2.13.404 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_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_SHORT	Makes key unique	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
DTE_PR_ID_EFF	Effective start date	DATE	0	0	N
DTE_PR_ID_END	Effective end date	DATE	0	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

2.13.405 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

2.13.406 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

Column Name	Description	Type	Length	Precision	Primary Key
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

2.13.407 T_PR_LOC_CODE

Contains valid values for classification of type of services provider has available.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LEVEL_OF_CARE	Unique value identifying the level of care code	CHAR	2	0	Y
DSC_LOC	The text description associated with this level of care value	CHAR	100	0	N

2.13.408 T_PR_LOC_RATE

Contains the nursing home (long term care) level of care codes and the associated amounts which provider is allowed.

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
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	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	N
DTE_EFFECTIVE	The first date in which the level of care rate became active.	DATE	0	0	N
DTE_END	The date in which the level of care rate became inactive.	DATE	0	0	N
AMT_RATE_PERCENT	A daily room rate or percentage of charge value depending on the pricing indicator.	NUMBER	7	2	N
AMT_LOC_2_BED_RATE	A daily room rate or percentage of charge value depending on the pricing indicator that may be additional.	NUMBER	7	2	N
AMT_LOC_ADD_RATE	A daily room rate or percentage of charge value depending on the pricing indicator that may be additional.	NUMBER	7	2	N
NUM_TOTAL_BEDS	The number of beds available in an institutional facility.	NUMBER	9	0	N
NUM_MCARE_BEDS	The number of beds available in an institutional facility which are designated for Medicare members.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MCAID_BEDS	The number of beds available in an institutional facility which are designated for Medicaid members.	NUMBER	9	0	N
DTE_LTC_CERT	This field indicates the date of LTC certification for a category of service.	DATE	0	0	N
DTE_SDH_INSPECT	This field indicates the date of State Department of Health inspection.	DATE	0	0	N

2.13.409 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	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
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.	DATE	0	0	Y
DTE_END	The last date in which the Medicare number will expire.	DATE	0	0	N

2.13.410 T_PR_OWNER_DN

This table contains info from both MMIS tables T_OWNER and 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	System Assigned Key for Provider.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SHORT	This is the system assigned key that makes this record unique.	NUMBER	4	0	Y
NUM_TAX_ID	Owners tax ID	CHAR	9	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.	DATE	0	0	N
DTE_END	This is the date that the ownership of the provider ends.	DATE	0	0	N
NUM_PERCENT_OWNER	This is the percentage of ownership of the provider that the owner has.	NUMBER	3	2	N
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

Column Name	Description	Type	Length	Precision	Primary Key
ADR_CITY	This is the city of the owner.	CHAR	50	0	N
ADR_STATE	This is the state of the owner.	CHAR	2	0	N
ADR_ZIP	This is the first 5 numbers of the zip code.	CHAR	5	0	N
ADR_ZIP_4	This is the remaining 4 numbers of the zip.	CHAR	4	0	N

2.13.411 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 will be converted to a paper check until the payment pull end date.

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 key that makes the payment pull records unique.	NUMBER	4	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.	DATE	0	0	N
DTE_END	This is the date that the payment pull ends.	DATE	0	0	N
NAM_REQUESTOR	This is the name of the individual or organization that requested the payment to be pulled.	CHAR	50	0	N

2.13.412 T_PR_PEER_LEVEL

This is a table that will contain the peer level cost for each 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 column in the key to make the key unique.	NUMBER	4	0	Y
DTE_EFFECTIVE	This is the effective date of the peer level.	DATE	0	0	N
DTE_END	This is the end date of the peer level.	DATE	0	0	N
CDE_LOC	A code that identifies the provider level of care, such as skilled, intermediate, developmentally disabled	CHAR	3	0	N
AMT_PEER_COST	This is the cost associated to the peer level.	NUMBER	9	2	N

2.13.413 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	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_PROV_PGM	This is the system assigned key to the provider enrollment program.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FIN_PAYER		NUMBER	9	0	Y
DTE_EFFECTIVE	Effective date for a provider's program eligibility. Used to signify the start of a span or period of program eligibility.	DATE	0	0	N
DTE_END	The date that a provider's eligibility within the specific program has expired.	DATE	0	0	N
DTE_INACTIVE	Date the Provider's Eligibility for a particular Program becomes inactive.	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

2.13.414 T_PR_PRESCRIBER

This table holds prescriber license numbers assigned to a 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
NUM_PROV_LIC	A provider license number.	CHAR	10	0	Y

2.13.415 T_PR_PROV_YTD_AMT

The year-to-date total counts and amounts for a provider at a specific location. These amounts will be 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

Column Name	Description	Type	Length	Precision	Primary Key
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	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_PD_MASS	The number of mass adjustments processed for an individual provider during the current year.	NUMBER	9	0	N
CNT_CAP_PAID	The number of capitation payments 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	13	2	N
AMT_PAID_TOT_MASS	The amount paid for mass adjustments to an individual provider during the current year.	NUMBER	13	2	N
AMT_PAID_TOT_ADJ	The amount paid for adjustments to an individual provider during the current year.	NUMBER	13	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	13	2	N
AMT_PAID_CAP	The amount paid for capitation to an individual provider during the current year.	NUMBER	13	2	N
AMT_EXPENSE_TOT	The amount paid for non-claim payments to an individual provider during the current year.	NUMBER	13	2	N
AMT_CLAIM_OFFSET	The amount withheld from an individual providers payments for the overpayment of previously submitted claims.	NUMBER	13	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	13	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	13	2	N
AMT_CLM_REFUND	Amount returned from an individual provider for claims that had previously been overpaid.	NUMBER	13	2	N
AMT_NONCLM_REFUND	Amount returned from an individual provider for a reason other than overpayment of claims.	NUMBER	13	2	N
AMT_CHCK_MANUAL	The amount paid to an individual provider outside of the weekly financial cycle.	NUMBER	13	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_CHCK_VOID	The amount an individual provider's 1099 is credited for due to a check that has never been cashed.	NUMBER	13	2	N
AMT_CLAIM_INTEREST	Amount of interest accumulated on a given provider's claims in the current year.	NUMBER	13	2	N
AMT_FICA	The amount of FICA accumulated by the provider and service location for this payment.	NUMBER	13	2	N
AMT_STATE_SHARE	The amount of State Share accumulated by the provider and service location for this payment.	NUMBER	13	2	N
AMT_BACKUP_WITHHLD	This is the amount of money the is being withheld for IRS Backup Withholding.	NUMBER	13	2	N
DTE_ISSUE	This is the issue date of the payment which the earnings are being reported.	DATE	0	0	N

2.13.416 T_PR_RATE

This table contains provider specific reimbursement rates that will be used to price both professional and institutional claims. The rate type associated with a pricing method will be used to determine which rate from this table will be 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	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
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
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

2.13.417 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 effect claims, it is for information purposes only.

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	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
DTE_EFFECTIVE	The date the review began.	DATE	0	0	N
DTE_END	The date the review ends.	DATE	0	0	N

2.13.418 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	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Provider.	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
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.	DATE	0	0	N
DTE_END	The date that something is no longer in effect.	DATE	0	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

Column Name	Description	Type	Length	Precision	Primary Key
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
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	Indicates the reason for placing a provider on review	CHAR	1	0	N
CDE_REVIEW_TYPE	Indicates the category of review that the provider has been placed on	CHAR	1	0	N

2.13.419 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
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
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

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	The date the specialty of a provider becomes valid (effective).	DATE	0	0	N
DTE_END	The date the specialty of a provider is no longer valid.	DATE	0	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

2.13.420 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

2.13.421 T_PR_STUDY_GRP1

Column Name	Description	Type	Length	Precision	Primary Key
PROVIDER_ID	The provider identification number used by the provider.	CHAR	15	0	Y

2.13.422 T_PR_STUDY_GRP2

Column Name	Description	Type	Length	Precision	Primary Key
PROVIDER_ID	The provider identification number used by the provider.	CHAR	15	0	Y

2.13.423 T_PR_STUDY_GRP3

Column Name	Description	Type	Length	Precision	Primary Key
PROVIDER_ID	The provider identification number used by the provider.	CHAR	15	0	Y

2.13.424 T_PR_STUDY_GRP4

Column Name	Description	Type	Length	Precision	Primary Key
PROVIDER_ID	The provider identification number used by the provider.	CHAR	15	0	Y

2.13.425 T_PR_STUDY_GRP5

Column Name	Description	Type	Length	Precision	Primary Key
PROVIDER_ID	The provider identification number used by the provider.	CHAR	15	0	Y

2.13.426 T_PR_SURS_SPEC

This table will hold provider SURS specialty codes for reporting.

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 value on the table that makes the record unique.	NUMBER	4	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.	DATE	0	0	N
DTE_END	This is the date that the SURs specialty ends.	DATE	0	0	N

2.13.427 T_PR_SVC_CERT

This table holds provider certification information.

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

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SHORT	This is the value that makes the certification code unique on this table.	NUMBER	4	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.	DATE	0	0	N
DTE_END	This is the end date of the provider certification information.	DATE	0	0	N

2.13.428 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	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 field that will make the language record on the provider service location unique.	NUMBER	4	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.	DATE	0	0	N
DTE_END	This is the end date of the language segment for a specific provider service location.	DATE	0	0	N

2.13.429 T_PR_SVC_LOC_DN

Identifies the combinations of services and locations the provider uses to do business.

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
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
NAME	This is the name associated with an organization or person.	CHAR	50	0	N
CDE_COUNTY	Code representing the county in the state.	VARCHAR2	10	0	N
DTE_ARA_EFF	Date that a provider became eligible to receive an automated remittance advice.	DATE	0	0	N
DTE_END_PAPER_RA	Date that a provider stops receiving paper copies of the RA.	DATE	0	0	N
DTE_SUPPRESS_CHECK	Date that a provider's checks are suppressed.	DATE	0	0	N
DTE_ECC_EFF	Date that a provider became eligible to submit claims electronically.	DATE	0	0	N
CDE_ORGANIZ	Proprietary nature of a provider's practice. Values: "1" = individual, "2" = partnership, "3" = corporation, and so on.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PEER_GROUP	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	Indicates if this provider receives mass rate updates. Valid values are: "Y" = yes and "N" = no.	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 if the RA should be suppressed if the only items to be reported are account receivables. Valid values are: "Y" = yes and "N" = no.	CHAR	1	0	N
IND_FICA	Indicates if this service location should have FICA computed. Valid values are: "Y" = yes and "N" = no. The default is "N".	CHAR	1	0	N
CDE_PUB_PRIV	Indicates if a provider is a private or public organization/practice. Valid values are: "B" = public and "V" = private.	CHAR	1	0	N
IND_BILLER	Indicates if the service location can be used for billing claims. Valid values are: "Y" = yes and "N" = no.	CHAR	1	0	N
IND_HEALTHCARE	Indicates if item is healthcare related	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_DEA	The Drug Enforcement Agency identification number for a provider.	CHAR	9	0	N
DTE_EFF_DEA	Effective date for an object. Used to signify the start of a span or period.	DATE	0	0	N
DTE_END_DEA	End date for an object. Used to signify the end of a span or period.	DATE	0	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
NUM_PROV_LIC	A provider license number.	CHAR	10	0	N
NUM_UPIN	Universal provider identification number.	CHAR	6	0	N
IND_ON_REVIEW	Indicates if a provider is on review.	CHAR	1	0	N
CDE_REVIEW_TYPE	Code depicting the type of review or agency conducting the review	CHAR	1	0	N
DTE_EFF_REVIEW	The date the review began	DATE	0	0	N
DTE_END_REVIEW	The date the review ends	DATE	0	0	N
IND_OWNER_INTEREST	Indicates if a provider has an ownership interest in another provider's business.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Identifies the gender of the provider. Valid values are: "M" = male, "F" = female, "O" = organization, "N" = N/A.	CHAR	1	0	N
NUM_PROV_SSN	Provider Social Security Number	CHAR	9	0	N
DTE_BIRTH	Provider's Date of Birth,	DATE	0	0	N
DTE_EFF_TAX	Effective date for an object. Used to signify the start of a span or period.	DATE	0	0	N
DTE_END_TAX	End date for an object. Used to signify the end of a span or period.	DATE	0	0	N
NUM_TAX_ID	Tax identification number assigned to a provider by the Internal Revenue Service.	CHAR	9	0	N
IND_TAX_ID_TYPE	Indicates if the tax ID is a social security number or a 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
DTE_EFFV	Date the provider was first active	DATE	0	0	N
DTE_END	Last date the provider was active	DATE	0	0	N
SAK_SHORT	System assigned key uniquely identifying a previous provider ID.	NUMBER	4	0	N
CNT_CLAIMS_PAID	Number of claims paid to an individual provider in the current year.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
TOTAL_AMT_PAID	Amount paid to an individual provider during the current year.	NUMBER	11	2	N
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	N
CDE_PROV_TYPE_PRIM	Type that a provider is licensed for.	CHAR	2	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
CDE_TAXONOMY	Provider Taxonomy Code.	CHAR	10	0	N
CDE_LIC_TYPE	This identifies the licensure. The current valid values are: P = Prescriber H = Health Board	CHAR	1	0	N
CDE_PROV_GRP_TYPE	This is the Provider Group Type Code.	CHAR	1	0	N
DTE_LIC_EFF	This is the effective date of the provider's license that Medicaid has on file.	DATE	0	0	N
NUM_MEDICARE	Medicare number assigned by the government to the provider.	CHAR	10	0	N
NUM_DME	Medicare number assigned by the government to the provider for DME.	CHAR	10	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_FEIN	This is the tax identification number assigned to a provider by the Internal Revenue Service.	CHAR	9	0	N
NUM_TOTAL_BEDS	The number of beds available in an institutional facility.	NUMBER	9	0	N
IND_BILL_SVC	This is the indicator on whether this Provider has a Trading partner.	CHAR	1	0	N

2.13.430 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
DSC_TAXONOMY	This is the description of the taxonomy code.	CHAR	100	0	N

2.13.431 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	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Provider.	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

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	Effective date for an object. Used to signify the start of a span or period.	DATE	0	0	N
DTE_END	The date that something is no longer in effect.	DATE	0	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

2.13.432 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

2.13.433 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
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
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

Column Name	Description	Type	Length	Precision	Primary Key
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

2.13.434 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
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

2.13.435 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 this Provider Type and Specialty are for Healthcare Providers or not.	CHAR	1	0	N

2.13.436 T_PR_UB_LOC_RATE

This table holds the provider hospital inpatient rates.

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
CDE_LOC	The system code for the level of care.	CHAR	3	0	Y
SAK_SHORT	This field is an internal system assigned key that uniquely identifies an individual or institution's name.	NUMBER	4	0	Y
DTE_EFFECTIVE	The first date this level of care is effective for this provider.	DATE	0	0	N
DTE_END	The last date this level of care is effective for this provider.	DATE	0	0	N
AMT	The amount charged for this level of care.	NUMBER	9	2	N
AMT_OPER_COST	This is the operation cost amount.	NUMBER	9	2	N

2.13.437 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.	NUMBER	9	0	Y
DTE_CYCLE	The last cycle date the year-to-date information for this provider and service location were updated.	DATE	0	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_PD_MASS	The number of mass adjustments processed for an individual provider.	NUMBER	9	0	N
CNT_CAP_PAID	The number of capitation payments processed for an individual provider.	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	13	2	N
AMT_PAID_TOT_MASS	The amount paid for mass adjustments to an individual provider.	NUMBER	13	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_PAID_TOT_ADJ	The amount paid for adjustments to an individual provider during the current year.	NUMBER	13	2	N
AMT_PAID_ADMIN	The total amount paid to an individual provider for administrative fees during the current year.	NUMBER	13	2	N
AMT_PAID_CAP	The amount paid for capitation to an individual provider during the current year.	NUMBER	13	2	N
AMT_EXPENSE_TOT	The amount paid for non-claim payments to an individual provider during the current year.	NUMBER	13	2	N
AMT_CLAIM_OFFSET	The amount withheld from an individual providers payments for the overpayment of previously submitted claims.	NUMBER	13	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	13	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	13	2	N
AMT_CLM_REFUND	Amount returned from an individual provider for claims that had previously been overpaid.	NUMBER	13	2	N
AMT_NONCLM_REFUND	Amount returned from an individual provider for a reason other than overpayment of claims.	NUMBER	13	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_CHCK_MANUAL	The amount paid to an individual provider outside of the weekly financial cycle.	NUMBER	13	2	N
AMT_CHCK_VOID	The amount an individual provider's 1099 is credited for due to a check that has never been cashed.	NUMBER	13	2	N
AMT_CLAIM_INTEREST	The amount of interest on claims accumulated by the provider and service location this year.	NUMBER	13	2	N
AMT_FICA	The amount of FICA accumulated by the provider and service location for this payment.	NUMBER	13	2	N
AMT_STATE_SHARE	The amount of State Share accumulated by the provider and service location for this payment.	NUMBER	13	2	N
AMT_BACKUP_WITHHLD	This is the amount of money the is being withheld for IRS Backup Withholding.	NUMBER	13	2	N
DTE_ISSUE	This is the issue date of the payment which the earnings are being reported.	DATE	0	0	N

2.13.438 T_PS_APPLICANT

This table holds demographic data for a PASRR applicant.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
NUM_SSN	Applicant's social security number.	NUMBER	9	0	N
DTE_BIRTH	Date applicant was born.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	System assigned key for an applicant's Medicaid ID	NUMBER	9	0	N
NAM_LAST	Last name of an applicant.	CHAR	20	0	N
NAM_FIRST	First name of an applicant.	CHAR	15	0	N
NAM_MID_INIT	Middle initial of an applicant.	CHAR	1	0	N
ADR_STREET_1	First line of applicant's address.	CHAR	30	0	N
ADR_STREET_2	Second line of applicant's address.	CHAR	30	0	N
ADR_STREET_3	Third line of applicant's address.	CHAR	30	0	N
ADR_CITY	The city in the applicant's address.	CHAR	18	0	N
ADR_STATE	The state in the applicant's address.	CHAR	2	0	N
ADR_ZIP_CODE	The 5 character zip code for the applicant's address.	CHAR	5	0	N
ADR_ZIP_CODE_4	The zip plus four code for the applicant's address.	CHAR	4	0	N
CDE_SEX	Code indicating sex of the applicant.	CHAR	1	0	N
CDE_RACE	Code indicating a specific race or combination of races.	CHAR	2	0	N
CDE_MARITAL	Code indicates marital status of applicant.	CHAR	1	0	N
NAM_SPOUSE_LAST	Last name of applicant's spouse.	CHAR	20	0	N
NAM_SPOUSE_FIRST	First name of applicant's spouse.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_SPOUSE_MI	Middle Initial of applicant's spouse.	CHAR	1	0	N
DSC_LIVING_ARR	Description of current living arrangements.	VARCHAR2	500	0	N
IND_GUARDIAN	Indicates is there is a legal guardian for the applicant (Values "Y" or "N").	CHAR	1	0	N
NAM_LAST_GUARD	Last name of applicant's legal guardian.	CHAR	20	0	N
NAM_FIRST_GUARD	First name of applicant's legal guardian.	CHAR	15	0	N
NAM_MID_INIT_GUARD	Middle initial of applicant's legal guardian.	CHAR	1	0	N
NBR_PHONE_GUARD	Telephone number of applicant's legal guardian.	CHAR	10	0	N
IND_ADA	Indicates if ADA accommodation is needed (Values "Y" or "N").	CHAR	1	0	N
DSC_ADA	Describes ADA accommodation needs.	VARCHAR2	500	0	N
CDE_REGION	Region evaluation is being performed - (Values 01 - 08).	CHAR	2	0	N
NAM_MD_LAST	Medical Doctor who did review Last Name	CHAR	20	0	N
NAM_MD_FIRST	Medical Doctor who did review First Name	CHAR	15	0	N
NAM_MD_MI	Medical Doctor who did review Middle Initial	CHAR	1	0	N
MD_ADDR_1	Medical Doctor who did review Address line 1	VARCHAR2	30	0	N
MD_ADDR_2	Medical Doctor who did review Address line 2	VARCHAR2	30	0	N

Column Name	Description	Type	Length	Precision	Primary Key
MD_CITY	Medical Doctor who did review City	VARCHAR2	18	0	N
MD_STATE	Medical Doctor who did review State	CHAR	2	0	N
MD_ZIP_CODE	Medical Doctor who did review Zip Code	CHAR	5	0	N
MD_ZIP_CODE_4	Medical Doctor who did review Zip Code + 4	CHAR	4	0	N
IND_TYPE_REFERRAL	Type of referral for Applicant	CHAR	1	0	N
IND_TYPE_ASSEMENT	Type of Assessment for Applicant	CHAR	1	0	N
IND_SIGN_CHANGES	Indicates if there were significant changes for Applicant	CHAR	1	0	N
DATE_ADMISSION	Date Applicant was admitted to nursing facility	NUMBER	8	0	N
IND_EVALUATION_INFO	Indicator to explain how this information was obtained	CHAR	1	0	N
EVALUATION_DESC	Description of who and when the date was obtained.	VARCHAR2	500	0	N
USER_ID	User ID that entered the application.	VARCHAR2	20	0	N

2.13.439 T_PS_BODY_SYSTEM

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_VITAL_T	Describes vital sign temperature	VARCHAR2	25	0	N
DSC_VITAL_P	Describes vital sign pulse	VARCHAR2	25	0	N
DSC_VITAL_R	Describes vital sign respiration	VARCHAR2	25	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_VITAL_BP	Describes Vital Sign for Blood Pressure	VARCHAR2	25	0	N
DSC_VITAL_HT	Describes Vital Sign for Height	VARCHAR2	25	0	N
DSC_VITAL_WT	Describes Vital Sign for Weight	VARCHAR2	25	0	N
DSC_APPEARANCE	Describes Person's general appearance	VARCHAR2	500	0	N
DSC_SKIN	Describes Person's Skin	VARCHAR2	500	0	N
DSC_HEAD	Described Person's Head	VARCHAR2	500	0	N
DSC_FACE	Describes Person's Face	VARCHAR2	500	0	N
DSC_MOUTH	Describes Person's Mouth	VARCHAR2	500	0	N
DSC_BREAST	Describes Person's Breast	VARCHAR2	500	0	N
DSC_GASTRO	Describes person's gastrointestinal system	VARCHAR2	500	0	N
DSC_GENITO	Describes person's genitourinary system	VARCHAR2	500	0	N
DSC_RECTAL	Describes person's rectal system	VARCHAR2	500	0	N
DSC_SKELETAL	Describes person's musculoskeletal system	VARCHAR2	500	0	N
DSC_NEURO	Describes person's neurological system	VARCHAR2	500	0	N
DSC_AB_FIND	Describes abnormal findings	VARCHAR2	500	0	N
DSC_SUMMARY	A summary of major medical and/or physical needs	VARCHAR2	500	0	N
NAM_LAST	Last name of evaluator.	CHAR	20	0	N
NAM_FIRST	First name of evaluator	CHAR	15	0	N
NAM_MID_INIT	Middle initial of evaluator	CHAR	1	0	N
DSC_TITLE	Title of evaluator	VARCHAR2	50	0	N
DTE_SIGN_PROF	Date evaluation was signed by the professional	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_SIGN_MD	Date evaluation was signed by the physician	NUMBER	8	0	N
NAM_LAST_PHYS	Last name of physician.	CHAR	20	0	N
NAM_FIRST_PHYS	First name of physician	CHAR	15	0	N
NAM_MID_INIT_PHYS	Middle initial of physician	CHAR	1	0	N
DSC_PULMONARY	Describes person's pulmonary system	VARCHAR2	500	0	N
USER_ID	User ID that entered the application.	CHAR	10	0	N

2.13.440 T_PS_DRUG

This table will support Internet screens for data entry of Level II PASRR forms.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
NUM_SEQ	Unique number for a specific medication	NUMBER	4	0	Y
DSC_MEDICATION	Description of the medication.	VARCHAR2	50	0	N
DSC_DOSAGE	Dosage of the medication	VARCHAR2	50	0	N
DSC_FREQUENCY	Frequency of use of the medication.	VARCHAR2	50	0	N
DSC_REASON	Reason for use of the medication.	VARCHAR2	100	0	N
CDE_USE	Indicates current or previous use of psychotropic medications (Values "C"urrent or "P"revious)	CHAR	1	0	N

2.13.441 T_PS_DRUG_HIST

This table holds medication history contained on the Level II PASRR form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_COMMENTS_MASK	Comments on medications that could mask or mimic mental illness symptoms	VARCHAR2	500	0	N
IND_MGT_NO_SUPER	Self management of medications - Without Supervision (Value "Y"es or "N"o)	CHAR	1	0	N
IND_MGT_WITH_SUPER	Self management of medications - With Some Prompting and Supervision (Value "Y"es or "N"o)	CHAR	1	0	N
IND_MGT_PROMPT	Self management of medications - Only With Prompting and Supervision (Value "Y"es or "N"o)	CHAR	1	0	N
IND_MGT_CHOICE	Self management of medications - Complies Only if Given Choice (Value "Y"es or "N"o)	CHAR	1	0	N
IND_MGT_HOARD	Self management of medications - Hoards Medication (Value "Y"es or "N"o)	CHAR	1	0	N
IND_MGT_REFUSE	Self management of medications - Refuses Medication (Value "Y"es or "N"o)	CHAR	1	0	N
DSC_COMPLAIN	Describes clients complaints of side effects of medication or visible sign of side effects	VARCHAR2	500	0	N
DSC_ALLERGIES	Describes allergies including medication (prescribed or over the counter) allergies and food allergies	VARCHAR2	500	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_ALCOHOL	Describes clients use of alcohol or other non-prescribed drugs. Identifies type, frequency, amount, and length of use. Indicates history of alcohol abuse.	VARCHAR2	500	0	N
DSC_OTHER	Other comments concerning drug use.	VARCHAR2	500	0	N
DSC_DRUG_USED_PRIOR	Descriptions of medications used in the past year.	VARCHAR2	500	0	N
USER_ID	User ID that entered the application.	CHAR	10	0	N

2.13.442 T_PS_FINDINGS

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_TRAITS	Describes positive traits and developmental strengths and weaknesses	VARCHAR2	500	0	N
DSC_MEDS_HIST	Describes medication history	VARCHAR2	500	0	N
DSC_MENTAL	Describes Mental Status	VARCHAR2	500	0	N
DSC_SOCIAL	Describes psychosocial evaluation	VARCHAR2	500	0	N
DSC_EXAM	Describes medical history/physical examination	VARCHAR2	500	0	N
DSC_COND	Describes impact of physical/medical condition on functioning	VARCHAR2	500	0	N
DSC_NF_NEEDS	Describes nursing facility care needs	VARCHAR2	500	0	N
DSC_SERVICES	Describes recommended generic mental health services	VARCHAR2	500	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_NF_CARE	Indicates if person needs nursing facility care	CHAR	1	0	N
IND_SERVICES	Indicates if person needs specialized services	CHAR	1	0	N
USER_ID	User ID that entered the application.	CHAR	10	0	N

2.13.443 T_PS_INTERPRET

This table holds the verification that PASRR Level II findings were interpreted to the individual, the legal guardian or a designated family member.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
CDE_EXPLAIN_TO	Code indicates who received the explanation of the evaluation. Values are 1 = individual, 2 = legal guardian, 3 = representative	CHAR	1	0	N
NAM_LAST_EXP	Last name of person receiving explanation of the evaluation.	CHAR	20	0	N
NAM_FIRST_EXP	First name of person receiving explanation of the evaluation.	CHAR	15	0	N
NAM_MID_INIT_EXP	Middle initial of person receiving explanation of the evaluation.	CHAR	1	0	N
DSC_RELATIONSHIP	Describes the Summary Report of findings, determinations and recommendations.	VARCHAR2	100	0	N
NAM_LAST_EV	Last name of evaluator.	CHAR	20	0	N
NAM_FIRST_EV	First name of evaluator	CHAR	15	0	N
NAM_MID_INIT_EV	Middle initial of evaluator	CHAR	1	0	N
DSC_TITLE	Title of evaluator	VARCHAR2	50	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_SIGNATURE	If a signature was not obtained, describes steps taken to obtain it	VARCHAR2	500	0	N
DTE_FIND_SENT	Date findings were sent to the individual or representative	NUMBER	8	0	N
DTE_MR_SIGNED	Date evaluation was signed by staff	NUMBER	8	0	N

2.13.444 T_PS_LEVEL1

This table holds information contained on the Level I PASRR form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
IND_DIAG	Indicates if applicant has major mental disorder Values: "Y"es, "N"o	CHAR	1	0	N
IND_INTER_FUNC	Indicates if applicant has difficulty functioning with other individuals. Values: "Y"es, "N"o	CHAR	1	0	N
IND_CONCTRN	Indicates if applicant has difficulty with concentration. Values: "Y"es, "N"o.	CHAR	1	0	N
IND_ADAPT	Indicates if applicant has difficulty in adapting to change. Values: "Y"es, "N"o.	CHAR	1	0	N
IND_PSYCH_TRTMT	Indicates if applicant has experienced intensive psychiatric treatment more than once over the past 2 years Values: "Y"es, "N"o.	CHAR	1	0	N
DSC_PSYCH_TRTMT	Name of In-patient facility, partial program or other mental health treatment. Values: "Y"es, "N"o.	VARCHAR2	500	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_DISRUPT	Indicates if applicant, due to the mental disorder, has experienced an episode of severe disruption Values: "Y"es, "N"o.	CHAR	1	0	N
IND_REQ	Indicates if applicant meets requirements of having mental illness. Values: "Y"es, "N"o.	CHAR	1	0	N
IND_SUB_AVE	Indicates if applicant as significantly sub average general intellectual functioning. Values: "Y"es, "N"o.	CHAR	1	0	N
IND_HIST_MR	Indicates if applicant has a history of mental retardation or developmental disability in the past. Values: "Y"es, "N"o.	CHAR	1	0	N
IND_EVID_MR	Indicates if applicant displays any presenting evidence that indicates mental retardation or a developmental disability. Values: "Y"es, "N"o.	CHAR	1	0	N
DSC_EVID_MR	Describes applicant's presenting evidence that indicates mental retardation or a developmental disability.	VARCHAR2	500	0	N
IND_AGENCY	Indicates if applicant has been referred by an agency that serves persons with mental retardation or developmental disabilities and been deemed eligible for that agency's services. Values: "Y"es, "N"o.	CHAR	1	0	N
NAM_AGENCY	Name of the agency that referred the applicant.	VARCHAR2	100	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_CHRONIC_DIS	Indicates if applicant has a severe chronic disability. Values: "Y"es, "N"o.	CHAR	1	0	N
IND_EXEMPT_HOSP	Indicates if applicant is an exempted hospital discharge. Values: "Y"es, "N"o.	CHAR	1	0	N
IND_RESPITE	Indicates if applicant requires respite care. Values: "Y"es, "N"o.	CHAR	1	0	N
IND_DELIRIUM	Indicates if applicant has a diagnosis of delirium. Values: "Y"es, "N"o	CHAR	1	0	N
NAM_LAST_OTHER	Last name of additional person who provided history for the Level 1 form.	CHAR	20	0	N
NAM_FIRST_OTHER	First name of additional person who provided history for the Level 1 form	CHAR	15	0	N
NAM_MI_OTHER	Middle initial of additional person who provided history for the Level 1 form.	CHAR	1	0	N
NUM_PHONE_OTHER	Phone number of additional person who provided history for the Level 1 form.	NUMBER	10	0	N
NAM_LAST_SIGN	Last name of person who signed the Level 1 form.	CHAR	20	0	N
NAM_FIRST_SIGN	First name of person who signed the Level 1 form.	CHAR	15	0	N
NAM_MI_SIGN	Middle initial of person who signed the Level 1 form.	CHAR	1	0	N
NUM_PHONE_SIGN	Phone number of the person who signed the Level 1 form.	NUMBER	10	0	N
DSC_TITLE_SIGN	Title of the person who signed the Level 1 form.	VARCHAR2	50	0	N
DTE_SIGN	Date person signed the Level 1 form.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_LAST_APP	Last name of applicant for Level 1 form	CHAR	20	0	N
NAM_FIRST_APP	First name of applicant for the Level 1 form	CHAR	15	0	N
NAM_MI_APP	Middle initial of applicant for the Level 1 form	CHAR	1	0	N
ADR_STREET_1	First line of applicant's address.	VARCHAR2	30	0	N
ADR_STREET_2	Second line of applicant's address	VARCHAR2	30	0	N
ADR_STREET_3	Third line of applicant's address	VARCHAR2	30	0	N
ADR_CITY	The city in the applicant's address	VARCHAR2	18	0	N
ADR_STATE	The state in the applicant's address	CHAR	2	0	N
ADR_ZIP_CODE	The 5 character zip code for the applicant's address	CHAR	5	0	N
ADR_ZIP_CODE_4	The zip plus four code for the applicant's address	CHAR	4	0	N
DTE_BIRTH	Date applicant was born.	NUMBER	8	0	N
FACILITY_NAME	Name of the facility submitting application	VARCHAR2	50	0	N
MEDICAID_PROV_ID	Medicaid Provider ID Number	CHAR	10	0	N
USER_ID	User ID that entered the application.	CHAR	10	0	N
SSN_APP	Applicant's SSN	CHAR	9	0	N
OTHER_COMMENTS	Allows for additional comments to be entered	VARCHAR2	500	0	N

2.13.445 T_PS_MEDICAL_HIST

This table holds applicant's present and past medical history contained on the Level II PASRR form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_SYMPTOMS	Describes history of present symptoms or illness	VARCHAR2	500	0	N
DSC_HISTORY	Describes past medical history	VARCHAR2	500	0	N
DSC_ALLERGIES	Describes allergies or drug and food sensitivities	VARCHAR2	500	0	N
DSC_ABUSE	Describes history of substance use and abuse	VARCHAR2	500	0	N
USER_ID	User ID that entered the application.	CHAR	10	0	N

2.13.446 T_PS_MENTAL_ASSMT

This table holds mental assessment information for the Level II PASRR form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_PSYCH_HOSP	Describes prior admission to state or private psychiatric facilities.	VARCHAR2	500	0	N
DSC_COMMUNITY	Describes Community Based Treatment involvement with community mental health center or other facilities.	VARCHAR2	500	0	N
DSC_HISTORY	Describes history of cooperation with recommended treatment.	VARCHAR2	500	0	N
IND_APP_UNCLEAN	Indicates Appearance - Physically unkempt, unclean (Value "Y" or "N").	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_APP_DIRTY	Indicates Appearance - Clothing Disheveled, Dirty "Y" or "N").	CHAR	1	0	N
IND_APP_BIZARRE	Indicates Appearance - Clothing Atypical, Unusual, Bizarre (Value "Y" or "N")	CHAR	1	0	N
IND_APP_UNUSUAL	Indicates Appearance - Unusual Physical Characteristics (Value "Y" or "N")	VARCHAR2	20	0	N
IND_POS_SLUMPED	Indicates Posture - Slumped (Value "Y" or "N")	CHAR	1	0	N
IND_POS_RIGID	Indicates Posture - Rigid, Tense (Value "Y" or "N").	CHAR	1	0	N
IND_POS_ATYPICAL	Indicates Posture - Atypical, Inappropriate (Value "Y" or "N")	CHAR	1	0	N
IND_MOV_FAST	Indicates General Body Movements - Accelerated, Increased Speed (Value "Y" or "N")	CHAR	1	0	N
IND_MOV_SLOW	Indicates General Body Movements - Decreased, Slow (Value "Y" or "N")	CHAR	1	0	N
IND_MOV_ATYPICAL	Indicates General Body Movements - Atypical, Peculiar, Inappropriate (Value "Y" or "N")	CHAR	1	0	N
IND_MOV_RESTLESS	Indicates General Body Movements - Restless, Fidgety (Value "Y" or "N")	CHAR	1	0	N
IND_EXP_FEAR	Indicates Facial Expression Suggests - Anxiety, Fear, Apprehension (Value "Y" or "N")	CHAR	1	0	N
IND_EXP_SAD	Indicates Facial Expression Suggests - Depression, Sadness/Anger, Hostility (Value "Y" or "N")	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_EXP_DECREASE	Indicates Facial Expression Suggests - Decreased Variability of Expression (Value "Y" or "N")	CHAR	1	0	N
IND_EXP_BIZARRE	Indicates Facial Expression Bizarreness, Inappropriateness (Value "Y" or "N")	CHAR	1	0	N
IND_SPE_LOUD	Indicates Amplitude and Quality of Speech - Increased, Loud (Value "Y" or "N")	CHAR	1	0	N
IND_SPE_SLOW	Indicates Amplitude and Quality of Speech - Decreased, Slowed (Value "Y" or "N")	CHAR	1	0	N
IND_SPE_SLUR	Indicates Amplitude and Quality of Speech - Atypical Quality, Slurring (Value "Y" or "N")	CHAR	1	0	N
IND_SPE_STAMMER	Indicates Amplitude and Quality of Speech - Stammering (Value "Y" or "N")	CHAR	1	0	N
IND_RES_DOMINEER	Indicates Response to Interview - Domineering (Value "Y" or "N")	CHAR	1	0	N
IND_RES_SUBMISSIVE	Indicates Response to Interview - Submissive, Overly Compliant (Value "Y" or "N")	CHAR	1	0	N
IND_RES_PROVAC	Indicates Response to Interview - Provocative (Value "Y" or "N")	CHAR	1	0	N
IND_RES_SUSPICIOUS	Indicates Response to Interview - Suspicious (Value "Y" or "N")	CHAR	1	0	N
IND_RES_UNCOOP	Indicates Response to Interview - Uncooperative (Value "Y" or "N")	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_INT_CON	Indicates Intellectual Functioning - Impaired Level Of Consciousness Uncooperative (Value "Y" or "N")	CHAR	1	0	N
IND_INT_ATT	Indicates Intellectual Functioning - Impaired Attention Span Uncooperative (Value "Y" or "N")	CHAR	1	0	N
IND_INT_ABS	Indicates Intellectual Functioning - Impaired Abstract Thinking (Value "Y" or "N")	CHAR	1	0	N
IND_INT_CALC	Indicates Intellectual Functioning - Calculation Ability (Value "Y" or "N")	CHAR	1	0	N
IND_INT_INTEL	Indicates Intellectual Functioning - Impaired Intelligence (Value "Y" or "N")	CHAR	1	0	N
IND_ORE_PERSON	Indicates Orientation - Disoriented to Person (Value "Y" or "N")	CHAR	1	0	N
IND_ORE_PLACE	Indicates Orientation - Disoriented to Place (Value "Y" or "N")	CHAR	1	0	N
IND_ORE_TIME	Indicates Orientation - Disoriented to Time (Value "Y" or "N")	CHAR	1	0	N
IND_MEM_RECALL	Indicates Memory - Impaired Immediate Recall (Value "Y" or "N")	CHAR	1	0	N
IND_MEM_RECENT	Indicates Memory - Impaired Recent Memory (Value "Y" or "N")	CHAR	1	0	N
IND_MEM_REMOTE	Indicates Memory - Impaired Remote Memory (Value "Y" or "N")	CHAR	1	0	N
IND_PER_ILL	Indicates Perception - Illusions (Value "Y" or "N")	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_PER_AUD	Indicates Perception - Auditory Hallucinations (Value "Y" or "N")	CHAR	1	0	N
IND_PER_VIS	Indicates Perception - Visual Hallucinations (Value "Y" or "N")	CHAR	1	0	N
IND_PER_OTH	Indicates Perception - Other Types of Hallucinations (Value "Y" or "N")	CHAR	1	0	N
IND_THO_OBS	Indicates Thought Content - Obsessions (Value "Y" or "N")	CHAR	1	0	N
IND_THO_COMP	Indicates Thought Content - Compulsions (Value "Y" or "N")	CHAR	1	0	N
IND_THO_PHO	Indicates Thought Content - Phobias (Value "Y" or "N")	CHAR	1	0	N
IND_THO_DEREAL	Indicates Thought Content - Derealization, Depersonalization (Value "Y" or "N")	CHAR	1	0	N
IND_THO_SUICIDE	Indicates Thought Content - Suicidal Ideation (Value "Y" or "N")	CHAR	1	0	N
IND_THO_HOMICIDE	Indicates Thought Content - Homicidal Ideation (Value "Y" or "N")	CHAR	1	0	N
IND_THO_DELU	Indicates Thought Content - Delusions (Value "Y" or "N")	CHAR	1	0	N
IND_THO_PARA	Indicates Thought Content - Paranoia (Value "Y" or "N")	CHAR	1	0	N
IND_THO_REF	Indicates Thought Content - Ideas of Reference (Value "Y" or "N")	CHAR	1	0	N
IND_THO_INF	Indicates Thought Content - Ideas of Influence (Value "Y" or "N")	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_STR_DIS	Indicates Stream Thought - Associated Disturbance (Value "Y" or "N")	CHAR	1	0	N
IND_STR_SLOW	Indicates Stream Thought - Thought Flow Decreased, Slow (Value "Y" or "N")	CHAR	1	0	N
IND_STR_INCR	Indicates Stream Thought - Thought Flow Increased (Value "Y" or "N")	CHAR	1	0	N
IND_STR_INAPPR	Indicates Stream Thought - Inappropriate to Thought Content (Value "Y" or "N")	CHAR	1	0	N
IND_STR_AFF	Indicates Stream Thought - Increased Labiality of Affect (Value "Y" or "N")	CHAR	1	0	N
IND_STR_BLUNT	Indicates Stream Thought - Mood is Blunted, Absent, Unvarying (Value "Y" or "N")	CHAR	1	0	N
IND_STR_EUPH	Indicates Stream Thought - Mood is Euphoric, Elated (Value "Y" or "N")	CHAR	1	0	N
IND_STR_ANGRY	Indicates Stream Thought - Mood is Angry, Hostile (Value "Y" or "N")	CHAR	1	0	N
IND_STR_FEAR	Indicates Stream Thought - Mood is Blunted Fearful, Anxious, Apprehensive (Value "Y" or "N")	CHAR	1	0	N
IND_STR_SAD	Indicates Stream Thought - Mood is Depressed, Sad (Value "Y" or "N")	CHAR	1	0	N
IND_BEH_ABUSE	Indicates Overt Behaviors - Abuses Substances (Value "Y" or "N")	CHAR	1	0	N
IND_BEH_VERB	Indicates Overt Behaviors - Verbally Abuses Others (Value "Y" or "N")	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_BEH_PHYS	Indicates Overt Behaviors - Physically Abuses Others (Value "Y" or "N")	CHAR	1	0	N
IND_BEH_DEST	Indicates Overt Behaviors - Destroys Property (Value "Y" or "N")	CHAR	1	0	N
IND_BEH_SELF	Indicates Overt Behaviors - Physically Abuses Self (Value "Y" or "N")	CHAR	1	0	N
IND_BEH_FEAR	Indicates Overt Behaviors - Fearful, Crying, Clinging (Value "Y" or "N")	CHAR	1	0	N
IND_BEH_STEAL	Indicates Overt Behaviors - Takes property from others (Value "Y" or "N")	CHAR	1	0	N
IND_BEH_PACE	Indicates Overt Behaviors - Performs Repetitive Behaviors (Pacing, Rocking, and so on) (Value "Y" or "N")	CHAR	1	0	N
DSC_COMMENTS_ASSMT	Description of behaviors	VARCHAR2	500	0	N
IND_TOOLS_FOLSTEIN	Indicates if Mini Folstein tool was used in the evaluation (Value "Y" or "N")	CHAR	1	0	N
IND_TOOLS_OTHER	Indicates if Other Tool was used in evaluation (Value "Y" or "N")	CHAR	1	0	N
DSC_TOOLS_OTHER	Describes other tools used in evaluation	VARCHAR2	500	0	N
IND_DEMENTIA	Indicates if organicity/dementia is present (Value "Y" or "N")	CHAR	1	0	N
DSC_DEMENTIA	Describes how organicity/dementia was substantiated	VARCHAR2	500	0	N
DSC_AXIS1	Describes AXIS I	VARCHAR2	100	0	N
DSC_AXIS2	Describes AXIS 2	VARCHAR2	100	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_AXIS3	Describes AXIS 3	VARCHAR2	100	0	N
DSC_AXIS4	Describes AXIS 4	VARCHAR2	100	0	N
DSC_AXIS5	Describes AXIS 5	VARCHAR2	100	0	N
DSC_DIAG	Diagnosis description	VARCHAR2	100	0	N

2.13.447 T_PS_MR_FINDINGS

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_PSYCH	Describes psychological evaluation	VARCHAR2	500	0	N
DSC_MEDICAL	Describes medical diagnosis and history	VARCHAR2	500	0	N
DSC_MEDICATIONS	Describes medications taken by applicant	VARCHAR2	500	0	N
DSC_NF_NEEDS	Describes nursing facility care needs	VARCHAR2	500	0	N
DSC_DEV_STR_NEED	Describes developmental strengths and needs	VARCHAR2	500	0	N
IND_NF	Indicates if applicant requires nursing facility placement (Values "Y"es, "N"o)	CHAR	1	0	N
IND_SPECIAL_SERV	Indicates if special services are recommended (Values "Y"es, "N"o)	CHAR	1	0	N
DSC_SPECIAL_SERV	Describes recommended special services	VARCHAR2	500	0	N

2.13.448 T_PS_MR_PART_A

This table holds an applicant's diagnosis information for a Mental Retardation PASRR Level II review.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_FUNC_MEAS	Describes intellectual functioning measurement	VARCHAR2	500	0	N
DSC_VALID_MR	Describes validation of MR/Related condition	VARCHAR2	500	0	N
DSC_AGE_ONSET	Describe age of onset	VARCHAR2	500	0	N
DSC_COMMENTS	Additional comments	VARCHAR2	1000	0	N
DTE_COMPLETED	Date Completed	NUMBER	8	0	N
NAM_LAST	Last name of evaluator.	CHAR	20	0	N
NAM_FIRST	First name of evaluator	CHAR	15	0	N
NAM_MID_INIT	Middle initial of evaluator	CHAR	1	0	N
DSC_TITLE	Title of evaluator	VARCHAR2	50	0	N
DTE_REVIEWED	Date evaluation was reviewed	NUMBER	8	0	N

2.13.449 T_PS_MR_PART_B

This table holds an applicant's medical information for a Mental Retardation PASRR Level II review.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_MEDICAL_PROBLEMS	Describes medical problems	VARCHAR2	500	0	N
DSC_IMPACT	Describes impact of health problems on independent functioning	VARCHAR2	500	0	N
DSC_CURRENT_MEDS	Describes current medications	VARCHAR2	500	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_RESPONSE	Additional comments	VARCHAR2	500	0	N
DSC_MON_HLT	Ability of applicant to monitor health status	VARCHAR2	500	0	N
DSC_MON_MEDS	Ability of applicant to monitor medical treatments	VARCHAR2	500	0	N
DSC_MON_DIET	Ability of applicant to monitor nutritional status	VARCHAR2	500	0	N
DTE_COMPLETED	Date Completed	NUMBER	8	0	N
NAM_LAST	Last name of evaluator.	CHAR	20	0	N
NAM_FIRST	First name of evaluator	CHAR	15	0	N
NAM_MID_INIT	Middle initial of evaluator	CHAR	1	0	N
DSC_TITLE	Title of evaluator	VARCHAR2	50	0	N
DTE_REVIEWED	Date evaluation was reviewed	NUMBER	8	0	N

2.13.450 T_PS_MR_PART_C

This table holds an applicant's developmental needs and medical services for a Mental Retardation PASRR Level II review.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_SELF_HELP	Describes self-help development (toileting, dressing, eating and grooming)	VARCHAR2	500	0	N
DSC_SEL_HEKP_SERV	Describes recommendation to meet self help needs	VARCHAR2	500	0	N
DSC_MOTOR	Describes sensory motor development	VARCHAR2	500	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_MOTOR_SERV	Describes recommendation to meet sensory motor development needs	VARCHAR2	500	0	N
DSC_SPEECH	Describes speech and language development	VARCHAR2	500	0	N
DSC_SPEECH_SERV	Describes recommendation to meet speech and language development needs	VARCHAR2	500	0	N
DSC_SOCIAL	Describes social development	VARCHAR2	500	0	N
DSC_SOCIAL_SERV	Describes recommendation to meet social development needs	VARCHAR2	500	0	N
DSC_ACADEMIC_STRE	Describes academic/educational development strengths	VARCHAR2	500	0	N
DSC_ACADEMIC_NEED	Describes academic/educational development needs	VARCHAR2	500	0	N
DSC_LIVING_STRE	Describes independent living strengths	VARCHAR2	500	0	N
DSC_LIVING_NEED	Describes independent living needs	VARCHAR2	500	0	N
DSC_VOCATIONAL_STRE	Describes vocational development strengths	VARCHAR2	500	0	N
DSC_VOCATIONAL_NEED	Describes vocational development needs	VARCHAR2	500	0	N
DSC_AFF_DEV_STRE	Describes affective development strengths	VARCHAR2	500	0	N
DSC_AFF_DEV_NEED	Describes affective development need	VARCHAR2	500	0	N
DSC_INAPPROPRIATE_STRE	Describes maladaptive or inappropriate behaviors strengths	VARCHAR2	500	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_INAPPROPRIATE_NEED	Describes maladaptive or inappropriate behaviors needs	VARCHAR2	500	0	N

2.13.451 T_PS_MR_PART_D

This table holds specialized services and facility placement recommendations for an applicant as a result of a Mental Retardation PASRR Level II review.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
IND_SPEC_SERV	Indicates if specialized services (Active Treatment) is recommended (Values "Y"es, "N"o)	CHAR	1	0	N
IND_MORE_30	Indicates if a residence is recommended for more than 30 months	CHAR	1	0	N
NAM_LAST	Last name of evaluator.	CHAR	20	0	N
NAM_FIRST	First name of evaluator	CHAR	15	0	N
NAM_MID_INIT	Middle initial of evaluator	CHAR	1	0	N
DSC_TITLE	Title of evaluator	VARCHAR2	50	0	N

2.13.452 T_PS_PHYSICAL

This table holds applicant's physical evaluation results contained on the Level II PASRR form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_NF_SERVICES	Describes nursing facility services presently received, if resident, or recommended if applicant.	VARCHAR2	500	0	N
DSC_COMP_HIST	Describes Comprehensive History and Physical Data Available	VARCHAR2	500	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_INFO_AVAIL	Indicates if information is available from facility record, MDS, hospital or other sources	CHAR	1	0	N
DSC_SOURCE	Describes source of information.	VARCHAR2	500	0	N
DTE_PERFORMED	Date of physical examination.	NUMBER	8	0	N
DSC_NEEDS	Describes major physical needs documented in exam	VARCHAR2	500	0	N
DSC_FINDING	Describes finds documented in exam	VARCHAR2	500	0	N
DTE_FINDING	Date finding is returned	NUMBER	8	0	N
DSC_EVAL	Describes evaluation recommended	VARCHAR2	500	0	N
DTE_REFER	Date of referral	NUMBER	8	0	N
DSC_COMMENTS	Comments from the exam	VARCHAR2	500	0	N
DSC_SUMMARY	Summary of major physical/medical needs	VARCHAR2	500	0	N
DTE_MDS	Date of Last Minimum Data Set (MDS) conducted at the facility	NUMBER	8	0	N
DSC_MDS_NEEDS	Note major physical medical needs for Last Minimum Data Set	VARCHAR2	500	0	N
DTE_LOC	Date of last Level of Care Certification Performed by Peer Review	NUMBER	8	0	N
DSC_OTH_COMMENTS	Additional comments	VARCHAR2	500	0	N
DSC_SRC_DATA	Describes the Provider Performing the exam	VARCHAR2	500	0	N
DSC_EVALUATOR	Describes the evaluator	VARCHAR2	20	0	N
USER_ID	User ID that entered the application.	CHAR	10	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_REFER2	Second Date of referral	NUMBER	8	0	N
DSC_EVALUATOR2	Describes the second evaluator	VARCHAR2	500	0	N
DSC_MDS_NEEDS2	Note for second major physical medical needs for Last Minimum Data Set	VARCHAR2	500	0	N

2.13.453 T_PS_PSYCH_SOC

This table holds an applicant's psychosocial evaluation information contained on the Level II PASRR form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_REASON	Describes changes in the applicant's status and/or living situation that contributed to the request for nursing home placement	VARCHAR2	500	0	N
DSC_FAMILY	Describes family and friends of the applicant	VARCHAR2	500	0	N
IND_COMMUNICATE	Indicates person's ability to communicate and verbalize in expressive/receptive skill areas (Values "Y"es or "N"o)	CHAR	1	0	N
DSC_IMPAIR	Describes person's communication impairment	VARCHAR2	500	0	N
DSC_SUPPORT	Describes person's support system	VARCHAR2	500	0	N
CDE_EAT	Ranking person's ability for Eating - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_DRESS	Ranking person's ability for Dressing - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BATH	Ranking person's ability for Bathing - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_TOILET	Ranking person's ability for Toileting - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_GROOM	Ranking person's ability for Grooming - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_AMBUL	Ranking person's ability for Ambulation - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_TRANS	Ranking person's ability for Transfer - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_MEAL	Ranking person's ability for Meal Preparation - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_LGT_HOUSE	Ranking person's ability for light housekeeping - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_HVY_HOUSE	Ranking person's ability for heavy housekeeping - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MONEY	Ranking person's ability for money management - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_NUTRI	Ranking person's ability for Nutritional Habits - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_HEALTH	Ranking person's ability for Health Monitoring - 1) 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_LAUNDRY	Ranking person's ability for Laundry - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_SHOP	Ranking person's ability for Shopping - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_MOBILE	Ranking person's ability for Mobility - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_TRAVEL	Ranking person's ability for Travel - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
DSC_OTHER	Comments regarding person ability to perform daily living activities	VARCHAR2	500	0	N
DSC_IMPACT	Describe the impact of physical/medical condition on functioning	VARCHAR2	500	0	N

Column Name	Description	Type	Length	Precision	Primary Key
USER_ID	User ID that entered the application	CHAR	10	0	N

2.13.454 T_PS_REFERRAL

This table holds referral information for a PASRR applicant.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
NAM_LAST_REF	Last name of person who made applicant referral.	CHAR	20	0	N
NAM_FIRST_REF	First name of person who made applicant referral.	CHAR	15	0	N
NAM_MID_INIT_REF	Middle initial of person who made applicant referral.	CHAR	1	0	N
IND_REF_SOURCE	Source of the referral (MAP 409, telephone contact, subsequent review).	CHAR	1	0	N
DSC_REF_RELATIONSHIP	Relationship of person who made the referral to the applicant.	VARCHAR2	50	0	N
ADR_STREET_1_REF	First line of applicant's address.	CHAR	30	0	N
ADR_STREET_2_REF	Second line of applicant's address.	CHAR	30	0	N
ADR_STREET_3_REF	Third line of applicant's address.	CHAR	30	0	N
ADR_CITY_REF	The city in the applicant's address.	CHAR	18	0	N
ADR_STATE_REF	The state in the applicant's address.	CHAR	2	0	N
ADR_ZIP_CODE_REF	The 5 character zip code for the applicant's address .	CHAR	5	0	N
ADR_ZIP_CODE_4_REF	The zip plus four code for the applicant's address.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_PHONE_REF	Telephone number of the person who made the referral.	CHAR	10	0	N
CDE_REF_TYPE	Code indicating the type of referral 01 - Mental Illness 02 - Mental Retardation 03 - Related Condition 04 - Dual Diagnosis 05 - MI Portion only 06 - MR Portion only	CHAR	2	0	N
NAM_LAST_CON	Last name of contact person at the facility.	CHAR	20	0	N
NAM_FIRST_CON	First name of contact person at the facility.	CHAR	15	0	N
NAM_MID_INIT_CON	Middle initial of contact person at the facility.	CHAR	1	0	N
NUM_PHONE_CON	Telephone number of the contact person at the facility.	CHAR	10	0	N
DSC_FACILITY_NAME	Name of the Facility being Requested	VARCHAR2	30	0	N
NAM_LAST_MD	Last name of MD to receive findings.	CHAR	20	0	N
NAM_FIRST_MD	First name of MD to receive findings.	CHAR	15	0	N
NAM_MID_INIT_MD	Middle initial of MD to receive findings.	CHAR	1	0	N
ADR_STREET_1_MD	First line of MD address to receive findings.	VARCHAR2	30	0	N
ADR_STREET_2_MD	Second line of MD address to receive findings.	VARCHAR2	30	0	N
ADR_CITY_MD	The city of MD address to receive findings.	VARCHAR2	18	0	N
ADR_STATE_MD	The state of MD address to receive findings.	CHAR	2	0	N
ADR_ZIP_CODE_MD	The 5 character zip code of MD address to receive findings.	CHAR	5	0	N
ADR_ZIP_CODE_4_MD	The zip plus four code of MD address to receive findings.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ASMT_TYP	Type of Assessment 1 - Pre Admission - New NF Applicant 2 - Hospital Exemption 3 - Provisional Admission 4 - Delirium 5 - Respite 6 - New to PASRR	CHAR	1	0	N
CDE_REV_TYP	Subsequent Review	CHAR	1	0	N
DTE_ADMISSION	Date of admission	NUMBER	8	0	N
CDE_INFO_SRC	Info Obtained from following 01 - From Applicant 02 - From Family Members 03 - Legal Representative 04 - Other Agencies 05 - Record / Document Review	CHAR	1	0	N
DSC_INFO_DTLS	Details such as reason and so on..	VARCHAR2	500	0	N
USER_ID	User ID that entered the application.	CHAR	10	0	N

2.13.455 T_PS_TRACKING

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	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
DTE_REFERRAL	Date referral was made	NUMBER	8	0	N
DTE_VERBAL_SENT	Date verbal was given	NUMBER	8	0	N
DTE_REPORT_SENT	Date report was sent	NUMBER	8	0	N
NAM_LAST_1	Last name of evaluator.	CHAR	20	0	N
NAM_FIRST_1	First name of evaluator	CHAR	15	0	N
NAM_MID_INIT_1	Middle initial of evaluator	CHAR	1	0	N
DSC_TITLE_1	Title of evaluator	VARCHAR2	50	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_SIGN_2	Date evaluation signed by evaluator 1	NUMBER	8	0	N
NAM_LAST_2	Last name of evaluator	CHAR	20	0	N
NAM_FIRST_2	First name of evaluator	CHAR	15	0	N
NAM_MID_INIT_2	Middle initial of evaluator	CHAR	1	0	N
DSC_TITLE_2	Title of evaluator	VARCHAR2	50	0	N
SAK_PROV_PSYCH	System assigned key for a board eligible psychiatrist	NUMBER	9	0	N
SAK_PROV_LOC_PSYCH	System assigned key for the service location for a board eligible psychiatrist	NUMBER	9	0	N
SAK_PROV_MD	System assigned key for physician who reviewed and concurred with conclusions	NUMBER	9	0	N
SAK_PROV_LOC_MD	System assigned key for the service location for the physician who reviewed and concurred with conclusions	NUMBER	9	0	N
NAM_LAST_MEN	Last name of evaluator responsible for the Mental Status/Psychiatric Assessment	CHAR	20	0	N
NAM_FIRST_MEN	First name of evaluator responsible for the Mental Status/Psychiatric Assessment	CHAR	15	0	N
NAM_MID_INIT_MEN	Middle initial evaluator responsible for the Mental Status/Psychiatric Assessment	CHAR	1	0	N
DSC_TITLE_MEN	Title of evaluator responsible for the Mental Status/Psychiatric Assessment	VARCHAR2	50	0	N
DTE_SIGN_MEN	Date person signed for the Medication History evaluation	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_LAST_MED	Last name of evaluator responsible for the Medication History Assessment	CHAR	20	0	N
NAM_FIRST_MED	First name of evaluator responsible for the Medication History Assessment	CHAR	15	0	N
NAM_MID_INIT_MED	Middle initial evaluator responsible for the Medication History Assessment	CHAR	1	0	N
DSC_TITLE_MED	Title of evaluator responsible for the Medication History Assessment	VARCHAR2	50	0	N
DTE_SIGN_MED	The Date the Medical Assessment was signed.	NUMBER	8	0	N
NAM_LAST_PSYCH	Last name of evaluator responsible for the Psychological Assessment	CHAR	20	0	N
NAM_FIRST_PSYCH	First name of evaluator responsible for the Psychological Assessment	CHAR	15	0	N
NAM_MID_INIT_PSYCH	Middle initial of evaluator responsible for the Psychological Assessment	CHAR	1	0	N
DSC_TITLE_PSYCH	Title of evaluator responsible for the Psychological Assessment	VARCHAR2	50	0	N
DTE_SIGN_PSYCH	Date person responsible for Psychological Assessment signed the evaluation	NUMBER	8	0	N
NAM_LAST_MEDCL	Last name of evaluator responsible for the Medical Assessment	CHAR	20	0	N
NAM_FIRST_MEDCL	First name of evaluator responsible for the Medical Assessment	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_MID_INIT_MEDCL	Middle initial of evaluator responsible for the Medical Assessment	CHAR	1	0	N
DSC_TITLE_MEDCL	Title of evaluator responsible for the Medical Assessment	VARCHAR2	50	0	N
DTE_SIGN_MEDCL	Date person responsible for Medical assessment signed the evaluation	NUMBER	8	0	N

2.13.456 T_PS_TREATMENT_REV

This table holds prior treatment information contained on the Level II PASRR form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_PSYCH_HOSPITAL	Describes prior admission to state or psychiatric facilities (give dates, facility and reason for admission).	VARCHAR2	500	0	N
DSC_COMMUNITY	Describes community based treatment involvement with community mental health center, private psychiatric or other treatment facilities (include outpatient and community support services).	VARCHAR2	500	0	N
DSC_COOPERATION	Describes history of cooperation with recommended treatment.	VARCHAR2	500	0	N
DSC_REFER_DIAG	Describes referral diagnosis.	VARCHAR2	500	0	N

2.13.457 T_PS_TREAT_PLAN

This table holds the PASRR Level II treatment plan devised for the applicant as a result of the physical and mental evaluation.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
CDE_DISPOSITION	Code indicates recommendation 1 = No specialized services recommended 2= Specialized services recommended 3 = Client declined specialized services 4 = Recommend state facility treatment facility 5 = Recommend private facility 6 = No action taken 7 = Stay in State IMD 8 = Inappropriate PASRR referral	CHAR	1	0	N
IND_CONTINUE	Indicates whether person continues in the PASRR process (Values "Y"es, "N"o)	CHAR	1	0	N
DSC_SUM_FINDINGS	Describes the Summary Report of findings, determinations and recommendations.	VARCHAR2	2000	0	N
CDE_30_PLUS	Code indicates where person has been living more than 30 days(Values "Y"es, "N"o)	CHAR	1	0	N
CDE_30_LESS	Code indicates where person has been living less than 30 days(Values "Y"es, "N"o)	CHAR	1	0	N
CDE_RESIDE_WHERE	Code indicating if person lived in Facility or community. (Values "C", "F")	CHAR	1	0	N
USER_ID	User ID that entered the application.	CHAR	10	0	N

2.13.458 T_PUB_HLTH_PGM

This contains all the valid medical assistance programs in 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_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
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 member 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

Column Name	Description	Type	Length	Precision	Primary Key
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
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
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
IND_TPL_ACTION	This indicator identifies the action taken for TPL editing based on the OI Plan.	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.	DATE	0	0	N
DTE_END	The last date the claim type to program restriction is effective for use in claims editing.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
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 will not be used to process the claim.	DATE	0	0	N
DTE_ACTIVE	This is the date this row becomes active. For new claims the system date is compared to this date. If the system date is less than this date, the row will not be used to process the claim.	DATE	0	0	N

2.13.459 T_RATE_TYPE

The Rate Type describes the rate to use in determining provider reimbursement. The rate type is used to allow different rates to be applied for various benefit plans.

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
DSC_RATE_TYPE	Description of rate type.	VARCHAR2	18	0	N

2.13.460 T_RBRVS

Resource Based Relative Value Scale (RBRVS) pricing methodology information for a procedure. The main source for this data will be the Medicare Fee Schedule Data Base (MFSDB). However, system users may also provide RBRVS pricing information.

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	Indicates the technical or professional component of a procedure. A blank will identify a global service. A modifier of 26 will identify professional component and a TC will identify technical component.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	The date procedure RBRVS rates become effective for claims processing.	DATE	0	0	N
DTE_END	The date procedure RBRVS rates become invalid (no longer active) for claims processing.	DATE	0	0	N
IND_PC_TC	This indicates type of professional or technical component.	CHAR	1	0	N
NUM_RVU_W	Work Relative Value Unit used in calculating RBRVS rates for a procedure.	NUMBER	9	2	N
NUM_RVU_PE	Practice expense Relative Value Unit used in calculating RBRVS rates for a procedure.	NUMBER	9	2	N
NUM_RVU_M	The malpractice Relative Value Unit used in calculating RBRVS rates for a procedure.	NUMBER	9	2	N
NUM_GLOBAL_SURG	Provides the timeframes that apply to each surgical procedure.	CHAR	3	0	N
IND_SOS_DIFF	Indicates services subject to payment adjustments based on site of service.	CHAR	1	0	N
CDE_MULTI_SURG	Indicates multiple surgery service payment adjustment rules to use for pricing.	CHAR	1	0	N
CDE_BI_SURG	Indicates bilateral surgery service payment adjustment rule to use for pricing.	CHAR	1	0	N
CDE_ASST_SURG	Indicates assistant at surgery service restriction.	CHAR	1	0	N
CDE_CO_SURG	Indicates services for which two surgeons, each in a different specialty, may be paid.	CHAR	1	0	N
CDE_TEAM_SURG	Identifies services for which team surgeons may be paid.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
PCT_PREOP	The Preoperative percentage of the global surgery package.	NUMBER	6	5	N
PCT_INTRAOP	The Intraoperative percentage of the global surgery package.	NUMBER	6	5	N
PCT_POSTOP	The Postoperative percentage of the global surgery package.	NUMBER	6	5	N

2.13.461 T_RBRVS_PR_SPEC

Non-physician practitioners may provider services normally delivered by a physician. In these instances, payment amount will be adjusted by a certain percentage of the schedule amount that would have been paid to a physician for the same service.

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
DTE_EFFECTIVE	The date a provider specialty adjustment used in RBRVS pricing is effective for claims processing.	DATE	0	0	N
DTE_END	The date a provider specialty adjustment used in RBRVS pricing is no longer valid for claims processing.	DATE	0	0	N
PCT	Percentage used to adjust claims payment to a provider based on the providers specialty.	NUMBER	3	2	N

2.13.462 T_RECIP_LINK_XREF

This entity keeps track of member's that were linked or unlinked. The entity stores the sak of each member and an indicator to tell us whether the member's were linked or unlinked. There is also a date to tell the date that the link or unlink took place. For a LINK - the sak_recip will contain the member that another is being linked to. This one will stay active. The sak_recip_purged will contain the other member and will become deactivated. For an UNLINK - the sak_recip will contain the member that another is being unlinked from. This one is active and will stay active. The sak_recip_purged will contain the member that was previously linked and deactivated. It will now become activated again.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_LINK	System assigned key to uniquely identify a link/unlink transaction.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
SAK_RCP_PURGED	System assigned key to uniquely identify the member that was purged as a result of a link or restored as a result of an unlink.	NUMBER	9	0	N
CDE_STATUS	Tells current status of link/unlink txn. Values are: 'L' - Link of recip/clms completed. 'C' - Claims still to be Linked. 'P' - Unlink of recip/clms completed. 'U' - Claims still to be Unlinked.	CHAR	1	0	N
DTE_PROCESSED	This date field tells us when the transaction was initially processed. The date is in the format CCYYMMDD	DATE	0	0	N
TME_STAMP	This time stamp field tells us when the transaction was initially processed. The time is in format hhmmssss.	NUMBER	8	0	N

2.13.463 T_RECIP_REVIEW

Identifies members who have been put on review so that their claims will suspend and be further researched before payment is determined.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REVIEW	Unique key to identify a specific row of a member on review	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
SAK_REV_RSN	Unique key identifying the reason code	NUMBER	9	0	N
SAK_REV_REQ	Unique key identifying the requestor code	NUMBER	9	0	N
DTE_EFFECTIVE	Date the member review is effective	DATE	0	0	N
DTE_END	Date the member review ends	DATE	0	0	N

2.13.464 T_REF_UCC

Provider specific usual, customary, and reasonable charge for a procedure based on a historical profile of billed charges a provider typically requests for a procedure.

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
CDE_RATE_TYPE	Rate code type.	CHAR	3	0	Y
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
CDE_PROC_MOD	Further clarifies a procedure.	CHAR	2	0	Y
CDE_MODIFIER_2	Second Procedure code modifier for further clarification	CHAR	2	0	Y
CDE_MODIFIER_3	Third Procedure code modifier for further clarification	CHAR	2	0	Y
CDE_MODIFIER_4	Fourth Procedure code modifier for further clarification	CHAR	2	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 that the corresponding UCC became effective.	DATE	0	0	N
DTE_END	The date that the corresponding UCC was no longer effective.	DATE	0	0	N
AMT_UCC_RATE	The Usual and Customary Charge associated with this procedure code.	NUMBER	9	2	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

2.13.465 T_REGION

Number indicating the media in which a claim entered the system.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_REGION	Classification of the media on which a claim is submitted into the MMIS system or the type of transaction performed on a claim that already exists in the MMIS system.	CHAR	2	0	Y
DSC_REGION	Description of the region code.	CHAR	50	0	N

2.13.466 T_RELATED_CASES

Casualty cases that are related to another casualty case due to the members being related to one another.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CAS_REL_CASE	This is the internal id that uniquely identifies the related case.	NUMBER	9	0	Y
SAK_CASUALTY	This is the internal id that is unique to identify this case.	NUMBER	9	0	Y
NUM_CAS_CASE	The unique identifier for a casualty case. Used by account to identify the casualty cases on reports.	NUMBER	9	0	N
ID_MEDICAID	The Medicaid ID of the member.	CHAR	12	0	N
NAM_CONTACT	The name of the responsible person for this case.	CHAR	40	0	N

2.13.467 T_RELATION_CODE

This table identifies the possible values for the relationship between the member covered by a TPL policy and the policyholder of the policy.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RELATION	This code identifies the relationship of the policyholder to the member covered by a TPL policy.	CHAR	1	0	Y
RELATION_DESC	This field contains the description associated with a specific relationship code.	CHAR	20	0	N

2.13.468 T_REVENUE_CODE

A three digit code which identifies a specific accommodation or ancillary service.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REVENUE	System assigned key used to uniquely identify a revenue code.	NUMBER	9	0	Y
CDE_REVENUE	This identifies a specific accommodation or ancillary service. Revenue codes are determined by HCFA.	CHAR	4	0	N
DSC_REV_CODE	This describes a specific accommodation or ancillary service.	CHAR	70	0	N
DTE_EFFECTIVE	This is the date of service that the revenue code became effective.	DATE	0	0	N
DTE_END	This is the last date of service that the revenue code is effective.	DATE	0	0	N
NUM_RATE_ID	This field represents a grouping of revenue codes. Each revenue code has a rate ID number and more than one revenue code will have the same number. Revenue codes are grouped this way for use in different pricing methodologies.	NUMBER	4	0	N
CDE_MC_SVC_CLASS	The service class indicates the type of services provided.	CHAR	2	0	N
IND_PROC_IN_EXCLUD	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
IND_SPEC_IN_EXCLUD	This field indicates whether the associated provider specialty is included or excluded from the billing restrictions for a revenue code.	CHAR	1	0	N

2.13.469 T_REVENUE_FLAT_FEE

The revenue flat fee entity is used in outpatient pricing for flat fee amounts that relate to a revenue code and emergency indicator.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REVENUE	System assigned key used to uniquely identify a revenue code.	NUMBER	9	0	Y
CDE	This is an emergency code. Valid values are 'E' or space.	CHAR	1	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 effective is the begin date for this segment.	DATE	0	0	Y
DTE_END	The end date is the last date for this segment.	DATE	0	0	N
AMT	This field is the flat fee amount. It is used in new outpatient pricing.	NUMBER	9	2	N

2.13.470 T_REV_GROUP

Groups revenue codes by revenue type. This will be used by various parts of the system for different processing methodologies.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REV_TYPE	System assigned key for a unique revenue type, that represents a single or collection of revenue codes.	NUMBER	4	0	Y
SAK_REVENUE_FROM	System assigned key used to uniquely identify a revenue code.	NUMBER	9	0	Y
SAK_REVENUE_TO	System assigned key used to uniquely identify a revenue code.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date that the revenue code is to become effective for the revenue type in claims processing.	DATE	0	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END	The last date that the revenue code is in effect for the revenue type in claims processing.	DATE	0	0	N

2.13.471 T_REV_TYPE

A revenue type is associated with a group of revenue codes. Used to identify revenue codes for use in certain processing methodologies. For example, "Surgery" is a revenue type.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REV_TYPE	System assigned key for a unique revenue type, that represents a single or collection of revenue codes.	NUMBER	4	0	Y
DSC_50	Describes the revenue type, for example, "Recovery Room".	CHAR	50	0	N
DSC_DEFINITION	Definition of where and/or how this revenue code group is used.	VARCHAR2	4000	0	N

2.13.472 T_RE_ADDRESS

This entity contains the member's previous address and the date this address was written to this table, due to a new current address being added to the system.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_SHORT_ADDRESS	System assigned key that uniquely identifies a Medicaid member's previous address.	NUMBER	4	0	Y
ADR_STREET_1	The first address possible to identify the place of residence.	CHAR	30	0	N
ADR_STREET_2	Additional address information about the place of residence.	CHAR	30	0	N
ADR_STREET_3	Additional address information about the place of residence.	CHAR	30	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_CITY	Indicates the city in which a Medicaid member resides.	CHAR	18	0	N
ADR_STATE	A code indicating the state in which a Medicaid member resides.	CHAR	2	0	N
ADR_ZIP_CODE	Zip code of a Medicaid member's primary residence.	CHAR	5	0	N
ADR_ZIP_CODE_4	Suffix for member zip code.	CHAR	4	0	N
NUM_LATITUDE	Geographical Latitude of Member's Address	NUMBER	11	6	N
NUM_LONGITUDE	Geographical Longitude of Member's Address	NUMBER	11	6	N
CDE_GIS_QUALITY	This is the code that stores the precision of the address match for the latitude and longitude lookup.	NUMBER	4	0	N
CDE_SOURCE		CHAR	5	0	N
DTE_LAST_CHANGE	Date on which address was changed.	DATE	0	0	N

2.13.473 T_RE_AID_ELIG_DN

Member Aid Category Eligibility contains the beneficiary's population code eligibility segments. A population code eligibility segment specifies a period of time that the beneficiary is eligible for Medicaid coverage in that population code. Each segment is maintained by an effective date and end date. For each date range, there will be a corresponding population code that will be used to determine what services are included in the beneficiary's Medicaid coverage for that period of time. For further information about how the benefit plan and population codes are determined and how they relate, refer to the Beneficiary User Manual.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_AID_ELIG	System assigned key used to uniquely identify an eligibility segment.	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique beneficiary.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PGM_ELIG	Used along with the SAK RECIP to uniquely identify an eligibility segment for a particular beneficiary.	NUMBER	4	0	Y
CDE_AID_CATEGORY	System assigned key to uniquely identify a valid population code.	CHAR	2	0	N
DTE_EFFECTIVE	The date that the beneficiary becomes eligible for the corresponding population code.	DATE	0	0	N
DTE_END	The date that the beneficiary is no longer eligible for the corresponding population code.	DATE	0	0	N
CDE_STATUS1	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.	CHAR	1	0	N

2.13.474 T_RE_ALIEN

Contains members who are aliens or refugees.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
DTE_US_ENTRY	Date the member entered the US, if they are an alien or a refugee.	DATE	0	0	N
ALIEN_ID_NUM	Member's alien id number, if they have one.	CHAR	10	0	N

2.13.475 T_RE_ASSIGN_PLAN

This table will allow relationships between a member and provider for the purposes of care. The types of information that will be stored on this table are the member level of care nursing home information, provider lockin information, hospice information, some provider specific waiver information, and other benefit information that will relate a member to a provider. Note: Managed Care also handles relationships between the member and the provider for benefits that the provider is paid for.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ASSIGN_PLAN	This is the primary key to the assign plan table.	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
SAK_PROV_LOC	This is the system key that will uniquely identify a provider service location in the system.	NUMBER	9	0	N
SAK_PUB_HLTH	System assigned internal key for a member plan.	NUMBER	9	0	N
DTE_EFFECTIVE	The effective date for the assignment plan.	DATE	0	0	N
DTE_END	The end date for the assignment plan.	DATE	0	0	N
CDE_STATUS	This will be a space for active records and an 'H' for history and inactive records.	CHAR	1	0	N
CDE_SOURCE	This is the source of the member updates and information.	CHAR	5	0	N
DTE_LAST_UPDATE	This is the date that the record was last updated.	DATE	0	0	N

2.13.476 T_RE_ASSIGN_PLAN_LI

This table is a subset of the information in the Assignment Plan table. It contain all relationships between a member and provider for the purposes of lockin.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ASSIGN_PLAN	This is the primary key to the assign plan table.	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	This is the system key that will uniquely identify a provider service location in the system.	NUMBER	9	0	N
SAK_PUB_HLTH	System assigned internal key for a member plan.	NUMBER	9	0	N
DTE_EFFECTIVE	The effective date for the assignment plan.	DATE	0	0	N
DTE_END	The end date for the assignment plan.	DATE	0	0	N
CDE_STATUS	This will be a space for active records and an 'H' for history and inactive records.	CHAR	1	0	N
CDE_SOURCE	This is the source of the member updates and information.	CHAR	5	0	N
DTE_LAST_UPDATE	This is the date that the record was last updated.	DATE	0	0	N

2.13.477 T_RE_ASSIGN_PLAN_RLOC

This table is a subset of the information in the Assignment Plan table. It contain all relationships between a member and provider for the purposes of member level of care nursing home information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ASSIGN_PLAN	This is the primary key to the assign plan table.	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
SAK_PROV_LOC	This is the system key that will uniquely identify a provider service location in the system.	NUMBER	9	0	N
SAK_PUB_HLTH	System assigned internal key for a member plan.	NUMBER	9	0	N
DTE_EFFECTIVE	The effective date for the assignment plan.	DATE	0	0	N
DTE_END	The end date for the assignment plan.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATUS	This will be a space for active records and an 'H' for history and inactive records.	CHAR	1	0	N
CDE_SOURCE	This is the source of the member updates and information.	CHAR	5	0	N
DTE_LAST_UPDATE	This is the date that the record was last updated.	DATE	0	0	N

2.13.478 T_RE_ASSIGN_PLN_CODES

This table stores the codes associated with the member's assignment plans.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ASSIGN_PLAN	This is the primary key to the assign plan table.	NUMBER	9	0	Y
CDE_ASGN_TYPE	This is the code that identifies the type of assignment plan code	CHAR	4	0	Y
CDE_ASGN_VALUE	This is the value of the assignment plan's code.	CHAR	4	0	Y

2.13.479 T_RE_ASSIGN_REASON

This table is used to store all the reason codes needed to give further information about each of the assignment plans.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ASSIGN_PLAN	This is the primary key to the assign plan table.	NUMBER	9	0	Y
CDE_REASON	This is the reason code for the assignment plan.	CHAR	3	0	Y
DSC_COMMENT	Area for comment information for each reason code for the assignment plan.	VARCHAR2	100	0	N

2.13.480 T_RE_ASSIGN_RSN_CODE

This table contains the reason code values from the different types of assignment plans like the lock-in, level of care, hospice, and waiver assignment plans.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON	This is the reason code for the assignment plan.	CHAR	3	0	Y
SAK_BENEFIT_PLAN_TYPE	This is the primary key for the Benefit Plan Types.	NUMBER	9	0	N
DSC_REASON	This is the reason code description for the assignment plan.	VARCHAR2	100	0	N

2.13.481 T_RE_BASE_DN

The beneficiary base contains basic information, such as name and address about a beneficiary. A beneficiary is a person that receives Medicaid coverage or coverage under a special state funded program.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique beneficiary.	NUMBER	9	0	Y
SAK_CASE	The system assigned internal key for a unique case.	NUMBER	9	0	N
ID_MEDICAID	Unique identifier for the beneficiary.	CHAR	12	0	N
NAM_LAST	The last name of a beneficiary.	CHAR	20	0	N
NAM_FIRST	The first name of a beneficiary.	CHAR	15	0	N
NAM_MID_INIT	The middle initial of the beneficiary.	CHAR	1	0	N
NAM_TITLE	Member Title Ex. Mr., Mrs., Ms.,	CHAR	5	0	N
ADR_STREET_1	The first line of the beneficiary's street address.	CHAR	30	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_STREET_2	The second line of a beneficiary's street address.	CHAR	30	0	N
ADR_STREET_3	The third line of a member's street address.	CHAR	30	0	N
ADR_CITY	The city where the beneficiary resides.	CHAR	18	0	N
ADR_STATE	The state where the beneficiary resides.	CHAR	2	0	N
ADR_ZIP_CODE	The five character zip code for the beneficiary.	CHAR	5	0	N
ADR_ZIP_CODE_4	The zip plus four of the beneficiary.	CHAR	4	0	N
CDE_SOURCE_ADDR	This is the source of the member's updates and information	CHAR	5	0	N
NUM_LATITUDE	Geographical Latitude of beneficiary's address.	NUMBER	11	6	N
NUM_LONGITUDE	Geographical Longitude of beneficiary's address.	NUMBER	11	6	N
CDE_GIS_QUALITY	This is the code that stores the precision of the address match for the latitude and longitude lookup.	NUMBER	4	0	N
NUM_SSN	The social security number for a beneficiary.	CHAR	9	0	N
DTE_BIRTH	The date of birth for the beneficiary.	DATE	0	0	N
DTE_DEATH	The date of death for the beneficiary.	DATE	0	0	N
CDE_SEX	Indicates the sex of the beneficiary.	CHAR	1	0	N
CDE_RACE	The beneficiary's first race code.	CHAR	2	0	N
CDE_ETHNIC	The ethnicity of the beneficiary.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MARITAL	Indicates the marital status of a beneficiary. This field will always contain an X in the KS MMIS.	CHAR	1	0	N
CDE_COUNTY	The 2 digit county code used to identify a county in the state.	VARCHAR2	10	0	N
CDE_OFFICE	County office that the beneficiary lives near.	CHAR	1	0	N
SAK_CNTY_OFF_SRV	System assigned key to uniquely identify a specific county office.	NUMBER	9	0	N
CDE_LIV_ARNG	Living Arrangement Code.	CHAR	2	0	N
CDE_LANGUAGE	The member's language Code	CHAR	3	0	N
CDE_LANG_CORRESP	This is the language that the member uses for written correspondence.	CHAR	3	0	N
NUM_PHONE	Beneficiary phone number	CHAR	10	0	N
CDE_PHONE	System assigned key to uniquely identify a phone code.	CHAR	1	0	N
NUM_ADD_PHONE	This an additional phone number for contacting the member.	CHAR	10	0	N
CDE_ADD_PHONE	Identify an additional phone code.	CHAR	1	0	N
SAK_CITIZEN_DSC	System assigned key to uniquely identify a citizen status code and associated description.	NUMBER	9	0	N
CDE_CITIZEN_STAT	System assigned key to uniquely identify a citizen status code and associated description.	CHAR	1	0	N
IND_SPEC_HLTH	Indicates if the beneficiary has any special health needs.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SOUNDEX	Identifies the Oracle Soundex phonetic value.	CHAR	4	0	N
IND_ACTIVE	Indicates if the beneficiary Medicaid ID is active or purged because of a link. When two Medicaid IDs are linked one of them is no longer valid and will have an IND ACTIVE of 'N'. All others are active and will have a 'Y' or a 'P' (BID has changed).	CHAR	1	0	N
IND_RESTRICT_LI	Indicator displaying whether a beneficiary is locked in or locked out of provider services.	CHAR	1	0	N
CDE_PGM_HEALTH_LI	Identifies the medical assistance program for Lock ins that is supported in the system.	CHAR	5	0	N
CDE_SOURCE_LI	This is the source of the Lock-in member updates and information.	CHAR	5	0	N
CDE_REASON_LI	Unique code assigned for the lock-in reason.	CHAR	3	0	N
DTE_LI_EFF	The date that the member becomes eligible for Lockin	DATE	0	0	N
DTE_LI_END	The date that the member is no longer Locked into a specific provider.	DATE	0	0	N
IND_MEDICARE_A	This is the Part A Medicare indicator. Values include 'P' for Pending, 'Y' for Yes, 'N' for No.	CHAR	1	0	N
IND_MEDICARE_B	This is the Part B Medicare indicator. Values include 'P' for Pending, 'Y' for Yes, 'N' for No.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LEVEL_OF_CARE	Identifies the level of care for a beneficiary.	CHAR	5	0	N
CDE_SOURCE_RLOC	Identifies the source of the member level of care code	CHAR	5	0	N
CDE_REASON_RLOC	Unique code assigned for the level of care reason.	CHAR	3	0	N
DTE_RLOC_EFF	The date that the member becomes eligible for level of care.	DATE	0	0	N
DTE_RLOC_END	The date that the member is no longer eligible for level of care	DATE	0	0	N
CDE_PGM_HEALTH	Identifies the medical assistance program that is supported in the system.	CHAR	5	0	N
CDE_AID_CATEGORY	This is the Population code.	CHAR	2	0	N
SAK_PROV_LOC_LTC	Provider Number assigned that uniquely identifies the provider enrollment tracking for LTC providers.	NUMBER	9	0	N
SAK_PROV_LOC_PCP	Provider Number assigned that uniquely identifies the provider enrollment tracking for PCP providers.	NUMBER	9	0	N
DTE_ELIG_EFF	The date that the beneficiary becomes eligible for the corresponding Medical Assistance program.	DATE	0	0	N
DTE_ELIG_END	The date that the beneficiary is no longer eligible for the corresponding Medical Assistance program.	DATE	0	0	N
NUM_CASE	The case number assigned by KAECSES.	CHAR	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SOURCE	This is the source of the member updates and information.	CHAR	5	0	N
CDE_SOURCE_INC	Income Source	CHAR	5	0	N
AMT_INCOME	This the member's income amount.	NUMBER	10	2	N
DTE_ADDED	The date the member information was added.	DATE	0	0	N
DTE_LAST_UPDATE	The date the member information was last updated	DATE	0	0	N

2.13.482 T_RE_CARE_MNGR

Table will contain the care manager name and case status. This information comes from EDS ATLANTES.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
IND_CASE_STATUS	Indicates if the case management case is open or close. The values are 'O' and 'C'.	CHAR	1	0	N
NAM_FULL	The full name of the member's care manager.	CHAR	50	0	N
DTE_STATUS_CHG	Contains the date in CCYYMMDD format that the case status was last updated.	DATE	0	0	N
TME_STATUS_CHG	Time (HHMMSS 24 hr) that the case status indicator was last changed.	NUMBER	8	0	N

2.13.483 T_RE_CASE

Information about a case which is determined by DHS. A case is generally made up of the family members who reside within the same household and are eligible for Medicaid.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASE	The system assigned key to uniquely identify a case.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CASE	Number used to identify a group of members that are in a case created by DHS.	CHAR	12	0	N
ID_CASE_WORKER	Identifies the case worker assigned to the case.	CHAR	6	0	N
QTY_ADULT_SIZE	Number of adults in the case.	CHAR	2	0	N
QTY_CHILD_SIZE	Number of children in the case.	CHAR	2	0	N
NAM_LAST	Member's last name.	CHAR	20	0	N
NAM_FIRST	Member's first name.	CHAR	15	0	N
NAM_MID_INIT	Member's middle initial.	CHAR	1	0	N
AMT_INCOME	Member's income Amount	NUMBER	11	2	N
CDE_SOURCE	This is the source of the member updates and information.	CHAR	5	0	N

2.13.484 T_RE_CASE_XREF

Cross-reference between a member and prior cases they have been a part of.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASE_XREF	System assigned key to uniquely identify a member and case number.	NUMBER	9	0	Y
SAK_CASE	The system assigned key to uniquely identify a case.	NUMBER	9	0	N
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
DTE_CERT	Indicates the date that the member was certified in the case.	DATE	0	0	N

2.13.485 T_RE_CDE_ADR_USAGE

This table contains the address types that will be stored for a member.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ADDR_USAGE	This is the type of address that is being kept.	CHAR	2	0	Y
DSC_ADDR_USAGE	This is the description for the address usage.	CHAR	30	0	N

2.13.486 T_RE_CDE_ASGN_TYPE

This table stores the valid assignment codes, values and descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ASGN_TYPE	This is the code that identifies the type of assignment plan code	CHAR	4	0	Y
CDE_ASGN_VALUE	This is the value of the assignment plan's code.	CHAR	4	0	Y
SAK_BENEFIT_PLAN_TYPE	This is the primary key for the Benefit Plan Types.	NUMBER	9	0	N
DSC_ASGN_CDE_TYPE	This is the description of the assignment code.	VARCHAR2	100	0	N

2.13.487 T_RE_CDE_CS_DS_STATE

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROGRAM_LEVEL	Identifies the program level	CHAR	3	0	Y
DSC_PROGRAM_LEVEL	The description for the Program Level	VARCHAR	50	0	N

2.13.488 T_RE_CDE_PARTD_DUAL_STATUS

Code table to carry the Medicare Part D Dual Status codes and descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DUAL_STATUS	Indicates the member's dual status code.	CHAR	2	0	Y
DSC_DUAL_STATUS	The full description for the dual status code.	VARCHAR2	100	0	N

2.13.489 T_RE_CDE_PARTD_ENROLL_TYPE

Code table to carry the Medicare Part D Enrollment Type code values and descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ENROLL_TYPE	The enrollment type for the Part D Medicare.	CHAR	2	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_ENROLL_TYPE	The full description for the enrollment type for the Part D Medicare.	VARCHAR2	100	0	N

2.13.490 T_RE_CDE_PDP_TYPE

Code table to carry the PDP types that are used for Plans and Carriers.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PDP_TYPE	This code identifies the type of PDP plan such as HMO, PPO.	CHAR	2	0	Y
DSC_PDP_TYPE	The full description for the PDP Plan code.	VARCHAR2	100	0	N
IND_CARRIER	Y/N value to identify whether this plan type is used for Carriers.	CHAR	1	0	N
IND_PLAN	Y/N value to identify whether this plan type is used for identifying plan types for the PDP_PLAN table.	CHAR	1	0	N

2.13.491 T_RE_CDE_SOURCE

This table contains the list of valid member source codes to track the origin of a transaction back to it's source.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SOURCE	This is the source of the member updates and information.	CHAR	5	0	Y
DSC_SOURCE	This is the full description of the source of member updates and information.	CHAR	100	0	N
NUM_HIST_LOG_RETAIN	Field to store the number of days to keep the history log and error records on before they are purged for a specific source code.	NUMBER	9	0	N

2.13.492 T_RE_CITIZEN_DSC

Description of Citizen Status Codes

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CITIZEN_DSC	System assigned key to uniquely identify a citizen status code and associated description.	NUMBER	9	0	Y
CDE_CITIZEN_STAT	Citizen Status Code	CHAR	1	0	N
DSC_CITIZEN_STAT	Citizen Status Description	CHAR	60	0	N

2.13.493 T_RE_CMS_MMA_ENROLL

This table stores the history of dual eligible information sent to CMS for enrolling the beneficiaries into PART D coverage for Medicare Modernization Act (MMA).

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_SHORT	The system assigned key used along with the SAK RECIP to uniquely identify an eligibility segment for a particular member	NUMBER	4	0	Y
CDE_REC_TYPE	Identifies the type of the record that was sent. Valid values are 'D' for Detail (DET) and 'S' for Low income subsidy record (LIS).	CHAR	1	0	N
MTH_BENEFIT	This contains the benefit month and year (MMYYYY) for which the eligibility record has been sent	NUMBER	6	0	N
IND_ELIG_STA	Indicates Member Medicaid eligibility for the benefit month. Valid values 'Y' or 'N' for DET records and 9 for LIS records.	CHAR	1	0	N
CDE_HIC_RRB	Indicator for the member's Medicare id. Health Insurance claim number of Railroad retirement board claim number. Valid values are H or R.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_MEDICARE	The member's current Medicare ID number. (HIC/RRB number).	CHAR	15	0	N
NUM_SSN	The social security number of member	CHAR	9	0	N
NAM_LAST	The last name of member	CHAR	20	0	N
NAM_FIRST	The first name of member	CHAR	15	0	N
NAM_MID_INIT	The middle initial of member	CHAR	1	0	N
CDE_SEX	Indicates the sex of member	CHAR	1	0	N
DTE_BIRTH	The date of birth of the member.	DATE	0	0	N
CDE_DUAL_STATUS	Indicates the member's dual status code.	CHAR	2	0	N
CDE_FPL	Indicates the Federal Poverty Level. Values are '1' for <=100% of FPL, '2' FOR >100 of FPL and '9' for Unknown.	CHAR	1	0	N
CDE_DRUG_COV	Member's drug coverage indicator under Medicaid. Values are 0 for No coverage, 1 for Medicaid drug coverage and 9 for Unknown.	CHAR	1	0	N
IND_INST_STATUS	Indicates Member's eligibility to the Nursing facility, Intermediate care facility/Mentally Retarded or Inpatient Psychiatric Hospital. Determined by the level of care field. Values are 'Y', 'N' or 9 for Known.	CHAR	1	0	N
IND_SUBSIDY	Indicates subsidy approval for PART D coverage. Values are 'Y','N' or 9 for n/a.	CHAR	1	0	N
DTE_SUBSIDY	The date that the member's subsidy is approved for PART D coverage.	DATE	0	0	N
DTE_EFFECTIVE	The date that the member becomes eligible PART D subsidy coverage.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END	The date that the member is no longer eligible for the PART D subsidy coverage.	DATE	0	0	N
NUM_POV_PERCENT	Federal Poverty Level percentage for the PART D.	NUMBER	8	0	N
NUM_SUBSIDY_LVL	Identifies the portion of the PART D premium subsidized based upon the % of FPL. The following are the valid values: 100, 075, 050, 000, or 999	CHAR	3	0	N
CDE_INCOME_LVL	Income level used to determine the subsidy. Values are 1 for Individual, 2 for Couple and 9 for n/a.	CHAR	1	0	N
CDE_RESOURCE_LVL	Indicates the resource level. Values are 1=Over limit, 2=Under limit and 9=n/a.	CHAR	1	0	N
IND_APPEAL_STATUS	Indicates the appeal result status. Values are Y, N or 9 for n/a.	CHAR	1	0	N
IND_SUBSIDY_CHG	Indicates the change in the subsidy determination information sent in previous transmission. Values are Y, N or 9 for n/a.	CHAR	1	0	N
IND_SUBSIDY_CANCEL	Indicates if the subsidy information record that was sent in the previous transmission is cancelled or no longer valid. Values are Y,N or 9 for n/a.	CHAR	1	0	N
DTE_SENT	This is the date the record was sent to CMS.	DATE	0	0	N

2.13.494 T_RE_CMS_MMA_RESPONSE

This table contains the response (rejected) information received from CMS for the Part D eligible information (T_RE_CMS_MMA_RESPONSE) sent on a monthly basis.

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_SHORT	The system assigned key used along with the SAK RECIP to uniquely identifies the enrollment response record for a particular member.	NUMBER	4	0	Y
IND_REC_REJD	Indication of whether the record is rejected or accepted. Valid values are 'Y' (Rejected) or 'N' (Accepted).	CHAR	1	0	N
CDE_REC_REJD	This is the numeric code indicating the reason for the reject. The actual description for the error code can be found in T_BATCH_ERR_MSG by using the field CDE_ERROR.	NUMBER	6	0	N
CDE_ERROR	The error number for a batch edit error	NUMBER	4	0	N
CDE_MEDICARE_A_B	For dual eligible (DET) record, this field indicates the presence of Medicare Part A and/or Part B entitlement during the benefit month, For LIS record, it indicates the A/B entitlement during first month of subsidy period as given in Part D approved or disapproved date. Valid values are Y or N.	CHAR	1	0	N
CDE_MEDICARE_D	For dual eligible (DET) record, this field indicates the presence of Medicare Part D enrollment during the benefit month, for LIS record this indicates the enrollment during first month of subsidy period as given in Part D approved/disapproved date. Valid values are Y or N.	CHAR	1	0	N
DTE_CREATED	The date the eligibility segment was created	DATE	0	0	N

2.13.495 MEMBER_CNTYPOP

This table holds county population data.

Column Name	Description	Type	Length	Precision	Primary Key
COUNTY	County Identifying number	CHAR	3	0	N
COUNTY_NAME	Name of the County	VARCHAR2	18	0	N
POPULATION	The Total Population of the County.	VARCHAR2	6	0	N

2.13.496 T_RE_CNTYPOP

This table holds county population data.

