ID	Name	Description
1489	QAA-CM Hospital Services	Develop the Contract Monitoring Sample Listing for the following Strata according to specifications. (KYML5000-R001)

2.8.6 QAA Contract Monitoring Kentucky MMIS Claims Details

The QAA Contract Monitoring Kentucky MMIS Claims Details report lists the detail claim record data for each claim pulled for the monthly Contract Monitoring review.

2.8.6.1 Technical Name

QAA Contract Monitoring Kentucky MMIS Claims Details

2.8.6.2 Sort Order

QC Number

2.8.6.3 QAA Contract Monitoring Kentucky MMIS Claims Details Layout

```
Report  : QAA-6401-M                          COMMONWEALTH OF KENTUCKY (M1)                                  Run Date: 99/99/9999
Process : QAAJM640                         MEDICAID MANAGEMENT INFORMATION SYSTEM                            Run Time:   99:99:99
Location: QAAP6400                       QAA Contract Monitoring Claims Detail Report                            Page:          1

  ICN      : xxxxxxxxxxxx        FROM DATE: 99/99/9999          THRU DATE: 99/99/9999          CLM-STAT : x
  # LN ITEM: xxxx                 REGION   :  xx                INVOICE D: 99/99/9999          CLAIM TYP: x
  #CUR EXCP: xxxx
 ---------------------------------------------------------------------------------------------------------------
  MEMBER ID: xxxxxxxxxxxx        BASE MID : xxxxxxxxxxx         CASE NO. : xxxxxxxxxxxx        SSN      : xxxxxxxxx
  HIC      : xxxxxxxxxxx         ORG-MBR  : xxxxxxxxxxx         MBR PGM  : xx                  MBR CNTY : xxx
  LAST NAME:                     FRST NAME: xxxxxxxxxxxxxx      REVIEW   : x                   BRTH DATE: 99/99/9999
  AGE      : 999                 SEX      : x                   RACE     : xx                  SPNDD IND: x
  MCARE IND: x  x                NH IND   : x                   HMO CAP  : xx                  SOURCE-CD: xxxxx
  TP FOLLOW:                     LOCK-IN  :                     MBR STAT : xxx                 LIV ARR  : xxx
  KENPAC   : x                   WAIVR ELG: xx                  SUBMIT-ID: xxxxxxxxxxxxxx
 ---------------------------------------------------------------------------------------------------------------
  BILL-PROV: xxxxxxxxxxxxxx      PROV-COS : xx                  PROV-SPEC: xxx                 OUT OF ST: x
  BPRV STAT: xx                  STAT DATE: 99/99/9999          COUNTY   : xxx                 HMO IND  : x
  UPIN     : xxxxxxxxxxxxxx      PAYTO PRV: xxxxxxxxxxxxxx      DEA NO.  : xxxxxxxxx
  GROUP PRV: xxxxxxxxxxxxxx      GROUP COS: xx
 ---------------------------------------------------------------------------------------------------------------
  ADJ. RSN.: xxxx                CRED IND.: xx                  CCN      : xxxxxxxxxxx                 :
  ICN OF CR: xxxxxxxxxxxx        ICN TO CR: xxxxxxxxxxxx
 ---------------------------------------------------------------------------------------------------------------
  CLM-CHRG : ########.##         REIMB AMT: ########.##         NET CHRG : #######.##          MBR PMNT : #######.##
  TPL AMT  : ########.##         MCARE AMT: ########.##         NONCV-AMT: #######.##          PROF-COMP: #######.##
  SPENDDOWN: ########.##                  :                     RA NUMBER: ##########          WARRANT# : xxxxxxxxx
 ---------------------------------------------------------------------------------------------------------------
  OLD TCN  : xxxxxxxxxxxxxxxxx   PA NUMBER: xxxxxxxxxx          OLD P/A  : xxxxxxxxxx          NO. CYCLS: xx
  CLERK    : xxxxxxx             OVR EXC  : xxxx                OVR CLERK: xxxxxxx             CUT BACK : x
  MED REC# : xxxxxxxxxxxxxx      EOB CODES: xxxx xxxx           SPEC PGM : xxx                 FAM PLAN : x
 ---------------------------------------------------------------------------------------------------------------
  REFR PROV: @<<<<<<<<<<<<<<     FMLY PLN : @<                  EMP REL  : @< @< @<            AUTO/OTHR: @<
  EMERGENCY: @<                  DIAG DATA: @< @< @< @<         DIAG 1,2 : @<<<<<< @<<<<<<     DIAG 3,4 : @<<<<<< @<<<<<<
  FACILITY : @<<<<<<<<<<<<<< @<  MC APPRV : @######.##          MC DEDUCT: @######.##          MC COINS : @######.##
 ---------------------------------------------------------------------------------------------------------------
  ATTN PROV: xxxxxxxxxxxxxxx     PERF PROV: xxxxxxxxxxxxxxx     REFR PROV: xxxxxxxxxxxxxxx     ALLWD CHG: #######.##
  ALLWD SRC: xx                  PA IND   : x                   FIN CLASS: x                   TYPE BILL: xxx
  DSCHRG HR: xx                  PAT STAT : xx                  COV DAYS : ####                NCOV DAYS: ####
  SPC PRICE: xxxxxxx             UR PERFRM: xx                  ADMIT DTE: 99/99/9999          ADMIT HR : ##
  DIAG CODE: xxxxxxx             DIAG CODE: xxxxxxx             DIAG CODE: xxxxxxx             DIAG CODE: xxxxxxx
  SURGERY-1: xxxx xxxxxxxxxxx    SURGERY-2: xxxx xxxxxxxxxxx    SURGERY 3: xxxx xxxxxxxxxxx    COND CODE: xx
  VALU CODE: xx ########.##      VALU CODE: xx ########.##      OCCU DATA: xx     xxxxxxxxxxx  OCCU DATA: xx     xxxxxxxxxxx
  MC APPRV : ######.##           MC DEDUCT: ######.##
  MC COINS : ######.##           MC NETPAY: ######.##           SURG PROV: xxxxxxxxxxxxxxx
 ---------------------------------------------------------------------------------------------------------------
  ATTN PROV: @<<<<<<<<<<<<<<     PERF PROV: @<<<<<<<<<<<<<<     REFR PROV: @<<<<<<<<<<<<<<     ALLWD CHG: @#######.##
  ALLWD SRC: @<                  PA IND   : @<                  FIN CLASS: @<                  TYPE BILL: @<
  DSCHRG HR: @#                  PAT STAT : @<                  COV DAYS : @###                NCOV DAYS: @###
  SPC PRICE: @<<<<<              UR PERFRM: @<                  ADMIT DTE: @<<<<<<<<<<         ADMIT HR : @#
  DIAG CODE: @<<<<<<             DIAG CODE: @<<<<<<             DIAG CODE: @<<<<<<             DIAG CODE: @<<<<<<
  SURGERY-1: @<<< @<<<<<<<<<<    SURGERY-2: @<<< @<<<<<<<<<<    SURGERY 3: @<<< @<<<<<<<<<<    COND CODE: @<
  VALU CODE: @< @########.##     VALU CODE: @< @########.##     OCCU DATA: @<      @<<<<<<<<<<  OCCU DATA: @<     @<<<<<<<<<<
  MC APPRV : @######.##          MC DEDUCT: @######.##          MC COV DY: @###
  MC COINS : @######.##          MC NETPAY: @######.##
 ---------------------------------------------------------------------------------------------------------------
  PRESC PRV: xxxxxxxxxxxxxxx     NDC      : xxxxxxxxxxx         LTC PA   : x                   GENERIC C: ######
  ALLW CHRG: #######.##          DRG PRICE: ##.####             DISP FEE : #######.##          LN UNITS : ######.##
  RX NBR   : xxxxxxx             DAYS SUPP: ####                CUST LOC : ##                  COMP CODE: xx
  UNIT DOSE: xx                  BRAND NEC: xx                  REFLL IND: xx                  MAC IND  : xx
 ---------------------------------------------------------------------------------------------------------------
  LINE ITEM: @##                 LI FDOS  : @<<<<<<<<<          LI TDOS  : @<<<<<<<<<          LN PROC C: @<<<<< @< @< @< @<
  EP/PP/EMG: @< @< @<            PROC DATA: @< @< @< @<         POS/TOS  : @< @<               PA IND   : @<
  QLF MISC : @<<                 LN UNITS : @######.##          SUBM CHRG: @#######.##         ALLW CHRG: @#######.##
  ALLW CG S: @<<<<<              LN EOB   : @<<< @<<< @<<< @<<< LN OVRIDE: @<                  :
  NCOV AMT : @######.##          TPL AMT  : @###.##             PROF COMP: @###.##             UNIT BILL: @#######.##
  MC TBILL : @######.##          MC ALLOW : @###.##             MC COIN  : @#######.##         MC TOTDED: @#######.##
 ---------------------------------------------------------------------------------------------------------------
  LINE ITEM: ###                 LI FDOS  : 99/99/9999          LI TDOS  : 99/99/9999          LN PROC C: xxxxx  xx xx xx xx
  LN REVENU: xxxx                LN UNITS : ######.##           SUBM CHRG: #######.##          ALLW CHRG: #######.##
  ALLW CG S: xxxxxx              LN EOB   : @<<< @<<< @<<< @<<< LN OVRIDE: xx                  LN TOS   : xx
  NCOV AMT : ######.##           PROF COMP: ####.##             UNIT BILL: #######.##
 ---------------------------------------------------------------------------------------------------------------
Report  : QAA-6401-M                          COMMONWEALTH OF KENTUCKY (M1)                                  Run Date: 99/99/9999
Process : QAAJM640                         MEDICAID MANAGEMENT INFORMATION SYSTEM                            Run Time:   99:99:99
Location: QAAP6400                       QAA Contract Monitoring Claims Detail Report                            Page:        136

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

2.8.6.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
THE FIELDS REPORTED WILL VARY DEPENDING ON THE CLAIM TYPE.	N/A	0	Char	N/A	N/A
# ln item	The number of line items contained in the claim.	4	Number	T_RS_SELECT_RSLT	NUM_DTL
#cur excp	The number of current exceptions appearing on the claim.	4	Char	T_CA_ICN	CNT_CLAIMS_ERRORS
adj. rsn.	The adjustment reason code (appears on adjusted claims only).	4	char	T_EOB_ADJRSN_XREF	CDE_ADJ_RSN
admit dte	The admit date. (STRATUM 100, 200, AND 500 Only)	10	Date	T_CA_ICN	DTE_ADMISSION
admit hr	The admit hour. (STRATUM 100, 200, AND 500 Only)	2	char	T_CA_UB92	CDE_ADMIT_HOUR
age	The member age at the time the services were performed.	3	Char	T_RS_SELECT_RSLT	NUM_RECIP_AGE
allw cg s	The allowed charge source code.	6	Char	T_CA_ICN	IND_PRICING
allw chrg	The allowed charge for the line item.	9	Number	T_RS_SELECT_RSLT	AMT_ALWD
allwd src	The allowed charge source code. (STRATUM 100, 200, AND 500 Only)	2	char	T_CA_ICN	IND_PRICING
attn prov	The attending provider license number. (STRATUM 100, 200, AND 500 Only)	15	char	T_CA_HDR_DTL	ID_PROV_ATTEND

Field	Description	Length	Data Type	DB Table	DB Attributes
attn prov	The ID for the attending provider.	15	Char	T_CA_ICN	ID_PROV_ATTEND_
auto/other	Indicates whether the service performed was as a result of an accident.	1	Char	T_CA_IND_KEY	IND_ACCIDENT
base mid	The unique number assigned to the member.	12	Char	T_RS_SELECT_RSLT	ID_MEDICAID
bill-prov	The billing provider number.	15	Char	T_RS_SELECT_RSLT	ID_PROV_BILL
bprv stat	The billing provider's status code.	2	Char	T_PR_HB_LIC	CDE_STATUS1
brand nec	The brand-necessary indicator. (STRATUM 400 Only)	1	Char	T_CA_ICN	IND_BRAND_MED_NEC
brth date	The member date of birth.	10	Date (MM/DD/CCYY)	T_RS_SELECT_RECIP	DTE_BIRTH
case no	The member case number.	12	Char	T_CA_ICN	NUM_CASE
ccn	The cash control number.	11	char	T_CASH_RECEIPT	CASH_CTL_NO
claim type	A code to indicate the type of medical assistance invoice used by the provider to bill for the rendered service.	1	Char	T_RS_SELECT_RSLT	CDE_CLM_TYPE
clerk	The clerk identification of the last clerk to update the claim.	8	char	T_CA_MISC	ID_CLERK
clm-chrg	The total claim charge submitted by the provider.	10	char	T_CA_ICN	AMT_BILLED
clm-stat	The claim status code (N = Paid, P = Denied).	1	Char	T_CA_CLAIM_KEY	CDE_DTL_STATUS
comp code	The compound drug code. (STRATUM	11	Char	T_RS_SELECT_RSL	CD_NDC

Field	Description	Length	Data Type	DB Table	DB Attributes
	400 Only)			T	
cond code	The claim condition code. (STRATUM 100, 200, AND 500 Only)	2	char	T_CA_COND	CDE_COND
county	The billing provider's county code.	10	Char	T_RS_SELECT_PROV	CDE_COUNTY
cov days	The covered days (STRATUM 100, 200, AND 500 Only)	4	Number	T_CA_ICN	NUM_DAYS_COVD
cred ind.	The claim credit indicator.	1	char	T_CA_CLAIM_KEY	CDE_ADJ_VOID
cust loc	The customer location code. (STRATUM 400 Only)	2	char	T_CA_DRUG	PATIENT_LOCATION
cut back	The header cut back reason code.	2	char	T_CA_ERROR	CDE_EOB
days supp	The days supply dispensed. (STRATUM 400 Only)	9	Number	T_CA_DRUG	NUM_DAY_SUPPLY
dea no.	The provider's DEA number.	9	Char	T_RS_SELECT_PROV	NUM_DEA
diag 1,2,3,4	The diagnosis codes submitted on the claim. (STRATUM 300 AND 400 Only)	7	Char	T_RS_SELECT_RSLT	CD_DIAG_1, CD_DIAG_2, CD_DIAG_3, CD_DIAG_4
diag code	The claim diagnosis codes. (STRATUM 100, 200, AND 500 Only)	7	char	T_RS_SELECT_RSLT	CD_DIAG_1
diag data	The diagnosis sterilization indicator, diagnosis abortion indicator, diagnosis hysterectomy indicator, and diagnosis family planning indicator. (STRATUM 300 AND 400 Only)	4	Char	T_CA_ICN	IND_STERILIZATION, IND_ABORTION, IND_HYST, IND_REF_FAM_PLAN

Field	Description	Length	Data Type	DB Table	DB Attributes
disp fee	The dispensing fee. (STRATUM 400 Only)	12	Number	T_CA_DRUG	AMT_NDC_PREFEE
drg price	The drug price per unit. If amt_mac <> 0, mac ind = Y (STRATUM 400 Only)	12	Number	T_CA_DRUG	AMT_MAC
dschrg hr	The discharge hour. (STRATUM 100, 200, AND 500 Only)	2	char	T_CA_UB92	TIME_DISCHARGE
emergency	The emergency indicator. (STRATUM 300 AND 400 Only)	1	Char	T_CA_ICN	CDE_EMERGENCY
emp rel	The employment-related indicator. (STRATUM 300 AND 400 Only)	2	Char	T_PHYS_HDR_KEY	CDE_RELATED_CAUSE_1
eob codes	The header Explanation of Benefits codes.	4	char	T_CA_ERROR_DN	CDE_EOB_1, CDE_EOB_2
ep/fp/emg	The EPSDT, Family Planning, and Emergency line-item indicators. (STRATUM 300 AND 400 Only)	3	char	T_CA_ICN	IND_REF_EPSDT, IND_REF_FAM_PLAN, CD_EMERGENCY
facility	The NPI ID of the provider at the service location. Only healthcare providers are assigned NPI IDs.	15	Char	T_CA_PROV_KEY	ID_PROVIDER_NPI
fam plan	The header level family planning indicator.	1	char	T_RS_SELECT_RESULT	IND_FAM_PLAN
fin class	This is the fund code that is used in financial reporting to correctly categorize funds (money).	2	char	T_CA_CLAIM_KEY	CDE_FUND_CODE
first name	The member first name.	15	Char	T_RE_BASE_DN	NAM_FIRST
fmly pln	The header family planning indicator. (STRATUM 300 AND 400 Only)	1	char	T_RS_SELECT_RESULT	IND_FAM_PLAN

Field	Description	Length	Data Type	DB Table	DB Attributes
from date	The header from date of service on the claim.	10	Date	T_RS_SELECT_RSLT	DTE_FROM_SVC
generic c	The generic code of the drug. (STRATUM 400 Only)	5	Char	T_CA_DRUG	NUM_GCN
group cos	The provider's group category of service.	2	char	T_CA_CLAIM_KEY	CDE_COS_ST
group prv	The provider's group number.	15	char	T_CA_PROV_KEY	ID_PROVIDER_BASE
hic	The member Health Insurance Claim number assigned by Medicare.	11	Char	T_RE_EDB	NUM_HIC
hmo cap	Indicates if the member was enrolled in an HMO/HIO when the claim was adjudicated.	1	Char	T_CA_ICN	IND_MNGD_HEALTH
hmo ind	The HMO process indicator.	1	Char	T_CA_PROV_KEY	IND_PROV_HLTH_CARE
icn	The transaction control number of the claim pulled for Contract Monitoring review.	13	Char	T_RS_SELECT_RSLT	NUM_ICN
icn of cr	ICN of Credit	13	char	T_CA_ICN	NUM_ADJ_ICN
icn to cr	ICN to Credit	13	char	T_CA_ICN	NUM_ICN
invoice d	Invoice Date	10	Date	T_CA_ICN	DTE_BILLED
kenpac	The member KenPAC indicator.	1	Char	T_CA_IND_KEY	IND_KENPACE
last name	The member last name.	20	Char	T_RE_BASE_DN	NAM_LAST
li fdos	The line item first date of service.	10	Date	T_RS_SELECT_RSLT	DTE_FIRST_SVC

Field	Description	Length	Data Type	DB Table	DB Attributes
li tdos	The line item to date of service.	10	Date	T_RS_SELECT_RSLT	DTE_LAST_SVC
line item	The item number of the line whose detail is to follow.	4	char	T_RS_SELECT_RSLT	NUM_DTL
liv arr	The living arrangement indicator.	2	Char	T_RS_SELECT_RSLT	CDE_LIV_ARNG
ln eob	A code which represents a policy for Medicaid claim adjudication.	4	char	T_CA_ERROR_DN	CDE_EOB_1, CDE_EOB_2, CDE_EOB_3, CDE_EOB_4
ln ovride	The line item override code.	2	char	T_CLAIM_ERROR	CDE_STATUS1
ln proc c	The line item procedure code. (STRATUM 100, 200, AND 500 Only)	6	Number	T_RS_SELECT_RSLT	CDE_PROC
ln revenu	The line item revenue code. (STRATUM 100, 200, AND 500 Only)	4	Number	T_CA_HDR_DTL	CDE_REVENUE
ln tos	The line item type of service code. (STRATUM 100, 200, AND 500 Only)	2	char	T_RS_SELECT_RESULT	CDE_CMS_TOS
ln units	The units submitted for the line item.	12	Number	T_RS_SELECT_RESULT	NUM_UNITS_SVC
lock-in	The member lock-in flag.	1	Char	T_CA_ICN	IND_RESTRICT_LI
ltc pa	The long term care service/prior authorization indicator. (STRATUM 400 Only)	1	Char	T_RS_SELECT_RESULT	NUM_PRIOR_AUTH
mac ind	The MAC (Maximum Allowed Charge) code. If amt_mac <> 0, Ind_amt_mac = Y. (STRATUM 400 Only)	1	Char	T_CA_DRUG	AMT_MAC

Field	Description	Length	Data Type	DB Table	DB Attributes
mbr cnty	The member county.	10	Char	T_CA_RECIP_KEY	CDE_COUNTY
mbr pgm	The member program code.	2	Char	T_CA_CLAIM_KEY	CDE_PGM_HEALTH
mbr pmnt	The amount received by the provider from the member. This excludes copay. This is the amount that has been determined to be available from the member as partial payment of the cost of care.	9	Number	T_CA_ICN	AMT_PAT_LIAB
mbr stat	The member status code.	2	Char	T_CA_RECIP_KEY	CDE_PGM_STATUS
mc allow	The amount Medicare allowed for the line item. (STRATUM 300 AND 400 Only)	6	Number	T_CA_XOVER	AMT_ALWD_MCARE
mc apprv	The amount approved by Medicare for the service. The amount approved by Medicare is the basis for deductible paid and/or coinsurance paid for which the member (Medical Assistance) is responsible.	8	Number	T_CA_XOVER	AMT_PAID_MCARE
mc coins	The Medicare coinsurance amount.	12	Number	T_CA_XOVER	AMT_COINSURANCE
mc cov dy	The number of Medicare covered days used. (STRATUM 500 Only)	4	Number	T_CA_ICN	NUM_DAYS_COVD
mc deduct	The Medicare deductible amount.	12	Number	T_CA_XOVER	AMT_DEDUCT
mc netpay	The Medicare net pay mount. (STRATUM 100, 200, AND 500 Only)	12	Number	T_RS_SELECT_RSLT	AMT_PAID_MCARE
mc tbill	The amount paid by Medicare.	12	Number	T_RS_SELECT_RSL	AMT_PAID_MCARE

Field	Description	Length	Data Type	DB Table	DB Attributes
	(STRATUM 300 AND 400 Only)			T	
mc totded	The Medicare deductible amount for the line item. (STRATUM 300 AND 400 Only)	12	Number	T_CA_XOVER	AMT_DEDUCT
mcare amt	The amount paid by Medicare.	12	Number	T_RS_SELECT_RSLT	AMT_PAID_MCARE
mcare ind	The member Medicare coverage indicator.	1	Char	T_RE_BASE_DN	IND_MEDICARE_A, IND_MEDICARE_B
med rec#	The medical record number submitted by the provider.	15	char	T_CA_UB92	CDE_MED_REC_NUM
member id	The Medicaid identification number for the member.	12	Char	T_RS_SELECT_RSLT	ID_MEDICAID
ncov amt	The line item noncovered amount.	12	Number	T_CA_HDR_DTL	AMT_BILLED - AMT_PAID
ncov days	The noncovered days. (STRATUM 100, 200, AND 500 Only)	4	Number	T_CA_ICN	NUM_DAYS_NCOVD
ndc	The National Drug Code submitted. (STRATUM 400 Only)	11	Char	T_RS_SELECT_RSLT	CDE_NDC
net chrg	The net claim charge.	12	Number	T_CA_ICN	AMT_PAID
nh ind	Indicator (Y or N) denoting if member is in a nursing home.	1	Char	T_RS_SELECT_PROV	CD_PROV_SPEC_PRIM
no. cycls	The number of cycles this claim processed through until adjudication.	2	char	T_CA_ERROR	DTE_ERROR
noncv amt	The header claim noncovered amount.	12	Number	T_RS_SELECT_RSLT	AMT_BILLED, AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
occu data	The occurrence code and date. (STRATUM 100, 200, AND 500 Only)	2	char	T_CA_OCCUR	CDE_OCCURENCE
old p/a	The previous service/prior authorization number from which the PA number was converted.	10	char	T_CA_ICN	NUM_PRIOR_AUTH
old tcn	The EDS ICN if the claim was converted.	13	char	T_CA_TCN	NUM_TCN
org-mbr	The original member identification number.	12	Char	T_RS_SELECT_RSLT	ID_MEDICAID
out of st	The out of state indicator.	1	Char	T_PR_SVC_LOC_DN	IND_OOS
ovr clerk	The identification of the clerk who entered the override fields.	8	char	T_CLAIM_ERROR	ID_CLERK
ovr exc	The override exception code.	4	char	T_CA_ERROR	CDE_ESC
pa ind	The claim service/prior authorization indicator. (STRATUM 100, 200, AND 500 Only)	1	char	T_CA_ICN	NUM_PRIOR_AUTH
pa ind	The service/prior authorization indicator. If num_prior_auth <> spaces, PA IND = Y (STRATUM 300 AND 400 Only)	1	Char	T_CA_ICN	NUM_PRIOR_AUTH
pa number	The service/prior authorization number submitted for the claim.	10	char	T_RS_SELECT_RSLT	NUM_PRIOR_AUTH
pat stat	The patient status at time of billing. (STRATUM 100, 200, AND 500 Only)	2	char	T_CA_RECIP_KEY	CDE_PGM_STATUS
payto prv	The pay-to provider number.	15	Char	T_RS_SELECT_RSLT	ID_PROV_BILL
perf prov	The performing provider number	15	char	T_RS_SELECT_RSL	ID_PROV_PERF

Field	Description	Length	Data Type	DB Table	DB Attributes
	(STRATUM 100, 200, AND 500 Only)			T	
pos/tos	The line item place of service and type of service. (STRATUM 300 AND 400 Only)	4	Char	T_RS_SELECT_RSLT	CDE_POS, CDE_TOS
presc prv	The prescribing provider's license number. (STRATUM 400 Only)	15	Char	T_CA_ICN	NUM_REFER_LIC
proc data	Procedure indicator (abortion, sterilization, hysterectomy, family planning). (STRATUM 300 AND 400 Only)	4	Char	T_CA_ICN	IND_STERILIZATION, IND_ABORTION, IND_HYST, IND_REF_FAM_PLAN
prof comp	The line item professional component amount.	6	Number	T_CA_HDR_DTL	AMT_CO_PAY
prov-cos	A sub COS used to provide a more detailed service classification in MAR state reporting.	2	Char	T_CA_CLAIM_KEY	CDE_COS_SUB
prov-spec	The billing provider's specialty code.	2	Char	T_PR_SVC_LOC_DN	CDE_PROV_SPEC
qlf misc	This qualifier identifies the type of information in the CDE_MISC column. Values are: EI - Employee Identification SI - School Identification PT - Pick-up Time (transportation claims).	0	Char	T_CA_MISC	QLF_MISC_TYPE
ra number	The remittance advice number on which the final adjudication of this claim is reported.	10	char	T_CA_ICN	NUM_RA
race	The member race code.	2	Char	T_CA_RECIP_KEY	CDE_ETHNIC

Field	Description	Length	Data Type	DB Table	DB Attributes
refll ind	The refill indicator code. (STRATUM 400 Only)	1	Number	T_CA_DRUG	QTY_REFILL
refr prov	The referring provider number.	15	char	T_SELECT_RSLT	ID_PROV_REFER
region	Code which indicates the media on which a claim was submitted (MIS table).	2	Char	T_CLAIM_ERROR	CDE_REGION
reimb amt	The total reimbursement amount by Medicaid.	12	Number	T_CA_ICN	AMT_REIMBURSED
review	The member-on-review indicator.	1	Char	T_CA_ICN	IND_INVESTIGATION
rx nbr	The prescription number. (STRATUM 400 Only)	7	char	T_CA_DRUG	NUM_PRSCRIP
sex	The member sex.	1	Char	T_RS_SELECT_RECIP	CDE_SEX
source-cd	This is the source of the member updates and information.	1	Char	T_RE_BASE_DN	CDE_SOURCE
spc price	The special price indicator. (STRATUM 100, 200, AND 500 Only)	6	char	T_CA_ICN	IND_PRICING
spec pgm	The special program indicator code.	1	char	T_UB92_HDR_EXT_KEY	CDE_SPECIAL_PROGRAM
spenddown	The spenddown amount.	10	char	T_CLM_PATLIAB_X	AMT_PD_PAT_UB92
spndd ind	The member spenddown indicator.	1	Char	T_CLM_PATLIAB_X	AMT_PD_PAT_UB92/ AMT_PAT_LIAB
ssn	The member Social Security Number.	9	Char	T_RE_BASE_DN	NUM_SSN
stat date	The date the billing provider was first	10	Date	T_PR_SVC_LOC_DN	DTE_EFFV

Field	Description	Length	Data Type	DB Table	DB Attributes
	active		(MM/DD/CCYY)		
subm chrg	The charge submitted for the line item.	12	Number	T_RS_SELECT_RSLT	AMT_BILLED
submit-id	The EMC submitter identification number.	15	Char	T_RS_SELECT_RSLT	ID_MCO_SUBMITTER
surg prov	The ID for the surgical provider.	15	Char	T_CA_PROV_KEY	ID_PROVIDER_NPI
surgery-1	The primary surgery code and date performed. (STRATUM 100, 200, AND 500 Only)	14	char	T_CA_ICD9_PROC_DN	DTE_ICD_9_CM_PROC_1, CD_PROC_ICD9_1
surgery-2	The secondary surgery code and date performed. (STRATUM 100, 200, AND 500 Only)	14	char	T_CA_ICD9_PROC_DN	DTE_ICD_9_CM_PROC_2, CD_PROC_ICD9_2
surgery-3	The tertiary surgery code and date performed. (STRATUM 100, 200, AND 500 Only)	14	char	T_CA_ICD9_PROC_DN	DTE_ICD_9_CM_PROC_3, CD_PROC_ICD9_3
thru date	The header thru date of service on the claim.	10	Date	T_RS_SELECT_RSLT	DTE_LAST_SVC
tp follow	The TPL follow-up indicator.	1	Char	T_CA_IND_KEY	IND_TPL
tpl amt	The amount received by the provider from private insurers.	10	Number	T_CA_ICN	AMT_TPL
tpl amt	The third party payment amount.	6	Number	T_RS_SELECT_RSLT	AMT_TPL
type bill	The location at which a service was rendered, such as office, home, emergency room, and so on. This applies only to electronic claims. Paper	3	char	T_CA_ICN	CDE_TYPE_OF_BILL

Field	Description	Length	Data Type	DB Table	DB Attributes
	claims do not carry place of service at header. (STRATUM 100, 200, AND 500 Only)				
unit bill	The per unit bill amount.	9	Number	T_RS_SELECT_RSLT	AMT_BILLED/NUM_UNIT_SVC
unit dose	Marks a drug as packaged in unit doses. Unit dose is defined by FDB as all products labeled as Unit Dose by the mfr. This indicator does not apply to injectable products, suppositories, or powder packets. Current codes are: 1=Unit Dose & 0=All other. (STRATUM 400 Only)	2	Number	T_DRUG_DN	IND_UNIT_DOSE
upin	The Universal Provider Identification Number.	15	char	T_CA_PROV_KEY	ID_PROVIDER_NPI
ur perfrm	Code indicating the reason the member was put on review. (STRATUM 100, 200, AND 500 Only)	2	char	T_RE_REV_RSN	CDE_REV_RSN
valu code	The claim value code dollar amount. (STRATUM 100, 200, AND 500 Only)	2	char	T_CA_VALUE_DN	CDE_VALUE_1
waivr elg	The COS waiver eligibility code.	2	Char	T_CA_CLAIM_KEY	CDE_COS_ST
warrant#	The number of the check issued to the provider which included payment for this claim.	9	char	T_CA_ICN	NUM_CHECK

2.8.6.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.6.6 Associated Requirements

ID
30.090.010.003.4

2.8.6.7 Change Orders

ID	Name	Description
1502	QAA-CM KY Claims Detail Report	Develop QA&A Contract Monitoring Kentucky MMIS Claims Detailed Report (KYML6400-R001)

2.8.7 QAA Contract Monitoring Long Term Care Services

The QAA-CM Long Term Care Services report list, by system-assigned quality control number, claims selected for accuracy assessment. This report is for Stratum 200 which contains only long term care services.

2.8.7.1 Technical Name

QAA Contract Monitoring Long Term Care Services

2.8.7.2 Sort Order

QC Number

2.8.7.3 QAA Contract Monitoring Long Term Care Services Layout

Report : QAA-5002-M
Process : QAAJM502
Location: QAAP5002

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
QA&A Contract Monitoring Long Term Care Services

Run Date: 07/24/2006
Run Time: 14:40:49
Page: 1

QC NUMBER	ICN	MEMBER NAME	MEMBER ID	BILLING PROVIDER NUMBER	FIRST DATE OF SERVICE	ADJUDICATION DATE	PAID AMOUNT
1	2005088150054	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	000001406	1000001641	05/01/2004	03/29/2005	$99999999.99
2	2005068150015	LYLE S WATERS	000002518	1000001641	10/01/2004	03/10/2005	$2181.51
3	2005081150054	RICK LANE	000039888	1000001641	05/01/2004	03/24/2005	$2722.51
4	5205119001014	LYLE S WATERS	000002518	1000001641	08/01/2004	04/29/2005	$2722.51
5	2005091150053	HANK COX	000001326	100760599A	11/06/2004	04/04/2005	$2512.25
6	2005075150020	LYLE S WATERS	000002518	1000001641	11/01/2003	03/17/2005	$2181.51
7	2005106150070	RICK S DILLARD	000040643	1000001603	09/01/2004	04/18/2005	$3975.60
8	2005116150025	RICK LANE	000039888	1000001641	03/11/2005	04/26/2005	$98.19
9	5205109001012	LYLE S WATERS	000002518	1000001641	08/01/2004	04/19/2005	$2722.51
10	2005104150029	ZELDA B WATERS	000001346	1000001641	03/17/2005	04/14/2005	$196.38
11	2005091150074	LYLE S WATERS	000002518	1000001641	08/01/2004	04/04/2005	$2722.51
12	2005067150019	LYLE S WATERS	000002518	1000001641	09/01/2004	03/10/2005	$2181.51
13	2005082150074	HANK COX	000001326	100760599A	09/01/2004	03/24/2005	$2714.70
14	2005116150010	RICK LANE	000039888	1000001641	01/02/2005	04/26/2005	$392.76
15	5205121001014	LYLE S WATERS	000002518	1000001641	08/01/2004	05/02/2005	$2722.51
16	2005101150075	HANK COX	000001326	100760599A	10/06/2004	04/12/2005	$602.94
17	2005108150019	ZELDA B WATERS	000001346	1000001641	03/27/2005	04/18/2005	$196.38
18	5205121001016	RICK ROSE	000041397	1000001578	07/01/2004	05/02/2005	$633.43
19	5205119001016	RICK ROSE	000041397	1000001578	07/01/2004	04/29/2005	$633.43
20	5205130001004	RICK LANE	000039888	1000001641	03/11/2005	05/10/2005	$98.19
21	2005081150056	TIM J HALL	000001331	1000001641	07/01/2004	03/24/2005	$2722.51
22	2005075150028	RICK LANE	000039888	1000001641	11/01/2004	03/17/2005	$2847.51
23	2005081150055	LYLE S WATERS	000002518	1000001641	10/01/2003	03/24/2005	$2056.51
24	2005055150019	LYLE S WATERS	000002518	1000001641	04/01/2004	02/24/2005	$2945.70
25	2005055150001	LYLE S WATERS	000002518	1000001641	07/01/2004	02/24/2005	$2847.51
26	2005082150094	HANK BILLS	000001348	1000001590	09/01/2004	03/24/2005	$574.90
27	5205130001003	RICK LANE	000039888	1000001641	01/02/2005	05/10/2005	$392.76
28	2005094150068	RICK ROSE	000041397	1000001578	07/10/2004	04/04/2005	$591.86
29	2005083150064	LYLE S WATERS	000002518	1000001641	12/01/2004	03/24/2005	$2181.51
30	2005075150019	TIM J HALL	000001331	1000001641	11/01/2004	03/17/2005	$2847.51

As of Date : 12/31/2005

Beginning QC Number : 1 Ending QC Number : 30
Claims Universe : 30 Total Claims Sampled : 30

*** END OF REPORT ***

2.8.7.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Adjudication Date	The adjudication date.	10	Date	T_RS_SELECT_RSLT	DTE_PAID
Amount Paid	The reimbursement amount.	12	Number	T_RS_SELECT_RSLT	AMT_PAID
As of Date	The date of the payment cycle for which this report was produced.	10	Date	T_RS_SELECT	DTE_HIST_TO
Beginning QC Number	The transaction control number of the first claim on the report.	9	char	T_RS_SELECT_RSLT	SEQ_RANDOM
Billing Provider Number	The provider number.	15	char	T_RS_SELECT_RSLT	ID_PROV_BILL
Claims Universe	The total number of claims which meet the selection criteria and from which the sample was taken.	4	Number	T_RS_SELECT	NUM_POPULATION
Ending QC Number	The transaction control number of the last claim on the report.	9	char	T_RS_SELECT_RSLT	SEQ_RANDOM
First Date of Service	The first date of service.	10	Date	T_RS_SELECT_RSLT	DTE_FIRST_SVC
ICN	The transaction control number of the claim selected.	13	char	T_RS_SELECT_RSLT	NUM_ICN
Member ID	The Medicaid identification	12	char	T_RS_SELECT_RECIP	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
	number for the member.				
Member Name	The full member name.	29	char	T_RS_SELECT_RECIP	NAM_LAST, NAM_FIRST, NAM_MID_INIT
QC Number	The QC number (a system parameter with beginning number).	9	char	T_RS_SELECT_RSLT	SEQ_RANDOM
Total Claims Sampled	The number of claims selected for the sample.	9	Number	T_RS_SELECT	CNT_RESULT

2.8.7.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.7.6 Associated Requirements

ID
30.090.010.002.1
30.090.010.003.4

2.8.7.7 Change Orders

ID	Name	Description
1562	QAA-CM Long Term Care Services	Develop QA&A-Contract Monitoring Long Term Care Services Report.
5294	QAA_Long Term Care Svcs	QAA Report 5002-M, Contract Monitoring Long Term Care Services Report does not have any data on it.

2.8.8 QAA Contract Monitoring Member Eligibility Listing

The QAA-Member Eligibility Listing report displays the data from each of the member file information display panels for the claims that are pulled for each of the 5 contract monitoring strata.

2.8.8.1 Technical Name

QAA Contract Monitoring Member Eligibility Listing

2.8.8.2 Sort Order

Member Listing for Sample

2.8.8.3 QAA Contract Monitoring Member Eligibility Listing Layout

```
Report  : QAA-6101-M                          COMMONWEALTH OF KENTUCKY (M1)                          Run Date: 99/99/9999
Process : QAAJM610                         MEDICAID MANAGEMENT INFORMATION SYSTEM                    Run Time:   99:99:99
Location: QAAP6100                      CONTRACT MONITORING MEMBER ELIGIBILITY LISTING                   Page:   ########

  MEMBER LISTING FOR SAMPLE ***->  xxxxxxx

  LAST TRANS DATE:  99/99/9999
  MAID:  xxxxxxxxxxxx   NAME:    xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx DATE-OF-BIRTH: 99/99/9999   DATE-OF-DEATH: 99/99/9999

  SOC-SEC:   xxxxxxxxx  ADDR:    xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx RACE:  xx
  MCARE-ID:  xxxxxxxxxx ADDR:    xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
                        ADDR:    xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx TELEPHONE:     xxxxxxxxxxx
  COUNTY:  xxxx         CITY/ST: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx ZIP CODE:      xxxxxxxxxx   SEX:  x
  CASE:    xxxxxxxxxxx  CASE-NAME:   xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
  MBR-ON-REV:  x  TPL-IND:  x  GROSS-INCOME:  ########.##

  ---------------------------------- ELIGIBILITY DATA ----------------------------------------------------------------
  NO    BEGIN       END     PRG   MBR-ST  IM-ID  CO-PAY
  ##    99/99/99  99/99/99   x      xx      xx      x
  ---------------------------------------- LTC DATA ------------------------------------------------------------------
  NO    BEGIN       END     INST-STAT  PROVIDER NUMBER
  ##    99/99/99  99/99/99      xx     xxx  xxxxxxxxxx
 ---------------------------------------- HMO DATA ------------------------------------------------------------------
  NO    BEGIN       END     PROVIDER NUMBER     ADD       TRANS-DT
  ##    99/99/99  99/99/99   xxx  xxxxxxxxxx  99/99/99    99/99/99
 ---------------------------------- NEW MAID DATA -------------------------------------------------------------------
  NO    NEW MAID            CHNG-DATE
  ##    xxxxxxxxxxxx        99/99/99
 ------------------------------------- LOCKIN DATA ------------------------------------------------------------------
  NO    BEGIN       END     TRANS-DT    PROVIDER NUMBER   SRC
  ##    99/99/99  99/99/99   99/99/99   xxx  xxxxxxxxxx    x
 ------------------------------------- HOSPICE DATA -----------------------------------------------------------------
  NO    BEGIN       END     TRANS-DT     LTC    TYPE  PROVIDER NUMBER
  ##    99/99/99  99/99/99  99/99/99      x       x    xxx  xxxxxxxxxx
 ------------------------------------- KENPAC DATA ------------------------------------------------------------------
  NO    BEGIN       END     ADDED-DT   TRANS-DT       PROVIDER NUMBER
  ##    99/99/99  99/99/99  99/99/99   99/99/99        xxx  xxxxxxxxxx
 ------------------------------------- PATIENT LIABILITY DATA -------------------------------------------------------
  NO    BEGIN       END     LIAB-IND   LIAB_AMT
  ##    99/99/99 @99/99/99      x     #######.##
 ------------------------------------- WAIVER ELIG DATA -------------------------------------------------------------
  NO    BEGIN       END     TRANS-DT    PAY/NO  PROVIDER NUMBER   SPEC
  ##    99/99/99  99/99/99  99/99/99       x     xxx  xxxxxxxxxx    x
------------------------------------- ALTERNATE NAME DATA ----------------------------------------------------------
  NO    NAME                                          TRANS-DT
  ##    xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx         99/99/99

  ---------------------------------- MEDICARE ENTITLEMENT DATA ----------------------------------------------------------
  MEDICARE PART A
  NO    BEGIN       END     SOURCE
  ##   99/99/99  99/99/99     x
  MEDICARE PART B
  NO    BEGIN       END     SOURCE
  ##   99/99/99  99/99/99     x
  MEDICARE PART D
  NO    BEGIN       END     SOURCE
  ##   99/99/99  99/99/99     x

Report  : QAA-6101-M                          COMMONWEALTH OF KENTUCKY (M1)                          Run Date: 99/99/9999
Process : QAAJM610                         MEDICAID MANAGEMENT INFORMATION SYSTEM                    Run Time:   99:99:99
Location: QAAP6100                      CONTRACT MONITORING MEMBER ELIGIBILITY LISTING                   Page:   ########

                                                  *** NO DATA THIS RUN ***
```

2.8.8.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ADDR	The first line of the member's street address.	32	Char	T_RE_BASE_DN	ADR_STREET_1
ADDR	The second line of the member's street address.	32	Char	T_RE_BASE_DN	ADR_STREET_2
ADDR	The third line of the member's street address.	32	Char	T_RE_BASE_DN	ADR_STREET_3
ALT NAME DATA:NAME	The member's previous names	35	Char	T_RE_NAME_XREF	NAM_LAST, NAM_FIRST, NAM_MID_INIT
ALT NAME DATA:NO	Segment number for the Alternate Name data report section.	2	Number	N/A	N/A
ALT NAME DATA:TRANS-DT	The date that the Medicaid member's name was changed.	10	Date (CCYY/MM/DD)	T_RE_NAME_XREF	DTE_LAST_CHANGE
CASE	Number used to identify a group of members that are in a case created by DHS.	11	Char	T_RE_CASE	NUM_CASE
CASE-NAME	The member's last name, first name, and middle initial.	32	Char	T_RE_CASE	NAM_LAST,NAM_FIRST, NAM_MID_INIT
CITY/ST	The city and state in which a member resides.	32	Char	T_RE_BASE_DN	ADR_CITY, ADR_STATE
COUNTY	The county in which a member resides.	4	Char	T_RE_BASE_DN	CDE_COUNTY
DATE-OF-BIRTH	The date of birth for the member.	10	Date (CCYY/MM/DD)	T_RE_BASE_DN	DTE_BIRTH

Field	Description	Length	Data Type	DB Table	DB Attributes
DATE-OF-DEATH	The date of death for the member.	10	Date (CCYY/MM/DD)	T_RE_BASE_DN	DTE_DEATH
ELIG DATA:BEGIN	Eligibility segment effective date.	10	Date (CCYY/MM/DD)	T_RE_AID_ELIG_DN	DTE_EFFECTIVE
ELIG DATA:CO-PAY	Yes/No indicator used to identify programs that qualify for copay calculations during claims payment determination.	1	Char	T_PUB_HLTH_PGM	IND_COPAY
ELIG DATA:END	Eligibility segment end date	10	Date (CCYY/MM/DD)	T_RE_AID_ELIG_DN	DTE_END
ELIG DATA:IM-ID	The relationship indicator.	2	Char	T_RE_AID_ELIG_DN	CDE_IMID
ELIG DATA:MBR-ST	Identifies whether or not the eligibility aid segment is active. A blank means that the segment is active. An 'H' means that the segment is history and no longer active.	2	Char	T_RE_AID_ELIG_DN	CDE_STATUS1
ELIG DATA:NO	Eligibility segment sequence number.	2	Number	N/A	N/A
ELIG DATA:PRG	Identifies the type of aid for which a member is eligible.	1	Char	T_CDE_AID	CDE_AID_CATEGORY
GROSS-INCOME	The member's total income.	10	Number	T_RE_BASE_DN	AMT_INCOME
HMO DATA:ADD	Date that the PMP assignment was created/inserted.	10	Date (CCYY/MM/DD)	T_RE_PMP_ASSIGN	DTE_ADDED

Field	Description	Length	Data Type	DB Table	DB Attributes
HMO DATA:BEGIN	The HMO eligibility effective date.	10	Date (CCYY/MM/DD)	T_RE_PMP_ASSIGN	DTE_EFFECTIVE
HMO DATA:END	The HMO eligibility end date.	10	Date (CCYY/MM/DD)	T_RE_PMP_ASSIGN	DTE_END
HMO DATA:NO	The HMO segment sequence number.	2	Number	N/A	N/A
HMO DATA:PROVIDER NUMBER	This field combines the 3 byte derived provider type (NPI, MCD, BSE) with the HMO billing provider number.	18	Char	T_PR_SVC_LOC_DN	ID_PROVIDER_NPI or ID_PROVIDER_MCAID or ID_PROVIDER_BASE
HMO DATA:TRANS-DT	This is the date that the PMP assignment was last updated.	10	Date (CCYY/MM/DD)	T_RE_PMP_ASSIGN	DTE_CHANGED
HOSPICE DATA:BEGIN	The Hospice eligibility effective date.	10	Date (CCYY/MM/DD)	T_RE_ASSIGN_PLAN	DTE_EFFECTIVE
HOSPICE DATA:END	The Hospice eligibility end date.	10	Date (CCYY/MM/DD)	T_RE_ASSIGN_PLAN	DTE_END
HOSPICE DATA:LTC	This is the value of the assignment plan's code.	1	Char	T_RE_ASSIGN_PLN_CODES	CDE_ASGN_VALUE
HOSPICE DATA:NO	Segment number for the Hospice data report section.	2	Number	N/A	N/A
HOSPICE DATA:PROVIDER NUMBER	This field combines the 3 byte derived provider type (NPI, MCD, BSE) with the Hospice billing provider number.	18	Char	T_PR_SVC_LOC_DN	ID_PROVIDER_NPI or ID_PROVIDER_MCAID or ID_PROVIDER_BASE
HOSPICE DATA:TRANS-	This is the date that the Hospice	10	Date	T_RE_ASSIGN_PL	DTE_LAST_UPDATED

Field	Description	Length	Data Type	DB Table	DB Attributes
DT	record was last updated.		(CCYY/MM/DD)	AN	
HOSPICE DATA:TYPE	This is the value of the assignment plan's code.	1	Char	T_RE_ASSIGN_PLN_CODES	CDE_ASGN_VALUE
KENPAC DATA: PROVIDER NUMBER	This field combines the 3 byte derived provider type (NPI, MCD, BSE) with the KenPAC billing provider number.	18	Char	T_PR_SVC_LOC_DN	ID_PROVIDER_NPI or ID_PROVIDER_MCAID or ID_PROVIDER_BASE
KENPAC DATA:ADDED-DT	Date that the KenPAC assignment was created/inserted.	10	Date (CCYY/MM/DD)	T_RE_PMP_ASSIGN	DTE_ADDED
KENPAC DATA:BEGIN	The KenPAC eligibility effective date.	10	Date (CCYY/MM/DD)	T_RE_PMP_ASSIGN	DTE_EFFECTIVE
KENPAC DATA:END	The KenPAC eligibility end date.	10	Date (CCYY/MM/DD)	T_RE_PMP_ASSIGN	DTE_END
KENPAC DATA:NO	Segment number for the KenPAC data report section.	2	Number	N/A	N/A
KENPAC DATA:TRANS-DT	This is the date that the KenPAC record was last updated.	10	Date (CCYY/MM/DD)	T_RE_PMP_ASSIGN	DTE_LAST_UPDATED
LAST TRANS DATE	The date that the member was last updated.	10	Date (CCYY/MM/DD)	T_RE_BASE_DN	DTE_LAST_UPDATE
LOCKIN DATA:BEGIN	The Lock-In eligibility effective date.	10	Date (CCYY/MM/DD)	T_RE_ASSIGN_PLAN_LI	DTE_EFFECTIVE
LOCKIN DATA:END	The Lock-In eligibility end date.	10	Date (CCYY/MM/DD)	T_RE_ASSIGN_PLAN_LI	DTE_END
LOCKIN	Segment number for the Lock-In	2	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
DATA:NO	data report section.				
LOCKIN DATA:PROVIDER NUMBER	This field combines the 3 byte derived provider type (NPI, MCD, BSE) with the Lock-In billing provider number.	18	Char	T_PR_SVC_LOC_DN	ID_PROVIDER_NPI or ID_PROVIDER_MCAID or ID_PROVIDER_BASE
LOCKIN DATA:SRC	This is the source of the Lock-In member updates and information.	1	Char	T_RE_ASSIGN_PLAN_LI	CDE_SOURCE
LOCKIN DATA:TRANS-DT	This is the date that the Lock-In record was last updated.	10	Date (CCYY/MM/DD)	T_RE_ASSIGN_PLAN_LI	DTE_LAST_UPDATED
LTC:BEGIN	The Long Term Care eligibility effective data.	10	Date (CCYY/MM/DD)	T_RE_AID_ELIG_DN	DTE_EFFECTIVE
LTC:END	The Long Term Care eligibility end data.	10	Date (CCYY/MM/DD)	T_RE_AID_ELIG_DN	DTE_END
LTC:INST-STAT	This is the value of the assignment plan's code.	2	Char	T_RE_ASSIGN_PLN_CODES	CDE_ASGN_VALUE
LTC:NO	The LTC segment sequence number.	2	Number	N/A	N/A
LTC:PROVIDER NUMBER	This field combines the 3 byte derived provider type (NPI, MCD, BSE) with the long term care billing provider number.	18	Char	T_PR_SVC_LOC_DN	ID_PROVIDER_NPI or ID_PROVIDER_MCAID or ID_PROVIDER_BASE
MAID	The member's unique Medicaid identification number.	12	Char	T_RE_BASE_DN	ID_MEDICAID
MBR-ON-REVIEW	Identifies members who have been put on review.	1	Char	T_RECIP_REVIEW	SAK_RECIP

Field	Description	Length	Data Type	DB Table	DB Attributes
MC ENT DATA PTA:BEGIN	The Medicare Entitlement Part A eligibility effective date.	10	Date (CCYY/MM/DD)	T_RE_MEDCARE_A	DTE_EFFECTIVE
MC ENT DATA PTA:END	The Medicare Entitlement Part A eligibility end date.	10	Date (CCYY/MM/DD)	T_RE_MEDCARE_A	DTE_END
MC ENT DATA PTA:NO	Segment number for the Medicare Entitlement Part A data report section.	2	Number	N/A	N/A
MC ENT DATA PTA:SOURCE	This is the source of the member updates and information.	1	Char	T_RE_MEDCARE_A	CDE_SOURCE
MC ENT DATA PTB:BEGIN	The Medicare Entitlement Part B eligibility effective date.	10	Date (CCYY/MM/DD)	T_RE_MEDCARE_B	DTE_EFFECTIVE
MC ENT DATA PTB:END	The Medicare Entitlement Part B eligibility end date.	10	Date (CCYY/MM/DD)	T_RE_MEDCARE_B	DTE_END
MC ENT DATA PTB:NO	Segment number for the Medicare Entitlement Part B data report section.	2	Number	N/A	N/A
MC ENT DATA PTB:SOURCE	This is the source of the member updates and information.	1	Char	T_RE_MEDCARE_B	CDE_SOURCE
MC ENT DATA PTD:BEGIN	The Medicare Entitlement Part D eligibility effective date.	10	Date (CCYY/MM/DD)	T_RE_MEDCARE_D	DTE_EFFECTIVE
MC ENT DATA PTD:END	The Medicare Entitlement Part D eligibility end date.	10	Date (CCYY/MM/DD)	T_RE_MEDCARE_D	DTE_END
MC ENT DATA PTD:NO	Segment number for the Medicare Entitlement Part D data report section.	2	Number	N/A	N/A
MC ENT DATA	This is the source of the member	1	Char	T_RE_MEDCARE_	CDE_SOURCE

Field	Description	Length	Data Type	DB Table	DB Attributes
PTD:SOURCE	updates and information.			D	
MCARE-ID	The members current or previous Medicare ID (HIB).	11	Char	T_RE_HIB	ID_MEDICARE
MEMBER LISTING FOR SAMPLE	The QC number assigned to the claim.	8	Char	T_RS_SELECT_RSLT	SAK_RQST
NAME	The member's last name, first name, and middle initial.	32	Char	T_RE_BASE_DN	NAM_LAST,NAM_FIRST, NAM_MID_INIT
NEW MAID DATA:CHNG-DATE	This date field tells us when the transaction was initially processed.	10	Date (CCYY/MM/DD)	T_RECIP_LINK_XREF	DTE_PROCESSED
NEW MAID DATA:NEW MAID	The member's new Medicaid identification number.	12	Char	T_RE_BASE_DN	ID_MEDICAID
NEW MAID DATA:NO	Segment number for the New Medicaid ID report section.	2	Number	N/A	N/A
PAT LIAB DATA:BEGIN	The Patient Liability eligibility effective date.	10	Date (CCYY/MM/DD)	T_RE_PAT_LIAB	DTE_EFFECTIVE
PAT LIAB DATA:END	The Patient Liability eligibility end date.	10	Date (CCYY/MM/DD)	T_RE_PAT_LIAB	DTE_END
PAT LIAB DATA:LIAB-IND	Indicates which program to apply patient obligation to. N = Nursing Home; P = Personal Care	1	Char	T_RE_PAT_LIAB	CDE_TYPE
PAT LIAB DATA:LIAB_AMT	The patient financial liability amount that must be paid by the member before Medicaid makes payment on the claim. This is a	9	Number	T_RE_PAT_LIAB	AMT_PATNT_LIAB

Field	Description	Length	Data Type	DB Table	DB Attributes
	monthly amount.				
PAT LIAB DATA:NO	Segment number for the Patient Liability data report section.	2	Number	N/A	N/A
RACE	The member's race.	2	Char	T_RE_BASE_DN	CDE_RACE
SEX	The member's gender.	1	Char	T_RE_BASE_DN	CDE_SEX
SOC-SEC	The member's social security number.	9	Char	T_RE_BASE_DN	NUM_SSN
TELEPHONE	The member's telephone number.	10	Char	T_RE_BASE_DN	NUM_PHONE
TPL-IND	Indicates if a member has third party liability which is any entity other than Medicaid that could be responsible for payment of medical benefits for a Medicaid member.	1	Char	T_TPL_RESOURCE	SAK_RECIP
WVR ELIG DATA:BEGIN	The Waiver Eligibility effective date.	10	Date (CCYY/MM/DD)	T_RE_ASSIGN_PLAN	DTE_EFFECTIVE
WVR ELIG DATA:END	The Waiver Eligibility end date.	10	Date (CCYY/MM/DD)	T_RE_ASSIGN_PLAN	DTE_END
WVR ELIG DATA:NO	Segment number for the Waiver Eligibility data report section.	2	Number	N/A	N/A
WVR ELIG DATA:PAY/NO	This is the value of the assignment plan's code.	1	Number	T_RE_ASSIGN_PLN_CODES	CDE_ASGN_VALUE
WVR ELIG DATA:PAY/NO	This is the value of the assignment plan's code.	1	Char	T_RE_ASSIGN_PLN_CODES	CDE_ASGN_VALUE
WVR ELIG DATA:PROVIDE	This field combines the 3 byte derived provider type (NPI, MCD,	18	Char	T_PR_SVC_LOC_DN	ID_PROVIDER_NPI or ID_PROVIDER_MCAID

Field	Description	Length	Data Type	DB Table	DB Attributes
R NUMBER	BSE) with the Waiver Eligibility billing provider number.				or ID_PROVIDER_BASE
WVR ELIG DATA:TRANS-DT	This is the date that the Waiver Eligibility record was last updated.	10	Date (CCYY/MM/DD)	T_RE_ASSIGN_PLAN	DTE_LAST_UPDATED
ZIP CODE	The member's zip code.	10	Char	T_RE_BASE_DN	ADR_ZIP_CDOE,ADR_ZIP_CODE_4

2.8.8.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.8.6 Associated Requirements

ID
30.090.010.003.4

2.8.8.7 Change Orders

ID	Name	Description
1498	QAA-CM Member Eligib. Listing	Develop the Contract Monitoring Member Eligibility Listing report according to specifications. (KYML6100-R001)

2.8.9 QAA Contract Monitoring Member TPL Resources

The QAA Contract Monitoring Member TPL Resources report displays the member TPL Resource File data for all claims pulled in the 5 contract monitoring strata whose members have TPL coverage.

2.8.9.1 Technical Name

QAA Contract Monitoring Member TPL Resources

2.8.9.2 Sort Order

Grouped by Claim Type

Sorted by Sample Number

2.8.9.3 QAA Contract Monitoring Member TPL Resources Layout

```
Report  : QAA-6301-M                          COMMONWEALTH OF KENTUCKY (M1)                          Run Date: 99/99/9999
Process : QAAJM630                         MEDICAID MANAGEMENT INFORMATION SYSTEM                    Run Time:   99:99:99
Location: QAAP6300                       QAA Contract Monitoring Member TPL Resources                    Page:          1

AS OF 99/99/9999                              FOR SAMPLE NUMBER DRUG    #
MEMBER ID: xxxxxxxxxxxx                                                          DATE-OF-LAST-TRANS: 99/99/99999  USER: xxxxxxxx
                                                                                  LAST-BATCH-UPDATE:  99/99/99999
-------------------------------------------------------------TPL DATA-------------------------------------------------------
   ORIG MEMBER ID: xxxxxxxxxx                                                SEX: x
             NAME: xxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxx                    BIRTH: 99/99/9999                DEATH: 99/99/9999

      POL-SEG-NUM: 99 OF 99                          SOURCE: x               ADD-DT: 99/99/9999              SEG-TRN: 99/99/9999
       COST-AVOID: x                                   DATE: 99/99/9999       VERIFY: x                   VERIFY-DATE: 99/99/99999
POLICY BEGIN DATE: 99/99/9999                       END DATE: 99/99/9999      GRP-NUM: xxxxxxxxxxxxxxxx
       POLICY NUM: xxxxxxxxxxxxxxxx                     TYPE: x
     POLHLDR  SSN: xxxxxxxxxxx                       REL-CD: x             CARRIER-ID: xxxxxxx
          POLHLDR: xxxxxxxxxxxxxxxxx xxxxxxxxxxxxx x
          ADDRESS: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

             CITY: xxxxxxxxxxxxxxxxxxxxxxxxxxxxx xx  xxxxx-xxxx

 CV     BEGIN        END        ADD DATE        COV DOT     EX    EX DOT     COPAYMENT  DEDUCTIBLE
 xx   99/99/9999  99/99/9999   99/99/9999     99/99/9999    xx  99/99/9999   ######.##  #######.##

ABS-PARENT: A COURT-ORDERED: x NAME: xxxxxxxxxxxxxxx  xxxxxxxxxxxxx xx            BOS: x           SC: x
                           ADDRESS: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx SSN: xxxxxxxxx DOB: 99/99/99999 ADD-DT: 99/99/9999

                              CITY: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xx  xxxxx-xxxx

Report  : QAA-6301-M                          COMMONWEALTH OF KENTUCKY (M1)                          Run Date: 99/99/9999
Process : QAAJM630                         MEDICAID MANAGEMENT INFORMATION SYSTEM                    Run Time:   99:99:99
Location: QAAP6300                       QAA Contract Monitoring Member TPL Resources                    Page:        220

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

2.8.9.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ABS Add-Dt	This is the date the record was added to the table.	10	Date (CCYY/MM/DD)	T_TPL_AC_PARENT	DTE_ADDED
ABS Address	The first address line of the absent parent used for	55	Char	T_TPL_AC_PARENT	ADR_STREET_1

Field	Description	Length	Data Type	DB Table	DB Attributes
	correspondence. Could be an international address if country code is not US.				
ABS BOS	The absent parent's branch of service code.	2	Char	T_TPL_AC_PARENT	CDE_MILITARY_BRANCH
ABS City	This is the absent parent's city, state, and zip where the correspondence is sent to. Could be an out of country city if country code is not US.	40	Char	T_TPL_AC_PARENT	ADR_CITY, ADR_STATE, ADR_ZIP
ABS Court-Ordered	This code identifies the type of court-ordered insurance that must be provided by an absent parent.	1	Char	T_TPL_RESOURCE	CDE_COURT_ORDER
ABS DOB	Absent parents date of birth	10	Date (CCYY/MM/DD)	T_TPL_AC_PARENT	DTE_BIRTH
ABS Name	This is the last name, first name, middle initial of the member's absent or custodial parent.	28	Char	T_TPL_AC_PARENT	NAM_LAST, NAM_FIRST, NAM_MID_INIT
ABS SC	This is the Military status of the absent parent. Recommended values are 'A' - Active, 'D' - 100% DAV, 'E' - MEPCOM Enlistee, 'N' - National Guard, 'R' - Retired, 'V' - Reserve, 'X' - Other, 'Z' - Unknown, Space - Not Military	2	Char	T_TPL_AC_PARENT	CDE_MILITARY_STATUS
ABS SSN	This is the parent's social	9	Char	T_TPL_AC_PARENT	NUM_SSN

Field	Description	Length	Data Type	DB Table	DB Attributes
	security number.				
ABS-Parent	This field is used to describe the type of absent parent. Recommended values are as follows: 'A' = ABSENT PARENT; 'C' = CUSTODIAL PARENT	1	Char	T_TPL_AC_PARENT	CDE
Add-Dt	The date the segment was added to the file.	10	Date	T_TPL_RESOURCE	DTE_ADDED
Address	The street address of the policy holder.	55	char	T_TPL_CARRIER	ADR_MAIL_STRT1
As of Date	The last date of the period for which the report was produced.	10	Date	n/a	Caculated
Birth	The birth date of the member.	10	Date	T_RS_SELECT_RECIP	DTE_BIRTH
C Ex DOT	Contains the date that this record was last changed to help support audit trail research.	10	Date (CCYY/MM/DD)	T_COVERAGE_XREF	DTE_LAST_CHANGE
CV	The coverage type code.	2	char	T_COVERAGE_XREF	CDE_COVERAGE
CV Add Date	This is the date the resource was originally added to the system.	10	Date (CCYY/MM/DD)	T_TPL_RESOURCE	DTE_ADDED
CV Begin	The coverage type begin date.	10	Date	T_COVERAGE_XREF	DTE_EFFECTIVE
CV Copayment	This is the coinsurance amount that a member is responsible for on a specific coverage type	8	Number	T_TPL_COIN_DED	AMT_CO_PAY

Field	Description	Length	Data Type	DB Table	DB Attributes
	of a policy.				
CV Cov DOT	Contains the date that this record was last changed to help support audit trail research.	10	Date (CCYY/MM/DD)	T_TPL_RESOURCE	DTE_LAST_CHANGE
CV Deductible	This is the individual deductible amount a member is responsible for on a specific coverage type of a policy.	9	Number	T_TPL_COIN_DED	AMT_DEDUCT_INDV
CV End	The coverage type end date.	10	Date	T_COVERAGE_XREF	DTE_END
Carrier ID	The carrier identification number of the policy.	7	char	T_TPL_CARRIER	CDE_CARRIER
City	The policy holder's city, state, and zip.	40	Char	T_TPL_CARRIER	ADR_MAIL_CITY,ADR _MAIL_STATE, ADR_MAIL_ZIP
Court Ordered	The court-ordered indicator code.	1	char	T_TPL_RESOURCE	CDE_COURT_ORDER
Date-of-Last-Trans	The date the last update was made to the file.	10	char	T_CA_ICN	DTE_PAID
Death	The member's date of death.	10	Date	T_RS_SELECT_RECIP	DTE_DEATH
EX	This indicates if a member's TPL has been exhausted.	1	Char	T_COVERAGE_XREF	IND_EXHAUST
End Date	The date the policy expires.	10	Date	T_TPL_RESOURCE	DTE_END
For Sample #	The QC number assigned to the claim.	9	char	T_RS_SELECT_RSLT	SAK_REQUEST

Field	Description	Length	Data Type	DB Table	DB Attributes
Grp-Numr	The group number to which the member belongs.	16	char	T_TPL_RESOURCE	NUM_GROUP
Member ID	The Medicaid identification number for the member.	12	char	T_RS_SELECT_RECIP	ID_MEDICAID
Name	The first and last name of the member.	36	char	T_RS_SELECT_RECIP	NAM_LAST, NAM_FIRST, NAM_MID_INIT
Orig Member ID	The original member identification number.	12	char	T_RS_SELECT_RECIP	ID_MEDICAID
PolHldr	The name of the policy holder.	29	char	T_RE_BASE_DN	NAM_LAST, NAM_FIRST, NAM_MID_INIT
PolHldr SSN	The policy holder's Social Security number.	9	char	T_RE_BASE_DN	NUM_SSN
Policy Begin Date	The date the policy coverage begins.	10	Date	T_TPL_RESOURCE	DTE_EFFECTIVE
Policy Num	The policy number.	16	char	T_TPL_RESOURCE	NUM_TPL_POLICY
Rel Code	The policy holder's relationship code.	2	char	T_TPL_RESOURCE	CDE_RELATION
Seg-Trn	The date this segment was last updated.	10	Date	T_TPL_RESOURCE	DTE_LAST_CHANGE
Sex	The sex of the member.	1	char	T_RS_SELECT_RECIP	CDE_SEX
Type	The policy type code.	2	char	T_TPL_RESOURCE	CDE_POLICY_TYPE
User	The user identification number of the clerk responsible for the	8	char	T_RESULT	ID_RQST_BY

Field	Description	Length	Data Type	DB Table	DB Attributes
	last update.				

2.8.9.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.9.6 Associated Requirements

ID
30.090.010.003.4

2.8.9.7 Change Orders

ID	Name	Description
1501	QAA-Member TPL Resources	Develop QA&A Contract Monitoring member TPL Resources Report. (KYML6300-R001)
5291	QAA_Member TPL Resource	This report covers all issues related to the QAA Report 6301-M, Member TPL Resource Report Report title in OnBase does not match Report name in PWB Data validation checks failed.

2.8.10 QAA Contract Monitoring Other Services

The CM Other Services report list claims selected for processing accuracy assessment by system-assigned quality control number. This report is for Stratum 300 which contains only other individual practitioners, clinics, and services.

2.8.10.1 Technical Name

QAA Contract Monitoring Other Services

2.8.10.2 Sort Order

QC Number

2.8.10.3 QAA Contract Monitoring Other Services Layout

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

Report : QAA-5003-M
Process : QAAJM503
Location: QAAP5003

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
QA&A Contract Monitoring Other Services

Run Date: 07/24/2006
Run Time: 14:40:54
Page: 1

QC NUMBER	ICN	MEMBER NAME	MEMBER ID	BILLING PROVIDER NUMBER	FIRST DATE OF SERVICE	ADJUDICATION DATE	PAID AMOUNT
1	2003161600715	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	000001394	200307299A	02/12/2001	02/24/2005	$99999999.99
2	2005055600029	NANCY ROSE	000002453	1000000394	05/21/2004	02/24/2005	$136.25
3	2005063050085	ZELDA B WATERS	000001346	1000000153	08/01/2004	03/08/2005	$178.62
4	2003260600029	VICTOR D SMITH	000001419	200308419A	07/01/2003	02/24/2005	$13.11
5	2003309600001	DEBBIE JAMES	000001399	1000000394	08/17/2003	02/24/2005	$24.00
6	2003142600492	HANK R HALL	000002468	200307299A	11/11/2000	02/24/2005	$85.00
7	2003260600094	RICK S ROSE	000001291	200308409A	04/01/2003	02/24/2005	$79.00
8	2005082050096	JANET B ANDERSON	000001308	200308680A	09/02/2004	03/24/2005	$78.58
9	2005076050067	JANET B ANDERSON	000001308	200308680A	09/02/2004	03/22/2005	$78.58
10	2005113600471	MIKE H GATES	1868	1000000837	03/15/2005	04/25/2005	$3.11
11	2003255600672	PAM D SMITH	000002375	1000000406	09/03/2003	02/24/2005	$21.37
12	2003269767732	ANDY WATERS	000002383	1000000394	10/21/2002	02/24/2005	$42.72
13	2003311600020	PAM D WATERS	000001265	1000000394	11/07/2002	02/24/2005	$25.00
14	2005095600034	JANET W TYLER	000040787	1000000008	01/25/2005	04/05/2005	$13.11
15	2003309600005	DEBBIE JAMES	000001399	1000000394	08/01/2003	02/24/2005	$49.00
16	2003269767719	SAM BILLS	000002387	1000000394	09/21/2002	02/24/2005	$63.96
17	2005117600188	JILL BONNER	000041889	1000000320	02/07/2005	04/27/2005	$311.72
18	2003167600001	EDDIE D JAMES	000001351	1000000020	04/30/2003	02/24/2005	$52.09
19	2005055050015	HANK SMITH	000001392	200307419A	10/07/2004	02/24/2005	$640.57
19	2005055050015	HANK SMITH	000001392	200307419A	10/07/2004	02/24/2005	$72.51
20	2005110600453	RICK VINE	000002446	200305539A	04/17/2005	04/20/2005	$8.00
21	2003255600062	LYLE FILCH	000002418	1000000332	09/01/2003	02/24/2005	$25.00
22	2003142600361	CINDY J ROSE	000002512	1000001555	01/13/2001	02/24/2005	$226.02
23	2005101600160	SAM ROSE	000001843	200306599A	01/29/2005	04/12/2005	$20.00
24	2003147002007	RICK HALL	000001357	1000000069	08/04/2002	02/24/2005	$7.09
25	2205080600007	OSCAR MITCHEL	000001389	1000000371	07/15/2001	03/22/2005	$130.00
26	2005110600645	ZELDA B WATERS	000001346	1000000698	03/02/2005	04/20/2005	$13.11
27	2003142601150	HANK W SMITH	000001261	1000000064	07/07/2001	02/24/2005	$16.73
28	2205178050001	SAM SMITH	000040235	1000000508	09/09/2004	06/28/2005	$16.48
29	2005055600059	GREG J COX	000002388	100760599B	04/15/2004	02/24/2005	$2.89
30	2003142600640	JANET C MITCHEL	000001341	1000000371	05/02/2001	02/24/2005	$62.64
30	2003142600640	JANET C MITCHEL	000001341	1000000371	05/22/2001	02/24/2005	$62.64
31	2003190600171	MIKE MITCHEL	000002447	200308409A	05/01/2003	02/24/2005	$30.00
32	2003190600141	WILLIAM N WATERS	000001383	200308419A	07/08/2003	02/24/2005	$15.00
33	2003142600150	KIM J COX	000002359	1000000188	06/05/2001	02/24/2005	$22.35
34	2003259600118	VICTOR D SMITH	000001419	200308419A	12/30/2001	02/24/2005	$12.88
35	2003142600405	JANET GATES	000002457	1000000069	06/06/2002	02/24/2005	$474.00
36	2005095600421	CINDY LANE	000039963	1000000177	08/25/2004	04/05/2005	$10.00
37	2003311600001	PAM D WATERS	000001265	1000000394	10/31/2003	02/24/2005	$25.00
38	2003142600009	HANK W SMITH	000001261	1000001555	02/19/2001	02/24/2005	$15.73
38	2003142600009	HANK W SMITH	000001261	1000001555	02/20/2001	02/24/2005	$15.73
39	2003190600170	MIKE MITCHEL	000002447	200308409A	02/15/2003	02/24/2005	$30.00
40	2205096600001	MIKE H GATES	1868	1000000837	03/01/2005	04/07/2005	$12.11
41	2003142601043	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	000001394	1000000137	03/29/2001	02/24/2005	$744.99
42	2205060600004	BILLY J OSTERMAN	000002509	1000000011	11/02/2004	03/01/2005	$49.00
43	2003142600116	ANDY A BILLS	000001404	1000000066	06/16/2001	02/24/2005	$15.00
44	2003259600135	HANK HALL	000002548	200308419A	11/01/2001	02/24/2005	$12.88
45	2003190600087	PAM P FILCH	000001379	200308019A	03/10/2003	02/24/2005	$10.00

Report : QAA-5003-M COMMONWEALTH OF KENTUCKY Run Date: 07/24/2006
Process : QAAJM503 MEDICAID MANAGEMENT INFORMATION SYSTEM Run Time: 14:40:54
Location: QAAP5003 QA&A Contract Monitoring Other Services Page: 2

QC NUMBER	ICN	MEMBER NAME	MEMBER ID	BILLING PROVIDER NUMBER	FIRST DATE OF SERVICE	ADJUDICATION DATE	PAID AMOUNT
46	2005110600452	RICK VINE	000002446	200305539A	03/17/2005	04/20/2005	$8.00
47	2005079050094	JANET B ANDERSON	000001308	200308680A	09/02/2004	03/22/2005	$78.58
48	2005055600025	DEBBIE A MITCHEL	000040838	1000000677	09/30/2004	02/24/2005	$22.00
49	2003142600264	CINDY A OSTERMAN	000001288	1000000266	05/21/2002	02/24/2005	$359.50
50	2003262600026	EDDIE TYLER	000002370	200308409A	06/07/2003	02/24/2005	$15.00
51	2003142600070	JANET WATERS	000002403	1000000069	06/24/2002	02/24/2005	$474.00
52	2005069050077	TIM J ROSE	000040075	1000000296	01/20/2004	03/10/2005	$19.78
52	2005069050077	TIM J ROSE	000040075	1000000296	01/20/2004	03/10/2005	$19.78
52	2005069050077	TIM J ROSE	000040075	1000000296	01/20/2004	03/10/2005	$19.78
53	2003142600059	MARIBEL MONTANA	000069959	1000000069	08/10/2001	02/24/2005	$72.83
54	2003142001161	HANK S ELWOOD	000001391	1000000824	06/21/2001	02/24/2005	$10.47
55	2003142001201	RICK J HALL	000001320	1000000550	07/17/2001	02/24/2005	$13.40
56	2005101050144	TIM J ROSE	000040075	1000000091	10/30/2004	04/12/2005	$123.41
57	2003259600068	BILLY ROSE	000001381	200308409A	02/05/2003	02/24/2005	$13.11
58	2003161600803	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	000001394	100800269A	05/25/2001	02/24/2005	$5.00
59	2003142600609	ANDY C WATERS	000001397	1000000115	07/02/2001	02/24/2005	$32.11
60	2003191600001	MIKE MITCHEL	000001846	200308409A	02/15/2003	02/24/2005	$30.00
61	2003260600100	PAM LANE	000002470	1000000983	05/01/2002	02/24/2005	$150.00
62	2005088600588	PAM GATES	000041374	1000000440	07/15/2004	03/29/2005	$30.00
63	2003255600046	JANET WATERS	000002461	1000000973	12/01/2002	02/24/2005	$25.00
64	2003142600558	JANET GATES	000002457	1000000340	06/30/2002	02/24/2005	$474.00
65	2003142600945	WILLIAM J TYLER	000002523	1000001386	06/13/2001	02/24/2005	$25.25
65	2003142600945	WILLIAM J TYLER	000002523	1000001386	06/26/2001	02/24/2005	$140.96
66	2005090050030	ROBIN WILLIAMS	888800011	1000000091	10/30/2004	03/31/2005	$123.41
67	2003142601030	ANDY GATES	000002425	1000000490	07/15/2002	02/24/2005	$474.00
68	2003142600798	JANET B WATERS	000001462	1000001555	06/03/2001	02/24/2005	$205.02
69	2003142600984	TIM S COX	000002367	1000000188	05/11/2002	02/24/2005	$33.09
70	2205088600006	MIKE J ANDERSON	000001452	1000000394	03/12/2005	04/19/2005	$57.98
71	2003142600956	CINDY SMITH	000002540	1000001523	06/20/2001	03/24/2005	$347.56
71	2003142600956	CINDY SMITH	000002540	1000001523	06/23/2001	03/24/2005	$347.56
71	2003142600956	CINDY SMITH	000002540	1000001523	06/22/2001	03/24/2005	$347.56
71	2003142600956	CINDY SMITH	000002540	1000001523	06/24/2001	03/24/2005	$347.56
71	2003142600956	CINDY SMITH	000002540	1000001523	06/21/2001	03/24/2005	$347.56
72	2003142600174	DEBBIE J SMITH	000001306	1000000069	07/10/2001	02/24/2005	$68.20
73	2003142600720	TIM S COX	000002367	100804689A	07/03/2002	02/24/2005	$33.09
74	2003178600456	ISABELLA B SMITH	000001337	1000000019	07/25/2001	02/24/2005	$27.00
75	2003142600436	JANET C MITCHEL	000001341	1000000371	07/01/2001	02/24/2005	$150.00
76	2003232600069	LYLE LANE	000001363	1000000020	08/15/2003	03/24/2005	$20.01
77	2003255600068	JANET A BILLS	000002392	200308419A	08/31/2003	02/24/2005	$25.00
78	2005075600326	GREG J COX	000002388	100760599B	04/30/2004	03/17/2005	$35.05
78	2005075600326	GREG J COX	000002388	100760599B	04/30/2004	03/17/2005	$14.95
79	2003142601122	JANET H SMITH	000001293	1000001231	02/12/2002	02/24/2005	$21.37
80	2003260600041	DEBBIE D LANE	000002469	200308409A	09/17/2003	02/24/2005	$13.11
81	2205083600008	PAM GATES	000041374	200305539A	08/30/2004	03/24/2005	$10.00
81	2205083600008	PAM GATES	000041374	200305539A	08/30/2004	03/24/2005	$50.00
82	2003142600216	KIM J COX	000002359	1000000188	07/12/2001	02/24/2005	$22.35
83	5205119001006	JILL BONNER	000041889	1000000320	02/11/2005	04/29/2005	$115.00
83	5205119001006	JILL BONNER	000041889	1000000320	02/11/2005	04/29/2005	$115.00

```
Report  : QAA-5003-M                                  COMMONWEALTH OF KENTUCKY                                  Run Date: 07/24/2006
Process : QAAJM503                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   14:40:54
Location: QAAP5003                                 QA&A Contract Monitoring Other Services                          Page:          3
```

QC NUMBER	ICN	MEMBER NAME	MEMBER ID	BILLING PROVIDER NUMBER	FIRST DATE OF SERVICE	ADJUDICATION DATE	PAID AMOUNT
84	2003203600106	CINDY COX	000001295	1000001018	08/10/2001	03/17/2005	$195.31
84	2003203600106	CINDY COX	000001295	1000001018	08/10/2001	03/17/2005	$13.30
84	2003203600106	CINDY COX	000001295	1000001018	08/10/2001	03/17/2005	$9.65
85	2003142600115	CINDY C ROSE	000001409	1000000349	01/23/2002	02/24/2005	$33.00
86	2005096600535	BILLY ROSE	000001435	1000000177	03/25/2004	04/07/2005	$10.00
87	2003155600001	JANET B WATERS	000001462	1000000020	04/12/2003	02/24/2005	$200.05
88	2005099050024	DEBBIE S SMITH	000040416	1000000102	10/30/2004	04/12/2005	$180.00
89	2003142601064	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	000001394	200307219A	08/01/2001	02/24/2005	$298.89
90	2003191600028	WILLIAM D FILCH	000002441	200308409A	04/15/2003	02/24/2005	$30.00
91	2003191600076	DEBBIE FILCH	000001845	200308419A	06/03/2003	03/17/2005	$21.37
91	2003191600076	DEBBIE FILCH	000001845	200308419A	06/03/2003	03/17/2005	$13.11
92	2003142600031	ANDY A LANE	000001398	200306679A	02/21/2000	02/24/2005	$11.30
93	2003142600340	SAM BILLS	000001316	1000001461	07/25/2001	02/24/2005	$12.80
94	2003260860003	CINDY SMITH	000002554	200308419A	01/01/2002	02/24/2005	$50.00
95	2003142600626	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	000001394	1000001245	07/01/2001	02/24/2005	$45.00
96	2005055600494	PAM GATES	000041374	1000000177	03/25/2004	02/24/2005	$25.00
97	2005078050009	JANET B ANDERSON	000001308	200308680A	09/02/2004	03/22/2005	$78.58
98	2205083600006	PAM GATES	000041374	200305539A	06/15/2004	03/24/2005	$44.47
99	2005116600786	BILLY B LANE	000040418	1000000377	05/27/2004	04/27/2005	$4.27
100	2005079050136	JANET B ANDERSON	000001308	200308680A	09/02/2004	03/22/2005	$78.58

```
                                                                  As of Date : 12/31/2005
          Beginning QC Number :          1                     Ending QC Number :        100
          Claims Universe     :       1127                 Total Claims Sampled :        116
                                                   *** END OF REPORT ***
```

2.8.10.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Adjudication Ddate	The date the claim adjudicated.	10	Date	T_RS_SELECT_RSLT	DTE_PAID
As of Date	The date as of which the report is generated	10	Date (MM/DD/CCYY)	T_RS_SELECT	DTE_HIST_TO
Beginning QC Number	The first QC number assigned to the first selected claim.	9	char	T_RS_SELECT_RSLT	SEQ_RANDOM

Field	Description	Length	Data Type	DB Table	DB Attributes
Billing Provider Number	The billing provider number from the claim.	15	char	T_RS_SELECT_RSLT	ID_PROV_BILL
Claims Universe	The total number of claim history records which met the criteria for the selection.	4	Number	T_RS_SELECT	CNT_CRITERIA
Ending QC Number	The last QC number assigned to the last selected claim.	9	char	T_RS_SELECT_RSLT	SEQ_RANDOM
First Date of Service	The first date of service from the claim.	10	Date	T_RS_SELECT_RSLT	DTE_FIRST_SVC
ICN	The transaction control number of the selected claim.	13	char	T_RS_SELECT_RSLT	NUM_ICN
Member ID	The Medicaid identification number for the member.	12	Char	T_RS_SELECT_RECIP	ID_MEDICAID
Member name	The full member name	29	char	T_RS_SELECT_RECIP	NAM_LAST, NAM_FIRST, NAM_MID_INIT
Paid Amount	The reimbursement amount from the claim.	12	Number	T_RS_SELECT_RSLT	AMT_PAID
QC Number	The QC number assigned to the randomly pulled claim by the system.	9	char	T_RS_SELECT_RSLT	SEQ_RANDOM
Total Claims Sampled	The number of claims chosen for the selection.	9	Number	T_RS_SELECT	CNT_RESULT

2.8.10.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.10.6 Associated Requirements

ID
30.090.010.002.1
30.090.010.003.4

2.8.10.7 Change Orders

ID	Name	Description
1563	QAA-CM Other Services	Develop QA&A-Contract Monitoring Other Services Report.

2.8.11 QAA Contract Monitoring PRO Review Display

The QAA Contract Monitoring PRO Review Display report displays the data from the PRO Review Data Display Panel 1 for the claims pulled in the contract monitoring stratum 100 selection (Hospital Services).

2.8.11.1 Technical Name

QAA Contract Monitoring PRO Review Display

2.8.11.2 Sort Order

For Sample Number

2.8.11.3 QAA Contract Monitoring PRO Review Display Layout

```
Report  : QAA-6801-M                          COMMONWEALTH OF KENTUCKY                          Run Date: 08/23/2006
Process : QAAJM681                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   13:39:32
Location: QAAP6801                     Contract Monitoring PRO Review Display Report                Page:          1
                                                  As of Date: 12/31/2005

                                                  For Sample # HOSP59

            Member Id : 000040075            Name : TIM ROSE J
           Birth Date : 17-DEC-84             Sex : M
-------------------------------------------------------------------------------------------------------------------------
 Line   Reference     Provider          Date of          Days    PRO    Add          Date of          Srce
 No.     Number         No              Admission        Stay    IND    Date         Last Txn         Code
-------------------------------------------------------------------------------------------------------------------------
 A      5005090001   051000000515       15-MAR-04          1     04   31-MAR-05      06/14/2006        2

                                                  For Sample # HOSP83

            Member Id : 000001841            Name : PAM ROSE
           Birth Date : 01-OCT-89             Sex : M
-------------------------------------------------------------------------------------------------------------------------
 Line   Reference     Provider          Date of          Days    PRO    Add          Date of          Srce
 No.     Number         No              Admission        Stay    IND    Date         Last Txn         Code
-------------------------------------------------------------------------------------------------------------------------
 A      5002162000   011000000360       01-OCT-10          0     24   11-JUN-02          -            2

                                                  For Sample # HOSP85

            Member Id : 000001841            Name : PAM ROSE
           Birth Date : 01-OCT-89             Sex : M
-------------------------------------------------------------------------------------------------------------------------
 Line   Reference     Provider          Date of          Days    PRO    Add          Date of          Srce
 No.     Number         No              Admission        Stay    IND    Date         Last Txn         Code
-------------------------------------------------------------------------------------------------------------------------
 A      5002162000   011000000360       01-OCT-10          0     24   11-JUN-02          -            2
                                                  *** END OF REPORT ***
```

2.8.11.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Date of last tx	The date of the last transaction update to the segment.	10	date	A_T_PA_LINE_ITEM	DTE_SYSDATE
Medicaid ID	The member Medicaid identification	12	char	T_RS_SELECT_RS	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
	number from the claim whose PRO codes are reported.			LT	
Name	The member's last and first names.	38	char	T_RS_SELECT_RECIP	NAM_LAST, NAM_FIRST, NAM_MID_INIT
add date	The date the segment was added to the file.	10	date	T_PA_PAUTH_DN	DTE_PA_KEYED
birth date	The member's birth date	10	date	T_RS_SELECT_RECIP	DTE_BIRTH
date of admission	The admit date for the PRO approved stay.	10	date	T_PA_LINE_ITEM	DTE_PA_AUTH_EFF
days stay	The number of approved days for the hospital stay.	8	Number	T_PA_LINE_ITEM	QTY_UNT_SVC_ATH
line no	The line number from the member's PRO Review Data Display Screen 1.	2	Number	T_PA_LINE_ITEM	NUM_PA_LINE_ITEM
pro ind	The approved PRO indicator code.	1	char	T_PA_PAUTH_DN	CDE_PA_ASSIGN
provider #	The 2-digit provider type followed by the 8-digit provider number.	17	char	T_RS_SELECT_RSLT	CDE_PROV_TYPE, ID_PROV_BILL
reference number	The PRO reference number for the line item.	10	char	T_RS_SELECT_RSLT	NUM_PRIOR_AUTH
sample #	The request id along with the sequence number assigned to the sample	8	char	T_RS_SELECT, T_RS_SELECT_RSLT	ID_RQST_BY, SEQ_RANDOM
sex	The member's sex.	1	char	T_RS_SELECT_RECIP	CDE_SEX

Field	Description	Length	Data Type	DB Table	DB Attributes
srce code	The code indicating the source of the PRO segment.	1	char	T_PA_PAUTH_DN	CDE_MEDIA_TYPE

2.8.11.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.11.6 Associated Requirements

ID
30.090.010.003.4

2.8.11.7 Change Orders

ID	Name	Description
1510	QAA-CM PRO Review Display	Develop QA&A Contract Monitoring PRO Review Display Report. (KYML6800-R001)
5292	QAA_PRO Review	QAA Report 6801-M, Contract Monitoring PRO Review Display does not have any data on it.

2.8.12 QAA Contract Monitoring Prescribed Drugs

The CM Prescribed Drugs report lists, by system-assigned quality control number, claims selected for processing accuracy assessment. This report is for Stratum 400 which contains only prescribed drug claims.

2.8.12.1 Technical Name

QAA Contract Monitoring Prescribed Drugs

2.8.12.2 Sort Order

QC Number

2.8.12.3 QAA Contract Monitoring Prescribed Drugs Layout

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

Report : QAA-5004-M
Process : QAAJM504
Location: QAAP5004

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
QA&A Contract Monitoring Prescribed Drugs

Run Date: 07/24/2006
Run Time: 14:40:59
Page: 1

QC NUMBER	ICN	MEMBER NAME	MEMBER ID	BILLING PROVIDER NUMBER	FIRST DATE OF SERVICE	ADJUDICATION DATE	PAID AMOUNT
1	2005083130012	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	000041450	1000001020	01/21/2004	03/24/2005	$99999999.99
2	2005076300039	OSCAR A SMITH	000041247	200307329A	04/13/2003	03/22/2005	$24.00
3	2005097300093	ANDY TYLER	000041578	1000000354	11/04/2004	04/08/2005	$509.76
4	2005098300022	TAMMY G SEDGWICK	000941888	100714379	03/05/2005	04/08/2005	$47.88
5	2005077130001	ZELDA B WATERS	000001346	1000000354	03/01/2005	03/22/2005	$65.00
6	2005080300085	ZELDA B WATERS	000001346	1000000354	02/01/2005	03/22/2005	$25.30
7	5205109001007	ANDY TYLER	000041578	1000000354	11/15/2004	04/19/2005	$405.93
8	2005055300026	SAM GATES	000002424	200307329A	04/03/2003	02/24/2005	$23.00
9	2003262300004	JANET D SMITH	000001832	200307329A	07/06/2003	02/24/2005	$24.00
10	2003238300002	JANET B WATERS	000001462	200307329A	07/16/2002	02/24/2005	$18.00
11	2005055300025	TIM BILLS	000039898	200307329A	04/03/2003	02/24/2005	$23.00
12	2005111300057	RICK C COX	000040632	200307329A	01/02/2005	04/21/2005	$498.00
13	2003150130006	OSCAR MITCHEL	000001389	200307329A	05/05/2003	02/24/2005	$231.74
14	2004219300093	LYLE J KNIGHT	000001866	200307329A	02/05/2003	02/24/2005	$9.00
15	2003262300002	JANET D SMITH	000001832	200307329A	04/06/2003	02/24/2005	$24.00
16	2003309130002	DEBBIE JAMES	000001401	200307329A	03/15/2003	02/24/2005	$3.06
17	2005068130010	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	000041450	1000001020	10/21/2004	03/10/2005	$2.90
18	2005111300053	HANK T MITCHEL	000001266	1000001082	04/26/2004	04/21/2005	$1.11
19	2005091300022	TIM J ROSE	000040075	200307329A	03/05/2005	04/04/2005	$1049.85
20	2005064130043	BILLY ROSE	000001381	1000001020	09/21/2004	03/08/2005	$0.52
21	2005074300105	JANET A COX	000040374	1000001074	06/03/2004	03/17/2005	$24.00
22	2005145300039	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	888800043	1000000354	05/01/2005	05/26/2005	$489.09
23	2004219300097	PAM ROSE	000001841	200307329A	02/05/2003	02/24/2005	$24.00
24	2003237300002	OSCAR MITCHEL	000001389	200307329A	07/16/2002	02/24/2005	$33.00
25	2005109300046	RICK C COX	000040632	200307329A	03/15/2005	04/19/2005	$980.17
26	2004219300105	JANET J BILLS	000001889	200307329A	02/25/2003	02/24/2005	$34.00
27	2004219300063	DEBBIE A SMITH	000001294	1000000364	07/01/2001	02/24/2005	$4.00
28	2003147300013	CINDY WATERS	000001934	200307329A	04/01/2003	02/24/2005	$19.00
29	2005076300050	CINDY GATES	000041256	200307329A	04/03/2003	03/22/2005	$24.00
30	2005055300022	LYLE LANE	000041504	200307329A	04/03/2003	02/24/2005	$23.00
31	2005098300037	SORROS GEORGE	888800040	100714379	03/05/2005	04/08/2005	$47.88
32	2005069300117	TIM J ROSE	000040075	200307329A	04/20/2004	03/15/2005	$163.00
33	2005061300036	RICK C WATERS	000001824	100714379	02/27/2005	03/03/2005	$47.88
34	5205119001001	ZELDA B WATERS	000001346	200305619A	08/21/2004	04/29/2005	$12.00
35	2005064130054	BILLY ROSE	000001381	1000001020	09/21/2004	03/08/2005	$0.52
36	2003262300007	JANET D SMITH	000001832	200307329A	09/06/2003	02/24/2005	$24.00
37	2004219300096	SAM D ROSE	000001834	200307329A	02/05/2003	02/24/2005	$9.00
38	2005111300168	ZELDA B WATERS	000001346	1000000354	03/15/2005	04/22/2005	$17.63
39	2003262300008	JANET D SMITH	000001832	200307329A	01/06/2003	02/24/2005	$24.00
40	2005104300057	ANDY TYLER	000041578	1000000354	11/30/2004	04/14/2005	$489.09
41	2005098300071	SORROS GEORGE	888800040	100714379	02/05/2005	04/08/2005	$47.88
42	2505069130008	CINDY C BILLS	000040247	1000000354	05/15/2004	03/10/2005	$1.35
43	2005109300049	RICK C COX	000040632	200307329A	03/30/2005	04/19/2005	$0.35
44	2005137300062	HUBERT HUBBLE	000088830	1000000354	11/30/2004	05/19/2005	$489.09
45	2003183300003	LYLE VINE	000001380	200307329A	03/06/2003	02/24/2005	$24.00
46	2004219300095	PAM ROSE	000001841	200307329A	05/05/2003	02/24/2005	$231.74
47	2005112300031	RICK C COX	000040632	200307329A	11/01/2004	04/22/2005	$755.01
48	2505073300002	JANET A COX	000040374	1000000354	06/15/2004	03/15/2005	$6.35

Report : QAA-5004-M COMMONWEALTH OF KENTUCKY Run Date: 07/24/2006
Process : QAAJM504 MEDICAID MANAGEMENT INFORMATION SYSTEM Run Time: 14:40:59
Location: QAAP5004 QA&A Contract Monitoring Prescribed Drugs Page: 2

QC NUMBER	ICN	MEMBER NAME	MEMBER ID	BILLING PROVIDER NUMBER	FIRST DATE OF SERVICE	ADJUDICATION DATE	PAID AMOUNT
49	2505063300005	DEBBIE A DILLARD	000040106	200307329A	04/05/2004	03/08/2005	$24.00
50	2005075300072	MIKE SMITH	000041515	100714379	02/05/2005	03/17/2005	$49.88
51	2005055300007	JANET SMITH	000041271	200307329A	04/13/2003	02/24/2005	$23.00
52	2005088130012	HANK W SMITH	000001261	1000000354	02/01/2005	04/19/2005	$80.00
53	2005138300039	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	888800043	1000000354	11/30/2004	05/19/2005	$489.09
54	2003183300004	DEBBIE FILCH	000001845	200307329A	03/06/2003	02/24/2005	$24.00
55	2005070300021	TIM J ROSE	000040075	200307329A	05/20/2004	03/15/2005	$163.00
56	2005098300072	SORROS GEORGE	888800040	100714379	02/05/2005	04/08/2005	$0.70
57	2003238300001	CINDY WATERS	000001934	200307329A	07/16/2002	02/24/2005	$13.00
58	2005069300059	TIM J ROSE	000040075	200307329A	03/10/2004	03/10/2005	$163.00
59	2005066130046	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	000041450	1000001020	11/21/2004	03/08/2005	$2.90
60	5205109001008	TIM J ROSE	000040075	200307329A	03/05/2005	04/19/2005	$1007.35
61	2004219300092	BILLY ROSE	000001927	200307329A	02/05/2003	02/24/2005	$9.00
62	2005098300019	AMY ANDERSON	888800041	1000000984	03/05/2005	04/08/2005	$47.88
63	2003238300009	SAM A HALL	000001918	200307329A	07/19/2003	02/24/2005	$91.00
64	2003309130005	DEBBIE JAMES	000001401	200307329A	08/01/2003	02/24/2005	$98.00
65	2003314300011	DEBBIE JAMES	000001399	200307329A	10/20/2003	02/24/2005	$0.34
66	2003309300023	DEBBIE JAMES	000001399	200307329A	06/01/2003	02/24/2005	$3.06
67	2005066130058	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	000041450	1000001020	11/21/2004	03/08/2005	$2.90
68	2003149130004	MIKE PAUL	000001864	200307329A	01/26/2003	02/24/2005	$14.00
69	2003231130017	LYLE LANE	000001840	200307329A	07/20/2003	02/24/2005	$1.60
70	2005105300015	SAM COX	000041448	200307329A	04/08/2005	04/15/2005	$1.75
71	2005099300079	SORROS GEORGE	888800040	100714379	04/05/2005	04/12/2005	$0.70
72	2005116300024	MIKE C NORTH	000002481	1000001082	04/05/2005	04/26/2005	$1.11
73	2005111300058	RICK C COX	000040632	200307329A	01/30/2005	04/21/2005	$0.35
74	5205130001008	ZELDA B WATERS	000001346	200305619A	08/21/2004	05/10/2005	$12.00
75	2003183300001	JANET D SMITH	000001832	200307329A	03/06/2003	02/24/2005	$24.00
76	2005091130015	ANDY TYLER	000041578	1000000354	11/15/2004	04/04/2005	$405.93
77	2005055300021	RICK VINE	000002446	200307329A	06/03/2003	02/24/2005	$23.00
78	2005070300058	TIM J ROSE	000040075	200307329A	01/30/2004	03/15/2005	$163.00
79	2005077300025	TIM J ROSE	000040075	200307329A	05/15/2004	03/22/2005	$1000.00
80	2005104300041	RICK R ROSE	000040631	1000000354	03/15/2005	04/14/2005	$18.63
81	2005082130032	ABCDEFGHIJABCDE A ABCDEFGHIJABCDEFGHIJ	000041450	1000001020	04/21/2004	03/24/2005	$3.95
82	2004219300102	PAM D WATERS	000001265	200307329A	05/25/2003	02/24/2005	$34.00
83	2005111300055	RICK C COX	000040632	200307329A	01/04/2005	04/21/2005	$1007.35
84	2005099300055	SORROS GEORGE	888800040	100714379	03/05/2005	04/12/2005	$0.70
85	2003231130008	ANDY GATES	000001856	200307329A	07/20/2003	02/24/2005	$1.60
86	2005090300076	TIM J ROSE	000040075	200307329A	04/01/2005	03/31/2005	$1049.85
87	2005076300037	ZELDA B WATERS	000001346	1000000354	02/01/2005	03/22/2005	$100.00
88	2005056300012	JANET A COX	000040374	1000001074	04/03/2004	03/01/2005	$24.00
89	2003238300006	WILLIAM SMITH	000001852	200307329A	07/19/2003	02/24/2005	$91.00
90	2003150300002	MIKE PAUL	000001864	200307329A	02/25/2003	02/24/2005	$34.00
91	2005055300012	GREG J COX	000002388	200307329A	03/15/2004	02/24/2005	$932.98
92	2003315300006	DEBBIE JAMES	000001399	200307329A	11/01/2003	02/24/2005	$19.99
93	2005087300043	ZELDA B WATERS	000001346	1000000354	01/01/2005	03/29/2005	$17.46
94	2003153130001	OSCAR MITCHEL	000001389	200307329A	01/21/2003	02/24/2005	$231.74
95	2004219300065	MIKE J ANDERSON	000001452	1000000364	07/28/2001	02/24/2005	$2.26
96	2003314300005	DEBBIE JAMES	000001399	200307329A	11/01/2003	02/24/2005	$0.34

Report : QAA-5004-M COMMONWEALTH OF KENTUCKY Run Date: 07/24/2006
Process : QAAJM504 MEDICAID MANAGEMENT INFORMATION SYSTEM Run Time: 14:40:59
Location: QAAP5004 QA&A Contract Monitoring Prescribed Drugs Page: 3

QC NUMBER	ICN	MEMBER NAME	MEMBER ID	BILLING PROVIDER NUMBER	FIRST DATE OF SERVICE	ADJUDICATION DATE	PAID AMOUNT
97	2005099300059	SORROS GEORGE	888800040	100714379	01/05/2005	04/12/2005	$47.88
98	2005098300018	RICK S ROSE	000001291	1000000984	03/05/2005	04/08/2005	$47.88
99	2005077300006	ZELDA B WATERS	000001346	1000000354	02/15/2005	03/22/2005	$20.46
100	5205119001009	TIM J ROSE	000040075	200307329A	03/05/2005	04/29/2005	$1007.35

As of Date : 12/31/2005

Beginning QC Number : 1 Ending QC Number : 100
Claims Universe : 146 Total Claims Sampled : 100

*** END OF REPORT ***

2.8.12.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Adjudication Date	The date the claim adjudicated.	10	Date	T_RS_SELECT_RSLT	DTE_PAID
As of	The last date of the period for which the report was produced.	10	Date	T_RS_SELECT	DTE_HIST_TO
Beginning QC Number	The first QC number assigned to the first selected claim.	9	Number	T_RS_SELECT_RSLT	SEQ_RANDOM
Billing Provider Number	The billing provider number from the claim.	15	char	T_RS_SELECT_RSLT	ID_PROV_BILL
Claims Universe	The total number of claim history records which met the criteria for the selection.	9	Number	T_RS_SELECT	NUM_POPULATION
Ending QC Number	The last QC number assigned to the last selected claim.	9	Number	T_RS_SELECT_RSLT	SEQ_RANDOM
First Date of Service	The first date of service from the claim.	10	Date	T_RS_SELECT_RSLT	DTE_FIRST_SVC
ICN	The transaction control number of the selected claim.	13	char	T_RS_SELECT_RSLT	NUM_ICN
Member ID	The Medicaid identification number for the member.	12	char	T_RS_SELECT_RECIP	ID_MEDICAID
Member Name	The full member name.	29	char	T_RS_SELECT_RECIP	NAM_LAST, NAM_FIRST, NAM_MID_INIT
Paid Amount	The reimbursement amount from the claim.	12	Number	T_RS_SELECT_RSLT	AMT_PAID
QC Number	The QC number assigned to the randomly pulled claim by the system.	9	char	T_RS_SELECT_RSLT	SEQ_RANDOM

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Claims Sampled	The number of claims chosen for the selection.	9	Number	T_RS_SELECT	CNT_RESULT

2.8.12.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.12.6 Associated Requirements

ID
30.090.010.002.1
30.090.010.003.4

2.8.12.7 Change Orders

ID	Name	Description
1564	QAA-CM Prescribed Drugs	Develop QA&A-Contract Monitoring Prescribed Drugs Report. (KYML5000-R004)

2.8.13 QAA Contract Monitoring Procedure Drug Display

The QAA Contract Monitoring Procedure Drug Display report displays the PDD File display panels for each claim procedure and claim drug code which appears on the contract monitoring reports for strata 100 through 400.

2.8.13.1 Technical Name

QAA Contract Monitoring Procedure Drug Display

2.8.13.2 Sort Order

Procedure / Drug Display for Sample

2.8.13.3 QAA Contract Monitoring Procedure Drug Display Layout

```
Report  : QAA-6900-M                          COMMONWEALTH OF KENTUCKY (M1)                          Run Date: 02/21/2007
Process : QAAJM690                          MEDICAID MANAGEMENT INFORMATION SYSTEM                   Run Time:   17:03:11
Location: QAAP6900                        Contract Monitoring Procedure/Drug Display                     Page:          1

  PROCEDURE/DRUG DISPLAY FOR SAMPLE ***-> A02001

  MAID: XXXXXXXXXX      PROCEDURE CODE: XXXXXXXXXX
  PROC NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    MIN AGE: XXXX    MAX AGE: XXXX     VALID SEX: X
   ABORTION: X        STERIL: X         FAM PLAN: X           HYSTER: X        EPSDT: X
    POST OP: X     ONCE/LIFE: X
    DIAG DATA      EDIT TYPE: X


Report  : QAA-6900-M                          COMMONWEALTH OF KENTUCKY (M1)                          Run Date: 02/21/2007
Process : QAAJM690                          MEDICAID MANAGEMENT INFORMATION SYSTEM                   Run Time:   17:03:11
Location: QAAP6900                        Contract Monitoring Procedure/Drug Display                     Page:        258
  PROCEDURE/DRUG DISPLAY FOR SAMPLE ***-> D02022

  MAID: XXXXXXXXXX      PROCEDURE CODE: XXXXXXXXXX
  LEGEND: X    GENERIC CODE: XXXXXXX  VALID SEX: X
  BRAND NAME:   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     INNOV: X
  GENERIC NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   DRG MNT:      HCFA UNIT:          0.00
  MANUFACTURER: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   FAM/PLN: X    PKG QTY:            0.00
  MIN AGE: XXXX MIN QTY: XXXXX  MIN DAYS: XXXX
  MAX AGE: XXXX MAX QTY: XXXXX  MAX DAYS: XXXX   DEA IND: X     UNIT DOSE: X   UNIT OF USE: X
  DOSE FORM: XX  ROUTE: XX
  STRENGTH: XXXXXXXXXX
```

2.8.13.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
(Drug) Max Age	This is a number used to indicate the upper value in an age range. It is the maximum member age that is valid and is entered in number of years.	4	Number	T_DRUG_LIMITS	QTY_AGE_MAX
(Drug) Min Age	This is a number used to indicate the lower value in an age range. It is the minimum member age that is valid and is entered in number of years.	4	Number	T_DRUG_LIMITS	QTY_AGE_MIN
(Proc) Max Age	The maximum age a member may be to receive the procedure.	4	Number	T_PROC_LIMITS	QTY_AGE_MAX
(Proc) Min Age	The minimum age a member may be to receive the procedure.	4	Number	T_PROC_LIMITS	QTY_AGE_MIN
Abortion	Abortion	1	Char	T_PROC_GROUP	Derived - if proc sak type = 57, then 'Y'
Brand Name	This field is a combination of the drug name appearing on the package label, the strength description and the dosage form description. The field size is 30 characters but is edited to fit within a maximum length of 27.	30	Char	T_DRUG_DN	DSC_NDC
DEA Ind	The Drug Enforcement Administration Code denotes the degree of potential abuse and Federal control of a drug. It is subject to change by Federal regulation. The current code list is: 0, 1, 2, 3, 4, 5 with 0 being the highest risk for abuse.	1	Char	T_DRUG_DN	CDE_DEA
Diag Data	Subtitle	1	Char	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Dose Form	An abbreviated two-byte code (GCDF on NDDF update) is available for applications. Users may request the code in addition to or instead of the description.	2	Char	T_GENERIC_DRUG	CDE_DOSAGE_FORM
Drg Mnt	This indicates that the drug is required for "maintaining" health and as such provisions have been made to provide the drug in quantities greater than the standard 30-day or monthly supply.	1	Char	T_DRUG_LIMITS	IND_DRUG_MAINT
EPSDT	EPSDT Indicator	1	Char	T_PROC_GROUP	Derived - if proc sak type = 76, then 'Y'
Edit Type	Code that indicates whether and what type of editing is to be performed in claims processing on the procedure/diagnosis compatibility groupings. An 'N' indicates not editing is to be performed. An 'I' (Include) indicates only diagnosis codes on the diagnosis compatibility groups listed are acceptable. An 'E' (Exclude) indicates the diagnosis codes in the listed diagnosis compatibility groups cannot be billed with the procedure.	1	Char	T_PROC_LIMITS	CDE_DIAG_CMPT_EDIT
Fam Plan	Family planning indicator	1	Char	T_PROC_GROUP	Derived - if proc sak type = 135, then 'Y'
Fam/Pln	Identifies the classification of the drug. Classifications are Vaccine (V), Insulin (I), Supply (S), Nutritional (N), Class 1A (1), Anorexic (A), Family Planning (F), Smoking Cessation (C), Fertility Enhancements (E) and Minoxidil (M).	1	Char	T_DRUG_LIMITS	CDE

Field	Description	Length	Data Type	DB Table	DB Attributes
Generic Code	The Generic Code Number Sequence Number (GCN_SEQNO) is a unique number representing a generic formulation. Like the GCN, it is specific to the generic ingredient(s), route of administration, and drug strength. Both are the same across manufacturers and/or package sizes. Unlike the GCN, which in some cases may have the same value for different dosage forms, the GCN_SEQNO is specific to its dosage form.	7	Char	T_GENERIC_DRUG	NUM_FORMULATION
Generic Name	The first field (30 characters) is the generic drug name, the next is the route description (10), the next is the dosage form (10) and the last is the drug strength description (10). These fields are each separated by a space, for a total of 3 spaces.	30	Char	T_GENERIC_DRUG	NAM_DRUG_GENERIC
HCFA Unit	CMS Units Per Package Size indicates the number of units per package as supplied on the Centers for Medicare and Medicaid Services' (CMS) quarterly update. This column must be used in conjunction with the CMS Unit Type Indicator to determine the appropriate number of units. Information in this column is provided by CMS and may vary from the First DataBank Package Size and Drug Form Code	11	Number	T_DRUG_DN	NUM_HCFA_PS
Hyster	Hyster	1	Char	T_PROC_GROUP	Derived - if proc sak type = 58, then 'Y'

Field	Description	Length	Data Type	DB Table	DB Attributes
Innov	This field identifies the original innovator product for a particular generic code number. Values are: (0)=Default - non innovator drug; (1)=Innovator - held original patent. It is possible to have more than one product to appear to be the innovator.	1	Char	T_DRUG_DN	IND_DRUG_INNOV
Legend	The Drug Source Code differentiates single source from multiple source drugs. The current codes are: 1 - Multiple sources & 2 - Single source. Note that this field does not distinguish between the "innovator" products and its substitutes.	1	Char	T_DRUG_DN	CDE_DRUG_SOURCE
Maid	The member Medicaid identification number.	12	char	T_RS_SELECT_RECIP	ID_MEDICAID
Manufacturer	This is the name of the distributor as listed on the drug label or as indicated by the NDC code. It does not necessarily identify the actual drug fabricator.	30	Char	T_DRUG_MANUF	NAM_DRUG_MANUF
Max Days	The maximum number of days a prescribed drug should last a Medicaid member from the date it is dispensed.	4	Number	T_DRUG_LIMITS	QTY_DAYS_SPLY_MAX
Max Qty	The maximum quantity of the drug which can be dispensed. The default value is 100.	5	Number	T_DRUG_LIMITS	QTY_SUPPLY_MAX
Min Days	The minimum number of days a prescribed drug should last a Medicaid member from the date it is dispensed.	4	Number	T_DRUG_LIMITS	QTY_DAYS_SPLY_MIN
Min Qty	The minimum quantity of the drug which	5	Number	T_DRUG_LIMITS	QTY_SUPPLY_MIN

Field	Description	Length	Data Type	DB Table	DB Attributes
	can be dispensed. The default value is 1.				
Once/Life	Indicates if a procedure can only occur once in the lifetime of a member.	1	Char	T_PROC_LIMITS	IND_LIFETIME
Pkg Qty:	This field contains the metric quantity used to derive a unit price. It is the usual labeled quantity from which the pharmacist dispenses, such as 100 tablets, 1000 capsules, 20 ml vial, and so on.	11	Number	T_DRUG_DN	QTY_DRUG_PACK_SZ
Post Op	This field represents the number of days before an E&M (visit) procedure can be paid, since it was included as part of the original surgery that was performed. This field is 3 bytes in length.	1	Char	T_PROC_LIMITS	QTY_FOLLOWUP
Proc Name	A short medical description of a specific, singular medical or dental service which is performed for the express purpose of identification or treatment of the patient's condition.	40	Char	T_PROC	DSC_PROCEDURE
Procedure Code	This field contains the procedure code or drug code billed on the Contract Monitoring audit claim.	11	char	T_RS_SELECT_RSLT	CDE_PROC, CDE_NDC
Procedure/Drug/ Display For Sample *** ->	The QC number assigned to the claim.	6	char	T_RS_SELECT_RSLT	SEQ_RANDOM
Route	The Route indicates the normal site or method by which a drug is administered. On the NDDF alternate forms of the route description are available in two codes: A one-byte route code (GCRT) is available	2	Char	T_GENERIC_DRUG	CDE_ROUTE_ADMIN

Field	Description	Length	Data Type	DB Table	DB Attributes
	for applications where the description is transparent to the user. A two-byte route code (GCRT2) is available as an abbreviation. This is the one-byte code (GCRT).				
Steril	Sterilization	1	Char	T_PROC_GROUP	Derived - if proc sak type = 59, then 'Y'
Strength	The Drug Strength Description (STR) is a description of drug potency in units of grams, milligrams, percentage, and other terms. Strength is expressed in metric units. This field includes needle sizes, length of devices, and release rates of transdermal patches.	10	Char	T_GENERIC_DRUG	DSC_STRENGTH
Unit Dose	Marks a drug as packaged in unit doses. Unit dose is defined by FDB as all products labeled as Unit Dose by the mfr. This indicator does not apply to injectable products, suppositories, or powder packets. Current codes are: 1=Unit Dose & 0=All other.	1	Char	T_DRUG_DN	IND_UNIT_DOSE
Unit Of Use	The Unit of Use (UU) field denotes those packages which are supplied with appropriate labeling and (usually) child resistant closures and are appropriate to dispense as a unit. Valid values are: 1 = Unit of Use, 0 = All Other Products.	1	Char	T_DRUG_DN	IND_UNIT_OF_USE
Valid Sex	Indicates restriction of gender for this procedure	1	Char	T_PROC_LIMITS	CDE_SEX

Field	Description	Length	Data Type	DB Table	DB Attributes
Valid Sex	Identifies the gender of a person that this drug is limited to.	1	Char	T_DRUG_LIMITS	CDE_SEX

2.8.13.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.13.6 Associated Requirements

ID
30.090.010.003.4

2.8.13.7 Change Orders

ID	Name	Description
1511	QAA-CM Procedure Drug Display	Develop QA&A Contract Monitoring Procedure / Drug Display Report. (KYML6900-R001)

2.8.14 QAA Contract Monitoring Sample Summary

The QAA Contract Monitoring Sample Summary report lists all the claims pulled for each of the 5 contract monitoring review strata in ICN order.

2.8.14.1 Technical Name

QAA Contract Monitoring Sample Summary

2.8.14.2 Sort Order

QC Number

2.8.14.3 QAA Contract Monitoring Sample Summary Layout

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

Report : QAA-6001-M
Process : QAAJM601
Location: QAAP6001

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
Contract Monitoring Sample Summary Report

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QC Number	Medicaid Id	Warrant Number	Reimbursement Amount	Remittance Advice Number	Pay To Provider	ICN	Paid Date	Enter Date	Billed Amount
HOSP-1	000041487		$99999999.99	0	200308710A	2105106100001	04/18/2005	04/16/2005	$99999999.99
HOSP-2	000002469		$50.00	0	1000000335	2005080130019	03/22/2005	03/21/2005	$200.00
HOSP-3	000001385		$8127.35	0	1000000971	2005055100104	02/24/2005	02/24/2005	$15000.00
HOSP-4	000001385		$8127.35	0	1000000971	2205056100007	03/01/2005	02/25/2005	$15000.00
HOSP-5	000040075		$37.50	0	1000000515	5205119001020	04/29/2005	04/29/2005	$200.00
HOSP-6	000002456		$99.00	0	1000000069	2205115130002	04/25/2005	04/25/2005	$99.00
HOSP-7	000002446		$1.16	0	1000000515	2005104250042	04/14/2005	04/14/2005	$200.00
HOSP-8	000002469		$735.85	0	1000000971	2005091100025	04/04/2005	04/01/2005	$15000.00
HOSP-9	000040344		$3863.76	0	1000000971	2205068100046	03/10/2005	03/09/2005	$3000.00
HOSP-10	000001261		$184.80	0	1000000515	5205110001006	04/21/2005	04/20/2005	$200.00
HOSP-11	000040632		$24.88	0	1000000360	2005104130032	04/14/2005	04/14/2005	$200.00
HOSP-12	000001297		$4.95	0	200307489B	2005112130108	04/22/2005	04/22/2005	$12.80
HOSP-13	000039866		$50.00	0	1000000971	2205111130001	04/21/2005	04/21/2005	$1200.00
HOSP-14	000039888		$7760.00	0	1000000981	2005081100004	03/22/2005	03/22/2005	$1200.00
HOSP-15	000041423		$8127.35	0	1000000971	2005091100034	04/04/2005	04/01/2005	$15000.00
HOSP-16	000041423		$50.00	0	1000000971	2005064130003	03/08/2005	03/05/2005	$400.00
HOSP-17	000002431		$7339.97	0	1000001297	2005110100140	04/21/2005	04/20/2005	$1100.00
HOSP-18	000001308		$6649.65	0	1000000971	2005069100127	03/15/2005	03/10/2005	$12000.00
HOSP-19	000041348		$708.00	0	1000001024	2205063250009	03/08/2005	03/04/2005	$15000.00
HOSP-20	000041412		$11779.70	0	1000000971	5205121001004	05/02/2005	05/01/2005	$13500.00
HOSP-21	000002411		$3694.25	0	1000000971	2005077100068	03/22/2005	03/18/2005	$13000.00
HOSP-22	000002446		$188.80	0	1000000515	2005103250069	04/14/2005	04/13/2005	$200.00
HOSP-23	000002456		$99.00	0	1000000069	2205115130001	04/25/2005	04/25/2005	$99.00
HOSP-24	000039931		$11779.70	0	1000000971	2005063100063	03/08/2005	03/04/2005	$13500.00
HOSP-25	000039931		$3394.90	0	1000000971	2005069100077	03/10/2005	03/10/2005	$20000.00
HOSP-26	000041294		$94.40	0	1000000358	2005056250036	03/01/2005	02/25/2005	$115.00
HOSP-27	000001385		$16185.18	0	1000000971	5205109001005	04/26/2005	04/19/2005	$8400.00
HOSP-28	888800011		$7.00	0	1000001027	2105108130135	04/19/2005	04/18/2005	$10.00
HOSP-29	000001423		$12.80	0	1000000069	2105055130004	02/24/2005	02/24/2005	$12.80
HOSP-30	000001346		$10.48	0	1000000360	2005108130029	04/18/2005	04/18/2005	$600.00
HOSP-31	000040540		$17.00	0	200305069A	2105082130106	03/24/2005	03/23/2005	$20.00
HOSP-32	000041590		$18.37	0	1000000971	2005102130067	04/14/2005	04/12/2005	$72.80
HOSP-33	000041444		$2216.55	0	1000000971	2005113100169	04/25/2005	04/23/2005	$15000.00
HOSP-34	000001384		$4404.34	0	1000000971	2005060100056	03/01/2005	03/01/2005	$18000.00
HOSP-35	000001865		$10137.71	0	1000000971	2005116100040	04/26/2005	04/26/2005	$13500.00
HOSP-36	000040014		$581.69	0	1000001297	2005055100038	02/24/2005	02/24/2005	$629.69
HOSP-37	000001297		$4.95	0	1000001349	2005117130096	04/28/2005	04/27/2005	$52.80
HOSP-38	000041493		$6286.06	0	1000001037	2005112100010	04/22/2005	04/22/2005	$17000.00
HOSP-39	000040075		$197.00	0	1000000448	2005070130018	03/15/2005	03/11/2005	$200.00
HOSP-40	000041221		$735.85	0	1000000971	2005055100009	02/24/2005	02/24/2005	$1200.00
HOSP-41	000040787		$21.37	0	1000000360	2105105130117	04/15/2005	04/15/2005	$72.80
HOSP-42	234567899		$8105.13	0	1000001071	2005096100070	04/07/2005	04/06/2005	$2300.00
HOSP-43	000002388		$8094.35	0	1000000971	2005055100017	02/24/2005	02/24/2005	$15000.00
HOSP-44	000040787		$738.85	0	1000000971	2005102100107	04/12/2005	04/12/2005	$1245.00
HOSP-45	000041444		$2216.55	0	1000000971	2005111100093	04/21/2005	04/21/2005	$15000.00
HOSP-46	000041487		$13.11	0	200308710A	2105106130091	04/18/2005	04/16/2005	$45.00
HOSP-47	000002469		$5876.66	0	1000000971	2005063100041	03/08/2005	03/04/2005	$16000.00
HOSP-48	000001346		$27.88	0	1000000360	2005111130118	04/22/2005	04/21/2005	$250.00

Report : QAA-6001-M
Process : QAAJM601
Location: QAAP6001

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
Contract Monitoring Sample Summary Report

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QC Number	Medicaid Id	Warrant Number	Reimbursement Amount	Remittance Advice Number	Pay To Provider	ICN	Paid Date	Enter Date	Billed Amount
HOSP-49	000001346		$16.73	0	1000000360	2005116130044	04/26/2005	04/26/2005	$200.00
HOSP-50	000002469		$2147.55	0	1000000971	2005080100081	03/22/2005	03/21/2005	$15000.00
HOSP-51	000002469		$50.00	0	1000000971	2005073130030	03/15/2005	03/14/2005	$15000.00
HOSP-52	000001346		$27.88	0	1000000360	2005113130163	04/25/2005	04/23/2005	$200.00
HOSP-53	888800011		$7.00	0	1000001027	5205112001004	04/22/2005	04/22/2005	$10.00
HOSP-54	000041387		$17.00	0	1000000971	2205105130002	04/15/2005	04/15/2005	$220.00
HOSP-55	000001375		$14735.10	0	1000000971	2005068100073	03/10/2005	03/09/2005	$39000.00
HOSP-56	000001346		$12.80	0	1000000360	2005077130025	03/22/2005	03/18/2005	$12.80
HOSP-57	000040075		$172.50	0	1000000515	2005105250069	04/18/2005	04/15/2005	$200.00
HOSP-58	000001267		$119.80	0	200307489B	2005114130113	04/25/2005	04/24/2005	$122.80
HOSP-59	000040075		$37.50	0	1000000515	5205121001020	05/02/2005	05/01/2005	$200.00
HOSP-60	000001346		$803.50	0	1000000981	2005081100006	03/22/2005	03/22/2005	$1100.00
HOSP-61	000001384		$9555.29	0	1000000971	2005055100020	02/24/2005	02/24/2005	$18000.00
HOSP-62	000001267		$50.00	0	200307489B	2005112130132	04/25/2005	04/22/2005	$12.80
HOSP-63	000001346		$27.88	0	1000000360	2005115130022	04/25/2005	04/25/2005	$200.00
HOSP-64	000040631		$24.88	0	1000000360	2005104130047	04/14/2005	04/14/2005	$200.00
HOSP-65	000001267		$159.50	0	200307489B	2005115130018	04/25/2005	04/25/2005	$222.80
HOSP-66	000001385		$16185.18	0	1000000971	5205119001005	04/29/2005	04/29/2005	$8400.00
HOSP-67	000040787		$50.00	0	1000000360	2205106130002	04/18/2005	04/16/2005	$500.00
HOSP-68	000040142		$50.00	0	1000000971	2205074130016	03/15/2005	03/15/2005	$15000.00
HOSP-69	000040787		$50.00	0	1000000360	2205105130007	04/15/2005	04/15/2005	$500.00
HOSP-70	000001261		$24.88	0	1000000360	2005107130009	04/18/2005	04/17/2005	$200.00
HOSP-71	000001385		$8127.35	0	1000000971	2005088100075	03/29/2005	03/29/2005	$15000.00
HOSP-72	000002431		$7339.97	0	1000001297	2005111100062	04/21/2005	04/21/2005	$1100.00
HOSP-73	000001385		$8127.35	0	1000000971	2005075100037	03/17/2005	03/16/2005	$15000.00
HOSP-74	000041412		$3020.95	8	1000000971	2205074100006	03/15/2005	03/15/2005	$13500.00
HOSP-75	000040787		$21.37	0	1000000360	2105105130111	04/15/2005	04/15/2005	$72.80
HOSP-76	888800041		$738.85	0	1000000971	2005102100080	04/12/2005	04/12/2005	$1245.00
HOSP-77	000002469		$2863.40	0	1000000971	2005073100068	03/15/2005	03/14/2005	$15000.00
HOSP-78	000041487		$100.00	0	200308710A	2105105100001	04/15/2005	04/15/2005	$1245.00
HOSP-79	000001346		$803.50	0	1000000981	2005073100045	03/15/2005	03/14/2005	$1645.00
HOSP-80	000001385		$16185.18	0	1000000971	2005089100048	03/31/2005	03/30/2005	$8400.00
HOSP-81	000040632		$800.50	0	1000000981	2005104100053	04/14/2005	04/14/2005	$1100.00
HOSP-82	000002469		$50.00	0	1000000971	2205066130008	03/08/2005	03/07/2005	$14000.00
HOSP-83	000001841		$2710.20	0	1000000360	2005055100018	02/24/2005	02/24/2005	$6000.00
HOSP-84	000001267		$50.00	0	200307489B	2005112130091	04/22/2005	04/22/2005	$12.80
HOSP-85	000001841		$1084.08	0	1000000360	2005060100074	03/01/2005	03/01/2005	$6000.00
HOSP-86	000040142		$1228.82	0	1000001104	2205074100034	03/15/2005	03/15/2005	$1700.21
HOSP-87	000001110		$13.11	0	1000000498	2105103130124	04/14/2005	04/13/2005	$72.80
HOSP-88	000001346		$78.37	0	1000000360	2005101130060	04/12/2005	04/11/2005	$100.00
HOSP-89	000001297		$4.95	0	200307489B	2005111130114	04/22/2005	04/21/2005	$12.80
HOSP-90	000002431		$2669.08	0	1000001297	2005111100092	04/21/2005	04/21/2005	$1100.00
HOSP-91	000041487		$100.00	0	200308710A	2105105100003	04/15/2005	04/15/2005	$1245.00
HOSP-92	000041369		$47.20	0	1000001024	2205066250028	03/08/2005	03/07/2005	$500.00
HOSP-93	000001346		$27.88	0	1000000360	2005112130010	04/22/2005	04/22/2005	$200.00
HOSP-94	000041590		$18.37	0	1000000971	2205123130006	05/03/2005	05/03/2005	$165.00
HOSP-95	000041369		$16.00	0	1000001024	2205066250014	03/08/2005	03/07/2005	$16.00
HOSP-96	000001297		$4.95	0	1000001163	2005114130135	04/25/2005	04/24/2005	$52.80

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QC Number	Medicaid Id	Warrant Number	Reimbursement Amount	Remittance Advice Number	Pay To Provider	ICN	Paid Date	Enter Date	Billed Amount
DRUG-91	000002388		$932.98	0	200307329A	2005055300012	02/24/2005	02/24/2005	$1065.00
DRUG-92	000001399		$19.99	0	200307329A	2003315300006	02/24/2005	11/11/2003	$125.00
DRUG-93	000001346		$17.46	0	1000000354	2005087300043	03/29/2005	03/28/2005	$50.00
DRUG-94	000001389		$231.74	0	200307329A	2003153130001	02/24/2005	06/02/2003	$275.00
DRUG-95	000001452		$2.26	0	1000000364	2004219300065	02/24/2005	08/06/2004	$3.27
DRUG-96	000001399		$0.34	0	200307329A	2003314300005	02/24/2005	11/10/2003	$50.00
DRUG-97	888800040		$47.88	0	100714379	2005099300059	04/12/2005	04/09/2005	$130.00
DRUG-98	000001291		$47.88	0	1000000984	2005098300018	04/08/2005	04/08/2005	$130.00
DRUG-99	000001346		$20.46	0	1000000354	2005077300006	03/22/2005	03/18/2005	$60.00
DRUG-100	000040075		$1007.35	0	200307329A	5205119001009	04/29/2005	04/29/2005	$1065.00
XOVER-1	888800043		$99999999.99	0	1000000360	2005138003004	05/19/2005	05/18/2005	$99999999.99
XOVER-2	000001869		$700.00	0	1000001037	2005090000010	03/31/2005	03/31/2005	$1245.00
XOVER-3	000039888		$125.00	0	1000001037	2005066000027	03/08/2005	03/07/2005	$345.00
XOVER-4	000001452		$11.53	0	1000000981	2105061003011	03/03/2005	03/02/2005	$12.80
XOVER-5	888800041		$1000.00	0	1000000971	2005105000012	04/15/2005	04/15/2005	$1245.00
XOVER-6	000039996		$700.00	0	1000001037	2005090000035	04/04/2005	03/31/2005	$1245.00
XOVER-7	000002470		$1000.00	0	1000000971	2005105000011	04/15/2005	04/15/2005	$1245.00
XOVER-8	000039888		$3.00	0	1000000971	2205175003002	06/28/2005	06/24/2005	$205.00
XOVER-9	000001889		$725.50	0	1000001037	2005108000054	04/19/2005	04/18/2005	$1245.00
XOVER-10	000001346		$3.75	0	1000000025	2005111016032	04/22/2005	04/21/2005	$100.00
XOVER-11	000001346		$47.00	0	1000000360	5205110001001	04/21/2005	04/20/2005	$100.00
XOVER-12	000039888		$3.00	0	1000000971	5205112001001	04/22/2005	04/22/2005	$205.00
XOVER-13	000001346		$64.00	0	1000000360	5205130001007	05/10/2005	05/10/2005	$1050.00
XOVER-14	000039888		$37.00	0	1000000394	2005070016014	03/15/2005	03/11/2005	$100.00
XOVER-15	000041515		$37.00	0	1000000394	2005060016007	03/01/2005	03/01/2005	$100.00
XOVER-16	000039969		$1000.00	0	200308710A	2005106000022	04/18/2005	04/16/2005	$1245.00
XOVER-17	000001452		$1.38	0	1000000981	2105061003015	03/03/2005	03/02/2005	$40.00
XOVER-18	888800043		$84.00	0	1000000360	2005145003003	05/26/2005	05/25/2005	$400.00
XOVER-19	000001346		$700.00	0	1000001037	2005066000014	03/08/2005	03/07/2005	$1245.00
XOVER-20	000001326		$150.00	0	100760599A	2005091000027	04/04/2005	04/01/2005	$2000.00
XOVER-21	000001346		$64.00	0	1000000360	5205112001007	04/22/2005	04/22/2005	$1050.00
XOVER-22	000001346		$1000.00	0	1000000971	2005067000008	03/08/2005	03/08/2005	$1245.00
XOVER-23	000001452		$1.38	0	1000000981	2105074003010	03/15/2005	03/15/2005	$40.00
XOVER-24	000041450		$750.00	0	1000001037	2005060000016	03/01/2005	03/01/2005	$1245.00
XOVER-25	000001452		$37.00	0	1000000159	2005059016005	03/01/2005	02/28/2005	$100.00
XOVER-26	000001869		$700.00	0	1000001037	2005112000033	04/22/2005	04/22/2005	$1245.00
XOVER-27	000001346		$64.00	0	1000000360	2005125000025	05/06/2005	05/05/2005	$1050.00
XOVER-28	000001452		$1.38	0	1000000981	2105074003026	03/17/2005	03/15/2005	$40.00
XOVER-29	000002469		$2.50	0	1000000971	2105067003009	03/08/2005	03/08/2005	$125.00
XOVER-30	000001452		$1.38	0	1000000981	2105074003022	03/17/2005	03/15/2005	$40.00
XOVER-31	000001261		$8.75	0	1000000025	2005104016045	04/28/2005	04/14/2005	$100.00
XOVER-32	000001346		$49.00	0	1000000360	2005090000021	03/31/2005	03/31/2005	$1050.00
XOVER-33	000001261		$18.25	1	1000000025	2005105016029	04/15/2005	04/15/2005	$200.00
XOVER-34	000001346		$750.00	0	1000000981	2005077000018	03/22/2005	03/18/2005	$1245.00
XOVER-35	000001326		$150.00	0	100760599A	2005091000036	04/04/2005	04/01/2005	$2000.00
XOVER-36	000001346		$3.75	0	1000000025	2005110016022	04/21/2005	04/20/2005	$100.00
XOVER-37	000040496		$37.00	0	1000000394	2005070016009	03/15/2005	03/11/2005	$100.00
XOVER-38	000002469		$22.50	0	1000000394	5205112001002	04/22/2005	04/22/2005	$100.00

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QC Number	Medicaid Id	Warrant Number	Reimbursement Amount	Remittance Advice Number	Pay To Provider	ICN	Paid Date	Enter Date	Billed Amount
XOVER-39	000001346		$750.00	0	1000000981	2005073000011	03/15/2005	03/14/2005	$1245.00
XOVER-40	000002470		$750.00	0	1000000971	2005060000015	03/01/2005	03/01/2005	$1245.00
XOVER-41	000001346		$94.00	0	1000000360	2005079003001	03/22/2005	03/20/2005	$200.00
XOVER-42	000001346		$94.00	0	1000000360	2005069003002	03/10/2005	03/10/2005	$200.00
XOVER-43	000001261		$24.00	0	1000000360	2005110000005	04/20/2005	04/20/2005	$1050.00
XOVER-44	000001346		$3.75	0	1000000025	5005125250002	05/06/2005	05/05/2005	$100.00
XOVER-45	000001452		$1.38	0	1000000981	2105074003014	03/15/2005	03/15/2005	$40.00
XOVER-46	000041450		$700.00	0	1000001037	2005063000027	03/08/2005	03/04/2005	$1245.00
XOVER-47	000039888		$2.50	0	1000000971	2105068003003	03/10/2005	03/09/2005	$205.00
XOVER-48	000002470		$1000.00	0	1000000971	2005060000019	03/01/2005	03/01/2005	$1245.00
XOVER-49	000001346		$64.00	0	1000000360	2005119000032	04/29/2005	04/29/2005	$1050.00
XOVER-50	000041450		$700.00	0	1000001037	2005060000022	03/01/2005	03/01/2005	$1245.00

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QC Number	Medicaid Id	Warrant Number	Reimbursement Amount	Remittance Advice Number	Pay To Provider	ICN	Paid Date	Enter Date	Billed Amount
HOSP-97	888800041		$97.00	0	200308710A	2105105100002	04/15/2005	04/15/2005	$500.00
HOSP-98	000001331		$6264.10	0	1000000981	2005059100073	03/29/2005	02/28/2005	$1200.00
HOSP-99	000041444		$2216.55	0	1000000971	2005113100171	04/25/2005	04/23/2005	$14000.00
HOSP-100	000041590		$18.37	0	1000000971	2205123130007	05/03/2005	05/03/2005	$165.00
LTC-1	000001406		$99999999.99	0	1000001641	2005088150054	03/29/2005	03/29/2005	$99999999.99
LTC-2	000002518		$2181.51	0	1000001641	2005068150015	03/10/2005	03/09/2005	$2500.00
LTC-3	000039888		$2722.51	0	1000001641	2005081150054	03/24/2005	03/22/2005	$2500.00
LTC-4	000002518		$2722.51	0	1000001641	5205119001014	04/29/2005	04/29/2005	$2500.00
LTC-5	000001326		$2512.25	0	100760599A	2005091150053	04/04/2005	04/01/2005	$2714.70
LTC-6	000002518		$2181.51	0	1000001641	2005075150020	03/17/2005	03/16/2005	$2500.00
LTC-7	000040643		$3975.60	0	1000001603	2005106150070	04/18/2005	04/16/2005	$2000.00
LTC-8	000039888		$98.19	0	1000001641	2005116150025	04/26/2005	04/26/2005	$90.00
LTC-9	000002518		$2722.51	0	1000001641	5205109001012	04/19/2005	04/19/2005	$2500.00
LTC-10	000001346		$196.38	0	1000001641	2005104150029	04/14/2005	04/14/2005	$1500.00
LTC-11	000002518		$2722.51	0	1000001641	2005091150074	04/04/2005	04/01/2005	$2500.00
LTC-12	000002518		$2181.51	0	1000001641	2005067150019	03/10/2005	03/08/2005	$2500.00
LTC-13	000001326		$2714.70	0	100760599A	2005082150074	03/24/2005	03/23/2005	$2714.70
LTC-14	000039888		$392.76	0	1000001641	2005116150010	04/26/2005	04/26/2005	$3000.00
LTC-15	000002518		$2722.51	0	1000001641	5205121001014	05/02/2005	05/01/2005	$2500.00
LTC-16	000001326		$602.94	0	100760599A	2005101150075	04/12/2005	04/11/2005	$500.00
LTC-17	000001346		$196.38	0	1000001641	2005108150019	04/18/2005	04/18/2005	$1500.00
LTC-18	000041397		$633.43	0	1000001578	5205121001016	05/02/2005	05/01/2005	$633.43
LTC-19	000041397		$633.43	0	1000001578	5205119001016	04/29/2005	04/29/2005	$633.43
LTC-20	000039888		$98.19	0	1000001641	5205130001004	05/10/2005	05/10/2005	$90.00
LTC-21	000001331		$2722.51	0	1000001641	2005081150056	03/24/2005	03/22/2005	$2500.00
LTC-22	000039888		$2847.51	0	1000001641	2005075150028	03/17/2005	03/16/2005	$2500.00
LTC-23	000002518		$2056.51	0	1000001641	2005081150055	03/24/2005	03/22/2005	$2500.00
LTC-24	000002518		$2945.70	0	1000001641	2005055150019	02/24/2005	02/24/2005	$2500.00
LTC-25	000002518		$2847.51	0	1000001641	2005055150001	02/24/2005	02/24/2005	$2500.00
LTC-26	000001348		$574.90	0	1000001590	2005082150094	03/24/2005	03/23/2005	$1004.90
LTC-27	000039888		$392.76	0	1000001641	5205130001003	05/10/2005	05/10/2005	$3000.00
LTC-28	000041397		$591.86	0	1000001578	2005094150068	04/04/2005	04/04/2005	$633.43
LTC-29	000002518		$2181.51	0	1000001641	2005083150064	03/24/2005	03/24/2005	$2500.00
LTC-30	000001331		$2847.51	0	1000001641	2005075150019	03/17/2005	03/16/2005	$2500.00
OTHER-1	000001394		$99999999.99	0	200307299A	2003161600715	02/24/2005	06/10/2003	$99999999.99
OTHER-2	000002453		$136.25	0	1000000394	2005055600029	02/24/2005	02/24/2005	$200.00
OTHER-3	000001346		$178.62	0	1000000153	2005063050085	03/08/2005	03/04/2005	$250.00
OTHER-4	000001419		$13.11	0	200308419A	2003260600029	02/24/2005	09/17/2003	$50.00
OTHER-5	000001399		$24.00	0	1000000394	2003309600001	02/24/2005	11/05/2003	$25.00
OTHER-6	000002468		$85.00	0	200307299A	2003142600492	02/24/2005	05/22/2003	$85.00
OTHER-7	000001291		$79.00	0	200308409A	2003260600094	02/24/2005	09/17/2003	$80.00
OTHER-8	000001308		$78.58	0	200308680A	2005082050096	03/24/2005	03/23/2005	$200.00
OTHER-9	000001308		$78.58	0	200308680A	2005076050067	03/22/2005	03/17/2005	$200.00
OTHER-10	1868		$3.11	0	1000000837	2005113600471	04/25/2005	04/23/2005	$75.00
OTHER-11	000002375		$21.37	0	1000000406	2003255600672	02/24/2005	09/12/2003	$22.37
OTHER-12	000002383		$42.72	0	1000000394	2003269767732	02/24/2005	09/26/2003	$200.00
OTHER-13	000001265		$25.00	0	1000000394	2003311600020	02/24/2005	11/07/2003	$25.00
OTHER-14	000040787		$13.11	0	1000000008	2005095600034	04/05/2005	04/05/2005	$200.00

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OTHER-15	000001399		$49.00	0	1000000394	2003309600005	02/24/2005	11/05/2003	$50.00
OTHER-16	000002387		$63.96	0	1000000394	2003269767719	02/24/2005	09/26/2003	$200.00
OTHER-17	000041889		$311.72	0	1000000320	2005117600188	04/27/2005	04/27/2005	$500.00
OTHER-18	000001351		$52.09	0	1000000020	2003167600001	02/24/2005	06/16/2003	$55.00
OTHER-19	000001392		$640.57	0	200307419A	2005055050015	02/24/2005	02/24/2005	$640.57
OTHER-19	000001392		$72.51	0	200307419A	2005055050015	02/24/2005	02/24/2005	$75.00
OTHER-20	000002446		$8.00	0	200305539A	2005110600453	04/20/2005	04/20/2005	$8.00
OTHER-21	000002418		$25.00	0	1000000332	2003255600062	02/24/2005	09/12/2003	$25.00
OTHER-22	000002512		$226.02	0	1000001555	2003142600361	02/24/2005	05/22/2003	$226.02
OTHER-23	000001843		$20.00	0	200306599A	2005101600160	04/12/2005	04/11/2005	$20.00
OTHER-24	000001357		$7.09	0	1000000069	2003147002007	02/24/2005	05/27/2003	$50.00
OTHER-25	000001389		$130.00	0	1000000371	2205080600007	03/22/2005	03/21/2005	$130.00
OTHER-26	000001346		$13.11	0	1000000698	2005110600645	04/20/2005	04/20/2005	$100.00
OTHER-27	000001261		$16.73	0	1000000064	2003142601150	02/24/2005	05/22/2003	$50.70
OTHER-28	000040235		$16.48	0	1000000508	2205178050001	06/28/2005	06/27/2005	$20.00
OTHER-29	000002388		$2.89	0	100760599B	2005055600059	02/24/2005	02/24/2005	$40.00
OTHER-30	000001341		$62.64	0	1000000371	2003142600640	02/24/2005	05/22/2003	$62.64
OTHER-30	000001341		$62.64	0	1000000371	2003142600640	02/24/2005	05/22/2003	$62.64
OTHER-31	000002447		$30.00	0	200308409A	2003190600171	02/24/2005	07/09/2003	$30.00
OTHER-32	000001383		$15.00	0	200308419A	2003190600141	02/24/2005	07/09/2003	$15.00
OTHER-33	000002359		$22.35	0	1000000188	2003142600150	02/24/2005	05/22/2003	$22.35
OTHER-34	000001419		$12.88	0	200308419A	2003259600118	02/24/2005	09/16/2003	$50.00
OTHER-35	000002457		$474.00	0	1000000069	2003142600405	02/24/2005	05/22/2003	$475.00
OTHER-36	000039963		$10.00	0	1000000177	2005095600421	04/05/2005	04/05/2005	$10.00
OTHER-37	000001265		$25.00	0	1000000394	2003311600001	02/24/2005	11/07/2003	$25.00
OTHER-38	000001261		$15.73	0	1000001555	2003142600009	02/24/2005	05/22/2003	$16.73
OTHER-38	000001261		$15.73	0	1000001555	2003142600009	02/24/2005	05/22/2003	$16.73
OTHER-39	000002447		$30.00	0	200308409A	2003190600170	02/24/2005	07/09/2003	$30.00
OTHER-40	1868		$12.11	0	1000000837	2205096600001	04/07/2005	04/06/2005	$75.00
OTHER-41	000001394		$744.99	0	1000000137	2003142601043	02/24/2005	05/22/2003	$744.99
OTHER-42	000002509		$49.00	0	1000000011	2205060600004	03/01/2005	03/01/2005	$50.00
OTHER-43	000001404		$15.00	0	1000000066	2003142600116	02/24/2005	05/22/2003	$15.00
OTHER-44	000002548		$12.88	0	200308419A	2003259600135	02/24/2005	09/16/2003	$50.00
OTHER-45	000001379		$10.00	0	200308019A	2003190600087	02/24/2005	07/09/2003	$10.00
OTHER-46	000002446		$8.00	0	200305539A	2005110600452	04/20/2005	04/20/2005	$8.00
OTHER-47	000001308		$78.58	0	200308680A	2005079050094	03/22/2005	03/20/2005	$200.00
OTHER-48	000040838		$22.00	0	1000000677	2005055600025	02/24/2005	02/24/2005	$50.00
OTHER-49	000001288		$359.50	0	1000000266	2003142600264	02/24/2005	05/22/2003	$360.50
OTHER-50	000002370		$15.00	0	200308409A	2003262600026	02/24/2005	09/19/2003	$15.00
OTHER-51	000002403		$474.00	0	1000000069	2003142600070	02/24/2005	05/22/2003	$475.00
OTHER-52	000040075		$19.78	0	1000000296	2005069050077	03/10/2005	03/10/2005	$100.00
OTHER-52	000040075		$19.78	0	1000000296	2005069050077	03/10/2005	03/10/2005	$100.00
OTHER-52	000040075		$19.78	0	1000000296	2005069050077	03/10/2005	03/10/2005	$100.00
OTHER-53	000069959		$72.83	0	1000000069	2003142600059	02/24/2005	05/22/2003	$72.83
OTHER-54	000001391		$10.47	0	1000000824	2003142001161	02/24/2005	05/22/2003	$10.47
OTHER-55	000001320		$13.40	0	1000000550	2003142001201	02/24/2005	05/22/2003	$13.40
OTHER-56	000040075		$123.41	0	1000000091	2005101050144	04/12/2005	04/11/2005	$160.00
OTHER-57	000001381		$13.11	0	200308409A	2003259600068	02/24/2005	09/16/2003	$50.00

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QC Number	Medicaid Id	Warrant Number	Reimbursement Amount	Remittance Advice Number	Pay To Provider	ICN	Paid Date	Enter Date	Billed Amount
OTHER-58	000001394		$5.00	0	100800269A	2003161600803	02/24/2005	06/10/2003	$15.00
OTHER-59	000001397		$32.11	0	1000000115	2003142600609	02/24/2005	05/22/2003	$32.11
OTHER-60	000001846		$30.00	0	200308409A	2003191600001	02/24/2005	07/10/2003	$30.00
OTHER-61	000002470		$150.00	0	1000000983	2003260600100	02/24/2005	09/17/2003	$150.00
OTHER-62	000041374		$30.00	0	1000000440	2005088600588	03/29/2005	03/29/2005	$30.00
OTHER-63	000002461		$25.00	0	1000000973	2003255600046	02/24/2005	09/12/2003	$25.00
OTHER-64	000002457		$474.00	0	1000000340	2003142600558	02/24/2005	05/22/2003	$475.00
OTHER-65	000002523		$25.25	0	1000001386	2003142600945	02/24/2005	05/22/2003	$26.25
OTHER-65	000002523		$140.96	0	1000001386	2003142600945	02/24/2005	05/22/2003	$615.00
OTHER-66	888800011		$123.41	0	1000000091	2005090050030	03/31/2005	03/31/2005	$160.00
OTHER-67	000002425		$474.00	0	1000000490	2003142601030	02/24/2005	05/22/2003	$475.00
OTHER-68	000001462		$205.02	0	1000001555	2003142600798	02/24/2005	05/22/2003	$226.02
OTHER-69	000002367		$33.09	0	1000000188	2003142600984	02/24/2005	05/22/2003	$180.00
OTHER-70	000001452		$57.98	0	1000000394	2205088600006	04/19/2005	03/29/2005	$500.00
OTHER-71	000002540		$347.56	0	1000001523	2003142600956	03/24/2005	05/22/2003	$472.80
OTHER-71	000002540		$347.56	0	1000001523	2003142600956	03/24/2005	05/22/2003	$472.80
OTHER-71	000002540		$347.56	0	1000001523	2003142600956	03/24/2005	05/22/2003	$472.80
OTHER-71	000002540		$347.56	0	1000001523	2003142600956	03/24/2005	05/22/2003	$472.80
OTHER-71	000002540		$347.56	0	1000001523	2003142600956	03/24/2005	05/22/2003	$472.80
OTHER-72	000001306		$68.20	0	1000000069	2003142600174	02/24/2005	05/22/2003	$68.20
OTHER-73	000002367		$33.09	0	100804689A	2003142600720	02/24/2005	05/22/2003	$80.00
OTHER-74	000001337		$27.00	0	1000000019	2003178600456	02/24/2005	06/27/2003	$27.00
OTHER-75	000001341		$150.00	0	1000000371	2003142600436	02/24/2005	05/22/2003	$150.00
OTHER-76	000001363		$20.01	0	1000000020	2003232600069	03/24/2005	08/20/2003	$21.00
OTHER-77	000002392		$25.00	0	200308419A	2003255600068	02/24/2005	09/12/2003	$25.00
OTHER-78	000002388		$14.95	0	100760599B	2005075600326	03/17/2005	03/16/2005	$40.00
OTHER-78	000002388		$35.05	0	100760599B	2005075600326	03/17/2005	03/16/2005	$60.00
OTHER-79	000001293		$21.37	0	1000001231	2003142601122	02/24/2005	05/22/2003	$36.00
OTHER-80	000002469		$13.11	0	200308409A	2003260600041	02/24/2005	09/17/2003	$20.00
OTHER-81	000041374		$10.00	0	200305539A	2205083600008	03/24/2005	03/24/2005	$40.00
OTHER-81	000041374		$50.00	0	200305539A	2205083600008	03/24/2005	03/24/2005	$50.00
OTHER-82	000002359		$22.35	0	1000000188	2003142600216	02/24/2005	05/22/2003	$22.35
OTHER-83	000041889		$115.00	0	1000000320	5205119001006	04/29/2005	04/29/2005	$125.00
OTHER-83	000041889		$115.00	0	1000000320	5205119001006	04/29/2005	04/29/2005	$125.00
OTHER-84	000001295		$195.31	0	1000001018	2003203600106	03/17/2005	07/22/2003	$195.31
OTHER-84	000001295		$13.30	0	1000001018	2003203600106	03/17/2005	07/22/2003	$13.30
OTHER-84	000001295		$9.65	0	1000001018	2003203600106	03/17/2005	07/22/2003	$9.65
OTHER-85	000001409		$33.00	0	1000000349	2003142600115	02/24/2005	05/22/2003	$33.00
OTHER-86	000001435		$10.00	0	1000000177	2005096600535	04/07/2005	04/06/2005	$10.00
OTHER-87	000001462		$200.05	0	1000000020	2003155600001	02/24/2005	06/04/2003	$226.05
OTHER-88	000040416		$180.00	0	1000000102	2005099050024	04/12/2005	04/09/2005	$180.00
OTHER-89	000001394		$298.89	0	200307219A	2003142601064	02/24/2005	05/22/2003	$298.89
OTHER-90	000002441		$30.00	0	200308409A	2003191600028	02/24/2005	07/10/2003	$30.00
OTHER-91	000001845		$21.37	0	200308419A	2003191600076	03/17/2005	07/10/2003	$50.00
OTHER-91	000001845		$13.11	0	200308419A	2003191600076	03/17/2005	07/10/2003	$45.00
OTHER-92	000001398		$11.30	0	200306679A	2003142600031	02/24/2005	05/22/2003	$11.30
OTHER-93	000001316		$12.80	0	1000001461	2003142600340	02/24/2005	05/22/2003	$12.80
OTHER-94	000002554		$50.00	0	200308419A	2003260860003	02/24/2005	09/17/2003	$50.00

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QC Number	Medicaid Id	Warrant Number	Reimbursement Amount	Remittance Advice Number	Pay To Provider	ICN	Paid Date	Enter Date	Billed Amount
OTHER-95	000001394		$45.00	0	1000001245	2003142600626	02/24/2005	05/22/2003	$49.87
OTHER-96	000041374		$25.00	0	1000000177	2005055600494	02/24/2005	02/24/2005	$200.00
OTHER-97	000001308		$78.58	0	200308680A	2005078050009	03/22/2005	03/19/2005	$200.00
OTHER-98	000041374		$44.47	0	200305539A	2205083600006	03/24/2005	03/24/2005	$100.00
OTHER-99	000040418		$4.27	0	1000000377	2005116600786	04/27/2005	04/26/2005	$350.00
OTHER-100	000001308		$78.58	0	200308680A	2005079050136	03/22/2005	03/20/2005	$200.00
DRUG-1	000041450		$99999999.99	0	1000001020	2005083130012	03/24/2005	03/24/2005	$99999999.99
DRUG-2	000041247		$24.00	0	200307329A	2005076300039	03/22/2005	03/17/2005	$25.00
DRUG-3	000041578		$509.76	0	1000000354	2005097300093	04/08/2005	04/07/2005	$800.00
DRUG-4	000941888		$47.88	0	100714379	2005098300022	04/08/2005	04/08/2005	$130.00
DRUG-5	000001346		$65.00	0	1000000354	2005077130001	03/22/2005	03/18/2005	$65.00
DRUG-6	000001346		$25.30	0	1000000354	2005080300085	03/22/2005	03/21/2005	$60.00
DRUG-7	000041578		$405.93	0	1000000354	5205109001007	04/19/2005	04/19/2005	$465.00
DRUG-8	000002424		$23.00	0	200307329A	2005055300026	02/24/2005	02/24/2005	$25.00
DRUG-9	000001832		$24.00	0	200307329A	2003262300004	02/24/2005	09/19/2003	$25.00
DRUG-10	000001462		$18.00	0	200307329A	2003238300002	02/24/2005	08/26/2003	$35.00
DRUG-11	000039898		$23.00	0	200307329A	2005055300025	02/24/2005	02/24/2005	$25.00
DRUG-12	000040632		$498.00	0	200307329A	2005111300057	04/21/2005	04/21/2005	$500.00
DRUG-13	000001389		$231.74	0	200307329A	2003150130006	02/24/2005	05/30/2003	$275.00
DRUG-14	000001866		$9.00	0	200307329A	2004219300093	02/24/2005	08/06/2004	$25.00
DRUG-15	000001832		$24.00	0	200307329A	2003262300002	02/24/2005	09/19/2003	$25.00
DRUG-16	000001401		$3.06	0	200307329A	2003309130002	02/24/2005	11/05/2003	$15.00
DRUG-17	000041450		$2.90	0	1000001020	2005068130010	03/10/2005	03/09/2005	$15.00
DRUG-18	000001266		$1.11	0	1000001082	2005111300053	04/21/2005	04/21/2005	$300.00
DRUG-19	000040075		$1049.85	0	200307329A	2005091300022	04/04/2005	04/01/2005	$1065.00
DRUG-20	000001381		$0.52	0	1000001020	2005064130043	03/08/2005	03/05/2005	$25.00
DRUG-21	000040374		$24.00	0	1000001074	2005074300105	03/17/2005	03/15/2005	$25.00
DRUG-22	888800043		$489.09	0	1000000354	2005145300039	05/26/2005	05/25/2005	$800.00
DRUG-23	000001841		$24.00	0	200307329A	2004219300097	02/24/2005	08/06/2004	$25.00
DRUG-24	000001389		$33.00	0	200307329A	2003237300002	02/24/2005	08/25/2003	$35.00
DRUG-25	000040632		$980.17	0	200307329A	2005109300046	04/19/2005	04/19/2005	$1000.00
DRUG-26	000001889		$34.00	0	200307329A	2004219300105	02/24/2005	08/06/2004	$36.00
DRUG-27	000001294		$4.00	0	1000000364	2004219300063	02/24/2005	08/06/2004	$5.00
DRUG-28	000001934		$19.00	0	200307329A	2003147300013	02/24/2005	05/27/2003	$25.00
DRUG-29	000041256		$24.00	0	200307329A	2005076300050	03/22/2005	03/17/2005	$25.00
DRUG-30	000041504		$23.00	0	200307329A	2005055300022	02/24/2005	02/24/2005	$25.00
DRUG-31	888800040		$47.88	0	100714379	2005098300037	04/08/2005	04/08/2005	$130.00
DRUG-32	000040075		$163.00	0	200307329A	2005069300117	03/15/2005	03/10/2005	$165.00
DRUG-33	000001824		$47.88	0	100714379	2005061300036	03/03/2005	03/02/2005	$132.81
DRUG-34	000001346		$12.00	0	200305619A	5205119001001	04/29/2005	04/29/2005	$15.00
DRUG-35	000001381		$0.52	0	1000001020	2005064130054	03/08/2005	03/05/2005	$25.00
DRUG-36	000001832		$24.00	0	200307329A	2003262300007	02/24/2005	09/19/2003	$25.00
DRUG-37	000001834		$9.00	0	200307329A	2004219300096	02/24/2005	08/06/2004	$25.00
DRUG-38	000001346		$17.63	6	1000000354	2005111300168	04/22/2005	04/21/2005	$80.00
DRUG-39	000001832		$24.00	0	200307329A	2003262300008	02/24/2005	09/19/2003	$25.00
DRUG-40	000041578		$489.09	0	1000000354	2005104300057	04/14/2005	04/14/2005	$800.00
DRUG-41	888800040		$47.88	0	100714379	2005098300071	04/08/2005	04/08/2005	$130.00
DRUG-42	000040247		$1.35	0	1000000354	2505069130008	03/10/2005	03/10/2005	$1065.00

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QC Number	Medicaid Id	Warrant Number	Reimbursement Amount	Remittance Advice Number	Pay To Provider	ICN	Paid Date	Enter Date	Billed Amount
DRUG-43	000040632		$0.35	0	200307329A	2005109300049	04/19/2005	04/19/2005	$1500.00
DRUG-44	000088830		$489.09	0	1000000354	2005137300062	05/19/2005	05/17/2005	$800.00
DRUG-45	000001380		$24.00	0	200307329A	2003183300003	02/24/2005	07/02/2003	$25.00
DRUG-46	000001841		$231.74	0	200307329A	2004219300095	02/24/2005	08/06/2004	$275.00
DRUG-47	000040632		$755.01	0	200307329A	2005112300031	04/22/2005	04/22/2005	$1065.00
DRUG-48	000040374		$6.35	0	1000000354	2505073300002	03/15/2005	03/14/2005	$1065.00
DRUG-49	000040106		$24.00	0	200307329A	2505063300005	03/08/2005	03/04/2005	$25.00
DRUG-50	000041515		$49.88	0	100714379	2005075300072	03/17/2005	03/16/2005	$132.81
DRUG-51	000041271		$23.00	0	200307329A	2005055300007	02/24/2005	02/24/2005	$25.00
DRUG-52	000001261		$80.00	0	1000000354	2005088130012	04/19/2005	03/29/2005	$80.00
DRUG-53	888800043		$489.09	0	1000000354	2005138300039	05/19/2005	05/18/2005	$800.00
DRUG-54	000001845		$24.00	0	200307329A	2003183300004	02/24/2005	07/02/2003	$25.00
DRUG-55	000040075		$163.00	0	200307329A	2005070300021	03/15/2005	03/11/2005	$165.00
DRUG-56	888800040		$0.70	0	100714379	2005098300072	04/08/2005	04/08/2005	$130.00
DRUG-57	000001934		$13.00	0	200307329A	2003238300001	02/24/2005	08/26/2003	$35.00
DRUG-58	000040075		$163.00	0	200307329A	2005069300059	03/10/2005	03/10/2005	$165.00
DRUG-59	000041450		$2.90	0	1000001020	2005066130046	03/08/2005	03/07/2005	$15.00
DRUG-60	000040075		$1007.35	0	200307329A	5205109001008	04/19/2005	04/19/2005	$1065.00
DRUG-61	000001927		$9.00	0	200307329A	2004219300092	02/24/2005	08/06/2004	$25.00
DRUG-62	888800041		$47.88	0	1000000984	2005098300019	04/08/2005	04/08/2005	$130.00
DRUG-63	000001918		$91.00	0	200307329A	2003238300009	02/24/2005	08/26/2003	$93.00
DRUG-64	000001401		$98.00	0	200307329A	2003309130005	02/24/2005	11/05/2003	$100.00
DRUG-65	000001399		$0.34	0	200307329A	2003314300011	02/24/2005	11/10/2003	$50.00
DRUG-66	000001399		$3.06	0	200307329A	2003309300023	02/24/2005	11/05/2003	$25.00
DRUG-67	000041450		$2.90	0	1000001020	2005066130058	03/08/2005	03/07/2005	$15.00
DRUG-68	000001864		$14.00	0	200307329A	2003149130004	02/24/2005	05/29/2003	$15.00
DRUG-69	000001840		$1.60	0	200307329A	2003231130017	02/24/2005	08/19/2003	$10.00
DRUG-70	000041448		$1.75	0	200307329A	2005105300015	04/15/2005	04/15/2005	$125.00
DRUG-71	888800040		$0.70	0	100714379	2005099300079	04/12/2005	04/09/2005	$130.00
DRUG-72	000002481		$1.11	0	1000001082	2005116300024	04/26/2005	04/26/2005	$300.00
DRUG-73	000040632		$0.35	0	200307329A	2005111300058	04/21/2005	04/21/2005	$1500.00
DRUG-74	000001346		$12.00	0	200305619A	5205130001008	05/10/2005	05/10/2005	$15.00
DRUG-75	000001832		$24.00	0	200307329A	2003183300001	02/24/2005	07/02/2003	$25.00
DRUG-76	000041578		$405.93	0	1000000354	2005091130015	04/04/2005	04/01/2005	$465.00
DRUG-77	000002446		$23.00	0	200307329A	2005055300021	02/24/2005	02/24/2005	$25.00
DRUG-78	000040075		$163.00	0	200307329A	2005070300058	03/15/2005	03/11/2005	$165.00
DRUG-79	000040075		$1000.00	0	200307329A	2005077300025	03/22/2005	03/18/2005	$1065.00
DRUG-80	000040631		$18.63	0	1000000354	2005104300041	04/14/2005	04/14/2005	$80.00
DRUG-81	000041450		$3.95	0	1000001020	2005082130032	03/24/2005	03/23/2005	$15.00
DRUG-82	000001265		$34.00	0	200307329A	2004219300102	02/24/2005	08/06/2004	$36.00
DRUG-83	000040632		$1007.35	0	200307329A	2005111300055	04/21/2005	04/21/2005	$1065.00
DRUG-84	888800040		$0.70	0	100714379	2005099300055	04/12/2005	04/09/2005	$130.00
DRUG-85	000001856		$1.60	0	200307329A	2003231130008	02/24/2005	08/19/2003	$10.00
DRUG-86	000040075		$1049.85	0	200307329A	2005090300076	03/31/2005	03/31/2005	$1065.00
DRUG-87	000001346		$100.00	0	1000000354	2005076300037	03/22/2005	03/17/2005	$100.00
DRUG-88	000040374		$24.00	0	1000001074	2005056300012	03/01/2005	02/25/2005	$25.00
DRUG-89	000001852		$91.00	0	200307329A	2003238300006	02/24/2005	08/26/2003	$93.00
DRUG-90	000001864		$34.00	0	200307329A	2003150300002	02/24/2005	05/30/2003	$36.00

2.8.14.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Billed Amount	The amount billed by the provider on the claim.	12	Number	T_RS_SELECT_RSLT	AMT_BILLED
Date Paid	The date the claim adjudicated.	10	Date	T_RS_SELECT_RSLT	DTE_PAID
Enter Date	The date the claim entered the system.	10	Date	T_CA_ICN	Derived from NUM_ICN
ICN	The transaction control number of the selected claim.	13	char	T_RS_SELECT_RSLT	NUM_ICN
Member ID	The Medicaid identification number for the member.	12	char	T_RS_SELECT_RSLT	ID_MEDICIAD
Pay to Provider Number	The billing provider number from the claim.	15	char	T_RS_SELECT_RSLT	ID_PROV_BILL
QC Number	The QC number assigned to the randomly pulled claim by the system.	9	char	T_RS_SELECT_RSLT	SEQ_RANDOM
Reimbursement Amount	The reimbursement amount from the claim.	12	Number	T_CA_ICN	AMT_REIMBURSED
Remittance Advice Number	The remittance advice number which posted final payment information to the provider.	9	char	T_CA_ICN	NUM_RA
Warrant Number	The check number which included payment for the selected claim.	9	Number	T_CA_ICN	NUM_CHECK

2.8.14.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.14.6 Associated Requirements

ID
30.090.010.003.4

2.8.14.7 Change Orders

ID	Name	Description
1499	QAA-CM Sample Summary Report	Develop the QA&A Contract Monitoring Sample Summary Report according to specifications. (KYML6000-R001)

2.8.15 QAA Contract Monitoring UR Medical Criteria

The QAA Contract Monitoring UR Medical Criteria report prints the UR Criteria File parameter numbers which are associated with each procedure code billed on claims pulled for contract monitoring strata 200 (Long Term Care Services) and 300 (Other Individual Practitioners, Clinics, Services and Supplies).