Column Name	Description	Type	Length	Precision	Primary Key
COUNTY	County Identifying number	CHAR	3	0	N
COUNTY_NAME	Name of the County	VARCHAR2	18	0	N
POPULATION	The Total Population of the County.	VARCHAR2	6	0	N

2.13.497 T_RE_CSE_DIS_STATE

This table is used to maintain the Member's Case Management and Disease Management program data

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member	NUMBER	9	0	Y
SAK_SHORT	Unique identifier for the individual Member record	NUMBER	4	0	Y
DTE_EFFECTIVE	Effective Date for the Program Level	DATE	0	0	N
DTE_END	End Date for the Program Level	DATE	0	0	N
CDE_PROGRAM_TYPE	Defines the type of program, Case Management or Disease Management. Valid values are C - Case Management and D - Disease Management	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROGRAM_LEVEL	Identifies the program level.	CHAR	3	0	N
CDE_RISK_LEVEL	Defines the risk level for the program level. The valid values are H-High, M-Moderate, L-Low	CHAR	1	0	N

2.13.498 T_RE_CUST_STATUS

A member can go in and out of custody. This table identifies the official custody status of a member and the time period it was effective for.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CUST_STATUS	System assigned key to uniquely identify a member's official status code for a specified time period.	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
SAK_OFF_STAT	System assigned key to uniquely identify an official status code and the associated description.	NUMBER	9	0	N
DTE_EFFECTIVE	Date member entered this official status	DATE	0	0	N
DTE_END	Date member left this official status	DATE	0	0	N

2.13.499 T_RE_EDB

The Center for Medicare and Medicaid Services (CMS) is providing the Enrollment DataBase as an alternative for BENDEX processing. This new table will store the transaction sent from CMS for processing Medicare enrollment information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EDB	This is the unique system assigned key for the record.	NUMBER	9	0	Y
SAK_RECIP	This is the member system assigned key. If the member match could not be done, the value is -1.	NUMBER	9	0	N
NUM_SSN	Member SSN	CHAR	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_MEDICAID	Medicaid ID	CHAR	25	0	N
DTE_CREATED	Date finder file created YYMM	DATE	0	0	N
NUM_SEQ	Sequence number in finder file	CHAR	13	0	N
CDE_STATUS	Status from finder file	CHAR	1	0	N
NUM_HIC	HIC number	CHAR	11	0	N
DTE_BIRTH	Date of birth	DATE	0	0	N
DTE_DEATH	Date of death	DATE	0	0	N
CDE_SEX	Sex code	CHAR	1	0	N
NAM_FIRST	First name of the member/member.	CHAR	15	0	N
NAM_MI	Middle initial of the member/member.	CHAR	1	0	N
NAM_LAST	Last name of the member/member.	CHAR	24	0	N
ADR_STREET_1	List of street addresses	CHAR	22	0	N
ADR_STREET_2	Street Address 2	CHAR	22	0	N
ADR_STREET_3	Street Address 3	CHAR	22	0	N
ADR_STREET_4	Street Address 4	CHAR	22	0	N
ADR_STREET_5	Street Address 5	CHAR	22	0	N
ADR_STREET_6	Street Address 6	CHAR	22	0	N
CDE_REPAYEE	Repayee switch	CHAR	1	0	N
CDE_PREMPAYR_A	Part A premium payer	CHAR	1	0	N
CDE_PREMPAYR_B	Part B premium payer	CHAR	1	0	N
CDE_NENTL_A_STAT	Part A no entitlement code	CHAR	1	0	N
CDE_NENTL_B_STAT	Part B no entitlement code	CHAR	1	0	N
DTE_PTA_START	Part A start date	DATE	0	0	N
DTE_PTA_END	Part A end date	DATE	0	0	N
CDE_PTA_RSN	Part A reason code	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PTA_STATUS	Part A status code	CHAR	1	0	N
DTE_PTB_START	Part B start date	DATE	0	0	N
DTE_PTB_END	Part B end date	DATE	0	0	N
CDE_PTB_RSN	Part B reason code	CHAR	1	0	N
CDE_PTB_STATUS	Part B status code	CHAR	1	0	N
DTE_ENTITL_CHG	Date of entitlement change	DATE	0	0	N
CD_ENTITL_CHG_RSN	Reason entitlement changed	CHAR	1	0	N
DTE_RESIDENCE_CHG	Date of residence change	DATE	0	0	N
ADR_MAIL_CNT_ZIP	Mailing address zip code	CHAR	9	0	N
DTE_HFCA_DIB_START	HFCA (CMS) start date	DATE	0	0	N
DTE_HCFA_DIB_END	HFCA (CMS) end date	DATE	0	0	N
CDE_HCFA_JUST	HFCA (CMS) justification	CHAR	1	0	N
DTE_ESRD_CVRG_START	End stage renal disease start date	DATE	0	0	N
DTE_ESRD_CVRG_END	End stage renal disease end date	DATE	0	0	N
CDE_ESRD_CVRG_END	End stage renal disease coverage end code	CHAR	1	0	N
DTE_ESRD_DLYS_START	End stage renal dialysis start date	DATE	0	0	N
DTE_ESRD_DLYS_END	End stage renal dialysis end date	DATE	0	0	N
DTE_ESRD_TRNS_START	End stage renal transplant start date	DATE	0	0	N
DTE_ESRD_TRNS_END	End stage renal transplant end date	DATE	0	0	N
DTE_TP_PTA_START	Third party Part A start date	DATE	0	0	N
CDE_TP_PTA_PAYER	Third party Part A payer code	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TP_PTA_ACTRN_TX	Third party Part A accretion transaction code	CHAR	4	0	N
DTE_TP_PTA_ACTRN_BM	Third party Part A accretion billing month	DATE	0	0	N
DTE_TP_PTA_END	Third party Part A end date	DATE	0	0	N
CDE_TP_PTA_DELET_TX	Third party Part A deletion transaction code	CHAR	4	0	N
DTE_TP_PTA_DELET_BM	Third party Part A deletion billing month	DATE	0	0	N
CDE_TP_PTA_BUYIN_ELIG	Third party Part A Buy-In eligibility code	CHAR	1	0	N
DTE_TP_PTB_START	Third party Part B start date	DATE	0	0	N
CDE_TP_PTB_PAYER	Third party Part B payer code	CHAR	3	0	N
CDE_TP_PTB_ACTRN_TX	Third party Part B accretion transaction code	CHAR	4	0	N
DTE_TP_PTB_ACTRN_BM	Third party Part B accretion billing month	DATE	0	0	N
DTE_TP_PTB_END	Third party Part B end date	DATE	0	0	N
CDE_TP_PTB_DELET_TX	Third party Part B deletion transaction code	CHAR	4	0	N
DTE_TP_PTB_DELET_BM	Third party Part B deletion billing month	DATE	0	0	N
CDE_TP_PTB_BUYIN_ELIG	Third party Part B Buy-In eligibility code	CHAR	1	0	N
DTE_PBEN_EFFECTIVE	Personal benefits effective date	DATE	0	0	N
DTE_PBEN_START	Personal benefits start date	DATE	0	0	N
DTE_PBEN_END	Personal benefits end date	DATE	0	0	N
NUM_PBEN	Personal benefits number	CHAR	3	0	N
CDE_PBEN_CRVG_TYPE	Personal benefits coverage type	CHAR	2	0	N
DTE_LAST_UPDATE	Date inserted by batch process	DATE	0	0	N

2.13.500 T_RE_EDB_GHO

This is the table that store the EDB GHO information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EDB	This is the unique system assigned key for the record.	NUMBER	9	0	Y
SAK_SHORT	The key value that will make the record unique.	NUMBER	4	0	Y
DTE_START	Start date as sent by CMS	DATE	0	0	N
DTE_END	End date as sent by CMS	DATE	0	0	N
NUM_CONTRACT	Contract number	CHAR	5	0	N

2.13.501 T_RE_EDB_HIC

This is the table that store the EDB past HIC numbers.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EDB	This is the unique system assigned key for the record.	NUMBER	9	0	Y
SAK_SHORT	The key value that will make the record unique.	NUMBER	4	0	Y
NUM_HIC	The previous values for the HIC numbers sent by CMS.	CHAR	11	0	N

2.13.502 T_RE_EDB_HOSPICE

This is the table that store the EDB Hospice information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EDB	This is the unique system assigned key for the record.	NUMBER	9	0	Y
SAK_SHORT	The key value that will make the record unique.	NUMBER	4	0	Y
DTE_START	Start date as sent by CMS	DATE	0	0	N
DTE_END	End date as sent by CMS	DATE	0	0	N
DTE_PRCSG	PRCSG date	DATE	0	0	N

2.13.503 T_RE_EDB_SSN

This is the table that store the EDB past Social Security numbers.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EDB	This is the unique system assigned key for the record.	NUMBER	9	0	Y
SAK_SHORT	The key value that will make the record unique.	NUMBER	4	0	Y
NUM_SSN	These are the previous Social Security Number	CHAR	9	0	N

2.13.504 T_RE_ELIG_DN

Member Program Eligibility contains the beneficiary's benefit plan eligibility segments. An eligibility segment specifies a period of time that the beneficiary is eligible for a Medical Assistance program coverage. Each eligibility segment is maintained by an effective date and end date. For further information about how the benefit plan and population codes are determined and how they relate, refer to the Beneficiary User Manual.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique beneficiary.	NUMBER	9	0	Y
SAK_PGM_ELIG	Used along with the SAK RECIP to uniquely identify an eligibility segment for a particular beneficiary.	NUMBER	4	0	Y
SAK_PUB_HLTH	The system assigned internal key for a unique program or benefit plan.	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 that the beneficiary becomes eligible for the corresponding Medical Assistance program.	DATE	0	0	N
DTE_END	The date that the beneficiary is no longer eligible for the corresponding Medical Assistance program.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STOP	System assigned key to uniquely identify an eligibility stop reason code and it's description.	CHAR	3	0	N
CDE_STATUS1	The status code for the program eligibility segment. A blank means the segment is active, and an 'H' means that the segment is history and no longer valid.	CHAR	1	0	N
IND_MEMB_FFS_PAS	Indicator shows if the member was Passport or Fee For Service.	CHAR	1	0	N

2.13.505 T_RE_ELIG_STOP

Explains the termination of a eligibility period for a member.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ELIG_STOP	System assigned key to uniquely identify an eligibility stop reason code and it's description.	NUMBER	9	0	Y
CDE_STOP	Alphabetic code for the termination of an eligibility period for a Medicaid member.	CHAR	3	0	N
DSC_STOP	Description for the termination of an eligibility period for a Medicaid member.	CHAR	20	0	N

2.13.506 T_RE_EPS_CURR_SCRN

The table list the members last and next EPSDT Screening dates

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
DTE_LAST_MEDICAL	The member's last EPSDT Medical Screening date.	DATE	0	0	N
DTE_LAST_DENTAL	The member’s last EPSDT Dental Screening date.	DATE	0	0	N
DTE_LAST_HEARING	The member's last EPSDT Hearing Screening date.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_LAST_VISION	The member's last EPSDT Vision Screening date.	DATE	0	0	N
DTE_NEXT_MEDICAL	The member's next EPSDT Medical Screening due date. The date is calculated using the last medical screening date and the periodicity schedule.	DATE	0	0	N
DTE_NEXT_DENTAL	The member's next EPSDT Dental Screening due date. The date is calculated using the last medical screening date and the periodicity schedule.	DATE	0	0	N
DTE_NEXT_HEARING	The member's next EPSDT Hearing Screening due date. The date is calculated using the last medical screening date and the periodicity schedule.	DATE	0	0	N
DTE_NEXT_VISION	The member's next EPSDT Vision Screening due date. The date is calculated using the last medical screening date and the periodicity schedule.	DATE	0	0	N
DTE_LAST_UPDATED	The last date the member date(s) were updated.	DATE	0	0	N
IND_UPDATE	This indicates the sources of the update(s). The valid values are: 'R' - Rescreening , 'N' - Newly eligible.	CHAR	1	0	N

2.13.507 T_RE_HIB

This table contains the current and any previous Medicare IDs (HIB) for a 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_SHORT_HIB	The system assigned key to uniquely identify each Medicare ID for a member.	NUMBER	4	0	Y
ID_MEDICARE	The member's current or previous Medicare ID (HIB).	CHAR	12	0	N

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	N
DTE_EFFECTIVE	The date the new Medicare ID was added and became effective.	DATE	0	0	N

2.13.508 T_RE_ID_CARD

This table stores the issue date and issue reason for each ID card issued to a member.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REC_ID_CARD	System assigned key to uniquely identify a plastic member ID card that was issued.	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
DTE_ISSUE	Date the member ID card was issued.	DATE	0	0	N
CDE_ISSUE_REASON	Code to identify the reason an ID card was issued to the Medicaid member.	CHAR	1	0	N
NUM_ID_CARD	This number indicates the total number of times that a plastic ID card has been issued to a member. When a custody kid receives 2 plastic id cards in one mailing, this is just counted as 1.	NUMBER	4	0	N
ID_SOURCE	Identifies the clerk that asked for the replacement card or the system process that identified a card should be created.	CHAR	8	0	N
CDE_SOURCE	Identifies what type of source caused the id card to be created. Valid values are 'W' for window, 'P' for PS/2, and 'E' for EBS.	CHAR	1	0	N

2.13.509 T_RE_LIV_ARNG

Description of Living Arrangement Code Values.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_LIV_ARNG	System assigned key to uniquely identify a Living Arrangement Code and it's description.	NUMBER	9	0	Y
CDE_LIV_ARNG	Living Arrangement Code.	CHAR	2	0	N
DSC_LIV_ARNG	Description of Living Arrangement Code.	CHAR	50	0	N

2.13.510 T_RE_LOC_CODE

Contains all the valid level of care codes and their descriptions along with the type of LOC (Nursing Home, Personal Care)

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LOC	Identifies the level of care for a member.	CHAR	5	0	Y
DSC_LOC	Describes the level of care for the member.	VARCHAR	50	0	N

2.13.511 T_RE_MC_REASON

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_MC	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	1	0	N
DSC_REASON_MC	Reason code description	CHAR	25	0	N
IND_REASON_MC	Used to indicate whether or not this is a reason code for recipient auto-assignment that can be changed by the clerk.	CHAR	1	0	N
AA_WAIT_DAYS	This column contains the number of days a particular reason code should wait before recipients having it are Autoassigned.	NUMBER	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_TRANSFER	This field indicates transfer disenrollments from the disenrollment process. The valid values are (Y/N).	CHAR	1	0	N

2.13.512 T_RE_MC_RECIP

This table holds a list of members who are potentially eligible to be in a Managed Care program.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	Y
DTE_ADDED	Date the member was identified as a potential Managed Care member through the PS/2 update and the data was added to the table.	DATE	0	0	N
CDE_REASON	The reason code used to assist in member auto-assignment. AA - No valid PMP choices; BB - Pend for manual assign; CC - BA Assistance required; EE - Redetermination date > 30 days; FF - Member has Medicare	CHAR	1	0	N
CDE_RSN_MC_DET	The reason code used to determine if a member was identified as a potential managed care member through redetermination or as an add. A=add, R=redetermine, D=disenrollment, M=identify MCPD eligibles	CHAR	1	0	N
CDE_RSN_DEL	The reason the member is about to be deleted from the list of potentials for Managed Care.	CHAR	1	0	N
SAK_PMP_TRANSFER	This is the SAK_PMP_SER_LOC of the PMP that a transfer will be going to. If the record is not a transfer record, then this field should be -1.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_TRANSFER_START	This is only used for transfers and is the effective date that the member should start with the new PMP.	DATE	0	0	N

2.13.513 T_RE_MEDICARE_A

This table is used to determine when the member is enrolled in Part A Medicare.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_SHORT_MEDICARE	The system assigned key to uniquely identify each enrollment period of Medicare Part A coverage for a member.	NUMBER	4	0	Y
DTE_EFFECTIVE	The effective date of the Medicare Part A coverage.	DATE	0	0	N
DTE_END	The end date of the Medicare Part A coverage.	DATE	0	0	N
SAK_CARRIER	The system assigned key for the carrier who is handling the Medicare policy.	NUMBER	9	0	N
IND_RETRO	Medicare Retroactive Determination Indicator. If the row is updated with dates on or before the current system date, the indicator is set to 'Y'. The only time the indicator is reset from 'Y' to 'N' is when the Medicare Billing Process has used the row.	CHAR	1	0	N
DTE_LAST_UPDATE	Date segment was last updated.	DATE	0	0	N
CDE_SOURCE	This is the source of the member updates and information.	CHAR	5	0	N

2.13.514 T_RE_MEDICARE_B

This table is used to determine when the member is enrolled in Part B Medicare.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_SHORT_MEDICARE	The system assigned key to uniquely identify each enrollment period of Medicare Part B coverage for a member.	NUMBER	4	0	Y
DTE_EFFECTIVE	The effective date of the Medicare Part B coverage.	DATE	0	0	N
DTE_END	The end date of the Medicare Part B coverage.	DATE	0	0	N
SAK_CARRIER	The system assigned key for the carrier who is handling the Medicare policy.	NUMBER	9	0	N
IND_RETRO	Medicare Retroactive Determination Indicator. If the row is updated with dates on or before the current system date, the indicator is set to 'Y'. The only time the indicator is reset from 'Y' to 'N' is when the Medicare Billing Process has used the row.	CHAR	1	0	N
DTE_LAST_UPDATE	Date segment was last updated.	DATE	0	0	N
CDE_SOURCE	This is the source of the member updates and information.	CHAR	5	0	N

2.13.515 T_RE_MEDICARE_D

The table to contain the Medicare Part D entitlement date information for a member.

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_SHORT	The system assigned key to uniquely identify the appeal information for a member.	NUMBER	4	0	Y
SAK_PUB_HLTH	System assigned internal key for a member plan.	NUMBER	9	0	N
DTE_EFFECTIVE	The date on which a member becomes eligible for Medicare Part D, whether or not enrolled on Medicare Part D plan.	DATE	0	0	N
DTE_END	The date on which member becomes ineligible to Part D due to Medicare A/B coverage ended.	DATE	0	0	N
CDE_PARTD_SRC	Identifies the source of the update. 'W' for window, 'B' for batch and 'M' for MMA response file.	CHAR	1	0	N
DTE_LAST_UPDATED	The date the eligibility segment was last updated.	DATE	0	0	N
IND_CMS_ACCEPTED	Indicates whether CMS has enrolled or rejected this member into Part D.	CHAR	1	0	N

2.13.516 T_RE_MULTI_ADDRESS

This table is used to store alternate addresses and contact information for a member.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
CDE_ADDR_USAGE	This is the type of address that is being kept.	CHAR	2	0	Y
CDE_SOURCE	This is the source of the member updates and information.	CHAR	5	0	N
ADR_STREET_1	This is the first line of the street address for the contact information.	CHAR	30	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_STREET_2	This is the second line of the street address for the contact information.	CHAR	30	0	N
ADR_STREET_3	This is the third line of the street address for the contact information.	CHAR	30	0	N
ADR_CITY	This is the city information of the address for the contact.	CHAR	18	0	N
ADR_STATE	The two byte state abbreviation for the address.	CHAR	2	0	N
ADR_ZIP_CODE	This is the postal zip code of the address for the contact information.	CHAR	5	0	N
ADR_ZIP_4	This is the postal zip code extension of the address for the contact information.	CHAR	4	0	N
CDE_COUNTY	The county number used to identify a geographical/political area in the state.	VARCHAR2	10	0	N
NAM_LAST	This is the contact's last name.	CHAR	20	0	N
NAM_FIRST	This is the contact's first name.	CHAR	15	0	N
NAM_MID_INIT	This is the contact's middle initial.	CHAR	1	0	N
NAM_TITLE	This is suffix of the contact's name.	CHAR	5	0	N
DSC_EMAIL	The email address of the contact for this address/contact name.	VARCHAR2	75	0	N
SAK_CDE_PHONE	System assigned key to uniquely identify a phone code.	NUMBER	9	0	N
NUM_PHONE	This is the phone number of the contact.	CHAR	10	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_FAX	This is the fax number of this contact.	CHAR	10	0	N

2.13.517 T_RE_NAME_XREF

This table contains the member's previous names and the date that the name was changed.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_SHORT_NAME	The system assigned key used along with the system assigned member key to uniquely identify a Medicaid member's name at a particular point in time.	NUMBER	4	0	Y
NAM_LAST	The last name of a Medicaid member at a particular point in time.	CHAR	20	0	N
NAM_FIRST	The first name of a Medicaid member at a particular point in time.	CHAR	15	0	N
NAM_MID_INIT	The middle initial of a Medicaid member at a particular point in time.	CHAR	1	0	N
DTE_LAST_CHANGE	The date that the Medicaid member's name was changed.	DATE	0	0	N

2.13.518 T_RE_OFF_STAT

Contains all of the valid official custody status codes and their description. The codes indicate what type of custody the member is in.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_OFF_STAT	System assigned key to uniquely identify an official status code and the associated description.	NUMBER	9	0	Y
CDE_OFF_STATUS	Official status code	CHAR	2	0	N
DSC_OFF_STATUS	Description of official status code.	CHAR	50	0	N

2.13.519 T_RE_OLD_COPAY

This table will contain the copay information from the mainframe system only. It is to be used for on member conversion and not future information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_SHORT	Key that keeps the records on this table unique.	NUMBER	4	0	Y
IND_COPAY	This indicates (Y/N) whether this member has copay from this period of time.	CHAR	1	0	N
DTE_EFFECTIVE	This is the effective date of the copay segment.	NUMBER	8	0	N
DTE_END	This is the end date of the copay segment.	NUMBER	8	0	N
CDE_SOURCE	This is the source of the member updates and information.	CHAR	5	0	N
DTE_ADDED	This is date that segment was added.	NUMBER	8	0	N

2.13.520 T_RE_OLD_PCN

This table stores all of the member's previous Medicaid ID numbers used in the old MMIS system. Each ID is stored along with it's effective and end dates. These old ID numbers can be used to access the member's information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_OLD_PCN	The system assigned key used along with the system assigned member key to uniquely identify a Medicaid member's Medicaid ID at a particular point in time.	NUMBER	4	0	Y
ID_MED_RECIP_PREV	The Medicaid ID for a member at a particular point in time. This is a Medicaid ID that was used in the old OK system before the 2003 implementation.	CHAR	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	Will always contain zeroes in OK system.	DATE	0	0	N
DTE_END	Will always contain 20021231 in OK system.	DATE	0	0	N

2.13.521 T_RE_PARTD_PDP_ASSIGN

This table contains the information about Medicare Part D prescription drug coverage carriers for the state.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RE_PDP_ASSIGN	The unique identifier for the PDP assignment.	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
SAK_PDP_PLAN	The system assigned internal key for a unique PDP Plan.	NUMBER	9	0	N
DTE_EFFECTIVE	This is the date the beneficiaries Medicare Part D PDP plan assignment is effective.	DATE	0	0	N
DTE_END	This is the date the beneficiaries Medicare Part D PDP plan assignments will end.	DATE	0	0	N
CDE_STATUS1	The status code for the PDP assignment segment. A blank means the segment is active, and an 'H' means that the segment is history and no longer valid.	CHAR	1	0	N
IND_PARTD_AE_DECL	This indicates whether or not a beneficiary had chosen not to be auto-enrolled by CMS in a Medicare Part D plan. Values: Y = YES N = NO.	CHAR	1	0	N
CDE_ENROLL_TYPE	The enrollment type for the Part D Medicare.	CHAR	2	0	N
DTE_CREATED	The date the assignment record was created.	DATE	0	0	N
DTE_LAST_UPDATED	This is the date the record was last updated.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_ACTIVE_THRU	The through date the assignment segment is active. When an assignment segments are added using the information received from CMS, If the same segment is not received from CMS in the subsequent MMA response file, active segment will be updated to history, the dte_active_thru will contain the date the segment was made history. This date will support the date specific assignment logic on the PDP assignment history window.	DATE	0	0	N

2.13.522 T_RE_PARTD_PDP_CARRIER

This table is needed to contain the information about individual Prescription Drug Plan Provider [PDP], primarily used for Medicare Part-D.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PDP	The system assigned internal key for a unique member	NUMBER	9	0	Y
ID_CONTRACT	Unique identification for an agreement between CMS and a Medicare Part D prescription drug coverage carrier.	CHAR	5	0	N
NAM_BUSINESS	Business or organization name of the Medicare Part D prescription drug coverage carrier	CHAR	50	0	N
ADR_MAIL_STRT1	The first line of the PDP's mailing address.	CHAR	30	0	N
ADR_MAIL_STRT2	The second line of the PDP's mailing address.	CHAR	30	0	N
ADR_MAIL_CITY	The city name of the PDP's mailing address	CHAR	20	0	N
ADR_MAIL_STATE	The state name of the PDP's mailing address	CHAR	2	0	N
ADR_MAIL_ZIP	The five character zip code of the PDP mailing address	CHAR	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_MAIL_ZIP_4	The zip plus four of the PDP's mailing address	CHAR	4	0	N
NAM_CONTACT	This is the name of the PDP contact for any questions related to PDP and their plans	CHAR	30	0	N
NUM_PHONE	This is the telephone number of the PDP contact	CHAR	10	0	N
NUM_PHONE_EXT	This is the telephone extension for PDP contact	CHAR	6	0	N
CDE_PDP_TYPE	This code identifies the type of PDP plan such as HMO, PPO.	CHAR	2	0	N
NUM_EIN	This is the PDPs Federal employee identification number	CHAR	9	0	N
DTE_LAST_UPDATED	This is the date the record was last updated	DATE	0	0	N

2.13.523 T_RE_PARTD_PDP_PLAN

This table contains the various Medicare Part D prescription drug coverage plans available for member within a PDP carrier.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PDP_PLAN	The system assigned internal key for a unique PDP Plan.	NUMBER	9	0	Y
SAK_PDP	The system assigned internal key for a unique member	NUMBER	9	0	N
ID_PLAN	Unique identification for a Medicare Part D prescription drug coverage plan.	CHAR	3	0	N
DTE_EFFECTIVE	This is the date the Medicare Part D PDP plan will be effective	DATE	0	0	N
DTE_END	This is the date the Medicare Part D PDP plan will end	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_PLAN	This is the name of the PDP plan.	VARCHAR2	50	0	N
CDE_PDP_TYPE	This code identifies the type of PDP plan such as HMO, PPO.	CHAR	2	0	N
DTE_LAST_UPDATED	This is the date the record was last updated.	DATE	0	0	N

2.13.524 T_RE_PAT_LIAB

Contains the member's patient financial liability for long term care. This data is maintained by an effective date and end date. For each date range, there will be a corresponding patient liability amount that will be applied before Medicaid will make payment on the claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PAT_LIAB	Unique identifier for patient liability	NUMBER	9	0	Y
SAK_FIN_PAYER		NUMBER	9	0	N
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
CDE_TYPE	Indicate which program to apply patient obligation to. N = Nursing Home; P = Personal Care	CHAR	1	0	N
DTE_EFFECTIVE	The date that the patient financial liability amount becomes effective for the member in a long term care facility.	DATE	0	0	N
DTE_END	The date that the patient financial liability amount is no longer effective for the member in a long term care facility.	DATE	0	0	N
AMT_PATNT_LIAB	The patient financial liability amount that must be paid by the member before Medicaid will make payment on the claim. This is a monthly amount.	NUMBER	8	2	N

2.13.525 T_RE_PMP_ASSIGN

This describes a member's Primary Medical Provider (PMP) assignment. This information is required for a member to be linked to a PMP and to participate in a managed care program.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RE_PMP_ASSIGN	This is a unique identifier for the PMP assignment.	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
SAK_PUB_HLTH		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
DTE_EFFECTIVE	PMP Assignment effective date	DATE	0	0	N
DTE_END	PMP End Date	DATE	0	0	N
CDE_STATUS1	Specifies if the assignment is valid (space) or if the assignment has been historied ('H').	CHAR	1	0	N
IND_PRIMARY	Indicates if this is the primary assignment for the given program. In order to allow multiple assignments to the same program, (i.e. the member is assigned to an OB/GYN and assignment to a Family Practitioner at the same time) a single assignment MUST be designated as the primary assignment so that enrollment counts for a program are not exaggerated, etc... The assignment that gets marked as primary is determined by the focus of the PMP.	CHAR	1	0	N

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
SAK_PROV_MBR	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
SAK_PROV_LOC_MBR	System Assigned Key for Provider Location Member.	NUMBER	9	0	N
CDE_RSN_MC_START	This indicates the reason a member was assigned to a specific PMP; for example, newly eligible or an approved change. This also includes the reasons a members relationship with a PMP was terminated; for example, death or an approved change.	CHAR	2	0	N
CDE_RSN_MC_STOP	This indicates the reason a member was assigned to a specific PMP; for example, newly eligible or an approved change. This also includes the reasons a members relationship with a PMP was terminated; for example, death or an approved change.	CHAR	2	0	N
SAK_MC_ENT_ADD	Unique identifier for the Managed Care entity (PS/2, Enrollment Broker, OHCA, system processes, and so on). This column identifies the entity that created the PMP assignment.	NUMBER	9	0	N
DTE_ADDED	Date that the PMP assignment was created/inserted.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_MC_ENT_MBR	Unique identifier for the Managed Care entity (PS/2, Enrollment Broker, OHCA, system processes, and so on). This column identifies the entity that added the values for the SAK_PROV_MBR and CDE_SERVICE_LOC_MBR fields.	NUMBER	9	0	N
DTE_PROV_MBR_ADD	This is the date that the MCO's PCP (the group member) was associated with the member.	DATE	0	0	N
SAK_MC_ENT_CHANGE	Unique identifier for the Managed Care entity (PS/2, Enrollment Broker, OHCA, system processes, and so on). This column identifies the entity that last updated the PMP assignment.	NUMBER	9	0	N
DTE_CHANGED	This is the date that the PMP assignment was last updated.	DATE	0	0	N
SAK_MC_ENT_TERM	Unique identifier for the Managed Care entity (PS/2, Enrollment Broker, OHCA, system processes, and so on). This column identifies the entity that end dated the PMP assignment.	NUMBER	9	0	N
DTE_TERMED	This is the actual date that the PMP assignment was end dated. It is not necessarily the date that the PMP assignment is no longer effective (the end_date).	DATE	0	0	N

2.13.526 T_RE_PMP_REASON

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RSN_MC_ASSIGN		CHAR	2	0	N
DSC_RSN_MC_ASSIGN		CHAR	100	0	N
CDE_RSN_PMP_ASSIGN		CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_LETTER		CHAR	1	0	N
CDE_AA_CNT		CHAR	1	0	N
IND_CNT_CHANGE		CHAR	1	0	N

2.13.527 T_RE_REDETERM_DTE

This entity contains the actual and planned redetermination dates for a Medicaid member. The redetermination date is the date the case worker reviews a member's eligibility for Medicaid.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
DTE_REDET_ACTUAL	This is the actual member redetermination date when the case worker reviewed the member's Medicaid eligibility.	DATE	0	0	Y
DTE_REDET_PLAN	This is the planned member redetermination date when the case worker plans to next review the member's Medicaid eligibility. Will always contain zeroes in the OK system.	DATE	0	0	N

2.13.528 T_RE_REV_REQ

Identifies the valid member review requester codes and their descriptions

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REV_REQ	Unique key identifying the request code	NUMBER	9	0	Y
CDE_REV_REQ	Code indicating the requestor that decided the member should be put on review	CHAR	1	0	N
DSC_REV_REQ	Description of review requestor code	CHAR	30	0	N

2.13.529 T_RE_REV_RSN

Identifies the valid member review reason codes and their descriptions

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REV_RSN	Unique key identifying the reason code	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REV_RSN	Code indicating the reason the member was put on review.	CHAR	1	0	N
DSC_REV_RSN	Description of review reason code	CHAR	20	0	N

2.13.530 T_RE_SPEND_LIAB

Under special circumstances, the State of Kentucky may extend medical assistance to individuals whose income or resources are too high to qualify for Medicaid through categorical eligibility, but are insufficient to meet the cost of medical care. Spend down is that portion of the cost of health care that an individual must pay or incur before Medicaid makes payment. This entity contains the start and stop dates when the member case must meet a spend down liability. The spend down is applied at the case level, not the member level.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SPEND_LIAB	Internal system assigned key used to uniquely identify member spend down liability.	NUMBER	9	0	Y
SAK_FIN_PAYER		NUMBER	9	0	N
DTE_EFFECTIVE	The date which the case starts being liable for spend down amount.	DATE	0	0	N
DTE_END	The last date the case is responsible for spend down payments.	DATE	0	0	N
SAK_CASE	The system assigned key to uniquely identify a case.	NUMBER	9	0	N
AMT_SPENDDOWN	The total amount of spend down the case is responsible for during the specified time period.	NUMBER	10	2	N
CDE_TIME_PERIOD	Indicates if the spend down time period is monthly or a date span. The valid values are 'M' for monthly and 'S' for date span.	CHAR	1	0	N

2.13.531 T_RE_STUDY_GRP1

This is a work table containing a subset of member IDs for indepth analysis by DSS users.

Column Name	Description	Type	Length	Precision	Primary Key
MEMBER_ID	Unique identifier for the member.	CHAR	12	0	Y

2.13.532 T_RE_STUDY_GRP2

This is a work table containing a subset of member IDs for indepth analysis by DSS users.

Column Name	Description	Type	Length	Precision	Primary Key
MEMBER_ID	Unique identifier for the member.	CHAR	12	0	Y

2.13.533 T_RE_STUDY_GRP3

This is a work table containing a subset of member IDs for indepth analysis by DSS users.

Column Name	Description	Type	Length	Precision	Primary Key
MEMBER_ID	Unique identifier for the member.	CHAR	12	0	Y

2.13.534 T_RE_STUDY_GRP4

This is a work table containing a subset of member IDs for indepth analysis by DSS users.

Column Name	Description	Type	Length	Precision	Primary Key
MEMBER_ID	Unique identifier for the member.	CHAR	12	0	Y

2.13.535 T_RE_STUDY_GRP5

This is a work table containing a subset of member IDs for indepth analysis by DSS users.

Column Name	Description	Type	Length	Precision	Primary Key
MEMBER_ID	Unique identifier for the member.	CHAR	12	0	Y

2.13.536 T_STATE

Definition of the valid states that are used in the system.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATE	The two byte state abbreviation.	CHAR	2	0	Y
DSC_STATE	The full name of the state.	CHAR	15	0	N

2.13.537 T_STATE_DESI

Contains the DESI drugs, with state defined effective dates. DESI is enacted by the Federal government and identifies drugs deemed to be less than effective; State's may also add to this listing

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
DTE_EFFECTIVE	The date at which the drug became DESI, signified as less than effective	DATE	0	0	N
DTE_END	The last date at which this DESI is effective; it is possible for a drug to be removed from DESI non payable status	DATE	0	0	N

2.13.538 T_SUSPECT_CODE

This table identifies the possible values for the TPL suspect code.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SUSPECT	This field identifies the TPL suspect code which identifies whether a TPL resource is suspect and, if so, how it was determined to be suspect.	CHAR	1	0	Y
SUSPECT_DESC	This field contains the description associated with a specific TPL suspect code.	CHAR	20	0	N

2.13.539 T_THERAPEUTIC

The Therapeutic Classes used for classification. Therapeutic class is a very definitive therapeutic classification system and is used to group drugs that treat the same things together. This is the Therapeutic Class Code, Specific (GC3, Alias HIC3) on the NDDF.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG_THERA_CLS	The system assigned key for a unique drug therapeutic class.	NUMBER	9	0	Y
CDE_THERA_CLS_SPEC	For FDB implementations: Therapeutic Class Code, Specific. For MDX implementations: Therapeutic Class Code, UMC lowest detail TC available in TC1 thru TC5.	CHAR	3	0	N
DSC_THERA_CLS_SPEC	This is the description of the specific therapeutic class.	VARCHAR2	100	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

2.13.540 T_THERA_AHFS

Therapeutic Class Code, AHFS (AHFS) Identifies the pharmacologic therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system.

Column Name	Description	Type	Length	Precision	Primary Key
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	Y
CDE_THERA_CLS_AHFS	The Therapeutic Class, AHFS (AHFS) identifies the pharmacologic therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system. A value has been assigned for each record included in NDDF whether or not the drug product is in the AHFS.	CHAR	10	0	N
CDE_AHFS_REL	The GCN_SEQNO / AHFS Code Relation uses a concatenated key of GCN_SEQNO + AHFS to resolve the many-to-many relationship between GCNSEQNOTBL and AHFS Codes in AHFSDESCTBL. Each instance of this table provides the relative priority of assignment of a specific AHFS Code to its associated GCN_SEQNO (data element AHFS_REL). Each GCN_SEQNO value in GCNSEQNOTBL has at least one corresponding record in AHFSTBL.	CHAR	2	0	N

2.13.541 T_THERA_FDA

The HCFA FDA Therapeutic Equivalency Code (HCFA_FDA) indicates that although the drugs may have a different therapeutic classification, the FDA considers them therapeutically equivalent. The HCFA_FDA is provided on the Health Care Financing Administration's quarterly tape.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_THERA_CLS_FDA	The HCFA FDA Therapeutic Equivalency Code (HCFA_FDA) indicates that although the drugs may have a different therapeutic classification, the FDA considers them therapeutically equivalent. The HCFA_FDA is provided on the Health Care Financing Administration's quarterly tape.	CHAR	2	0	Y
DSC	Text description of the HCFA FDA Therapeutic Equivalency Code.	VARCHAR2	100	0	N

2.13.542 T_TOOTH

These are the valid tooth numbers and their descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TOOTH_NBR	The code associated to a particular tooth.	CHAR	2	0	Y
DSC_TOOTH_NBR	This is the description of the tooth.	CHAR	40	0	N

2.13.543 T_TOOTH_QUADRANT

These are the valid tooth quadrants and their descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TOOTH_QUAD	Code identifying the tooth quadrant.	CHAR	3	0	Y
DSC_TOOTH_QUAD	Description of tooth quadrant.	VARCHAR2	50	0	N

2.13.544 T_TOOTH_SURFACE

These are the valid tooth surfaces and their descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TOOTH_SURFACE	The code used to identify a surface of a tooth.	CHAR	1	0	Y
DSC_TOOTH_SURFACE	Description of the tooth surface.	CHAR	8	0	N

2.13.545 T_TORTFEASOR

Information about the person who is liable for the case. Used to send liens, letters, and to receive payments.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_TORTFEASOR	The unique internal identifier used to identify the tortfeasor.	NUMBER	9	0	Y
NUM_CAS_ENT_ID	The account assigned number of the tortfeasor.	CHAR	8	0	N
ADR_STATE	The state where the tortfeasor's correspondence, cover letters, and liens are sent to.	CHAR	2	0	N
ADR_STREET_1	The first street address of the tortfeasor's where the correspondence, cover letters, and liens are sent to.	CHAR	55	0	N
ADR_STREET_2	The second street address of the tortfeasor's where the correspondence, cover letters, and liens are sent to.	CHAR	55	0	N
ADR_ZIP_CODE	The tortfeasor's zip code where the correspondence, cover letters, and liens are sent.	CHAR	15	0	N
ADR_ZIP_CODE_4	The last four numbers of the torfeasor's zip code where the correspondence, cover letters, and liens are sent to.	CHAR	4	0	N
NUM_PHONE	The phone number where the tortfeasor can be reached.	CHAR	15	0	N
NAM_MID_INIT	The middle initial of the tortfeasor is used for correspondence, cover letters, and liens.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_LAST	The last name of the tortfeasor used to address the correspondence, cover letters, and liens.	CHAR	15	0	N
NAM_FIRST	The first name of the tortfeasor used to address the correspondence, cover letters, and liens.	CHAR	13	0	N
ADR_CITY	The city of the tortfeasor where the correspondence, cover letters, and liens are sent to.	CHAR	30	0	N
NUM_PHO_EXT	The US or international phone extension number for the tortfeasor.	CHAR	6	0	N
NUM_FAX	The fax number for the tortfeasor in the format area code + prefix + suffix if within the US. Could be an out of country fax number if country code is not US.	CHAR	15	0	N
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	N

2.13.546 T_TPL_AC_PARENT

This table contains a listing of Medicaid members which have absent or custodial parents.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_AC_PARENT	This is the unique identifier for the absent parent.	NUMBER	0	0	Y
CDE_SEX	This is the code describing the gender of an individual.	CHAR	1	0	N
CDE	This field is used to describe the type of absent parent. Recommended values are as follows: 'A' = ABSENT PARENT; 'C' = CUSTODIAL PARENT	CHAR	1	0	N
DTE_ADDED	This is the date the record was added to the table.	DATE	0	0	N
NAM_LAST	This is the last name of the member's absent or custodial parent.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_FIRST	This is the first name of the member's absent or custodial parent.	CHAR	13	0	N
NAM_MID_INIT	This is the middle initial of the member's absent or custodial parent.	CHAR	1	0	N
NUM_SSN	This is the parent's social security number.	CHAR	9	0	N
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	N
DTE_BIRTH	Absent parents date of birth	DATE	0	0	N
CDE_MILITARY_BRANCH	The absent parent's branch of service code.	CHAR	1	0	N
CDE_MILITARY_STATUS	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	CHAR	1	0	N
ADR_STATE	This is the state abbreviation for the state in which the absent parent resides.	CHAR	2	0	N
NUM_PHONE	The US or international phone number of the absent or custodial parent.	CHAR	15	0	N
NUM_PHONE_EXT	The US or international phone extension number for the absent or custodial parent.	CHAR	6	0	N
NUM_FAX	The fax number for the absent or custodial parent in the format area code + prefix + suffix if within the US. Could be an out of country fax number if country code is not US.	CHAR	15	0	N
ADR_CITY	This is the absent parent's city where the correspondence is sent to. Could be an out of country city if country code is not US.	CHAR	30	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_STREET_1	The first address line of the absent parent used for correspondence. Could be an international address if country code is not US.	CHAR	55	0	N
ADR_STREET_2	The second address line of the absent parent used for correspondence. Could be an international address if country code is not US.	CHAR	55	0	N
ADR_ZIP	This is the first five digits of the absent parent's zip code used for correspondence. Could also be an out of country zip code if country code is not US.	CHAR	15	0	N
ADR_ZIP_4	This is the last four digits of the zip code for correspondence of an absent parent if within the US.	CHAR	4	0	N

2.13.547 T_TPL_AC_PARENT_EMP_XREF

This table relates an employer to a row in the t_tpl_ac_parent table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_AC_PARENT	Unique identifier for the absent parent	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
CDE_EMP_STATUS	Employment status	CHAR	4	0	N
DTE_EFFECTIVE	Employment effective date	DATE	0	0	N

2.13.548 T_TPL_AC_PARENT_RECIP_XREF

This table relates a member to a row in the t_tpl_ac_parent table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_AC_PARENT	Unique identifier for the absent parent	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y

2.13.549 T_TPL_AR_CAS_DISPS

Dispositions are added to show the receipt of money for the settlement of TPL Casualty Cases.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DISPOSITION	System assigned key to uniquely identify the TPL A/R disposition.	NUMBER	9	0	Y
SAK_BUDGET	The system assigned key that identifies a unique budget with interChange.	NUMBER	9	0	N
SAK_CAS_SET	This is an internal identifier that uniquely identifies a casualty case recovery record.	NUMBER	9	0	N
SAK_CASH_RECEIPT	System assigned key that uniquely identifies any check submitted to the account from an outside source.	NUMBER	9	0	N
NUM_SEQ_BATCH	Number that uniquely identifies each individual disposition that was applied to a cash receipt	NUMBER	9	0	N
SAK_EXPENDITURE	System assigned key that uniquely identifies an expenditure transaction.	NUMBER	9	0	N
DTE_ADDED	Date added to the table.	DATE	0	0	N
AMT	The amount that the disposition is to increase or decrease the expected receipt from the TPL A/R.	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_DEBIT	Indicator identifying whether the disposition is to debit or credit the associates A/R. Debit increases the amount of the A/R, credit reduces the amount.	CHAR	1	0	N
SAK_ACCT_REC	System assigned key to identify the TPL A/R disposition.	NUMBER	9	0	N
CDE_REASON_TWO	The reason that the A/R disposition was added.	CHAR	2	0	N
SAK_CASUALTY	This is the internal id that is unique to identify this case.	NUMBER	9	0	N
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	N

2.13.550 T_TPL_AR_CLM_XREF

This table associates the TPL Health A/R to the claim it was created to recover.

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
SAK_ACCT_REC	System assigned key to uniquely identify the TPL Account Receivable.	NUMBER	9	0	Y

2.13.551 T_TPL_AR_DISPS

Dispositions are added and associated to TPL Account Receivables to show the receipt of money for the A/R's claim, or the denial of the A/R.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DISPOSITION	System assigned key to uniquely identify the TPL A/R disposition.	NUMBER	9	0	Y
SAK_BUDGET		NUMBER	9	0	N
SAK_ACCT_REC	System assigned key to uniquely identify the TPL Account Receivable.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_ADDED	Date on which the disposition was added to the system.	DATE	0	0	N
AMT	Amount for which the disposition is to apply to the associated A/R.	NUMBER	9	2	N
IND_DEBIT	Indicator identifying whether the disposition is to debit or credit the associated A/R. Debit increases the amount of the A/R, and credit reduces the amount.	CHAR	1	0	N
SAK_CASH_RECEIPT	System assigned key that uniquely identifies any check submitted to the account from an outside source.	NUMBER	9	0	N
NUM_SEQ_BATCH	Number that uniquely identifies each individual disposition that was applied to a cash receipt.	NUMBER	9	0	N
SAK_EXPENDITURE	System assigned key that uniquely identifies an expenditure transaction.	NUMBER	9	0	N
CDE_REASON_TWO	A code identifying the reason for creating a TPL A/R disposition.	CHAR	2	0	N

2.13.552 T_TPL_AR_HEALTH

A TPL Health Account Receivable is set up to show the expectation of receiving payment for a claim that has already been paid.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ACCT_REC	System assigned key to uniquely identify the TPL Account Receivable.	NUMBER	9	0	Y
NUM_CONTROL_AR	Number that uniquely identifies the A/R to the user.	CHAR	13	0	N
CDE_OWNER	An indicator identifying who was billed for the A/R.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_DUPE	An indicator to denote that other A/Rs were previously created for the same claim to which this is associated.	CHAR	1	0	N
DTE_BILLED	Date that the A/R was last billed.	DATE	0	0	N
SAK_POL_HOLD	System assigned key to identify the Policyholder to which the TPL A/R is tied.	NUMBER	9	0	N
SAK_RECIP	System assigned key to identify the Member to which the TPL A/R is tied.	NUMBER	9	0	N
DTE_ADDED	Date that the A/R was added to the system.	DATE	0	0	N
DTE_LAST_CHANGE	Date that the A/R status was last updated.	DATE	0	0	N
AMT	The amount that is expected to be received due to the A/R.	NUMBER	9	2	N
IND_SOURCE	Indicator identifying whether the A/R was created by the system through billing jobs, or manually by a user.	CHAR	1	0	N
CDE_REASON_TWO	Code identifying the current status of the A/R.	CHAR	2	0	N
SAK_CARRIER	This system assigned key is used to uniquely identify a carrier internal to the system.	NUMBER	9	0	N
CDE_COVERAGE	Identifies the TPL policy's claim type coverage.	CHAR	2	0	N
DTE_FIRST_SVC	The first date of service on the claim that the A/R is associated to.	DATE	0	0	N
DTE_LAST_SVC	The last date of service on the claim that the A/R is associated to.	DATE	0	0	N
SAK_TPL_RESOURCE	This identifies the resource for which the account receivable was created.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	This identifies the billing provider for the claim.	NUMBER	9	0	N
CDE_STATUS	Code identifying if the A/R has been billed or rebilled.	CHAR	1	0	N

2.13.553 T_TPL_AR_REASONS

The list of reasons and their descriptions that are valid for Health A/Rs.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_TWO	The reason that the A/R disposition was added.	CHAR	2	0	Y
DSC_50	A description of the reason that the A/R disposition was added.	CHAR	50	0	N

2.13.554 T_TPL_CARRIER

The carrier table contains information about other insurance companies that may have issued policies which cover Kentucky Medical Assistance Program members. The claim submission address is used for all claim facsimile billings. A separate correspondence address (if different than the claim submission address) is maintained on another table. The correspondence address is used for all non-facsimile correspondence but is not used by financial. The contact name is used to address all questions concerning the policy and 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
CDE_CARRIER	An unique identifier used to determine the type of carrier as well as to identify correspondence sent from the carrier.	CHAR	7	0	N
NAM_BUS	This field contains the business name of an insurance carrier. This allows us to access all insurance carrier information when the carrier gives us only his business name.	CHAR	45	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_MAIL_STRT1	This is the street address for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	CHAR	55	0	N
ADR_MAIL_STRT2	This is the second street address for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	CHAR	55	0	N
ADR_MAIL_CITY	This is the city for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	CHAR	30	0	N
ADR_MAIL_STATE	This is the state for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	CHAR	2	0	N
ADR_MAIL_ZIP	This is the first 5 digits of the zip code for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	CHAR	15	0	N
ADR_MAIL_ZIP_4	This is the last 4 digits of the zip code of a claim submission address for a carrier. It is used for mailing TPL claim facsimiles.	CHAR	4	0	N
NAM_CONTACT	This is the name of the carrier contact when there are questions about a policy or the carrier.	CHAR	40	0	N
NUM_PHONE	This is the telephone number of the carrier contact.	CHAR	15	0	N
NUM_PHO_EXT	This is the telephone extension of the carrier contact.	CHAR	6	0	N
CDE_BILL_MEDIA	This code identifies the billing media on which this carrier wishes to receive TPL claim facsimiles.	CHAR	1	0	N
CDE_HMO_PPO	This code identifies whether this carrier is an HMO or PPO.	CHAR	1	0	N
CDE_CLAIM_FORM	This code identifies the claim form on which this carrier wishes to receive TPL claim facsimiles.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CASE_RESP	Code that identifies the user that is responsible for the carrier.	CHAR	3	0	N
EIN	This is the FEIN for the Carrier.	CHAR	9	0	N
NUM_FAX	This is the fax number of the carrier contact.	CHAR	15	0	N
CDE_COUNTRY	This is the country code of the carrier contact.	CHAR	2	0	N
ID_ELECTRONIC_BILLING	This is the electronic billing ID of the carrier contact.	NUMBER	9	0	N
NUM_REBILL_FREQ	This is the carrier billing frequency, in days.	CHAR	3	0	N
NUM_PIN	This is the pin number for the carrier's electronic billing.	CHAR	10	0	N
CDE_CARRIER_TYPE	This is the code for the carrier type.	CHAR	2	0	N
CDE_CARRIER_STAT	This is the code for the carrier status.	CHAR	2	0	N
DTE_EFFECTIVE	This is the carrier's beginning effective date.	DATE	0	0	N
DTE_END	This is the carrier's ending date.	DATE	0	0	N
IND_INS_DISCLOSURE	This shows whether the carrier participates in the Insurance Disclosure program.	CHAR	1	0	N

2.13.555 T_TPL_CASE_INFO

Member Executor/Trustee data table

Column Name	Description	Type	Length	Precision	Primary Key
sak_case_info	Unique identifier to identify the member's executor/trustee information.	NUMBER	9	0	Y
CDE_RELATION	This code identifies the relationship of the policyholder to the member covered by a TPL policy.	CHAR	2	0	N
nam_last	Last name of the executor/trustee.	VARCHAR2	25	0	N

Column Name	Description	Type	Length	Precision	Primary Key
nam_first	First name of the executor/trustee.	CHAR	15	0	N
nam_mid_init	Middle initial of the executor/trustee.	CHAR	1	0	N
adr_street_1	The first street address of the executor/trustee.	CHAR	55	0	N
adr_street_2	The second street address of the executor/trustee.	CHAR	55	0	N
adr_city	The city of the executor/trustee	CHAR	30	0	N
adr_state	The state of the executor/trustee.	CHAR	2	0	N
adr_zip_code	The zip code of the executor/trustee.	VARCHAR2	20	0	N
adr_zip_4	The last four characters of the zip code of the executor/trustee.	CHAR	4	0	N
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	N
num_phone	Executor or Trustee phone number	CHAR	15	0	N
ind_bury_trust	Trust burial indicator.	CHAR	1	0	N
ind_bury_prepaid	Prepaid burial indicator	CHAR	1	0	N
ind_own_home	Home owner indicator	CHAR	1	0	N
ind_will	Will indicator	CHAR	1	0	N
ind_bury_aside	Money aside burial indicator	CHAR	1	0	N
ind_qit	Qualifying Income Trust indicator	CHAR	1	0	N
ind_lifetime_care	Lifetime care indicator	CHAR	1	0	N
ind_sold_prop	Sold property indicator	CHAR	1	0	N
ind_auth_rep	Authorized representative indicator	CHAR	1	0	N
ind_resources	Other resources indicator	CHAR	1	0	N
ind_acc_settle	Accident settlement indicator.	CHAR	1	0	N
num_policy_acct	Insurance policy account number.	CHAR	30	0	N
amt_homestead	Estimated home value	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
ind_annuity	Indicates if a member receives income from annuities.	CHAR	1	0	N

2.13.556 T_TPL_CASE_INFO_XREF

The Case Information Xref table associates a TPL case to either and executor or a trustee.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASE_INFO	Unique identifier to identify the member's executor/trustee information.	NUMBER	9	0	Y
SAK_CASUALTY	This is the internal id that is unique to identify this case.	NUMBER	9	0	Y

2.13.557 T_TPL_CDE_BILLING_STATUS

This table is the code table for the Billing Status codes used by the t_tpl_ar_health table.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATUS	This is the billing status code.	CHAR	1	0	Y
DSC_STATUS	This is the description of the billing status code.	CHAR	30	0	N

2.13.558 T_TPL_CDE_BILL_TYPE

This is a listing of TPL billing codes.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BILL_TYPE	This code identifies the type of TPL billing.	CHAR	1	0	Y
DSC_BILL_TYPE	This field describes the type of billing.	CHAR	50	0	N

2.13.559 T_TPL_CDE_CARRIER_STAT

This is a listing of carrier status codes and their descriptions. These status codes can be used to indicate if the carrier is active, inactive, or invalid.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CARRIER_STAT	This is the code for the carrier status.	CHAR	2	0	Y
DSC_CARRIER_STAT	This is the description of the carrier status.	VARCHAR2	40	0	N

2.13.560 T_TPL_CDE_CARRIER_TYPE

This is a listing of carrier type codes and their descriptions. Example values include carrier and subcontracting carrier.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CARRIER_TYPE	This is the code for the carrier type.	CHAR	2	0	Y
DSC_CARRIER_TYPE	This is the description of the carrier type.	VARCHAR2	40	0	N

2.13.561 T_TPL_CDE_PLAN_TYPE

This table contains insurance plan type code and description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PLAN_TYPE	Internal system code referencing the type of insurance plan	CHAR	1	0	Y
DSC_PLAN_TYPE	The description of the insurance plan.	CHAR	120	0	N

2.13.562 T_TPL_COIN_DED

This table contains deductible and coinsurance information for each coverage type of a TPL resource for a member. This information allows us to determine if it is cost effective for Medicaid to pay for insurance for the member and, if so, to keep track of the amounts and schedules of the policy deductibles and coinsurance.

Column Name	Description	Type	Length	Precision	Primary Key
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	Y
AMT_DEDUCT_INDV	This is the individual deductible amount a member is responsible for on a specific coverage type of a policy.	NUMBER	7	2	N
AMT_DEDUCT_FAM	This is the family deductible amount a member is responsible for on a specific coverage type of a policy.	NUMBER	7	2	N
CDE_DEDUCT_SCHD	This is the deductible schedule for a specific coverage type of a policy.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_CO_PAY	This is the coinsurance amount that a member is responsible for on a specific coverage type of a policy.	NUMBER	7	2	N
PCT_CO_PAY	This is the coinsurance percentage that a member is responsible for on a specific coverage type of a policy.	NUMBER	4	0	N
CDE_CO_PAY_SCH	This is the coinsurance schedule for a specific coverage type of a policy.	CHAR	1	0	N

2.13.563 T_TPL_CONTRACTOR

The contractor table contains information regarding subcontractors that do business with the State. Many are paid contingency or incentive fees for services.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CONTRACTOR	System assigned key that identifies the subcontractor.	NUMBER	9	0	Y
NAM_BUS	This field contains the business name of a subcontractor. This allows us to access all subcontractor information when the contractor gives us only his business name.	CHAR	45	0	N
ADR_STREET_1	This is the street address for the subcontractor.	CHAR	30	0	N
ADR_STREET_2	This is the second street address for the subcontractor.	CHAR	30	0	N
ADR_CITY	This is the city for the subcontractor.	CHAR	15	0	N
ADR_STATE	This is the state for the subcontractor.	CHAR	2	0	N
ADR_ZIP	This is the zip code for the subcontractor.	CHAR	5	0	N
ADR_ZIP_4	This is the four digit zip code extension for the subcontractor.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_CONTACT	This is the name of the subcontractor contact.	CHAR	40	0	N
NUM_PHONE	This is the phone number of the subcontractor contact.	CHAR	10	0	N
NUM_PHONE_EXT	This is the phone extension number for the subcontractor contact.	CHAR	4	0	N
NUM_FAX	This is the fax number for the subcontractor contact.	CHAR	10	0	N
ADR_EMAIL	This is the e-mail address for the subcontractor contact.	VARCHAR2	40	0	N

2.13.564 T_TPL_CONT_FEE

This contingency fee table contains information about subcontractor contingency fees. It stores a record of these fees for each contractor, based on case and claim types.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CONT_FEE	System assigned key that identifies the contingency fee record.	NUMBER	9	0	Y
SAK_CONTRACTOR	System assigned key that identifies the subcontractor.	NUMBER	9	0	N
CDE_CASE_TYPE	This indicates the type of the casualty case.	CHAR	1	0	N
CDE_CLM_TYPE	Value for the type of claim that can be processed in the MMIS system.	CHAR	1	0	N
DTE_EFFECTIVE	The effective date is the begin date for the contingency fee segment.	DATE	0	0	N
DTE_END	The end date is the ending date of the contingency fee segment.	DATE	0	0	N
AMT_CONT_FEE	This is the amount of the contingency fee.	NUMBER	9	0	N
PCT_CONT_FEE	This is the contingency fee percentage amount.	NUMBER	9	0	N

2.13.565 T_TPL_CORR_ADDR

This table contains the correspondence address of a carrier. It is only present if the correspondence address differs from the carrier claim submission address.

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
CDE_CARRIER	This is a unique, user-defined carrier ID which is used on all screens and reports to identify the carrier.	CHAR	7	0	N
ADR_CLM_STRT1	This is the street address for correspondence with a TPL carrier.	CHAR	55	0	N
ADR_CLM_STRT2	This is the second street address for correspondence with a TPL carrier.	CHAR	55	0	N
ADR_CLM_CITY	This is the city for correspondence with a carrier.	CHAR	30	0	N
ADR_CLM_STATE	This is the state for correspondence with a carrier.	CHAR	2	0	N
ADR_CLM_ZIP	This is the first five digits of the zip code for correspondence with a carrier.	CHAR	15	0	N
ADR_CLM_ZIP_4	This is the last four digits of the zip code for correspondence with a carrier.	CHAR	4	0	N
NAM_TECH_CONTACT	The technical contact name for the carrier	CHAR	40	0	N
NUM_PHONE_TECH	The technical contacts phone number.	CHAR	10	0	N
NUM_EXT_TECH	The technical contacts phone number extension.	CHAR	6	0	N
NAM_CORP_CONTACT	The corporate contact name for the carrier.	CHAR	40	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_PHONE_CORP	The corporate contacts phone number.	CHAR	10	0	N
NUM_EXT_CORP	The phone number extension.	CHAR	6	0	N
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	N
NUM_FAX	The fax number for the corporate contact in the format area code + prefix + suffix if within the US. Could be an out of country fax number if country code is not US.	CHAR	15	0	N

2.13.566 TPL Coverage Plan Cross-Refe

This table allows users to tie TPL coverage codes to benefit plans used as OI Plans and carriers associated with those plans.

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
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	Y
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
DTE_ACTIVE	This is the date that the row becomes active.	DATE	0	0	N
DTE_INACTIVE	The date that the row becomes inactive.	DATE	0	0	N
DTE_EFFECTIVE	Effective date of the row.	DATE	0	0	N
DTE_END	End date of the row.	DATE	0	0	N

2.13.567 T_TPL_COV_PLAN_XREF

This table allows users to tie TPL coverage codes to benefit plans used as OI Plans and carriers associated with those plans.

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
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	Y
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
DTE_ACTIVE	This is the date that the row becomes active.	DATE	0	0	N
DTE_INACTIVE	The date that the row becomes inactive.	DATE	0	0	N
DTE_EFFECTIVE	Effective date of the row.	DATE	0	0	N
DTE_END	End date of the row.	DATE	0	0	N

2.13.568 T_TPL_CVRG_LVL

This table contains the coverage levels for a policy to allow for better analysis for HIPP.

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	Y
DSC_CVRG_LVL	This is the description of the coverage level	CHAR	30	0	N

2.13.569 T_TPL_EMPLOYER

The employer table contains information about policyholder employers. Employers may be used as an additional source of information when TPL coverage data is missing or incomplete. Employer data may also be used to identify potential TPL coverage information when it is learned that a member is employed by a particular employer.

Column Name	Description	Type	Length	Precision	Primary Key
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
CDE_EMPLOYER	This field is the unique, user-defined employer ID which is used on all screens and reports to identify the employer.	CHAR	7	0	N
NAM_BUS	This is the business name of an employer.	CHAR	39	0	N
ADR_MAIL_STRT1	This is the street address of an employer.	CHAR	55	0	N
ADR_MAIL_STRT2	This is the second street address of an employer	CHAR	55	0	N
ADR_MAIL_CITY	This is the city of an employer.	CHAR	30	0	N
ADR_MAIL_STATE	This is the state of an employer.	CHAR	2	0	N
ADR_MAIL_ZIP	This is the first 5 digits of the zip code of an employer.	CHAR	15	0	N
ADR_MAIL_ZIP_4	This is the last 4 digits of the zip code of an employer.	CHAR	4	0	N
ADR_EMAIL	This is the email address of the employer.	CHAR	50	0	N
NAM_CONTACT	This is the employer contact name.	CHAR	40	0	N
NUM_PHONE	This is the employer contact telephone number.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_PHO_EXT	This is the employer contact telephone extension.	CHAR	6	0	N
EIN	This is the FEIN for the Employer.	CHAR	9	0	N
NUM_FAX	The fax number of the employer.	CHAR	15	0	N
IND_HIPP	This indicates whether or not the employer participates in HIPP.	CHAR	1	0	N
DTE_START_ENROLL	The employer's enrollment period start date.	DATE	0	0	N
DTE_END_ENROLL	The employer's enrollment period end date.	DATE	0	0	N
DTE_ACTIVE	The date the employer started business.	DATE	0	0	N
DTE_INACTIVE	The date the employer ended business.	DATE	0	0	N
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	N

2.13.570 T_TPL_HIPP_XREF

This table contains information about a HIPP resource and the associated TPL Policies for the HIPP Resource.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_TPL_RESOURCE	The is the system assigned key that uniquely identifies a TPL Resource.	NUMBER	9	0	Y
SAK_HIPP	System assigned key to uniquely identify a HIPP resource.	NUMBER	9	0	Y

2.13.571 T_TPL_LIEN

This table contains the address of the property on which a lien has been filed for a TPL casualty case.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_TPL_LIEN	This is the unique identifier for the TPL Lien table.	NUMBER	9	0	Y
SAK_CASUALTY	This is the internal id that is unique to identify this case.	NUMBER	9	0	Y
ADR_STREET_1	The first line of the street address of the property on which the lien is held.	CHAR	55	0	N
ADR_STREET_2	The second line of the street address of the property on which the lien is held.	CHAR	55	0	N
ADR_CITY	The city of the property on which the lien is held.	CHAR	30	0	N
ADR_STATE	The state of the property on which the lien is held.	CHAR	2	0	N
ADR_ZIP_CODE	The five character zip code of the property on which the lien is held.	CHAR	15	0	N
ADR_ZIP_CODE_4	The zip plus 4 code of the property on which the lien is held.	CHAR	4	0	N
NUM_PHONE	The US or international phone number of the property on which the lien is held.	CHAR	15	0	N
NUM_PHO_EXT	The US or international phone extension number of the property on which the lien is held.	CHAR	6	0	N
NUM_FAX	The fax number of the property where the lien is held in the format area code + prefix + suffix if within the US. Could be an out of country fax number if country code is not US.	CHAR	15	0	N
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	N

2.13.572 T_TPL_RESOURCE

This table contains information about TPL resource. A TPL resource is any entity other than Medicaid that could be responsible for payment of medical benefits for a Medicaid member.

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_POLICY_TYPE	This code identifies whether the member's resource is private pay insurance or state paid insurance.	CHAR	1	0	N
CDE_BILL_TO	This code describes who TPL claim facsimiles are billed to: the employer of the policyholder or the carrier.	CHAR	1	0	N
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
SAK_CARRIER	This system assigned key is used to uniquely identify a TPL Carrier record internally.	NUMBER	9	0	N
SAK_EMP	This system assigned key is used to uniquely identify a TPL Employer record internally.	NUMBER	9	0	N
CDE_POLICY_OWNR	This code identifies whether the policy owner is a Member or a Policyholder.	CHAR	1	0	N
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
NUM_TPL_POLICY	Policy number for this TPL policy.	CHAR	16	0	N
NUM_GROUP	Policy group number. If present, gives the group number of the policy.	CHAR	16	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_COST_AVOID	This is the effective date for an insurance policy. NOTE: This field is no longer used and will always be populated with zero. To verify coverage effective information, use the dte_effective on the t_coverage_xref table.	DATE	0	0	N
DTE_SUSPECT	This is the end date for an insurance policy. NOTE: This field is no longer used and will always be populated with zero. To verify coverage termination information, use the dte_end on the t_coverage_xref table.	DATE	0	0	N
DTE_ADDED	This is the date the resource was originally added to the system.	DATE	0	0	N
CDE_INIT_ORG	This tells who is gave us the information for the latest change to this resource.	CHAR	1	0	N
CDE_RELATION	This code identifies the relationship of the policyholder to the member covered by a TPL policy.	CHAR	1	0	N
CDE_COURT_ORDER	This code identifies the type of court-ordered insurance that must be provided by an absent parent.	CHAR	1	0	N
CDE_SUSPECT	This code identifies whether a TPL resource is active or suspect and, if suspect, who marked it as suspect (the system or the user).	CHAR	1	0	N
IND_COST_AVOID	Indicates if this is to bypass cost avoidance or not.	CHAR	1	0	N
CDE_ORIGIN	This is who told us about the coverage the very first time.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_LAST_CHANGE	Contains the date that this record was last changed to help support audit trail research	DATE	0	0	N

2.13.573 T_TPL_SCHED

This table defines HIPP Payment schedules. Example M - Monthly, W - Weekly, A - Annually, Q - Quarterly.

Column Name	Description	Type	Length	Precision	Primary Key
SCHED_CODE	This is the schedule code. Identifies when (monthly, quarterly, and so on.) the HIPP policy must be paid.	CHAR	1	0	Y
TXT_SCHED	This is the text description of the schedule code.	CHAR	20	0	N

2.13.574 T_TPL_THRESHOLD

This table contains information about various threshold types, amount of the threshold, and number of months to accumulate claims to the threshold amount for use in TPL processing.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_TPL_THRESHOLD	System assigned key that uniquely identifies the threshold type.	NUMBER	9	0	Y
CDE_THRESHOLD	Code representing the type of threshold	CHAR	2	0	N
DSC_THRESHOLD	Description of the type of threshold	CHAR	40	0	N
AMT_THRESHOLD	Dollar amount of threshold.	NUMBER	11	2	N
NO_MONTHS	Number of months claims are selected to accumulate to the threshold amount.	NUMBER	2	0	N

2.13.575 T_TRTFEASR_XREF

Information for the casualty case about which torfeasors are liable. Also includes lien numbers for reports and letters.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_TORTFEASOR	The unique internal identifier used to identify the tortfeasor.	NUMBER	9	0	Y

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
NUM_CAUSE	The cause number that the county courthouse puts on the lien for a torfeasor and a particular case.	CHAR	15	0	N

2.13.576 T_TYPE_OF_BILL

This table contains the valid types of bills and their description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TYPE_OF_BILL	Code which indicates a specific type of facility.	CHAR	3	0	Y
DSC_TYPE_OF_BILL	Describes the specific type of facility.	CHAR	20	0	N
IND_PROC_IN_EXCLUD	Code which indicates whether the associated list of procedure codes is valid or invalid for the type of bill.	CHAR	1	0	N

2.13.577 T_VALUE

Contains the valid codes and description of those codes which are used to relate values to identified data elements necessary to process a UB claim.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_VALUE	Code used to relate values to identified data elements necessary to process a UB claim.	CHAR	2	0	Y
DSC_VALUE	Description of the code used to relate values to identified data elements necessary to process a UB claim.	CHAR	40	0	N

2.13.578 T_VS_BIRTHS

This table contains information relating to member's birth.

Column Name	Description	Type	Length	Precision	Primary Key
BIRTH_CERT	Birth Certification.	CHAR	13	0	Y
NAM_CHILD_FIRST	Child first name.	CHAR	12	0	N
NAM_CHILD_MIDDLE	Child middle name	CHAR	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_CHILD_LAST	Child last name	CHAR	14	0	N
NAM_CHILD_TITLE	Child JR name.	CHAR	3	0	N
DTE_CHILD_DOB	Child Date of Birth	DATE	0	0	N
CDE_CHILD_SEX	Child Sex.	CHAR	1	0	N
CDE_CHILD_CNTY_OCCUR	The 3 digit code of the county the birth occurred in.	CHAR	3	0	N
CDE_CHILD_CNTY_ALPHA	The 5 digit abbreviation of the county the birth occurred in.	CHAR	5	0	N
CD_CHILD_PLACE_OF_BIRTH	The place where the child is born.	CHAR	1	0	N
ID_FAC	Facility ID.	CHAR	4	0	N
NAM_MOTHER_FIRST	Mother first name.	CHAR	12	0	N
NAM_MOTHER_MID	Mother middle name.	CHAR	12	0	N
NAM_MOTHER_LAST	Mother last name.	CHAR	14	0	N
NAM_MOTHER_JR	Name Suffix.	CHAR	3	0	N
NUM_MOTHER_SSN	Mother SSN.	CHAR	9	0	N
DTE_MOTHER_DOB	Mother Date of Birth.	DATE	0	0	N
NUM_MOTHER_AGE	Mother Age.	CHAR	2	0	N
ADR_MOTHER_STATE_RES	Mother's resident state.	CHAR	3	0	N
ADR_MOTHER_COUNTY_RES	Mother's resident city.	CHAR	3	0	N
ADR_MOTHER_MAIL_ADDRESS	Mother's mail address.	CHAR	49	0	N
IND_MOTHER_MARRIED	Is mother married.	CHAR	1	0	N
CDE_SRCPAY	The principle source of payment for the birth	CHAR	1	0	N
IND_BREAST_FED	The flag for if mother breast feed.	CHAR	1	0	N
NAM_FATHER_FIRST	Father's first name.	CHAR	12	0	N
NAM_FATHER_MIDDLE	Father's middle name.	CHAR	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_FATHER_LAST	Father's last name.	CHAR	14	0	N
NAM_FATHER_TITLE	Father's JR name.	CHAR	3	0	N
NUM_FATHER_SSN	Father's SSN.	CHAR	9	0	N
DTE_FATHER_DOB	Father Date of Birth.	DATE	0	0	N
NUM_FATHER_AGE	Father's age.	CHAR	2	0	N
IND_MOTHER_HISPANIC	The flag for mother's Hispanic.	CHAR	1	0	N
CDE_MOTHER_RACE	Mother's race.	CHAR	1	0	N
CDE_MOTHER_EDUCATION	Mother's education level.	CHAR	2	0	N
IND_FATHER_HISPANIC	The flag for father's Hispanic.	CHAR	1	0	N
CDE_FATHER_RACE	Father's race.	CHAR	1	0	N
CDE_FATHER_EDUCATION	Father's education level.	CHAR	2	0	N
PREV_CHILDREN_LIVING	Number of previous children born alive	CHAR	2	0	N
PREV_CHILDREN_DEAD	Number of previous children born dead	CHAR	2	0	N
DTE_LAST_LIVE_BIRTH	Date last live birth occurred	CHAR	6	0	N
NUM_OTHER_TERMINATIONS	Number of other pregnancy terminations	CHAR	2	0	N
PRENATAL_CARE_VISITS	Number of prenatal visits	CHAR	2	0	N
BIRTH_WEIGHT_UNITS	The weight units the child's weight is recorded in.	CHAR	1	0	N
BIRTH_GRAMS	Child's weight in grams	CHAR	4	0	N
MD_GESTATION_ESTIMATE	Physicians estimate of gestation weeks	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_PLURALITY	Records number of babies in the event of a plural birth	CHAR	1	0	N
APGAR_SCORE_5_MIN	Apgar score of baby at 5 Minutes	CHAR	2	0	N
APGAR_SCORE_10_MIN	Apgar score of baby at 10 Minutes	CHAR	2	0	N
IND_PREG_SMOKER	The flag for mother is smoker or not.	CHAR	1	0	N
IND_PREG_ALCOHOL	The flag for mother drink alcohol or not.	CHAR	1	0	N
IND_DIABETES	Indicates if mother has chronic diabetes	CHAR	1	0	N
IND_DIABETES_GEST	Indicates if mother has gestational diabetes	CHAR	1	0	N
IND_MR_HYPER_PRE_PREG	Indicates if mother has chronic hypertension	CHAR	1	0	N
IND_MR_HYPER_GEST	Indicates if mother has gestational hypertension	CHAR	1	0	N
IND_INF_SYPHILIS	Indicates if mother had syphilis	CHAR	1	0	N
IND_INF_HEPATITIS_B	Indicates if mother had Hepatitis B	CHAR	1	0	N
IND_INF_HEPATITIS_C	Indicates if mother had Hepatitis C	CHAR	1	0	N
IND_AC_SEIZURE	Indicates if child had seizures at birth	CHAR	1	0	N
IND_AC_BIRTH_INJURY	Indicates if child had a significant birth injury	CHAR	1	0	N
IND_AC_NONE	Indicates if child had no abnormal conditions at birth	CHAR	1	0	N
IND_ANOM_HEART_CONG	Indicates if child had a congenital heart anomaly	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_ANOM_HEART_NCONG	Indicates if child had a non-congenital heart anomaly	CHAR	1	0	N
IND_SSN_REQUESTED	The flag for if the child's SSN has been requested or not.	CHAR	1	0	N
DTE_SSA_RECORD_SENT	Date certificates sent for automatic enumeration	DATE	0	0	N
NAM_HOSP	The name of hospital where the child is born.	CHAR	50	0	N
CNTY_BIRTH	County of birth	CHAR	20	0	N
MO_BIRTH_COUNTRY	Mother's country of birth	CHAR	20	0	N
CNTY_RES	Mother's county of residence	CHAR	20	0	N
DTE_CREATE	The date when the record is created.	DATE	0	0	N
DTE_MODIFY	The date when the record is modified.	DATE	0	0	N
NUM_MOTHER_APT	Mother's mail address apartment number	CHAR	10	0	N
IND_REC_TYPE	Record type.	CHAR	1	0	N

2.13.579 T_VS_CDE_BIRTH_PLACE

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BIRTH_PLACE	Code which indicates place of birth.	CHAR	1	0	N
DSC_BIRTH_PLACE	Description of Place of birth.	VARCHAR2	50	0	N

2.13.580 T_VS_CDE_BURIAL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BURIAL	Code which indicates burial type.	CHAR	1	0	N
DSC_BURIAL	Description of burial type.	VARCHAR2	25	0	N

2.13.581 T_VS_CDE_BUSINESS_INDUSTRY

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUSINESS_INDUSTRY	Code which indicates the business or industry.	CHAR	3	0	N
DSC_BUSINESS_INDUSTRY	Description of the business or industry.	VARCHAR2	50	0	N

2.13.582 T_VS_CDE_CERTIFICATION

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CERTIFICATION	Code which indicates the type of certification.	CHAR	1	0	N
DSC_CERTIFICATION	Description of the type of certification.	VARCHAR2	25	0	N

2.13.583 T_VS_CDE_EDUC

Column Name	Description	Type	Length	Precision	Primary Key
CDE_EDUC	Code which indicates the level of education	CHAR	2	0	N
IND_DEATH	Indicator of death.	CHAR	1	0	N
DSC_EDUC	Description of the level of education.	VARCHAR2	50	0	N

2.13.584 T_VS_CDE_HISPANIC_ORIGIN

Column Name	Description	Type	Length	Precision	Primary Key
CDE_HISPANIC_ORIGIN	Code which indicates the hispanic origin	CHAR	1	0	N
DSC_HISPANIC_ORIGIN	Description of Hispanic origin.	VARCHAR2	50	0	N

2.13.585 T_VS_CDE_HOSPITAL_NUMBER

Column Name	Description	Type	Length	Precision	Primary Key
CDE_HOSP_NUM	Code which indicates hospital number	CHAR	2	0	N
DSC_HOSP_NUM	Description of hospital number.	VARCHAR2	50	0	N

2.13.586 T_VS_CDE_MANNER_OF_DEATH

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MANNER_OF_DEATH	Code which indicates the manner of death	CHAR	1	0	N
DSC_MANNER_OF_DEATH	Description of manner of death.	VARCHAR2	25	0	N

2.13.587 T_VS_CDE_MARITAL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MARITAL	Code which indicates marital status	CHAR	1	0	N
DSC_MARITAL	Description of marital status.	VARCHAR2	25	0	N

2.13.588 T_VS_CDE_OCCUPATION

Column Name	Description	Type	Length	Precision	Primary Key
CDE_OCCUPATION	Code which indicates occupation	CHAR	3	0	N
DSC_OCCUPATION	Description of Occupation.	VARCHAR2	50	0	N

2.13.589 T_VS_CDE_PLACE_OF_DEATH

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PLACE_OF_DEATH	Code which indicates place of death.	CHAR	1	0	N
DSC_PLACE_OF_DEATH	Description of place of death.	VARCHAR2	25	0	N

2.13.590 T_VS_CDE_PLACE_OF_INJURY

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PLACE_OF_INJURY	Code which indicates place of injury	CHAR	1	0	N
DSC_PLACE_OF_INJURY	Descripton of place of injury.	VARCHAR2	50	0	N

2.13.591 T_VS_CDE_PLURALITY

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PLURITY	Code which indicates type of plurity.	CHAR	1	0	N
DSC_PLURITY	Description of type of plurity.	VARCHAR2	50	0	N

2.13.592 T_VS_CDE_RACE

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RACE_VS	Code which indicates race.	CHAR	1	0	N
DSC_RACE_VS	Description of race.	VARCHAR2	50	0	N

2.13.593 T_VS_CDE_SRCPAY

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SRCPAY	Code which indicates the source of payment.	CHAR	1	0	N
DSC_SRCPAY	Description of the source of payment.	VARCHAR2	50	0	N

2.13.594 T_VS_CDE_STATE

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATE_VS	Code which indicates state.	CHAR	3	0	N
DSC_STATE_VS	Description of state.	VARCHAR2	25	0	N

2.13.595 T_VS_CDE_TB_CANCER_VD

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TB_CANCER_VD	Code which indicates the type of disease	CHAR	1	0	N
DSC_TB_CANCER_VD	Description of the type of disease.	VARCHAR2	25	0	N

2.13.596 T_VS_DEATHS

Column Name	Description	Type	Length	Precision	Primary Key
YEAR_OF_VOLUME	The year of volume.	CHAR	4	0	Y
NUM_VOLUME	Volume number.	CHAR	3	0	Y
NUM_CERTIFICATE	Certification number.	CHAR	5	0	Y
NAM_DECEASED_FIRST	The deceased first name.	CHAR	10	0	N
NAM_DECEASED_MI	The deceased middle initial name.	CHAR	1	0	N
NAM_DECEASED_LAST	The deceased last name.	CHAR	13	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SEX_VS	The deceased sex.	CHAR	1	0	N
DTE_DEATH	The date of death.	DATE	0	0	N
NUM_SSN	SSN.	CHAR	9	0	N
NUM_AGE	The age.	CHAR	3	0	N
DTE_BIRTH	The date of birth.	DATE	0	0	N
STATE_BIRTH	The state of birth.	CHAR	3	0	N
PLACE_DEATH	The place of birth.	CHAR	1	0	N
NUM_HOSPITAL	The hospital number.	CHAR	2	0	N
CNTY_DEATH	The county of death.	CHAR	3	0	N
CNTY_DEATH_ALPHA	The county of death alpha.	CHAR	5	0	N
CDE_MARITAL	The marital status.	CHAR	1	0	N
CDE_OCCUPATION	The occupation.	CHAR	3	0	N
CDE_BUSINESS_INDUSTRY	The business industry.	CHAR	3	0	N
STATE_RESIDENCE	The state of residence.	CHAR	3	0	N
CITY_CNTY_RESIDENCE	The city county of residence.	CHAR	3	0	N
ADR_CITY_RESIDENCE	The city of residence.	CHAR	12	0	N
ADR_STREET_1	The street's name of address.	CHAR	20	0	N
CDE_CITY_LIMIT	The residence in the city limits.	CHAR	1	0	N
ADR_ZIP_RESIDENCE	The residence's zip code.	CHAR	9	0	N
IND_HISPANIC_ORIGIN	The original Hispanic.	CHAR	1	0	N
CDE_RACE_VS	Race.	CHAR	1	0	N
CDE_EDUCATION	Education.	CHAR	2	0	N
NAM_FATHER_SUR	Father's surname.	CHAR	13	0	N
IND_BURIAL	The flag for burial.	CHAR	1	0	N
IND_CERT	Certification number.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DEATH_HOUR	The number of hours since death.	CHAR	3	0	N
IND_REFER_CORONER	Cases referred to coroner.	CHAR	1	0	N
CDE_CAUSE_DEATH	Underlying cause of death.	CHAR	4	0	N
CDE_SUPPL_CAUSE_1	Supplemental cause 1.	CHAR	4	0	N
CDE_SUPPL_CAUSE_2	Supplemental cause 2..	CHAR	4	0	N
CDE_SUPPL_CAUSE_3	Supplemental cause 3.	CHAR	4	0	N
IND_TB_CANCER_VD	The flag for TB cancer VD.	CHAR	1	0	N
IND_AUTOPSY	The flag for Autopsy.	CHAR	1	0	N
IND_MANNER_DEATH	The manner of death.	CHAR	1	0	N
DTE_INJURY	The date of injury.	DATE	0	0	N
HOUR_INJURY	The number of hours of injury,	CHAR	3	0	N
IND_INJURY_WORK	The flag for if injury at work.	CHAR	1	0	N
IND_PLACE_INJURY	The place of injury,	CHAR	1	0	N
IND_LOCATION_INJURY	The location of injury.	CHAR	3	0	N
IND_RECORD_TYPE	The record type.	CHAR	1	0	N
PROCESS_PERIOD	The process period.	CHAR	6	0	N
BIRTH_YEAR_OF_VOLUME	The birth certificate year of volume..	CHAR	3	0	N
NUM_BIRTH_CERT	The birth certificate number.	CHAR	6	0	N
CDE_CORRECTION_VS	Correction code.	CHAR	1	0	N
SUPPLEMENT_BIRTH_STATUS	Supplement birth status.	CHAR	2	0	N
IND_PREGNANCY	The flag for pregnancy.	CHAR	1	0	N
IND_DIABETES	The flag for diabetes.	CHAR	1	0	N
IND_DIABETES_CAUSE	Diabetes cause.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_BIRTH_CERT_VOL	Volume of the birth certificate.	CHAR	3	0	N
DTE_MODIFY	Date the recored was modified.	DATE	0	0	N
DTE_CREATE	Date the record was created.	DATE	0	0	N

Reference Data Maintenance Detail 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

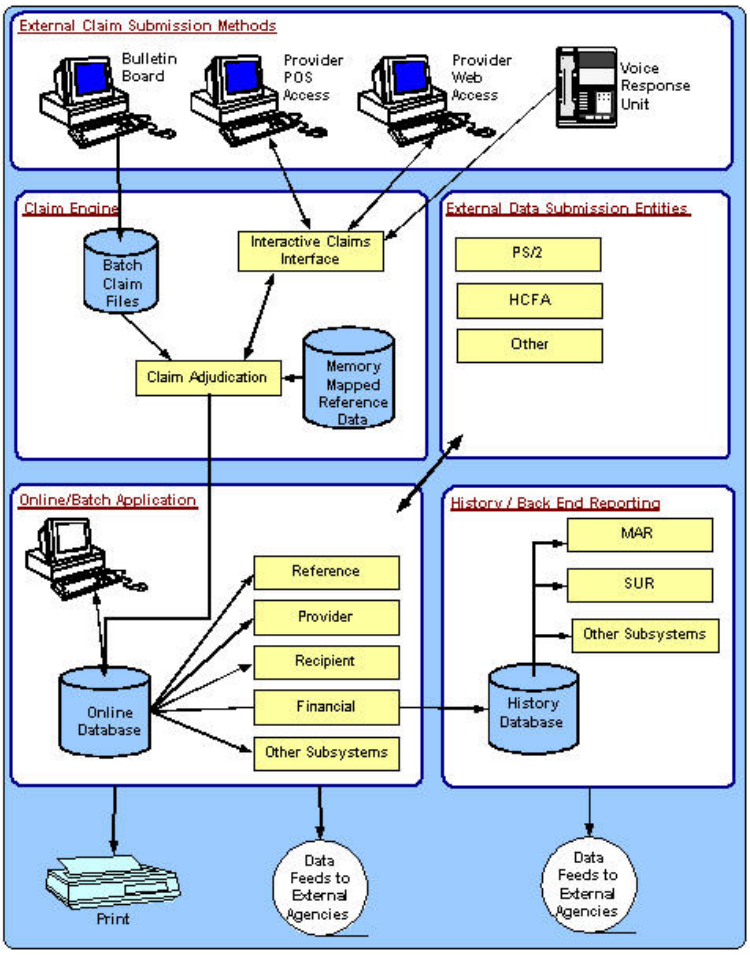
This document provides the Reference Data Maintenance Requirements Detailed System Design (DSD). The DSD validates the design process and approach to solution, and identifies those items as specified in the Kentucky MMIS (KY MMIS) Request for Proposal (RFP) and as specified by Kentucky Medicaid.

2 Reference Data Maintenance Detailed System Design

2.1 System Flow

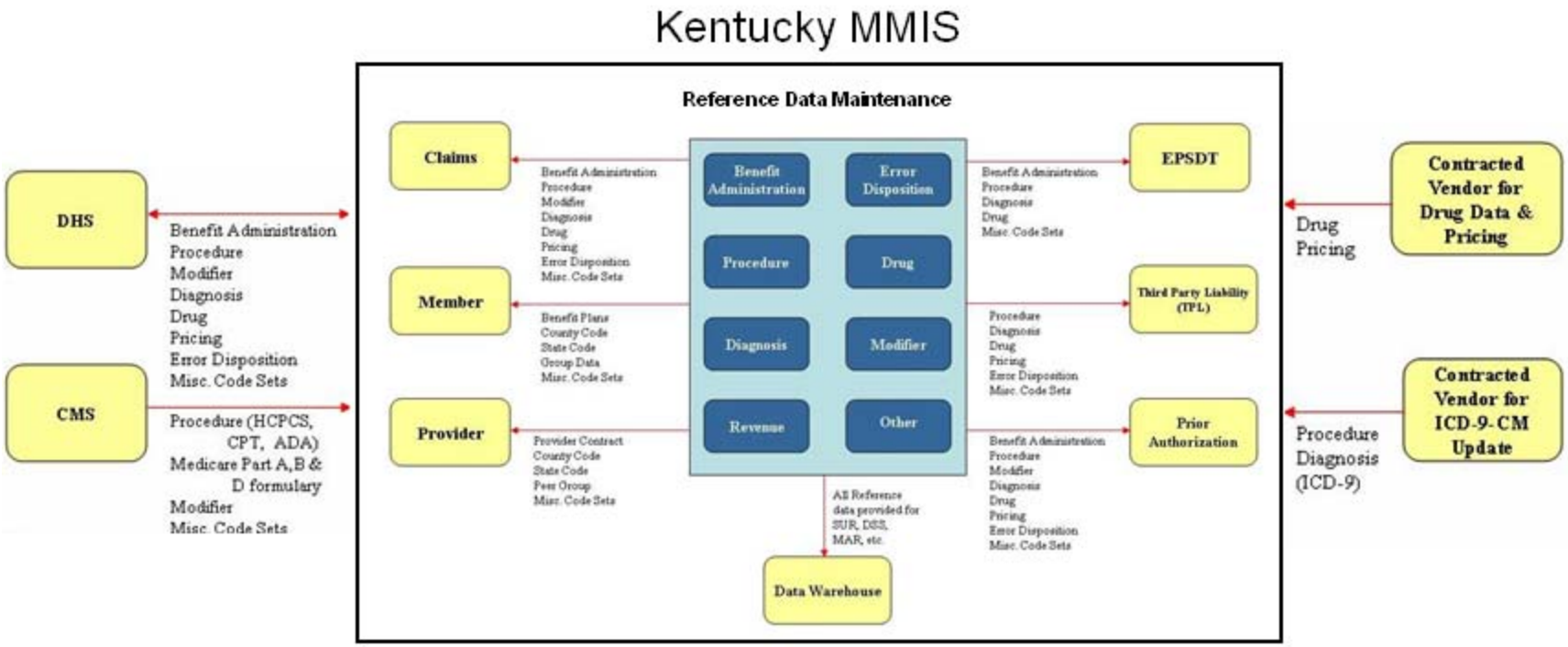
2.1.1 interChange System Architecture

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



2.1.2 Subsystem Flow

The following diagram represents Reference Data Maintenance input/output processing in a production context (job, jils, directories, and data).



2.2 Subsystem Description

2.2.1 Introduction to Reference Data Maintenance

The Reference Data Maintenance function maintains a consolidated source of reference information that is accessed by the MMIS during performance of claims and adjustment processing functions, prior authorization functions, and Third Party Liability (TPL) processing. The Reference Data Maintenance function also supports MMIS reporting functions.

The Reference Data Maintenance function maintains the following logical data groupings:

- Benefit Plan data set identifying a group of covered services (benefits) that are granted to a member deemed eligible for the services the benefit plan represents. Benefit Plan configuration includes:
  - Coverage Rules detailing restrictions for services within a Benefit Plan;
  - Reimbursement Rules for selecting a payment method to reimburse a Provider for services provided to an eligible member; and,
  - Billing Rules classifying services a Provider can bill within a contract.
- Diagnosis data set utilizing the International Classification of Diseases, Ninth Revision (ICD-9) coding system and diagnosis coding.
- Drug data set of 11-digit National Drug Codes (NDC) including descriptive and pricing information for each code.
- Edit/Audit Criteria data used to enforce State policy in adjudicating claims. The edit function verifies the accuracy, validity, required presence, format, consistency, allowable values, and integrity of data submitted. The audit function compares the data of a claim in process with other claim data in paid claims history to determine the appropriateness of the service reflected on the claim in relation to other services received by the member.
- ICD-9-CM Procedure data set that contains International Classification of Diseases, Ninth Revision, Clinical Modification procedure codes used for inpatient hospital billing.
- Modifier data set that contains codes used to further describe and qualify services provided.
- Procedure data set that contains CMS Health Common Procedure Coding System (HCPCS) procedure codes, Common Procedure Terminology (CPT) procedure codes including descriptive and pricing information for each code.
- Revenue codes data set for use in processing claims for hospital inpatient and outpatient services including descriptive and pricing information for each code.

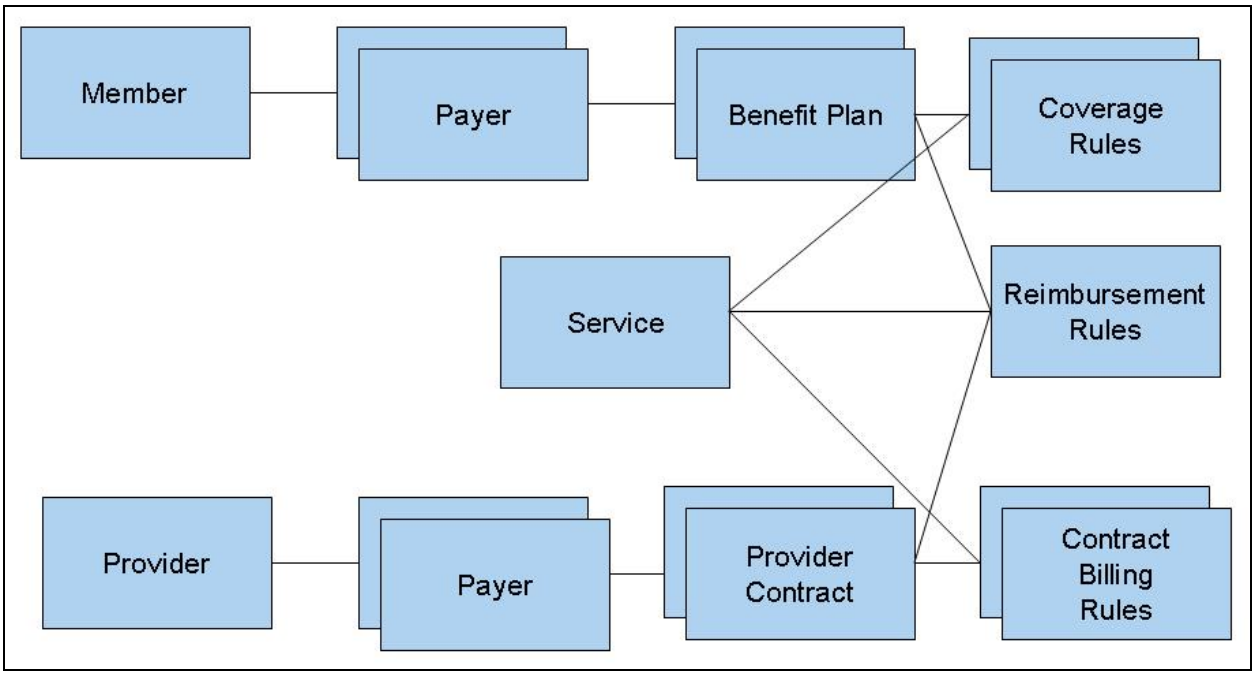
2.3 Processes

2.3.1 Benefit Administration Processes

2.3.1.1 Process Overview Description

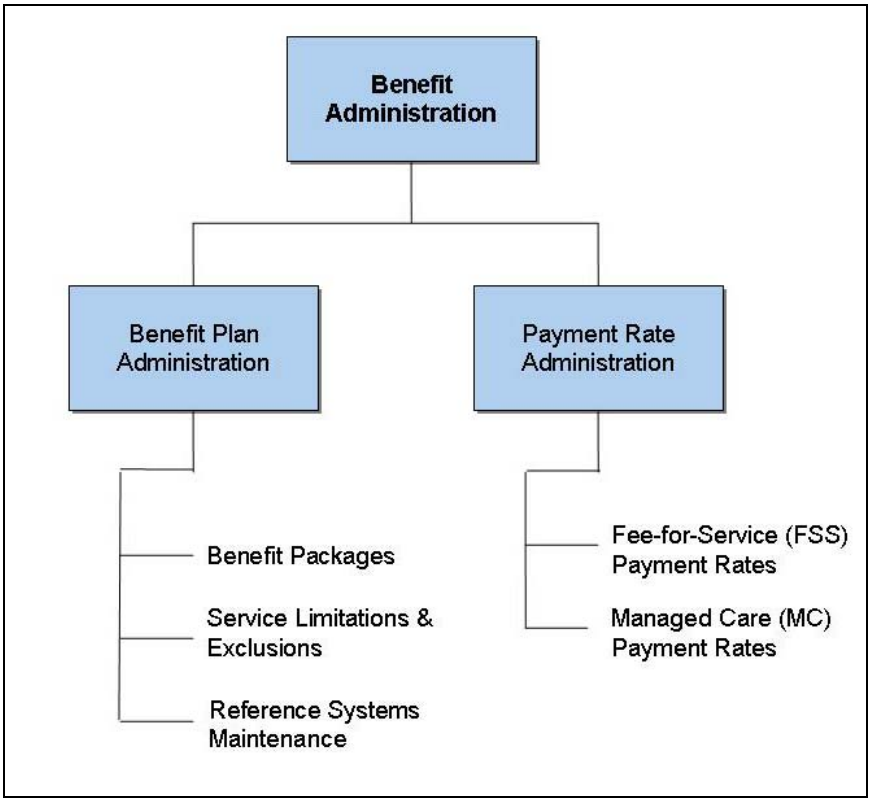
The primary purpose of the Benefits Administration function is to record and maintain information about the services covered under various benefit packages (e.g., Medicaid, Waiver, and others) including scope of services and any associated reimbursement rate information.

The following diagram displays the various components of the Benefit Administration functions:



2.3.1.1.1 interChange Narrative

The Benefits Administration processes are used to define the benefits which a member can receive and which providers may be reimbursed. Services (procedure codes, revenue codes, diagnosis codes, and drugs) are grouped into logical units called benefit plans. Within a single benefit plan, authorized users can configure how the individual services will be covered. The various member populations within the Commonwealth are then given eligibility to one or more of these benefit plans, and their claims are adjudicated based on these user-configured rules.



The main processing areas used to support the Benefits Administration functionality are:

- Benefit Plan Administration
  - Benefit Packages
  - Service Limitations and Exclusions
  - Reference Systems Maintenance
- Payment Rate Administration
  - Fee-for-Service (FSS) Payment Rates
  - Managed Care (MC) Payment Rates

(Note: Manage Care processes will be documented in the Manage Care Detailed System Design (DSD) document.)

2.3.1.2 Benefit Package Maintenance

2.3.1.2.1 Process Description

The Benefit Package maintenance process defines the various member benefit packages necessary to support the Kentucky Department for Medicaid Services' (DMS) policy. Within a benefit plan, authorized users can configure how the individual services will be covered. Additionally, those users can determine the funding source that will pay for the services covered by the benefit plan. Between benefit plans, users can configure the order in which plans will cover a service and how the plans will interact with each other. The various member populations within the Commonwealth are then given eligibility to one or more of these benefit plans, and their claims are adjudicated based on these user-configured rules.

The Benefit Plan Maintenance function includes the following benefit administration related data:

- Benefit Plans;
- Coverage Rules;
- Reimbursement Rules; and,
- Billing Rules.

2.3.1.2.2 Benefit Plans

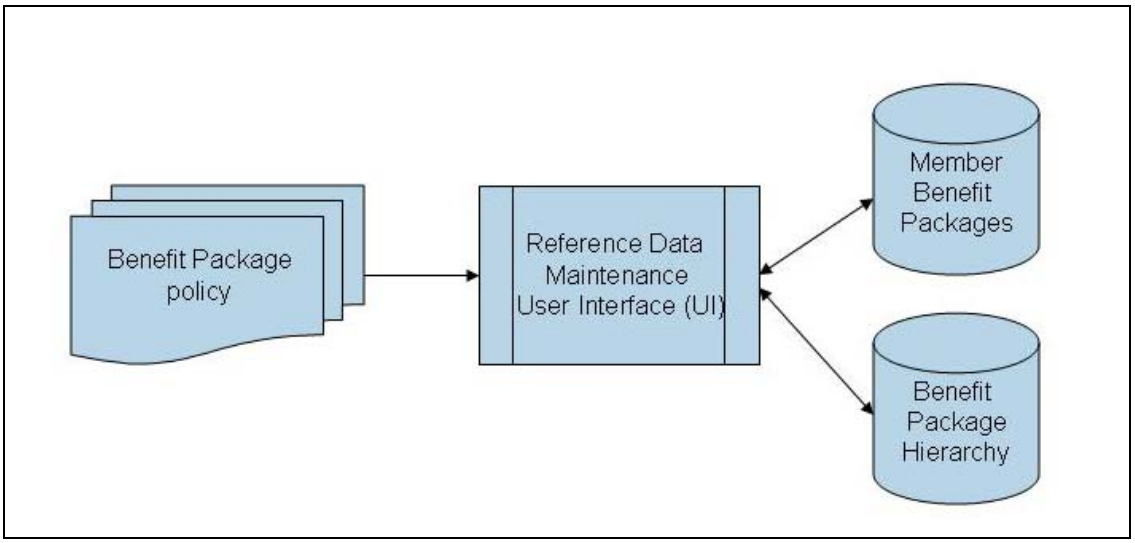
A benefit plans is a classification of benefits a Recipient can receive. For example, TXIX is a Benefit Plan.