2.8.15.1 Technical Name

QAA Contract Monitoring UR Medical Criteria

2.8.15.2 Sort Order

For Sample Number

2.8.15.3 QAA Contract Monitoring UR Medical Criteria Layout

```
Report  : QAA-7001-M                          COMMONWEALTH OF KENTUCKY                                  Run Date: 09/01/2006
Process : QAAJM701                       MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   14:02:51
Location: QAAP7001                    Contract Monitoring UR Medical Criteria Report                       Page:          1
                                                 For Sample # LTC18
Member Id: 000041397       ICN: 5205121001016
-------------------------------------------------------------------------------------------------------------------------------
 Proc  Diag  Eff Date   End Date     Life Fam  Preg CLIA Att  Sex   Min   Max        Min       Max Conf Follow  Prov   From   Diag
 Code  Req                           time Plan Ind  Ind  Ind  Ind   Age   Age        Qty       Qty Ind  up Qty  Spec   Thru   Cmpt
-------------------------------------------------------------------------------------------------------------------------------
W3018   Y    01/01/1964 12/31/2299    N    N    N    N    N    B     0   999          1         4  N       0    N      Y      N
                                                 For Sample # LTC19
Member Id: 000041397       ICN: 5205119001016
-------------------------------------------------------------------------------------------------------------------------------
 Proc  Diag  Eff Date   End Date     Life Fam  Preg CLIA Att  Sex   Min   Max        Min       Max Conf Follow  Prov   From   Diag
 Code  Req                           time Plan Ind  Ind  Ind  Ind   Age   Age        Qty       Qty Ind  up Qty  Spec   Thru   Cmpt
-------------------------------------------------------------------------------------------------------------------------------
W3018   Y    01/01/1964 12/31/2299    N    N    N    N    N    B     0   999          1         4  N       0    N      Y      N
                                                 For Sample # LTC28
Member Id: 000041397       ICN: 2005094150068
-------------------------------------------------------------------------------------------------------------------------------
 Proc  Diag  Eff Date   End Date     Life Fam  Preg CLIA Att  Sex   Min   Max        Min       Max Conf Follow  Prov   From   Diag
 Code  Req                           time Plan Ind  Ind  Ind  Ind   Age   Age        Qty       Qty Ind  up Qty  Spec   Thru   Cmpt
-------------------------------------------------------------------------------------------------------------------------------
W3018   Y    01/01/1964 12/31/2299    N    N    N    N    N    B     0   999          1         4  N       0    N      Y      N

Report  : QAA-7001-M                          COMMONWEALTH OF KENTUCKY                                  Run Date: 09/01/2006
Process : QAAJM701                       MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   14:02:51
Location: QAAP7001                    Contract Monitoring UR Medical Criteria Report                       Page:          2
                                                 For Sample # OTHER1
Member Id: 000001394       ICN: 2003161600715
-------------------------------------------------------------------------------------------------------------------------------
 Proc  Diag  Eff Date   End Date     Life Fam  Preg CLIA Att  Sex   Min   Max        Min       Max Conf Follow  Prov   From   Diag
 Code  Req                           time Plan Ind  Ind  Ind  Ind   Age   Age        Qty       Qty Ind  up Qty  Spec   Thru   Cmpt
-------------------------------------------------------------------------------------------------------------------------------
W4539   N    01/01/1964 12/31/2299    N    N    N    N    N    B     0   999          1         1  N       0    N      N      N
                                                 For Sample # OTHER2
Member Id: 000002453       ICN: 2005055600029
-------------------------------------------------------------------------------------------------------------------------------
 Proc  Diag  Eff Date   End Date     Life Fam  Preg CLIA Att  Sex   Min   Max        Min       Max Conf Follow  Prov   From   Diag
 Code  Req                           time Plan Ind  Ind  Ind  Ind   Age   Age        Qty       Qty Ind  up Qty  Spec   Thru   Cmpt
-------------------------------------------------------------------------------------------------------------------------------
72240   N    01/01/1964 12/31/2299    N    N    N    N    N    B     0   999          1         7  N       0    N      Y      N
                                                 For Sample # OTHER3
Member Id: 000001346       ICN: 2005063050085
-------------------------------------------------------------------------------------------------------------------------------
 Proc  Diag  Eff Date   End Date     Life Fam  Preg CLIA Att  Sex   Min   Max        Min       Max Conf Follow  Prov   From   Diag
 Code  Req                           time Plan Ind  Ind  Ind  Ind   Age   Age        Qty       Qty Ind  up Qty  Spec   Thru   Cmpt
-------------------------------------------------------------------------------------------------------------------------------
D2710   N    01/01/1964 12/31/2299    N    N    N    N    N    B     0   999          1        12  N       0    N      N      N
                                                 For Sample # OTHER4
Member Id: 000001419       ICN: 2003260600029
-------------------------------------------------------------------------------------------------------------------------------
 Proc  Diag  Eff Date   End Date     Life Fam  Preg CLIA Att  Sex   Min   Max        Min       Max Conf Follow  Prov   From   Diag
 Code  Req                           time Plan Ind  Ind  Ind  Ind   Age   Age        Qty       Qty Ind  up Qty  Spec   Thru   Cmpt
-------------------------------------------------------------------------------------------------------------------------------
99211   Y    01/01/1964 12/31/2299    N    N    N    N    N    B     0   999          1         1  N       0    N      Y      N

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

2.8.15.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Attachment Ind	Attachment required indicator.	1	Char	T_PROC_LIMITS	IND_ATTACHMENT
CLIA Ind	CLIA indicator.	1	Char	T_PROC_LIMITS	IND_CLIA
Confidential Ind	Confidential indicator.	1	Char	T_PROC_LIMITS	IND_CONFIDENTIAL
Diag code	Diagnosis code edit.	1	Char	T_PROC_LIMITS	CDE_DIAG_CMPT_EDIT
Eff Date	The date the reference values are effective.	10	Char	T_PROC_LIMITS	DTE_EFFECTIVE
End Date	The end date of the reference values.	10	Char	T_PROC_LIMITS	DTE_END
Family plan Ind	Family planning indicator.	1	Char	T_PROC_LIMITS	IND_FAM_PLAN
Followup qty	Follow up quantity.	4	Number	T_PROC_LIMITS	QTY_FOLLOWUP
From thru	From and through indicator.	1	Char	T_PROC_LIMITS	IND_FROM_THRU_OK
ICN	The transaction control number of the selected claim.	13	char	T_RS_SELECT_RSLT	NUM_ICN
Life time Ind	Lifetime indicator.	1	Char	T_PROC_LIMITS	IND_LIFETIME
Max Age	Maximum age.	4	Number	T_PROC_LIMITS	QTY_AGE_MAX
Max Qty	Maximum quantity.	9	Number	T_PROC_LIMITS	QTY_UNITS_MAX
Member ID	The Medicaid identification number for the member.	12	char	T_RS_SELECT_RECIP	ID_MEDICAID
Min Age	Minimum age.	4	Number	T_PROC_LIMITS	QTY_AGE_MIN
Min Qty	Minimum quantity.	9	Number	T_PROC_LIMITS	QTY_UNITS_MIN
Pregnancy Ind	Pregnancy indicator.	1	Char	T_PROC_LIMITS	IND_PREGNANCY

Field	Description	Length	Data Type	DB Table	DB Attributes
Prov spec edit	Provider specialty code.	1	Char	T_PROC_LIMITS	CDE_PROV_SPEC_EDIT
Sex Code	Sex code.	1	Char	T_PROC_LIMITS	CDE_SEX
diag req.	The diagnosis-required indicator.	1	char	T_PROC_LIMITS	IND_DIAG_REQ
proc code	The procedure code billed on the selected claim.	6	char	T_RS_SELECT_RSLT	CDE_PROC

2.8.15.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.15.6 Associated Requirements

ID
30.090.010.003.4

2.8.15.7 Change Orders

ID	Name	Description
1512	QAA-CM UR Medical Criteria	Develop QA&A Contract Monitoring UR Medical Criteria Report. (KYML7000-R001)

2.8.16 QAA Provider Information Sheets

The QAA Provider Information Sheets report displays the data from each of the provider file information display panels for the claims that were pulled for each of the 5 contract monitoring strata.

2.8.16.1 Technical Name

QAA Provider Information Sheets

2.8.16.2 Sort Order

SMPL #

2.8.16.3 QAA Provider Information Sheets Layout

```
Report  : QAA-6201-M                          COMMONWEALTH OF KENTUCKY (M1)                          Run Date: 01/04/2007
Process : QAAJM620                         MEDICAID MANAGEMENT INFORMATION SYSTEM                    Run Time:   18:53:40
Location: QAAP6200                      Contract Monitoring Provider Information Sheets                  Page:          1

  SMPL# xxxxxxxx

  FEIN        PROVIDER NUMBER      PROVIDER NAME     ADDRESS                                MEDICARE #   LIC NUMBER  LIC TYPE
  xxxxxxxxxx  xxx xxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx   xxxxxxxxxx   xxxxxxxxxx     x
  SSN         UPIN   xxxxxx        xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
  xxxxxxxxx                        xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx                          COUNTY  xxx  xxxxxxxxxxxxxxxxxxxx
              PHONE  xxxxxxxxx     xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx   OOS IND x
-------------------------------------------------- SPECIALTY INFORMATION --------------------------------------------------
  SPECIALTY                      DATE         SPECIALTY                      DATE          SPECIALTY                      DATE
 xxx  xxxxxxxxxxxxxxxxxxxx    xxxxxxxxxx     xxx  xxxxxxxxxxxxxxxxxxxx    xxxxxxxxxx      xxx  xxxxxxxxxxxxxxxxxxxx
 xxxxxxxxxx
-------------------------------------------------- ELECTRONIC FUNDS TRANSFER ----------------------------------------------
                ABA NUMBER                 ACCOUNT NUMBER          EFFECTIVE DATE             END DATE
                xxxxxxxxx                 xxxxxxxxxxxxxxxxx          xxxxxxxxxx               xxxxxxxxxx
-------------------------------------------------- ADDRESS INFORMATION ----------------------------------------------------
  PHYSICAL ADDRESS                                          PHONE               FAX
        xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
        xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

        xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx   xxxxxxxxxx          xxxxxxxxxx
  PAY TO ADDRESS                                            PHONE               FAX
        xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
        xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx   xxxxxxxxxx          xxxxxxxxxx
  CORRESPONDENCE ADDRESS                                    PHONE               FAX
        xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
        xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx   xxxxxxxxxx          xxxxxxxxxx
-------------------------------------------------- HOLD/REVIEW INFORMATION ------------------------------------------------
  STATUS    EFF DATE  END DATE  TYPE  LOW        HIGH                 STATUS    EFF DATE  END DATE  TYPE  LOW       HIGH
    x     xxxxxxxxxx xxxxxxxxxx  x    xxxxxxxxx  xxxxxxxxx              x     xxxxxxxxxx xxxxxxxxxx  x   xxxxxxxxx  xxxxxxxxx
-------------------------------------------------- PROVIDER GROUPS --------------------------------------------------------
         GROUP         EFF DATE   END DATE       GROUP            EFF DATE   END DATE       GROUP            EFF DATE  END DATE
  xxx xxxxxxxxxxxxxxx xxxxxxxxxx xxxxxxxxxx  xxx xxxxxxxxxxxxxxx xxxxxxxxxx xxxxxxxxxx  xxx xxxxxxxxxxxxxxx xxxxxxxxxx
xxxxxxxxxx
-------------------------------------------------- PROVIDER RATE DISPLAY -------------------------------------------------
  EFF DATE  END DATE   CDE CHARGE FACTOR     EFF DATE  END DATE   CDE CHARGE FACTOR    EFF DATE  END DATE   CDE CHARGE FACTOR
  xxxxxxxxx xxxxxxxxx  xxx  #####.##         xxxxxxxxx xxxxxxxxx  xxx  #####.##        xxxxxxxxx xxxxxxxxx  xxx  #####.##
```

2.8.16.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ADDRESS	The home address of the Provider. Address type = H (home office).	50	Char	T_PR_ADR_DN	ADR_MAIL_STRT1, ADR_MAIL_CITY,ADR_MAIL_STATE,ADR_MAIL_ZIP
CORRES:ADDRESS	The provider's mail to address. Addr type = M.	30	Char	T_PR_ADR_DN	ADR_MAIL_STRT1, ADR_MAIL_CITY,ADR_MAIL_STATE,ADR_MAIL_ZIP
CORRES:FAX	The provider's mail to telephone fax number.	10	Char	T_PR_ADR_DN	NUM_PHONE_FAX
CORRES:PHONE	The provider's mail to telephone number.	10	Char	T_PR_ADR_DN	NUM_PHONE
COUNTY	Provider's County	3	Char	T_RS_SELECT_PROV	CDE_COUNTY
DATE	Date for which Specialty begins	10	Date (CCYY/MM/DD)	T_PR_SPEC	DTE_EFFECTIVE
ELEC FUNDS:ABA NUMBER	A unique number assigned to individual financial institutions for identification.	9	Char	T_PR_EFT_ACCT	NUM_ABA
ELEC FUNDS:ACCOUNT NUMBER	This is the bank account number for the provider in which the payments are electronically transferred.	17	Char	T_PR_EFT_ACCT	NUM_EFT_ACCT
ELEC FUNDS:EFFECTIVE DATE	Effective date for an object. Used to signify the start of a span or period.	10	Date (CCYY/MM/DD)	T_PR_EFT_ACCT	DTE_EFFECTIVE
ELEC FUNDS:END DATE	The date that this EFT segment is no longer in effect.	10	Date (CCYY/MM/DD)	T_PR_EFT_ACCT	DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
FEIN	This is the tax identification number assigned to a provider by the Internal Revenue Service. Federal Employer Identifier Number	9	Char	T_PR_SVC_LOC_DN	NUM_FEIN
HOLD/REV:EFF DATE	Effective date for an object. Used to signify the start of a span or period.	10	Char	T_PR_RST_SVC_DN	DTE_EFFECTIVE
HOLD/REV:END DATE	The date that something is no longer in effect.	10	Char	T_PR_RST_SVC_DN	DTE_END
HOLD/REV:HIGH	This field contains the high value in a range of drug, revenue, or procedure codes for which a restriction exists for a provider.	9	Char	T_PR_RST_SVC_DN	CDE_RANGE_HIGH
HOLD/REV:LOW	This field contains the low value in a range of generic drug, revenue, or procedure codes for which a restriction exists for a provider.	9	Char	T_PR_RST_SVC_DN	CDE_RANGE_LOW
HOLD/REV:STATUS	Code that represents the status of the restricted service.	1	Char	T_PR_RST_SVC_DN	CDE_STATUS1
HOLD/REV:TYPE	This field indicates the type of restriction that is being enforced for the NDC, revenue code or procedure code.	1	Char	T_PR_RST_SVC_DN	CDE_RST_TYPE
LIC NUMBER	Commonwealth assigned License Number	9	Char	T_PR_APPLN	NUM_PROV_LIC
LIC TYPE	This identifies the licensure. The current valid values are: P =	1	Char	T_PR_SVC_LO	CDE_LIC_TYPE

Field	Description	Length	Data Type	DB Table	DB Attributes
	Prescriber H = Health Board.			C_DN	
MEDICARE #	Medicare number assigned by the government to the provider.	10	Char	T_PR_SVC_LOC_DN	NUM_MEDICARE
OOS IND	Indicates whether or not the provider resides out of state.	1	Char	T_PR_SVC_LOC_DN	IND_OOS
PAY TO:ADDRESS	The provider's pay to address. Addr type = P.	30	Char	T_PR_ADR_DN	ADR_MAIL_STRT1, ADR_MAIL_CITY,ADR_MAIL_STATE,ADR_MAIL_ZIP
PAY TO:FAX	The provider's pay to fax number.	10	Char	T_PR_ADR_DN	NUM_PHONE_FAX
PAY TO:PHONE	The provider's pay to telephone number.	10	Char	T_PR_ADR_DN	NUM_PHONE
PHONE	Telephone number of the provider	10	Char	T_PR_ADR_DN	NUM_PHONE
PHYSICAL:ADDRESS	The provider's service location address. Addr type = S.	30	Char	T_PR_ADR_DN	ADR_MAIL_STRT1, ADR_MAIL_CITY,ADR_MAIL_STATE,ADR_MAIL_ZIP
PHYSICAL:FAX	The provider's service location telephone fax number.	10	Char	T_PR_ADR_DN	NUM_PHONE_FAX
PHYSICAL:PHONE	The provider's service location telephone number	10	Char	T_PR_ADR_DN	NUM_PHONE
PROVIDER NAME	The Name of the provider on the Claim	35	Char	T_RS_SELECT_PROV	NAM_PROV
PROVIDER NUMBER	The Identification Number of the provider on the Claim	9	Char	T_RS_SELECT_RSLT	ID_PROV_BILL

Field	Description	Length	Data Type	DB Table	DB Attributes
PRV GRP:EFF DATE	Date that the provider is effective with this group.	10	Date (CCYY/MM/DD)	T_PR_GRP_MBR	DTE_EFFECTIVE
PRV GRP:END DATE	Date that the provider is no longer effective with this group.	10	Date (CCYY/MM/DD)	T_PR_GRP_MBR	DTE_END
PRV GRP:GROUP	The provider number and type. The type field is derived (NPI).	18	Char	T_PR_SVC_LOC_DN	ID_PROVIDER_NPI
RATE:CDE	Code used to identify the rate type to use in determining provider reimbursement.	3	Char	T_PR_LOC_RATE	CDE_RATE_TYPE
RATE:CHARGE FACTOR	A daily room rate or percentage of charge value depending on the pricing indicator.	7	Number	T_PR_LOC_RATE	AMT_RATE_PERCENT
RATE:EFF DATE	The first date in which the level of care rate became active.	10	Date (CCYY/MM/DD)	T_PR_LOC_RATE	DTE_EFFECTIVE
RATE:END DATE	The date in which the level of care rate became inactive.	10	Date (CCYY/MM/DD)	T_PR_LOC_RATE	DTE_END
SAMPLE	The QC number assigned to the claim whose provider data follows.	4	char	T_RS_SELECT_RSLT	SEQ_RANDOM
SPECIALTY	Provider specialty and description.	24	Char	T_PR_SPEC,T_PR_SPEC_CDE	CDE_PROV_SPEC,DSC_PROV_SPEC
SSN	Social Security number.	9	Char	T_PR_SVC_LOC_DN	NUM_SSN
UPIN	Universal Provider Identification Number.	6	Char	T_PR_SVC_LOC_DN	NUM_UPIN

2.8.16.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.16.6 Associated Requirements

ID
30.090.010.003.4

2.8.16.7 Change Orders

ID	Name	Description
1500	QAA-Provider Information Sheets	Develop QA&A Provider Information Sheets Report according to specification. (KYML6200-R001)

2.9 Letters

The Quality Assurance and Audits subsystem does not produce, send, or receive any letters.

2.10 Internal and External Interfaces

The QAA subsystem does not have any internal or external interfaces.

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
30.050.010.002.1	RV Sign-Off Task		1536 - QAA-Operate & Maintain
30.050.010.002.10	RV Sign-Off Task		1537 - QAA-Provide Training
30.050.010.002.11	RV Sign-Off Task		1626 - QAA-Sample Results Avaliable
30.050.010.002.2	RV Sign-Off Task		1538 - QAA-Provide Claim Samples
30.050.010.002.4	RV Sign-Off Task		1541 - QAA-Hardcopy of sampled claims
30.050.010.002.5	RV Sign-Off Task		1544 - QAA-Assist with sampled claims
30.050.010.002.6	RV Sign-Off Task		1547 - QAA-Help in finding discrepency
30.050.010.002.8	RV Sign-Off Task		1548 - QAA-Provide Tech support
30.050.010.002.9	RV Sign-Off Task		1549 - QAA-Make recommendations
30.090.010.002.1	RV Sign-Off CO	QAA Contract Monitoring Crossover Services QAA Contract Monitoring Hospital Services QAA Contract Monitoring Long Term Care Services QAA Contract Monitoring Other Services QAA Contract Monitoring Prescribed Drugs RandomSample - Provider History Report	1489 - QAA-CM Hospital Services 1562 - QAA-CM Long Term Care Services 1565 - QAA-CM Crossover Services 1563 - QAA-CM Other Services 1564 - QAA-CM Prescribed Drugs
30.090.010.002.2	RV Sign-Off Task		1551 - QAA-Generate hardcopies
30.090.010.002.4	RV Sign-Off Task		1552 - QAA-Provide

Requirement	Status	Mapped Objects	Change Orders
			supporting data
30.090.010.003.4	RV Sign Off	PDSMQAAR QAAJM001 QAAJM501 QAAJM502 QAAJM503 QAAJM504 QAAJM505 QAAJM601 QAAJM610 QAAJM620 QAAJM630 QAAJM640 QAAJM671 QAAJM681 QAAJM690 QAAJM701 QAAJM801 QAAJM810 clmphash copy2routedir oraload qaa630020.01.ctl qaa630020.01.sql qaa630020.02.sql qaa630030.01.ctl qaa630040.01.ctl qaa640010.01.ctl qaa810010.03.sql qaap5001.sc qaap5002.sc qaap5003.sc qaap5004.sc qaap5005.sc qaap6001.sc qaap6300.c qaap6400.sc qaap6701.sc qaap6801.sc qaap7001.sc qaap8001.sc qaap8100.sc qaapm610.sc qaapm620.sc qaapm690.sc rptrangeex.src QAA Claims Monitoring	1489 - QAA-CM Hospital Services 1514 - QAA-Claims Hospital Detail 8726 - QA&A Transportation Svcs PT56 1498 - QAA-CM Member Eligib. Listing 8709 - QA&A Diagnosis Display Report 1499 - QAA-CM Sample Summary Report 1513 - QAA-Claims Monitoring-Hospital 8708 - QA&A PRO Review Report 8720 - QA&A Mental Health Services 1500 - QAA-Provider Information Sheets 1501 - QAA-Member TPL Resources 1502 - QAA-CM KY Claims Detail Report 1512 - QAA-CM UR Medical Criteria 1562 - QAA-CM Long Term Care Services 1565 - QAA-CM Crossover Services 1503 - QAA-CM Diagnosis Display Report 8704 - QA&A Acute Hospital Services 8706 - QA&A Acute Hospital Detail 8713 - QA&A Prescribed Drugs Report 1563 - QAA-CM Other Services 1564 - QAA-CM Prescribed Drugs 8711 - QA&A Sample Summary Report 8724 - QA&A Transportation Svcs PT55 1511 - QAA-CM Procedure

Requirement	Status	Mapped Objects	Change Orders
		Hospital Services QAA Claims Monitoring Hospital Services Detail QAA Contract Monitoring Crossover Services QAA Contract Monitoring Diagnosis Display QAA Contract Monitoring Hospital Services QAA Contract Monitoring Kentucky MMIS Claims Details QAA Contract Monitoring Long Term Care Services QAA Contract Monitoring Member Eligibility Listing QAA Contract Monitoring Member TPL Resources QAA Contract Monitoring Other Services QAA Contract Monitoring PRO Review Display QAA Contract Monitoring Prescribed Drugs QAA Contract Monitoring Procedure Drug Display QAA Contract Monitoring Sample Summary QAA Contract Monitoring UR Medical Criteria QAA Provider Information Sheets	Drug Display 1510 - QAA-CM PRO Review Display 8707 - QA&A UR Medical Criteria Report
30.110.010.001	RV Sign-Off Task		1553 - QAA-Provide samples within time
30.110.010.003	RV Sign-Off Task		1554 - QAA-Take corrective action

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 QAA-CM Member Eligib. Listing - 1498

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1498	Change Order		Data Warehouse			

2.12.1.1 Desired Solution

Develop the Contract Monitoring Member Eligibility Listing report according to specifications. (KYML6100-R001)

2.12.1.2 Business Impact

This change order will meet the Requirement 30.090..010.003.4

2.12.1.3 Technical Specifications

User Prompts:

- None

Table Row Selection Criteria:

- Data from each of the recipient file information display screens for the claims that were pulled for each of the 5 Contract Monitoring stratums.

Report Column Order: (

- Various tables on report. For column order, go here.

Report Column Grouping Order:

- N/A

Report Column Sort Order:

- N/A

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.1.4 Clarifications

This report will need changes per the 10/24/2005 and 10/28/2005 meeting minutes.

2.12.1.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.1.6 Associated System Objects

Technical Name	Object Type	Title
QAA Contract Monitoring Member Eligibility Listing	Report	QAA Contract Monitoring Member Eligibility Listing
qaapm610.sc	Program	QAA CM Member Eligib Listing Report Program
QAAJM610	Batch Job	QAA CM Member Eligib Listing Report Job Script
PDSMQAAR	Batch Cycle	QAA Reports
copy2routedir	Program	Copy Reports to Router

2.12.1.7 Change Order Status

Status	Date
Change Order Written	11/04/2005
Define/Analyze In Progress	06/22/2006
Define/Analyze In Progress	07/26/2006
Ready for Model Office	09/25/2006
Model Office Implemented	10/30/2006
UAT Implemented	11/07/2006
Ready for Model Office	12/17/2006
Ready for Model Office	12/22/2006
UAT Implemented	12/27/2006
Ready for Model Office	02/01/2007
Model Office Implemented	02/08/2007
UAT Implemented	02/09/2007
Prod Implemented	02/09/2007
Ready for Model Office	03/13/2007
Model Office Implemented	03/15/2007

Status	Date
UAT Implemented	03/15/2007
Prod Implemented	03/15/2007

2.12.2 QAA-CM Sample Summary Report - 1499

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1499	Change Order		Data Warehouse			

2.12.2.1 Desired Solution

Develop the QA&A Contract Monitoring Sample Summary Report according to specifications. (KYML6000-R001)

2.12.2.2 Business Impact

This change order will meet the Requirement 30.090..010.003.4

2.12.2.3 Technical Specifications

User Prompts:

- None

Table Row Selection Criteria:

- All the claims pulled for each of the 5 Contract Monitoring review stratums in TCN order..

Report Column Order: (

- QC Number
- Medicaid Id
- Warrant Number
- Reimbursement Amount
- Remittance Advice Number
- ICN
- Paid Date
- Enter Date
- Billed Amount

Report Column Grouping Order:

- QC Number
- Medicaid Id
- Warrant Number
- Reimbursement Amount
- Remittance Advice Number
- ICN
- Paid Date

- Enter Date

Report Column Sort Order:

- QC Number

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.2.4 Clarifications

No associated clarifications found.

2.12.2.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.2.6 Associated System Objects

Technical Name	Object Type	Title
PDSMQAAR	Batch Cycle	QAA Reports
QAA Contract Monitoring Sample Summary	Report	QAA Contract Monitoring Sample Summary
qaap6001.sc	Program	Contract Monitoring Sample Summary Report Program
QAAJM601	Batch Job	CM Sample Summary Report
copy2routedir	Program	Copy Reports to Router

2.12.2.7 Change Order Status

Status	Date
Change Order Written	11/04/2005
Construction in Progress	07/03/2006
Ready for Construction Walkthrough	07/17/2006
Ready for Model Office	07/25/2006
Model Office Implemented	07/27/2006

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

2.12.3 QAA-Provider Information Sheets - 1500

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1500	Change Order		Data Warehouse			

2.12.3.1 Desired Solution
Develop QA&A Provider Information Sheets Report according to specification. (KYML6200-R001)

2.12.3.2 Business Impact
To provide supporting documentation on the Provider shown on the QAA Claim Sample.

2.12.3.3 Technical Specifications
User Prompts:

- None

Table Row Selection Criteria:

- Data from each of the provider file information display screens for the claims that were pulled for each of the 5 Contract Monitoring stratums. Data comes from the Provider Master File.

Report Column Order: (

- N/A

Report Column Grouping Order:

- N/A

Report Column Sort Order:

- QC Number
- ICN

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.3.4 Clarifications
No associated clarifications found.

2.12.3.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.3.6 Associated System Objects

Technical Name	Object Type	Title
QAA Provider Information Sheets	Report	QAA Provider Information Sheets
PDSMQAAR	Batch Cycle	QAA Reports
	Batch Job	Unknown
copy2routedir	Program	Copy Reports to Router
qaapm620.sc	Program	QAA Provider Information Sheets

2.12.3.7 Change Order Status

Status	Date
Change Order Written	11/04/2005
Construction in Progress	07/05/2006
Ready for Model Office	09/26/2006
Model Office Implemented	10/30/2006
UAT Implemented	11/07/2006
Ready for Model Office	12/22/2006
UAT Implemented	01/02/2007
Prod Implemented	06/14/2007

2.12.4 QAA-Member TPL Resources - 1501

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1501	Change Order		Data Warehouse			

2.12.4.1 Desired Solution

Develop QA&A Contract Monitoring member TPL Resources Report. (KYML6300-R001)

2.12.4.2 Business Impact

To provide supporting documentation on the TPL Resources of the Member shown on the QAA Claim Sample.

2.12.4.3 Technical Specifications

User Prompts:

- None

Table Row Selection Criteria:

- Member TPL Resource File data for all claims pulled in the 5 Contract Monitoring stratums whose recipients have TPL coverage.

Report Column Order: (

- CV
- Begin
- End
- Add Date
- Cov DOT
- EX
- EX DOT
- Copayment
- Deductible

Report Column Grouping Order:

- CV
- Begin
- End
- Add Date
- Cov DOT
- EX

- EX DOT

Report Column Sort Order:

- CV
- Begin

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.4.4 Clarifications

The Coverage section of the report has not been tested due the fact that T_TPL_COIN_DED is empty of data. When the table is populated, retest in Model Office or UAT.

2.12.4.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.4.6 Associated System Objects

Technical Name	Object Type	Title
PDSMQAAR	Batch Cycle	QAA Reports
qaa630020.01.sql	Program	Claim Detail A_T_COVERAGE_XREF info
qaa630020.02.sql	Program	Claim Detail A_T_TPL_RESOURCE info
qaa630040.01.ctl	Program	Support tables for the Reports Generator.
clmphash	Program	Build Hash Index
oraload	Program	Oraload
copy2routedir	Program	Copy Reports to Router
QAA Contract Monitoring Member TPL Resources	Report	QAA Contract Monitoring Member TPL Resources
rptrangeex.src	Program	External Extract Date conversion script

Technical Name	Object Type	Title
qaap6300.c	Program	QAA Contract Monitoring Member TPL Resources
QAAJM630	Batch Job	QAA Contract Monitoring Member TPL
qaa630020.01.ctl	Program	QAAJM630 QAA Reports Generator
qaa630030.01.ctl	Program	Hash Index control file

2.12.4.7 Change Order Status

Status	Date
Change Order Written	11/04/2005
SE Assigned	07/08/2006
Construction in Progress	08/04/2006
Ready for Model Office	10/01/2006
Model Office Implemented	10/06/2006
UAT Implemented	11/01/2006
Ready for Model Office	12/12/2006
Model Office Implemented	12/15/2006
Ready for Model Office	12/15/2006
UAT Implemented	12/18/2006
Ready for Model Office	12/19/2006
Ready for UAT	12/22/2006
UAT Implemented	12/22/2006
Prod Implemented	06/14/2007

2.12.5 QAA-CM KY Claims Detail Report - 1502

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1502	Change Order		Data Warehouse			

2.12.5.1 Desired Solution
Develop QA&A Contract Monitoring Kentucky MMIS Claims Detailed Report (KYML6400-R001)

2.12.5.2 Business Impact
To provide supporting detail documentation of the Claims chosen for the QAA Claim Sample.

2.12.5.3 Technical Specifications
User Prompts:

- None

Table Row Selection Criteria:

- Detail claim record data for each claim pulled for the monthly Contract Monitoring review.

Report Column Order: (

- N/A

Report Column Grouping Order:

- N/A

Report Column Sort Order:

- N/A

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.5.4 Clarifications
The job will abend when a crossover claim is processed. The T_CA_XOVER table contains num_dtl = 0 and num_dtl = 1 per sak_claim. A crossover paid at the detail should have num_dtl = 1+ and not num_dtl = 0. The job will abend in model office until T_CA_XOVER contains the appropriate data. When the data in T_CA_XOVER is correct, retest the process by running QAAJM640 in model office or UAT.

2.12.5.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.5.6 Associated System Objects

Technical Name	Object Type	Title
QAA Contract Monitoring Kentucky MMIS Claims Details	Report	QAA Contract Monitoring Kentucky MMIS Claims Details
copy2routedir	Program	Copy Reports to Router
QAAJM640	Batch Job	QAA-CM KY Claims Detail Report
PDSMQAAR	Batch Cycle	QAA Reports
qaa640010.01.ctl	Program	Control file for Reports Generator.
rptrangeex.src	Program	External Extract Date conversion script
qaap6400.sc	Program	QAA Claims Monitoring Claims Detail
clmphash	Program	Build Hash Index
oraload	Program	Oraload

2.12.5.7 Change Order Status

Status	Date
Change Order Written	11/07/2005
SE Assigned	07/08/2006
Define/Analyze In Progress	07/21/2006
Construction in Progress	08/04/2006
Ready for Model Office	10/01/2006
Model Office Implemented	10/06/2006
UAT Implemented	11/01/2006
Ready for Model Office	12/16/2006

Status	Date
Ready for Model Office	12/22/2006
UAT Implemented	12/27/2006
Ready for Model Office	01/18/2007
Ready for Model Office	01/29/2007
Model Office Implemented	02/02/2007
Prod Implemented	02/02/2007

2.12.6 QAA-CM Diagnosis Display Report - 1503

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1503	Change Order		Data Warehouse			

2.12.6.1 Desired Solution
Develop Contract Monitoring Diagnosis Display Report. (KYML6700-R001)

2.12.6.2 Business Impact
To provide supporting documentation on the Diagnosis shown on the QAA Claim Sample.

2.12.6.3 Technical Specifications
User Prompts:

- None

Table Row Selection Criteria:

- Data from the Procedure Drug and Diagnosis File for each diagnosis code billed on the claims that were pulled for each of the 5 Contract Monitoring stratums

Report Column Order: (

- Diagnosis
- Min Age
- Max Age
- Sex Ind
- Acc Ind
- Pre Aut
- Emr Ind
- Ctl Cde
- Abort
- Fam Pln
- EPSDT
- Hst Ind
- Suspnd
- Date of Last Transaction

Report Column Grouping Order:

- Diagnosis
- Min Age

- Max Age
- Sex Ind
- Acc Ind
- Pre Aut
- Emr Ind
- Ctl Cde
- Abort
- Fam Pln
- EPSDT
- Hst Ind
- Suspnd
- Date of Last Transaction

Report Column Sort Order:

- Diagnosis

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.6.4 Clarifications

The following report columns are removed from the original report format for the reason that these columns are "Not Converted 002" in the Reference Subsystem. 1. Accident Indicator 2. Pre Auth Indicator 3. Control Code 4. Sterilization Indicator 5. Abortion Indicator 6. EPSDT Indicator 7. Hysterectomy Indicator 8. Suspend Indicator Also, the following columns are added to the report so as to display all the available columns from T_DIAG_LIMIT 1. Pregnancy Indicator 2. Attachment Indicator 3. Sub Class Indicator 4. Primary Indicator Also, as per the original report specifications, pharmacy claims strata (400) should also be included in the report. But, this was excluded in the report for the reason that diagnosis codes are not applicable for pharmacy claims.

2.12.6.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.6.6 Associated System Objects

Technical Name	Object Type	Title
QAA Contract Monitoring Diagnosis Display	Report	QAA Contract Monitoring Diagnosis Display
qaap6701.sc	Program	QA&A CM Diagnosis Display report
QAAJM671	Batch Job	QAA Contract Monitoring Diagnosis Display
oraload	Program	Oraload
PDSMQAAR	Batch Cycle	QAA Reports
clmphash	Program	Build Hash Index
copy2routedir	Program	Copy Reports to Router

2.12.6.7 Change Order Status

Status	Date
Change Order Written	11/07/2005
Construction in Progress	08/08/2006
Ready for Model Office	08/18/2006
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.7 QAA-CM PRO Review Display - 1510

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1510	Change Order		Data Warehouse			

2.12.7.1 Desired Solution
Develop QA&A Contract Monitoring PRO Review Display Report. (KYML6800-R001)

2.12.7.2 Business Impact
To provide supporting documentation on PRO Review related to the QAA Claim Sample.

2.12.7.3 Technical Specifications
User Prompts:

- None

Table Row Selection Criteria:

- Data from the PRO Review Data Display Screen 1 for the claims pulled in the Contract Monitoring Stratum 100 selection (Hospital Services)..

Report Column Order: (

- Line Number
- Reference Number
- Provider Number
- Date of Admission
- Days Stay
- PRO Ind
- Add Date
- Date of Last Transaction
- Source Code

Report Column Grouping Order:

- Line Number
- Reference Number
- Provider Number
- Date of Admission
- Days Stay
- PRO Ind
- Add Date

- Date of Last Transaction
- Source Cod

Report Column Sort Order:

- Line Number
- Reference Number

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.7.4 Clarifications

CDE_PA_ASSIGN is displayed for Provider Indicator. Confirmation to be done if this is the intended field

2.12.7.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.7.6 Associated System Objects

Technical Name	Object Type	Title
QAA Contract Monitoring PRO Review Display	Report	QAA Contract Monitoring PRO Review Display
clmphash	Program	Build Hash Index
QAAJM681	Batch Job	QA&A CM PRO review report
oraload	Program	Oraload
copy2routedir	Program	Copy Reports to Router
PDSMQAAR	Batch Cycle	QAA Reports
qaap6801.sc	Program	QA&A CM PRO review report

2.12.7.7 Change Order Status

Status	Date
Change Order Written	11/07/2005

Status	Date
Construction in Progress	08/08/2006
Ready for Model Office	08/28/2006
Model Office Implemented	09/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.8 QAA-CM Procedure Drug Display - 1511

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1511	Change Order		Data Warehouse			

2.12.8.1 Desired Solution
Develop QA&A Contract Monitoring Procedure / Drug Display Report. (KYML6900-R001)

2.12.8.2 Business Impact
To provide supporting documentation on the Procedure or Drug shown on the QAA Claim Sample.

2.12.8.3 Technical Specifications
User Prompts:

- None

Table Row Selection Criteria:

- Select claim procedure and claim drug code data which appears on the Contract Monitoring Reports for Stratums 100 through 400..

Report Column Order: (

- Various tables on report. See report column order here.

Report Column Grouping Order:

- N/A

Report Column Sort Order:

- N/A

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.8.4 Clarifications
No associated clarifications found.

2.12.8.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.8.6 Associated System Objects

Technical Name	Object Type	Title
qaapm690.sc	Program	CM Procedure / Drug Display Report
copy2routedir	Program	Copy Reports to Router
QAA Contract Monitoring Procedure Drug Display	Report	QAA Contract Monitoring Procedure Drug Display
QAAJM690	Batch Job	QAA CM Procedure/Drug Display Report
PDSMQAAR	Batch Cycle	QAA Reports

2.12.8.7 Change Order Status

Status	Date
Change Order Written	11/07/2005
Define/Analyze In Progress	06/22/2006
Define/Analyze In Progress	07/25/2006
Design Complete	09/25/2006
Ready for Model Office	10/10/2006
Model Office Implemented	10/18/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.9 QAA-CM UR Medical Criteria - 1512

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1512	Change Order		Data Warehouse			

2.12.9.1 Desired Solution
Develop QA&A Contract Monitoring UR Medical Criteria Report. (KYML7000-R001)

2.12.9.2 Business Impact
To provide supporting documentation on the Utilization Review Medical Criteria related to the QAA Claim Sample.

2.12.9.3 Technical Specifications
User Prompts:

- None

Table Row Selection Criteria:

- Procedure codes billed on claims pulled for Contract Monitoring stratums 200 (Long Term Care Services) and 300 (Other Individual Practitioners, Clinics, Services and Supplies).

Report Column Order: (

- Proc Type
- Proc Code
- Diag Ind
- First Diag
- Last Diag
- Diag Req
- PA
- Parameters

Report Column Grouping Order:

- Proc Type
- Proc Code
- Diag Ind
- First Diag
- Last Diag
- Diag Req

- PA

Report Column Sort Order:

- N/A

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.9.4 Clarifications

Following columns from the legacy document are not included as a part of the report since these columns are not converted (002). 1. Proc type 2. Diag Ind 3. Diag list 4. First Diag 5. Last Diag 6. PA 7. Parameters The following columns from T_PROC_LIMITS is included in the report. 1. Effective Date 2. End date 3. Lifetime Ind 4. Family plan Indicator 5. Pregnancy Indicator 6. CLIA Ind 7. Attachment Ind 8. Sex Code 9. Min age 10. Max Age 11. Min Qty 12. Max Qty 13. Confidential Indicator 14. Follow-up Qty 15. Prov Spec Edit 16. Ind From thru 17. Diag Cmpt Edit

2.12.9.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.9.6 Associated System Objects

Technical Name	Object Type	Title
copy2routedir	Program	Copy Reports to Router
PDSMQAAR	Batch Cycle	QAA Reports
qaap7001.sc	Program	QA&A CM UR Medical Criteria report
QAA Contract Monitoring UR Medical Criteria	Report	QAA Contract Monitoring UR Medical Criteria
QAAJM701	Batch Job	QA&A CM UR Medical Criteria report

2.12.9.7 Change Order Status

Status	Date
Change Order Written	11/07/2005
Define/Analyze In Progress	06/22/2006
Construction in Progress	08/31/2006
Ready for Model Office	09/05/2006
Model Office Implemented	10/30/2006
UAT Implemented	11/07/2006
Prod Implemented	06/14/2007

2.12.10 QAA-Claims Monitoring-Hospital - 1513

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1513	Change Order		Data Warehouse			

2.12.10.1 Desired Solution
Develop QA&A Claims Monitoring-Hospital Services Report. (KYML8000-R001)

2.12.10.2 Business Impact
To provide the QAA Claim Sample for hospitals. .

2.12.10.3 Technical Specifications
User Prompts:

- None

Table Row Selection Criteria:

- Stratum 100 hospital service claims selected for the claims processing accuracy sample review.

Report Column Order: (

- QC Number
- ICN
- Member Name
- Claim Type
- Acct Code
- Member ID
- Billing Provider Number
- First Date of Service
- Adjudication Date
- Paid Amount

Report Column Grouping Order:

- QC Number
- ICN
- Member Name
- Claim Type
- Acct Code
- Member ID

- Billing Provider Number
- First Date of Service
- Adjudication Date

Report Column Sort Order:

- QC Number
- ICN

Frequency:

- Monthly

Priority:

- N/A

2.12.10.4 Clarifications

No associated clarifications found.

2.12.10.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.10.6 Associated System Objects

Technical Name	Object Type	Title
copy2routedir	Program	Copy Reports to Router
QAAJM801	Batch Job	QA&A Sample for Acute Hospitalization
PDSMQAAR	Batch Cycle	QAA Reports
QAA Claims Monitoring Hospital Services	Report	QAA Claims Monitoring Hospital Services
qaap8001.sc	Program	Sample for Acute Hospitalization Program

2.12.10.7 Change Order Status

Status	Date
Change Order Written	11/07/2005
Define/Analyze In Progress	07/13/2006
Ready for Tech Walkthrough	08/29/2006
Ready for Model Office	09/05/2006

Status	Date
Model Office Implemented	10/30/2006
UAT Implemented	11/07/2006
Prod Implemented	06/14/2007

2.12.11 QAA-Claims Hospital Detail - 1514

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1514	Change Order		Data Warehouse			

2.12.11.1 Desired Solution
Develop QA&A Claims Monitoring-Hospital Svcs-Detail Report(KYML8100-R001).

2.12.11.2 Business Impact
To provide supporting detail documentation on the claims pulled for the QAA Claim Sample.

2.12.11.3 Technical Specifications
Table Row Selection Criteria:

- N/A

Report Column Order: (

- N/A

Report Column Grouping Order:

- N/A

Report Column Sort Order:

- N/A

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.11.4 Clarifications
No associated clarifications found.

2.12.11.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.11.6 Associated System Objects

Technical Name	Object Type	Title
rptrangeex.src	Program	External Extract Date conversion script
oraload	Program	Oraload
copy2routedir	Program	Copy Reports to Router
clmphash	Program	Build Hash Index
QAAJM810	Batch Job	QAA Claims Monitoring Hospital Services Detail Report.
qaa810010.03.sql	Program	QA&A Adjustment Data File
QAA Claims Monitoring Hospital Services Detail	Report	QAA Claims Monitoring Hospital Services Detail
PDSMQAAR	Batch Cycle	QAA Reports
qaap8100.sc	Program	QAA Claims Monitoring Hospital Services Detail

2.12.11.7 Change Order Status

Status	Date
Change Order Written	11/07/2005
SE Assigned	07/08/2006
Define/Analyze In Progress	07/21/2006
Construction in Progress	08/04/2006
Ready for Model Office	10/01/2006
Model Office Implemented	10/06/2006
UAT Implemented	11/01/2006
Ready for Model Office	12/05/2006
Model Office Implemented	12/08/2006
Ready for UAT	12/08/2006
UAT Implemented	12/12/2006
Ready for Model Office	12/16/2006
Ready for Model Office	12/22/2006

Status	Date
UAT Implemented	12/27/2006
Ready for Model Office	01/19/2007
Model Office Implemented	01/29/2007
Ready for Model Office	01/29/2007
UAT Implemented	02/01/2007
Prod Implemented	02/01/2007
UAT Implemented	02/01/2007
Prod Implemented	02/01/2007

2.12.12 QAA-CM Hospital Services - 1489

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1489	Change Order		Data Warehouse			

2.12.12.1 Desired Solution
Develop the Contract Monitoring Sample Listing for the following Strata according to specifications. (KYML5000-R001)

2.12.12.2 Business Impact
This change order will meet the Requirement 30.090..010.003.4

2.12.12.3 Technical Specifications
User Prompts:

- None

Table Row Selection Criteria:

- Stratum 100 hospital service claims selected for the claims processing accuracy sample review.

Report Column Order: (

- QC Number
- ICN
- Member Name
- Claim Type
- Acct Code
- Member ID
- Billing Provider Number
- First Date of Service
- Adjudication Date
- Paid Amount

Report Column Grouping Order:

- QC Number
- ICN
- Member Name
- Claim Type
- Acct Code

- Member ID
- Billing Provider Number
- First Date of Service
- Adjudication Date

Report Column Sort Order:

- QC Number
- ICN

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.12.4 Clarifications

This report will need changes per the 10/24/2005 and 10/28/2005 meeting minutes.

Claim Type, Acct code, Date comp and Date edited are removed from the report as per direction from the user.

2.12.12.5 Associated Requirements

Requirement ID	Type
30.090.010.002.1	RFP Requirement
30.090.010.003.4	RFP Requirement

2.12.12.6 Associated System Objects

Technical Name	Object Type	Title
QAAJM501	Batch Job	CM Hospital Services Report Job Script
copy2routedir	Program	Copy Reports to Router
qaap5001.sc	Program	CM Hospital Services Report Program
QAA Contract Monitoring Hospital Services	Report	QAA Contract Monitoring Hospital Services
PDSMQAAR	Batch Cycle	QAA Reports

2.12.12.7 Change Order Status

Status	Date
Change Order Written	11/04/2005
Define/Analyze In Progress	07/13/2006
Construction in Progress	07/20/2006
Ready for Model Office	07/25/2006
Model Office Implemented	07/27/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.13 QAA-CM Long Term Care Services - 1562

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1562	Change Order		Data Warehouse			

2.12.13.1 Desired Solution
Develop QA&A-Contract Monitoring Long Term Care Services Report.

2.12.13.2 Business Impact
To provide the QAA Claim Sample for long term care service. .

2.12.13.3 Technical Specifications
User Prompts:

- None

Table Row Selection Criteria:

- Stratum 200 which contains only long term care services.

Report Column Order: (

- QC Number
- ICN
- Member Name
- Claim Type
- Acct Code
- Member ID
- Billing Provider Number
- First Date of Service
- Adjudication Date
- Paid Amount

Report Column Grouping Order:

- QC Number
- ICN
- Member Name
- Claim Type
- Acct Code
- Member ID

- Billing Provider Number
- First Date of Service
- Adjudication Date

Report Column Sort Order:

- QC Number
- ICN

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.13.4 Clarifications

Claim Type, Acct Code are not given in the report. These columns are not required for Hospital Services report as per user. Hence to maintain all claim stratum reports similar these columns are not included in this report.

2.12.13.5 Associated Requirements

Requirement ID	Type
30.090.010.002.1	RFP Requirement
30.090.010.003.4	RFP Requirement

2.12.13.6 Associated System Objects

Technical Name	Object Type	Title
qaap5002.sc	Program	CM LTC Services Report Program
QAA Contract Monitoring Long Term Care Services	Report	QAA Contract Monitoring Long Term Care Services
QAAJM502	Batch Job	CM LTC Services Report Job Script
copy2routedir	Program	Copy Reports to Router
PDSMQAAR	Batch Cycle	QAA Reports

2.12.13.7 Change Order Status

Status	Date
Change Order Written	11/08/2005
Define/Analyze In Progress	07/13/2006
Construction in Progress	07/20/2006
Ready for Model Office	07/25/2006
Model Office Implemented	07/27/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.14 QAA-CM Other Services - 1563

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1563	Change Order		Data Warehouse			

2.12.14.1 Desired Solution
Develop QA&A-Contract Monitoring Other Services Report.

2.12.14.2 Business Impact
To provide the QAA Claim Sample for other service not covered in other samples.

2.12.14.3 Technical Specifications
User Prompts:

- None

Table Row Selection Criteria:

- Stratum 300 which contains only other individual practitioners, clinics, and services.

Report Column Order: (

- QC Number
- ICN
- Member Name
- Claim Type
- Acct Code
- Member ID
- Billing Provider Number
- First Date of Service
- Adjudication Date
- Paid Amount

Report Column Grouping Order:

- QC Number
- ICN
- Member Name
- Claim Type
- Acct Code
- Member ID

- Billing Provider Number
- First Date of Service
- Adjudication Date

Report Column Sort Order:

- QC Number
- ICN

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.14.4 Clarifications

Claim Type, Acct Code are not given in the report. These columns are not required for Hospital Services report as per user. Hence to maintain all claim stratum reports similar these columns are not included in this report.

2.12.14.5 Associated Requirements

Requirement ID	Type
30.090.010.002.1	RFP Requirement
30.090.010.003.4	RFP Requirement

2.12.14.6 Associated System Objects

Technical Name	Object Type	Title
QAA Contract Monitoring Other Services	Report	QAA Contract Monitoring Other Services
copy2routedir	Program	Copy Reports to Router
PDSMQAAR	Batch Cycle	QAA Reports
qaap5003.sc	Program	CM Other Services Report Program
QAAJM503	Batch Job	Contract Monitoring Other Services

2.12.14.7 Change Order Status

Status	Date
Change Order Written	11/08/2005
Define/Analyze In Progress	07/13/2006
Construction in Progress	07/20/2006
Ready for Model Office	07/25/2006
Model Office Implemented	07/27/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.15 QAA-CM Prescribed Drugs - 1564

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1564	Change Order		Data Warehouse			

2.12.15.1 Desired Solution
Develop QA&A-Contract Monitoring Prescribed Drugs Report. (KYML5000-R004)

2.12.15.2 Business Impact
To provide the QAA Claim Sample for prescribed Drugs

2.12.15.3 Technical Specifications
User Prompts:

- None

Table Row Selection Criteria:

- Stratum 400 which contains only prescribed drug claims.

Report Column Order: (

- QC Number
- ICN
- Member Name
- Claim Type
- Acct Code
- Member ID
- Billing Provider Number
- First Date of Service
- Adjudication Date
- Paid Amount

Report Column Grouping Order:

- QC Number
- ICN
- Member Name
- Claim Type
- Acct Code
- Member ID

- Billing Provider Number
- First Date of Service
- Adjudication Date

Report Column Sort Order:

- QC Number
- ICN

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.15.4 Clarifications

Claim Type, Acct Code are not given in the report. These columns are not required for Hospital Services report as per user. Hence to maintain all claim stratum reports similar these columns are not included in this report.

2.12.15.5 Associated Requirements

Requirement ID	Type
30.090.010.002.1	RFP Requirement
30.090.010.003.4	RFP Requirement

2.12.15.6 Associated System Objects

Technical Name	Object Type	Title
qaap5005.sc	Program	CM crossover services report
QAAJM504	Batch Job	CM Prescribed Drugs Report
copy2routedir	Program	Copy Reports to Router
QAA Contract Monitoring Prescribed Drugs	Report	QAA Contract Monitoring Prescribed Drugs
PDSMQAAR	Batch Cycle	QAA Reports

2.12.15.7 Change Order Status

Status	Date
Change Order Written	11/08/2005
Define/Analyze In Progress	07/13/2006
Construction in Progress	07/20/2006
Ready for Model Office	07/25/2006
Model Office Implemented	07/27/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.16 QAA-CM Crossover Services - 1565

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1565	Change Order		Data Warehouse			

2.12.16.1 Desired Solution
Develop QA&A-Contract Monitoring Crossover Services Report.

2.12.16.2 Business Impact
To provide the QAA Claim Sample for crossover services from Medicare.

2.12.16.3 Technical Specifications
User Prompts:

- None

Table Row Selection Criteria:

- Stratum 500 which contains only crossover services claims

Report Column Order: (

- QC Number
- ICN
- Member Name
- Claim Type
- Acct Code
- Member ID
- Billing Provider Number
- First Date of Service
- Adjudication Date
- Paid Amount

Report Column Grouping Order:

- QC Number
- ICN
- Member Name
- Claim Type
- Acct Code
- Member ID

- Billing Provider Number
- First Date of Service
- Adjudication Date

Report Column Sort Order:

- QC Number
- ICN

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.16.4 Clarifications

Claim Type, Acct Code are not given in the report. These columns are not required for Hospital Services report as per user. Hence to maintain all claim stratum reports similar these columns are not included in this report.

2.12.16.5 Associated Requirements

Requirement ID	Type
30.090.010.002.1	RFP Requirement
30.090.010.003.4	RFP Requirement

2.12.16.6 Associated System Objects

Technical Name	Object Type	Title
QAAJM505	Batch Job	CM Crossover Services Report
QAA Contract Monitoring Crossover Services	Report	QAA Contract Monitoring Crossover Services
copy2routedir	Program	Copy Reports to Router
PDSMQAAR	Batch Cycle	QAA Reports
qaap5005.sc	Program	CM crossover services report

2.12.16.7 Change Order Status

Status	Date
Change Order Written	11/08/2005
Define/Analyze In Progress	06/22/2006
Ready for Construction Walkthrough	07/17/2006
Ready for Model Office	07/25/2006
Model Office Implemented	07/27/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.17 QA&A Acute Hospital Services - 8704

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8704	Change Order		Data Warehouse			

2.12.17.1 Desired Solution

The QA&A Contract Monitoring Acute Hospital Services report provides a sample universe of acute hospital claims based on the claims captured in the Random Sample process. A max of one hundred acute hospital claims are pulled from the DSS tables where the claim strata is 100 and billing provider specialty is 010. Currently the report process pulls data by the claim detail and displays each detail on a separate line. The report should display one line per claim which contain header dates of service and header paid amounts. Also, the QC Number should be in a different format.

2.12.17.2 Business Impact

The changes to the QA&A Acute Hospital Services were requested by the user of the reports.

2.12.17.3 Technical Specifications

Updates to the Acute Hospital Report

- Display one claim per report.
- The Paid Amount will be the header amount paid, if the claim is paid at the header
- The Paid Amount will be a sum of the detail amount paid, if the claim is paid at the detail.
- The QC Number field format will be changed to Claim Strata Description, Month, Sequence Number.

  For example: HOSPA 07 0001 where HOSPA equals acute hospital claims, 07 equals the month the claims were paid, and 0001 equals the Random Sample Sequence number.

2.12.17.4 Clarifications

No associated clarifications found.

2.12.17.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.17.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.17.7 Change Order Status

Status	Date
Change Order Written	07/12/2007

2.12.18 QA&A Acute Hospital Detail - 8706

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8706	Change Order		Data Warehouse			

2.12.18.1 Desired Solution

The QA&A Contract Monitoring Acute Hospital Claim Detail (QAA-8101-M) report provides a sample universe of acute hospital claims based on the claims captured in the Random Sample process. A max of one hundred acute hospital claims are pulled from the DSS tables where the claim strata is 100 and billing provider specialty is 010. The report displays detail information for each claim and detail. The Sample Number needs to be added to this report. The Sample Number allows the user track a claim through many QA&A reports.

2.12.18.2 Business Impact

The changes to the QA&A Acute Hospital Detail report were requested by the user of the reports.

2.12.18.3 Technical Specifications

Updates to the Acute Hospital Detail report

- Add the Sample Number to the report for each claim displayed.

  For example: HOSPA 07 0001 where HOSPA equals acute hospital claims, 07 equals the month the claims were paid, and 0001 equals the Random Sample Sequence number.

2.12.18.4 Clarifications

No associated clarifications found.

2.12.18.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.18.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.18.7 Change Order Status

Status	Date
Change Order Written	07/12/2007

2.12.19 QA&A UR Medical Criteria Report - 8707

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8707	Change Order		Data Warehouse			

2.12.19.1 Desired Solution
The QA&A Contract Monitoring UR Medical Criteria report displays procedure codes and corresponding limits for LTC (200) and OTHER (300) Claim Strata. The report should perform a page break for each sample and the Sample number needs to conform to the established standard.

2.12.19.2 Business Impact
To provide supporting documentation on the Utilization Review Medical Criteria related to the QAA Claim Sample.

2.12.19.3 Technical Specifications
Updates to the UR Medical Criteria report

- Page break after each claim sample
- The Sample Number field format will be changed to Claim Strata Description, Month, Sequence Number.

  For example: OTHER 07 0001 where OTHER equals acute hospital claims, 07 equals the month the claims were paid, and 0001 equals the Random Sample Sequence number.

2.12.19.4 Clarifications
No associated clarifications found.

2.12.19.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.19.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.19.7 Change Order Status

Status	Date
Change Order Written	07/12/2007

2.12.20 QA&A PRO Review Report - 8708

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8708	Change Order		Data Warehouse			

2.12.20.1 Desired Solution

The QA&A Contract Monitoring PRO Review Report displays data from strata 100 (HOSP). The report should perform a page break for each sample and the Sample number needs to conform to the established standard.

2.12.20.2 Business Impact

The changes to the QA&A PRO Review Report were requested by the user of the reports.

2.12.20.3 Technical Specifications

Updates to the PRO Review report

- Page break after each claim sample
- The Sample Number field format will be changed to Claim Strata Description, Month, Sequence Number.

  For example: OTHER 07 0001 where OTHER equals acute hospital claims, 07 equals the month the claims were paid, and 0001 equals the Random Sample Sequence number.

2.12.20.4 Clarifications

No associated clarifications found.

2.12.20.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.20.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.20.7 Change Order Status

Status	Date
Change Order Written	07/12/2007

2.12.21 QA&A Diagnosis Display Report - 8709

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8709	Change Order		Data Warehouse			

2.12.21.1 Desired Solution

The QA&A Contract Monitoring Diagnosis Display report displays data fro each diagnosis code billed on the claims from the five strata (100 - Hospital, 200 - LTC, 300 - Other, 400 - Drug, 500 - Crossovers). The report should perform a page break for each sample and the Sample Number needs to conform to the established standard.

2.12.21.2 Business Impact

The changes to the QA&A Diagnosis Display Report were requested by the user of the reports.

2.12.21.3 Technical Specifications

Updates to the Diagnosis Display report

- Page break after each claim sample
- The Sample Number field format will be changed to Claim Strata Description, Month, Sequence Number.

  For example: OTHER 07 0001 where OTHER equals acute hospital claims, 07 equals the month the claims were paid, and 0001 equals the Random Sample Sequence number.

2.12.21.4 Clarifications

No associated clarifications found.

2.12.21.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.21.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.21.7 Change Order Status

Status	Date
Change Order Written	07/12/2007

2.12.22 QA&A Sample Summary Report - 8711

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8711	Change Order		Data Warehouse			

2.12.22.1 Desired Solution

The QA&A Sample Summary Report displays claims information for all five of the strata. (100 - Hospital, 200 - LTC, 300 - Other, 400 - Drug, 500 - Crossovers). Currently the report process pulls data by the claim detail and displays each detail on a separate line. The report should display one line per claim which contain header dates of service and header paid amounts and be sorted by ICN.

2.12.22.2 Business Impact

The changes to the QA&A Sample Summary Report were requested by the user of the reports.

2.12.22.3 Technical Specifications

Updates to the Sample Summary report

- Display one claim per report.
- The Paid Amount will be the header amount paid, if the claim is paid at the header
- The Paid Amount will be a sum of the detail amount paid, if the claim is paid at the detail.
- The report should display in ICN order

2.12.22.4 Clarifications

No associated clarifications found.

2.12.22.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.22.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.22.7 Change Order Status

Status	Date
Change Order Written	07/12/2007

2.12.23 QA&A Prescribed Drugs Report - 8713

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8713	Change Order		Data Warehouse			

2.12.23.1 Desired Solution

Currently the report process pulls data by the claim detail and displays each detail on a separate line. The reports should display one line per claim which contain header dates of service and header paid amounts. The QC Number for the following QA&A reports will also change to a different format:

- QAA-5001-M
- QAA-5002-M
- QAA-5003-M
- QAA-5004-M
- QAA-5005-M

2.12.23.2 Business Impact

The changes to the reports were requested by the user of the reports.

2.12.23.3 Technical Specifications

Updates to the Series 500 QA&A reports

- Display one claim per report.
- The Paid Amount will be the header amount paid, if the claim is paid at the header
- The Paid Amount will be a sum of the detail amount paid, if the claim is paid at the detail.
- The Sample Number field format will be changed to Claim Strata Description, Month, Sequence Number.

  For example: DRUG 07 0001 where Drug equals Pharmacy claims, 07 equals the month the claims were paid, and 0001 equals the Random Sample Sequence number.

2.12.23.4 Clarifications

No associated clarifications found.

2.12.23.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.23.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.23.7 Change Order Status

Status	Date
Change Order Written	07/12/2007

2.12.24 QA&A Mental Health Services - 8720

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8720	Change Order		Data Warehouse			

2.12.24.1 Desired Solution

The QA&A Mental Health Services report is an addition to the QA&A reporting process. The report will display a random sample of claims for Provider Types 02 or 04. The maximum number of claims displayed will be 100. QAAJM001 which creates the claim strata, will have to be updated and tested.

2.12.24.2 Business Impact

The new QA&A Mental Health Services report was requested by the user.

2.12.24.3 Technical Specifications

Table Row Selection Criteria:

- Stratum 100 (HOSP)
- Provider Types 02 and 04
- Summarize the claim information displaying one ICN per report.
- QC Number - HOSP, Paid Date Month, Sequence Number (HOSP070001)

Report Column Order:

- • QC Number
- • ICN
- • Member Name
- • Claim Type
- • Acct Code
- • Member ID
- • Billing Provider Number
- • First Date of Service
- • Paid Date
- • Paid Amount

Report Column Sort Order:

- QC Number

Frequency

- Monthly

QAAJM001 (creates the strata and filters)

- Create new request tabs which will dependent on the appropriate strata
- Create new request by ids for the newly created request tabs.

2.12.24.4 Clarifications

Currently there are no specifications for the QA&A Mental Health Services report. The information in the Tech Specs section are fashioned after the QA&A Claims Monitoring-Hospital Services Report

2.12.24.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.24.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.24.7 Change Order Status

Status	Date
Change Order Written	07/13/2007

2.12.25 QA&A Transportation Svcs PT55 - 8724

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8724	Change Order		Data Warehouse			

2.12.25.1 Desired Solution

QA&A Transportation Services report is an addition to the QA&A reporting process. The report will display a random sample of claims for Provider Type 55 (Emergency Transportation - Ambulance). The maximum number of claims displayed will be 100.

2.12.25.2 Business Impact

The new QA&A Transportation Services report was requested by the user.

2.12.25.3 Technical Specifications

Table Row Selection Criteria:

- Stratum 300 (OTHER)
- Provider Type 55
- Summarize the claim information displaying one ICN per report.
- QC Number - OTHER, Paid Date Month, Sequence Number (OTHER070001)

Report Column Order:

- QC Number
- ICN
- Member Name
- Member ID
- Billing Provider Number
- First Date of Service
- Paid Date
- Paid Amount

Report Column Sort Order:

- QC Number

Frequency

- Monthly

2.12.25.4 Clarifications

Currently there are no specifications for the QA&A Transportation Services report. The information in the Tech Specs section are fashioned after the QA&A Claims Monitoring-Hospital Services Report

2.12.25.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.25.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.25.7 Change Order Status

Status	Date
Change Order Written	07/13/2007

2.12.26 QA&A Transportation Svcs PT56 - 8726

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8726	Change Order		Data Warehouse			

2.12.26.1 Desired Solution

QA&A Transportation Services report is an addition to the QA&A reporting process. The report will display a random sample of claims for Provider Type 56 (Non - Emergency Transportation - Ambulance) . The maximum number of claims displayed will be 100.

2.12.26.2 Business Impact

The new QA&A Transportation Svcs PT56 report was requested by the user.

2.12.26.3 Technical Specifications

Table Row Selection Criteria:

- Stratum 300 (OTHER)
- Provider Type 56
- Summarize the claim information displaying one ICN per report.
- QC Number - OTHER, Paid Date Month, Sequence Number (OTHER070001)

Report Column Order:

- QC Number
- ICN
- Member Name
- Member ID
- Billing Provider Number
- First Date of Service
- Paid Date
- Paid Amount

Report Column Sort Order:

- QC Number

Frequency

- Monthly

2.12.26.4 Clarifications

Currently there are no specifications for the QA&A Hospital Services Rehab/Vent report. The information in the Tech Specs section are fashioned after the QA&A Claims Monitoring-Hospital Services Report. The Provider type 56 and Provider Specialty 16 needs to be researched.

Per Terry Tewell this report will be transportation claims with a provider type of 56.

2.12.26.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.26.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.26.7 Change Order Status

Status	Date
Change Order Written	07/13/2007

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_ACCT_REC_DN

The accounts receivables are setup here when the system needs to recoup funds from a provider's claim payments and expenditures.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ACCT_REC	System assigned key to the accounts receivable.	NUMBER	9	0	Y
NUM_CONTROL_AR	Unique number assigned to track accounts receivables. This number will be used to file any documentation related to the accounts receivable. This is often the same as sak_acct_rec.	CHAR	13	0	N
DTE_EFFECTIVE	Date the accounts receivable will take effect. This date will usually be the same as the date added, but it allows the accounts receivable recoupment process to be delayed until a future date.	DATE	0	0	N
DTE_ADDED	Date the accounts receivable was created. This date will be used in determining the age of the accounts receivable.	DATE	0	0	N
AMT_SETUP	The original amount of the accounts receivable to be collected from a provider.	NUMBER	13	2	N
AMT_MAX_RECOUP_AR	The maximum amount of the account receivable that can be recouped in a payment cycle.	NUMBER	13	2	N

Column Name	Description	Type	Length	Precision	Primary Key
PCT_RECOUP	The maximum percentage of the account receivable that can be recouped in a payment cycle.	NUMBER	4	2	N
IND_STATUS	The status indicates whether the A/R is "Active" (A) or "Closed" (C). An A/R is closed when it has been fully recovered. Only a Void can reopen a closed A/R.	CHAR	1	0	N
CDE_RECOUP_TYPE	Indicates the type of recoupment that will be processed on the AR. ("A" = Automatic\system recoupment, "M" = Manual recoupment, "R" = Repayment).	CHAR	1	0	N
SAK_SHORT_COS	A system assigned key (SAK) classifying a rule that qualifies a COS.	NUMBER	4	0	N
SAK_PAYEE	System assigned key that uniquely identifies a payee in the MMIS.	NUMBER	9	0	N
SAK_FUND_CODE	This is the unique system assigned key to the Financial Fund Codes.	NUMBER	9	0	N
CDE_REASON_FOUR	A four digit code assigned to describe the reason for setting up the accounts receivable.	CHAR	4	0	N
CDE_PAYEE_TYPE	Unique char value for payee types defined within financial.	CHAR	1	0	N
CDE_TRACKING_STATUS	Unique code that identifies the current tracking status of the AR.	CHAR	4	0	N
SAK_BUDGET	The system assigned key that identifies a unique budget with interChange.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RECOUP_FREQ	This field indicates the frequency by which the AR recoupment occurs. ("M" = Monthly, "W" = Weekly, "Q" = Quarterly)	CHAR	1	0	N
NUM_HIERARCHY	This field determines the order in which an AR is recouped.	NUMBER	4	0	N
CDE_REPAY_TYPE	This field indicates the type of repayment options. ("F" = Fixed, "X" = Flexible)	CHAR	1	0	N
CDE_UNIT_DEPT	Identifies the unit\department that created the financial transaction.	CHAR	2	0	N
DTE_AR_LIABILITY	This is the date of liability of the AR when it was first established.	DATE	0	0	N
DTE_DEFICIENCY	This is the date the AR is deficient based on a repayment plan.	DATE	0	0	N
DTE_REVIEW_PER_BEGIN	This is the review period begin date for which this transaction applies.	DATE	0	0	N
DTE_REVIEW_PER_END	This is the review period end date for which this transaction applies.	DATE	0	0	N
DTE_DUE	This is the date which the AR must be paid in full.	DATE	0	0	N
SAK_PUB_HLTH	System assigned internal key for Member plan.	NUMBER	9	0	N
CDE_PROV_SPEC	A value used to indicate the scope of practice for the provider type.	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
SAK_CDE_AID	System assigned key to uniquely identify a valid aid category.	NUMBER	9	0	N
SAK_RECIP	System assigned key that uniquely identifies the member that may be associated with the expenditure transaction.	NUMBER	9	0	N
DTE_COST_STLMNT	Contains the cost settlement date of the AR.	DATE	0	0	N
DTE_FED_RPT	Contains teh Federal reporting date of the AR	DATE	0	0	N

2.13.2 T_ADMIT_SOURCE

Code table used to edit the source of admission found in block 20 of the claim form.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ADMIT_SOURCE	Code identifying the source of admission in block 20 on the UB claim record for inpatient and LTC claims.	CHAR	1	0	Y
DSC_ADMIT_SOURCE	Description of the source of admission code found in block 20 on the UB claim record for inpatient and LTC claims.	VARCHAR2	50	0	N

2.13.3 T_ADMIT_TYPE

Contains the valid codes and corresponding descriptions which indicate the priority of the admission of a member for inpatient services.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ADMIT_TYPE	Code which indicates the priority of the admission of a member for inpatient services.	CHAR	1	0	Y
DSC_ADMIT_TYPE	Description for the priority of the admission of a member for inpatient services.	CHAR	10	0	N

2.13.4 T_AGE_RESTRICT

The age restrictions a Primary Medical Provider (PMP) can select for a given PMP service location. The numeric values will be used for performing the age restriction edit during the PMP selection and auto-assignment processes.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGE_RESTR	Identifies the age restrictions that this PMP has selected for this service location.	CHAR	2	0	Y
DSC_AGE_RESTRICT	The description of a PMP provider's age restrictions.	CHAR	20	0	N
NUM_MIN_AGE	The minimum age in a PMP provider's age restriction.	NUMBER	4	0	N
NUM_MAX_AGE	The maximum age in a PMP provider's age restriction.	NUMBER	4	0	N

2.13.5 T_AR_CLAIM_XREF

This maintains the accounts receivable cross reference for the original and adjustment claims. When a claim adjustment is performed and the new paid amount is less than the original, an accounts receivable is setup and the cross reference is created. The accounts receivable will remain open until it is dispositioned to a zero balance.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ACCT_REC	System assigned key to the accounts receivable.	NUMBER	9	0	Y
SAK_CLAIM_ADJ	System assigned key of the daughter claim.	NUMBER	9	0	N
NUM_ICN_MOM	This is the field that is used to identify the claim that is having funds recouped from. This is also what the providers see on the RA to identify the AR if the AR is claim related.	CHAR	13	0	N

2.13.6 T_AR_DISP

As recoupment are applied to provider's claim payments, the dispositions are created. Dispositions can also be created manually when payments are received from providers. Dispositions will be applied to each accounts receivable until it has a zero balance.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DISPOSITION	System assigned key of the accounts receivable disposition.	NUMBER	9	0	Y
SAK_ACCT_REC	System assigned key to the accounts receivable.	NUMBER	9	0	N
DTE_GENERIC	Date the disposition was applied to the accounts receivable.	DATE	0	0	N
AMT	The amount of the disposition that was applied to the accounts receivable.	NUMBER	13	2	N
DTE_PAYMENT_ISSUE	This is the financial payment issue date if the disposition was created during a financial cycle. It is the date of the disposition if the disposition was created by the online (manual disposition).	DATE	0	0	N
SAK_FIN_SCHED	This field contains the sak of the schedule (cycle) under which this disposition was processed. Default value is -1. This may be always the default value since not all cash dispositions are processed in batch	NUMBER	9	0	N
SAK_PAYEE	System assigned key that uniquely identifies the payee.	NUMBER	9	0	N
SAK_FUND_CODE	This is the unique system assigned key to the Financial Fund Codes.	NUMBER	9	0	N
CDE_REASON_FOUR	The unique four digit code to define the AR disposition reasons.	CHAR	4	0	N
CDE_PAYEE_TYPE	Unique char value for payee types defined within financial.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_UNIT_DEPT	Identifies the unit\department that created the financial transaction.	CHAR	2	0	N

2.13.7 T_AR_DISP_COMM

A free-form text area that allows documentation to be added to an accounts receivable disposition.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DISPOSITION	System assigned key of the accounts receivable disposition.	NUMBER	9	0	Y
NUM_SEQ	Represents the line number of the free-form text. The maximum number is 8 which represents a total of 2000 characters of free form text for comments.	NUMBER	4	0	Y
DSC_LONG	Text used for additional documentation to be added to the accounts receivable disposition.	CHAR	250	0	N

2.13.8 T_AR_DISP_REAS

The reason the accounts receivable disposition was created.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_FOUR	Unique code assigned to the reason.	CHAR	4	0	Y
DSC_50	Text that describes the reason code.	CHAR	50	0	N
CDE_REASON_TYPE	Code used to identify what the reason code can be used for. A = Manual Adjustment, I = Interest, C = Cash Receipts, D = Claim Activity.	CHAR	1	0	N
IND_CALC_INTEREST	Indicates whether dispositions with this reason code will have interest calculated or not.	CHAR	1	0	N

2.13.9 T_AR_REASONS

The reason for the accounts receivable.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_FOUR	Unique code assigned for the reason. This code is used as the accounts receivable EOB on the RA.	CHAR	4	0	Y
DSC_50	Free form text describing the meaning of the reason code.	CHAR	50	0	N
CDE_REASON_TYPE	Code used to identify what the reason code can be used for. An example of this is that some reason codes will only be allowed for manual accounts receivables.	CHAR	1	0	N

2.13.10 T_AR_STATUS

This contains all the valid reasons for tracking an accounts receivable status.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DISP_REASON	Contains the reason code for the status of an A/R	CHAR	4	0	Y
DSC_50	Text giving description of status reason code.	CHAR	50	0	N

2.13.11 T_ASC_GROUP

Ambulatory Surgical Center group.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ASC	This number indicates the ambulatory surgical center group.	CHAR	2	0	Y
DSC_50	Text describing the Ambulatory Surgical Center group.	CHAR	50	0	N

2.13.12 T_ASC_PRICING

Rate to be paid for an Ambulatory Surgical Center procedure that is performed by a provider.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ASC	This number indicates the ambulatory surgical center group.	CHAR	2	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	The date an Ambulatory Surgical Center rate becomes effective for claims processing.	DATE	0	0	Y
DTE_END	The date an Ambulatory Surgical Center rate is no longer in effect for claims processing.	DATE	0	0	N
AMT	Rate to be paid for an Ambulatory Surgical Center procedure. The rate is based on the ASC group.	NUMBER	9	2	N

2.13.13 T_ATTORNEY

This represents the attorneys who are associated to a TPL casualty case.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATTORNEY	System assigned key that identifies an attorney.	NUMBER	9	0	Y
ADR_ZIP_CODE_4	The last four characters of the zip code of the attorney used for correspondence.	CHAR	4	0	N
NUM_PHONE	The phone number of the attorney.	CHAR	15	0	N
ADR_CITY	This is the attorney's city that the correspondence and liens are sent to.	CHAR	30	0	N
ADR_STATE	The state of the attorney correspondence and liens are sent to.	CHAR	2	0	N
NAM_FIRST	First name of the Attorney used for correspondence and liens.	CHAR	13	0	N
NAM_MID_INIT	The middle initial of the attorney used for correspondence and liens.	CHAR	1	0	N
NAM_LAST	The last name of the attorney used for correspondence and liens.	CHAR	15	0	N
ADR_ZIP_CODE	The zip code of the attorney used for correspondence and letters.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_STREET_1	The first address line of the attorney used for correspondence and liens.	CHAR	55	0	N
ADR_STREET_2	The second address line of the attorney used for correspondence and liens.	CHAR	55	0	N
NUM_CAS_ENT_ID	Unique identifier assigned to each attorney.	CHAR	8	0	N
NUM_FAX	This is a fax number in the format area code + prefix + suffix.	CHAR	15	0	N
NUM_PHO_EXT	This is the phone number extension for the attorney.	CHAR	6	0	N
CDE_COUNTRY	This is the country code for the attorney.	CHAR	2	0	N
ADR_EMAIL	This is the email address for the attorney.	CHAR	50	0	N
CDE_ATTY_TYPE	Code to allow differentiating of attorney types.	CHAR	1	0	N

2.13.14 T_ATTORNEY_FIRM

Holds attorney firm address information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FIRM	System assigned key that identifies the attorney firm.	NUMBER	9	0	Y
NAM_FIRM	The attorney firm name.	VARCHAR2	50	0	N
ADR_STREET_1	The first line of the address for the attorney firm.	VARCHAR2	55	0	N
ADR_STREET_2	The second line of the address for the attorney firm.	VARCHAR2	55	0	N
ADR_CITY	The city of the attorney firm.	VARCHAR2	30	0	N
ADR_STATE	The state abbreviation of the attorney firm.	CHAR	2	0	N
ADR_ZIP_CODE	The zip code of the attorney firm.	VARCHAR2	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_ZIP_CODE_4	The zip code extension of the attorney firm.	CHAR	4	0	N
NUM_PHONE	The phone number of the attorney firm.	VARCHAR2	15	0	N
NUM_FAX	The fax number of the attorney firm.	VARCHAR2	15	0	N
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	N

2.13.15 T_ATTORNEY_FIRM_XREF

This table is used to cross reference attorneys with attorney firms

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATTORNEY	System assigned key that identifies an attorney.	NUMBER	9	0	Y
SAK_FIRM	System assigned key that identifies the attorney firm.	NUMBER	9	0	Y

2.13.16 T_ATTORNEY_XREF

Holds information about which attorneys are representing the case. Also holds information about who the attorneys are representing.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASUALTY	This is the internal id that is unique to identify this case.	NUMBER	9	0	Y
SAK_REPRESENTS	The system assigned key for the entity that the attorney represents in a casualty case.	NUMBER	9	0	Y
SAK_ATTORNEY	System assigned key that identifies an attorney.	NUMBER	9	0	N
NAM_CONTACT	The name of the person that is used when contacting the attorney's office.	CHAR	40	0	N
CDE_REPRESENTS	A code that is used to identify who the attorney represents in the casualty case.	CHAR	1	0	N

2.13.17 T_BENEFIT_PLAN_GROUP

Groups benefit plans by benefit plan type. This will be used by various parts of the system for different processing methodologies.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BENEFIT_PLAN_TYPE	System assigned key for a unique Benefit Plan group that represents a single or collection of Benefit Plan codes.	NUMBER	9	0	Y
SAK_PUB_HLTH	System assigned internal key for a member plan.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date of service on which the Benefit Plan becomes valid for the Benefit Plan group.	DATE	0	0	Y
DTE_END	The date of service on which the Benefit Plan code is no longer valid for the Benefit Plan group.	DATE	0	0	N

2.13.18 T_BENEFIT_PLAN_TYPE

A benefit plan type is associated with a group of benefit plan codes. Used to identify benefit plans for use in certain processing methodologies.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BENEFIT_PLAN_TYPE	System assigned key for a unique Benefit Plan group that represents a single or collection of Benefit Plan codes.	NUMBER	9	0	Y
DSC_50	Describes the benefit plan type.	CHAR	50	0	N
DSC_DEFINITION	Definition of where and/ or how this benefit plan group is used.	VARCHAR2	4000	0	N

2.13.19 T_BENEFIT_TYPE

The service type is used is used to identify the coding scheme for a service. Valid schemes include procedure (HCPCS & CPT-4), ICD-9-CM procedures, ICD-9-CM diagnosis, Revenue Code and Drug codes (NDCs).

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BENEFIT_TYPE	The benefit type code is used to identify the coding scheme for a service. Valid schemes include procedure (HCPCS & CPT-4), ICD-9-CM procedures, ICD-9-CM diagnosis, Revenue Code and Drug codes (NDCs).	CHAR	3	0	Y
DSC_BENEFIT_TYPE	Describes the type of benefit.	VARCHAR2	18	0	N

2.13.20 T_BILLING_MEDIA

This table contains the possible values for the TPL billing media code.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BILL_MEDIA	This code is used to identify on which billing media an employer or carrier wishes to receive TPL claim facsimiles.	CHAR	1	0	Y
DSC_BILL_MEDIA	This field provides a detailed description of it's associated billing media code.	CHAR	15	0	N

2.13.21 T_BOARD_POSITION

This is a list of all the valid board of directors positions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_POSITION	This is the board position code.	CHAR	2	0	Y
DSC_POSITION	This is the board position description.	CHAR	50	0	N

2.13.22 T_BUYA_BILL

Contains the buy-in Part A transactions from the billing tape which correspond to valid Medicaid beneficiaries in the beneficiary database.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BUYIN	The system assigned key to uniquely identify all of the member's buy-in Part A transactions. This column functions as a sak_short for the sak_recip.	NUMBER	4	0	Y
DTE_BUY_PROC	Date the buy-in Part A billing tape processed that contained this transaction.	DATE	0	0	N
ID_MEDICARE	Current Medicare ID for the beneficiary.	CHAR	12	0	N
IND_REDUCED	The presence of a "1" in this field means that the reduced Part A premium rate applies, otherwise it is blank.	CHAR	1	0	N
IND_SURCHARGE	The presence of a "1" in this field means that the Part A premium includes a 10% surcharge for late enrollment, otherwise it is blank.	CHAR	1	0	N
MISC_CDE_DTE	In most situations, this field will be blank. However, if the CDE_BUY_TXN field is "21" (and CDE_BUY_SUB is "B"), "22", "25", or "29", a date will be present (MMYY). If the CDE_BUY_TXN field is "28", an agency code will be present and the fourth position will be blank.	CHAR	8	0	N
DTE_BILLING	A four position numeric field which designates the billing file on which the transaction appears. The billing date is 2 months after the current update month.	DATE	0	0	N
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_MODI	Last two positions of a four position numeric code, the buy-in transaction code modifier provides the rationale for the action. Could be spaces.	CHAR	2	0	N
CDE_BUY_SUB	One position alphabetic sub-code, the buy-in sub-code further enhances the rationale for the action. Could be spaces.	CHAR	1	0	N
DTE_EFFECTIVE	The effective date of the transaction.	DATE	0	0	N
AMT_PREMIUM	Premium amount on the transaction. On an accretion acknowledgment record, this field reflects a debit for the amount the State owes. On a deletion acknowledgment record, this field reflects a credit for the amount due to the State.	NUMBER	8	2	N
IND_MORE_BUYIN	Indicates whether there is more buy-in billing information kept on file because of a mismatch between CMS and the State MMIS.	CHAR	1	0	N
IND_ERROR	Indicates whether the transaction applied to the wrong beneficiary.	CHAR	1	0	N
DTE_STOP	Stop date from CMS	DATE	0	0	N
CDE_AGENCY	Agency code received from CMS	CHAR	3	0	N
AMT_PREM_RATE	Premium rate per period	NUMBER	8	2	N
IND_CREDIT	Credit/debit indicator	CHAR	1	0	N
ID_MEDICARE_NEW	New Medicare claim number sent from CMS	CHAR	12	0	N
DTE_REPLY	Reply date to CMS	DATE	0	0	N
CDE_RIC	Record ID code received from CMS	CHAR	1	0	N

2.13.23 T_BUYA_BILL_INFO

Contains more information on the buy-in Part A transactions from the billing tape which correspond to valid Medicaid beneficiaries in the beneficiary database.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_BUYIN	The system assigned key to uniquely identify all of the member's buy-in Part A transactions. This column functions as a sak_short for the sak_recip.	NUMBER	4	0	Y
NAM_LAST	The last name of a beneficiary, according to CMS.	CHAR	24	0	N
NAM_FIRST	The first name of a beneficiary, according to CMS.	CHAR	15	0	N
NAM_MID_INIT	The middle initial of the beneficiary, according to CMS.	CHAR	1	0	N
CDE_SEX	A numeric code indicating the sex of the beneficiary, according to CMS (male "1", female "2", or unknown "3").	CHAR	1	0	N
DTE_BIRTH	The date of birth for the beneficiary, according to CMS.	DATE	0	0	N
ID_MEDICAID	Unique identifier for the beneficiary, according to CMS.	CHAR	12	0	N
CDE_COUNTY	County code received from CMS	VARCHAR2	10	0	N
NUM_SSN	SSN received from CMS	CHAR	9	0	N
DTE_TO_CMS	Date response was sent to CMS	DATE	0	0	N
DTE_BUY_PROC	Date processed by batch system	DATE	0	0	N

2.13.24 T_BUYA_ERROR

This table stores records from CMS that have failed basic validation and cannot be linked to a member

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BUYA_ERROR	System assigned key	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_BUY_PROC	Date processed by Buy-In receiving system	DATE	0	0	N
DSC_COMPLETE_TXN	Original transaction received from CMS.	VARCHAR2	500	0	N

2.13.25 T_BUYA_EXCEPT

Contains the buy-in Part A transactions for the premium tape, whose corresponding transactions from the billing tape do not match any beneficiary in the beneficiary database.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BUYA_EXCEPT	The system assigned key to identify the exception buy-in Part A transactions.	NUMBER	9	0	Y
DTE_BUY_PROC	Date of creation for this transaction.	DATE	0	0	N
ID_MEDICARE	Current Medicare ID for the beneficiary, according to CMS.	CHAR	12	0	N
NAM_LAST	The last name of a beneficiary, according to CMS.	CHAR	24	0	N
NAM_FIRST	The first name of a beneficiary, according to CMS.	CHAR	15	0	N
NAM_MID_INIT	The middle initial of the beneficiary, according to CMS.	CHAR	1	0	N
CDE_SEX	A numeric code indicating the sex of the beneficiary, according to CMS (male "1", female "2", or unknown "3").	CHAR	1	0	N
DTE_BIRTH	The date of birth for the beneficiary, according to CMS.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction. When a response appears on the billing tape, this code becomes the buy-in transaction code modifier.	CHAR	2	0	N
DTE_EFFECTIVE	Effective date for the transaction.	DATE	0	0	N
ID_MEDICAID	Unique identifier for the beneficiary, according to CMS.	CHAR	12	0	N
DTE_TO_CMS	Date already or to be sent to CMS.	DATE	0	0	N
CDE_AGENCY	Agency code as provided by CMS.	CHAR	3	0	N
NUM_SSN	SSN as provided by CMS.	CHAR	9	0	N
CDE_RIC	Record ID code from CMS.	CHAR	1	0	N
DTE_STOP	Eligibility termination date as provided by CMS.	DATE	0	0	N
SAK_BUYA_MISMATCH	The system assigned key to identify the mismatched buy-in Part A transactions.	NUMBER	9	0	N

2.13.26 T_BUYA_MISMATCH

Contains the buy-in Part A transactions from the billing tape which either have a different BID No, or have both a different current Medicare ID and Date of Birth, in the beneficiary database.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BUYA_MISMATCH	The system assigned key to identify the mismatched buy-in Part A transactions.	NUMBER	9	0	Y
DTE_BUY_PROC	Date the buy-in Part A billing tape processed that contained this transaction.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_MEDICARE	Current Medicare ID for the beneficiary, according to CMS.	CHAR	12	0	N
NAM_LAST	The last name of a beneficiary, according to CMS.	CHAR	24	0	N
NAM_FIRST	The first name of a beneficiary, according to CMS.	CHAR	15	0	N
NAM_MID_INIT	The middle initial of the beneficiary, according to CMS.	CHAR	1	0	N
CDE_SEX	A numeric code indicating the sex of the beneficiary, according to CMS (male "1", female "2", or unknown "3").	CHAR	1	0	N
DTE_BIRTH	The date of birth for the beneficiary, according to CMS.	DATE	0	0	N
ID_MEDICARE_NEW	New Medicare ID for the beneficiary, according to CMS. Could be spaces.	CHAR	12	0	N
IND_REDUCED	The presence of a "1" in this field means that the reduced Part A premium rate applies, otherwise it is blank.	CHAR	1	0	N
CDE_BUY_AGENCY	A three position alphanumeric code assigned to the last entity (State) which had jurisdiction over the (beneficiary's) account.	CHAR	3	0	N
IND_SURCHARGE	The presence of a "1" in this field means that the Part A premium includes a 10% surcharge for late enrollment, otherwise it is blank.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
MISC_CDE_DTE	In most situations, this field will be blank. However, if the CDE_BUY_TXN field is "21" (and CDE_BUY_SUB is "B"), "22", "25", or "29", a date will be present (MMYY). If the CDE_BUY_TXN field is "28", an agency code will be present and the fourth position will be blank.	CHAR	8	0	N
DTE_BILLING	A four position numeric field which designates the billing file on which the transaction appears. The billing date is 2 months after the current update month.	DATE	0	0	N
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction.	CHAR	2	0	N
CDE_BUY_MODI	Last two positions of a four position numeric code, the buy-in transaction code modifier provides the rationale for the action. Could be spaces.	CHAR	2	0	N
CDE_BUY_SUB	One position alphabetic sub-code, the buy-in sub-code further enhances the rationale for the action. Could be spaces.	CHAR	1	0	N
DTE_EFFECTIVE	Effective date for the transaction.	DATE	0	0	N
ID_MEDICAID	Unique identifier for the beneficiary, according to CMS.	CHAR	12	0	N
NUM_SSN	SSN as received from CMS	CHAR	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RIC	Record ID received from CMS	CHAR	1	0	N
DTE_STOP	End date received from CMS	DATE	0	0	N
ADR_ZIP_CODE	Zip code received from CMS	CHAR	9	0	N
CDE_COUNTY	County code received from CMS	VARCHAR2	10	0	N
AMT_PREM_RATE	Monthly premium from CMS	NUMBER	8	2	N
IND_CREDIT	Credit/debit indicator from CMS	CHAR	1	0	N
AMT_REDUCED_PREM_RATE	Reduced premium rate from CMS	NUMBER	8	2	N
DTE_REPLY	Date reply transmitted to CMS	DATE	0	0	N
DTE_ADDITIONAL	Effective date from CMS	DATE	0	0	N
SAK_BUYA_EXCEPT	The system assigned key to identify the exception buy-in Part A transactions.	NUMBER	9	0	N
IND_LINKED	Was this row manually linked?	CHAR	1	0	N
AMT_DUE_OR_REFUND	Amount due or refunded	NUMBER	8	2	N

2.13.27 T_BUYA_PREM

Contains both pending and historical buy-in Part A transactions from the sending tape.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_BUYIN	The system assigned key to uniquely identify all of the member's buy-in Part A transactions. This column functions as a sak_short for the sak_recip.	NUMBER	4	0	Y
DTE_BUY_PROC	Date of creation for this transaction.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_MEDICARE	Current Medicare ID for the beneficiary.	CHAR	12	0	N
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction. When a response appears on the billing tape, this code becomes the buy-in transaction code modifier.	CHAR	2	0	N
DTE_EFFECTIVE	Effective date for the transaction.	DATE	0	0	N
IND_SOURCE	This is the source of the transaction ('A' = automatic batch process, 'M' = manual creation or modification).	CHAR	1	0	N
DTE_TO_CMS	Date already or to be sent to CMS.	DATE	0	0	N
DTE_75_STOP	Stop date transmitted to CMS.	DATE	0	0	N
CDE_AGENCY	Agency code transmitted to CMS.	CHAR	3	0	N
ID_MEDICAID	Medicaid ID transmitted to CMS.	CHAR	12	0	N
CDE_RIC	Record ID code that generated this premium entry.	CHAR	1	0	N
IND_SHIPPED	Sent to CMS	CHAR	1	0	N

2.13.28 T_BUYB_BILL

Contains the buy-in Part B transactions from the billing tape which correspond to valid Medicaid beneficiaries in the beneficiary database.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_BUYIN	The system assigned key to uniquely identify all of the member's buy-in Part B transactions. This column functions as a sak_short for the sak_recip.	NUMBER	4	0	Y
DTE_BUY_PROC	Date the buy-in Part B billing tape processed that contained this transaction.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_MEDICARE	Current Medicare ID for the beneficiary.	CHAR	12	0	N
CDE_BUY_LIV_ARNG	A one position alphabetic code of "D" which indicates that the beneficiary is a resident of a Title XIX institution. Could be spaces.	CHAR	1	0	N
CDE_BUY_SSI	One-position alphabetic code that describes the beneficiary's Social Security Income (SSI) status.	CHAR	1	0	N
CDE_BUY_ELIG	Buy-in eligibility code designed to provide State agencies with a method of identifying the specific category of assistance for each individual enrolled.	CHAR	2	0	N
MISC_CDE_DTE	In most situations, this field will be blank. However, if the CDE_BUY_TXN field is "21" (and CDE_BUY_SUB is "B"), "22", "25", or "29", a date will be present (MMYY). If the CDE_BUY_TXN field is "28", an agency code will be present and the fourth position will be blank.	CHAR	8	0	N
DTE_BILLING	A four position numeric field which designates the billing file on which the transaction appears. The billing date is 2 months after the current update month.	DATE	0	0	N
DTE_MEDICARE	A date which designates the month in which the beneficiary attained age 65 or became entitled to Hospital Insurance benefits (Part A).	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction.	CHAR	2	0	N
CDE_BUY_MODI	Last two positions of a four position numeric code, the buy-in transaction code modifier provides the rationale for the action. Could be spaces.	CHAR	2	0	N
CDE_BUY_SUB	One position alphabetic sub-code, the buy-in sub-code further enhances the rationale for the action. Could be spaces.	CHAR	1	0	N
DTE_EFFECTIVE	The effective date of the transaction.	DATE	0	0	N
AMT_PREMIUM	Premium amount on the transaction. On an accretion acknowledgment record, this field reflects a debit for the amount the State owes. On a deletion acknowledgment record, this field reflects a credit for the amount due to the State.	NUMBER	8	2	N
IND_MORE_BUYIN	Indicates whether there is more buy-in billing information kept on file because of a mismatch between CMS and the State MMIS.	CHAR	1	0	N
IND_ERROR	Indicates whether the transaction applied to the wrong beneficiary.	CHAR	1	0	N
DTE_STOP	Stop date from CMS	DATE	0	0	N
CDE_AGENCY	Agency code received from CMS	CHAR	3	0	N
AMT_PREM_RATE	Premium rate per period	NUMBER	8	2	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_CREDIT	Credit/debit indicator	CHAR	1	0	N
ID_MEDICARE_NEW	New Medicare claim number sent from CMS	CHAR	12	0	N
DTE_REPLY	Reply date to CMS	DATE	0	0	N
CDE_RIC	Record ID code received from CMS	CHAR	1	0	N
AMT_RED_PREM_RATE	Reduced premium rate.	NUMBER	8	2	N

2.13.29 T_BUYB_BILL_INFO

Contains more information on the buy-in Part B transactions from the billing tape which correspond to valid Medicaid beneficiaries in the beneficiary database.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_BUYIN	The system assigned key to uniquely identify all of the member's buy-in Part B transactions. This column functions as a sak_short for the sak_recip.	NUMBER	4	0	Y
NAM_LAST	The last name of a beneficiary, according to CMS.	CHAR	24	0	N
NAM_FIRST	The first name of a beneficiary, according to CMS.	CHAR	15	0	N
NAM_MID_INIT	The middle initial of a beneficiary, according to CMS.	CHAR	1	0	N
CDE_SEX	A numeric code indicating the sex of the beneficiary, according to CMS (male "1", female "2", or unknown "3").	CHAR	1	0	N
DTE_BIRTH	The date of birth for the beneficiary, according to CMS.	DATE	0	0	N
ID_MEDICAID	Unique identifier for the beneficiary, according to CMS.	CHAR	12	0	N
ADR_ZIP_CODE	The five character zip code for the beneficiary, according to CMS.	CHAR	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COUNTY	County code received from CMS	VARCHAR2	10	0	N
NUM_SSN	SSN received from CMS	CHAR	9	0	N
DTE_TO_CMS	Date response sent to CMS	DATE	0	0	N
DTE_BUY_PROC	Date processed by batch system	DATE	0	0	N

2.13.30 T_BUYB_ERROR

This table stores records from CMS that have failed basic validation and cannot be linked to a member.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BUYB_ERROR	System assigned key	NUMBER	9	0	Y
DTE_BUY_PROC	Date processed by Buy-In receiving system	DATE	0	0	N
DSC_COMPLETE_TXN	Original transaction received from CMS.	VARCHAR2	500	0	N

2.13.31 T_BUYB_EXCEPT

Contains the buy-in Part B transactions for the premium tape, whose corresponding transactions from the billing tape do not match any beneficiary in the beneficiary database.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BUYB_EXCEPT	The system assigned key to identify the exception buy-in Part B transactions.	NUMBER	9	0	Y
DTE_BUY_PROC	Date of creation for this transaction.	DATE	0	0	N
ID_MEDICARE	Current Medicare ID for the beneficiary, according to CMS.	CHAR	12	0	N
NAM_LAST	The last name of a beneficiary, according to CMS.	CHAR	24	0	N
NAM_FIRST	The first name of a beneficiary, according to CMS.	CHAR	15	0	N
NAM_MID_INIT	The middle initial of the beneficiary, according to CMS.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SEX	A numeric code indicating the sex of the beneficiary, according to CMS (male "1", female "2", or unknown "3").	CHAR	1	0	N
DTE_BIRTH	The date of birth for the beneficiary, according to CMS.	DATE	0	0	N
CDE_BUY_ELIG	Buy-in eligibility code designed to provide State agencies with a method of identifying the specific category of assistance for each individual enrolled.	CHAR	2	0	N
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction. When a response appears on the billing tape, this code becomes the buy-in transaction code modifier.	CHAR	2	0	N
DTE_EFFECTIVE	Effective date for the transaction.	DATE	0	0	N
ID_MEDICAID	Unique identifier for the beneficiary, according to CMS.	CHAR	12	0	N
DTE_TO_CMS	Date already or to be sent to CMS.	DATE	0	0	N
CDE_AGENCY	Agency code as provided by CMS.	CHAR	3	0	N
NUM_SSN	SSN as provided by CMS.	CHAR	9	0	N
CDE_RIC	Record ID code from CMS.	CHAR	1	0	N
DTE_STOP	Eligibility termination date as provided by CMS.	DATE	0	0	N
SAK_BUYB_MISMATCH	The system assigned key to identify the mismatched buy-in Part B transactions.	NUMBER	9	0	N

2.13.32 T_BUYB_MISMATCH

Contains the buy-in Part B transactions from the billing tape which either have a different BID No, or have both a different current Medicare ID and Date of Birth, in the beneficiary database.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BUYB_MISMATCH	The system assigned key to identify the mismatched buy-in Part B transactions.	NUMBER	9	0	Y
DTE_BUY_PROC	Date the buy-in Part B billing tape processed that contained this transaction.	DATE	0	0	N
ID_MEDICARE	Current Medicare ID for the beneficiary, according to CMS.	CHAR	12	0	N
NAM_LAST	The last name of a beneficiary, according to CMS.	CHAR	24	0	N
NAM_FIRST	The first name of a beneficiary, according to CMS.	CHAR	15	0	N
NAM_MID_INIT	The middle initial of the beneficiary, according to CMS.	CHAR	1	0	N
CDE_SEX	A numeric code indicating the sex of the beneficiary, according to CMS (male "1", female "2", or unknown "3").	CHAR	1	0	N
DTE_BIRTH	The date of birth for the beneficiary, according to CMS.	DATE	0	0	N
ID_MEDICARE_NEW	New Medicare ID for the beneficiary, according to CMS. Could be spaces.	CHAR	12	0	N
CDE_BUY_LIV_ARNG	A one position alphabetic code of "D" which indicates that the beneficiary is a resident of a Title XIX institution. Could be spaces.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_SSI	One-position alphabetic code that describes the beneficiary's Social Security Income (SSI) status.	CHAR	1	0	N
CDE_BUY_AGENCY	A three position alphanumeric code assigned to the last entity (State) which had jurisdiction over the (beneficiary's) account.	CHAR	3	0	N
CDE_BUY_ELIG	Buy-in eligibility code designed to provide State agencies with a method of identifying the specific category of assistance for each individual enrolled.	CHAR	2	0	N
MISC_CDE_DTE	In most situations, this field will be blank. However, if the CDE_BUY_TXN field is "21" (and CDE_BUY_SUB is "B"), "22", "25", or "29", a date will be present (MMYY). If the CDE_BUY_TXN field is "28", an agency code will be present and the fourth position will be blank.	CHAR	8	0	N
DTE_BILLING	A four position numeric field which designates the billing file on which the transaction appears. The billing date is 2 months after the current update month.	DATE	0	0	N
DTE_MEDICARE	A date which designates the month in which the beneficiary attained age 65 or became entitled to Hospital Insurance benefits (Part A).	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction.	CHAR	2	0	N
CDE_BUY_MODI	Last two positions of a four position numeric code, the buy-in transaction code modifier provides the rationale for the action. Could be spaces.	CHAR	2	0	N
CDE_BUY_SUB	One position alphabetic sub-code, the buy-in sub-code further enhances the rationale for the action. Could be spaces.	CHAR	1	0	N
DTE_EFFECTIVE	Effective date for the transaction.	DATE	0	0	N
ID_MEDICAID	Unique identifier for the beneficiary, according to CMS.	CHAR	12	0	N
ADR_ZIP_CODE	The nine character zip code for the beneficiary, according to CMS.	CHAR	9	0	N
NUM_SSN	SSN as received from CMS	CHAR	9	0	N
CDE_RIC	Record ID received from CMS	CHAR	1	0	N
DTE_STOP	End date received from CMS	DATE	0	0	N
CDE_COUNTY	County code received from CMS	VARCHAR2	10	0	N
AMT_DUE_OR_REFUND	Amount due or refunded from CMS	NUMBER	8	2	N
AMT_PREM_RATE	Monthly premium from CMS	NUMBER	8	2	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_CREDIT	Credit/debit indicator from CMS	CHAR	1	0	N
AMT_REDUCED_PREM_RATE	Reduced premium rate from CMS	NUMBER	8	2	N
DTE_REPLY	Date reply transmitted to CMS	DATE	0	0	N
DTE_ADDITIONAL	Effective date from CMS	DATE	0	0	N
SAK_BUYB_EXCEPT	The system assigned key to identify the exception buy-in Part B transactions.	NUMBER	9	0	N
IND_LINKED	Was this row manually linked?	CHAR	1	0	N

2.13.33 T_BUYB_PREM

Contains both pending and historical buy-in Part B transactions from the sending tape.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_BUYIN	The system assigned key to uniquely identify all of the member's buy-in Part A transactions. This column functions as a sak_short for the sak_recip.	NUMBER	4	0	Y
DTE_BUY_PROC	Date of creation for this transaction.	DATE	0	0	N
ID_MEDICARE	Current Medicare ID for the beneficiary.	CHAR	12	0	N
CDE_BUY_ELIG	Buy-in eligibility code designed to provide State agencies with a method of identifying the specific category of assistance for each individual enrolled.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction. When a response appears on the billing tape, this code becomes the buy-in transaction code modifier.	CHAR	2	0	N
DTE_EFFECTIVE	Effective date for the transaction.	DATE	0	0	N
IND_SOURCE	This is the source of the transaction ('A' = automatic batch process, 'M' = manual creation or modification).	CHAR	1	0	N
DTE_TO_CMS	Date already or to be sent to CMS.	DATE	0	0	N
DTE_75_STOP	Stop date transmitted to CMS.	DATE	0	0	N
CDE_AGENCY	Agency code transmitted to CMS.	CHAR	3	0	N
ID_MEDICAID	Medicaid ID transmitted to CMS.	CHAR	12	0	N
CDE_RIC	Record ID code that generated this premium entry.	CHAR	1	0	N
IND_SHIPPED	Sent to CMS	CHAR	1	0	N

2.13.34 T_CAPITATION_HIST_DN

This table contains the history of capitation payments made to a PMP for specific beneficiaries and the amount paid for that month.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CAPITATION	System assigned key to uniquely identify a capitation payment within the system.	NUMBER	9	0	Y
SAK_RE_PMP_ASSIGN	This is a unique identifier for the PMP assignment.	NUMBER	9	0	N
SAK_RECIP	The system assigned internal key for a unique beneficiary.	NUMBER	9	0	N
SAK_PUB_HLTH	This is the member plan that the member was under when the capitation payment was made.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PMP_SER_LOC	The unique system assigned key to identify a Primary Medical Provider's service location.	NUMBER	9	0	N
DTE_CAPITATION	This is the month that the capitation payment covers.	NUMBER	6	0	N
DTE_CAP_TXN	This is the date that the capitation payment was made. If the payment is being made for a retro month the date is still the current month, that is, payment in April for February capitation payment, this date would have the April payment date.	DATE	0	0	N
CDE_MC_REGION	This is the code that identifies a region (or Managed Care coverage area) of the state. A region is made up of different geographical areas such as zip codes, counties, or the entire state.	CHAR	5	0	N
SAK_RATE_CELL	The system assigned key used to uniquely identify a managed care rate cell.	NUMBER	9	0	N
CDE_CAP_REASON	This is the code of the reason the capitation is being done.	CHAR	2	0	N
AMT_CAP_PAID	The amount of money (check or EFT) we will pay to an external entity for capitation.	NUMBER	10	2	N
DTE_PAYMENT_BEGIN	First date during the payment month that this payment covers	DATE	0	0	N
DTE_PAYMENT_END	Last date during the payment month that this payment covers.	DATE	0	0	N
NUM_CAP_DAYS	This is the number of days out of the month that the capitation payment covers.	NUMBER	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AID_CATEGORY	Population Code.	CHAR	2	0	N
IND_MEDICARE	Indicates if Medicare coverage should be utilized as part of the demographics when determining a recipient's capitation category.	CHAR	1	0	N
DTE_PAYMENT_ISSUE	This is the date that Financial issued/processed the payment.	DATE	0	0	N
CDE_FUND_CODE	PCA Code.	CHAR	3	0	N

2.13.35 T_CAP_HIST_XREF

This entity will cross reference the capitation summary records to the detail records that are kept on the capitation history table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CAP_SUMMARY	This is the unique system key that identifies the capitation summary transaction.	NUMBER	9	0	Y
SAK_CAPITATION	System assigned key to uniquely identify a capitation payment within the system.	NUMBER	9	0	Y

2.13.36 T_CAP_MASS_ADJ_RST

This table contains the mass adjustment requests for an MCO, state region, capitation payment month, rate cell, payment adjustment amount, and whether it is a payout or recoupment.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PMP_SER_LOC	The unique system assigned key to identify a Primary Medical Provider's service location.	NUMBER	9	0	Y
CDE_MC_REGION	This is the code that identifies a region (or Managed Care coverage area) of the state. A region is made up of different geographical areas such as zip codes, counties, or the entire state.	CHAR	5	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RATE_CELL	The system assigned key used to uniquely identify a managed care rate cell.	NUMBER	9	0	Y
DTE_CAPITATION	This is the month that the capitation adjustment is being made.	NUMBER	6	0	Y
SAK_SHORT_CAP_ADJ	This is the column to give uniqueness to the key of the table.	NUMBER	4	0	Y
CDE_CAP_REASON	This is the code of the reason the capitation is being done.	CHAR	2	0	N
AMT_CAP_PAID	The amount to increase or decrease the payment.	NUMBER	10	2	N
NUM_CAP_COUNT	The Number of Txn's created when the rate increase was processed.	NUMBER	9	0	N
AMT_TOT_CAP_ADJ	This is the total amount paid or recouped on a rate change or correction adjustment once it has been processed.	NUMBER	11	2	N
CDE_STATUS	This is to indicate the status of the request. (A) Active, (H) Hold, (P) Processed.	CHAR	1	0	N
DTE_STATUS	This is the date that the current status was done.	DATE	0	0	N

2.13.37 T_CAP_REASON

This is the code table that has the reason codes that capitation can be adjusted for.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CAP_REASON	This is the code of the reason the capitation is being done.	CHAR	2	0	Y
DSC_50	This is the description on the adjustment reason code.	CHAR	50	0	N
IND_CAP_ADJ	This value indicates whether this reason code can be used for an adjustment or not. Values are Y/N.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PAY_RECOUP	This specifies if the reason is for payments or recoupment.	CHAR	1	0	N

2.13.38 T_CAP_SUMMARY

This entity contains the summary payment record for each capitation payment made to an MCO. The details as to how the amount was reached is kept in the capitation history summary xref table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CAP_SUMMARY	This is the unique system key that identifies the capitation summary transaction.	NUMBER	9	0	Y
SAK_FIN_SCHED	Financial Schedule.	NUMBER	9	0	N
SAK_PMP_SER_LOC	The unique system assigned key to identify a Primary Medical Provider's service location.	NUMBER	9	0	N
SAK_FUND_CODE	This is the unique system assigned key to the Financial Fund Codes.	NUMBER	9	0	N
DTE_CAP_TXN	This is the date that the capitation payment was made. For a normal cycle the payment date is the first day of the month.	DATE	0	0	N
CDE_STATUS	This field identifies the status of the payment. A = Active and V = Void	CHAR	1	0	N
TOTAL_AMT_PAID	This is the total capitation payment made to an MCO for a given month	NUMBER	11	2	N
DTE_FIN_PAID	This is the date that Financial processed the summary record.	DATE	0	0	N

2.13.39 T_CASH_BATCH_NUM

The cash receipt batch number indicates the type of check that is returned to the state. Each check type (Provider Refunds, Attorney, SURS, and so on.) has their own batch numbers. These numbers become part of the control number that is stamped on a copy of the check during the microfilming process. We store and report cash receipts based on the control number.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_BATCH	Indicates the department the check was returned to and the type of check that was received.	NUMBER	4	0	Y
DESC_BATCH	A short explanation of which department the batch range is for and the type of return.	CHAR	30	0	N
IND_DEPOSIT	Indicates whether the check that was returned should be deposited.	CHAR	1	0	N
IND	Indicates whether the check that was returned was issued from the MMIS financial system.	CHAR	1	0	N
IND_RTS	Indicates whether or not a check requires the return to sender information.	CHAR	1	0	N
IND_USER_ASSIGN	This indicates whether the user can manually assign the batch/unit number to a CCN from the online cash receipt window. Valid values (Y/N).	CHAR	1	0	N

2.13.40 T_CASH_DISP_REASON

The reason for applying the money received from an external source.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_FOUR	Code used to track the reason a transaction is done.	CHAR	4	0	Y
DSC_50	Describes the reason of the cash receipt disposition	CHAR	50	0	N
IND	Indicates if we will require a provider number to be entered on the cash receipt before allowing a disposition with this reason code.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_OL	This field if set to 'Y' means that the reason code is associated with a disposition that will be posted online. A 'N' value will indicate posting in Batch	CHAR	1	0	N
IND_GL	This field if set to 'Y' means that the reason code is associated with a disposition that will be reported on the general ledger (provider earnings).	CHAR	1	0	N
IND_CLAIM	This field if set to 'Y' means that the reason code is associated with a disposition that is claim related.	CHAR	1	0	N
IND_TYPE	This field if set to 'Y' means that the reason code is associated with a disposition associated with a particular type of transaction. This will be used primarily in online windows so that the CR is associated with the correct transaction. A = A/R, E = Expenditure, S = System, C = Cash	CHAR	1	0	N

2.13.41 T_CASH_PYMT_TYPE

This code table entity contains all the possible payment types that can be sent as a cash receipt into the MMIS.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PAYMENT_TYPE	This field stores the code of the cash receipt payment type.	CHAR	1	0	Y
DSC_PAYMENT_TYPE	This field stores the description of the cash receipt payment type code.	VARCHAR2	20	0	N

2.13.42 T_CASH_RCPT_DISP

A cash receipt disposition accounts for the money received from an entity. When a provider returns money because of claims that were overpaid, each claim adjustment would represent a cash receipt disposition. Other disposition types include TPL payments, accounts receivable payments and money returned in error.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASH_RECEIPT	System assigned key that uniquely identifies any check submitted to the account from an outside source.	NUMBER	9	0	Y
NUM_SEQ_BATCH	Number that uniquely identifies each individual disposition which was applied to a cash receipt.	NUMBER	9	0	Y
AMT_DISPOSITION	The amount being applied from a check for a single transaction (adjustment, overpayment return, accounts receivable payment, and so on.).	NUMBER	13	2	N
IND	Indicates when a transaction is written to general ledger. After it has been written, no updates will be allowed to the disposition.	CHAR	1	0	N
DTE_POSTED	The date the cash receipt disposition was posted. This date will determine which week the disposition will be reported in.	DATE	0	0	N
DTE_ASSIGNED	The date this portion of the cash receipt was originally paid out.	DATE	0	0	N
SAK_PAYEE	System assigned key that uniquely identifies name and address of a non-provider entity on the MMIS system. For example, the addresses of Lien Holders and Counties and nonprovider entities to which we make Expenditure Payments.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PAYEE_TYPE	This is the code that identifies what type of person or organization is being used. The following are the valid values : C - TPL Carrier, O - Other, R - Recipient, Y - County	CHAR	1	0	N
DTE_PROCESSED	Date the Receipt was processed.	DATE	0	0	N
SAK_FIN_SCHED	Financial Schedule.	NUMBER	9	0	N
SAK_FUND_CODE	This is the unique system assigned key to the Financial Fund Codes.	NUMBER	9	0	N
CDE_REASON_FOUR	Code used to track the reason a transaction is done.	CHAR	4	0	N
SAK_BUDGET	Associated Budget.	NUMBER	9	0	N

2.13.43 T_CASH_RCPT_TOTALS

The daily total number of cash receipts received by each department. These totals are used to balance against the cash receipts entered.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_GENERIC	Date the submitted checks were received by the account.	DATE	0	0	Y
NUM_COUNT_MAIL	The number of checks received by the mailroom on a given date.	NUMBER	9	0	N
NUM_COUNT_MISC	The number of miscellaneous checks received on a given date.	NUMBER	9	0	N
NUM_COUNT_PROV	The number of checks received by the provider relations department on a given date.	NUMBER	9	0	N
NUM_COUNT_SURS	The number of checks received by the SURS department on a given date.	NUMBER	9	0	N
NUM_COUNT_TPL	The number of checks received by the TPL department on a given date.	NUMBER	9	0	N

2.13.44 T_CASH_RCPT_XREF

This associates a portion of a cash receipt (cash receipt disposition) to either a claim adjustment, account receivable, or system payout.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASH_RECEIPT	System assigned key that uniquely identifies any check submitted to the account from an outside source.	NUMBER	9	0	Y
NUM_SEQ_BATCH	Number that uniquely identifies each individual disposition which was applied to a cash receipt.	NUMBER	9	0	Y
SAK	System assigned key that can identify a claim adjustment, account receivable, or system payout record.	NUMBER	9	0	N
CDE	Defines the system assigned key as claim adjustment ('claim type'), Account receivable ('R'), or system payout ('S').	CHAR	1	0	N

2.13.45 T_CASH_RECEIPT

This accounts for any check (returned or provider issued) submitted by a provider, third party vendor or other source that will be deposited by the account.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASH_RECEIPT	System assigned key that uniquely identifies any check submitted to the account from an outside source.	NUMBER	9	0	Y
CASH_CTL_NO	This number is entered into the system for matching the internal record with its paper copy.	CHAR	11	0	N
NAME	The name of the source that has submitted a check (system issued or personal) to the account.	CHAR	50	0	N
AMT_PAID	The amount of the check received.	NUMBER	13	2	N

Column Name	Description	Type	Length	Precision	Primary Key
CHECK_SAK	System assigned key that uniquely identifies a check issued from the MMIS system.	NUMBER	9	0	N
NUM_CHECK	The MICR number preprinted on the check that was submitted to the state by an external source.	CHAR	9	0	N
DTE_CHECK	The date a returned check was issued. This is date actually printed on the check.	DATE	0	0	N
NUM_BATCH	Indicates the department the check was returned to and the type of check that was received.	NUMBER	4	0	N
NAM_REMITTER	This is the remitter's name that will be used as a secondary name on the cash receipt.	CHAR	50	0	N
DTE_RECEIPT	This is the date that the cash receipt was put into the system.	DATE	0	0	N
CDE_PAYMENT_TYPE	This field stores the code of the cash receipt payment type.	CHAR	1	0	N
CDE_PAYEE_TYPE	Unique char value for payee types defined within financial.	CHAR	1	0	N
SAK_PAYEE	The unique indentifier for a payee defined n the system.	NUMBER	9	0	N
CDE_CASH_STATUS	This is the unique code value of the cash status.	CHAR	1	0	N

2.13.46 T_CASUALTY_CASE

This table represents a TPL casualty case.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASUALTY	This is the internal id that is unique to identify this case.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_LIEN_RELEASED	The date the lien was released.	DATE	0	0	N
NUM_CAS_CASE	The unique identifier for a casualty case. Used by account to identify the casualty cases on reports.	NUMBER	9	0	N
CDE_STATUS_CASE	This field is used to identify the current status of the case.	CHAR	1	0	N
DTE_ADDED	The date the case was added to the casualty case table.	DATE	0	0	N
AMT_CASE_TOT_PREV	Total dollar amount expended by Medicaid pertaining to this casualty case.	NUMBER	9	2	N
CDE_CASE_TYPE	This indicates the type of the casualty case.	CHAR	1	0	N
DTE_OF_ACC_INJ	This field identifies the date that the accident or injury occurred. Used to identify claims that could be used in this case.	DATE	0	0	N
DTE_LIEN_ORG	This field identifies the date the lien was originally filed with the county.	DATE	0	0	N
CDE_CAS_ORIG	This field identifies the party who sent the intake notification originally.	CHAR	1	0	N
DSC_NATURE_OF_INJ	Free form description of the injury in a casualty case.	CHAR	32	0	N
DTE_REV_CLOSED	The last action/update date of a casualty case.	DATE	0	0	N
IND_REL_CASE	This indicates if there are any other cases related to this case.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_CLERK	The clerk ID of the examiner assigned to the case.	CHAR	8	0	N
SAK_RECIP	This is the internal id of the member involved in this case.	NUMBER	9	0	N
DTE_REVIEW_PREV	This is the most recent date that this case was reviewed.	DATE	0	0	N
AMT_ADJUSTED	This is the amount removed from the case since it is not actually part of the case.	NUMBER	9	2	N
AMT_SETTLEMENT	This is the amount the case was settled for.	NUMBER	9	2	N
CDE_COUNTY	The 2 digit county number used to identify a geographical/political area in the state.	VARCHAR2	10	0	N
DTE_OFFLINE_CLM_ST	Claim Date when service started.	DATE	0	0	N
DTE_OFFLINE_CLM_END	Claim Date when service ended.	DATE	0	0	N

2.13.47 T_CASUALTY_REC

Each payment, by a tortfeasor, is recorded for accounting purposes and for reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASUALTY	This is the internal id that is unique to identify this case.	NUMBER	9	0	Y
SAK_CAS_SET	This is an internal identifier that uniquely identifies a casualty case recovery record.	NUMBER	9	0	Y
SAK_TORTFEASOR	The unique internal identifier used to identify the tortfeasor.	NUMBER	9	0	N
AMT_CASE_SETTLMNT	The total dollar amount of the case settlement.	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_SETTLEMENT	The date that the casualty case was settled.	DATE	0	0	N
AMT_EXPENSE	The total dollar amount expended while settling the case.	NUMBER	9	2	N

2.13.48 T_CAS_CASE_ACT

Holds a history of when the status of a case has changed. This is used to produce the casualty composite summary.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASUALTY	This is the internal id that is unique to identify this case.	NUMBER	9	0	Y
DTE_LAST_CHANGE	The date the status was last changed, used to report and track case status changes.	DATE	0	0	Y
CDE_ST_CASE_OLD	This field contains the previous status of the case. It is used to track and report status changes.	CHAR	1	0	Y
CDE_ST_CASE_NEW	This field contains the current status of the casualty case to track and report casualty case actions.	CHAR	1	0	Y

2.13.49 T_CAS_CASE_STATUS

This represents the valid status codes of a TPL casualty case and it's attendant description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATUS_CASE	This represents the current status of the casualty case.	CHAR	1	0	Y
DSC_STATUS_CASE	This is the description of the status code.	CHAR	40	0	N

2.13.50 T_CAS_CASE_TYPE

Represents a TPL casualty case type and its' description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CASE_TYPE	This indicates the type of the casualty case.	CHAR	1	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_CASE_TYPE	This is the description of the case type.	CHAR	20	0	N

2.13.51 T_CAS_CLAIM_SUMM

Each record holds information about one claim on the case. Used to get more information and to determine the case total.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	This is an internal identifier to uniquely identify the claim that could be associated to a casualty case.	NUMBER	9	0	Y
SAK_CASUALTY	This is the internal id that is unique to identify this case.	NUMBER	9	0	Y
AMT_PAID	The amount of money (check or EFT) paid to the provider for services rendered.	NUMBER	9	2	N

2.13.52 T_CA_ADJ_XREF

This table is used to cross-reference a claim (mother) to its adjustment (daughter) claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim (mother claim).	NUMBER	9	0	N
SAK_CLAIM_ADJ	System assigned key given to a claim adjustment (daughter claim).	NUMBER	9	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.53 T_CA_ANALYSIS

Holds aggregate information for the Claims Analysis STAR process.

Column Name	Description	Type	Length	Precision	Primary Key
CLAIM_KEY	System assigned key for the claim dimension table.	NUMBER	9	0	N
PERF_PROV_KEY	System assigned key for the provider dimension table based on performing provider.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
BILL_PROV_KEY	System assigned key for the provider dimension table based on billing provider.	NUMBER	9	0	N
REFER_PROV_KEY	System assigned key for the provider dimension table based on referring provider.	NUMBER	9	0	N
RECIP_KEY	System assigned key for the member dimension table.	NUMBER	9	0	N
IND_KEY	System assigned key for the claim indicator dimension table.	NUMBER	9	0	N
DOS_TIME_KEY	System assigned key for the incurred time dimension table.	NUMBER	9	0	N
PAID_TIME_KEY	System assigned key for the paid time dimension table.	NUMBER	9	0	N
TOT_AMT_BILLED	Total billed amount.	NUMBER	11	2	N
TOT_AMT_ALWD	Total allowed amount.	NUMBER	11	2	N
TOT_AMT_REIMB	Total paid amount reflected on a check to a provider.	NUMBER	11	2	N
TOT_AMT_PAID	Total amount paid.	NUMBER	11	2	N
TOT_AMT_ST_SHARE	Total amount of state share.	NUMBER	11	2	N
TOT_AMT_FED_SHARE	Total amount of the federal share.	NUMBER	11	2	N
TOT_AMT_ENCOUNTER	Total encounter amount.	NUMBER	11	2	N
TOT_AMT_TPL	Total amount of other insurance paid.	NUMBER	11	2	N
TOT_AMT_CO_PAY	Total member copay amount.	NUMBER	11	2	N
TOT_AMT_PAT_PAID	Total amount of patient paid amounts.	NUMBER	11	2	N

Column Name	Description	Type	Length	Precision	Primary Key
TOT_AMT_MCARE_PAID	Total Medicare paid amount.	NUMBER	11	2	N
TOT_AMT_PD_MCO	Total amount paid by the MCO.	NUMBER	11	2	N
CNT_CLAIMS_PAID	Total number of paid claims.	NUMBER	9	0	N
CNT_CLAIMS_DENIED	Total number of denied claims.	NUMBER	9	0	N
TOT_CLAIMS_CORR	The total number of detail lines that required some form of correction.	NUMBER	9	0	N
TOT_CLAIMS_OVRD	The total number of detail lines that were paid after overriding a claim edit.	NUMBER	9	0	N
TOT_CLAIMS_TPL	The total number of details with TPL indicated.	NUMBER	9	0	N
TOT_CLAIMS_ERRORS	The total number of details with edits applied.	NUMBER	9	0	N
TOT_QTY_BILLED	Total units billed	NUMBER	11	2	N
TOT_QTY_ALWD	Total quantity allowed.	NUMBER	11	2	N
TOT_DAYS_COVRD	Total number of covered days.	NUMBER	9	0	N
TOT_DAYS_NCOVRD	Total number of non-covered days.	NUMBER	9	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.54 T_CA_ATTACH

This table is used to hold all attachment code information for a claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	N
CDE_ATTACH	A code to indicate the type of form the provider included with the invoice.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.55 T_CA_ATTACH_DN

This table is used to hold all attachment code informaton for a claim in a demoralized form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	Y
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	Y
CDE_ATTACH_1	Report Type Code that identifies the title or contents of a document, report or supporting item (1 of 4).	CHAR	2	0	N
CDE_ATTACH_2	Report Type Code that identifies the title or contents of a document, report or supporting item (2 of 4).	CHAR	2	0	N
CDE_ATTACH_3	Report Type Code that identifies the title or contents of a document, report or supporting item (3 of 4).	CHAR	2	0	N
CDE_ATTACH_4	Report Type Code that identifies the title or contents of a document, report or supporting item (4 of 4).	CHAR	2	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.56 T_CA_CLAIM_KEY

The claim dimension for the Claims Analysis STAR process. This table contains claim related information that would frequently be used in a query. All claims on T_CA_ICN matching on all the attributes on this table are stamped with the same CLAIM_KEY.

Column Name	Description	Type	Length	Precision	Primary Key
CLAIM_KEY	System assigned key for the claim dimension table.	NUMBER	9	0	Y
CDE_CLM_TYPE	Code indicating the type of claim record.	CHAR	1	0	N
CDE_DTL_STATUS	Code that indicates if the claim is approved or rejected.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ADJ_VOID	A code to indicate whether the record is a new day claim (N), adjustment (A=daughter claim) or a void (V).	CHAR	1	0	N
CDE_CLM_REGION	The claim source indicator is a code used to identify how the claim entered the system.	CHAR	2	0	N
CDE_POS	A code to indicate where the service was provided.	CHAR	2	0	N
CDE_PGM_HEALTH	Code indicating who is eligible and what types of services are provided.	CHAR	5	0	N
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 - 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_FUND_CODE	This is the fund code that is used in financial reporting to correctly categorize funds (money).	CHAR	3	0	N
CDE_COS_ST	The state COS code that defines the grouping of services desired on State MAR reports (that is Inpatient, Outpatient, Psychiatric, and so on.).	CHAR	2	0	N
CDE_COS_SUB	A sub COS used to provide a more detailed service classification in MAR state reporting.	CHAR	2	0	N
IND_CLAIM	E=Encounter or F=Fee for service claim.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_CLM_TYPE	Description of the code indicating the type of claim record.	VARCHAR2	50	0	N
DSC_CLM_STATUS	Description of the code that indicates if the claim is approved or rejected.	VARCHAR2	50	0	N
DSC_REGION	Description of the value assigned to a specific claim source.	VARCHAR2	50	0	N
DSC_POS	Description of place where medical assistance service is performed.	VARCHAR2	50	0	N
DSC_PGM_HEALTH	Description of the code indicating who is eligible and what types of services are provided.	VARCHAR2	50	0	N
DSC_SOURCE	A description of the CDE_SOURCE value.	CHAR	50	0	N
DSC_FUND_CODE	This is the description of the financial fund code that is used for reporting.	CHAR	50	0	N
DSC_COS	A description that describes a claim classification for the purpose of MAR reporting.	CHAR	50	0	N

2.13.57 T_CA_COND

This table is used to hold all inpatient condition codes for a claim. The CDE_COND_SEQ data element is initialized to 1 and incremented for each condition code occurrence on the inpatient claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
CDE_COND_SEQ	Sequence number where the condition code was entered on the claim.	CHAR	2	0	N
CDE_COND	Code used to identify conditions relating to an institutional claim that may affect payer processing.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.58 T_CA_COND_DN

This table is used to hold a denormalized form of all inpatient condition codes for a claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	Y
CDE_COND_1	Code used to identify conditions relating to an institutional claim that may affect payer processing (1 of 8).	CHAR	2	0	N
CDE_COND_2	Code used to identify conditions relating to an institutional claim that may affect payer processing (2 of 8).	CHAR	2	0	N
CDE_COND_3	Code used to identify conditions relating to an institutional claim that may affect payer processing (3 of 8).	CHAR	2	0	N
CDE_COND_4	Code used to identify conditions relating to an institutional claim that may affect payer processing (4 of 8).	CHAR	2	0	N
CDE_COND_5	Code used to identify conditions relating to an institutional claim that may affect payer processing (5 of 8).	CHAR	2	0	N
CDE_COND_6	Code used to identify conditions relating to an institutional claim that may affect payer processing (6 of 8).	CHAR	2	0	N
CDE_COND_7	Code used to identify conditions relating to an institutional claim that may affect payer processing (7 of 8).	CHAR	2	0	N
CDE_COND_8	Code used to identify conditions relating to an institutional claim that may affect payer processing (8 of 8).	CHAR	2	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.59 T_CA_COS_DTL_XREF

This table stores State and Federal category of service assignments for each claim record. Based on the CDE_TXN_TYPE the record can be queried for each claim type. This table includes claims (paid and denied).

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key that uniquely identifies the claim record.	NUMBER	9	0	Y
NUM_DTL	Detail number for the claim record. Value of zero is used for non-claim records and header processed claims.	NUMBER	4	0	Y
CDE_TXN_TYPE	Identifies the type of record for the SAK_RECORD column. Values include the following but new State values may be added: C - Claim R - Acct Receivables S - Expenditures V - Capitation	CHAR	1	0	Y
DTE_PTN	Date used for database partitioning.	DATE	0	0	Y
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
CDE_COS_MSIS	Code for the MSIS type of service assigned to this record.	CHAR	2	0	N
CDE_COS_CMS64_9	Code for the CMS 64.9 line item assigned to this record.	CHAR	4	0	N
CDE_COS_CMS64_21	Code for the CMS 64.21 line item assigned to this record.	CHAR	4	0	N
CDE_COS_CMS21	Code for the CMS 21 line item assigned to this record.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_FUND_SRC	Code for the fund source used in federal reporting. Values include the following but States may add new values as needed: M - Medicaid B - BCCTS F - Family Planning I - Indian Health Services E - EPSDT	CHAR	1	0	N

2.13.60 T_CA_CURRENT_DATES

This table holds the current date associated with the last payment cycle. It holds the date in many different formats.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_PAID_BEG	The Beginning Paid Date for the DSS Claims Load weekly process. This field is for recurring reports.	DATE	0	0	Y
DTE_PAID_NUM_BEG	The Beginning Paid Date for the DSS Claims Load weekly process in numeric format. This field is for recurring reports.	NUMBER	9	0	N
DTE_PAID_WEEK_BEG	The Beginning Paid Date for the DSS Claims Load weekly process in Week format. This field is for recurring reports.	NUMBER	6	0	N
DTE_PAID_MONTH_BEG	The Beginning Paid Date for the DSS Claims Load weekly process in Month format. This field is for recurring reports.	NUMBER	6	0	N
DTE_PAID_QTR_BEG	The Beginning Paid Date for the DSS Claims Load weekly process in Quarter format. This field is for recurring reports.	NUMBER	6	0	N
DTE_PAID_SFY_BEG	The Beginning Paid Date for the DSS Claims Load weekly process in State Fiscal Year format. This field is for recurring reports.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_PAID_CY_BEG	The Beginning Paid Date for the DSS Claims Load weekly process in Calendar Year format. This field is for recurring reports.	NUMBER	4	0	N
DTE_PAID_FFY_BEG	The Beginning Paid Date for the DSS Claims Load weekly process in Federal Fiscal Year format. This field is for recurring reports.	NUMBER	4	0	N
DTE_PAID_END	The Ending Paid Date for the DSS Claims Load weekly process. This field is for recurring reports.	DATE	0	0	N
DTE_PAID_NUM_END	The Ending Paid Date for the DSS Claims Load weekly process in numeric format. This field is for recurring reports.	NUMBER	9	0	N
DTE_PAID_WEEK_END	The Ending Paid Date for the DSS Claims Load weekly process in Week format. This field is for recurring reports.	NUMBER	6	0	N
DTE_PAID_MONTH_END	The Ending Paid Date for the DSS Claims Load weekly process in Month format. This field is for recurring reports.	NUMBER	6	0	N
DTE_PAID_QTR_END	The Ending Paid Date for the DSS Claims Load weekly process in Quarter format. This field is for recurring reports.	NUMBER	6	0	N
DTE_PAID_SFY_END	The Ending Paid Date for the DSS Claims Load weekly process in State Fiscal Year format. This field is for recurring reports.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_PAID_CY_END	The Ending Paid Date for the DSS Claims Load weekly process in Calendar Year format. This field is for recurring reports.	NUMBER	4	0	N
DTE_PAID_FFY_END	The Ending Paid Date for the DSS Claims Load weekly process in Federal Fiscal Year format. This field is for recurring reports.	NUMBER	4	0	N
FIRST_DAY_MONTH	First day of the month using the beginning paid date.	DATE	0	0	N
LAST_DAY_MONTH	Last day of the month using the beginning paid date.	DATE	0	0	N
FIRST_DAY_QTR	First day of the quarter using the beginning paid date.	DATE	0	0	N
LAST_DAY_QTR	Last day of the quarter using the beginning paid date.	DATE	0	0	N

2.13.61 T_CA_DENTAL

This table is specific to the Dental claim type. Low hit dental data elements are contained within this table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	N
CDE_TOOTH_NBR	A code to indicate the tooth on which the service was performed.	CHAR	2	0	N
CDE_TOOTH_SURFACE_1	A code for the tooth surface on which the service was performed. There are 6 possible surface code for a service.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TOOTH_SURFACE_2	A code for the tooth surface on which the service was performed. There are 6 possible surface code for a service.	CHAR	1	0	N
CDE_TOOTH_SURFACE_3	A code for the tooth surface on which the service was performed. There are 6 possible surface code for a service.	CHAR	1	0	N
CDE_TOOTH_SURFACE_4	A code for the tooth surface on which the service was performed. There are 6 possible surface code for a service.	CHAR	1	0	N
CDE_TOOTH_SURFACE_5	A code for the tooth surface on which the service was performed. There are 6 possible surface code for a service.	CHAR	1	0	N
CDE_TOOTH_SURFACE_6	A code for the tooth surface on which the service was performed. There are 6 possible surface code for a service.	CHAR	1	0	N
CDE_TOOTH_QUAD	Code identifying the tooth quadrant.	CHAR	3	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.62 T_CA_DENT_VOID

This table is used to hold original and void SAKs resulting from the adjustment of an original Dental claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N

2.13.63 T_CA_DIAG

This table is used to hold diagnosis code information for a claim. The first 4 diagnosis codes are carried directly on the claim base table, T_FA_CA_ICN. If a claim has more that 4 diagnosis codes the remaining codes are stored on this table. The SAK_DIAG is initialed to 1 and incremented for each diagnosis for the claim stored on this table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
CDE_DIAG_SEQ	Indicates whether diagnosis is primary, second, third, or fourth in the header. Values are 1,2,3 or 4.	CHAR	2	0	N
CDE_DIAG	The diagnosis code that was keyed on the claim.	CHAR	7	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.64 T_CA_DIAG_DN

This table contains diagnosis codes 5 through 9. Diagnosis codes 1 through 4 are found on T_CA_ICN.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	Y
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	Y
CDE_DIAG_5	A code representing a condition requiring medical attention (5 of 9).	CHAR	7	0	N
CDE_DIAG_6	A code representing a condition requiring medical attention (6 of 9).	CHAR	7	0	N
CDE_DIAG_7	A code representing a condition requiring medical attention (7 of 9).	CHAR	7	0	N
CDE_DIAG_8	A code representing a condition requiring medical attention (8 of 9).	CHAR	7	0	N
CDE_DIAG_9	A code representing a condition requiring medical attention (9 of 9).	CHAR	7	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.65 T_CA_DRUG

This table is specific to the Drug claim type. It contains those drug data elements which are less frequently used.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	N
NUM_DAY_SUPPLY	The number of days the prescription should last.	NUMBER	9	0	N
QTY_DISPENSE	The quantity dispensed for the drug claim.	NUMBER	10	3	N
AMT_BILLED	Amount billed by provider for services rendered.	NUMBER	9	2	N
AMT_ALWD	Amount approved for payment for services rendered.	NUMBER	9	2	N
AMT_PAID	Amount sent to provider for payment for services rendered to a member.	NUMBER	9	2	N
AMT_AWP	Average wholesale price for drug.	NUMBER	12	5	N
AMT_MAC	The unit price for a drug under Federal MAC regulation.	NUMBER	12	5	N
AMT_EAC	Estimated acquisition cost for drug.	NUMBER	12	5	N
AMT_NDC_PROFEE	Amount that the provider receives for dispensing a prescription drug. This amount varies by provider type.	NUMBER	9	2	N
CDE_THERA_CLS_STD	The standard therapeutic class has 100 groupings for drug class. This is assigned by First Data Bank.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_THERA_CLS_GEN	The generic therapeutic class has 40 groupings for drug class. This is assigned by First Data Bank.	CHAR	3	0	N
CDE_THERA_CLS_SPEC	Therapeutic Class Code, Specific (GC3, Alias, HIC3). The most specific therapeutic class code offered by First DataBank, intended for users who need a very definitive therapeutic classification system.	CHAR	3	0	N
CDE_THERA_CLS_AHFS		CHAR	10	0	N
PATIENT_LOCATION	Code identifying the location of the patient when receiving pharmacy services. Valid values are: 0=Not Specified, 1=Home, 2=Inter-Care3=Nursing Home, 4=Long Term/Extended Care, 5=Rest Home6=Boarding Home, 7=Skilled Care Facility, 8=Sub-Acute Care Facility, 9=Acute Care Facility, 10=Outpatient and 11=Hospice.	NUMBER	2	0	N
LEVEL_OF_SERVICE	Coding indicating the type of service the provider rendered. Valid values are: 0=Not Specified, 1=Patient consultation, 2=Home delivery, 3=Emergency, 4=24 hour service, 5=Patient consultation regarding generic product selection and 6=In-Home Service.	NUMBER	2	0	N
CDE_NDC	The national drug code for the drug dispensed.	CHAR	11	0	N

Column Name	Description	Type	Length	Precision	Primary Key
QTY_REFILL	The refill number of the drug that was dispensed on the claim.	CHAR	2	0	N
NUM_PRSCRIP	The number assigned to the prescription by the provider.	CHAR	7	0	N
IND_DRUG_GENERIC	Generic Product Indicator (GPI) distinguishes a product either as a generic drug product or a more expensive branded drug product.	CHAR	1	0	N
CDE_CLM_STATUS	Indicates the status of a claim. The list of valid values in F&A is "P" - paid, "D" - denied, "V" - voided.	CHAR	1	0	N
CDE_ORGANIZ	A code to indicate the type of pharmacy.	CHAR	1	0	N
IND_BRAND_MED_NEC	Field indicates the reason, if any, that a brand name drug was dispensed.	CHAR	1	0	N
IND_PRICING	Indicates the method used to price the service or product.	CHAR	6	0	N
CDE_DEA	Drug Enforcement Administration Code denotes the degree of potential abuse and Federal control of a drug. It is subject to change by Federal regulation. The current code list is: 0, 1, 2, 3, 4, 5.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_GCN	The generic drug code is a 5 digit code (left justified in the 12 characters available in the field) assigned by First Data Bank (Medical Assistance contractor for drug pricing data) to group together all identical drugs. For example Acetaminophen tablets/50mg drug codes will have a common Acetaminophen tablets/50mg drug codes will have a common generic drug code.	NUMBER	5	0	N
NUM_DRUG_GCN_SEQ	The Generic Code Number Sequence Number (GCN_SEQNO) is a unique number representing a generic formulation. Like the GCN, it is specific to the generic ingredient(s), route of administration, and drug strength. Both are the same across manufacturers and/or package sizes. Unlike the GCN, which in some cases may have the same value for different dosage forms, the GCN_SEQNO is specific to its dosage form.	NUMBER	9	0	N
CDE_DUR_INTRVNTN	Record of whether a drug utilization and review intervention code was given in response to a DUR alert. The intervention code indicates whom the pharmacist consulted with (nobody, physician, recipient) to decide whether to fill the prescription.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DUR_OUTCOME	The response of the pharmacist to the DUR conflict code. This code indicates whether the prescription was filled as is, not filled, or changed.	CHAR	2	0	N
CDE_NCPDP_CONFLICT	Reason for Service Code	CHAR	2	0	N
RATE_PRICE	Pricing Rate used for drug claims.	CHAR	4	0	N
DTE_DISPENSE	The date the service was incurred.	DATE	0	0	N
DTE_PRESCRIBE	Date the prescription was written by the physician.	DATE	0	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.66 T_CA_DRUG_GENERIC

This table contains information about Generic Product Indicator (GPI) which will distinguish a product as either a generic drug product or as the more expensive branded drug products.

Column Name	Description	Type	Length	Precision	Primary Key
IND_DRUG_GENERIC	The Generic Product Indicator (GPI) will distinguish a product as either a generic drug product or as the more expensive branded drug products.	CHAR	1	0	Y
DSC_DRUG_GENERIC	Generic Drug Description	VARCHAR2	20	0	N

2.13.67 T_CA_DRUG_SOURCE

This table contains Drug Source Code differentiates single source from multiple source drugs.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DRUG_SOURCE	The Drug Source Code differentiates single source from multiple source drugs. The current codes are: 1 - Multiple sources & 2 - Single source. Note that this field does not distinguish between the "innovator" products and its substitutes.	CHAR	1	0	Y
DSC_DRUG_SOURCE	Drug Source Description	VARCHAR2	20	0	N

2.13.68 T_CA_DRUG_VOID

This table is used to hold original and void SAKs resulting from the adjustment of an original Drug claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N

2.13.69 T_CA_EPSDT_ABNORMAL

This table contains information about EPSDT abnormalities identified through screenings.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key to uniquely identify a claim within the system.	NUMBER	9	0	Y
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	Y
CDE_STATUS1	A one byte code indicating whether an abnormality has an open or closed status.	CHAR	1	0	N
DSC_6	The short description of the type of abnormality. Used for reporting purposes.	CHAR	40	0	N
DTE_GENERIC	The date the Abnormality was closed.	DATE	0	0	N
DTE_PTN	This is the partition column for this table. It can be either First Date of Service or Paid Date.	DATE	0	0	N

2.13.70 T_CA_ERROR

This table is used to hold all error code information for a claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	N
SAK_PUB_HLTH	Identifies the benefit plan for which a member is eligible.	NUMBER	9	0	N
SAK_ESC	System assigned key for an edit code that was set by the claims processing system. ESC = Error Status Code.	NUMBER	9	0	N
CDE_ESC	A code that corresponds to a particular edit/audit.	NUMBER	4	0	N
CDE_DISP_STATUS	Code that represents the action that is taken on a claim at the time of disposition. Pay = P, deny = D, suspend = S, force override = F, reject = J, or batch suspend = B.	CHAR	1	0	N
CDE_STAT_ERROR	Code used to indicate whether the error on the claim is a current error ('C'), one that failed in the current cycle, or an historical error ('H'), one that previously failed.	CHAR	1	0	N
CDE_EOB	A code which represents a policy for Medicaid claim adjudication.	CHAR	4	0	N
DTE_ERROR	Date that the error occurred.	DATE	0	0	N
DSC_ESC	Description of an edit/audit that is performed in the MMIS system.	CHAR	50	0	N
DSC_EOB	This field is the first line of the nomenclature for an Explanation of Benefits that will be printed on the remittance advice.	CHAR	79	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.71 T_CA_ERROR_DN

This table contains all error code information for a claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	Y
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	Y
SAK_ESC_1	System assigned key that uniquely identifies an error number (1 of 6).	NUMBER	9	0	N
SAK_ESC_2	System assigned key that uniquely identifies an error number (2 of 6).	NUMBER	9	0	N
SAK_ESC_3	System assigned key that uniquely identifies an error number (3 of 6).	NUMBER	9	0	N
SAK_ESC_4	System assigned key that uniquely identifies an error number (4 of 6).	NUMBER	9	0	N
SAK_ESC_5	System assigned key that uniquely identifies an error number (5 of 6).	NUMBER	9	0	N
SAK_ESC_6	System assigned key that uniquely identifies an error number (6 of 6).	NUMBER	9	0	N
DTE_ERROR_1	Date the error occurred (1 of 6).	DATE	0	0	N
DTE_ERROR_2	Date the error occurred (2 of 6).	DATE	0	0	N
DTE_ERROR_3	Date the error occurred (3 of 6).	DATE	0	0	N
DTE_ERROR_4	Date the error occurred (4 of 6).	DATE	0	0	N
DTE_ERROR_5	Date the error occurred (5 of 6).	DATE	0	0	N
DTE_ERROR_6	Date the error occurred (6 of 6).	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DISP_STATUS_1	Code that represents the action that is taken on a claim at the time of disposition (1 of 6). Pay = P, deny = D, suspend = S, force override = F, reject = J, or batch suspend = B.	CHAR	1	0	N
CDE_DISP_STATUS_2	Code that represents the action that is taken on a claim at the time of disposition (2 of 6).	CHAR	1	0	N
CDE_DISP_STATUS_3	Code that represents the action that is taken on a claim at the time of disposition (3 of 6).	CHAR	1	0	N
CDE_DISP_STATUS_4	Code that represents the action that is taken on a claim at the time of disposition (4 of 6).	CHAR	1	0	N
CDE_DISP_STATUS_5	Code that represents the action that is taken on a claim at the time of disposition (5 of 6).	CHAR	1	0	N
CDE_DISP_STATUS_6	Code that represents the action that is taken on a claim at the time of disposition (6 of 6).	CHAR	1	0	N
CDE_EOB_1	A code which represents a policy for Medicaid claim adjudication.	CHAR	4	0	N
CDE_EOB_2	A code which represents a policy for Medicaid claim adjudication.	CHAR	4	0	N
CDE_EOB_3	A code which represents a policy for Medicaid claim adjudication.	CHAR	4	0	N
CDE_EOB_4	A code which represents a policy for Medicaid claim adjudication.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_EOB_5	A code which represents a policy for Medicaid claim adjudication.	CHAR	4	0	N
CDE_EOB_6	A code which represents a policy for Medicaid claim adjudication.	CHAR	4	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.72 T_CA_FIN

The fact table used in the Claims Analysis STAR process. This table is the main claims analysis table. Data elements common to all claim type and high hit data element are contained within this table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECORD	System assigned key given to a claim.	NUMBER	9	0	N
CLAIM_KEY	System assigned key for the claim dimension table.	NUMBER	9	0	N
BILL_PROV_KEY	System assigned key for the provider dimension table based on billing provider.	NUMBER	9	0	N
RECIP_KEY	System assigned key for the member dimension table.	NUMBER	9	0	N
DOS_TIME_KEY	System assigned key for the incurred time dimension table.	NUMBER	9	0	N
PAID_TIME_KEY	System assigned key for the paid time dimension table.	NUMBER	9	0	N
AMT_REIMBURSED	Payment amount received by the Billing Provider.	NUMBER	13	2	N
AMT_PAID	Amount that will be applied toward the check amount.	NUMBER	13	2	N
CNT_CLAIMS_PAID	Counts the claim as a paid claim.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_PAID	The date the claim was adjudicated. Except for special processing cycles. This is not the actual date of payment; since the payment is issued by the state treasurer after a post-audit and when funds are available.	DATE	0	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N
DTE_FIRST_SVC	Date on which services were first performed for a member.	DATE	0	0	N
DTE_LAST_SVC	Date on which services were last performed for a member.	DATE	0	0	N
ID_MEDICAID	The unique number assigned to the member.	CHAR	12	0	N
CDE_CLM_TYPE	A code to indicate the type of medical assistance invoice used by the provider to bill map for the rendered service.	CHAR	1	0	N
NUM_CHECK	The voucher transmittal number used in the state	CHAR	9	0	N
NUM_RA	The Remmitance Advice Number.	NUMBER	9	0	N

2.13.73 T_CA_HDR_DTL

This table is used to hold all inpatient ancillary code information for a claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	N
CDE_REVENUE	Identifies a specific accommodation or ancillary service.	CHAR	4	0	N
AMT_BILLED	Amount provider billed for the service.	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_ALWD	Amount MA approved for the service.	NUMBER	9	2	N
AMT_DTL_TPL	Amount paid by a third party.	NUMBER	9	2	N
AMT_PAID	Amount of money (check or EFT) we will pay to an external entity.	NUMBER	9	2	N
AMT_CO_PAY	Co-payment Amount	NUMBER	9	2	N
AMT_PD_MCO	Amount paid to the managed care organization.	NUMBER	9	2	N
AMT_PAT_LIAB	Patient Liability Amount	NUMBER	10	2	N
QTY_UNITS_BILLED	Quantity billed by the provider for payment for services rendered to a member.	NUMBER	9	2	N
QTY_UNITS_ALWD	Quantity allowed for payment for services rendered to a member.	NUMBER	9	2	N
CDE_DTL_STATUS	Code to indicate payment status of the detail.	CHAR	1	0	N
IND_PRICING	Indicator to show what pricing formula was used.	CHAR	6	0	N
IND_EPSDT	Indicates whether the procedure/drug is compensable for children (under 21) with medically needy only categories of assistance if dispensed through the EPSDT program. Service is determined to be EPSDT using a procedure group maintained in the Reference system. Valid values are Y (Yes) and N (No).	CHAR	1	0	N
IND_REF_FAM_PLAN	Indicates if this was Family Planning.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_STERILIZATION	Indicates if this was a sterilization.	CHAR	1	0	N
IND_HYST		CHAR	1	0	N
IND_ABORTION	Indicates if this was an abortion.	CHAR	1	0	N
CDE_PROC	A code from the MA fee schedule to indicate the service performed.	CHAR	6	0	N
CDE_MODIFIER_1	Procedure Code Modifier 1	CHAR	2	0	N
CDE_MODIFIER_2	Procedure Code Modifier 2	CHAR	2	0	N
CDE_MODIFIER_3	Procedure Code Modifier 3	CHAR	2	0	N
CDE_MODIFIER_4	Procedure Code Modifier 4	CHAR	2	0	N
ID_PROV_ATTEND	Attending Provider ID.	CHAR	15	0	N
SAK_PROV_LOC_ATTEND	System Assigned Key for Attending Provider Service Location.	NUMBER	9	0	N
DTE_LAST_SVC	Date on which services were last performed for a recipient	DATE	0	0	N
DTE_FIRST_SVC	The date the service was incurred.	DATE	0	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.74 T_CA_HDR_DTL_DN

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	Y
CDE_REVENUE_1	A code indicating the ancillary services provided to the member during the billing period (1 of 23).	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROC_1	A code indicating the service performed (1 of 23).	CHAR	6	0	N
AMT_ALWD_1	The usual and customary charge for the respective code (1 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_1	The number of units of service included for the respective code (1 of 23).	NUMBER	9	2	N
CDE_REVENUE_2	A code indicating the ancillary services provided to the member during the billing period (2 of 23).	CHAR	4	0	N
CDE_PROC_2	A code indicating the service performed (2 of 23).	CHAR	6	0	N
AMT_ALWD_2	The usual and customary charge for the respective code (2 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_2	The number of units of service included for the respective code (2 of 23).	NUMBER	9	2	N
CDE_REVENUE_3	A code indicating the ancillary services provided to the member during the billing period (3 of 23).	CHAR	4	0	N
CDE_PROC_3	A code indicating the service performed (3 of 23).	CHAR	6	0	N
AMT_ALWD_3	The usual and customary charge for the respective code (3 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_3	The number of units of service included for the respective code (3 of 23).	NUMBER	9	2	N
CDE_REVENUE_4	A code indicating the ancillary services provided to the member during the billing period (4 of 23).	CHAR	4	0	N
CDE_PROC_4	A code indicating the service performed (4 of 23).	CHAR	6	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_ALWD_4	The usual and customary charge for the respective code (4 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_4	The number of units of service included for the respective code (4 of 23).	NUMBER	9	2	N
CDE_REVENUE_5	A code indicating the ancillary services provided to the member during the billing period (5 of 23).	CHAR	4	0	N
CDE_PROC_5	A code indicating the service performed (5 of 23).	CHAR	6	0	N
AMT_ALWD_5	The usual and customary charge for the respective code (5 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_5	The number of units of service included for the respective code (5 of 23).	NUMBER	9	2	N
CDE_REVENUE_6	A code indicating the ancillary services provided to the member during the billing period (6 of 23).	CHAR	4	0	N
CDE_PROC_6	A code indicating the service performed (6 of 23).	CHAR	6	0	N
AMT_ALWD_6	The usual and customary charge for the respective code (6 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_6	The number of units of service included for the respective code (6 of 23).	NUMBER	9	2	N
CDE_REVENUE_7	A code indicating the ancillary services provided to the member during the billing period (7 of 23).	CHAR	4	0	N
CDE_PROC_7	A code indicating the service performed (7 of 23).	CHAR	6	0	N
AMT_ALWD_7	The usual and customary charge for the respective code (7 of 23).	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
QTY_UNITS_ALWD_7	The number of units of service included for the respective code (7 of 23).	NUMBER	9	2	N
CDE_REVENUE_8	A code indicating the ancillary services provided to the member during the billing period (8 of 23).	CHAR	4	0	N
CDE_PROC_8	A code indicating the service performed (8 of 23).	CHAR	6	0	N
AMT_ALWD_8	The usual and customary charge for the respective code (8 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_8	The number of units of service included for the respective code (8 of 23).	NUMBER	9	2	N
CDE_REVENUE_9	A code indicating the ancillary services provided to the member during the billing period (9 of 23).	CHAR	4	0	N
CDE_PROC_9	A code indicating the service performed (9 of 23).	CHAR	6	0	N
AMT_ALWD_9	The usual and customary charge for the respective code (9 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_9	The number of units of service included for the respective code (9 of 23).	NUMBER	9	2	N
CDE_REVENUE_10	A code indicating the ancillary services provided to the member during the billing period (10 of 23).	CHAR	4	0	N
CDE_PROC_10	A code indicating the service performed (10 of 23).	CHAR	6	0	N
AMT_ALWD_10	The usual and customary charge for the respective code (10 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_10	The number of units of service included for the respective code (10 of 23).	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVENUE_11	A code indicating the ancillary services provided to the member during the billing period (11 of 23).	CHAR	4	0	N
CDE_PROC_11	A code indicating the service performed (11 of 23).	CHAR	6	0	N
AMT_ALWD_11	The usual and customary charge for the respective code (11 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_11	The number of units of service included for the respective code (11 of 23).	NUMBER	9	2	N
CDE_REVENUE_12	A code indicating the ancillary services provided to the member during the billing period (12 of 23).	CHAR	4	0	N
CDE_PROC_12	A code indicating the service performed (12 of 23).	CHAR	6	0	N
AMT_ALWD_12	The usual and customary charge for the respective code (12 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_12	The number of units of service included for the respective code (12 of 23).	NUMBER	9	2	N
CDE_REVENUE_13	A code indicating the ancillary services provided to the member during the billing period (13 of 23).	CHAR	4	0	N
CDE_PROC_13	A code indicating the service performed (13 of 23).	CHAR	6	0	N
AMT_ALWD_13	The usual and customary charge for the respective code (13 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_13	The number of units of service included for the respective code (13 of 23).	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVENUE_14	A code indicating the ancillary services provided to the member during the billing period (14 of 23).	CHAR	4	0	N
CDE_PROC_14	A code indicating the service performed (14 of 23).	CHAR	6	0	N
AMT_ALWD_14	The usual and customary charge for the respective code (14 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_14	The number of units of service included for the respective code (14 of 23).	NUMBER	9	2	N
CDE_REVENUE_15	A code indicating the ancillary services provided to the member during the billing period (15 of 23).	CHAR	4	0	N
CDE_PROC_15	A code indicating the service performed (15 of 23).	CHAR	6	0	N
AMT_ALWD_15	The usual and customary charge for the respective code (15 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_15	The number of units of service included for the respective code (15 of 23).	NUMBER	9	2	N
CDE_REVENUE_16	A code indicating the ancillary services provided to the member during the billing period (16 of 23).	CHAR	4	0	N
CDE_PROC_16	A code indicating the service performed (16 of 23).	CHAR	6	0	N
AMT_ALWD_16	The usual and customary charge for the respective code (16 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_16	The number of units of service included for the respective code (16 of 23).	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVENUE_17	A code indicating the ancillary services provided to the member during the billing period (17 of 23).	CHAR	4	0	N
CDE_PROC_17	A code indicating the service performed (17 of 23).	CHAR	6	0	N
AMT_ALWD_17	The usual and customary charge for the respective code (17 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_17	The number of units of service included for the respective code (17 of 23).	NUMBER	9	2	N
CDE_REVENUE_18	A code indicating the ancillary services provided to the member during the billing period (18 of 23).	CHAR	4	0	N
CDE_PROC_18	A code indicating the service performed (18 of 23).	CHAR	6	0	N
AMT_ALWD_18	The usual and customary charge for the respective code (18 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_18	The number of units of service included for the respective code (18 of 23).	NUMBER	9	2	N
CDE_REVENUE_19	A code indicating the ancillary services provided to the member during the billing period (19 of 23).	CHAR	4	0	N
CDE_PROC_19	A code indicating the service performed (19 of 23).	CHAR	6	0	N
AMT_ALWD_19	The usual and customary charge for the respective code (19 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_19	The number of units of service included for the respective code (19 of 23).	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVENUE_20	A code indicating the ancillary services provided to the member during the billing period (20 of 23).	CHAR	4	0	N
CDE_PROC_20	A code indicating the service performed (20 of 23).	CHAR	6	0	N
AMT_ALWD_20	The usual and customary charge for the respective code (20 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_20	The number of units of service included for the respective code (20 of 23).	NUMBER	9	2	N
CDE_REVENUE_21	A code indicating the ancillary services provided to the member during the billing period (21 of 23).	CHAR	4	0	N
CDE_PROC_21	A code indicating the service performed (21 of 23).	CHAR	6	0	N
AMT_ALWD_21	The usual and customary charge for the respective code (21 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_21	The number of units of service included for the respective code (21 of 23).	NUMBER	9	2	N
CDE_REVENUE_22	A code indicating the ancillary services provided to the member during the billing period (22 of 23).	CHAR	4	0	N
CDE_PROC_22	A code indicating the service performed (22 of 23).	CHAR	6	0	N
AMT_ALWD_22	The usual and customary charge for the respective code (22 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_22	The number of units of service included for the respective code (22 of 23).	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVENUE_23	A code indicating the ancillary services provided to the member during the billing period (23 of 23).	CHAR	4	0	N
CDE_PROC_23	A code indicating the service performed (23 of 23).	CHAR	6	0	N
AMT_ALWD_23	The usual and customary charge for the respective code (23 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_23	The number of units of service included for the respective code (23 of 23).	NUMBER	9	2	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.75 T_CA_HELD_CLAIMS

The fact table used in the Claims Analysis STAR process. This table is the main claims analysis table. Data elements common to all claim type and high hit data element are contained within this table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	N
PERF_PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	N
REFER_PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	N
BILL_PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DOS_TIME_KEY	System assigned key for the incurred time dimension table.	NUMBER	9	0	N
PAID_TIME_KEY	System assigned key for the paid time dimension table.	NUMBER	9	0	N
SAK_RECIP	System assigned key assigned to a member.	NUMBER	9	0	N
AMT_BILLED	Amount of money requested for payment by a provider for services rendered to a member.	NUMBER	10	2	N
AMT_ALWD	Amount approved to pay for services provided to a member.	NUMBER	10	2	N
AMT_REIMBURSED	Amount sent to a provider for payment for services rendered to a member.	NUMBER	10	2	N
AMT_PAID	Amount that will be applied toward the check amount.	NUMBER	10	2	N
AMT_STATE_SHARE	Amount of state share for this payment.	NUMBER	10	2	N
AMT_FEDERAL_SHARE	Amount of federal share for this payment.	NUMBER	10	2	N
AMT_TPL	The amount received by the provider from private insurers.	NUMBER	10	2	N
AMT_CO_PAY	The amount members age 18 and older are responsible to pay the provider for the service.	NUMBER	10	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_PAT_LIAB	The amount received by the provider from the member. This excludes copay. This is the amount that has been determined to be available from the member as partial payment of the cost of care.	NUMBER	10	2	N
AMT_MCARE_PAID	The amount received by the provider for the claim from Medicare.	NUMBER	10	2	N
CNT_CLAIMS	Counts the claim as a paid claim.	NUMBER	9	0	N
QTY_UNITS_BILLED	The units of service billed by the provider.	NUMBER	9	2	N
QTY_UNITS_ALWD	The units of service approved for payment.	NUMBER	9	2	N
DTE_BILLED	The date the provider completed the invoice.	DATE	0	0	N
DTE_PAID	The date the claim was adjudicated except for special processing cycles. This is not the actual date of payment since the payment is issued by the state treasurer after a post-audit and when funds are available.	DATE	0	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N
DTE_FIRST_SVC	Date on which services were first performed for a member.	DATE	0	0	N
DTE_LAST_SVC	Date on which services were last performed for a member.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_ADMISSION	The date the member was admitted to the hospital.	DATE	0	0	N
DTE_DISCHARGE	The date the member was discharged from the hospital.	DATE	0	0	N
DTE_BIRTH	The birthdate of the member.	DATE	0	0	N
NUM_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
NUM_ADJ_ICN	Internal control number of the mother claim.	CHAR	13	0	N
ID_MEDICAID	The unique number assigned to the member.	CHAR	12	0	N
NUM_CASE	Contains the member case code assigned.	CHAR	12	0	N
ID_PROV_PRESCRB	The ID for the prescribing provider.	CHAR	15	0	N
ID_PROV_ATTEND	The ID for the attending provider.	CHAR	15	0	N
CDE_PROV_TYPE_BILL	Billing Provider Type Code.	CHAR	2	0	N
CDE_PROV_SPEC_BILL	Billing Provider Specialty Code.	CHAR	3	0	N
CDE_PROV_TYPE_PERF	Performing Provider Type Code.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_SPEC_PERF	Performing Provider Specialty Code.	CHAR	3	0	N
CDE_RECIP_COUNTY	The county number used to identify a geographical/political area in the state.	VARCHAR2	10	0	N
CDE_RACE	Code describing the race of an individual. Each position of this field can contain a different race code.	CHAR	2	0	N
CDE_ETHNIC	Member's ethnicity code.	CHAR	2	0	N
CDE_SEX	Code describing the gender of an individual.	CHAR	1	0	N
CDE_AID_CATEGORY	Identifies the type of aid for which a member is eligible.	CHAR	2	0	N
CDE_PGM_STATUS	Code for Member Program Status. This is used as additional criteria to determine eligibility.	CHAR	2	0	N
CDE_IMID	The relationship indicator.	CHAR	2	0	N
NUM_RECIP_AGE	The age of the member on the From Date of Service rounded down to a full year.	NUMBER	4	0	N
CDE_PROC_PRIM	A code from the MA fee schedule to indicate the service performed.	CHAR	6	0	N
CDE_MODIFIER_1	The first of up to 4 codes that may be used to supplement the procedure code.	CHAR	2	0	N
CDE_MODIFIER_2	The second of up to 4 codes that may be used to supplement the procedure code.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MODIFIER_3	The third of up to 4 codes that may be used to supplement the procedure code.	CHAR	2	0	N
CDE_MODIFIER_4	The fourth of up to 4 codes that may be used to supplement the procedure code.	CHAR	2	0	N
CDE_DIAG_PRIM	The primary ICD-9-CM diagnosis code.	CHAR	7	0	N
CDE_DIAG_2	The secondary ICD-9-CM diagnosis code.	CHAR	7	0	N
CDE_DIAG_3	The third ICD-9-CM diagnosis code.	CHAR	7	0	N
CDE_DIAG_4	The fourth ICD-9-CM diagnosis code.	CHAR	7	0	N
CDE_NDC	The national drug code for the drug dispensed.	CHAR	11	0	N
CDE_DRG	The diagnosis related group number assigned to the claim.	CHAR	4	0	N
CDE_CLM_TYPE	A code to indicate the type of medical assistance invoice used by the provider to bill omap for the rendered service.	CHAR	1	0	N
CDE_REVENUE	The voucher transmittal number used in the state accounting system.	CHAR	4	0	N
CDE_CLM_REGION	Indicates whether the procedure/drug is exempt from the member co-payment requirement.	CHAR	2	0	N
CDE_PGM_HEALTH	The remittance advice number printed in the financial system.	CHAR	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_FUND_CODE	A code to indicate whether the service was a sterilization or a hysterectomy.	CHAR	3	0	N
CDE_TYPE_OF_BILL	Code which indicates a specific type of facility.	CHAR	3	0	N
NUM_PRIOR_AUTH	This is the number assigned that authorizes the procedure being performed.	CHAR	10	0	N
CDE_DTL_STATUS	Code that indicates if the claim is approved or rejected.	CHAR	1	0	N
CDE_HDR_DTL	A code to indicate whether the record is a new day claim (N), adjustment (A=daughter claim) or a void (V).	CHAR	1	0	N

2.13.76 T_CA_ICD9_PROC

This table is used to hold all inpatient procedure code information for a claim. The NUM_SEQ data element is initialized to 1 and incremented for each IDC9 procedure occurrence on the inpatient claim. DTE_ICD_9_CM_PROC is only available for the first 3 occurrences of ICD9 procedures on the claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_SEQ	Sequence numbers as they appeared on the claim.	NUMBER	4	0	N
CDE_PROC_ICD9	Code which represents the surgical procedure code.	VARCHAR2	4	0	N
DTE_ICD_9_CM_PROC	The date the surgical procedure was performed.	DATE	0	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.77 T_CA_ICD9_PROC_DN

This table contains up to six ICD9 procedure codes billed on an inpatient UB claim form. Only three procedure dates are displayed.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	Y
DTE_ICD_9_CM_PROC_1	Date first (primary) surgery occurred.	DATE	0	0	N
DTE_ICD_9_CM_PROC_2	Date second surgery occurred.	DATE	0	0	N
DTE_ICD_9_CM_PROC_3	Date third surgery occurred.	DATE	0	0	N
DTE_ICD_9_CM_PROC_4	Date fourth surgery occurred.	DATE	0	0	N
DTE_ICD_9_CM_PROC_5	Date fifth surgery occurred.	DATE	0	0	N
DTE_ICD_9_CM_PROC_6	Date sixth surgery occurred.	DATE	0	0	N
CDE_PROC_ICD9_1	First (primary) surgical procedure code.	VARCHAR2	4	0	N
CDE_PROC_ICD9_2	Second surgery code.	VARCHAR2	4	0	N
CDE_PROC_ICD9_3	Third surgery code.	VARCHAR2	4	0	N
CDE_PROC_ICD9_4	Fourth surgery code.	VARCHAR2	4	0	N
CDE_PROC_ICD9_5	Fifth surgery code.	VARCHAR2	4	0	N
CDE_PROC_ICD9_6	Sixth surgery code.	VARCHAR2	4	0	N
DTE_PTN	The date of the financial cycle the claim was paid.	DATE	0	0	N

2.13.78 T_CA_ICN

The fact table used in the Claims Analysis STAR process. This table is the main claims analysis table. Data elements common to all claim type and high hit data element are contained within this table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
PERF_PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	N
REFER_PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	N
BILL_PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	N
SUBM_PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	N
FAC_PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	N
SURG_PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	N
CLAIM_KEY	System assigned key for the claim dimension table.	NUMBER	9	0	N
RECIP_KEY	System assigned key for the member dimension table.	NUMBER	9	0	N
DOS_TIME_KEY	System assigned key for the incurred time dimension table.	NUMBER	9	0	N
PAID_TIME_KEY	System assigned key for the paid time dimension table.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_BILLED	Amount of money requested for payment by a provider for services rendered to a member.	NUMBER	10	2	N
AMT_ALWD	Amount approved to pay for services provided to a member.	NUMBER	10	2	N
AMT_REIMBURSED	Amount sent to a provider for payment for services rendered to a member.	NUMBER	10	2	N
AMT_PAID	Amount that will be applied toward the check amount.	NUMBER	10	2	N
AMT_STATE_SHARE	Amount of state share for this payment.	NUMBER	10	2	N
AMT_FEDERAL_SHARE	Amount of federal share for this payment.	NUMBER	10	2	N
AMT_ENCOUNTER	Amount for encounter services on the claim detail indicated by the detail number on the table.	NUMBER	10	2	N
AMT_TPL	The amount received by the provider from private insurers.	NUMBER	10	2	N
AMT_CO_PAY	The amount members age 18 and older are responsible to pay the provider for the service.	NUMBER	10	2	N
AMT_PAT_LIAB	The amount received by the provider from the member. This excludes copay. This is the amount that has been determined to be available from the member as partial payment of the cost of care.	NUMBER	10	2	N
AMT_MCARE_PAID	The amount received by the provider for the claim from Medicare.	NUMBER	10	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_PD_MCO	Amount paid by the managed care organization.	NUMBER	10	2	N
CNT_CLAIMS_PAID	Counts the claim as a paid claim.	NUMBER	9	0	N
CNT_CLAIMS_DENIED	Counts the claim as a denied claim.	NUMBER	9	0	N
QTY_UNITS_BILLED	The units of service billed by the provider.	NUMBER	9	2	N
QTY_UNITS_ALWD	The units of service approved for payment.	NUMBER	9	2	N
NUM_DAYS_COVD	Indicates the number of days covered for the statement period of the claim.	NUMBER	9	0	N
NUM_DAYS_NCOVD	The number of days between the service begin-date and service end date which were not covered in any part by medical assistance or Medicare.	NUMBER	9	0	N
SAK_RECIP	System assigned key assigned to a member.	NUMBER	9	0	N
NUM_RECIP_AGE	The age of the member on the From Date of Service rounded down to a full year.	NUMBER	4	0	N
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	N
BUDGET_YR	The fiscal year of the budget from which the funds were drawn.	NUMBER	4	0	N
DTE_BILLED	The date the provider completed the invoice.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_PAID	The date the claim was adjudicated except for special processing cycles. This is not the actual date of payment since the payment is issued by the state treasurer after a post-audit and when funds are available.	DATE	0	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N
DTE_FIRST_SVC	Date on which services were first performed for a member.	DATE	0	0	N
DTE_LAST_SVC	Date on which services were last performed for a member.	DATE	0	0	N
DTE_ADMISSION	The date the member was admitted to the hospital.	DATE	0	0	N
DTE_DISCHARGE	The date the member was discharged from the hospital.	DATE	0	0	N
DTE_BIRTH	The birthdate of the member.	DATE	0	0	N
NUM_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
ID_MEDICAID	The unique number assigned to the member.	CHAR	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RELATION	A code to indicate the relationship of the member to the head of the household.	CHAR	1	0	N
NUM_ADJ_ICN	Internal control number of the mother claim.	CHAR	13	0	N
CDE_PROC_PRIM	A code from the MA fee schedule to indicate the service performed.	CHAR	6	0	N
CDE_MODIFIER_1	The first of up to 4 codes that may be used to supplement the procedure code.	CHAR	2	0	N
CDE_MODIFIER_2	The second of up to 4 codes that may be used to supplement the procedure code.	CHAR	2	0	N
CDE_MODIFIER_3	The third of up to 4 codes that may be used to supplement the procedure code.	CHAR	2	0	N
CDE_MODIFIER_4	The fourth of up to 4 codes that may be used to supplement the procedure code.	CHAR	2	0	N
CDE_NDC	The national drug code for the drug dispensed.	CHAR	11	0	N
CDE_DIAG_PRIM	The primary ICD-9-CM diagnosis code.	CHAR	7	0	N
CDE_DIAG_2	The secondary ICD-9-CM diagnosis code.	CHAR	7	0	N
CDE_DIAG_3	The third ICD-9-CM diagnosis code.	CHAR	7	0	N
CDE_DIAG_4	The fourth ICD-9-CM diagnosis code.	CHAR	7	0	N
CDE_DRG	The diagnosis related group number assigned to the claim.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TYPE_OF_BILL	Code which indicates a specific type of facility.	CHAR	3	0	N
NUM_PRIOR_AUTH	This is the number assigned that authorizes the procedure being performed.	CHAR	10	0	N
CDE_DTL_STATUS	Code that indicates if the claim is approved or rejected.	CHAR	1	0	N
ID_CLERK	Identification number of the clerk who did data entry on the claim.	CHAR	8	0	N
IND_ACCIDENT	Indicates whether the service performed was as a result of an accident.	CHAR	1	0	N
IND_PRICING	Indicates whether the procedure/drug is exempt from the member co-payment requirement.	CHAR	6	0	N
NUM_CASE	Contains the member case code assigned.	CHAR	12	0	N
NUM_CHECK	The voucher transmittal number used in the state accounting system.	CHAR	9	0	N
NUM_RA	The remittance advice number printed in the financial system.	NUMBER	9	0	N
IND_EPSDT_SCREEN	Indicator ('Y' or 'N') for claims that were for EPSDT Screenings. This means the claim record exists on the T_RE_EPS_HIST_EXT Table in the MMIS.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_REF_EPSDT	Indicates whether the procedure/drug is compensable for children with medically needy only categories of assistance if dispensed through the EPSDT program.	CHAR	1	0	N
IND_REF_FAM_PLAN	Indicates whether the procedure/drug is for family planning purposes.	CHAR	1	0	N
IND_STERILIZATION	A code to indicate whether the service was a sterilization or a hysterectomy.	CHAR	1	0	N
IND_HYST	Indicates if the procedure performed was a hysterectomy.	CHAR	1	0	N
CDE_EMERGENCY	A code to indicate whether the claim was for a service provided in an emergency situation.	CHAR	1	0	N
IND_ABORTION	Indicates if the procedure performed was an abortion.	CHAR	1	0	N
CDE_ABORTION	Code indicating the reason for an abortion.	CHAR	1	0	N
CDE_STERILIZATION	Code indicating the reason for a sterilization.	CHAR	3	0	N
CDE_CLM_TYPE	A code to indicate the type of medical assistance invoice used by the provider to bill omap for the rendered service.	CHAR	1	0	N
CDE_PROV_TYPE_BILL	Billing Provider Type Code.	CHAR	2	0	N
CDE_PROV_SPEC_BILL	Billing Provider Specialty Code.	CHAR	3	0	N
CDE_PROV_TYPE_PERF	Performing Provider Type Code.	CHAR	2	0	N
CDE_PROV_SPEC_PERF	Performing Provider Specialty Code.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_PRESCRB	The ID for the prescribing provider.	CHAR	15	0	N
ID_PROV_ATTEND	The ID for the attending provider.	CHAR	15	0	N
ID_PROV_SURG	The ID for the surgical provider.	CHAR	15	0	N
CDE_ADJ_VOID	A code to indicate whether the record is a new day claim (N), adjustment (A=daughter claim) or a void (V).	CHAR	1	0	N
IND_MNGD_HLTH	Indicates if the member was enrolled in an hmo/hio when the claim was adjudicated.	CHAR	1	0	N
IND_RESTRICT_LI	A code to indicate whether the member is/was "locked-in" to a specific provider to prevent utilization abuse by the member.	CHAR	1	0	N
IND_CLAIM	E=Encounter or F=Fee for service claim.	CHAR	1	0	N
IND_LATEST_CLM	Code to indicate the latest claim in an adjustment chain.	CHAR	1	0	N
CNT_CLAIMS_CORR	The number of detail lines on this claim that required some form of correction.	NUMBER	9	0	N
CNT_CLAIMS_OVRD	The number of detail lines on this claim that were paid after overriding a claim edit.	NUMBER	9	0	N
CNT_CLAIMS_TPL	The number of details on this claim with TPL indicated.	NUMBER	9	0	N
CNT_CLAIMS_ERRORS	The number of details on this claim with edits applied.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_COPAY_TYPE	This a Copay Type Group MAR will use to assign based on Category of Service values.	NUMBER	9	0	N
SAK_TIME_KEY	System assigned key for the incurred time dimension table.	NUMBER	9	0	N

2.13.79 T_CA_IND_KEY

The indicator dimension for the Claims Analysis STAR process. This table contains claim related information that would frequently be used in a query. All claims on T_CA_ICN matching on all the attributes on this table are stamped with the same IND_KEY.

Column Name	Description	Type	Length	Precision	Primary Key
IND_KEY	System assigned key for the claim indicator dimension table.	NUMBER	9	0	Y
IND_ACCIDENT	Indicates whether the service performed was as a result of an accident.	CHAR	1	0	N
IND_EPSDT_SCREEN	Indicator ('Y' or 'N') for claims that were for EPSDT Screenings. This means the claim record exists on the T_RE_EPS_HIST_EXT Table in the MMIS.	CHAR	1	0	N
IND_EPSDT	Indicates whether the procedure/drug is compensable for children (under 21) with medically needy only categories of assistance if dispensed through the EPSDT program. Service is determined to be EPSDT using a procedure group maintained in the Reference system. Valid values are Y (Yes) and N (No).	CHAR	1	0	N
IND_REF_FAM_PLAN	Indicates whether the procedure/drug is for family planning purposes.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_STERILIZATION	A code to indicate whether the service was a sterilization or a hysterectomy.	CHAR	1	0	N
IND_HYST	Indicates if the procedure performed was a hysterectomy.	CHAR	1	0	N
IND_ABORTION	Indicates if the procedure performed was an abortion.	CHAR	1	0	N
IND_MNGD_HLTH	Indicates if the member was enrolled in an hmo/hio when the claim was adjudicated.	CHAR	1	0	N
IND_RESTRICT_LI	A code to indicate whether the member is/was "locked-in" to a specific provider to prevent utilization abuse by the member.	CHAR	1	0	N
IND_CARRIER_DENIED	Indicates if other insurance carrier denied the claim.	CHAR	1	0	N
IND_TPL	Indicates if Member has TPL.	CHAR	1	0	N
IND_DISEASE_MGT	Indicates if the member is part of disease management program.	CHAR	1	0	N
IND_PROV_GRP	Indicates if the provider is a member of a group.	CHAR	1	0	N
IND_LTC	Indicates if the member is in a Long Term Care facility.	CHAR	1	0	N
IND_KENPAC	Indicates if the member is in the KENPAC program.	CHAR	1	0	N
IND_HOSPICE	Indicates if the member is in a hospice.	CHAR	1	0	N
IND_LOCKIN_RX	Indicates if the member is locked in to a pharmacy.	CHAR	1	0	N
IND_LOCKIN_DR	Indicates if the member is locked in to a doctor.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_MEMB_FFS_MC	Indicates if the member is in a managed care or Fee for service program.	CHAR	1	0	N
IND_KCHIP	Indicates if the member is in the KCHIP program.	CHAR	1	0	N
IND_HMO	Indicates if the member is part of a HMO.	CHAR	1	0	N
IND_DUAL_ELIG	Shows that the member is eligible for Medicaid and Medicare.	CHAR	1	0	N
CNT_ACCIDENT	Count for the service performed as a result of an accident.	NUMBER	9	0	N
CNT_EPSDT_SCREEN	Count for the EPSDT Screenings indicator.	NUMBER	9	0	N
CNT_EPSDT	Counts the number of EPSDT Claims determined by Procedure Group.	NUMBER	9	0	N
CNT_REF_FAM_PLAN	Count for when the procedure/drug is for family planning purposes.	NUMBER	9	0	N
CNT_STERILIZATION	Count for when the service was a sterilization or a hysterectomy.	NUMBER	9	0	N
CNT_HYST	Count for when the procedure performed was a hysterectomy.	NUMBER	9	0	N
CNT_ABORTION	Count for when the procedure performed was an abortion.	NUMBER	9	0	N
CNT_MNGD_HLTH	Count for when the member was enrolled in an hmo/hio when the claim was adjudicated.	NUMBER	9	0	N
CNT_RESTRICT_LI	Count for when the member is/was "locked-in" to a specific provider to prevent utilization abuse by the member.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CNT_CARRIER_DENIED	Count of other insurance carriers that denied the claim.	NUMBER	9	0	N
CNT_TPL	Count for when Member has TPL.	NUMBER	9	0	N
CNT_DISEASE_MGT	Count for when the member is part of disease management program.	NUMBER	9	0	N
CNT_PROV_GRP	Count for when the provider is a member of a group.	NUMBER	9	0	N
CNT_LTC	Count of the member in a Long Term Care facility.	NUMBER	9	0	N
CNT_KENPAC	Count of the member in the KENPAC program.	NUMBER	9	0	N
CNT_HOSPICE	Count of the member in a hospice.	NUMBER	9	0	N
CNT_LOCKIN_RX	Count of the member locked in to a pharmacy.	NUMBER	9	0	N
CNT_LOCKIN_DR	Count of the member locked in to a doctor.	NUMBER	9	0	N
CNT_MEMB_FFS_MC	Count off the member in a managed care or Fee for service program.	NUMBER	9	0	N
CNT_KCHIP	Count of the member in the KCHIP program.	NUMBER	9	0	N
CNT_HMO	Count of the member is part of a HMO.	NUMBER	9	0	N
CNT_DUAL_ELIG	Count of member dual eligible.	NUMBER	9	0	N

2.13.80 T_CA_LOCAT_98

The location of a claim while processing in the MMIS. This identifies the type of edit or audit failed, department or group of examiners responsible for adjudicating the claim, and the type of claim that failed. For finalized paid claims the location will be 99. For finalized denied claims the location will be 66.

Column Name	Description	Type	Length	Precision	Primary Key

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
DTE_LOCAT_98	Date on which the claim entered location 98 - approved to pay.	DATE	0	0	N
DTE_PTN	Date used for database partitioning	DATE	0	0	N

2.13.81 T_CA_LTC

This table is specific to the LTC claim type. Low hit LTC data elements are contained within this table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	N
AMT_PROV_PER_DIEM	The maximum amount to be paid to the provider for each day of care.	NUMBER	9	2	N
AMT_FAC_LV_ALW	The number of facility days plus leave days multiplied by the per diem. This allowance applicable to facility and leave days.	NUMBER	9	2	N
AMT_HOSP_ALW	The number of hospital days multiplied by 1/3rd the per diem. This allowance applicable to hospital reserve bed days.	NUMBER	9	2	N
AMT_COINSURANCE	The amount due from MA for the resident's Medicare coinsurance days.	NUMBER	9	2	N
NUM_HOSPITAL_DAYS	The number of days in the billing period the provider reserved a bed while the member was in a hospital.	NUMBER	4	0	N
NUM_LEAVE_DAYS	The number of days in the billing period the provider reserved a bed while the member was away on therapeutic leave.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_FACILITY_DAYS	The number of days in the billing period the member was in the long term care facility (excludes ltc leave days and ltc hospital days).	NUMBER	4	0	N
CDE_PATIENT_STATUS	The patient status code indicates the reason for discharge or that there was no discharge from a hospital or long term care facility at the end of the billing period.	CHAR	2	0	N
CDE_ADMIT_SOURCE	A code to indicate the type of residence of the member required before payment can be authorized.	CHAR	1	0	N
DTE_PTN	The date of the financial cycle the claim was paid.	DATE	0	0	N

2.13.82 T_CA_MCO_XREF

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	Y
NUM_TCN_MCO	Claim Transaction ID for the Managed Care Organizations (MCO)	CHAR	20	0	N
DTE_MCO_ADJUD	Date the Managed Care Organizations (MCO) adjudicated the claim.	DATE	0	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.83 T_CA_MISC

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
QLF_MISC_TYPE	This qualifier identifies the type of information in the CDE_MISC column. Values are: EI - Employee Identification SI - School Identification PT - Pick-up Time (transportation claims)	VARCHAR2	5	0	N
CDE_MISC	A code used in claims processing, such as Employee Identification, School Identification or Pickup time (HHMM). The information on this attribute is determined on the qualifier QLF_MISC_TYPE.	VARCHAR2	11	0	N
NUM_INDV_GROUP	Number of individuals in a group that is used for group therapy services.	NUMBER	2	0	N
SEQ_NUM_IMMUN	Immunization sequence on a series of vaccinations.	NUMBER	2	0	N
SEQ_NUM_IMMUN_2	Immunization sequence on a series of vaccinations.	NUMBER	2	0	N
SEQ_NUM_IMMUN_3	Immunization sequence on a series of vaccinations.	NUMBER	2	0	N
CDE_REFERRAL_1	First EPSDT/Primary Care Referral Code. EPSDT and primary care providers are responsible for providing or arranging for the member's primary care and for referral of other medical services. A service provided to a member by a medical provider other than the assigned EPSDT/primary care provider is not covered unless an appropriate referral has been made. The referral code identifies the type/reason for a referral.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REFERRAL_2	Second EPSDT/Primary Care Referral Code. EPSDT and primary care providers are responsible for providing or arranging for the member's primary care and for referral of other medical services. A service provided to a member by a medical provider other than the assigned EPSDT/primary care provider is not covered unless an appropriate referral has been made. The referral code identifies the type/reason for a referral.	CHAR	2	0	N
CDE_REFERRAL_3	Third EPSDT/Primary Care Referral Code. EPSDT and primary care providers are responsible for providing or arranging for the member's primary care and for referral of other medical services. A service provided to a member by a medical provider other than the assigned EPSDT/primary care provider is not covered unless an appropriate referral has been made. The referral code identifies the type/reason for a referral.	CHAR	2	0	N
DTE_PTN	Date that is used to partition tables. This will either be First Date of Service or Paid Date depending on the state preference.	DATE	0	0	N

2.13.84 T_CA_MR_CST_STLMT_PROC_CDE

This table is used to identify claims in the Claims Analysis universe that include specific procedure codes to be reported on KY Cost Settlement reports, and report them in the correct section of those reports. It's expected to have fewer than 100 rows.

Column Name	Description	Type	Length	Precision	Primary Key

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. Each Cost Settlement report selects claims to report by Category of Service..	CHAR	2	0	Y
CDE_PROV_TYPE_BILL	The billing provider type code. The provider type is used to distinguish between cost settlement reports that report the same category of service.	CHAR	2	0	N
CDE_PROC_BEG	Code used to identify a medical, dental, or DME procedure.	CHAR	6	0	N
CDE_PROC_END		CHAR	6	0	N
RPT_SECTION	Identifies the section on the cost settlement report in which this proc code is reported	NUMBER	8	0	N
DTE_EFFECTIVE	The first date when this procedure code is included on the report. This date is compared to the current run date or the claim date of first service, depending on the query.	NUMBER	8	0	N
DTE_END	The last date when this procedure code is included on the report. This date is compared to the current run date or the claim date of first service, depending on the query	NUMBER	8	0	N

2.13.85 T_CA_MR_CST_STLMT_PROV

This table is used to identify claims in the Claims Analysis universe that include specific procedure codes to be reported on KY Cost Settlement reports, and report them in the correct section of those reports. It's expected to have fewer than 100 rows.

Column Name	Description	Type	Length	Precision	Primary Key

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Uniquely Identifies provider.	CHAR	15	0	Y
CDE_RPT_TYPE	Identify the type of report. valid values will be 'M' for monthly (scheduled) or 'D' (daily, also known as 'ad-hoc' or 'on-request')	CHAR	1	0	Y
RPT_NUMBER	Sequence number assigned to the report.	NUMBER	4	0	Y

2.13.86 T_CA_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	A date, in the Oracle DATE format, used to indicate the time period of the summarized data.	DATE	0	0	N
IND_FFS	A indicator on whether or not the expenditure is a Fee For Service(FFS) or Encounter. Y- Yes/FSS; N - No/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	A value used to indicate the scope of practice for the provider type.	CHAR	3	0	N
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 - 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	System assigned key identifying the Provider's Billing Service Location.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COUNTY	This is the county of the provider's service location.	VARCHAR2	10	0	N
CDE_STATE_REGION	This is the state region calculated from the provider's service location county.	CHAR	1	0	N
CDE_ESC	A SAK that uniquely identifies an error number in the MMIS.	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
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

2.13.87 T_CA_OCCUR

This table is used to hold all inpatient occurrence codes for a claim. The NUM_SEQ data element is initialized to 1 and incremented for each occurrence code occurrence on the inpatient claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_SEQ	System assigned key given to uniquely identify an occurrence code.	NUMBER	4	0	N
CDE_OCCURRENCE	The code defining a significant event relating to the bill that may affect the claims processing.	CHAR	2	0	N
DTE_OCCURRENCE	The date the service was incurred.	DATE	0	0	N
DTE_OCCURENCE_TO	The ending date of the reported service occurrence.	DATE	0	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.88 T_CA_OCCUR_DN

This table is used to hold all inpatient occurrence codes for a claim in denormalized form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	Y
DTE_OCCUR_1	The occurrence date of a significant event relating to an institutional claim that may affect payer processing (1 of 8).	DATE	0	0	N
DTE_OCCUR_TO_1	The end occurrence date of a significant event relating to an institutional claim that may affect payer processing (1 of 8).	DATE	0	0	N
DTE_OCCUR_2	The occurrence date of a significant event relating to an institutional claim that may affect payer processing (2 of 8).	DATE	0	0	N
DTE_OCCUR_TO_2	The end occurrence date of a significant event relating to an institutional claim that may affect payer processing (2 of 8).	DATE	0	0	N
DTE_OCCUR_3	The occurrence date of a significant event relating to an institutional claim that may affect payer processing (3 of 8).	DATE	0	0	N
DTE_OCCUR_TO_3	The end occurrence date of a significant event relating to an institutional claim that may affect payer processing (3 of 8).	DATE	0	0	N
DTE_OCCUR_4	The occurrence date of a significant event relating to an institutional claim that may affect payer processing (4 of 8).	DATE	0	0	N
DTE_OCCUR_TO_4	The end occurrence date of a significant event relating to an institutional claim that may affect payer processing (4 of 8).	DATE	0	0	N
DTE_OCCUR_5	The occurrence date of a significant event relating to an institutional claim that may affect payer processing (5 of 8).	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_OCCUR_TO_5	The end occurrence date of a significant event relating to an institutional claim that may affect payer processing (5 of 8).	DATE	0	0	N
DTE_OCCUR_6	The occurrence date of a significant event relating to an institutional claim that may affect payer processing (6 of 8).	DATE	0	0	N
DTE_OCCUR_TO_6	The end occurrence date of a significant event relating to an institutional claim that may affect payer processing (6 of 8).	DATE	0	0	N
DTE_OCCUR_7	The occurrence date of a significant event relating to an institutional claim that may affect payer processing (7 of 8).	DATE	0	0	N
DTE_OCCUR_TO_7	The end occurrence date of a significant event relating to an institutional claim that may affect payer processing (7 of 8).	DATE	0	0	N
DTE_OCCUR_8	The occurrence date of a significant event relating to an institutional claim that may affect payer processing (8 of 8).	DATE	0	0	N
DTE_OCCUR_TO_8	The end occurrence date of a significant event relating to an institutional claim that may affect payer processing (8 of 8).	DATE	0	0	N
CDE_OCCUR_1	Code which defines a significant event relating to an institutional claim that may affect payer processing (1 of 8).	CHAR	2	0	N
CDE_OCCUR_2	Code which defines a significant event relating to an institutional claim that may affect payer processing (2 of 8).	CHAR	2	0	N
CDE_OCCUR_3	Code which defines a significant event relating to an institutional claim that may affect payer processing (3 of 8).	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_OCCUR_4	Code which defines a significant event relating to an institutional claim that may affect payer processing (4 of 8).	CHAR	2	0	N
CDE_OCCUR_5	Code which defines a significant event relating to an institutional claim that may affect payer processing (5 of 8).	CHAR	2	0	N
CDE_OCCUR_6	Code which defines a significant event relating to an institutional claim that may affect payer processing (6 of 8).	CHAR	2	0	N
CDE_OCCUR_7	Code which defines a significant event relating to an institutional claim that may affect payer processing (7 of 8).	CHAR	2	0	N
CDE_OCCUR_8	Code which defines a significant event relating to an institutional claim that may affect payer processing (8 of 8).	CHAR	2	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.89 T_CA_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	A date, in the Oracle DATE format, used to indicate the time period of the summarized data.	DATE	0	0	N
IND_FFS	A indicator on whether or not the expenditure is a Fee For Service(FFS) or Encounter. Y- Yes/FSS; N - No/Encounter.	CHAR	1	0	N
CDE_PGM_HEALTH	Identifies the Health Program	CHAR	5	0	N
CDE_FUND_CODE	Identifies the Funding Source code.	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	A value used to indicate the scope of practice for the provider type.	CHAR	3	0	N
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 - 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	A code to represent the type of claim we are processing. (i.e. Physician, Inpatient, Outpatient, Pharmacy, etc.). This determines which message to display.	CHAR	1	0	N
CDE_CLM_REGION	A number indicating the media on which a claim entered the MMIS.	CHAR	2	0	N
CDE_THRUPUT_TYPE	Indicates throughput type.	CHAR	2	0	N
SAK_THRUPUT_GRP	A value determining the time to filing and the time to finalization for claim.	NUMBER	4	0	N
CNT_PC_DAYS	Number of Patient care Days	NUMBER	4	0	N
CNT_CL_DOS_DOR	The number of claims a provider filed in a given number of days (CNT_PC_DAYS) from the date of service.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CNT_CL_DOS_DOA	The number of claims adjudicated for a provider in a given number of days (CNT_PC_DAYS) from the date of service.	NUMBER	9	0	N
CNT_CL_DOS_DOP	The number of claims paid for a provider in a given number of days (CNT_PC_DAYS) from the date of service.	NUMBER	9	0	N
CNT_CL_DOR_DOA	The number of claims adjudicated for a provider in a given number of days (CNT_PC_DAYS) from the date of receipt.	NUMBER	9	0	N
CNT_CL_DOR_DOP	The number of claims paid for a provider in a given number of days (CNT_PC_DAYS) from the date of receipt.	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

2.13.90 T_CA_PDUR_FINAL_WARN

Tracks warnings for POS pharmacy claims that disposition to paid.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key for the claim	NUMBER	9	0	N
SAK_CLAIM_RESPONSE	System assigned key for the claim response	NUMBER	9	0	N
SAK_RELATED_HX	System assigned key related to history	NUMBER	9	0	N
CDE_NCPDP_CONFLICT	NCPDP conflict code	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SEVERITY_LEVEL	Severity level where 1=Most Severe, 2=Less Severe, 3=Least Severe.	CHAR	1	0	N
SAK_DRUG_THERA_CLS	Drug therapeutic class system assigned key	NUMBER	9	0	N
NUM_INGRED_LIST	Drug HICL sequence number	NUMBER	6	0	N
SAK_DRUG_GEN	The system assigned key for a GCN Sequence Number.	NUMBER	9	0	N
SAK_DRUG	System assigned key for drug	NUMBER	9	0	N
SAK_DRUG_TC_ORIG	This is the system assigned key for drug TC (therapeutic class) original.	NUMBER	9	0	N
NUM_INGRED_LIST_O	Drug HICL number	NUMBER	6	0	N
SAK_DRUG_GEN_ORIG	Drug gen original system assigned key	NUMBER	9	0	N

2.13.91 T_PDUR_FINAL_WARN

Tracks warnings for POS pharmacy claims that disposition to paid.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key for the claim	NUMBER	9	0	N
SAK_CLAIM_RESPONSE	System assigned key for the claim response	NUMBER	9	0	N
SAK_RELATED_HX	System assigned key related to history	NUMBER	9	0	N
CDE_NCPDP_CONFLICT	NCPDP conflict code	CHAR	2	0	N
CDE_SEVERITY_LEVEL	Severity level where 1=Most Severe, 2=Less Severe, 3=Least Severe.	CHAR	1	0	N
SAK_DRUG_THERA_CLS	Drug therapeutic class system assigned key	NUMBER	9	0	N
NUM_INGRED_LIST	Drug HICL sequence number	NUMBER	6	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG_GEN	The system assigned key for a GCN Sequence Number.	NUMBER	9	0	N
SAK_DRUG	System assigned key for drug	NUMBER	9	0	N
SAK_DRUG_TC_ORIG	This is the system assigned key for drug TC (therapeutic class) original.	NUMBER	9	0	N
NUM_INGRED_LIST_O	Drug HICL number	NUMBER	6	0	N
SAK_DRUG_GEN_ORIG	Drug gen original system assigned key	NUMBER	9	0	N

2.13.92 T_CA_PHYS_VOID

This table is used to hold original and void SAKs resulting from the adjustment of an original MSI claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N

2.13.93 T_CA_PROV_KEY

Column Name	Description	Type	Length	Precision	Primary Key
PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	Y
SAK_PROV	System Assigned Key for the Provider Identifier.	NUMBER	9	0	N
SAK_PROV_LOC	System assigned key assigned to the provider service location.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER_BASE	This is the high level ID assigned by interChange to the unique instance of a provider without regard to service location	CHAR	15	0	N
ID_PROVIDER_NPI	The NPI ID of the provider at the service location. Only healthcare providers are assigned NPI IDs	CHAR	15	0	N
ID_PROVIDER_MCAID	The Medicaid ID of the provider at the service location.	CHAR	15	0	N
NAM_PROVIDER	Name of the provider. This can be a personal or business name. The contents of this attribute (business or personal) can be determined by checking the provider name type	CHAR	50	0	N
NAM_TITLE	Provider Title if it is a non-corporation. Ex. Mr., Mrs., Ms.	CHAR	15	0	N
IND_NAME_TYPE	Indicates it the contents of the provider name is a personal or business name (B - Business; P - Personal)	CHAR	1	0	N
CDE_PROV_TYPE_PRIM	The primary provider type for which a provider is licensed.	CHAR	2	0	N
CDE_PROV_SPEC_PRIM	The primary area of specialization for the provider.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_TAX_ID	Tax identification number assigned to the provider by the Internal Revenue Service	CHAR	9	0	N
IND_TAX_ID_TYPE	Indicates the type of number, SSN or FEIN, stored in the tax identifier	CHAR	1	0	N
NUM_PROV_LIC	The license number issue to the provider by the state	CHAR	10	0	N
CDE_TAXONOMY	Taxonomy Code.	CHAR	10	0	N
ADR_SVC_STRT1	Address line 1 of the provider's service location address	CHAR	30	0	N
ADR_SVC_STRT2	Address line 2 of the provider's service location address	CHAR	30	0	N
ADR_SVC_CITY	City name of the provider's service location address	CHAR	30	0	N
ADR_SVC_STATE	State code of the provider's service location address	CHAR	2	0	N
ADR_SVC_ZIP	First 5 characters of the zip code of the provider's service location address	CHAR	5	0	N
ADR_SVC_ZIP4	Last 4 characters of the zip code of the provider's service location address	CHAR	4	0	N
ADR_SVC_PHONE	Provider Service Location Phone Number.	CHAR	10	0	N
ADR_SVC_PHO_EXT	Provider Service Location Phone Extension.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_SVC_LATITUDE	Provider Service Location Latitude.	NUMBER	11	6	N
ADR_SVC_LONGITUDE	Provider Service Location Longitude.	NUMBER	11	6	N
ADR_BILL_STRT1	Address line 1 of the provider's billing address	CHAR	30	0	N
ADR_BILL_STRT2	Address line 2 of the provider's billing address	CHAR	30	0	N
ADR_BILL_CITY	City name of the provider's billing address	CHAR	30	0	N
ADR_BILL_STATE	State code of the provider's billing address	CHAR	2	0	N
ADR_BILL_ZIP	First 5 characters of the zip code of the provider's billing address	CHAR	5	0	N
ADR_BILL_ZIP4	Last 4 characters of the zip code of the provider's billing address	CHAR	4	0	N
ADR_BILL_PHONE	Provider Billing Location Phone Number.	CHAR	10	0	N
ADR_BILL_PHO_EXT	Provider Billing Location Phone Extension.	CHAR	4	0	N
ADR_BILL_LATITUDE	Provider Billing Location Latitude.	NUMBER	11	6	N
ADR_BILL_LONGITUDE	Provider Billing Location Longitude.	NUMBER	11	6	N
CDE_ORGANIZATION	Organization Code	CHAR	1	0	N
PRI_PROV_ID_TYPE_PRT	Provider ID Type Code of the Priority ID for printing.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
PRI_PROV_ID_TYPE_DSP	Provider ID Type Code of the Priority ID for printing.	CHAR	3	0	N
IND_PROV_HLTH_CARE	Indicates that the provider is part of health care plan	CHAR	1	0	N
IND_NPI_VERIFY	Indicates that the provider has a NPI number.	CHAR	1	0	N
IND_ON_REVIEW	Indicates that the provider is on review.	CHAR	1	0	N
CDE_SVC_STATE_REGION	MCO Service region code.	CHAR	1	0	N
CDE_SVC_COUNTY	MCO Service county code.	VARCHAR2	10	0	N
DSC_PROV_TYPE	Description associated with a provider type	VARCHAR2	50	0	N
DSC_PROV_SPEC	Description associated with a provider specialty code.	VARCHAR2	50	0	N
DSC_SVC_COUNTY	Description for the county where Managed Care Organization (MCO) does business.	VARCHAR2	50	0	N
DSC_SVC_STATE_REGION	Description for suffix added to the Managed Care Organization (MCO) number to identify the various regions that a MCO does business. The valid values are N, C, and S for Northern, Central, and Southern regions. Not currently used in KY MMIS.	VARCHAR2	50	0	N
DSC_TAXONOMY	Description of the provider's taxonomy	VARCHAR2	100	0	N

2.13.94 T_CA_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	A date, in the Oracle DATE format, used to indicate the time period of the summarized data.	DATE	0	0	N
IND_FFS	A indicator on whether or not the expenditure is a Fee For Service(FFS) or Encounter. Y- Yes/FSS; N - No/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
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 - 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 provider's service location.	VARCHAR2	10	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATE_REGION	This is the state region calculated from the provider's service location county.	CHAR	1	0	N
SAK_PROV_LOC	This is a system assigned key that identifies the billing provider's service location.	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	A value determining the time to filing and the time to finalization for claim.	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
CNT_CL_DOS_DOR	The number of claims a provider filed in a given number of days (CNT_PC_DAYS) from the date of service.	NUMBER	9	0	N
CNT_CL_DOS_DOP	The number of claims paid for a provider in a given number of days (CNT_PC_DAYS) from the date of service.	NUMBER	9	0	N
CNT_CL_DOR_DOP	The number of claims paid for a provider in a given number of days (CNT_PC_DAYS) from the date of receipt.	NUMBER	9	0	N

2.13.95 T_CA_PROV_TAX

Column Name	Description	Type	Length	Precision	Primary Key

Column Name	Description	Type	Length	Precision	Primary Key
PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	Y
CDE_TAXONOMY2	Provider Taxonomy Code 2.	CHAR	10	0	N
CDE_TAXONOMY3	Provider Taxonomy Code 3.	CHAR	10	0	N
CDE_TAXONOMY4	Provider Taxonomy Code 4.	CHAR	10	0	N
CDE_TAXONOMY5	Provider Taxonomy Code 5.	CHAR	10	0	N
DSC_TAXONOMY2	Provider Taxonomy Code Description 2.	VARCHAR2	100	0	N
DSC_TAXONOMY3	Provider Taxonomy Code Description 3.	VARCHAR2	100	0	N
DSC_TAXONOMY4	Provider Taxonomy Code Description 4.	VARCHAR2	100	0	N
DSC_TAXONOMY5	Provider Taxonomy Code Description 5.	VARCHAR2	100	0	N

2.13.96 T_CA_RECIP_KEY

This the member dimension table. The combined attributes of this table (member county, category of assistance, and so on.) are assigned a unique value (RECIP_KEY). All claims on T_FA_CA_ICN matching on all the attributes on this table are stamped with the same RECIP_KEY.

Column Name	Description	Type	Length	Precision	Primary Key
RECIP_KEY	System assigned key for the member dimension table.	NUMBER	9	0	Y
CDE_RECIP_COUNTY	The county number used to identify a geographical/political area in the state.	VARCHAR2	10	0	N
CDE_RACE	Code describing the race of an individual. Each position of this field can contain a different race code.	CHAR	2	0	N
CDE_ETHNIC	Member's ethnicity code.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SEX	Code describing the gender of an individual.	CHAR	1	0	N
CDE_LIV_ARNG	Code indicating the member's living arrangement, that is state hospital, independent living, and so on.	CHAR	2	0	N
CDE_STATE_REGION	Suffix added to the Managed Care Organization (MCO) number to identify the various regions that a MCO does business. The valid values are N, C, and S for Northern, Central, and Southern regions.	CHAR	1	0	N
CDE_AID_CATEGORY	Identifies the type of aid for which a member is eligible.	CHAR	2	0	N
CDE_LEVEL_OF_CARE	Identifies the level of care for a member.	CHAR	5	0	N
SAK_AGE_GROUP	A system assigned key (SAK) used to describe a beneficiary age grouping.	NUMBER	9	0	N
DSC_RECIP_COUNTY	Contains the county code description.	VARCHAR2	25	0	N
DSC_RACE	Description of member's race derived from the first position of cde_race.	VARCHAR2	100	0	N
DSC_ETHNIC	Member ethnicity code description.	VARCHAR2	50	0	N
DSC_SEX	Description of member's gender.	VARCHAR2	20	0	N
DSC_LIV_ARNG	Description for code indicating the member's living arrangement, that is state hospital, independent living, and so on.	VARCHAR2	50	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_STATE_REGION	Description for suffix added to the Managed Care Organization (MCO) number to identify the various regions that a MCO does business. The valid values are N, C, and S for Northern, Central, and Southern regions.	CHAR	15	0	N
DSC_AID_CATEGORY	Describes the type of aid for which a member is eligible.	CHAR	50	0	N
DSC_LEVEL_OF_CARE	Description for the level of care for a member.	VARCHAR2	50	0	N
DSC_AGE_GROUP	A text description of the age grouping.	CHAR	15	0	N

2.13.97 T_CA_TCN

This the date of service dimension table. All end date of service values are assigned a unique value (DOS_TIME_KEY). All claims on T_FA_CA_ICN with the same end date of service are stamped with the same DOS_TIME_KEY.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_TCN	Claim Reference Number of the converted claim on the current MMIS.	NUMBER	17	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.98 T_CA_TIME_KEY

This the date of payment dimension table. All payment values are assigned a unique value (PAID_TIME_KEY). All claims on T_FA_CA_ICN with the same payment date are stamped with the same PAID_TIME_KEY.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_TIME_KEY	System assigned key for the incurred time dimension table.	NUMBER	9	0	Y
DTE_CLAIM	The date the claim was adjudicated or rejected.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_WEEK	Calendar week the claim was adjudicated or rejected in (CCYYWW).	NUMBER	6	0	N
DTE_MO	Calendar month the claim was adjudicated or rejected in (CCYYMM).	NUMBER	6	0	N
DTE_QTR	Calendar quarter claim was adjudicated or rejected in (CCYYQQ).	NUMBER	6	0	N
DTE_CY	Calendar year claim was adjudicated or rejected in (CCYY).	NUMBER	4	0	N
DTE_SFY	State Fiscal year claim was adjudicated or rejected in (CCYY).	NUMBER	4	0	N
DTE_FFY	Federal fiscal year claim was adjudicated or rejected in (CCYY).	NUMBER	4	0	N
DAY_OF_WEEK	Day of week claim was adjudicated or rejected in (DD).	NUMBER	4	0	N

2.13.99 T_CA_UB92

This table is specific to the Inpatient claim type. Low hit Inpatient data elements are contained within this table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
AMT_BASE_DRG	The normal amount due the provider for the DRG number. It excludes any compensation for outlier days or outlier amount(s).	NUMBER	9	2	N