The following pages and panels are used to add/maintain Benefit Plan information:

Title	Narrative
Member Plan	Use the Member Plan panel to maintain the list health care plans in the system. There are four parts to the panel, the top is for maintaining the plan codes, the next list is for included/ excluded claim types, then a list of dependent programs, followed by a list of excluded programs. The dependent plans must exist together on member eligibility with the selected plan. The Excluded plans can not exist with the selected plan. Navigation Path: [Reference - Benefit Administration] - [Member Plan] - [Member Plan]
Benefit Plan Hierarchy.	This window is used to display and maintain benefit plan hierarchy relationships. The benefit plan hierarchy defines the order of processing for members who are enrolled in multiple benefit plans. Navigation Path: [Reference - Benefit Administration] - [Benefit Plan Hierarchy] - [Benefit Plan Hierarchy]

2.3.1.2.3 Process flow

The process flow diagrams below provide a visual representation of the maintenance of Benefit Package information. The Benefit Package information will be maintained through the online User Interface (UI).



2.3.1.2.4 Coverage Rules

Coverage rules define coverage restrictions for services within a Benefit Plan. For example a service may only be covered for specific age ranges.

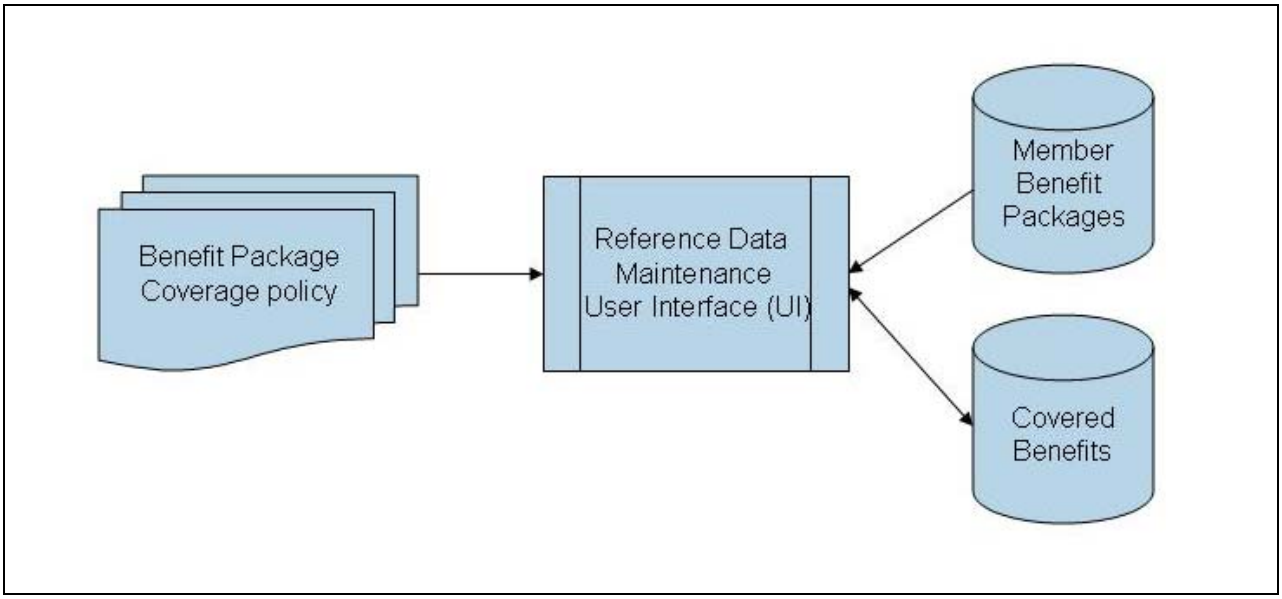
The following panels are used to add/maintain coverage rule information:

Title	Narrative
Benefit Plan Coverage Rules-All Services	Use the Benefit Plan Coverage Rules-All Services panel to view the member plan coverage information for a specific procedure, diagnosis, drug, DRG, and/or revenue code. Navigation Path: [Reference - Diagnosis] - [(select row from search results)] - [Benefit Plan Coverage Rules] OR Navigation Path: [Reference - Revenue] - [(select row from search results)] - [Benefit Plan Coverage Rules] OR Navigation Path: [Reference - Drug] - [(select row from search results)] - [Benefit Plan Coverage Rules] OR Navigation Path: [Reference - Procedure] - [select HCPCS radio button]- [(select row from search results)] - [Benefit Plan Coverage Rules] OR Navigation Path: [Reference - Procedure] - [select ICD-9-CM radio button]- [(select row from search results)] - [Benefit Plan Coverage Rules] OR Navigation Path: [Reference - DRG] - [(select row from search results)] - [Benefit Plan Coverage Rules]

Title	Narrative
Member Plan	Use the Member Plan panel to maintain the list health care plans in the system. There are four parts to the panel, the top is for maintaining the plan codes, the next list is for included/ excluded claim types, then a list of dependent programs, followed by a list of excluded programs. The dependent plans must exist together on member eligibility with the selected plan. The Excluded plans can not exist with the selected plan. Navigation Path: [Reference - Benefit Administration] - [Member Plan] - [Member Plan]

2.3.1.2.5 Process flow

The process flow diagrams below provide a visual representation of the maintenance of Coverage Rules information. The Benefit Package information will be maintained through the online User Interface (UI).



2.3.1.2.6 Reimbursement Rules

Reimbursement rules are rules for which a Provider can be reimbursed. For example, reimburse the Provider for a specific Benefit Plan and Provider Contract. The reimbursement rules also specify the pricing methodology to be used for the provider's reimbursement.

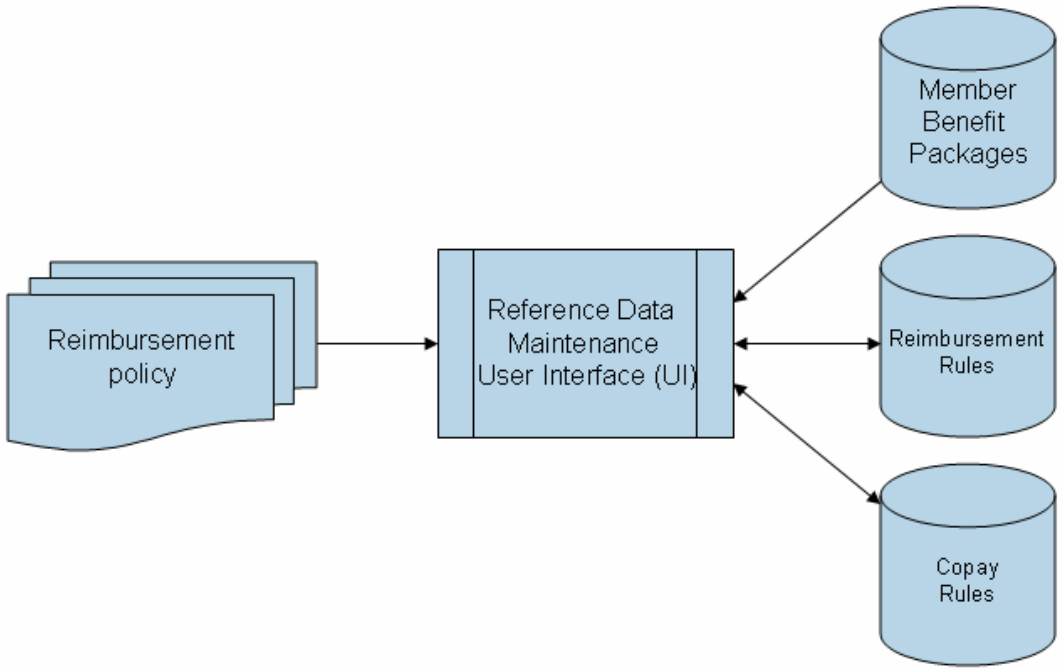
The following panels are used to add/maintain reimbursement rule information:

Title	Narrative
Copay	Use the Copay panel to maintain the rules by which copay can be calculated during claims processing. Navigation Path: [Reference - Benefit Administration] - [Copay]

Title	Narrative
Reimbursement Agreement	Use the Reimbursement panel to maintain the rules for which a Provider can be reimbursed for a service. Navigation Path: [Reference - Benefit Administration] -[Reimbursement Agreement] - [Reimbursement Agreement]
Reimbursement Agreement-All Services	Use the Reimbursement Rules-All Services panel to view the benefit plan reimbursement information for various service codes supported by the MMIS including: procedures, diagnosis, drug or revenue codes. The reimbursement rules are used to determine the pricing methodology to use when adjudicating a claim. Navigation Path: [Reference - Diagnosis] - [(select row from search results)] - [Reimbursement Rules] OR Navigation Path: [Reference - Drug] - [(select row from search results)] - [Reimbursement Rules] OR Navigation Path: [Reference - Procedure] - [select HCPCS radio button]- [(select row from search results)] - [Reimbursement Rules] OR Navigation Path: [Reference - Procedure] - [select ICD-9-CM radio button]- [(select row from search results)] - [Reimbursement Rules] OR Navigation Path: [Reference - Revenue] - [(select row from search results)] - [Reimbursement Rules] OR Navigation Path: [Reference - DRG] - [(select row from search results)] - [Reimbursement Rules]

2.3.1.2.7 Process flow

The process flow diagrams below provide a visual representation of the maintenance of Reimbursement Rules information. The Reimbursement rules information will be maintained through the online User Interface (UI).



2.3.1.2.8 Billing Rules

Billing Rules are rules for a Provider within a contract. For example, a Provider can only bill certain claim types.

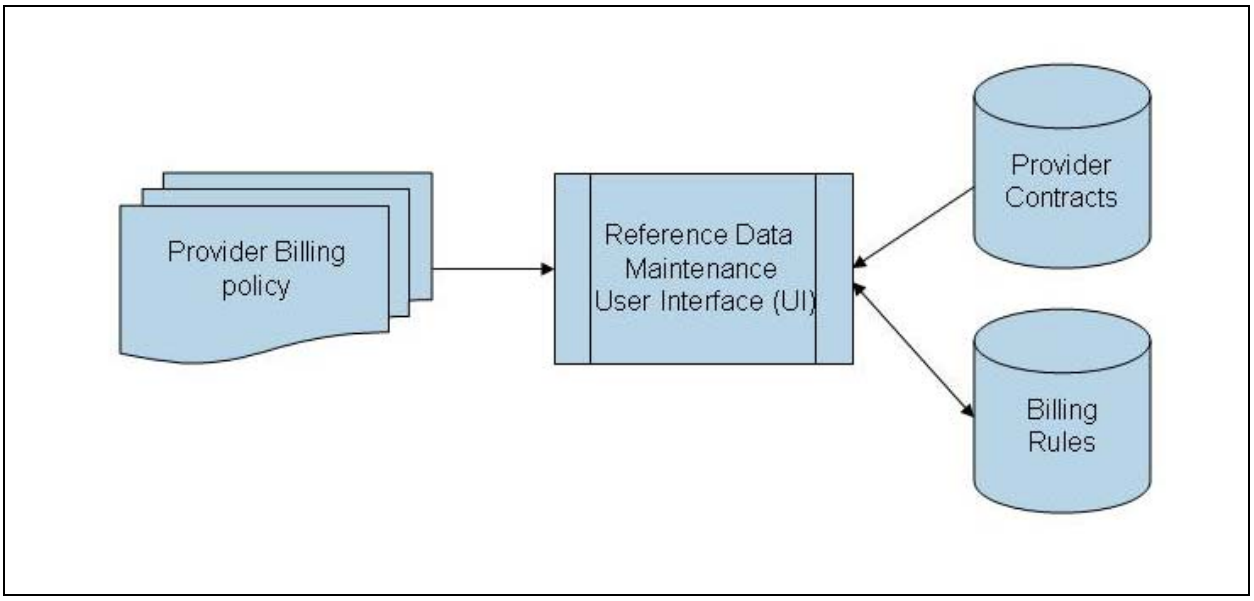
The following panels are used to add/maintain Billing rule information:

Title	Narrative
Provider Contract	Use the Provider Contract panel to maintain the list of Provider Contracts in the system and to classify the services a Provider may bill. Navigation Path: [Reference - Benefit Administration] - [Provider Contract] - [Provider Contract]

Title	Narrative
Contract Billing Rules-All Services	Use the Contract Billing Rules-All Services panel to display provider contracts applicable to the benefit (Diagnosis, DRG, Drug, ICD9, HCPCS, and Revenue Code). Navigation Path: [Reference - Diagnosis] - [(select row from search results)] - [Contract Billing Rules] OR Navigation Path: [Reference - Procedure] - [select HCPCS radio button]- [(select row from search results)] - [Contract Billing Rules] OR Navigation Path: [Reference - Procedure] - [select ICD-9-CM radio button]- [(select row from search results)] - [Contract Billing Rules] OR Navigation Path: [Reference - Revenue] - [(select row from search results)] - [Contract Billing Rules] OR Navigation Path: [Reference - Drug] - [(select row from search results)] - [Contract Billing Rules] OR Navigation Path: [Reference - DRG] - [(select row from search results)] - [Contract Billing Rules]

2.3.1.2.9 Process flow

The process flow diagrams below provide a visual representation of the maintenance of Billing Rules information. The provider billing rules information will be maintained through the online User Interface (UI).



2.3.1.3 Service Limitation Maintenance

2.3.1.3.1 Process Description

The Benefit Package maintenance process defines the various member benefit packages necessary to support the Kentucky Department for Medicaid Services' (DMS) policy. Within a

benefit plan, authorized users can configure how the individual services will be covered. Additionally, those users can determine the funding source that will pay for the services covered by the benefit plan. Between benefit plans, users can configure the order in which plans will cover a service and how the plans will interact with each other. The various member populations within the Commonwealth are then given eligibility to one or more of these benefit plans, and their claims are adjudicated based on these user-configured rules.

The Service Limitations and Exclusions utilize the following functional areas:

- Coverage Rules;
- Billing Rules; and,
- Edits and Audits.

2.3.1.3.2 Coverage Rules

See the Coverage Rules information under the Benefit Package Maintenance section of the Benefits Administration Process Model documentation above.

2.3.1.3.3 Billing Rules

See the Billing Rules information under the Benefit Package Maintenance section of the Benefits Administration Process Model documentation above.

2.3.1.3.4 Edits and Audits

Edit and Audit criteria is used to enforce Kentucky Department for Medicaid Services' (DMS) policy when adjudicating claims and encounters. The interChange system allows authorized users to configure how services are to be administered within specific benefit plans, including limitations on services authorized under each benefit package and services included or excluded for each benefit package.

The following panels are the main Edit/Audit panels related to enforcing Benefit Administration functions. A complete list of Edit/Audit related pages and panels will be delivered with the Reference General System Design (GSD) document.

Title	Narrative
Error Disposition - Disposition Criteria	Detail disposition information concerning a specific edit/audit. The correct disposition detail to use for a claim will be determined based on the claim type, level of care, outcome (full failure or cutback), provider specialty, date of receipt, and date of service of the claim. If there is not an exact match on claim type or provider specialty, the defaults of 0 and 00 are used. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [Disposition Criteria]

Title	Narrative
Audit Criteria -Error Disposition	The AuditCritPanel contains general information concerning a specific audit. This information includes whether diagnosis codes, provider specialties, recipient levels of care, recipient ages, and recipient programs are part of the audit criteria. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Criteria] - [Audit Criteria Base]
Audit Program-Error Disposition	The State and EDS will use the Audit Health Program/Benefit Plan Restrictions panel to identify which health coverage programs/benefit plans are to be included in or excluded from the audit criteria. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Health Program(only available if Program on Audit Criteria Base is "Include" or "Exclude"]
Audit Parameters(Limitation)-Error Disposition	This panel contains the limitation audit parameters, including the time span audited, the number of allowed units and/or dollars, and whether the audit is restricted to particular places of service. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Criteria] - [Audit Parameters (only available if the Audit Type is Limit)]
Audit Parameters(Contra-Indicated)-Error Disposition	This panel contains information about auditing performed for services that contradict services that have already been paid for a member. Also known as relationship auditing criteria. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Criteria] - [Audit Parameters (only available if the Audit Type is Contra-Indicated)]

Title	Narrative
Audit Procedure (Contra)-Error Disposition	The State and EDS will use the Audit Procedure Restriction - Contra panel to view, add, or update procedure codes and their modifiers or revenue codes that should be included when performing Contra-Indicated audits. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Procedure (only available if Procedure on Audit Criteria Base is "Include" or "Exclude" and Audit Type is Contra-indicated]
Form Edits	Use the Form Edits page to maintain the rules for predefined set of decisions such including Dental Claim Form Header edits, Detail Claim Form Detail edits, Physician Claim Form Header edits etc. Navigation Path: [Reference - Benefit Administration] -[Form Edits] - [Form Edits]

2.3.1.3.5 Additional Edit/Audit information

An edit is defined as a verification of claim data on the submitted claim. These edits consists of checks for required presence, format, consistency, reasonableness, and allowable values. The way a claim dispositions when it sets an edit in interChange system is developed and maintained through a GUI window application that allow a user to include the criteria that determines what disposition the claim will take when it encounters an edit during claim processing. The criteria to determine what disposition the claim will take when it sets an edit during claim processing include: claim region, claim type, recipient service program, status of the edit (active, inactive), provider type, provider specialty, claim effective date of service, claim effective date of receipt, and the location where the claim will suspend to if the disposition of the edit is set to suspend.

An audit is defined as a verification of claim data against other claims in history. These audits consist of checks for duplicate services, service limits being exceeded, and billing more than once for a once-in-a-lifetime service. The process to determine the way a claim dispositions when it sets an audit) is developed and maintained using the same GUI interface as used in building edits. In addition, in interChange Error Status Code processing function there are windows that allow a user to develop the audit criteria based on claim data elements including: member service program, claim type, provider type, provider specialty, recipient age, procedure codes, diagnosis codes, revenue codes, type of bill, NDC, therapeutic class, Generic Price Indicators, GCN, GCN sequence number, and the HICL (hierarchal ingredient code list) sequence number. The design allows the user to build lists of data elements as the audit criteria. The system allows the data element definition to be either positive or negative. This is accomplished through the use of the inclusion or exclusion indicator on the audit definition.

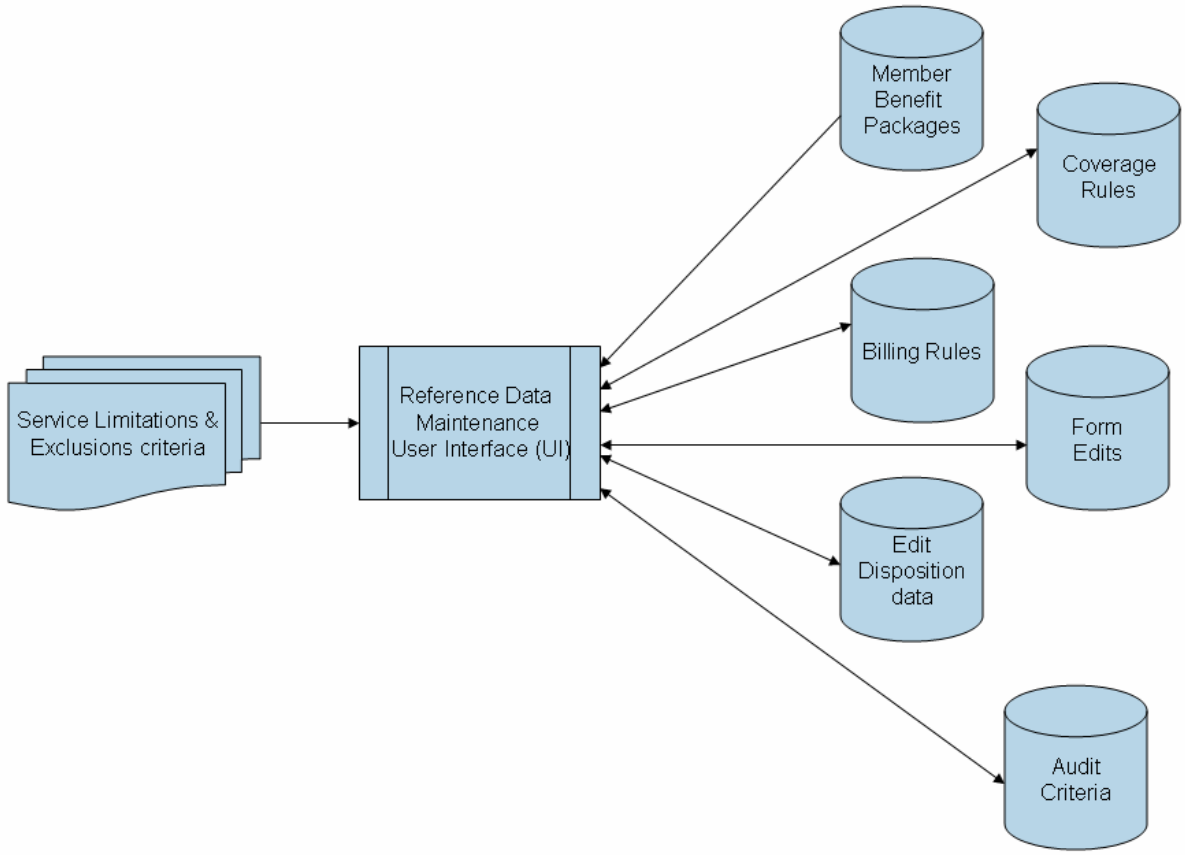
The system supports the audit types listed below:

- Duplicate Checking – This type of audit will compare current claim detail or header information (depending on the claim type) with claims information on history. Duplicate audit will post against a claim if the current claim information matches history either exactly or partially.

- Limitation – This type of audit is used to set dollar or unit limitations on services (procedure code, revenue code, or NDC) based on defined criteria.
- Contra-Indicated – This type of audit is used to limit services based on relationships between procedure codes on history and the one on the current detail of the claim. If a history procedure is indicated on the audit as a history type of procedure, and the procedure on the current detail is indicated on the audit as a current procedure, then the relationship is met and the audit will be set.
- Negative Contra-Indicated – This type of audit is used to limit services based on relationships between procedure codes on history and the one on the current detail of the claim. If a history procedure is indicated on the audit as a history type of procedure, and the procedure on the current detail is NOT indicated on the audit as a current procedure, then the relationship is not met and the audit will post against the claim.
- Umbrella – This type of audit is used to limit pre-operative and post-operative care for surgical procedures. The surgical procedures that apply to a specific umbrella audit are identified by the number of days in the global surgery field on the Medicare fee schedule. The pre-operative and post-operative care procedures are defined on the audit criteria. If either a surgery or a pre-operative/post-operative care procedure code is billed on the current claim detail, and the other type of procedure is on a history claim the audit will post against the claim.
- Bundling – This type of audit is used to identify current claims that are being billed with procedure codes that are considered to be components of a global procedure when the global procedure has already been paid on history.
- Unbundling – This type of audit is used to identify current claims that are being billed with procedure codes that are global procedures when a component procedure of that global procedure has already been paid on history.
- Cross Claim Type – Conflict audit compare dates between services on different claims types to verify that there are no conflicting services for overlapping dates.
- Step Therapy – This audit determines that all criteria are met for a drug listed as part of the step therapy program. Each drug in the program is assigned to one of five step therapy levels. Each level has criteria for number of prescriptions, number of days, and continuous coverage. In order to step up to a higher-level drug, the recipient's drug history must have fulfilled the step therapy level's criteria requirements.

2.3.1.3.6 Process flow

The process flow diagrams below provide a visual representation of the maintenance of Service Limitations and Exclusions information. The Service Limitation and Exclusion rules will be maintained through the online User Interface (UI).



2.3.1.4 Reference Systems Maintenance

2.3.1.4.1 Process Description

The Reference Systems Maintenance process maintains the various code tables and criteria tables necessary to support the Kentucky Department for Medicaid Services' (DMS) policy.

The Reference Systems Maintenance function includes the following benefit administration related data:

- Service Codes;
- Coverage Rules;
- Billing Rules;
- Reimbursement Rules;
- Edits and Audits; and,
- Pricing Data.

2.3.1.4.2 Service Codes

The Reference System Maintenance area maintains the following service codes:

- Procedure codes (HCPCS, CPT-4, and ADA);
- Diagnosis codes;
- National Drug Codes (NDC);
- Revenue codes;
- Surgical and Ancillary Procedure codes (ICD-9 Procedures);
- Diagnosis Related Group (DRG) codes; and,
- Modifiers.

Other miscellaneous Benefit Plan Administration related codes sets maintained in the reference system area include:

- Benefit Plans;
- Place of Service (POS);
- Explanation of Benefits (EOB);
- Type of Bill (TOB);
- Occurrence codes;
- Value codes;
- Pricing Indicators;
- Claim Types; and,
- Condition codes.

Details about the above code sets will be delivered as part of the Reference Data Maintenance General System Design (GSD) document.

2.3.1.4.3 Coverage Rules

See the Coverage Rules information under the Benefit Package Maintenance section of the Benefits Administration Process Model documentation.

2.3.1.4.4 Billing Rules

See the Billing Rules information under the Benefit Package Maintenance section of the Benefits Administration Process Model documentation.

2.3.1.4.5 Reimbursement Rules

See the Reimbursement Rules information under the Benefit Package Maintenance section of the Benefits Administration Process Model documentation.

2.3.1.4.6 Edits and Audits

See the Edits and Audits information under the Service Limitations and Exclusions section of the Benefits Administration Process Model documentation.

2.3.1.4.7 Pricing Data
See the Pricing Data information under the Fee-for-Service section of the Benefits Administration Process Model documentation.

2.3.1.5 Fee-for-Service Payment Rates Maintenance

2.3.1.5.1 Process Description
The Fee-for-Service Payment Rates maintenance process defines the various rules and pricing data necessary to support the Kentucky Department for Medicaid Services' (DMS) provider reimbursement policy for fee-for-service (FFS) processing. The reimbursement rules describe how a service (procedure, drug, DRG, etc.) should be priced and the pricing data to be used.

The Fee-for-Service Payments rates include the following related data:

- Reimbursement Rules; and,
- Pricing Data.

2.3.1.5.2 Reimbursement Rules
See the Reimbursement Rules information under the Benefit Package Maintenance section of the Benefits Administration Process Model documentation above.

2.3.1.5.3 Pricing Data
Pricing data is used to enforce Kentucky Department for Medicaid Services' (DMS) policy when determining provider reimbursement for fee-for-service claims. The interChange system allows authorized users to configure how services are to be reimbursed within specific benefit plans, including utilizing different pricing methods and rates for a covered service.

The following panels are the main pricing panels related to the Benefit Administration functions. A complete list of pricing related pages and panels will be delivered with the Reference General System Design (GSD) document.

Title	Narrative
Pricing	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). Navigation Path: [Reference - Related Data] - [Codes] - [Pricing]
Rates - DRG	This panel is used to update, delete and add rates for the Diagnosis Related Group (DRG) codes. Navigation Path: [DRG - Search] - [(select row from search results)] - [Rates]
Max Fee	The Commonwealth and EDS will use the Max Fee panel to view, add, or update the max fee allowed amount and relative value units for a procedure code or procedure code/modifier combination. Navigation Path: [Reference - Procedure] - [(select HCPCS]) - [(select row from search results)] - [(select Max Fee)]

Title	Narrative
Codes-Rate Type Code Maintenance	This panel is used to maintain the list of valid rate type codes used in Claims Pricing. Navigation Path: [Reference - Related Data] - [Codes] - [Rate Type]
RBRVS Maintenance	The Commonwealth and EDS will use the RBRVS panel to maintain information related to RBRVS pricing for a specific procedure code. Resource Based Relative Value Scale (RBRVS) pricing methodology information for a procedure. The main source for this data will be the Medicare Fee Schedule Data Base (MFSDB). However, system users may also provide RBRVS pricing information. Navigation Path: [Reference - Procedure] - [(select row from search results)] - [RBRVS]
Modifier Information	This panel is used to view Modifier Information. [Reference - Modifier] - [Search] - [Click on any row provided on the list]
Modifier Rate Data	This panel is used to maintain modifier rate data. Processing modifiers are used to change or determine the allowed amount assigned to a procedure. The procedure allowed amount may be calculated or modified with the use of the percentage attribute, amount attribute or quantity attribute. Navigation Path: [Reference - Modifier] - [(select row from search results)] - [Base Information] – [Rate]
Revenue Flat Fee	The State and EDS will use the Revenue Flat Fee panel to view or update specific revenue codes that have a different reimbursement rate based on emergency status. By clicking on the add button the user can add a new date segment or modify the existing one. Navigation Path: [Reference - Revenue] - [(select row from search results)] - [Flat Fee]
Provider Customary Charge	The Provider Customary Charge panel is used to update Usual Customary Charge (UCC) rates. Navigation Path: [Provider - Search] - [select row from search results] - [Customary Charge]

2.3.1.5.4 Additional Pricing information

The Benefits Administration and Reference Data Maintenance processes support the claims pricing function needed for accurate pricing of the various claim types listed below, which are processed within the interChange system:

- Pharmacy Pricing – The system prices both compound and pharmacy (non-compound) drug claims. Both types of pharmacy claims are priced using the appropriate per unit rate for the NDC and date of service billed. The rate is multiplied by the number of units billed to determine the allowed charge. A dispensing fee is added to the allowed price calculated for the claim. This allowed charge is then typically compared to the billed amount, and the lower of the two amounts is determined as the claim's allowed charge. Deductions that may apply to these claims include third party insurance payments, and Medical Assistance Program copay amounts. These amounts are deducted from the claim's allowed charge to determine the amount to be paid on the claim.

- Family Planning Pricing – Family Planning claims are priced for eligible family planning services. Only certain approved procedure codes are eligible for reimbursement. Eligible services are priced using the pricing method established for professional claims, which is described below. Deductions for third party insurance payments and copays may apply.

- Professional Claim Pricing – Professional claims cover a wide range of services. These include transportation services, funeral services, dental services, physician and nurse practitioner services, and lab services, to name a few. Professional claims are billed using procedure codes and procedure code modifiers. Pricing calculates the allowed amount for each service detail of the claim by multiplying the appropriate rate by the number of units allowed. In addition to the rate and number of units, the calculation of the detail allowed amount takes into consideration the member's benefit plan, the rate type associated with the service program, and the processing and pricing modifiers billed on the claim. After calculation of the initial detail allowed charge, pricing and processing modifiers are applied to increase or decrease the detail allowed charge based on an amount or a percentage, as defined within the user-maintained modifier windows.

- Long Term Care Claim Pricing – Long Term Care (LTC) claims are submitted by LTC facilities and reflect the full realm of services provided to the members who live within each facility. The LTC pricing methodology supports the payment of a provider-specific per diem amount for each covered day of facility care. Additionally, therapeutic leave days are paid up to a maximum number of days per calendar year, and hospital bed hold days are paid up to a maximum per period of hospitalization, as established. The claim allowed amount is calculated by multiplying the facility and therapeutic leave days times the facility's per diem rate plus the hospital leave days times 1/3 of the facility's per diem (full per diem if ICF/MR) and the amount calculated for the MA share of the Medicare coinsurance days. Patient payment responsibility amounts are deducted from the sum of the per diem allowed amounts for the facility and therapeutic leave days, plus MA coinsurance share, but not the hospital leave days. Reductions to patient payment amounts include health insurance premiums; expenses applied to pharmacy services and other medical services, and must be submitted on the claim. The per diem rates on file are provider-specific. Third party payments are applied to all but the hospital leave days, when applicable.

- Inpatient Claim Pricing – Inpatient claims are priced using either a provider-specific per diem method, or the DRG pricing method. Pricing at a per diem rate applies to certain types of Rehab and Psych hospitals. Most other inpatient claims are priced based on the DRG pricing method, with some special case and exception logic applied. Pricing for Cost Outliers and Day Outliers are supported.

- Outpatient Claim Pricing – The majority of outpatient claims are priced based on the procedure code pricing method.
- Encounter Claim Pricing – Encounter claims are priced using fee-for-service pricing methods, when they can be determined. These claims store the calculated price on the claim but no payment is made to the provider. When the system is unable to establish a price for an encounter claim, the encounter is priced at zero.
- Crossover Claim Pricing – For Crossover claims, the fee-for-service allowed amount for the procedure and modifier code are calculated at the claim detail level. Subsequently, comparisons and calculations for coinsurance, deductible, and Medicare-approved amounts are made to determine a payable amount for a claim that does not exceed the lower of the co-insurance and deductible billed, or Medical Assistance fee-for service allowed amount. Deductions may apply.

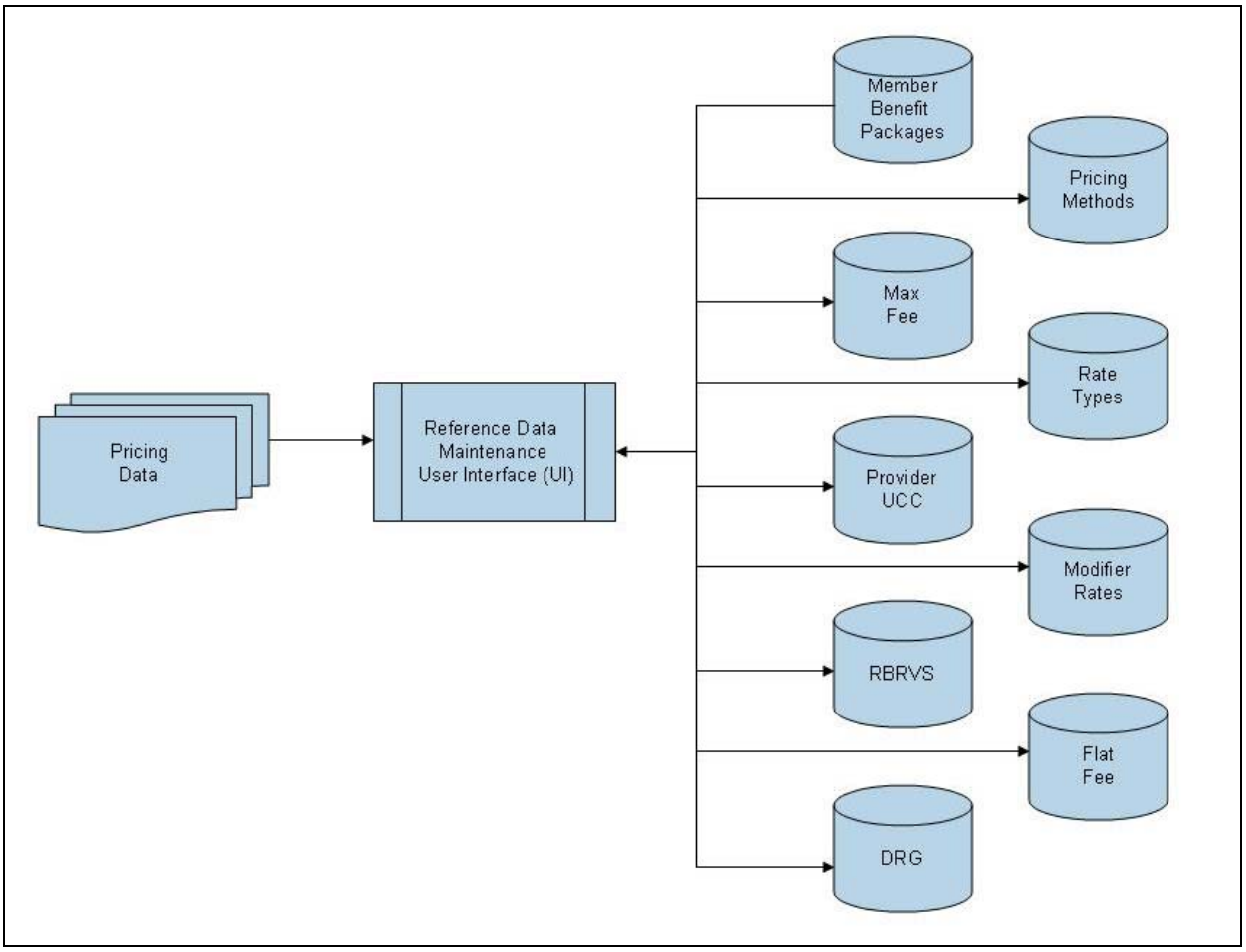
Certain deductions may be applied to the computed Medical Assistance-allowed amount, depending on the claim and member criteria. These deductions include:

- Copay – This deduction is applied to claims, when applicable, and is based on defined policy.
- Patient Pay / Patient Liability – The patient payment/patient liability amount for a member is stored, and is applied during claims pricing based on the amount submitted on the claim. If the claim includes a patient payment amount, this amount is subtracted in the calculation of the payment amount.
- TPL – Third Party Liability is applied based on the amount submitted on the claim. A TPL amount on the claim is subtracted in the calculation of the payment amount.

Modifications and additions to the pricing methodologies needed to support Kentucky Department for Medicaid Services' (DMS) fee-for-service pricing policy will be identified and documented during Claims pricing workgroups. Required changes identified during the claims pricing workgroups will be documented in Change Orders (CO) and assigned to the appropriate subsystem area(s).

2.3.1.5.5 Process flow

The process flow diagrams below provide a visual representation of the maintenance of pricing information. The pricing data will be maintained through the online User Interface (UI).


Pricing Data
Reference Data Maintenance User Interface (UI)
Member Benefit Packages
Pricing Methods
Max Fee
Rate Types
Provider UCC
Modifier Rates
RBRVS
Flat Fee
DRG

2.3.2 Benefit Plan Maintenance

2.3.2.1 Process Description

A Benefit Plan is defined as a group of covered services (benefits) that are granted to a member who is deemed eligible for the services the benefit plan represents.

- A service may be covered under multiple Coverage Rules within a Benefit Plan.
- The Claims Engine processes Coverage Rules within a Benefit Plan in a specified order. For example:
  - Inactive date;
  - Modifier restrictions indicator (Exclude, Include, All, No modifier restrictions);
  - POS restrictions indicator (Exclude, Include, No POS restrictions); and,
  - Coverage Rule SAK.

2.3.3 Diagnosis Maintenance

2.3.3.1 Process Description

Diagnosis codes are used to identify conditions requiring the service provided by a provider or healthcare facility. The diagnosis coding structure currently used is the International Classification of Disease - Ninth Revision, Clinical Modification (ICD-9-CM). ICD-9-CM coding is a national coding method that enables providers to document the medical condition, symptom or complaint, which is the base for rendering a specific service(s). This coding system consists of three- to five-digit numeric or alphanumeric codes.

The interChange system accommodates the new ICD-10 diagnosis code structure, which supports clinical relationship editing between diagnosis code and claim information.

The diagnosis data set is utilized in claims processing to support relationship editing between diagnosis code and claim information. Examples of diagnosis relationship editing include:

- Member age;
- Member gender;
- Documentation requirements; and,
- Service/Prior Authorization requirements.

2.3.3.2 User Interface

Title	Narrative
Diagnosis Maintenance	This panel provides links to the available diagnosis maintenance panels. Navigation Path: [Reference - Diagnosis] - [(select row from search results)]
Diagnosis Base Information	Use this panel to maintain base diagnosis code information, including the 5-digit code and both short and long descriptions.

Title	Narrative
	Navigation Path: [Reference - Diagnosis] - [(select row from search results)] - [Base Information]
Diagnosis Search	Use this panel to search for a specific diagnosis code either by its three, four or five-digit code or description using 'sounds like' matching. Navigation Path: [Reference – Diagnosis] – [search button]
Diagnosis Information	This panel provides view only access to diagnosis base information. Navigation Path: [Reference – Diagnosis] – [(select row from search results)]
Diagnosis Mini Search	Use the Diagnosis Mini-Search panel to search for a diagnosis by its 5-digit code directly from the Diagnosis Information panel. Navigation Path: [Reference – Diagnosis Search] – [(Add button) OR (select row from search results)] – [Diagnosis]
Diagnosis Group Inquiry	Use the Reference Diagnosis Group Panel to view the groups to which a diagnosis belongs, which will then be used in pricing and claims processing logic. These groups are maintained on the Diagnosis Group Type panel found under the Reference – Related Data link. Navigation Path: [Reference – Related Data] – [Other] – [Diagnosis Group Type] or [Reference – Diagnosis] – [Group (view only)]
Diagnosis Restrictions	Use the Diagnosis Restrictions panel to restrict diagnosis codes based on a number of parameters. These include effective date, end date, age, gender, and whether a claim attachment is needed. Navigation Path: [Reference – Diagnosis] – [(select row from search results)] – [Restriction]
Diagnosis Note	Use the Diagnosis – Note panel to enter notes as to why changes were made to a specific diagnosis. The panel includes fields for date, time, clerk number, and note sequence number. Navigation Path: [Reference – Diagnosis Search] – [(Add button) OR (select row from search results)] – [Note]
Benefit Plan Coverage Rules-All Services	Use this panel maintain program coverage information for procedures, diagnosis, drug, or revenue codes. Also use this panel to assign a benefit plan coverage segment to the selected diagnosis code along with additional coverage rule parameters. These parameters include age range, modifiers, Service/Prior Authorization review by age, claims type, and place of service. Navigation Path: [Reference – Diagnosis] – [(select row from search

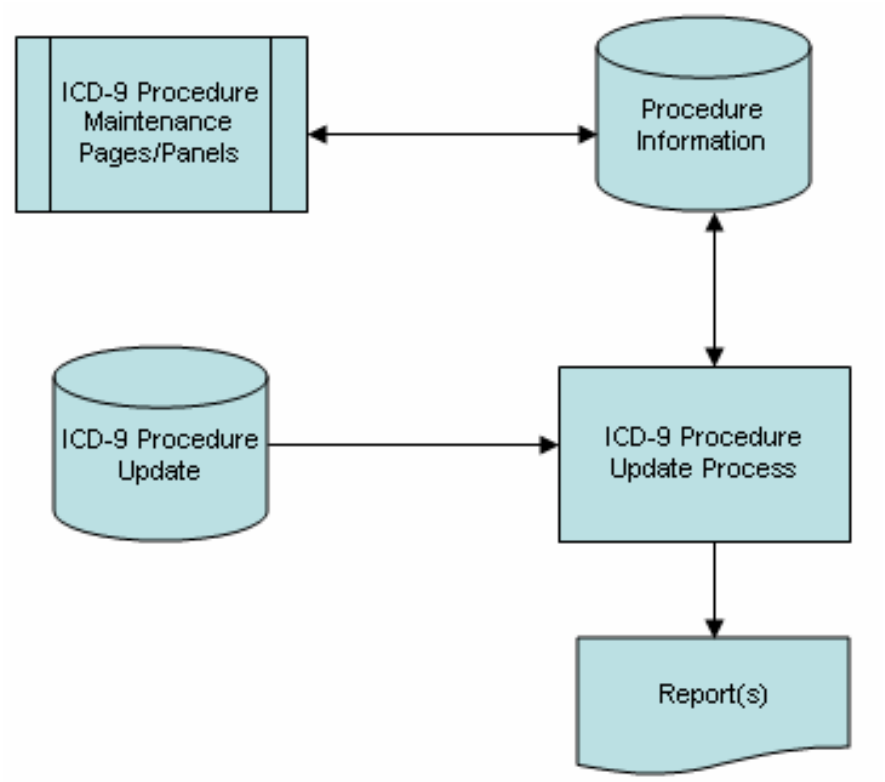
Title	Narrative
	results)] – [Benefit Plan Coverage Rules-All Services]
Reimbursement Agreement-All Services	Use this panel to maintain the rules that must be satisfied for a provider to receive reimbursement for a service. Navigation Path: [Reference – Diagnosis] – [(select row from search results)] – [Reimbursement Agreement-All Services]
Provider Contract Rules-All Services	Use this panel to list the services that a provider may bill under the terms of a contract. In most cases the billable services under a contract are listed under one or more benefit plans. Navigation Path: [Reference – Diagnosis] – [(select row from search results)] – [Provider Contract Rules-All Services]

2.3.3.3 Jobs

Title	Narrative
REFJA100	This job processes the annual ICD-9-CM Diagnosis Code files from the contracted vendor. REFJA100 accepts text files containing both new and updates to existing diagnosis codes. The files are received by the MMIS and the database is updated accordingly.

2.3.3.4 Process flow

The process flow diagram below provides a visual representation of the maintenance of diagnosis code information. Diagnosis code information is maintained through the online User Interface (UI) and batch update processes.



2.3.4 Diagnosis Related Group (DRG) Maintenance

2.3.4.1 Process Description

Diagnosis Related Group (DRG) codes are the basis for one type of hospital reimbursement. A hospital-specific fee is calculated for each diagnosis group for each hospital. Usually, mental institutions and pediatric hospitals are excluded from DRG reimbursement due to the abnormal length of stay experienced by most patients.

The DRG data set supports claims pricing and the following factors are taken into account:

- Member age;
- Member gender;
- Length of stay; and,
- Historical costs for the hospital.

2.3.4.2 User Interface

Title	Narrative
Reference DRG Search – DRG	Use this panel to enter search criteria and query for DRG records. Enter a specific DRG code or perform a 'sounds like' search on the description. Navigation Path: [Reference – DRG]
Reference DRG Search Results – DRG	The DRG Search Results panel displays DRG records matching the criteria entered on the DRG Search panel. Navigation Path: [DRG – Search] – [(select row from search results)]
DRG Base Information	Use the Base Information – DRG panel to view or update Diagnosis Related Group (DRG) information. 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. Navigation Path: [Reference – DRG – Search] – [(select row from search results)] – [Base Information]
Rates – DRG	Use this panel to update, delete, and add rates for the selected DRG code. Enter effective and end segments with pricing parameters that include daily rate, weight, length of stay, cost outlier, and day outlier. Navigation Path: [DRG – Search] – [(select row from search results)] – [Rates]

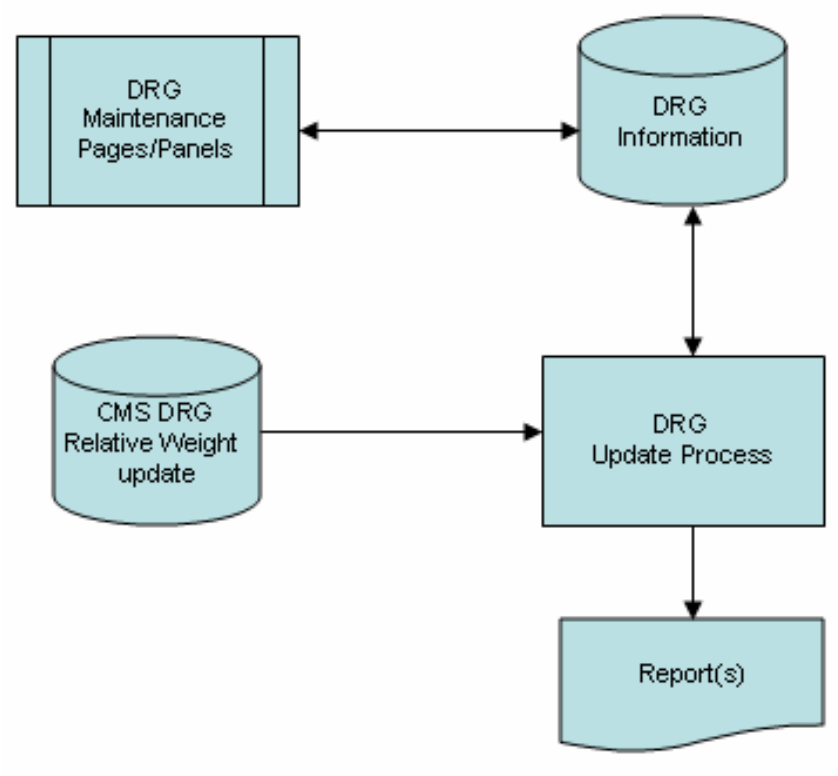
Title	Narrative
DRG Note	Use the DRG - Note panel to enter notes as to why changes were made to a specific DRG code. Includes fields for date, time, clerk number and note sequence number. Navigation Path: [Reference - DRG Search] - [(Add button) OR (select row from search results)] - [Note]
Benefit Plan Coverage Rules-All Services	Use this panel maintain program coverage information for procedures, diagnosis, drug, or revenue codes. Also use this panel to assign a benefit plan coverage segment to the selected diagnosis code along with additional coverage rule parameters. These parameters include age range, modifiers, Service/Prior Authorization review by age, claims type, and place of service. Navigation Path: [Reference - DRG] - [(select row from search results)] - [Benefit Plan Coverage Rules-All Services]
Reimbursement Agreement-All Services	Use this panel to maintain the rules that must be satisfied for a provider to receive reimbursement for a service. Navigation Path: [Reference – DRG] - [(select row from search results)] - [Reimbursement Agreement-All Services]
Provider Contract Rules-All Services	Use this panel to list the services that a provider may bill under the terms of a contract. In most cases the billable services under a contract are listed under one or more benefit plans. Navigation Path: [Reference – DRG] - [(select row from search results)] - [Provider Contract Rules-All Services]

2.3.4.3 Jobs

Title	Narrative
REFJA150	This job will update the DRG pricing data using the CMS DRG Relative Weight Update file.

2.3.4.4 Process flow

The process flow diagram below provides a visual representation of the maintenance of DRG code information. DRG code information is maintained through the online User Interface (UI).



2.3.5 Drug Maintenance

2.3.5.1 Process Description

The MMIS maintains a drug data set containing information pertaining to 11-digit National Drug Codes (NDC). This drug data set currently contains data that defines a drug, including the NDC, manufacturer, strength, dosage form, and package size. Drug updates are received, as defined by DMS, from First DataBank (FDB). These updates are automated, and are subjected to all data validation and verification checks to maintain data integrity within the drug data set. All updates also are captured for audit trail reporting. Information within the drug data set is maintained with effective begin and end dates, and contain current and historical date-specific segments. This capability allows all claims to be processed for payment according to the rules in place at the time the service was provided.

The system also can accept drug data updates supplied by our PBA partners or the Commonwealth, such as the maximum allowable cost (MAC) rates. Additionally, drug data can be updated easily using the online, browser-based windows. All updates are applied in real-time for use during claims processing.

2.3.5.2 User Interface

Title	Narrative
Drug Maintenance	This panel provides links to the drug maintenance panels. Navigation Path: [Reference - Drug] - [(select row from search results)]
Drug Base Information	Use this panel to maintain base drug information including NDC, description, class, drug form, GCN, and package sizes. Navigation Path: [Reference - Drug] - [(select row from search results)] - [Base Information]
Drug Information	Use the Drug Information panel to view data for a specific drug. Data on this panel is supplied by the contacted vendor from the National Drug Data File (NDDF). Navigation Path: [Reference - Drug] - [(select row from search results)] - [Drug Information]
Drug Search	Use the Reference Drug Search panel to enter search criteria and query for drug records whose data matches those criteria. Search by NDC, GCN, and Brand or Generic with a ‘sounds like’ option. Navigation Path: [Reference - Drug]
Drug Search Results	The Drug Search Results panel displays drug records that match the search criteria from the Drug Search panel. Navigation Path: [Reference - Drug]
Drug Mini Search	Use the Drug Mini-Search panel to search for a Drug from the Drug Information panel by NDC.

Title	Narrative
	Navigation Path: [Reference - Drug] - [(select row from search results)]
Drug AWP Maintenance	Use this panel to update Average Wholesale Price (AWP) data for a particular drug. AWP data is stored with effective/end date segments and active/inactive status indicators. Navigation Path: [Reference - Drug Search] - [(Add button) OR (select row from search results)] - [AWP or Pricing]
DESI	Use the DESI (Drug Efficacy Study Implementation) Panel to view DESI data supplied by the contracted vendor from the National Drug Data File (NDDF). Also use the panel to assign a State DESI effective and end date for a given DESI type. Navigation Path: [Reference - Drug] - [(select row from search results)] - [DESI (The state DESI portion of the panel will only display if the drug has a state DESI]
Drug Enforcement Administration	Use this panel to update the Drug Enforcement Administration (DEA) code list. Navigation Path: [Reference - Related Data] - [Codes] - [Drug Enforcement Administration]
Drug Federal MAC	Use the Federal MAC panel to maintain the Federal Maximum Allowable Cost (MAC) for a drug, along with its effective dates and status. Navigation Path: [Reference - Drug] - [(select row from search results)] - [Federal MAC or Pricing]
Drug Labeler Rebate Status	The Drug Labeler Rebate Status panel displays the dates the drug labeler participated in the drug rebate program. The dates are obtained from the quarterly CMS labeler contact file or from periodic CMS releases. Navigation Path: [Reference - Drug Search] - [(Add button) OR (select row from search results)] - Labeler Rebate Status]
Drug Restrictions Maintenance	The Commonwealth and EDS use the Drug Restrictions Maintenance panel to update limits and restrictions for a specific NDC code. Restrictions can be set based on a number of parameters including gender, number of refills, age range, financial payer, and quantity supply range. Navigation Path: [Reference - Drug Search] - [(Add button) OR (select row from search results)] - [Restriction Maintenance]

Title	Narrative
Drug Route	The Drug Route panel provides an interface to view or update the normal site or method by which a drug is administered. This data is loaded from the National Drug Data File (NDDF) update file provided by the contracted vendor. Navigation Path: [Reference - Related Data] - [Codes] - [Drug Route]
Drug State MAC	Use the Drug State MAC Maintenance panel to maintain 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. Navigation Path: [Reference - Drug] - [(select row from search results)] - [State MAC or Pricing]
Drug Strength	Use the Drug Strength panel to maintain a list or drug potency descriptions and their corresponding units, including strength number, strength unit, volume number, and volume unit. Navigation Path: [Reference - Related Data] - [Codes] - [Drug Strength]
Dispensing Fee	This panel maintains the fee that the provider receives for dispensing a prescription legend drug when the provider has the given specialty and is certified under the given contract. Navigation Path: [Reference - Related Data] - [Other] - [Dispensing Fee]
Dosage Form Code	The Dosage Form panel maintains the short and long description for a dosage form code used to classify drugs in the system. Navigation Path: [Reference - Related Data] - [Codes] - [Dosage Form]
DESI Code Maintenance	Use this panel to maintain the codes and corresponding descriptions that identify the DESI status of a drug. Navigation Path: [Reference - Related Data] - [Codes] - [DESI]
Estimated Acquisition Cost Percent	Use this panel to maintain the Estimated Acquisition Cost pricing factor used to price pharmacy claims. Fields include drug class, the EAC percentage that should be applied to result in an allowable reimbursement amount. Navigation Path: [Reference - Related Data] - [Other] - [Estimated Acquisition Cost Percent]
GCN Sequence	Use this panel to maintain GCN Sequence Number Type information

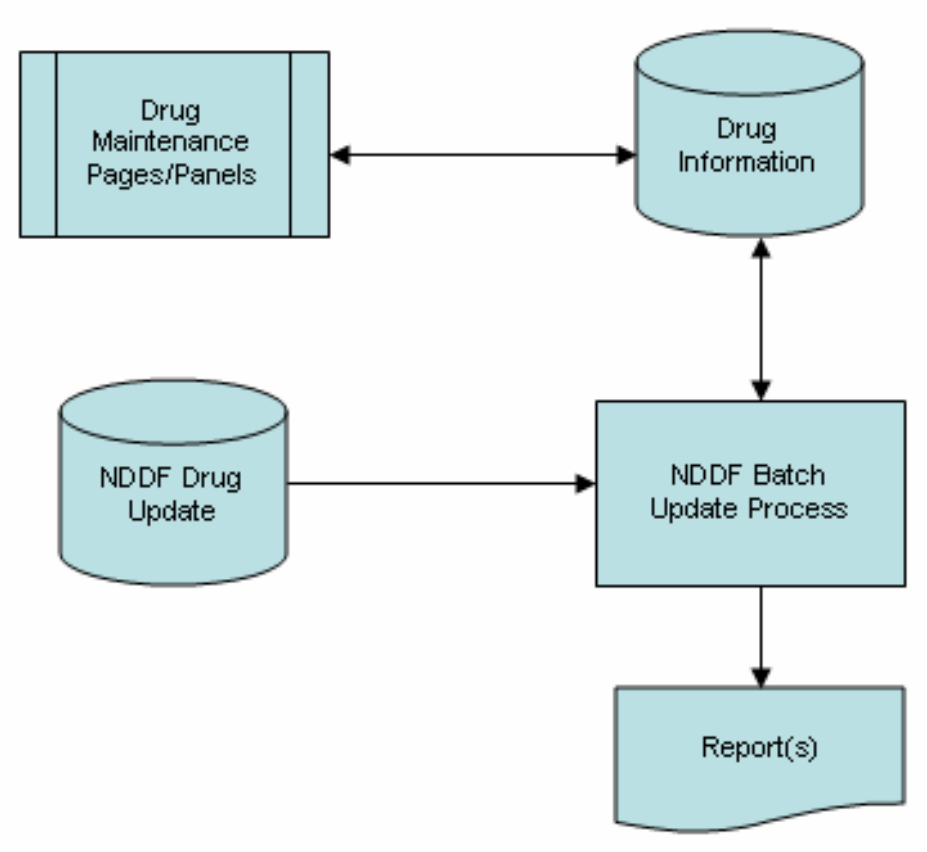
Title	Narrative
Number Group Type	used to group GCN sequence numbers together. Navigation Path: [Reference - Related Data] - [Other] - [GCN Sequence Number Group Type]
Benefit Plan Coverage Rules-All Services	Use this panel to maintain program coverage information for procedures, diagnosis, drug, or revenue codes. Use the panel to assign a benefit plan coverage segment to the selected diagnosis code along with additional coverage rule parameters. These parameters include age range, modifiers, Service/Prior Authorization review by age, claims type, and place of service. Navigation Path: [Reference - Drug] - [(select row from search results)] - [Benefit Plan Coverage Rules-All Services]
Reimbursement Agreement-All Services	Use this panel to maintain the rules that must be satisfied for a provider to receive reimbursement for a service. Navigation Path: [Reference – Drug] - [(select row from search results)] - [Reimbursement Agreement-All Services]
Provider Contract Rules-All Services	Use this panel to list the services that a provider may bill under the terms of a contract. In most cases the billable services under a contract are listed under one or more benefit plans. Navigation Path: [Reference - Drug] - [(select row from search results)] - [Provider Contract Rules-All Services]

2.3.5.3 Jobs

Title	Narrative
REFJW040	This job script is the weekly drug update process that updates/inserts drug manufacturer data from the contracted vendor into the database.
REFJW042	This job script is the weekly drug update process that updates/inserts Generic drug data from the contracted vendor into the database.
REFJW043	This job script is the weekly drug update process that updates/inserts drug product data, including pricing information, from the contracted vendor into the database.

2.3.5.4 Process flow

The process flow diagram below provides a visual representation of the maintenance of drug information. Drug information is maintained through the online User Interface (UI) and batch update processes.



2.3.6 Error Disposition Maintenance

2.3.6.1 Process Description

After a claim is processed through edits and audits it is assigned a status known as the disposition.

Valid disposition values are:

- Paid;
- Suspended;
- Denied;
- Super-suspend;
- Resubmit;
- Void;
- On Review; and,
- Pay & List.

The interChange system's panels allow authorized users to define associated claim dispositions for edit and audit parameters including:

- Edit/Audit number;
- Dates of Service;
- Dates or Receipt;
- Claim Type;
- Claim Submission Media;
- Provider Type;
- Level of care;
- Payer;
- Funding Source;
- Benefit package; and,
- Explanation of benefits (EOB) message.

The claims edit disposition database allows the user to set variable disposition criteria to allow for timely implementation of audit changes. The disposition is set by claim type, program, and submission method, and links an explanation of benefit (EOB) message to each disposition. This capability allows the user to display one message for claims suspending for an audit and a different message for claims denying for the same audit.

The New KY MMIS functionality can define associated claim dispositions for all audit parameters by processing all claims against the audit criteria table and an error disposition

table. Users define the audit by claim type, dates of service, dates of receipt, medical assistance program, and region code. Additionally, the audits are set up through tables in the audit section of the error disposition. Functions exist to control whether the audit applies to same, different, or both providers. For example, a user has an audit that applies to different providers' billing transportation procedures. By setting the 'different for provider' attribute, the system looks only at claims that were billed by a different provider for transportation services. If the audit was set to 'both,' the system compares claims billed by any provider for transportation services. This function (same, different, or both) applies to data elements such as provider, procedure, revenue code, tooth number, and claim.

2.3.6.2 User Interface

Title	Narrative
Disposition Status	Use this panel to maintain the list of valid disposition status codes and code descriptions. Navigation Path: [Reference - Related Data] - [Codes] - [Disposition Status]
Error Disposition Information	This panel displays error disposition information. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)]
Error Disposition Base Information	Use this panel to view, add, or update edit or audit disposition base information including set level (header or detail), whether the resolutions clerk can deny or override the claim if it suspends, and the location the claim is sent for resolution. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [Base Information]
Error Disposition Search	Use the Error Disposition Search panel to enter search criteria and query for Error Disposition Codes or description whose data matches those criteria. Navigation Path: [Reference - Error Disposition]
Error Disposition Search Results	Error Disposition Results panel displays Error Codes matching the selection criteria from the Error Disposition Search panel. Navigation Path: [Reference - Error Disposition] - [enter search criteria]
Error Disposition Mini Search	Use the Error Disposition Mini-Search panel to search for an Error Code from the Error Disposition Information page. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)]

Title	Narrative
Error Disposition - NCPDP Response	Use the NCPDP Response panel to maintain the relationship between MMIS Error Status Codes and the NCPDP response codes for prescribed drug claims coming through the POS system. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [NCPDP Response]
Error Disposition - Note	Use this panel to enter notes as to why changes were made to a specific edit. The panel includes fields for date, time, clerk number and note sequence number. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [Note]
Error Disposition Criteria	This panel enables the maintenance of disposition information concerning a specific edit/audit. The correct disposition detail to use for a claim is determined based on the claim type, level of care, outcome (full failure or cutback), provider specialty, date of receipt, and date of service of the claim. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [Disposition Criteria]
Error Disposition Line Item - EOB	Use the Error Disposition Line Item - EOB panels to view, add, or update the EOB code and EOB Disposition for a specific error code. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [DispositionCriteria (select row from the data list)]
Error Disposition Line Item - Region	Use this panel to add or update the Region Number and Disposition Status for a specific error code. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [DispositionCriteria (select row from the data list)]
Error Disposition Line Item Provider Type - Spec Maintenance	Use this information to include or exclude combinations of Provider type/specialty in/from participating in the disposition of the edit/audit. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [DispositionCriteria (select row from the data list)]

Title	Narrative
Error Disposition Resolution Clarification	Use the Error Disposition Resolution Clarifications panel to view, add, or update Clarifications associated with the error. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [Resolution Clarification]
Error Disposition Resolution Criteria	Use the Resolution Criteria panel to maintain text explaining the criteria for which the exception applies. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [Resolution Criteria]
Error Disposition Resolution Group	Use the Resolution Group panel to maintain the date range that a particular group applies to the selected Error Status Code (ESC). Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [Resolution Group]
Error Disposition Resolution Medical Policy	Use the Error Disposition Resolution Medical Policy panel to view, add, or update error disposition resolution Medical Policy numbers. This panel provides functionality to tie Medical Policy numbers directly to an Error Status Code (ESC). Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [Resolution Medical Policy]
Error Disposition Resolution Method of Correction	Use the Method of Correction panel to maintain text describing resolution information for the Error Status Code (ESC). Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [Resolution Method of Correction]
Error Disposition Resolution Note	Use the Method of Correction panel to maintain text describing additional resolution notes for the Error Status Code (ESC). Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [Resolution Note]
Error Disposition Resolution Status	Use the Error Resolution Status panel to maintain a resolution status and change date. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [Resolution Status]

Title	Narrative
Audit Age Limitations	Use this panel to maintain age restriction parameters for an audit. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Age (only available if Member Age on Audit Criteria Base is "Include" or "Exclude"]
Audit Claim Type Restrictions	Use this panel to maintain claim type restriction parameters for conflict audits. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Claim Type (only available if Claim Type on Audit Criteria Base is "Include" or "Exclude"]
Audit Criteria	Use the Audit Criteria panel to maintain general information concerning a specific audit. This information includes whether diagnosis codes, provider specialties, member levels of care, member ages, and member programs are part of the audit criteria. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Criteria] - [Audit Criteria Base]
Audit Diagnosis Limitations	Use the Audit Diagnosis Limitations panel to add diagnosis codes to be included in or excluded from the audit criteria. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Diagnosis (only available if Diagnosis on Audit Criteria Base is "Include" or "Exclude"]
Audit Financial Payer	Use this panel to maintain a listing of the Financial Payers that should be included or excluded from audit criteria. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Financial Payer (only available if Financial Payer on Audit Criteria Base is "Include" or "Exclude"]
Audit GCN Sequence Restrictions	Use this panel to maintain GCN Sequence Number restrictions for an audit. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [GCN Sequence (only available if GCN Sequence Number on Audit Criteria Base is "Include" or "Exclude"]

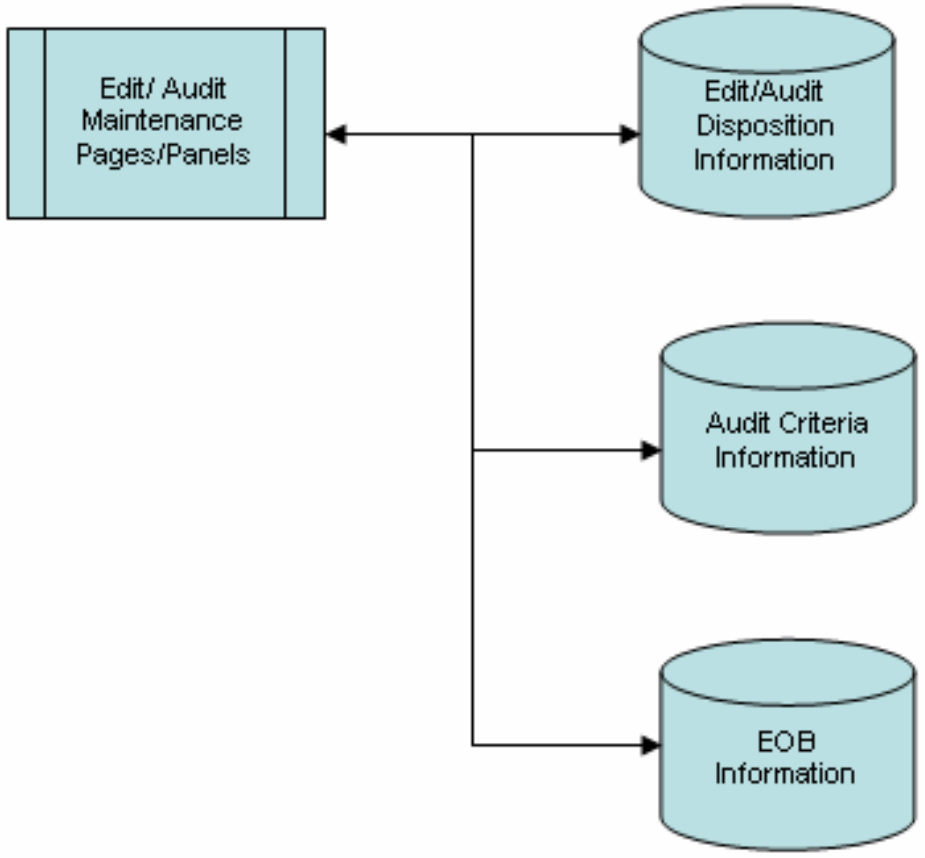
Title	Narrative
Audit Generic Price Indicator	Use this panel to maintain GPI restrictions for an audit. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [GPI (only available if Generic Price on Audit Criteria Base is "Include" or "Exclude"]
Audit HICL Sequence Restrictions	Use this panel to maintain HICL restrictions for an audit. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [HICL (only available if HICL on Audit Criteria Base is "Include" or "Exclude"]
Audit Level of Care Restrictions	The Audit Level of Care Restrictions panel identifies which levels of care are included in or excluded from the audit criteria. Use this panel in conjunction with audits set for Long Term Care claims. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Level of Care (only available if Member Level of Care on Audit Criteria Base is "Include" or "Exclude"]
Audit NDC Restrictions	Use this panel to maintain NDC restrictions for an audit. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [NDC (only available if NDC on Audit Criteria Base is "Include" or "Exclude"]
Audit Parameters - Contra-Indicated Audit	Use this panel to maintain information about auditing performed for services that contradict services that have already been paid for a member, also known as relationship auditing criteria. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Criteria] - [Audit Parameters (only available if the Audit Type is Contra-Indicated)]
Audit Parameters - Limit Audit POS Limitations	Use the Limit Audit POS Limitations panel to update places of service restrictions which are applicable to the error code. For example, if an audit applies only to services provided in the hospital, then the hospital place of service value is entered, and displayed. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Criteria] - [Audit Parameters (only available if Audit Type is "Limit"]

Title	Narrative
Audit Parameters - Limitation Audit	Use this panel to maintain the limitation audit parameters, including the time span audited, the number of allowed units and/or dollars, and whether the audit is restricted to particular places of service. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Criteria] - [Audit Parameters (only available if the Audit Type is Limit)]
Audit Parameters - Umbrella Audit	Use this panel to maintain audit parameters for services that are included in a global surgery code. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Criteria] - [Audit Parameters (only available if the Audit Type is Umbrella)]
Audit Procedure Limitations	Use the Audit Procedure Limitations panel to maintain procedure parameters to be included in the audit criteria. This panel applies to all audit types with the exception of Contra. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Procedure (only available if Procedure on Audit Criteria Base is "Include" or "Exclude"]
Audit Program Restrictions	Use the Audit Member Plan Restrictions panel to identify which health coverage programs are to be included in or excluded from the audit criteria. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Member Plan(only available if Program on Audit Criteria Base is "Include" or "Exclude"]
Audit Provider Specialty Restrictions	Use the Audit Provider Specialty Restrictions panel to designate provider specialties to be included in or excluded from the audit criteria. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Provider Specialty (only available if Provider Specialty on Audit Criteria Base is "Include" or "Exclude"]

Title	Narrative
Audit Provider Type Restrictions	Use the Audit Provider Type Restrictions panel to designate provider types to be included in or excluded from the audit criteria. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Provider Type (only available if Provider Type on Audit Criteria Base is "Include" or "Exclude")]
Audit Revenue Code Limitations	Use this panel to maintain a list of revenue codes that are included or excluded from the audit criteria. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Revenue Code (only available if Revenue Code on Audit Criteria Base is "Include" or "Exclude"]
Audit Therapeutic Class Restrictions	Use the Audit Therapeutic Class Restrictions panel to maintain a list or range of drug therapeutic classes that should be included or excluded in audit criteria for limitation and umbrella audits. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Therapeutic Class (only available if Therapeutic Class on Audit Criteria Base is "Include" or "Exclude"]
Audit Type of Bill Restrictions	Use this panel to maintain the type of bill restrictions for an audit. Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Type of Bill (only available if Type of Bill on Audit Criteria Base is "Include" or "Exclude"]
EOB	Use the EOB panel to view or search for a specific EOB code. Search for an EOB code by either entering in the specific EOB code, or by entering an EOB narrative as a search parameter. Navigation Path: [Reference - Related Data] - [Other] - EOB]
EOB Type	Use this panel to maintain the list of EOB types available for adjustments. The "adjustment" EOBs are used in conjunction with the error code EOBs to explain on the provider's RA why the claim set a particular edit/audit during the adjustment process. Navigation Path: [Reference - Related Data] - [Codes] - [EOB Type]

2.3.6.3 Process flow

The process flow diagram below provides a visual representation of the maintenance of disposition information. Disposition information is maintained through the online User Interface (UI).



2.3.7 HCPCS/CPT-4 Procedure Maintenance

2.3.7.1 Process Description

Procedure codes identify services provided to a member. Procedure codes are designed around a five-character numeric or alphanumeric coding format defined by the Centers for Medicare & Medicaid Services (CMS) called the Healthcare Common Procedure Coding System (HCPCS). These procedures are commonly known as HCPCS procedures. HCPCS procedures provide a common coding structure for determining claims adjudication for health-care providers and third-party payers.

The procedure data set consists of HCPCS codes from CMS, codes from the Common Procedure Terminology, 4th Revision (CPT-4) manual, and codes assigned locally by the Medicare carrier or the Commonwealth. The different types of procedure codes are defined as follows:

- HCPCS Codes
  - Defined by the Centers for Medicare & Medicaid Services (CMS);
  - HCPCS procedure codes, all alphanumeric consisting of a single alpha character (A – V) followed by four (4) numeric digits; and,
  - Updated annually or as required based on frequency of updates released by CMS.
- CPT-4 Codes
  - Defined by the American Medical Association's (AMA) Physicians' Common Procedure Terminology, 4th revision (CPT-4);
  - CPT-4 codes, all numeric and consisting of five (5) digits; and,
  - Updated annually or as required based on frequency of updates released by CMS.

The procedure data set supports claims processing by providing pricing methodology, price, effective dates, and restrictions related to policy or validity. Examples of restrictions enforced by the procedure data are:

- Service/Prior Authorization and/or Medical Review required;
- Age and sex;
- Allowable provider type and specialty;
- Place of service or tooth number; and,
- Documentation requirements.

2.3.7.2 User Interface

Title	Narrative
HCPCS Procedure Maintenance	This panel links to the HCPCS Procedure information maintenance panels. Navigation Path: [Reference - Procedure] - [(select HCPCS]) - [(select row from search results)]
HCPCS Procedure Restriction	Use the HCPCS Procedure Restrictions panel to maintain HCPCS procedure code restriction information utilized during the claims editing process. Navigation Path: [Reference - Procedure] - [(Add button) OR (select row from search results)] - [(Expand Procedure on left by clicking +)] - [Restriction] - [Restriction Base Information]
HCPCS Procedure Information	Use the HCPCS Procedure Information panel to view HCPCS procedure code information. Navigation Path: [Reference - Procedure] - [(select row from search results)]
Reference Procedure Search	Use this panel to search for a specific HCPCS or ICD-9 Procedure code using its code or the description using a 'sounds like' option. Navigation Path: [Reference - Procedure] - [search button]
HCPCS Procedure Mini Search	Use the HCPCS Procedure Mini-Search to search for HCPCS Procedure codes from the HCPCS Procedure Information page. Navigation Path: [Reference - Procedure] - [(select row from search results)]
HCPCS Procedure Base Information	Use this panel to maintain the ICD-9-CM Procedure code, short and long descriptions, member EOMB description, CMS effective and end dates, along with managed care and TPL service classes. Navigation Path: [Reference - Procedure] - [(select row from search results)] - [Base Information]
RBRVS Maintenance	Use this panel to maintain information related to Resource Based Relative Value Scale (RBRVS) pricing for a specific procedure code. The main source for this data is the Medicare Fee Schedule Data Base (MFSDB). However, system users may also provide RBRVS pricing information. Navigation Path: [Reference - Procedure] - [(select row from search results)] - [RBRVS]

Title	Narrative
HCPCS Procedure Modifier Maintenance	Use this panel to maintain a list of valid Procedure/modifier combinations. The panel includes the dates that the combinations are in effect and whether the combination is allowed, not allowed, or required. Navigation Path: [Reference - Procedure] - [(select row from search results)] - [Modifier]
Reimbursement Agreement-All Services	Use this panel to maintain the rules that must be satisfied for a provider to receive reimbursement for a service. Navigation Path: [Reference - Procedure] - [(select row from search results)] - [Reimbursement Agreement-All Services]
Provider Contract Rules-All Services	Use this panel to list the services that a provider may bill under the terms of a contract. In most cases the billable services under a contract are listed under one or more benefit plans. Navigation Path: [Reference - Procedure] - [(select row from search results)] - [Provider Contract Rules-All Services]
Max Fee	Use the Max Fee panel to view, add, or update the max fee allowed amount and relative value units for a procedure code or procedure code/modifier combination. Navigation Path: [Reference - Procedure] - [(select HCPCS]) - [(select row from search results)] - [(select Max Fee)]
HCPCS Procedure - Tooth Restriction Maintenance	Use this panel to update procedure restrictions for tooth numbers. All entered segments are considered valid restrictions for the procedure. Navigation Path: [Reference - Procedure] - [(select row from search results)] - [(Expand Procedure on left by clicking +)] - [Restriction] - [Tooth]
HCPCS Procedure - Tooth Quadrant Restriction Maintenance	Use this panel to add valid tooth quadrants to a given procedure code. Navigation Path: [Reference - Procedure Search] - [(Add button) OR (select row from search results)] - [(Expand Procedure on left by clicking +)] - [Restriction] - [Tooth Quadrant]
Procedure Code Bundling	Use this panel to review and maintain procedure code bundling relationships. Navigation Path: [Reference - Related Data] - [Other] - [Procedure Code Bundling]

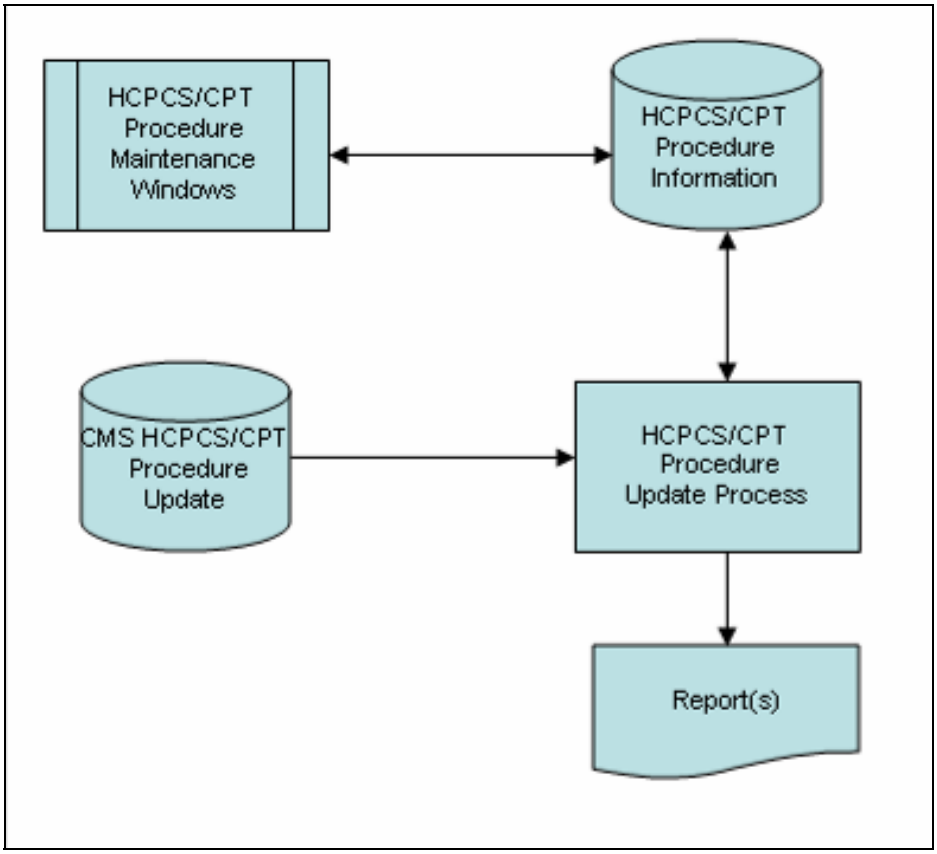
Title	Narrative
HCPCS Procedure Group Type	The State and EDS use the HCPCS Procedure Type panel to create new Procedure Types. This panel provides access to all procedure type code categories. Navigation Path: [Reference - Related Data] - [Other] - [HCPCS Procedure Group Type]
HCPCS Procedure Group Maintenance	Use the HCPCS Procedure Group panel to view procedure groups assigned to a procedure code and to assign types to individual HCPCS procedures code which will assist with both pricing and processing logic for that procedure code. Navigation Path: [Reference - Related Data] - [Other] - [HCPCS Procedure Group Type] - [select a group type]
Procedure Conversion Factor Maintenance	Use this panel to maintain procedure conversion factor segments. Navigation Path: [Reference - Related Data] - [Other] - [Procedure Conversion Factor]
Benefit Plan Coverage Rules-All Services	Use this panel to maintain program coverage information for procedures, diagnosis, and drug or revenue codes. Also use the panel to assign a benefit plan coverage segment to the selected diagnosis code along with additional coverage rule parameters. These parameters include age range, modifiers, Service/Prior Authorization review by age, claims type, and place of service. Navigation Path: [Reference - Diagnosis] - [(select row from search results)] - [Benefit Plan Coverage Rules-All Services]

2.3.7.3 Jobs

Title	Narrative
REFJA105	This job systematically processes the procedure codes and modifiers from CMS' HCPCS file and makes additions/updates to the MMIS database as necessary.
REFJA110	This job processes the Physician Fee Schedule file that is manually downloaded from CMS' Public Use Files (PUFs) Web site when it becomes available.

2.3.7.4 Process flow

The process flow diagram below provides a visual representation of the maintenance of HCPCS/CPT-4 procedure code information. HCPCS/CPT-4 procedure code information is maintained through the online User Interface (UI) and batch update processes.



2.3.8 ICD-9 Procedure Maintenance

2.3.8.1 Process Description

Procedure codes are used to identify services provided to a member. The ICD-9 Procedure Code data set contains International Classification of Diseases, Ninth Revision, Clinical Modification procedure codes used for inpatient hospital billing.

The procedure data set supports claims processing by providing pricing methodology, price, effective dates, and restrictions related to policy or validity. Examples of restrictions enforced by the procedure data are:

- Prior Authorization and/or Medical Review required;
- Age and sex;
- Allowable provider type and specialty;
- Place of service or tooth number;
- Documentation requirements; and,
- Diagnosis required and compatibility.

2.3.8.2 User Interface

Title	Narrative
ICD-9-CM Procedure Maintenance	This panel provides links to the ICD9 Procedure information maintenance panels. Navigation Path: [Reference - Procedure] - [select ICD9] - [(select row from search results)]
ICD-9-CM Procedure Information	This panel is used to view the ICD-9-CM Procedure code, short and long descriptions. Navigation Path: [Reference - Procedure] - [select ICD9] - [(select row from search results)]
ICD-9-CM Base Information	The ICD-9-CM Base Information panel provides an interface to maintain the ICD-9-CM Procedure code, short and long descriptions, recipient EOMB description, CMS effective and end dates along with managed care and TPL service class. Navigation Path: [Reference - Procedure] - [select ICD] - [(select row from search results)] - [Base Information]
HCPCS Procedure Search	This panel allows the user to search for a specific HCPCS or ICD-9 Procedure code using its code or the description using a ‘sounds like’ option. Navigation Path: [Reference - Procedure] - [search button]

Title	Narrative
ICD-9-CM Mini Search	The ICD-9-CM mini-search panel provides the user with the ability to search for ICD-9-CM procedure codes from the ICD-9-CM Information page. Navigation Path:[Reference - Procedure] - [ICD9 - search] - [click on any row from the list]
ICD-9-CM Procedure Search Results	ICD-9-CM Procedure Search Results panel displays procedure records using the criteria from the search panel. Navigation Path: [Reference - Procedure] - [select ICD9]
ICD-9-CM Procedure Diagnosis Restriction	The ICD-9-CM Procedure Diagnosis Restriction panel is used to restrict specific ICD-9-CM procedure codes to certain diagnosis. Navigation Path: [Reference - Procedure] - {select ICD9] - [(Add button) OR (select row from search results)] - [Diagnosis Restriction]
ICD-9-CM Procedure Restrictions Maintenance	The ICD-9-CM Procedure Restrictions Maintenance panel is used to update ICD-9-CM procedure code limit/restriction information. Navigation Path: [Reference - Procedure Search] - [Select ICD9] - [(select row from search results)] - [Restriction]
ICD-9-CM Procedure Group Inquiry	The ICD-9-CM Group panel is used to view ICD-9-CM procedure groups assigned to an ICD-9-CM procedure code. Navigation Path: [Reference - Procedure Search] - [Select ICD9] - [(select row from search results)] - [Group]
ICD-9-CM Procedure Group Type	This panel maintains the list ICD-9-CM procedure group types with their descriptions and associated ICD-9-CM procedure codes. Navigation Path: [Reference - Related Data] - [Other] - [ICD-9-CM Procedure Group Type]
Benefit Plan Coverage Rules	This panel is used to maintain program coverage information for procedures, diagnosis, and drug or revenue codes. The user is able to assign a benefit plan coverage segment to the selected diagnosis code along with additional coverage rule parameters. These parameters include age range, modifiers, prior authorization review by age, claims type and place of service. Navigation Path: [Reference – Procedure (Select ICD-9 radio button)] - [(select row from search results)] - [Benefit Plan Coverage Rules]

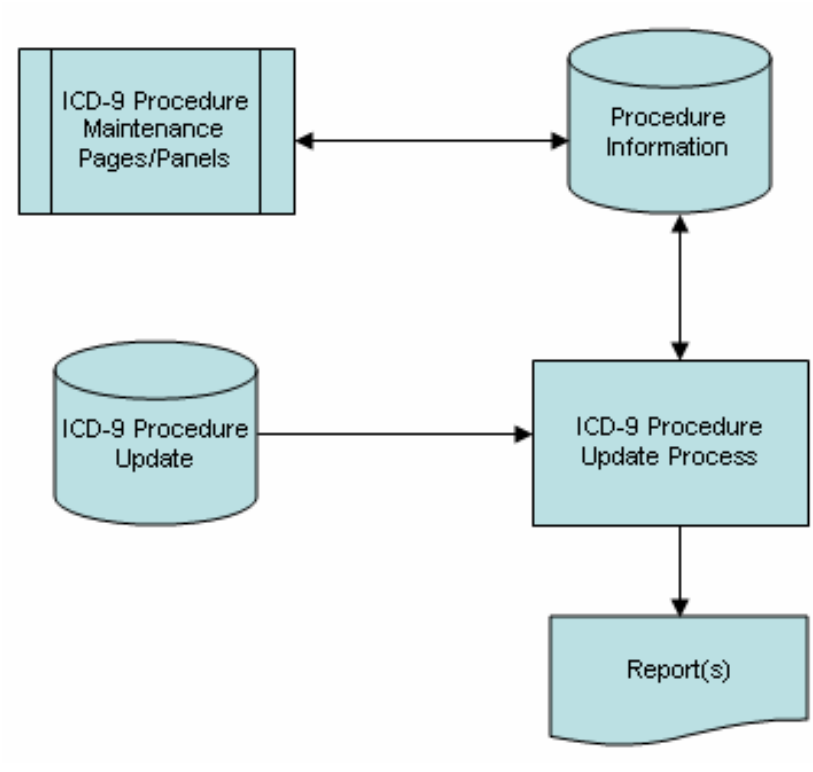
Title	Narrative
Contract Reimbursement Rules	This panel is used to maintain the rules which must be satisfied for a provider to receive reimbursement for a service. Navigation Path: [Reference - Procedure] - [(select row from search results)] - [Contract Reimbursement Rules]
Contract Billing Rules	This panel is used to list the services that a provider may bill under the terms of a contract. In most cases the billable services under a contract are listed under one or more benefit plans. Navigation Path: [Reference - Procedure] - [(select row from search results)] - [Contract Billing Rules]

2.3.8.3 Jobs

Title	Narrative
REFJA100	This job processes the annual ICD-9-CM Procedure Code files from the contracted vendor. REFJA100 accepts text files containing both new and updates to existing ICD-9 CM Procedure. The files are received by the MMIS and the database is updated accordingly.

2.3.8.4 Process flow

The process flow diagram below provides a visual representation of the maintenance of diagnosis code information. ICD-9 CM Procedure Code information will be maintained through the online User Interface (UI) and batch update processes.



2.3.9 Member Plan Maintenance

2.3.9.1 Process Description

Member Plans are used to identify the services (benefits) granted to a member who is deemed eligible for the services the member plan represents. Member plans are often referred to as a Benefit Plans. The member plan data includes the services covered by the plan and the coverage restrictions for the services within a plan. For example, a service may only be covered for specific age ranges.

Examples of services covered within a plan are HCPCS procedures, Revenue Code, Diagnosis code, ICD-9-CM Procedure codes and Diagnosis Related Groups (DRGs). Members may be enrolled in multiple benefit plans for the same time period. The claims engine uses a processing hierarchy to identify the order of processing when a member has multiple benefit plans.

2.3.9.2 User Interface

Title	Narrative
Member Plan	Use this panel to maintain the list of Member Plans in the system. There are four parts to the panel; the top is for maintaining the benefit plan codes, the next list is for included or excluded claim types, then a list of dependent benefit plans, followed by a list of excluded benefit plans. The dependent benefit plans must exist together on member eligibility with the selected benefit plan. This Excluded benefit plans can not exist with the selected benefit plan. Navigation Path: [Reference - Related Data] - [Other] - [Member Plan]
Benefit Plan Hierarchy	Use this panel to display and maintain benefit plan hierarchy relationships. The claims engine uses benefit plan hierarchy to identify the order in which to process multiple Benefit Plans for a member. Navigation Path: [Reference - Related Data] - [Other] - [Benefit Plan Hierarchy]
Member Plan – Benefit Coverage	Use the Member Plan-Benefit Coverage panel to maintain benefit coverage by Member Plan. Navigation Path: [Reference - Related Data] - [Other] - [Member Plan] - [Select a Member Plan] - [expand the Benefit Coverage plan by clicking on the + in front of the panel name]

2.3.9.3 Process flow

The process flow diagram below provides a visual representation of the maintenance of member plan information. Member plan information is maintained through the online User Interface (UI).

2.3.10 Modifier Maintenance

2.3.10.1 Process Description

A modifier provides the means by which the billing 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:

- A service or procedure has both a professional and technical component;
- A service or procedure was performed by more than one physician and/or in more than one location;
- A service or procedure has been increased or reduced;
- Only part of a service was performed;
- An adjunctive service was performed;
- A bilateral procedure was performed;
- A service or procedure was provided more than once; and,
- Unusual events occurred.

An effective date is used to specify when the modifier and its type is effective for claims processing.

HCPCS modifier codes are divided into three levels, or groups, as described below:

Level I

Codes and descriptors copyrighted by the American Medical Association's current procedural terminology, fourth edition (CPT-4). These are two-position numeric codes.

Level II

Codes and descriptors approved and maintained jointly by the alpha-numeric editorial panel (consisting of CMS, the Health Insurance Association of America, and the Blue Cross and Blue Shield Association). These are two-position alpha-numeric codes.

Modifiers are used in combination with procedure codes to further describe and qualify services billed on a claim. 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. Below is a list of valid modifier types and their usage:

Modifier Type	Description
Denial	Modifiers that force a claim detail to be denied.
Informational	Modifiers that are information only.

Modifier Type	Description
Pricing	Modifiers that are used to obtain a rate.
Processing	Modifiers that have a processing function.
Review	Modifiers that cause a claim to suspend for medical review.

2.3.10.2 User Interface

Title	Narrative
Modifier Maintenance	This panel provides links to the modifier information maintenance panels. Navigation Path: [Reference - Modifier] - [(Add button) OR (select row from search results)]
Modifier Information	Use this panel to view basic modifier Information. [Reference - Modifier] - [Search] - [Click on any row provided on the list]
Base Information-Modifier	Use the Base Information-Modifier panel is used to view or update modifier information. This panel provides the user with the capabilities of having both a long and short description of the modifier when applicable. Navigation Path: [Reference - Modifier] - [search] - [(select row from search results)] - [Modifier-Maintenance] - [Base Information]
Modifier Search	Use this panel to search for a specific Modifier code by either its modifier code or a description using 'sounds like' search functionality. Navigation Path: [Modifier - Search]
Modifier Mini Search	Use the Modifier mini-search to search for a modifier from the Modifier Information panel. Navigation Path: [Reference - Modifier] - [(select row from search results)]
Modifier Rate Data	Use this panel to maintain modifier rate data. Use processing modifiers to change or determine the allowed amount assigned to a procedure. The procedure allowed amount may be calculated or modified with the use of the percentage attribute, amount attribute, or quantity attribute. Navigation Path: [Reference - Modifier] - [(select row from search results)] - [Base Information]
Modifier Group Type	Use this panel to maintain the list of modifier groups. Navigation Path: [Reference - Related Data] - [Other] - [Modifier Group Type]

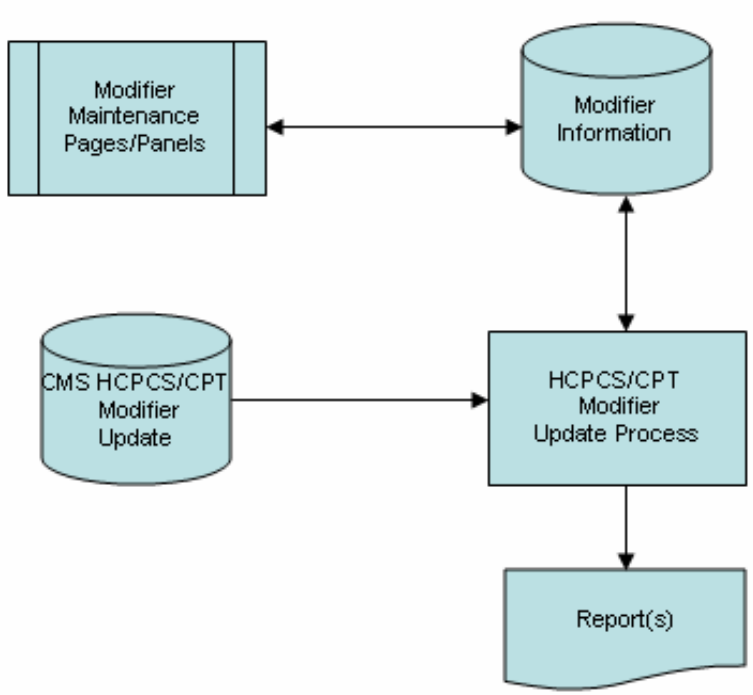
Title	Narrative
Modifier Type Maintenance	Use the Modifier Type Maintenance panel is used to maintain the list of modifier type codes. Navigation Path: [Reference - Related Data] - [Codes] - Modifier Type]
Modifier to Modifier Restrictions	Use this panel to view and update modifier to modifier combinations that are invalid if billed on the same claim detail. Navigation Path: [Reference - Modifier] - [(select row from search results)] - [Modifier to Modifier Restriction]
Prov Type - Prov Spec - Modifier Restriction	Use this panel to enforce certain provider type/specialty/modifier group combinations during claims processing. Navigation: RelatedData.Xref.ProviderType/Specialty/ModifierRestriction

2.3.10.3 Jobs

Title	Narrative
REFJA105	This job systematically processes the procedure codes and modifiers from CMS' HCPCS file and makes additions/updates to the MMIS database as necessary.

2.3.10.4 Process flow

The process flow diagram below provides a visual representation of the maintenance of modifier information. Modifier information is maintained through the online User Interface (UI).



2.3.11 Procedure

2.3.11.1 Process Description

Procedure codes are used to identify services provided. Procedure codes are designed around a five-character numeric or alphanumeric coding format defined by the Centers for Medicare & Medicaid Services (CMS), called the Healthcare Common Procedure Coding System (HCPCS). These procedures are commonly known as HCPCS procedures. HCPCS procedures provide health-care providers and third party payers a common coding structure for determining claims adjudication.

The procedure data set consists of HCPCS codes from CMS, codes from the Common Procedure Terminology, 4th Revision (CPT-4) manual. The different types of HCPCS procedure codes are defined as follows:

- Defined by the Centers for Medicare & Medicaid Services (CMS);
- HCPCS procedure codes are all alphanumeric consisting of a single alpha character (A – V) followed by four (4) numeric digits;
- Defined by the American Medical Association's (AMA) Physicians' Common Procedure Terminology, 4th revision (CPT-4); and,
- CPT-4 codes are all numeric and consist of five digits.

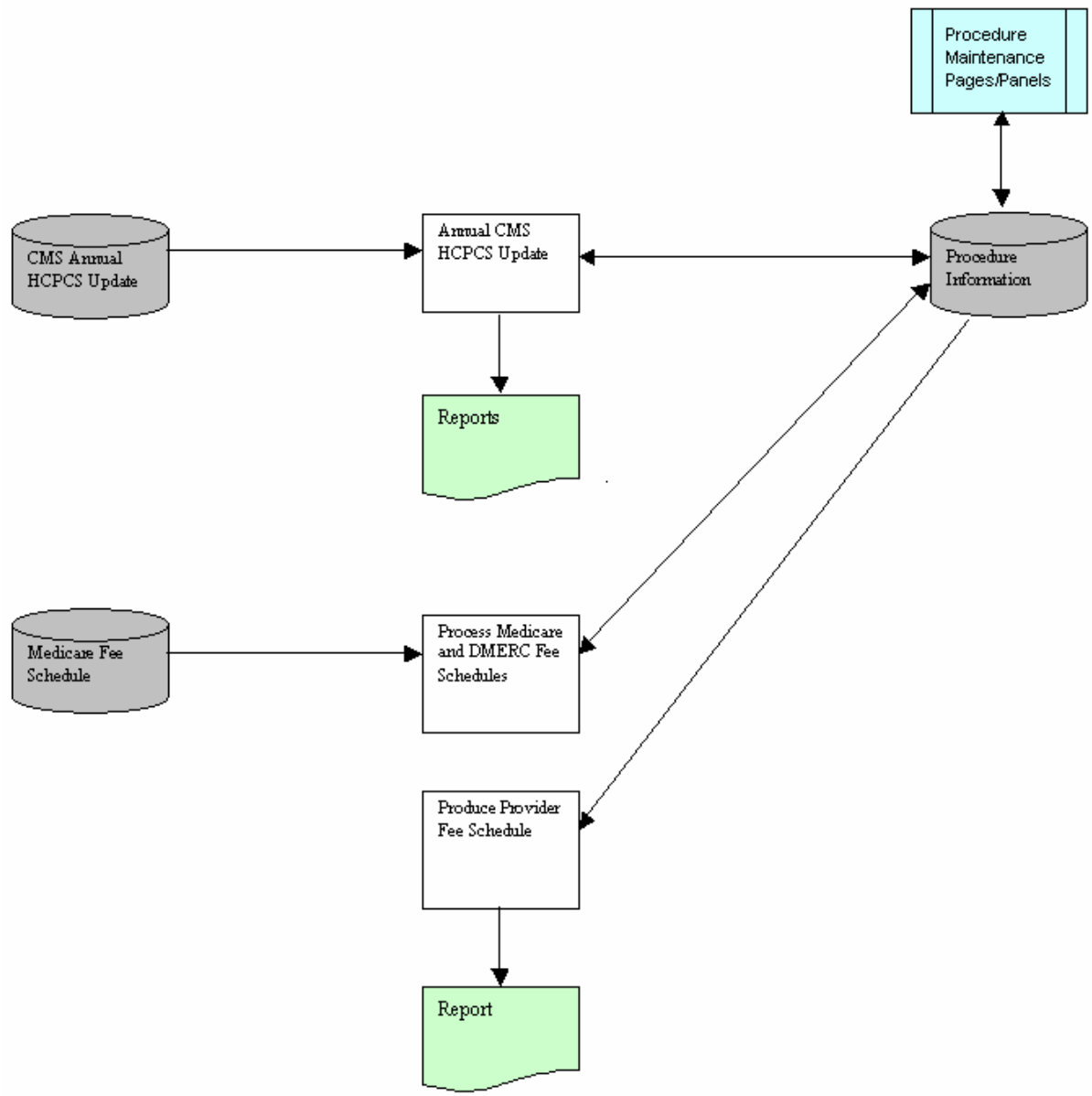
The procedure data set consists of HCPCS codes from CMS, codes from the Common Procedure Terminology, 4th Revision (CPT-4) manual. The different types of procedure codes are defined as follows:

- Service/Prior Authorization and/or Medical Review required;
- Age and sex;
- Allowable provider type and specialty;
- Place of service or tooth number; and,
- Documentation requirements.