AMT_DAY_OUTLIER	Amount reimbursed in addition to the DRG rate for certain inpatient stays that exceed cost thresholds established by the State.	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_COST_OUTLIER	Costs associated with the capital costs of the facility. Capital costs include, but are not limited to, depreciation, interest, property taxes, and property insurance.	NUMBER	9	2	N
AMT_PROV_PER_DIEM	The maximum amount to be paid to the provider for each day of care.	NUMBER	9	2	N
AMT_DISP_SHR	This is the disproportionate share amount that is calculated during the claims pricing process and paid on the claim.	NUMBER	9	2	N
GRP_PAY_RATE	The payment rate for the provider's hospital group.	NUMBER	9	2	N
SAK_MDC	All possible principal diagnoses are divided into mutually exclusive areas referred to as Major Diagnostic Categories (MDC). These MDCs were formed by physician panels to insure that the DRGs would be clinically coherent.	NUMBER	9	0	N
CDE_ADMIT_HOUR	The hour the member was admitted to the hospital. Hour 01 is 1:00 am; hour 24 is midnight.	NUMBER	4	0	N
TIME_DISCHARGE	The hour the member was discharged from the hospital. Hour 01 is 1:00 am; hour 24 is midnight.	NUMBER	4	0	N
CDE_PATIENT_STATUS	The patient status code indicates the reason for discharge or that there was no discharge from a hospital or long term care facility at the end of the billing period.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ADMIT_SOURCE	The admission source code is used to indicate if the member is coming from a LTC facility. A code of 5 indicates admission from a LTC facility.	CHAR	1	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.100 T_CA_UB92_VOID

This table is used to hold original and void SAKs resulting from the adjustment of an original UB claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N

2.13.101 T_CA_VALUE

This table is used to hold all inpatient value code information for a claim. The NUM_SEQ data element is initialized to 1 and incremented for each value code occurrence on the inpatient claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_SEQ	Sequence number which indicates the position in which the value code and amount occurred on the claim.	NUMBER	4	0	N
AMT_VALUE	Dollar amount of the corresponding value code.	NUMBER	9	2	N
CDE_VALUE	Code used to relate values to identified data elements necessary to process an institutional claim. This identifier will be 'BE'.	CHAR	2	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.102 T_CA_VALUE_DN

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
AMT_VALUE_1	Dollar amount of the corresponding value code (1 of 12).	NUMBER	9	2	N
AMT_VALUE_2	Dollar amount of the corresponding value code (2 of 12).	NUMBER	9	2	N
AMT_VALUE_3	Dollar amount of the corresponding value code (3 of 12).	NUMBER	9	2	N
AMT_VALUE_4	Dollar amount of the corresponding value code (4 of 12).	NUMBER	9	2	N
AMT_VALUE_5	Dollar amount of the corresponding value code (5 of 12).	NUMBER	9	2	N
AMT_VALUE_6	Dollar amount of the corresponding value code (6 of 12).	NUMBER	9	2	N
AMT_VALUE_7	Dollar amount of the corresponding value code (7 of 12).	NUMBER	9	2	N
AMT_VALUE_8	Dollar amount of the corresponding value code (8 of 12).	NUMBER	9	2	N
AMT_VALUE_9	Dollar amount of the corresponding value code (9 of 12).	NUMBER	9	2	N
AMT_VALUE_10	Dollar amount of the corresponding value code (10 of 12).	NUMBER	9	2	N
AMT_VALUE_11	Dollar amount of the corresponding value code (11 of 12).	NUMBER	9	2	N
AMT_VALUE_12	Dollar amount of the corresponding value code (12 of 12).	NUMBER	9	2	N
CDE_VALUE_1	Code used to relate values to identified data elements necessary to process an institutional claim (1 of 12).	CHAR	2	0	N
CDE_VALUE_2	Code used to relate values to identified data elements necessary to process an institutional claim (2 of 12).	CHAR	2	0	N
CDE_VALUE_3	Code used to relate values to identified data elements necessary to process an institutional claim (3 of 12).	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_VALUE_4	Code used to relate values to identified data elements necessary to process an institutional claim (4 of 12).	CHAR	2	0	N
CDE_VALUE_5	Code used to relate values to identified data elements necessary to process an institutional claim (5 of 12).	CHAR	2	0	N
CDE_VALUE_6	Code used to relate values to identified data elements necessary to process an institutional claim (6 of 12).	CHAR	2	0	N
CDE_VALUE_7	Code used to relate values to identified data elements necessary to process an institutional claim (7 of 12).	CHAR	2	0	N
CDE_VALUE_8	Code used to relate values to identified data elements necessary to process an institutional claim (8 of 12).	CHAR	2	0	N
CDE_VALUE_9	Code used to relate values to identified data elements necessary to process an institutional claim (9 of 12).	CHAR	2	0	N
CDE_VALUE_10	Code used to relate values to identified data elements necessary to process an institutional claim (10 of 12).	CHAR	2	0	N
CDE_VALUE_11	Code used to relate values to identified data elements necessary to process an institutional claim (11 of 12).	CHAR	2	0	N
CDE_VALUE_12	Code used to relate values to identified data elements necessary to process an institutional claim (12 of 12).	CHAR	2	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.103 T_CA_VOID_ALL

This table is used to hold all original and void SAKs resulting from the adjustment of an original claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N

2.13.104 T_CA_XOVER

This table is used to reference low-hit Medicare crossover data elements.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	N
AMT_ALWD_MCARE	The dollar amount allowed by Medicare for the services provided.	NUMBER	10	2	N
AMT_PAID_MCARE	The amount approved by Medicare for the service. The amount approved by Medicare is the basis for deductible paid and/or coinsurance paid for which the member (Medical Assistance) is responsible.	NUMBER	10	2	N
AMT_DEDUCT	Amount of Medicare deductible the member must meet before Medicare will pay.	NUMBER	8	2	N
AMT_DEDUCT_BLOOD	The amount Medicare has determined that a member must pay for blood procedures performed.	NUMBER	8	2	N
AMT_COINSURANCE	The amount of Medicare Co-Insurance paid by the member for this claim.	NUMBER	8	2	N
AMT_PSYCH	Amount Medicare has determined the member must pay for psychiatric services received.	NUMBER	9	2	N
DTE_MCARE_PAID	Date on which the original Medicare Claim was paid	DATE	0	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.105 T_CDE_AID

Contains the valid aid categories and descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CDE_AID	System assigned key to uniquely identify a valid aid category.	NUMBER	9	0	Y
CDE_AID_CATEGORY	Identifies the type of aid for which a member is eligible.	CHAR	2	0	N
DSC_AID_CATEGORY	Describes the type of aid for which a member is eligible.	CHAR	50	0	N
IND_DIAG_IN_EXCLUD	Not used.	CHAR	1	0	N
IND_SPEC_IN_EXCLUD	Not used.	CHAR	1	0	N
IND_EMERGENCY	Not used.	CHAR	1	0	N

2.13.106 T_CDE_ATTACHMENT

Code table used to identify and describe claims attachments.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ATTACHMENT	Code used to identify the type of claims attachment.	CHAR	1	0	Y
DSC_ATTACHMENT	Text description of claims attachment.	VARCHAR2	50	0	N

2.13.107 T_CDE_BUY_BILL

Contains the buy-in transaction codes associated with the billing tape.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction.	CHAR	2	0	Y
CDE_BUY_MODI	Last two positions of a four position numeric code, the buy-in transaction code modifier provides the rationale for the action. Could be spaces.	CHAR	2	0	Y
CDE_BUY_SUB	One position alphabetic sub-code, the buy-in sub-code further enhances the rationale for the action. Could be spaces.	CHAR	1	0	Y
DSC_BUY_TXN	Description of the buy-in transaction code.	CHAR	256	0	N
CDE_TXN	Unknown.	CHAR	1	0	N
CDE_TXN_MOD	Unknown.	CHAR	1	0	N

2.13.108 T_CDE_BUY_ELIG

Contains the valid Part B buy-in eligibility codes with an active indicator displaying if each code is currently used by the State. Because the States are responsible for maintaining the accuracy of the codes, this table could change with a new implementation either with different active indicator flags or the addition of new codes (perhaps both).

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_ELIG	Buy-in eligibility code designed to provide State agencies with a method of identifying the specific category of assistance for each individual enrolled.	CHAR	2	0	Y
DSC_BUY_ELIG	Description of the buy-in eligibility code.	CHAR	256	0	N
IND_ACTIVE	A (Y/N) flag indicating if the buy-in eligibility code is used by this State's buy-in system.	CHAR	1	0	N

2.13.109 T_CDE_BUY_PREM

Contains the buy-in transaction codes associated with the premium tape.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction. When a response appears on the billing tape, this code becomes the buy-in transaction code modifier.	CHAR	2	0	Y
DSC_BUY_TXN	Description of the buy-in transaction code.	CHAR	256	0	N

2.13.110 T_CDE_CASH_STATUS

This code table contains all the status codes applicable to a cash receipt record.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CASH_STATUS	This is the unique code value of the cash status.	CHAR	1	0	Y
DSC_CASH_STATUS	This is the description of the status code.	VARCHAR2	30	0	N

2.13.111 T_CDE_CHRONO

This table contains the type of chrono note codes along with a description of the code.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CHRONO	This code identifies the type of chrono note.	CHAR	1	0	Y
DESC_CHRONO	This is the description of the chrono code.	CHAR	15	0	N

2.13.112 T_CDE_CMS_TOS

This table contains the carrier assigned CMS type of service code and description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CMS_TOS	The carrier assigned CMS type of service which describes the particular kind(s) of service represented by the procedure code	CHAR	1	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_CMS_TOS	Description which describes the TOS code value.	VARCHAR2	100	0	N

2.13.113 T_CDE_COPAY_DEDUCT_ACCUM

List of valid copay deduction or accumulation codes.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COPAY_DEDUCT_ACCUM	Determines if the row has actual copay deducted from the claim or if the copay was just additive and not deducted from the claim	CHAR	2	0	Y
DSC_COPAY_DEDUCT_ACCUM	Description of the copay deduct / accumulate code	CHAR	200	0	N

2.13.114 T_CDE_COPAY_METHOD

List of valid copay methods to be used in processing a claim.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COPAY_METHOD	Code used to identify the copay method	CHAR	5	0	Y
DSC_COPAY_METHOD	The description of the copay method	CHAR	200	0	N

2.13.115 T_CDE_COPAY_TIME_PERIOD

List of valid copay time periods.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COPAY_TIME_PERIOD	Copay time frames	CHAR	2	0	Y
DSC_COPAY_TIME_PERIOD	Copay time frame descriptions	CHAR	200	0	N

2.13.116 T_CDE_DISP_STATUS

This table contains all the valid disposition status codes and their descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DISP_STATUS	Code that represents the action (pay, deny, suspend, super suspend, Pay and List) that should be taken on a claim at dispositioning time.	CHAR	1	0	Y
DSC_DISP_STATUS	Description that represents the action (pay, deny, suspend, super suspend, Pay and List) that should be taken on a claim at dispositioning time.	VARCHAR2	25	0	N

2.13.117 T_CDE_DOSAGE_FORM

The Dosage Form describes the dosage form by which a drug is formulated.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DOSAGE_FORM	An abbreviated two-byte code (GCDF on NDDF update) is available for applications. Users may request the code in addition to or instead of the description.	CHAR	2	0	Y
DSC_DOSAGE_FORM	The Dosage Form Description (D) field describes the dosage form by which a drug is formulated. Descriptive terms include tablet, capsule, and cream. Abbreviations may be used to conform to space requirements.	VARCHAR2	10	0	N
DSC_DOSAGE_LONG	Dosage Form Code Interpretation (GCDF_DESC on NDDF)	VARCHAR2	40	0	N
NUM_SKEY_DOSE	Smart Key Dosage Form Code	NUMBER	3	0	N

2.13.118 T_CDE_DRUG_ACT

The drug activation describes the status and program coverage for a specific drug.

Column Name	Description	Type	Length	Precision	Primary Key
IND_ACTIVATE	The activation indicator is used to indicate what status and program coverage the drug will have. It is also used in claims editing. This attribute is determined by FDB and is part of the FDB Drug update process.	CHAR	1	0	Y
DSC_INDICATOR	Text description of activation indicator.	VARCHAR2	40	0	N

2.13.119 T_CDE_DRUG_ROUTE

The Route indicates the normal site or method by which a drug is administered. This table is loaded from the NDDF update file ROUTETBL-RROUTED2.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ROUTE_ADMIN	The Route indicates the normal site or method by which a drug is administered. On the NDDF alternate forms of the route description are available in two codes: A one-byte route code (GCRT) is available for applications where the description is transparent to the user. A two-byte route code (GCRT2) is available as an abbreviation. This is the one-byte code (GCRT).	CHAR	1	0	Y
DSC_ROUTE	The Route Description (RT) indicates the normal site or method by which a drug is administered. The current range of descriptors includes oral, topical, injection, and so on.	VARCHAR2	10	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ROUTE_2	On the NDDF alternate forms of the route description are available in two codes: A one-byte route code (GCRT) is available for applications where the description is transparent to the user. A two-byte route code (GCRT2) is available as an abbreviation. This is the two-byte code (GCRT2).	CHAR	2	0	N
DSC_ROUTE_LONG	The Route Description indicates the normal site or method by which a drug is administered. The current range of descriptors includes oral, topical, injection, and so on. This is the Route Code Interpretation data element (GCRT_DESC) on the NDDF update file.	VARCHAR2	40	0	N
CDE_SYSTEMIC	Route of Admin. Systemic Indicator.	CHAR	1	0	N
CDE_SKEY_RT	The sixth component of the Smart Key is the Smart Key - Route Code (SKEY-RT), a two-digit number. An SKEY-RT code value is interpreted the same across all like NDCs.	NUMBER	2	0	N

2.13.120 T_CDE_DTE_DAY

This represents the valid status codes of a TPL casualty case and it's attendant description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DTE_DAY	The day code.	NUMBER	4	0	Y
DSC_DTE_DAY	This the day description.	CHAR	20	0	N

2.13.121 T_CDE_EMERGENCY

Code table used to identify and describe claims attachments.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_EMERGENCY	Emergency Code.	CHAR	1	0	Y
DSC_EMERGENCY	Emergency Code Description.	CHAR	10	0	N

2.13.122 T_CDE_HIB_SOURCE

Identifies the external entities that can add or update a member Medicare ID (HIB).

Column Name	Description	Type	Length	Precision	Primary Key
IND_SOURCE	The 1 byte source indicator that specifies the external entity that triggered a HIB addition or update.	CHAR	1	0	Y
DSC_CDE	The description of the source indicator.	CHAR	15	0	N

2.13.123 T_CDE_HIPAA_ADJRSN

HIPAA mandates the use of standard X12N defined Claim Adjustment Reason Codes to appear on the 835 Transaction Set. The HIPAA Claim Adjustment Reason Codes provide similar functionality to the current MMIS EOB codes but lack detail. Their main purpose is to itemize the differences between the claim submitted amount and the claim paid amount.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ADJ_RSN	System assigned key used internally by the system to uniquely identify an HIPAA Adjustment Reason code.	NUMBER	9	0	Y
CDE_ADJ_RSN	HIPAA requires that every "adjustment" to the allowed price of a claim that causes it to differ from the amount originally billed on the claim should be accounted for. As a result, all cutbacks/denials of units and dollars need to be captured and mapped to HIPAA specific adjustment reason codes and remarks codes.	CHAR	4	0	N
DTE_EFFECTIVE	The date the HIPAA Adjustment Reason code becomes valid for use in the system.	DATE	0	0	N
DTE_END	The last date the HIPAA Adjustment Reason code is valid for use in the system.	DATE	0	0	N
DSC_ADJ_RSN	Text description of HIPAA adjustment reason code.	VARCHAR2	300	0	N
CDE_GROUP	Code identifying the general category of the payment adjustment.	CHAR	2	0	N

2.13.124 T_CDE_HIPAA_REMRKS

Standard X12 remark codes that must be sent on the 835 transaction (Remittance Advice set).

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REMARK	System assigned key used internally in the system to uniquely identify the HIPAA remark code.	NUMBER	9	0	Y
CDE_REMARK	HIPAA remarks code	CHAR	5	0	N
DTE_EFFECTIVE	The date the remark code becomes valid for use in the system.	DATE	0	0	N
DTE_END	The last date the remark code is valid for use in the system.	DATE	0	0	N
DSC_REMARK	Text Description of HIPAA remarks code.	VARCHAR2	300	0	N

2.13.125 T_CDE_LIEN_RSN

This contains all of the valid lien disposition types for the MMIS system.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_LIEN	The disposition reason code identifies the reason for the disposition against a lien.	CHAR	4	0	Y
DSC_LIEN_REASON	Description of the value assigned to the lien disposition code.	CHAR	30	0	N
CDE_REASON_TYPE	Indicator used to determine whether the user has the ability to select a disposition code for a record.	CHAR	1	0	N

2.13.126 T_CDE_MARITAL

Valid marital status.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MARITAL	The marital status code.	CHAR	1	0	Y
DSC_MARITAL	The marital status description.	CHAR	10	0	N

2.13.127 T_CDE_MCARE_COVRG

This table contains code and description denoting Medicare coverage status.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MCAR_COVRG	A code denoting Medicare coverage status	CHAR	1	0	Y
DSC_MCARE_COVRG	Description which describes the Medicare coverage code value	VARCHAR2	100	0	N

2.13.128 T_CDE_MODIFIER

Special Procedure Code table that includes HCPCS and ICDP codes on a single table. Only contains code and description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROC_MOD	Procedure Code	CHAR	2	0	Y
DSC_MODIFIER	Procedure Code Description	VARCHAR2	40	0	N

2.13.129 T_CDE_OBC

Relates the Orange Book Code (OBC) to its text description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_OBC	Identifies the equivalency ratings assigned to an approved prescription product according to the FDA's Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book).	CHAR	2	0	Y
DSC_OBC	Provides the text description for the Orange Book Code.	VARCHAR2	500	0	N

2.13.130 T_CDE_PGM_HEALTH_LI

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PGM_HEALTH_LI	Identifies the medical assistance program that is supported in the system.	CHAR	5	0	Y
DSC_PGM_HEALTH_LI	Description of the code indicating who is eligible and what types of services are provided.	VARCHAR2	50	0	N

2.13.131 T_CDE_PHONE

The valid values and descriptions to indicate who the phone belongs to or what type of phone it is.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CDE_PHONE	System assigned key to uniquely identify a phone code.	NUMBER	9	0	Y
CDE_PHONE	Code indicating who the phone belongs to or what type of phone it is.	CHAR	1	0	N
DSC_PHONE	Describes the phone code.	CHAR	15	0	N

2.13.132 T_CDE_PROC

Special Procedure Code table that includes HCPCS and ICDP codes on a single table. Only contains code and description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROC	Procedure Code	CHAR	6	0	Y
DSC_PROC	Procedure Code Description	VARCHAR2	40	0	N
DSC_LAY	Procedure Code Laymans Description	VARCHAR2	100	0	N
CDE_CMS_TOS	CMS Type of Service Code	CHAR	1	0	N
CDE_MCAR_COVRG	Medicare Coverage Code	CHAR	1	0	N

2.13.133 T_CDE_RACE

This table contains all the valid race codes and their descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RACE	Code that will map to a specific race.	CHAR	2	0	Y
DSC_RACE	Race name	VARCHAR2	100	0	N

2.13.134 T_CDE_REFERRAL

EPSDT and primary care providers are responsible for providing or arranging for the member's primary care and for referral of other medical services. A service provided to a member by a medical provider other than the assigned EPSDT/primary care provider is not covered unless an appropriate referral has been made. The referral code table contains the list of valid codes used to identify the type of referral..

Column Name	Description	Type	Length	Precision	Primary Key

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REFERRAL	EPSDT and primary care providers are responsible for providing or arranging for the member's primary care and for referral of other medical services. A service provided to a member by a medical provider other than the assigned EPSDT/primary care provider is not covered unless an appropriate referral has been made. The referral code identifies the type/reason for a referral.	CHAR	2	0	Y
DSC_REFERRAL	Text description of the EPSDT/primary care referral code.	VARCHAR2	100	0	N

2.13.135 T_CDE_REVENUE

Special Revenue Code table that includes code and description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVENUE	This identifies a specific accommodation or ancillary service. Revenue codes are determined by CMS.	CHAR	4	0	Y
DSC_REVENUE	This describes a specific accommodation or ancillary service.	CHAR	70	0	N

2.13.136 T_CDE_SEX

This table contains all of the valid gender codes and their descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SEX	Code describing the gender of an individual.	CHAR	1	0	Y
DSC_SEX	Text describing the gender of an individual.	VARCHAR2	100	0	N

2.13.137 T_CDE_STRENGTH

The Drug Strength is a description of drug potency in units of grams, milligrams, percentage, and other terms. Strength is expressed in metric units. This field includes needle sizes, length of devices, and release rates of transdermal patches.

Column Name	Description	Type	Length	Precision	Primary Key
DSC_STRENGTH	The Drug Strength Description (STR) is a description of drug potency in units of grams, milligrams, percentage, and other terms. Strength is expressed in metric units. This field includes needle sizes, length of devices, and release rates of transdermal patches.	CHAR	10	0	Y
QTY_DRUG_STRGTH	The Drug Strength Number (STRNUM) must be used in conjunction with the Drug Strength Unit (STRUN), the Drug Strength Volume Number (VOLNUM), and the Drug Strength Volume Units (VOLUN) to obtain a conventional strength expression for the drug product. The strength of a drug product is usually expressed in the metric system.	NUMBER	11	3	N
DSC_DRUG_STRGTH_U	The Drug Strength Units (STRUN) must be used in conjunction with the Drug Strength Number (STRNUM), the Drug Strength Volume Number (VOLNUM), and the Drug Strength Volume Units (VOLUN) to obtain a conventional strength expression of the drug product. The strength of a drug product is usually expressed in the metric system.	CHAR	10	0	N

Column Name	Description	Type	Length	Precision	Primary Key
QTY_DRUG_STRGTH_V	The Drug Strength Volume Number (VOLNUM) indicates the volume or weight of the drug product which contains the indicated amounts of active ingredients. This field must be used in conjunction with the Drug Strength Number (STRNUM), the Drug Strength Units (STRUN), and the Drug Strength Volume Units (VOLUN) to obtain a conventional strength expression of the drug product. The strength of a drug product is usually expressed in the metric system.	NUMBER	7	3	N
DSC_DRUG_STR_VOL_U	The Drug Strength Volume Units (VOLUN) must be used in conjunction with the Drug Strength Number (STRNUM), the Drug Strength Units (STRUN), and the Drug Volume Number (VOLUN) to obtain a conventional strength expression of the drug product. The strength of a drug product is usually expressed in the metric system.	CHAR	5	0	N

2.13.138 T_CDE_THERA_AHFS

Relates the AHFS Therapeutic Class code to its text description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_THERA_CLS_AHFS	Identifies the pharmacologic therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system.	CHAR	10	0	Y
DSC_THERA_CLS_AHFS	Provides the text description for the AHFS Therapeutic Class code.	VARCHAR2	55	0	N

2.13.139 T_CDE_THERA_GEN

The is the Generic Therapeutic Class Description table, which relates the Generic Therapeutic Class code to its description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_THERA_CLS_GEN	The Generic Therapeutic Class code classifies drugs according to the most general therapeutic groupings.	CHAR	3	0	Y
DSC_THERA_CLS_GEN	Provides the text description for a Generic Therapeutic Class code.	VARCHAR2	100	0	N

2.13.140 T_CDE_THERA_SPEC

This table holds therapeutic class code and description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_THERA_CLS_SPEC	This therapeutic class coding scheme is the most specific offered by FDB and is intended for users who need a very definitive therapeutic classification system.	CHAR	3	0	Y
DSC_THERA_CLS_SPEC	Therapeutic Class description.	VARCHAR2	100	0	N

2.13.141 T_CDE_THERA_STD

The is the Standard Therapeutic Class Description table, which relates the Standard Therapeutic Class code to its description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_THERA_CLS_STD	The Standard Therapeutic Class code classifies drugs according to the most common intended use. This therapeutic classification is intended to service those users who need a definitive but not comprehensive therapeutic classification system.	CHAR	3	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_THERA_CLS_STD	Provides the text description for a Standard Therapeutic Class code.	VARCHAR2	100	0	N

2.13.142 T_CDE_TPL_JRNL_ERR

This table contains journal codes and their error descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_JRNL_ERROR	Error code used in journal voucher batch processing.	CHAR	2	0	Y
DSC_JRNL_ERROR	The description of the error code.	CHAR	100	0	N

2.13.143 T_CHECK

This contains information about each payment that was issued by the MMIS system.

Column Name	Description	Type	Length	Precision	Primary Key
CHECK_SAK	The unique system assigned key that identifies a check in the system.	NUMBER	9	0	Y
NUM_CHECK	MICR number that is preprinted on the check by the financial institution. This number is used to identify the check to all parties external to the system.	CHAR	9	0	N
CDE_PAY_TYPE	Code field to store an 'E' for EFT, 'T' for State Transfer, or 'C' for check. Used to designate the payment type.	CHAR	1	0	N
TOTAL_AMT_PAID	The amount for which the check was written.	NUMBER	11	2	N
CDE_PAYEE_TYPE	This is the code that identifies what type of person or organization is being used. The following are the valid values : C - TPL Carrier, O - Other, R - Member, Y - County	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PAYEE	System assigned key that uniquely identifies the name and address of a non-provider entity on the MMIS system. For example, the addresses of Lien Holders and Counties and non-provider entities to which we make Expenditure Payments.	NUMBER	9	0	N
DTE_ISSUE	The date the check was written. This will be the date of the financial cycle.	DATE	0	0	N
CDE_STATUS1	This is the status code used on the T_CHECK and T_PAYMENT_TMP tables. Examples are: An 'I' would indicate the check has been issued, a 'V' indicates a VOID, an 'R' indicates the check was reissued, a 'C' indicates a check has CLEARED the bank, an 'S' indicates Stopped and an 'X' for Cancelled by Statute. Please see the table for the full list of values.	CHAR	1	0	N
SAK_FIN_SCHED	System Identifier for the Financial run	NUMBER	9	0	N
DTE_CYCLE	The cycle date associated with the last update of the year-to-date record. This is the same as the issue date of the payment on t_check.	DATE	0	0	N

2.13.144 T_CHECK_STATUS_CDE

This is the table that is used to store the valid payment statuses of the checks/EFT's/State Transfers in the system.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATUS1	This is the status code used on the T_CHECK and T_PAYMENT_TMP tables. Examples are: An 'I' would indicate the check has been issued, a 'V' indicates a VOID, an 'R' indicates the check was reissued, a 'C' indicates a check has CLEARED the bank, an 'S' indicates Stopped and an 'X' for Cancelled by Statute. Please see the table for the full list of values.	CHAR	1	0	Y
DSC_STATUS	This is the description of the check statuses that is used for display and reporting purposes.	CHAR	30	0	N

2.13.145 T_CHECK_STATUS_HIST

This contains information about each payment that was issued by the MMIS system.

Column Name	Description	Type	Length	Precision	Primary Key
CHECK_SAK	The unique system assigned key that identifies a check in the system.	NUMBER	9	0	Y
CDE_STATUS1	This is the status code used on the T_CHECK and T_PAYMENT_TMP tables. Examples are: An 'I' would indicate the check has been issued, a 'V' indicates a VOID, an 'R' indicates the check was reissued, a 'C' indicates a check has CLEARED the bank, an 'S' indicates Stopped and an 'X' for Cancelled by Statute. Please see the table for the full list of values.	CHAR	1	0	Y
DTE_STATUS	The date the status was updated in the system.	DATE	0	0	N
DTE_STATUS_CHG_EXT	This is the actual date the status was changed externally.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_REPORTED	This is the date that the status was reported either to the state or to CMS.	DATE	0	0	N

2.13.146 T_CHECK_VOID

This contains information about a check when it is voided.

Column Name	Description	Type	Length	Precision	Primary Key
CHECK_SAK	The unique system assigned key that identifies a check in the system.	NUMBER	9	0	Y
DTE_VOID	The date the check was stamped void and destroyed.	DATE	0	0	N
CDE_REASON_REISSUE	The reason code that associates the reason table entry with the check reissue check xref entry.	CHAR	1	0	N
DTE_PROCESSED	System Date for the Financial run.	DATE	0	0	N
SAK_FIN_SCHED	System Identifier for the Financial run	NUMBER	9	0	N

2.13.147 T_CHK_REISSUE_RSN

This contains the reasons for the check reissues.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_REISSUE	The reason code that associates the reason table entry with the check reissue check xref entry.	CHAR	1	0	Y
DSC_25	The description associated with the reason code for the check reissues.	CHAR	25	0	N

2.13.148 T_CHK_REISSUE_XREF

This contains information about each check that was reissued by the MMIS system. Gives the cross-reference between the original check and the reissued check.

Column Name	Description	Type	Length	Precision	Primary Key

Column Name	Description	Type	Length	Precision	Primary Key
CHECK_SAK	The unique system assigned key that identifies a check in the system.	NUMBER	9	0	Y
SAK_CHK_REISSUE	The unique system assigned key that identifies a reissued check.	NUMBER	9	0	N
DTE_REQUEST	The date that the check reissue entry is made.	DATE	0	0	N
IND_REISSUE	Indicates whether or not a request will be made to reissue the check or not. 'Y' to reissue the check or 'N' to not reissue the check.	CHAR	1	0	N
CDE_APPROVAL	The code used to identify the status of the approval of the check reissue. 'Y' is used to indicate that the approval has processed, 'N' is used to indicate that the approval has been rejected, and 'O' is used to indicate the approval is open.	CHAR	1	0	N
DTE_ACTIVATION	The date that the check reissue entry is approved for payout.	DATE	0	0	N
CDE_REASON_REISSUE	The reason code that associates the reason table entry with the check reissue check xref entry.	CHAR	1	0	N

2.13.149 T_CLAIM_FRM_TYP

This table contains the possible values for the TPL claim form type code.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLAIM_FORM	This code identifies the claim form type on which a carrier wishes to receive TPL claim facsimiles.	CHAR	1	0	Y
DSC_CLAIM_FORM	This field is the claim form description associated with a claim form type code.	CHAR	10	0	N

2.13.150 T_CLAIM_TYPE

List of the valid types of claims that can be submitted and processed in the system.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLM_TYPE	Value for the type of claim that can be processed in the MMIS system.	CHAR	1	0	Y
DSC_CLM_TYP	Description of the value assigned to a specific claim type.	CHAR	50	0	N

2.13.151 T_CLIA_CERT

This is the clinical lab information from OSCAR. The information on this record is what OSCAR calls the Type 3 record.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CLIA	This is the clinical lab number from OSCAR.	CHAR	10	0	Y
SAK_SHORT	This is the system value that makes each record unique.	NUMBER	4	0	Y
CDE_CERT_TYPE	This is the CLIA type 3 certification code . 1 = Regular 2 = Waiver 3 = Accreditation 4 = Provider-performed Microscopy Procedure (PPMP 5 = Partial Accredited 9 = Registration	CHAR	1	0	N
CDE_LAB_TYPE	This is the CLIA type of laboratory. 1 = Independent 2 = Physician-owned	CHAR	1	0	N
CDE_CERT_NUM	CLIA Certificate number. The latest certificate issued is always = 1.	CHAR	2	0	N
DTE_EFFECTIVE	This is the effective date of the CLIA type 3 (certification) information.	DATE	0	0	N
DTE_END	This is the end date of the CLIA type 3 (certification) information.	DATE	0	0	N

2.13.152 T_CLIA_LAB

This table will contain CLIA type 5 lab data.

Column Name	Description	Type	Length	Precision	Primary Key

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CLIA	This is the clinical lab number from OSCAR.	CHAR	10	0	Y
SAK_SHORT	This is the system value that makes each record unique.	NUMBER	4	0	Y
CDE_LAB_CODE	This is the CLIA type 5 lab code.	CHAR	3	0	N
DTE_EFFECTIVE	This is the effective date of the CLIA lab code record.	DATE	0	0	N
DTE_END	This is the end date of the CLIA lab code record.	DATE	0	0	N

2.13.153 T_CLM_STATUS

Claim Status as defined in the MMIS.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLM_STATUS	MMIS Claim Status Code.	CHAR	1	0	Y
DSC_CLM_STATUS	Description of Claim Status.	VARCHAR2	20	0	N
IND_CORRECTIONS	Yes/No value used to identify Claim Status codes that are valid for use in the Claims Data Corrections process.	CHAR	1	0	N
IND_EDIT_DISP	Yes/No value used to identify Claim Status codes that are valid for use in the Claims Dispositioning process.	CHAR	1	0	N
IND_CLM_INQUIRY	Yes/No value used to identify Claim Status codes that are valid for use in the Claims Inquiry process.	CHAR	1	0	N

2.13.154 T_CMS_PASS_WVR_ELIG

This table contains the eligibility records written out to CMS 1115 extract file. This table is used for research and troubleshooting of CMS 1115 extract.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	A System Assigned Key (SAK) used to represent a member.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	The effective date for eligibility. (AK)	DATE	0	0	Y
DTE_END	The end date for eligibility. (AK)	DATE	0	0	N
CDE_REGION	Code for Managed Care region. Valid values are space, 0 though 9 and OS.	CHAR	2	0	N
CDE_ELIG_GRP	Description of eligibility group. Valid values are TANFC, TANFA, OTHER, SOBRAC, SOBRAA, FOSTER, KCHIP, SSI_MC, SSI, PE, XXXX.	CHAR	6	0	N
CDE_WVR_STATUS	Code of waiver status. Valid values are Y, N, E.	CHAR	1	0	N
CDE_RECIP_COUNTY	Code of member's county of residence.	VARCHAR2	10	0	N
CDE_AID_CATEGORY	Code for aid category.	CHAR	2	0	N
CDE_PGM_STATUS	Code for Member Program Status. This is used as additional criteria to determine eligibility.	CHAR	2	0	N
IND_PARTNER_ENROLL	Indicator for Partnership enrollment. Valid value: Y or N.	CHAR	1	0	N
IND_LOC_WVR_ENROLL	Indicator for waiver or LOC enrollment. Valid value: Y or N.	CHAR	1	0	N
IND_MEDICARE_ENROLL	Indicator for Medicare enrollment. Valid value: Y or N.	CHAR	1	0	N
DTE_RPT_END	Report end date.	DATE	0	0	N

2.13.155 T_CMS_PASS_WVR_EXPD

This table contains the expenditure records written out to CMS 1115 extract file. This table is used for research and troubleshooting CMS 1115 extract.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	A System Assigned Key (SAK) used to represent a claim.	NUMBER	9	0	Y
CDE_REGION	Code for Managed Care region. Valid values are space, 3-OS, 0 though 9 and OS.	CHAR	4	0	N
DSC_ELIG_GRP	Description of eligibility group. Valid values are TANFC, TANFA, OTHER, SOBRAC, SOBRAA, FOSTER, KCHIP, SSI_MC, SSI, PE, XXXX.	CHAR	6	0	N
CDE_WVR_STATUS	Code of waiver status. Valid values are Y-E, Y-N, Y, N, E.	CHAR	3	0	N
CDE_COS_ST	Code for State Category of Service.	CHAR	2	0	N
WAIVER_YEAR	The year service was provided from waiver start year. The format is WY01.	CHAR	4	0	N
FISCAL_YEAR	The year of original Federal Match. Format is FY031.	CHAR	5	0	N
CDE_CUR_PREV	Code value to represent if payment was for current reporting period or previous reporting period. Valid values: C or P.	CHAR	1	0	N
CDE_TPL_STATUS	Code to indicate TPL status. Valid values: X - TPL adjustment, Y - TPL recovery or N - No TPL.	CHAR	1	0	N
SERVICE_MONTH	The service date in format of YYYYMM.	CHAR	6	0	N
CDE_CMS_LINE	Code value of COS grouping included in CMS 1115 extract.	CHAR	3	0	N
AMT_PAID	Paid amount for the claim. If adjusted, the amount here is the difference between original claim and adjustment claim.	NUMBER	10	2	N
SAK_RECIP	System Assigned Key (SAK) representing a member.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
RPT_QTR	Reporting Quarter in format of YYYYQX (X = 1,2 ,3 or 4)	CHAR	6	0	N

2.13.156 T_CMS_PASS_WVR_LINE

This table contains the cross reference in between Category of Service code and "CMS Line" code used to generate CMS 1115 extract.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COS_ST	A code for State Category of Service.	CHAR	2	0	Y
CDE_CMS_LINE	Code value of COS grouping included in CMS 1115 extract.	CHAR	3	0	N

2.13.157 T_CMS_PASS_WVR_PROV_TYPE

This table contains the service type and provider type that is included to CMS 1115 extract report.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SVC_TYPE	A code for service type. Valid values: C for Claim, K for KenPAC, P for Passport waiver service.	CHAR	1	0	Y
CDE_PROV_TYPE	Code value representing provider type.	CHAR	2	0	Y

2.13.158 T_CONDITION

Contains the valid codes used to identify conditions relating to a UB claim that may affect payer processing.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COND	Code used to identify conditions relating to a UB claim that may affect payer processing.	CHAR	2	0	Y
DSC_COND	Description of a conditions relating to a UB claim that may affect payer processing.	CHAR	40	0	N

2.13.159 T_CONV_FACTOR

Total Base RVU for a procedure is multiplied by conversion factor to obtain the base fee schedule payment amount during RBRVS pricing calculation.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	Y
DTE_EFFECTIVE	The date a conversion factor becomes valid (effective) for claims processing.	DATE	0	0	Y
DTE_END	The date a conversion factor is no longer valid for claims processing.	DATE	0	0	N
AMT_CONV_FACTOR	Multiplier which transforms relative values into payment amounts during RBRVS pricing calculations.	NUMBER	9	4	N

2.13.160 T_COUNTRY

This table contains a list of the ISO standard country codes, descriptions, and indicators determining the format of the address and phone number.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COUNTRY	Two character ISO country abbreviation	CHAR	2	0	Y
DSC_COUNTRY	Country name	VARCHAR2	50	0	N
DIALING_CODE	Five character out of country dialing prefix for the country.	CHAR	5	0	N
AREA_CODE	Three character area code for those countries that can be dialed without using the country dialing prefix	CHAR	3	0	N
IND_INT_ADDRESS	Yes / No indicator designating whether the country requires extra fields to enter the address.	CHAR	1	0	N
IND_INT_PHONE	Yes / No indicator designating whether the country requires extra characters to store the phone number	CHAR	1	0	N
CDE_COUNTRY_CURRENCY	Three character ISO country currency abbreviation.	CHAR	3	0	N

2.13.161 T_COUNTY

This table represents the geographical/political counties in a given state. Only one address per county code is used.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COUNTY	The county number used to identify a geographical/ political area in the state.	VARCHAR2	10	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LOCALITY	This attribute indicates the locality code for a county. Valid values include 01 - Metropolitan, 02 - Urban, 03 - Rural.	CHAR	2	0	N
DSC_COUNTY	Twelve character field containing the name of a specific county.	CHAR	12	0	N
ADR_STREET_1	The first line of the address to use in correspondence with county.	CHAR	30	0	N
ADR_STREET_2	The second line of the address to use in correspondence with county.	CHAR	30	0	N
ADR_CITY	The name of the city to use in correspondence with county.	CHAR	15	0	N
ADR_STATE	This is the state code for the county office address.	CHAR	2	0	N
ADR_ZIP_CODE	The five byte zip code to use in correspondence with county.	CHAR	5	0	N
ADR_ZIP_CODE_4	The 4 digit zip code that follows the 5 digit zip code.	CHAR	4	0	N
CDE_URBAN_RURAL	Indicates whether or not a county is Rural (R) or Urban (U). This is used for payment of capitation under the Managed Care RBMC program.	CHAR	1	0	N
CDE_IDCARD_CNTL	This control number is assigned by West Lake, Ohio for each county office to determine which return address to print on the envelope for the member id card. Not used by OK MMIS.	CHAR	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REGION_GEO	A user defined code that identifies a geographical region.	CHAR	4	0	N
FIPS_COUNTY_CODE	The FIPS code assigned to the county.	CHAR	3	0	N

2.13.162 T_COUNTY_FIPS_XREF

The Cross-reference between County code and the FIPS county code.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COUNTY	The county number used to identify a geographical/political area in the state.	CHAR	10	0	N
CDE_FIPS	The FIPS code assigned to the county.	CHAR	3	0	N

2.13.163 T_COUNTY_OFFICE

The mailing address of each county office in each county.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CNTY_OFF	System assigned key to uniquely identify a specific county office.	NUMBER	9	0	Y
CDE_COUNTY	The 2 digit county number used to identify a geographical/political area in the state.	VARCHAR2	10	0	N
CDE_OFFICE	Identifies the county office within county.	CHAR	1	0	N
ADR_STREET_1	This is the county office mailing Address 1.	CHAR	30	0	N
ADR_STREET_2	This is the county office mailing Address 2.	CHAR	30	0	N
ADR_CITY	This is the county office Mailing Address City.	CHAR	18	0	N
ADR_STATE	This is the county office Mailing Address State.	CHAR	2	0	N
ADR_ZIP_CODE	This the county office Mailing Address Zip.	CHAR	5	0	N
ADR_ZIP_CODE_4	This is the county office Mailing Address Zip-4.	CHAR	4	0	N

2.13.164 T_COURT_ORD_CDE

This table contains the possible values for the court-ordered code which identifies the type of coverage that must be provided by an absent parent.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COURT_ORDER	This code identifies the court ordered coverage that must be provided by an absent parent.	CHAR	1	0	Y
DSC_COURT_ORDER	This field contains the description associated with a specific court ordered code.	CHAR	40	0	N

2.13.165 T_COVERAGE_TYPE

This table contains the possible values for the TPL coverage type code.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COVERAGE	This code identifies the type of coverage that a TPL policy provides.	CHAR	2	0	Y
DSC_COVER_TYPE	This describes the type of coverage (services) a TPL resource provides.	CHAR	120	0	N

2.13.166 T_COVERAGE_XREF

This cross-reference table identifies the relationships between a coverage type, the coinsurance/deductible/premium information about the coverage type, and the TPL resource that the coverage type is associated with.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_TPL_RESOURCE	This system assigned key is used to uniquely identify a TPL resource record internally to the system.	NUMBER	9	0	Y
CDE_COVERAGE	This code identifies the type of coverage that a TPL policy provides.	CHAR	2	0	Y
NUM_SEQ_BATCH	This field makes this row unique per coverage code.	NUMBER	9	0	Y
SAK_COIN_DE_PRM	This is the system assigned key for the coinsurance table. It is used to uniquely identify each record internally to the system.	NUMBER	9	0	N
DTE_EFFECTIVE	The effective begin date of this coverage code.	DATE	0	0	N
DTE_END	The effective ending date of this coverage code.	DATE	0	0	N
IND_EXHAUST	This indicates if a member TPL has been exhausted.	CHAR	1	0	N

2.13.167 T_COVERED_BENEFIT

This entity defines the rules needed to determine coverage for a service within a program

Column Name	Description	Type	Length	Precision	Primary Key
SAK_COVERED_BNFT	System Assigned Key used to identify a unique row for a benefit covered by a program.	NUMBER	9	0	Y
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	N
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	N
CDE_BENEFIT_TYPE	The benefit type code is used to identify the coding scheme for a service. Valid schemes include procedure (HCPCS & CPT-4), ICD-9-CM procedures, ICD-9-CM diagnosis, Revenue Code and Drug codes (NDCs).	CHAR	3	0	N
DTE_EFFECTIVE	The date a service becomes covered within a program.	DATE	0	0	N
DTE_END	The last date of coverage for a service within a program.	DATE	0	0	N
NUM_AGE_FROM	The minimum age of the member on the date of service that the service will be covered within the program.	NUMBER	3	0	N
NUM_AGE_TO	The maximum age of the member on the date of service that the service will be covered within the program.	NUMBER	3	0	N
IND_PA	Indicates if Prior Authorization (PA) is required for the procedure/program combination. A 'Y' indicates PA is required. A 'N' indicates PA is not required. If the indicator is 'Y', other PA restrictions such as age or place of service (POS) limits may apply.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_PA_AGE_FROM	Minimum member age for PA requirement. This attribute is used with the PA indicator to determine if a service requires PA. (Example: If the PA indicator is 'Y' and the member age is between 0 and 21, the service requires PA.)	NUMBER	3	0	N
NUM_PA_AGE_TO	Maximum member age for PA requirement. This attribute is used with the PA indicator to determine if a service requires PA. (Example: If the PA indicator is 'Y' and the member age is between 0 and 21, the service requires PA.)	NUMBER	3	0	N
IND_MED_REVIEW	Indicates if the service requires Medical Review.	CHAR	1	0	N
NUM_MR_AGE_FROM	Minimum member age for Medical Review requirement. This attribute is used with the Medical Review indicator to determine if a service requires review. (Example: If the Medical Review indicator is 'Y' and the member age is between 0 and 21, the service requires Medical Review.)	NUMBER	3	0	N
NUM_MR_AGE_TO	Maximum member age for Medical Review requirement. This attribute is used with the Medical Review indicator to determine if a service requires review. (Example: If the Medical Review indicator is 'Y' and the member age is between 0 and 21, the service requires Medical Review.)	NUMBER	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_POS_EDITING	Indicates if place of service (POS) editing is required for the procedure/program combination. A 'N' indicates no POS editing should be performed. A 'E' indicates POS editing is required and all corresponding POS codes are excluded for a given procedure/BP. A 'I' indicates POS editing is required and only corresponding POS codes are valid for a given procedure/program.	CHAR	1	0	N
IND_MOD_EDITING	Indicates if modifier editing is required for the procedure/program combination. A 'N' indicates no modifier editing should be performed. An 'E' indicates modifier editing is required and all corresponding modifier codes are excluded for a given procedure/BP. A 'I' indicates modifier editing is required and only corresponding modifier codes are valid for a given procedure/BP.	CHAR	1	0	N
IND_CT_EDITING	Pricing indicator which dictates the method by which a procedure must be priced or indicates how a claim detail was priced.	CHAR	1	0	N
DTE_INACTIVE	Code used to identify the rate type to use in determining provider reimbursement.	DATE	0	0	N

2.13.168 T_COV_BNFT_MOD

Modifier codes used to determine coverage for a service within a program. The list of Modifier codes is either inclusive or exclusive based on the Modifier indicator (IND_MOD_EDITING) on the Covered Benefits (T_COVERED_BENEFIT) entity.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_COV_MOD_AXIS_RANGE	System Assigned Key used to identify a unique row for a benefit covered by a program.	NUMBER	9	0	Y
CDE_PROC_MOD	The modifier code used to further describe a procedure.	CHAR	2	0	Y

2.13.169 T_DEA_CODE

The Drug Enforcement Administration Code denotes the degree of potential abuse and Federal control of a drug.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DEA	The Drug Enforcement Administration (DEA) code denotes the degree of potential abuse and Federal control of a drug. This code is subject to change by Federal regulation.	CHAR	1	0	Y
DSC	Text describing the Drug Enforcement Administration (DEA) code.	CHAR	100	0	N

2.13.170 T_DESI

The table holds data for the three "types" of DESI values carried on the NDDF, DESI, DESI2, and HCFA DESI. The DESI Drug Indicator (DESI) marks a particular drug as declared less than effective by the Food and Drug Administration. In 1990, HCFA appended the DESI listing of drugs to include a "similar and related" category. Drugs included in this category have a DESI2 of "1" and were not previously flagged as DESI. The HCFA DESI Code (HCFA_DESI) indicates the DESI code as supplied on the Health Care Financing Administration's quarterly tape.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG	System assigned key for a unique drug	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DESI_TYPE	Code used to indicate the DESI type. 1 = DESI Drug Indicator DESI on the NDDF. 2 = DESI 2 Drug Indicator on the NDDF. H = HCFA DESI code on the NDDF.	CHAR	1	0	Y
DTE_EFFECTIVE	The date the HCFA DESI status took effect.	DATE	0	0	N
IND_STATUS	Indicates whether the DESI segment is in an active (0) or inactive (1) status. Only active segments will be used for claims processing. Inactive segments will be maintained for historical purposes.	CHAR	1	0	N
DTE_END	The date the HCFA DESI status is no longer in effect.	DATE	0	0	N
CDE_DESI	Values 0 - 1 are used with the DESI and DESI2 indicators and indicate this drugs is DESI (1) or DESI at one point in time, but no longer (0). Values 0, 2-6 are used with the HCFA DESI and indicate this drug's status as less than effective.	CHAR	1	0	N
CDE_SOURCE	Source Code.	CHAR	2	0	N

2.13.171 T_DESI_CODE

The code identifies the DESI status of the NDC drug with current valid values of 0-6. The DESI Drug Indicator (DESI) marks a particular drug as declared less than effective by the Food and Drug Administration. The HCFA DESI Code (HCFA_DESI) indicates the DESI code as supplied on the Health Care Financing Administration's quarterly tape.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DESI	Values 0 - 1 are used with the DESI and DESI2 indicators and indicate this drugs is DESI (1) or DESI at one point in time, but no longer (0). Values 0, 2-6 are used with the HCFA DESI and indicate this drug's status as less than effective.	CHAR	1	0	Y
DSC	The description of the DESI code value, 2-6.	CHAR	100	0	N

2.13.172 T_DIAGNOSIS

A condition that requires medical attention.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DIAG	System assigned key for the diagnosis.	NUMBER	9	0	Y
CDE_DIAG	A code for the condition requiring medical attention.	CHAR	7	0	N
DSC_25	The short nomenclature for a medical condition.	CHAR	40	0	N
DSC_LONG	The long nomenclature for a medical condition.	CHAR	250	0	N
DSC_LAY	Description of the code in layman terms.	VARCHAR2	100	0	N

2.13.173 T_DIAG_GROUP

Groups diagnosis by diagnosis type. This will be used by various parts of the system for different processing methodologies.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DIAG_TYPE	System assigned key for a unique diagnosis type, that represents a single or collection of diagnosis codes.	NUMBER	4	0	Y
SAK_DIAG_FROM	System assigned key for the diagnosis.	NUMBER	9	0	Y
SAK_DIAG_TO	System assigned key for the diagnosis.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date that the diagnosis code is to become effective for the diagnosis type in claims processing.	DATE	0	0	Y
DTE_END	The last date that the diagnosis code is in effect for the diagnosis type in claims processing.	DATE	0	0	N

2.13.174 T_DIAG_LIMIT

This table contains the general restrictions for a certain diagnosis and the dates that the restrictions are in effect.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	Y
SAK_DIAG	System assigned key for the diagnosis.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date that the limitations for the diagnosis code became effective.	DATE	0	0	Y
DTE_END	The date that the limitations for the diagnosis code stopped being effective.	DATE	0	0	N
CDE_SEX	Code that identifies the sex for which the diagnosis is limited. If a diagnosis is valid for both sexes, the value in this field will be 'B'.	CHAR	1	0	N
QTY_AGE_MAX	The maximum age that is valid for the diagnosis.	NUMBER	4	0	N
QTY_AGE_MIN	The minimum age that is valid for the diagnosis.	NUMBER	4	0	N
IND_FAM_PLAN	The indicator for determining whether or not this diagnosis is a Family Planning diagnosis.	CHAR	1	0	N
IND_PREGNANCY	Indicates if the diagnosis is for a pregnancy.	CHAR	1	0	N
IND_EMERGENCY	Indicates whether the diagnosis is for an emergency ASC condition. Valid values are 'Y' - yes and 'N' - no.	CHAR	1	0	N
IND_ATTACHMENT	Indicates whether documentation is required for the diagnosis.	CHAR	1	0	N
IND_PRIMARY	Indicates primary diagnosis codes cannot be billed. The valid values are Y/N.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_SUB_CLASS	Indicates whether the diagnosis requires further specification.	CHAR	1	0	N

2.13.175 T_DIAG_TYPE

A diagnosis type is associated with a group of diagnosis codes. Used to identify diagnosis codes for use in certain processing methodologies. For example, "Abortion" is a diagnosis type.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DIAG_TYPE	System assigned key for a unique diagnosis type, that represents a collection of diagnosis codes.	NUMBER	4	0	Y
DSC_50	Describes the diagnosis type.	CHAR	50	0	N
DSC_DEFINITION	Definition of where and/or how this diagnosis group is used.	VARCHAR2	4000	0	N

2.13.176 T_DISP_FEE

This is the fee that the provider receives for dispensing a prescription legend drug.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_SPEC	A code representing the specialized area of practice for a provider.	CHAR	3	0	N
SAK_PROV_PGM	This is the system assigned key to the provider enrollment program.	NUMBER	9	0	N
DTE_EFFECTIVE	The date that the dispensing fee for the provider specialty is in effect.	DATE	0	0	N
DTE_END	The date that the dispensing fee for the provider specialty is no longer in effect.	DATE	0	0	N
AMT_NDC_PROFEE	The amount that the provider receives for dispensing a prescription drug. This amount may vary by provider specialty.	NUMBER	7	2	N
IND_DRUG_TYPE	Indicates Generic/Branded/Either for a provider.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_INGRED_FROM	Number of ingredients from range(1-9999) to allow for compounds to pay varying based on the number of unique ingredients in the compound.	NUMBER	4	0	N
NUM_INGRED_TO	Number of ingredients to range(1-9999) to allow for compounds to pay varying based on the number of unique ingredients in the compound.	NUMBER	4	0	N

2.13.177 T_DRG

Diagnosis Related Groups are used as the standard classification system for dealing with inpatient hospital data. Developed for evaluating resource use and utilization patterns. DRGs are used nationwide as the basis for the analysis and prospective payment of hospital care. NOT CURRENTLY USED IN KENTUCKY.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRG	System assigned key for a unique DRG.	NUMBER	9	0	Y
CDE_DRG	This is a three byte code field used to identify a DRG grouping. The DRG code and description are obtained from HCIA.	CHAR	4	0	N
DSC_DRG	This is a forty byte character field used to describe a DRG grouping. The DRG code and description are obtained from HCIA.	VARCHAR2	132	0	N

2.13.178 T_DRG_RATE

The DRG Rate contains information used to calculate the total DRG reimbursement rate paid to a provider. The date sensitive information includes the DRG base rate, weight, and average length of stay data for the DRG calculation. NOT CURRENTLY USED IN KENTUCKY.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRG	System assigned key for a unique DRG.	NUMBER	9	0	Y
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	The date the DRG Rate took effect.	DATE	0	0	Y
SAK_DRG_RATE	The system assigned key that uniquely identifies a row in this table.	NUMBER	9	0	Y
DTE_END	The date the DRG Rate is no longer in effect.	DATE	0	0	N
NUM_DAILY_RATE	This is a date sensitive pricing factor expressed in dollars terms, and is one of the primary components for the DRG calculation. This base rate is used for the statewide calculation.	NUMBER	10	2	N
NUM_WEIGHT	This is a date sensitive pricing factor expressed in the 9.9999 form, and is one of the primary components for the DRG calculation. Some DRGs will not be assigned weights, so for these the Level of Care pricing method will be used.	NUMBER	7	4	N
NUM_MEAN_LOS	This is the average length of stay associated to a particular DRG classification group.	NUMBER	5	1	N
PCT_OUTLIER_ADJ	The percentage to adjust outlier days.	NUMBER	5	4	N
NUM_BASE_RATE	This is a date sensitive pricing factor expressed in dollars terms, and is one of the primary components for the DRG calculation. This base rate is used for the statewide calculation.	NUMBER	10	2	N
NUM_DAY_OUTLIER_LOW	Low number of days used in outlier payment determination - This attribute will not be used at this time in the code, but it is necessary to prepare for future usage when the state is ready to develop some policy that uses the day outliers logic.	NUMBER	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_DAY_OUTLIER_HIGH	High number of days used in outlier payment determination - This attribute will not be used at this time in the code, but it is necessary to prepare for future usage when the state is ready to develop some policy that uses the day outliers logic.	NUMBER	3	0	N
PCT_SUPPLEMENTAL	This is the outlier supplemental percentage that will be utilized during the DRG pricing calculation.	NUMBER	5	2	N
DTE_INACTIVE	Rate segment inactive date. This is the date/time that the rate can no longer be used, regardless of the dates of service on the claim.	DATE	0	0	N

2.13.179 T_DRUG_AWP

This table contains the drug's Blue Book Average Wholesale unit Price. The AWP represents the most common wholesaler price to the retailer or hospital and is based on actual surveys of drug wholesalers.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG	System assigned key for a unique drug	NUMBER	9	0	Y
SAK_SEQUENCE	Sequence number of rows. Used to make a unique key without using the effective date of the row as part of the primary key.	NUMBER	9	0	Y
DTE_EFFECTIVE	This is the date that the Average Wholesale Price and the Estimated Acquisition Cost took effect.	DATE	0	0	N
IND_STATUS	Indicates whether the AWP pricing segment is in an active (0) or inactive (1) status. Only active segments will be used for pricing. Inactive segments will be maintained for historical purposes.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END	This is the date that the Average Wholesale Price and the Estimated Acquisition Cost is no longer in effect.	DATE	0	0	N
AMT_AWP	This is the drug's Blue Book average wholesale unit price and represents the most common wholesaler price to the retailer or hospital. This price is based on actual surveys of drug wholesalers.	NUMBER	12	5	N
IND_CONV	This column is used to identify AWP prices that were converted from the mainframe system. Converted AWP rates will always be multiplied by an EAC of 100% to get the EAC price for a drug.	CHAR	1	0	N
DTE_SEG_ADDED	The date the pricing segment was created.	DATE	0	0	N

2.13.180 T_DRUG_CAT_CODE

The Drug Category Code indicates that a drug product belongs to a category that is commonly treated as an exception in third party plans.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DRUG_CATGRY	The Drug Category Code indicates that a drug product belongs to a category that is commonly treated as an exception in third party plans.	CHAR	1	0	Y
DSC	Text description of Drug Category Code.	VARCHAR2	100	0	N

2.13.181 T_DRUG_CLASS

Code used to classify a drug, for drug rebate and coverage purposes, along with the classification's description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE	Identifies the classification of the drug. Classifications are Vaccine (V), Insulin (I), Supply (S), Nutritional (N), Class 1A (1), Anorexic (A), Family Planning (F), Smoking Cessation (C), Fertility Enhancements (E) and Minoxidil (M).	CHAR	1	0	Y
DSC_25	Description of the drug's classification code (THAT IS Vaccine, Insulin, Supply, Nutritional, Class 1A, Anorexic, Family Planning, Smoking Cessation, Fertility Enhancement and Minoxidil).	CHAR	25	0	N
IND	This indicator is used to determine if the classification is exempt from the drug rebate program. The valid values are 'N'=non-exempt, 'E'=exempt.	CHAR	1	0	N

2.13.182 T_DRUG_DN

The necessary data that defines a drug. This includes the drug's NDC code, manufacturer, strength, dosage form, package size, and so on. The majority of this data is supplied by our drug vendor, First Data Bank. Some drugs and their data are supplied by the State for State-unique drugs. Also, some data updates are received from First Data Bank through the National ProDUR system.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG	System assigned key for a unique drug	NUMBER	9	0	Y
CDE_NDC	National Drug Code is comprised of a 5 byte numeric labeler code, 4 byte numeric product code and a 2 byte numeric package code. Used to uniquely identify a drug, it's labeler & package size of a product for pricing and prior authorization.	CHAR	11	0	N
SAK_DRUG_MANUF	This is the system assigned key used to uniquely identify the drug manufacturer.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG_GEN	The system assigned key for a GCN Sequence number	NUMBER	9	0	N
SAK_DRUG_RBT_LBLR	This is a unique key for the drug labeler table	NUMBER	9	0	N
CDE_UPDATE_TYPE	This will indicate if the drug data has been overridden by the State (S) or is the data is First DataBank (F) supplied. If the indicator is set to "S", the update process will not overlay the data entered by State personnel.	CHAR	1	0	N
CDE_DRUG_CATGRY	The Drug Category Code indicates that a drug product belongs to a category that is commonly treated as an exception in third party plans. Sample values are: 0 Unspecified, A Anti-Anxiety Agents, B Fertility Agents, C Contraceptives, D Diagnostics, E Fluoride Preparations, F Anti-obesity Drugs/Amphetamines, G Antacids, H Hematinics.	CHAR	1	0	N
CDE_DEA	The Drug Enforcement Administration Code denotes the degree of potential abuse and Federal control of a drug. It is subject to change by Federal regulation. The current code list is: 0, 1, 2, 3, 4, 5 with 0 being the highest risk for abuse.	CHAR	1	0	N
CDE_DRUG_CLASS	Classifies a drug by its availability to the consumer according to federal specifications. Values may change even after the NDC has become obsolete. Valid Values are: O = Over-the-Counter. A prescription is not required per the product labeling. F = Prescription required per the product labeling.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DRUG_FORM	The Drug Form Code indicates the basic drug measurement unit for performing price calculations. The current codes are: EA - (tables,kits,and so on.) ML - (liquids) GM - (solids).	CHAR	2	0	N
CDE_DRUG_SOURCE	The Drug Source Code differentiates single source from multiple source drugs. The current codes are: 1 - Multiple sources & 2 - Single source. Note that this field does not distinguish between the "innovator" products and its substitutes.	CHAR	1	0	N
CDE_THERA_CLS_FDA	Provided from CMS's quarterly tape and is a 2 character code, as indicated by the U.S. Food and Drug's Administration's (FDA) rating of the therapeutic equivalence of a product within other pharmaceutically equivalent drug products, as published.	CHAR	2	0	N
CDE_THERA_CLS_AHFS	Identifies the pharmacological therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system .	CHAR	10	0	N
CDE_NDC_FORMAT	The NDC Format Indicator (NDCFI) is used to identify the original 10-character format of the NDC and the type of code, such as NDC, UPC, and HRI. See the "National Drug Code Configuration Editorial Policies" and "National Drug Code Format Indicator Editorial Policies" in the NDDF documentation for further discussion.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_TOP_VOL_RANK	Indicates if a drug is included in the list of the most frequently dispensed 200 drug products. Different package sizes and dose forms of the same drug will have the same number. The order is changed annually, based on pharmaceutical market surveys.	NUMBER	4	0	N
DSC_NDC	This field is a combination of the drug name appearing on the package label, the strength description and the dosage form description. The field size is 30 characters but is edited to fit within a maximum length of 27.	VARCHAR2	35	0	N
DSC_DRUG_PACK	Describes the drug product container and includes the following: AEROSOL, AMPUL, APPLICATOR, BAG, BOTTLE, BOX, CAN, DISPENSER, DROP BTL, JAR, KIT, PACKET, SQUEEZ BTL, SYRINGE, TINE, TUBE, VIAL and WRAP. Abbreviations are used to keep within 10 characters.	CHAR	10	0	N
DTE_NDDF_ADD	The date on which the drug record was added to the National Drug Data File (NDDF) master file.	DATE	0	0	N
DTE_NDDF_UPDT	Date of update (DUPDC) of NDC Record (NDCTBL) on the weekly NDDF update file.	DATE	0	0	N
DTE_LST_CHG_AWP	The date on which the drug's current blue book average wholesale unit or package price was changed on the NDDF master file .	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_TERM_HCFA	This date is supplied on the CMS quarterly tape. The date is actually supplied to CMS from the drug manufacture/distributor. The date represents the shelf life expiration date of the last batch produced.	DATE	0	0	N
DTE_DRUG_OBSOLETE	The date on which the drug product was no longer available in the market place as per the manufacturer's notification, or the best estimate of that date.	DATE	0	0	N
IND_DRUG_GENERIC	The Generic Product Indicator (GPI) will distinguish a product as either a generic drug product or as the more expensive branded drug products.	CHAR	1	0	N
IND_DRUG_INNOV	This field identifies the original innovator product for a particular generic code number. Values are: (0)=Default - non innovator drug; (1)=Innovator - held original patent. It is possible to have more than one product to appear to be the innovator.	CHAR	1	0	N
IND_DRUG_STD_PACK	Identifies the package size and associated price vectors to be used when pricing the "standard package size" which is defined as 100's for non-unit dose, non-prepack tablets and capsules and 473 or 480 ml for liquids. Current codes are: 0 - All & 1-Std.	CHAR	1	0	N
IND_SYSTEMIC	This indicates if the drug is systemic, which means that it can "seep" into the body, be absorbed, and affect the entire body. Values are: "S" - Systemic, "N" - Non-systemic, "O" - Other.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_UNIT_DOSE	Marks a drug as packaged in unit doses. Unit dose is defined by FDB as all products labeled as Unit Dose by the mfr. This indicator does not apply to injectable products, suppositories, or powder packets. Current codes are: 1=Unit Dose & 0=All other.	CHAR	1	0	N
IND_UNIT_OF_USE	The Unit of Use (UU) field denotes those packages which are supplied with appropriate labeling and (usually) child resistant closures and are appropriate to dispense as a unit. Valid values are: 1 = Unit of Use, 0 = All Other Products	CHAR	1	0	N
QTY_DRUG_PACK_SZ	This field contains the metric quantity used to derive a unit price. It is the usual labeled quantity from which the pharmacist dispenses, such as 100 tablets, 1000 capsules, 20 ml vial, and so on.	NUMBER	11	3	N
QTY_SHELF_PACK	The number of saleable units packed together and sold as a unit	NUMBER	9	0	N
QTY_SHIPPER	The number of saleable units (packages) in the case available from the manufacturer.	NUMBER	9	0	N
QTY_DRUG_CASE_SZ	This field is used as a divisor. The labeler's catalog case price is divided by the Case Size to calculate the single package price.	NUMBER	9	0	N
CDE_STATUS1	This field is used to identify whether the drug has been replaced or reused. The valid values are 'R' for replace and 'U' for reuse.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DRUG_STATUS	This field is used to identify the status of a drug. A drug will be marked as either Active (A) or Inactive (I). This information is used to allow the user to review additions and updates to a drug before they are activated for use by the MMIS.	CHAR	1	0	N
DSC_LN	The Label Name contains a combination of the drug name appearing on the package label, the strength description, and the dosage form description for a specified product.	VARCHAR2	40	0	N
IND_HCFA_UNIT	Indicates a product's unit of measure, as supplied on the Centers for Medicare and Medicaid Services' (CMS, formerly HCFA) quarterly update. These units represent the standard measurements used by CMS for determining rebate quantities.	CHAR	3	0	N
NUM_HCFA_PS	CMS Units Per Package Size indicates the number of units per package as supplied on the Centers for Medicare and Medicaid Services' (CMS) quarterly update. This column must be used in conjunction with the CMS Unit Type Indicator to determine the appropriate number of units. Information in this column is provided by CMS and may vary from the First DataBank Package Size and Drug Form Code.	NUMBER	11	3	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_HCFA_APPC	CMS Approval date contains the date the FDA approves a product for sale in the marketplace, for products introduced after 9/30/90 (the date the Rebate program started). Products introduced prior to this date will contain 19900930 in this column in lieu of the actual market entry date. This data is supplied on the Centers for Medicare and Medicaid Services' (CMS, formerly HCFA) quarterly update. The date is supplied to CMS by the drug labeler.	DATE	0	0	N
DTE_HCFA_MRKC	CMS Market Entry Date contains the date a manufacturer releases the drug product to the marketplace, for products introduced after 9/30/90 (the date the Rebate program started). Products introduced prior to this date will contain 19900930 in this column in lieu of the actual market entry date. This data is supplied on the Centers for Medicare and Medicaid Services' (CMS, formerly HCFA) quarterly update. The date is provided to CMS by the drug labeler.	DATE	0	0	N
CDE_OBC3	Orange Book Code (3-Byte version) identifies the equivalency ratings assigned to approved prescription products according to the FDA's Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book).	CHAR	3	0	N
CDE_UPDATE_SOURCE	Indicates source of drug update data. F = FDB or M = Micromedex.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_GNI	A one-character alphanumeric column that specifies whether a product is a brand named product, a generically named product, or an alternative product, using the product name as the criteria.	CHAR	1	0	N
IND_MAINT	A one-character alphanumeric column that identifies a drug as a maintenance drug. Blank = Not a maintenance drug 1 = Maintenance drug	CHAR	1	0	N

2.13.183 T_DRUG_DRUG_CRIT_DN

The Drug interaction criteria. This table holds all of the Drugs whose interaction would cause adverse effects.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_DRUG_GCN_SEQ	The Generic Code Number Sequence Number (GCN_SEQNO) is a unique number representing a generic formulation. Like the GCN, it is specific to the generic ingredient(s), route of administration, and drug strength. Both are the same across manufacturers and/or package sizes. Unlike the GCN, which in some cases may have the same value for different dosage forms, the GCN_SEQNO is specific to its dosage form.	NUMBER	9	0	N
NUM_GCN	The Generic Code Number (GCN) is a unique number representing the generic formulation. The GCN is specific to generic ingredient combination, route of administration, and drug strength, across all dosage forms. The GCN is the same across manufacturers and/or package sizes. The number by itself has no significance, but is useful for online computer applications, such as generic substitution.	NUMBER	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_DRUG_GCN_SEQ2	The Generic Code Number Sequence Number (GCN_SEQNO) is a unique number representing a generic formulation. Like the GCN, it is specific to the generic ingredient(s), route of administration, and drug strength. Both are the same across manufacturers and/or package sizes. Unlike the GCN, which in some cases may have the same value for different dosage forms, the GCN_SEQNO is specific to its dosage form.	NUMBER	9	0	N
NUM_GCN2	The Generic Code Number (GCN) is a unique number representing the generic formulation. The GCN is specific to generic ingredient combination, route of administration, and drug strength, across all dosage forms. The GCN is the same across manufacturers and/or package sizes. The number by itself has no significance, but is useful for online computer applications, such as generic substitution.	NUMBER	5	0	N
CDE_ADI	The Drug inverse code.	CHAR	5	0	N

2.13.184 T_DRUG_HCPCS

This table is used to maintain the NDC - HCPCS Crosswalk.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG	System assigned key for a unique drug	NUMBER	9	0	Y
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date the NDC to HCPCS code association takes effect.	DATE	0	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END	The date the NDC to HCPCS code association is no longer in effect.	DATE	0	0	N

2.13.185 T_DRUG_LBLR

The contacts and addresses of a drug manufacturer that is participating in the drug rebate program. The manufacturer manufacturers drugs under a labeler code(s). The labeler code is assigned by the FDA and the drug rebate program is administered using this labeler code.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG_RBT_LBLR	System assigned key that is 4 bytes long	NUMBER	9	0	Y
CDE_LABELER	This code is used to uniquely identify the labeler of a drug. This code is assigned by HCFA and is used as the first 5 characters of the labeler's NDCs.	CHAR	5	0	N
NAME	The name of the drug labeler	CHAR	39	0	N
CDE_MAILING	Indicates which address should be used for correspondence. Valid values are 'L' (legal), 'T' (technical), and 'I' (invoice). The technical address ('T') is the default mailing address.	CHAR	2	0	N
CDE_MEDIA_TYPE	Media used to send Drug Labeler Invoice Information. Valid values are blank for paper and "D" for 3 1/4" diskettes. Note: All invoices are always produced on paper as well as the alternate format if requested.	CHAR	1	0	N
CDE_COLLECT_MEDIA	Media used to collect rebate payments	CHAR	1	0	N
PARENT_LBLR	The labeler code of the parent manufacturer	CHAR	5	0	N

2.13.186 T_DRUG_LIMITS

This table contains the limitations/restrictions for a certain drug and the dates that these are in effect.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG	System assigned key for a unique drug	NUMBER	9	0	Y
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	Y
DTE_EFFECTIVE	This is the date that the drug limitations take effect.	DATE	0	0	Y
DTE_END	This is the date that the drug limitations no longer are in effect.	DATE	0	0	N
QTY_AGE_MIN	This is a number used to indicate the lower value in an age range. It is the minimum member age that is valid and is entered in number of years.	NUMBER	4	0	N
QTY_AGE_MAX	This is a number used to indicate the upper value in an age range. It is the maximum member age that is valid and is entered in number of years.	NUMBER	4	0	N
IND_OVERRIDE	Yes/No indicator used to identify drugs that will not be edited for a 34 day supply. An indicator of Y (yes) will bypass editing.	CHAR	1	0	N
QTY_DAYS_SPLY_MIN	The minimum number of days a prescribed drug should last a Medicaid member from the date it is dispensed.	NUMBER	4	0	N
QTY_DAYS_SPLY_MAX	The maximum number of days a prescribed drug should last a Medicaid member from the date it is dispensed.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
QTY_SUPPLY_MIN	The minimum quantity of the drug which can be dispensed. The default value is 1.	NUMBER	10	3	N
QTY_SUPPLY_MAX	The maximum quantity of the drug which can be dispensed. The default value is 100.	NUMBER	10	3	N
QTY_REFILL	The number of refills available for a specific prescribed drug.	CHAR	2	0	N
CDE_SEX	Identifies the sex of a person that this drug is limited to.	CHAR	1	0	N
IND_DRUG_CNS	This will indicate whether or not a drug affects the central nervous system.	CHAR	1	0	N
IND_DRUG_MAINT	This will indicate that the drug is required for "maintaining" health and as such provisions have been made to provide the drug in quantities greater than the standard 30-day or monthly supply.	CHAR	1	0	N
CDE	Identifies the classification of the drug. Classifications are Vaccine (V), Insulin (I), Supply (S), Nutritional (N), Class 1A (1), Anorexic (A), Family Planning (F), Smoking Cessation (C), Fertility Enhancements (E) and Minoxidil (M).	CHAR	1	0	N
IND_MCARE_COVERED	Yes/No indicator used to identify drugs covered by Medicare. A "N" (no) indicates the drugs is not covered by Medicare. This attribute is manually entered.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_LTC	Indicates whether the drug is covered if the member lives a long term care facility. I = Reimbursable Only in LTC Facility. N = Reimbursable Only if NOT in LTC facility. O = Reimbursable in Either case (default).	CHAR	1	0	N
IND_DISP_FEE	Yes/No indicator used to identify drugs that should pay a percentage of the normally calculated dispensing fee. This indicator is used with the attribute NUM_DISP_FEE_PCT to determine the dispensing fee to pay. If the indicator is a Y (yes), the dispensing fee will be multiplied by the dispensing fee percentage to get the final dispensing fee to pay to the provider.	CHAR	1	0	N
NUM_DISP_FEE_PCT	If the dispensing fee indicator is a Y (yes), the dispensing fee will be multiplied by the dispensing fee percentage to get the final dispensing fee to pay to the provider.	NUMBER	5	4	N

2.13.187 T_DRUG_MAC

This table contains the BIG MAC and/or MAC unit price for a drug and the dates that they are in effect. The MAC is the unit price under Federal MAC regulation and the BIG MAC unit price is published by HCFA in the State Medicaid Manual. It is valid to have an effective date for the MAC/BIG MAC with a zero price. This would indicate a period when the MAC/BIG MAC did not apply.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG	System assigned key for a unique drug	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SEQUENCE	Sequence number of rows. Used to make a unique key without using the effective date of the row as part of the primary key.	NUMBER	9	0	Y
IND_STATUS	Indicates whether the MAC pricing segment is in an active (0) or inactive (1) status. Only active segments will be used for pricing. Inactive segments will be maintained for historical purposes.	CHAR	1	0	N
DTE_EFFECTIVE	This is the date that the drug's Maximum Allowable Cost takes effect.	DATE	0	0	N
DTE_END	This is the date that the drug's Maximum Allowable Cost is no longer in effect.	DATE	0	0	N
AMT_MAC	This is the BIG MAC and/or MAC unit price. The MAC is the unit price for a drug under Federal MAC regulation. The BIG MAC unit price is the Federal Participation Plan Upper Limits for a drug and is published by HCFA in the State Medicaid Manual.	NUMBER	12	5	N
DTE_SEG_ADDED	The date the pricing segment was created.	DATE	0	0	N

2.13.188 T_DRUG_MAC_PCT

MAC prices for drugs with a class of "O" (Over the Counter) are multiplied by the MAC Percent to adjust payment amounts for providers. Over the Counter Drug MAC prices are normally adjusted upwards in order to persuade providers to use generic OTC drugs.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DRUG_CLASS	Identifies a classification of drugs; for example, barbiturate or amphetamine.	CHAR	1	0	Y
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DRUG_TYPE	This will indicate if the drug is State-unique (S), First Data Bank (F) supplied (is added and updated by them), MediSpan unique (M) from the old system or was added by the National Pro-DUR system (N).	CHAR	1	0	Y
DTE_EFFECTIVE	The date the MAC percentage becomes valid for drug pricing.	DATE	0	0	Y
DTE_END	The date the MAC percentage is no longer valid for drug pricing.	DATE	0	0	N
PCT	Percent used to adjust the MAC price sent to us by First Data Bank for Over the Counter drugs.	NUMBER	3	2	N

2.13.189 T_DRUG_MANUF

The necessary data that defines a drug manufacturer. This includes the FDB code used to uniquely identify the distributor and the name of the distributor as listed on the drug label or as indicated by the NDC code.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG_MANUF	This is the system assigned key used to uniquely identify the drug manufacturer.	NUMBER	9	0	Y
CDE_LABELER_ID	This field is a FDB code used to uniquely identify the distributor. This field is independent of the NDC and facilitates the grouping of the NDC's by unique distributor.	CHAR	6	0	N
NAM_DRUG_MANUF	This is the name of the distributor as listed on the drug label or as indicated by the NDC code. It does not necessarily identify the actual drug fabricator.	CHAR	15	0	N
NUM_CORP_ID	The CORPID represents a parent or holding company that relates to the labeler ID or a division of a company. There can be several labeler IDs to one CORPID.	NUMBER	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_LBLRIND	The Labeler Indicator (LBLRIND) data element is blank for an active labeler (at least 1 active NDC) or 'I' for an inactive labeler (no NDCs or all obsolete).	CHAR	1	0	N

2.13.190 T_DRUG_S_MAC

This table contains the State determined Maximum Allowable Cost (MAC) for a drug, along with its effective dates and status. Usually drugs that have a State MAC do not have a Federal MAC, but the State MAC can be used to override a Federal MAC if one exists for the drug.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG	System assigned key for a unique drug	NUMBER	9	0	Y
SAK_SEQUENCE	Sequence number of rows. Used to make a unique key without using the effective date of the row as part of the primary key.	NUMBER	9	0	Y
DTE_EFFECTIVE	This is the date that the State MAC will take effect.	DATE	0	0	N
IND_STATUS	Indicates whether the State MAC pricing segment is in an active (0) or inactive (1) status. Only active segments will be used for pricing. Inactive segments will be maintained for historical purposes.	CHAR	1	0	N
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	N
DTE_END	This is the date that the State MAC will no longer be in effect.	DATE	0	0	N
AMT_MAC	This is the Maximum Allowable Cost for a drug as determined by the State.	NUMBER	12	5	N

2.13.191 T_DSS_PARMS

Entity used by the ETL process to store batch processing parameters

Column Name	Description	Type	Length	Precision	Primary Key
NAM_PROCESS	Name of the process parameter. Process parameters are typically assigned to a script (that is EBTJD100) or a cycle grouping of scripts (that is EBTMONTH)	VARCHAR2	20	0	Y
NAM_ENV_VAR	Name of the environment variable that will be created as a result of this batch parameter	VARCHAR2	20	0	Y
DTE_EFFECTIVE	Effective start date of the process parameter	DATE	0	0	Y
DTE_END	End date of the process parameter	DATE	0	0	N
IND_ACTIVE	Indicator used to specify if the process parameter is active. The valid values are: A: Active; I: Inactive	CHAR	1	0	N
CDE_PARM_TYPE	Type of batch parameter. Valid values are: T - Free Format Text; R - Date Range; B - Begin Date	CHAR	1	0	N
DTE_PARM_1	Date parameter to be passed to the script. If the parameter consists of only one date dte_parm_1 is used	CHAR	8	0	N
DTE_PARM_2	Date parameter to be passed to the script. If the parameter consists of a date range dte_parm_2 is the second date in the range	CHAR	8	0	N
TXT_PARM	Text parameter to be passed to the script. If the parameter has a text component text_parm is used	VARCHAR2	250	0	N
DSC_PARM	Description of the process parameter	VARCHAR2	50	0	N

2.13.192 T_EAC

Estimated acquisition cost is a pricing factor used to price pharmacy claims. This table contains by drug class, the EAC percentage that should be applied to result in an allowable reimbursement amount.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DRUG_CLASS	Identifies a classification of drugs; for example, barbiturate or amphetamine.	CHAR	1	0	Y
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	N
DTE_EFFECTIVE	The first date of service that the associated percentage is effective.	DATE	0	0	N
DTE_END	The last date of service, or dispense date, that this percentage is applicable.	DATE	0	0	N
PCT	The actual percentage value to be applied to the estimated acquisition cost to determine reimbursement amount.	NUMBER	4	3	N
IND_CONV	Conversion Indicator	CHAR	1	0	N

2.13.193 T_ELIGCNT

This table contains the beneficiary eligibility segment data

Column Name	Description	Type	Length	Precision	Primary Key
ELIG_MONTH	Month of Eligibility Record	NUMBER	8	0	Y
ID_MEDICAID	Unique identifier for the member.	CHAR	12	0	N
CDE_COUNTY	The county code used to identify a county in the state.	VARCHAR2	10	0	N
CDE_AID_CATEGORY	This is the member aid category or population code.	CHAR	2	0	N
CDE_PGM_STATUS	The program status code.	CHAR	2	0	N
CDE_RACE	The ethnicity of the member.	CHAR	2	0	N
CDE_SEX	Indicates the sex of the member.	CHAR	1	0	N
NUM_CONT_MTH_ELIG	The number of consecutive months of eligibility for this segment.	NUMBER	8	0	N
NUM_CONT_DAYS_ELIG	The number of consecutive days of eligibility for this segment.	NUMBER	8	0	N
NUM_CONT_CATG_MNTH	The number of consecutive months of eligibility for this aid category.	NUMBER	8	0	N
DTE_BIRTH	The date of birth for the member.	DATE	0	0	N
RECIP_AGE	The member's age.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_BIRTH_MONTH	An Indicator of ('Y' or 'N') for if the Eligibility Month is the same Month and Year as the Members Date of Birth.	CHAR	1	0	N

2.13.194 T_EMP_CARR_XREF

This cross-reference table is used to identify the carrier(s) associated with an employer. It can also be used to identify the employer(s) associated with a carrier.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CARRIER	This is the system assigned key for the TPL other insurance carrier. It uniquely identifies the carrier internally to the system. Each carrier also has a user-defined carrier ID which is used on all screens and reports.	NUMBER	9	0	Y
SAK_EMP	This is the system assigned key for the policyholder employer. It is used to uniquely identify the employer internally to the system. Each employer also has a user-defined employer ID which is used on all screens and reports.	NUMBER	9	0	Y
NUM_GROUP	Policy group number. If present, gives the group number of the policy.	CHAR	30	0	N
DTE_START_PLAN	Plan start date.	DATE	0	0	N
DTE_END_PLAN	Plan end date.	DATE	0	0	N
AMT_EMPLOYEE_COST	Employee cost amount.	NUMBER	9	2	N
AMT_EMPLOYER_COST	Employer cost amount.	NUMBER	9	2	N
AMT_DEDUCTIBLE	Amount deductible.	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CVRG_LVL	This is the coverage level codes. Valid values include: I - Individual E - Employee Only F - Employee + Family C - Employee + Children (default) S - Employee + Spouse O - Other 1 - Employee + 1	CHAR	1	0	N
CDE_HMO_PPO	This code identifies whether a TPL carrier is an HMO or PPO.	CHAR	1	0	N

2.13.195 T_EOB

An Explanation of Benefit (EOB) which is assigned in claims processing.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EOB	The system assigned key for the EOB table. This key will make it possible to renumber the EOB file in the future without affecting the other tables that carry EOB (such as claim or ESC).	NUMBER	9	0	Y
CDE_EOB	A code which represents a policy for Medicaid claim adjudication.	CHAR	4	0	N
DSC_EOB	This field is the first line of the nomenclature for an Explanation of Benefits that will be printed on the remittance advice.	CHAR	79	0	N
DSC_EOB2	This field is the second line of the nomenclature for an Explanation of Benefits that will be printed on the remittance advice.	CHAR	79	0	N
DSC_EOB3	This field is the third line of the nomenclature for an Explanation of Benefits that will be printed on the remittance advice.	CHAR	79	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_EOB4	This field is the fourth line of the nomenclature for an Explanation of Benefits that will be printed on the remittance advice.	CHAR	79	0	N
DSC_EOB5	This field is the fifth line of the nomenclature for an Explanation of Benefits that will be printed on the remittance advice.	CHAR	79	0	N
DTE_EFFECTIVE	This is the date of service that the Explanation of Benefits code became effective.	DATE	0	0	N
CDE	One character code used to identify the type of processing that should occur when an EOB is assigned. For example, A-full refund, U-underpayment, E-enter mass adjustment	CHAR	1	0	N
CDE_HC_CLM_STATUS	The HIPAA Health Care Claim Status Codes. Claim status codes communicate information about the status of a claim, that is, whether it's been received, pended, or paid.	CHAR	3	0	N
CDE_HC_ENTITY_ID	The HIPAA Health Care Claim Status Entity Identifier Code.	CHAR	2	0	N

2.13.196 T_EOB_TYPES

Valid values and descriptions that will indicate what type of adjustment processing should be performed. The type is assigned to the Explanation of Benefit code. For example, 'A', full refund will cause claim status to be set to deny (no editing/auditing) and claim will pay zero dollars.

Column Name	Description	Type	Length	Precision	Primary Key
CDE	One character code used to identify the type of processing that should occur when an EOB is assigned. For example, A-full refund, U-underpayment, E-enter mass adjustment	CHAR	1	0	Y
DSC_50	Description of one character code.	CHAR	50	0	N

2.13.197 T_ERROR_DISP

List of the possible edits or audits that can be applied during processing in the MMIS.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ESC	System assigned key that uniquely identifies an error number.	NUMBER	9	0	Y
CDE_ESC	Code used to indicate an error was discovered on a claim during processing in the MMIS system. This can be either an edit or an audit.	NUMBER	4	0	N
DSC_ERROR_STAT	Description of an edit or an audit.	CHAR	50	0	N
IND_ALW_CCF	Indicates (Y/N) whether a claim correction form can be generated for the specific error code. Not used in Kentucky.	CHAR	1	0	N
IND_ALW_DENY	Indicates (Y/N) whether the claim should be allowed to deny upon review of the claim.	CHAR	1	0	N
IND_ALW_OVERIDE	Indicates (Y/N) whether a clerk should be allowed to override an edit/audit upon review of the claim.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_COST_CONT	Indicates whether the error status code is a cost containment error.	CHAR	1	0	N
CDE_HDR_DTL_LVL	Indicates whether edit or audit should be set on the header - 'H', or detail - 'D' of a claim.	CHAR	1	0	N
IND_SD_PRE_EMPTIVE	Used to determine if the edit prevents short term spend down from applying	CHAR	1	0	N
IND_CC_PRE_EMPTIVE	Used to determine if the edit is bypassed in Claim Check processing.	CHAR	1	0	N
IND_CC_PHTAR	Indicates if the error should be reported on the Potential History To Adjust Report.	CHAR	1	0	N
IND_CC_SAVINGS	Indicates if the error should be reported on the ClaimCheck / ClaimReview Savings Report.	CHAR	1	0	N
IND_CRITICAL	Indicator identifying if the ESC is critical and can not be inactivated or marked as pay (forced).	CHAR	1	0	N
IND_FORCE_MANUAL_PRICE	This is used to override IND_CRITICAL = "Y". A 'Y' in this column means this ESC may be forced if the service is priced manually.	CHAR	1	0	N

2.13.198 T_ESC_NCPDP_XREF

Contains the SAKs of ESCs that map to NCPDP Error Codes. When a pharmacy POS claim fails an AIM edit, the system checks for a corresponding NCPDP error code. If one is found, the NCPDP code is returned on the response to the provider. Otherwise, the EOB which corresponds to the ESC is returned.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ESC	System assigned key that uniquely identifies an error number	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ERROR_NCPDP	Unique code number/value assigned to a specific reject message per National council for prescription drug pricing	CHAR	2	0	N

2.13.199 T_ETL_STATISTICS

DSS Claim and non-Claim ETL process need be balance back to the MMIS data.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROCESS	The process name for claim or non-claim ETL process.	CHAR	10	0	N
NAM_TABLE	The name of table which is loaded from MMIS to DSS.	CHAR	30	0	N
CDE_CLM_TYPE	The claim type for claim ETL. It will be space for non-claim ETL.	CHAR	1	0	N
CDE_PROV_TYPE	The provider type for claim ETL. It will be space for non-claim ETL.	CHAR	2	0	N
IND_CLAIM	It is FFS or ENC for claim ETL. It will be space for non-claim ETL.	CHAR	1	0	N
CDE_HDR_DTL	Code for Header or Detail Paid. Valid values are H for Header Paid and D for Detail Paid.	CHAR	1	0	N
CDE_STATUS	Paid, Denied, VOID status for claim ETL. It will be space for non-claim ETL.	CHAR	1	0	N
COUNT_MMIS	The number of claims records from MMIS source tables.	NUMBER	9	0	N
COUNT_DSS	The number of claim records from DSS target tables.	NUMBER	9	0	N
COUNT_DTL_MMIS	The number of claim details records from MMIS source tables.	NUMBER	9	0	N
COUNT_DTL_DSS	The number of claim details from DSS target tables.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_PAID_MMIS	The total paid amounts for claims/encounters from MMIS history tables. It will be zero for non-claim ETL.	NUMBER	13	2	N
AMT_PAID_DSS	The total paid amounts for claims/encounters from T_CA_ICN on DSS. It will be zero for non-claim ETL.	NUMBER	13	2	N
AMT_BILLED_MMIS	The total billed amounts for claims/encounters from MMIS history tables. It will be zero for non-claim ETL.	NUMBER	13	2	N
AMT_BILLED_DSS	The total billed amounts for claims/encounters from T_CA_ICN on DSS. It will be zero for non-claim ETL.	NUMBER	13	2	N
DTE_BEG_PROCESS	The begin date of DSS claim ETL pull claims date range. For non-claim ETL, it will be the current date (system date) when non-claim ETL balance process run.	DATE	0	0	N
DTE_END_PROCESS	The end date of DSS claim ETL pull claims date range. For non-claim ETL, it will be the current date (system date) when non-claim ETL balance process run.	DATE	0	0	N
DTE_LOAD	The date when this balance record is loaded into the balance table.	DATE	0	0	N

2.13.200 T_EVS_ELIG

Contains the eligibility dates passed back on an eligibility verification transaction where the member was eligible.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EVS_ELIG	System assigned key for EVS eligibility segment.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
NUM_EVS_VER	The unique key that identifies each inquiry made to the EVS system. The key is made up of 10 digits: a 5-digit Julian Date and a 5-digit sequence number. The format is YYJJJSSSSS.	VARCHAR2	10	0	N
DTE_EFFECTIVE	Eligibility effective date	DATE	0	0	N
DTE_END	Eligibility end date	DATE	0	0	N
CDE_STATUS1	Status code for program eligibility segment. Blank means the segment is active, G means the segment is guaranteed eligibility, and H means it is historied and can no longer be used to process claims.	CHAR	1	0	N

2.13.201 T_EVS_INQUIRY

Contains the unique EVS inquiry verification number, the provider number, the member number, the eligible member program, the date, and time stamp. This EVS inquiry verification number helps the provider prove that a successful eligibility status was obtained on a member for the given member program.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_EVS_VER	The unique key that identifies each inquiry made to the EVS system. The key is made up of 10 digits: a 5-digit Julian Date and a 5-digit sequence number. The format is YYJJJSSSSS.	VARCHAR2	10	0	N
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
SAK_PROV_LOC	The is the primary key to get to the provider information.	NUMBER	9	0	N
SAK_RECIP	The system assigned key for a member number.	NUMBER	9	0	N
DTE_DOS_FROM	The FROM date entered into the EVS system.	DATE	0	0	N
DTE_DOS_THRU	The TO date entered into the EVS system.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_ACTIVE	Indicates whether the member was eligible or not (Y/N) from the EVS inquiry.	CHAR	1	0	N
CDE_REJECT	Indicates the reason the EVS transaction was rejected.	CHAR	2	0	N
DATE_STAMP	The date that the inquiry was performed	DATE	0	0	N
TME_STAMP	The time that the inquiry was performed.	NUMBER	8	0	N
DEVICE_TYPE	Identifies the method used to submit the transaction such as PC, Internet, VS, or a switch vendor terminal id.	CHAR	8	0	N
TXN_TYPE	Identifies the type of transaction that was submitted.	CHAR	4	0	N

2.13.202 T_EXPENDITURE_DN

This contains the expenditure\payout payment transactions that includes overpayment refunds and provider expedient transactions for the MMIS system.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EXPENDITURE	System assigned key that uniquely identifies an expenditure transaction.	NUMBER	9	0	Y
SAK_FUND_CODE	This is the unique system assigned key to the Financial Fund Codes.	NUMBER	9	0	N
CDE_PAYEE_TYPE	Unique char value for payee types defined within financial.	CHAR	1	0	N
SAK_PAYEE	System assigned key that uniquely identifies the name and address of a provider or a non-provider entity on the MMIS system. For example, the addresses of Lien Holders and Counties and non-provider entities to which we make Expenditure Payments.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COUNTY	A unique code that identifies the county to which a payment is made.	CHAR	10	0	N
CDE_REASON_FOUR	Indicates the reason an expenditure is added to the system.	CHAR	4	0	N
AMT_REIMBURSEMENT	This is the amount that is keyed in by the online clerk. It there are any deductions to take (ie. State Share or FICA) they will be computed off of this amount.	NUMBER	13	2	N
AMT_PAID	The amount that the payee is paid.	NUMBER	13	2	N
AMT_STATE_SHARE	This is that amount of State Share that will be removed from the reimbursement amount to calculate the paid amount.	NUMBER	13	2	N
AMT_FICA	This is that amount of FICA that will be removed from the reimbursement amount to calculate the paid amount.	NUMBER	9	2	N
DTE_ADDED	Date on which the expenditure request was initiated.	DATE	0	0	N
DTE_ACTIVATION	Date on which the expenditure transaction was activated for payment	DATE	0	0	N
DTE_PAYMENT_ISSUE	This is the financial payment issue date as it appears on the check or EFT.	DATE	0	0	N
DTE_ACTIVITY	Date of activity associated with expenditure txn.	DATE	0	0	N
NUM_COR	Number used to reference a correspondence document to the expenditure transaction.	CHAR	6	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROCESS_TYPE	This field is used to indicate what type of process the expenditure should go through. This was formerly ind_manual. M = manual process, where a physical check was cut outside of MMIS and a system entry must be made without generating a payment. D = Immediate process, this would be the same as a daily check cycle. It means that the expenditure must get processed as soon as possible. R = Regular process. This would indicate that the expenditure is to go through the normal financial cycle(s).	CHAR	1	0	N
IND_PROCESSED	Indicates whether or not the expenditure payment has processed through the financial batch cycle.	CHAR	1	0	N
ID_PROV_RENDER	For RA reporting only. For reporting only of possible rendering providers.	CHAR	9	0	N
ID_CLERK	Logon user id.	CHAR	8	0	N