2.3.11.2 Process flow

The process flow diagram below provides a visual representation of the maintenance of procedure code information. Procedure code information will be maintained through the online User Interface (UI) and batch update processes.

A high-level Flow Diagram displays on the next page.



2.3.12 Other Reference Data Maintenance

2.3.12.1 Process Description

The Other Reference Data section of the application serves as a location for miscellaneous codes that do not fit within a particular entity elsewhere in the Reference subsystem.

Other Data includes:

- Geographic lists e.g. County, Country;
- Additional pricing parameters; and,
- System code panels.

2.3.12.2 User Interface

Title	Narrative
Geographic Practice Cost Index Maintenance	Use the Geographic Practice Cost Index Maintenance (GPCI) panel to update the three Geographic Practice Cost Index (GPCI) components which reflect the physician work, practice expense, and malpractice expenses. Also use this panel to assign GPCIs based on locality. Navigation Path: [Reference - Related Data] - [Other] - [Geographic Practice Cost Index]
Federal Medical Assistance Percent	This panel maintains the Federal Medical Assistance Percentage (FMAP). The FMAP rate is the rate used for the Federal share of benefit payments. Navigation Path: [Reference - Related Data] - [Other] - [Federal Medical Assistance Percent]
Code Resolution Maintenance	Use this code table maintenance panel to maintain the valid list of all System Code Resolution records. Navigation Path: [Reference - Related Data] - [Other] - [System Code Resolution]
Type Of Bill Group Type	Use this panel in conjunction with the type of bill group. The type of bill types and their descriptions are on this panel, and the type of bill codes that correspond with each type of bill type are on the Type of Bill Group panel. Navigation Path: [Reference - Related Data] - [Other] - [Type Of Bill Group Type]
Step Therapy Group Maintenance	Use this panel to add new, or maintain existing, Step Therapy Groups. Navigation Path: [Reference - Related Data] - [Other] - [Step Therapy Group]

Title	Narrative
County Code Maintenance	Use this panel to maintain County Code, County Locality, County Name, Address1, Address2, City, State, Zip, and Urban / Rural, all used to help identify a county. Navigation Path: [Reference - Related Data] - [Other] - [County]
Provider Specialty Reduction	Use the Provider Specialty Reduction panel to maintain the Provider Specialty, and its description. Also use it to maintain the effective date, end date, and Percent of the provider specialty. Navigation Path: [Reference - Related Data] - [Other] - [Provider Specialty Reduction]
RBRVS Conversion Factor	Use this panel to view or update RBRVS conversion factor rate type segments. Navigation Path: [Reference - Related Data] - [Other] - [RBRVS Conversion Factor]
Stop Loss Pricing Parameter	Use this panel to maintain the Member Plan, Type, Date Type, Threshold Period From, Year, Financial Payer, Threshold Amount From, Percent, Method, Plan Period Effective Date, and Plan Period End Date for the Stop Loss Pricing Parameter panel. Navigation Path: [Reference - Related Data] - [Other] - [Stop Loss Pricing Parameter]
System Code Inquiry	This panel displays the User value and User Description given the System Code. Navigation Path: [Reference - Related Data] - [Other] - [System Code Inquiry]
Country	Use this panel to maintain Country Code, Country Name, Dialing Code, Area code, and indicators designating whether the country requires an internal address and phone number. Navigation Path: [Reference - Related Data] - [Other] - [Country]

2.3.12.3 Process flow

The process flow diagram below provides a visual representation of the maintenance of Other Reference Data. Other Data is maintained through the online User Interface (UI).

2.3.13 Revenue Code Maintenance

2.3.13.1 Process Description

A revenue code is a three-digit code that identifies a specific accommodation or ancillary service. Revenue codes are used in processing claims for hospital inpatient and outpatient services.

2.3.13.2 User Interface

Title	Narrative
Revenue Maintenance	This panel provides links to the Revenue Information maintenance panels.
Revenue Information	Use the Revenue Information panel to view revenue code data. Navigation Path: [Reference - Revenue] - [(select row from search results)]
Revenue Base Information	Use the Revenue Code Base Information panel to maintain base revenue code data including effective and end dates, description, managed care service class, and TPL service class. Navigation Path: [Reference - Revenue] - [(select row from search results)] - [Base Information]
Revenue Search	Use this panel to search for a specific revenue code. Navigation Path: [Reference - Revenue] - [search button]
Revenue Mini Search	Use the Revenue Mini-Search to search by Revenue Code from the Revenue Information page. Navigation Path: [Reference - Revenue] - [(select row from search results)]
Revenue Search Results	Search Results panel displays Revenue Codes matching the search criteria from Revenue search panel.
Revenue Flat Fee	Use the Flat Fee panel to maintain specific revenue codes that have a different reimbursement rate based on emergency status. Navigation Path: [Reference - Revenue] - [(select row from search results)] - [Flat Fee]
Revenue Group Inquiry	Use the Revenue Group panel to view revenue groups associated with a specific revenue code. Navigation Path: [Reference - Revenue] - [(select row from search results)] - [Group]

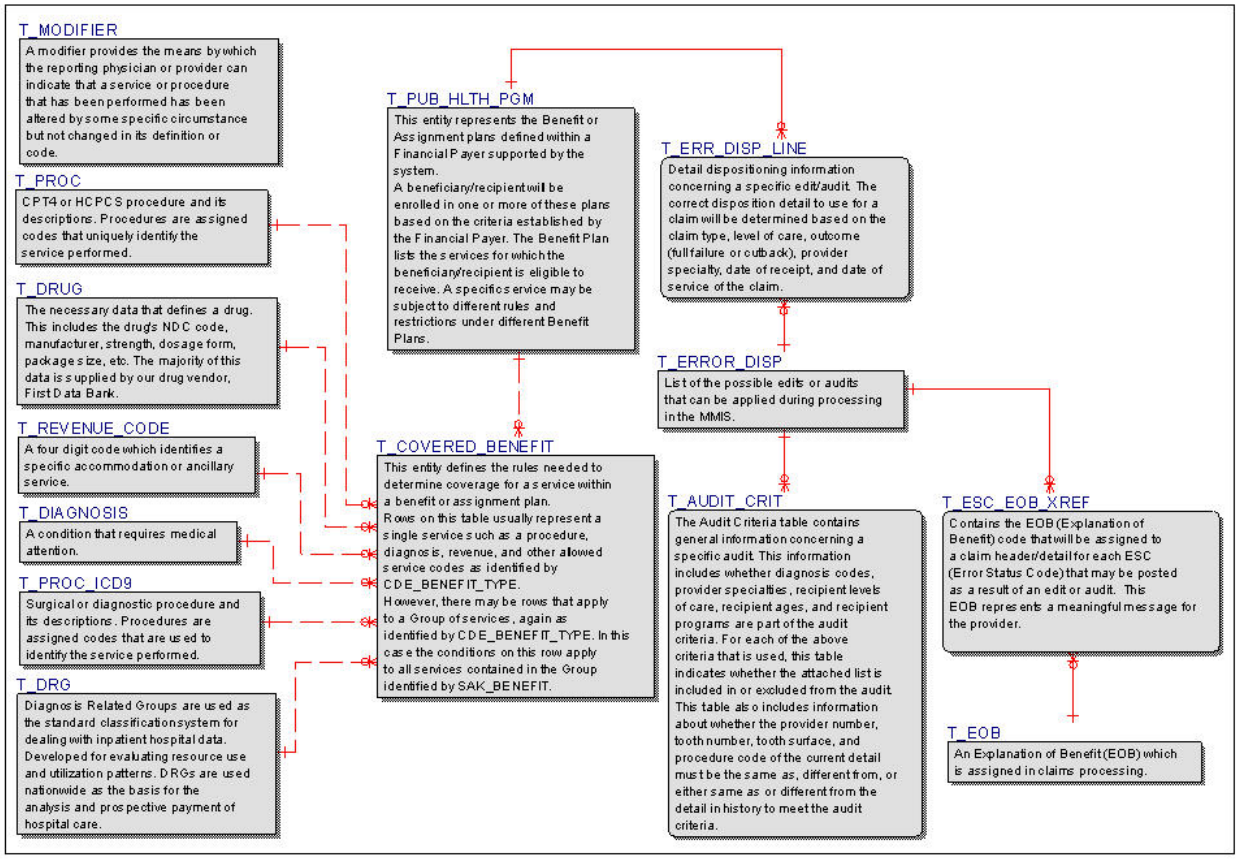
Title	Narrative
Revenue Group Type	Use the Revenue Group Maintenance panel to update revenue groups associated with a particular revenue code. Navigation Path: [Reference - Related Data] - [Other] - [Revenue Group Type]
Reimbursement Agreement-All Services	Use this panel to maintain the rules that must be satisfied for a provider to receive reimbursement for a service. Navigation Path: [Reference - Revenue] - [(select row from search results)] - [Reimbursement Agreement-All Services]
Provider Contract Rules-All Services	Use this panel to list the services that a provider may bill under the terms of a contract. In most cases the billable services under a contract are listed under one or more benefit plans. Navigation Path: [Reference - Revenue] - [(select row from search results)] - [Provider Contract Rules-All Services]
Benefit Plan Coverage Rules-All Services	Use this panel to maintain program coverage information for procedures, diagnosis, drug or revenue codes. Also use the panel to assign a benefit plan coverage segment to the selected diagnosis code along with additional coverage rule parameters. These parameters include age range, modifiers, Service/Prior Authorization review by age, claims type, and place of service. Navigation Path: [Reference - Revenue] - [(select row from search results)] - [Benefit Plan Coverage Rules-All Services]

2.3.13.3 Process flow

The process flow diagram below provides a visual representation of the maintenance of revenue code information. Revenue code information is maintained through the online User Interface (UI) and batch update processes.

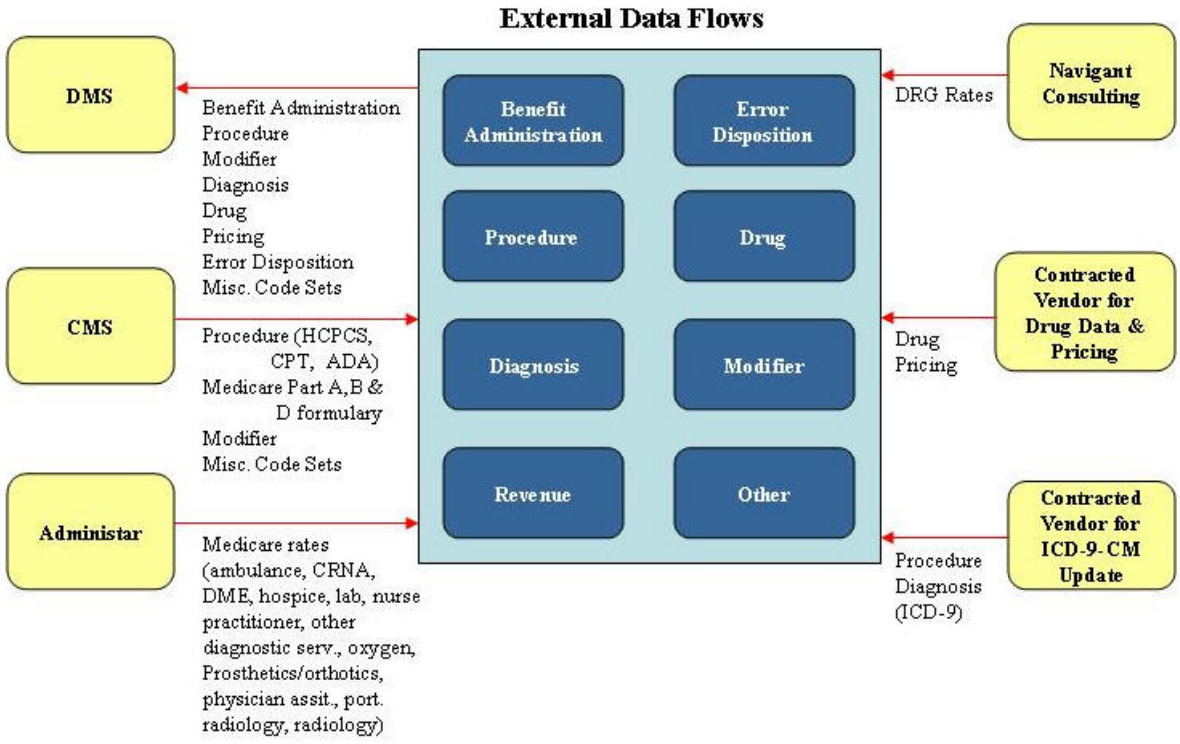
2.4 Data Model

The following data model gives a view of the primary entities within the Reference Subsystem.



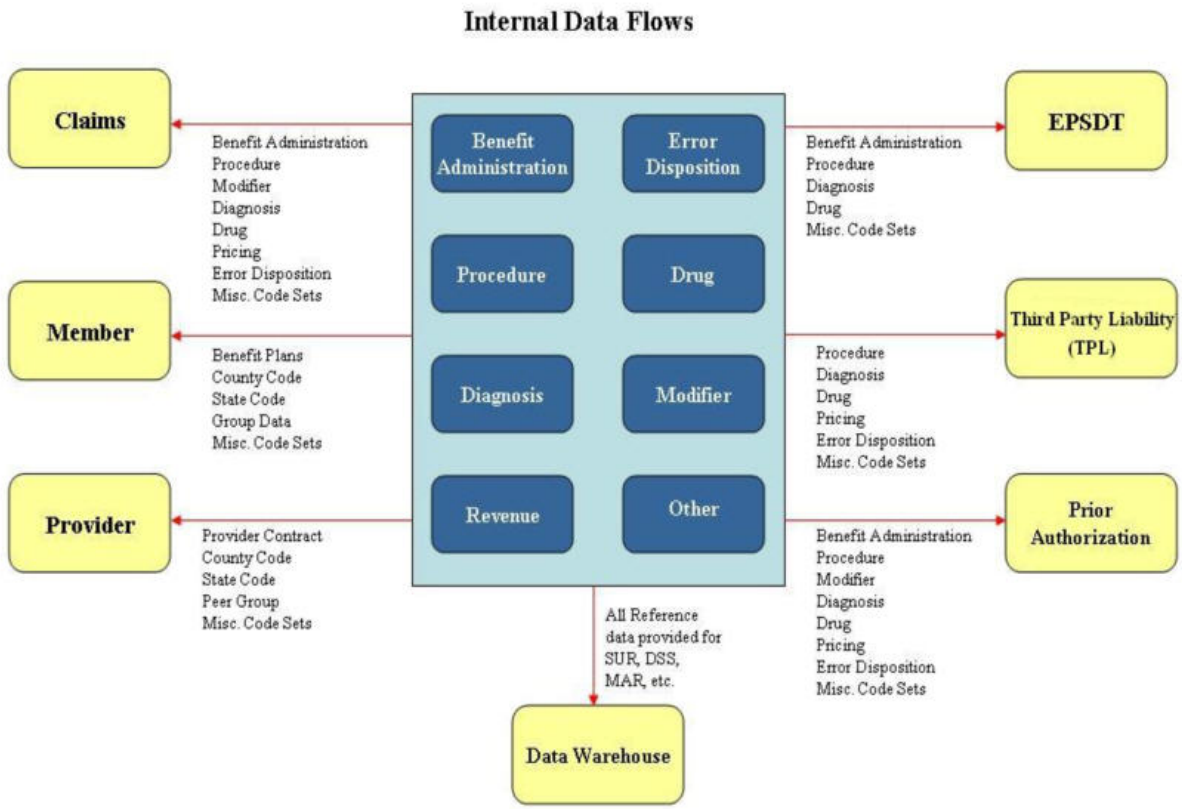
2.4.1 External System Interfaces

The following context diagram gives a view of the external entities with which this subsystem interfaces and the data received from and/or distributed to them.



2.4.2 Internal System Interfaces

The following context diagram gives a view of the internal entities that this subsystem interfaces with and the data received from and/or utilized by them.



2.5 Job Scripts

2.5.1 RBTJQ320 - Drug Rebate Address Update

2.5.1.1 Detailed Job Script Information

Unix Script:	RBTJQ320
Description:	This job processes the CMS labeler file. The file contains both contact information and eligibility segment information. See System Documentation for instructions on running job.

Job Step:		js 010-dbunload
Description:		Retrieve the current cycle quarter from the database
Input/Output Files:		
Job Step:		js 020-drex0320
Description:		Process the CMS labeler file
Input/Output Files:		
DR.CMSLBLR.CF	I	The CMS labeler file. This file contains both manufacturer contact information and eligibility segment information.
rbt2014q.rpt	O	File used to print the Drug Rebate Labeler Address Update Exception Report (RBT-2014-Q).
Job Step:		js 030-copy2routedir
Description:		Prints the report and route to COLD
Input/Output Files:		
rbt2014q.rpt	I	File used to print the Drug Rebate Labeler Address Update Exception Report (RBT-2014-Q).

2.5.2 REFJA100 - ICD-9-CM Diagnosis/Procedure Update

2.5.2.1 Detailed Job Script Information

Unix Script:	REFJA100
Description:	Process adds/changes of ICD-9-CM codes (Diagnosis and Procedure) from a contracted vendor. This job script updates existing, and adds new ICD-9 procedure and diagnosis codes. Medicode data is supplied in tab delimited text files: Diagnosis file: I9V1PROF.TXT Procedure file: I9V3PROF.TXT Medicode data is loaded into temp tables: t_temp_diagnosis t_temp_proc_icd9 CMS data is supplied in fixed format text files: Diagnosis file: 9v19diag.txt Procedure file: 9v19proc.txt CMS data is loaded into temp tables: t_temp_diagnosis_cms t_temp_proc_icd9_cms An sql UPDATE loads the short descriptions from the CMS temp tables to the temp tables t_temp_diagnosis and t_temp_proc_icd9. Final ICD-9 updates will be from t_temp_diagnosis and t_temp_proc_icd9. This is necessary because the short descriptions must come from the CMS file (and not the Medicode file) since the short description is later displayed on the WEB. Ingenix, the provider of the Medicode file, does not allow use of its data for web applications. If any codes exist in the Medicode update files that do not exist in the CMS update files, these codes will not be added or updated in the database, and will be shown on the report as 'Procedure not in CMS Update File - NOT UPDATED' or 'Diagnosis not in CMS Update File - NOT UPDATED'. See System Documentation for instructions on running job.

Job Step:	js 005-ref0100_rm_decimals
Description:	Runs Perl script that strips decimals and carriage returns from procedure and diagnosis codes in the update files. '.1' is appended to the new filenames and used for processing so that the original file is preserved should this step run twice.

Input/Output Files:		
I9V1PROF.TXT	I	Medicode Diagnosis input data file
I9V3PROF.TXT	I	Medicode procedure data file
ref0100_rm_decimals	I	This is a perl script to remove decimals and carriage returns fro the Medicode data files
I9V1PROF.TXT.1	O	Medicode Diagnosis data file with carriage returns removed.
I9V3PROF.TXT.1	O	Medicode procedure data file with carriage returns removed
Job Step:		js 010-sqlplus
Description:		Create temp tables to hold ICD-9 Diagnosis Updates.
Input/Output Files:		
Job Step:		js 020-sqlldr
Description:		Load ICD-9 Diagnosis Updates from the update file to temp table.
Input/Output Files:		
ref0100.ctl	I	SQL Loader file used for annual update of ICD-9 Diagnosis Codes from Medicode update file.
Job Step:		js 025-sqlldr
Description:		Loads new CMS ICD-9 diagnosis file into temp table. Loads diagnosis code and short description.
Input/Output Files:		
ref0100a.ctl	I	SQL Loader file used for annual update of ICD-9 Diagnosis Codes from CMS update file.
Job Step:		js 028-sqlplus
Description:		Updates temp table to add short descriptions to the from t_temp_diagnosis_cms to t_temp_diagnosis. Final ICD-9 diagnosis updates will be from t_temp_diagnosis. This is necessary because the short descriptions must come from the CMS file (and not the Medicode file) since the short description is later displayed on the WEB. Ingenix, the provider of the Medicode file, does not allow use of its data for web applications.
Input/Output Files:		

Job Step:		js 030-xmlpunld
Description:		Unload new ICD-9 Diagnosis Updates from temp table into an XML file.
Input/Output Files:		
rfa0100.diagnosis.tree.xml	I	XML File of ICD-9 Diagnosis Updates used for annual update of ICD-9 Diagnosis codes.
rfa0100.diagnosis.out.xml	O	XML File used for loading ICD-9 Diagnosis Code updates.
Job Step:		js 040-sqlplus
Description:		Create temp table to hold ICD-9 Procedure Updates.
Input/Output Files:		
Job Step:		js 050-sqlldr
Description:		Load ICD-9 Procedure Updates to temp table.
Input/Output Files:		
ref0101.ctl	I	SQL Loader file used for annual update of ICD-9 Procedure codes from Medicode update file.
Job Step:		js 055-sqlldr
Description:		Loads new CMS ICD-9 procedure file into temp table. Loads procedure code and short description.
Input/Output Files:		
ref0101a.ctl	I	SQL Loader file used for annual update of ICD-9 Procedure codes from CMS update file.
Job Step:		js 058-sqlplus
Description:		Updates temp table to add short descriptions from the t_temp_proc_icd9_cms to the t_temp_proc_icd9. Final ICD-9 procedure updates will be from t_temp_proc_icd9. This is necessary because the short descriptions must come from the CMS file (and not the Medicode file) since the short description is later displayed on the WEB. Ingenix, the provider of the Medicode file, does not allow use of its data for web applications.
Input/Output Files:		
Job Step:		js 060-xmlpunld

Description:		Unload new ICD-9 Procedure Updates from temp table into an XML file.
Input/Output Files:		
rfa0100.procIcd9.tree.xml	I	XML File of ICD-9 Diagnosis Updates used for annual update of ICD-9 Diagnosis codes.
rfa0100.procIcd9.out.xml	O	XML File of ICD-9 Diagnosis Updates used for annual update of ICD-9 Diagnosis codes.
Job Step:		js 070-refp0100
Description:		Create report showing ICD-9 Diagnosis and Procedure codes that will be added or updated by this update.
Input/Output Files:		
rfa0100.rpt	O	Report showing ICD-9 Diagnosis and Procedures that were updated by the annual ICD-9 Diagnosis and Procedure Update procedure.
Job Step:		js 080-xml_db
Description:		Load ICD-9 Diagnosis updates from XML file to t_diagnosis table.
Input/Output Files:		
rfa0100.diagnosis.out.xml	I	XML File used for loading ICD-9 Diagnosis Code updates.
rfa0100.diagnosis.err	O	SQL Loader Error File for loading ICD-9 Diagnosis updates
rfa0100.diagnosis.stats	O	SQL Loader Statistics File for Loading ICD-9 Diagnosis Code Updates
Job Step:		js 090-xml_db
Description:		Load ICD-9 Procedure updates from XML file to t_proc_icd9 table.
Input/Output Files:		
rfa0100.procIcd9.out.xml	I	XML File of ICD-9 Diagnosis Updates used for annual update of ICD-9 Diagnosis codes.
rfa0100.procIcd9.err	O	SQL Loader Error File for updating ICD-9 Procedure
rfa0100.procIcd9.stats	O	SQL Loader Statistics File for Loading ICD-9 Procedure Code Updates

Job Step:		js 100-sqlplus
Description:		DROP the temp tables and COMMIT.
Input/Output Files:		
Job Step:		js 110-copy2crld
Description:		Copy report to COLD directory.
Input/Output Files:		
rfa0100.rpt	I	Report showing ICD-9 Diagnosis and Procedures that were updated by the annual ICD-9 Diagnosis and Procedure Update procedure.

2.5.3 REFJA105 - HCPCS Tape Update

2.5.3.1 Detailed Job Script Information

Unix Script:	REFJA105
Description:	This job will systematically process the procedure codes and modifiers from CMS's annual HCPCS file. A text file will be sent via e-mail to the State Medicaid Agency and the EDS account by CMS around mid to late October. Once the file is loaded to the $TEMPDA directory. This job will be manually started and it will systematically process the data producing several report files that will be printed for the state agency and viewable on-line via COLD. See System Documentation for instructions on running job.

Job Step:		js 005-sqlplus
Description:		Gets the year (CCYY) from the system parameters table and parses out the YY portion to determine the correct HCPCS file to use for the update.
Input/Output Files:		
refja0105.sql	I	This SQL file willl be used to select the parameters date from the system parameters table to determine which HCPCS file to use for the update process.
refja105.dat	O	This files contains the date_parm_1 value from the system parameters table for the program 'REFP0105' and will be used to select the correct update file to use.
Job Step:		js 010-sort
Description:		Sorts the HCPCS file ascending, modifiers first.
Input/Output Files:		
HCPCSYY.txt	I	This file will be sent by CMS via e-mail in text format to the State and EDS to perform the annual HCPCS update. The 'YY' in the file name indicates the year the updates take effect.
srtdHCPCSYY.txt	I	This file will be the CMS HCPCS file without headers or an end of file marker. The 'YY' in the file name indicates the year the updates take effect.
rfa10501YY.dat	O	This file is the ascending sorted version of the CMS HCPCS update file without headers or EOF marker. This file contains all of the procedure codes and modifiers used in the HCPCS update as well as indicators for each code that identify what actions, if any, are to be taken for that particular code for the upcoming year. The 'YY' in the file name indicates the year the updates take effect.

	O	
Job Step:		js 015-refp0105
Description:		Executes the program that processes the HCPCS file.
Input/Output Files:		
rfa10501YY.dat	I	This file is the ascending sorted version of the CMS HCPCS update file without headers or EOF marker. This file contains all of the procedure codes and modifiers used in the HCPCS update as well as indicators for each code that identify what actions, if any, are to be taken for that particular code for the upcoming year. The 'YY' in the file name indicates the year the updates take effect.
rfa10501.rpt	O	This file contains a summary of the totals for the actions that occurred for procedure and modifier codes according to the CMS tape HCPCS file.
rfa10502.rpt	O	This file contains a list in report format of the procedure codes that are to be deleted according to the CMS tape HCPCS file
rfa10503.rpt	O	This file contains a list in report format of the procedure codes that are to be added according to the CMS tape HCPCS file
rfa10504.rpt	O	This file contains a list of procedure codes and modifiers that could not be inserted or updated into the database during the HCPCS update process. Included beside each code is the explanation as to why the insert or update could not take place.
rfa10505.rpt	O	This file contains a list in report format of the modifiers that are to be added according to the CMS tape HCPCS file
rfa10506.rpt	O	This file contains a list in report format of the modifiers that are to be deleted/discontinued according to the CMS tape HCPCS file
rfa10507.rpt	O	This file will contain the list of procedure codes from the CMS HCPCS update that encountered a change in description.
rfa10509.rpt	O	This file will contain the list of modifier codes from the CMS HCPCS update that encountered a change in description.
rfa10511.dat	O	This file contains a list of modifiers that are to be deleted according to the CMS tape HCPCS file.

rfa10513.dat	O	This file contains a list of procedure codes that are to be reactivated according to the CMS tape HCPCS file.
rfa10517.dat	O	This file contains a list of procedure codes that incurred a change in their short description according to the CMS tape HCPCS file.
Job Step:		js 020-copy2routedir
Description:		Copies report files to COLD.
Input/Output Files:		
rfa10501.rpt	B	This file contains a summary of the totals for the actions that occurred for procedure and modifier codes according to the CMS tape HCPCS file.
Job Step:		js 021-copy2routedir
Description:		Copies report files to COLD.
Input/Output Files:		
rfa10502.rpt	B	This file contains a list in report format of the procedure codes that are to be deleted according to the CMS tape HCPCS file
Job Step:		js 022-copy2routedir
Description:		Copies report files to COLD.
Input/Output Files:		
rfa10503.rpt	B	This file contains a list in report format of the procedure codes that are to be added according to the CMS tape HCPCS file
Job Step:		js 023-copy2routedir
Description:		Copies report files to COLD.
Input/Output Files:		
rfa10504.rpt	B	This file contains a list of procedure codes and modifiers that could not be inserted or updated into the database during the HCPCS update process. Included beside each code is the explanation as to why the insert or update could not take place.
Job Step:		js 024-copy2routedir
Description:		Copies report files to COLD.
Input/Output Files:		

rfa10505.rpt	B	This file contains a list in report format of the modifiers that are to be added according to the CMS tape HCPCS file
Job Step:		js 025-copy2routedir
Description:		Copies report files to COLD.
Input/Output Files:		
rfa10507.rpt	B	This file will contain the list of procedure codes from the CMS HCPCS update that encountered a change in description.
Job Step:		js 026-copy2routedir
Description:		Copies report files to COLD.
Input/Output Files:		
rfa10509.rpt	B	This file will contain the list of modifier codes from the CMS HCPCS update that encountered a change in description.
Job Step:		js 026-copy2routedir
Description:		Copies report files to COLD.
Input/Output Files:		
rfa10506.rpt	B	This file contains a list in report format of the modifiers that are to be deleted/discontinued according to the CMS tape HCPCS file

2.5.4 REFJA110 - Physician Fee Schedule RBRVS (RVU) Update

2.5.4.1 Detailed Job Script Information

Unix Script:	REFJA110	
Description:	This job will process the Physician Fee Schedule RVU file that is manually downloaded from CMS' PUFs website when it becomes available sometime in late in the year. It may also use another input file that dictates exactly which procedure codes are to have their RVUSs updated for the current year. CMS' web site is http://cms.hhs.gov/providers/pufdownload/default.asp. Several outfiles are produced from running this job that give specific information related to the status of the procedure codes.	
Job Step:		js 005-sql plus
Description:		Gets the year from the date parameters table that will be used in the report headings.
Input/Output Files:		
refja0110.sql	I	This file selects the date_parm_1 field from the t_system_parms table for the Physician Fee Schedule and uses the CCYY portion of this date (That is. 2003) in the Report headings generated by the annual physician fee schedule update process.
refja110.dat	O	This file contains the date parameters selected from the control file refja0110.sql.
Job Step:		js 010-otsortd
Description:		This job step removes the header records and EOF marker then sorts the CMS physician fee schedule by procedure code then modifier.
Input/Output Files:		
pprrvu{yy}.txt	I	The Physician Fee Schedule file will be downloaded from the CMS web site and used to perform the annual update for procedure code RVUs and their associated modifiers as well as generating the fiscal impact analysis spreadsheet. The web site is located at: http://cms.hhs.gov/providers/pufdownload/default.asp. The file on the website to be downloaded for the current year will have the naming convention pprrvu.txt where indicates the year the RVUs become effective. For example, the Physician Fee Schedule file to be downloaded for 2003 would have the file name pprrvu03.txt. When the file is ftp'd or copied to the sun box, it should be saved to the $TEMPDA directory with the naming convention that includes the as shown above.

rfapf110.ctl	I	This control file will be used to sort the Physician Fee Schedule input file (PPRRVU.TXT) by procedure code first then modifier, in ascending order.
refa110{yy}.dat	O	Sorted National Physician Fee Schedule from the CMS web site. Sorted by procedure code then modifier in ascending order.
Job Step:		js 010-rm
Description:		This job step removes the no header temp file created in the beginning of this job step.
Input/Output Files:		
icpfs{yy}temp.dat	I	This text file contains all procedure codes and their modifier that the customer requests to have the RVUs updated for the current year. Each record will be a fixed length equal to the size of the current procedure code length plus the current length for a modifier.
Job Step:		js 015-addSpaces
Description:		This job step checks the length of each record and adds two spaces to the end of each record if no modifier exits. This allows each record to have a fixed length of 7 bytes.
Input/Output Files:		
icpfs{yy}.dat	I	This text file contains all procedure codes and their modifier that the customer requests to have the RVUs updated for the current year.
icpfs{yy}temp.dat	O	This text file contains all procedure codes and their modifier that the customer requests to have the RVUs updated for the current year. Each record will be a fixed length equal to the size of the current procedure code length plus the current length for a modifier.
Job Step:		js 020-otsortd
Description:		This job step sorts the PFS file specified by customer if it exists. This file is the list of procedure codes for which the customer wants RVU's updated to current values.
Input/Output Files:		
icpfs{yy}temp.dat	I	This text file contains all procedure codes and their modifier that the customer requests to have the RVUs updated for the current year. Each record will be a fixed length equal to the size of the current procedure code length plus the current length for a modifier.

rfaup110.ctl	I	This control file will be used to sort the Update file (updates.dat) when present.
rfaup110{yy}.dat	O	This file will be generated after running job step 20 of job REFJA110, but only if input file (ohcapfs{yy}temp.dat) is present. If generated, it will then be used in the Physician Fee Schedule update process and only those procedure code/modifier combinations listed in this file will have their RVUs updated for the current year.
Job Step:		js 030-refp0110
Description:		This job step executes the program that updates RVUs from the CMS physician fee schedule and generates the reports related to the update.
Input/Output Files:		
refa110{yy}.dat	I	Sorted National Physician Fee Schedule from the CMS web site. Sorted by procedure code then modifier in ascending order.
rfaup110{yy}.dat	I	This file will be generated after running job step 20 of job REFJA110, but only if input file (ohcapfs{yy}temp.dat) is present. If generated, it will then be used in the Physician Fee Schedule update process and only those procedure code/modifier combinations listed in this file will have their RVUs updated for the current year.
refa11001.rpt	O	This file is generated from running the annual Physician Fee Schedule Update process and contains a list of detailed information about each code added or updated on the T_RBRVS table for the current year's update.
refa11002.rpt	O	This file is generated from running the annual Physician Fee Schedule Update process and contains a list of procedure codes added to the T_RBRVS table that have RVU values = 0 for the current update period.
refa11003.rpt	O	This file is generated from running the annual Physician Fee Schedule Update process and contains a list of procedure codes NOT added to the T_RBRVS table that have RVU values = 0 for the current update period.
refa11004.rpt	O	This file is created from running the annual Physician Fee Schedule Update process and lists all the errors that occurred during the update process with an explanation of the error.
refa11005.rpt	O	This file is created from running the annual Physician Fee Schedule Update process and summarizes the activity that occurred during the update process by showing

		totals for the different transactions that took place.
refa11006.rpt	O	This file is generated from running the annual Physician Fee Schedule Update process and contains a list of procedure codes being delete/end dated for the current update period.
refa11007.rpt	O	This file is generated from running the annual Physician Fee Schedule Update process and will contain a detailed list of procedure codes and other data from the National Physician Fee Schedule for procedure codes that contain a modifier other than a blank (no modifier), TC, or 26. These procedure codes require special pricing considerations and will need to be evaluated manually.
refa11008.rpt	O	This report lists the Procedure code/modifier combinations added to the t_proc_modifier table that didn't exist prior to the current PFS update.
Job Step:		js 035-copy2routedir
Description:		Copies report to route directory to be printed and/or loaded into COLD.
Input/Output Files:		
refa11001.rpt	B	This file is generated from running the annual Physician Fee Schedule Update process and contains a list of detailed information about each code added or updated on the T_RBRVS table for the current year's update.
Job Step:		js 036-copy2routedir
Description:		Copies report to route directory to be printed and/or loaded into COLD.
Input/Output Files:		
refa11002.rpt	B	This file is generated from running the annual Physician Fee Schedule Update process and contains a list of procedure codes added to the T_RBRVS table that have RVU values = 0 for the current update period.
Job Step:		js 037-copy2routedir
Description:		Copies report to route directory to be printed and/or loaded into COLD.
Input/Output Files:		
refa11003.rpt	B	This file is generated from running the annual Physician Fee Schedule Update process and contains a list of procedure codes NOT added to the T_RBRVS table that

		have RVU values = 0 for the current update period.
Job Step:		js 038-copy2routedir
Description:		Copies report to route directory to be printed and/or loaded into COLD.
Input/Output Files:		
refa11004.rpt	B	This file is created from running the annual Physician Fee Schedule Update process and lists all the errors that occurred during the update process with an explanation of the error.
Job Step:		js 039-copy2routedir
Description:		Copies report to route directory to be printed and/or loaded into COLD.
Input/Output Files:		
refa11005.rpt	B	This file is created from running the annual Physician Fee Schedule Update process and summarizes the activity that occurred during the update process by showing totals for the different transactions that took place.
Job Step:		js 040-copy2routedir
Description:		Copies report to route directory to be printed and/or loaded into COLD.
Input/Output Files:		
refa11006.rpt	B	This file is generated from running the annual Physician Fee Schedule Update process and contains a list of procedure codes being delete/end dated for the current update period.

2.5.5 REFJA120 - Annual Medicare Fee Schedule Updates

2.5.5.1 Detailed Job Script Information

Unix Script:	REFJA120
Description:	This job will update the HCPCS procedure codes max fee pricing based on input file received from Administar and the CMS website. Placeholder job script used to facilitate change order documentation. Additional job information will be added as the CO is developed and implemented.

2.5.6 REFJA120 - Clinical Diagnostic Lab Fee Schedule Update

2.5.6.1 Detailed Job Script Information

Unix Script:	REFJA120
Description:	This job uses the CMS Clinical Diagnostic Lab Fee Schedule that needs to exist in the $DATADIR directory as clab20${YR}..txt prior to running this job to update lab fee rates on the t_max_fee table. It needs to be manually downloaded from the CMS web site which should already be done prior to job REFJA0125 running. See the description for the REFJA0125 job for details related to the website. This job should be started only AFTER the customer has reviewed the fiscal impact (see job REFJA0125) of updating the lab fee rates and given their approval to run this update process. See System Documentation for instructions on running job.

Job Step:		js 005-sql plus
Description:		This job step selects the effective date (date_parm_1) to be used for the new lab fee rates from the T_SYSTEM_PARMS table.
Input/Output Files:		
refja0125.sql	I	SQL to retrieve clinical diagnostic laboratory fee schedule year to download
refja0120.dat	O	Contains the year of the Clinical Diagnostic Laboratory Fee Schedule file to download as extracted from t_system_parms.
Job Step:		js 010-lwp-download
Description:		Currently this job step is commented out and not used. Gets the clinical diagnostic laboratory fee schedule.
Input/Output Files:		
${YR}clab.ZIP	O	Clinical Diagnostic Laboratory Fee schedule for indicated year (${YR} is yy format) from CMS web site.
Job Step:		js 020-zip
Description:		Currently this job step is commented out and not used. Extracts the fee schedule from downloaded file
Input/Output Files:		
${YR}clab.ZIP	I	Clinical Diagnostic Laboratory Fee schedule for indicated year (${YR} is yy format) from CMS web site.

clab20${YR}..txt	O	Text file with ~ field delimiter character giving clinical diagnostic laboratory fees that has had ^M and ^Z characters removed for processing. One of the files contained in the zipped file ${YR}clab.ZIP where ${YR} is the two digit year.
Job Step:		js 030-refp0120
Description:		This job step processes the CMS Clinical Diagnostic Lab Fee file and updates the lab rates on the T_MAX_FEE table.
Input/Output Files:		
clab20${YR}..txt	I	Text file with ~ field delimiter character giving clinical diagnostic laboratory fees that has had ^M and ^Z characters removed for processing. One of the files contained in the zipped file ${YR}clab.ZIP where ${YR} is the two digit year.
rfa120e.rpt	O	This is the file for the Annual Lab Fee Update Error Report.

2.5.7 REFJA150 - CMS DRG Relative Weight Update

2.5.7.1 Detailed Job Script Information

Unix Script:	REFJA150
Description:	Maintains the T_DRG_RATE table from the CMS DRG Relative Weight input file See System Documentation for instructions on running job.

Job Step:		js 015-refp0150
Description:		Update T_DRG_RATE table from CMS DRG Relative Weight file. abend/restart procedures: verify input file exists and format is correct then restart job from top
Input/Output Files:		
rfa15001.dat	I	The CMS DRG Relative Weight input file.
rfa150.rpt	O	This report provides a summary of transactions that occurred during processing of the CMS annual DRG relative weight and arithmetic mean length of stay update.
rfa151.rpt	O	This report provides details related to the CMS annual DRG relative weight and arithmetic mean length of stay update
rfa152.rpt	O	This report provides a detailed listing of errors that were identified during processing of the CMS annual DRG relative weight and arithmetic mean length of stay update.
Job Step:		js 020-copy2routedir
Description:		Copies report to route directory to be printed and/or loaded into COLD.
Input/Output Files:		
rfa150.rpt	I	This report provides a summary of transactions that occurred during processing of the CMS annual DRG relative weight and arithmetic mean length of stay update.
Job Step:		js 021-copy2routedir

Description:		Copies report to route directory to be printed and/or loaded into COLD.
Input/Output Files:		
rfa151.rpt	I	This report provides details related to the CMS annual DRG relative weight and arithmetic mean length of stay update
Job Step:		js 022-copy2routedir
Description:		Copies report to route directory to be printed and/or loaded into COLD.
Input/Output Files:		
rfa152.rpt	I	This report provides a detailed listing of errors that were identified during processing of the CMS annual DRG relative weight and arithmetic mean length of stay update.

2.5.8 REFJDA01 - Copy Enhanced Benefit Plan (EBP) data

2.5.8.1 Detailed Job Script Information

Unix Script:	REFJDA01
Description:	Copy Enhanced Benefit Plan (EBP) rules data from the Parallel Environment (KYMISM2) to the environment pointed to by $AIM_CONFIG/AIM_PSWD. See System Documentation for instructions on running job.
Job Step:	js 010-sqlplus
Description:	Read T_SYSTEM_PARMS where nam_program = 'REFJDA01'
Input/Output Files:	
Job Step:	js 020-oraload.sh
Description:	Unload EBP Tables identified in control card - ebtsync.ctl
Input/Output Files:	
Job Step:	js 030-oraload.sh
Description:	Load EBP Tables to database environment identified by AIM_PSWD.
Input/Output Files:	
Job Step:	js 040-sqlplus
Description:	Update T_SYSTEM_KEYS using SQL in control cards - ebt_sys_keys.sql
Input/Output Files:	
Job Step:	js 050-sqlplus
Description:	Update T_SYSTEM_PARMS. SET IND = "N" where nam_program - 'REFJDA01'
Input/Output Files:	

2.5.9 REFJFTPFDB - FTP Weekly FDB Files

2.5.9.1 Detailed Job Script Information

Unix Script:	REFJFTPFDB
Description:	This job script will FTP the weekly FDB files from FDB's server to the $DATDIR/FDB_UPDATE_FILES directory. See System Documentation for instructions on running job.
Job Step:	js 000-ftp
Description:	This job doesn't have any specific job steps, all functions and processing reside under the main job heading.
Input/Output Files:	

2.5.10 REFJM100 - Set Date parms to curr_yr - 1, 2, 3, and 5

2.5.10.1 Detailed Job Script Information

Unix Script:	REFJM100	
Description:	Set dates for monthly process to purge the Audit tables of rows more than 1-3 or 5 years old.	
Job Step:		js 010-svrmgrl
Description:		Updates the AUDTPUR1, AUDTPUR2, AUDTPUR3, and AUDTPUR5 rows in t_system_parms.
Input/Output Files:		
refjm10010.sql	I	SQL statements for job step 10 of REFJM100.
rem10001.log	O	SQL log from update of t_system_parms.

2.5.11 REFJM116 - Purge Audit Rows > 5 Yrs

2.5.11.1 Detailed Job Script Information

Unix Script:	REFJM116	
Description:	Monthly purge audit trail records more than 5 years old	
Job Step:		js 010-svrmgrl
Description:		Select tables w/ 5-yr retention from t_audit_purge & list owner.table_name to a flat file.
Input/Output Files:		
refjm116.log	O	Contains list of audit trail tables configured to be purged of records > 5 yrs old
Job Step:		js 020-cat
Description:		Purge rows from list of tables. Loop thru flat file. If owner starts with 'AIM', set env to owner.filename and call delete routine
Input/Output Files:		
refjm116.log	I	Contains list of audit trail tables configured to be purged of records > 5 yrs old

2.5.12 REFJM200 - Audit Criteria Report

2.5.12.1 Detailed Job Script Information

Unix Script:	REFJM200	
Description:	This job will print the Audit Criteria Report	
Job Step:		js 010-refp0200
Description:		Executes the program that will generate the report.
Input/Output Files:		
rem20000.rpt	O	This report lists the general audit criteria for each parameter driven audit in the system. It includes all of the different indicators that are used to define the criteria to be included and excluded on an audit such as claim type, procedure code, level of care, and so on The effective dates of the audit are also reported, as well as the type of audit.
Job Step:		js 020-lp
Description:		Prints the report.
Input/Output Files:		
rem20000.rpt	I	This report lists the general audit criteria for each parameter driven audit in the system. It includes all of the different indicators that are used to define the criteria to be included and excluded on an audit such as claim type, procedure code, level of care, and so on The effective dates of the audit are also reported, as well as the type of audit.
Job Step:		js 030-copy2routedir
Description:		Copies the report to COLD.
Input/Output Files:		
rem20000.rpt	I	This report lists the general audit criteria for each parameter driven audit in the system. It includes all of the different indicators that are used to define the criteria to be included and excluded on an audit such as claim type, procedure code, level of care, and so on The effective dates of the audit are also reported, as well as the type of audit.

2.5.13 REFJM201 - Limitation Audit Criteria Report

2.5.13.1 Detailed Job Script Information

Unix Script:	REFJM201	
Description:	This job will print the Limitation Audit Criteria Report.	
Job Step:		js 010-refp0201
Description:		Executes the program that will generate the report.
Input/Output Files:		
rem20100.rpt	O	The report contains the time, limitation, and procedure criteria used by limitation audits. This includes the unit type (units or dollars), time unit (months, days, years, etc), limit amounts (quantity or dollar amount), compensable day criteria for inpatient claims, and other information needed to define a limitation audit. Procedure code ranges and modifiers associated with the audit are also listed on the report.
Job Step:		js 020-lp
Description:		Prints the report.
Input/Output Files:		
rem20100.rpt	I	The report contains the time, limitation, and procedure criteria used by limitation audits. This includes the unit type (units or dollars), time unit (months, days, years, etc), limit amounts (quantity or dollar amount), compensable day criteria for inpatient claims, and other information needed to define a limitation audit. Procedure code ranges and modifiers associated with the audit are also listed on the report.
Job Step:		js 030-copy2routedir
Description:		Copies the report to COLD.
Input/Output Files:		
rem20100.rpt	I	The report contains the time, limitation, and procedure criteria used by limitation audits. This includes the unit type (units or dollars), time unit (months, days, years, etc), limit amounts (quantity or dollar amount), compensable day criteria for inpatient claims, and other information needed to define a limitation audit. Procedure code ranges and modifiers associated with the audit are also listed on the report.

2.5.14 REFJM202 - Contra-Indicated Audit Criteria Report

2.5.14.1 Detailed Job Script Information

Unix Script:	REFJM202	
Description:	This job will print the Contra-Indicated Audit Criteria Report	
Job Step:		js 010-refp0202
Description:		Executes the program that will generate the report.
Input/Output Files:		
rem20200.rpt	O	The report contains the time, units, and procedure criteria used by contra-indicated audits. This includes the time unit (months, days, years, etc), number of days before/after the current service, and direction of the audit needed to define a contra-indicated audit. Procedure code ranges and modifiers associated with the audit are also listed on the report for both the current and history claims.
Job Step:		js 020-lp
Description:		Prints the report.
Input/Output Files:		
rem20200.rpt	I	The report contains the time, units, and procedure criteria used by contra-indicated audits. This includes the time unit (months, days, years, etc), number of days before/after the current service, and direction of the audit needed to define a contra-indicated audit. Procedure code ranges and modifiers associated with the audit are also listed on the report for both the current and history claims.
Job Step:		js 030-copy2routedir
Description:		Copies the report to COLD.
Input/Output Files:		
rem20200.rpt	I	The report contains the time, units, and procedure criteria used by contra-indicated audits. This includes the time unit (months, days, years, etc), number of days before/after the current service, and direction of the audit needed to define a contra-indicated audit. Procedure code ranges and modifiers associated with the audit are also listed on the report for both the current and history claims.

2.5.15 REFJM203 - Conflict Audit Criteria Report

2.5.15.1 Detailed Job Script Information

Unix Script:	REFJM203	
Description:	This job will print the Conflict Audit Criteria Report	
Job Step:		js 020-lp
Description:		Prints the report.
Input/Output Files:		
rem20300.rpt	I	The report contains the claim type and procedure criteria used by conflict audits. This includes the current and history claim types needed to define a conflict audit. Procedure code ranges and modifiers associated with the audit are also listed on the report for both the current and history claim.
Job Step:		js 030-copy2routedir
Description:		Copies the report to COLD.
Input/Output Files:		
rem20300.rpt	I	The report contains the claim type and procedure criteria used by conflict audits. This includes the current and history claim types needed to define a conflict audit. Procedure code ranges and modifiers associated with the audit are also listed on the report for both the current and history claim.

2.5.16 REFJM204 - Umbrella Audit Criteria Report

2.5.16.1 Detailed Job Script Information

Unix Script:	REFJM204	
Description:	This job will print the Umbrella Audit Criteria Report	
Job Step:		js 010-refp0204
Description:		Executes the program that will generate the report.
Input/Output Files:		
rem20400.rpt	O	The report contains the time, units, and procedure criteria used by umbrella audits. This includes the time unit (months, days, years, etc), number of days before/after the current service, global surgery code, and direction of the audit needed to define an umbrella audit. Procedure code ranges and modifiers associated with the audit are also listed on the report.
Job Step:		js 020-lp
Description:		Prints the report.
Input/Output Files:		
rem20400.rpt	I	The report contains the time, units, and procedure criteria used by umbrella audits. This includes the time unit (months, days, years, etc), number of days before/after the current service, global surgery code, and direction of the audit needed to define an umbrella audit. Procedure code ranges and modifiers associated with the audit are also listed on the report.
Job Step:		js 030-copy2routedir
Description:		Copies the report to COLD.
Input/Output Files:		
rem20400.rpt	I	The report contains the time, units, and procedure criteria used by umbrella audits. This includes the time unit (months, days, years, etc), number of days before/after the current service, global surgery code, and direction of the audit needed to define an umbrella audit. Procedure code ranges and modifiers associated with the audit are also listed on the report.

2.5.17 REFJM206 - Bundling Unbundling Audit Criteria Report

2.5.17.1 Detailed Job Script Information

Unix Script:	REFJM206	
Description:	This job will print the Bundling Unbundling Audit Criteria Report	
Job Step:		js 010-refp0206
Description:		Executes the program that will generate the report.
Input/Output Files:		
rem20600.rpt	O	The report contains the audit type and procedure criteria used by bundling/unbundling audits. The audit type indicates whether the audit is for bundling or unbundling. Procedure code ranges and modifiers associated with the audit are also listed on the report for both the component and global services.
Job Step:		js 020-lp
Description:		Prints the report.
Input/Output Files:		
rem20600.rpt	I	The report contains the audit type and procedure criteria used by bundling/unbundling audits. The audit type indicates whether the audit is for bundling or unbundling. Procedure code ranges and modifiers associated with the audit are also listed on the report for both the component and global services.
Job Step:		js 030-copy2routedir
Description:		Copies the report to COLD.
Input/Output Files:		
rem20600.rpt	I	The report contains the audit type and procedure criteria used by bundling/unbundling audits. The audit type indicates whether the audit is for bundling or unbundling. Procedure code ranges and modifiers associated with the audit are also listed on the report for both the component and global services.

2.5.18 REFJM207 - Include Exclude Audit Criteria Report

2.5.18.1 Detailed Job Script Information

Unix Script:	REFJM207	
Description:	This job will print the Include Exclude Audit Criteria Report	
Job Step:		js 010-refp0207
Description:		Executes the program that will generate the report.
Input/Output Files:		
rem20700.rpt	O	This report contains the various parameters that are used to define the audit criteria. The include/exclude values will either be ranges of values or individual values, depending on the type of criteria being defined. The program, claim type, provider type, provider specialty, level of care, type of bill, POS, and GPI are all single values that will be listed on the report. The diagnosis, GCN, NDC, HICL, therapeutic class, age, and revenue code will be represented by ranges of values.
Job Step:		js 020-lp
Description:		Prints the report.
Input/Output Files:		
rem20700.rpt	I	This report contains the various parameters that are used to define the audit criteria. The include/exclude values will either be ranges of values or individual values, depending on the type of criteria being defined. The program, claim type, provider type, provider specialty, level of care, type of bill, POS, and GPI are all single values that will be listed on the report. The diagnosis, GCN, NDC, HICL, therapeutic class, age, and revenue code will be represented by ranges of values.
Job Step:		js 030-copy2routedir
Description:		Copies the report to COLD.
Input/Output Files:		
rem20700.rpt	I	This report contains the various parameters that are used to define the audit criteria. The include/exclude values will either be ranges of values or individual values, depending on the type of criteria being defined. The program, claim type, provider type, provider specialty, level of care, type of bill, POS, and GPI are all single values that will be listed on the report. The diagnosis, GCN, NDC, HICL, therapeutic class, age, and revenue

		code will be represented by ranges of values.

2.5.19 REFJM208 - Procedure to Audit Cross Reference Report

2.5.19.1 Detailed Job Script Information

Unix Script:	REFJM208
Description:	This job will print the Procedure to Audit Cross Reference Report

Job Step:		js 010-refp0208
Description:		Executes the program that will generate the report.
Input/Output Files:		
rem20800.rpt	O	This report contains a listing of all procedure codes that are linked to audits. For each procedure code on the report, a list of all audits that use the procedure code is included.
Job Step:		js 020-lp
Description:		Prints the report.
Input/Output Files:		
rem20800.rpt	I	This report contains a listing of all procedure codes that are linked to audits. For each procedure code on the report, a list of all audits that use the procedure code is included.
Job Step:		js 030-copy2routedir
Description:		Copies the report to COLD.
Input/Output Files:		
rem20800.rpt	I	This report contains a listing of all procedure codes that are linked to audits. For each procedure code on the report, a list of all audits that use the procedure code is included.

2.5.20 REFJM209 - Revenue Code to Audit Cross Reference Report

2.5.20.1 Detailed Job Script Information

Unix Script:	REFJM209
Description:	This job will print the Revenue Code to Audit Cross Reference Report

Job Step:		js 010-refp0209
Description:		Executes the program that will generate the report.
Input/Output Files:		
rem20900.rpt	O	This report contains a listing of all revenue codes that are linked to audits. For each revenue code on the report, a list of all audits that use the revenue code is included.
Job Step:		js 020-lp
Description:		Prints the report.
Input/Output Files:		
rem20900.rpt	I	This report contains a listing of all revenue codes that are linked to audits. For each revenue code on the report, a list of all audits that use the revenue code is included.
Job Step:		js 030-copy2routedir
Description:		Copies the report to COLD.
Input/Output Files:		
rem20900.rpt	I	This report contains a listing of all revenue codes that are linked to audits. For each revenue code on the report, a list of all audits that use the revenue code is included.

2.5.21 REFJM5556 - Ambulatory Surgery Maximum Allowable Payment

2.5.21.1 Detailed Job Script Information

Unix Script:	REFJM5556	
Description:	This job prints the Ambulatory Surgery Procedure Codes Report.	
Job Step:		js 010-refp5556
Description:		Create Ambulatory Surgery Procedure Codes Report
Input/Output Files:		
refjm5556.rpt	O	This report lists maximum allowable charges for ambulatory surgery procedure codes.
Job Step:		js 020-lp
Description:		Print report.
Input/Output Files:		
refjm5556.rpt	I	This report lists maximum allowable charges for ambulatory surgery procedure codes.
Job Step:		js 030-copy2routedir
Description:		Copy report to COLD.
Input/Output Files:		
refjm5556.rpt	B	This report lists maximum allowable charges for ambulatory surgery procedure codes.

2.5.22 REFJOEBP - Request EBP Sync

2.5.22.1 Detailed Job Script Information

Unix Script:	REFJOEBP
Description:	Request the Enhanced Benefit Plan (EBP) data be copied from Parallel (KYMISM2) to the environment identified by $AIM_CONFIG/AIM_PSWD. This job request that REFJDA01 be run as part of the night Claims refresh box (PCLDNDY). The job updates T_SYSTEM_PARMS setting IND = 'Y' to indicate that REFJDA01 should run as part of the nightly cycle. See System Documentation for instructions on running job.
Job Step:	js 010-sqlplus
Description:	Set IND = 'Y' on T_SYSTEM_PARMS where nam_program = 'REFJDA01'
Input/Output Files:	

2.5.23 REFJQ031 - Produce Provider Fee Schedule File

2.5.23.1 Detailed Job Script Information

Unix Script:	REFJQ031
Description:	Job to produce the quarterly provider fee schedules including all allowable procedure codes and pricing information. This file will be made available for the Provider community.

Job Step:		js 010-oraload.sh
Description:		Unload Covered Procedures
Input/Output Files:		
rfq03101.sql	I	SQL control cards used to unload covered procedures to be included in the quarterly provider fee schedule.
rfq3101.ctl	I	Control cards for unloading covered procedures.
feeschedule.dat feeschedule.dat	O	File containing all covered procedures to be included in the quarterly provider fee schedule file.
Job Step:		js 020-refp0031
Description:		Price Covered Procedures and Output Quarterly Fee Schedule.
Input/Output Files:		
feeschedule.dat feeschedule.dat	I	File containing all covered procedures to be included in the quarterly provider fee schedule file.
rfq03101.dat	O	Quarterly Provider Fee Schedule file.

2.5.24 REFJQ046 - Update T_DRUG_HCPCS data

2.5.24.1 Detailed Job Script Information

Unix Script:	REFJQ046
Description:	Maintains the T_DRUG_HCPCS table from the CMS NDC/HCPCS input file See System Documentation for instructions on running job.
Job Step:	js 005-sqlplus
Description:	Create temp table for NDC/HCPCS code file ABEND/RESTART PROCEDURE ---------- Verify that the temp table t_temp_drug_hcpcs was created properly, if so restart in the next job step (), if not, drop the temp table and restart from the top.
Input/Output Files:	
Job Step:	js 010-refp0048
Description:	Edit the CMS NDC/HCPCS input file, change from HHHHH,NNNNN-NNNN-NN input format into NNNNNNNNNNN HHHHH output format. Verify input format is valid. Any invalid input records are sent to the error report. abend/restart procedures: verify input file exists and format is correct then restart job from top
Input/Output Files:	
Job Step:	js 014-sort
Description:	sort file Remove duplicate records. Sort key is the entire record.
Input/Output Files:	
Job Step:	js 015-sqlldr

Description:	Loads the NDC/HCPCS code file ABEND/RESTART PROCEDURE ---------- Verify that the input file exists and restart in this job step.
Input/Output Files:	
Job Step:	js 020-refp0046
Description:	Update T_DRUG_HCPCS table from NDC/HCPCS temp table abend/restart procedures: verify input file exists and format is correct then restart job from top
Input/Output Files:	
Job Step:	js 025-copy2routedir
Description:	Copy the output reports to COLD directory abend/restart procedures: verify input files exist and then restart from this job step ()
Input/Output Files:	
Job Step:	js 030-sqlplus
Description:	Drop the temp table abend/restart procedures: verify temp table exists then restart from this job step ()
Input/Output Files:	

2.5.25 REFJW010 - Reference Changes By Clerk ID Weekly Summary

2.5.25.1 Detailed Job Script Information

Unix Script:	REFJW010
Description:	This report displays the changes made by clerk ids in a grid format. The left hand columns contain the clerk id and the various tables/information they can update. The upper row lists whether the clerk added, changed, or deleted information from these elements. Where the column and row intersect will be a number, which represents the number of actions (for example adds) the listed clerk id performed on the matching table/information. Sub-totals are given for each clerk id's set of changes, which are then totaled up at the bottom of the report. The report is sorted by clerk id.

Job Step:		js 010-refp0010
Description:		Executes the program that will generate the report.
Input/Output Files:		
rew01000.rpt	O	This report displays the changes made by clerk ids in a grid format. The left hand columns contain the clerk id and the various tables/information they can update. The upper row lists whether the clerk added, changed, or deleted information from these elements. Where the column and row intersect will be a number, which represents the number of actions (for example adds) the listed clerk id performed on the matching table/information. Sub-totals are given for each clerk id's set of changes, which are then totaled up at the bottom of the report. The report is sorted by clerk id
Job Step:		js 020-lp
Description:		Prints the report.
Input/Output Files:		
rew01000.rpt	I	This report displays the changes made by clerk ids in a grid format. The left hand columns contain the clerk id and the various tables/information they can update. The upper row lists whether the clerk added, changed, or deleted information from these elements. Where the column and row intersect will be a number, which represents the number of actions (for example adds) the listed clerk id performed on the matching table/information. Sub-totals are given for each clerk id's set of changes, which are then totaled up at the bottom of the report. The report is sorted by clerk id
Job Step:		js 030-copy2crld

Description:		Copies the report to COLD.
Input/Output Files:		
rew01000.rpt	I	This report displays the changes made by clerk ids in a grid format. The left hand columns contain the clerk id and the various tables/information they can update. The upper row lists whether the clerk added, changed, or deleted information from these elements. Where the column and row intersect will be a number, which represents the number of actions (for example adds) the listed clerk id performed on the matching table/information. Sub-totals are given for each clerk id's set of changes, which are then totaled up at the bottom of the report. The report is sorted by clerk id

2.5.26 REFJW040 - Drug Manufacturer Update

2.5.26.1 Detailed Job Script Information

Unix Script:	REFJW040
Description:	This job script is part of the weekly FDB drug update process that updates/inserts drug manufacturer data in the T_DRUG_MANUF table. See System Documentation for instructions on running job.

Job Step:		js 010-refp0040
Description:		This job step runs the process that updates/inserts the drug manufacturer data.
Input/Output Files:		
rlblrid2.temp	I	This file is used to perform the weekly FDB drug manufacturer update process.
refw04000.rpt	O	This report file will summarize the Drug Manufacturer update process.
Job Step:		js 020-copy2routedir
Description:		This process copies the report generated in js10 to the $RPTDIR/route_rpt directory. Currently, no report is being generated.
Input/Output Files:		
refw04000.rpt	I	This report file will summarize the Drug Manufacturer update process.

2.5.27 REFJW041 - dd FDB weekly files and update drug code tables

2.5.27.1 Detailed Job Script Information

Unix Script:	REFJW041
Description:	This job will convert the weekly FDB files from EBCDIC to ASCII format, update the drug code tables, and tar/compress all of the weekly FDB files for the current week into one file (That is. FDB_UPDATE_01052003.tar.Z) in the $DATADIR/FDB_BACKUP directory. See System Documentation for instructions on running job.

Job Step:		js 020-dd
Description:		This job step dd's all the FDB files, updates the drug code tables, and tars/compresses all of the weekly FDB files for the current week into one file
Input/Output Files:		
FDB.UPDATE.dat	I	First Data Bank drug update file. This is a composite that is downloaded, split apart and then processed. There are 57 components of which 15 are combined to produce 9 usable files, the remainder are ignored.
RAHFSGC0.dat	O	FDB Update data for t_thera_ahfs
RDCCD0.dat	O	FDB Update data for t_drug_cat_code
RDOSED1.dat	O	FDB Update data for t_cde_dosage_form.
RGCN0.dat	O	FDB Update Data for t_gcn.
RHIC4D0.dat	O	FDB Update data for t_hic4
RHICLSQ1.dat	O	FDB Update Data for t_hicl_seq_no
RROUTED2.dat	O	FDB Update Data for t_cde_drug_route
RSTR0.dat	O	FDB Update Data for t_cde_strength
RTCD0.dat	O	FDB Update Data for t_state_thera_cls
Job Step:		js 030-oraload.sh
Description:		This job step ora loads the drug code files into the database. It truncates each code table before loading the data.
Input/Output Files:		
refjw0041_load.ctl	I	Controls data load for FDB updates
Job Step:		js 040-rm

Description:	This job step removes the temp files used for the ora load.
Input/Output Files:	

2.5.28 REFJW042 - Generic Drug Update

2.5.28.1 Detailed Job Script Information

Unix Script:	REFJW042
Description:	This job script is part of the weekly FDB NDDF drug update process that updates/inserts generic drug data in the T_GENERIC_DRUG table. See System Documentation for instructions on running job.

Job Step:		js 010-refp0042
Description:		This job step runs the process that updates/inserts the generic drug data.
Input/Output Files:		
rgcnseq3	I	This file is used to perform the weekly FDB generic drug update process.
refw04200.rpt	O	This report file will summarize the Generic Drug update process.
Job Step:		js 020-copy2routedir
Description:		This process copies the report generated in js10 to the $RPTDIR/route_rpt directory. Currently, no report is being generated.
Input/Output Files:		
refw04200.rpt	I	This report file will summarize the Generic Drug update process.

2.5.29 REFJW043 - Weekly NDDF Drug Update

2.5.29.1 Detailed Job Script Information

Unix Script:	REFJW043
Description:	This job script will perform the weekly FDB drug update process that updates/inserts drug data into the following tables: T_DRUG T_DRUG_LIMITS T_NDC T_NDDF_PRICE T_DRUG_AWP T_DRUG_MAC T_DRUG_LBLR T_GENERIC_DRUG T_DRUG_PREV T_DESI T_COVERED_BENEFIT See System Documentation for instructions on running job.

Job Step:		js 002-sql plus
Description:		This job step creates a temp table which is used to load the T_NDC table's cde_hicl field.
Input/Output Files:		
Job Step:		js 004-sqlldr
Description:		This job step loads the cde_hicl field on the T_NDC table from the data in the temp table created in js02.
Input/Output Files:		
refp0043_hicl.ctl	I	Controls the weekly HICL load
Job Step:		js 005-sort
Description:		This job step sorts the main drug file (RNDDFUPD.DAT) by Add Date.
Input/Output Files:		
NDDFUPD.dat	I	FDB tape file
NDDFUPDSRTD.dat	O	This file is used to perform the weekly FDB NDDF drug update process.
Job Step:		js 010-refp0043
Description:		This job step runs the process that updates/inserts the drug data and generates the drug update and drug

		update error reports.
Input/Output Files:		
NDDFUPDSRTD.dat	I	This file is used to perform the weekly FDB NDDF drug update process.
refw04300.rpt	O	This report file will summarize the weekly drug update process.
refw04301.rpt	O	This report file will summarize any errors encountered in the weekly drug update process.
refw04302.rpt	O	FDB exception report
Job Step:		js 020-lp
Description:		This job step prints the drug update and error report files.
Input/Output Files:		
refw04300.rpt	I	This report file will summarize the weekly drug update process.
refw04301.rpt	I	This report file will summarize any errors encountered in the weekly drug update process.
Job Step:		js 025-sort
Description:		This job step sorts the drug pricing file by NDC, rate type, and date effective in ascending order.
Input/Output Files:		
RNP1UPD.dat	I	MAC/AWP pricing file
refap043.ctl	I	This control card is used to sort the weekly FDB drug pricing file by NDC, rate type, and date effective in an ascending order.
RNP1UPD.srtd	O	This file contains the weekly FDB pricing data that has been sorted and will be used to perform the weekly FDB drug update of the Federal MAC and AWP rates.
Job Step:		js 030-refp0044
Description:		This job step updates the Federal MAC and AWP rates and generates the Federal MAC and AWP rate update and error reports.
Input/Output Files:		
RNP1UPD.srtd	I	This file contains the weekly FDB pricing data that has been sorted and will be used to perform the weekly FDB

		drug update of the Federal MAC and AWP rates.
refw04400.rpt	O	This report file will summarize the Federal MAC and AWP pricing update process.
refw04401.rpt	O	This report file will summarize any errors generated when running the Federal MAC and AWP pricing update process.
Job Step:		js 035-copy2crld
Description:		This job step copies the drug update and error report files to COLD.
Input/Output Files:		
refw04300.rpt	B	This report file will summarize the weekly drug update process.
refw04301.rpt	B	This report file will summarize any errors encountered in the weekly drug update process.
refw04302.rpt	B	FDB exception report
refw04400.rpt	B	This report file will summarize the Federal MAC and AWP pricing update process.
refw04401.rpt	B	This report file will summarize any errors generated when running the Federal MAC and AWP pricing update process.
Job Step:		js 040-sql plus
Description:		This job step drops the temp table created in js02.
Input/Output Files:		

2.5.30 REFJW900 - Diagnosis Captiva stub file extract

2.5.30.1 Detailed Job Script Information

Unix Script:	REFJW900	
Description:	This job creates the Diagnosis stub file for the Captiva claims entry system.	
Job Step:		js 010-diagstub
Description:		Export Tables from the On-line database
Input/Output Files:		
diagstub.tmp	O	Diagnosis stub file for Captiva
Job Step:		js 020-sort
Description:		Sort the stub file and eliminate dup records
Input/Output Files:		
diagstub.tmp	I	Diagnosis stub file for Captiva
diagstub.dat	O	Diagnosis code stub file for Captiva
Job Step:		js 030-cp
Description:		Copy file over to an Operations directory
Input/Output Files:		
diagstub.dat	B	Diagnosis code stub file for Captiva

2.5.31 REFJW910 - Drug Captiva stub file extract

2.5.31.1 Detailed Job Script Information

Unix Script:	REFJW910
Description:	This job creates the Drug (NDC) stub file for the Captiva claims entry system.

Job Step:		js 010-drugstub
Description:		Export tables from the On-line database
Input/Output Files:		
drugstub.tmp	O	Drug stub file for Captiva
Job Step:		js 020-sort
Description:		Sort the stub file and eliminate dup records
Input/Output Files:		
drugstub.tmp	I	Drug stub file for Captiva
drugstub.dat	O	Drug stub file for Captiva
Job Step:		js 030-cp
Description:		Copy file over to an Operations directory
Input/Output Files:		
drugstub.dat	B	Drug stub file for Captiva

2.5.32 REFJW920 - Procedure Captiva stub file extract

2.5.32.1 Detailed Job Script Information

Unix Script:	REFJW920
Description:	This job creates the Procedure stub file for the Captiva claims entry system.

Job Step:		js 010-procstub
Description:		Export Tables from the On-line database
Input/Output Files:		
procstub.dat	O	The procedure code stub file for Captiva.
Job Step:		js 020-cp
Description:		Copy file over to an Operations directory
Input/Output Files:		
procstub.dat	B	The procedure code stub file for Captiva.

2.5.33 REFJW921 - Tooth Quad Proc Captiva stub file extract

2.5.33.1 Detailed Job Script Information

Unix Script:	REFJW921	
Description:	This job creates the Tooth Quad Proc Stub File for Captiva.	
Job Step:		js 010-refp0921
Description:		This job step generates Tooth Quad Proc Stub File.
Input/Output Files:		
quadstub.dat	O	Procedure/Tooth Quadrant Stub File for Captiva

2.5.34 REFJW930 - Dental Captiva stub file extract

2.5.34.1 Detailed Job Script Information

Unix Script:	REFJW930	
Description:	This job creates the Dental Procedure code stub file for the Captiva claims entry system.	
Job Step:		js 010-dentstub
Description:		Export Tables from the On-line database
Input/Output Files:		
dentstub.dat	O	Dental procedure code stub file for Captiva
Job Step:		js 020-cp
Description:		Copy file over to an Operations directory. This step is commented out.
Input/Output Files:		
dentstub.dat	B	Dental procedure code stub file for Captiva

2.5.35 REFJW940 - ICD-9 Procedure Captiva stub file extract

2.5.35.1 Detailed Job Script Information

Unix Script:	REFJW940	
Description:	This job creates the ICD-9-CM Procedure code stub file for the Captiva claims entry system.	
Job Step:		js 010-hospstub
Description:		Export Tables from the On-line database
Input/Output Files:		
hospstub.dat	O	ICD9 procedure stub file for Captiva
Job Step:		js 020-cp
Description:		Copy file over to an Operations directory. This step is commented out.
Input/Output Files:		
hospstub.dat	B	ICD9 procedure stub file for Captiva

2.5.36 REFJW950 - Modifier Captiva stub file extract

2.5.36.1 Detailed Job Script Information

Unix Script:	REFJW950	
Description:	This job creates the Modifier Stub File for Captiva.	
Job Step:		js 010-refp0950
Description:		This job step generates Modifier Stub File
Input/Output Files:		
modstub.dat	O	Modifier code stub for Captiva

2.5.37 REFJW960 - Revenue Code Captiva stub file extract

2.5.37.1 Detailed Job Script Information

Unix Script:	REFJW960
Description:	This job creates the Revenue code stub file for the Captiva claims entry system.

Job Step:		js 010-revstub
Description:		Export Tables from the On-line database
Input/Output Files:		
revstub.dat	O	Revenue code stub file for Captiva
Job Step:		js 020-cp
Description:		Copy file over to an Operations directory. This step is commented out.
Input/Output Files:		
revstub.dat	B	Revenue code stub file for Captiva

2.5.38 REFJW980 - Stub File Extract Job

2.5.38.1 Detailed Job Script Information

Unix Script:	REFJW980
Description:	Zip stub files to $DATADIR/reference/outbound

Job Step:	js 010-ZIP
Description:	Zip the stub files and store them in $DATADIR/reference/outbound

Input/Output Files:

dentstub.dat	I	Dental procedure code stub file for Captiva
diagstub.dat	I	Diagnosis code stub file for Captiva
drugstub.dat	I	Drug stub file for Captiva
hospstub.dat	I	ICD9 procedure stub file for Captiva
modstub.dat	I	Modifier code stub for Captiva
procstub.dat	I	The procedure code stub file for Captiva.
prtxstub.dat	I	Taxonomy stub file used for claims editing.
prvstub.dat	I	Tables exported from the on-line provider database
quadstub.dat	I	Procedure/Tooth Quadrant Stub File for Captiva
rcptstub.dat	I	Member stub file for Captiva
revstub.dat	I	Revenue code stub file for Captiva
stubfiles.zip	O	Stub files are compressed under stubfiles.zip

2.6 Programs

2.6.1 addSpaces -- Add spaces to end of record

Technical Name:	addSpaces
Program Title:	Add spaces to end of record
Programming Language:	C
Description:	This program adds two spaces to the end of each record that is not seven bytes long, not including the return character in the customer defined physician fee schedule update file (ohcapfs{yy}.dat. The {yy} stands for the current year the update takes effect.

2.6.1.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.2 dentstub -- Dental Stub File

Technical Name:	dentstub
Program Title:	Dental Stub File
Programming Language:	C
Description:	This program creates the Dental Stub File for Captiva. This module is used to generate dental stubs for use in the electronic claims pre-edit process. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJW930 **Output Files:** REFJW930 • dentstub.dat **Input Tables:** T_PROC **Output Tables:** None **Sort Criteria:** T_PROC.CDE_PROC **Switches:** None **Link Procedure:** None **Special Logic Notes:** None

2.6.2.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.3 diagstub -- Diagnosis Stub File

Technical Name:	diagstub
Program Title:	Diagnosis Stub File
Programming Language:	C
Description:	This program creates diagnosis Stub file for Captiva. This module is used to generate diagnosis stubs for use in the electronic claims pre-edit process. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors **Input Files:** REFJW900 **Output Files:** REFJW900 • diagstub.tmp **Input Tables:** T_DIAGNOSIS **Output Tables:** None **Sort Criteria:** T_DIAGNOSIS.CDE_DIAG **Switches:** None **Link Procedure:** None **Special Logic Notes:** None

2.6.3.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.4 drex0320 -- Drug Rebate Address Update Exception

Technical Name:	drex0320
Program Title:	Drug Rebate Address Update Exception
Programming Language:	C
Description:	This program accepts address changes from the CMS tape, and creates an output file used for the Drug Labeler Update Report (RBT-2014-Q). **Tables Accessed:** T_BATCH_RESTART T_DR_STATUS T_DRUG_LBLR T_SYSTEM_PARMS **Tables Updated:** T_DR_STATUS T_DRUG_LBLR **Input File(s):** dr.cmslblr.CCYYQ **Output File(s):** Drug Labeler Update Report **Report Name:** RBT-2014-Q **Temp Tables:** None **Calculations:** None **Abnormal Code:** None

2.6.4.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.5 drugstub -- Drug Stub File

Technical Name:	drugstub
Program Title:	Drug Stub File
Programming Language:	C
Description:	This program creates the drug stub file for Captiva. This module is used to generate drug stubs for use in the electronic claims pre-edit process. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJW910 **Output Files:** REFJW910 • drugstub.tmp **Input Tables:** T_DRUG **Output Tables:** None **Sort Criteria:** T_DRUG.CDE_NDC **Switches:** None **Link Procedure:** libclmsys **Special Logic Notes:** None

2.6.5.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.6 hospstub -- ICD-9 Proc Stub File

Technical Name:	hospstub
Program Title:	ICD-9 Proc Stub File
Programming Language:	C
Description:	This program creates the ICD-9 Procedure Stub File for Captiva. This module is used to generate hospital stubs for use in the electronic claims pre-edit process. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJW940 **Output Files:** REFJW940 • hospstub.dat **Input Tables:** T_PROC_ICD9 **Output Tables:** None **Sort Criteria:** T_PROC_ICD9.CDE_PROC_ICD9 **Switches:** None **Link Procedure:** libclmsys **Special Logic Notes:** None

2.6.6.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.7 procstub -- Procedure Stub File

Technical Name:	procstub
Program Title:	Procedure Stub File
Programming Language:	C
Description:	This program creates the procedure stub file for Captiva. This module is used to generate procedure stubs for use in the electronic claims pre-edit process. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJW920 **Output Files:** REFJW920 • procstub.dat **Input Tables:** T_PROC **Output Tables:** None **Sort Criteria:** T_PROC.CDE_PROC **Switches:** None **Link Procedure:** None **Special Logic Notes:** None

2.6.7.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.8 rcptstub -- Member Stub File

Technical Name:	rcptstub
Program Title:	Member Stub File
Programming Language:	C
Description:	Creates the member stub file for Captiva **Input Parameters:** cArgs achArgs **Exit Values:** EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors **Input Files:** ELGJW900 **Output Files:** ELGJW900 • rcptstub.dat **Input Tables:** T_RE_BASE **Output Tables:** None **Sort Criteria:** T_RE_BASE.ID_MEDICAID **Switches:** None **Link Procedure:** None **Special Logic Notes:** None

2.6.8.1 Change Orders

ID	NAME	DESCRIPTION
2010	Output - Captiva Member Stubfile	A new daily stub file needed by the data entry system, Captiva.

2.6.9 refp0010 -- Reference Changes By Clerk ID Weekly Summary

Technical Name:	refp0010
Program Title:	Reference Changes By Clerk ID Weekly Summary
Programming Language:	C
Description:	This program produces reference report REF-0010-W(REFERENCE CHANGES BY CLERK ID WEEKLY SUMMARY). The report displays the changes made by clerk IDs in a grid format. The left columns contain the clerk ID and the various tables/information they can update. The upper row lists whether the clerk added, changed, or deleted information from these elements. Where the column and row intersect there is a number that represents the number of actions (for example: adds) the listed clerk ID performed on the matching table/information. Sub-totals are given for each clerk ID's set of changes, which are then totaled at the bottom of he report. The report is sorted by clerk ID. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJW010 **Output Files:** REFJW010 **Input Tables:** refp0010.sc Table List **Output Tables:** None **Sort Criteria:** A_T_TABLE.CLERK_ID **Switches:** None **Link Procedure:** None **Special Logic Notes:** None

2.6.9.1 Change Orders

ID	NAME	DESCRIPTION
1267	Modify Report REF-0010-W	Modify existing report REF-0010-W (Reference Changes By Clerk ID Weekly Summary) to include Benefit Plan tables, DRG tables, and RBRVS tables.

2.6.10 refp0031 -- Generate Provider Fee Schedule File

Technical Name:	refp0031
Program Title:	Generate Provider Fee Schedule File
Programming Language:	C
Description:	This program generates pricing files for HCPCS procedure codes that list the maximum allowable reimbursement for each covered procedure code and make the pricing files available to the providers. The report lists procedure information including program coverage, PA requirements and allowed amounts. **Input Parameters:** None **Exit Values:** SUCCESS - Normal termination. FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJQ031 • rfq03101.sqll • rfq3101.ctl **Output Files:** REFJQ031 • rfq03101.dat **Input Tables:** T_MAX_FEE T_RBRVS T_CONV_FACTOR T_GPCI T_PROCT_REIMB_AGREEMENT T_PUB_HLTH_PGM T_SYSTEM_PARMS **Output Tables:** None **Sort Criteria:** T_PROC.CDE_PROC T_PUB_HLTH_PGM.CDE_PGM_HEALTH **Switches:** None **Link Procedure:**

	None **Special Logic Notes:** None

2.6.10.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.11 refp0040 -- Drug Manufacturer Update

Technical Name:	refp0040
Program Title:	Drug Manufacturer Update
Programming Language:	C
Description:	This program processes the Drug Manufacturer data file from the contracted vendor. The program performs inserts and updates to drug manufacturer information on the T_DRUG_MANUF table while also maintaining history information. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJW040 • rlblrid2.dat **Output Files:** REFJW040 • refw04000.rpt **Input Tables:** T_DRUG_MANUF **Output Tables:** T_DRUG_MANUF **Sort Criteria:** None **Switches:** None **Link Procedure:** None **Special Logic Notes:** None

2.6.11.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.12 refp0042 -- Generic Drug Update

Technical Name:	refp0042
Program Title:	Generic Drug Update
Programming Language:	C
Description:	This program processes the Generic Drug data file from the contracted vendor. The program performs inserts and updates to generic drug information on the T_GENERIC_DRUG table while also maintaining history information. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJW042 • rgcnseq3 **Output Files:** REFJW042 • refw04200.rpt **Input Tables:** T_GENERIC_DRUG **Output Tables:** T_GENERIC_DRUG **Sort Criteria:** None **Switches:** None **Link Procedure:** None **Special Logic Notes:** None

2.6.12.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.13 refp0043 -- Drug Update

Technical Name:	refp0043
Program Title:	Drug Update
Programming Language:	C
Description:	This program processes the Drug NDC data file from the contracted vendor. The program performs inserts and updates to the drug information on the T_DRUG, T_DESI, and T_DRUG_LIMITS tables while also maintaining history information. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJW043 • NDDFUPDSRTD.dat **Output Files:** REFJW043 • refw04300.rpt • refw04301.rpt **Input Tables:** T_DRUG **Output Tables:** T_DRUG T_DRUG_STATE T_GENERIC_DRUG T_DESI T_DRUG_PREV **Sort Criteria:** T_DRUG.CDE_NDC **Switches:** None at this time **Link Procedure:** None **Special Logic Notes:** None

2.6.13.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.14 refp0044 -- NDDF Weekly Federal MAC & AWP Pricing Update

Technical Name:	refp0044
Program Title:	NDDF Weekly Federal MAC & AWP Pricing Update
Programming Language:	C
Description:	This program performs the NDDF weekly update of the Federal MAC & AWP pricing tables. In addition to the database updates, it also generates a summary and error report of the update process. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJW043 • RNP1UPD.srtd **Output Files:** REFJW043 • refw04400.rpt • refw04401.rpt **Input Tables:** T_DRUG **Output Tables:** T_DRUG_AWP T_DRUG_MAC **Sort Criteria:** T_DRUG.CDE_NDC **Switches:** None **Link Procedure:** None **Special Logic Notes:** None

2.6.14.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.15 refp0046 -- NDC HCPCS Data Update

Technical Name:	refp0046
Program Title:	NDC HCPCS Data Update
Programming Language:	C
Description:	This program processes a quarterly file from CMS. This file contains the HCPCS codes associated with NDC codes. Look up T_DRUG rows where T_DRUG.CDE_NDC matches the input CDE_NDC value, update T_DRUG.CDE_HCPCS field whenever a change occurs.

2.6.15.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.16 refp0048 -- Edit CMS NDC/HCPCS Crosswalk Data

Technical Name:	refp0048
Program Title:	Edit CMS NDC/HCPCS Crosswalk Data
Programming Language:	C
Description:	This program edits and reformats the CMS NDC/HCPCS Crosswalk quarterly file. It is used in the REFJQ046 job. It validates the NDC code and the HCPCS code on each record. If both are valid, it writes the record to the output file. If either are invalid, it writes an entry in the error report file and discards the record.

2.6.16.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.17 refp0100 -- ICD-9-CM Diagnosis and Procedure Code Updates Report

Technical Name:	refp0100
Program Title:	ICD-9-CM Diagnosis and Procedure Code Updates Report
Programming Language:	C
Description:	Report ICD-9 Diagnosis and Procedure Codes is updated during annual update process. **Input Parameters:** None **Exit Values:** SUCCESS - Normal termination. FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJA100 • I9V1PROF.TXT (diagnosis codes) • I9V3PROF.TXT (ICD9 procedure codes) **Output Files:** REFJA100 • rfa0100.diagnosis.err • rfa0100.diagnosis.stats • rfa0100.procIcd9.err • rfa0100.procIcd9.stats **Input Tables:** T_DIAGNOSIS T_PROC_ICD9 **Output Tables:** None **Sort Criteria:** T_PROC_ICD9.CDE_PROC_ICD9 T_DIAGNOSIS.CDE_DIAG\ **Switches:** None **Link Procedure:** None

	Special Logic Notes: None

2.6.17.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.18 refp0105 -- Annual HCPCS Tape Update

Technical Name:	refp0105
Program Title:	Annual HCPCS Tape Update
Programming Language:	C
Description:	This program processes the annual HCPCs update file from CMS. This program adds or reactivates any new procedure codes or modifiers, updates long descriptions for both, or short descriptions for procedure codes, and end-dates any deleted procedure or modifier codes according to the information contained in the HCPCS file. The deleted codes are not removed from the file, but are "end-dated" according to a date specified by the Commonwealth. The effective dates and end dates specified by the Commonwealth are input into the T_SYSTEM_PARMS table under this program name (REFP0105) and used in the update process. The T_SYSTEM_PARMS date_parm_1 date is used as the effective date for new and reactivated codes and the dte_parm_2 date is used as the end date for discontinued/deleted codes. In addition, this program end-dates all tables for a procedure or modifier if that code is identified by CMS as discontinued or deleted and the table has the sak_procedure or cde_proc_mod field on it. The end date for new codes used on the T_PROC_LIMITS table is defaulted to 2299/12/31. Program coverage for new codes are added manually by the Commonwealth once the codes are reviewed. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJA105 • rfa10501YY.dat **Output Files:** REFJA105 • rfa10501.dat • rfa10502.dat • rfa10503.dat • rfa10504.dat

	• rfa10505.dat • rfa10506.dat • rfa10507.dat • rfa10509.dat **Input Tables:** T_PROC **Output Tables:** T_COVERED_BENEFIT T_PAYABLE_BENEFIT T_PROC T_PROC_LIMITS T_MAX_FEE T_PREVAILING T_PROC_TOOTH T_PROC_TOOTH_QUAD T_RBRVS T_REF_UCC **Sort Criteria:** None

2.6.18.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.19 refp0110 -- Physician Fee Schedule RBRVS (RVU) Update

Technical Name:	refp0110
Program Title:	Physician Fee Schedule RBRVS (RVU) Update
Programming Language:	C
Description:	Process Physician Fee Schedule (RBRVS) Update file from CMS. This program updates the RVUs used for RBRVS pricing. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJA110 • refa110{yy}.dat **Output Files:** REFJA110 • refa11001.rpt • refa11002.rpt • refa11003.rpt • refa11004.rpt • refa11005.rpt • refa11006.rpt **Input Tables:** T_PROC T_RBRVS **Output Tables:** T_RBRVS **Sort Criteria:** T_PROC.CDE_PROC T_RBRVS.CDE_PROC_MOD **Switches:** None **Link Procedure:**

	None **Special Logic Notes:** None

2.6.19.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.20 refp0120 -- Annual Lab Fee Schedule Update

Technical Name:	refp0120
Program Title:	Annual Lab Fee Schedule Update
Programming Language:	C
Description:	This program updates the lab fee rates annually for all lab procedures using the lab fee schedule from the CMS PUFs (public use files) Web site. **Input Parameters:** • d = name of database to which data is applied • i = name of Clinical Diagnostic Laboratory Fee Schedule input file **Exit Values:** SUCCESS - Normal termination. FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJA0120 • refja0120.dat **Output Files:** REFJA0120 • rfa120e.rpt **Input Tables:** T_PROC T_MAX_FEE T_BATCH_RESTART **Output Tables:** None **Sort Criteria:** T_PROC.CDE_PROC **Switches:** None **Link Procedure:** None **Special Logic Notes:** None

2.6.20.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.21 refp0150 -- Annual DRG Rate Update

Technical Name:	refp0150
Program Title:	Annual DRG Rate Update
Programming Language:	C
Description:	Process the annual DRG Base Weight update file from CMS

2.6.21.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.22 refp0200 -- Audit Criteria Report

Technical Name:	refp0200
Program Title:	Audit Criteria Report
Programming Language:	C
Description:	This report lists the general audit criteria for each parameter-driven audit in the system. It includes all of the different indicators that are used to define the criteria to be included and excluded on an audit such as claim type, procedure code, level of care, and so on The effective dates of the audit are also reported, as well as the type of audit. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJM200 **Output Files:** REFJM200 • rem20000.rpt **Input Tables:** T_ERROR_DISP T_AUDIT_CRIT **Output Tables:** None **Sort Criteria:** T_ERROR_DISP.CDE_ESC **Switches:** None **Link Procedure:** None **Special Logic Notes:** None

2.6.22.1 Change Orders

ID	NAME	DESCRIPTION
2024	Audt proc dbChg impact-Core 9829	Remediate system objects affected by the addition of a new column to tables T_AUDIT_PROC and T_AUDT_PROC_XRF and addition of new same/different indicators for diagnosis and tooth quadrant on T_AUDIT_CRIT. The primary impact is to reports that display information related to audit criteria. The following reports are affected: REF-0200-M REF-0201-M

2.6.23 refp0201 -- Limitation Audit Criteria Report

Technical Name:	refp0201
Program Title:	Limitation Audit Criteria Report
Programming Language:	C
Description:	The report contains the time, limitation, and procedure criteria used by limitation audits. This includes the unit type (units or dollars), time unit (months, days, years, and so on), limit amounts (quantity or dollar amount), compensable day criteria for inpatient claims, and other information needed to define a limitation audit. Procedure code ranges and modifiers associated with the audit are also listed on the report. The report contains the time, units, and procedure criteria used by contra-indicated audits. This includes the time unit (months, days, years, etc), number of days before/after the current service, and direction of the audit needed to define a contra-indicated audit. Procedure code ranges and modifiers associated with the audit are also listed on the report for both the current and history claims. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJM201 **Output Files:** REFJM201 • rem20100.rpt **Input Tables:** T_ERROR_DISP T_LIMIT_PARM T_AUDT_PROC_XRF T_AUDIT_CRIT **Output Tables:** None **Sort Criteria:** T_ERROR_DISP.CDE_ESC T_AUDT_PROC_XRF.CDE_PROC_FROM **Switches:** None **Link Procedure:**

	None **Special Logic Notes:** None

2.6.23.1 Change Orders

ID	NAME	DESCRIPTION
2024	Audt proc dbChg impact-Core 9829	Remediate system objects affected by the addition of a new column to tables T_AUDIT_PROC and T_AUDT_PROC_XRF and addition of new same/different indicators for diagnosis and tooth quadrant on T_AUDIT_CRIT. The primary impact is to reports that display information related to audit criteria. The following reports are affected: REF-0200-M REF-0201-M

2.6.24 refp0202 -- Contra-Indicated Audit Criteria Report

Technical Name:	refp0202
Program Title:	Contra-Indicated Audit Criteria Report
Programming Language:	C
Description:	The report contains the time, units, and procedure criteria used by contra-indicated audits. This includes the time unit (months, days, years, etc), number of days before/after the current service, and direction of the audit needed to define a contra-indicated audit. Procedure code ranges and modifiers associated with the audit are also listed on the report for both the current and history claims. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJM202 **Output Files:** REFJM202 • rem20200.rpt **Input Tables:** T_ERROR_DISP T_AUDIT_CRIT T_CONTRA_PARM T_CONTRA_PROC **Output Tables:** None **Sort Criteria:** T_ERROR_DISP.CDE_ESC T_CONTRA_PROC.CDE_CURR_FROM **Switches:** None **Link Procedure:** None **Special Logic Notes:** None

2.6.24.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.25 refp0204 -- Umbrella Audit Criteria Report

Technical Name:	refp0204
Program Title:	Umbrella Audit Criteria Report
Programming Language:	C
Description:	The report contains the time, units, and procedure criteria used by umbrella audits. This includes the time unit (months, days, years, etc), number of days before/after the current service, global surgery code, and direction of the audit needed to define an umbrella audit. Procedure code ranges and modifiers associated with the audit are also listed on the report. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJM204 **Output Files:** REFJM204 • rem20400.rpt **Input Tables:** T_ERROR_DISP T_UMBRELLA_PARM T_AUDT_PROC_XRF T_AUDIT_CRIT **Output Tables:** None **Sort Criteria:** T_ERROR_DISP.CDE_ESC T_AUDT_PROC_XRF.CDE_PROC_FROM **Switches:** None **Link Procedure:** None **Special Logic Notes:** None

2.6.25.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.26 refp0205 -- Step Therapy Audit Criteria Report

Technical Name:	refp0205
Program Title:	Step Therapy Audit Criteria Report
Programming Language:	C
Description:	The report contains the step therapy group criteria used by step therapy audits. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJM205 **Output Files:** REFJM205 • rem20500.rpt **Input Tables:** T_ERROR_DISP T_AUDIT_ST T_AUDIT_ST_GROUP T_AUDIT_CRIT **Output Tables:** None **Sort Criteria:** T_ERROR_DISP.CDE_ESC **Switches:** None **Link Procedure:** None **Special Logic Notes:** None

2.6.26.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.27 refp0206 -- Bundling Unbundling Audit Criteria Report

Technical Name:	refp0206
Program Title:	Bundling Unbundling Audit Criteria Report
Programming Language:	C
Description:	The report contains the audit type and procedure criteria used by bundling/unbundling audits. The audit type indicates whether the audit is for bundling or unbundling. Procedure code ranges and modifiers associated with the audit are also listed on the report for both the component and global services.

2.6.27.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.28 refp0207 -- Include Exclude Audit Criteria Report

Technical Name:	refp0207
Program Title:	Include Exclude Audit Criteria Report
Programming Language:	C
Description:	This report contains the various parameters that are used to define the audit criteria. The include/exclude values are either ranges of values or individual values, depending on the type of criteria being defined. The program, claim type, provider type, provider specialty, level of care, type of bill, POS, and GPI are all single values that are listed on the report. The diagnosis, GCN, NDC, HICL, therapeutic class, age, and revenue code are represented by ranges of values. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJM207 **Output Files:** REFJM207 • rem20700.rpt **Input Tables:** T_AUDIT_AGEREST, T_AUDIT_PAYER_XREF, T_AUDT_SPC_XREF T_AUDIT_CL_TYPE_X, T_AUDIT_PR_TYPE_X, T_FINANCIAL_PAYER T_AUDIT_GEN_SEQ_X, T_AUDIT_REV_XREF, T_LIMITPARM_POS T_AUDIT_GPI_XREF, T_AUDIT_THER_CL_X, T_PR_SPEC_CDE T_AUDIT_HICL_XREF, T_AUDIT_TOB_XREF, T_PUB_HLTH_PGM T_AUDIT_LOC_XREF, T_AUDT_DIAG_XRF, T_RE_LOC_CODE T_AUDIT_NDC_XREF, T_AUDT_PGM_XREF, T_AUDIT_CRIT **Output Tables:** None **Sort Criteria:** T_ERROR_DISP.CDE_ESC **Switches:** None **Link Procedure:**

	None **Special Logic Notes:** None

2.6.28.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.29 refp0208 -- Procedure to Audit Cross Reference Report

Technical Name:	refp0208
Program Title:	Procedure to Audit Cross Reference Report
Programming Language:	C
Description:	This report contains a listing of all procedure codes that are linked to audits. For each procedure code on the report, a list of all audits that use the procedure code is included. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJM208 **Output Files:** REFJM208 • rem20800.rpt **Input Tables:** T_PROC T_AUDIT_REV_XREF T_ERROR_DISP **Output Tables:** None **Sort Criteria:** T_PROC.CDE_PROC **Switches:** None **Link Procedure:** None **Special Logic Notes:** None

2.6.29.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.30 refp0209 -- Revenue Code to Audit Cross Reference Report

Technical Name:	refp0209
Program Title:	Revenue Code to Audit Cross Reference Report
Programming Language:	C
Description:	This report contains a listing of all revenue codes that are linked to audits. For each revenue code on the report, a list of all audits that use the revenue code is included. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJM209 **Output Files:** REFJM209 • rem20900.rpt **Input Tables:** T_REVENUE_CODE T_AUDIT_REV_XREF T_ERROR_DISP **Output Tables:** None **Sort Criteria:** T_REVENUE_CODE.CDE_REVENUE **Switches:** None **Link Procedure:** None **Special Logic Notes:** None

2.6.30.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.31 refp0921 -- Tooth Quad Proc Stub File

Technical Name:	refp0921
Program Title:	Tooth Quad Proc Stub File
Programming Language:	C
Description:	This program creates the Tooth Quad Proc stub file for Captiva. This module is used to generate a reference stub file that aids in translating tooth codes when the tooth code is not allowed under certain procedure code. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJW921 **Output Files:** REFJW921 • quadstub.dat **Input Tables:** T_PROC T_PROC_TOOTH_QUAD **Output Tables:** None **Sort Criteria:** T_PROC.CDE_PROC **Switches:** None **Link Procedure:** None **Special Logic Notes:** None

2.6.31.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.32 refp0950 -- Modifier Stub File

Technical Name:	refp0950
Program Title:	Modifier Stub File
Programming Language:	C
Description:	This program creates the Modifier stub file for Captiva. The Modifier stub file aids in validating the data entered into the modifier field. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJW950 **Output Files:** REFJW950 • modstub.dat **Input Tables:** T_MODIFIER **Output Tables:** None **Sort Criteria:** T_MODIFIER.CDE_PROC_MOD **Switches:** None **Link Procedure:** None **Special Logic Notes:** None

2.6.32.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.6.33 refp5556 -- Ambulatory Surgery Maximum Allowable Payment Report

Technical Name:	refp5556
Program Title:	Ambulatory Surgery Maximum Allowable Payment Report
Programming Language:	C
Description:	This report lists maximum allowable charges for ambulatory surgery procedure codes. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJM5556 **Output Files:** REFJM5556 • refjm5556.rpt **Input Tables:** T_PROC T_MAX_FEE T_REIMB_AGREEMENT T_SYSTEM_PARMS **Output Tables:** None **Sort Criteria:** T_PROC.CDE_PROC **Switches:** None **Link Procedure:** None **Special Logic Notes:** None

2.6.33.1 Change Orders

ID	NAME	DESCRIPTION
1392	Add ASC Group to REF-5556-M	Add the Ambulatory Surgical Center Group number to the Ambulatory Surgery Center (ASC) Maximum Allowable Payment (REF-5556-M) report. Sort order of report should be by ASC group ascending and then procedure code ascending.