ID_CLERK_APPROVED	Logon user id.	CHAR	8	0	N
TME_ACTIVATION	This is the time that the expenditure was activated for release to payment.	NUMBER	8	0	N
SAK_FIN_SCHED	This field contains the sak of the schedule (cycle) under which this disposition was processed. Default value is 0 or -1. This may be always the default value since not all cash dispositions are processed in batch	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_PROCESSED	This field contains the date on which the expenditure was processed in batch. This is used during the extraction and balancing of the expenditure.	DATE	0	0	N
CDE_UNIT_DEPT	Identifies the unit\department that created the financial transaction.	CHAR	2	0	N
SAK_FIN_COS	This is unique key for the Financial Category of Service.	NUMBER	9	0	N
SAK_SHORT_COS	A system assigned key (SAK) classifying a rule that qualifies a COS.	NUMBER	4	0	N
CDE_PROV_TYPE	Type that a provider is licensed for.	CHAR	2	0	N
CDE_PROV_SPEC	A code representing the specialized area of practice for a provider.	CHAR	3	0	N
SAK_CDE_AID	System assigned key to uniquely identify a valid aid category.	NUMBER	9	0	N
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	N
SAK_RECIP	System assigned key that uniquely identifies the member that may be associated with the expenditure transaction.	NUMBER	9	0	N
DTE_TO_DOS	This field contains the "to" date of service of the review period.	DATE	0	0	N
DTE_FROM_DOS	This field contains the from date of service of the review period.	DATE	0	0	N
DTE_COST_STLMNT	Contains the cost settlement date of the AR.	DATE	0	0	N

2.13.203 T_EXPENDITURE_RSN

This contains all of the valid reasons an expenditure may be added to the MMIS system.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_FOUR	Indicates the reason for which an expenditure is added to the system.	CHAR	4	0	Y
DSC_CDE	Description of the reason code for an expenditure transaction.	CHAR	15	0	N
CDE_REASON_TYPE		CHAR	1	0	N
IND_MANUAL	Indicates whether the expenditure requires a manual check.	CHAR	1	0	N
CDE_RSN_HIPAA	This is the HIPAA expenditure reason code to put on the 835 transaction.	CHAR	2	0	N

2.13.204 T_FIN_COS

This is the table that contains the Financial Category of Service values for the system.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FIN_COS	This is unique key for the Financial Category of Service.	NUMBER	9	0	Y
CDE_FIN_COS	This the code for the Financial Category of Service.	CHAR	3	0	N
DSC_FIN_COS	This the description of the Financial Category of Service.	CHAR	40	0	N

2.13.205 T_FIN_COS_DTL_XREF

This table stores State and Federal category of service assignments for each financial record for Accounts Receivable, Capitation Payments and Expenditures. Based on the CDE_TXN_TYPE the record can be queried for each type.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECORD	System assigned key that uniquely identifies a financial record.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TXN_TYPE	Identifies the type of record for the SAK_RECORD column. Values include the following but new State values may be added: C - Claim R - Acct Receivables S - Expenditures V - Capitation	CHAR	1	0	Y
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
CDE_COS_MSIS	Code for the MSIS type of service assigned to this record.	CHAR	2	0	N
CDE_COS_CMS64_9	Code for the CMS 64.9 line item assigned to this record.	CHAR	4	0	N
CDE_COS_CMS64_21	Code for the CMS 64.21 line item assigned to this record.	CHAR	4	0	N
CDE_COS_CMS21	Code for the CMS 21 line item assigned to this record.	CHAR	4	0	N
CDE_FUND_SRC	Code for the fund source used in federal reporting. Values include the following but States may add new values as needed: M - Medicaid B - BCCTS F - Family Planning I - Indian Health Services E - EPSDT	CHAR	1	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.206 T_FIN_ERROR_CODE

This is the code table that contains all the generic error message that can occur in financial. An example of the error codes are those that are used in the extractors to flush claims out do to data problems.

Column Name	Description	Type	Length	Precision	Primary Key

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ERROR	This is the error code that is used to describe a specific financial transaction for reporting.	NUMBER	9	0	Y
DSC_ERROR	This is the short description of the error code used in standard reporting.	CHAR	100	0	N
DSC_ERROR_LONG	This is the detail description of the error code.	VARCHAR2	4000	0	N

2.13.207 T_FIN_FUND_CODE

This table contains the list of financial fund codes that are used in the system to categorize funds correctly in the financial reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FUND_CODE	This is the unique system assigned key to the Financial Fund Codes.	NUMBER	9	0	Y
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	N
SAK_BUDGET	The system assigned key that identifies a unique budget with interChange.	NUMBER	9	0	N
CDE_FUND_CODE	This is the fund code that is used in financial reporting to correctly categorize funds (money).	CHAR	3	0	N
DSC_FUND	This is the description of the financial fund code that is used for reporting.	CHAR	50	0	N
DSC_FUND_LONG	This is the long description for the financial fund code. This field allows for longer explanation and description of the code that is not intended for reports.	VARCHAR2	4000	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BUDGET_DISB	This is an optional field which identifies the budget to use to pay expenses under this fund code.	NUMBER	9	0	N
SAK_BUDGET_DEP	This is an optional field which identifies the budget to use to record deposits from outside entities.	NUMBER	9	0	N
SAK_BUDGET_RET	This is an optional field which identifies the budget to use to record returned system checks.	NUMBER	9	0	N
SAK_BUDGET_RCP	This is an optional field which identifies the budget to use to record recoupment dollars from outstanding receivables.	NUMBER	9	0	N
IND_STATE_TXFR	Indicates if this fund code is to suppress the physical payment in favor of an inter-State agency accounting entry transfer	CHAR	1	0	N

2.13.208 T_FIN_MAN_REJECT

This table is used to reject/flush specific claims from financial due to issues in claims testing. These claims did not pass claims testing and, therefore, claims does not want the data to be passed through financial on put onto history.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	The sak of the claim to be rejected from financial.	NUMBER	9	0	Y
CDE_ERROR	This is the error code that is used to describe a specific financial transaction for reporting.	NUMBER	9	0	N

2.13.209 T_FIN_NONPROV

This entity contains information about a non-base payee entity within the financial subsystem. This type of payee entity does not exist within the system elsewhere and is defined only for processing within financial. This may include lien holders, governmental agencies or any other type of payee required by the state that must be processed within financial but not defined elsewhere in the system.

Column Name	Description	Type	Length	Precision	Primary Key

Column Name	Description	Type	Length	Precision	Primary Key
SAK_NONPROV	System assigned key that uniquely identifies the name and address of a non-provider entity on the MMIS system. For example, the addresses of Lien Holders and Counties and non-provider entities to which we make Expenditure Payments.	NUMBER	9	0	Y
CDE_PAYEE_TYPE	Unique char value for payee types defined within financial.	CHAR	1	0	N
NAME	The legal name of the non-provider.	CHAR	39	0	N
ADR_STREET_1	The first line of the address of the non-provider.	CHAR	30	0	N
ADR_STREET_2	The second line of the address of the non-provider.	CHAR	30	0	N
ADR_CITY	The city of the non-provider.	CHAR	15	0	N
ADR_STATE	The state of the non-provider.	CHAR	2	0	N
ADR_ZIP_CODE	The zip code of the non-provider.	CHAR	5	0	N
ADR_ZIP_CODE_4	The zip code "plus four" of the non-provider.	CHAR	4	0	N
NUM_PHONE	The phone number of the non-provider.	CHAR	10	0	N
NUM_PHO_EXT	The phone extension of the non-provider.	CHAR	4	0	N

2.13.210 T_FIN_PAYEE

This table is the payee entity. Financial has specific payees types that receive funds from the state.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PAYEE_TYPE	Unique char value for payees. P = provider R = member O = Other C = carrier L = lien holder Y = county	CHAR	1	0	Y
DSC_PAYEE	Describes the payee	CHAR	30	0	N
IND_EXPEND	This is a Y\N value. A value of 'Y' would indicate that the payee can receive expenditure payments. This primarily will be used by the expenditure window.	CHAR	1	0	N
IND_CHECK	CHAR(1) This is a Y\N value. A value of 'Y' would indicate that the payee type can receive a check.	CHAR	1	0	N
IND_AR	Indicates whether the payee should have ARs processed in financial. (Valid values: Y or N)	CHAR	1	0	N
IND_1099	Indicates whether a payee should have 1099 processing in financial. (Valid values: Y or N)	CHAR	1	0	N
IND_EARNINGS	Indicates whether a payee should have earnings in financial. (Valid values: Y or N)	CHAR	1	0	N
IND_LIEN	Indicates whether a payee should have lien processing in financial. (Valid values: Y or N)	CHAR	1	0	N
IND_CASH	Indicates whether a payee should have cash receipt processing in financial. (Valid values: Y or N)	CHAR	1	0	N
IND_EFT	Indicates whether a payee should have EFT processing in financial. (Valid values: Y or N)	CHAR	1	0	N
IND_BASE_ENTITY	This indicates if the payee type is defined in the base system or if the payee type is defined as a non-provider within financial. (Valid values: Y or N)	CHAR	1	0	N

2.13.211 T_FIN_REMIT

This table contains the information about individual remittance advice records generated out of the MMIS.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REMIT	The unique id that identifies an RA.	NUMBER	9	0	Y
DTE_CREATED	The date the RA was generated	DATE	0	0	N
CDE_IND_835	This field indicates if there was an 835 transaction created for this RA.	CHAR	1	0	N
NUM_PAGES	This field contains the total number of pages produced for this RA.	NUMBER	6	0	N
CDE_PAYEE_TYPE	Unique char value for payee types defined within financial.	CHAR	1	0	N
SAK_PAYEE	System assigned key that uniquely identifies a payee. Such as provider, member, carrier, and so on.	NUMBER	9	0	N
CDE_STATUS	This field contains the RA status.	CHAR	1	0	N
CHECK_SAK	The unique system assigned key that identifies a payment that originates from the MMIS.	NUMBER	9	0	N
SAK_FIN_SCHED	The system assigned key that identifies a unique financial schedule within the interChange financial subsystem.	NUMBER	9	0	N

2.13.212 T_FUND_CDE_GRP

This table contains the fund code groups that are used in the system.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FUND_GROUP	This is the system assigned key of a group of fund codes.	NUMBER	9	0	Y
DSC_FUND_GROUP	This is the description of the a fund code group.	CHAR	50	0	N

2.13.213 T_FUND_CDE_GRP_XRF

This table contains the fund code within a specific group for processing specific groups of fund codes.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FUND_GROUP	This is the system assigned key of a group of fund codes.	NUMBER	9	0	Y
SAK_FUND_CODE	This is the unique system assigned key to the Financial Fund Codes.	NUMBER	9	0	Y

2.13.214 T_GCN

Contains Generic Code Number Sequence Numbers.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_DRUG_GCN_SEQ	The Generic Code Number Sequence Number (GCN_SEQNO) is a unique number representing a generic formulation. Like the GCN, it is specific to the generic ingredient(s), route of administration, and drug strength. Both are the same across manufacturers and/or package sizes. Unlike the GCN, which in some cases may have the same value for different dosage forms, the GCN_SEQNO is specific to its dosage form.	NUMBER	9	0	Y
NUM_GCN	The Generic Code Number (GCN) is a unique number representing the generic formulation. The GCN is specific to generic ingredient combination, route of administration, and drug strength, across all dosage forms. The GCN is the same across manufacturers and/or package sizes.	NUMBER	5	0	N

2.13.215 T_GCN_SEQNO_GROUP

Groups GCN seqno by GCN seqno type. This will be used by various parts of the system for different processing methodologies.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_GCN_SEQNO_TYPE	System assigned key for a unique GCN seqno type, which represents a single or collection of GCN sequence number.	NUMBER	4	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
NUM_FORMULATION_FROM	This represents the starting range for GCN sequence number.	NUMBER	9	0	Y
NUM_FORMULATION_TO	This represents the ending range for GCN sequence number.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date that the GCN seqno grouping is to become effective for the GCN seqno type in processing.	DATE	0	0	Y
DTE_END	The last date that the GCN seqno grouping is in effect for the GCN seqno type in processing.	DATE	0	0	N

2.13.216 T_GCN_SEQNO_TYPE

A GCN sequence number type is associated with a group of GCN sequence number. Used to identify GCN for use in certain processing methodologies.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_GCN_SEQNO_TYPE	System assigned key for a unique GCN seqno type, which represents a single or collection of GCN sequence number.	NUMBER	4	0	Y
DSC_GCN_SEQNO_TYPE	Description of GCN Sequence number grouping.	CHAR	25	0	N
DSC_DEFINITION	Definition of where and/or how this GCN Sequence Number group is used.	VARCHAR2	4000	0	N

2.13.217 T_GENERIC_DRUG

The generic drug classification is specific to ingredient combination, route of administration, dosage form and drug strength. It is also the same across manufacturers and/or package sizes.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG_GEN	The system assigned key for a unique generic drug.	NUMBER	9	0	Y
NUM_FORMULATION	The Generic Code Number Sequence Number (GCN_SEQNO) is a unique number representing a generic formulation. Like the GCN, it is specific to the generic ingredient(s), route of administration, and drug strength. Both are the same across manufacturers and/or package sizes. Unlike the GCN, which in some cases may have the same value for different dosage forms, the GCN_SEQNO is specific to its dosage form.	NUMBER	6	0	N
NAM_DRUG_GENERIC	The first field (30 characters) is the generic drug name, the next is the route description (10), the next is the dosage form (10) and the last is the drug strength description(10). These fields are each separated by a space, for a total of 3 spaces.	VARCHAR2	100	0	N
CDE_ROUTE_ADMIN	The Route indicates the normal site or method by which a drug is administered. On the NDDF alternate forms of the route description are available in two codes: A one-byte route code (GCRT) is available for applications where the description is transparent to the user. A two-byte route code (GCRT2) is available as an abbreviation. This is the one-byte code (GCRT).	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CLINICAL_ROUTE	Micromedex hierarchal route code used in ProDUR editing of Pharmacy claims.	NUMBER	6	0	N
CDE_STATE_VAR	This field indicates what stage in the life cycle an item is in. 1= new; 2 = change; 3 = re-add; 4 = delete.	CHAR	1	0	N
SAK_DRUG_THERA_CLS	The system assigned key for a unique drug therapeutic class.	NUMBER	9	0	N
NUM_INGRED_LIST	The HICL Sequence Number (HICL_SEQNO) is a six-byte numeric field which provides a link from either an NDC or a GCN Sequence Number record to the Hierarchical Ingredient Code List.	NUMBER	6	0	N
DTE_BEGIN	Begin Date	DATE	0	0	N
DTE_END	End Date	DATE	0	0	N
CDE_DOSAGE_FORM	An abbreviated two-byte code (GCDF on NDDF update) is available for applications. Users may request the code in addition to or instead of the description.	CHAR	2	0	N
DSC_STRENGTH	The Drug Strength Description (STR) is a description of drug potency in units of grams, milligrams, percentage, and other terms. Strength is expressed in metric units. This field includes needle sizes, length of devices, and release rates of transdermal patches.	VARCHAR2	60	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_THERA_CLS_GEN	The Therapeutic Class Code, Generic (GTC) is used to classify drugs according to the most common intended use. This classification provides the broadest therapeutic groupings available in NDDF. Users that need more definitive therapeutic classing should consider Therapeutic Class, Standard (TC), Therapeutic Class, Specific (GC3), or the Therapeutic Class, AHFS (AHFS).	CHAR	3	0	N
CDE_THERA_CLS_STD	The Therapeutic Class Code, Standard (TC) can be used to classify drugs according to the most common intended use. This therapeutic classification is intended to service those users who need a definitive but not comprehensive therapeutic classification system. Comprehensive therapeutic classification is provided by Therapeutic Class, Specific (GC3), Therapeutic Class, AHFS (AHFS), or Therapeutic Class, Generic (GTC).	CHAR	3	0	N
IND_GENDER	The Gender-Specific Drug Indicator (GENDER) identifies drugs that are used for a specific gender. It can be used to help determine appropriateness of therapy based upon the sex of the patient (or to infer the sex of a patient). An indicator value is attached to the Generic Code Number (GCN) or the Generic Code Number Sequence Number (GCN_SEQNO) which identifies whether it is used in males or females or both.	CHAR	1	0	N

2.13.218 T_GIS_CODES

This table contains the return/accuracy codes from the software that calculates the longitude and latitude based on a given address.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GIS_QUALITY	Code indicating the quality of the address match when assigning latitude and longitude.	NUMBER	4	0	N
NUM_GIS_QUALITY	Number indicating the quality of the address match when assigning latitude and longitude.	NUMBER	4	0	N
DSC_SHORT_GIS_QUALITY	Short description of the quality of the address match when assigning latitude and longitude.	CHAR	40	0	N
DSC_LONG_GIS_QUALITY	Long description of the quality of the address match when assigning latitude and longitude.	VARCHAR2	4000	0	N

2.13.219 T_GPCI

Geographic practice cost indexes (GPCIs) are adjustment factors used to adjusts the three RVU components in RBRVS pricing. The GPCIs are divided into practice expenses, malpractice expenses, and relative cost of physician work.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LOCALITY	This field indicates the locality code for a provider to indicate if the provider practices in an urban, metropolitan, rural, or out-of-state location.	CHAR	2	0	Y
DTE_EFFECTIVE	The date the GPCI for a location becomes valid for use in claims processing.	DATE	0	0	Y
DTE_END	The date the GPCI for a locality is no longer valid for claims processing.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_GPCI_M	The malpractice expense geographic adjustment factor used in computing the RBRVS fee schedule amount.	NUMBER	5	3	N
NUM_GPCI_PE	The practice expense geographic adjustment factor used in computing the RBRVS fee schedule amount.	NUMBER	5	3	N
NUM_GPCI_W	The work geographic adjustment factor used in computing the RBRVS fee schedule amount.	NUMBER	5	3	N

2.13.220 T_HIPAA_ADJRSN_XRF

This table contains the HIPAA adjustment reason code mapped to TPL A/R reason code

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ADJ_RSN	System assigned key used internally by the system to uniquely identify an HIPAA Adjustment Reason code.	NUMBER	9	0	Y
CDE_REASON_TWO	The reason that the A/R disposition was added.	CHAR	2	0	Y

2.13.221 T_HIPAA_COV_XREF

This table contains the HIPAA service type code mapped to TPL coverage code.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_HIPAA_SVC_TYPE	System assigned key representing HIPAA service type code.	NUMBER	9	0	Y
CDE_COVERAGE	This code identifies the type of coverage that a TPL policy provides.	CHAR	2	0	Y

2.13.222 T_HIPAA_PT_SVC_XRF

This table is used by the 270/271 txn set to convert the MMIS provider type code to a HIPAA service type code.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_TYPE	Identifies the type of provider.	CHAR	2	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_HIPAA_SVC_TYPE	System assigned key representing the HIPAA service type code.	NUMBER	8	0	N

2.13.223 T_HIPAA_REL_CODE

This table contains the HIPAA relationship code values and their descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_HIPAA_RELATION	System assigned key representing the HIPAA relationship code.	NUMBER	9	0	Y
CDE_RELATION	This code identifies the relationship of the member to the policyholder.	CHAR	2	0	N
DSC_RELATION	This field contains the description associated with a specific HIPAA relationship code.	CHAR	120	0	N

2.13.224 T_HIPAA_REL_XREF

This table contains the TPL relationship codes and their corresponding HIPAA relationship codes.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_HIPAA_RELATION	System assigned key representing the HIPAA relationship code.	NUMBER	9	0	Y
CDE_RELATION	This code identifies the relationship of the policyholder to the member covered by a TPL policy.	CHAR	1	0	Y

2.13.225 T_HIPAA_SVC_TYPE

This table contains the HIPAA service type codes and their descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_HIPAA_SVC_TYPE	System assigned key representing HIPAA service type code.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SERV_TYPE	This field contains the HIPAA service type code which describes the type of coverage a member has with a policy.	CHAR	2	0	N
DSC_SERV_TYPE	This field contains the description for the HIPAA service type code.	CHAR	120	0	N

2.13.226 T_HIPP_RECIP

This table contains a cross-reference tables for HIPP and Members. A HIPP resource is another policy that is considered for purchase by Medicaid because the policy purchase amount is less that the potential average Medicaid expenditures.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_HIPP	System assigned key to uniquely identify a HIPP resource.	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
CDE_RELATION	This code identifies the relationship of the policyholder to the member covered by a TPL policy.	CHAR	1	0	N
IND_PRIMARY	Indicates if the member is the primary on the HIPP Policy.	CHAR	1	0	N
IND_EXCLUDE	A Yes/No field that indicates if the member is excluded from the HIPP Policy and case calculations.	CHAR	1	0	N
SAK_CASE	The system assigned key to uniquely identify a case.	NUMBER	9	0	N
SAK_DIAG	System assigned key for the diagnosis.	NUMBER	9	0	N

2.13.227 T_HIPP_RESOURCE

This table contains information about a HIPP resource. A HIPP resource is another policy that is considered for purchase by Medicaid because the policy purchase amount is less that the potential average Medicaid expenditures.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_HIPP	System assigned key to uniquely identify a HIPP resource.	NUMBER	9	0	Y
CDE_BILL_MEDIA	This code is used to identify on which billing media an employer or carrier wishes to receive TPL claim facsimiles.	CHAR	1	0	N
SAK_EMP	This is the system assigned key for the policyholder employer. It is used to uniquely identify the employer internally to the system. Each employer also has a user-defined employer ID which is used on all screens and reports.	NUMBER	9	0	N
CDE_DIAG	The actual high cost diagnosis code.	CHAR	7	0	N
DTE_REVIEW	The date when the policy must be reviewed.	DATE	0	0	N
DTE_ADDED	This is the date the policy was identified as a HIPP resource.	DATE	0	0	N
DTE_EFFECTIVE	The effective date of the HIPP policy.	DATE	0	0	N
DTE_END	The last day the HIPP policy is effective.	DATE	0	0	N
DTE_DUE	The date that the next payment for the policy is due.	DATE	0	0	N
DTE_LAST_PAYMENT	The most recent date that a check was issued for payment of the policy.	DATE	0	0	N
AMT_PREMIUM	The yearly amount that will be paid to the insurance carrier.	NUMBER	8	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_PREM_PRD	The individual payment amount due to the insurance carrier.	NUMBER	8	2	N
AMT_REFUND	The amount expected to be received from the insurance carrier as a result of over-payment.	NUMBER	7	2	N
AMT_ADMIN_FEE	The estimated amount to be added to every calculation to represent the administrative expense.	NUMBER	9	2	N
AMT_COINSURANCE	A standard amount that Medicaid will pay for each claim.	NUMBER	8	2	N
AMT_DEDUCT	The amount that Medicaid must meet before the insurance carrier will pay for services rendered.	NUMBER	8	2	N
AMT_PURCHASE	The purchase amount of the HIPP policy.	NUMBER	7	2	N
AMT_EXPENDITURE	The average claim amount for the member's age, sex, and aid category.	NUMBER	9	2	N
DSC_50	A free-format description of the diagnosis codes.	CHAR	50	0	N
IND_HIPP_PURCHASE	Indicates whether to purchase or not to purchase the HIPP policy.	CHAR	1	0	N
SCHED_CODE	This is the schedule code. Identifies when (monthly, quarterly, and so on.) the HIPP policy must be paid.	CHAR	1	0	N
IND_SYS_GENERATE	Indicates whether the HIPP payments should be manually or systematically generated.	CHAR	1	0	N
CDE_HIPP	The code that identifies why a policy was or was not purchased.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_CONTACT	The name of the insurance carrier's person to contact concerning HIPP premium payments.	CHAR	40	0	N
ADR_CITY	The city where the carrier's contact person is located.	CHAR	30	0	N
ADR_STATE	The state where the carrier's contact person is located.	CHAR	2	0	N
ADR_STREET_1	The street address where the carrier's contact person is located.	CHAR	55	0	N
ADR_STREET_2	The second street address where the carrier's contact person is located.	CHAR	55	0	N
ADR_ZIP_CODE	The first five digits of the carrier's contact person's zip code.	CHAR	15	0	N
ADR_ZIP_CODE_4	The last four digits of the carrier's contact person's zip code.	CHAR	4	0	N
NUM_CONT_PHONE	The phone number of the carrier's contact person.	CHAR	15	0	N
CDE_ENTITY	Code identify whether the entity to whom the premium payment is being mailed is a member, policyholder, carrier, or employer.	CHAR	1	0	N
SAK_ENTITY	The system assigned key of the entity to whom the premium payment is being mailed.	NUMBER	9	0	N
NUM_PHO_EXT	The US or international phone extension number of the carrier's contact person.	CHAR	6	0	N
NUM_FAX	US or international fax number of the carrier's contact person.	CHAR	15	0	N
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_POLICY_OWNR	This is the system assigned key for the TPL policyholder. This key is used to uniquely identify the policyholder internally to the system and is also used on all screens and reports as Policyholder Id.	NUMBER	9	0	N
CDE_POLICY_OWNR	This code identifies whether the policy owner is a Member or a Policyholder.	CHAR	1	0	N
CDE_HIPP_PROCESS	This code identifies which HIPP cost effectiveness process to use.	CHAR	1	0	N
SAK_CARRIER	This is the system assigned key for the TPL other insurance carrier. It uniquely identifies the carrier internally to the system. Each carrier also has a user-defined carrier ID which is used on all screens and reports.	NUMBER	9	0	N
SAK_CASE	The system assigned key to uniquely identify a case.	NUMBER	9	0	N
CDE_PLAN_TYPE	Internal system code referencing the type of insurance plan	CHAR	1	0	N

2.13.228 T_HIPP_RSN_CODES

This table identifies the decision to purchase a policy or not based on the HIPP calculation.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_HIPP	The code that identifies why a policy was or was not purchased.	CHAR	2	0	Y
DSC_HIPP	The description of the code that identifies why a policy was or was not purchased.	CHAR	40	0	N
IND_PURCHASE	This identifies whether the policy will be purchased.	CHAR	1	0	N

2.13.229 T_HMO_INDICATOR

This table contains the possible values for the TPL carrier HMO indicator code.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_HMO_PPO	This code identifies whether a TPL carrier is an HMO or PPO.	CHAR	1	0	Y
DSC_HMO_PPO	This field contains the description associated with a specific HMO indicator code.	CHAR	15	0	N

2.13.230 T_ID_ISSUE_RSN

Maintains the valid issue reason codes and their descriptions for generating Medicaid Member ID cards.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ISSUE_REASON	Code to identify the reason an ID card was issued to the Medicaid member.	CHAR	1	0	Y
DSC_CDE	Describes the reason code for issuing an ID card to the Medicaid member.	CHAR	15	0	N

2.13.231 T_INP_LOC

This entity contains the Inpatient Level of Care Rate.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LOC	A code that identifies the provider level of care, such as skilled, intermediate, developmentally disabled	CHAR	3	0	Y
DSC_LOC	The text description of the provider level of care associated with the code indicator	CHAR	100	0	N

2.13.232 T_INS_AGENT

The insurance agent or the insurance company the represents either the member or the torfeasor. Used to send letters and/or liens.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_INS_AGENT	The internal identifier that is required to tie an insurance agent to a casualty case.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CAS_ENT_ID	An account assigned number to an individual insurance company.	CHAR	8	0	N
ADR_STATE	The state of the insurance agent where correspondence, cover letters, and liens are sent to.	CHAR	2	0	N
ADR_STREET_1	The first street address of the insurance agent where the correspondence, cover letters, and liens are sent to.	CHAR	55	0	N
ADR_STREET_2	The second street address of the insurance agent where the correspondence, cover letters and liens are sent to.	CHAR	55	0	N
ADR_ZIP_CODE	The insurance agent's zip code where the correspondence, cover letters and liens are sent to.	CHAR	15	0	N
ADR_ZIP_CODE_4	The insurance agent's last four zip code numbers where the correspondence, cover letters, and liens are sent.	CHAR	4	0	N
NAM_LAST	The insurance agent's last name used to mail correspondence, cover letters, and liens.	CHAR	15	0	N
NAM_MID_INIT	The insurance agent's middle initial used as part of the address on the correspondence, cover letters, and liens.	CHAR	1	0	N
NUM_PHONE	The phone number where the insurance agent can be reached.	CHAR	15	0	N
ADR_CITY	The city of the insurance agent where correspondence, cover letters, and liens are sent to.	CHAR	30	0	N
NAM_FIRST	The insurance agent's first name used to mail correspondence, cover letters, and liens.	CHAR	13	0	N
NAM_COMPANY	The company that the insurance agent is employed by.	CHAR	40	0	N
NUM_FAX	The company fax number that the insurance agent is employed by.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_PHO_EXT	The US or international phone extension number where the insurance agent can be reached.	CHAR	6	0	N
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	N
ADR_EMAIL	This is the email address of the insurance agent.	CHAR	50	0	N

2.13.233 T_INS_AGENT_XREF

Associates the insurance agent or the insurance company to the casualty case. Also indicates who is represented.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASUALTY	This is the internal id that is unique to identify this case.	NUMBER	9	0	Y
SAK_REPRESENTS	Identifies which party (tortfeasor or member) the insurance agent represents for this casualty case.	NUMBER	9	0	Y
SAK_INS_AGENT	The internal identifier that is required to tie an insurance agent to a casualty case.	NUMBER	9	0	N
NUM_POLICY_CLM	The claim number of a casualty case.	CHAR	32	0	N
CDE_REPRESENTS	Identifies who the insurance agent represents.	CHAR	1	0	N

2.13.234 T_IRS_W9_INFO

This entity will be used to hold information for 1099 purposes. This table will hold unique tax IDs and corresponding information about the receiver of the 1099.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_TAX_ID	This is the tax identification number assigned to a provider by the Internal Revenue Service.	CHAR	9	0	Y
IND_TAX_ID_TYPE	This field indicates whether the tax ID is a social security number or an FEIN.	CHAR	1	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
NAME	This is the name the W9 form would be addressed to.	CHAR	40	0	N
ADR_MAIL_STRT1	Street address 1. This is the street address where the provider would receive the W9 form.	CHAR	30	0	N
ADR_MAIL_STRT2	Street address 2. This is the street address where the provider would receive the W9 form.	CHAR	30	0	N
ADR_MAIL_CITY	This is the city where the provider would receive the W9 form.	CHAR	15	0	N
ADR_MAIL_STATE	This is the state where the provider would receive the W9 form.	CHAR	2	0	N
ADR_MAIL_ZIP	This is the zip code where the provider would receive the W9 form.	CHAR	5	0	N
ADR_MAIL_ZIP_4	This is the zip code extension where the provider would receive the W9 form.	CHAR	4	0	N
DTE_EFFECTIVE	The first date the W9 information for this provider becomes effective.	DATE	0	0	N
DTE_END	The last date the W9 information for this provider is effective.	DATE	0	0	N
NUM_PHONE	The phone number where the provider would receive the W9 form.	CHAR	10	0	N
NUM_PHO_EXT	The phone number extension where the provider would receive the W9 form.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_TAX_ID_EXEMPT	Indicator showing whether the provider is tax exempt.	CHAR	1	0	N
IND_W9_FORM	Indicator showing whether this provider requires a W9 form sent to them.	CHAR	1	0	N
IND_FORM_147	Indicator showing whether this provider requires a form 147 sent to them.	CHAR	1	0	N

2.13.235 T_KM_KAMES

Column Name	Description	Type	Length	Precision	Primary Key
NUM_SSN	Member's SSN.	CHAR	9	0	Y
CHECK_DIGIT_SSN	The check digit for member's SSN.	CHAR	1	0	Y
DTE_ELIG_BEGIN	THE effective date for the KAMES member benefit.	DATE	0	0	Y
NUM_CASE	The member's case number.	CHAR	10	0	N
ID_MEDICAID	The member's Medicaid ID.	CHAR	10	0	N
AMT_GROSS_EARNED_INC	Case's gross earned income amount.	NUMBER	10	2	N
AMT_GROSS_UNEARNED_INC	Case's gross unearned income amount.	NUMBER	10	2	N
AMT_COUNTABLE_INC	Case's total count income amount.	NUMBER	10	2	N
AMT_MBR_GROSS_UNEARNED_INC	Member's gross unearned income amount.	NUMBER	10	2	N
AMT_MBR_GROSS_EARNED_INC	Member's gross earned income amount.	NUMBER	10	2	N
AMT_MBR_VETERAN	Member's veteran amount.	NUMBER	10	2	N
DTE_PREMIUM_START	The date when premium start.	DATE	0	0	N
CDE_MBR_HST_GRD_COMP	Code of highest grade completed by member.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_PAY_PREMIUM	Indicator of having to pay premiums.	CHAR	1	0	N
IND_KCHIP	K-Chip Indicator.	CHAR	1	0	N
NUM_HOUSEHOLD_SIZE	The number of people in case's household.	NUMBER	4	0	N
DTE_ELIG_END	The end date for the KAMES member benefit	DATE	0	0	Y

2.13.236 T_KP_KCHIP1

This table stores KCHIP member info. The data is loaded from the "external" member information including the children that are in Medicaid that have at least one parent that works for the Commonwealth (this data is got from an external source).

Column Name	Description	Type	Length	Precision	Primary Key
ID_MEDICAID	The member's Medicaid ID.	CHAR	12	0	Y
NUM_SSN	Member's SSN.	CHAR	9	0	N
DTE_EFFT	The date when the member's KCHIP is effective.	DATE	0	0	N
DTE_TERM	The date when the member's KCHIP is terminated.	DATE	0	0	N
CDE_WAIVER_COVERAGE	The KCHIP member's waiver coverage code.	CHAR	1	0	N
DTE_ELIG_BEG	The date when the member's eligibility begin.	DATE	0	0	N
DTE_ELIG_END	The date when the member's eligibility end.	DATE	0	0	N
DTE_START	The date when the member's KCHIP start.	DATE	0	0	N
DTE_END	The date when the member's KCHIP end..	DATE	0	0	N
DTE_LOAD	The date when the record is loaded into DSS.	DATE	0	0	N

2.13.237 T_KP_KCHIP_CLM

This table stores the claim info for the KCHIP members.

Column Name	Description	Type	Length	Precision	Primary Key
ID_MEDICAID	The KCHIP member medicaid ID	CHAR	12	0	N
CDE_SEX	The KCHIP member's sex code	CHAR	1	0	N
CDE_AID_CATEGORY	The KCHIP member's aid category code.	CHAR	2	0	N
NUM_ICN	The claim ICN.	CHAR	13	0	N
DTE_FIRST_SVC	The first date of service of the claim	DATE	0	0	N
AMT_TOT_CLM_CHARGE	The total amount that the claim charged	NUMBER	13	2	N
AMT_CLM_PAID	The amount that the claim paid.	NUMBER	13	2	N
DTE_PAID	The date when the claim is paid	DATE	0	0	N
CDE_CLM_TYPE	The claim type code	CHAR	1	0	N
IND_LATEST_CLM	The indicator to indicate the latest version of the claim	CHAR	1	0	N
CDE_COS_ST	The category of service for the billing provider.	CHAR	2	0	N
CDE_RECIP_COUNTY	The member's county code	CHAR	10	0	N
CDE_PGM_STATUS		CHAR	2	0	N

2.13.238 T_KP_KCHIP_ERR

This table stores any member info that either don't have member information or claims for the time period.

Column Name	Description	Type	Length	Precision	Primary Key
ID_RCP_PROV	The member's Medicaid ID.	CHAR	12	0	N
DTE_START	The start date.	DATE	0	0	N
DTE_END	The end date	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ERR_MSG	The error message	CHAR	30	0	N

2.13.239 T_KP_KCHIP_OUT

This table stores any member info that either don't have member information or claims for the time period.

Column Name	Description	Type	Length	Precision	Primary Key
ID_MEDICAID	The KCHIP member medicaid ID.	CHAR	12	0	N
CDE_AID_CATEGORY	The KCHIP member's aid category code.	CHAR	2	0	N
NUM_ICN	The claim ICN.	CHAR	13	0	N
DTE_FIRST_SVC	The first date of service of the claim.	DATE	0	0	N
AMT_TOT_CLM_CHARGE	The total amount that the claim charged.	NUMBER	13	2	N
AMT_CLM_PAID	The amount that the claim paid.	NUMBER	13	2	N
DTE_PAID	The date when the claim is paid.	DATE	0	0	N
CDE_CLM_TYPE	The claim type code	CHAR	1	0	N
IND_LATEST_CLM	The indicator to indicate the latest version of the claim.	CHAR	1	0	N
CDE_COS_ST	The category of service for the billing provide	CHAR	2	0	N
CDE_RECIP_COUNTY	The member's county code.	CHAR	10	0	N
CDE_PGM_STATUS	The member's program status code.	CHAR	2	0	N
NUM_SSN	The member's SSN	CHAR	9	0	N
DTE_EFFT	The date when the member KCHIP is effective	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_TERM	The date when the member KCHIP is terminated.	DATE	0	0	N
CDE_WAIVER_COVERAGE	The KCHIP member's waiver coverage code.	CHAR	1	0	N
DTE_ELIG_BEG	The date when the member's eligibility begin	DATE	0	0	N
DTE_ELIG_END	The date when the member's eligibility end	DATE	0	0	N
DTE_START	The date when KCHIP start	DATE	0	0	N
DTE_END	The date when KCHIP end	DATE	0	0	N

2.13.240 T_KP_KCHIP_RECIP

This table stores any member info that either don't have member information or claims for the time period.

Column Name	Description	Type	Length	Precision	Primary Key
ID_MEDICAID	The KCHIP member medicaid ID.	CHAR	12	0	Y
ADR_LINE_1	The first line of the member's street address.	CHAR	30	0	N
ADR_CITY	The city name of member's address.	CHAR	18	0	N
DTE_BIRTH	The date of birth of member.	DATE	0	0	N
NAM_FIRST	The member's first name.	CHAR	15	0	N
NAM_LAST	The member's last name.	CHAR	20	0	N
NAM_MID_INIT	The member's mid-initial name.	CHAR	1	0	N
ADR_STATE	The state name of member's address.	CHAR	2	0	N
ADR_ZIP_CODE	The zip code of member's address.	CHAR	5	0	N
NUM_SSN	The member's SSN.	CHAR	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFT	The date when the member's KCHIP is effective.	DATE	0	0	N
DTE_TERM	The date when the member's KCHIP is terminated.	DATE	0	0	N
CDE_WAIVER_COVERAGE	The member's waiver coverage code.	CHAR	1	0	N
DTE_ELIG_BEG	The date when member's eligibility begin	DATE	0	0	N
DTE_ELIG_END	The date when member's eligibility end.	DATE	0	0	N
DTE_START	The date when member's KCHIP start	DATE	0	0	N
DTE_END	The date when member's KCHIP end.	DATE	0	0	N

2.13.241 T_KP_KENPAC

This table stores the KENPAC data for use in the KENPAC Business Object Reports..

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	Y
SAK_PROV_LOC	System assigned key assigned to the provider service location.	NUMBER	9	0	Y
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	Y
CDE_TYPE_OF_SVC	Type of service provided by the Provider.	CHAR	2	0	Y
ID_PROV_NPI_REFER	The referring NPI ID of the provider at the service location. Only healthcare providers are assigned NPI IDs	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_MCAID_REFER	The referring Medicaid ID of the provider at the service location.	CHAR	15	0	N
ID_PROV_BASE_REFER	This is the high level referring ID assigned by interChange to the unique instance of a provider without regard to service location	CHAR	15	0	N
NAM_PROV_REFER	Name of the Referring provider. This can be a personal or business name. The contents of this attribute (business or personal) can be determined by checking the provider name type	CHAR	50	0	N
CNT_CLAIMS_PAID	Counts the claim as a paid claim.	NUMBER	9	0	N
AMT_TOT_PAID_CLAIMS	Payment amount for the Claim.	NUMBER	10	2	N
DTE_PAID	The date the claim was adjudicated except for special processing cycles. This is not the actual date of payment since the payment is issued by the state treasurer after a post-audit and when funds are available.	DATE	0	0	N
CDE_CLM_TYPE	A code to indicate the type of medical assistance invoice used by the provider to bill omap for the rendered service.	CHAR	1	0	N
ID_MEMBER	The unique number assigned to the member.	CHAR	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
MEM_NAM_FIRST	The first name of a member.	CHAR	15	0	N
MEM_NAM_MID_INIT	The middle initial of the beneficiary.	CHAR	1	0	N
MEM_NAM_LAST	The last name of the member.	CHAR	20	0	N
DTE_FIRST_SVC	Date on which services were first performed for a member.	DATE	0	0	N
QTY_UNITS_BILLED	The units of service billed by the provider.	NUMBER	9	2	N
ID_PROV_NPI_BILL	The referring NPI ID of the provider at the service location. Only healthcare providers are assigned NPI IDs	CHAR	15	0	N
ID_PROV_MCAID_BILL	The billing Medicaid ID of the provider at the service location.	CHAR	15	0	N
ID_PROV_BASE_BILL	This is the high level billing ID assigned by interChange to the unique instance of a provider without regard to service location??	CHAR	15	0	N
NAM_PROV_BILL	Name of the Billing provider. This can be a personal or business name. The contents of this attribute (business or personal) can be determined by checking the provider name type	CHAR	50	0	N
NUM_TOT_ENROLLEES	The number of enrollees for the provider being reported	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COUNTY	The county code of the Provider.	VARCHAR2	10	0	N
CDE_PROV_TYPE	The Provider Type code.	CHAR	2	0	N
CDE_PROV_SPEC	The Provider Specialty code.	CHAR	3	0	N
CDE_PROV_SPEC_GROUP	The Provider Specialty Group	VARCHAR2	32	0	N

2.13.242 T_KP_LIC

Licenses obtain by the provider. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 050).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
NUM_LICENSE	License number.	VARCHAR	20	0	N
TYP_LICENSE	License type code	VARCHAR	25	0	N
STAT_LICENSE	License status code.	VARCHAR	25	0	N
TYP_LIC_SPEC	License Specialty type code.	VARCHAR	25	0	N
DTE_EFFECTIVE	Effective date.	DATE	0	0	N
DTE_EXPIRATION	Expiration date.	DATE	0	0	N
DTE_TERMINATION	Termination date.	DATE	0	0	N
CDE_ISSUING_ST	Issuing State Code.	VARCHAR	2	0	N

2.13.243 T_KP_LOC_ATTRIBUTES

Location attirbute information. There are several different types (Accessability, Practice, and Services) and there can be more than one record per type.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 064).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
ID_PRV_LOC	Provider Location ID.	NUMBER	9	0	N
TYP_LOC_ATTR	Location Attribute Type. Values are Accessibility, Services, Practice.	VARCHAR	25	0	N
NAM_ATTRIBUTE	Location Attribute Name.	VARCHAR	25	0	N
PROP_VALUE	Property Value.	VARCHAR	255	0	N

2.13.244 T_KP_LOC_HOURS

Location work hours information. There can be more than one record per location.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 063).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
ID_PRV_LOC	Provider Location ID.	NUMBER	9	0	N
DAY_OF_WK	Day of Week.	VARCHAR	25	0	N
TIME_START	Start time.	VARCHAR	5	0	N
AMPM_START	Indicates AM or PM (values are AM/PM).	VARCHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
END_TIME	End time.	VARCHAR	5	0	N
END_AMPM	Indicates AM or PM (values are AM/PM).	VARCHAR	2	0	N
IND_CLOSED	Indicates if office is closed for this day.	CHAR	1	0	N

2.13.245 T_KP_LOC_LANG

Location language information. There can be more than one record per location.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 062).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
ID_PRV_LOC	Provider Location ID.	NUMBER	9	0	N
TYP_LANGUAGE	Language type code.	VARCHAR	25	0	N
IND_INTERPRETER	Indicates if an interpreter is available at the location for this language. (Y/N)	CHAR	1	0	N

2.13.246 T_KP_LOC_PARTICIPANTS

Location participant information. There are several different types (Mid-level Practitioner, etc.) and there can be more than one record per type.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 061).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
ID_PRV_LOC	Provider Location ID.	NUMBER	9	0	N
TYP_PARTICIPANT	Participant type code.	VARCHAR	25	0	N
PRV_LAST_NAME	Participant last name.	VARCHAR	30	0	N
PRV_FIRST_NAME	Participant first name.	VARCHAR	30	0	N
PRV_MIDDLE_I	Participant middle initial.	CHAR	1	0	N
TYP_SPEC	Specialty type of the participant	VARCHAR	25	0	N
DSC_PROV_TYPE	Provider type of the participant.	VARCHAR	25	0	N
NUM_LICENSE	License number of participant.	VARCHAR	20	0	N
CDE_ISSUING_ST	License issuing state of the participant's license.	VARCHAR	2	0	N
NUM_CERTIFICATE	Certificate number of the participant.	VARCHAR	20	0	N
NUM_SSN	Social security number of the participant.	CHAR	9	0	N
TYP_PRACTITIONER	Practitioner type.	VARCHAR	25	0	N
DTE_BEGIN	Begin date of the participant.	DATE	0	0	N
DTE_END	End date of the participant.	DATE	0	0	N
ADR_PRV_STRT_ADDR_1	Participant street address 1.	VARCHAR	100	0	N
ADR_PRV_STRT_ADDR_2	Participant street address 2.	VARCHAR	100	0	N
ADR_CITY	Participant city.	VARCHAR	40	0	N
ADR_PROV_STATE	Participant state.	VARCHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_ZIP_CODE	Participant zip code.	VARCHAR	12	0	N
ADR_CNTY_CDE	Participant county code.	VARCHAR	10	0	N
ADR_CNTRY_CDE	Participant country code.	VARCHAR	3	0	N
NUM_PHONE	Participant phone number.	VARCHAR	20	0	N
NUM_ALT_PHONE	Participant alternate phone number.	VARCHAR	20	0	N
NUM_PHONE_FAX	Participant fax number.	VARCHAR	20	0	N
ADR_EMAIL	Participant e-mail.	VARCHAR	50	0	N

2.13.247 T_KP_PRV_CERT

Certifications obtained by the provider. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 070).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
TYP_CERT	Certification type code.	VARCHAR	25	0	N
DTE_EXPIRATION	Expiration Date.	DATE	0	0	N

2.13.248 T_KP_PRV_CONTACT

Provider Contact information. There can be more than one record per provider based on Contact type (we currently on store Billing Contact).

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code .	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_INT	System assigned number to uniquely identify each provider.	NUMBER	9	0	N
TYP_CONTACT	Contact type code. Valid values are Address Agency, EFT, Provider, ProviderBillingAgreement and State	VARCHAR	25	0	N
PRV_FIRST_NAME	Provider first name.	VARCHAR	30	0	N
PRV_LAST_NAME	Provider last name.	VARCHAR	30	0	N
ADR_PRV_STRT_ADDR_1	Provider street address 1.	VARCHAR	100	0	N
ADR_PRV_STRT_ADDR_2	Provider street address 2.	VARCHAR	100	0	N
ADR_CITY	Provider city.	VARCHAR	40	0	N
ADR_PROV_STATE	Provider state.	VARCHAR	2	0	N
ADR_ZIP_CODE	Provider zip code.	VARCHAR	12	0	N
ADR_CNTY_CDE	Provider county code.	VARCHAR	10	0	N
ADR_CNTRY_CDE	Provider country code.	VARCHAR	3	0	N
NUM_PHONE	Provider phone number.	VARCHAR	20	0	N
NUM_ALT_PHONE	Provider alternate phone number.	VARCHAR	20	0	N
NUM_PHONE_FAX	Provider fax number.	VARCHAR	20	0	N
ADR_EMAIL	Provider email address.	VARCHAR	50	0	N

2.13.249 T_KP_PRV_DEMOGRAPHICS

General Provider information. One record per provider

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 010).	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
DSC_PROV_TYPE	Provider type description.	VARCHAR	25	0	N
ADR_PRV_STRT_ADDR_1	Provider home street address 1.	VARCHAR	100	0	N
ADR_PRV_STRT_ADDR_2	Provider home street address 2.	VARCHAR	100	0	N
ADR_PROV_CITY	Provider home city.	VARCHAR	40	0	N
ADR_PROV_STATE	Provider home state.	VARCHAR	2	0	N
ADR_ZIP_CODE	Provider home zip code.	VARCHAR	12	0	N
ADR_CNTY_CDE	Provider home county code.	VARCHAR	10	0	N
ADR_CNTRY_CDE	Provider home country code.	VARCHAR	3	0	N
NUM_PHONE	Provider home phone number.	VARCHAR	20	0	N
NUM_ALT_PHONE	Provider home alternate phone number.	VARCHAR	20	0	N
NUM_PHONE_FAX	Provider home fax number.	VARCHAR	20	0	N
ADR_EMAIL	Provider home e-mail.	VARCHAR	50	0	N
CDE_GENDER	Gender code.	CHAR	1	0	N
CDE_RACE	Race code.	VARCHAR	25	0	N
DTE_PROV_BIRTH	Provider birth date.	DATE	0	0	N
PROV_BIRTH_CITY	Provider birth city.	VARCHAR	40	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_BIRT_ST	Provider birth state.	VARCHAR	2	0	N
CDE_PROV_BIRTH_CNTRY	Provider birth country.	VARCHAR	3	0	N
NUM_DRIVERS_LIC	Drivers license number.	VARCHAR	20	0	N
DSC_ORG_TYPE	Organization Type.	VARCHAR	25	0	N
IND_NON_PROFIT	NonProfit Indicator.	CHAR	1	0	N

2.13.250 T_KP_PRV_EDUC

Provider Education and Training information. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 090).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
TYP_EDUC_TRAINING	Education training type code.	CHAR	1	0	N
INSTITUTION_NAME_1	Education Institution name 1.	VARCHAR	30	0	N
INSTITUTION_NAME_2	Education Institution name 2.	VARCHAR	30	0	N
ADR_PRV_STRT_ADDR_1	Education Institution street address 1.	VARCHAR	100	0	N
ADR_PRV_STRT_ADDR_2	Education Institution street address 2.	VARCHAR	100	0	N
ADR_CITY	Education Institution city.	VARCHAR	40	0	N
ADR_PROV_STATE	Education Institution state.	VARCHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_ZIP_CODE	Education Institution zip code.	VARCHAR	12	0	N
ADR_CNTY_CDE	Education Institution county code.	VARCHAR	10	0	N
ADR_CNTRY_CDE	Education Institution country code.	VARCHAR	3	0	N
NUM_PHONE	Education Institution phone number.	VARCHAR	20	0	N
NUM_ALT_PHONE	Education Institution alternate phone number.	VARCHAR	20	0	N
NUM_PHONE_FAX	Education Institution fax number.	VARCHAR	20	0	N
ADR_EMAIL	Education Institution E-mail.	VARCHAR	50	0	N
DTE_EDUC_STRT	Education start date.	DATE	0	0	N
DTE_EDU_END	Education end date.	DATE	0	0	N
IND_COMPLETION	Completion indicator.	CHAR	1	0	N
TYP_DEGREE	Degree type.	VARCHAR	25	0	N
CDE_COLLEGE	College code.	VARCHAR	10	0	N
INC_EXPL_TXT	Incompletion explanation.	VARCHAR	255	0	N

2.13.251 T_KP_PRV_HOSP_AFFILAITION

Hospitals the provider is affilaited with. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 080).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
IND_PRIMARY	Indicats the primary affiliation for the provider.	CHAR	1	0	N
NAM_HOSPITAL	Hospital name.	VARCHAR	50	0	N
ADR_PRV_STRT_ADDR_1	Hospital street address 1.	VARCHAR	100	0	N
ADR_PRV_STRT_ADDR_2	Hospital street address 2.	VARCHAR	100	0	N
ADR_CITY	Hospital city.	VARCHAR	40	0	N
ADR_PROV_STATE	Hospital state.	VARCHAR	2	0	N
ADR_ZIP_CODE	Hospital zip code.	VARCHAR	12	0	N
ADR_CNTY_CDE	Hospital county code.	VARCHAR	10	0	N
ADR_CNTRY_CDE	Hospital country code.	VARCHAR	3	0	N
NUM_PHONE	Hospital phone number.	VARCHAR	20	0	N
NUM_ALT_PHONE	Hospital alternate phone number.	VARCHAR	20	0	N
NUM_PHONE_FAX	Hospital fax number.	VARCHAR	20	0	N
ADR_EMAIL	Hospital e-mail.	VARCHAR	50	0	N
NAM_DEPT	Department name.	VARCHAR	50	0	N
NAM_DIRECTOR_LAST	Director last name.	VARCHAR	50	0	N
NAM_DIRECTOR_FIRST	Director first name.	VARCHAR	30	0	N
NAM_DIRECTOR_MI	Director middle initial.	CHAR	1	0	N
DTE_AFFIL_STRT	Affiliation Start Date.	DATE	0	0	N
DTE_AFFIL_END	Affiliation End Date.	DATE	0	0	N
NUM_ADM_PCNT	Percent of total admissions.	NUMBER	3	0	N
ADMIT_PRIV_STATUS	Admitting Privilege Status code.	VARCHAR	25	0	N

Column Name	Description	Type	Length	Precision	Primary Key
PRIV_TERM_EXPLN	Privilege Termination Explanation.	VARCHAR	255	0	N

2.13.252 T_KP_PRV_INSURANCE

Provider Insurance information. There can be more than one record pereducation entry.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 100).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
IND_PRIMARY	Primary insurance indicator.	CHAR	1	0	N
NAM_ISSURER	Inssurer name.	VARCHAR	50	0	N
ADR_PRV_STRT_ADDR_1	Insurance carrier Street Address 1.	VARCHAR	100	0	N
ADR_PRV_STRT_ADDR_2	Insurance carrier Street Address 2.	VARCHAR	100	0	N
ADR_CITY	Insurance carrier city.	VARCHAR	40	0	N
ADR_PROV_STATE	Insurance carrier state.	VARCHAR	2	0	N
ADR_ZIP_CODE	Insurance carrier zip code.	VARCHAR	12	0	N
ADR_CNTY_CDE	Insurance carrier county code.	VARCHAR	10	0	N
ADR_CNTRY_CDE	Insurance carrier country code.	VARCHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_PHONE	Insurance carrier phone number.	VARCHAR	20	0	N
NUM_ALT_PHONE	Insurance carrier alternate phone number.	VARCHAR	20	0	N
NUM_PHONE_FAX	Insurance carrier fax number.	VARCHAR	20	0	N
ADR_EMAIL	Insurance carrier e-mail.	VARCHAR	50	0	N
DTE_ORIG_COVR_EFFECTIVE	Original Coverage Effective Date.	DATE	0	0	N
DTE_CURR_COVR_EFFECTIVE	Current Coverage Effective Date.	DATE	0	0	N
DTE_EXPIRATION	Expiration Date.	DATE	0	0	N
TYP_COVR	Coverage type.	VARCHAR	25	0	N
IND_UNLIM_COVERAGE	Unlimited Coverage Indicator.	CHAR	1	0	N
IND_TAIL_COVR	Tail Coverage Indicator.	CHAR	1	0	N
NUM_POLICY	Policy Number.	VARCHAR	20	0	N
AMT_OCCUR_COVR	Occurrence Coverage Amount.	VARCHAR	255	0	N
AMT_TOT_COV	Total Coverage Amount.	VARCHAR	255	0	N

2.13.253 T_KP_PRV_LANGUAGE

Provider Language information. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 130)	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
TYP_LANGUAGE	Language type code.	VARCHAR	25	0	N
IND_INTERPRETER	Interpreter Indicator.	CHAR	1	0	N
DTE_BEGIN	Begin Date.	DATE	0	0	N
DTE_END	End Date	DATE	0	0	N

2.13.254 T_KP_PRV_LOC

Provider Location information. There can be more than one record per provider. Each location will be followed by each of its related Location records.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 060).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
IND_PRIMARY	Indicates if this is the provider's primary location.	CHAR	1	0	N
ADR_PHONE_NUM	Location phone number.	NUMBER	9	0	N
ADR_PRV_STRT_ADDR_1	Provider location street address 1.	VARCHAR	100	0	N
ADR_PRV_STRT_ADDR_2	Provider location street address 2.	VARCHAR	100	0	N
ADR_CITY	Provider location city.	VARCHAR	40	0	N
ADR_PROV_STATE	Provider location state.	VARCHAR	2	0	N
ADR_ZIP_CODE	Provider location zip code.	VARCHAR	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_CNTY_CDE	Provider location county code.	VARCHAR	10	0	N
ADR_CNTRY_CDE	Provider location country code.	VARCHAR	3	0	N
NUM_PHONE	Provider location phone number.	VARCHAR	20	0	N
NUM_ALT_PHONE	Provider location alternate phone number.	VARCHAR	20	0	N
NUM_PHONE_FAX	Provider location fax number.	VARCHAR	20	0	N
ADR_EMAIL	Provider location E-mail.	VARCHAR	50	0	N
IND_CORRESPONDENCE	Indicates if the provider requests correspondence be sent to this location address (Y/N).	CHAR	1	0	N
IND_CURR_PRACTICING	Indicates if the provider is currently practicing at this address (Y/N).	CHAR	1	0	N
IND_24HR_PHN_COV	Indicates if there is 24 hour phone coverage (Y/N).	CHAR	1	0	N
NUM_AFTER_HRS_PHN	The after hours phone number.	CHAR	10	0	N
VM_WITH_INSTRUCTIONS	Indicates if voice mail has instructions to call the answering service (Y/N).	CHAR	1	0	N
WM_WITH_OTH_INST	Indicates if voice mail has other instructions (Y/N).	CHAR	1	0	N
IND_ANSW_SVC	Indicates if there is an answering service (Y/N).	CHAR	1	0	N

2.13.255 T_KP_PRV_NME

Names used by the provider. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 040) .	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
ID_PRV_LOC	Provider Location ID.	NUMBER	9	0	N
TYP_NAME	Name type code.	VARCHAR	25	0	N
PRV_LAST_NAME	Provider last name.	VARCHAR	255	0	N
PRV_FIRST_NAME	Provider first name.	VARCHAR	30	0	N
PRV_MIDDLE_I	Provider middle initial.	CHAR	1	0	N
PRV_NME_PREFIX	provider name prefix.	VARCHAR	10	0	N
PRV_NME_SUFFIX	Provider name suffix.	VARCHAR	10	0	N
PRV_FULL_NAME	Provider full name.	VARCHAR	255	0	N
DTE_BEGIN	Begin date of name information.	DATE	0	0	N
DTE_END	End date of name information.	DATE	0	0	N

2.13.256 T_KP_PRV_NUM

Number IDs assigned to the provider. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 030).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
NUM_PROVIDER	Provider number.	VARCHAR	20	0	N
TYPE_PROV_NUMBER	Provider number type.	VARCHAR	25	0	N
DTE_EFFECTIVE_START	Effective Start Date.	DATE	0	0	N
DTE_EFFECTIVE_END	Effective End Date.	DATE	0	0	N
IND_TAX_ID	Tax ID indicator. Y/N indicates if the ID is used for tax purposes.	CHAR	1	0	N
IND_PRIMARY	Primary indicator.	CHAR	1	0	N
CNTRY_FNIN	Country issuing the provider's FNIN number.	VARCHAR	30	0	N

2.13.257 T_KP_PRV_REFERENCE

Provider Reference information. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 140).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time..	NUMBER	9	0	N
PRV_FIRST_NAME	Provider first name.	VARCHAR	30	0	N
PRV_LAST_NAME	Provider last name.	VARCHAR	30	0	N
DSC_PROV_TYPE	Provider type description.	VARCHAR	25	0	N
ADR_PRV_STRT_ADDR_1	Provider street address 1.	VARCHAR	100	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_PRV_STRT_ADDR_2	Provider street address 2.	VARCHAR	100	0	N
ADR_CITY	Provider city.	VARCHAR	40	0	N
ADR_PROV_STATE	Provider state.	VARCHAR	2	0	N
ADR_ZIP_CODE	Provider zip code.	VARCHAR	12	0	N
ADR_CNTY_CDE	Provider county code.	VARCHAR	10	0	N
ADR_CNTRY_CDE	Provider country code.	VARCHAR	3	0	N
NUM_PHONE	Provider phone number.	VARCHAR	20	0	N
NUM_ALT_PHONE	Provider alternate phone number.	VARCHAR	20	0	N
NUM_PHONE_FAX	Provider fax number.	VARCHAR	20	0	N
ADR_EMAIL	Provider E-mail.	VARCHAR	50	0	N

2.13.258 T_KP_PRV_RESIDENCY

Provider Residency information by educational Institution. There can be more than one record per educational institution.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 091).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
ID_PRV_EDUC	Provider Education ID.	NUMBER	9	0	N
TYP_RESIDENCY	Residensy type code.	VARCHAR	25	0	N
DTE_STRT_RESIDENCY	Residency Start Date.	DATE	0	0	N
DTE_END_RESIDENCY	Residency End Date.	DATE	0	0	N
NAM_DEPT	Department name.	VARCHAR	30	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_DIRECTOR	Director name.	VARCHAR	30	0	N

2.13.259 T_KP_PRV_SPC

All specialties a provider has. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 020).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
TYP_SPEC	Specialty Type.	VARCHAR	25	0	N
IND_PRIMARY	Indicates if the Specialty is the provider's primary specialty.	CHAR	1	0	N
DTE_CERTIFICATION	Certification date.	DATE	0	0	N
DTE_EXPIRATION	Expiration date.	DATE	0	0	N
DTE_RECERTIFICATION	Recertification date.	DATE	0	0	N
CDE_BOARD	Certifying Board code.	VARCHAR	10	0	N
DTE_BEGIN	Begin date of information.	DATE	0	0	N
DTE_END	End date of information.	DATE	0	0	N
IND_HMO_DIRECTORY	Indicates provider's desire to be listed in the HMO directory (Y/N).	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_PPO_DIRECTORY	Indicates provider's desire to be listed in the PPO directory (Y/N).	CHAR	1	0	N
IND_POS_DIRECTORY	Indicates provider's desire to be listed in the POS directory (Y/N).	CHAR	1	0	N
IND_CERT_EXAM_PEIDING	Indicates if the provider has taken the exam and is waiting for results (Y/N).	CHAR	1	0	N
DTE_CERTIFICATION_EXAM	Certification Exam Date.	DATE	0	0	N
IND_BOARD_CERTIFIED	Indicates the provider is Board Certified in this specialty (Y/N).	CHAR	1	0	N
CDE_CERT_EXAM_BOARD	The code of the Certification Board giving the exam.	VARCHAR	10	0	N
IND_NOT_TAKE_EXAM	Indicates the provider does not intend to take the exam (Y/N).	CHAR	1	0	N
RSN_NOT_TAKEN_EXAM	The reason the provider does not intend to take the exam.	VARCHAR	255	0	N
IND_TAKEN_EXAM	Indicates the exam has been taken (Y/N).	CHAR	1	0	N

2.13.260 T_KP_PRV_WRK_GAP

Provider Work Gap information. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 120).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
DTE_GAP_STRT	Gap Start Date.	DATE	0	0	N
DTE_GAP_END	Gap End Date.	DATE	0	0	N
GAP_EXPLANATION	Gap Explanation.	VARCHAR	255	0	N

2.13.261 T_KP_PRV_WRK_HIST

Provider Work History information. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 110).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider.	NUMBER	9	0	N
NAM_EMPLOYER	Employer name.	VARCHAR	50	0	N
ADR_PRV_STRT_ADDR_1	Employer street address 1.	VARCHAR	100	0	N
ADR_PRV_STRT_ADDR_2	Employer street address 2.	VARCHAR	100	0	N
ADR_CITY	Employer city.	VARCHAR	40	0	N
ADR_PROV_STATE	Employer state.	VARCHAR	2	0	N
ADR_ZIP_CODE	Employer zip code.	VARCHAR	12	0	N
ADR_CNTY_CDE	Employer county code.	VARCHAR	10	0	N
ADR_CNTRY_CDE	Employer country code.	VARCHAR	3	0	N
NUM_PHONE	Employer phone number.	VARCHAR	20	0	N
NUM_ALT_PHONE	Employer alternate phone number.	VARCHAR	20	0	N
NUM_PHONE_FAX	Employer fax number.	VARCHAR	20	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_EMAIL	Employer email address.	VARCHAR	50	0	N
DTE_EMPL_START	Employer start date.	DATE	0	0	N
DTE_EMPLY_END	Employer end date.	DATE	0	0	N
DEPARTURE_RSN	Employer departure reason.	VARCHAR	255	0	N

2.13.262 T_KS_CDE_CASE_TYPE

This code table stores KASES case type code and description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CASE_TYPE	The KASES case type code.	CHAR	4	0	Y
DSC_CASE_TYPE	The descriptions for the code.	VARCHAR2	50	0	N

2.13.263 T_KS_CDE_COVER_TYPE

This code table stores KASES coverage type code and description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COVER_TYPE	The KASES coverage type code.	CHAR	1	0	Y
DSC_COVER_TYPE	The descriptions for the code.	VARCHAR2	25	0	N

2.13.264 T_KS_CDE_SUP_PAY_TYPE

This code table stores KASES child support payment type code and description

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SUP_PAY_TYPE	The KASES child support payment type code.	CHAR	4	0	Y
DSC_SUP_PAY_TYPE	The descriptions for the code.	VARCHAR2	100	0	N

2.13.265 T_KS_KASES

This table stores the KASES (Kentucky automated support enforcement system) information. The information includes child support information. Only records associated to Medicaid members should be pulled into this table in DSS. This table is truncated and reloaded monthly.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CASE	KASES system assigned unique identifier case number.	CHAR	10	0	Y
CDE_CASE_TYPE	Case type code.	CHAR	4	0	N
CDE_CASE_LOC	Case location code. The possible values are first two are always '21'. Next three are county code. Last five are blank.	CHAR	10	0	N
NUM_CHILD_SSN	Child's social security number.	CHAR	9	0	N
NAM_CHILD_LAST	The first five characters of child's last name.	CHAR	5	0	N
NAM_CHILD_FIRST	The first two characters of child's first name.	CHAR	2	0	N
DTE_CHILD_BIRTH	Child's date of birth.	DATE	0	0	N
CDE_CHILD_FAM_VIOL	Child family violence indicator. The possible values are 'P' for perpetrator, 'V' for victim, 'N' for no, or 'Y' for yes.	CHAR	1	0	N
NUM_NCP_SSN	Non-custodial parent's social security number.	CHAR	9	0	N
NAM_NCP_LAST	Non-custodial parent's last name.	CHAR	15	0	N
NAM_NCP_FIRST	Non-custodial parent's first name.	CHAR	9	0	N
DTE_NCP_BIRTH	Non-custodial parent's date of birth.	DATE	0	0	N
ADR_NCP_1	Non-custodial parent's mail address line 1.	CHAR	25	0	N
ADR_NCP_2	Non-custodial parent's mail address line 2.	CHAR	25	0	N
ADR_NCP_CITY	Non-custodial parent's city.	CHAR	22	0	N
ADR_NCP_STATE	Non-custodial parent's state.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_NCP_ZIP_CODE	Non-custodial parent's zip code.	CHAR	9	0	N
NUM_CP_SSN	Custodial parent's social security number.	CHAR	9	0	N
NAM_CP_LAST	Custodial parent's last name.	CHAR	15	0	N
NAM_CP_FIRST	Custodial parent's first name.	CHAR	9	0	N
DTE_CP_BIRTH	Custodial parent's date of birth.	DATE	0	0	N
ADR_CP_1	Custodial parent's mail address line 1.	CHAR	25	0	N
ADR_CP_2	Custodial parent's mail address line 2.	CHAR	25	0	N
ADR_CP_CITY	Custodial parent's city.	CHAR	22	0	N
ADR_CP_STATE	Custodial parent's state.	CHAR	2	0	N
ADR_CP_ZIP_CODE	Custodial parent's zip code.	CHAR	9	0	N
CDE_CP_FAM_VIOL	Custodial parent's family violence indicator. The possible values are 'P' for perpetrator, 'V' for victim, 'N' for no, or 'Y' for yes.	CHAR	1	0	N
CDE_WAGE	The possible values are 'N' for new hire or 'U' for update. The wage indicator is the source of the employment data. We don't have a source field on KASES. For records coming from new hire the program name, KASES377 is placed in the worker # field to identify it as new hire data. All others would be considered worker update. This can be a one byte field. Assign a value to new hire and a value to worker update and populate the field on the file.	CHAR	1	0	N
NUM_EMPLOYER_EIN	Provide employer data for the active NCP participant type of the case.	CHAR	10	0	N
NAM_EMPLOYER	Employer's name.	CHAR	33	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_EMPLOYER_1	Employer's mail address line 1.	CHAR	31	0	N
ADR_EMPLOYER_2	Employer's mail address line 2.	CHAR	31	0	N
ADR_EMPLOYER_CITY	Employer's city.	CHAR	16	0	N
ADR_EMPLOYER_STATE	Employer's state.	CHAR	2	0	N
ADR_EMPLOYER_ZIP	Employer's zip code.	CHAR	9	0	N
DTE_EMPLOYEE_START	The date when employee started.	DATE	0	0	N
DTE_EMPLOYEE_END	The date when employee ended.	DATE	0	0	N
AMT_EMPLOYEE_SALARY	The employee's salary.	NUMBER	10	2	N
CDE_EMPLOYEE_SALARY_FREQ	Employee salary frequency. The possible values are: 'BIWK', 'DAY', 'HOUR', 'MNTH', 'S-MO', 'WKLY', 'YEAR'.	CHAR	4	0	N
DTE_EMPLOYEE_LAST_UPD	Employee Last Update Date.	DATE	0	0	N
IND_CHILD_SUP_ORD	The possible values are 'Y', 'N'. Child Support Order Indicator is a yes or no entry.	CHAR	1	0	N
AMT_LAST_CHILD_SUP	Last child support payment amount.	NUMBER	10	2	N
CDE_LAST_CHILD_SUP	Last child support payment type.	CHAR	4	0	N
DTE_LAST_SHILD_SUP	Last child support payment date.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MED_SUP_ORD	Medical support order indicator is a 4 character entry. If the following court order types exist, write the medical support order indicator as the court order type: MABO means ordered to pay medical bills only, MAIO means medical insurance only and MMED means modification for medical insurance. or, if the order term is MEDO enter MEDO, medical insurance ordered, as the medical support order indicator.	CHAR	4	0	N
NAM_INS_CARRIER	Private insurance carrier information for the NCP participant only.	CHAR	31	0	N
ID_POLICY	Private insurance policy number for the NCP participant only.	CHAR	15	0	N
NUM_GROUP	Private insurance group number for the NCP participant only, if applicable.	CHAR	15	0	N
CDE_COVER_TYPE	Type of insurance coverage provided under policy. The possible values are: 1 = Hospital 2 = Medical 3 = Dental 4 = Vision 5 = Drugs 6 = Cancer Only 7 = VA Health Benefits 8 = Other (Accident/Casualty) 9 = Self Pay.	CHAR	1	0	N
DTE_EFFECTIVE	Start date of insurance coverage.	DATE	0	0	N
DTE_CANCEL	End date of insurance coverage.	DATE	0	0	N
IND_COVER_CHILD	Covered Child Indicator. The possible values are 'Y' for yes, 'N' for no.	CHAR	1	0	N
NUM_COURT_ORD	Civil action number from most recent order.	CHAR	15	0	N
DTE_COURT_ORD_START	Order start date from most recent order.	DATE	0	0	N
DTE_COURT_END	Order end date from most recent order.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COURT_TYPE	Use the most recent order.	CHAR	10	0	N
IND_COURT_COV_CHILD	The court order covered children indicator. It has values 'Y', 'N' or spaces.	CHAR	1	0	N
CDE_NCP_FAM_VIOL	Non-custodial parent's family violence codes. P for Perpetrator. V for Victim, N for No, Y for Yes.	CHAR	1	0	N
ID_MEDICAID	The member Medicaid ID.	CHAR	10	0	N

2.13.266 T_LAB_FEE

Lab fee schedule used in pricing claims billing lab fee tests.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
DTE_EFFECTIVE	Date lab fee schedule becomes active (effective) for claims processing.	DATE	0	0	Y
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	N
DTE_END	Date lab fee schedule is no longer active for claims processing.	DATE	0	0	N
CDE	Used to determine the pricing methodology for the lab test procedure (this is the procedure exemption code). Values are "B" (blood product), "E" (exempt from fee schedule), "M" (multichannel procedure) and "R" (related lab test).	CHAR	1	0	N
AMT_60_PCT	The lab fee reimbursement rate base on 60% of the lab fee schedule.	NUMBER	9	2	N
AMT_62_PCT	The lab fee reimbursement rate base on 62% of the lab fee schedule.	NUMBER	9	2	N

2.13.267 T_LANGUAGE

This is a list of all the languages that the system tracks.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LANGUAGE	This is the unique two character code for each language that the system tracks.	CHAR	3	0	Y
DSC_LANGUAGE	This is the full description for each language that the system tracks.	CHAR	100	0	N

2.13.268 T_LIEN

This maintains the association of payments made to a lien holder on behalf of a provider.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_LIEN	System assigned key that uniquely identifies a lien that can process in the system.	NUMBER	9	0	Y
SAK_LIEN_HOLDER	System assigned key that uniquely identifies the name and address of a non-provider entity on the MMIS system. For example, the addresses of Lien Holders and Counties and non-provider entities to which we make Expenditure Payments.	NUMBER	9	0	N
CDE_PAYEE_TYPE		CHAR	1	0	N
SAK_PAYEE	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
NUM_REFERENCE	A unique number assigned by the State recorded on the original documentation received that initiates a lien.	CHAR	20	0	N
CDE_REASON_LIEN	Code used to uniquely identify the reason for the original lien against a provider on the MMIS system.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATUS1	Code that uniquely identifies the status of the lien against a provider on the MMIS system.	CHAR	1	0	N
AMT_ORIGINAL_LIEN	Original amount assessed by the lien holder against the provider.	NUMBER	10	2	N
AMT_LIEN_RATE	Amount of the flat payment per claim cycle taken from a provider to pay the lien holder.	NUMBER	10	2	N
PCT	Percentage amount to be taken from the provider in each claim cycle to pay the lien holder.	NUMBER	6	4	N
DTE_ADDED	Date that the lien was added to the system.	DATE	0	0	N
DTE_EFFECTIVE_FROM	Date that determines the from effective date for garnishing a provider's payment.	DATE	0	0	N
DTE_EFFECTIVE_THRU	Date that determines the end effective date for garnishing a provider's payment.	DATE	0	0	N
SAK_FIN_CYCLE		NUMBER	9	0	N
CDE_FREQ_RECOUP		CHAR	1	0	N

2.13.269 T_LIEN_DISP

This table contains a list of financial transactions that are applied to a lien that positively or negatively adjust the balance of the lien.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DISPOSITION	System assigned key that uniquely identifies a disposition entry associated to a lien on the MMIS system.	NUMBER	9	0	Y
SAK_LIEN	System assigned key that uniquely identifies a lien that can process in the system.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_REFERENCE	Document number assigned by a clerk that identifies any documentation received regarding a manually entered disposition. For a claim cycle entry, the claim number is stored in this field to relate the disposition to the claim.	CHAR	20	0	N
CDE_DISP_REASON	The disposition reason code identifies the reason for the disposition against a lien.	CHAR	4	0	N
AMT_DISPOSITION	Amount of the disposition against the original lien.	NUMBER	10	2	N
DTE_ADDED	Date that the disposition was added to the system.	DATE	0	0	N
DTE_PAYMENT_ISSUE	This is the financial payment issue date if the disposition was created during a financial cycle. It is the date of the disposition if the disposition was created by the online (manual disposition).	DATE	0	0	N
SAK_FIN_SCHED		NUMBER	9	0	N

2.13.270 T_LIEN_RSN_CODE

This contains all of the valid reason codes for a lien in the MMIS system.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_LIEN	Code used to uniquely identify the reason for the original lien against a provider on the MMIS system.	CHAR	4	0	Y
DSC_LIEN_CODE	Description of the reason code.	CHAR	20	0	N
IND_IRS_B	This indicated if the reason code is used for IRS Backup Withholding. The Backup Withholding will be reported on the 1099's.	CHAR	1	0	N
CDE_REASON_TYPE		CHAR	1	0	N

2.13.271 T_LIEN_STATUS

This contains all of the valid status's for a lien in the MMIS system.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATUS1	Code that uniquely identifies the status of the lien against a provider on the MMIS system.	CHAR	1	0	Y
DSC_STATUS	Description of the lien status code.	CHAR	20	0	N

2.13.272 T_LOCALITY

Locality and description used to indicate whether a provider is located in an urban, rural, metropolitan, or out-of-state area.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LOCALITY	Locality code used to indicate geographical area of practice for a provider. Valid values include 01 - Metropolitan, 02 - Urban, 03 - Rural, 07 - Out-of-state, and 99 - Statewide.	CHAR	2	0	Y
DSC_LENGTH_15	Text description of pricing locality. Valid values are metropolitan, rural, urban, out-of-state, statewide.	CHAR	15	0	N

2.13.273 T_LOCATION

High level classification of the processes performed in the system. For example, all edits that pertain to member information is one classification.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LOCATION	Type of location in which a claim can be placed during processing in the MMIS system.	CHAR	2	0	Y
DSC_LOCAT_TYPE	Description of the type of location in which a claim can be placed during claims processing.	CHAR	50	0	N
CDE_SEVER_LOC	Indicates the priority of the claim location.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_EXTERNAL	Indicates whether the location is external to the Fiscal Agent (EDS). If it is an "X" then the location is external and should be treated like a CCF location in the MAR performance reports. If it is " " then the location is within the EDS control.	CHAR	1	0	N
IND_INTEREST	A 'Y' indicates that the code location is acceptable in a claim interest calculation. An 'N' indicates that if the claim has ever been in this location to exclude the entire claim from a claim interest calculation.	CHAR	1	0	N

2.13.274 T_MAX_FEE

Maximum Fee for a Procedure/Modifier combination (Level III pricing).

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	Y
CDE_PROC_MOD	Pricing modifier used to identify the appropriate max fee for a procedure modifier combination.	CHAR	2	0	Y
CDE_PROC_MOD2	Pricing modifier used to identify the appropriate max fee for a procedure modifier combination.	CHAR	2	0	Y
CDE_PROC_MOD3	The modifier code used to further describe a procedure.	CHAR	2	0	Y
CDE_PROC_MOD4	The modifier code used to further describe a procedure.	CHAR	2	0	Y
DTE_EFFECTIVE	The date a max fee rate for a procedure/modifier combination becomes effective for claims processing.	DATE	0	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END	The date a max fee rate for a procedure/modifier combination is no longer in effect for claims processing.	DATE	0	0	N
AMT	The maximum fee amount that may be paid for a procedure.	NUMBER	9	2	N
NUM_REL_VALUE	Relative value unit is a grading of the relative difficulty of all medical services and procedures and is used in determining claims payment.	NUMBER	4	1	N
DTE_INACTIVE	This is the date this row becomes inactive. For new claims the ICN is compared to this date. I the ICN date is greater than this date, the row will not be used to process the claim.	DATE	0	0	N

2.13.275 T_MB_CALC

This table contains the final calculated value for the measure.

Column Name	Description	Type	Length	Precision	Primary Key
MEASURE_CODE	The unique identifier of the measure.	NUMBER	4	0	Y
CNT_NUM	The final answer for the numerator portion of the measure.	NUMBER	10	0	N
CNT_DEN	The final answer for the denominator portion of the measure.	NUMBER	10	0	N
CDE_CALC_TYPE	The measure's calculation type (Percentage, per 1000.....)	CHAR	1	0	N
CALC	Contains the final value for the measure.	NUMBER	10	5	N

2.13.276 T_MB_DEN_ICN

Contains the link to the individual claims/encounter that were part of the denominator of the measure.

Column Name	Description	Type	Length	Precision	Primary Key
MEASURE_CODE	Identifies the measure.	NUMBER	4	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
ID_MEDICAID	The members' unique identifier (primary id) at the end of the reporting period.	CHAR	12	0	Y
SAK_CLAIM	This field 'points' to the associated claims/encounter records that were part of this measure.	NUMBER	9	0	N
NUM_DTL	The associated claim/encounter detail number.	NUMBER	4	0	N
DTE_PTN	Date used for database partitioning, could be First Date of Service or Paid Date.	DATE	0	0	N

2.13.277 T_MB_DEN_RECIP

This table identifies all members and health plan that met the criteria for each individual measure. This table contains the denominator portion of the measure.

Column Name	Description	Type	Length	Precision	Primary Key
MEASURE_CODE	The unique identifier for the measure.	NUMBER	4	0	Y
ID_MEDICAID	The members' unique identifier (primary id) at the end of the reporting period.	CHAR	12	0	Y
NAM_LAST	Member Last Name.	VARCHAR2	20	0	N
NAM_FIRST	Member First Name.	VARCHAR2	50	0	N
NAM_MID_INIT	Member Middle Initial.	VARCHAR2	20	0	N
ADR_STREET_1	Member Mailing Address Street 1.	CHAR	30	0	N
ADR_STREET_2	Member Mailing Address Street 2.	CHAR	30	0	N
ADR_CITY	Member Mailing Address City.	CHAR	18	0	N
ADR_STATE	Member Mailing Address State.	CHAR	2	0	N
ADR_ZIP_CODE	Member Mailing Address Zip Code	CHAR	5	0	N
ADR_ZIP_CODE_4	Member Mailing Address Zip Code 4.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RECIP_COUNTY	The members county at the end of the reporting period.	VARCHAR2	10	0	N
CDE_RACE	The members' race code at the end of the reporting period.	CHAR	2	0	N
CDE_SEX	The member gender code at the end of the reporting period.	CHAR	1	0	N
AGE	The age of the member at the end of the reporting period.	NUMBER	3	0	N
CDE_AID_CATEGORY	The members' eligibility category at the end of the reporting period.	CHAR	2	0	N
CDE_PGM_STATUS	The program status code.	CHAR	2	0	N

2.13.278 T_MB_DESC

This table contains general information related to the individual measures.

Column Name	Description	Type	Length	Precision	Primary Key
MEASURE_CODE	The unique identifier for the measure.	NUMBER	4	0	Y
DSC_MEASURE	The short description of the measure.	VARCHAR2	100	0	N
DSC_LONG	A longer description of the measure.	VARCHAR2	250	0	N
DSC_MEASURE_SOURCE	The source of the measure (HEDIS, AHRQ...)	VARCHAR2	50	0	N
DSC_MEASURE_DOMAIN	The measure's domain. (USE, ACCESS TO CARE...)	VARCHAR2	50	0	N
CDE_CALC_TYPE	Indicates the type of final calculation that need to be applied to the individual measure(Percentage, per 1000, per 10,0000...)	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
TARGET_VAL	The measure's target value.	NUMBER	15	4	N
MIN_PERF_STD	The measures minimum performance standard.	NUMBER	15	4	N

2.13.279 T_MB_HEDIS_DRUG

This table identifies all HEDIS DRUG values for HEDIS measures.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_NDC	National Drug Code.	CHAR	11	0	N
HEDIS_TYPE	Type of HEDIS measurement.	CHAR	4	0	N
BRAND_NAME	Drug brand name.	VARCHAR2	100	0	N
PRODUCT_NAME	Drug product name.	VARCHAR2	100	0	N
ROUTE	Drug Route.	VARCHAR2	100	0	N
DTE_OBSOLETE	Obsolete Date	DATE	0	0	N
CATEGORY	Drug Categorization.	VARCHAR2	100	0	N

2.13.280 T_MB_NUM_ICN

Contains the link to the individual claims/encounter that were part of the numerator of the measure.

Column Name	Description	Type	Length	Precision	Primary Key
MEASURE_CODE	The internal code assigned to each individual measure.	NUMBER	4	0	Y
ID_MEDICAID	Contains the members primary identifier at the end of the reporting period.	CHAR	12	0	Y
SAK_CLAIM	This 'points' to each associated claim that became part of this measure.	NUMBER	9	0	N
NUM_DTL	The claim detail number for each claim that was associated with this measure.	NUMBER	4	0	N
DTE_PTN	Date used for database partitioning, could be First Date of Service or Paid Date.	DATE	0	0	N

2.13.281 T_MB_NUM_RECIP

This table identifies all members and health plan that met the criteria for each individual measure. This table contains the numerator portion of the measure.

Column Name	Description	Type	Length	Precision	Primary Key
MEASURE_CODE	The unique identifier for the measure.	NUMBER	4	0	Y
ID_MEDICAID	Contains the members primary identifier at the end of the reporting period.	CHAR	12	0	Y
NAM_LAST	Member Last Name	CHAR	20	0	N
NAM_FIRST	Member First Name.	CHAR	15	0	N
NAM_MID_INIT	Member Middle Initial.	CHAR	1	0	N
ADR_STREET_1	Member Mailing Address Street 1.	CHAR	30	0	N
ADR_STREET_2	Member Mailing Address Street 2.	CHAR	30	0	N
ADR_CITY	Member Mailing Address City.	CHAR	18	0	N
ADR_STATE	Member Mailing Address State.	CHAR	2	0	N
ADR_ZIP_CODE	Member Mailing Address Zip Code.	CHAR	5	0	N
ADR_ZIP_CODE_4	Member Mailing Address Zip Code 4.	CHAR	4	0	N
CDE_RECIP_COUNTY	The members' county of residence at the end of the reporting period.	VARCHAR2	10	0	N
CDE_RACE	Indicates the members race code at the end of the reporting period.	CHAR	2	0	N
CDE_SEX	Indicates the members gender.	CHAR	1	0	N
AGE	The members age at the end of the reporting period.	NUMBER	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AID_CATEGORY	The members Eligibility Category at the end of the reporting period.	CHAR	2	0	N
CDE_PGM_STATUS	The program status code.	CHAR	2	0	N

2.13.282 T_MB_PARMS

This internal table is used to control the date ranges for the extraction of information to the DSSMeasurebase.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_START	Indicates the start date for extract processing.	DATE	0	0	N
DTE_END	Indicates the ending date for extract processing.	DATE	0	0	N
DTE_START_Y1	Indicates the begin date of the most current 12 months for extract processing.	DATE	0	0	N
DTE_END_Y1	Indicates the end date of the most current 12 months for extract processing.	DATE	0	0	N
DTE_START_Y2	Indicates the begin date of the previous year for extract processing.	DATE	0	0	N
DTE_END_Y2	Indicates the end date of the previous for extract processing.	DATE	0	0	N
DTE_START_Y3	Indicates the begin date of the third year for extract processing.	DATE	0	0	N
DTE_END_Y3	Indicates the end date of the third year for extract processing.	DATE	0	0	N
DTE_START_Y4	Indicates the begin date of the fourth year for extract processing.	DATE	0	0	N
DTE_END_Y4	Indicates the end date of the fourth year for extract processing.	DATE	0	0	N
DTE_START_E1	Indicates the begin date of the first extra year for extract processing.	DATE	0	0	N
DTE_END_E1	Indicates the end date of the first extra year for extract processing.	DATE	0	0	N
DTE_START_E2	Indicates the begin date of the second extra year for extract processing.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END_E2	Indicates the end date of the second extra year for extract processing.	DATE	0	0	N
DTE_START_E3	Indicates the begin date of the third extra year for extract processing.	DATE	0	0	N
DTE_END_E3	Indicates the end date of the third extra year for extract processing.	DATE	0	0	N

2.13.283 T_MC_AID_GRP

This table holds the aid category groups that define different types of Managed Care members.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_MC_AID_GRP	The unique identifier for the group.	NUMBER	9	0	Y
CDE_MC_AID_GRP	Code of the group	CHAR	3	0	N
DSC_MC_AID_GROUP	Description of the group.	CHAR	75	0	N
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	N
DTE_EFFECTIVE	The date that the group record becomes effective.	DATE	0	0	N
DTE_END	The date that the group record ends.	DATE	0	0	N

2.13.284 T_MC_AID_GRP_XREF

This table holds the cross-reference of Managed Care groups and the aid categories that they consist of.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_MC_AID_GRP	The unique identifier for the group.	NUMBER	9	0	Y
SAK_CDE_AID	System assigned key to uniquely identify a valid aid category.	NUMBER	9	0	Y
DTE_EFFECTIVE	This is the date that the aid category became associated with the aid category group.	DATE	0	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END	This is the date that the aid category is no longer associated with the aid category group.	DATE	0	0	N

2.13.285 T_MC_AREA_RGN_XREF

This table defines which geographical areas make up each region. It is basically a cross-reference between the regions and the areas.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AREA_TYPE	This code represents the type of geographical area. Examples include zip code (Z), county code (C) and state code (S).	CHAR	1	0	Y
CDE_AREA	This field is the code (zip, county, or state) that is part of the specified region. If the CDE_AREA_TYPE field's value is 'Z', then this field will contain a zip code. If the type is 'C', then this field will contain a county code. If the type is 'S', then this field will contain a state code.	CHAR	5	0	Y
CDE_MC_REGION	This is the code that identifies a region (or Managed Care coverage area) of the state. A region is made up of different geographical areas such as zip codes, counties, or the entire state.	CHAR	5	0	Y
DTE_EFFECTIVE	This is the date that the area/region cross-reference becomes effective.	DATE	0	0	Y
DTE_END	This is the date that the area/region cross-reference is no longer effective.	DATE	0	0	N

2.13.286 T_MC_AREA_TYPE

This tables contains the codes and descriptions of the different types of geographical areas (zip codes, county codes, and state codes).

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AREA_TYPE	This code represents the type of geographical area. Examples include zip code (Z), county code (C) and state code (S).	CHAR	1	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_AREA_TYPE	This describes the type of geographical area. Examples include Zip Code, County Code and State Code.	CHAR	15	0	N
NUM_AREA_RANK	This defines the rank that the area has when determining what region a particular area is in. For example, 'zip code' receives a higher rank than 'county code', which has a higher rank that 'state-wide'.	NUMBER	4	0	N

2.13.287 T_MC_CAP_AMTS

This table contains the capitation rates for all PMPs who will be receiving a 'standard' amount for a given capitation category and date range. These amounts are NOT specific to an individual PMP.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RATE_CELL	The system assigned key used to uniquely identify a managed care rate cell.	NUMBER	9	0	Y
CDE_MC_REGION		CHAR	5	0	Y
DTE_EFFECTIVE	Effective date for the payment record.	DATE	0	0	Y
DTE_END	End date of the payment record.	DATE	0	0	N
AMT_CAPITATION	Amount of the capitation payment.	NUMBER	9	2	N

2.13.288 T_MC_CAP_AMTS_PMP

This table holds "override" capitation amounts for specific PMP that will not be receiving the standard/default amount for a specific capitation category. This includes rates for MCOs.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PMP_SER_LOC	The unique system assigned key to identify a Primary Medical Provider's service location.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MC_REGION	This is the code that identifies a region (or Managed Care coverage area) of the state. A region is made up of different geographical areas such as zip codes, counties, or the entire state.	CHAR	5	0	Y
SAK_RATE_CELL	The system assigned key used to uniquely identify a managed care rate cell.	NUMBER	9	0	Y
DTE_EFFECTIVE	Effective date of the payment record.	DATE	0	0	Y
DTE_END	End date of the payment record.	DATE	0	0	N
AMT_CAPITATION	Amount of the capitation payment.	NUMBER	9	2	N

2.13.289 T_MC_CAP_DEMOGRAPH

This table holds the demographics that are used when determining a member's capitation category.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CAP_DEMOGRAPH	The system assigned key that uniquely identifies each record.	NUMBER	9	0	Y
SAK_MC_AID_GRP	The unique identifier for the group.	NUMBER	9	0	N
CDE_SEX	The gender of the members that this demographic record describes. Valid values are 'M' or 'F'. 'B' (for both) is NOT allowed.	CHAR	1	0	N
MIN_AGE	Identifies the minimum age that this capitation category allows.	NUMBER	3	0	N
MAX_AGE	Identifies the maximum age that this capitation category allows.	NUMBER	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_MEDICARE	Indicates if Medicare coverage should be utilized as part of the demographics when determining a member's capitation category.	CHAR	1	0	N
SAK_SPEC_COND	Unique identifier for a special condition.	NUMBER	9	0	N
DTE_EFFECTIVE	The date that the capitation demographics record becomes effective.	DATE	0	0	N
DTE_END	The date that the capitation demographics record ends.	DATE	0	0	N
SAK_RATE_CELL	The system assigned key used to uniquely identify a managed care rate cell.	NUMBER	9	0	N

2.13.290 T_MC_DIAG_RATE

This entity is used to store the managed care rate cell that is assigned to an ICD9 diagnosis code. The capitation process for the MCPD program will use this entity to calculate the payments to be made to the MCO's. Each MCPD member will be assigned a primary diagnosis code and each primary diagnosis code will be assigned to a rate cell. When the capitation process runs, the system will use the member's current primary diagnosis code to select the rate cell from this entity. The rate cell will then be used to obtain the capitation amount for that MCO.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DIAG	System assigned key for the diagnosis.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date that the assignment of the diagnosis code to the rate cell becomes effective.	DATE	0	0	Y
SAK_RATE_CELL	The system assigned key used to uniquely identify a managed care rate cell.	NUMBER	9	0	N
DTE_END	The date that the assignment of the diagnosis code to the rate cell is no longer effective.	DATE	0	0	N

2.13.291 T_MC_ENROLL_RSN

This is a code table that contains the PMP enrollment reason description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ENROLL_RSN	Identifies the reason that this enrollment was initiated.	CHAR	2	0	Y
DSC_ENROLL_RSN	This is the description of the enrollment reason code.	CHAR	50	0	N

2.13.292 T_MC_ENROLL_STATUS

This is a code table that contains the enrollment status description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ENROLL_STATUS	Identifies the current status of this disenrollment (E - Enrolled, P - Mass Disenrollment Approval Pending, A - Mass Disenrollment Approved, D - Disenrolled)	CHAR	1	0	Y
DSC_ENROLL_STATUS	This is the description of the enrollment status code.	CHAR	50	0	N

2.13.293 T_MC_PGM_LIV_XREF

This table identifies member living arrangements that are valid for specific Managed Care programs. It is used in determining if a member is eligible for a specific Managed Care program.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	Y
SAK_LIV_ARNG	System assigned key to uniquely identify a Living Arrangement Code and it's description.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date that the combination of the member plan and living arrangement became valid for Managed Care.	DATE	0	0	Y
DTE_END	The date that the combination of the member plan and living arrangement were no longer valid for Managed Care.	DATE	0	0	N

2.13.294 T_MC_PGM_PANEL_SZ

This table contains the minimum and maximum panel sizes for PMPs in each program.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	Y
NUM_MIN	The minimum panel size a PMP in the specified program is allowed to have.	NUMBER	9	0	N
NUM_MAX	The maximum panel size a PMP in the specified program is allowed to have.	NUMBER	9	0	N

2.13.295 T_MC_PGM_RGN_XREF

This table is a cross-reference between the various Managed Care programs and the region(s) that they are valid in.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	Y
CDE_MC_REGION		CHAR	5	0	Y
DTE_EFFECTIVE	The date that the program/region combination became valid.	DATE	0	0	Y
DTE_END	The date that the program/region combination is no longer valid.	DATE	0	0	N

2.13.296 T_MC_PMP_ENRL_RGN

This table tracks the regions (groups of geographical areas) that the PMP is enrolled in.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PMP_SER_LOC	The unique system assigned key to identify a Primary Medical Provider's service location.	NUMBER	9	0	Y
SAK_SHORT	This allows for a unique key for the table.	NUMBER	4	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MC_REGION	This is the code that identifies a region (or Managed Care coverage area) of the state. A region is made up of different geographical areas such as zip codes, counties, or the entire state.	CHAR	5	0	N
DTE_EFFECTIVE		DATE	0	0	N
DTE_END		DATE	0	0	N
CDE_ENROLL_STATUS	Identifies the current status of this disenrollment (E - Enrolled, P - Mass Disenrollment Approval Pending, A - Mass Disenrollment Approved, D - Disenrolled)	CHAR	1	0	N
IND_PANEL_HOLD	This column specifies that the provider is not accepting new members. If the value is set to 'Y', then any/all values for T_MC_PMP_PANEL_RESTRICT.IND_PANEL_HOLD are IGNORED. If the value is set to 'N', then the values in T_MC_PMP_PANEL_RESTRICT.IND_PANEL_HOLD are utilized.	CHAR	1	0	N
IND_AUTOASSIGN	This column specifies that the provider is not accepting new RCBMs through Default Autoassignment logic. If the value is set to 'N', then any/all values for T_MC_PMP_PANEL_RESTRICT.IND_DEFAULT_AA are IGNORED. If the value is set to 'Y', then the values in T_MC_PMP_PANEL_RESTRICT.IND_DEFAULT_AA are utilized.	CHAR	1	0	N
CDE_ENROLL_RSN	Identifies the reason that this enrollment was initiated.	CHAR	2	0	N
DTE_DISENROLL	This is the date that the PMP service location is mass disenrolling.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PMP_XFER	The unique system assigned key to identify a Primary Medical Provider's service location.	NUMBER	9	0	N
DTE_START_XFER	Date that the assignments to the transfer PMP will be effective.	DATE	0	0	N

2.13.297 T_MC_PMP_FOCUS

This table contains list of valid focuses that a PMP can have. A "focus" is similar to a provider specialty, but is NOT related in our system. Examples include: General Practitioner, Internist, and Pediatrician.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PMP_FOCUS	Unique identifier for the focus.	NUMBER	9	0	Y
CDE_PMP_FOCUS	Unique code that identifies the focus.	CHAR	3	0	N
DSC_PMP_FOCUS	Description of the focus.	CHAR	100	0	N
SAK_PUB_HLTH		NUMBER	9	0	N
NUM_PRIORITY	This is the MMIS specific priority order for the focuses to receive and the order that they should be processed. (1 = highest priority, 2 = next, and so on. ...)	NUMBER	9	0	N

2.13.298 T_MC_PMP_GRP

This table holds groups that are members of MCOs (groups within a group).

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PMP_SER_LOC	The unique system assigned key to identify a Primary Medical Provider's service location.	NUMBER	9	0	Y
SAK_PROV_GROUP	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC_GRP	System Assigned Key for Provider Location.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SHORT	Unique identifier for the combination of the PMP service location, the group/group service location and the dates.	NUMBER	4	0	Y
DTE_EFFECTIVE	The date that the group became associated with the PMP.	DATE	0	0	N
DTE_END	The date that the group is no longer associated with the PMP.	DATE	0	0	N

2.13.299 T_MC_PMP_GRP_MBR

This table contains the information specific to a provider group member.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_GROUP	System assigned key that uniquely identifies the group provider.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Location.	NUMBER	9	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider group member.	NUMBER	9	0	Y
SAK_PROV_LOC_MBR	System Assigned Key for Location Member.	NUMBER	9	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
IND_PCP	Indicates if the group member actually sees members. This would be set to 'N' if the group member is a clinic, hospital, and so on...	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_CLAIM_ONLY	This field specifies that a provider is ONLY associated with a group (clinic) and is NOT directly associated with the MCO. In order to correctly pay claims, the provider MUST be associated with the MCO in T_PR_GRP_MBR, even though that provider does not directly contract with the MCO - only the clinic that he belongs to contracts with the MCO. These individual providers will have a value of 'Y'.	CHAR	1	0	N
NUM_PHO_24_HOUR	The PCP's 24 hour phone number.	CHAR	10	0	N
NUM_PHO_EXT	The extension of the 24 hour phone number.	CHAR	4	0	N
IND_SPEC_COND	Indicates if the PCP accepts members who have special conditions.	CHAR	1	0	N
IND_FMLY_PRAC	Indicates if the PCP accepts entire families.	CHAR	1	0	N
IND_OBSTETRICS	Indicates if the PCP accepts women who are pregnant.	CHAR	1	0	N
IND_WOMEN_ONLY	Indicates if the PCP only sees women.	CHAR	1	0	N
SAK_PMP_FOCUS	Unique identifier for the focus.	NUMBER	9	0	N

2.13.300 T_MC_RATE_CELL

This entity stores the valid rate cells for Managed Care capitation. Each rate cell is assigned to a specific Managed Care program. Each MCO that signs up will need to contract with the State to agree upon an amount for each rate cell assigned to the Managed Care program for that MCO. There is also an indicator that tells us whether the corresponding rate cell is currently active, because it may be an historical rate cell that is no longer pertinent.

Column Name	Description	Type	Length	Precision	Primary Key

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RATE_CELL	The system assigned key used to uniquely identify a managed care rate cell.	NUMBER	9	0	Y
CDE_RATE_CELL	Each managed care rate cell has a code.	CHAR	5	0	N
DSC_CAP_CATEGORY	Describes the managed care rate cell.	CHAR	35	0	N
DTE_EFFECTIVE	This is the date that the capitation category (rate cell) became effective.	DATE	0	0	N
DTE_END	This is the date that the capitation category (rate cell) expired and is no longer effective.	DATE	0	0	N
IND_PRORATE	This specifies if the capitation category should be pro-rated on a daily basis, or if it applies to an entire month only. Valid values are 'Y' or 'N'.	CHAR	1	0	N
IND_PRIVATE	This specifies if private/confidential information for members who are in this capitation category should be displayed on external reports. An example of a capitation category that should not have member's personal information displayed are the 'Family Planning' deductions. Valid values are 'Y' or 'N'.	CHAR	1	0	N
IND_AUTO_ADJ	This column indicates if the capitation category should be included when the system is determining the total amount paid for a member during a given month. As of implementation for OK, only the EPSDT and Family Planning cap categories will have an 'N' for this field, all others will have a 'Y' value.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_PRIME_PYMT	Indicates if the capitation category is a payment for the member's primary care (the standard monthly payment). Capitation categories with an 'N' in this field will be excluded from the automated adjustment process when it is determining if the correct amount was previously paid for a member on a given month. As of implementation for OK, EPSDT/Family Planning deductions and supplemental delivery payments will have a value of 'N'. All other capitation categories will have a value of 'Y'.	CHAR	1	0	N
IND_INCL_DEDUCT	This field indicates if the rate cell should be used when determining the total amount paid for the member's primary care INCLUDING Family Planning and EPSDT deductions. This is necessary for the Family Planning/EPSDT deduction process so that it includes other EPSDT/Fam Plan deductions when determining how much is remaining from the amount paid to the PMP for the member's primary care. As of the time of the OK implementation, all rate cells with the exception of the delivery payments will have a value of 'Y'.	CHAR	1	0	N

2.13.301 T_MC_REGION

This table contains the regions within the state. Different regions can be created for different Managed Care programs.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MC_REGION	This is the code that identifies a region (or Managed Care coverage area) of the state. A region is made up of different geographical areas such as zip codes, counties, or the entire state.	CHAR	5	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_MC_REGION	This is a description or name of the region within the state.	CHAR	50	0	N