2.6.34 revstub -- Revenue Stub File

Technical Name:	revstub
Program Title:	Revenue Stub File
Programming Language:	C
Description:	This program creates the revenue code stub file for RRI. This module is used to generate revenue code stubs for use in the electronic claims pre-edit process. **Input Parameters:** None **Exit Values:** EXIT_SUCCESS - Normal termination. EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors. **Input Files:** REFJW960 **Output Files:** REFJW960 • revstub.dat **Input Tables:** T_REVENUE_CODE **Output Tables:** None **Sort Criteria:** T_REVENUE_CODE.CDE_REVENUE **Switches:** None **Link Procedure:** None **Special Logic Notes:** None

2.6.34.1 Change Orders

ID	NAME	DESCRIPTION
No associated Change Orders found		

2.7 Internal Web Pages

The Pages/Panels section is set up to display first the Page then all associated Panels. If a panel is accessible through more than one page, it displays multiple times in the document.

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.

2.7.1 PAGE: Drug Rebate Labeler Information Page

2.7.1.1 Description

The Drug Rebate Labeler Information page displays the information about drug manufacturers that are participating in the Medicaid Drug Rebate program. The Medicaid Drug Rebate Program requires a drug manufacturer to enter into and have in effect a national rebate agreement with the Secretary of the Department of Health and Human Services for states to receive federal funding for outpatient drugs dispensed to Medicaid patients.

The Drug Rebate Labeler data is received on a file quarterly from CMS. The file includes data concerning when a drug company began participation in this program, when they began giving discounts to the Department of Veterans Affairs and the Public Health Service, plus name, address and telephone numbers for the legal, invoice and technical contacts for each drug company. Approximately 550 pharmaceutical companies currently participate in this program.

Only authorized users with update privileges have the capability to add new information or modify existing data.

2.7.1.2 Technical Name

DR.LabelerInfoPage

2.7.1.3 Web Page Name

LabelerInfoPage

For readability the layout displays on the next page.

2.7.1.4 Drug Rebate Labeler Information Page Layout

Next Search By: Labeler Code [ ] search clear adv search

Labeler Information

Labeler Code	10144	Name	ACORDA THERAPEUTICS, INC.
Invoice Media		Collection Media	Check
Parent Labeler			

Labeler Maintenance - Select Labeler area to view or modify below. Prefs Top Bot

Base Information Contact Information Status List

Labeler

save cancel

Base Information Top Nav A

Contact Information Top Nav A

Contact	Contact Type	Corporation	Address		City	State	Zip	Phone	Ext	Fax	Email
	Supplemental										
JOHN LIBRIE	Legal	ACORDA THERAPEUTICS, INC.	15 SKYLINE DRIVE		HAWTHORNE	NY	10532	(914)347-4300	181		
JOHN STILL	Invoice	PHARMA METRICS	SUITE 405	200 COMMERCE DRIVE	FORT WASHINGTON	OR	19034	(215)274-1315			
LYNNE MARTON	Technical	ACORDA THERAPEUTICS, INC.	349 BURNING TREE COURT		HALF MOON BAY	CA	94019	(650)726-9544			

Type changes below.

Contact Type	Invoice	Address*	SUITE 405
Contact*	JOHN STILL		200 COMMERCE DRIVE
Corporation*	PHARMA METRICS		
Phone*	(215)274-1315	State*	OR
Fax		City*	FORT WASHINGTON
Email		Zip*	19034

delete add copy invoice

2.7.2 PANEL: Labeler Mini Search Panel

2.7.2.1 Description

Use the Drug Labeler Mini Search panel to search for a list of drug labelers that meet the entered search criteria. The user can search by labeler code.

Navigation Path: [Reference - Drug Labeler] - [(select row from search results)]

Table: T_DRUG_LBLR

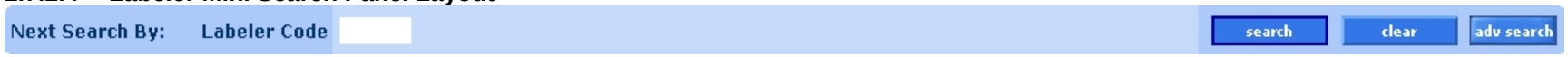
2.7.2.2 Technical Name

LabelerMiniSearchPanel

2.7.2.3 Panel Name

LablerMniSearchPnl

2.7.2.4 Labeler Mini Search Panel Layout



2.7.2.5 Extra Features

This panel has no extra features.

2.7.2.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
adv search	Takes the user to Labeler Main Search page so the user can set more advanced search criteria.	Button	N/A	0		
clear	Clears the 'Labeler Code' field.	Button	N/A	0		
search	Initiates Search for labeler records matching the labeler code entered.	Button	N/A	0		
Labeler Code	Five-digit code used to identify a labeler	Field	Number	5	T_DRUG_LBLR	SAK_DRUG_RBT_LBLR

2.7.2.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.2.8 Associated Requirements

ID
30.090.006.002.6

2.7.2.9 CO / Defects

ID	Type	Name	Description	Current Status
1406	Change Order	Enable Drug Labeler panels	Add User Interface objects necessary to update/maintain the Drug Labeler data using the information. This data will be used in pharmacy encounter processing and also made available for online and reporting requirements.	Prod Implemented

2.7.3 PANEL: Labeler Status List

2.7.3.1 Description

The Labeler Status List panel is used to view and maintain the effective and end dates for a drug labeler's participation in the drug rebate program. The information in this panel will come from the CMS tape, and users will also be able to manually enter data.

Navigation Path: [Reference - Drug Labeler] - [(select row from search results)] - [Status List]

Table: T_DR_STATUS

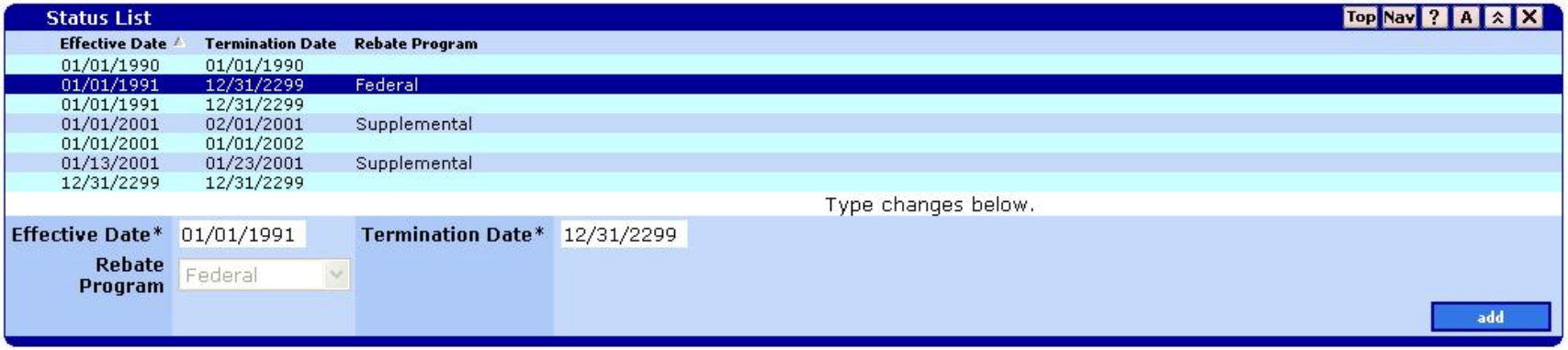
2.7.3.2 Technical Name

LabelerStatusList

2.7.3.3 Panel Name

LabelerStatusList

2.7.3.4 Labeler Status List Layout



2.7.3.5 Extra Features

This panel has no extra features.

2.7.3.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a labeler status segment.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date	Date participation in drug rebate participation began	Field	Number	8	T_DR_STATUS	DTE_EFFECTIVE
Rebate Program	Indicates if the status is for the Federal or Supplemental rebate program.	Field	Drop Down List Box	0	N/A	N/A
Termination Date	Date participation in drug rebate participation ended	Field	Number	8	T_DR_STATUS	DTE_END

2.7.3.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	8033	Effective date is required	Must enter correct effective date.
Effective Date	Field	8034	Date range overlaps existing segment	Verify date and re-enter; effective date cannot overlap an existing date span.
Effective Date	Field	91001	Invalid Date (MMDDCCYY)	Must enter data in corrected date format (MMDDCCYY)
Effective Date	Field	91002	Date must be numeric	Must enter only eight numeric characters.
Effective Date	Field	91003	Date is required	Must enter a date before saving.
Termination Date	Field	91001	Invalid Date (MMDDCCYY)	Must enter data in corrected date format (MMDDCCYY).
Termination Date	Field	91002	Date must be numeric	Must enter only eight numeric characters.
Termination Date	Field	91020	End Date must be >= Effective Date	Verify date; the end date needs to be greater than or equal to the effective date.

2.7.3.8 Associated Requirements

ID
30.090.006.002.6

2.7.3.9 CO / Defects

ID	Type	Name	Description	Current Status
1406	Change Order	Enable Drug Labeler panels	Add User Interface objects necessary to update/maintain the Drug Labeler data using the information. This data will be used in pharmacy encounter processing and also made available for online and reporting requirements.	Prod Implemented

2.7.4 PANEL: Labeler Maintenance

2.7.4.1 Description

This panel links to the drug labeler information maintenance panels.

Navigation Path: [Reference - Drug Labeler] - [(select row from search results)]

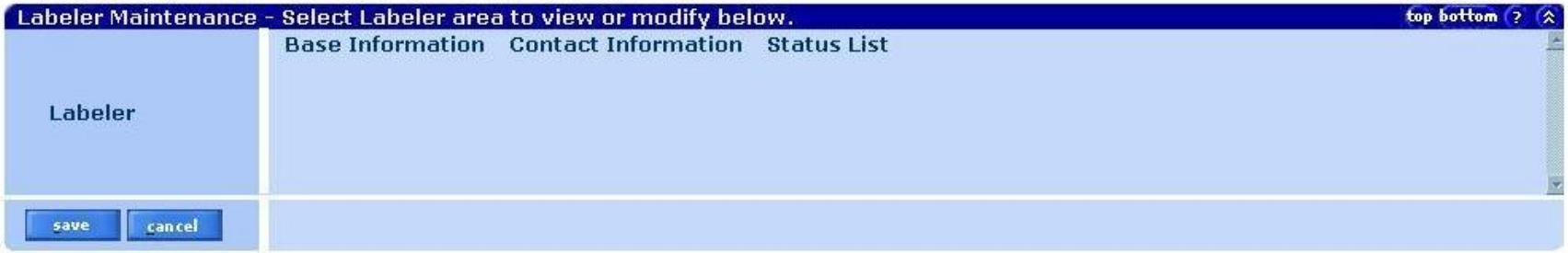
2.7.4.2 Technical Name

LabelerMaintenance

2.7.4.3 Panel Name

LabelerMaintenance

2.7.4.4 Labeler Maintenance Layout



2.7.4.5 Extra Features

This panel has no extra features.

2.7.4.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
cancel	Cancels all additions/deletions/changes made to any panel in the maintenance area (panels with hyperlinks on this Maintenance panel)	Button	N/A	0		
save	Saves all additions/deletions/changes made to any panel in the maintenance area (panels with hyperlinks on this Maintenance panel)	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Base Information	Link to Base Information panel	Hyperlink	N/A	0		
Contact Information	Link to Contact Information panel	Hyperlink	N/A	0		
Status List	Link to Status List panel	Hyperlink	N/A	0		

2.7.4.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.4.8 Associated Requirements

ID
30.090.006.002.6

2.7.4.9 CO / Defects

ID	Type	Name	Description	Current Status
1406	Change Order	Enable Drug Labeler panels	Add User Interface objects necessary to update/maintain the Drug Labeler data using the information. This data will be used in pharmacy encounter processing and also made available for online and reporting requirements.	Prod Implemented

2.7.5 PANEL: Labeler Contact Information

2.7.5.1 Description

The Drug Labeler Contact Information panel is used to view contact address information by contact type.

The user can create a new contact and copy the information from the invoice contact type by clicking the add button followed by the copy invoice button.

Navigation Path: [Reference - Drug Labeler] - [click on Search] - [click on record in Search Results] - [Labeler Maintenance - Contact Information]

Table: T_DR_LBLR_CONTACT

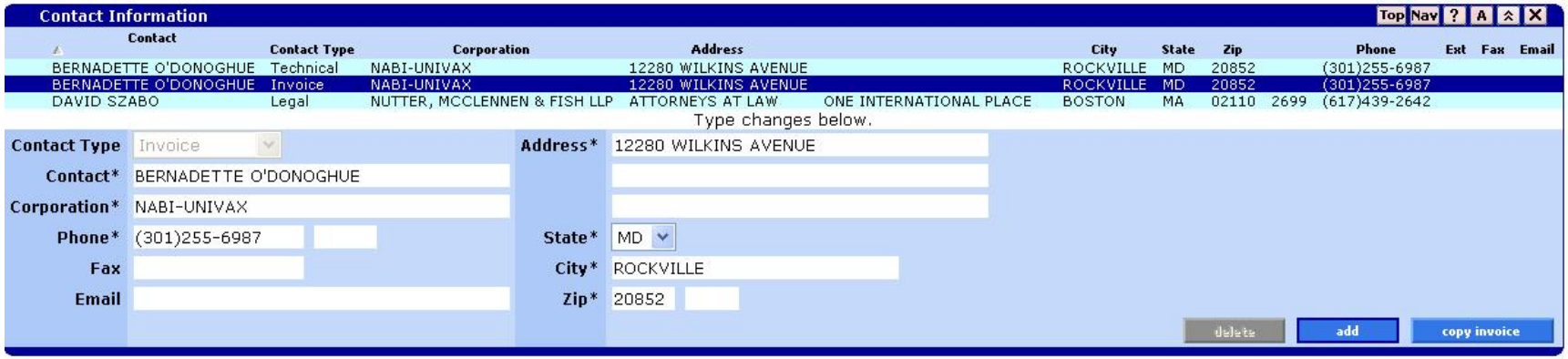
2.7.5.2 Technical Name

DR.DrugLabelerContactInfo

2.7.5.3 Panel Name

Contact Information

2.7.5.4 Labeler Contact Information Layout



2.7.5.5 Extra Features

This panel has no extra features.

2.7.5.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add drug labeler contact information.	Button	N/A	0		
delete	Delete a drug labeler's contact information.	Button	N/A	0		
Contact Type	The type of contact for the labeler	Combo Box	Character	2	T_DR_LBLR_CONTACT	CDE_CONTACT_TYPE
State	The state of the drug labeler contact	Combo Box	Character	2	T_DR_LBLR_CONTACT	ADR_STATE
Address	The address of the drug labeler contact	Field	Character	117	T_DR_LBLR_CONTACT	ADR_STREET1 - 3
City	The city of the drug labeler contact	Field	Character	27	T_DR_LBLR_CONTACT	ADR_CITY
Contact	The name of the contact	Field	Character	39	T_DR_LBLR_CONTACT	NAM_CONTACT
Corporation	The corporation name of the drug labeler contact	Field	Character	39	T_DR_LBLR_CONTACT	NAM_CORP
Email	The email address of the drug labeler contact	Field	Character	40	T_DR_LBLR_CONTACT	ADR_EMAIL
Fax	The fax number of the drug labeler contact	Field	Number	10	T_DR_LBLR_CONTACT	NUM_FAX

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Phone	The phone number of the drug labeler contact	Field	Number	10	T_DR_LBLR_CONTACT	NUM_PHONE
Phone Ext	The phone ext of the drug labeler contact	Field	Number	5	T_DR_LBLR_CONTACT	NUM_PHONE_EXT
Zip	The zip code of the drug labeler contact	Field	Number	5	T_DR_LBLR_CONTACT	ADR_ZIP
Zip4	The Zip code plus 4 of the drug labeler contact address	Field	Number	4	T_DR_LBLR_CONTACT	ADR_ZIP_4

2.7.5.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Contact Type	Combo Box	91019	A duplicate record cannot be saved.	Select a new contact type.
Contact Type	Combo Box	91080	Contact type is required	Must select a contact type to save contact information.
State	Combo Box	91080	A valid State is required.	Must select a state to save contact information.
Address	Field	91080	Address is required.	Must enter an address to save contact information.
City	Field	91080	City is required.	Must enter a city to save contact information.
Contact	Field	91080	Contact is required.	Must enter a contact name to save contact information.

Field	Field Type	Error Code	Error Message	To Correct
Corporation	Field	91080	Corporation is required.	Must enter a corporation to save contact information.
Fax	Field	5049	Enter a valid value	Re-enter the fax number, including area code.
Phone	Field	91029	Enter a valid value	Re-enter a numeric phone number.
Phone	Field	91080	Phone is required.	Must enter a phone number to save contact information.
Zip	Field	91029	Enter a valid value	Re-enter a numeric zip code.
Zip	Field	91080	Zip is required.	Must enter a zip code to save contact information.

2.7.5.8 Associated Requirements

ID
30.090.006.002.6

2.7.5.9 CO / Defects

ID	Type	Name	Description	Current Status
1406	Change Order	Enable Drug Labeler panels	Add User Interface objects necessary to update/maintain the Drug Labeler data using the information. This data will be used in pharmacy encounter processing and also made available for online and reporting requirements.	Prod Implemented

2.7.6 PANEL: Labeler Base Information

2.7.6.1 Description

Use the Labeler Base Information panel to maintain drug labeler information. The FDA drug division assigns a five-digit labeler code to a drug labeler (non-drug product labelers are not assigned a labeler code by the FDA drug division). This five-digit code comprises the first five digits of the NDC and identifies product manufacturers, distributors, and repackagers, collectively referred to as labelers.

Navigation path: [Reference - Drug Labeler] - [click on Search] - [click on record in Search Results] - [Labeler Maintenance - Base Information].

Table: T_DRUG_LBLR

2.7.6.2 Technical Name

DR.LabelerBaseInformation

2.7.6.3 Panel Name

Base Information

2.7.6.4 Labeler Base Information Layout

2.7.6.5 Extra Features

This panel has no extra features.

2.7.6.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Collection Media	Media used to collect rebate payments	Combo Box	Drop Down List Box	0	T_DRUG_LBLR	CDE_COLLECT_MEDIA

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Invoicing Media	Media used to send drug labeler invoice information. Valid values are 'P for paper, 'D' for diskettes and 'F' for FTP. Note: All invoices are always produced on paper as well as the alternate format if requested.	Combo Box	Drop Down List Box	0	T_DRUG_LBLR	CDE_MEDIA_TYPE
Mailing Address	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.	Combo Box	Drop Down List Box	0	T_DRUG_LBLR	CDE_MAILING
Labeler Code	This code is used to uniquely identify the labeler of a drug. This code is assigned by CMS and is used as the first five characters of the labeler's NDCs.	Field	Character	5	T_DRUG_LBLR	CDE_LABELER
Name	The name of the drug labeler	Field	Character	39	T_DRUG_LBLR	NAME
Parent Labeler	The labeler code of the parent manufacturer	Field	Character	5	T_DRUG_LBLR	PARENT_LBLR

2.7.6.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Mailing Address	Combo Box	91080	A valid mailing address is required	Enter mailing address.
Labeler Code	Field	91080	Labeler Code is required.	Enter labeler code.

Field	Field Type	Error Code	Error Message	To Correct
Name	Field	91080	Name is required	Enter name.

2.7.6.8 Associated Requirements

ID
30.090.006.002.6

2.7.6.9 CO / Defects

ID	Type	Name	Description	Current Status
1406	Change Order	Enable Drug Labeler panels	Add User Interface objects necessary to update/maintain the Drug Labeler data using the information. This data will be used in pharmacy encounter processing and also made available for online and reporting requirements.	Prod Implemented

2.7.7 PAGE: Drug Rebate Labeler Search Page

2.7.7.1 Description

The Drug Rebate Labeler Search page allows the user to access drug labeler information by entering search criteria. Search results will be displayed at the bottom of the page.

The Drug Rebate Labeler Search page lists the labeler code and labeler name of drug manufacturers that are participating in the Medicaid Drug Rebate program. The Medicaid Drug Rebate program requires a drug manufacturer to enter into and have in effect a national rebate agreement with the Secretary of the Department of Health and Human Services for states to receive federal funding for outpatient drugs dispensed to Medicaid patients.

The Drug Rebate Labeler data is received on a file quarterly from CMS. The file includes data concerning when a drug company began participation in this program, when they began giving discounts to the Department of Veterans Affairs and the Public Health Service, plus name, address and telephone numbers for the legal, invoice and technical contacts for each drug company. Approximately 550 pharmaceutical companies currently participate in this program.

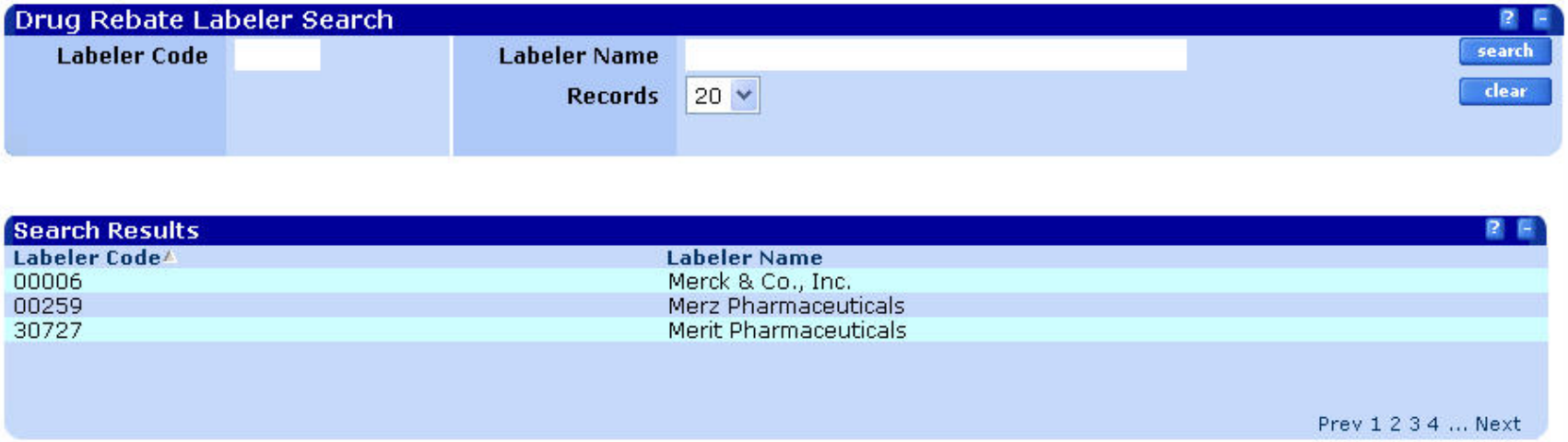
2.7.7.2 Technical Name

DR.LabelerSearchPg

2.7.7.3 Web Page Name

Labeler Search Pag

2.7.7.4 Drug Rebate Labeler Search Page Layout



2.7.8 PANEL: Labeler Search Results

2.7.8.1 Description

The Drug Labeler Search Results panel is used to view a list of drug labelers that met the entered search criteria from Drug Labeler Search panel.

This panel links to the Drug Labeler Information maintenance panels.

Navigation Path: [Reference - Drug Labeler] [Select Search]

Table: T_DRUG_LBLR

2.7.8.2 Technical Name

LabelerSearchResults

2.7.8.3 Panel Name

LablelrSrchRslts

2.7.8.4 Labeler Search Results Layout

Search Results

Labeler Code	Labeler Name
08880	SHERWOOD MEDICAL
08881	LEADER
08004	MCNEIL-PPC, INC.
08024	SANOFI-SYNTHELABO INC.
08166	VITAL SIGNS, INC.
08189	CAN-AM CARE CORPORATION
00662	PFIZER-ROERIG
00663	PFIZER INC
00665	INTERNATIONAL LABORATORIES
00677	UNITED RESEARCH LABORATORIES
00682	MARNEL PHARMACEUTICALS INC
00689	DANIELS PHARMACEUTICALS, INC.
00702	CHIRON CORPORATION
00703	GENSIA SICOR PHARMACEUTICALS, INC.
00710	WARNER-LAMBERT COMPANY - PARKE-DAVIS
00713	G&W LABORATORIES INC
00719	BIOLINE LABORATORIES INC
00725	BOLAR PHARMACEUTICAL CO INC
08237	CALGON VESTAL LABORATORIES
08290	BD BECTON DICKINSON

1 2 3 4 5 6 Next >

2.7.8.5 Extra Features

This panel has no extra features.

2.7.8.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Labeler Code	Five-digit code used to identify a labeler(s) that matched the search criteria	Field	Number	5	T_DRUG_LBLR	CDE_LABELER
Labeler Name	Name of the labeler(s) that matched the search criteria	Field	Character	100	T_DRUG_LBLR	NAME

2.7.8.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.8.8 Associated Requirements

ID
30.090.006.002.6

2.7.8.9 CO / Defects

ID	Type	Name	Description	Current Status
1406	Change Order	Enable Drug Labeler panels	Add User Interface objects necessary to update/maintain the Drug Labeler data using the information. This data will be used in pharmacy encounter processing and also made available for online and reporting requirements.	Prod Implemented

2.7.9 PANEL: Drug Rebate Labeler Search

2.7.9.1 Description

Use the Drug Labeler Search panel to search for a list of drug labelers that meet the entered search criteria. Search by labeler code or by labeler name. One or more characters can be entered to search for name. The panel links to the drug labeler information maintenance panels.

This panel links to the Drug Labeler Information maintenance panels.

Navigation Path: [Reference - Drug Labeler]

Table: T_DRUG_LBLR

2.7.9.2 Technical Name

DR.LabelerSearch

2.7.9.3 Panel Name

Drug Rebate Labeler Search

2.7.9.4 Drug Rebate Labeler Search Layout

2.7.9.5 Extra Features

This panel has no extra features.

2.7.9.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a new drug labeler.	Button	N/A	0		
clear	This clears the search fields so user may enter new criteria.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
search	This initiates search of the database to find a record matching the labeler code or labeler name that have been entered.	Button	N/A	0		
Records	Number of records to display	Combo Box	Number	2	N/A	N/A
Labeler Code	Five-digit code used to identify a drug labeler.	Field	Character	1	N/A	N/A
Labeler Name	Name of the drug labeler(s)	Field	Character	39	N/A	N/A

2.7.9.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.9.8 Associated Requirements

ID
30.090.006.002.6

2.7.9.9 CO / Defects

ID	Type	Name	Description	Current Status
1406	Change Order	Enable Drug Labeler panels	Add User Interface objects necessary to update/maintain the Drug Labeler data using the information. This data will be used in pharmacy encounter processing and also made available for online and reporting requirements.	Prod Implemented

2.7.10 PAGE: Error Disposition - Audit Criteria Page

2.7.10.1 Description

The Error Disposition - Audit Criteria page allows the user to view add and maintain claims auditing criteria used by the claims engine to perform claims auditing functions.

The claims audit function compares the data of a claim in process with other claim data in paid claims history to determine the appropriateness of the service reflected on the claim in relation to other services received by the member. Verification for duplicate services, service limitations, and service conflicts are performed within the audit function.

Only authorized users with update privileges have the capability to add new information or modify existing data.

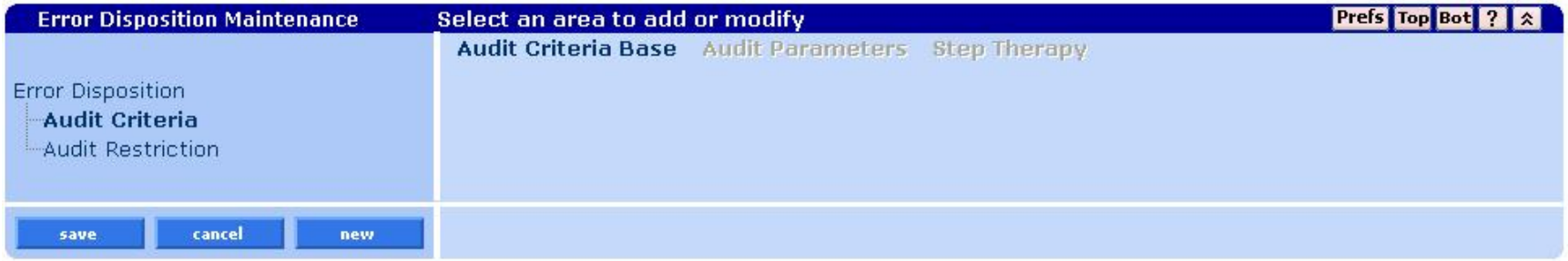
2.7.10.2 Technical Name

Error Disposition - Audit Criteria Page

2.7.10.3 Web Page Name

Error Disposition

2.7.10.4 Error Disposition - Audit Criteria Page Layout



2.7.11 PANEL: Audit Parameters (Limitation)-Limit Parm POS-Error Disposition

2.7.11.1 Description

Use the Audit Parameters (Limitation)-Limit Parm POS panel to update places of service restrictions applicable to the error code. For example, if an audit applies only to services provided in the hospital, then the hospital place of service value is entered, and displayed.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Criteria] - [Audit Parameters (only available if Audit Type is "Limit")] - Limit Parm POS data will be displayed if the POS Used as Limit Criteria indicator is set to Yes on the Audit Parameters (Limit) panel.

Table: T_LIMITPARM_POS

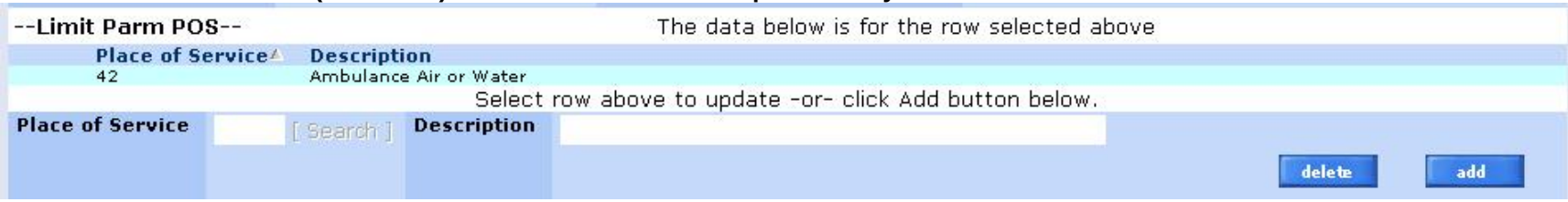
2.7.11.2 Technical Name

Ref.LimitParmPOSPanel.ascx

2.7.11.3 Panel Name

Limit Parm POS

2.7.11.4 Audit Parameters (Limitation)-Limit Parm POS-Error Disposition Layout



2.7.11.5 Extra Features

This panel has no extra features.

2.7.11.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a POS restriction to the limitation audit	Button	N/A	0		
delete	Delete a POS restriction from the limitation audit	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Text description of the POS code.	Field	Character	50	T_PLACE_OF_SERVICE	CDE_POS
Place of Service	The POS code that indicates the place of service to which this error code is limited.	Field	Number	2	T_LIMITPARM_POS	CDE_POS

2.7.11.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Place of Service	Field	1	A valid Place Of Service is required.	Select a valid Place of Service.
Place of Service	Field	2	Place Of Service code is a duplicate.	Select a unique Place of Service.

2.7.11.8 Associated Requirements

ID
30.020.002
30.090.006.002.10

2.7.11.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.12 PANEL: Audit Step Therapy Level-Error Disposition

2.7.12.1 Description

Use the Audit Step Therapy Level panel to maintain the audit step therapy level parameters necessary for step therapy auditing.

Navigation Path: [Reference - Related Data] - [Other - Step Therapy] - [(Add button)]

Table: T_AUDIT_ST_LEVEL

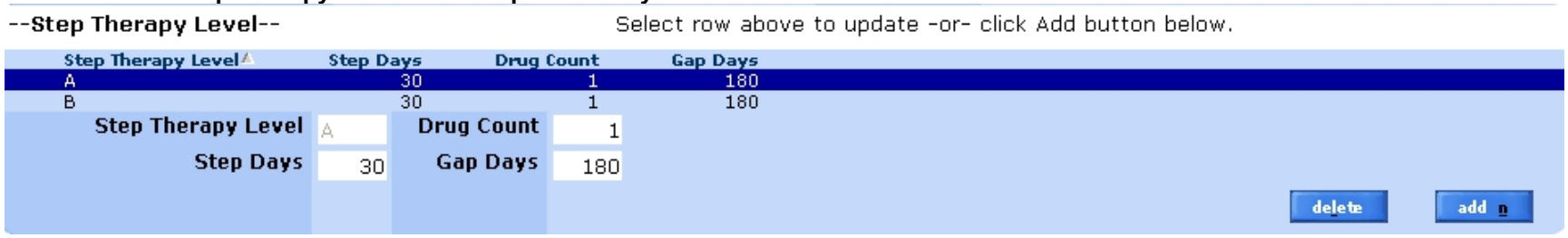
2.7.12.2 Technical Name

Ref.AuditStLevelPanel.ascx

2.7.12.3 Panel Name

Step Therapy Level

2.7.12.4 Audit Step Therapy Level-Error Disposition Layout



2.7.12.5 Extra Features

This panel has no extra features.

2.7.12.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a step therapy level to the audit.	Button	N/A	0		
delete	Delete a step therapy level from the audit.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Drug Count	Minimum number of distinct drugs needed to meet the requirements for the drugs in a particular step therapy level. Drugs are counted as distinct drugs if they have different HICL sequence numbers.	Field	Number	4	T_AUDIT_ST_LEVEL	NUM_DRUG_COUNT
Gap Days	Maximum number of days break allowed.	Field	Number	4	T_AUDIT_ST_LEVEL	NUM_GAP_DAYS
Step Days	Minimum number of days a patient must have been under continuous therapy to meet the requirements for the drugs in a particular step therapy level.	Field	Number	4	T_AUDIT_ST_LEVEL	NUM_STEP_DAYS
Step Therapy Level	Step therapy level assigned by the user. The drugs in a STG are classified into levels. The most preferred level in an STG is called "step therapy level A (Stl-A), the next most preferred level is "step level B (STL-B). STL's other than STL-A are called "non-preferred" STL's .	Field	Character	1	T_AUDIT_ST_LEVEL	CDE_LEVEL

2.7.12.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Drug Count	Field	1	Drug Count must be greater than or equal to 1	Enter a drug count greater than 0.
Gap Days	Field	1	Gap Days must be greater than or equal to 1	Enter a gap days value greater than 0.

Field	Field Type	Error Code	Error Message	To Correct
Step Days	Field	1	Step Days must be greater than or equal to 1	Enter a step days value greater than 0.
Step Therapy Level	Field	1	Level Code is a duplicate	Verify data entry. Remove duplicate data.
Step Therapy Level	Field	2	Step Therapy Level is required	Enter a valid step therapy level.

2.7.12.8 Associated Requirements

ID
30.090.006.002.10

2.7.12.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.13 PANEL: Audit Parameters (Contra-Indicated)-Error Disposition

2.7.13.1 Description

The Audit Parameters (Contra-Indicated) panel maintains the parameters required for contra-indicated and negative contra-indicated auditing.

Audit type definitions:

Contra-Indicated - This type of audit is used to enforce policies on the services that cannot occur if a specific service has already been performed. These audits are set when the service on a claim in process is illogical or in conflict with another service within the member's history. An example of this kind of audit is billing for a tooth restoration after the tooth has already been extracted.

Negative Contra-Indicated - This type of audit is used to enforce policies regarding services that should occur together. These audits are set when the service on the claim in process requires a service to exist in history before it is paid.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Criteria] - [Audit Parameters (only available if the Audit Type is Contra-Indicated or Negative-Contra)]

Table: T_CONTRA_PARM

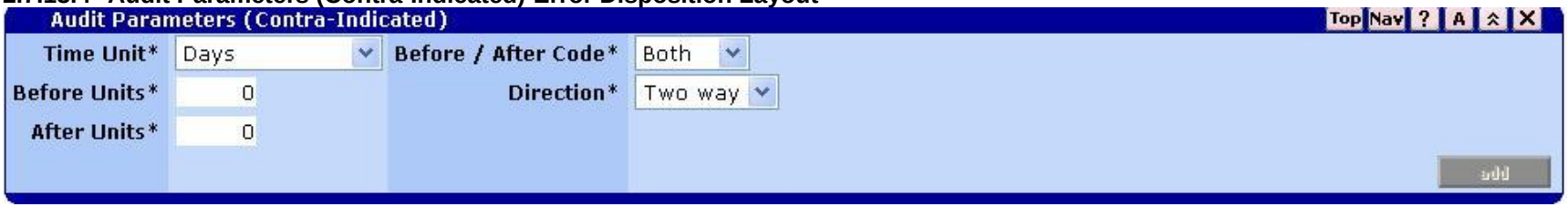
2.7.13.2 Technical Name

Ref.ContraParametersPanel.ascx

2.7.13.3 Panel Name

Audit Parameters

2.7.13.4 Audit Parameters (Contra-Indicated)-Error Disposition Layout



2.7.13.5 Extra Features

This panel has no extra features.

2.7.13.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a contra-indicated parameter to the audit	Button	N/A	0		
After Units	Specifies the number of units (days, months, years) in history that should be checked after a claim's dates of service.	Field	Number	4	T_CONTRA_PARM	NUM_UNIT_AFTER
Before / After Code	Indicates whether the time limit specified should be checked for services before, after, or before and after the current claim.	Field	Drop Down List Box	1	T_CONTRA_PARM	CDE_BEF_AFT
Before Units	Specifies the number of units (days, months, years) in history that should be checked before a claim's dates of service.	Field	Number	4	T_CONTRA_PARM	NUM_UNIT_BEFORE
Direction	Indicates whether the audit is a one-way (history against current) or two-way audit (history against current and current against history).	Field	Drop Down List Box	1	T_CONTRA_PARM	CDE_AUDIT_DIR
Time Unit	Indicates whether days, months, or years should be used as the unit of measure for the audit.	Field	Drop Down List Box	1	T_CONTRA_PARM	CDE_TIME_UNIT

2.7.13.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
After Units	Field	1	After Units is required.	Enter a numeric value from 0 to 9999.

Field	Field Type	Error Code	Error Message	To Correct
After Units	Field	1001	Before Units must be zero	If 'Before/After code' is 'Before', 'After Units' must be zero.
Before / After Code	Field	1	Before / After Code is required.	Select a Before/After code value.
Before Units	Field	1	Before Units is required.	Enter a numeric value from 0 to 9999.
Before Units	Field	1002	After Units must be zero	If 'Before/After code' is 'After', 'Before Units' must be zero.
Direction	Field	1	Direction is required.	Select a value for Direction.

2.7.13.8 Associated Requirements

ID
30.020.002
30.050.001R
30.090.006.002.10

2.7.13.9 CO / Defects

ID	Type	Name	Description	Current Status
264	Change Order	Change Recipient to Member	System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user. This system-wide change was identified during the Member Management RV/JAD sessions held on 06/13/2005 - 06/17/2005.	Prod Implemented

2.7.14 PANEL: Audit Parameters (Limitation)-Error Disposition

2.7.14.1 Description

The Audit Parameters (Limitation) panel maintains the limitation audit parameters, including the time span audited, the number of allowed units and/or dollars, and whether the audit is restricted to particular places of service.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Criteria] - [Audit Parameters (only available if the Audit Type is Limit)]

Table: T_LIMIT_PARM

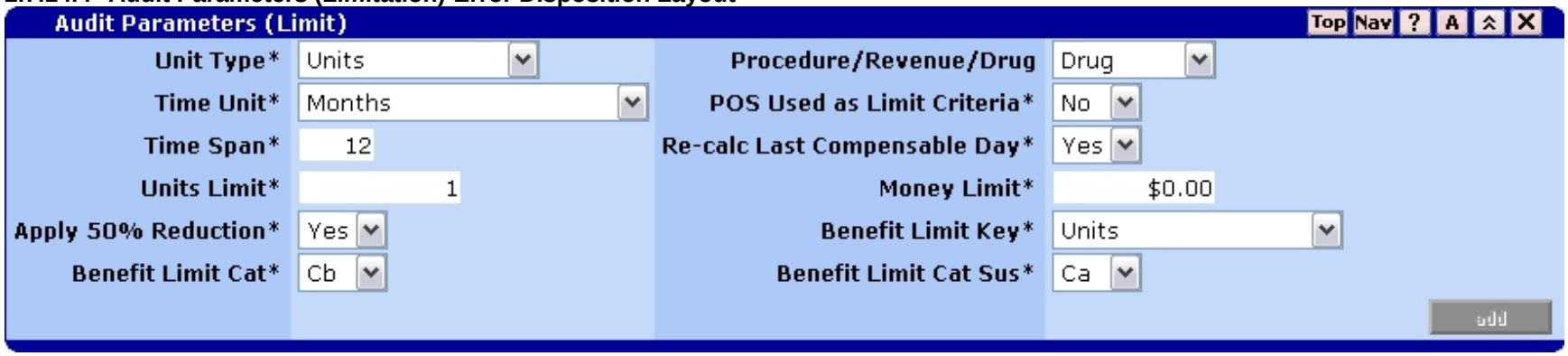
2.7.14.2 Technical Name

Ref.LimitParmPanel.ascx

2.7.14.3 Panel Name

Audit Parameters

2.7.14.4 Audit Parameters (Limitation)-Error Disposition Layout



2.7.14.5 Extra Features

This panel has no extra features.

2.7.14.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a parameter to the limitation audit	Button	N/A	0		
Apply 50% Reduction	Determines if the units should be halved if first claim is after July 1.	Field	Drop Down List Box	0	T_LIMIT_PARM	CDE_50_PCT_APPLY
Benefit Limit Cat	Identifies the classification of service being tracked/counted.	Field	Drop Down List Box	0		
Benefit Limit Cat Sus	Used for benefit limit audits used to count visits/contacts/encounters.	Field	Drop Down List Box	0		
Benefit Limit Key	The Benefit Limit Key field is used for benefit limit audits (Audit Type - BL - Benefit Limits) to identify if the contact count is by member, both member and provider, by units or by pharmacy.	Field	Drop Down List Box	0		
Money Limit	Maximum number of dollars allowed for specified services.	Field	Number	11	T_LIMIT_PARM	QTY_LIMIT_DOLL
POS Used as Limit Criteria	Indicates (Y/N) whether place of service will be used as limit criteria.	Field	Drop Down List Box	0	T_LIMIT_PARM	IND_POS
Procedure/Revenue/ Drug	This code indicates whether the limitation audit limits procedure codes, drug or revenue codes.	Field	Drop Down List Box	0	T_LIMIT_PARM	CDE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Re-calc Last Compensable Day	Value 'Y' causes last compensable day to be re-calculated.	Field	Drop Down List Box	0	T_LIMIT_PARM	CDE_COMP_DAYS
Time Span	Specifies the number of units (days, months, years) in history that should be checked before a claim's dates of service.	Field	Number	4	T_LIMIT_PARM	NUM_UNIT_BEFORE
Time Unit	Indicates whether days, months, or years should be used as a unit of measure for an audit.	Field	Drop Down List Box	0	T_LIMIT_PARM	CDE_TIME_UNIT
Unit Type	Indicates whether units, dollars, or both should be used as the unit of measure for audit.	Field	Drop Down List Box	0	T_LIMIT_PARM	CDE_UNIT_TYPE
Units Limit	Maximum number of units allowed for specified services.	Field	Number	11	T_LIMIT_PARM	QTY_LIMIT_UNITS

2.7.14.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Apply 50% Reduction	Field	1	Apply 50% Reduction is required.	Select 'Yes' or 'No' from drop down list.
Benefit Limit Cat	Field	1	Benefit Limit Cat is required	Benefit Limit Cat is required.

Field	Field Type	Error Code	Error Message	To Correct
Benefit Limit Cat Sus	Field	1	Benefit Limit Sus is required.	Benefit Limit Sus is required.
Benefit Limit Key	Field	1	Benefit Limit Key is required	Benefit Limit Key is required.
Money Limit	Field	1	Enter a valid value	Money limits must be numeric and >= 0.
Money Limit	Field	2	Money Limits must be greater than zero!	If unit type is 'Both Units/Money', then you must insert a value greater than zero.
Money Limit	Field	3	Money Limits must be zero	If the unit type is 'Days' or 'Prescription' or 'Units', then you must insert zero in the money limit field.
Money Limit	Field	4	Money Limit must be less than or equal to 9999999.99	Money limit must be less than or equal to 9999999.99.
Money Limit	Field	5	Money Limits are required	If unit type is "M", then money limit is required.
POS Used as Limit Criteria	Field	1	POS Used as Limit Criteria is required.	Select 'Yes' or 'No' from drop down list.
POS Used as Limit Criteria	Field	9	Place of Service information is required if POS Indicator is set to Yes	Limit POS parameter information is required if indicator is 'Yes'. Add a record on the 'Limit Parm POS' panel.

Field	Field Type	Error Code	Error Message	To Correct
Re-calc Last Compensable Day	Field	1	Re-calc Last Compensable Day is required.	Select a value from the drop down list.
Time Span	Field	1	Time Span must be zero	If Time Unit = 1 (first trimester), 2 (second trimester), 3 (third trimester), P (per pregnancy) then you must insert zero in Time Span field.
Time Span	Field	2	Enter a valid value	Time span must be numeric and >= 0.
Time Span	Field	3	Time Span is required.	Enter a valid time span.
Unit Type	Field	1	Unit Type is required.	Select a unit type from the drop down list.
Units Limit	Field	1	Unit Limits must be greater than zero	If unit type is 'Both Units/Money', then you must insert a value greater than zero - If unit type is "P" (prescription) or "U" (units), then you must insert a value greater than zero in Unit Limit field.
Units Limit	Field	2	Enter a valid value	Unit limits must be numeric and not negative.
Units Limit	Field	4	Unit Limits are required	If unit type is 'Days', or 'Prescription', or 'Units', then unit limit is required.
Units Limit	Field	5	Unit Limit must be less than or equal to 9999999.99.	Unit limit must be less than or equal to 9999999.99.

Field	Field Type	Error Code	Error Message	To Correct
Units Limit	Field	6	Unit Limits must be zero	If unit type is "Money", then you must insert zero in Unit Limit field.

2.7.14.8 Associated Requirements

ID
30.020.002
30.090.006.002.10

2.7.14.9 CO / Defects

ID	Type	Name	Description	Current Status
2698	Change Order	Add new fields to t_limit_parms	add CDE_BENEFIT_CATEGORY and CDE_BENEFIT_LIMIT_KEY to panel for T_LIMIT_PARMS; add BL - Benefit Limits to drop down for cde_error_type for T_AUDIT_CRIT	Prod Implemented
558	Change Order	Add Limit Time Unit Options	Add additional time unit options for limit audits. 1. Add Calendar Week as an option on Limit Audits; and, 2. Add Calendar Year as an option on Limit Audits. **Note:** Additional time unit options may be identified during Claim Auditing workgroups.	Prod Implemented

2.7.15 PANEL: Other-Step Therapy Group

2.7.15.1 Description

Step Therapy auditing is not currently used in KY DDI processing

Use the Step Therapy Group panel to maintain the step therapy group parameters necessary for step therapy auditing.

Step therapy audits enforce policies regarding the sequence in which a set of drugs can be administered to a member. Each drug in the program is assigned to one of five step therapy levels. Each level has criteria for the number of prescriptions, number of days, and continuous coverage. In order to step up to a higher-level drug, the member's drug history must have fulfilled the step therapy level's criteria requirements.

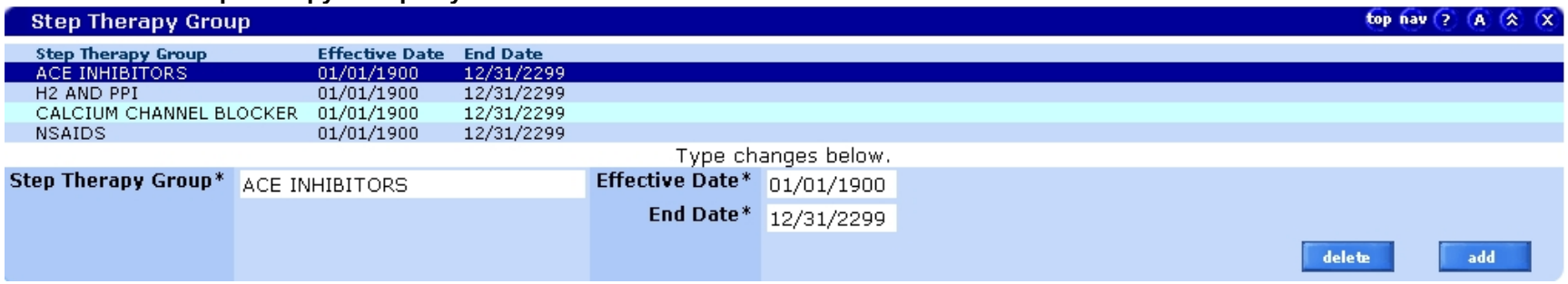
Navigation Path: [Reference - Related Data] - [Other] - [Step Therapy Group]

Table: T_AUDIT_ST_GROUP

2.7.15.2 Technical Name
Ref.AuditStPanel.ascx

2.7.15.3 Panel Name
Step Therapy Group

2.7.15.4 Other-Step Therapy Group Layout



2.7.15.5 Extra Features
This panel has no extra features.

2.7.15.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a step therapy group.	Button	N/A	0		
delete	Delete a step therapy group.	Button	N/A	0		
Effective Date	The date the step therapy group is valid for use in claim auditing.	Field	Date (MM/DD/CCYY)	8	T_AUDIT_ST_GROUP	DTE_EFFECTIVE
End Date	The last date the step therapy group is valid for use in claim auditing.	Field	Date (MM/DD/CCYY)	8	T_AUDIT_ST_GROUP	DTE_END
Step Therapy Group	Name of step therapy group	Field	Character	30	T_AUDIT_ST_GROUP	DSC_GROUP_NAME

2.7.15.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required.	Enter an effective date.
Effective Date	Field	2	Effective Date must be greater than or equal to 1/1/1900.	Enter an effective date that is greater than or equal to 1/1/1900.
Effective Date	Field	3	Effective Date must be less than or equal to 12/31/2299.	Enter an effective date that is less than or equal to 12/31/2299.
Effective Date	Field	4	Effective Date must be less than or equal to End Date [].	Enter an effective date that is less than or equal to the end date.

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	5	Invalid Date. Format is MM/DD/CCYY.	Enter an effective date in MM/DD/CCYY format.
End Date	Field	1	End Date is required.	Enter an end date.
End Date	Field	2	End Date must be greater than or equal to 1/1/1900.	Enter an end date greater than or equal to 1/1/1900.
End Date	Field	3	End Date must be less than or equal to 12/31/2299.	Enter an end date less than or equal to 12/31/2299.
End Date	Field	4	Invalid Date. Format is MM/DD/CCYY.	Enter an end date in MM/DD/CCYY format.
Step Therapy Group	Field	1	A valid Step Therapy Group is required.	Enter a new step therapy group name.
Step Therapy Group	Field	2	Step Therapy Group date ranges cannot overlap.	Correct overlap condition. Date ranges cannot overlap for the same step therapy group.
Step Therapy Group	Field	3	Step Therapy Level is required.	Add a step therapy level to the group.

2.7.15.8 Associated Requirements

ID
30.020.002

2.7.15.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.16 PANEL: Audit Parameters (Conflict)-Error Disposition

2.7.16.1 Description

The Audit Parameters (Conflict) panel maintains information about auditing performed for services that contradict services that have already been paid for a member, also known as relationship auditing criteria.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Criteria] - [Audit Parameters (only available if the Audit Type is Conflict)]

Table: T_CONFLICT_PARM

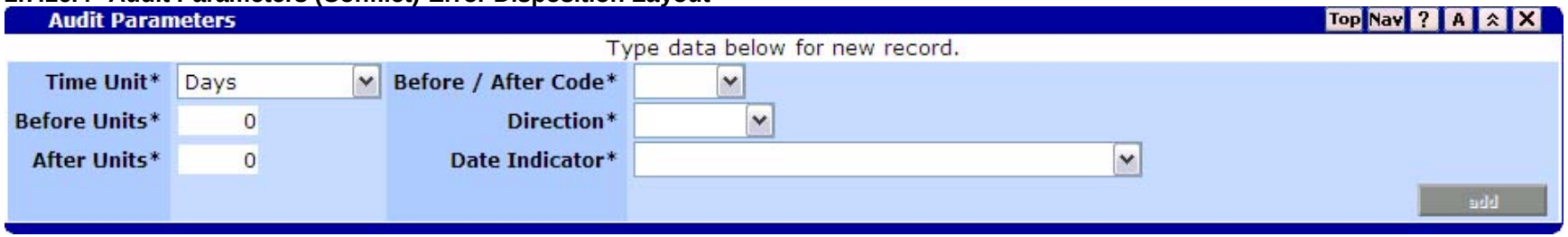
2.7.16.2 Technical Name

Ref.ConflictParametersPanel.ascx

2.7.16.3 Panel Name

Audit Parameters (Conflict)

2.7.16.4 Audit Parameters (Conflict)-Error Disposition Layout



2.7.16.5 Extra Features

This panel has no extra features.

2.7.16.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Allows the user to add a contra-indicated parameter to the audit	Button	N/A	0		
After Units	Specifies the number of units (days, months, years) in history that should be checked after a claim's dates of service.	Field	Number	4		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Before / After Code	Indicates whether the time limit specified should be checked for services before, after, or before and after the current claim.	Field	Character	1		
Before Units	Specifies the number of units (days, months, years) in history that should be checked before a claim's dates of service.	Field	Number	4		
Date Indicator	Indicates whether admit date should be used in evaluating the date relationship. Date indicator - Indicates audit processing logic based on different dates. 'F' - From date of service - Date relationship between current and history claim is based on from date of service of the institutional claim. 'A' - Admit date - Date relationship between current and history claim is based on the admit date of the institutional claim. 'B' - Bypass same FDOS and admit - The conflict audit will be bypassed if the current claim FDOS is equal to the history admit date. 'D' - Bypass same FDOS and discharge- The conflict audit will be bypassed if the current claim FDOS is equal to the history discharge date. 'C' - Bypass same FDOS and admit or discharge - The conflict audit will be bypassed if the current claim FDOS is equal to the history admit or discharge dates.	Field	Character	1		
Direction	Indicates whether the audit is a one-way (history against current) or two-way audit (history against current and current against history).	Field	Character	1		
Time Unit	Indicates whether days, months, or years should be used as the unit of measure for the audit.	Field	Drop Down List Box	0		

2.7.16.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
After Units	Field	2	Before Units must be Zero	If 'Before/After code' is 'After', 'Before Units' must be zero.
After Units	Field	4	After Units is Required	After units is required.
Before / After Code	Field	1	Before / After Code is required.	Before/After code is required.
Before Units	Field	2	After Units must be Zero	If 'Before/After code' is 'Before', 'After Units' must be zero.
Before Units	Field	4	Before Units is Required	Before units is required.
Date Indicator	Field	1	Date Indicator is required.	Date indicator is required.
Direction	Field	1	Direction is required	Direction is required

2.7.16.8 Associated Requirements

ID
30.020.002
30.050.001R
30.090.006.002.10

2.7.16.9 CO / Defects

ID	Type	Name	Description	Current Status
2007	Change Order	New panel-cnflct parms-Core 9801	Create a new panel "Audit Parameters (Conflict)-Error Disposition" to support maintenance of the T_CONFLICT_PARM table.	Prod Implemented

2.7.17 PANEL: Audit Parameters (Umbrella)-Error Disposition

2.7.17.1 Description

The Audit Criteria-Audit Parameters (Umbrella) panel maintains audit parameters for services that are included in a global surgery code.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Criteria] - [Audit Parameters (only available if the audit type is Umbrella)]

Table: T_UMBRELLA_PARM

2.7.17.2 Technical Name

Ref.UmbrellaParametersPanel.ascx

2.7.17.3 Panel Name

Audit Parameters

2.7.17.4 Audit Parameters (Umbrella)-Error Disposition Layout

2.7.17.5 Extra Features

This panel has no extra features.

2.7.17.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Add a parameter to the umbrella audit	Button	N/A	0		
After Units	Specifies the number of units (days, months, years) in history that should be checked after a claim's dates of service.	Field	Number	4	T_UMBRELLA_PARM	NUM_UNIT_AFTER

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Before / After Code	Indicates whether the time limit specified should be checked for services before history, after history, or both.	Field	Character	1	T_UMBRELLA_PARM	CDE_BEF_AFT
Before Units	Specifies the number of units (days, months, years) in history that should be checked before a claim's dates of service.	Field	Number	4	T_UMBRELLA_PARM	NUM_UNIT_BEFORE
Direction	Indicates whether the audit checks a surgery on the current claim against a pre- or post- op visit in history or checks a pre- or post- op visit on the current claim against a surgery code in history.	Field	Character	1	T_UMBRELLA_PARM	CDE_AUDIT_DIR
Global Surgery	The value of the global surgical code of the procedure codes that this audit is checking.	Field	Character	3	T_UMBRELLA_PARM	NUM_GLOBAL_SURG
Time Unit	Indicates whether days, months, or years should be used as the unit of measure for the audit.	Field	Character	1	T_UMBRELLA_PARM	CDE_TIME_UNIT

2.7.17.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
After Units	Field	1	Before Units must be Zero	If 'Before/After Code' is 'Before', 'After Units' must be zero.
After Units	Field	2	Enter a valid value	Value must be numeric and between 0 and 9999.

Field	Field Type	Error Code	Error Message	To Correct
Before / After Code	Field	1	Before / After Code is required.	Select a value from the drop down list.
Before Units	Field	1	Enter a valid value	Value must be numeric and between 0 and 9999.
Before Units	Field	2	After Units must be Zero	If 'Before/After Code' is 'After', 'Before Units' must be zero.
Direction	Field	1	Direction is required.	Select a value from the drop down list.
Global Surgery	Field	1	Global Surgery is required.	Enter a global surgery code.

2.7.17.8 Associated Requirements

ID
30.020.002
30.090.006.002.10

2.7.17.9 CO / Defects

ID	Type	Name	Description	Current Status
558	Change Order	Add Limit Time Unit Options	Add additional time unit options for limit audits. 1. Add Calendar Week as an option on Limit Audits; and, 2. Add Calendar Year as an option on Limit Audits. **Note:** Additional time unit options may be identified during Claim Auditing workgroups.	Prod Implemented

2.7.18 PANEL: Audit Criteria Base-Error Disposition

2.7.18.1 Description

The AuditCritPanel contains a number of different indicators (Include/Exclude, Same/Different, Other) that give users enormous flexibility by allowing them to set a variety of criteria relevant to a particular audit that will cause the audit to set or be bypassed.

Include and Exclude indicators determine whether an attribute is included or excluded. When "Include" is indicated, the audit will set when those attributes are present, assuming all other criteria are met. When "Exclude" is indicated, the audit will be bypassed for those attributes, and set for all other attributes that were not excluded, assuming all other criteria are met.

Same/Different Indicators are used to determine which claims in history will be used in the audit. For example, if the Procedure Same/Different indicator is set to "Same", then a history claim will be used only if the procedure code matches the one used on the current claim. If the indicator is set to "Different", then a history claim will be used only if the procedure code does NOT match the one used on the current claim. If the indicator is set to "Both", then there is no limitation and history claims with all procedure codes will be used in the audit.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (click on 'search', select row from search results)] - [Error Disposition Maintenance] - [(Expand Error Disposition on left by clicking +)] - [Audit Criteria] - [Audit Criteria Base]

Tables: T_AUDIT_CRIT

2.7.18.2 Technical Name

Ref.AuditCritBasePanel.ascx

2.7.18.3 Panel Name

Audit Criteria Base

For readability the layout displays on the next page.

2.7.18.4 Audit Criteria Base-Error Disposition Layout

Audit Criteria Base Top Nav ? X

Type data below for new record.

Audit Type*					
		Include/Exclude Indicators		Same/Different Indicators	
Effective Date*	08/15/2006	Member Plan*	None	Claim*	Both
End Date*	12/31/2299	Claim Type*	None	Date of Service*	Both
		Provider Type*	None	Financial Payer*	Both
		Provider Specialty*	None	Provider*	Both
		Member Age*	None	Procedure*	Both
		Procedure*	None	Diagnosis*	Both
		Diagnosis*	None	Tooth Number*	Both
		Revenue Code*	None	Tooth Surface*	Both
		Type of Bill*	None	Tooth Quadrant*	Both
		NDC*	None		
		Therapeutic Class*	None	Other Indicators	
		Generic Price*	None	Gender*	Both
		GCN Sequence Number*	None	PA Override*	No
		HICL*	None	Match J Codes*	No
		Financial Payer*	None	Service Limit*	No
				Referral Override*	Not Considered
				Diagnosis Type*	N/A

add

2.7.18.5 Extra Features

The following audit types:

- Benefit Limits - This type of audit is used to count the number of unduplicated number of visits or contacts as defined by the audit criteria. A visit is considered to be the entire set of services rendered by a provider to a member on a single date of service. For example, a member may only receive 12 chiropractic contacts/visits in a 12-month period.
- Conflict - This type of audit is used to identify conflicts between user-specified criteria such as claim type, provider type/specialty, member level of care, member age or other criteria. For example, if the user decides to identify LTC claims with dates of service that overlap with a claim for the same member for hospice, a conflict audit can be defined in interChange to identify those claims.

- Contra-Indicated - This type of audit is used to enforce policies on the services that cannot occur if a specific service has already been performed. These audits are set when the service on a claim in process is illogical or in conflict with another service within the member's history. An example of this kind of audit is billing for a tooth restoration after the tooth has already been extracted.
- Duplicate Checking - This type of audit is used to minimize fraud by identifying claims for services that appear to have already been received and paid. This audit checks the claim header or detail, as appropriate for the claim type.
- Limitation - This type of audit is used to enforce policies on how often, or how much, can be spent for specific services over a period of time. Limitation audits can be set using a dollar amount, or by service unit limits using procedure code, revenue code, or NDC criteria.
- Negative Contra-Indicated - This type of audit is used to enforce policies regarding services that should occur together. These audits are set when the service on the claim in process requires a service to exist in history before it is paid.
- Step Therapy - This type of audit is used to enforce policies regarding the sequence in which a set of drugs can be administered to a member. Each drug in the program is assigned to one of five step therapy levels. Each level has criteria for the number of prescriptions, number of days, and continuous coverage. In order to step up to a higher-level drug, the member's drug history must have fulfilled the step therapy level's criteria requirements.
- Umbrella - This type of audit is used to enforce policies regarding pre-operative and post-operative care. This audit is set when a claim is submitted for follow-up care services with costs that are included within the payment of the surgery service from claims history.

2.7.18.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Allows the user to add a new set of audit criteria for a specified time period for the error code.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Financial Payer (Same/Different Indicator)	Indication of whether the specified audit should audit against the current claim financial payer that matches a history claim financial payer, or current claim financial payer that does not match the history claim financial payer (Different), or, current claim financial payer against all other history claim's financial payer regardless of whether they match (Both).	Combo Box	Drop Down List Box	0		
Procedure	Include/Exclude indicator for procedure modifier.	Combo Box	Drop Down List Box	0		
Audit Type	Identifies the type of audit (for example, limitation, conflict, negative contra, contra-indicated, step therapy, or umbrella).	Field	Drop Down List Box	0		
Claim	Indication of whether the specified audit should audit against the current claim ICN that matches a history claim ICN (Same), or current claim ICN that does not match the history claim ICN (Different), or, current claim against all other history claims regardless of ICN match (Both).	Field	Drop Down List Box	0		
Claim Type	Include/Exclude indicator for claim type. Indicates if certain claim types should be included, meaning the audit will set for those claim types if all other criteria matches, or excluded, meaning the audit would be bypassed for those claim types.	Field	Drop Down List Box	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Date of Service	Indication of whether the specified audit should audit against the current claim date of service that matches a history claim date of service, or current claim date of service that does not match the history claim date of service (Different), or, current claim date of service against all other history claims dates of service regardless of whether they match (Both).	Field	Drop Down List Box	0		
Diagnosis	Include/Exclude indicator for diagnosis. Indicates if certain diagnoses should be included, meaning the audit will set for those diagnoses if all other criteria matches, or excluded, meaning the audit would be bypassed for those diagnoses.	Field	Drop Down List Box	0		
Diagnosis	Indication of whether the same or different diagnosis code is to be used in the audit criteria.	Field	Drop Down List Box	0		
Diagnosis Type	Indicates whether the diagnosis code(s) to be checked is (A)dmit, (D)ischarge, (E)mergency, (P)rimary, (S)econdary, (Y)Any	Field	Drop Down List Box	0		
Effective Date	First day, based on date of service, on which the assigned audit criteria are valid for processing.	Field	Date (MM/DD/CCYY)	8		
End Date	Last day, based on date of service, that the audit criteria are valid for processing.	Field	Date (MM/DD/CCYY)	8		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Financial Payer (Include/Exclude)	Include/Exclude indicator for financial payer. Indicates which financial payer should be included, meaning the audit will set for those financial payers if all other criteria are met, or excluded, meaning the audit would be bypassed for those financial payers.	Field	Drop Down List Box	0		
GCN Sequence Number	Include/Exclude indicator for GCN Sequence Number. Indicates which GCN Sequence Numbers should be included, meaning the audit will set for those GCN Sequence Numbers if all other criteria are met, or excluded, meaning the audit would be bypassed for those GCN Sequence Numbers.	Field	Drop Down List Box	0		
Gender	Indicates which sex (male, female, both) should be included in the audit criteria. Only history claims with the specified gender type will be assessed by the audit.	Field	Drop Down List Box	0		
Generic Price	Include/Exclude indicator for generic price. Indicates which generic price indicator(s) should be included, meaning the audit will set for those generic price indicator(s) if all other criteria are met, or excluded, meaning the audit would be bypassed for those generic price indicator(s).	Field	Drop Down List Box	0		
HICL	Include/Exclude indicator for HICL. Indicates which HICL(s) should be included, meaning the audit will set for those HICL(s) if all other criteria are met, or excluded, meaning the audit would be bypassed for those HICL(s).	Field	Drop Down List Box	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Match J Codes	Y/N flag used only with conflict audits that says whether or not the NDC code needs to be linked with a HCPCS code. In most cases, the HCPCS code would be a J code. If the current claim is pharmacy claim, it would look for a procedure code in history against NDC on current claim. If the current claim is not pharmacy, it would look for NDC in history against procedure on current claim.	Field	Drop Down List Box	0		
Member Age	Include/Exclude indicator for member age.	Field	Drop Down List Box	0		
Member Plan	Include/Exclude indicator for member plan.	Field	Drop Down List Box	0		
NDC	Include/Exclude indicator for NDC. Indicates which NDC(s) should be included, meaning the audit will set for those NDC(s) if all other criteria are met, or excluded, meaning the audit would be bypassed for those NDC(s).	Field	Drop Down List Box	0		
PA Override	Indicates whether having a prior authorization on file will override the audit. If the indicator is set to Yes, and there is PA on file, the audit will be overridden, but if the indicator is set to No, a PA on file will not override the audit.	Field	Drop Down List Box	0		
Procedure	Indication of whether the same or a different procedure code is to be used in the audit criteria	Field	Drop Down List Box	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Provider	Indication of whether the same or a different provider number is to be used in the audit criteria.	Field	Drop Down List Box	0		
Provider Specialty	Include/Exclude indicator for provider specialty.	Field	Drop Down List Box	0		
Provider Type	Include/Exclude indicator for provider type.	Field	Drop Down List Box	0		
Referral Override	Specifies criterion for bypassing an audit based on the presence of a referring provider on the claim being audited. Values are 'A' (any), 'P' (PCCM) and space (not considered).	Field	Drop Down List Box	0		
Revenue Code	Include/Exclude indicator for revenue code.	Field	Drop Down List Box	0		
Service Limit	Indicates whether the audit is reported by EVS when the service limit enforced by the audit has been reached.	Field	Drop Down List Box	0		
Therapeutic Class	Include/Exclude indicator for therapeutic class.	Field	Drop Down List Box	0		
Tooth Number	Indication of whether the same or a different tooth identification number is to be used in the audit criteria.	Field	Drop Down List Box	0		
Tooth Quadrant	Indication of whether the same or a different tooth quadrant is to be used in the audit criteria.	Field	Drop Down List Box	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Tooth Surface	Indication of whether the same or a different tooth surface number is to be used in the audit criteria.	Field	Drop Down List Box	0		
Type of Bill	Include/Exclude indicator for type of bill.	Field	Drop Down List Box	0		

2.7.18.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Audit Type	Field	1	Limitation Parameter information is required for this type of Audit Criteria.	Add limitation parameter data on Audit Parameters panel.
Audit Type	Field	2	Contra Parameter information is required for this type of Audit Criteria.	Add contra parameter data on Audit Parameters panel.
Audit Type	Field	3	Umbrella Parameter information is required for this type of Audit Criteria.	Add umbrella parameter data on Audit Parameters panel.
Audit Type	Field	4	Step Therapy Group information is required for this type of Audit Criteria.	Add step therapy group information on Step Therapy panel.
Audit Type	Field	5	Audit Step Therapy Level information is required.	Add step therapy level information to the step therapy group.
Audit Type	Field	6	A valid Audit Type is required	Select an audit type from the drop down list.
Audit Type	Field	7	Conflict Parameter information is required for this type of Audit Criteria.	Add conflict parameter data on Audit Parameters panel.

Field	Field Type	Error Code	Error Message	To Correct
Audit Type	Field	8	Negative Contra Parameter information is required for this type of Audit Criteria.	Add negative contra parameter data on Audit Parameters panel.
Effective Date	Field	1	Effective Date must be less than or equal to End Date	Insert the effective date where the effective date is less than the end date.
Effective Date	Field	2	Effective Date is required.	Enter a date.
Effective Date	Field	3	Invalid date. Format is MM/DD/CCYY.	Date must be numeric and in MM/DD/CCYY format.
Effective Date	Field	4	Effective Date must be greater than or equal to 1/1/1900.	Date must be more recent than 1/1/1900.
End Date	Field	1	Effective Date must be less than or equal to End Date	Insert the end date where the end date is greater than the effective date.
End Date	Field	2	End Date is required.	Enter a date.
End Date	Field	3	Invalid date. Format is MM/DD/CCYY.	Date must be numeric and in MM/DD/CCYY format.
End Date	Field	4	End Date must be greater than or equal to 1/1/1900.	Date must be more recent than 1/1/1900.

2.7.18.8 Associated Requirements

ID
30.020.002

ID
30.050.001R
30.090.002.002.1
30.090.002.002.10
30.090.002.002.6
30.090.006.002.10
30.090.006.002.9

2.7.18.9 CO / Defects

ID	Type	Name	Description	Current Status
2025	Change Order	Maintain audit crit - Core 9800	Modify the Audit Criteria Base - Error Disposition panel to incorporate processing of a new same/different indicator for diagnosis and a new diagnosis type indicator. Modify the Audit Criteria Base - Error Disposition panel to incorporate processing of a new same/different indicator for tooth quadrant and a new quadrant matching indicator to determine whether all oral cavity designations code must match, all codes present on the current detail must be present on the history detail or if at least one quadrant must match between the current and history claim. Also modify the Audit Criteria Base - Error Disposition panel to incorporate processing of a new "Referral Bypass Code".	Prod Implemented
264	Change Order	Change Recipient to Member	System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user. This system-wide change was identified during the Member Management RV/JAD sessions held on 06/13/2005 - 06/17/2005.	Prod Implemented

2.7.19 PANEL: Audit Criteria Base (Dupe Audit)-Error Disposition

2.7.19.1 Description

Use the Audit Criteria (Duplicate Audit) panel to identify the duplicate audit claim criteria. A duplicate audit is configured to minimize fraud by identifying claims for services that appear to have already been previously received and paid for a member. The Audit Criteria (Duplicate Audit) panel criteria identify the claim types to check for duplicate audit processing; it determines whether or not the provider must be the same, and the procedures to be flagged as a duplicate.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Criteria Base (this panel will only display if this is a duplicate Audit]

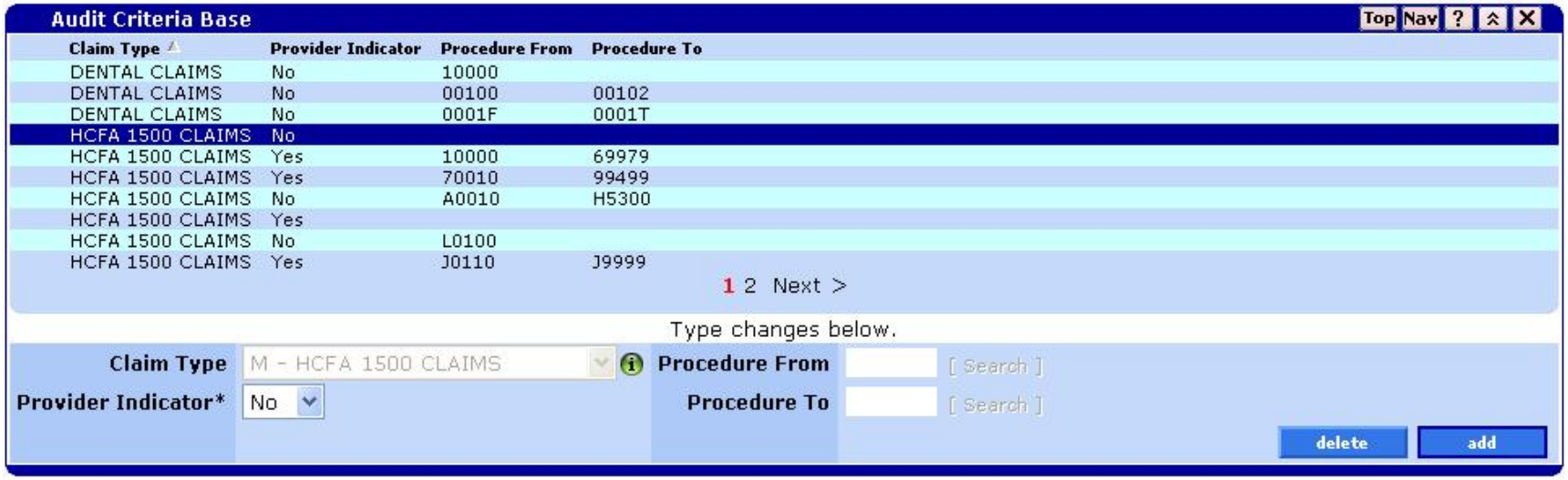
2.7.19.2 Technical Name

Ref.DupeAuditPanel.ascx

2.7.19.3 Panel Name

Audit Criteria Base

2.7.19.4 Audit Criteria Base (Dupe Audit)-Error Disposition Layout



2.7.19.5 Extra Features

This panel has no extra features.

2.7.19.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Add a dupe audit criteria record.	Button	N/A	0		
Delete	Delete a dupe audit criteria record.	Button	N/A	0		
Claim Type	Type of claim that will be checked for duplication.	Field	Character	1	T_DUPE_AUDIT	CDE_CLM_TYPE
Procedure From	Code that identifies the first procedure code used in duplicate checking in the MMIS system.	Field	Character	5	T_DUPE_AUDIT	CDE_PROC_FROM
Procedure To	Code that identifies the last procedure code used in duplicate checking in the MMIS system.	Field	Character	5	T_DUPE_AUDIT	CDE_PROC_TO
Provider Indicator	Indicates whether provider number should be used as part of duplicate check (Y/N).	Field	Character	1	T_DUPE_AUDIT	IND

2.7.19.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Claim Type	Field	1	A valid Claim Type is required.	Select a claim type.
Procedure From	Field	1	A valid Procedure From is required.	Enter a valid procedure.
Procedure From	Field	2	Procedure From must be greater than Procedure To.	Enter a valid procedure range.
Procedure To	Field	1	A valid Procedure To is required.	Enter a valid procedure.

Field	Field Type	Error Code	Error Message	To Correct
Provider Indicator	Field	1	Provider Indicator is required.	Select a provider indicator.

2.7.19.8 Associated Requirements

ID
30.020.002
30.090.006.002.10

2.7.19.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.20 PANEL: Audit Step Therapy Member-Error Disposition

2.7.20.1 Description

Use the Audit Step Therapy Member panel to maintain the audit step therapy member parameters necessary for step therapy auditing.

Navigation Path: [Reference - Related Data] - [Other - Step Therapy] - [(Add button)] - [Step Therapy Level] - [(Add button)]

Table: T_AUDIT_ST_MEM

2.7.20.2 Technical Name

Ref.AuditStMemberPanel.ascx

2.7.20.3 Panel Name

Step Therapy Member

2.7.20.4 Audit Step Therapy Member-Error Disposition Layout

--Step Therapy Member-- Select row above to update -or- click Add button below.

GCN Sequence Number	HICL	Generic Drug Name	Effective Date	End Date
374	127	CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL 25MG-15MG TABLET	04/01/2002	12/31/2299
375	127	CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL 25MG-25MG TABLET	04/01/2002	12/31/2299
376	127	CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL 50MG-15MG TABLET	04/01/2002	12/31/2299
377	127	CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL 50MG-25MG TABLET	04/01/2002	12/31/2299
378	128	CAPTOPRIL ORAL 100MG TABLET	04/01/2002	12/31/2299
379	128	CAPTOPRIL ORAL 12.5MG TABLET	04/01/2002	12/31/2299
380	128	CAPTOPRIL ORAL 25MG TABLET	04/01/2002	12/31/2299
381	128	CAPTOPRIL ORAL 50MG TABLET	04/01/2002	12/31/2299
382	129	ENALAPRIL/HYDROCHLOROTHIAZIDE ORAL 10-25MG TABLET	04/01/2002	12/31/2299
383	13237	ENALAPRILAT DIHYDRATE INTRAVEN. 1.25MG/ML VIAL	04/01/2002	12/31/2299

1 2 3 4 5 6 7 8 9 10 ... Next ≥

GCN Sequence Number [Search] Effective Date

HICL End Date

Generic Drug Name

delete add

2.7.20.5 Extra Features

This panel has no extra features.

2.7.20.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a step therapy member to the audit.	Button	N/A	0		
delete	Delete a step therapy member from the audit.	Button	N/A	0		
Effective Date	The date a GCN Seq No became a member of the step therapy level.	Field	Date (MM/DD/CCYY)	8	T_AUDIT_ST_MEM	DTE_EFFECTIVE
End Date	The date the GCN Seq No was removed from the step therapy level.	Field	Date (MM/DD/CCYY)	8	T_AUDIT_ST_MEM	DTE_END
GCN Sequence Number	GCN sequence number of drugs identified as members of a step therapy level.	Field	Character	6	T_GENERIC_DRUG	NUM_DRUG_GCN_SEQ
Generic Drug Name	Generic name of drug.	Field	Character	30	T_AUDIT_ST_MEM	SAK_DRUG_GEN
HICL	The HICL sequence number 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.	Field	Character	6	T_AUDIT_ST_MEM	NUM_DRUG_HICL_SEQ

2.7.20.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	7	Effective Date must be less than or equal to End Date	Verify data entry. Effective date must be less than or equal to end date.
Effective Date	Field	8	Invalid Date. Format is MM/DD/YYYY	Verify data entry.
End Date	Field	1	Invalid Date. Format is MM/DD/YYYY	Verify data entry.
Generic Drug Name	Field	1	GCN Sequence number not on file	Verify data entry. Enter a valid GCN sequence number.
Generic Drug Name	Field	2	Date range segments for same GCN Seq. Number can not overlap	Verify data entry. Remove overlapping data.
Generic Drug Name	Field	4	GCN Seq Number is required	Enter a valid GCN Seq. Number.

2.7.20.8 Associated Requirements

ID
30.090.006.002.10

2.7.20.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.21 PAGE: Error Disposition - Audit Restriction Page

2.7.21.1 Description

The Error Disposition - Audit Restriction page allows the user to view, add and maintain claims audit restriction criteria used by the claims engine to perform claims auditing functions.

The claims audit function compares the data of a claim in process with other claim data in paid claims history to determine the appropriateness of the service reflected on the claim in relation to other services received by the member. Verification for duplicate services, service limitations, and service conflicts are performed within the audit function. The audit restriction criteria is used to further refine which claims will be subject to auditing. Audit restricts are used to control rules such as which claims types will be include or excluded from an audit. Other restrictions include member age, provider type specialty, etc.

Only authorized users with update privileges have the capability to add new information or modify existing data.

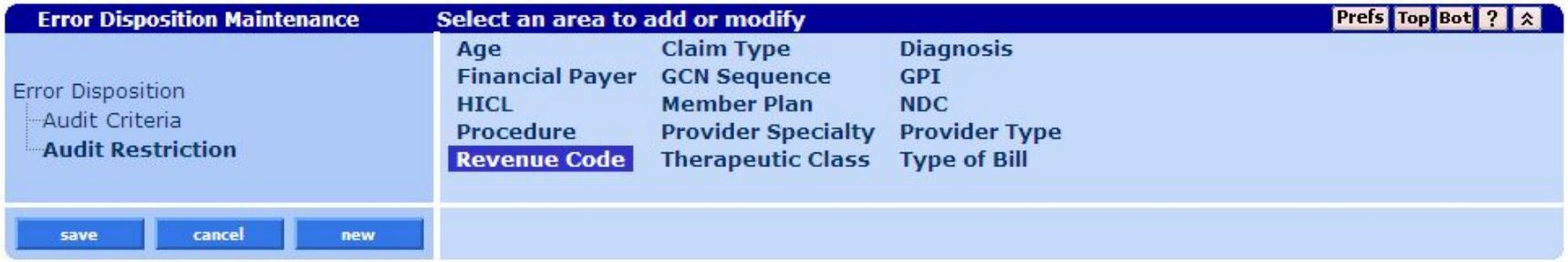
2.7.21.2 Technical Name

Error Disposition - Audit Restriction

2.7.21.3 Web Page Name

Audit Restriction

2.7.21.4 Error Disposition - Audit Restriction Page Layout



2.7.22 PANEL: Audit Restriction-HICL-Error Disposition

2.7.22.1 Description

Use the Audit Restriction-HICL panel to maintain Hierarchical Ingredient List (HICL) restriction parameters for an audit.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [HICL (only available if HICL on audit criteria base is "Include" or "Exclude")]

Table: T_AUDIT_HICL_XREF

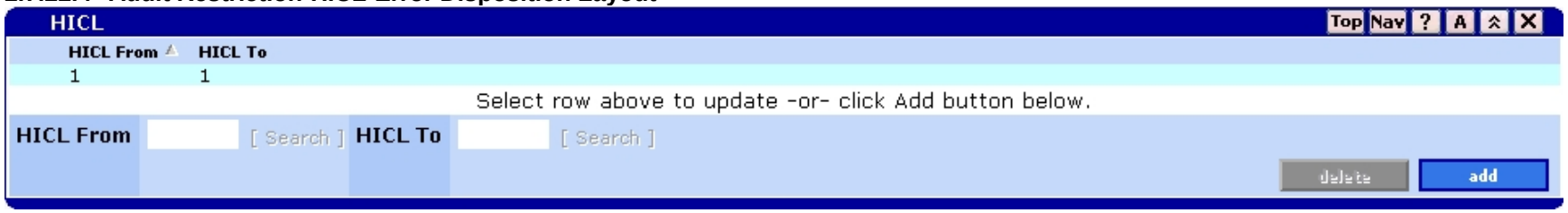
2.7.22.2 Technical Name

Ref.HICL

2.7.22.3 Panel Name

HICL

2.7.22.4 Audit Restriction-HICL-Error Disposition Layout



2.7.22.5 Extra Features

This panel has no extra features.

2.7.22.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a HICL restriction to the audit	Button	N/A	0		
delete	Delete a HICL restriction from the audit	Button	N/A	0		
From HICL	The start value for a range of HICL sequence codes.	Field	Number	8	T_AUDIT_HICL_XREF	NUM_HICL_FROM

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
To HICL	The end value for a range of HICL sequence codes.	Field	Number	8	T_AUDIT_HICL_XREF	NUM_HICL_TO

2.7.22.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
From HICL	Field	1	A valid HICL From is required	Select a valid HICL.
From HICL	Field	2	HICL range segments can not overlap.	Enter different range values for From HICL and To HICL.
From HICL	Field	8213	From HICL value must be less than or equal to To HICL value.	Enter a From HICL value that is greater than the To HICL value.
To HICL	Field	1	A valid HICL To is required	Select a valid HICL.
To HICL	Field	2	HICL range segments can not overlap.	Enter different range values for the From HICL and the To HICL.
To HICL	Field	8213	From HICL value must be less than or equal to To HICL value.	Enter a To HICL value that is less than the From HICL value.

2.7.22.8 Associated Requirements

ID
30.020.002
30.090.006.002.10

2.7.22.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.23 PANEL: Audit Restriction-Provider Specialty-Error Disposition

2.7.23.1 Description

Use the Audit Restriction-Provider Specialty panel to designate provider specialties to be included in or excluded from the audit criteria.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Provider Specialty (only available if provider specialty on audit criteria base is "Include" or "Exclude")]

Table: T_AUDT_SPC_XREF

2.7.23.2 Technical Name

Ref.ProviderSpecialty.ascx

2.7.23.3 Panel Name

Provider Specialty

2.7.23.4 Audit Restriction-Provider Specialty-Error Disposition Layout

2.7.23.5 Extra Features

This panel has no extra features.

2.7.23.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a provider specialty restriction to the audit.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
delete	Delete a provider specialty restriction from the audit.	Button	N/A	0		
Description	Description of the provider specialty included/excluded in the audit.	Field	Character	50	T_PR_SPEC_CDE	DSC_PROV_SPEC
Provider Specialty	Provider specialty code to be included/excluded in the audit.	Field	Number	3	T_AUDT_SPC_XREF	CDE_PROV_SPEC

2.7.23.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Provider Specialty	Field	1	Provider Specialty is a duplicate.	Select a unique provider specialty.
Provider Specialty	Field	2	A valid Provider Specialty is required	Select a unique provider specialty.

2.7.23.8 Associated Requirements

ID
30.090.006.002.10

2.7.23.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.24 PANEL: Audit Restriction-Procedure-Error Disposition

2.7.24.1 Description

Use the Audit Restrictions - Procedure panel to maintain procedure codes to be included in the audit criteria. This panel is available for all audits except contra audits.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (click on 'search', select row from search results)] - [Error Disposition Maintenance] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Procedure (only available if Procedure on Audit Criteria Base is "Include" or "Exclude")]

Table: T_AUDT_PROC_XRF

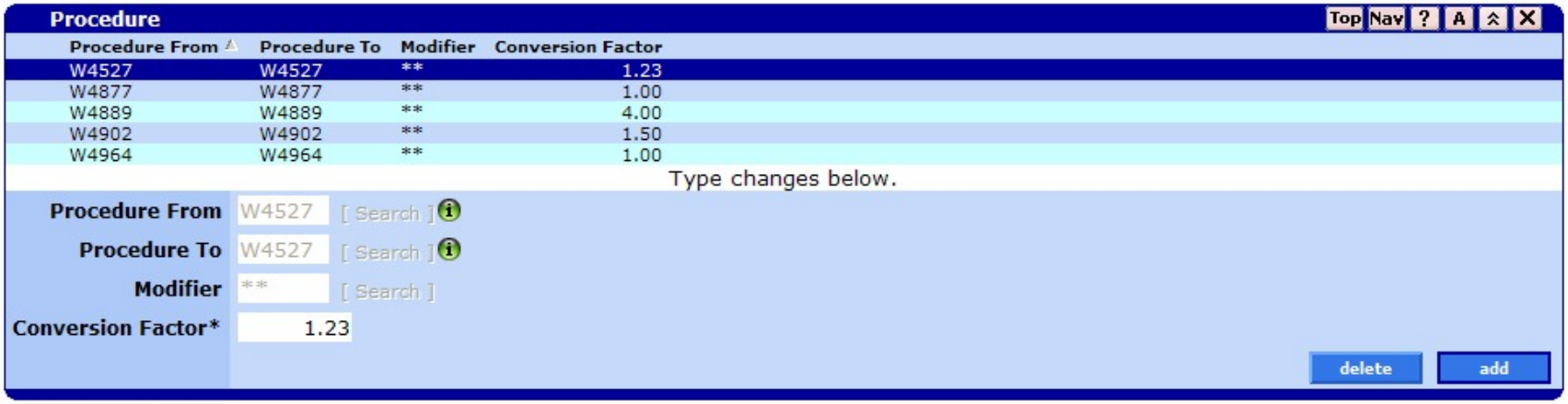
2.7.24.2 Technical Name

Ref.AuditProcedurePanel.ascx

2.7.24.3 Panel Name

Procedure

2.7.24.4 Audit Restriction-Procedure-Error Disposition Layout



2.7.24.5 Extra Features

This panel has no extra features.

2.7.24.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Allows the user to add a new procedure restriction to the audit.	Button	N/A	0		
delete	Allows the user to delete a procedure restriction from the audit.	Button	N/A	0		
Conversion Factor	Conversion factor to be applied when codes being audited are measured in different increments to allow units to be counted toward limitations on an equal basis.	Field	Number	5		
Modifier	Further specifies what type of procedure codes should be included in an audit. This code applies to both the beginning and ending procedures in the range.	Listview	N/A	0		
Procedure From	First procedure code in a range of codes to be included/excluded in the audit.	Listview	N/A	0		
Procedure To	Last procedure code in a range of codes to be included/excluded in the audit.	Listview	N/A	0		

2.7.24.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Conversion Factor	Field	0	Conversion Factor must be greater than or equal to 0.00.	Enter a valid conversion factor value.
Conversion Factor	Field	1	Conversion Factor must be less than or equal to 999.99.	Enter a valid conversion factor value.
Modifier	Listview	1	A valid Modifier is required.	Select a modifier.

Field	Field Type	Error Code	Error Message	To Correct
Procedure From	Listview	1	From Procedure is greater than To Procedure.	The To Code should be greater than or equal to the From Code.
Procedure From	Listview	2	A valid Procedure From is required	Select a procedure from.
Procedure From	Listview	3	Procedure range segments can not overlap.	Procedure code ranges cannot overlap. Please re-enter data.
Procedure To	Listview	1	From Procedure is greater than To Procedure.	The To Code should be greater than or equal to the From Code.
Procedure To	Listview	2	A valid Procedure To is required.	Select a Procedure To.
Procedure To	Listview	3	Proc. range segments can not overlap.	Procedure code ranges cannot overlap. Please re-enter.

2.7.24.8 Associated Requirements

ID
30.090.006.002.10

2.7.24.9 CO / Defects

ID	Type	Name	Description	Current Status
2026	Change Order	Add conversion factor -Core 9840	Update the Audit Restriction-Procedure-Error Disposition panel to process the new data element (NUM_UNIT_FRCT) being added to T_AUDIT_PROC and T_AUDT_PROC_XRF.	Prod Implemented

2.7.25 PANEL: Audit Restriction-GCN Sequence-Error Disposition

2.7.25.1 Description

Use the Audit Restriction-GCN Sequence panel to maintain the Generic Code Number (GCN) sequence number restriction parameters for an audit.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [GCN sequence (only available if GCN sequence number on audit criteria base is "Include" or "Exclude")]

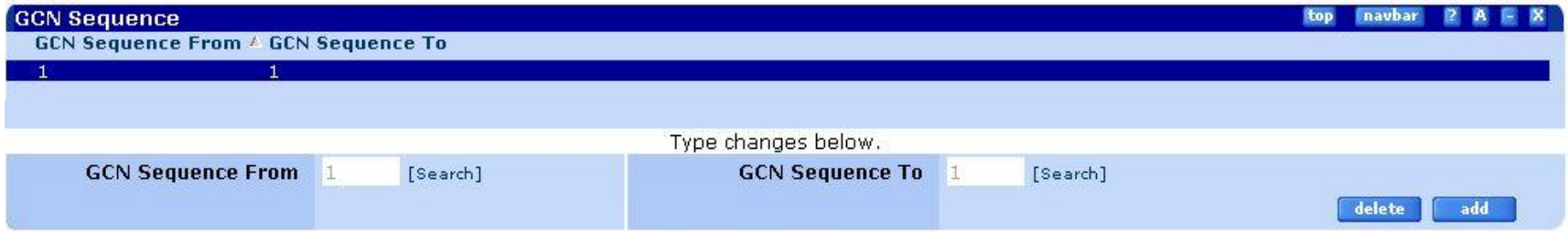
2.7.25.2 Technical Name

Ref.GCNSequence

2.7.25.3 Panel Name

GCN Sequence

2.7.25.4 Audit Restriction-GCN Sequence-Error Disposition Layout



2.7.25.5 Extra Features

This panel has no extra features.

2.7.25.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a GCN sequence number restriction to the audit.	Button	N/A	0		
delete	Delete a GCN sequence number restriction from the audit.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
GCN Sequence From	The beginning GCN sequence number of the GCN sequence number range for an audit. The Generic Code Number sequence number (GCN_SEQNO) is a unique number representing a generic formulation.	Field	Number	9	T_AUDIT_GEN_SEQ_X	NUM_GCN_FROM
GCN Sequence To	The ending GCN sequence number of the GCN sequence number range for an audit. The Generic Code Number sequence number (GCN_SEQNO) is a unique number representing a generic formulation.	Field	Number	9	T_AUDIT_GEN_SEQ_X	NUM_GCN_TO

2.7.25.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
GCN Sequence From	Field	1	Message.MessageFormat.GreaterThanOrEqual	The GCN Sequence From must be less than GCN Sequence To.

2.7.25.8 Associated Requirements

ID
30.090.006.002.10

2.7.25.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.26 PANEL: Audit Restriction-Provider Type-Error Disposition

2.7.26.1 Description

Use the Audit Restriction-Provider Type panel to designate provider types to be included in or excluded from the audit criteria.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Provider Type (only available if provider type on audit criteria base is "Include" or "Exclude")]

Table: T_AUDIT_PR_TYPE_X

2.7.26.2 Technical Name

Ref.AuditProviderTypeXPanel.ascx

2.7.26.3 Panel Name

Provider Type

2.7.26.4 Audit Restriction-Provider Type-Error Disposition Layout

2.7.26.5 Extra Features

This panel has no extra features.

2.7.26.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a provider type restriction to the audit.	Button	N/A	0		
delete	Delete a provider type restriction from the audit.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Description of the provider type included/excluded in the audit.	Field	Character	50	T_PR_TYPE_CDE	DSC_PROV_TYPE
Provider Type	Provider type to be included/excluded in the audit.	Field	Character	2	T_AUDIT_PR_TYPE_X	CDE_PROV_TYPE

2.7.26.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Provider Type	Field	1	A valid Provider Type Code is required	Insert a valid provider type.
Provider Type	Field	2	Provider Type is a duplicate.	Make sure that the provider type is unique.

2.7.26.8 Associated Requirements

ID
30.090.006.002.10

2.7.26.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.27 PANEL: Audit Restriction-Member Plan-Error Disposition

2.7.27.1 Description

Use the Audit Restriction-Member Plan panel to identify which member plans are included or excluded from the audit criteria.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Member Plan (only available if program on audit criteria base is "Include" or "Exclude")]

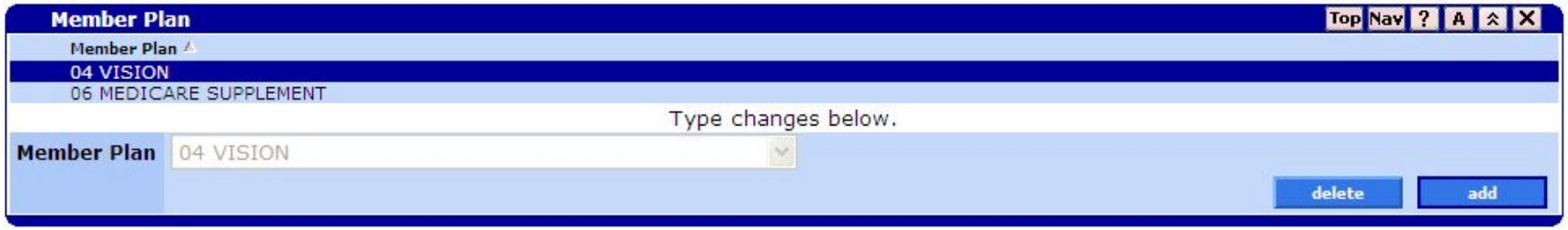
2.7.27.2 Technical Name

Ref.HealthProgram

2.7.27.3 Panel Name

Member Plan

2.7.27.4 Audit Restriction-Member Plan-Error Disposition Layout



2.7.27.5 Extra Features

This panel has no extra features.

2.7.27.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a member plan restriction to the audit	Button	N/A	0		
delete	Delete a member plan restriction from the audit	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Member Plan	Contains the member plan to be included/excluded from the audit.	Field	Drop Down List Box	1	T_AUDT_PGM_XREF	SAK_PUB_HLTH

2.7.27.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Member Plan	Field	1	A duplicate Member Plan cannot be saved.	Select a unique member plan.
Member Plan	Field	2	A valid Member Plan is required	Select a unique member plan.

2.7.27.8 Associated Requirements

ID
30.090.002.002.6
30.090.006.002.10

2.7.27.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.28 PANEL: Audit Restriction-Financial Payer-Error Disposition

2.7.28.1 Description

Use the Audit Restriction-Financial Payer panel to maintain financial payer restriction parameters for an audit.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Financial Payer (only available if financial payer on audit criteria base is "Include" or "Exclude")]

Table: T_AUDIT_PAYER_XREF

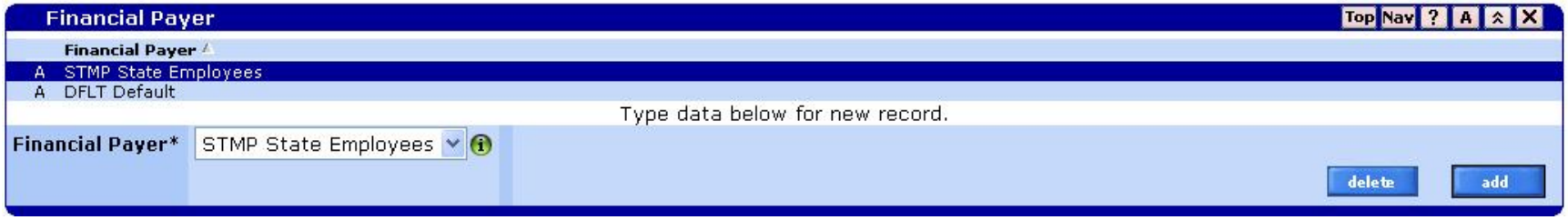
2.7.28.2 Technical Name

Ref.Financial Payer

2.7.28.3 Panel Name

Financial Payer

2.7.28.4 Audit Restriction-Financial Payer-Error Disposition Layout



2.7.28.5 Extra Features

This panel has no extra features.

2.7.28.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a financial payer restriction to the audit.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
delete	Delete a financial payer restriction from the audit.	Button	N/A	0		
Financial Payer	Business code value and description used to identify the payer.	Field	Drop Down List Box	9	T_AUDIT_PAYER_XREF	SAK_FIN_PAYER

2.7.28.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Financial Payer	Field	1	A valid Financial Payer is required	Select a financial payer.
Financial Payer	Field	2	Financial Payer is a duplicate.	Select a unique financial payer.

2.7.28.8 Associated Requirements

ID
30.090.006.002.10

2.7.28.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.29 PANEL: Audit Restriction-Revenue Code-Error Disposition

2.7.29.1 Description

Use the Audit Restriction-Revenue Code panel to maintain a list of revenue codes that are included in or excluded from the audit criteria.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Revenue Code (only available if revenue code on audit criteria base is "Include" or "Exclude")]

Table: T_AUDIT_REV_XREF

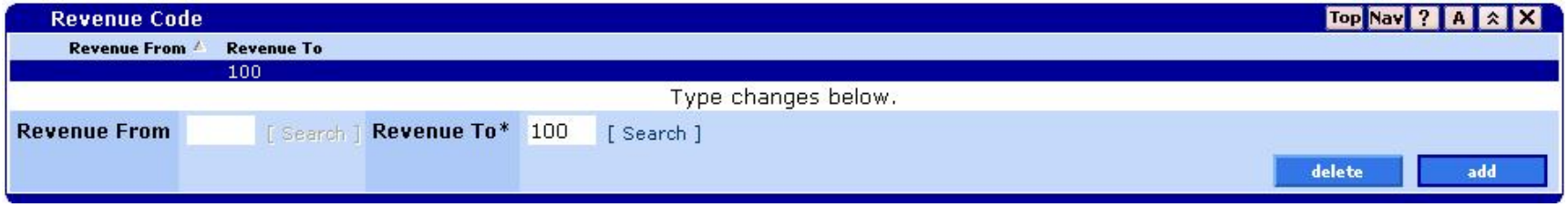
2.7.29.2 Technical Name

Ref.AuditRestrictionRevenueCodePanel.ascx

2.7.29.3 Panel Name

Revenue Code

2.7.29.4 Audit Restriction-Revenue Code-Error Disposition Layout



2.7.29.5 Extra Features

This panel has no extra features.

2.7.29.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a revenue code restriction to the audit.	Button	N/A	0		
delete	Delete a revenue code restriction from the audit.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Revenue From	The first revenue code in a range of revenue codes used in the auditing criteria.	Field	Character	4	T_AUDIT_REV_XREF	CDE_REVC_FROM
Revenue To	The last revenue code in a range of revenue codes used in the auditing criteria.	Field	Character	4	T_AUDIT_REV_XREF	CDE_REVC_TO

2.7.29.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Revenue From	Field	8181	A valid Revenue From is required	Revenue from must be greater than revenue to.
Revenue From	Field	8182	From Rev. is greater than To Rev.	Revenue from must be less than revenue to.
Revenue From	Field	8183	Rev. range segments can not overlap.	Verify data entry. Revenue code ranges can not overlap. Correct overlapping ranges.
Revenue From	Field	8185	A valid Revenue From is required	Revenue from entered does not exist. Click Cancel and try using the Search option.
Revenue To	Field	8180	A valid Revenue To is required	Revenue to must be less than revenue from.
Revenue To	Field	8182	A valid Revenue To is required	Revenue To entered not found. Click Cancel and try using Search option

2.7.29.8 Associated Requirements

ID
30.020.002
30.090.006.002.10

2.7.29.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.30 PANEL: Audit Restriction-Type of Bill-Error Disposition

2.7.30.1 Description

Use the Audit Restriction-Type of Bill panel to maintain the type of bill restrictions for an audit.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Type of BIll (only available if type of bill on audit criteria base is "Include" or "Exclude")]

Table: T_AUDIT_TOB_XREF

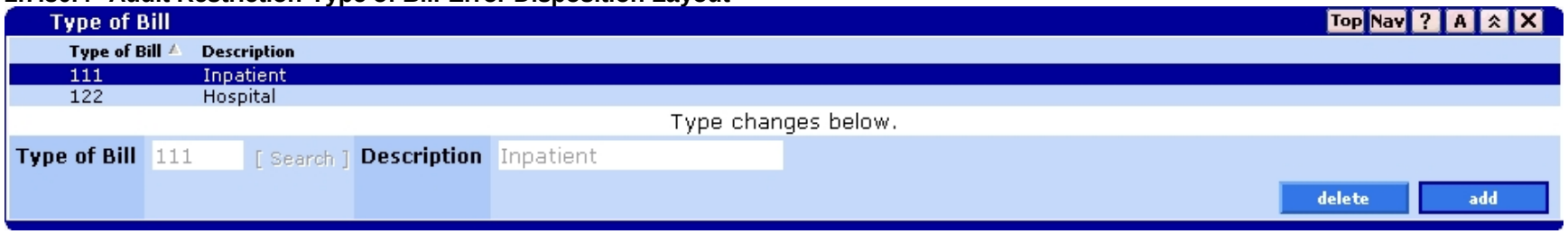
2.7.30.2 Technical Name

Ref.AuditTobXrefPanel.ascx

2.7.30.3 Panel Name

Type of Bill

2.7.30.4 Audit Restriction-Type of Bill-Error Disposition Layout



2.7.30.5 Extra Features

This panel has no extra features.

2.7.30.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a type of bill restriction to the audit.	Button	N/A	0		
delete	Delete a type of bill restriction from the audit.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Type of bill description.	Field	Character	50	T_TOB_TYPE	DSC_50
Type of Bill	Code that identifies a particular bill type.	Field	Character	3	T_AUDIT_TOB_XREF	CDE_TYPE_OF_BILL

2.7.30.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Type of Bill	Field	1	Type of Bill Code is a duplicate.	Select a unique type of bill code.
Type of Bill	Field	2	A valid Type Of Bill is required	Select a unique type of bill.

2.7.30.8 Associated Requirements

ID
30.020.002
30.090.006.002.10

2.7.30.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.31 PANEL: Audit Restriction-Diagnosis-Error Disposition

2.7.31.1 Description

Use the Audit Restriction-Diagnosis panel to maintain diagnosis restriction parameters for an audit.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Diagnosis (only available if diagnosis on audit criteria base is "Include" or "Exclude")]

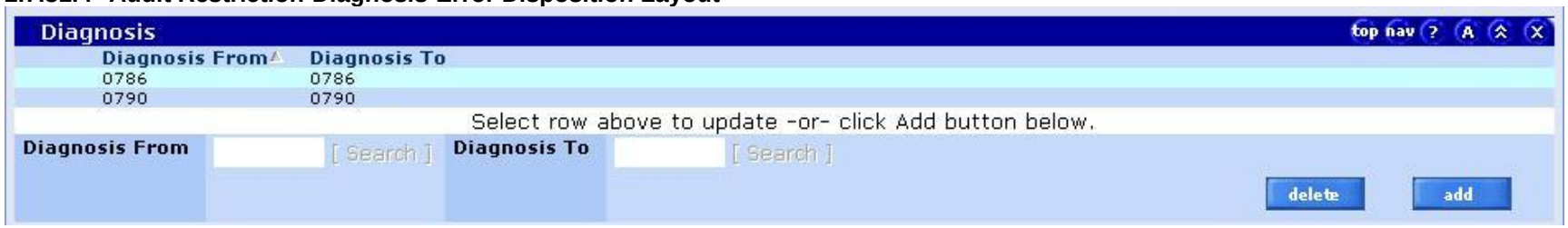
2.7.31.2 Technical Name

Ref.Diagnosis

2.7.31.3 Panel Name

Diagnosis

2.7.31.4 Audit Restriction-Diagnosis-Error Disposition Layout



2.7.31.5 Extra Features

This panel has no extra features.

2.7.31.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Add a diagnosis restriction.	Button	N/A	0		
Delete	Delete a diagnosis restriction.	Button	N/A	0		
Diagnosis From	Indicates the first diagnosis in a range used for audit criteria.	Field	Character	5	T_AUDT_DIAG_XRF	CDE_DIAG_FROM

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Diagnosis To	Indicates the last diagnosis in a range used for audit criteria.	Field	Character	5	T_AUDT_DIAG_XRF	CDE_DIAG_TO

2.7.31.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Diagnosis From	Field	8110	From Diag. is greater than To Diag.	Insert Diagnosis From value that is greater than the Diagnosis To.

2.7.31.8 Associated Requirements

ID
30.090.006.002.10
30.090.006.002.5

2.7.31.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.32 PANEL: Audit Restriction-Age-Error Disposition

2.7.32.1 Description

Use the Audit Restriction-Age panel to maintain age restriction parameters for an audit.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Age (only available if member age on audit criteria base is "Include" or "Exclude")]

Table: T_AUDIT_AGE

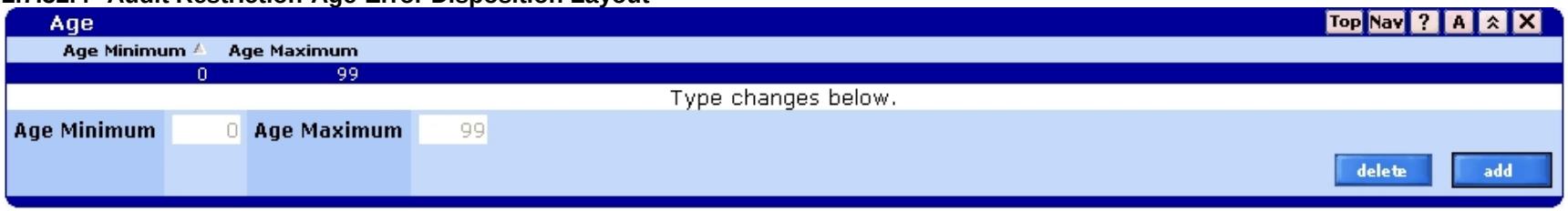
2.7.32.2 Technical Name

Ref.Age

2.7.32.3 Panel Name

Age

2.7.32.4 Audit Restriction-Age-Error Disposition Layout



2.7.32.5 Extra Features

This panel has no extra features.

2.7.32.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Add an age range.	Button	N/A	0		
Delete	Delete an age range.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Age Maximum	First age in a range that should be included or excluded from audit criteria.	Field	Number	4	T_AUDIT_AGEREST	QTY_AGE_MAX
Age Minimum	Last age in a range that should be included or excluded from audit criteria.	Field	Number	4	T_AUDIT_AGEREST	QTY_AGE_MIN

2.7.32.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Age Maximum	Field	1	Age Maximum must be less than or equal to 999.	Enter an age maximum that is less than or equal to 9999.
Age Maximum	Field	2	Age Maximum must be greater than or equal to Age Minimum.	Enter an age maximum that is greater than or equal to age minimum.
Age Maximum	Field	3	Enter a valid value.	Age must be numeric and greater than or equal to zero.
Age Maximum	Field	4	Age range segments can not overlap.	Check the age against existing records. Range cannot overlap.
Age Minimum	Field	1	Age Minimum must be less than or equal to 999.	Enter an age minimum that is less than or equal to 9999.
Age Minimum	Field	2	Enter a valid value.	Age must be numeric and greater than or equal to zero.
Age Minimum	Field	3	Age range segments can not overlap.	Check the age against existing records. Range cannot overlap.

2.7.32.8 Associated Requirements

ID
30.020.002
30.050.001R
30.090.006.002.10

2.7.32.9 CO / Defects

ID	Type	Name	Description	Current Status
264	Change Order	Change Recipient to Member	System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user. This system-wide change was identified during the Member Management RV/JAD sessions held on 06/13/2005 - 06/17/2005.	Prod Implemented

2.7.33 PANEL: Audit Restriction-GPI-Error Disposition

2.7.33.1 Description

Use the Audit Restriction-GPI panel to maintain Generic Price Indicator (GPI) restriction parameters for an audit.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [GPI (only available if generic price on audit criteria base is "Include" or "Exclude")]

Table: T_AUDIT_GPI_XREF

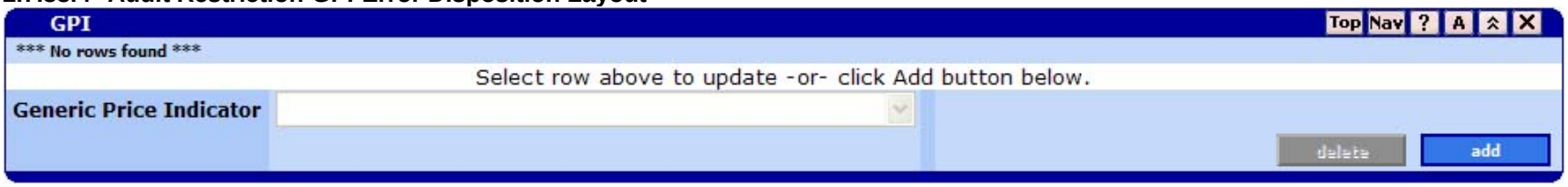
2.7.33.2 Technical Name

Ref.GPI

2.7.33.3 Panel Name

GPI

2.7.33.4 Audit Restriction-GPI-Error Disposition Layout



2.7.33.5 Extra Features

This panel has no extra features.

2.7.33.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a GPI restriction to the audit	Button	N/A	0		
delete	Delete a GPI restriction from the audit	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Generic Price Indicator	The GPI code and the description for that code.	Field	Alphanumeric	50	T_AUDIT_GPI_XREF	IND_DRUG_GENERIC

2.7.33.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Generic Price Indicator	Field	1	Generic Price Indicator is required.	Select a Generic Price Indicator.
Generic Price Indicator	Field	2	Generic Price Indicator is a duplicate.	Select GPI value that does not currently exist.

2.7.33.8 Associated Requirements

ID
30.020.002
30.090.006.002.10

2.7.33.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.34 PANEL: Audit Restriction-Claim Type-Error Disposition

2.7.34.1 Description

Use the Audit Restriction-Claim Type panel to maintain claim type restriction parameters for an audit.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Claim Type (only available if claim type on audit criteria base is "Include" or "Exclude")]

Table: T_AUDIT_CL_TYPE_X

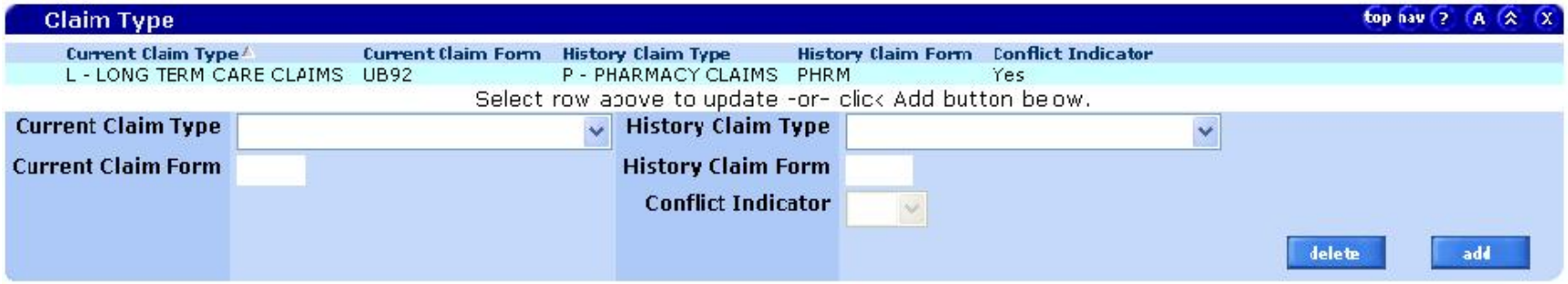
2.7.34.2 Technical Name

Ref.AuditRestrictionClmTypePanel.ascx

2.7.34.3 Panel Name

Claim Type

2.7.34.4 Audit Restriction-Claim Type-Error Disposition Layout



2.7.34.5 Extra Features

This panel has no extra features.

2.7.34.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Add a claim type restriction.	Button	N/A	0		
Delete	Delete a claim type restriction.	Button	N/A	0		
Conflict Indicator	Indicates "Yes" or "No". If Yes, it causes execution of conflict date overlap logic.	Field	Drop Down List Box	0	T_AUDIT_CL_TYPE_X	IND_CONFLICT
Current Claim Form	Claim form for current claim.	Field	Alphanumeric	4	T_AUDIT_CL_TYPE_X	CDE_CLM_FORM_CURR
Current Claim Type	The type of claim that can be processed in the MMIS system.	Field	Drop Down List Box	0	T_AUDIT_CL_TYPE_X	CDE_CLM_TYPE_CURR
History Claim Form	Claim form for history claim.	Field	Alphanumeric	4	T_AUDIT_CL_TYPE_X	CDE_CLM_FORM_HIST
History Claim Type	The type of claim that can be processed in the MMIS system.	Field	Drop Down List Box	0	T_AUDIT_CL_TYPE_X	CDE_CLM_TYPE_HIST

2.7.34.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Conflict Indicator	Field	5	Conflict Indicator is required.	Conflict indicator must be Yes or No.
Current Claim Form	Field	2	A valid Current Claim form is required.	Select a current claim type.
Current Claim Form	Field	3	Current/History Claim Type - Invalid Combination.	Select a valid current/history claim type combination.

Field	Field Type	Error Code	Error Message	To Correct
History Claim Form	Field	1	A valid History Claim Form is required.	Select a history claim type.

2.7.34.8 Associated Requirements

ID
30.090.006.002.10

2.7.34.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.35 PANEL: Audit Restriction-Therapeutic Class-Error Disposition

2.7.35.1 Description

The Audit Therapeutic Class Restrictions panel maintains a list or range of drug therapeutic classes that should be included or excluded in audit criteria for limitation and umbrella audits.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Therapeutic Class (only available if the therapeutic class on audit criteria base is "Include" or "Exclude")]

Table: T_AUDIT_THER_CLS_X

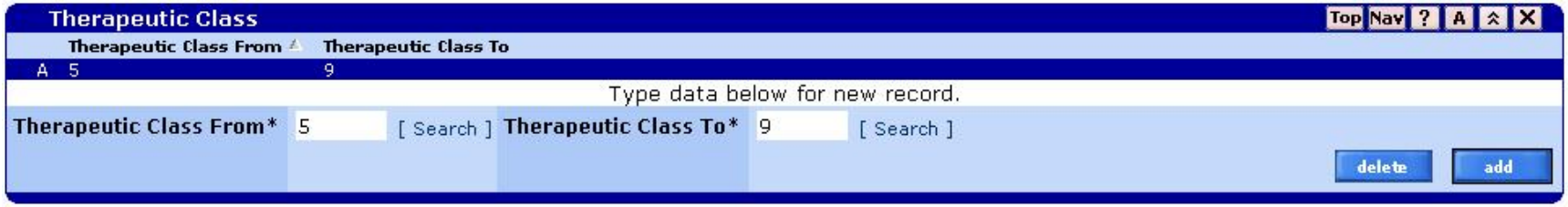
2.7.35.2 Technical Name

Ref.Therapeutic Class

2.7.35.3 Panel Name

Therapeutic Class

2.7.35.4 Audit Restriction-Therapeutic Class-Error Disposition Layout



2.7.35.5 Extra Features

This panel has no extra features.

2.7.35.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a drug therapeutic class restriction to the audit.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
delete	Delete a drug therapeutic class restriction from the audit.	Button	N/A	0		
Therapeutic Class From	Therapeutic Class Range From that should be included or excluded in audit criteria	Field	Character	4	T_AUDIT_THER_CL_X	CDE_THERA_CLS_ST_FROM
Therapeutic Class To	Therapeutic Class Range To that should be included or excluded in audit criteria	Field	Character	4	T_AUDIT_THER_CL_X	CDE_THERA_CLS_ST_TO

2.7.35.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Therapeutic Class From	Field	1	From Therapeutic Class must be less than or equal to To Therap. Class.	Enter a FROM therapeutic class value that is less than the TO therapeutic class value.
Therapeutic Class From	Field	2	Therapeutic Class range segments can not overlap.	Enter a therapeutic class range that does not overlap an existing therapeutic class range.
Therapeutic Class From	Field	3	A valid Therapeutic Class From is required	Select a valid therapeutic class.
Therapeutic Class To	Field	4	From Therapeutic Class must be <= To Therapeutic Class.	Enter a From therapeutic class value that is less than the TO therapeutic class value.

Field	Field Type	Error Code	Error Message	To Correct
Therapeutic Class To	Field	5	A valid Therapeutic Class To is required	Select a valid therapeutic class.

2.7.35.8 Associated Requirements

ID
30.090.006.002.10

2.7.35.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.36 PANEL: Audit Restriction-NDC-Error Disposition

2.7.36.1 Description

Use the Audit Restriction-NDC panel to maintain drug restriction parameters for an audit.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [NDC (only available if the NDC on audit criteria base is "Include" or "Exclude")]

Table: T_AUDIT_NDC_XREF

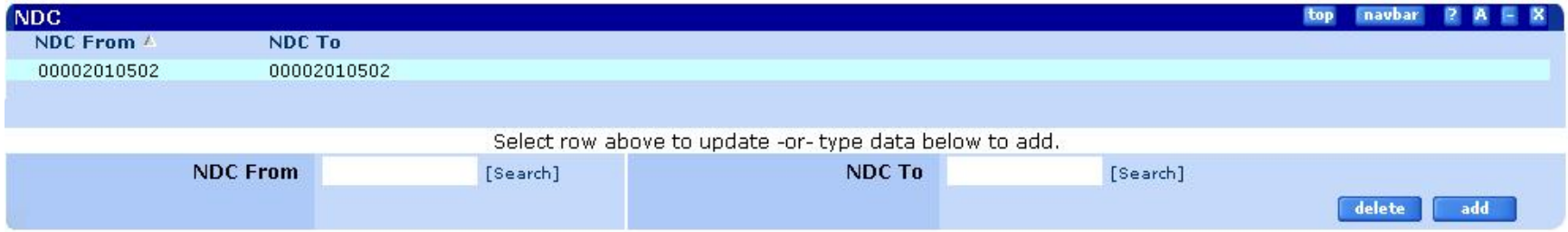
2.7.36.2 Technical Name

Ref.AuditNDCXrefPanel.ascx

2.7.36.3 Panel Name

NDC

2.7.36.4 Audit Restriction-NDC-Error Disposition Layout



2.7.36.5 Extra Features

This panel has no extra features.

2.7.36.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add an NDC restriction to the audit.	Button	N/A	0		
delete	Delete an NDC restriction from the audit.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
From NDC	The start value NDC for a range of NDCs. This code identifies a specific drug.	Field	Number	11	T_AUDIT_NDC_XREF	CDE_NDC_FROM
To NDC	The end value NDC for a range of NDCs. This code identifies a specific drug.	Field	Number	11	T_AUDIT_NDC_XREF	CDE_NDC_TO

2.7.36.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
From NDC	Field	8213	From NDC value must be > To NDC value.	Insert an NDC From value that is not greater than the NDC To value.
To NDC	Field	8213	From NDC value must be > To NDC value.	Insert an NDC To value that is not less than the NDC From value.

2.7.36.8 Associated Requirements

ID
30.020.002
30.090.006.002.10

2.7.36.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.37 PANEL: Audit Restriction-Procedure (Contra)-Error Disposition

2.7.37.1 Description

Use the Audit Restriction-Procedure (Contra) panel to maintain procedure codes and their modifiers or revenue codes that should be included when performing the contra-indicated audit.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [(Expand Error Disposition on left by clicking +)] - [Audit Restriction] - [Procedure (only available if procedure on audit criteria base is "Include" or "Exclude" and audit type is contra-indicated)]

Table: T_CONTRA_PROC

2.7.37.2 Technical Name

Ref.ContraProcedurePanel.ascx

2.7.37.3 Panel Name

Procedure

2.7.37.4 Audit Restriction-Procedure (Contra)-Error Disposition Layout

2.7.37.5 Extra Features

This panel has no extra features.

2.7.37.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a procedure/revenue code restriction to the contra-indicated audit	Button	N/A	0		
delete	Delete a procedure/revenue code restriction from the contra-indicated audit	Button	N/A	0		
Current Code Type	Indicates the type of code (revenue or procedure) used in the audit when looking at the claim in process.	Field	Drop Down List Box	0	T_CONTRA_PROC	CDE_CURR_TYPE
Current From Code	Code identifying the first procedure/revenue in a range of procedures/revenue codes used to define audit criteria when looking at the claim in process.	Field	Character	0	T_CONTRA_PROC	CDE_CURR_FROM
Current Modifier	Code identifying the modifier code used to define audit criteria when looking at the claim in process.	Field	Character	0	T_CONTRA_PROC	CDE_CURR_MOD
Current To Code	Code identifying the last procedure/revenue in a range of procedures/revenue codes used to define audit criteria when looking at the claim in process.	Field	Character	0	T_CONTRA_PROC	CDE_CURR_TO
History Code Type	Indicates the type of code (revenue or procedure) used in the audit when looking at claims on history.	Field	Drop Down List Box	0	T_CONTRA_PROC	CDE_HIST_TYPE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
History From Code	Code identifying the first procedure/revenue in a range of procedures/revenue codes used to define audit criteria when looking at claims on history.	Field	Character	0	T_CONTRA_PROC	CDE_HIST_FROM
History Modifier	Code identifying the modifier code used to define audit criteria when looking at claims on history.	Field	Character	0	T_CONTRA_PROC	CDE_HIST_MOD
History To Code	Code identifying the last procedure/revenue in a range of procedures/revenue codes used to define audit criteria when looking at claims on history.	Field	Character	0	T_CONTRA_PROC	CDE_HIST_TO

2.7.37.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.37.8 Associated Requirements

ID
30.090.006.002.3

2.7.37.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.38 PAGE: Error Disposition Information Page

2.7.38.1 Description

The Error Disposition Information page displays the claims error dispositioning information associated to an error code.

The error disposition information is used by the claims engine to determine the following:

- Determine the disposition of an edit/audit (paid, deny, suspend);
- Determine if an edit should set at the header and detail level of a claim;
- Determine the final status of the claim (paid, deny, suspend);
- Determine the EOB associated to a claim for a posted edit/audit; and,
- Determine the location of a claim if a claim should suspend.

Only authorized users with update privileges have the capability to add new information or modify existing data.

2.7.38.2 Technical Name

Error Disposition Information Page

2.7.38.3 Web Page Name

iC_Ref_ErrorDispIn

For readability the layout displays on the next page.

2.7.38.4 Error Disposition Information Page Layout

Next Search By Error Code [ ] search clear adv search

Error Disposition Information

Error Code	9	Description	123456789X123456782X123456783X123456784X123456785X
Header/Detail	Header	Disposition Criteria Detail	I 02 C 00 000 04/04/2009 03/03/2008 A
Allow Override	Yes		
Allow Denial	Yes		
Allow Claim Correction Form	Yes		
Edit Critical	Yes		
Cost Containment	Yes		
Spenddown Pre-emptive	Yes		
Claim Check Pre-emptive	Yes		
Potential History to Adjust Report	Yes		
Claim Check/Claim Review Savings Report	Yes	Audit Type	CF CONFLICT
Force Manual Price	Yes		

Error Disposition Maintenance — Select an area to add or modify — Prefs Top Bot ? ⌃

- Error Disposition
  - Audit Criteria
  - Audit Restriction

Adjustment/Data Correction EOB | Base Information | Disposition Criteria
NCPDP Response | Note | Parameters
Resolution Clarification | Resolution Criteria | Resolution Group
Resolution Medical Policy | Resolution Method of Correction | Resolution Note
Resolution Status

save cancel new

2.7.39 PANEL: Resolution Method of Correction-Error Disposition

2.7.39.1 Description

The Error Resolution maintenance panels (Resolution Criteria, Resolution Note, etc) available from the Error Disposition Information page allow the user to maintain error resolution manual information associated to an edit/audit available online. The data maintained on the Resolution panels is entered manually.

The Method of Correction panel allows maintenance of text describing resolution correction information for the error status code (ESC).

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [Resolution Method of Correction]

Table: T_ERR_RESO_MTHD_CORR

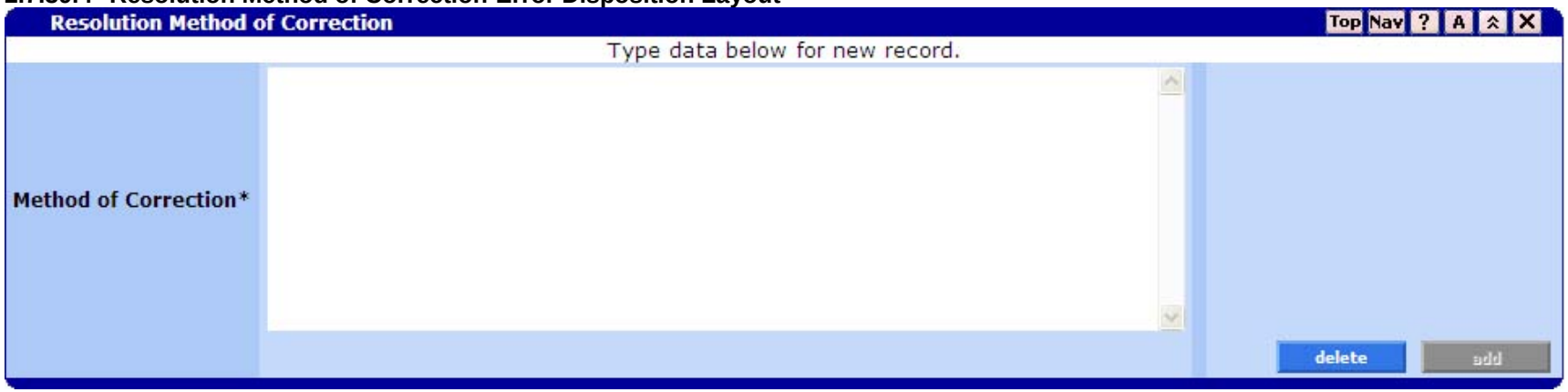
2.7.39.2 Technical Name

Ref.Resolution Method of Correction

2.7.39.3 Panel Name

Resolution Method of Correction

2.7.39.4 Resolution Method of Correction-Error Disposition Layout



2.7.39.5 Extra Features

This panel has no extra features.

2.7.39.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Allows the user to add a method of correction for the error.	Button	N/A	0		
delete	Allows the user to mark a method of correction to be removed from the error.	Button	N/A	0		
Method of Correction	Text field to show the correction method.	Field	Alphanumeric	999999999	T_ERR_RESO_MTHD_CORR	DSC_MTHD_CORR

2.7.39.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Method of Correction	Field	1	Method of Correction is required.	Enter a method of correction.

2.7.39.8 Associated Requirements

ID
No associated requirements found.

2.7.39.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.40 PANEL: Resolution Note-Error Disposition

2.7.40.1 Description

The Error Resolution maintenance panels (Resolution Criteria, Resolution Note, etc) available from the Error Disposition Information page allow the user to maintain error resolution manual information associated to an edit/audit available online. The data maintained on the Resolution panels is entered manually.

Use the Resolution Note panel to enter text describing additional resolution comments for the error status code (ESC).

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [Resolution Note]

Table: T_ERR_RESO_NOTES

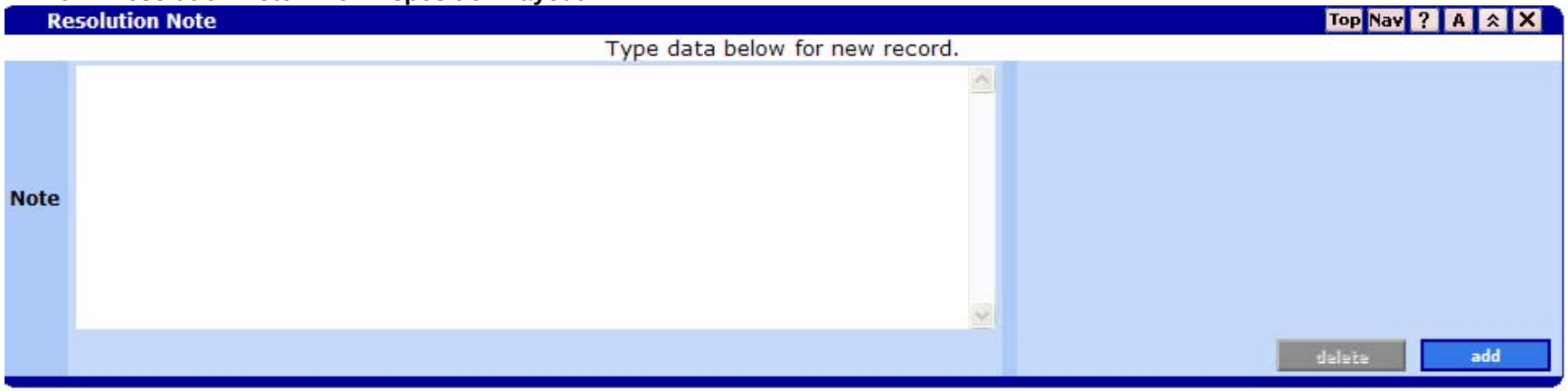
2.7.40.2 Technical Name

Ref.Resolution Note

2.7.40.3 Panel Name

Resolution Note

2.7.40.4 Resolution Note-Error Disposition Layout



2.7.40.5 Extra Features

This panel has no extra features.

2.7.40.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Allows the user to add a note about resolution of the error.	Button	N/A	0		
delete	Allows the user to remove a resolution note from the error.	Button	N/A	0		
Note	This is a note the reso clerk may want to add to the handling or anything else about the ESC.	Field	Alphanumeric	999999999	T_ERR_RESO_NOTES	DSC_RESO_NOTES

2.7.40.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Note	Field	1	Note is required	Note is a required field.

2.7.40.8 Associated Requirements

ID
No associated requirements found.

2.7.40.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.41 PANEL: Error Disposition Mini Search-Error Disposition

2.7.41.1 Description

Use the Error Disposition Mini-Search panel to search for an error code from the Error Disposition Information page.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)]

Table: T_ERROR_DISP

2.7.41.2 Technical Name

Ref.ErrorDispMiniSearchPanel.ascx

2.7.41.3 Panel Name

Error Disposition Mini Search

2.7.41.4 Error Disposition Mini Search-Error Disposition Layout

2.7.41.5 Extra Features

This panel has no extra features.

2.7.41.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
clear	Clears the Error Code field so the user may enter a new error code to search for.	Button	N/A	0		
search	Initiates database search for an error record matching the error code entered. If a record is found, the page is refreshed with the detail information of the error code that has been entered.	Button	N/A	0		
Error Code	Code used to identify an edit or audit.	Field	Number	4	T_ERROR_DISP	CDE_ESC

2.7.41.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.41.8 Associated Requirements

ID
No associated requirements found.

2.7.41.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.42 PANEL: Disposition Criteria-Provider Type Specialty Data-Error Disposition

2.7.42.1 Description

Use the Disposition Criteria-Provider Type Specialty Data information to include or exclude combinations of provider type/specialty in/from participating in the disposition of the edit/audit.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [DispositionCriteria (select row from the data list)]

Tables: T_ERR_DISP_PT_PS_X

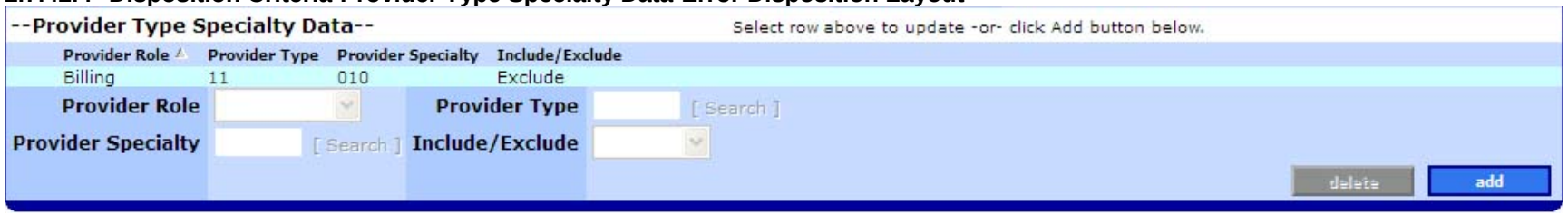
2.7.42.2 Technical Name

Ref.DispositionCriteriaTpSpcXPanel.ascx

2.7.42.3 Panel Name

Provider Type Specialty Data

2.7.42.4 Disposition Criteria-Provider Type Specialty Data-Error Disposition Layout



2.7.42.5 Extra Features

This panel has no extra features.

2.7.42.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Allows the user to add a new type specialty to the line item.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
delete	Allows the user to remove a type specialty from the line item.	Button	N/A	0		
Include/Exclude	This field states whether the type/specialty combination is excluded (E) or included (I) in the restriction.	Field	Character	0	T_ERR_DISP_PT_PS_	CDE_PT_SPEC_EI
Provider Role	This is used to designate the role of the provider in the claim against which these criteria should apply. Valid codes are "B" for billing; "P" for performing; "R" for referring. For example, if the code is "B" then the provider type/specialty of the billing provider will be used to match against the restriction in this table.	Field	Drop Down List Box	0	T_ERR_DISP_PT_PS_	CDE_PR_ROLE
Provider Specialty	This is the code used to identify the provider specialty. A value of "000" is used to designate any specialty.	Field	Character	0	T_ERR_DISP_PT_PS_	CDE_PR_SPEC
Provider Type	This is the code used to identify the provider type. A value of "00" designates any type.	Field	Character	0	T_ERR_DISP_PT_PS_	CDE_PR_TYPE

2.7.42.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Include/Exclude	Field	1	Include/Exclude is required.	Select a value for Include/Exclude.

Field	Field Type	Error Code	Error Message	To Correct
Include/Exclude	Field	2	Include/Exclude cannot be mixed within a role is not valid	Include/Exclude cannot be mixed within a role.
Provider Role	Field	1	Provider Role is required.	Select a provider role.
Provider Role	Field	2	Provider Role, Provider Specialty, Provider Type combination is a duplicate	Select a different provider role.
Provider Role	Field	3	Cannot have same Role/Provider/Specialty combination as another matching Error Disposition Line	Select a different provider role.
Provider Specialty	Field	1	A valid Provider Specialty is required.	Select a provider specialty.
Provider Specialty	Field	2	Provider Specialty, Provider Type combination is a duplicate	Select a different provider specialty.
Provider Specialty	Field	3	Cannot have same Role/Provider/Specialty combination as another matching Error Disposition Line	Select a different provider specialty.
Provider Type	Field	1	A valid Provider Type is required.	Select a provider type.
Provider Type	Field	2	Provider Specialty, Provider Type combination is a duplicate	Select a different provider type.
Provider Type	Field	3	Cannot have same Role/Provider/Specialty combination as another matching Error Disposition Line	Select a different provider type.

2.7.42.8 Associated Requirements

ID
30.090.006.002.11
30.090.007.002.39
30.090.007.002.40

2.7.42.9 CO / Defects

ID	Type	Name	Description	Current Status
3567	Change Order	WI - Rmv PT/PS on err disp line	The error disposition line item panel has parameters where ONE specific PT/PS value can be used to determine the disposition of an error and does not allow the user to indicate the provider role (billing/performing) There is also another option to use an I/E indicator for PT/PS which allows multiple PT/PS values and the provider role (billing/performing). This is confusing to the user. There should only be one method to indicate the PT/PS and that option should be the I/E functionality. Also, PT/PS UI should be similar across reference. Coverage, Billing, and Reimbursement rules allow the user to input ranges of PT/PS. Dispositioning and Audits should work the same way.	Prod Implemented

2.7.43 PANEL: Adjustment Data Correction EOB-Error Disposition

2.7.43.1 Description

This panel contains the EOB (Explanation of Benefit) code that will be assigned to a claim header/detail for each ESC (error status code) that may be posted as a result of an edit or audit. This EOB represents a meaningful message for the provider.

Navigation Path: [Error Disposition - Search] - [select row from search results] - [Adjustment/Data Correction EOB].

Table:

2.7.43.2 Technical Name

ReferenceErrorDispositionEOB.ascx

2.7.43.3 Panel Name

Adjustment Data Correction EOB

2.7.43.4 Adjustment Data Correction EOB-Error Disposition Layout

2.7.43.5 Extra Features

This panel has no extra features.

2.7.43.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Add an EOB.	Button	N/A	0		
Delete	Delete an EOB.	Button	N/A	0		
Description	The nomenclature for an Explanation of Benefits that will be printed on the remittance advice.	Field	Character	79	T_EOB	DSC_EOB

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
EOB	A code that represents a policy for Medicaid claim adjudication.	Field	Character	4	T_EOB	CDE_EOB

2.7.43.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
EOB	Field	1	A valid EOB is required	Please select an EOB code.
EOB	Field	2	A duplicate record cannot be saved	A duplicate record cannot be saved.

2.7.43.8 Associated Requirements

ID
30.020.002

2.7.43.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.44 PANEL: Resolution Medical Policy-Error Disposition

2.7.44.1 Description

The Error Resolution maintenance panels (Resolution Criteria, Resolution Note, etc) available from the Error Disposition Information page allow the user to maintain error resolution manual information associated to an edit/audit available online. The data maintained on the Resolution panels is entered manually.

Use the Resolution Medical Policy panel to view, add or update error disposition resolution medical policy numbers. Use this panel to tie medical policy numbers directly to an error status code (ESC).

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [Resolution Medical Policy]

Table: T_ERR_RESO_POLICY

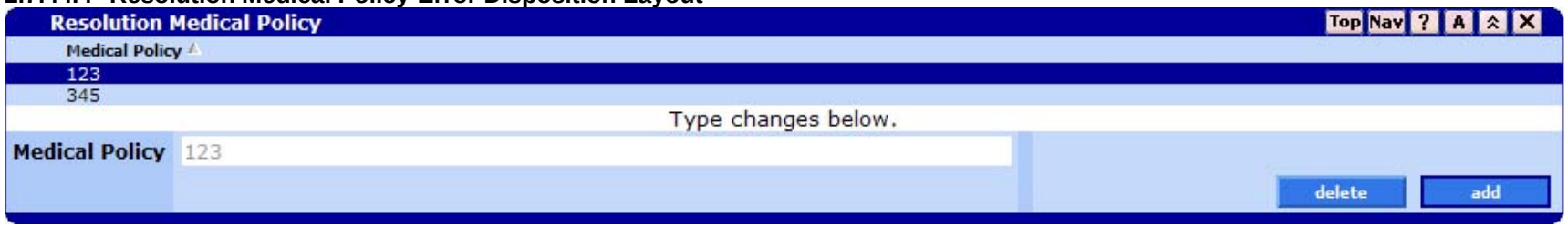
2.7.44.2 Technical Name

Ref.ResolutionMedicalPolicy

2.7.44.3 Panel Name

Resolution Medical Policy

2.7.44.4 Resolution Medical Policy-Error Disposition Layout



2.7.44.5 Extra Features

This panel has no extra features.

2.7.44.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Allows the user to associate the error with a new medical policy.	Button	N/A	0		
delete	Allows the user to mark a medical policy to be disassociated from the error.	Button	N/A	0		
Medical Policy	Identifier for the policies that apply to this ESC.	Field	Character	80	T_ERR_RESO_POLICY	CDE_POLICY

2.7.44.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Medical Policy	Field	1	Medical Policy is required	Medical policy is required.
Medical Policy	Field	2	A duplicate record cannot be saved	A duplicate record cannot be saved.

2.7.44.8 Associated Requirements

ID
No associated requirements found.

2.7.44.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.45 PANEL: Disposition Criteria-Region Data-Error Disposition

2.7.45.1 Description

Use the Disposition Criteria-Region Data panel to add or update the region number and disposition status for a specific error code.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [DispositionCriteria (select row from the data list)]

Tables: T_REGION_DISP

2.7.45.2 Technical Name

Ref.DispositionCriteriaRegionDataPanel.ascx

2.7.45.3 Panel Name

Region Data

2.7.45.4 Disposition Criteria-Region Data-Error Disposition Layout

--Region Data--

Region	Description	EOB	Financial Payer	Disposition Status
00	ALL CLAIM REGIONS	2078	ALL plans	P - PAY & LIST
10	PAPER CLAIMS WITH NO ATTACHMENTS	2078	ALL plans	S - SUSPENDED
11	PAPER CLAIMS WITH ATTACHMENTS	2078	ALL plans	S - SUSPENDED
20	ELECTRONIC CLAIMS WITH NO ATTACHMENTS	2078	ALL plans	S - SUSPENDED
20	ELECTRONIC CLAIMS WITH NO ATTACHMENTS	0004	Default	P - PAY & LIST
21	ELECTRONIC CLAIMS WITH ATTACHMENTS	2078	ALL plans	S - SUSPENDED
22	INTERNET CLAIMS WITH NO ATTACHMENTS	2078	ALL plans	I - INACTIVE
23	INTERNET CLAIMS WITH ATTACHMENTS	2078	ALL plans	I - INACTIVE
50	ADJUSTMENTS - NON-CHECK RELATED	2078	ALL plans	S - SUSPENDED
51	ADJUSTMENTS - CHECK RELATED	2078	ALL plans	S - SUSPENDED

1 2 Next >

Region: 00 - ALL CLAIM REGIONS
Financial Payer: ALL ALL plans
Disposition Status: P - PAY & LIST
EOB: 2078 [Search]
Description: PREVIOUSLY PAID ONE VISIT ON THIS DAY

delete add

2.7.45.5 Extra Features

This panel has no extra features.

2.7.45.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Allows the user to add new region data to the Error Disp line item.	Button	N/A	0		
delete	Allows the user to mark region data to be removed from the line item.	Button	N/A	0		
Disposition Status	Code that represents the action (pay, deny, suspend, super suspend, pay and list) that should be taken on a claim at dispositioning time.	Field	Drop Down List Box	0	T_REGION_DISP	CDE_DISP_STATUS
EOB	Explanation of Benefit.	Field	Character	4	T_REGION_DISP	SAK_EOB
Financial Payer	The financial payer generally represents a unique organization responsible for the underwriting of the claims transactions to be paid.	Field	Drop Down List Box	0	T_REGION_DISP	SAK_FIN_PAYER
Region	Specific region assigned to the edit or audit line item for dispositioning.	Field	Drop Down List Box	0	T_REGION_DISP	NUM_REGION

2.7.45.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Disposition Status	Field	1	A valid Disposition Status is required.	Select a disposition status.
Disposition Status	Field	2	Disposition Status for Region X cannot be 'Pay' for a 'Critical Error'. Valid regions are A,B,C.	Select another disposition status.

Field	Field Type	Error Code	Error Message	To Correct
EOB	Field	1	A valid EOB is required.	Select an EOB.
EOB	Field	2	EOB Codes cannot be different within Region segments unless Disposition is set for 'ALL' Recipient Plans	Set Financial Payer on Disposition Criteria to 'ALL'.
Financial Payer	Field	1	Financial Payer cannot be different within Region segments unless Disposition is set for 'ALL' Recipient Plans	Set Financial Payer on Disposition Criteria to 'ALL'.
Financial Payer	Field	2	A valid Financial Payer is required.	Select a valid financial payer.
Region	Field	1	A valid Region is required	Select a valid region.

2.7.45.8 Associated Requirements

ID
30.090.006.002.11
30.090.007.002.39
30.090.007.002.40

2.7.45.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.46 PANEL Error Disposition Information-Error Disposition

2.7.46.1 Description

This panel displays error disposition information.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)]

Table: T_ERROR_DISP, T_ERR_DISP_LINE

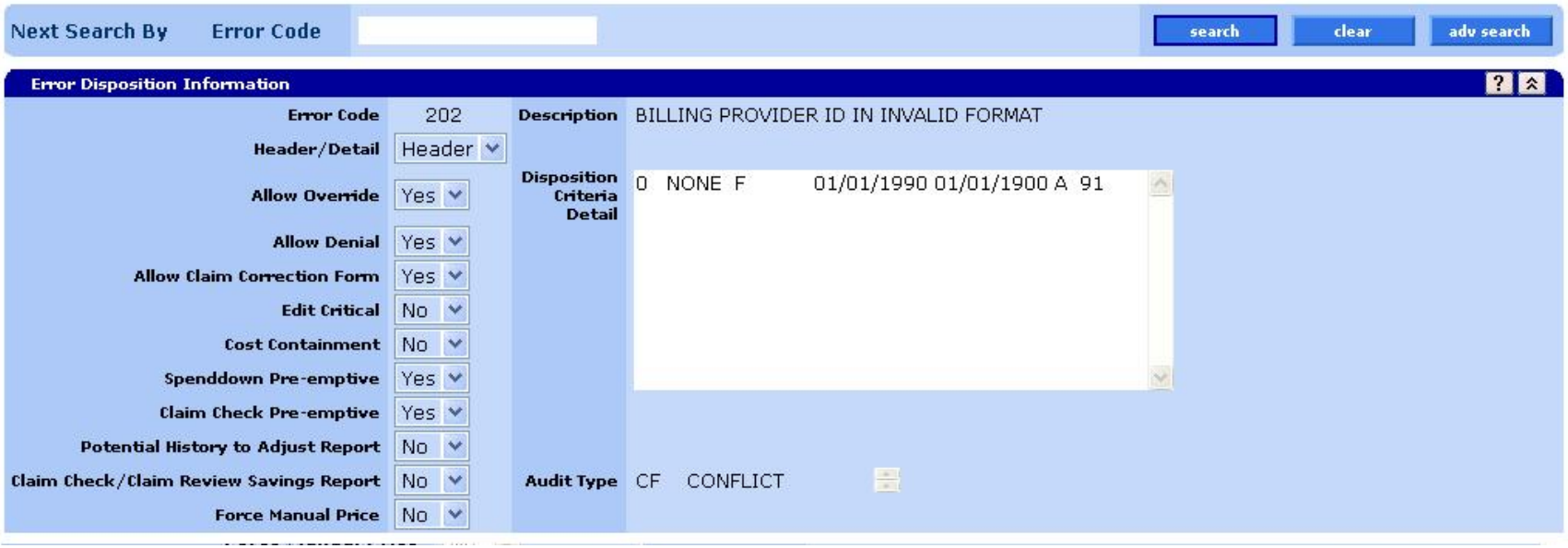
2.7.46.2 Technical Name

Ref.ErrorDispInformationPanel.ascx

2.7.46.3 Panel Name

Error Disposition Information

2.7.46.4 Error Disposition Information-Error Disposition Layout



2.7.46.5 Extra Features

Columns in the Disposition Criteria Detail section of panel (in order of display):

- Claim Type (CT);

- Member Plan (Plan);
- Outcome (F/C - Full Failure/Cutback);
- Provider Type (PT);
- Provider Specialty (PS);
- Effective Date of Receipt (Eff DOR);
- Effective Date of Service (Eff DOS);
- Disposition Status (S); and,
- Location (Claim Location).

View the full Error Disposition Criteria by accessing the Error Disposition - Disposition Criteria panel by selecting the Disposition Criteria link on the Error Disposition Maintenance panel under the Error Disposition selections.

2.7.46.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Allow Denial	Indicates whether a reso clerk should be allowed to deny the claim upon suspending.	Field	Check Box	0	T_ERROR_DISP	IND_ALW_DENY
Allow Override	Indicates whether a reso clerk should be allowed to override the edit/audit upon suspending.	Field	Check Box	0	T_ERROR_DISP	IND_ALW_OVERIDE
Audit Type	Shows the type of audit.	Field	Character	20	T_AUDIT_CRIT	CDE_ERROR_TYPE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Check Pre-emptive	Indicates whether ClaimCheck should be bypassed if the edit is set on a claim. If the indicator is set to "Yes" and the edit is set on the claim, the claim will not go through ClaimCheck processing.	Field	Check Box	0	T_ERROR_DISP	IND_CC_PRE_EMPTIVE
ClaimCheck/ClaimReview Savings Report	Indicates if the error should be reported on the ClaimCheck / ClaimReview Savings Report. If the box is checked, the error will be included in the report.	Field	Check Box	0	T_ERROR_DISP	IND_CC_SAVINGS
Cost Containment	**This feature is Not Currently used in the Kentucky MMIS.** Identifies the error status code as a cost containment item that can be used in cost containment reporting functions.	Field	Check Box	0	T_ERROR_DISP	IND_COST_CONT

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Disposition Criteria Detail - CT (Claim Type)	Type of claim assigned to specified error criteria used for disposition of this error code. Users should ensure that they are looking at the correct disposition of the line item they want to view, by highlighting the claim type on the Error Disposition Line Item window.	Field	Drop Down List Box	0	T_ERR_DISP_LINE	CDE_CLM_TYPE
Disposition Criteria Detail - Eff DOR (Effective DOR)	The date of claim receipt the edit/audit will become active for claims processing.	Field	Date (MM/DD/CCYY)	8	T_ERR_DISP_LINE	DTE_EFFECT_DOR
Disposition Criteria Detail - Eff DOS (Effective DOS)	The date of service the edit/audit will become active for claims processing.	Field	Date (MM/DD/CCYY)	8	T_ERR_DISP_LINE	DTE_EFFECT_DOS
Disposition Criteria Detail - F/C (Outcome)	Indicates whether the audit will reduce allowed amounts to zero (full failure), or only partially reduce allowed amounts (cutback) if the audit's criteria is exceeded.	Field	Drop Down List Box	0	T_ERR_DISP_LINE	CDE_OUTCOME
Disposition Criteria Detail - Location (Claim Location)	Indicates the location of a claim in the system.	Field	Drop Down List Box	0	T_ERR_DISP_LINE	CDE_CLM_LOC

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Disposition Criteria Detail - PS (Provider Specialty)	Indicates the provider specialty to be specifically edited/audited for the claim type indicated in the claim type box.	Field	Character	3	T_ERR_DISP_LINE	CDE_PROC_SPEC
Disposition Criteria Detail - PT (Provider Type)	Indicates the provider type to be specifically edited/audited for the claim type indicated in the claim type box.	Field	Character	2	T_ERR_DISP_LINE	CDE_PROV_TYPE
Disposition Criteria Detail - Plan (Member Plan)	Identifies the member plan to be edited/audited for the claim type indicated in the claim type box.	Field	Drop Down List Box	0	T_ERR_DISP_LINE	SAK_PUB_HLTH
Disposition Criteria Detail - S (Disposition Status)	Indicates whether the edit/audit is active/inactive for the claim type indicated in the claim type box.	Field	Drop Down List Box	0	T_ERR_DISP_LINE	CDE_DISP_STATUS
Edit Critical	Indicator identifying if the ESC is considered critical, and should not be inactivated, or set to pay (forced) by a clerk.	Field	Drop Down List Box	0	T_ERROR_DISP	IND_CRITICAL
Error Code	Code used to identify an edit or audit.	Field	Number	4	T_ERROR_DISP	CDE_ESC
Error Code Description	Text description of the edit or audit.	Field	Character	50	T_ERROR_DISP	DSC_ERROR_STAT

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Force Manual Price	This is used to override Edit Critical (IND_CRITICAL) when = "Y'. A 'Y' in this column means this ESC may be forced (set to pay) if the service is priced manually.	Field	Drop Down List Box	0	T_ERROR_DISP	IND_FORCE_MANUAL _PRICE
Header/Detail Indicator	Indicates whether the edit or audit should be set at the header or detail level of the claim.	Field	Drop Down List Box	0	T_ERROR_DISP	CDE_HDR_DTL_LVL
Next Error Code	The next error code the user wishes to inquire.	Field	Number	2		
Potential History to Adjust Report	Indicates if the error should be reported on the Potential History To Adjust report. If the box is checked, the error will be included in the report.	Field	Check Box	0	T_ERROR_DISP	IND_CC_PHTAR
Spenddown Pre-emptive	Indicates whether the claim should be counted against spenddown if the edit is set. If the indicator is set to "Yes" and the edit is set on the claim, the claim billed amount will not be considered in member spenddown calculations.	Field	Check Box	0	T_ERROR_DISP	IND_SD_PRE_EMPTIV E

2.7.46.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.46.8 Associated Requirements

ID
No associated requirements found.

2.7.46.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.47 PANEL: Disposition Criteria-Error Disposition

2.7.47.1 Description

Use the Error Disposition Criteria panel to maintain disposition information concerning a specific edit/audit. The correct disposition detail to use for a claim is determined based on the claim type, level of care, outcome (full failure or cutback), provider specialty, date of receipt, and date of service of the claim.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [Disposition Criteria]

Table: T_ERR_DISP_LINE

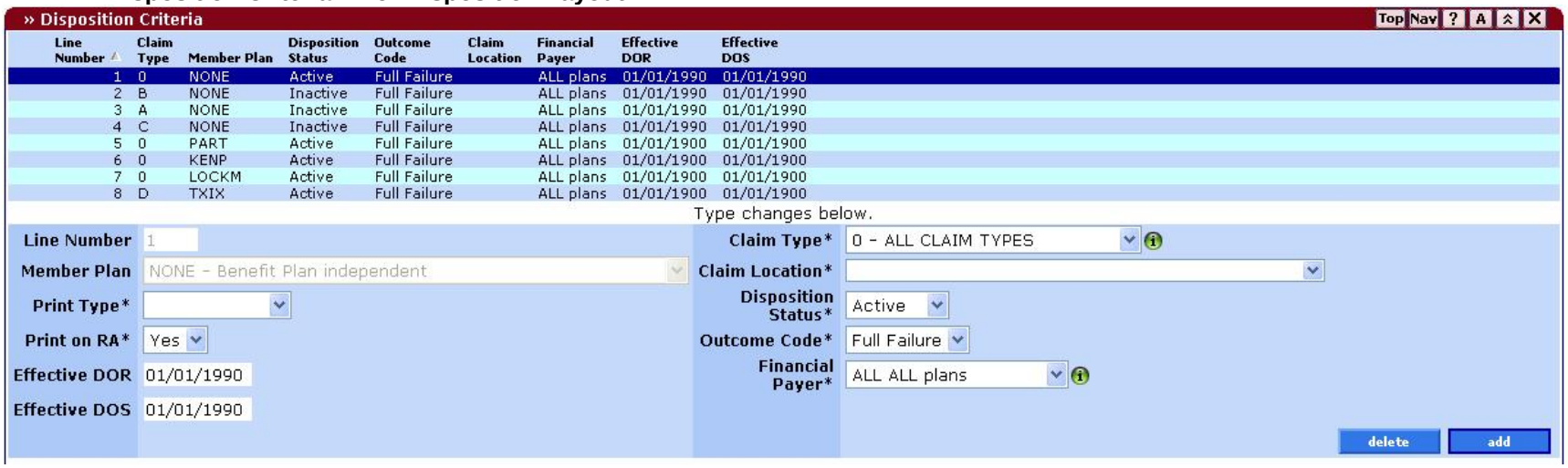
2.7.47.2 Technical Name

Ref.DispositionCriteriaPanel.ascx

2.7.47.3 Panel Name

Disposition Criteria

2.7.47.4 Disposition Criteria-Error Disposition Layout



2.7.47.5 Extra Features

This panel has no extra features.

2.7.47.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Allows the user to add a new disposition criteria to the edit/audit.	Button	N/A	0		
delete	Allows the user to mark a disposition criteria to be removed from the edit/audit.	Button	N/A	0		
Claim Location	Type of location in which a claim can be placed during processing in the MMIS system.	Field	Drop Down List Box	1	T_ERR_DISP_LINE	CDE_CLM_LOC
Claim Type	Type of claim assigned to specified error criteria used for disposition of the claim.	Field	Drop Down List Box	1	T_ERR_DISP_LINE	CDE_CLM_TYPE
Disposition Status	Indicates if a line item criteria is active or inactive.	Field	Drop Down List Box	1	T_ERR_DISP_LINE	CDE_DISP_STATUS
Effective DOR	Date claim processes in the system (date of receipt) for which the error should be set.	Field	Date (MM/DD/CCYY)	8	T_ERR_DISP_LINE	DTE_EFFEC_DOR
Effective DOS	Date of service for which the error should be set.	Field	Date (MM/DD/CCYY)	8	T_ERR_DISP_LINE	DTE_EFFEC_DOS
Financial Payer	Financial payer	Field	Drop Down List Box	1		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Line Number	Represents the error disposition key.	Field	Number	4	T_ERR_DISP_LINE	SAK_ERROR_DISP
Member Plan	The plans to which the disposition criteria applies.	Field	Drop Down List Box	1	T_ERR_DISP_LINE	SAK_PUB_HLTH
Outcome Code	Indicates how to handle the possible types of failure of an edit or audit (full failure or cutback).	Field	Drop Down List Box	1	T_ERR_DISP_LINE	CDE_OUTCOME
Print Type	Indicates if details that fail this edit/audit should produce a paper worksheet or appear on the edit list report.	Field	Drop Down List Box	1	T_ERR_DISP_LINE	CDE_PRINT_TYPE
Print on RA	Indicates if the error should be posted on the RA.	Field	Drop Down List Box	1	T_ERR_DISP_LINE	IND_RA_PRINT

2.7.47.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Claim Location	Field	1	A valid Claim Location is required	A valid claim location is required.
Claim Type	Field	1	A valid Claim type is required	A valid claim type is required.
Disposition Status	Field	1	A valid Disposition Status is required	A valid disposition status is required.
Effective DOR	Field	1	Must contain Effective DOR Date or Effective DOS Date	Must contain Effective DOR Date or Effective DOS Date.

Field	Field Type	Error Code	Error Message	To Correct
Effective DOR	Field	2	Invalid date. Format is MM/DD/CCYY	Invalid date. Format is MM/DD/CCYY.
Effective DOR	Field	3	Effective DOR must be greater than or equal to 1/1/1900	Effective DOR must be greater than or equal to 1/1/1900.
Effective DOR	Field	4	Effective DOR must be less than or equal to 12/31/2299	Effective DOR must be less than or equal to 12/31/2299.
Effective DOR	Field	5	DOR Date cannot be Prior to DOS Date	DOR date cannot be prior to DOS date.
Effective DOS	Field	1	Must contain Effective DOR Date or Effective DOS Date	Must contain Effective DOR Date or Effective DOS Date.
Effective DOS	Field	2	Invalid date. Format is MM/DD/CCYY	Invalid date. Format is MM/DD/CCYY.
Effective DOS	Field	3	Effective DOS must be less than or equal to 12/31/2299	Effective DOS must be less than or equal to 12/31/2299.
Effective DOS	Field	4	Effective DOS must be greater than or equal to 1/1/1900	Effective DOS must be greater than or equal to 1/1/1900.
Line Number	Field	1	A valid region Disp is Required	A valid region disposition is required.
Line Number	Field	2	Must contain at least one Region Disp	Must contain at least one region disposition.
Member Plan	Field	1	A valid Member Plan is required	A valid member plan is required.
Outcome Code	Field	1	Outcome Code is required	Outcome code is required.
Print Type	Field	1	Print Type is required	Print type is required.

Field	Field Type	Error Code	Error Message	To Correct
Print on RA	Field	1	Print on RA is required	Print on RA is required.

2.7.47.8 Associated Requirements

ID
30.020.002
30.090.002.002.1
30.090.002.002.10
30.090.002.002.6
30.090.006.002.11
30.090.006.002.12
30.090.007.002.14
30.090.007.002.39
30.090.007.002.40
30.090.007.002.57
30.090.008.002.24
30.090.008.002.27

2.7.47.9 CO / Defects

ID	Type	Name	Description	Current Status
3567	Change Order	WI - Rmv PT/PS on err disp line	The error disposition line item panel has parameters where ONE specific PT/PS value can be used to determine the disposition of an error and does not allow the user to indicate the provider role (billing/performing). There is also another option to use an I/E indicator for PT/PS which allows multiple PT/PS values and the provider role (billing/performing). This is confusing to the user. There should only be one method to indicate the PT/PS and that option should be the I/E functionality. Also, PT/PS UI should be similar across reference. Coverage, Billing, and Reimbursement rules allow the user to input ranges of PT/PS. Dispositioning and Audits should work the same way.	Prod Implemented
6318	Change Order	pring type l on error disp panel	Enc report CLM0123D and claim report CLM 023D use error disposition criteria of print type L. The only print types available for selection currently are: W (worksheet), N (do not report), and S (summary). Type L need to be added	Prod Implemented

2.7.48 PANEL: Base Information-Error Disposition

2.7.48.1 Description

Use the Error Disposition Base Information panel to view, add, or update edit or audit disposition base information. The Error Disposition Base Information panel includes set level (header or detail), whether the resolutions clerk can deny or override the claim if it suspends, and the location the claim sent for resolution.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [Base Information]

Table: T_ERROR_DISP

2.7.48.2 Technical Name

Ref.ErrorDispBaseEditPanel.ascx

2.7.48.3 Panel Name

Base Information

2.7.48.4 Base Information-Error Disposition Layout

2.7.48.5 Extra Features

This panel has no extra features.

2.7.48.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Delete	Allows the user to remove the error code from interChange data base.	Button	N/A	0		
Allow Claim Correction	Indicates (Y/N) whether a claim correction form can be generated for the specific error code.	Field	Drop Down List Box	0	T_ERROR_DISP	IND_ALW_CCF
Allow Denial	Indicates whether a reso clerk should be allowed to deny the claim upon suspending.	Field	Drop Down List Box	0	T_ERROR_DISP	IND_ALW_DENY
Allow Override	Indicates whether a reso clerk should be allowed to override the edit/audit upon suspending.	Field	Drop Down List Box	0	T_ERROR_DISP	IND_ALW_OVERIDE
Claim Check Pre-emptive	Indicates whether ClaimCheck should be bypassed if the edit is set on a claim. If the indicator is set to "Yes" and the edit is set on the claim, the claim will not go through ClaimCheck processing.	Field	Drop Down List Box	0	T_ERROR_DISP	IND_CC_PRE_EMPTIVE
Claim Check/Claim Review Savings Report	Indicates if the error should be reported on the ClaimCheck/ClaimReview Savings report. If the box is checked, the error will be included in the report.	Field	Drop Down List Box	0	T_ERROR_DISP	IND_CC_SAVINGS

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Cost Containment	Indicates whether the error status code is a cost containment item.	Field	Drop Down List Box	0	T_ERROR_DISP	IND_COST_CONT
Description	Text description of the edit or audit.	Field	Characte r	50	T_ERROR_DISP	DSC_ERROR_STAT
Edit Critical	Indicator identifying if the ESC is critical and can not be inactivated or marked as pay (forced).	Field	Drop Down List Box	0	T_ERROR_DISP	IND_CRITICAL
Error Code	Code used to identify an edit or audit.	Field	Number	4	T_ERROR_DISP	CDE_ESC
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.	Field	Drop Down List Box	0	T_ERROR_DISP	IND_FORCE_MANUAL_ PRICE
Header/Detail	Indicates whether the edit or audit should be set at the header or detail level of the claim.	Field	Drop Down List Box	0	T_ERROR_DISP	CDE_HDR_DTL_LVL
Potential History to Adjust Report	Indicates if the error should be reported on the Potential History To Adjust report. If the box is checked, the error will be included in the report.	Field	Drop Down List Box	0	T_ERROR_DISP	IND_CC_PHTAR

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Spenddown Pre-emptive	Indicates whether the claim should be counted against spenddown if the edit is set. If the indicator is set to "Yes" and the edit is set on the claim, the claim billed amount will not be considered in member spenddown calculations.	Field	Drop Down List Box	0	T_ERROR_DISP	IND_SD_PRE_EMPTIVE

2.7.48.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	ErrorStatDescription is required.	Enter description.
Edit Critical	Field	1	Disposition Status For Region 'X' cannot be 'Pay' for a 'Critical Error'	Set edit critical to "No".
Error Code	Field	1	Enter a valid value	Enter a numeric error code.
Error Code	Field	2	A Valid Error Disp Line is required	A Valid Error Disp Line is required.
Error Code	Field	3	Must contain at least one Error Disp Line	Must contain at least one Error Disp Line.
Force Manual Price	Field	1	Force Manual Price Indicator can only be set if Critical Indicator is 'Y'	Insert "Y" only if the critical field is "Y".

2.7.48.8 Associated Requirements

ID
30.020.002
30.090.006.002.11
30.090.006.002.14
30.090.007.002.33
30.090.007.002.39

2.7.48.9 CO / Defects

ID	Type	Name	Description	Current Status
7414	Change Order	Error Disp - Potent Hist Adj Rpt	The panel that displays error disposition information - Error Disposition Information - Error Disposition panel in reference has a field called Potential History to Adjust Report (panel attached in email below). This field is used to indicate if the error should be reported on the Potential History To Adjust Report. If the box is checked, the error will be included in the report. This field should be informational only - the customer should not be allowed to update this field.	Prod Implemented

2.7.49 PANEL: Resolution Group-Error Disposition

2.7.49.1 Description

The Error Resolution maintenance panels (Resolution Criteria, Resolution Note, etc) available from the Error Disposition Information page allow the user to maintain error resolution manual information associated to an edit/audit available online. The data maintained on the Resolution panels is entered manually.

The Error Disposition Resolution Group panel maintains the date range that a particular group applies to the selected error status code (ESC). This panel is used to document which service groups (procedure groups, diagnosis groups, revenue code groups, etc) are used as part of the editing criteria.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [Resolution Group]

Table: T_ERR_RESO_GRP_XREF

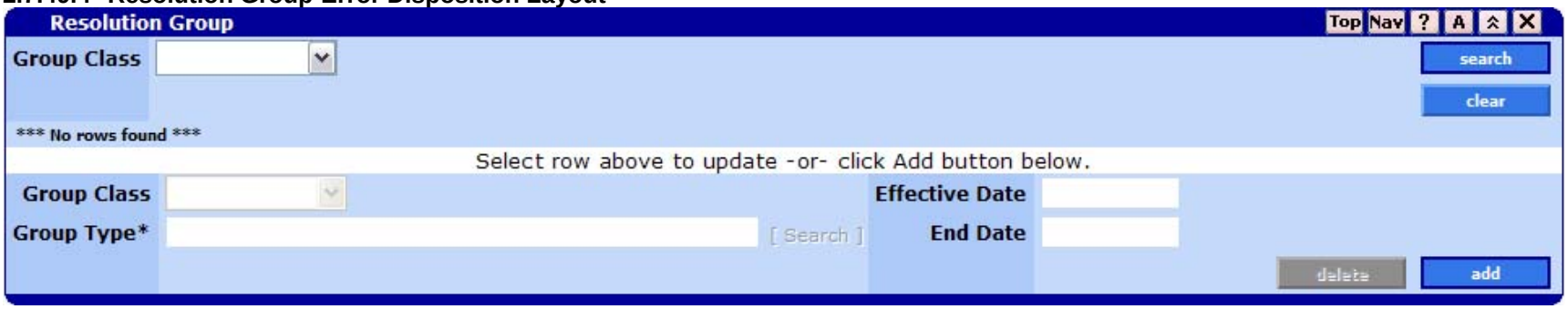
2.7.49.2 Technical Name

Ref.ErrorResGrpXref.ascx

2.7.49.3 Panel Name

Resolution Group

2.7.49.4 Resolution Group-Error Disposition Layout



2.7.49.5 Extra Features

This panel has no extra features.

2.7.49.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Allows the user to associate the error with a new resolution group.	Button	N/A	0		
Delete	Allows the user to remove a resolution group from the error.	Button	N/A	0		
Effective Date	The date the group applies to this ESC.	Field	Date (MM/DD/CCYY)	8	T_ERR_RESO_GRP_XREF	DTE_ERR_GRP_EFF
End Date	The last date the group applies to this ESC.	Field	Date (MM/DD/CCYY)	8	T_ERR_RESO_GRP_XREF	DTE_ERR_GRP_END
Group	Identifies the name of the group.	Field	Drop Down List Box	1	T_ERR_RESO_GRP_XREF	SAK_GROUP_CLASS
Group Type	Identifies the type of the group.	Field	Drop Down List Box	1	T_ERR_RESO_GRP_XREF	SAK_GROUP_TYPE

2.7.49.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Group	Field	1	A valid Group is Required	A valid group is required.
Group Type	Field	1	No Error	
Group Type	Field	2	Group Type must be greater than 0	Group type must be greater than 0.

2.7.49.8 Associated Requirements

ID
No associated requirements found.

2.7.49.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.50 PANEL: Resolution Criteria-Error Disposition

2.7.50.1 Description

The Error Resolution maintenance panels (Resolution Criteria, Resolution Note, etc) available from the Error Disposition Information page allow the user to maintain error resolution manual information associated to an edit/audit available online. The data maintained on the Resolution panels is entered manually.

Use the Resolution Criteria panel to maintain text explaining the criteria for which the error status code applies.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [Resolution Criteria]

Table: T_ERR_RESO_CRIT

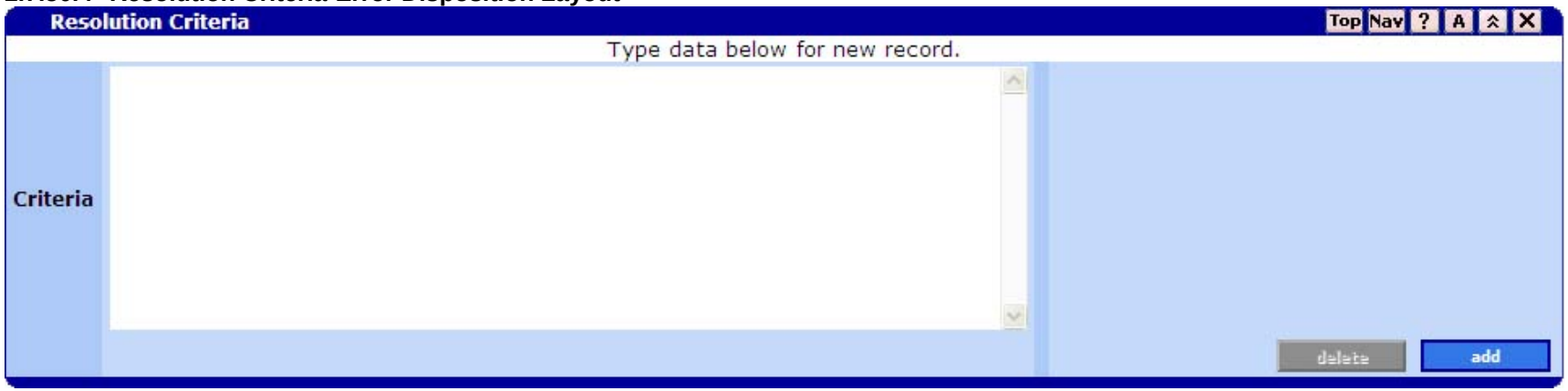
2.7.50.2 Technical Name

Ref.Resolution Criteria

2.7.50.3 Panel Name

Resolution Criteria

2.7.50.4 Resolution Criteria-Error Disposition Layout



2.7.50.5 Extra Features

This panel has no extra features.

2.7.50.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a resolution criteria for the error.	Button	N/A	0		
delete	Delete a resolution criteria for the error.	Button	N/A	0		
Criteria	The text describing the criteria for when the exception applies.	Field	Alphanumeric	999999999	T_ERR_RESO_CRIT	DSC_CRITERIA

2.7.50.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Criteria	Field	1	Criteria is required.	Enter criteria.

2.7.50.8 Associated Requirements

ID
No associated requirements found.

2.7.50.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.51 PANEL: Parameters-Error Disposition

2.7.51.1 Description

The Edit Parameters panel is used to provide parameter information to edits. For example, for edit 513 the panel is used to define the member first name and member last name edit masks that the edit utilizes to compare the name on the claim to the name in the Member subsystem.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (click on 'search' and select row from search results)] - [Error Disposition Maintenance] - [Error Disposition] - [Parameters]

Tables: T_EDIT_PARMS

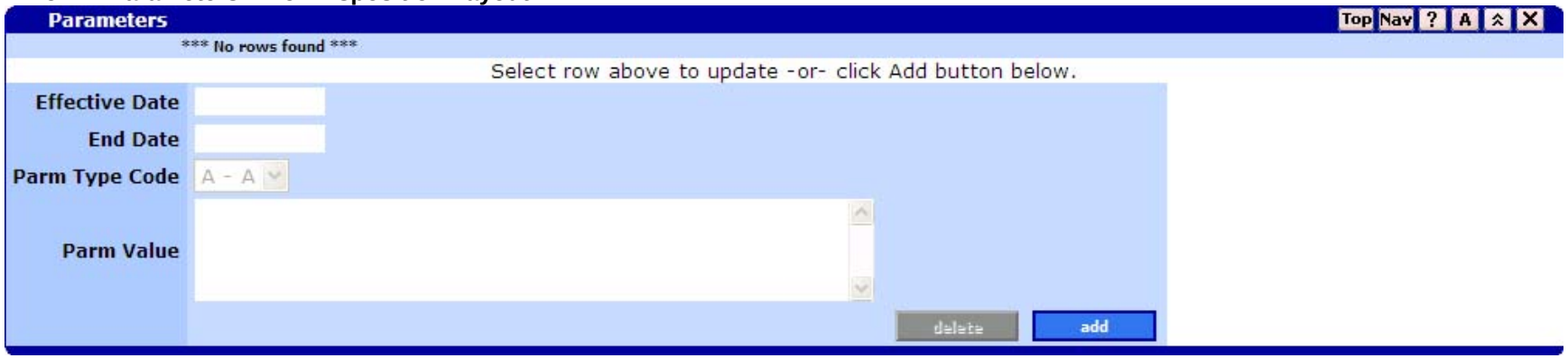
2.7.51.2 Technical Name

Ref.ErrorParametersPanel

2.7.51.3 Panel Name

Parameters

2.7.51.4 Parameters-Error Disposition Layout



2.7.51.5 Extra Features

This panel has no extra features.

2.7.51.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Used to add a new parameter value to the edit.	Button	N/A	0		
Delete	Used to delete a parameter value from an edit.	Button	N/A	0		
Parm Type Code	The parameter type; for example "RFN" for recipient first name mask.	Combo Box	Drop Down List Box	0		
Effective Date	The effective date of the parameter value.	Field	Date (MM/DD/CCYY)	8		
End Date	The end date of the parameter value.	Field	Date (MM/DD/CCYY)	8		
Parm Value	The value of the parameter; for example "XXX**********" for recipient first name (RFN) mask.	Field	Alphanumeric	4000		

2.7.51.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Invalid date. Format is MM/DD/CCYY.	Enter an effective date in MM/DD/CCYY format.
Effective Date	Field	2	Edit Parm segments can not overlap.	Change the edit parameter type or change the dates so no overlaps occur (the edit sets when there are overlapping date ranges for the same edit parm type).
Effective Date	Field	3	Effective Date is required	Enter an effective date.

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	4	Effective Date[MM/DD/CCYY 12:00:00 AM] must be less than or equal to End Date[MM/DD/CCYY 12:00:00 AM]	Enter an effective date that is less than or equal to the end date.
Effective Date	Field	5	Effective Date must be greater than or equal to 1/1/1900.	Enter an effective date that is greater than or equal to 1/1/1900.
Effective Date	Field	6	Effective Date must be less than or equal to 12/31/2299.	Enter an effective date that is less than or equal to 12/31/2299.
End Date	Field	1	Invalid date. Format is MM/DD/CCYY.	Enter a valid end date in MM/DD/CCYY format.
End Date	Field	2	End Date is required.	Enter an end date.
End Date	Field	3	Effective Date (MM/DD/CCYY 12:00:00 AM) must be less than or equal to End Date (MM/DD/CCYY 12:00:00 AM)	Enter an end date that is greater than or equal to the effective date.
End Date	Field	4	End Date must be greater than or equal to 1/1/1900.	Enter an end date that is greater than or equal to 1/1/1900.
End Date	Field	5	End Date must be less than or equal to 12/31/2299.	Enter an end date that is less than or equal to 12/31/2299.
Parm Value	Field	1	Parm Value is required.	Enter a value in the Parm Value field.

2.7.51.8 Associated Requirements

ID
No associated requirements found.

2.7.51.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.52 PANEL: Error Disposition Maintenance-Error Disposition

2.7.52.1 Description

Use the Error Disposition Maintenance panel to maintain reference error disposition data.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)]

2.7.52.2 Technical Name

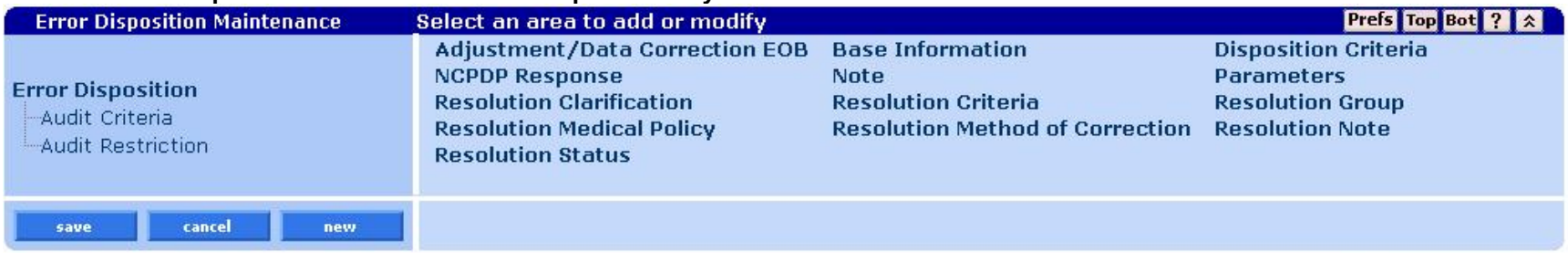
Ref.ErrorDispInformationPanel.ascx-Maintenance

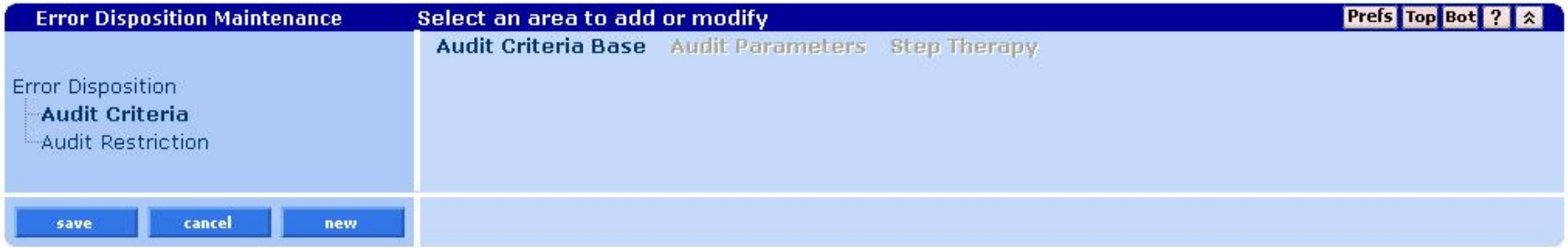
2.7.52.3 Panel Name

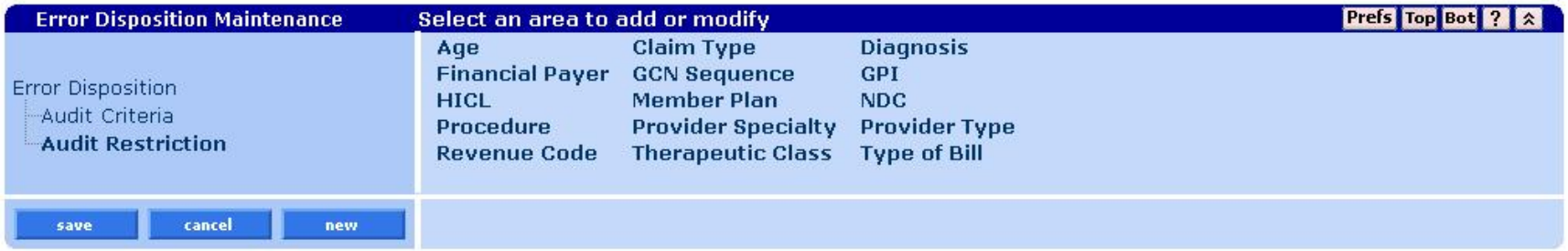
Error Disposition Maintenance

For readability the layout displays on the next page.

2.7.52.4 Error Disposition Maintenance-Error Disposition Layout







2.7.52.5 Extra Features

This panel has no extra features.

2.7.52.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
cancel	Cancels all changes to any panel in the navigation panel links.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
new	Opens all required panels to enter data to create a new error disposition.	Button	N/A	0		
save	Saves all changes to any panel in the navigation panel links to the database.	Button	N/A	0		
Adjustment/Data Correction EOB	This provides a link to the panel containing Explanation of Benefits information, which is associated with the error that is open on page. This link item is available when 'Error Disposition' is selected on the left side menu.	Hyperlink	N/A	0		
Age	This opens the panel containing age restriction information of the audit for the error disposition that is open on page. This link item is available when 'Audit Restriction' is selected on the left side menu. The link is greyed out if the age is ‘none’ in the audit criteria.	Hyperlink	N/A	0		
Audit Criteria Base	This opens the panel containing detail information of the audit criteria for the error disposition that is open on page. This link item is available when 'Audit Criteria' is selected on the left side menu.	Hyperlink	N/A	0		
Audit Parameters	This opens the panel containing detail audit parameter information of the audit criteria for the error disposition that is open on the page. Parameter panel type will depend upon the type of audit. For example, for a limitation audit, it will open the Limit Parameter panel, while for contra audit; it will open the Contra Parameter panel. This link item is available when 'Audit Criteria' is selected on the left side menu.	Hyperlink	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Base Information	This provides a link to the panel containing detail information of the error that is open on page. This link item is available when 'Error Disposition' is selected on the left side menu.	Hyperlink	N/A	0		
Claim Type	This opens panel containing claim type restriction information of the audit for the error disposition that is open on page. This link item is available when 'Audit Restriction' is selected on the left side menu. The link is greyed out if the claim type is ‘none’ in the audit criteria.	Hyperlink	N/A	0		
Diagnosis	This opens the panel containing diagnosis restriction information of the audit for the error disposition that is open on the page. This link item is available when 'Audit Restriction' is selected on the left side menu. The link is greyed out if the diagnosis is ‘none’ in the audit criteria.	Hyperlink	N/A	0		
Disposition Criteria	This opens the panel containing line item information of the error disposition that is open on page. This link item is available when 'Error Disposition' is selected on the left side menu.	Hyperlink	N/A	0		
Financial Payer	This opens the panel containing payer restriction information of the audit for the error disposition that is open on page. This link item is available when 'Audit Restriction' is selected on the left side menu. The link is greyed out if the financial payer is ‘none’ in the audit criteria.	Hyperlink	N/A	0		
GCN Sequence	This opens the panel containing GCN restriction information of the audit for the error disposition that is open on page. This link item is available when 'Audit Restriction' is selected on the left side menu. The link is greyed out if the GCN is ‘none’ in the audit criteria.	Hyperlink	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
GPI	This opens the panel containing GPI restriction information of the audit for the error disposition that is open on page. This link item is available when 'Audit Restriction' is selected on the left side menu. The link is greyed out if the GPI is 'none' in the audit criteria.	Hyperlink	N/A	0		
HICL	This opens the panel containing HICL restriction information of the audit for the error disposition that is open on the page. This link item is available when 'Audit Restriction' is selected on the left side menu. The link is greyed out if the HICL is 'none' in the audit criteria.	Hyperlink	N/A	0		
Member Plan	This opens the panel containing member plan restriction information of the audit for the error disposition that is open on the page. This link item is available when 'Audit Restriction' is selected on the left side menu. The link is greyed out if the member plan is 'none' in the audit criteria.	Hyperlink	N/A	0		
NCPDP Response	This opens the panel containing NCPDP response information of the error disposition that is open on page. This link item is available when 'Error Disposition' is selected on the left side menu.	Hyperlink	N/A	0		
NDC	This opens the panel containing NDC Restriction information of the audit for the error disposition that is open on the page. This link item is available when 'Audit Restriction' is selected on the left side menu. The link is greyed out if the NDC is 'none' in the audit criteria.	Hyperlink	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Note	This opens the panel containing clerical notes information for the error disposition that is open on the page. This link item is available when 'Error Disposition' is selected on the left side menu.	Hyperlink	N/A	0		
Parameters	This opens the panel containing parameters information of the error disposition that is open on page. This link item is available when 'Error Disposition' is selected on the left side menu.	Hyperlink	N/A	0		
Procedure	This opens the panel containing procedure restriction information (Contra for a 'contra audit') of the audit for the error disposition that is open on page. This link item is available when 'Audit Restriction' is selected on the left side menu. The link is greyed out if the procedure' is ‘none’ in the audit criteria.	Hyperlink	N/A	0		
Provider Specialty	This opens the panel containing provider specialty restriction information of the audit for the error disposition that is open on the page. This link item is available when 'Audit Restriction' is selected on the left side menu. The link is greyed out if the provider specialty is ‘none’ in the audit criteria.	Hyperlink	N/A	0		
Provider Type	This opens the panel containing provider type restriction information of the audit for the error disposition that is open on the page. This link item is available when 'Audit Restriction' is selected on the left side menu. The link is greyed out if the provider type is ‘none’ in the audit criteria.	Hyperlink	N/A	0		
Resolution Clarification	This opens the panel containing resolution clarifications for the error disposition that is open on page. This link item is available when 'Error Disposition' is selected on the left side menu.	Hyperlink	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Resolution Criteria	This opens the panel containing resolution criteria information for the error disposition that is open on the page. This link item is available when 'Error Disposition' is selected on the left side menu.	Hyperlink	N/A	0		
Resolution Group	This opens the panel containing resolution group information for the error disposition that is open on page. This link item is available when 'Error Disposition' is selected on the left side menu.	Hyperlink	N/A	0		
Resolution Medical Policy	This opens the panel containing medical policy information for resolution of the error disposition that is open on the page. This link item is available when 'Error Disposition' is selected on the left side menu.	Hyperlink	N/A	0		
Resolution Method of Correction	This opens the panel containing method of correction information for resolution of the error disposition that is open on the page. This link item is available when 'Error Disposition' is selected on the left side menu.	Hyperlink	N/A	0		
Resolution Note	This opens the panel containing notes about resolution of the error disposition that is open on the page. This link item is available when 'Error Disposition' is selected on the left side menu.	Hyperlink	N/A	0		
Resolution Status	This opens the panel containing status information about resolution of the error disposition that is open on page. This link item is available when 'Error Disposition' is selected on the left side menu.	Hyperlink	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Revenue Code	This opens the panel containing revenue code restriction information of the audit for the error disposition that is open on the page. This link item is available when 'Audit Restriction' is selected on the left side menu. The link is greyed out if the revenue code is ‘none’ in the audit criteria.	Hyperlink	N/A	0		
Step Therapy	This opens the panel containing step therapy information of the audit for the error disposition that is open on page. This link item is available for a step therapy type of audit, when 'Audit Criteria' is selected on the left side menu.	Hyperlink	N/A	0		
Therapeutic Class	This opens the panel containing therapeutic class restriction information of the audit for the error disposition that is open on the page. This link item is available when 'Audit Restriction' is selected on the left side menu. The link is greyed out if the therapeutic class is ‘none’ in the audit criteria.	Hyperlink	N/A	0		
Type of Bill	This opens the panel containing type of bill restriction information of the audit for the error disposition that is open on the page. This link item is available when 'Audit Restriction' is selected on the left side menu. The link is greyed out if the type of bill is ‘none’ in the audit criteria.	Hyperlink	N/A	0		
Audit Criteria	This is a 'child' element under the menu on the left side of the panel. When this is highlighted, the navigation panel on the right side panel will contain links to sub panels under 'Audit Criteria' for the error disposition that is open on the page.	Menu Item	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Audit Restriction	This is a 'child' element under the menu on the left side of the panel. When this is highlighted, the navigation panel on the right side panel will contain links to sub panels under 'Audit Restrictions' for the error disposition that is open on the page.	Menu Item	N/A	0		
Error Disposition	This is the root element of the menu on the left side of the panel. When this is highlighted, the navigation panel on the right side panel will contain links to sub panels under 'Error Disposition'.	Menu Item	N/A	0		

2.7.52.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.52.8 Associated Requirements

ID
30.020.002

2.7.52.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.53 PANEL: Resolution Clarification-Error Disposition

2.7.53.1 Description

The Error Resolution Maintenance panels (Resolution Criteria, Resolution Note, etc) available from the Error Disposition Information page allow the user to maintain Error Resolution manual information associated to an Edit/Audit available online. The data maintained on the Resolution panels is entered manually.

Use the Resolution Clarification panel is used to add or update clarifications associated with the error status code.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [Resolution Clarification]

Table: T_ERR_RESO_CLRFCTNS

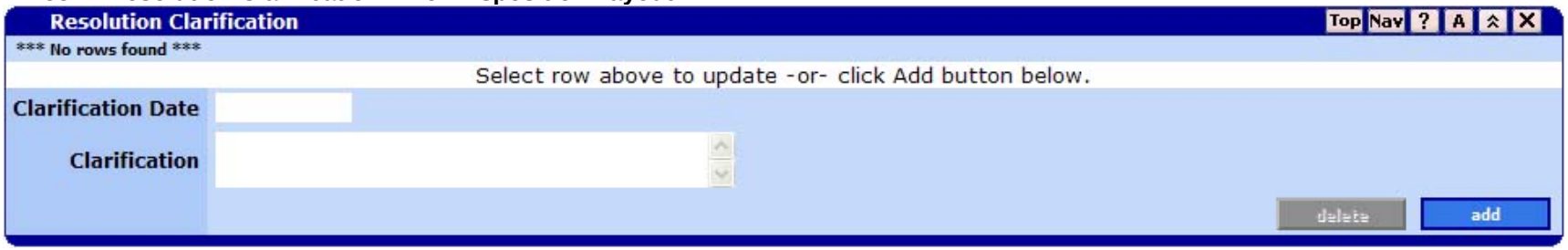
2.7.53.2 Technical Name

Ref.Resolution Clarification

2.7.53.3 Panel Name

Resolution Clarification

2.7.53.4 Resolution Clarification-Error Disposition Layout



2.7.53.5 Extra Features

This panel has no extra features.

2.7.53.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Allows user to add a new clarification to the error.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
delete	Allows user to mark a clarification to be removed from the error.	Button	N/A	0		
Clarification	User clarification related to the edit or audit.	Field	Character	50	T_ERR_RESO_CLRFCTNS	DSC_CLARIFICATION
Clarification Date	Date and time clarification was created.	Field	Date (MM/DD/CCYY)	8	T_ERR_RESO_CLRFCTNS	DTE_CLARIFICATION

2.7.53.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Clarification	Field	1	Clarification is required	Clarification is required.
Clarification Date	Field	1	Clarification Date is required	Clarification date is required.
Clarification Date	Field	2	Clarification Date must be greater than or equal to 1/1/1900.	Enter a valid date.
Clarification Date	Field	3	Clarification Date must be less than or equal to 12/31/2299.	Enter a valid date.
Clarification Date	Field	4	Invalid date. Format is MM/DD/CCYY.	Enter a date in the format (MM/DD/CCYY).
Clarification Date	Field	5	A duplicate record cannot be saved	A duplicate record cannot be saved.

2.7.53.8 Associated Requirements

ID
No associated requirements found.

2.7.53.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.54 PANEL: NCPDP Response-Error Disposition

2.7.54.1 Description

This feature is Not currently used in the Kentucky MMIS.

Use the NCPDP Response panel to maintain the relationship between MMIS Error Status codes and the National Council for Prescription Drug Programs (NCPDP) response codes for prescribed drug claims coming through the POS system.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [NCPDP Response]

Table: T_ESC_NCPDP_XREF

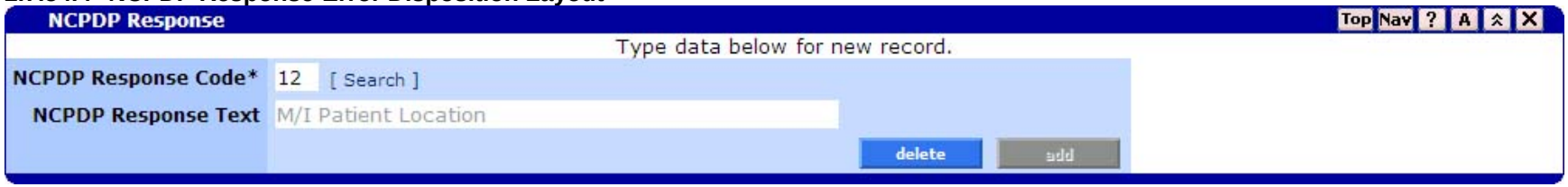
2.7.54.2 Technical Name

Ref.NCPDPResponsePanel.ascx

2.7.54.3 Panel Name

NCPDP Response

2.7.54.4 NCPDP Response-Error Disposition Layout



2.7.54.5 Extra Features

This panel has no extra features.