CDE_REGION_TYPE	This field defines the type of the region. The initial design for the Core iC system calls for types of Enrollment ('E') and Capitation ('C'). The Enrollment region type says that for the specified program, the region is utilized in determining which members reside in the specified region and therefore may be eligible for the program. The Capitation region type is utilized in determining the geographic area that capitation rates apply to.	CHAR	1	0	N
NUM_REGION_RANK	This field specifies how regions rank when they overlap. This is primarily for regions created for capitation rate overrides. For example, if a PMP has an override cap rate at the statewide region level, one at a county group region, one at a individual county level (where the county is within the county group) and an override at the zip code region (that is within the county), then the zip code region would have the highest rank, with the county having the next highest rank, and so on... with the statewide region having the lowest rank. With the original Multi-Payer design, a zip code region will have a value of 1, a single county region will have a value of 2, a group of counties will have a value of 3, and the entire state will have a value of 4.	NUMBER	4	0	N

2.13.302 T_MC_RE_PMP_LKOUT

This table hold members who have been "locked-out" of a specific PMP. These members should NOT be assigned to the specified provider.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
DTE_EFFECTIVE	This is the initial date that the member can no longer be assigned to the provider.	DATE	0	0	Y
DTE_END	This is the end date for the member/provider lockout.	DATE	0	0	N
CDE_LOCK_SOURCE	This the field that indicate who requested the lockout, the Provider/PMP (P) or the member (R).	CHAR	1	0	N

2.13.303 T_MC_RE_SPEC_COND

This table will hold members that meet special conditions, along with the time period that the special conditions apply to the member.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_SPEC_COND	Unique identifier for a special condition.	NUMBER	9	0	Y
DTE_EFFECTIVE	The initial date that the special condition takes effect.	DATE	0	0	Y
DTE_END	The ending date for the special condition.	DATE	0	0	N

2.13.304 T_MC_SPEC_COND

This table holds special conditions for members. It is used by the Managed Care sub-system to determine members who should not be in Managed Care for various reasons such as grievances. It also holds members who have been approved for stop-loss, members who have been classified as high-risk, and so on.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SPEC_COND	Unique identifier for a special condition.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SPEC_COND	Code representing the special condition.	CHAR	3	0	N
DSC_SPEC_COND	Description of the special condition.	CHAR	100	0	N
SAK_PUB_HLTH	Identifies the benefit plan for which a member is eligible.	NUMBER	9	0	N
IND_CAP_OVERRIDE	Indicates if the special condition overrides the 'normal' calculation of a member's capitation category using demographics.	CHAR	1	0	N

2.13.305 T_MC_SPEC_CON

This table hold special conditions for members. It is used by the Managed Care sub-system to determine members who should not be in Managed Care for various reasons such as grievances. It also holds members who have been approved for stop-loss, members who have been classified as high-risk, and so on.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SPEC_COND	Unique identifier for a special condition.	NUMBER	9	0	Y
CDE_SPEC_COND	Code representing the special condition.	CHAR	3	0	N
DSC_SPEC_COND	Description of the special condition.	CHAR	100	0	N
SAK_PUB_HLTH		NUMBER	9	0	N
IND_CAP_OVERRIDE	Indicates if the special condition overrides the 'normal' calculation of a member's capitation category using demographics.	CHAR	1	0	N

2.13.306 T_MC_SVC_CLASS

The Managed Care service class describes the type of services provided.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MC_SVC_CLASS	The service class indicates the type of services provided.	CHAR	2	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_MC_SVC_CLASS	Description of the type of services provided.	VARCHAR2	100	0	N

2.13.307 T_MDC

An MDC is determined by dividing all possible principal diagnoses into mutually exclusive principal diagnosis categories. These are used in conjunction with DRGs to further define a grouping. NOT CURRENTLY USED IN KENTUCKY.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_MDC	System assigned key for a unique Major Diagnostic Category code.	NUMBER	9	0	N
CDE_MDC	This is a two byte code field used to identify a MDC. The MDC code and description are supplied by HCIA.	CHAR	2	0	N
DSC_MDC	This is a forty byte character field used to describe a MDC. The MDC code and description are supplied by HCIA.	CHAR	40	0	N

2.13.308 T_MM_CALC_TYPE

Calculation Type Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CALC_TYPE	Indicates the final calculation for the measure.	CHAR	1	0	Y
DESC_CALC_TYPE	Description of calculation type used for drop-down list.	VARCHAR2	20	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.309 T_MM_CNT_CRIT

Count Criteria Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CNT_CRIT	Indicates what to count.	CHAR	1	0	Y
DESC_CNT_CRIT	Description of count criteria used for drop-down list.	VARCHAR2	50	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.310 T_MM_CRIT

Measure Criteria Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
ID_CRITERIA	Key for criteria.	NUMBER	4	0	Y
SAK_QUAL	Key for the qualifier.	NUMBER	4	0	Y
SAK_MEASURE_BASE	Key for measure base.	NUMBER	4	0	Y
ID_PARENT	Identifies the level of the criteria.	NUMBER	4	0	N
SAK_FILTER	Key to the filter table field used in the criteria.	NUMBER	4	0	N
TXT_LOGIC_OP	Operator of the criteria (same parent levels).	VARCHAR2	7	0	N
TXT_RANGE_LO	Identifies the low value of the field in the criteria.	VARCHAR2	4000	0	N
TXT_RANGE_HI	Identifies the high value of the field in the criteria.	VARCHAR2	4000	0	N
TXT_GROUP_OP	Identifies the combination operator for the group level of the criteria (different parent levels).	VARCHAR2	3	0	N

2.13.311 T_MM_DATA_SOURCE

Source of Data Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DATA_SOURCE	Key for the source of the data.	CHAR	1	0	Y
DESC_DATA_SOURCE	Description of the source of the data used by the drop-down list.	VARCHAR2	50	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.312 T_MM_DATA_SRCE

Source of Data Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DATA_SOURCE	Key for the source of the data.	CHAR	1	0	Y
DESC_DATA_SOURCE	Description of the source of the data used by the drop-down list.	VARCHAR2	50	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.313 T_MM_DATE_RANGE

Date Range Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DATE_RANGE	Indicates the date range used.	CHAR	1	0	Y
DESC_DTE_RANGE	Description of date range used for drop-down list.	VARCHAR2	50	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.314 T_MM_DOMAIN

Domain Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DOMAIN	Key for the domain of the measurement.	NUMBER	4	0	Y
DESC_DOMAIN	Description of domain used for drop-down list.	VARCHAR2	50	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.315 T_MM_FILTER

Filter Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FILTER	Unique identifier for a filter in the DSSMeasureBase Maintenance screens.	NUMBER	4	0	Y
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	4	0	N
CDE_DATA_TYPE	Identifies the field data type.	CHAR	1	0	N
DSC_FILTER	Description of the field.	VARCHAR2	30	0	N
TXT_MASK	Mask for the field shown on the window.	VARCHAR2	15	0	N
TXT_MASK_RE	Mask for the field for programmatic use.	VARCHAR2	30	0	N
TXT_FILTER	Database field name of criteria field used for drop-down lists.	VARCHAR2	20	0	N
TXT_OWNER	Database owner of table for criteria field/table.	VARCHAR2	10	0	N
TXT_TABLE	Database table housing criteria field.	VARCHAR2	26	0	N
TXT_COL_CODE	Database field name of criteria field.	VARCHAR2	22	0	N
TXT_COL_DESC	Database field name of criteria field description.	VARCHAR2	20	0	N

2.13.316 T_MM_FREQUENCY

Frequency Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_FREQUENCY	Indicates the frequency the measure base can be used in reporting.	CHAR	1	0	Y
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_FREQUENCY	Description of frequency used for drop-down list.	VARCHAR2	10	0	N

2.13.317 T_MM_GROUP

Group Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GROUP	Code that indicates the group.	CHAR	1	0	Y
DSC_GROUP	Description of the code that indicates the group.	VARCHAR2	18	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.318 T_MM_JOIN_TYPE

Join Type Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_JOIN_TYPE	Indicates how qualifiers should be joined.	CHAR	1	0	Y
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N
DESC_JOIN_TYPE	Description of join type used for drop-down list.	VARCHAR2	50	0	N

2.13.319 T_MM_MEASURE_BASE

Measure Base Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_MEASURE_BASE	Key for measure base.	NUMBER	4	0	Y
SAK_MEASURE_SOURCE	Key for the source of the measurement.	NUMBER	4	0	N
CDE_CALC_TYPE	Indicates the final calculation for the measure.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DOMAIN	Key for the domain of the measurement.	NUMBER	4	0	N
CDE_FREQUENCY	Indicates the frequency the measure base can be used in reporting.	CHAR	1	0	N
MEASURE_BASE_NAME	Name/short description of the measure base.	VARCHAR2	250	0	N
DSC_MEASURE_BASE	Description of the measure base.	VARCHAR2	650	0	N
MIN_PERF_TARGET	Minimum performance target for the measure base.	NUMBER	5	4	N
TARGET	Benchmark for the measure base.	NUMBER	5	4	N

2.13.320 T_MM_MEASURE_SRCE

Measure Source Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_MEASURE_SOURCE	Key for the source of the measurement.	NUMBER	4	0	Y
DESC_MEASURE_SOURCE	Description of measurement source used for drop-down list.	VARCHAR2	50	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.321 T_MM_MEASURE_SOURCE

Measure Source Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_MEASURE_SOURCE	Key for the source of the measurement.	NUMBER	4	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DESC_MEASURE_SOURCE	Description of measurement source used for drop-down list.	VARCHAR2	50	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.322 T_MM_PART

Part Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PART	Part Code Identifier.	CHAR	1	0	Y
DSC_PART	Description of Part Code Identifier.	VARCHAR2	18	0	N
NUM_SORT	Sort Number for the drop-down control list.	NUMBER	2	0	N

2.13.323 T_MM_PART_IND

Part Indicator Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PART_IND	Part Indicator Code.	CHAR	1	0	Y
DSC_PART_IND	Part Indicator Code Description.	VARCHAR2	50	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.324 T_MM_PART_SEQ

Part Sequence Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PART_SEQ	Code indicating the part sequence.	CHAR	1	0	Y
DSC_PART_SEQ	Description of the part sequence.	VARCHAR2	18	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.325 T_MM_QUALIFIER

Qualifier Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_QUAL	Key for the qualifier.	NUMBER	4	0	Y
SAK_MEASURE_BASE	Key for measure base.	NUMBER	4	0	Y
CDE_QUAL_TYPE	Qualifier code identifying numerator or denominator.	CHAR	1	0	N
CDE_QUAL_SEQ	Indicates the sequence of the qualifier.	NUMBER	1	0	N
SAK_DATA_SOURCE	Key for the source of the data.	CHAR	1	0	N
CDE_DATE_RANGE	Indicates the date range used.	CHAR	1	0	N
CDE_CNT_CRIT	Indicates what to count.	CHAR	1	0	N
CDE_JOIN_TYPE	Indicates how qualifiers should be joined.	CHAR	1	0	N
QUAL_PART_IND	Indicates if the measure base has a single or multiple parts.	CHAR	1	0	N
DSC_QUAL	Description of the qualifier.	VARCHAR2	100	0	N
THRESHOLD_1	Indicates the threshold used for extraction.	NUMBER	10	0	N
THRESHOLD_2	Indicates another threshold used for extraction.	NUMBER	10	0	N
CDE_PART	Part Code Identifier.	CHAR	1	0	N
CDE_GROUP	Code that indicates the group.	CHAR	1	0	N
CDE_SEQ_TYPE	Indicates the sequence type.	CHAR	1	0	N
CDE_PART_SEQ	Code indicating the part sequence.	CHAR	1	0	N

2.13.326 T_MM_QUALIFIER_SEQ

Qualifier Sequence Maintenance Table for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_QUAL_SEQ	Indicates the sequence of the qualifier.	NUMBER	1	0	Y
CDE_QUAL_SEQ_TYPE	Indicates if the qualifier has a single or multiple parts.	CHAR	1	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.327 T_MM_QUALIFIER_TYPE

Qualifier Type Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_QUAL_TYPE	Qualifier code identifying numerator or denominator.	CHAR	1	0	Y
DSC_QUAL_TYPE	Description of qualifier type used for drop-down list.	VARCHAR2	11	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.328 T_MM_SEQ_TYPE

Sequence Type Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SEQ_TYPE	Indicates the sequence type.	CHAR	1	0	Y
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N
DSC_SEQ_TYPE	Description of sequence type.	VARCHAR2	50	0	N

2.13.329 T_MODIFIER

A modifier provides the means by which the reporting physician or provider can indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. The judicious application of modifiers obviates the necessity for separate procedure listings that may describe the modifying circumstance. Modifiers may be used to indicate to the member of a report that: 1. A service or procedure has both a professional and technical component. 2. A service or procedure was performed by more than one physician and/or in more than one location. 3. A service or procedure has been increased or reduced. 4. Only part of a service was performed. 5. An adjunctive service was performed. 6. A bilateral procedure was performed. 7. A service or procedure was provided more than once. 8. Unusual events occurred. The attribute CDE indicates the type of modifier as follows: Code Description Affect on Claim. D Denial Will cause a detail to deny. 1 Pricing Used to "look up" the allowed amount for a procedure. 2 Processing Will change the allowed amount by a specified percentage or dollar amount or change allowed units by a specified quantity. 3 Informational Provides additional information about the procedure performed. 4 Review Indicates that the detail should be suspended for manual review. M Max Payment Indicates the maximum payment allowed for a procedure billed with modifier of this type. The effective date is used to specify when the modifier and it's type is effective for claims processing.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROC_MOD	Procedure Code	CHAR	2	0	Y
DTE_EFFECTIVE	The date that the modifier and its type are to become effective for claims processing.	DATE	0	0	N
DTE_END	The date that the modifier and its type are no longer in effect for claims processing.	DATE	0	0	N
DSC_MODIFIER	Short text that describes the modifier.	VARCHAR2	40	0	N
DSC_LONG	Long text that describes the modifier.	VARCHAR2	4000	0	N
CDE	Code used to identify type of modifier.	CHAR	1	0	N
SAK_MODIFIER	System Assigned Key for the Modifier.	NUMBER	9	0	N
CDE_CATEGORY	Indicates whether the modifier is a HCPCS or Ambulance Modifier. Valid values are A(Ambulance) and H(HCPCS).	CHAR	1	0	N
DTE_CMS_ADD	Date that CMS added the Modifier.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_CMS_TERM	Date that CMS terminated the Modifier.	DATE	0	0	N

2.13.330 T_MODIFIER_RSTN

Contains modifiers that are invalid when billed on the same detail of a claim.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROC_MOD	The modifier code used to further describe a procedure.	CHAR	2	0	Y
CDE_MOD_FROM	The lower range of modifier restrictions. Modifiers in the From/To range can not be billed on the same claim detail as the value in CDE_PROC_MOD	CHAR	2	0	Y
CDE_MOD_TO	The upper range of modifier restrictions. Modifiers in the From/To range can not be billed on the same claim detail as the value in CDE_PROC_MOD	CHAR	2	0	Y
DTE_EFFECTIVE	The date that the modifier restriction is to become effective for claims processing.	DATE	0	0	Y
DTE_END	The date that the modifier restriction is no longer valid for claims processing.	DATE	0	0	N

2.13.331 T_MODIFIER_TYPE

A modifier is assigned a modifier type. The modifier types are used to describe the way a modifier will be used in claims processing. A modifier can only be assigned to one type.

Column Name	Description	Type	Length	Precision	Primary Key
CDE	Code used to identify type of modifier.	CHAR	1	0	Y
DSC_25	Text description for a modifier type.	CHAR	25	0	N

2.13.332 T_NCPDP_CONFLICT

Contains NCPDP conflict information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_NCPDP_CONFLICT	The code assigned by NCPDP for the conflict.	CHAR	2	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_NCPDP_CONFLICT	The text description of the NCPDP conflict code assigned by NCPDP.	VARCHAR2	50	0	N

2.13.333 T_NCPDP_RESPONSE

Represents the responses in POS for claims that are rejected by the system.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ERROR_NCPDP	Unique code number/value assigned to a specific reject message per National council for prescription drug pricing	CHAR	2	0	Y
DSC_50	Text description associated with specific NCPDP response code value	CHAR	50	0	N

2.13.334 T_NONPROV_TAX_ID

This table indicates the tax identification number to be used for reporting purposes for non-provider related expenditures. This may be either a Social Security Number or Federal Employer Identification Number. This table also contains the effective dates for a given tax ID.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PAYEE	System assigned key that uniquely identifies the name and address of a non-provider entity on the MMIS system. For example, the addresses of Lien Holders and Counties and non-provider entities to which we make Expenditure Payments.	NUMBER	9	0	Y
CDE_PAYEE_TYPE	This is the code that identifies what type of person or organization is being used. The following are the valid values : C - TPL Carrier, O - Other, R - Member, Y - County	CHAR	1	0	Y
DTE_EFFECTIVE	Effective date for an object. Used to signify the start of a span or period.	DATE	0	0	Y
DTE_END	The date that something is no longer in effect.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_TAX_ID	This is the tax identification number assigned to a provider by the Internal Revenue Service.	CHAR	9	0	N
IND_TAX_ID_TYPE	This field indicates whether the tax ID is a social security number or an FEIN.	CHAR	1	0	N
IND_TAX_ID_EXEMPT	This field indicates whether the corresponding tax id field contains an EXEMPT number or not. The valid values are Y = Tax Exempt and N = Not Tax Exempt.	CHAR	1	0	N

2.13.335 T_OCCURRENCE

Valid values and descriptions of codes which define a significant event relating to a particular UB claim that may affect payer processing.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_OCCURRENCE	Code which defines a significant event relating to a particular UB claim that may affect payer processing.	CHAR	2	0	Y
DSC_OCCURRENCE	Date on which a significant event relating to a particular UB claim that may affect payer processing occurred.	CHAR	50	0	N

2.13.336 T_ORIGIN_CODE

This table contains the possible values for the TPL origin code which identifies the source of TPL information or changes to TPL information.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ORIGIN	This code identifies the source of TPL coverage information or the source of changes to existing TPL coverage information.	CHAR	1	0	Y
ORIGIN_DESC	This field contains the description associated with a specific TPL origin code.	CHAR	20	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RES_CAS	Unique identifier for the resource casualty associated with the origin of this TPL	CHAR	1	0	N

2.13.337 T_PATIENT_STAT

Indicates all valid patient status values and their descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PATIENT_STATUS	Indicates the status of the member as of the ending service date of the period covered on a UB claim.	CHAR	2	0	Y
DSC_PATIENT_STATUS	Description of the status of the member as of the ending service date of the period covered on a UB claim.	CHAR	80	0	N

2.13.338 T_PAY_PULL_REASON

This is a table that contains the payment pull reason codes. These are the reasons why the State can request a payment to be manually pulled for review before it is sent to the provider.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PULL_REASON	This is the reason that a payment can be pulled for manual review.	CHAR	2	0	Y
DSC_PULL_REASON	This is the description of the reason that a payment can be pulled for manual review.	CHAR	50	0	N

2.13.339 T_PA_ADMIN_REV

This represents the Prior Authorization administrative review information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PA	This is the system assigned key for the Prior Authorization record.	NUMBER	9	0	Y
DTE_PA_ADM_REC	This is the date the Prior Authorization administrative review was received by EDS.	DATE	0	0	N
DTE_PA_ADM_MLD	This is the date the Prior Authorization administrative review was mailed.	DATE	0	0	N

2.13.340 T_PA_APPEAL

This represents the Prior Authorization appeal information for a specific prior authorization.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PA	This is the system assigned key for the Prior Authorization record.	NUMBER	9	0	Y
DTE_PA_APP_RECV	This is the date the Prior Authorization appeal was received by EDS.	DATE	0	0	N
DTE_PA_APP_MAIL	This is the date the Prior Authorization appeal packet was mailed.	DATE	0	0	N
DTE_PA_APPEAL	This is the date the Prior Authorization appeal was held.	DATE	0	0	N
DTE_PA_APP_DISMIS	This is the date a Prior Authorization appeal was dismissed.	DATE	0	0	N
PA_EDS_ATND_APPEAL	This is an indicator used to say whether or not EDS attended a Prior Authorization appeal.	CHAR	1	0	N

2.13.341 T_PA_ASSIGN_CODE

This represents the Prior Authorization assignment code used to batch PA requests.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PA_ASSIGN	This represents the Prior Authorization assignment code used to batch PA requests.	CHAR	2	0	Y
DSC_PA_ASSIGN	This is a description of the Prior Authorization assignment code used to batch the PA requests.	CHAR	30	0	N
CDE_PA_GRP_ASSIGN	GROUP OF PA ASSIGN CODES	CHAR	2	0	N
IND_SERV_PROV_REQ	This indicates if a service provider is required entry for the assignment code.	CHAR	1	0	N

2.13.342 T_PA_CASE_LVL_MAXMC

This table contains Authorization Record at Case Level from MaxMC

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CASE_REFERENCE	The case level reference number. This is a unique number representing this authorization.	CHAR	25	0	Y
NUM_REFERENCE_1	The authorization number 1. Not necessarily unique.	CHAR	25	0	N
NUM_REFERENCE_2	The authorization number 2. Not necessarily unique.	CHAR	25	0	N
AUTH_TYPE	The type of the authorization. TAU = Authorization REF = Referral	CHAR	3	0	N
IND_PREGNANCY	Is this authorization linked to a pregnancy? Y=Yes, N=No.	CHAR	1	0	N
DTE_EST_DOB	The estimated date of birth.	DATE	0	0	N
IND_BEN_FLEX	Were the benefits flexed? Y=Yes, N=No.	CHAR	1	0	N
POS_SUMMARY	The summary place of service code. This summarizes all the settings across the services that are associated with this authorization.	VARCHAR2	50	0	N
CDE_ECL	The event classification.	CHAR	6	0	N
CDE_CTE	The case type.	CHAR	6	0	N
CDE_HMP	The applicable health management program.	CHAR	6	0	N
CDE_STA_SUMMARY	The overall status. PND = Pended APR = Approved as Requested AWM = Approved with Modifications DEN = Denied CXL = Canceled	CHAR	3	0	N
DTE_ADMIT	For an inpatient stay, the date the patient was admitted.	DATE	0	0	N
DTE_DISCHARGE	For an inpatient stay, the date the patient was discharged.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DDS	The discharge disposition.	CHAR	6	0	N
NUM_DAYS_INIT	For an inpatient stay, the number of initial days that were approved.	NUMBER	3	0	N
NUM_DAYS_EXT	For an inpatient stay, the number of days that were extended.	NUMBER	3	0	N
NUM_DAYS_AUTH	The total inpatient days authorized.	NUMBER	3	0	N
NUM_DAYS_DENIED	The total number of days denied.	NUMBER	3	0	N
NUM_DAYS_LOS	The total length of stay.	NUMBER	3	0	N
CDE_REIM_TYPE	The reimbursement type.	CHAR	6	0	N
CDE_DRG	The DRG code.	CHAR	3	0	N
DTE_ELIG_VERIFIED	The date eligibility was verified.	DATE	0	0	N
ID_STF_ELIG	The user ID of the person who verified the eligibility.	CHAR	12	0	N
NAM_STFELIG_LAST	The last name of the person who verified the eligibility.	CHAR	35	0	N
NAM_STFELIG_FIRST	The first name of the person who verified the eligibility.	CHAR	25	0	N
DTE_BENF_VERIFIED	The date that the benefits were verified.	DATE	0	0	N
ID_STF_BENF	The user ID of the person who verified the benefits.	CHAR	12	0	N
NAM_STFBENF_LAST	The last name of the person who verified the benefits.	CHAR	35	0	N
NAM_STFBENF_FIRST	The first name of the person who verified the benefits.	CHAR	25	0	N
ID_PROV_REQ	The requesting provider ID.	CHAR	30	0	N
ID_TAX_PROV_REQ	The requesting provider tax ID.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_REC_ALT	The requesting provider alternate ID.	CHAR	30	0	N
NAM_PROV_REQ_LAST	The requesting provider last name.	CHAR	35	0	N
NAM_PROV_REQ_FIRST	The requesting provider first name.	CHAR	25	0	N
NAM_PROV_REQ	The requesting provider name.	CHAR	50	0	N
ID_GRP_REQ	The requesting group ID.	CHAR	30	0	N
ID_TAX_GRP_REQ	The requesting group tax ID.	CHAR	15	0	N
ID_GRP_REQ_ALT	The requesting group alternate ID.	CHAR	30	0	N
NAM_GRP_REQ	The requesting group name.	CHAR	50	0	N
ID_PROV_REQ_SVC_LOC	The requesting provider location ID.	CHAR	30	0	N
DTE_AUTH_INITIATED	The date that the authorization was initiated.	DATE	0	0	N
ID_CASE_MNGR	The user ID of the authorization case manager.	CHAR	12	0	N
NAME_CASE_MNGR_LAST	The last name of the authorization case manager.	CHAR	35	0	N
NAME_CASE_MNGR_FIRST	The first name of the authorization case manager.	CHAR	25	0	N
DTE_AUTH_BEGIN	The beginning date that this authorization is valid.	DATE	0	0	N
DTE_AUTH_END	The last date that this authorization is valid.	DATE	0	0	N
NUM_DAYS_VALID	The number of days that this authorization is valid.	NUMBER	3	0	N
DTE_REC_CREATE	The date that the record was created.	DATE	0	0	N
ID_STF_CREATE	The user ID of the person who created the record.	CHAR	12	0	N
NAM_STF_CREATE_LAST	The last name of the person who created the record.	CHAR	35	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_STF_CREATE_FIRST	The first name of the person who created the record.	CHAR	25	0	N
DTE_LAST_UPDATE	The date of the last update.	DATE	0	0	N
ID_STF_UPDATE	The user ID of the person who last updated the record.	CHAR	12	0	N
NAM_STF_UPDATE_LAST	The last name of the person who last updated the record.	CHAR	35	0	N
NAM_STF_UPDATE_FIRST	The first name of the person who last updated the record.	CHAR	25	0	N
IND_AUTH_CLOSED	Was the authorization completed? Y=Yes, N=No.	CHAR	1	0	N
DTE_AUTH_CLOSED	The date that the authorization was completed or closed.	DATE	0	0	N
AUTH_NOTES	The authorization notes for claims processing.	VARCHAR2	2000	0	N

2.13.343 T_PA_DAYS_DTL_MAXMC

This table contains Days Detail Record - One record per inpatient days detail history from MaxMC

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CASE_REFERENCE	The case level reference number. This is a unique number representing this authorization.	CHAR	25	0	Y
CDE_ACTION	The action associated with this inpatient date range. IR = Initial Request IA = Initial Approval ID = Initial Denial ER = Extension Request EA = Extension Approval ED = Extension Denial	CHAR	2	0	Y
DTE_BEGIN	The beginning date range associated with this inpatient detail record.	DATE	0	0	Y
DTE_REVIEW	The date this date range was requested, approved, or denied.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END	The end date range associated with this inpatient detail record.	DATE	0	0	N
NUM_DAYS	The number of days associated with this inpatient detail record.	NUMBER	3	0	N
CDE_LOC_AUTH	The Level of Care authorized with this inpatient detail record.	CHAR	6	0	N
CDE_LOC_REASON	The Level of Care authorized with this inpatient detail record.	CHAR	6	0	N
CDE_INP_REVIEW_RSN	The reason that this inpatient detail record was requested, approved, or denied. The reasons available to the user vary depending on whether this record is a request, approval, or denial.	CHAR	6	0	N
ID_STAFF	The staff ID of the person who made the decision.	CHAR	12	0	N
NAM_LAST_STAFF	The last name of the person who made the decision.	CHAR	35	0	N
NAM_FIRST_STAFF	The first name of the person who made the decision.	CHAR	25	0	N
DTE_REQ_INFO_RECD	The date all necessary information required to make a decision was received	DATE	0	0	N
DTE_VERBAL_NOTICE	The date that the verbal of the determination (approved or denied) was verbally given to the provider.	DATE	0	0	N
DTE_WRITTEN_NOTICE	The date that the of the determination (approved or denied) was given, in written form, to the provider.	DATE	0	0	N
DTE_REC_CREATE	The date that the record was created.	DATE	0	0	N
ID_USER_CREATE	The user ID of the person who created the record.	CHAR	12	0	N
NAM_LAST_REC_CREATE	The last name of the person who created the record.	CHAR	35	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_FIRST_REC_CREATE	The first name of the person who created the record.	CHAR	25	0	N
DTE_LAST_UPDATE	The date of the last update.	DATE	0	0	N
ID_USER_LAST_UPDATE	The user ID of the person who last updated the record.	CHAR	12	0	N
NAM_LAST_REC_UPDATE	The last name of the person who last updated the record.	CHAR	35	0	N
NAM_FIRST_REC_UPDATE	The first name of the person who last updated the record.	CHAR	25	0	N

2.13.344 T_PA_ESC

This table contains the error status codes overridden for the specified prior authorization.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PA	This is the system assigned key for the Prior Authorization record.	NUMBER	9	0	Y
SAK_ESC	This is the system assigned key uniquely identifying the error status code overridden on this prior authorization.	NUMBER	9	0	Y
DTE_ESC_ADD	This is the date the error status code was added to this prior authorization.	DATE	0	0	N

2.13.345 T_PA_IAC_TEXT

This represents the IAC codes and descriptions to be associated with Prior Authorization requests.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RC	This is the system assigned key that uniquely defines the reason code.	NUMBER	9	0	Y
CDE_IAC	This is the code that uniquely identifies a reason code used to document Prior Authorization decisions.	CHAR	25	0	N
DSC_IAC	This represents the descriptive text associated with a reason code.	VARCHAR2	500	0	N

2.13.346 T_PA_IAC_XREF

This is a cross-reference table that provides a way to identify all of the IAC codes associated with any Prior Authorization request.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PA	This is the system assigned key for the Prior Authorization record.	NUMBER	9	0	Y
NUM_PA_LINE_ITEM	This represents the Prior Authorization line-item number for the PA record. Each PA record may have up to 10 line-items.	CHAR	2	0	Y
SAK_RC	This is the system assigned key that uniquely identifies a reason code.	NUMBER	9	0	Y
DTE_SENT	This is the date a Prior Authorization notice was sent to the provider and member for either an original PA request or a PA update.	DATE	0	0	N
DSC_IAC	This represents the descriptive text associated with a reason code. PA analysts may add external free-form text as a supplement to the reason code description.	VARCHAR2	500	0	N

2.13.347 T_PA_LINEITEM_STAT

This represents the decision status of a Prior Authorization line-item. For example, this is the decision made on the line-item by a PA analyst.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PA_STATUS	This represents the decision status of a Prior Authorization line-item.	CHAR	1	0	Y
DSC_STATUS	This is the description of the decision status of a Prior Authorization line-item.	CHAR	20	0	N
CDE_STATUS_TYPE	This code indicates the type of decision status (that is approved or denied).	CHAR	1	0	N

2.13.348 T_PA_LINE_ITEM

This represents the line-items (or details) of a Prior Authorization record. There can be up to 10 line-items per PA record.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PA	This is the system assigned key for the Prior Authorization record.	NUMBER	9	0	Y
NUM_PA_LINE_ITEM	This represents the Prior Authorization line-item number for the PA record. Each PA record may have up to 10 line-items.	CHAR	2	0	Y
SAK_DRUG_THERA_CLS	System assigned key used to uniquely identify a Therapeutic Drug Class	NUMBER	9	0	N
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	N
SAK_PROCEDURE_THRU	This is a system assigned key for a unique procedure code ending the procedure code range that is used at the line item level on a PA.	NUMBER	9	0	N
SAK_DRUG	System assigned key for a unique drug	NUMBER	9	0	N
SAK_REVENUE	This identifies the system assigned key for a specific accommodation or ancillary service (revenue code) that is used at the line item level on a PA.	NUMBER	9	0	N
SAK_REVENUE_THRU	System assigned key for a unique revenue code ending the revenue code range for a line item service	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SVC_TYPE	This field represents the type of procedure code being used on a Prior Authorization request. For example, it may be a revenue code (length of 3), HCPC code (length of 5) or an NDC (length of 11).	CHAR	1	0	N
CDE_PROC_MOD	This is the procedure code modifier of the Prior Authorization.	CHAR	2	0	N
CDE_PROC_MOD4	This is the fourth procedure code modifier of the Prior Authorization.	CHAR	2	0	N
DTE_PA_REQ_EFF	This is the requested Prior Authorization start date for the line-item.	DATE	0	0	N
DTE_PA_AUTH_EFF	This is the authorized Prior Authorization start date for the line-item.	DATE	0	0	N
DTE_PA_REQ_END	This is the requested Prior Authorization stop date for the line-item.	DATE	0	0	N
DTE_PA_AUTH_END	This is the authorized Prior Authorization stop date for the line-item.	DATE	0	0	N
CDE_PA_STATUS	This represents the status of a Prior Authorization line-item. Status is used interchangeably with 'decision'.	CHAR	1	0	N
AMT_PA_AUTH	This is the dollar amount authorized for the Prior Authorization line-item service.	NUMBER	9	2	N
AMT_PA_REQ	This is the dollar amount requested for the Prior Authorization line-item service.	NUMBER	9	2	N
QTY_UNT_SVC_ATH	This is the number of units authorized for the Prior Authorization line-item service.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
QTY_UNT_SVC_REQ	This is the number of units requested for the Prior Authorization line-item service.	NUMBER	9	0	N
QTY_FREQ_REQ	Quantity used for Waiver PAs. Requested quantity of service to be consumed within the time period specified in cde_freq_req. Frequency and quantity per frequency are used to calculate total quantity requested for Waivers only. This quantity is displayed on Waiver letters.	NUMBER	9	0	N
QTY_FREQ_AUTH	Quantity used for Waiver PAs. Authorized quantity of service to be consumed within the time period specified in cde_freq_auth. Frequency and quantity per frequency are used to calculate total quantity authorized for Waivers only. The total authorized quantity (qty_unt_svc_ath) is used by claims to determine the authorized amount of a service. This quantity is displayed on Waiver letters	NUMBER	9	0	N
CDE_FREQ_REQ	Code used for Waiver PAs. Requested time period for the use of a service. Code values are: M - Monthly and W - Weekly.	CHAR	1	0	N
CDE_FREQ_AUTH	Code used for Waiver PAs. Authorized time period for the use of a service. Code values are: M - Monthly and W - Weekly.	CHAR	1	0	N
CDE_PROC_MOD2	This is the second procedure code modifier of the Prior Authorization.	CHAR	2	0	N
CDE_PROC_MOD3	This is the third procedure code modifier of the Prior Authorization.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_PA_AUTO_APPRVD	This is the date that a Prior Authorization request was automatically approved.	DATE	0	0	N
CDE_TOOTH	This is the tooth number of the authorized service.	CHAR	2	0	N
CDE_TOOTH_QUAD	This is the tooth quadrant of the authorized service.	CHAR	2	0	N
CDE_PYMT_METHOD	This is the payment method to be used when paying the authorized service.	CHAR	1	0	N
IND_NDC_LOCK	This is used to indicate that service is authorized at the NDC level or GCN sequence number level.	VARCHAR2	20	0	N
NUM_FORMULATION	This contains the gcn sequence number for the NDC.	NUMBER	6	0	N
ID_IMPACT_TAX	This field only applies to Impact Plus PAs created before 11/1/2002. For Impact Plus PAs before 11/1/2002, the provider Medicaid ID on the PA was either '29000015' (DMHMR) or '29000023' (DCBS). The tax ID and sub ID fields were used to track the subcontractor that actually performed the service.	CHAR	9	0	N
ID_IMPACT_SUB	This field only applies to Impact Plus PAs created before 11/1/2002. For Impact Plus PAs before 11/1/2002, the provider Medicaid ID on the PA was either '29000015' (DMHMR) or '29000023' (DCBS). The tax ID and sub ID fields were used to track the subcontractor that actually performed the service.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
cde_synch	Code points to a specific line item on maxMC. It is used for processing only to synch line items between interChange and maxMC	CHAR	25	0	N

2.13.349 T_PA_MEDIA

This represents the media type associated with a Prior Authorization request. The media types for PA requests are telephone, fax and mail.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MEDIA_TYPE	This represents the media type used by the provider or IFSSA when communicating with the Prior Authorization unit. The types of media are telephone, fax and mail.	CHAR	1	0	Y
DSC_MEDIA_TYPE	This represents the description of the media type used by a provider or IFSSA when communicating with the Prior Authorization unit.	CHAR	9	0	N

2.13.350 T_PA_MEMBER_MAXMC

This table contains Patient/Member Record at Case Level from MaxMC

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CASE_REFERENCE	The case level reference number. This is a unique number representing this authorization.	CHAR	25	0	Y
ID_MEDICAID	The patient number.	CHAR	12	0	N
NAM_FIRST	The patient first name.	CHAR	25	0	N
NAM_MID_INIT	The patient middle name.	CHAR	25	0	N
NAM_LAST	The patient last name.	CHAR	30	0	N
NUM_SSN	The patient social security number.	CHAR	11	0	N
CDE_SEX	The patient sex.	CHAR	1	0	N
DTE_BIRTH	The patient date of birth.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_SEQ_BIRTH	The patient birth sequence.	NUMBER	2	0	N
CDE_MRO	The patient relationship code.	CHAR	6	0	N
ID_PLAN	The plan ID.	CHAR	20	0	N
CDE_NETWORK	The network.	CHAR	6	0	N
ID_ORG	The group number.	CHAR	15	0	N
CDE_ORG_TYPE	The group type.	CHAR	6	0	N
ID_ORG_GROUP	The group ID.	CHAR	20	0	N
ID_CLIENT	The client ID.	CHAR	15	0	N
ID_DIVISION	Division ID.	CHAR	15	0	N
CDE_CLIENT_STATE	The client state code.	CHAR	6	0	N
CDE_LOB	The line of business code.	CHAR	6	0	N
CDE_PLAN_TYPE	The plan type.	CHAR	6	0	N
CDE_SERVICE_AREA	The service area.	CHAR	6	0	N
NUM_POLICY	The policy number.	CHAR	30	0	N
CDE_DIAG_PRIM	The primary diagnosis code.	CHAR	7	0	N
CDE_DIAG_ADMIT	The admission diagnosis code.	CHAR	7	0	N
CDE_DIAG_DISCH	The discharge diagnosis code.	CHAR	7	0	N
CDE_DIAG_1	The additional diagnosis 1.	CHAR	7	0	N
DTE_DIAG_1	The additional diagnosis date 1.	DATE	0	0	N
CDE_DIAG_TYPE_1	The additional diagnosis type 1.	CHAR	6	0	N
CDE_DIAG_2	The additional diagnosis 2.	CHAR	7	0	N
DTE_DIAG_2	The additional diagnosis date 2.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DIAG_TYPE_2	The additional diagnosis type 2.	CHAR	6	0	N
CDE_DIAG_3	The additional diagnosis 3.	CHAR	7	0	N
DTE_DIAG_3	The additional diagnosis date 3.	DATE	0	0	N
CDE_DIAG_TYPE_3	The additional diagnosis type 3.	CHAR	6	0	N
CDE_DIAG_4	The additional diagnosis 4.	CHAR	7	0	N
DTE_DIAG_4	The additional diagnosis date 4.	DATE	0	0	N
CDE_DIAG_TYPE_4	The additional diagnosis type 4.	CHAR	6	0	N
CDE_DIAG_5	The additional diagnosis 5.	CHAR	7	0	N
DTE_DIAG_5	The additional diagnosis date 5.	DATE	0	0	N
CDE_DIAG_TYPE_5	The additional diagnosis type 5.	CHAR	6	0	N
CDE_DIAG_6	The additional diagnosis 6.	CHAR	7	0	N
DTE_DIAG_6	The additional diagnosis date 6.	DATE	0	0	N
CDE_DIAG_TYPE_6	The additional diagnosis type 6.	CHAR	6	0	N
CDE_DIAG_7	The additional diagnosis 7.	CHAR	7	0	N
DTE_DIAG_7	The additional diagnosis date 7.	DATE	0	0	N
CDE_DIAG_TYPE_7	The additional diagnosis type 7.	CHAR	6	0	N
CDE_DIAG_8	The additional diagnosis 8.	CHAR	7	0	N
DTE_DIAG_8	The additional diagnosis date 8.	DATE	0	0	N
CDE_DIAG_TYPE_8	The additional diagnosis type 8.	CHAR	6	0	N
CDE_DIAG_9	The additional diagnosis 9.	CHAR	7	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_DIAG_9	The additional diagnosis date 9.	DATE	0	0	N
CDE_DIAG_TYPE_9	The additional diagnosis type 9.	CHAR	6	0	N
CDE_DIAG_10	The additional diagnosis 10.	CHAR	7	0	N
DTE_DIAG_10	The additional diagnosis date 10.	DATE	0	0	N
CDE_DIAG_TYPE_10	The additional diagnosis type 10.	CHAR	6	0	N
ID_PCP	The PCP physician ID.	CHAR	30	0	N
ID_TAX_PCP	the PCP physician tax ID.	CHAR	15	0	N
ID_PCP_ALT	The PCP physician alternate ID.	CHAR	30	0	N
NAM_PCP_LAST	The PCP physician last name.	CHAR	35	0	N
NAM_PCP_FIRST	The PCP physician first name.	CHAR	25	0	N
NAM_PCP	The PCP physician name.	CHAR	50	0	N
ID_GRP	The PCP group ID.	CHAR	30	0	N
ID_TAX_GRP	The PCP group tax ID.	CHAR	15	0	N
ID_GRP_ALT	The PCP group alternate ID.	CHAR	30	0	N
NAM_GRP	The PCP group name.	CHAR	50	0	N
ID_PCP_LOC	The PCP location ID.	CHAR	30	0	N

2.13.351 T_PA_NONMED_PROV

This represents the non-Medicaid requesting and/or performing provider for Prior Authorization for a Medicaid member. The name and address information must be present in order to send this provider a PA notice.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PA	This is the system assigned key for the Prior Authorization record.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
IND_ADDR_TYPE	This indicates if the non-Medicaid provider is the requesting provider, indicated by 'R', or the service provider, indicated by 'S'. Both an 'R' and an 'S' can be on a single PA.	CHAR	1	0	N
NUM_PROV_LIC	This is a provider's license number.	CHAR	10	0	N
NAME	This represents the name of the non-Medicaid provider requesting Prior Authorization.	CHAR	39	0	N
ADR_MAIL_STRT1	This represents Line 1 of the mailing address for the non-Medicaid provider requesting PA.	CHAR	30	0	N
ADR_MAIL_STRT2	This represents Line 2 of the mailing address for the non-Medicaid provider requesting PA.	CHAR	30	0	N
ADR_MAIL_CITY	This represents the mailing address City for the non-Medicaid provider requesting PA.	CHAR	15	0	N
ADR_MAIL_STATE	This represents the mailing address State for the non-Medicaid provider requesting PA.	CHAR	2	0	N
ADR_MAIL_ZIP	This represents the mailing address Zip Code of the non-Medicaid provider requesting PA.	CHAR	5	0	N
ADR_MAIL_ZIP_4	This represents the mailing address 4 digit Zip Code for the non-Medicaid provider requesting the PA.	CHAR	4	0	N
NUM_PHONE	This is the phone number of the non-Medicaid provider requesting Prior Authorization.	CHAR	10	0	N
NUM_PHO_EXT	This is the phone number extension of the non-Medicaid provider requesting Prior Authorization.	CHAR	4	0	N

2.13.352 T_PA_PAUTH_DN

This represents Prior Authorization of specific services for a member.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PA	This is the system assigned key for the Prior Authorization record.	NUMBER	9	0	Y
PRIOR_AUTH_NUM	This is the number assigned by the PA unit to a Prior Authorization request.	CHAR	10	0	N
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
SAK_PA_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
SAK_PROV_LOC	System assigned key for Provider Location.	NUMBER	9	0	N
SAK_PA_SERV_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
SAK_PROV_LOC_2	System assigned key for Provider Location.	NUMBER	9	0	N
SAK_DIAG	System assigned key for the diagnosis.	NUMBER	9	0	N
CDE_PA_ASSIGN	This represents the Prior Authorization assignment code used to batch PA requests.	CHAR	2	0	N
CDE_MEDIA_TYPE	This represents the media type in which Prior Authorization communications are received by EDS. The valid types are mail, telephone and fax.	CHAR	1	0	N
DTE_RECEIVED	This is the date a Prior Authorization request was received by EDS.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
TME_RECEIVED	This is the time that the prior authorization was entered.	NUMBER	8	0	N
DTE_SENT	This is the date a Prior Authorization notice was sent to the provider and member for either an original PA request or a PA update.	DATE	0	0	N
DTE_UPDATE_REC	This is the date that EDS received a Prior Authorization update request from the provider or IFSSA.	DATE	0	0	N
DTE_UPDATE_REV	This is the date that EDS reviewed a Prior Authorization system update request sent in by the provider or IFSSA.	DATE	0	0	N
DTE_REVIEW	This is the date that the prior authorization is assigned for review.	DATE	0	0	N
ID_CLERK	This represents the clerk who enters initial Prior Authorization data upon receipt of a PA request. This person is different than the PA analyst that actually works the PA request.	CHAR	8	0	N
ID_CLERK_REV	This is the id of the clerk assigned to review the prior authorization.	CHAR	8	0	N
ID_CLERK_ENTRY	This is the id of the clerk that entered the prior authorization.	CHAR	8	0	N
DTE_PA_KEYED	This is the date a Prior Authorization request was keyed into the MMIS system.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_LETTER	This is an indicator used to say whether a PA notice is to be mailed to the provider, whether it is batch or on-demand.	CHAR	1	0	N
IND_EMERG	This indicator is used to identify the authorization as an emergency 72-hour supply of drugs.	CHAR	1	0	N
CDE_FIN_FUND	This is the fund code to be assigned for payment of the authorized service.	CHAR	3	0	N
IND_MANAGE_CARE	This field indicates whether a member participates in Managed care.	CHAR	1	0	N
IND_PMP	This field indicates whether a provider participates in Managed care.	CHAR	1	0	N
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	N
IND_ACCIDENT	Indicates if prior authorization request is the result of member involvement in an accident. Valid values are "Y" or "N".	CHAR	1	0	N
IND_SPECIAL_CONSID	Indicates if there are special considerations concerning the prior authorization request. Valid values are "Y" or "N".	CHAR	1	0	N
CDE_SERV_PROV_CHK	Type of Service Provider validation. Possible Values: S - Service Location N - NPI B - Base Provider A - All Service Providers	CHAR	1	0	N
ID_CASE	The Case Number groups service/prior authorizations for an episode of care. The number is generated by maxMc.	CHAR	25	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ORTHO_STATUS	Code used in the Orthodontic Case Tracking process. The Status code is updated to indicate that appropriate documentation has been submitted by a provider or there are circumstances where treatment has been delayed. Based on the status, reminder letters are generated and reporting of overdue documentation. Valid values are: space on initial entry C = Complete I = In Progress P = Prorated H = Hold L = Lump Sum.	CHAR	1	0	N

2.13.353 T_PA_SVC_LVL_MAXMC

This table contains Service Record - One record per service line on the authorization from MaxMC.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CASE_REFERENCE	The case level reference number. This is a unique number representing this authorization.	CHAR	25	0	Y
NUM_SEQUENCE	The service sequence number.	NUMBER	3	0	Y
NUM_SVC_REFERENCE	The service level reference number (links this service record to the case-level authorization record).	CHAR	25	0	N
PRIOR_AUTH_NUM_2	The secondary service level authorization number.	CHAR	10	0	N
PRIOR_AUTH_NUM	The primary service level authorization number.	CHAR	25	0	N
CDE_STATUS	Status of authorization.	CHAR	6	0	N
CDE_DET_REASON	Status determination reason code.	CHAR	6	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_STF_RECORD_BY	The staff ID of the person who recorded the status.	CHAR	12	0	N
NAM_STF_RECORD_LAST	The last name of the person who recorded the status.	CHAR	35	0	N
NAM_STF_RECORD_FIRST	The first name of the person who recorded the status.	CHAR	25	0	N
ID_STF_DETERM_BY	The staff ID of the person who determined the status.	CHAR	12	0	N
NAM_STF_DETER_LAST	The last name of the person who determined the status.	CHAR	35	0	N
NAM_STF_DETER_FIRST	The first name of the person who determined the status.	CHAR	25	0	N
CDE_SVC	The service code.	CHAR	6	0	N
CDE_SVC_TYPE	The service type code.	CHAR	6	0	N
CDE_POS_REQ	The requested place of service code.	CHAR	6	0	N
ID_PROV_REQ	The requested physician ID.	CHAR	30	0	N
PROV_TYPE_REQ	The requested physician type.	CHAR	6	0	N
PROV_TAX_ID_REQ	The requested physician tax ID.	CHAR	15	0	N
ID_PROV_ALT_REQ	The requested physician alternate ID.	CHAR	30	0	N
NAM_LAST_REQ	The requested physician last name.	CHAR	35	0	N
NAM_FIRST_REQ	The requested physician first name.	CHAR	25	0	N
ID_PROV_FAC_REQ	The requested facility/vendor ID.	CHAR	30	0	N
FAC_PROV_TYPE_REQ	The requested facility/vendor type.	CHAR	6	0	N
FAC_PROV_TAX_ID_REQ	The requested facility/vendor tax ID.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_ALT_FAC_REQ	The requested facility/vendor alternate ID.	CHAR	30	0	N
NAM_FAC_REQ	The requested facility/vendor name.	CHAR	50	0	N
ID_FAC_LOC_REQ	The requested facility/vendor location ID.	CHAR	30	0	N
ID_FAC_CITY_REQ	The requested facility city.	CHAR	30	0	N
CDE_FAC_ST_REQ	The requested facility state.	CHAR	6	0	N
IND_FAC_NW_REQ	The requested facility in network flag.	CHAR	1	0	N
ID_PROC_CDE_LOW_REQ	The requested procedure code low value.	CHAR	11	0	N
ID_PROC_CDE_HIGH_REQ	The requested procedure code high value.	CHAR	11	0	N
CDE_PROC_TYPE_REQ	The requested procedure code type.	CHAR	6	0	N
CDE_REQ_PROC_MOD_1	The requested CPT Modifier 1.	CHAR	2	0	N
CDE_REQ_PROC_MOD_2	The requested CPT Modifier 2.	CHAR	2	0	N
CDE_REQ_PROC_MOD_3	The requested CPT Modifier 3.	CHAR	2	0	N
CDE_REQ_PROC_MOD_4	The requested CPT Modifier 4.	CHAR	2	0	N
CDE_REQ_PROC_MOD_5	The requested CPT Modifier 5.	CHAR	2	0	N
AMT_RATE_REQ	The requested rate for service/procedure.	NUMBER	12	0	N
AMT_COST_REQ	The requested total cost for service/procedure.	NUMBER	12	0	N
QTY_TOTAL_REQ	The requested total quantity for service/procedure.	NUMBER	12	0	N
DTE_SVC_BEGIN_REQ	The requested service begin date.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_SVC_END_REQ	The requested service end date.	DATE	0	0	N
NUM_DAYS_REQ	The requested days between begin and end date.	NUMBER	3	0	N
CDE_QTY_QUAL_REQ	The default quantity unit of measure (from X.12N). DY = Days FL = Units HS = Hours MN = Minutes VS = Visits	CHAR	2	0	N
QTY_DEFAULT_REQ	The default quantity.	NUMBER	12	0	N
CDE_FREQ_QUAL_REQ	The timeframe in which services will be rendered (from X12N). DA = Day MO = Month WK = Week	CHAR	2	0	N
FREQ_REQ	The number of time frame units (per XX days).	NUMBER	12	0	N
CDE_DUR_QUAL_REQ	The time period for which services will be continued (X12N).	CHAR	2	0	N
DUR_REQ	The number of time periods.	NUMBER	3	0	N
IND_INP_REQ	Does the requested place of service profile indicate an inpatient setting? Y=Yes, N=No.	CHAR	1	0	N
CDE_POS_AUTH	The authorized place of service code.	CHAR	6	0	N
ID_PROV_AUTH	The authorized physician ID.	CHAR	30	0	N
PROV_TYPE_AUTH	The authorized physician type.	CHAR	6	0	N
PROV_TAX_ID_AUTH	The authorized physician tax ID.	CHAR	15	0	N
ID_PROV_ALT_AUTH	The authorized physician alternate ID.	CHAR	30	0	N
NAM_LAST_AUTH	The authorized physician last name.	CHAR	35	0	N
NAM_FIRST_AUTH	The authorized physician first name.	CHAR	25	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_FAC_AUTH	The authorized facility/vendor ID.	CHAR	30	0	N
FAC_PROV_TYPE_AUTH	The authorized facility/vendor type.	CHAR	6	0	N
FAC_PROV_TAX_ID_AUTH	The authorized facility/vendor tax ID.	CHAR	15	0	N
ID_PROV_ALT_FAC_AUTH	The authorized facility/vendor alternate ID.	CHAR	30	0	N
NAM_FAC_AUTH	The authorized facility/vendor name.	CHAR	50	0	N
ID_FAC_LOC_AUTH	The authorized facility/vendor location ID.	CHAR	30	0	N
ID_FAC_CITY_AUTH	The authorized facility city.	CHAR	30	0	N
CDE_FAC_ST_AUTH	The authorized facility state.	CHAR	6	0	N
IND_FAC_NW_AUTH	The authorized facility in network flag.	CHAR	1	0	N
ID_PROC_CDE_LOW_AUTH	The authorized procedure code low value.	CHAR	11	0	N
ID_PROC_CDE_HIGH_AUTH	The authorized procedure code high value.	CHAR	11	0	N
CDE_PROC_TYPE_AUTH	The authorized procedure code type.	CHAR	6	0	N
CDE_AUTH_PROC_MOD_1	The authorized CPT modifier 1.	CHAR	2	0	N
CDE_AUTH_PROC_MOD_2	The authorized CPT modifier 2.	CHAR	2	0	N
CDE_AUTH_PROC_MOD_3	The authorized CPT modifier 3.	CHAR	2	0	N
CDE_AUTH_PROC_MOD_4	The authorized CPT modifier 4.	CHAR	2	0	N
CDE_AUTH_PROC_MOD_5	The authorized CPT modifier 5.	CHAR	2	0	N
AMT_RATE_AUTH	The authorized rate for service/procedure.	NUMBER	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_COST_AUTH	The total cost for service/procedure.	NUMBER	12	0	N
QTY_TOTAL_AUTH	The total quantity for service/procedure.	NUMBER	12	0	N
DTE_SVC_BEGIN_AUTH	The authorized service begin date.	DATE	0	0	N
DTE_SVC_END_AUTH	The authorized service end date.	DATE	0	0	N
NUM_DAYS_AUTH	The authorized days between begin and end dates.	NUMBER	3	0	N
CDE_QTY_QUAL_AUTH	The default quantity qualifier (X12N).	CHAR	2	0	N
QTY_DEFAULT_AUTH	The default quantity.	NUMBER	12	0	N
CDE_FREQ_QUAL_AUTH	The timeframe in which services will be rendered (X12N).	CHAR	2	0	N
NUM_FREQ_AUTH	The number of timeframe units (per XX days).	NUMBER	12	0	N
CDE_DUR_QUAL_AUTH	The time period for which services will be continued (X12N).	CHAR	2	0	N
DUR_AUTH	The number of time periods.	NUMBER	3	0	N
IND_INP_AUTH	Does the authorized place of service profile indicate an inpatient setting? Y=Yes, N=No.	CHAR	1	0	N
PERCENT_AUTH	The percent authorized.	NUMBER	4	0	N
CDE_POS_CHANGE	The cost savings reason for place of service change.	CHAR	6	0	N
CDE_PROC_CHANGE	The cost savings reason for procedure code change.	CHAR	6	0	N
CDE_QTY_CHANGE	The cost savings reason for quantity change.	CHAR	6	0	N
CDE_RATE_CHANGE	The cost savings reason for rate change.	CHAR	6	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_DIFF	The difference between cost requested and cost authorized.	NUMBER	12	0	N
QTY_DIFF	The difference between quantity requested and quantity authorized.	NUMBER	8	0	N
IND_SVC_APPEAL	Was this component appealed? Y=Yes, N=No.	CHAR	1	0	N
IND_IN_NW_PHYS	Was in network overridden for physician? Y=Yes, N=No.	CHAR	1	0	N
IND_IN_NW_FAC	Was in network overridden for facility? Y=Yes, N=No.	CHAR	1	0	N
DTE_ALL_INFO_RECD	The date that site received all information.	DATE	0	0	N
DTE_VERBAL_NOTICE	The date that verbal notice of determination was given.	DATE	0	0	N
DTE_WRITTEN_NOTICE	The date that written notice of determination was given.	DATE	0	0	N
DTE_REC_CREATE	The date that the record was created.	DATE	0	0	N
ID_USER_REC_CREATE	The user ID of the person who created the record.	CHAR	12	0	N
NAM_LAST_REC_CREATE	The last name of the person who created the record.	CHAR	35	0	N
NAM_FIRST_REC_CREATE	The first name of the person who created the record.	CHAR	25	0	N
DTE_LAST_UPDATE	The date of the last update.	DATE	0	0	N
ID_USER_LAST_UPDATE	The user ID of the person who last updated the record.	CHAR	12	0	N
NAM_LAST_REC_UPDATE	The last name of the person who last updated the record.	CHAR	35	0	N
NAM_FIRST_REC_UPDATE	The first name of the person who last updated the record.	CHAR	25	0	N
SVC_NOTE	The service notes.	VARCHAR2	2000	0	N

2.13.354 T_PE_APPLICANTS

Presumptive Eligibility Applicants.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_SSN	Member's Social Security number	CHAR	9	0	N
NAM_LAST	Member's Last Nam	VARCHAR2	15	0	N
NAM_FIRST	Member's First Name	VARCHAR2	9	0	N
ADR_LINE_1	Member's Street Address	VARCHAR2	22	0	N
ADR_CITY	Member's City	VARCHAR2	18	0	N
ADR_STATE	Member's State	CHAR	2	0	N
ADR_ZIP	Member's Zip Code	CHAR	5	0	N
CDE_COUNTY_PE	County Code	CHAR	3	0	N
NUM_PHONE	Member's Telephone Number	VARCHAR2	10	0	N
NUM_DAY_PHONE	Member's Daytime Telephone Number	VARCHAR2	10	0	N
DTE_DOB	Member's Date of Birth	DATE	0	0	N
CDE_SEX_PE	Member's Gender	CHAR	1	0	N
CDE_RACE_PE	Member's Race Code	CHAR	2	0	N
CDE_MARITAL_PE	Member's Marital Status	CHAR	1	0	N
ADR_MAIL_LINE_1	Member's Mailing Street Address	VARCHAR2	22	0	N
ADR_MAIL_CITY	Member's Mailing City Address	VARCHAR2	18	0	N
ADR_MAIL_STATE	Member's Mailing State Address	CHAR	2	0	N
ADR_MAIL_ZIP	Member's Mailing Zip Code	CHAR	5	0	N
DTE_DUE	Member's Due Date	DATE	0	0	N
MULTIPLE_PREGNANCY	Number of Multiple Pregnancies	NUMBER	2	0	N
NUM_OF_PREGNANCIES	Number of Pregnancies	NUMBER	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
REF_TO_WIC	WIC Reference Number	NUMBER	2	0	N

2.13.355 T_PE_BCCTP_TEMP

Column Name	Description	Type	Length	Precision	Primary Key
NAM_LAST	Member's Last Name	VARCHAR2	15	0	N
NAM_FIRST	Member's First Name	VARCHAR2	9	0	N
NUM_SSN	Member's Social Security Number	CHAR	9	0	N
DTE_DOB	Member's Date of Birth	DATE	0	0	N
CNTY_OF_REFERAL	Member's County of Referral	CHAR	3	0	N
CONDITION_DIAGNOSED	Diagnoses of the Member's Condition	CHAR	2	0	N
DTE_PF_REFERRAL	PF Referral Date	DATE	0	0	N

2.13.356 T_PE_CDE_TRANSACTIONAL

Presumptive Eligibility Transaction Code

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TRANSACTION_PE	PE Transaction Code,	NUMBER	5	0	N
DSC_TRANSACTION_PE	PE Transaction Code Description	VARCHAR2	25	0	N

2.13.357 T_PE_INCOME

Presumptive Eligibility Member Income.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_SSN	Member's Social Security Number,	CHAR	9	0	N
NUM_FAMILY_MEMBERS	Number of Family Members,	NUMBER	10	0	N
AMT_FAMILY_INCOME	Family Income Amount	VARCHAR2	6	0	N

2.13.358 T_PE_MEMBERS

Presumptive Eligibility Member Table.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_SSN	Member Social Security number	CHAR	9	0	N
CHECK_DIGIT	Check Digit	CHAR	1	0	N
NUM_CASE	Number used to identify a group of recipients that are in a case	VARCHAR2	10	0	N
NAM_CASE	The Case Name	VARCHAR2	25	0	N
CDE_PROGRAM_PE	Identifies the type of aid for which a member is eligible.	CHAR	2	0	N
CDE_RECIP_STATUS	The member's status	CHAR	2	0	N
CDE_RECIP_IMID_PE	The relationship indicator.	CHAR	2	0	N
DTE_ELIG_BEG	Date the member was eligible	DATE	0	0	N
DTE_ELIG_END	Date the Eligibility Ended	DATE	0	0	N
MANAGED_CARE	Manage Care Number	VARCHAR2	10	0	N

2.13.359 T_PE_PROVIDERS

Presumptive Eligibility Provider Table

Column Name	Description	Type	Length	Precision	Primary Key
NUM_PROV	Provider number	CHAR	15	0	N
NAM_PROV_LAST	Provider's Last Name	VARCHAR2	20	0	N
NAM_PROV_FIRST	Provider's First Name	VARCHAR2	19	0	N
ADR_PROV_LINE_1	Provider's Street Address	VARCHAR2	25	0	N
ADR_PROV_CITY	Provider's City	VARCHAR2	18	0	N
ADR_PROVIDER_STATE	Provider's State	CHAR	2	0	N
ADR_PROVIDER_ZIP	Provider's Zip	CHAR	9	0	N

2.13.360 T_PE_TPL

Presumptive Eligibility Third Party Liability Table

Column Name	Description	Type	Length	Precision	Primary Key
NUM_SSN	Social Security Number	CHAR	9	0	N
NUM_POLICY	TPL Policy Number	VARCHAR2	15	0	N
NAME_OF_PLAN	Name of Plan	VARCHAR2	20	0	N
NAM_INS_CARRIER	Name of Insurance Carrier	VARCHAR2	25	0	N
NUM_GROUP	Policy Group Name	VARCHAR2	15	0	N

2.13.361 T_PE_TRANSACTIONS

Column Name	Description	Type	Length	Precision	Primary Key
ID_TRANSACTION	Transaction ID	NUMBER	10	0	N
ID_USER	User ID	VARCHAR2	10	0	N
CDE_TRANSACTION_PE	Transaction code	NUMBER	5	0	N
DTE_TRANSACTION_START	Transaction Start Date	DATE	0	0	N
DTE_MAINFRAME_START	Mainframe Start Date	DATE	0	0	N
DTE_TRANSACTION_END	Transaction End Date	DATE	0	0	N
DTE_MAINFRAME_END	Mainframe End Date	DATE	0	0	N
CDE_RETURN_PE	Return Code	CHAR	2	0	N
TRANSACTION_SENT	Transaction Sent Code	NUMBER	2	0	N
NUM_PROVIDER	Provider Number	CHAR	15	0	N
CDE_CONFIRMATION_PE	Confirmation Code	VARCHAR2	10	0	N
NUM_SSN	Social Security Code	CHAR	9	0	N
FUNCTION	Function	CHAR	2	0	N
ID_MEMBER	Member ID	CHAR	12	0	N
IND_UPDATE_FLAG	Update Indicator	CHAR	1	0	N

2.13.362 T_PHS_CLAIM

The total number of pharmacy claims paid to a Public Health Service provider must be counted and stored on a quarterly basis.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System assigned key that uniquely identifies a provider service location.	NUMBER	9	0	Y
DTE_QUARTER	The calendar quarter and year of the invoice period for which PHS pharmacy claims are being counted	NUMBER	9	0	Y
CLMS_BILLED	The accumulated total number of claims extracted out of the quarterly invoice for the PHS provider/entity number	NUMBER	9	0	N

2.13.363 T_PHS_DATES

A list of valid start dates and/or end dates for each occurrence of a Public Health Service provider.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System assigned key that uniquely identifies a provider service location.	NUMBER	9	0	Y
SAK_SHORT	System Assigned Key used to uniquely identify an occurrence	NUMBER	4	0	Y
DTE_EFFECTIVE	The date that the PHS provider became eligible to participate in the Kentucky Medicaid program	DATE	0	0	N
DTE_END	The date the PHS provider is no longer enrolled in Kentucky Medicaid program	DATE	0	0	N

2.13.364 T_PHS_ENTITY

This table provides the descriptions for the Public Health Services (PHS) entity types.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PHS_TYPE	Value used to identify the classification of the Public Health Service (PHS) provider	CHAR	9	0	N
DSC_PHS_TYPE	A description of the 'cde_phs_type' field	CHAR	50	0	N

2.13.365 T_PHS_PROVIDER

The information kept about Public Health Service (PHS) agencies in the state of Kentucky who provide pharmacy services and are enrolled as active providers in the State Medicaid program. PHS providers who provide pharmacy services receive rebates from drug labelers, and their Medicaid claims are therefore exempt from drug rebate reimbursement.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System assigned key that uniquely identifies a provider service location.	NUMBER	9	0	Y
NAME	The name of the Medicaid provider/entity name as identified on the PHS dataset files. These files are sent to EDS by HCFA on the quarterly drug rebate tapes.	CHAR	50	0	N
CDE_PHS_TYPE	Value used to identify the classification of the Public Health Service (PHS) provider	CHAR	9	0	N

2.13.366 T_PLACE_OF_SERVICE

Location where medical services were provided.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_POS	Place of medical assistance service code.	CHAR	2	0	Y
DSC_POS	Description of place where medical assistance service is performed.	CHAR	50	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_PROC_IN_EXCLUD	Indicates whether the associated list of procedure codes is valid or invalid for the place of service.	CHAR	1	0	N
IND_DIAG_IN_EXCLUD	Indicates whether the associated list of diagnosis codes is valid or invalid for the place of service.	CHAR	1	0	N

2.13.367 T_PMP_PANEL_SIZE

Contains the maximum number of managed care members a PMP is willing to accept. Current policy states that the panel size can only be adjusted annually.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PMP_SER_LOC	The unique system assigned key to identify a Primary Medical Provider's service location.	NUMBER	9	0	Y
DTE_EFFECTIVE		DATE	0	0	N
DTE_END	The date that the PMP panel size is no longer valid for a PMP.	DATE	0	0	N
NUM_MAX_RECIPS	This field contains the maximum number of members allowed for a Primary Medical Provider.	NUMBER	9	0	N

2.13.368 T_PMP_SVC_LOC

This is the individual Primary Medical Provider (PMP) information. The service location identifies the various locations where a provider does business. The PMP service location contains PMP specific information for a service location.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PMP_SER_LOC	The unique system assigned key to identify a Primary Medical Provider's service location.	NUMBER	9	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	N
SAK_PROV_PGM	This is the system assigned key to the provider enrollment program.	NUMBER	9	0	N
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	N
DTE_EFFECTIVE	This is the effective date for PMP for this managed care program and service location. Used to signify the start of a span or period of participation in the Managed Care program.	DATE	0	0	N
DTE_END	This is the end date for PMP for this managed care program and service location. Used to signify the end of a span or period of participation in the Managed Care program.	DATE	0	0	N
SAK_PMP_FOCUS	Unique identifier for the focus.	NUMBER	9	0	N
CDE_AGE_RESTR	Identifies the age restrictions that this PMP has selected for this service location. AA - No age restrictions BB - Age 0 - 12 years CC - Age 13 - 20 years DD - Age 21 and Over EE - Age 0 - 20 years FF - Age 13 and Over	CHAR	2	0	N
NUM_PHO_24_HOUR	This is the 24 hour availability phone number for the provider in the format area code + prefix + suffix.	CHAR	10	0	N
NUM_PHO_EXT	A phone number extension for the 24 hour phone number.	CHAR	4	0	N
IND_SPEC_COND	Indicates whether the PMP offers special services at this location for special patient conditions.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_FMLY_PRAC	Indicates whether a PMP accepts entire families in their practice.	CHAR	1	0	N
IND_OBSTETRICS	Indicates whether a PMP provides obstetric services in their practice.	CHAR	1	0	N
IND_WOMEN_ONLY	Indicates whether the provider only accepts women as Managed Care members.	CHAR	1	0	N
CDE_FILE_FORMAT	This column controls if the PMP receives electronic file or paper reports.	CHAR	1	0	N
NUM_ACT_PANEL	This is the number of members currently assigned to the PMP service location.	NUMBER	9	0	N
NUM_FUTURE_PANEL	The number of Future Panels	NUMBER	9	0	N

2.13.369 T_POLICY_HOLDER

The policyholder table contains information about the policyholder of a policy. A policyholder may hold a policy which covers multiple members. Keeping this data on a separate table allows the data to be maintained once instead of for each member covered by the policy. If the policyholder is also a member, the policyholder data is obtained from the member table; no policyholder record would be created.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_POL_HOLD	This is the system assigned key for the TPL policyholder. This key is used to uniquely identify the policyholder internally to the system and is also used on all screens and reports as Policyholder Id.	NUMBER	9	0	Y
NAM_LAST	This is the last name of the policyholder. It is used to send correspondence to the policyholder.	CHAR	15	0	N
NAM_FIRST	This is the first name of the policyholder. It is used to send correspondence to the policyholder.	CHAR	13	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_MID_INIT	This is the middle initial of the policyholder. It is used to send correspondence to the policyholder.	CHAR	1	0	N
ADR_MAIL_STRT1	This is the street address of the policyholder. It is used to send correspondence to the policyholder.	CHAR	55	0	N
ADR_MAIL_STRT2	This is the second street address of the policyholder. It is used to send correspondence to the policyholder.	CHAR	55	0	N
ADR_MAIL_CITY	This is the city of the policyholder. It is used to send correspondence to the policyholder.	CHAR	30	0	N
ADR_MAIL_STATE	This is the state of the policyholder. It is used to send correspondence to the policyholder.	CHAR	2	0	N
ADR_MAIL_ZIP	This is the first 5 digits of the zip code of the policyholder. It is used to send correspondence to the policyholder.	CHAR	15	0	N
ADR_MAIL_ZIP_4	This is the last 4 digits of the zip code of the policyholder. It is used to send correspondence to the policyholder.	CHAR	4	0	N
NUM_SSN	This is the social security number of the policyholder.	CHAR	9	0	N
DTE_BIRTH	This is the birth date of the policyholder.	DATE	0	0	N
NUM_PHONE	This is the phone number for the policyholder.	CHAR	15	0	N
NUM_PHO_EXT	This is the phone number extension for the policyholder.	CHAR	6	0	N
NUM_FAX	This is the fax number for the policyholder.	CHAR	15	0	N
CDE_COUNTRY	This is the country code for the policyholder.	CHAR	2	0	N

2.13.370 T_POLICY_TYPE

This table identifies the possible values for TPL policy type.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_POLICY_TYPE	This code identifies the type of insurance policy that the member is covered under.	CHAR	1	0	Y
POLICY_TYPE_DSC	Identifies the descriptive name for a TPL policy type.	CHAR	30	0	N
IND_DISENROLL	Indicates whether the policy type should trigger disenrollment from managed care.	CHAR	1	0	N

2.13.371 T_PRICING_IND

Pricing indicator specifies the payment methodology that should be applied or was applied when determining the payment to be made to a provider for providing a service (procedure).

Column Name	Description	Type	Length	Precision	Primary Key
IND_PRICING	Pricing indicator which dictates the method by which a procedure must be priced or indicates how a claim detail was priced.	CHAR	6	0	Y
DSC_25	Text description of the pricing indicator.	CHAR	25	0	N
IND	Indicates if the pricing indicator value is applicable for HCPC procedures. A value of "Y" signifies the indicator is valid for HCPC procedures and "N" says it is not.	CHAR	1	0	N

2.13.372 T_PROC

CPT4 or HCPCS procedure and its descriptions. Procedures are assigned codes that uniquely identify the service performed.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
CDE_PROC	Code used to identify a medical, dental, or DME procedure.	CHAR	6	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_PROCEDURE	A short medical description of a specific, singular medical or dental service which is performed for the express purpose of identification or treatment of the patient's condition.	CHAR	40	0	N
DSC_LONG	A long medical description of a specific, singular medical or dental service which is performed for the express purpose of identification or treatment of the patient's condition.	VARCHAR2	4000	0	N
DSC_EOMB	Explanation of Medical Benefits description used on Member EOMB.	CHAR	30	0	N
DTE_HCFA_ADD	Defined by HCFA as the date the HCPCS code was added to the HCFA common procedure coding system.	DATE	0	0	N
DTE_HCFA_TERM	Defined by HCFA as the last date for which a procedure code may be used by Medicare providers.	DATE	0	0	N
CDE_MC_SVC_CLASS	The service class indicates the type of services provided.	CHAR	2	0	N
DSC_LAY	Description of the code in layman terms.	VARCHAR2	100	0	N
CDE_CMS_TOS	The carrier assigned CMS type of service which describes the particular kind(s) of service represented by the procedure code	CHAR	1	0	N
CDE_MCAR_COVRG	A code denoting Medicare coverage status	CHAR	1	0	N

2.13.373 T_PROC_ASC

Ambulatory Surgical Center code assigned to a procedure. The ASC code is used to determine the ASC rate paid on a claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
CDE_ASC	This number indicates the ambulatory surgical center group.	CHAR	2	0	Y
DTE_EFFECTIVE	The date a ASC code assignment for a procedure becomes effective for claims processing.	DATE	0	0	Y
DTE_END	The date a ASC code assignment for a procedure is no longer in effect for claims processing.	DATE	0	0	N

2.13.374 T_PROC_CONV_FACTOR

Total Base RVU for a procedure is multiplied by conversion factor to obtain the base fee schedule payment amount during RBRVS pricing calculation. This entity allows the assignment of a procedure specific conversion factor to be used in place of the "system-wide" conversion factor.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROC_FROM	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
SAK_PROC_TO	System assigned key used to uniquely identify a procedure. This is the upper end of procedure range.	NUMBER	9	0	Y
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	Y
DTE_EFFECTIVE	The date a procedure conversion factor becomes valid for use in claims processing.	DATE	0	0	Y
DTE_END	The date a conversion factor is no longer valid for claims processing.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_CONV_FACTOR	Multiplier which transforms relative values into payment amounts during RBRVS pricing calculations.	NUMBER	9	4	N

2.13.375 T_PROC_GROUP

Groups procedure codes by procedure type. This will be used by various parts of the system for different processing methodologies.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROC_TYPE	System assigned key for a unique procedure type, that represents a single or collection of procedures.	NUMBER	9	0	Y
SAK_PROCEDURE_FROM	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
SAK_PROCEDURE_TO	System assigned key used to uniquely identify a procedure upper limit.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date that the procedure code is to become effective for the procedure type in claims processing.	DATE	0	0	Y
DTE_END	The last date that the procedure code is in effect for the procedure type in claims processing.	DATE	0	0	N

2.13.376 T_PROC_ICD9

Surgical or diagnostic procedure and its descriptions. Procedures are assigned codes that are used to identify the service performed.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROC_ICD9	System assigned key used to uniquely identify an ICD-9-CM procedure.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROC_ICD9	Code which indicates a specific, surgical or diagnostic procedure which is performed for the express purpose of identification or treatment of the patient's condition.	CHAR	4	0	N
DSC_PROCEDURE	A short medical description of a specific, surgical or diagnostic procedure which is performed for the express purpose of identification or treatment of the patient's condition.	CHAR	40	0	N
DSC_LONG	A long medical description of a specific, surgical or diagnostic procedure which is performed for the express purpose of identification or treatment of the patient's condition.	CHAR	250	0	N
CDE_CLASS	Describes the operative or non operative class of a procedure. 1 = Class 1, surgery, 2 = Class 2, significant procedure, 3 = Class 3 significant procedure, 4 = Class 4, other	CHAR	1	0	N
CDE_MC_SVC_CLASS	The service class indicates the type of services provided.	CHAR	2	0	N
DSC_LAY	Description of the code in layman terms.	VARCHAR2	100	0	N

2.13.377 T_PROC_ICD9_DIA

Diagnosis restrictions for an ICD-9-CM procedure. These restrictions will list diagnosis codes that the procedure is either restricted to (include) or restricted from (exclude).

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROC_ICD9	System assigned key used to uniquely identify a ICD-9-CM procedure.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DIAG_FROM	System assigned key of the lower limit of a range of diagnosis codes.	NUMBER	9	0	N
SAK_DIAG_TO	System assigned key of the upper limit of a range of diagnosis codes.	NUMBER	9	0	N
DTE_EFFECTIVE	The date a range of diagnosis restrictions becomes effective.	DATE	0	0	N
DTE_END	The date a range of diagnosis restrictions is no longer in effect.	DATE	0	0	N
CDE_DIAG_FROM	The code identifying the diagnosis that is the lower limit of a range of diagnosis codes which will be used to restrict an ICD-9-CM procedure to a diagnosis.	CHAR	5	0	N
CDE_DIAG_TO	The code identifying the diagnosis that is the upper limit of a range of diagnosis codes which will be used to restrict an ICD-9-CM procedure to a diagnosis.	CHAR	5	0	N
IND_IN_EXCLUDE	Indicator identifying whether the specified range of diagnosis codes should be included or excluded from the procedure during claims processing.	CHAR	1	0	N

2.13.378 T_PROC_ICD9_GROUP

Groups ICD 9 CM procedure codes by procedure type. This will be used by various parts of the system for different processing methodologies.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROC_ICD9_FROM	System Assigned Key used to uniquely identify the upper range of an ICD 9 CM procedure grouping.	NUMBER	9	0	Y
SAK_SHORT_ICD9_TYP	System assigned key for a unique procedure type, that represents a collection of procedures. NUMBER	NUMBER	4	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROC_ICD9_TO	System Assigned Key used to uniquely identify the lower range of an ICD 9 CM procedure grouping.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date that the ICD 9 CM procedure code is to become effective for the ICD 9 CM procedure type in claims processing.	DATE	0	0	Y
DTE_END	The last date that the ICD 9 CM procedure code is in effect for the ICD 9 CM procedure type in claims processing.	DATE	0	0	N

2.13.379 T_PROC_ICD9_LIM

Describes the limitations and restrictions that will be applied to an ICD-9-CM procedure during claims processing.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	Y
SAK_PROC_ICD9	System assigned key used to uniquely identify an ICD-9-CM procedure.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date procedure limitations become effective for claims processing.	DATE	0	0	Y
DTE_END	The date procedure limitations become invalid (no longer active) for claims processing.	DATE	0	0	N
IND_COVERED	An indicator used to denote whether an ICD-9-CM procedure is a covered procedure.	CHAR	1	0	N
IND_OPER_ROOM	Used to indicate whether a procedure requires the use of an operating room.	CHAR	1	0	N
IND_ATTACHMENT	Indicates if a special report is necessary for claims processing.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SEX	The member gender that a procedure may be valid for. Valid values are M, F, or blank.	CHAR	1	0	N
CDE_NONSPEC	Identifies an ICD-9-CM procedure as a nonspecific procedure. Nonspecific procedures are used by providers when more precise information is not obtainable.	CHAR	1	0	N
CDE_BIOPSY	Identifies an ICD-9-CM procedure as a biopsy. (O) - Open, (C) - Closed or blank - not applicable.	CHAR	1	0	N
CDE_BI_SURG	Identifies the ICD-9-CM procedure as a bilateral procedure.	CHAR	1	0	N
QTY_AGE_MIN	The minimum age a member may be to receive the procedure.	NUMBER	4	0	N
QTY_AGE_MAX	The maximum age a member may be to receive the procedure.	NUMBER	4	0	N

2.13.380 T_PROC_ICD9_TYPE

A procedure ICD 9 CM type is associated with a group of ICD 9 CM procedure codes. Used to identify ICD 9 CM procedure codes for use in certain processing methodologies.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SHORT_ICD9_TYP	System assigned key for a unique procedure type, that represents a collection of procedures. NUMBER	NUMBER	4	0	Y
DSC_25	Describes the ICD 9 CM procedure type.	CHAR	25	0	N
DSC_DEFINITION	Definition of where and/or how this ICD-9-CM procedure group is used.	VARCHAR2	4000	0	N

2.13.381 T_PROC_LIMITS

CPT4 or HCPCS procedure restrictions and the effective dates of the restrictions.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date procedure limitations become effective for claims processing.	DATE	0	0	Y
DTE_END	The date procedure limitations become invalid (no longer active) for claims processing.	DATE	0	0	N
IND_LIFETIME	Indicates if a procedure can only occur once in the lifetime of a member.	CHAR	1	0	N
IND_FAM_PLAN	Indicates if a medical procedure is related to family planning.	CHAR	1	0	N
IND_PREGNANCY	Indicates if a medical procedure is related to a pregnancy.	CHAR	1	0	N
IND_CLIA	Indicates if a procedure requires CLIA certification.	CHAR	1	0	N
IND_ATTACHMENT	Indicates whether attachments are required for the procedure.	CHAR	1	0	N
CDE_SEX	The member gender that a procedure may be valid for. Valid values are M, F, or blank.	CHAR	1	0	N
QTY_AGE_MIN	The minimum age a member may be to receive the procedure.	NUMBER	4	0	N
QTY_AGE_MAX	The maximum age a member may be to receive the procedure.	NUMBER	4	0	N
QTY_UNITS_MIN	The minimum number of units that may be billed for the procedure.	NUMBER	9	0	N
QTY_UNITS_MAX	The maximum number of units that may be billed for the procedure	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_CONFIDENTIAL	Indicates a confidential procedure. Confidential procedures will not be printed on a member EOMB.	CHAR	1	0	N
QTY_FOLLOWUP	This field represents the number of days before an E&M (visit) procedure can be paid, since it was included as part of the original surgery that was performed. This field is 3 bytes in length.	NUMBER	4	0	N
CDE_PROV_SPEC_EDIT	Indicates whether and what type of provider specialty editing is to be performed for the procedure during claims processing. An 'N' indicates not editing is to be performed. An 'I' (Include) indicates only the provider specialty listed are acceptable. An 'E' (Exclude) indicates the listed provider specialties cannot bill the procedure. Provider Specialties for editing are listed on the T_PROV_SPEC_LIM entity.	CHAR	1	0	N
IND_DIAG_REQ	A Yes/No indicator used in claims processing to determine if a diagnosis is required for the given procedure.	CHAR	1	0	N
IND_FROM_THRU_OK	Yes/No indicator used in claims process to determine if the procedure may be billed with From and Through dates of service.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DIAG_CMPT_EDIT	Code that indicates whether and what type of editing is to be performed in claims processing on the procedure/diagnosis compatibility groupings. An 'N' indicates not editing is to be performed. An 'I' (Include) indicates only diagnosis codes on the diagnosis compatibility groups listed are acceptable. An 'E' (Exclude) indicates the diagnosis codes in the listed diagnosis compatibility groups cannot be billed with the procedure. Valid Diagnosis Compatibility groups for editing are listed on the T_PROC_DIAG_LIM entity.	CHAR	1	0	N

2.13.382 T_PROC_MODIFIER

Valid Procedure/modifier combinations. Includes the dates that the combinations are in effect.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
CDE_PROC_MOD	The modifier code used to further describe a procedure.	CHAR	2	0	Y
DTE_EFFECTIVE	The date that the modifier and its type are to become effective for claims processing.	DATE	0	0	Y
DTE_END	The date a procedure/modifier combination is no longer valid for claims processing.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MOD_EDIT	Indicates the type of editing necessary for the procedure/modifier combination. Valid values are 'A' (Allowed), 'N' (Not Allowed), or 'R' (Required). An 'A' indicates the modifier is allowed to be billed with the procedure. An 'N' indicates the modifier can not be billed with the procedure. An 'R' indicates the modifier is required to bill the procedure. If more than 1 'required' modifiers exist for a procedure, the claim only needs 1 of the required modifiers be billed.	CHAR	1	0	N

2.13.383 T_PROC_TOOTH

For a given procedure, this identifies the tooth number that is restricted to a particular procedure code, along with the effective dates of the restriction.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
CDE_TOOTH_NBR	The code of the particular tooth that the procedure is restricted to.	CHAR	2	0	Y
DTE_EFFECTIVE	The date that signifies that the procedure's tooth number restriction is in effect.	DATE	0	0	Y
DTE_END	The date that signifies that the procedure's tooth number restriction is no longer in effect.	DATE	0	0	N

2.13.384 T_PROC_TOOTH_QUAD

This is a table that will contain the valid HCPC Procedure code\tooth quadrant combinations.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
CDE_TOOTH_QUAD	Code identifying the tooth quadrant.	CHAR	3	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	The date that signifies that the procedure's tooth quadrant restriction is in effect.	DATE	0	0	Y
DTE_END	The date that signifies that the procedure's tooth quadrant restriction is no longer in effect.	DATE	0	0	N

2.13.385 T_PROC_TYPE

A procedure type is associated with a group of procedure codes. Used to identify procedure codes for use in certain processing methodologies. For example, "Collection" is a procedure type.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROC_TYPE	System assigned key for a unique procedure type, that represents a single or collection of procedures.	NUMBER	4	0	Y
DSC_50	Describes the procedure type, for example, "Collection".	CHAR	50	0	N
DSC_DEFINITION	Definition of where and/or how this procedure group is used.	VARCHAR2	4000	0	N

2.13.386 T_PR_ADDR_CODE

This indicates how the provider's address will be used. A provider is allowed a Home Office, Bill To, Mail To, and Service Location address.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ADDR_USAGE	A one character code that identifies the type of address.	CHAR	1	0	Y
DSC_ADDR_USAGE	The description that describes the address type code.	CHAR	20	0	N

2.13.387 T_PR_ADR_DN

Provider Address contains the mailing address and phone number of each provider.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key (SAK) that identifies the provider.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
IND_ADDR_TYPE	A one character code that identifies the type of address.	CHAR	1	0	Y
ADR_MAIL_STRT1	Provider's address line 1.	CHAR	30	0	N
ADR_MAIL_STRT2	Provider's address line 2	CHAR	30	0	N
ADR_MAIL_CITY	Provider's address city	CHAR	30	0	N
ADR_MAIL_STATE	Provider's address state.	CHAR	2	0	N
ADR_MAIL_ZIP	Provider's address zip cde.	CHAR	5	0	N
ADR_MAIL_ZIP_4	Provider's address zip code+4 extension	CHAR	4	0	N
NUM_PHONE	Provider's phone number.	CHAR	10	0	N
NUM_PHO_EXT	Phone number extension	CHAR	4	0	N
NUM_LATITUDE	Latitude of the provider's address.	NUMBER	11	6	N
NUM_LONGITUDE	Longitude of the provider's address.	NUMBER	11	6	N
CDE_HANDICAP_ACC	Identifies if the provider's service location has handicap access. Valid values: "Y" = yes and "N" = no.	CHAR	1	0	N
NUM_PHONE_FAX	Fax number of the provider's office.	CHAR	10	0	N
IND_GIS_QUALITY	Precision code of the address match for the latitude and longitude lookup.	NUMBER	4	0	N
ADR_EMAIL	Email address of the provider	VARCHAR2	50	0	N
CDE_COUNTRY	Country Code	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_MAIL_INT	The international address line. This will contain the international equivalent of City, State, and Zip	VARCHAR2	50	0	N
NUM_PHONE_INT	International Phone Number	VARCHAR2	15	0	N
NUM_PHONE_EXT_INT	International Phone Number Extension	CHAR	5	0	N
NUM_PHONE_FAX_INT	International Fax Number	VARCHAR2	15	0	N

2.13.388 T_PR_BOARD_MEM_DN

This table will contain all info from both MMIS tables T_PR_BOARD_MEM and T_BOARD_PART. This is the table that contains individuals who have been identified as being a member of a board of directors for the provider.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_SHORT	This is the system assigned key that makes this record unique.	NUMBER	4	0	Y
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
SAK_BOARD_PART	This is the unique identifier for board participants.	NUMBER	9	0	Y
CDE_POSITION	This is the board position code.	CHAR	2	0	N
DTE_EFFECTIVE	This is the effective date that the board participant became a board member for this provider.	DATE	0	0	N
DTE_END	This is the last date of the relationship between the board participant and board member.	DATE	0	0	N
NAM_LAST	This is the last name of the board participant.	CHAR	50	0	N
NAM_FIRST	This is the first name of the board participant.	CHAR	50	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_MIDDLE_INT	This is the middle initial of the board participant.	CHAR	1	0	N
NUM_TAX_ID	This is the tax ID of the board participant.	CHAR	9	0	N
ADR_STREET1	This field will hold board participant street address.	CHAR	50	0	N
ADR_STREET2	This field will hold board participant street address information.	CHAR	50	0	N
ADR_CITY	This field will hold board participant city address information.	CHAR	50	0	N
ADR_STATE	This field will hold board participant state address information.	CHAR	2	0	N
ADR_ZIP	This field will hold board participant zip code address information.	CHAR	5	0	N
ADR_ZIP_4	This field will hold board participant zip code + 4 address information.	CHAR	4	0	N

2.13.389 T_PR_CDE_BUS_ACT

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUS_ACT	Business activity code	CHAR	1	0	Y
DSC_BUS_ACT	Description of business activity code	VARCHAR2	30	0	N

2.13.390 T_PR_CDE_REVIEW

This code table contains the review type codes and descriptions used on the provider review panel.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVIEW_TYPE	Code depicting the type of review or agency conducting the review.	CHAR	1	0	Y
DSC_REVIEW_TYPE	Description of the review type code.	VARCHAR2	50	0	N

2.13.391 T_PR_CDE_REVIEW_REASON

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVIEW_REASON	Indicates the reason for placing a provider on review	CHAR	1	0	Y
DSC_REVIEW_REASON	Description of the review reason code	VARCHAR2	50	0	N

2.13.392 T_PR_CERT_CODE

This table holds provider certification codes and descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CERT_TYPE	This is the code value for the specific provider certifications.	CHAR	2	0	Y
DSC_CERT_TYPE	This is the description for the specific provider certifications.	CHAR	50	0	N

2.13.393 T_PR_CLIA_STAT

This entity shows the clinical lab number assigned to the provider practicing at an individual (non-group) location.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
NUM_CLIA	This is the CLIA number for the provider.	CHAR	10	0	N
DTE_EFFECTIVE	This is the effective date of the provider's CLIA number.	DATE	0	0	N
DTE_END	This is the end date of the provider's CLIA number.	DATE	0	0	N

2.13.394 T_PR_COVERED_PGM

This table that contains the cross reference between the provider enrollment programs and the programs used in member and the rest of the system.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	Y
SAK_PROV_PGM	This is the system assigned key to the provider enrollment program.	NUMBER	9	0	Y
IND_MGD_CARE	This is a YES/NO indicator to tell the system whether this program is a managed care program. This allows PMP service locations to specify which Managed Care program they are allowed to provide services for.	CHAR	1	0	N
DTE_EFFECTIVE	Effective Date	DATE	0	0	N
DTE_END	End Date	DATE	0	0	N
DTE_INACTIVE	Date Inactive	DATE	0	0	N

2.13.395 T_PR_DENTIST_CNTYCNT

This table holds data on the number of dentists per county.

Column Name	Description	Type	Length	Precision	Primary Key
COUNTY	County identifying code.	CHAR	3	0	N
COUNTY_NAME	Name of the county	VARCHAR2	18	0	N
TOTAL_DENTIST	Number of Dentists practicing in the County	VARCHAR2	3	0	N

2.13.396 PRV_DENTIST_CNTYCNT

This table holds data on the number of dentists per county.

Column Name	Description	Type	Length	Precision	Primary Key
COUNTY	County identifying code.	CHAR	3	0	N
COUNTY_NAME	Name of the county	VARCHAR2	18	0	N
TOTAL_DENTIST	Number of Dentists practicing in the County	VARCHAR2	3	0	N

2.13.397 T_PR_DISP_FEE

A provider may be assigned an adjustment percentage to be used to modify the dispensing fee assigned to a specialty. The adjustment percentage may either raise or lower the fee the provider will receive for dispensing a prescription legend drug.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
SAK_FIN_PAYER		NUMBER	9	0	N
CDE_PROV_SPEC	A code representing the specialized area of practice for a provider.	CHAR	3	0	N
DTE_EFFECTIVE	This is the date that the dispensing fee for the provider is in effect.	DATE	0	0	N
DTE_END	This is the date that the dispensing fee for the provider is no longer in effect.	DATE	0	0	N
AMT_NDC_PROFEE	This is the dispensing fee for the provider.	NUMBER	7	2	N
IND_DRUG_TYPE	Indicates Generic/Branded/Either for a provider.	CHAR	1	0	N
NUM_INGRED_FROM	Number of ingredients from range(1-9999) to allow for compounds to pay varying based on the number of unique ingredients in the compound.	NUMBER	4	0	N
NUM_INGRED_TO	Number of ingredients to range(1-9999) to allow for compounds to pay varying based on the number of unique ingredients in the compound.	NUMBER	4	0	N

2.13.398 T_PR_DRG_RATE

The Provider DRG Rate table contains information used to calculate the total DRG reimbursement rate paid to a provider. The date sensitive information includes the DRG base rate and the cost to charge rate. This is used in conjunction with state-wide DRG variables for the calculation.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PR_DRG_RT	System Assigned Key for the Provider Specific DRG Rate.	NUMBER	9	0	Y
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	Y
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
DTE_EFFECTIVE	The date the Provider DRG Rate took effect.	DATE	0	0	Y
SAK_DRG	System assigned key for a unique DRG.	NUMBER	9	0	Y
DTE_INACTIVE	Rate segment inactive date. This is the date/time that the rate can no longer be used, regardless of the dates of service on the claim.	DATE	0	0	N
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
DTE_END	The date the Provider DRG Rate is no longer in effect.	DATE	0	0	N
NUM_BASE_RATE	This is a date sensitive pricing factor expressed in dollars terms, and is one of the primary components for the DRG calculation. This base rate is used for the provider specific calculation.	NUMBER	10	3	N
CST_CHRG_RATE	This is the cost to charge DRG rate for the provider.	NUMBER	6	5	N
AMT_CAPITAL	This is the capital amount utilized to calculate the DRG base rate specific for a provider.	NUMBER	10	4	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_MED_ED	This is the educational amount utilized to calculate the DRG base rate specific for a provider.	NUMBER	10	2	N
PCT_DISP_SHR	This is the disproportionate share percentage that will be utilized for pricing calculation.	NUMBER	5	5	N
NUM_COST_OUTLIER	This is the outlier threshold. This cost is used in outlier payment determination.	NUMBER	11	2	N
PCT_COST_OUTLIER	Marginal Cost Percentage used to calculate price for cost outlier pricing. (Percent Cost)	NUMBER	5	4	N
PCT_PAID	Percentage used to identify if cost outlier will be applicable for DRG priced claims.	NUMBER	5	4	N
PCT_MED_ED	Medical Education percentage used to determine the base rate for a DRG priced claim. Only providers who receive a medical education add-on will have a value in this field.	NUMBER	7	4	N
PCT_CAPT_MED_ED	Medical Education percentage used to determine the capital cost rate for a DRG priced claim. Only providers who receive a medical education add-on will have a value in this field.	NUMBER	7	4	N

2.13.399 T_PR_ENROLL_PGM

This table contains the list of programs that a provider can be enrolled in.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_PGM	This is the system assigned key to the provider enrollment program.	NUMBER	9	0	Y
SAK_FIN_PAYER		NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_PGM	Identifies the medical assistance programs that a provider can enroll in.	CHAR	5	0	N
DSC_PROV_PGM	This is the short description to the provider enrollment program.	CHAR	20	0	N
DSC_PROV_PGM_LONG	This is the long description to the provider enrollment program.	VARCHAR2	4000	0	N
IND_CT_EDITING	The IND_CT_EDITING attribute indicates what type of claim type to program editing is to be performed. If the indicator is set to 'N' (non), no claim type to program editing is performed. If the indicator is set to 'I' (include), only the claim types listed are billable for the specified program. If the indicator is set to 'E' (exclude), the claim types listed are not billable for the specified program.	CHAR	1	0	N
DTE_EFFECTIVE		DATE	0	0	N
DTE_END		DATE	0	0	N
DTE_INACTIVE		DATE	0	0	N

2.13.400 T_PR_ENROLL_STATUS

This status describes the provider's eligibility. The status must have effective and end dates.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ENROLL_STATUS	This is the letter assigned to the enrollment status description to uniquely identify it. Examples of valid values are: R=Retired, D=Deceased, M=Return Mail, H=Term by HCFA, B=Term by HPB, and A=Active.	CHAR	1	0	Y
DSC_ENROLL_STATUS	This is the enrollment status description that is added to a provider when enrolled. Examples of valid descriptions are: Retired, Deceased, Return Mail, Terminated by HCFA, and Active.	CHAR	21	0	N

2.13.401 T_PR_FACILITY_DN

This table contains info from both MMIS tables T_FACILITY and T_PR_FACILITY. This is the table that contains a list of all valid facilities for a provider service location.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
SAK_SHORT	This is the unique system assigned key for the provider facility table.	NUMBER	4	0	Y
DTE_EFFECTIVE	This is the date that the facility becomes effective for the provider.	DATE	0	0	N
DTE_END	This is the date that the facility ends for the provider.	DATE	0	0	N
NAM_FACILITY	This is the name of the facility when it was used by this provider.	CHAR	50	0	N
NAM_LAST_ADMIN	This is the last name of the administrator of the facility when the provider was associated with the facility.	CHAR	50	0	N
NAM_FIRST_ADMIN	This is the first name of the administrator of the facility when the provider was associated with the facility.	CHAR	50	0	N
NAM_MI_ADMIN	This is the middle initial of the administrator of the facility when the provider was associated with the facility.	CHAR	1	0	N
NAM_LAST_CO_ADMIN	This is the last name of the co-administrator of the facility when the provider was associated with the facility.	CHAR	50	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_FIRST_CO_ADMIN	This is the first name of the co-administrator of the facility when the provider was associated with the facility.	CHAR	50	0	N
NAM_MI_CO_ADMIN	This is the middle initial of the co-administrator of the facility when the provider was associated with the facility.	CHAR	1	0	N
NAM_OPERATOR	This is the name of the operator of the facility.	CHAR	50	0	N
ID_FACILITY	This is the unique identification number for each facility.	CHAR	10	0	N
ADR_STREET1	This is the first street address of the facility.	CHAR	50	0	N
ADR_STREET2	This is the second street address of the facility.	CHAR	50	0	N
ADR_CITY	This is the city of the facility.	CHAR	50	0	N
ADR_STATE	This is the state of the facility.	CHAR	2	0	N
ADR_ZIP	This is the zip code of the facility.	CHAR	5	0	N
ADR_ZIP_4	This is the zip + 4 code of the facility.	CHAR	4	0	N

2.13.402 T_PR_GRP_MBR

Contains a list of all group providers and their associated group members.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
SAK_PROV_LOC_MBR	System Assigned Key for Provider Location Member.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
SAK_PROV_GROUP	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
DTE_EFFECTIVE	Date that the provider is effective with this group.	DATE	0	0	N
DTE_END	Date that the provider is no longer effective with this group.	DATE	0	0	N

2.13.403 T_PR_HB_LIC

This contains a table of all valid Provider License numbers. Providers (and Provider Applicants) which are required to have a license based on provider type, will have that license number validated against this table. This listing is provided by the Health Professions Bureau. This table also contains provider prescriber license numbers which are assigned by OHCA.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LIC	System assigned key used to uniquely identify the license row.	NUMBER	9	0	Y
SAK_SHORT	This is the part of the key for the T_PR_HB_LIC that makes the record unique for different date ranges.	NUMBER	4	0	Y
CDE_STATE_ISSUE	The state that issued the provider license.	CHAR	2	0	N
CDE_LIC_TYPE	This identifies the licensure. The current valid values are: P = Prescriber H = Health Board	CHAR	1	0	N
CDE_LIC_CLASS	Code identifying the classification of provider license.	CHAR	3	0	N
NUM_PROV_LIC	A provider license number.	CHAR	10	0	N

Column Name	Description	Type	Length	Precision	Primary Key
LIC_SOURCE	Indicates if the license was entered Manually or Electronically (M or E).	CHAR	1	0	N
DTE_EFFECTIVE	This is the effective date of the provider's license that Medicaid has on file.	DATE	0	0	N
DTE_END	This is the date that the provider's license is no longer valid for Medicaid.	DATE	0	0	N
ID_NPI	National Provider Identifier	CHAR	10	0	N
NAME	This is the name associated with an organization or person.	CHAR	50	0	N
ADR_STREET_1	Address street 1. This is the street address for a provider where the license is valid.	CHAR	30	0	N
ADR_STREET_2	Address street 2. This is the street address for a provider where the license is valid.	CHAR	30	0	N
ADR_CITY	This is the city for a provider where the license is valid.	CHAR	30	0	N
ADR_STATE	This is the state for a provider where the license is valid.	CHAR	2	0	N
ADR_ZIP_CDE	This is the zip code for a provider where the license is valid.	CHAR	5	0	N
ADR_ZIP_4	This is the zip code extension for a provider where the license is valid.	CHAR	4	0	N
NUM_SSN	This is the SSN or FEIN for a provider where the license is valid.	CHAR	9	0	N
CDE_STATUS1	Status code which indicates the status of the license. 'A' is for an active status.	CHAR	1	0	N
CDE_COUNTY	This is the county for a provider where the license is valid.	VARCHAR2	10	0	N