2.7.54.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Allows the user to associate a NCPDP response with the error code.	Button	N/A	0		
delete	Allows the user to disassociate a NCPDP response from the error.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
NCPDP Response Code	Unique code number/value assigned to a specific reject message per national council for prescription drug pricing.	Field	Character	2	T_NCPDP_RESPONSE	CDE_ERROR_NCPDP
NCPDP Response Text	Text description associated with specific NCPDP response code value.	Field	Character	50	T_NCPDP_RESPONSE	DSC_50

2.7.54.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
NCPDP Response Code	Field	1	A valid NCPDP Response is required	A valid NCPDP response is required.

2.7.54.8 Associated Requirements

ID
30.020.002
30.090.006.002.11
30.090.007.002.39

2.7.54.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.55 PANEL: Note-Error Disposition

2.7.55.1 Description

This panel allows the user to enter notes as to why changes were made to a specific edit. It includes fields for date, time, clerk number and note sequence number.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [Note]

Table: T_ERR_DISP_NOTES

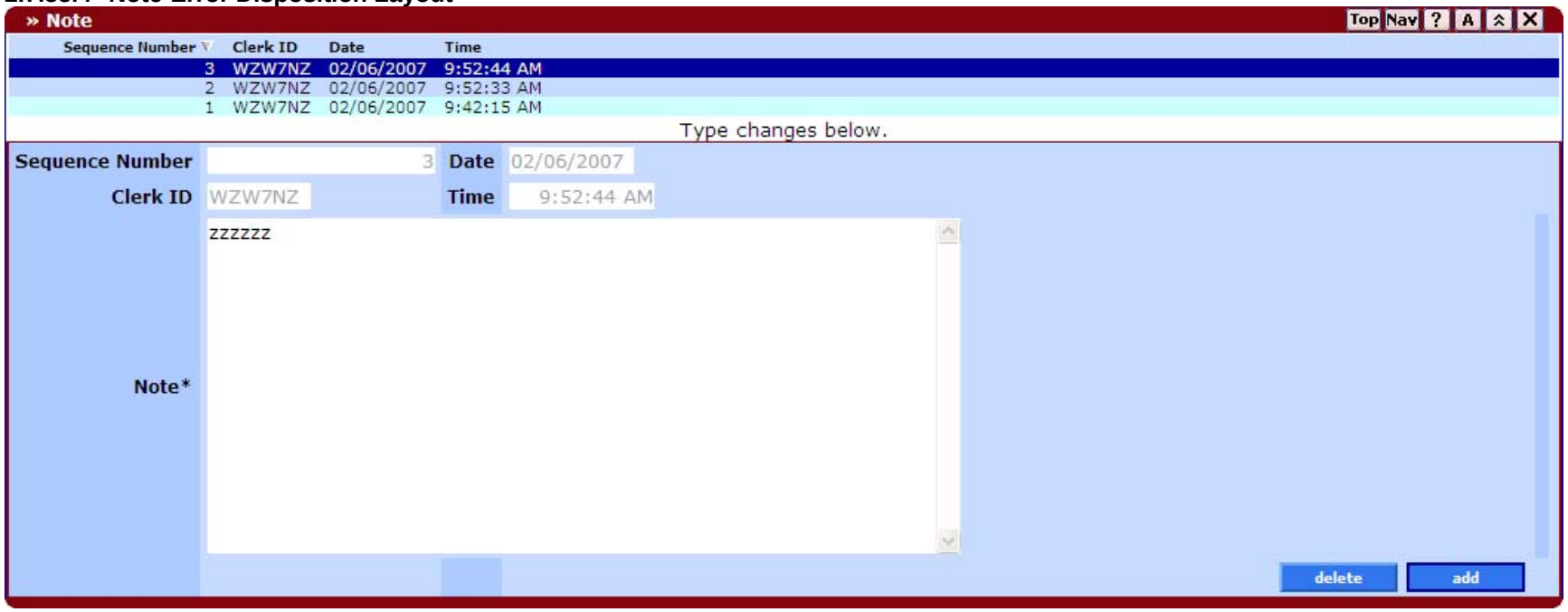
2.7.55.2 Technical Name

Ref.ErrorDispNotePanel.ascx

2.7.55.3 Panel Name

Note

2.7.55.4 Note-Error Disposition Layout



2.7.55.5 Extra Features

This panel has no extra features.

2.7.55.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a note.	Button	N/A	0		
delete	Delete a note.	Button	N/A	0		
Clerk ID	The ID of the user who enters the note.	Field	Alphanumeric	8	T_ERR_DISP_NOTES	ID_CLERK
Date	The date that the note was entered.	Field	Date (MM/DD/CCYY)	8	T_ERR_DISP_NOTES	DTE_NOTE
Note	The actual text of the note.	Field	Alphanumeric	1000	T_ERR_DISP_NOTES	DSC_NOTE
Sequence Number	Sequence number than can uniquely identify a note.	Field	Number	9	T_ERR_DISP_NOTES	NUM_SEQ
Time	The time that the note was entered.	Field	Number	6	T_ERR_DISP_NOTES	TME_NOTE

2.7.55.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Note	Field	1	Note is required	Note is required

2.7.55.8 Associated Requirements

ID
30.020.002

2.7.55.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.56 PANEL: Resolution Status-Error Disposition

2.7.56.1 Description

The Error Resolution maintenance panels (Resolution Criteria, Resolution Note, etc) available from the Error Disposition Information page allow the user to maintain error resolution manual information associated to an edit/audit available online. The data maintained on the Resolution panels is entered manually.

The Error Resolution Status panel maintains the status of the error resolution data available through the Error Disposition Information page.

Navigation Path: [Reference - Error Disposition Search] - [(Add button) OR (select row from search results)] - [Resolution Status]

Table: T_ERR_RESO_STATUS

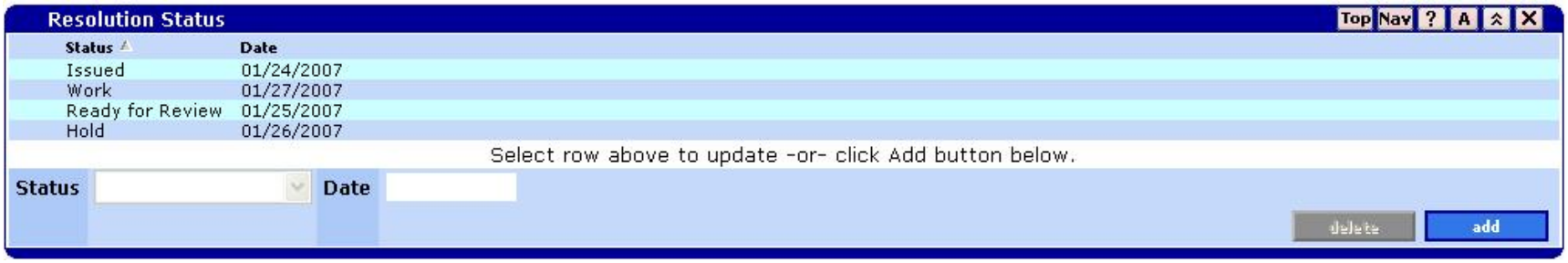
2.7.56.2 Technical Name

Ref.ResolutionStatus

2.7.56.3 Panel Name

Resolution Status

2.7.56.4 Resolution Status-Error Disposition Layout



2.7.56.5 Extra Features

This panel has no extra features.

2.7.56.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Allows the user to identify the status of the resolution.	Button	N/A	0		
delete	Allows the user to clear the status of a resolution.	Button	N/A	0		
Date	The date the error resolution status date was set.	Field	Date (MM/DD/CCYY)	8	T_RESO_STATUS	DTE_ERR_RESO_STATUS
Status	The status of the error resolution information.	Field	Drop Down List Box	0	T_RESO_STATUS	DSC_ERR_RESO_STATUS

2.7.56.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Date	Field	1	Invalid date. Format is MM/DD/YY	Enter a valid date.
Date	Field	2	Date is required.	Enter a valid date.
Status	Field	1	A valid status is required.	Select a status.
Status	Field	3	A duplicate record cannot be saved	Select a unique status.

2.7.56.8 Associated Requirements

ID
No associated requirements found.

2.7.56.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.57 PAGE: Error Disposition Search page

2.7.57.1 Description

The Error Disposition Search page allows the user to access error status code information, related error dispositioning information, and related audit criteria information by entering search criteria. Search results will be displayed at the bottom of the page.

The error status codes and related error dispositioning information are used by the claims engine to determine the effect an edit or audit will have on a claims. The dispositioning information is used to determine if an edit or audit will cause a claim to pay, suspend or deny. The audit criteria are used by the claims audit function to compare the data of a claim in process with other claim data in paid claims history to determine the appropriateness of the service reflected on the claim in relation to other services received by the member. Verification for duplicate services, service limitations, and service conflicts are performed within the audit function.

2.7.57.2 Technical Name

Error Disposition Search page

2.7.57.3 Web Page Name

ErrorDispSearch

For readability the layout displays on the next page.

2.7.57.4 Error Disposition Search page Layout

Reference Error Disposition Search

Error Code From | Description | search
Error Code To | clear
Records 20 | add

Search Results

Error Code	Error Description	Header Detail Indicator	Overridable	Spenddown Pre-emptive
201	BILLING PROVIDER ID NUMBER MISSING	H	N	Y
202	BILLING PROVIDE8 ID IN INVALID FORMAT	H	Y	Y
203	MEMBER I.D. NUMBER MISSING	H	N	Y
205	PRESCRIBING PRACTITIONER'S LICENSE NO. MISSING	H	N	
206	PRESCRIBING PRACTITIONR LICENSE NO. FORMAT INVALID	H	N	
208	PREGNANCY INDICATOR INVALID	D	N	
209	FACILITY PROVIDER SERVICE LOCATION IS MISSING	H	N	N
210	BRAND MEDICALLY NECESSARY INDICATOR INVALID	H	N	
211	REFILL INDICATOR INVALID	H	N	Y
212	PRESCRIPTION NUMBER IS MISSING	H	N	Y
213	DATE PRESCRIBED IS MISSING	H	N	
214	DATE PRESCRIBED IS INVALID	H	N	
215	DATE DISPENSED IS MISSING	H	N	
216	DATE DISPENSED IS INVALID	H	N	N
217	NDC MISSING	D	Y	Y
218	NDC INVALID FORMAT	D	N	Y
219	QUANTITY DISPENSED IS MISSING	D	N	Y
220	QUANTITY DISPENSED IS INVALID	D	N	Y
221	DAYS SUPPLY MISSING	H	N	Y
222	DAYS SUPPLY INVALID	H	N	

1 2 3 4 5 6 7 8 9 10 Next >

2.7.58 PANEL: Search Results-Error Disposition

2.7.58.1 Description

Error Disposition Results panel displays error codes matching the selection criteria from the Error Disposition Search panel.

Navigation Path: [Reference - Error Disposition] - [enter search criteria]

Table: T_ERROR_DISP

2.7.58.2 Technical Name

Ref.ErrorDispSearchPanel.ascx-Search Results

2.7.58.3 Panel Name

Search Results

2.7.58.4 Search Results-Error Disposition Layout

Search Results

Error Code	Error Description	Header Detail Indicator	Overridable	Spenddown Pre-emptive
201	BILLING PROVIDER ID NUMBER MISSING	H	N	Y
202	BILLING PROVIDE8 ID IN INVALID FORMAT	H	Y	Y
203	MEMBER I.D. NUMBER MISSING	H	N	Y
205	PRESCRIBING PRACTITIONER'S LICENSE NO. MISSING	H	N	
206	PRESCRIBING PRACTITIONR LICENSE NO. FORMAT INVALID	H	N	
208	PREGNANCY INDICATOR INVALID	D	N	
209	FACILITY PROVIDER SERVICE LOCATION IS MISSING	H	N	N
210	BRAND MEDICALLY NECESSARY INDICATOR INVALID	H	N	
211	REFILL INDICATOR INVALID	H	N	Y
212	PRESCRIPTION NUMBER IS MISSING	H	N	Y
213	DATE PRESCRIBED IS MISSING	H	N	
214	DATE PRESCRIBED IS INVALID	H	N	
215	DATE DISPENSED IS MISSING	H	N	
216	DATE DISPENSED IS INVALID	H	N	N
217	NDC MISSING	D	Y	Y
218	NDC INVALID FORMAT	D	N	Y
219	QUANTITY DISPENSED IS MISSING	D	N	Y
220	QUANTITY DISPENSED IS INVALID	D	N	Y
221	DAYS SUPPLY MISSING	H	N	Y
222	DAYS SUPPLY INVALID	H	N	

1 2 3 4 5 6 7 8 9 10 Next >

2.7.58.5 Extra Features

This panel has no extra features.

2.7.58.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Error Code	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.	Listview	Number	0	T_ERROR_DISP	CDE_ESC
Error Description	Description of an edit or an audit.	Listview	Character	50	T_ERROR_DISP	DSC_ERROR_STAT
Header Detail Indicator	Indicates whether edit or audit should be set on the header - 'H', or detail - 'D' of a claim.	Listview	Character	1	T_ERROR_DISP	CDE_HDR_DTL_LVL
Indicator Overridable	Indicates (Y/N) whether a clerk should be allowed to override an edit/audit upon review of the claim.	Listview	Character	1	T_ERROR_DISP	IND_ALW_OVERIDE
Spenddown Pre-emptive	Indicates whether the claim should be counted against spenddown if the edit is set. If the indicator is set to 'Yes' and the edit is set on the claim, the claim billed amount will not be considered in member spenddown.	Listview	Character	1	T_ERROR_DISP	IND_SD_PRE_EMPTIVE

2.7.58.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.58.8 Associated Requirements

ID
30.050.001R

2.7.58.9 CO / Defects

ID	Type	Name	Description	Current Status
264	Change Order	Change Recipient to Member	System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user. This system-wide change was identified during the Member Management RV/JAD sessions held on 06/13/2005 - 06/17/2005.	Prod Implemented

2.7.59 PANEL: Reference Error Disposition Search-Error Disposition

2.7.59.1 Description

Use the Reference Disposition Search panel to enter search criteria and query for error disposition codes or description whose data matches that criteria.

Navigation Path: [Reference - Error Disposition]

Table: T_ERROR_DISP

2.7.59.2 Technical Name

Ref.ErrorDispSearchPanel.ascx

2.7.59.3 Panel Name

Reference Error Disposition Search-Error Disposition

2.7.59.4 Reference Error Disposition Search-Error Disposition Layout

2.7.59.5 Extra Features

This panel has no extra features.

2.7.59.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Opens empty panels necessary to create a new error status.	Button	N/A	0		
clear	Clears the search criteria fields (Error Code, Error Description)	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
search	Initiates search on the database for a record matching the search criteria entered.	Button	N/A	0		
Error Code From	Beginning of error code range to be searched.	Field	Number	4	N/A	N/A
Error Code To	End of error code range to be searched.	Field	Number	4		
Error Description	Description	Field	Character	50	N/A	N/A
Records	Number of records to display at one time.	Field	Character	1	N/A	N/A

2.7.59.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.59.8 Associated Requirements

ID
No associated requirements found.

2.7.59.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.60 PAGE: Reference Benefit Administration Page

2.7.60.1 Description

The Reference Benefit Administration page allows the user to access miscellaneous data maintained within the Reference Data Maintenance subsystem area. This area of the user interface includes data such as member plan, provider contract, reimbursement rule and other insurance.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Benefit Administration]

2.7.60.2 Technical Name

Reference.Benefit Administration Page

2.7.60.3 Web Page Name

For readability the layout displays on the next page.

2.7.60.4 Reference Benefit Administration Page Layout

2.7.61 PANEL: Benefit Administration-Copay

2.7.61.1 Description

Use the Copay panel to maintain the rules by which copay can be calculated during claims processing.

Navigation Path: [Reference - Benefit Administration] - [Copay]

Tables:

T_RU_ACTION
T_RU_ARRAY
T_RU_COMPARISON
T_RU_CONDITION
T_RU_DECISION
T_RU_DECISION_VAR
T_RU_DISCRETE_SET
T_RU_DOMAIN
T_RU_RELATION
T_RU_RELATION_XREF
T_RU_RULE
T_RU_RULE_ACTION
T_RU_TRANSACTION
T_RU_TUPLE_SET
T_RU_VARIABLE

2.7.61.2 Technical Name

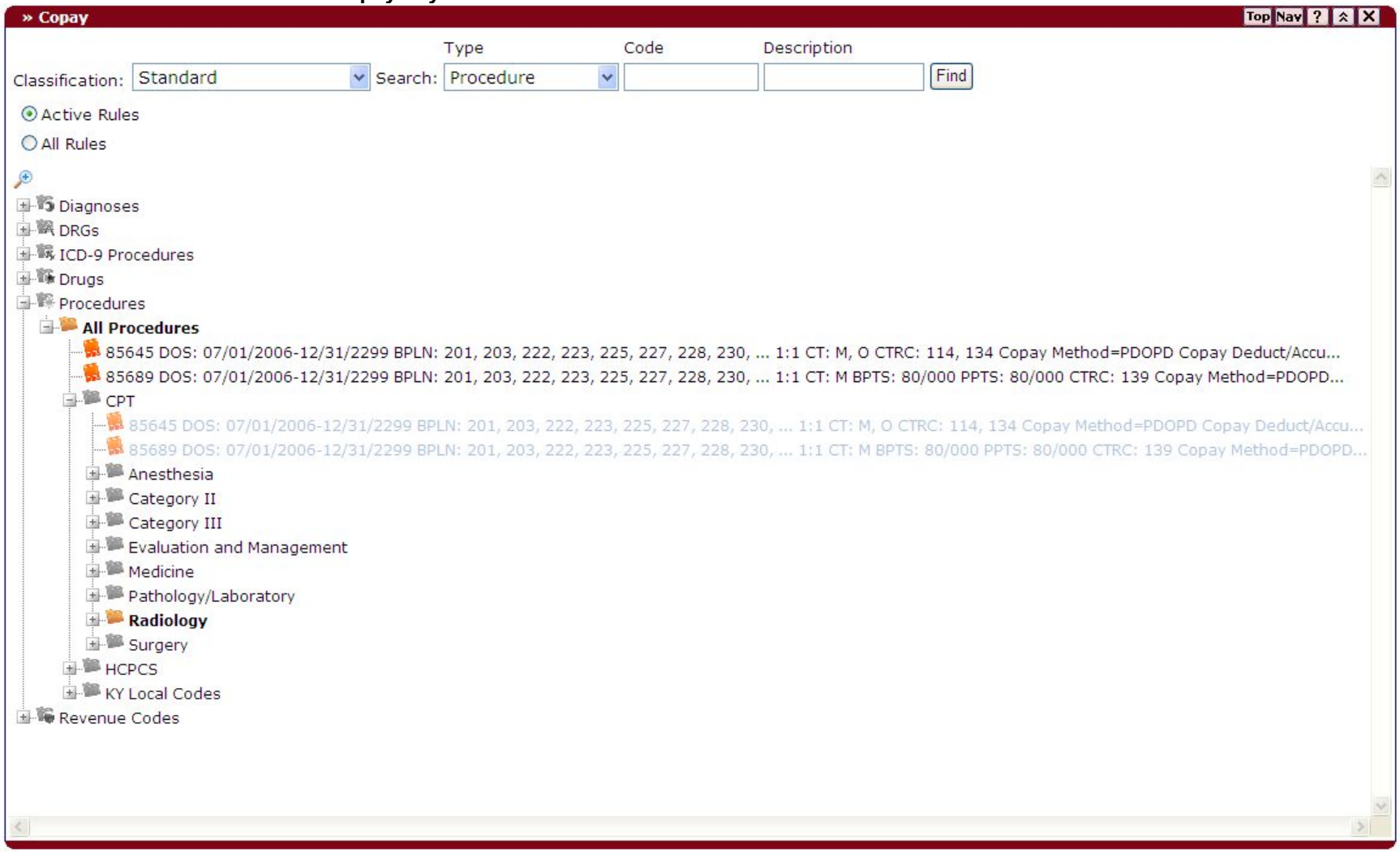
Ref.CopayEditPanel.ascx

2.7.61.3 Panel Name

Copay

For readability the layout displays on the next page.

2.7.61.4 Benefit Administration-Copay Layout



2.7.61.5 Extra Features

This panel has no extra features.

2.7.61.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Find	Initiates search on the database table for rules matching the criteria entered.	Button	N/A	0		
Active Rules	If selected, the panel will only display the active rules. Active rules are defined as rules that do not have inactive dates set in the past.	Field	Radio Button	0		
All Rules	If selected, the panel will display all rules including inactive rules.	Field	Radio Button	0		
Search Code	Allows search for a benefit code.	Field	Alphanumeric	11		
Search Description	Allows search for a benefit description.	Field	Alphanumeric	55		
Search Type	Allows search for a benefit type.	Field	Drop Down List Box	0		

2.7.61.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.61.8 Associated Requirements

ID
No associated requirements found.

2.7.61.9 CO / Defects

ID	Type	Name	Description	Current Status
3842	Change Order	Copay Rules Panel	Add a new panel for the copay rules.	Prod Implemented

2.7.62 PANEL: Benefit Administration-Assignment Plan Hierarchy

2.7.62.1 Description

Use the Assignment Plan Hierarchy panel to maintain an assignment hierarchy plan that is an ordered set of assignment plans to which a member may be assigned concurrently. For example, a member may be assigned to the acute brain injury (ABI) waiver plan and the adult day care (ADC) waiver plan at overlapping periods of time. A hierarchy thread determines the order of processing of the individual assignment plans at Plan 1 through Plan 10 in ascending order. A thread for each valid combination of assignment plans that can exist for a member must be maintained in the tables.

Navigation Path: [Reference - Benefit Administration] - [Assignment Plan Hierarchy] - [Assignment Plan Hierarchy]

Table: T_ASNG_HIERARCHY

2.7.62.2 Technical Name

Ref.AsngHierarchyPanel.ascx

2.7.62.3 Panel Name

Assignment Plan Hierarchy

For readability the layout displays on the next page.

2.7.62.4 Benefit Administration-Assignment Plan Hierarchy Layout

Assignment Plan Hierarchy Top Nav ? A

Thread	Effective Date	End Date	InActive Date	1	2	3	Assignment 4	Plan 5	Hierarchy 6	7	8	9	10
13	01/01/1990	12/31/2299	12/31/2299	MOD1									
14	01/01/1990	12/31/2299	12/31/2299	MOD2									
15	01/01/1990	12/31/2299	12/31/2299	NET									
16	01/01/1990	12/31/2299	12/31/2299	PART									
17	01/01/1990	12/31/2299	12/31/2299	PRSNL									
18	01/01/1990	12/31/2299	12/31/2299	PRTF									
19	01/01/1990	12/31/2299	12/31/2299	PARTD									
20	01/01/1990	12/31/2299	12/31/2299	SCL									
21	09/09/2001	12/31/2009	01/01/2010	ABI	ADC								
22	01/01/1990	12/31/2299	12/31/2299	KENP	NET								

< Previous 1 2 3 Next >

Type changes below.

Thread	21
Effective Date*	09/09/2001
End Date*	12/31/2009
Inactive Date*	01/01/2010
Financial Payer*	DEFAULT
Assign Plan Hierarchy 1*	ABI Acquired Brain Injury waiver
Assign Plan Hierarchy 2*	ADC Adult Day Care
Assign Plan Hierarchy 3*	
Assign Plan Hierarchy 4*	
Assign Plan Hierarchy 5*	
Assign Plan Hierarchy 6*	
Assign Plan Hierarchy 7*	
Assign Plan Hierarchy 8*	
Assign Plan Hierarchy 9*	
Assign Plan Hierarchy 10*	

delete add

2.7.62.5 Extra Features

This panel has no extra features.

2.7.62.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Add an assignment plan hierarchy.	Button	N/A	0		
Delete	Delete an assignment plan hierarchy.	Button	N/A	0		
Assign Plan Hierarchy 1	System-assigned internal key for a medical assistance program.	Combo Box	Drop Down List Box	0		
Assign Plan Hierarchy 10	System-assigned internal key for a medical assistance program.	Combo Box	Drop Down List Box	0		
Assign Plan Hierarchy 2	System-assigned internal key for a medical assistance program.	Combo Box	Drop Down List Box	0		
Assign Plan Hierarchy 3	System-assigned internal key for a medical assistance program.	Combo Box	Drop Down List Box	0		
Assign Plan Hierarchy 4	System-assigned internal key for a medical assistance program.	Combo Box	Drop Down List Box	0		
Assign Plan Hierarchy 5	System-assigned internal key for a medical assistance program.	Combo Box	Drop Down List Box	0		
Assign Plan Hierarchy 6	System-assigned internal key for a medical assistance program.	Combo Box	Drop Down List Box	0		
Assign Plan Hierarchy 7	System-assigned internal key for a medical assistance program.	Combo Box	Drop Down List Box	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Assign Plan Hierarchy 8	System-assigned internal key for a medical assistance program.	Combo Box	Drop Down List Box	0		
Assign Plan Hierarchy 9	System-assigned internal key for a medical assistance program.	Combo Box	Drop Down List Box	0		
Financial Payer	The system-assigned key that identifies a unique payer within interChange.	Combo Box	Drop Down List Box	0	T_ASNG_HIERARCHY	SAK_FIN_PAYER
Effective Date	Date the hierarchy thread becomes valid for use in claims processing.	Field	Date (MM/DD/CCYY)	8	T_ASNG_HIERARCHY	DTE_EFFECTIVE
End Date	The last date the thread is valid for use in claims processing. The thread may still be used when the date of service on the claim is within the effective dates of the thread. To stop the use of a particular thread altogether the DTE_INACTIVE date must be used.	Field	Date (MM/DD/CCYY)	8	T_ASNG_HIERARCHY	DTE_END
Inactive Date	This is the date when the usage of this thread was stopped. From this date onward the thread will not be used regardless of the date of service billed on a claim.	Field	Date (MM/DD/CCYY)	8	T_ASNG_HIERARCHY	DTE_INACTIVE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Thread	System-assigned key used to uniquely identify an assignment plan hierarchy thread. The program hierarchy thread is used to identify the order of processing of programs for members who are enrolled in multiple programs.	Field	Number	9	T_ASNG_HIERARCHY	SAK_THREAD_ASSIGNMENT

2.7.62.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	100	Effective Date cannot be greater than end date	Enter a date less than the end date.
Effective Date	Field	91001	Invalid Date (MM/DD/CCYY)	Verify data entry. The date must be in MM/DD/CCYY format.
Effective Date	Field	91002	Date must be numeric	Verify data entry. Date must be numeric characters only (0-9).
Effective Date	Field	91006	Effective Date field required	Effective date field required when adding or modifying assignment plan hierarchy.
End Date	Field	91001	Invalid Date (MM/DD/CCYY)	Verify data entry. The date must be in MM/DD/CCYY format.
End Date	Field	91002	Date must be numeric	Date must be numeric characters only (0-9).
End Date	Field	91006	End Date field required	End date is required when adding or modifying assignment plan hierarchy.

Field	Field Type	Error Code	Error Message	To Correct
Inactive Date	Field	91001	Invalid Date (MM/DD/CCYY)	Verify data entry. The date must be in MM/DD/CCYY format.
Inactive Date	Field	91002	Date must be numeric	Verify data entry. Date must be numeric characters only (0-9).
Inactive Date	Field	91006	Inactive Date field required	Inactive date field is required when adding or modifying assignment plan hierarchy.

2.7.62.8 Associated Requirements

ID
30.020.002
30.050.001R
30.090.002.002.1

2.7.62.9 CO / Defects

ID	Type	Name	Description	Current Status
264	Change Order	Change Recipient to Member	System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user. This system-wide change was identified during the Member Management RV/JAD sessions held on 06/13/2005 - 06/17/2005.	Prod Implemented

2.7.63 PANEL: Benefit Administration-Benefit Plan Hierarchy

2.7.63.1 Description

Use the Benefit Plan Hierarchy to maintain benefit plan hierarchy relationships. The benefit plan hierarchy is used by the claims engine to control the order of processing of member plans for members who may be enrolled in one to many plans on the claims date of service. Member plans are processed in the order listed in an individual thread starting at Benefit Plan 1 through Benefit Plan 10. A thread for each valid combination of benefit plans that can exist for a member must be maintained in the tables.

Navigation Path: [Reference - Benefit Administration] - [Benefit Plan Hierarchy] - [Benefit Plan Hierarchy]

Table: T_PGM_HIERARCHY and T_HIERARCHY_NODE

2.7.63.2 Technical Name

Ref.HealthPgmHierarchyPanel.ascx

2.7.63.3 Panel Name

BenefitPlanHierarc

For readability the layout displays on the next page.

2.7.63.4 Benefit Administration-Benefit Plan Hierarchy Layout

Benefit Plan Hierarchy Top Nav ? A

Thread	Effective Date	End Date	Inactive Date	1	2	3	Benefit 4	Plan 5	Hierarchy 6	7	8	9	10
1	01/01/1990	12/31/2299	12/31/2299	TXIX									
2	01/01/1990	12/31/2299	12/31/2299	PE									
3	01/01/1990	12/31/2299	12/31/2299	KCHIP									
4	01/01/1990	12/31/2299	12/31/2299	SLMB									
5	01/01/1990	12/31/2299	12/31/2299	QMB									
6	01/01/1990	12/31/2299	12/31/2299	TXIX	SLMB								
7	01/01/1990	12/31/2299	12/31/2299	TXIX	QMB								
8	01/01/1990	12/31/2299	12/31/2299	PASWC									
9	01/01/1990	12/31/2299	12/31/2299	GCMNC									
10	01/01/1990	12/31/2299	12/31/2299	GCMWC									

1 2 3 4 Next >

Type changes below.

Thread	6
Effective Date*	01/01/1990
EndDate*	12/31/2299
Inactive Date*	12/31/2299
Financial Payer*	DEFAULT
Benefit Plan Hierarchy 1*	TXIX Title 19
Benefit Plan Hierarchy 2*	SLMB S.L.M.B. Only
Benefit Plan Hierarchy 3*	
Benefit Plan Hierarchy 4*	
Benefit Plan Hierarchy 5*	
Benefit Plan Hierarchy 6*	
Benefit Plan Hierarchy 7*	
Benefit Plan Hierarchy 8*	
Benefit Plan Hierarchy 9*	
Benefit Plan Hierarchy 10*	

delete add

2.7.63.5 Extra Features

This panel has no extra features.

2.7.63.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Add a benefit plan hierarchy.	Button	N/A	0		
Delete	Delete a benefit plan hierarchy.	Button	N/A	0		
Benefit Plan Hierarchy 1	The benefit plan with the highest value/priority in the thread.	Combo Box	Drop Down List Box	0	T_HIERARCHY_NODE	SAK_PUB_HLTH
Benefit Plan Hierarchy 10	The benefit plan with the 10th highest value/priority in the thread.	Combo Box	Drop Down List Box	0	T_HIERARCHY_NODE	SAK_PUB_HLTH
Benefit Plan Hierarchy 2	The benefit plan with the 2nd highest value/priority in the thread.	Combo Box	Drop Down List Box	0	T_HIERARCHY_NODE	SAK_PUB_HLTH
Benefit Plan Hierarchy 3	The benefit plan with the 3rd highest value/priority in the thread.	Combo Box	Drop Down List Box	0	T_HIERARCHY_NODE	SAK_PUB_HLTH
Benefit Plan Hierarchy 4	The benefit plan with the 4th highest value/priority in the thread.	Combo Box	Drop Down List Box	0	T_HIERARCHY_NODE	SAK_PUB_HLTH
Benefit Plan Hierarchy 5	The benefit plan with the 5th highest value/priority in the thread.	Combo Box	Drop Down List Box	0	T_HIERARCHY_NODE	SAK_PUB_HLTH
Benefit Plan Hierarchy 6	The benefit plan with the 6th highest value/priority in the thread.	Combo Box	Drop Down List Box	0	T_HIERARCHY_NODE	SAK_PUB_HLTH
Benefit Plan Hierarchy 7	The benefit plan with the 7th highest value/priority in the thread.	Combo Box	Drop Down List Box	0	T_HIERARCHY_NODE	SAK_PUB_HLTH

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Benefit Plan Hierarchy 8	The benefit plan with the 8th highest value/priority in the thread.	Combo Box	Drop Down List Box	0	T_HIERARCHY_NODE	SAK_PUB_HLTH
Benefit Plan Hierarchy 9	The benefit plan with the 9th highest value/priority in the thread.	Combo Box	Drop Down List Box	0	T_HIERARCHY_NODE	SAK_PUB_HLTH
Financial Payer	The system-assigned key that identifies a unique payer within interChange.	Combo Box	Drop Down List Box	0	T_PGM_HIERARCHY	SAK_FIN_PAYER
Effective Date	Date the hierarchy thread becomes valid for use in claims processing.	Field	Date (MM/DD/CCYY)	8	T_PGM_HIERARCHY	DTE_EFFECTIVE
End Date	The last date the thread is valid for use in claims processing. The thread may still be used when the date of service on the claim is within the effective dates of the thread. To stop the use of a particular thread altogether the DTE_INACTIVE date must be used.	Field	Date (MM/DD/CCYY)	8	T_PGM_HIERARCHY	DTE_END
Inactive Date	This is the date when the usage of this thread was stopped. From this date onward the thread will not be used regardless of the date of service billed on a claim.	Field	Date (MM/DD/CCYY)	8	T_PGM_HIERARCHY	DTE_INACTIVE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Thread	System-assigned key used to uniquely identify a hierarchy thread. The hierarchy thread is used to identify the order of processing of financial payers, benefit plans, or assignment plans for members who are enrolled in multiple entities of any of these types.	Field	Number	9	T_PGM_HIERARCHY	SAK_THREAD

2.7.63.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.63.8 Associated Requirements

ID
30.020.002
30.090.002.001.1
30.090.002.002.1
30.090.002.002.10
30.090.002.002.15
30.090.002.002.2

ID
30.090.002.004.1
30.090.007.002.44

2.7.63.9 CO / Defects

ID	Type	Name	Description	Current Status
264	Change Order	Change Recipient to Member	System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user. This system-wide change was identified during the Member Management RV/JAD sessions held on 06/13/2005 - 06/17/2005.	Prod Implemented

2.7.64 PANEL: Benefit Administration-Member Plan-Dependent Plan Data

2.7.64.1 Description

This panel is used to maintain the list of benefit plans that are dependent and must exist together on member eligibility with the selected benefit plan.

Navigation Path: [Reference - Benefit Administration] - [Member Plan] - [Member Plan] - [Select a Member Plan] - [expand the Dependent Plan Data by clicking on the + in front of the panel name]

Table: T_PGM_DEPENDENCY

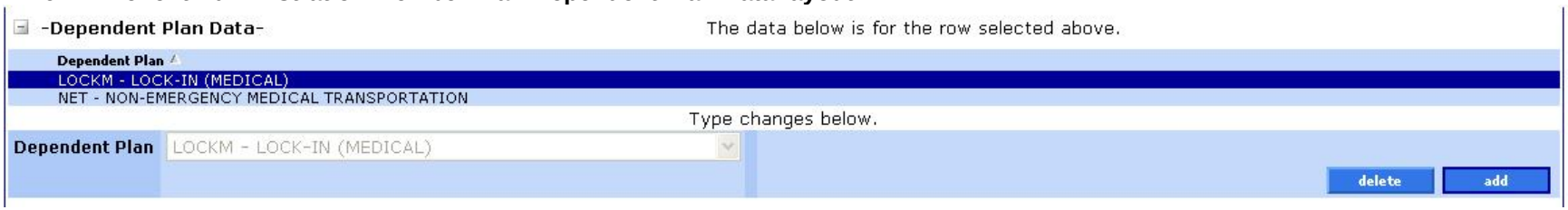
2.7.64.2 Technical Name

Ref.HealthProgramDependencyPanel.ascx

2.7.64.3 Panel Name

Dependent Plan Data

2.7.64.4 Benefit Administration-Member Plan-Dependent Plan DataLayout



2.7.64.5 Extra Features

This panel has no extra features.

2.7.64.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a dependent plan restriction.	Button	N/A	0		
delete	Delete a dependent plan restriction.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Dependent Plan	Member plans that are dependent and must exist together on member eligibility.	Field	Drop Down List Box	0	T_PGM_DEPENDENCY	SAK_PUB_HLTH

2.7.64.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Dependent Plan	Field	1	A valid Dependent Plan is required.	Select a unique dependent plan.
Dependent Plan	Field	2	A duplicate record cannot be saved.	Select a unique dependent plan.

2.7.64.8 Associated Requirements

ID
No associated requirements found.

2.7.64.9 CO / Defects

ID	Type	Name	Description	Current Status
264	Change Order	Change Recipient to Member	System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user. This system-wide change was identified during the Member Management RV/JAD sessions held on 06/13/2005 - 06/17/2005.	Prod Implemented

2.7.65 PANEL: Benefit Administration-Fin Payer COB

2.7.65.1 Description

This panel displays pairs of financial payers that coordinate payment of benefits. These pairs of payers are matched against pairs from threads in the Financial Payer Hierarchy panel.

Navigation Path: [Reference - Benefit Administration] - [Fin Payer COB] - [Fin Payer COB]

Table: T_FIN_PAYER_COB

2.7.65.2 Technical Name

Ref.FinPayerCobPanel.ascx

2.7.65.3 Panel Name

Fin Payer COB

2.7.65.4 Benefit Administration-Fin Payer COB Layout

2.7.65.5 Extra Features

This panel has no extra features.

2.7.65.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a financial payer COB record.	Button	N/A	0		
delete	Delete a financial payer COB record.	Button	N/A	0		
Base Financial Payer	Base financial payer	Field	Number	9	T_FIN_PAYER_COB	SAK_FIN_PAY
Effective Date	The date the financial payer COB took effect.	Field	Date (MM/DD/CCYY)	8	T_FIN_PAYER_COB	DTE_EFFECTIVE
End Date	The date the financial payer COB is no longer in effect.	Field	Date (MM/DD/CCYY)	8	T_FIN_PAYER_COB	DTE_END
Financial Payer	Financial payer	Field	Number	9	T_FIN_PAYER_COB	SAK_FIN_PAYER_CHILD
Inactive Date	This is the date this row becomes inactive. For new claims the ICN is compared to this date. If the ICN date is greater than or equal to this date, the row will not be used to process the claim.	Field	Date (MM/DD/CCYY)	8	T_FIN_PAYER_COB	DTE_INACTIVE
Payer COB Group	System-assigned key that identifies a unique payer on this table.	Field	Number	9	T_FIN_PAYER_COB	SAK_FIN_COB_GRP

2.7.65.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective date is required.	Enter an effective date.
Effective Date	Field	2	Effective Date must be greater than or equal to 1/1/1900.	Enter a valid date.
Effective Date	Field	91001	Invalid Date (MM/DD/CCYY)!	Verify data entry. The date must be in MM/DD/CCYY format.
Effective Date	Field	91002	Date must be numeric!	Verify data entry. Date must be numeric characters only (0-9).
End Date	Field	0	Effective date must be on or before end date	Effective date must be less than or equal to end date.
End Date	Field	1	Effective date field required	Effective date field required when adding or modifying Financial Payer COB.
End Date	Field	91001	Invalid Date (MM/DD/CCYY)	Verify data entry. The date must be in MM/DD/CCYY format.
Financial Payer	Field	1	Financial Payer field is required!	Select a valid financial payer from the financial payer drop down listing.
Inactive Date	Field	1	Inactive Date field required	Inactive date field required when adding or modifying financial payer COB.
Inactive Date	Field	91001	Invalid Date (MM/DD/CCYY)	Verify data entry. The date must be in MM/DD/CCYY format.

Field	Field Type	Error Code	Error Message	To Correct
Inactive Date	Field	91002	Date must be numeric	Verify data entry. Date must be numeric characters only (0-9).
Payer COB Group	Field	1	Payer COB Group is required	Select a valid payer COB group from the payer COB group drop down listing.

2.7.65.8 Associated Requirements

ID
30.020.002

2.7.65.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.66 PANEL: Benefit Administration-Member Plan

2.7.66.1 Description

Use the Member Plan panel to maintain the list health care plans in the system. There are four parts to the panel; the top is for maintaining the plan codes, the next list is for included/excluded claim types, then there is a list of dependent programs, followed by a list of excluded programs.

The dependent plans must exist together on member eligibility with the selected plan.

The excluded plans can not exist with the selected plan.

Navigation Path: [Reference - Benefit Administration] - [Member Plan] - [Member Plan]

Table: T_RU_ACTION
T_RU_ARRAY
T_RU_COMPARISON
T_RU_CONDITION
T_RU_DECISION
T_RU_DECISION_VAR
T_RU_DISCRETE_SET
T_RU_DOMAIN
T_RU_RELATION
T_RU_RELATION_XREF
T_RU_RULE
T_RU_RULE_ACTION
T_RU_TRANSACTION
T_RU_TUPLE_SET
T_RU_VARIABLE

2.7.66.2 Technical Name

Ref.HealthProgramPanel.ascx

2.7.66.3 Panel Name

Member Plan

For readability the layout displays on the next page.

2.7.66.4 Benefit Administration-Member Plan Layout

» Member Plan

Top Nav ? X

Member Plan [ ] search clear

Search Results

Member Plan	Description	Plan Type	Financial Payer	Effective Date	End Date	Inactive Date
ABI	Acquired Brain Injury wai	Assignment Plan	Default	01/01/1990	12/31/2299	12/31/2299
ADC	Adult Day Care	Assignment Plan	Default	01/01/1990	12/31/2299	12/31/2299
CCEBA	Compr Chces - Exp Pop Bas	Benefit Plan	Default	06/01/2006	12/31/2299	01/01/2299
CCEBW	Compr Chces - Exp Pop Exp	Benefit Plan	Default	06/01/2006	12/31/2299	12/31/1999
CCENC	Compr Chces - Exp Pop Bas	Benefit Plan	Default	06/01/2006	12/31/2299	12/31/1999
CCEVN	Compr Chces - Exp Pop Bas	Benefit Plan	Default	06/01/2006	12/31/2299	12/31/1999
CCEVW	Compr Chces - Exp Pop Bas	Benefit Plan	Default	06/01/2006	12/31/2299	12/31/1999
CCHHH	Compr Chces - High - Hosp	Benefit Plan	Default	06/01/2006	12/31/2299	12/31/1999
CCHNH	Compr Chces - High - NonH	Benefit Plan	Default	06/01/2006	12/31/2299	12/31/1999
CCMBA	Compr Chces - Man Pop Bas	Benefit Plan	Default	06/01/2006	12/31/2299	12/31/1999

1 2 3 4 5 6 7 Next >

-Benefit Plan- Type changes below.

Member Plan* CCEBA

Description* Compr Chces - Exp Pop Bas ABI

Long Description* Comprehensive Choices - Expansion Population - Basic - ABI - No Copays

Effective Date* 06/01/2006

Plan Type* Benefit Plan

Financial Payer* DEF Default

Inactive Date* 01/01/2299

End Date* 12/31/2299

delete add

-Dependent Plan Data- The data below is for the row selected above.

-Excluded Plan Data- The data below is for the row selected above.

-Classification Mapping Data- The data below is for the row selected above.

-Benefit Coverage-

-Benefit Plan Group Type- The data below is for the row selected above.

2.7.66.5 Extra Features

This panel has no extra features.

2.7.66.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Clear	Clear Search Member Plan data.	Button	N/A	0		
Search	Search	Button	N/A	0		
add	Add a member plan.	Button	N/A	0		
delete	Delete a member plan.	Button	N/A	0		
Description	Description of the member plan.	Field	N/A	50	T_PUB_HLTH_PGM	DSC_PGM_HEALTH
Effective Date	The date the claim type to program restriction becomes effective for use in claims editing.	Field	Date (MM/DD/CCYY)	8	T_PUB_HLTH_PGM	DTE_EFFECTIVE
End Date	The last date the claim type to program restriction is effective for use in claims editing.	Field	Date (MM/DD/CCYY)	8	T_PUB_HLTH_PGM	DTE_END
Financial Payer	Financial payer for this plan.	Field	Drop Down List Box	0	T_PUB_HLTH_PGM	SAK_FIN_PAYER
Long Description	Text definition of member plan describing who is eligible and what types of services are provided.	Field	Character	40000	T_PUB_HLTH_PGM	DSC_PGM_DEFINITION
Member Plan	Search entry field for Member Code Mini Search panel	Field	Character	5	T_PUB_HLTH_PGM	CDE_PGM_HEALTH

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Member Plan	Code that identifies the member plan that is supported in the system.	Field	Character	5	T_PUB_HLTH_PGM	CDE_PGM_HEALTH
Plan Type	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'.	Field	Drop Down List Box	0	T_PUB_HLTH_PGM	CDE_TYPE_PLAN

2.7.66.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required	Description of member plan is required when adding or modifying member plan.
Effective Date	Field	1	Effective Date is required	Effective date field is required when adding or modifying member plan.
Effective Date	Field	8012	Effective date must be on or before end date	Effective date field is required when adding or modifying member plan.
Effective Date	Field	9001	Invalid Date. Format is MM/DD/YYYY	Effective date field is required when adding or modifying member plan.
End Date	Field	1	End Date is required	End date field is required when adding or modifying end date member plan.
End Date	Field	8012	End date must be on or after effective date	End date field is required when adding or modifying end date member plan.

Field	Field Type	Error Code	Error Message	To Correct
End Date	Field	91001	Date. Format is MM/DD/YYYY.	End date field is required when adding or modifying end date member plan.
Financial Payer	Field	1	Plan Type field is required	Plan type field is required when adding or modifying member plan. Select a valid plan type from the plan type drop down listing.
Long Description	Field	1	Long Description is required	Long description field is required when adding or modifying member plan.
Member Plan	Field	1	Member Plan is required	Member Plan field is required when adding or modifying member plan.
Member Plan	Field	2	A duplicate record cannot be saved.	Member Plan field is required when adding or modifying member plan.
Plan Type	Field	1	Plan Type field is required	Plan type field is required when adding or modifying member plan. Select a valid plan type from the plan type drop down listing.

2.7.66.8 Associated Requirements

ID
30.090.002.002.1
30.090.002.002.10
30.090.002.002.15
30.090.002.002.6

2.7.66.9 CO / Defects

ID	Type	Name	Description	Current Status
264	Change Order	Change Recipient to Member	System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user. This system-wide change was identified during the Member Management RV/JAD sessions held on 06/13/2005 - 06/17/2005.	Prod Implemented

2.7.67 PANEL: Benefit Administration-Member Plan-Benefit Coverage

2.7.67.1 Description

Use the Member Plan-Benefit Coverage panel to maintain benefit coverage by member plan.

Navigation Path: [Reference - Benefit Administration] - [Member Plan] - [Member Plan] - [Select a Member Plan] - [expand the Benefit Coverage plan by clicking on the + in front of the panel name]

Tables:

T_RU_ACTION
T_RU_ARRAY
T_RU_COMPARISON
T_RU_CONDITION
T_RU_DECISION
T_RU_DECISION_VAR
T_RU_DISCRETE_SET
T_RU_DOMAIN
T_RU_RELATION
T_RU_RELATION_XREF
T_RU_RULE
T_RU_RULE_ACTION
T_RU_TRANSACTION
T_RU_TUPLE_SET
T_RU_VARIABLE

2.7.67.2 Technical Name

BenefitCoverageEditPanel.ascx

2.7.67.3 Panel Name

Benefit Coverage

For readability the layout displays on the next page.

2.7.67.4 Benefit Administration-Member Plan-Benefit Coverage Layout

Classification: Standard Search: Procedure 00406 Find

Active Rules
All Rules

HCPCS
46695 DOS: 01/01/1990-12/31/2299
Administrative, Miscellaneous, and Investigational
Alcohol and Drug Abuse Treatment Services
Chemotherapy Drugs
46421 DOS: 01/01/1990-12/31/2003 BPTS: 13/000, 31/000, 35/000, 64/000, 65/000, 85/000 CT: M DDA: 140-20891, 230-2349, 2778-2778 1:8
46924 DOS: 01/0
Rule 46695 exclu
46957 DOS: 01/0
46958 DOS: 01/0
J9000 DOXORUBI
J9001 DOXORUBI
J9010 ALEMTUZU
J9015 ALDESLEU
J9017 ARSENIC T
J9020 ASPARAGII
J9025 AZACITIDI
J9027 CLOFARAB
J9031 BCG LIVE
J9035 BEVACIZU
J9040 BLEOMYCI
J9041 BORTEZOM
J9045 CARBOPLA
J9050 CARMUS B
J9055 CETUXIMA
J9060 CISPLATIN
J9062 CISPLATIN

close
46421 (modification of 46405) for Procedures - All Procedures - HCPCS - Chemotherapy Drugs

Eff/End Dates	01/01/1990	12/31/2003	Age	0	999999
Act/Inact Dates	01/01/1900	12/31/2299	Quantity	0	999999
Gender	Both		Medical Review	No	
Prior Auth	No		Auto P.A.	No	

Place of Service Editing No

Claim Type Editing Include

Claim Types Assigned
M - HCFA 1500 CLAIMS

Available Claim Types
0 - ALL CLAIM TYPES
A - UB92 INST XOVER CLAIMS
B - HCFA 1500 XOVER CLAIMS
C - UB92 OUTP XOVER CLAIMS
D - DENTAL CLAIMS
H - HOME HEALTH CLAIMS

Member Plans Editing No

Benefit Role Editing No

Diagnosis

Provider Type/Specialty

Billing Provider Type Specialty Editing Include

Type Specialities Assigned
13/000 - 13/000
31/000 - 31/000
35/000 - 35/000
64/000 - 64/000
65/000 - 65/000
85/000 - 85/000

Available Type Specialities
00/010 - 00/010
00/011 - 00/011
00/012 - 00/012
00/013 - 00/013
00/014 - 00/014
00/015 - 00/015

Performing Provider Type Specialty Editing No

Referring Provider Type Specialty Editing No

2.7.67.5 Extra Features

This panel has no extra features.

2.7.67.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Find	Initiates search on the database table for rows matching the criteria entered.	Button	N/A	0		
Active Rules	If selected, the panel will only display the active rules. Active rules are defined as rules that do not have Inactive dates set in the past.	Field	Radio Button	0		
All Rules	If selected, the panel will display all rules including inactive rules.	Field	Radio Button	0		
Classification	A hierarchy of groupings of services.	Field	Drop Down List Box	0	DSC_CLASS_HIERARCHY	T_CLASSIFICATION_BNFT
Search Code	Allows search for a benefit code.	Field	Character	11	N/A	N/A
Search Description	Allows search by benefit description.	Field	Character	50	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Search Type	Allows search for benefit type.	Field	Drop Down List Box	0	N/A	N/A

2.7.67.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.67.8 Associated Requirements

ID
30.090.002.002.1

2.7.67.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.68 PANEL: Benefit Administration-Benefit Classification

2.7.68.1 Description

Use the Benefit Classification panel to create and maintain benefit classification/hierarchies. The benefit classifications allow the user to organize or specialize benefits into hierarchies used for various system functions including, but not limited to, benefit plan coverage rules, contract billing rules, contract reimbursement rules and other insurance rules.

Navigation Path: [Reference] - [Benefit Administration] - [Benefit Classification]

Tables:
T_CLASSIFICATION_BNFT
T_BNFT_GROUP_STD
T_GROUP_STD_BNFT (read only)

2.7.68.2 Technical Name

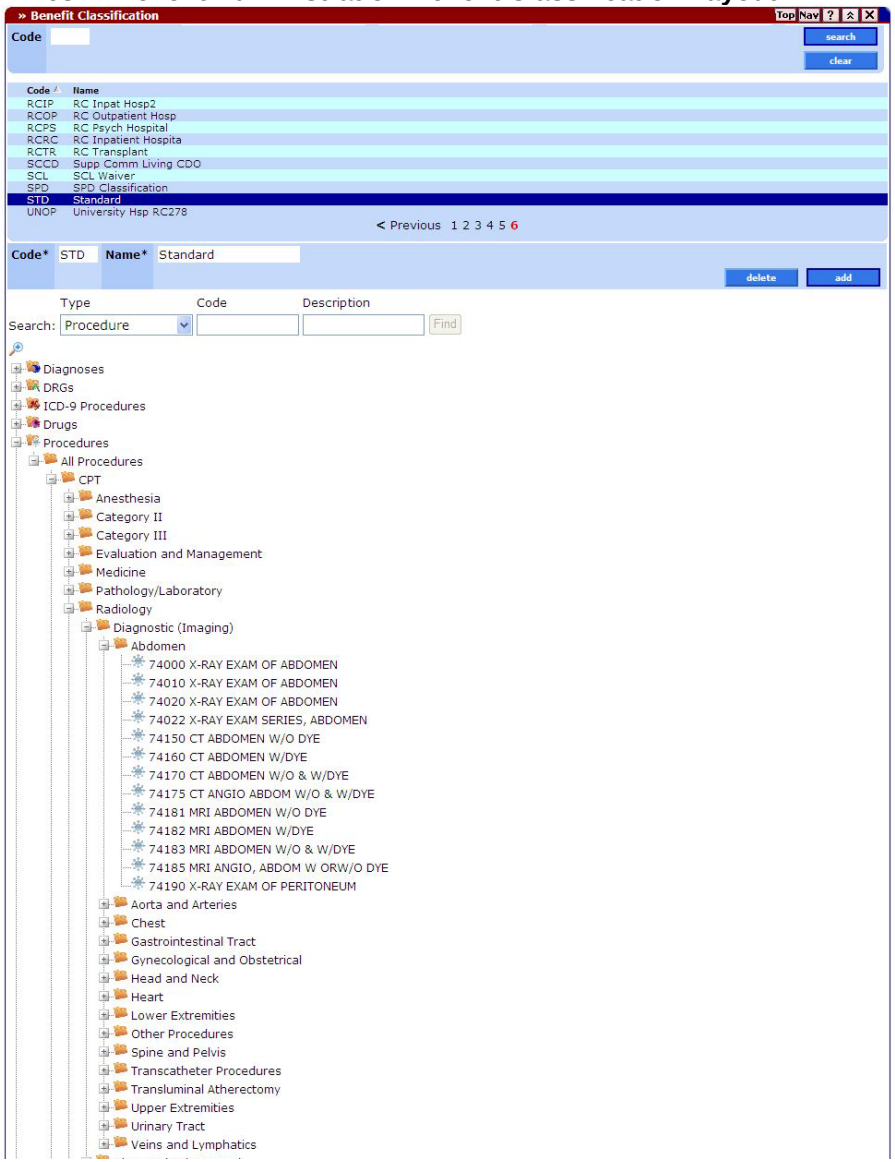
Ref.BenefitClassificationPanel

2.7.68.3 Panel Name

Benefit Classification

For readability the layout displays on the next page.

2.7.68.4 Benefit Administration-Benefit Classification Layout



2.7.68.5 Extra Features

This panel has no extra features.

2.7.68.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a benefit classification.	Button	N/A	0		
delete	Delete a benefit classification.	Button	N/A	0		
Code [panel]	A short hand code to identify the hierarchy.	Field	Character	4	T_CLASSIFICATION_BNFT	CDE_CLASS_BNFT_HIER
Name [panel]	A description of the hierarchy.	Field	Character	20	T_CLASSIFICATION_BNFT	DSC_CLASS_HIERARCHY
Code[List]	A short hand code to identify the hierarchy.	Listview	Character	4	T_CLASSIFICATION_BNFT	CDE_CLASS_BNFT_HIER
Name[List]	A description of the hierarchy.	Listview	Character	20	T_CLASSIFICATION_BNFT	DSC_CLASS_HIERARCHY

2.7.68.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Code [panel]	Field	1	Code is required.	Enter a description. Enter a unique code.
Name [panel]	Field	1	Name is required.	Enter a description.

2.7.68.8 Associated Requirements

ID
No associated requirements found.

2.7.68.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.69 PANEL: Benefit Administration-Member Plan-Excluded Plan Data

2.7.69.1 Description

Use the Excluded Plan Data panel to maintain the list of member plans that can not exist with the selected member plan. For example a member should not be enrolled in Title XXI KCHIP III Participant Covered Services (KCHIP III) and Comprehensive Choices - Mandatory Population - Basic - Vent - with Copays (CCMVW) for the overlapping dates of coverage. The data is used in member enrollment to detect errors during enrollment update transactions.

Navigation Path: [Reference - Benefit Administration] - [Member Plan] - [Member Plan] - [Select a Member Plan] - [expand the Excluded Plan Data by clicking on the + in front of the panel name]

Table: T_PGM_EXCLUSION

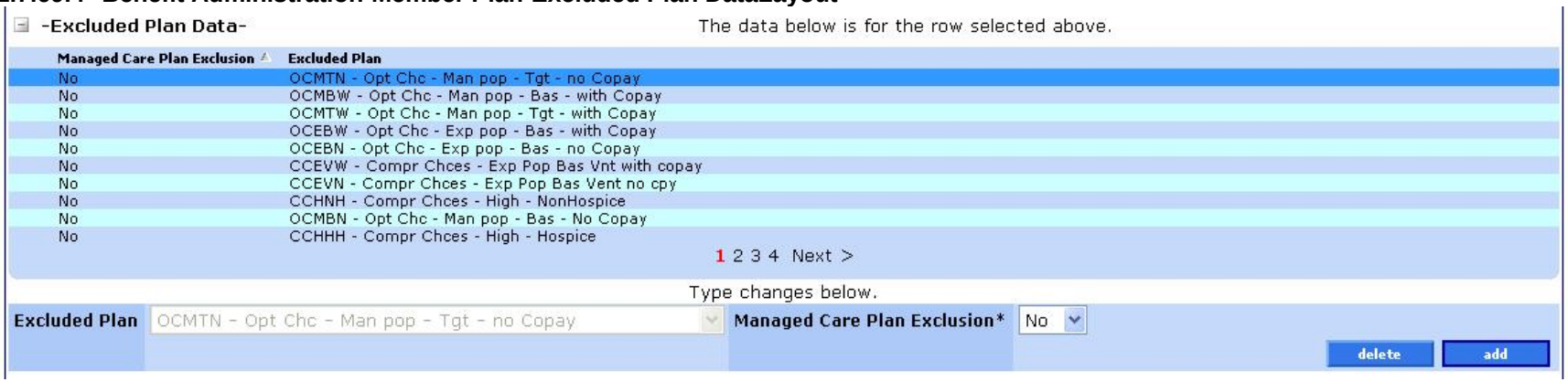
2.7.69.2 Technical Name

Ref.HealthProgramExclusionPanel.ascx

2.7.69.3 Panel Name

Excluded Plan Data

2.7.69.4 Benefit Administration-Member Plan-Excluded Plan DataLayout



2.7.69.5 Extra Features

This panel has no extra features.

2.7.69.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add an excluded plan restriction.	Button	N/A	0		
delete	Delete and excluded plan restriction.	Button	N/A	0		
Excluded Plan	Member plan that is excluded and cannot exist with the selected plan on member eligibility.	Field	Drop Down List Box	0	T_PGM_EXCLUSION	SAK_EXCLUDED_PGM
Managed Care Plan Exclusion	This field is used to indicate which exclusion table rows are for managed care exclusions specifically.	Field	Drop Down List Box	0	T_PGM_EXCLUSION	IND_MC_EXCL

2.7.69.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Excluded Plan	Field	1	A duplicate record cannot be saved.	Select a unique excluded plan.
Excluded Plan	Field	2	A valid Excluded Plan is required.	Select a valid excluded plan from the Excluded Plan drop down listing.
Managed Care Plan Exclusion	Field	2	Plan cannot be Exclusive of itself	Verify data entry. Managed care plan exclusion cannot be set to 'No' in this case.
Managed Care Plan Exclusion	Field	3	Managed Care Plan Exclusion field is required	Select a valid managed care plan exclusion from the MCP Exclusion drop down listing.

2.7.69.8 Associated Requirements

ID
No associated requirements found.

2.7.69.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.70 PANEL: Benefit Administration-OI Plan

2.7.70.1 Description

The Benefit Administration-OI Plan panel is used to maintain other insurance (OI) plans. OI plans identify the types of third party health coverage for a member.

Navigation Path: [Reference] - [Benefit Administration] - [Other Insurance]

Table: T_PUB_HLTH_PGM

2.7.70.2 Technical Name

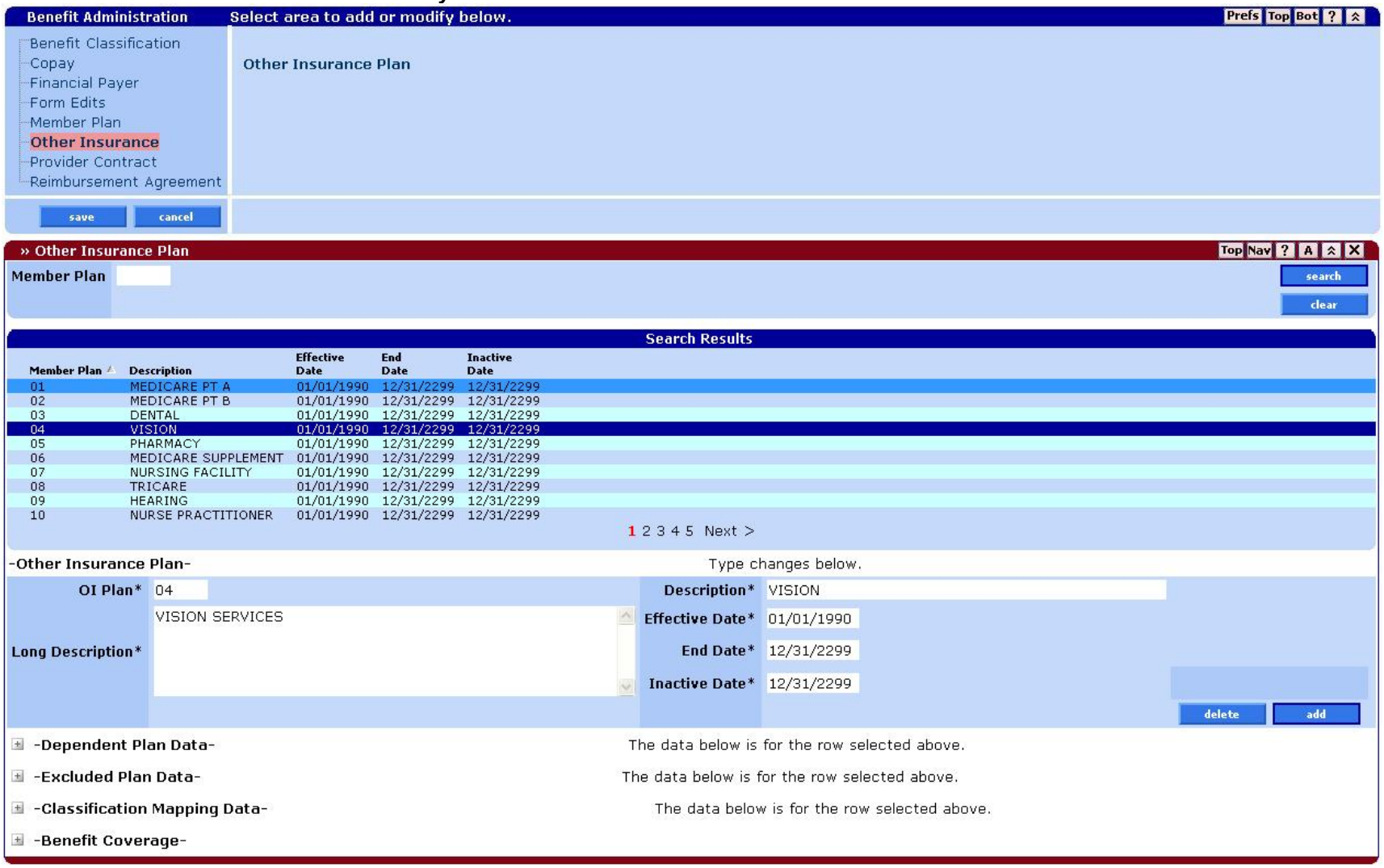
Ref.OIProgramPanel.ascx

2.7.70.3 Panel Name

OI Plan

For readability the layout displays on the next page.

2.7.70.4 Benefit Administration-OI Plan Layout



2.7.70.5 Extra Features

This panel has no extra features.

2.7.70.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Allows the user to add an OI plan.	Button	N/A	0		
Delete	Allows the user to delete an OI plan.	Button	N/A	0		
Coverage Code	This code identifies the type of coverage that a TPL policy provides.	Field	Character	2	T_COVERAGE_TYPE	CDE_COVERAGE
Coverage Description	This describes the type of coverage (services) a TPL resource provides.	Field	Character	120	T_COVERAGE_TYPE	DSC_COVERAGE
Effective Date	Date the OI plan becomes valid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the effective date.	Field	Date (MM/DD/CCYY)	8	T_PUB_HLTH_PGM	DTE_EFFECTIVE
End Date	Date the OI plan becomes invalid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the end date.	Field	Date (MM/DD/CCYY)	8	T_PUB_HLTH_PGM	DTE_END
Inactive Date	Date/time the other insurance plan can no longer be used regardless of dates of service on the claim. Time is not displayed but time will be defaulted to 00:00 when selecting a date for processing. Future inactive date restrictions prevent inactivating a segment while claims are processing.	Field	Date (MM/DD/CCYY)	8	T_PUB_HLTH_PGM	DTE_INACTIVE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
OI Plan	Code that identifies the other insurance plan.	Field	Character	5	T_PUB_HLTH_PGM	CDE_PGM_HEALTH
Plan	Code identifying the plan.	Field	Character	5	T_PUB_HLTH_PGM	CDE_PGM_HEALTH
Plan Description	Text description of the OI Plan.	Field	Character	50	T_PUB_HLTH_PGM	DSC_PGM_HEALTH

2.7.70.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required.	Enter an effective date.
Effective Date	Field	2	Invalid Date. Format is mm/dd/ccyy.	Enter an effective date in MM/DD/CCYY.
Effective Date	Field	3	Effective Date must be less than or equal to the End Date	Effective date must be less than or equal to the end date.
Effective Date	Field	4	Effective Date must be greater than or equal to 1/1/1900.	Enter an effective date that is greater than or equal to 1/1/1900.
Effective Date	Field	5	Effective Date must be less than or equal to 12/31/2299	Enter an effective date that is less than or equal to 12/31/2299.
End Date	Field	1	End Date is required.	Enter an end date.

Field	Field Type	Error Code	Error Message	To Correct
End Date	Field	2	Invalid Date. Format is MM/DD/CCYY.	Enter an end date in MM/DD/CCYY format.
End Date	Field	3	End Date must be greater than or equal to 1/1/1900.	End date that is greater than or equal to 1/1/1900.
End Date	Field	4	End Date must be less than or equal to 12/31/2299.	End date that is less than or equal to 12/31/2299.
Inactive Date	Field	1	Inactive Date is required.	Enter an inactive date.
Inactive Date	Field	2	Inactive Date must be after the current System Date.	Enter an inactive date that is after the current system date.
Inactive Date	Field	3	Inactive Date must be less than or equal to 12/31/2299.	Enter an inactive date that is less than or equal to 12/31/2299.
Inactive Date	Field	4	Invalid Date. Format is mm/dd/ccyy.	Enter an inactive date in MM/DD/CCYY format.
Inactive Date	Field	5	Inactive Date must be greater than or equal to 1/1/1900.	Enter an inactive date that is greater than or equal to 1/1/1900. Long Description Field 1 long description is required. Enter a long description of the member plan.
OI Plan	Field	1	OI Plan is required.	Enter an OI plan code.
OI Plan	Field	2	A duplicate record can not be saved.	Enter a unique OI plan.
Plan	Field	1	Long Description is required.	Enter a long description of the OI plan.

Field	Field Type	Error Code	Error Message	To Correct
Plan Description	Field	1	Description is required.	Enter a description of the OI plan.

2.7.70.8 Associated Requirements

ID
30.090.002.002.1
30.090.006.002.3

2.7.70.9 CO / Defects

ID	Type	Name	Description	Current Status
4417	Change Order	Add TOB & Exceptions to OI Plan	Add Type of Bill (TOB) editing to the Other Insurance (OI) Plan rules panels.	Prod Implemented

2.7.71 PANEL: Benefit Administration-Form Edits

2.7.71.1 Description

Use the Form Edits page to maintain the rules for predefined set of decisions such including Dental Claim Form Header edits, Detail Claim Form Detail edits, Physician Claim Form Header edits etc.

Navigation Path: [Reference - Benefit Administration] - [Form Edits] - [Form Edits]

Tables:

T_RU_ACTION
T_RU_ARRAY
T_RU_COMPARISON
T_RU_CONDITION
T_RU_DECISION
T_RU_DECISION_VAR
T_RU_DISCRETE_SET
T_RU_DOMAIN
T_RU_RELATION
T_RU_RELATION_XREF
T_RU_RULE
T_RU_RULE_ACTION
T_RU_TRANSACTION
T_RU_TUPLE_SET
T_RU_VARIABLE

2.7.71.2 Technical Name

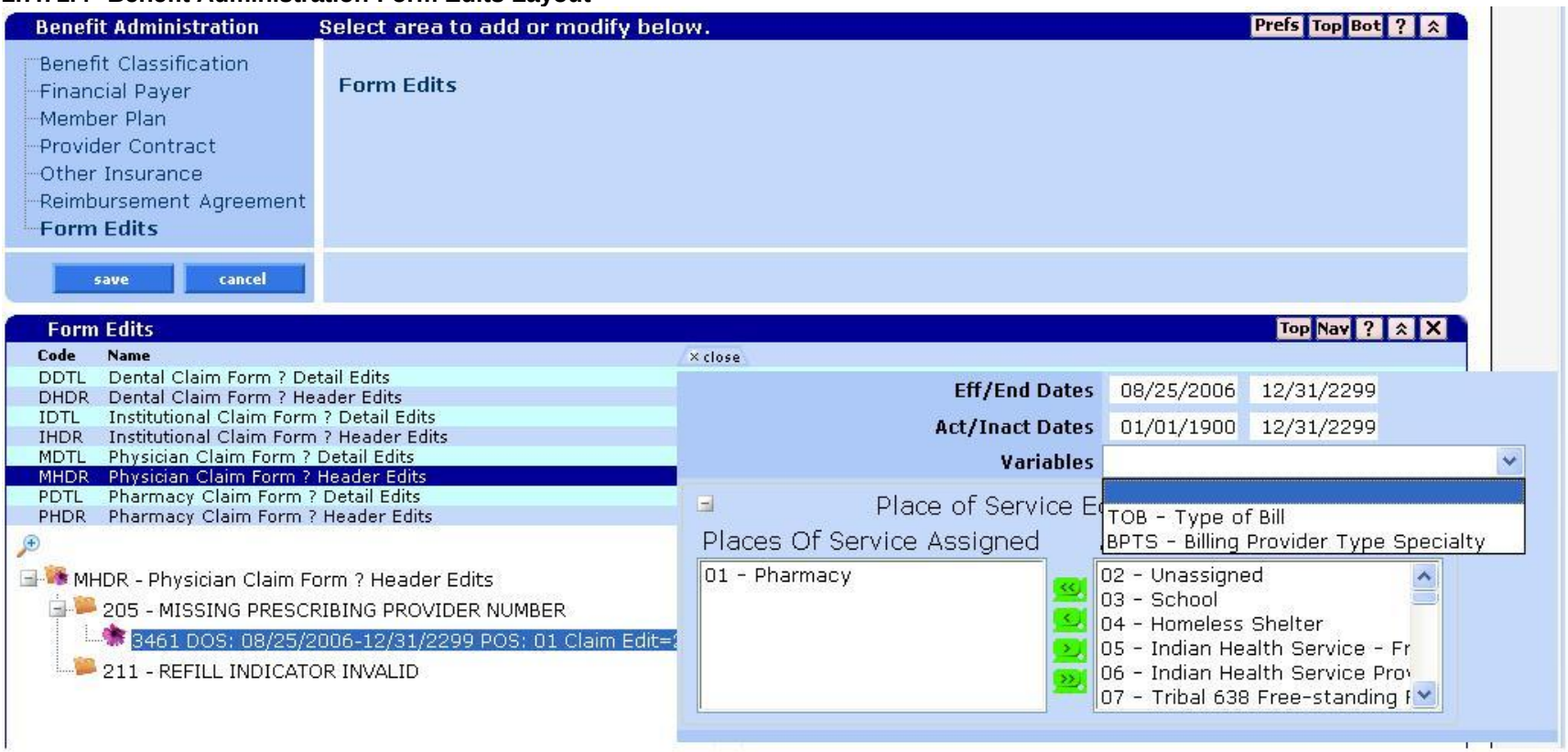
Ref.FormEditsPage.ascx

2.7.71.3 Panel Name

Form Edits

For readability the layout displays on the next page.

2.7.71.4 Benefit Administration-Form Edits Layout



2.7.71.5 Extra Features

This panel has no extra features.

2.7.71.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
No field documentation found for this window.						

2.7.71.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.71.8 Associated Requirements

ID
No associated requirements found.

2.7.71.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.72 PANEL: Benefit Administration-Classification Mapping

2.7.72.1 Description

Use the read-only Classification Mapping Data panel to determine which classifications are mapped to benefit types in existing rules.

When a benefit type is returned with a classification it means that there is at least one rule for that benefit type which ties it to the classification displayed. This means that all subsequent rules for that plan/contract and benefit type should be entered under that classification.

If a benefit type is returned more than once this indicates a condition that may cause the claims engine to ignore some of the rules for the benefit type. In this case the rules should be modified to ensure only one classification is mapped to a particular benefit type for the plan/contract

Navigation Path:

[Reference - Benefit Administration] - [Member Plan] - [Member Plan] - [Select a Member Plan] - [expand the Classification Mapping Data by clicking on the + in front of the panel name]

[Reference - Benefit Administration] - [Other Insurance] - [Other Insurance Plan] - [Select an Other Insurance Plan] - [expand the Classification Mapping Data by clicking on the + in front of the panel name]

[Reference - Benefit Administration] - [Provider Contract] - [Provider Contract] - [Select a Provider Contract] - [expand the Classification Mapping Data by clicking on the + in front of the panel name]

Tables:
T_BENEFIT_TYPE
T_BNFT_GROUP_STD
T_CLASSIFICATION_BNFT
T_PR_ENROLL_PGM
T_PUB_HLTH_PGM
T_RU_COMPARISON
T_RU_DISCREET_SET

2.7.72.2 Technical Name

Ref.ClassificationMappingPanel.ascx

2.7.72.3 Panel Name

Classification Mapping Data

2.7.72.4 Benefit Administration-Classification Mapping Layout

-Classification Mapping Data- The data below is for the row selected above.

Benefit Type	Benefit Classification
DRG	Standard
Diagnosis	Standard
ICD-9 Procedure	Standard
Procedure	Standard
Revenue Code	Standard

2.7.72.5 Extra Features

This panel has no extra features.

2.7.72.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Benefit Classification	Benefit classification description	Field	Character	100		
Benefit Type	Type of benefit for the classification mapping segment	Field	Character	18		

2.7.72.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.72.8 Associated Requirements

ID
No associated requirements found.

2.7.72.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.73 PANEL: Other-Benefit Plan Group Type

2.7.73.1 Description

Use the Benefit Plan Group Type panel to view and maintain benefit plan group types and benefit plan groups. Benefit plan groups are lists of benefit plans that may be used for various purposes in the system such as editing and/or report.

Navigation Path: [Reference - Related Data] - [Other] - [Benefit Plan Group Type]

Table: T_BENEFIT_PLAN_TYPE

2.7.73.2 Technical Name

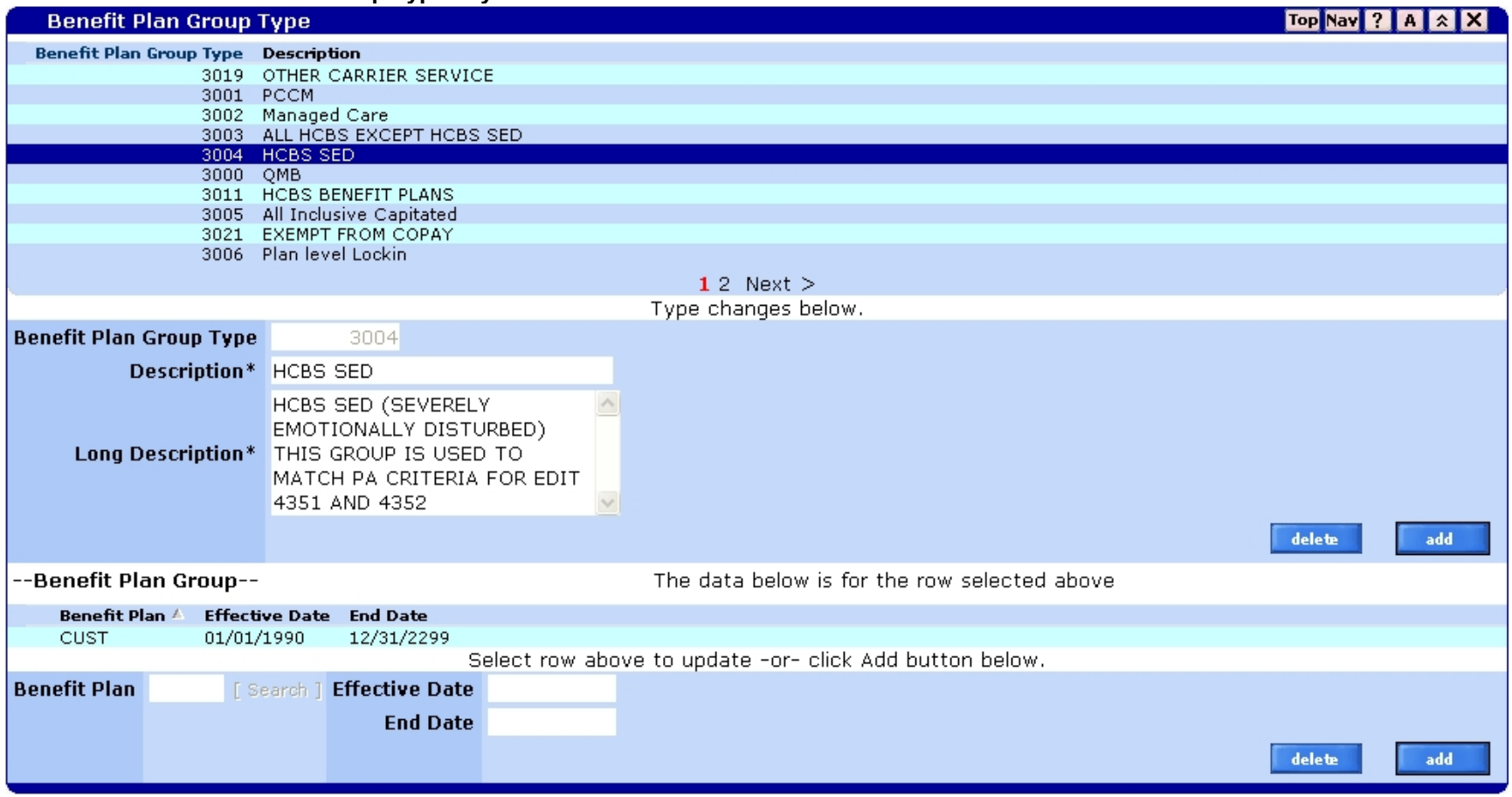
Ref.BenefitPlanTypePanel.ascx

2.7.73.3 Panel Name

Benefit Plan Group Type

For readability the layout displays on the next page.

2.7.73.4 Other-Benefit Plan Group Type Layout



2.7.73.5 Extra Features

This panel has no extra features.

2.7.73.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add (Group)	Add a benefit plan group type.	Button	N/A	0		
Add (Type)	Add a benefit plan group type.	Button	N/A	0		
Delete (Group)	Delete a benefit plan group type.	Button	N/A	0		
Delete (Type)	Delete a benefit plan group type.	Button	N/A	0		
Benefit Plan	Code indicating the member benefit plan that is part of the group.	Field	Character	5	T_BENEFIT_PLAN_GROUP	SAK_PUB_HLTH
Benefit Plan Group Type	Code that categorizes a single or collection of benefit plan codes.	Field	Number	9	T_BENEFIT_PLAN_TYPE	SAK_BENEFIT_PLAN_TYPE
Description	Describes the benefit plan type.	Field	Character	50	T_BENEFIT_PLAN_TYPE	DSC_50
Effective Date	The date of service on which the benefit plan becomes valid for the benefit plan group.	Field	Date (MM/DD/CCYY)	8	T_BENEFIT_PLAN_GROUP	DTE_EFFECTIVE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
End Date	The date of service on which the benefit plan code is no longer valid for the benefit plan group.	Field	Date (MM/DD/CCYY)	8	T_BENEFIT_PLAN_GROUP	DTE_END
Long Description	Definition of where and/or how this benefit plan group is used.	Field	Character	4000	T_BENEFIT_PLAN_TYPE	DSC_DEFINITION

2.7.73.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	2	Description is required.	Enter a description.
Long Description	Field	3	Long description is required.	Enter a long description.

2.7.73.8 Associated Requirements

ID
30.020.002

2.7.73.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.74 PANEL: Benefit Administration-Provider Contract

2.7.74.1 Description

Use the Provider Contract panel to maintain the list of provider contracts in the system and to classify the services a provider may bill.

Navigation Path: [Reference - Benefit Administration] - [Provider Contract] - [Provider Contract]

Tables:

T_RU_ACTION
T_RU_ARRAY
T_RU_COMPARISON
T_RU_CONDITION
T_RU_DECISION
T_RU_DECISION_VAR
T_RU_DISCRETE_SET
T_RU_DOMAIN
T_RU_RELATION
T_RU_RELATION_XREF
T_RU_RULE
T_RU_RULE_ACTION
T_RU_TRANSACTION
T_RU_TUPLE_SET
T_RU_VARIABLE

2.7.74.2 Technical Name

Ref.ProviderContractPanel.ascx

2.7.74.3 Panel Name

Provider Contract

For readability the layout displays on the following pages.

2.7.74.4 Benefit Administration-Provider Contract Layout

Provider Contract

Top Nav ? A

Provider Contract

search

clear

Search Results

Provider Contract	Financial Payer	Description	Claim Type Editing Ind	Effective Date	End Date	Inactive Date
ABIWV	DEFAULT	ABI Waiver		01/01/1964	12/31/2299	12/31/2299
ADC	DEFAULT	Adult Day Care		01/01/1964	12/31/2299	12/31/2299
ALL	DEFAULT	Rules for all prov	Include	01/01/1990	12/31/2288	12/31/2299
ASC	DEFAULT	Ambulatory Surgery		01/01/1964	12/31/2299	12/31/2299
ATCM	DEFAULT	Adult Trgt Case Mgmt		01/01/1964	12/31/2299	12/31/2299
AUDIO	DEFAULT	Audiologist		01/01/1964	12/31/2299	12/31/2299
CCSHC	DEFAULT	Comm Chld w/Sp Needs		01/01/1964	12/31/2299	12/31/2299
CHIP3	DEFAULT	KCHIP III		01/01/1964	12/31/2299	12/31/2299
CHIRO	DEFAULT	Chiropractor		01/01/1964	12/31/2299	12/31/2299
COMMH	DEFAULT	Comm Mental Health		01/01/1964	12/31/2299	12/31/2299

1 2 3 4 5 6 7 Next >

Type changes below.

Provider Contract* ALL

Financial Payer* DEFAULT

Description* Rules for all prov

Long Description* This contract defines rules for benefits that apply regardless of provider contract

Claim Type Editing Ind Include

Effective Date* 01/01/1990

End Date* 12/31/2288

Inactive Date* 12/31/2299

delete add

Provider Contract

Top Nav ? A

Provider Contract

search

clear

Search Results

Provider Contract	Financial Payer	Description	Claim Type Editing Ind	Effective Date	End Date	Inactive Date
ABIWV	DEFAULT	ABI Waiver		01/01/1964	12/31/2299	12/31/2299
ADC	DEFAULT	Adult Day Care		01/01/1964	12/31/2299	12/31/2299
ALL	DEFAULT	Rules for all prov	Include	01/01/1990	12/31/2288	12/31/2299
ASC	DEFAULT	Ambulatory Surgery		01/01/1964	12/31/2299	12/31/2299
ATCM	DEFAULT	Adult Trgt Case Mgmt		01/01/1964	12/31/2299	12/31/2299
AUDIO	DEFAULT	Audiologist		01/01/1964	12/31/2299	12/31/2299
CCSHC	DEFAULT	Comm Chld w/Sp Needs		01/01/1964	12/31/2299	12/31/2299
CHIP3	DEFAULT	KCHIP III		01/01/1964	12/31/2299	12/31/2299
CHIRO	DEFAULT	Chiropractor		01/01/1964	12/31/2299	12/31/2299
COMMH	DEFAULT	Comm Mental Health		01/01/1964	12/31/2299	12/31/2299

1 2 3 4 5 6 7 Next >

Type changes below.

Provider Contract* ALL

Financial Payer* DEFAULT

Description* Rules for all prov

Long Description* This contract defines rules for benefits that apply regardless of provider contract

Claim Type Editing Ind Include

Effective Date* 01/01/1990

End Date* 12/31/2288

Inactive Date* 12/31/2299

delete add

Provider Type/Specialty

Provider Type Speciality Editing (for all providers on claim)

Type/Specialties Assigned

Available Type/Specialties

00/010 - 00/010
00/011 - 00/011
00/012 - 00/012
00/013 - 00/013
00/014 - 00/014
00/015 - 00/015

Billing Provider Type Speciality Editing

Type/Specialties Assigned

Available Type/Specialties

00/010 - 00/010
00/011 - 00/011
00/012 - 00/012
00/013 - 00/013
00/014 - 00/014
00/015 - 00/015

Performing Provider Type Speciality Editing

Type/Specialties Assigned

Available Type/Specialties

00/010 - 00/010
00/011 - 00/011
00/012 - 00/012
00/013 - 00/013
00/014 - 00/014
00/015 - 00/015

Referring Provider Type Speciality Editing

Type/Specialties Assigned

Available Type/Specialties

Provider Contract

Provider Contract

Search Results

Provider Contract	Financial Payer	Description	Claim Type Editing Ind	Effective Date	End Date	Inactive Date
ABIWV	DEFAULT	ABI Waiver		01/01/1964	12/31/2299	12/31/2299
ADC	DEFAULT	Adult Day Care		01/01/1964	12/31/2299	12/31/2299
ALL	DEFAULT	Rules for all prov	Include	01/01/1990	12/31/2288	12/31/2299
ASC	DEFAULT	Ambulatory Surgery		01/01/1964	12/31/2299	12/31/2299
ATCM	DEFAULT	Adult Trgt Case Mgmt		01/01/1964	12/31/2299	12/31/2299
AUDIO	DEFAULT	Audiologist		01/01/1964	12/31/2299	12/31/2299
CCSHC	DEFAULT	Comm Chld w/Sp Needs		01/01/1964	12/31/2299	12/31/2299
CHIP3	DEFAULT	KCHIP III		01/01/1964	12/31/2299	12/31/2299
CHIRO	DEFAULT	Chiropractor		01/01/1964	12/31/2299	12/31/2299
COMMH	DEFAULT	Comm Mental Health		01/01/1964	12/31/2299	12/31/2299

1 2 3 4 5 6 7 Next >

Type changes below.

Provider Contract* ALL
Financial Payer* DEFAULT
Description* Rules for all prov
Long Description* This contract defines rules for benefits that apply regardless of provider contract
Claim Type Editing Ind Include
Effective Date* 01/01/1990
End Date* 12/31/2288
Inactive Date* 12/31/2299

Provider Type/Specialty

Provider Type Speciality Editing (for all providers on claim)
Type/Specialties Assigned
Available Type/Specialties
00/010 - 00/010
00/011 - 00/011
00/012 - 00/012
00/013 - 00/013
00/014 - 00/014
00/015 - 00/015

Billing Provider Type Speciality Editing
Type/Specialties Assigned
Available Type/Specialties
00/010 - 00/010
00/011 - 00/011
00/012 - 00/012
00/013 - 00/013
00/014 - 00/014
00/015 - 00/015

Performing Provider Type Speciality Editing
Type/Specialties Assigned
Available Type/Specialties
00/010 - 00/010
00/011 - 00/011
00/012 - 00/012
00/013 - 00/013
00/014 - 00/014
00/015 - 00/015

Referring Provider Type Speciality Editing
Type/Specialties Assigned
Available Type/Specialties
00/010 - 00/010
00/011 - 00/011
00/012 - 00/012
00/013 - 00/013
00/014 - 00/014
00/015 - 00/015

-Classification Mapping Data-

The data below is for the row selected above.

Classification: Standard Search:
Active Rules
All Rules
Diagnoses
DRGs
ICD-9 Procedures
Drugs
Procedures
HCPCS
CPT
133999 DOS: 01/01/1990-12/31/2288
Anesthesia
Category II
133999 DOS: 01/01/1990-12/31/2299
Diagnostic/Screening Processes or Res
Patient History
Patient Management
Physical Examination

133999 for Procedures - CPT
Eff/End Dates 01/01/1990 12/31/2299
Act/Inact Dates 01/01/1900 12/31/2299
Gender Both
Prior Auth No
Age 0 999999
Quantity 0 999999
Medical Review No
Auto P.A. No

Place of Service Editing No
Claim Type Editing No
Member Plans Editing No
Benefit Role Editing No
Provider Contracts Editing No
Type of Bill Editing No
Diagnosis
Provider Type/Specialty

2.7.74.5 Extra Features

This panel has no extra features.

2.7.74.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Find	Initiates search on the database table for rows matching the criteria entered.	Button	N/A	0		
add	Add a provider contract.	Button	N/A	0		
delete	Delete a provider contract.	Button	N/A	0		
Active Rules	If selected, the panel will display only the active rules. Active rules are defined as rules that do not have Inactive dates set in the past.	Field	Radio Button	0		
All Rules	If selected, the panel will display all rules including inactive rules.	Field	Radio Button	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Type Edit Ind	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.	Field	Drop Down List Box	0	T_PR_ENROLL_PGM	IND_CT_EDITING
Classification	A hierarchy of groupings of services.	Field	Drop Down List Box	0	DSC_CLASS_HIERARCHY	T_CLASSIFICATION_BNFT
Description	This is the short description to the provider contract	Field	Character	20	T_PR_ENROLL_PGM	DSC_PROV_PGM
Effective Date	The date the claim type to program restriction becomes effective for use in claims editing.	Field	Date (MM/DD/CCYY)	8	T_PR_ENROLL_PGM	DTE_EFFECTIVE
End Date	The last day the claim type to program restriction is effective for use in claims editing.	Field	Date (MM/DD/CCYY)	8	T_PR_ENROLL_PGM	DTE_END

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Financial Payer	Business code value/description used to identify the payer	Field	Drop Down List Box	0	T_PR_ENROLL_PGM	SAK_FIN_PAYER
Inactive Date	The last date the claim type to program restriction is effective for use in claims editing.	Field	Date (MM/DD/CCYY)	8	T_PR_ENROLL_PGM	DTE_INACTIVE
Long Description	This is the long description to the provider contract	Field	Character	4000	T_PR_ENROLL_PGM	DSC_PROV_PGM_LONG
Provider Contract	Identifies the medical assistance programs that a provider can enroll in.	Field	Character	5	T_PR_ENROLL_PGM	CDE_PROV_PGM
Search Code	Allows search for a benefit code.	Field	Character	11	N/A	N/A
Search Description	Allows search by benefit description.	Field	Character	50	N/A	N/A
Search Type	Allows search for benefit type.	Field	Drop Down List Box	0	N/A	N/A

2.7.74.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	A description is required.	Enter a description.
Effective Date	Field	1	Effective Date is required.	Enter a valid date in format MM/DD/YYYY.

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	2	Invalid date. Format is MM/DD/YYYY.	Enter a valid date in format MM/DD/YYYY.
End Date	Field	1	End Date is required.	Enter a valid date in format MM/DD/YYYY.
End Date	Field	2	Invalid date. Format is MM/DD/YYYY.	Enter a valid date in format MM/DD/YYYY.
Inactive Date	Field	1	Inactive Date is required	Enter a valid date in format MM/DD/YYYY.
Inactive Date	Field	2	Invalid date. Format is MM/DD/YYYY.	Enter a valid date in format MM/DD/YYYY.
Long Description	Field	1	Long description is required.	Enter a long description.
Provider Contract	Field	1	Provider Contract is required.	Enter a provider contract.
Provider Contract	Field	2	A duplicate record cannot be saved.	Enter a unique provider contract.

2.7.74.8 Associated Requirements

ID
No associated requirements found.

2.7.74.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.75 PANEL: Benefit Administration-Financial Payer Hierarchy

2.7.75.1 Description

The Financial Payer Hierarchy panel maintains HIPAA payer hierarchy threads that are used to control payer relationships and the order of claim adjudication at the payer level. Payer hierarchy threads are ordered sets of payers that may cover members concurrently. Payers are processed in the order listed in an individual thread starting at Payer 1 through Payer 10. A thread for each valid combination of payers must exist for claims to process correctly.

Currently KY MMIS policy covers only one financial payer

Navigation Path: [Reference - Benefit Administration] - [Financial Payer Hierarchy] - [Financial Payer Hierarchy]

Table: T_PAYER_HIERARCHY

2.7.75.2 Technical Name

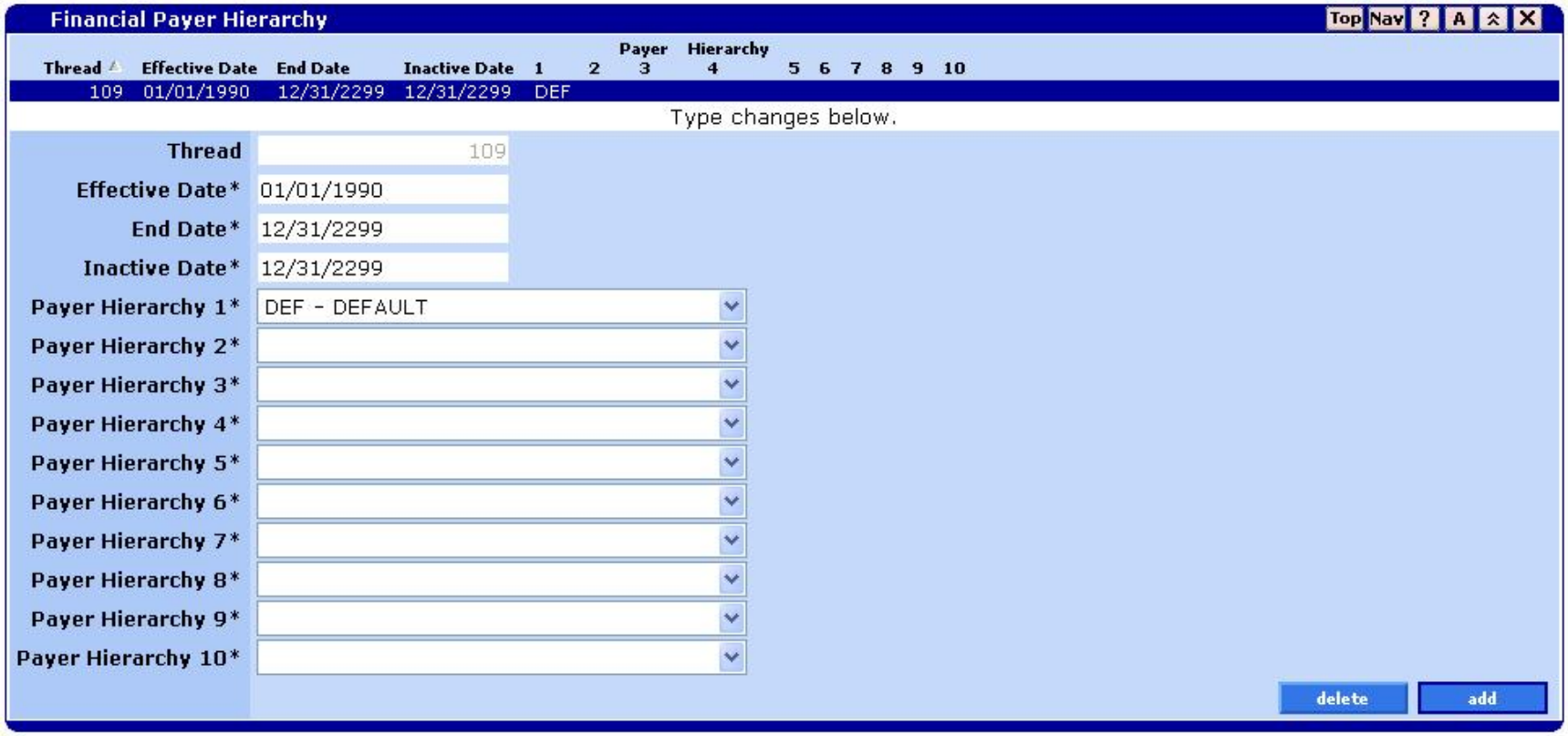
Ref.PayerHierarchyPanel.ascx

2.7.75.3 Panel Name

Financial Payer Hierarchy

For readability the layout displays on the next page.

2.7.75.4 Benefit Administration-Financial Payer Hierarchy Layout



2.7.75.5 Extra Features

This panel has no extra features.

2.7.75.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Add a financial payer hierarchy record.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Delete	Delete a financial payer hierarchy record.	Button	N/A	0		
Effective Date	Date the hierarchy thread becomes valid for use in claims processing.	Field	Number	8	T_PAYER_HIERARCHY	DTE_EFFECTIVE
End Date	The last date the thread is valid for use in claims processing. The thread may still be used when the date of service on the claim is within the effective dates of the thread. To stop the use of a particular thread altogether the DTE_INACTIVE date must be used.	Field	Number	8	T_PAYER_HIERARCHY	DTE_END
Inactive Date	This is the date when the usage of this thread was stopped. From this date onwards the thread will not be used regardless of the date of service billed on a claim.	Field	Number	8	T_PAYER_HIERARCHY	DTE_INACTIVE
Payer Hierarchy 1	The payer with the highest value/priority in the thread.	Field	Character	10	T_PAYER_NODE	SAK_FIN_PAYER
Payer Hierarchy 10	The payer with the 10th highest value/priority in the thread.	Field	Character	10	T_PAYER_NODE	SAK_FIN_PAYER
Payer Hierarchy 2	The payer with the 2nd highest value/priority in the thread.	Field	Character	10	T_PAYER_NODE	SAK_FIN_PAYER

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Payer Hierarchy 3	The payer with the 3rd highest value/priority in the thread.	Field	Character	10	T_PAYER_NODE	SAK_FIN_PAYER
Payer Hierarchy 4	The payer with the 4th highest value/priority in the thread.	Field	Character	10	T_PAYER_NODE	SAK_FIN_PAYER
Payer Hierarchy 5	The payer with the 5th highest value/priority in the thread.	Field	Character	10	T_PAYER_NODE	SAK_FIN_PAYER
Payer Hierarchy 6	The payer with the 6th highest value/priority in the thread.	Field	Character	10	T_PAYER_NODE	SAK_FIN_PAYER
Payer Hierarchy 7	The payer with the 7th highest value/priority in the thread.	Field	Character	10	T_PAYER_NODE	SAK_FIN_PAYER
Payer Hierarchy 8	The payer with the 8th highest value/priority in the thread.	Field	Character	10	T_PAYER_NODE	SAK_FIN_PAYER
Payer Hierarchy 9	The payer with the 9th highest value/priority in the thread.	Field	Character	10	T_PAYER_NODE	SAK_FIN_PAYER
Thread	System-assigned key used to uniquely identify a hierarchy thread. The hierarchy thread is used to identify the order of processing of financial payers, benefit plans, or assignment plans for members who are enrolled in multiple entities of any of these types.	Field	Number	9	T_PAYER_HIERARCHY	SAK_THREAD_PAYER

2.7.75.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective date field required	Effective date field required when adding or modifying financial payer hierarchy.
Effective Date	Field	8012	Effective date must be on or before end date	Verify data entry. Effective date must be < to end date.
Effective Date	Field	91001	Invalid Date (MM/DD/CCYY)	Verify data entry. The date must be in MM/DD/CCYY format.
Effective Date	Field	91002	Date must be numeric	Verify data entry. Date must be numeric characters only (0-9).
End Date	Field	1	End date field required	End date field required when adding or modifying financial payer hierarchy.
End Date	Field	8012	End date must be on or after effective date	Verify data entry. End date must be > to effective date.
End Date	Field	91001	Invalid Date (MM/DD/CCYY)	Verify data entry. The date must be in MM/DD/CCYY format.
End Date	Field	91002	Date must be numeric	Verify data entry. Date must be numeric characters only (0-9).
Inactive Date	Field	1	Inactive Date field required	Inactive date field required when adding or modifying financial payer hierarchy.
Inactive Date	Field	8012	Effective date must be on or before end date	Verify data entry. Effective date must be < to end date.

Field	Field Type	Error Code	Error Message	To Correct
Inactive Date	Field	91001	Invalid Date (MM/DD/CCYY)	Verify data entry. The date must be in MM/DD/CCYY format.
Inactive Date	Field	91002	Date must be numeric	Verify data entry. Date must be numeric characters only (0-9).

2.7.75.8 Associated Requirements

ID
30.020.002
30.050.001R
30.090.002.002.1
30.090.002.002.10

2.7.75.9 CO / Defects

ID	Type	Name	Description	Current Status
264	Change Order	Change Recipient to Member	System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user. This system-wide change was identified during the Member Management RV/JAD sessions held on 06/13/2005 - 06/17/2005.	Prod Implemented

2.7.76 PANEL: Benefit Administration-Benefit Plan COB

2.7.76.1 Description

This functionality is not currently used in the KY MMIS.

Use the Benefit Plan COB panel to maintain the order of processing of financial payers, benefit plans, or assignment plans for members who are enrolled in multiple entities of any of these types. Benefit plan COB group, base benefit plan, and benefit plan, along with their effective dates, end dates and inactive dates are also maintained.

Navigation Path: [Reference - Benefit Administration] - [Benefit Plan COB] - [Benefit Plan COB]

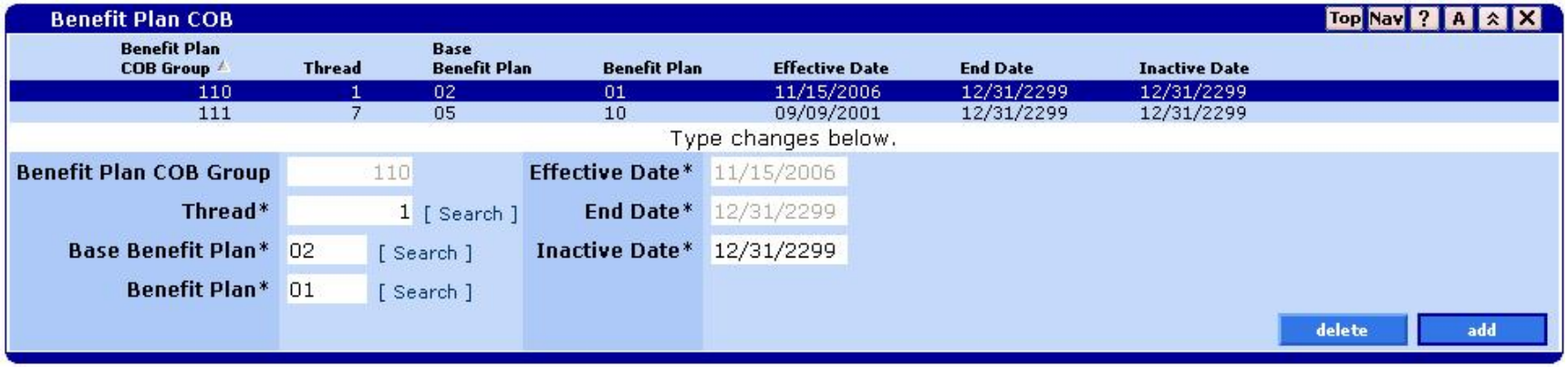
2.7.76.2 Technical Name

Benefit Plan COB

2.7.76.3 Panel Name

Benefit Plan COB

2.7.76.4 Benefit Administration-Benefit Plan COB Layout



2.7.76.5 Extra Features

This panel has no extra features.

2.7.76.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Add a benefit plan COB.	Button	N/A	0		
Delete	Delete a benefit plan COB.	Button	N/A	0		
Base Benefit Plan	Uniquely identifies a medical assistance program.	Field	Number	9	T_BNFT_PLAN_COB	SAK_PUB_HLTH
Benefit Plan	Uniquely identifies a medical assistance program.	Field	Number	9	T_BNFT_PLAN_COB	SAK_PUB_HLTH_CHILD
Benefit Plan COB Group	System-assigned key for a unique benefit plan COB group.	Field	Number	9	T_BNFT_PLAN_COB	SAK_BNFT_COB_GRP
Effective Date	The date that the benefit plan COB is to become effective.	Field	Date (MM/DD/CCYY)	8	T_BNFT_PLAN_COB	DTE_EFFECTIVE
End Date	The last date that the benefit plan COB is in effect.	Field	Date (MM/DD/CCYY)	8	T_BNFT_PLAN_COB	DTE_END
Inactive Date	The date that the benefit plan COB becomes inactive.	Field	Date (MM/DD/CCYY)	8	T_BNFT_PLAN_COB	DTE_INACTIVE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Thread	Uniquely identifies a hierarchy thread. The hierarchy thread is used to identify the order of processing of financial payers, benefit plans, or assignment plans for members who are enrolled in multiple entities of any of these types.	Field	Number	9	T_BNFT_PLAN_COB	SAK_THREAD

2.7.76.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.76.8 Associated Requirements

ID
30.090.002.002.2

2.7.76.9 CO / Defects

ID	Type	Name	Description	Current Status
264	Change Order	Change Recipient to Member	System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user. This system-wide change was identified during the Member Management RV/JAD sessions held on 06/13/2005 - 06/17/2005.	Prod Implemented

2.7.77 PANEL: Benefit Administration-Reimbursement Agreement

2.7.77.1 Description

Use the Reimbursement panel to maintain the rules for which a provider can be reimbursed for a service.

Navigation Path: [Reference - Benefit Administration] - [Reimbursement Agreement] - [Reimbursement Agreement]

Tables:

T_RU_ACTION
T_RU_ARRAY
T_RU_COMPARISON
T_RU_CONDITION
T_RU_DECISION
T_RU_DECISION_VAR
T_RU_DISCRETE_SET
T_RU_DOMAIN
T_RU_RELATION
T_RU_RELATION_XREF
T_RU_RULE
T_RU_RULE_ACTION
T_RU_TRANSACTION
T_RU_TUPLE_SET
T_RU_VARIABLE

2.7.77.2 Technical Name

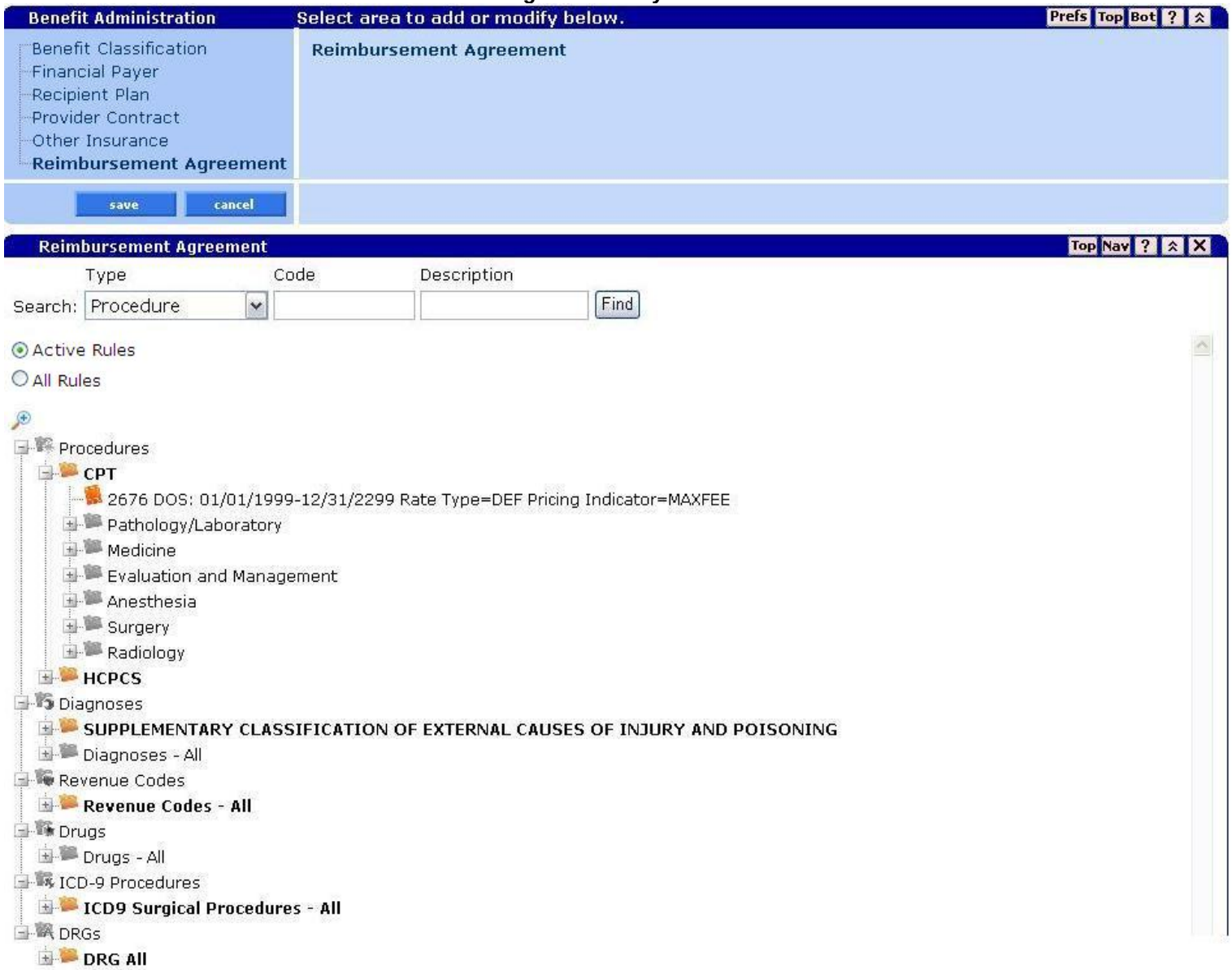
Ref.ReimbursementAgreementEditPanel.ascx

2.7.77.3 Panel Name

Reimbursement Agreement

For readability the layout displays on the next page.

2.7.77.4 Benefit Administration-Reimbursement Agreement Layout



2.7.77.5 Extra Features

This panel has no extra features.

2.7.77.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Find	Initiates search on the database table for rows matching the criteria entered.	Button	N/A	0		
Active Rules	If selected, the panel will display only the active rules. Active rules are defined as rules that do not have inactive dates set in the past.	Field	Radio Button	0		
All Rules	If selected, the panel will display all rules including inactive rules.	Field	Radio Button	0		
Classification	A hierarchy of groupings of services.	Field	Drop Down List Box	0	DSC_CLASS_ HIERARCHY	T_CLASSIFICATION_BNFT
Search Code	Allows search for a benefit code.	Field	Character	11	N/A	N/A
Search Description	Allows search by benefit description.	Field	Character	50	N/A	N/A
Search Type	Allows search for benefit type.	Field	Drop Down List Box	0	N/A	N/A

2.7.77.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.77.8 Associated Requirements

ID
30.090.002.002.1

2.7.77.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.78 PAGE: Reference DRG Information Page

2.7.78.1 Description

The Reference DRG Information page contains the information pertaining to Diagnosis Related Groups (DRG).

DRG is a classification system that groups patients according to diagnosis, type of treatment, age, and other relevant criteria. Under the prospective payment system, hospitals are paid a set fee for treating patients in a single DRG category, regardless of the actual cost of care for the individual. The DRG classification function is used in editing and pricing inpatient claims.

Only authorized users with update privileges have the capability to add new information or modify existing data.

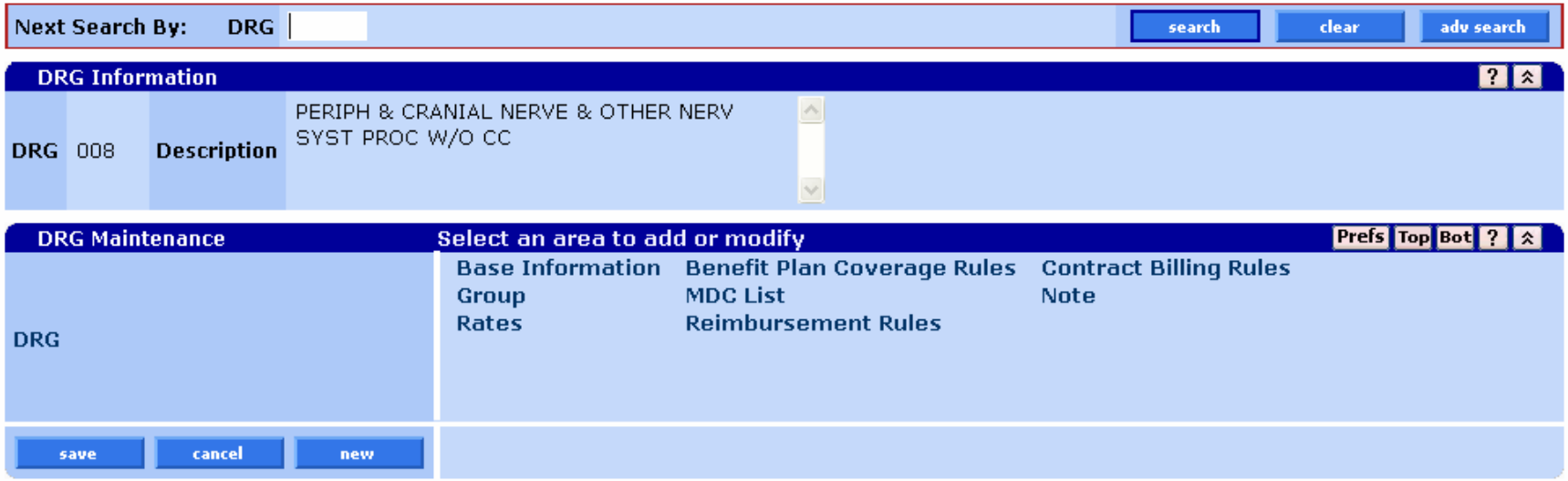
2.7.78.2 Technical Name

Reference DRG Information Page

2.7.78.3 Web Page Name

Reference DRG Information Page

2.7.78.4 Reference DRG Information Page Layout



2.7.79 PANEL: Note-DRG

2.7.79.1 Description

Use the DRG - Note panel to enter notes as to why changes were made to a specific DRG code. Panel includes fields for date, time, clerk number and note sequence number.

Navigation Path: [Reference - DRG Search] - [(Add button) OR (select row from search results)] - [Note]

Table: T_DRG_NOTES

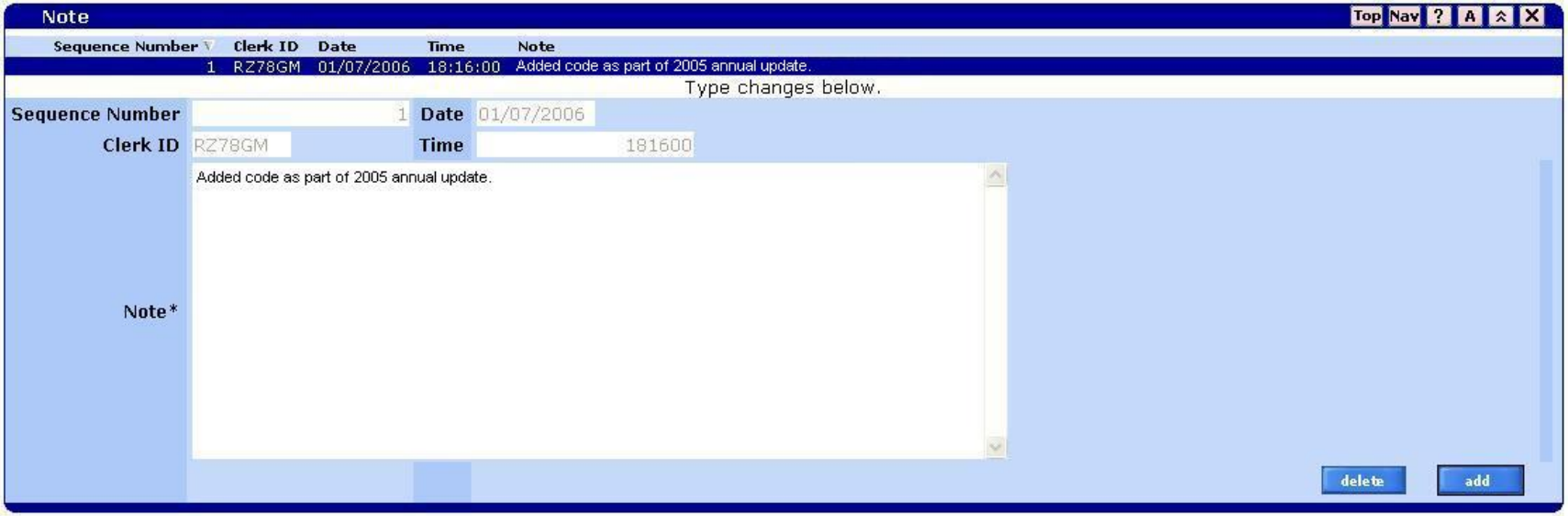
2.7.79.2 Technical Name

Ref.NoteDRG

2.7.79.3 Panel Name

Note

2.7.79.4 Note-DRG Layout



2.7.79.5 Extra Features

This panel has no extra features.

2.7.79.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a note.	Button	N/A	0		
delete	Delete a note.	Button	N/A	0		
Clerk ID	The ID of the user who enters the note.	Field	Alphanumeric	8	T_DRG_NOTES	ID_CLERK
Date	The date that the note was entered.	Field	Date (MM/DD/CCYY)	8	T_DRG_NOTES	DTE_NOTE
Note	The actual text of the note.	Field	Alphanumeric	1000	T_DRG_NOTES	DSC_NOTE
Sequence Number	Sequence number than can uniquely identify a note.	Field	Number	9	T_DRG_NOTES	NUM_SEQ
Time	The time that the note was entered.	Field	Number	6	T_DRG_NOTES	TME_NOTE

2.7.79.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.79.8 Associated Requirements

ID
30.090.006.002.8

2.7.79.9 CO / Defects

ID	Type	Name	Description	Current Status
1403	Change Order	Add DRG Notes Panel	Add a panel to add/view user entered notes for DRG codes.	Prod Implemented

2.7.80 PANEL: Contract Billing Rules-All Services

2.7.80.1 Description

Use the Contract Billing Rules-All Services panel to display provider contracts applicable to the benefit (Diagnosis, DRG, Drug, ICD9, HCPCS, and Revenue Code).

Navigation Path: [Reference - Diagnosis] - [(select row from search results)] - [Contract Billing Rules] OR

Navigation Path: [Reference - Procedure] - [select HCPCS radio button] - [(select row from search results)] - [Contract Billing Rules] OR

Navigation Path: [Reference - Procedure] - [select ICD-9-CM radio button] - [(select row from search results)] - [Contract Billing Rules] OR

Navigation Path: [Reference - Revenue] - [(select row from search results)] - [Contract Billing Rules] OR

Navigation Path: [Reference - Drug] - [(select row from search results)] - [Contract Billing Rules] OR

Navigation Path: [Reference - DRG] - [(select row from search results)] - [Contract Billing Rules]

Tables:

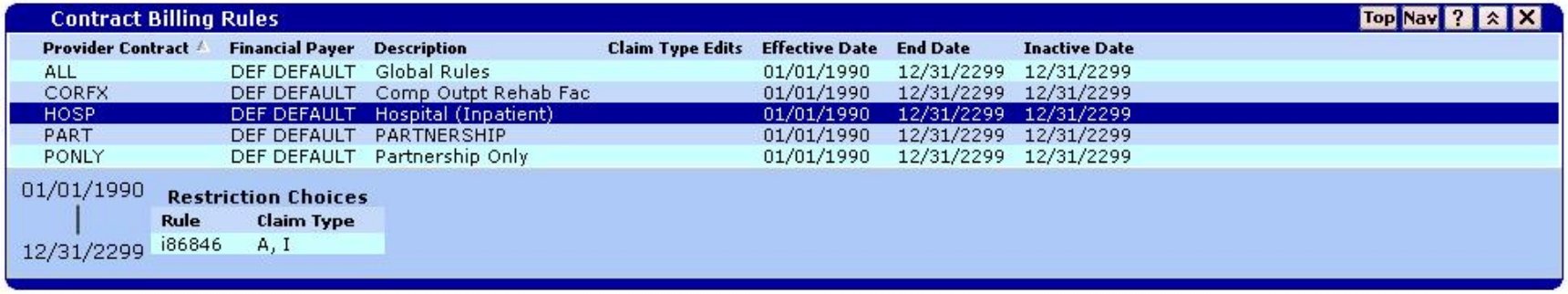
T_PR_ENROLL_PGM
T_RU_ACTION
T_RU_ARRAY
T_RU_COMPARISON
T_RU_CONDITION
T_RU_DECISION
T_RU_DECISION_VAR
T_RU_DISCRETE_SET
T_RU_DOMAIN
T_RU_RELATION
T_RU_RELATION_XREF
T_RU_RULE
T_RU_RULE_ACTION
T_RU_TRANSACTION
T_RU_TUPLE_SET
T_RU_VARIABLE
T_CLASSIFICATION_BNFT

T_BNFT_GROUP_STD
T_GROUP_STD_BNFT

2.7.80.2 Technical Name
Ref.ContractBillingRulesPanel.ascx

2.7.80.3 Panel Name
Contract Billing Rules

2.7.80.4 Contract Billing Rules-All Services Layout



2.7.80.5 Extra Features
This panel has no extra features.

2.7.80.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Type Edits	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.	Field	Character	1	T_PR_ENROLL_PGM	IND_CT_EDITING
Description	Description of the provider contract.	Field	Character	30	T_PR_ENROLL_PGM	DSC_PROV_PGM
Effective Date	Date the provider contract becomes valid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the effective dates.	Field	Date (MM/DD/CCYY)	8	T_PR_ENROLL_PGM	DTE_EFFECTIVE
End Date	Date the provider contract becomes invalid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the end date.	Field	Date (MM/DD/CCYY)	8	T_PR_ENROLL_PGM	DTE_END
Financial Payer	Financial payer for this provider contract.	Field	Character	1	T_PR_ENROLL_PGM	SAK_FIN_PAYER

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Inactive Date	Date/time the provider contract can no longer be used regardless of dates of service on the claim. Time is not displayed but time will be defaulted to 00:00 when selecting a date for processing. Future inactive date restrictions prevent inactivating a segment while claims are processing.	Field	Date (MM/DD/CCYY)	8	T_PR_ENROLL_PGM	DTE_INACTIVE
Provider Contract	A classification of services a provider can bill.	Field	Character	5	T_PR_ENROLL_PGM	SAK_PROV_PGM

2.7.80.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.80.8 Associated Requirements

ID
No associated requirements found.

2.7.80.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.81 PANEL: Rates-DRG

2.7.81.1 Description

This panel is used to update, delete and add rates for the selected DRG code. Users are able to key effective and end segments with pricing parameters that include daily rate, weight, and length of stay, cost outlier and day outlier.

Navigation Path: [DRG - Search] - [(select row from search results)] - [Rates]

Table: T_DRG_RATE

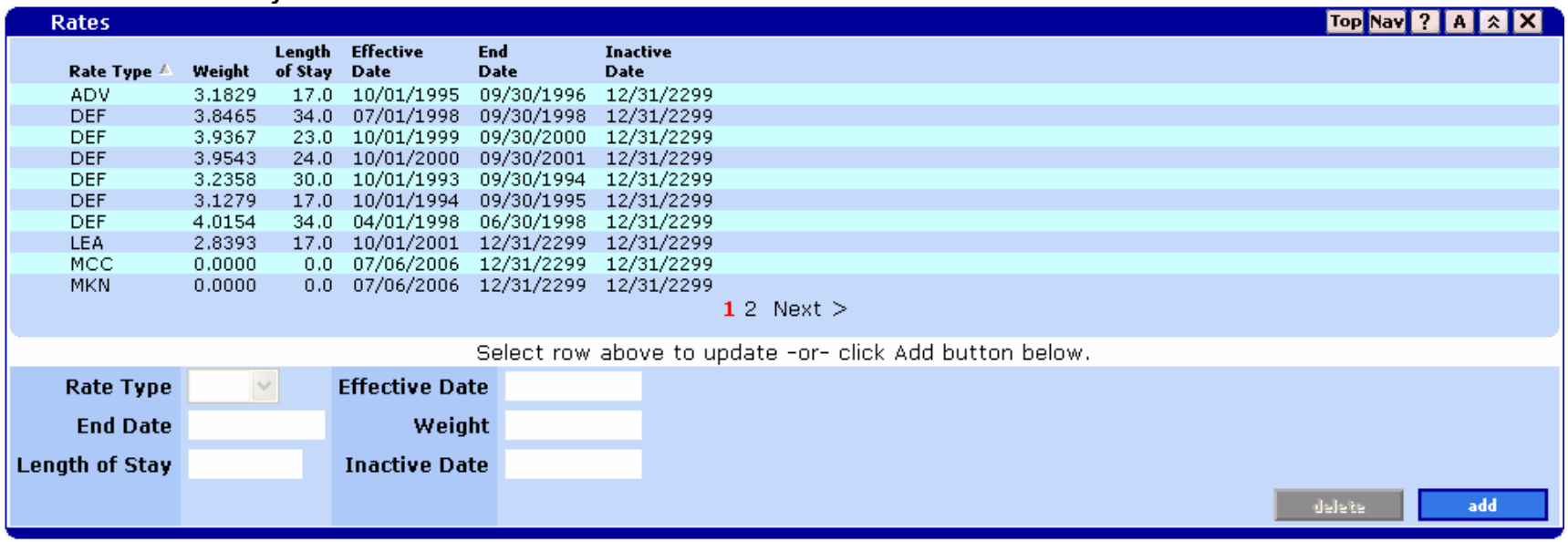
2.7.81.2 Technical Name

Ref.DRGRatesPanel.ascx

2.7.81.3 Panel Name

Rates

2.7.81.4 Rates-DRG Layout



2.7.81.5 Extra Features

This panel has no extra features.

2.7.81.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Add a DRG rate.	Button	N/A	0		
Delete	Delete a DRG rate.	Button	N/A	0		
Cost Outlier	This is the dollar amount that identifies the DRG cost limit. Format 999999999.99.	Field	Number	11	T_DRG_RATE	NUM_COST_OUTLIER
Daily Rate	Set amount for daily rate of the current DRG. Format 99999999.99.	Field	Number	10	T_DRG_RATE	NUM_DAILY_RATE
Date Status Change	Last date when DRG code was changed.	Field	Date (MM/DD/CCYY)	8	T_DRG_RATE	DTE_STATUS_CHANGE
Day Outlier	This number is used to identify the DRG day limit. Format 999.	Field	Number	3	T_DRG_RATE	NUM_DAY_OUTLIER
Effective Date	The date a rate becomes effective within a DRG. The effective date is not updatable.	Field	Date (MM/DD/CCYY)	8	T_DRG_RATE	DTE_EFFECTIVE
End Date	The last date for a rate within a DRG.	Field	Date (MM/DD/CCYY)	8	T_DRG_RATE	DTE_END
Inactive Date	Date when the segment will no longer be used in claims processing.	Field	Date (CCYYMMDD)	8	T_DRG_RATE	DTE_INACTIVE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Length of Stay	Number of length of stay in days. Format 9999.9.	Field	Number	5	T_DRG_RATE	NUM_MEAN_LOS
Percent Cost Outlier	This number is used to identify the DRG cost outlier percentage. Format 999.99.	Field	Number	5	T_DRG_RATE	PCT_COST_OUTLIER
Percent Outlier Adj	This number is used to identify the DRG cost outlier adjustment. Format 999.99.	Field	Number	5	T_DRG_RATE	PCT_OUTLIER_ADJ
Rate Type	Identifies the type of rate for the chosen DRG code.	Field	Drop Down List Box	0	T_DRG_RATE	CDE_RATE_TYPE
Status	Status of current DRG Code. Valid values are "A" for Active and "I" for Inactive.	Field	Character	1	T_DRG_RATE	CDE_STATUS
Weight	This is an assigned diagnosis related group weight that reflects the relative resource used to treat the diagnosis. Format 999.9999.	Field	Number	7	T_DRG_RATE	NUM_WEIGHT

2.7.81.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Cost Outlier	Field	1	Cost Outlier must be greater than or equal to 00.00.	Enter a non-negative value.
Daily Rate	Field	1	Daily Rate must be greater than or equal to 00.00.	Enter a non-negative value.

Field	Field Type	Error Code	Error Message	To Correct
Date Status Change	Field	91001	Invalid date. Format is MM/DD/CCYY.	The date must be in MM/DD/CCYY format.
Day Outlier	Field	1	Enter a valid value.	If a negative number is entered, then an error occurs as soon as the user leaves the field. Enter a non-negative value.
Effective Date	Field	8012	Effective date must be less than or equal to end date.	Verify data entry. End date must be >= to effective date.
Effective Date	Field	91001	Invalid date. Format is MM/DD/CCYY.	Verify data entry. End date must be >= to effective date.
Effective Date	Field	91030	The fields EffectiveDate and EndDate from row x cannot overlap with row x.	Verify data entry. End date must be >= to effective date.
End Date	Field	8012	Effective date must be less than or equal to end date	Verify data entry. End date must be >= to effective date.
End Date	Field	91001	Invalid date. Format is MM/DD/CCYY.	Verify data entry. End date must be >= to effective date.
End Date	Field	91030	The fields EffectiveDate and EndDate from row x cannot overlap with row x.	Verify data entry. End date must be >= to effective date.
Inactive Date	Field	1	Invalid date. Format is MM/DD/CCYY.	The date must be in MM/DD/CCYY format.

Field	Field Type	Error Code	Error Message	To Correct
Length of Stay	Field	1	Length of Stay must be greater than or equal to 00.00.	Enter a non-negative value.
Percent Cost Outlier	Field	1	Percent Cost Outlier must be greater than or equal to 00.00.	Enter a non-negative value.
Percent Cost Outlier	Field	100	Percent Cost Outlier cannot exceed 100%.	Enter a non-negative value.
Percent Outlier Adj	Field	1	Percent Outlier Adj must be greater than or equal to 00.00.	Enter a non-negative value.
Percent Outlier Adj	Field	200	Percent Outlier Adj cannot exceed 100%.	Enter a non-negative value.
Weight	Field	1	Weight must be greater than or equal to 00.00.	Enter a non-negative value.

2.7.81.8 Associated Requirements

ID
30.090.006.002.8

2.7.81.9 CO / Defects

ID	Type	Name	Description	Current Status
1691	Change Order	Core 10360 WI 1125 - DRG 18	See Core CO 10360 all documentation will be updated on this CO See WI CO 1125 The Reference Subsystem area needs to be able to support DRG pricing. The DRG process should include: 1. DRG Codes and Descriptions 2. DRG Weights and Rates 3. DRG Peer Group Weights and Rates 4. DRG Supplemental Percentage	Prod Implemented

2.7.82 PANEL: Benefit Plan Coverage Rules-All Services

2.7.82.1 Description

Use the Benefit Plan Coverage Rules-All Services panel to view the member plan coverage information for a specific procedure, diagnosis, drug, DRG, and/or revenue code.

Navigation Path: [Reference - Diagnosis] - [(select row from search results)] - [Benefit Plan Coverage Rules] OR

Navigation Path: [Reference - Revenue] - [(select row from search results)] - [Benefit Plan Coverage Rules] OR

Navigation Path: [Reference - Drug] - [(select row from search results)] - [Benefit Plan Coverage Rules] OR

Navigation Path: [Reference - Procedure] - [select HCPCS radio button] - [(select row from search results)] - [Benefit Plan Coverage Rules] OR

Navigation Path: [Reference - Procedure] - [select ICD-9-CM radio button] - [(select row from search results)] - [Benefit Plan Coverage Rules] OR

Navigation Path: [Reference - DRG] - [(select row from search results)] - [Benefit Plan Coverage Rules]

Table: T_COVERED_BENEFIT

2.7.82.2 Technical Name

Ref.CoveredBenefitPanel.ascx

2.7.82.3 Panel Name

Benefit Plan Coverage Rules

For readability the layout displays on the next page.

2.7.82.4 Benefit Plan Coverage Rules-All Services Layout

Benefit Plan Coverage Rules Top Nav ? ✕

Member Plan	Description	Plan Type	Financial Payer	Effective Date	End Date
OCEBN	Opt Chc - Exp pop - Bas -	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
FCEMK	Fam Chc - Exp Pop - Med K	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
OCETW	Opt Chc - Exp pop - Tgt -	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
OCHHH	Opt Chc - High	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
FCEK3	Fam Chc - Exp Pop - KCHIP	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
FCEK2	Fam Chc - Exp Pop - KCHIP	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
OCETN	Opt Chc - Exp pop - Tgt -	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
FCMMK	Fam Chc - Man Pop - Med K	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
PASWC	Passport MCO with Copay	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
PASNC	Passport MCO no Copay	Benefit Plan	DEFAULT	06/01/2006	12/31/2299

< Previous 1 2 3 4 Next >

01/01/1990 | 12/31/2299

Restriction Choices

Place of Service	Billing Provider Type Specialty
09, 51, 52, 53, 54, 55, 56	*(02/000, 04/000, 21/000, 23/000, 24/000, 30/000, 33/000, 41/000, ...)*
(09, 51, 52, 53, 54, 55, 56)	*(02/000, 04/000, 21/000, 23/000, 24/000, 30/000, 33/000, 41/000, ...)*

2.7.82.5 Extra Features

This panel has no extra features.

2.7.82.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Description of the member plan.	Field	Character	50	T_PUB_HLTH_PGM	DSC_PGM_HEALTH
Effective Date	The date a service becomes covered within a member plan.	Field	Date (MM/DD/CCYY)	8	T_PUB_HLTH_PGM	DTE_EFFECTIVE
End Date	The last date of coverage for a service within a member plan.	Field	Date (MM/DD/CCYY)	8	T_PUB_HLTH_PGM	DTE_END
Financial Payer	Description of the payer.	Field	Character	30	T_PUB_HLTH_PGM	SAK_FIN_PAYER

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Member Plan	Identifies the medical assistance program that is supported in the system.	Field	Character	5	T_PUB_HLTH_PGM	CDE_PGM_HEALTH
Plan Type	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'.	Field	Character	4	T_PUB_HLTH_PGM	CDE_TYPE_PLAN

2.7.82.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.82.8 Associated Requirements

ID
30.050.007.002.21
30.090.002.002.1
30.090.006.002.4

2.7.82.9 CO / Defects

ID	Type	Name	Description	Current Status
264	Change Order	Change Recipient to Member	System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user. This system-wide change was identified during the Member Management RV/JAD sessions held on 06/13/2005 - 06/17/2005.	Prod Implemented

2.7.83 PANEL: DRG Mini Search-DRG

2.7.83.1 Description

Reference DRG Mini Search panel allows the user to enter search criteria and query for DRG records that have data matching that criteria.

Navigation Path: [Reference - DRG] - [(select row from search results)]

Table: T_DRG

2.7.83.2 Technical Name

Ref.DRGMiniSearchPanel.ascx

2.7.83.3 Panel Name

DRG Mini Search

2.7.83.4 DRG Mini Search-DRG Layout

2.7.83.5 Extra Features

This panel has no extra features.

2.7.83.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
adv Search	Returns the user to the Reference DRG Search panel.	Button	N/A	0		
clear	Clear the search information.	Button	N/A	0		
search	Search for the DRG.	Button	N/A	0		
DRG	This field is used to identify a unique code to tag a specific Diagnosis Related Group (DRG).	Field	Character	4	T_DRG	CDE_DRG

2.7.83.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.83.8 Associated Requirements

ID
No associated requirements found.

2.7.83.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.84 PANEL: MDC List-DRG

2.7.84.1 Description

Use the MDC List panel to list the MDC codes for a DRG.

This panel will allow a delete and an add. This panel cannot be changed/updated, because if you changed the MDC then it would be the same as a delete and an add. For example, if the MDC was "1" and you changed it to a "3", then this would be the same as deleting MDC "1" and adding MDC "3." We want security to be tied to a delete and an add; therefore a change is not allowed.

Navigation Path: [Reference - DRG - Search] - [(select row from search results)] - [MDC List]

Table: T_DRG_MDC, T_MDC

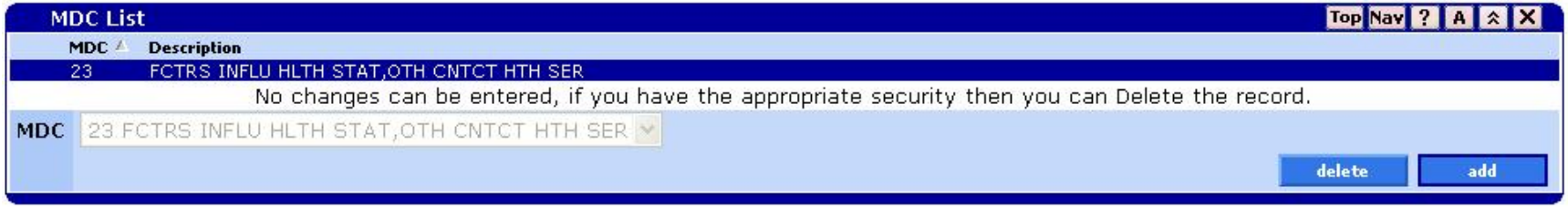
2.7.84.2 Technical Name

Ref.DRGMDCListPanel.ascx

2.7.84.3 Panel Name

MDC List

2.7.84.4 MDC List-DRG Layout



2.7.84.5 Extra Features

This panel has no extra features.

2.7.84.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Add a MDC code for this DRG.	Button	N/A	0		
Delete	Delete a MDC code for this DRG.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Description for the current MDC.	Field	Character	40	T_MDC	SAK_MDC
MDC	Code for the chosen MDC to be included as a part of the current DRG.	Field	Character	2	T_MDC	CDE_MDC

2.7.84.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.84.8 Associated Requirements

ID
No associated requirements found.

2.7.84.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.85 PANEL: Reimbursement Rules-All Services

2.7.85.1 Description

Use the Reimbursement Rules-All Services panel to view the benefit plan reimbursement information for various service codes supported by the MMIS including: procedures, diagnosis, drug or revenue codes. The reimbursement rules are used to determine the pricing methodology to use when adjudicating a claim.

Navigation Path: [Reference - Diagnosis] - [(select row from search results)] - [Reimbursement Rules] OR

Navigation Path: [Reference - Drug] - [(select row from search results)] - [Reimbursement Rules] OR

Navigation Path: [Reference - Procedure] - [select HCPCS radio button] - [(select row from search results)] - [Reimbursement Rules] OR

Navigation Path: [Reference - Procedure] - [select ICD-9-CM radio button] - [(select row from search results)] - [Reimbursement Rules] OR

Navigation Path: [Reference - Revenue] - [(select row from search results)] - [Reimbursement Rules]

OR Navigation Path: [Reference - DRG] - [(select row from search results)] - [Reimbursement Rules]

Table:

T_RU_ACTION
T_RU_ARRAY
T_RU_COMPARISON
T_RU_CONDITION
T_RU_DECISION
T_RU_DECISION_VAR
T_RU_DISCRETE_SET
T_RU_DOMAIN
T_RU_RELATION
T_RU_RELATION_XREF
T_RU_RULE
T_RU_RULE_ACTION
T_RU_TRANSACTION
T_RU_TUPLE_SET
T_RU_VARIABLE

2.7.85.2 Technical Name
Ref.Reimbursement Agreement

2.7.85.3 Panel Name
Reimbursement Rules

2.7.85.4 Reimbursement Rules-All Services Layout

2.7.85.5 Extra Features
This panel has no extra features.

2.7.85.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
No field documentation found for this window.						

2.7.85.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.85.8 Associated Requirements

ID
30.090.002.002.1
30.090.006.002.8

2.7.85.9 CO / Defects

ID	Type	Name	Description	Current Status
1473	Change Order	Core 8813 Benefit Adj Factor 4	See Core CO 8813 all documentation will be updated on this CO Provide the infrastructure to allow modifications to all pricing methodologies that have a variance or incentive from the regular pricing methodology.	Prod Implemented
1650	Change Order	Core 8183 Add POS T_REIMB_AGREEM	Add the Type of Bill (TOB) parameter to the reimbursement rules table. This will allow support for pricing by the place of service.	Prod Implemented
264	Change Order	Change Recipient to Member	System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user. This system-wide change was identified during the Member Management RV/JAD sessions held on 06/13/2005 - 06/17/2005.	Prod Implemented

2.7.86 PANEL: Group-DRG

2.7.86.1 Description

Use the DRG Group Panel to view the groups to which the DRG belongs. These groups are used in pricing and processing logic. Maintain the groups on the DRG Group Type panel found in Related Data/Other.

Navigation Path: [Reference - DRG - Search] - [(select row from search results)] - [Group]

Table: T_DRG_GROUP

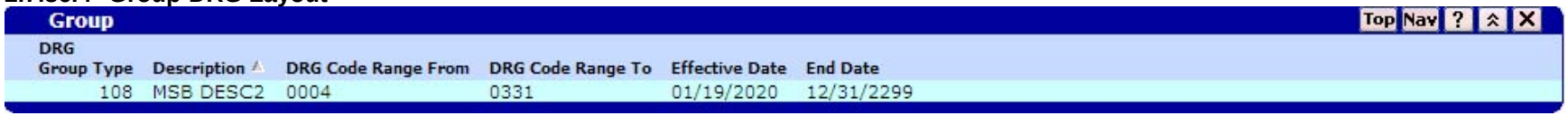
2.7.86.2 Technical Name

Ref.DRGGroupPanel.ascx

2.7.86.3 Panel Name

Group

2.7.86.4 Group-DRG Layout



2.7.86.5 Extra Features

This panel has no extra features.

2.7.86.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Code From	Starting code in range of codes associated in the current group.	Field	Character	4	T_DRG_GROUP	SAK_DRG_FROM
Code To	Ending code in range of codes associated in the current group.	Field	Character	4	T_DRG_GROUP	SAK_DRG_TO
DRG Group	Unique code to identify a group of DRGs associated in a range of time.	Field	Number	9	T_GROUP	ID_GROUP

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Describes the current DRG group.	Field	Character	50	T_GROUP	DSC_GROUP
Effective Date	The date the current group becomes effective.	Field	Date (MM/DD/CCYY)	8	T_DRG_GROUP	DTE_EFFECTIVE
End Date	The last date for the current group to remain effective.	Field	Date (MM/DD/CCYY)	8	T_DRG_GROUP	DTE_END

2.7.86.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.86.8 Associated Requirements

ID
No associated requirements found.

2.7.86.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.87 PANEL: Base Information-DRG

2.7.87.1 Description

Use the Base Information - DRG panel to view or update Diagnosis Related Group (DRG) information.

Diagnosis Related Groups are used as the standard classification system for dealing with inpatient hospital data. They were developed for evaluating resource use and utilization patterns. DRGs are used nationwide as the basis for the analysis and prospective payment of hospital care.

Navigation Path: [Reference - DRG - Search] - [(select row from search results)] - [Base Information]

Table: T_DRG

2.7.87.2 Technical Name

Ref.DRGBaseEditPanel.ascx

2.7.87.3 Panel Name

Base Information

2.7.87.4 Base Information-DRG Layout

2.7.87.5 Extra Features

This panel has no extra features.

2.7.87.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Delete	Delete a DRG.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
DRG	This field is used to identify a unique code to tag a specific DRG.	Field	Character	4	T_DRG	CDE_DRG
Description	This field is used to describe a unique code to tag a specific DRG.	Field	Character	132	T_DRG	DSC_DRG

2.7.87.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
DRG	Field	1	DRG Code is Required	Enter a DRG code.
Description	Field	1	Description is required.	Enter a DRG description.

2.7.87.8 Associated Requirements

ID
No associated requirements found.

2.7.87.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.88 PANEL: DRG Information-DRG

2.7.88.1 Description

The DRG Information panel displays the current DRG code and its description.

Navigation Path: [Reference - DRG - Search] - [(select row from search results)]

Table: T_DRG

2.7.88.2 Technical Name

Ref.DRGInformation.ascx

2.7.88.3 Panel Name

DRG Information

2.7.88.4 DRG Information-DRG Layout

2.7.88.5 Extra Features

This panel has no extra features.

2.7.88.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
DRG	This field is used to identify a unique code to tag a specific Diagnosis Related Group (DRG).	Field	Character	4	T_DRG	CDE_DRG
Description	This field is used to describe a unique code to tag a specific Diagnosis Related Group (DRG).	Field	Character	132	T_DRG	DSC_DRG

2.7.88.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.88.8 Associated Requirements

ID
No associated requirements found.

2.7.88.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.89 PANEL: DRG Maintenance-DRG

2.7.89.1 Description

This panel links to the DRG application information maintenance panels.

Navigation Path: [Reference - DRG - Search] - [(select row from search results)]

Table: N/A

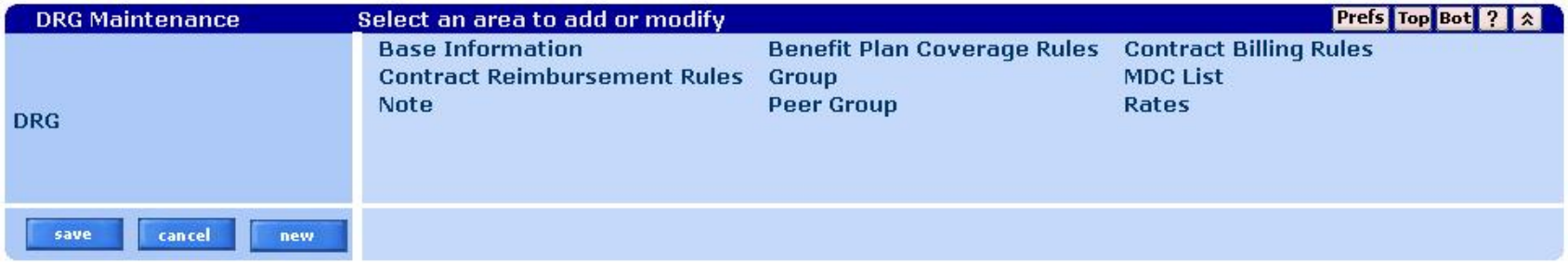
2.7.89.2 Technical Name

Ref.DRGInformation.ascx-maintenance

2.7.89.3 Panel Name

DRG Maintenance

2.7.89.4 DRG Maintenance-DRG Layout



2.7.89.5 Extra Features

Global_ERL

2.7.89.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Cancel	Clicking the Cancel button cancels the changes on the DRG panels.	Button	N/A	0		
New	Clicking the New button will clear all of the DRG panels for a new record.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Save	Clicking the Save button saves the DRG panels.	Button	N/A	0		
Base Information	Opens the Base Information panel.	Hyperlink	N/A	0		
Contract Reimbursement Rules	Opens the Contract Reimbursement Rules panel.	Hyperlink	N/A	0		
Group	Opens the Group panel.	Hyperlink	N/A	0		
MDC List	Opens the MDC List panel.	Hyperlink	N/A	0		
Peer Group	Opens the Peer Group panel.	Hyperlink	N/A	0		
Rates	Opens the Rates panel.	Hyperlink	N/A	0		

2.7.89.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.89.8 Associated Requirements

ID
30.090.006.002.8

2.7.89.9 CO / Defects

ID	Type	Name	Description	Current Status
1403	Change Order	Add DRG Notes Panel	Add a panel to add/view user entered notes for DRG codes.	Prod Implemented

2.7.90 PAGE: Reference DRG Search Page

2.7.90.1 Description

The Reference DRG Search page allows the user to access Diagnosis Related Group (DRG) code information by entering search criteria. Search results are displayed at the bottom of the screen.

DRG is a classification system that groups patients according to diagnosis, type of treatment, age, and other relevant criteria. Under the prospective payment system, hospitals are paid a set fee for treating patients in a single DRG category, regardless of the actual cost of care for the individual. The DRG classification function is used in editing and pricing inpatient claims.

2.7.90.2 Technical Name

Reference DRG Search Page

2.7.90.3 Web Page Name

Reference DRG Search Page

For readability the layout displays on the next page.

2.7.90.4 Reference DRG Search Page Layout

Reference DRG Search

DRG

Description

Match criteria ◉ Begins With ○ Contains

Sounds-like ☐

Records 20

search

clear

add

» Search Results

DRG	Description
000	Default DRG Rates
0001	CRANIOTOMY AGE >17 W CC
0002	CRANIOTOMY AGE >17 W/O CC
0003	CRANIOTOMY AGE 0-17
0004	SPINAL PROCEDURES
0005	EXTRACRANIAL VASCULAR PROCEDURES
0006	CARPAL TUNNEL RELEASE
0007	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC
0008	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC
0009	SPINAL DISORDERS & INJURIES
0010	NERVOUS SYSTEM NEOPLASMS W CC
0011	NERVOUS SYSTEM NEOPLASMS W/O CC
0012	DEGENERATIVE NERVOUS SYSTEM DISORDERS
0013	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA
0014	INTRACRANIAL HEMORRHAGE & STROKE W INFARCT
0015	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT
0016	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC
0017	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC
0018	CRANIAL & PERIPHERAL NERVE DISORDERS W CC
0019	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC

1 2 3 4 5 6 7 8 9 10 ... Next >

2.7.91 PANEL: Search Results-DRG

2.7.91.1 Description

The DRG Search Results panel displays DRG records matching the criteria entered on the DRG Search panel.

Navigation Path: [DRG - Search] - [(select row from search results)]

2.7.91.2 Technical Name

Ref.DRGSearchPanel.ascx-results

2.7.91.3 Panel Name

Search Results

2.7.91.4 Search Results-DRG Layout

Search Results

DRG	Description
044	ACUTE MAJOR EYE INFECTIONS
113	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE
126	ACUTE & SUBACUTE ENDOCARDITIS
132	ATHEROSCLEROSIS W CC
133	ATHEROSCLEROSIS W/O CC
140	ANGINA PECTORIS
157	ANAL & STOMAL PROCEDURES W CC
158	ANAL & STOMAL PROCEDURES W/O CC
164	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC
165	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC
166	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC
213	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISORDERS
232	ARTHROSCOPY
285	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DISORDERS
286	ADRENAL & PITUITARY PROCEDURES
317	ADMIT FOR RENAL DIALYSIS
380	ABORTION W/O D&C
381	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
405	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17
425	ACUTE ADJUST REACT & PSYCHOSOCIAL DYSFUNCTION

1 2 Next >

2.7.91.5 Extra Features

This panel has no extra features.

2.7.91.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
DRG	This field is used to identify a unique code to tag a specific Diagnosis Related Group (DRG).	Field	Character	4	T_DRG	CDE_DRG
Description	This field is used to describe a unique code to tag a specific Diagnosis Related Group (DRG).	Field	Character	132	T_DRG	DSC_DRG

2.7.91.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.91.8 Associated Requirements

ID
No associated requirements found.

2.7.91.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.92 PANEL: Reference DRG Search-DRG

2.7.92.1 Description

This panel allows the user to enter search criteria and query for DRG records. Users can enter a specific DRG code or perform a 'sounds like' search on the description.

Navigation Path: [Reference - DRG]

2.7.92.2 Technical Name

Ref.DRGSearchPanel.ascx

2.7.92.3 Panel Name

Reference DRG Search

2.7.92.4 Reference DRG Search-DRGLayout

2.7.92.5 Extra Features

This panel has no extra features.

2.7.92.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Add a new DRG.	Button	N/A	0		
Clear	Clear the search information.	Button	N/A	0		
Search	Search for a DRG.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
DRG	This field is used to identify a unique code to tag a specific Diagnosis Related Group (DRG).	Field	Character	4	N/A	N/A
Description	This field is used to describe a unique code to tag a specific Diagnosis Related Group (DRG).	Field	Character	132	N/A	N/A
Match criteria	Allows matching based on whether the description begins with or contains the requested characters.	Field	Radio Button	0		
Sounds-like	Factor to retrieve records that partially match a given MDC code and / or MDC description	Field	Check Box	1	N/A	N/A

2.7.92.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.92.8 Associated Requirements

ID
No associated requirements found.

2.7.92.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.93 PAGE: Reference Diagnosis Information Page

2.7.93.1 Description

The Reference Diagnosis Information page contains the information about a diagnosis code.

Diagnosis codes are used to identify conditions requiring the service provided by a provider or healthcare facility. The diagnosis coding structure used is the International Classification of Disease - Ninth Revision, Clinical Modification (ICD-9-CM). ICD-9-CM coding is a national coding method that enables providers to document the medical condition, symptom or complaint, which is the base for rendering the specific service(s). This coding system consists of three to five digit numeric or alphanumeric codes.

The diagnosis code set will be expanded to handle the new ICD-10 standard as that standard is released.

Only authorized users with update privileges have the capability to add new information or modify existing data.

2.7.93.2 Technical Name

Reference.DiagInfoPg

For readability the layout displays on the next page.

2.7.93.3 Web Page Name

2.7.93.4 Reference Diagnosis Information Page Layout

Next Search By: Diagnosis [ ] search clear adv search

Diagnosis Information

Diagnosis	0000	Description	TECHNICAL OVERRIDE -OHCA
		Long Description	TECHNICAL OVERRIDE -OHCA USE ONLY
		Lay Description	

Diagnosis Maintenance — Select an area to add or modify — Prefs Top Bot ? ⌃

Diagnosis

Base Information | Benefit Plan Coverage Rules | Contract Billing Rules
Group | Note | Reimbursement Rules
Restriction

save cancel new

2.7.94 PANEL: Note-Diagnosis

2.7.94.1 Description

Use the Diagnosis - Note panel to enter notes as to why changes were made to a specific diagnosis. The panel includes fields for date, time, clerk number, and note sequence number.

Navigation Path: [Reference - Diagnosis Search] - [(Add button) OR (select row from search results)] - [Note]

Table: T_DIAG_NOTES

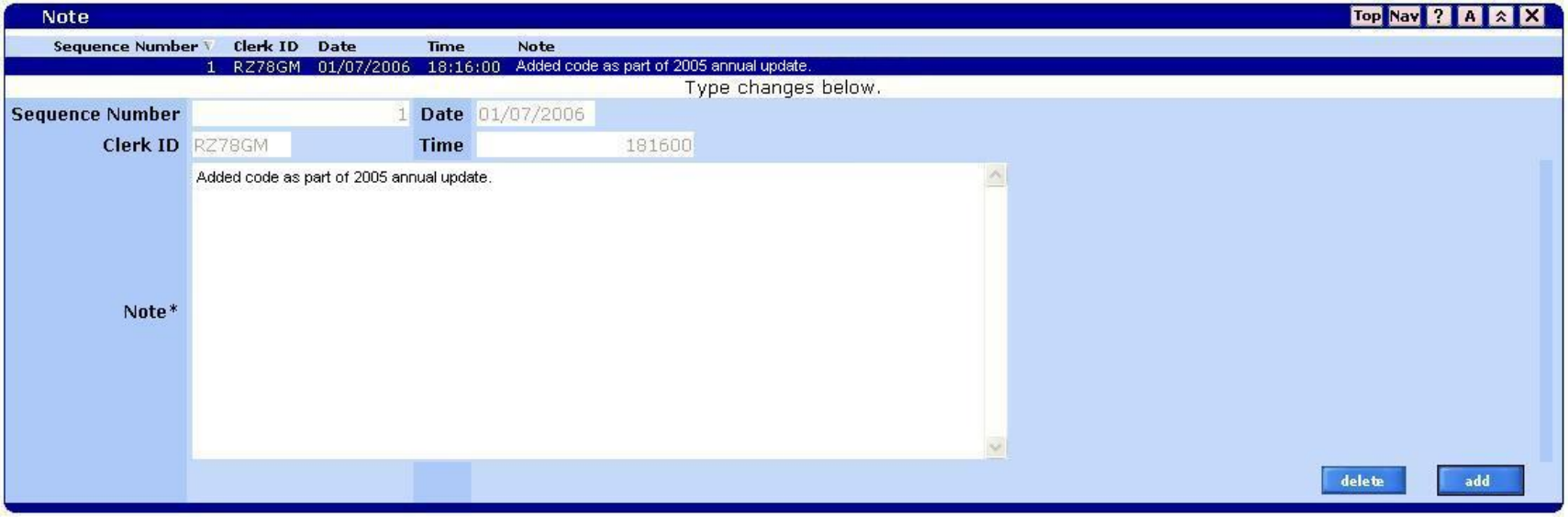
2.7.94.2 Technical Name

Ref.DiagnosisNotePanel.ascx

2.7.94.3 Panel Name

Note

2.7.94.4 Note-Diagnosis Layout



2.7.94.5 Extra Features

Only the Notes field is user enterable, all other fields are auto populated as follows:

Sequence Number - Max sequence number for Proc + 1
Clerk ID - System generated based on users logon id

Date - System Date (When Saved)
Time - System Time (When Saved)

2.7.94.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Add a note.	Button	N/A	0		
Delete	Delete a note.	Button	N/A	0		
Clerk ID	The ID of the user who enters the note.	Field	Alphanumeric	8	T_DIAG_NOTES	ID_CLERK
Date	The date that the note was entered.	Field	Date (MM/DD/CCYY)	8	T_DIAG_NOTES	DTE_NOTE
Note	The actual text of the note.	Field	Alphanumeric	1000	T_DIAG_NOTES	DSC_NOTE
Sequence Number	Sequence number than can uniquely identify a note.	Field	Number	9	T_DIAG_NOTES	NUM_SEQ
Time	The time that the note was entered.	Field	Number	6	T_DIAG_NOTES	TME_NOTE

2.7.94.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Note	Field	1	Note is required	Add diagnosis note text.

2.7.94.8 Associated Requirements

ID
30.090.006.002.4

2.7.94.9 CO / Defects

ID	Type	Name	Description	Current Status
1398	Change Order	Add Diagnosis Notes Panel	Add a panel to add/view user entered notes for Diagnosis codes	Prod Implemented

2.7.95 PANEL: Diagnosis Maintenance-Diagnosis

2.7.95.1 Description

Use the Diagnosis Maintenance panel to access the available diagnosis maintenance panels.

Navigation Path: [Reference - Diagnosis] - [(select row from search results)]

Table: T_DIAGNOSIS

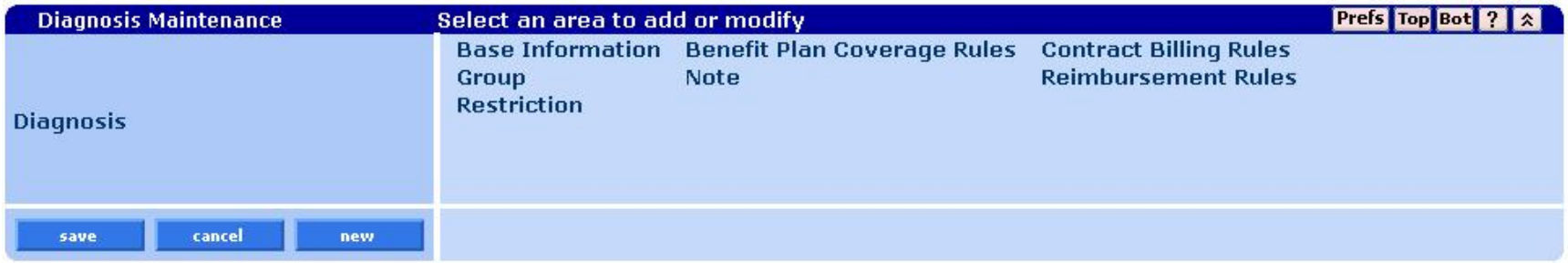
2.7.95.2 Technical Name

Ref.DiagnosisInformation.ascx-Maintenance

2.7.95.3 Panel Name

Diagnosis Maintenance

2.7.95.4 Diagnosis Maintenance-Diagnosis Layout



2.7.95.5 Extra Features

This panel has no extra features.

2.7.95.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Base Information	Opens the Base Information panel.	Hyperlink	N/A	0		
Benefit Plan Coverage Rules	Opens the Benefit Plan Coverage Rules panel.	Hyperlink	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Contract Billing Rules	Opens the Contract Billing Rules panel.	Hyperlink	N/A	0		
Contract Reimbursement Rules	Opens the Contract Reimbursement Rules panel.	Hyperlink	N/A	0		
Group	Opens the Group panel.	Hyperlink	N/A	0		
Note	Opens the Note Panel.	Hyperlink	N/A	0		
Restriction	Opens the Restriction panel.	Hyperlink	N/A	0		

2.7.95.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.95.8 Associated Requirements

ID
30.090.006.002.4
30.090.006.002.5

2.7.95.9 CO / Defects

ID	Type	Name	Description	Current Status
1398	Change Order	Add Diagnosis Notes Panel	Add a panel to add/view user entered notes for Diagnosis codes	Prod Implemented

2.7.96 PANEL: Contract Billing Rules-All Services

2.7.96.1 Description

Use the Contract Billing Rules-All Services panel to display provider contracts applicable to the benefit (Diagnosis, DRG, Drug, ICD9, HCPCS, and Revenue Code).

Navigation Path: [Reference - Diagnosis] - [(select row from search results)] - [Contract Billing Rules] OR

Navigation Path: [Reference - Procedure] - [select HCPCS radio button] - [(select row from search results)] - [Contract Billing Rules] OR

Navigation Path: [Reference - Procedure] - [select ICD-9-CM radio button] - [(select row from search results)] - [Contract Billing Rules] OR

Navigation Path: [Reference - Revenue] - [(select row from search results)] - [Contract Billing Rules] OR

Navigation Path: [Reference - Drug] - [(select row from search results)] - [Contract Billing Rules] OR

Navigation Path: [Reference - DRG] - [(select row from search results)] - [Contract Billing Rules]

Tables:

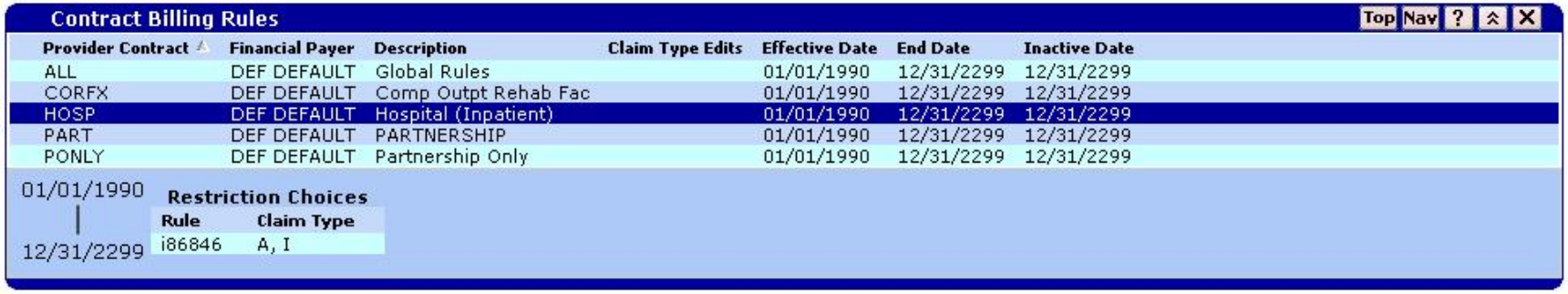
T_PR_ENROLL_PGM
T_RU_ACTION
T_RU_ARRAY
T_RU_COMPARISON
T_RU_CONDITION
T_RU_DECISION
T_RU_DECISION_VAR
T_RU_DISCRETE_SET
T_RU_DOMAIN
T_RU_RELATION
T_RU_RELATION_XREF
T_RU_RULE
T_RU_RULE_ACTION
T_RU_TRANSACTION
T_RU_TUPLE_SET
T_RU_VARIABLE
T_CLASSIFICATION_BNFT

T_BNFT_GROUP_STD
T_GROUP_STD_BNFT

2.7.96.2 Technical Name
Ref.ContractBillingRulesPanel.ascx

2.7.96.3 Panel Name
Contract Billing Rules

2.7.96.4 Contract Billing Rules-All Services Layout



2.7.96.5 Extra Features
This panel has no extra features.

2.7.96.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Type Edits	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.	Field	Character	1	T_PR_ENROLL_PGM	IND_CT_EDITING

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Description of the provider contract.	Field	Character	30	T_PR_ENROLL_PGM	DSC_PROV_PGM
Effective Date	Date the provider contract becomes valid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the effective dates.	Field	Date (MM/DD/CCYY)	8	T_PR_ENROLL_PGM	DTE_EFFECTIVE
End Date	Date the provider contract becomes invalid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the end date.	Field	Date (MM/DD/CCYY)	8	T_PR_ENROLL_PGM	DTE_END
Financial Payer	Financial payer for this provider contract.	Field	Character	1	T_PR_ENROLL_PGM	SAK_FIN_PAYER
Inactive Date	Date/time the provider contract can no longer be used regardless of dates of service on the claim. Time is not displayed but time will be defaulted to 00:00 when selecting a date for processing. Future inactive date restrictions prevent inactivating a segment while claims are processing.	Field	Date (MM/DD/CCYY)	8	T_PR_ENROLL_PGM	DTE_INACTIVE
Provider Contract	A classification of services a provider can bill.	Field	Character	5	T_PR_ENROLL_PGM	SAK_PROV_PGM

2.7.96.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.96.8 Associated Requirements

ID
No associated requirements found.

2.7.96.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.97 PANEL: Diagnosis Mini Search-Diagnosis

2.7.97.1 Description

Use the Diagnosis Mini-Search panel to search for a diagnosis from the Diagnosis Information page.

Navigation Path: [Reference - Diagnosis Search] - [(Add button) OR (select row from search results)] - [Diagnosis]

Table: T_DIAGNOSIS

2.7.97.2 Technical Name

Ref.DiagnosisMiniSearchPanel.ascx

2.7.97.3 Panel Name

Diagnosis Mini Search

2.7.97.4 Diagnosis Mini Search-Diagnosis Layout

2.7.97.5 Extra Features

This panel has no extra features.

2.7.97.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
adv search	Opens the main Diagnosis Search panel so the user may set additional search criteria.	Button	N/A	0		
clear	Clears the Diagnosis field.	Button	N/A	0		
search	Initiates search on the database for record matching the Diagnosis code entered.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Diagnosis Code	The diagnosis code that is to be used as search criteria.	Field	Character	5	N/A	N/A

2.7.97.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Diagnosis Code	Field	91024	Diagnosis number does not exist.	Verify data entry.

2.7.97.8 Associated Requirements

ID
30.090.006.002.4
30.090.006.002.5

2.7.97.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.98 PANEL: Benefit Plan Coverage Rules-All Services

2.7.98.1 Description

Use the Benefit Plan Coverage Rules-All Services panel to view the member plan coverage information for a specific procedure, diagnosis, drug, DRG, and/or revenue code.

Navigation Path: [Reference - Diagnosis] - [(select row from search results)] - [Benefit Plan Coverage Rules] OR

Navigation Path: [Reference - Revenue] - [(select row from search results)] - [Benefit Plan Coverage Rules] OR

Navigation Path: [Reference - Drug] - [(select row from search results)] - [Benefit Plan Coverage Rules] OR

Navigation Path: [Reference - Procedure] - [select HCPCS radio button] - [(select row from search results)] - [Benefit Plan Coverage Rules] OR

Navigation Path: [Reference - Procedure] - [select ICD-9-CM radio button] - [(select row from search results)] - [Benefit Plan Coverage Rules] OR

Navigation Path: [Reference - DRG] - [(select row from search results)] - [Benefit Plan Coverage Rules]

Table: T_COVERED_BENEFIT

2.7.98.2 Technical Name

Ref.CoveredBenefitPanel.ascx

2.7.98.3 Panel Name

Benefit Plan Coverage Rules

For readability the layout displays on the next page.

2.7.98.4 Benefit Plan Coverage Rules-All Services Layout

Benefit Plan Coverage Rules Top Nav ? X

Member Plan	Description	Plan Type	Financial Payer	Effective Date	End Date
OCEBN	Opt Chc - Exp pop - Bas -	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
FCEMK	Fam Chc - Exp Pop - Med K	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
OCETW	Opt Chc - Exp pop - Tgt -	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
OCHHH	Opt Chc - High	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
FCEK3	Fam Chc - Exp Pop - KCHIP	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
FCEK2	Fam Chc - Exp Pop - KCHIP	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
OCETN	Opt Chc - Exp pop - Tgt -	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
FCMMK	Fam Chc - Man Pop - Med K	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
PASWC	Passport MCO with Copay	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
PASNC	Passport MCO no Copay	Benefit Plan	DEFAULT	06/01/2006	12/31/2299

< Previous 1 2 3 4 Next >

01/01/1990 | 12/31/2299

Restriction Choices

Place of Service	Billing Provider Type Specialty
09, 51, 52, 53, 54, 55, 56	*(02/000, 04/000, 21/000, 23/000, 24/000, 30/000, 33/000, 41/000, ...)*
(09, 51, 52, 53, 54, 55, 56)	*(02/000, 04/000, 21/000, 23/000, 24/000, 30/000, 33/000, 41/000, ...)*

2.7.98.5 Extra Features

This panel has no extra features.

2.7.98.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Description of the member plan.	Field	Character	50	T_PUB_HLTH_PGM	DSC_PGM_HEALTH
Effective Date	The date a service becomes covered within a member plan.	Field	Date (MM/DD/CCYY)	8	T_PUB_HLTH_PGM	DTE_EFFECTIVE
End Date	The last date of coverage for a service within a member plan.	Field	Date (MM/DD/CCYY)	8	T_PUB_HLTH_PGM	DTE_END
Financial Payer	Description of the payer.	Field	Character	30	T_PUB_HLTH_PGM	SAK_FIN_PAYER

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Member Plan	Identifies the medical assistance program that is supported in the system.	Field	Character	5	T_PUB_HLTH_PGM	CDE_PGM_HEALTH
Plan Type	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'.	Field	Character	4	T_PUB_HLTH_PGM	CDE_TYPE_PLAN

2.7.98.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.98.8 Associated Requirements

ID
30.050.007.002.21
30.090.002.002.1
30.090.006.002.4

2.7.98.9 CO / Defects

ID	Type	Name	Description	Current Status
264	Change Order	Change Recipient to Member	System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user. This system-wide change was identified during the Member Management RV/JAD sessions held on 06/13/2005 - 06/17/2005.	Prod Implemented

2.7.99 PANEL: Reimbursement Rules-All Services

2.7.99.1 Description

Use the Reimbursement Rules-All Services panel to view the benefit plan reimbursement information for various service codes supported by the MMIS including: procedures, diagnosis, drug or revenue codes. The reimbursement rules are used to determine the pricing methodology to use when adjudicating a claim.

Navigation Path: [Reference - Diagnosis] - [(select row from search results)] - [Reimbursement Rules] OR

Navigation Path: [Reference - Drug] - [(select row from search results)] - [Reimbursement Rules] OR

Navigation Path: [Reference - Procedure] - [select HCPCS radio button] - [(select row from search results)] - [Reimbursement Rules] OR

Navigation Path: [Reference - Procedure] - [select ICD-9-CM radio button] - [(select row from search results)] - [Reimbursement Rules] OR

Navigation Path: [Reference - Revenue] - [(select row from search results)] - [Reimbursement Rules]

OR Navigation Path: [Reference - DRG] - [(select row from search results)] - [Reimbursement Rules]

Table:

T_RU_ACTION
T_RU_ARRAY
T_RU_COMPARISON
T_RU_CONDITION
T_RU_DECISION
T_RU_DECISION_VAR
T_RU_DISCRETE_SET
T_RU_DOMAIN
T_RU_RELATION
T_RU_RELATION_XREF
T_RU_RULE
T_RU_RULE_ACTION
T_RU_TRANSACTION
T_RU_TUPLE_SET
T_RU_VARIABLE

2.7.99.2 Technical Name
Ref.Reimbursement Agreement

2.7.99.3 Panel Name
Reimbursement Rules

2.7.99.4 Reimbursement Rules-All Services Layout

2.7.99.5 Extra Features
This panel has no extra features.

2.7.99.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
No field documentation found for this window.						

2.7.99.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.99.8 Associated Requirements

ID
30.090.002.002.1
30.090.006.002.8

2.7.99.9 CO / Defects

ID	Type	Name	Description	Current Status
1473	Change Order	Core 8813 Benefit Adj Factor 4	See Core CO 8813 all documentation will be updated on this CO Provide the infrastructure to allow modifications to all pricing methodologies that have a variance or incentive from the regular pricing methodology.	Prod Implemented
1650	Change Order	Core 8183 Add POS T_REIMB_AGREEM	Add the Type of Bill (TOB) parameter to the reimbursement rules table. This will allow support for pricing by the place of service.	Prod Implemented
264	Change Order	Change Recipient to Member	System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user. This system-wide change was identified during the Member Management RV/JAD sessions held on 06/13/2005 - 06/17/2005.	Prod Implemented

2.7.100 PANEL: Group-Diagnosis

2.7.100.1 Description

Use the Group Panel to view the groups to which a diagnosis belongs. This information is used in pricing and claims processing logic. Maintain these groups on the Diagnosis Group Type panel found under the Reference - Related Data link.

Navigation Path: [Reference - Diagnosis] - [Group (view only)]

Table: T_DIAG_GROUP

2.7.100.2 Technical Name

Ref.DiagGroupPanel.ascx

2.7.100.3 Panel Name

Group

2.7.100.4 Group-Diagnosis Layout

2.7.100.5 Extra Features

This panel has no extra features.

2.7.100.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	The description for the diagnosis group.	Field	Character	40	T_DIAG_TYPE	DSC_50
Diagnosis Code From	A lower range of code which identifies a specific condition requiring medical attention.	Field	Number	9	T_DIAG_GROUP	SAK_DIAG_FROM

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Diagnosis Code To	An upper range of code which identifies a specific condition requiring medical attention. This is the ending diagnosis code value.	Field	Number	9	T_DIAG_GROUP	SAK_DIAG_TO
Diagnosis Group	System-assigned key for a unique diagnosis type, that represents a single or collection of diagnosis.	Field	Number	9	T_DIAG_TYPE	SAK_DIAG_TYPE
Effective Date	The date that the diagnosis code is to become effective for the diagnosis type in claims processing.	Field	Date (MM/DD/CCYY)	8	T_DIAG_GROUP	DTE_EFFECTIVE
End Date	The last date that the diagnosis code is in effect for the diagnosis type in claims processing.	Field	Date (MM/DD/CCYY)	8	T_DIAG_GROUP	DTE_END

2.7.100.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.100.8 Associated Requirements

ID
30.090.006.002.4
30.090.006.002.5

2.7.100.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.101 PANEL: Base Information-Diagnosis

2.7.101.1 Description

Use the Diagnosis Base Information panel to maintain base diagnosis code information, including the five-digit code and descriptions.

Navigation Path: [Reference - Diagnosis] - [(select row from search results)] - [Base Information]

Table: T_DIAGNOSIS

2.7.101.2 Technical Name

Ref.DiagnosisBaseEditPanel.ascx

2.7.101.3 Panel Name

Base Information

2.7.101.4 Base Information-Diagnosis Layout

2.7.101.5 Extra Features

This panel has no extra features.

2.7.101.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	The short nomenclature for a medical condition.	Field	Character	40	T_DIAGNOSIS	DSC_25
Diagnosis	A code for the condition requiring medical attention.	Field	Character	5	T_DIAGNOSIS	CDE_DIAG
Lay Description	A layman's description of the diagnosis.	Field	Character	100	T_DIAGNOSIS	DSC_LAY
Long Description	The long nomenclature for a medical condition.	Field	Character	250	T_DIAGNOSIS	DSC_LONG

2.7.101.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a description.
Diagnosis	Field	1	Diagnosis is Required	Enter a diagnosis code.
Diagnosis	Field	2	Restriction is Required	Add a diagnosis restriction.
Diagnosis	Field	3	A duplicate record cannot be saved	Verify data entry. Enter a unique diagnosis code.
Long Description	Field	1	Long description is required.	Enter a long description.

2.7.101.8 Associated Requirements

ID
30.090.006.002.14

ID
30.090.006.002.16
30.090.006.002.4
30.090.006.002.5

2.7.101.9 CO / Defects

ID	Type	Name	Description	Current Status
658	Change Order	Add Lay Desc to Diagnosis	Add lay description field to the Diagnosis panels and make the description search look at long, short and lay descriptions when performing the like search.	Prod Implemented

2.7.102 PANEL: Diagnosis Information-Diagnosis

2.7.102.1 Description

The Diagnosis Information panel provides view-only access to diagnosis base information.

Navigation Path: [Reference - Diagnosis] - [(select row from search results)]

Table: T_DIAGNOSIS

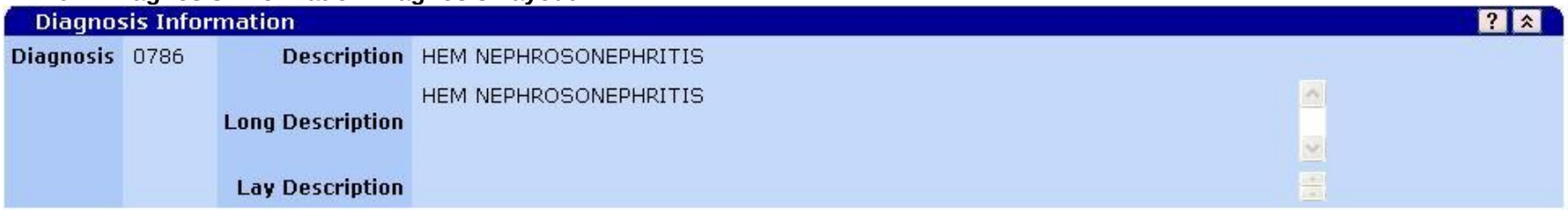
2.7.102.2 Technical Name

Ref.DiagnosisInformation.ascx

2.7.102.3 Panel Name

Diagnosis Information

2.7.102.4 Diagnosis Information-Diagnosis Layout



2.7.102.5 Extra Features

This panel has no extra features.

2.7.102.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	The description of the diagnosis code.	Field	Character	40	T_DIAGNOSIS	DSC_25
Diagnosis	A code used to identify a condition requiring medical attention	Field	Character	5	T_DIAGNOSIS	CDE_DIAG
Lay Description	A layman's description of the diagnosis.	Field	Alphanumeric	100	T_DIAGNOSIS	DSC_LAY

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Long Description	The long description for the diagnosis code.	Field	Character	250	T_DIAGNOSIS	DSC_LONG

2.7.102.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.102.8 Associated Requirements

ID
30.090.006.002.4
30.090.006.002.5

2.7.102.9 CO / Defects

ID	Type	Name	Description	Current Status
658	Change Order	Add Lay Desc to Diagnosis	Add lay description field to the Diagnosis panels and make the description search look at long, short and lay descriptions when performing the like search.	Prod Implemented

2.7.103 PANEL: Restriction-Diagnosis

2.7.103.1 Description

Note: This functionality is being replaced by the Enhanced Benefit Plan functionality. It is recommended that service restrictions be placed on the provider contracts and member plans as appropriate.

Use the Diagnosis Restrictions panel to restrict diagnosis codes based on a number of parameters. These include effective date, end date, age, gender, and whether a claim attachment is needed.

Diagnosis restrictions are applied in claims editing regardless of member plan or provider contract.

Navigation Path: [Reference - Diagnosis] - [(select row from search results)] - [Restriction]

Table: T_DIAG_LIMITS

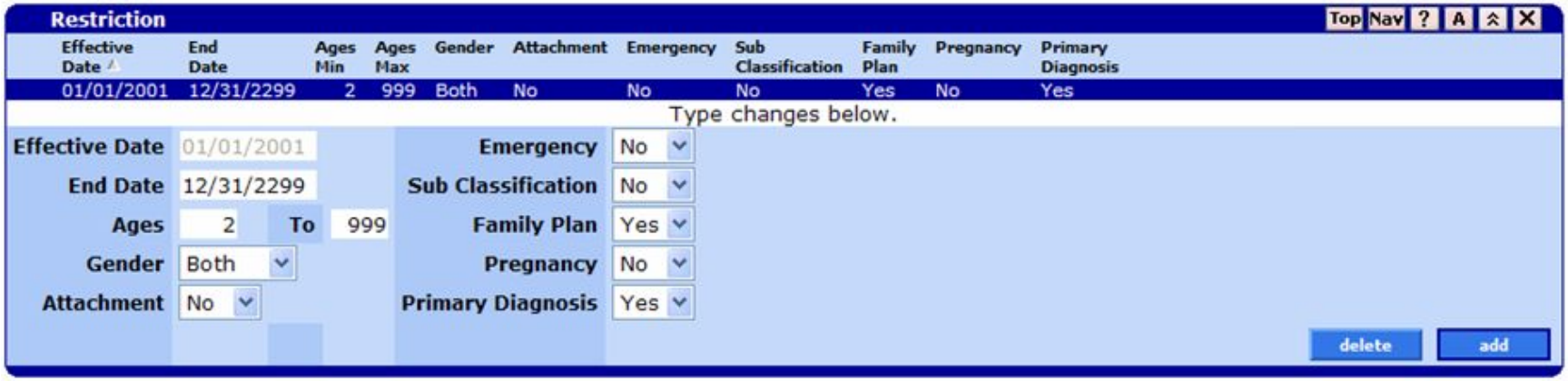
2.7.103.2 Technical Name

Ref.DiagLimitPanel.ascx

2.7.103.3 Panel Name

Restriction

2.7.103.4 Restriction-Diagnosis Layout



2.7.103.5 Extra Features

This panel has no extra features.

2.7.103.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a diagnosis restriction.	Button	N/A	0		
delete	Delete a diagnosis restriction.	Button	N/A	0		
Ages (From)	The minimum age that is valid for the diagnosis.	Field	Number	3	QTY_AGE_MIN	
Ages (To)	The maximum age that is valid for the diagnosis.	Field	Number	3	QTY_AGE_MAX	
Attachment	Indicates whether additional documentation is required for the diagnosis.	Field	Drop Down List Box	1	IND_ATTACHMENT	
Effective Date	The date that the limitations for the diagnosis code became effective.	Field	Date (MM/DD/CCYY)	8	DTE_EFFECTIVE	
Emergency	Indicates whether the diagnosis is for an emergency condition. Valid values are 'Y' - yes and 'N' - no.	Field	Drop Down List Box	1	IND_EMERGENCY	
End Date	The date that the limitations for the diagnosis code stopped being effective.	Field	Date (MM/DD/CCYY)	8	DTE_END	
Family Plan	The indicator for determining whether or not this diagnosis is a family planning diagnosis. This field is informational only. The diagnosis grouping function has replaced this field in claims editing.	Field	Drop Down List Box	1	IND_FAM_PLAN	

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Gender	Indicates if the diagnosis code is gender specific. The valid values are Male/Female/Both.	Field	Drop Down List Box	1	CDE_SEX	
Pregnancy	Indicates if the diagnosis is for a pregnancy. This field is informational only. He diagnosis grouping function has replaced this field in claims editing.	Field	Drop Down List Box	1	IND_PREGNANCY	
Primary Diagnosis	Indicates if the diagnosis code can be billed as the primary diagnosis code on a claim. The valid values are Y/N. Currently, this field is not mapped to any edits in KY MMIS.	Field	Drop Down List Box	1	IND_PRIMARY	
Sub Classification	Indicates whether the diagnosis requires further specification. For example, a three-digit diagnosis code may be marked with a "Y" when a more specific four-digit diagnosis code is available. Currently, this field is not mapped to any edits in the KY MMIS.	Field	Drop Down List Box	1	IND_SUB_CLASS	

2.7.103.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Ages (From)	Field	1	Enter a valid value	Enter age (from) for this restriction; must be numeric.

Field	Field Type	Error Code	Error Message	To Correct
Ages (From)	Field	2	Age From must be less than or equal to Age To	Age (from) must be <= age (to).
Ages (From)	Field	3	Age From is required.	Enter an age from.
Ages (To)	Field	1	Enter a valid value	Enter age (to) for this restriction; must be numeric.
Ages (To)	Field	2	Age from must be less than or equal to age to	Age (from) must be <= age (to).
Ages (To)	Field	3	Age To is required.	Enter an age to.
Attachment	Field	1	Attachment is required	Choose an attachment from drop down list.
Effective Date	Field	1	Effective Date must be less than or equal to End Date	Verify data entry. Effective date must be <= to end date.
Effective Date	Field	2	Date range segments can not overlap.	Verify dates against list. Date segments cannot overlap.
Effective Date	Field	3	Invalid Date. Format is MM/DD/CCYY.	Verify data entry. The date must be numeric and in MM/DD/CCYY format.
Effective Date	Field	4	Effective Date must be greater than or equal to 1/1/1900	Verify data entry. The date must be recent than 1/1/1900.
Effective Date	Field	5	Effective Date is required.	Enter a valid effective date.
Emergency	Field	1	Emergency is required	Select an emergency option from drop down list.

Field	Field Type	Error Code	Error Message	To Correct
End Date	Field	1	Effective Date must be less than or equal to End Date.	Verify data entry. End date must be >= to effective date.
End Date	Field	2	Date range segments can not overlap.	Verify dates against existing segment.
End Date	Field	3	Invalid Date. Format is MM/DD/CCYY.	Verify data entry. The date must be numeric and in MM/DD/CCYY format
End Date	Field	4	Effective Date must be greater than or equal to 1/1/1900.	Verify data entry. The date must be recent than 1/1/1900.
End Date	Field	5	End Date is required.	Enter a valid end date.
Family Plan	Field	1	Sub Classification is required	From drop down list, select a sub classification for this restriction.
Gender	Field	1	Gender is required.	Select a value from the drop down list
Pregnancy	Field	1	Pregnancy is required	Choose a pregnancy option from drop down list.
Primary Diagnosis	Field	1	Primary Diagnosis is required	Select a primary diagnosis from drop down list.
Sub Classification	Field	1	Sub Classification is required	From drop down list, select a sub classification for this restriction.

2.7.103.8 Associated Requirements

ID
30.090.006.002.4

2.7.103.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.104 PAGE: Reference Diagnosis Search Page

2.7.104.1 Description

The Reference Diagnosis Search page allows the user to access diagnosis information by entering search criteria. Search results will be displayed at the bottom of the page.

Diagnosis codes identify conditions, symptoms or complaints of a patient in order to determine appropriate service(s) needed by a provider in the correct place of service. ICD-9-CM diagnosis coding is the HIPAA compliant national coding standard to code and classify morbidity data from the inpatient and outpatient records, physician offices, and most National Center for Health Statistics (NCHS) surveys. This coding system consists of three to five digit numeric or alphanumeric codes.

The diagnosis code set will be expanded to handle the new ICD-10 standard as that standard is released.

2.7.104.2 Technical Name

Reference.DiagSearchPg

2.7.104.3 Web Page Name

For readability the layout displays on the next page.

2.7.104.4 Reference Diagnosis Search Page Layout

Reference Diagnosis Search

Diagnosis | Description: H | Sounds-like ☐

Type: ○ Short ◉ Long ○ Lay

Match criteria: ◉ Begins With ○ Contains

Records: 20

search | clear | add

Search Results

Diagnosis	Long Description
0786	HEM NEPHROSONEPHRITIS-MMMMMMMMM1MMMMMMMMM2MMMMMMMMM3MMMMMMMMM4MMMMMMMMM5MMMMMMMMM6MMMMMMMMM7MMMMMMMM
0794	HUMAN PAPILLOMA VIRUS INFEC NOS
07951	HUMAN T-CELL LYMPHOTROPHIC VIRUS, TYPE I
07952	HUMAN T-CELL LYMPHOTROPHIC VIRUS, TYPE I
07953	HUMAN IMMUNODEFICIENCY VIRUS, TYPE 2 (HI
07981	HANTAVIRUS
1216	HETEROPHYIASIS
1236	HYMENOLEPIASIS
03841	H. INFLUENAE SEPTICEMIA
0415	H. INFLUENZAE INFECT NOS
04186	HELICOBACTER PYLORI (H. PYLORI)
042	HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEA
0420	HTLV-III/LAV INFECTION WITH SPECIF INFEC
0421	HTLV-III/LAV INFECTION CAUSING OTHER SPE
0422	HTLV-III/LAV INFECTION WITH SPECIFIED NE
043	HTLV-III/LAV INFECTION CAUSING OTHER SPE
0430	HTLV-III/LAV INFECTION CAUSING LYMPHADEN
0431	HTLV-III/LAV INFECTION CAUSING SPECIFIED
0432	HTLV-III/LAV INFECTION CAUSING OTHER DIS
0433	HTLV-III/LAV INFECTION CAUSING OTHER SPE

1 2 3 4 5 6 7 8 9 10 ... Next >

2.7.105 PANEL: Reference Diagnosis Search-Diagnosis

2.7.105.1 Description

Use the Diagnosis Search panel to search for a specific diagnosis code from three to five digits or description using 'sounds like' matching.

Navigation Path: [Reference - Diagnosis] - [search button]

Table: T_DIAGNOSIS

2.7.105.2 Technical Name

Ref.DiagnosisSearchPanel.ascx

2.7.105.3 Panel Name

Reference Diagnosis Search

2.7.105.4 Reference Diagnosis Search-Diagnosis Layout

2.7.105.5 Extra Features

This panel has no extra features.

2.7.105.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
clear	Clears the criteria fields so user may enter new criteria	Button	N/A	0		
search	Initiates search on the database table for records matching the criteria entered	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Sounds Like	If the box is checked, a phonetic search is performed and if the check box is unchecked a word search is performed.	Check Box	N/A	0	N/A	N/A
Description	The description of the diagnosis code.	Field	Character	40	N/A	N/A
Diagnosis Code	A code used to identify a condition requiring medical attention.	Field	Character	7	N/A	N/A
Match criteria	Allows matching based on whether the description begins with or contains the requested characters.	Field	Radio Button	0		
Records	Indicates the number of records to be displayed in search results	Field	Drop Down List Box	2	N/A	N/A
Type	Allows searching on the short, long or lay description.	Field	Radio Button	0		

2.7.105.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	No rows found	Verify data entry.
Diagnosis Code	Field	1	No rows found	Verify data entry.

2.7.105.8 Associated Requirements

ID
30.090.006.002.4
30.090.006.002.5

2.7.105.9 CO / Defects

ID	Type	Name	Description	Current Status
658	Change Order	Add Lay Desc to Diagnosis	Add lay description field to the Diagnosis panels and make the description search look at long, short and lay descriptions when performing the like search.	Prod Implemented

2.7.106 PANEL: Search Results-Diagnosis

2.7.106.1 Description

Diagnosis Search Results panel displays diagnosis records that match the criteria from the search panel.

Navigation Path: [Diagnosis - Search]

Table: T_DIAGNOSIS

2.7.106.2 Technical Name

Ref.DiagnosisSearchPanel.ascx-Search Results

2.7.106.3 Panel Name

Search Results

2.7.106.4 Search Results-Diagnosis Layout

Search Results

Diagnosis	Long Description
0786	HEM NEPHROSONEPHRITIS-MMMMMMMMM1MMMMMMMMM2MMMMMMMMM3MMMMMMMMM4MMMMMMMMM5MMMMMMMMM6MMMMMMMMM7MMMMMMMM
0794	HUMAN PAPILLOMA VIRUS INFEC NOS
07951	HUMAN T-CELL LYMPHOTROPHIC VIRUS, TYPE I
07952	HUMAN T-CELL LYMPHOTROPHIC VIRUS, TYPE I
07953	HUMAN IMMUNODEFICIENCY VIRUS, TYPE 2 (HI
07981	HANTAVIRUS
1216	HETEROPHYIASIS
1236	HYMENOLEPIASIS
03841	H. INFLUENAE SEPTICEMIA
0415	H. INFLUENZAE INFECT NOS
04186	HELICOBACTER PYLORI (H. PYLORI)
042	HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEA
0420	HTLV-III/LAV INFECTION WITH SPECIF INFEC
0421	HTLV-III/LAV INFECTION CAUSING OTHER SPE
0422	HTLV-III/LAV INFECTION WITH SPECIFIED NE
043	HTLV-III/LAV INFECTION CAUSING OTHER SPE
0430	HTLV-III/LAV INFECTION CAUSING LYMPHADEN
0431	HTLV-III/LAV INFECTION CAUSING SPECIFIED
0432	HTLV-III/LAV INFECTION CAUSING OTHER DIS
0433	HTLV-III/LAV INFECTION CAUSING OTHER SPE

1 2 3 4 5 6 7 8 9 10 ... Next >

2.7.106.5 Extra Features

This panel has no extra features.

2.7.106.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Short description of the relevant diagnosis. This will be displayed if "Short" is selected from the "Type" radio buttons.	Field	Character	40	T_DIAGNOSIS	DSC_25
Diagnosis	The diagnosis codes that met the selection criteria.	Field	Character	7	T_DIAGNOSIS	CDE_DIAG
Lay Description	Lay description of the relevant diagnosis. This will be displayed if "Lay" is selected from the "Type" radio buttons.	Field	Alphanumeric	100		
Long Description	Long description of the relevant diagnosis. This will be displayed if "Long" is selected from the "Type" radio buttons. For a lengthy description truncation will occur and only the first 100 characters will be displayed.	Field	Alphanumeric	250		

2.7.106.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.106.8 Associated Requirements

ID
30.090.006.002.4
30.090.006.002.5

2.7.106.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.107 PAGE: Reference Drug Information Page

2.7.107.1 Description

The Reference Drug Information page contains the information pertaining to 11-digit National Drug Codes (NDC).

The NDC is the unique code assigned to a drug product by the FDA and the manufacturer or distributor. It identifies the manufacturer/distributor, drug, dosage form, strength, and package size. All prescription drug products regulated by the FDA must use an NDC.

Only authorized users with update privileges have the capability to add new information or modify existing data.

2.7.107.2 Technical Name

Reference.DrugInfoPg

2.7.107.3 Web Page Name

For readability the layout displays on the next page.

2.7.107.4 Reference Drug Information Page Layout

Drug Information

NDC

NDC	00009370113
Brand Name	CAVERJECT
Label Name	CAVERJECT 20MCG KIT
NDC Format	1 - NDC 4-4-2
Previous NDC	
Replaced by NDC	
NDDF Add	07/18/1995
Last NDDF Update	01/23/2003
Last AWP Update	11/08/2002
Obsolete Date	
Update Indicator	Y - Yes
Status	A - Active
Source	1 - Multiple
Class	F - Federal Legend
GPI	2 - Priced as a brand or upper range pricing
GNI	2 - Brand Named or Single-Source
Category	S DIABETIC SUPPLIES, MISC.
DEA	0 - No control

Manufacturer

Labeler ID	C00009
Manufacturer/Distributor	PHARMACIA/UPJHN
Innovator	1 - Yes

Package

Drug Form	EA - tablets,kits,etc.
Package	KIT
Standard Package	0 - No
Package Size	6.000
Shelf Pack	1
Shipper Quantity	1
Case Size	1
Unit Dose	0 - No
Unit of Use	0 - No

Drug Selection

Maintenance Drug	- No
Top Volume Ranking	0

Generic Drug

GCN Seq No	21742
Generic Name	ALPROSTADIL INTRACAVER 20MCG KIT
HICL Seq No	177
Ingredient List	Z4AB
HIC4	Z4AB ALPROSTADIL

CMS

Unit	EA
CMS Package Size	1.000
Approval Date	07/01/1995
Market Entry Date	08/10/1995
Termination Date	

Therapeutic Class

Generic	99 UNCLASSIFIED DRUG PRODUCTS
Standard	99 MISCELLANEOUS
Specific	F2A DRUGS TO TREAT IMPOTENCY
AHFS	
Therapeutic Equivalency	

Orange Book Evaluation

OBC3	AP
	INJECTABLE AQUEOUS

Drug Maintenance — Select drug area to add or modify below. Prefs Top Bot ? ⌃

Drug

Associated Audits	AWP Rate	Base Information
Benefit Plan Coverage Rules	Contract Billing Rules	DESI
Drug Group	Federal MAC Rate	Generic Drug
HCPCS Procedure	Ingredients	Labeler Rebate Status
Note	Other Rates	Pricing
Reimbursement Rules	Restrictions Maintenance	State MAC Rate

save cancel

2.7.108 PANEL: DESI-Drug

2.7.108.1 Description

Use the DESI Panel to view Drug Product Efficacy Study and Implementation program (DESI) data for an NDC. The DESI data marks a particular drug as declared less than effective by the Food and Drug Administration's (FDA) DESI program or by CMS.

First DataBank populates the DESI and DESI2 columns based upon the DESI status of the product's ingredient(s). The HCFA_DESI1 column is populated with values from CMS.

The panel is also used to assign a state DESI effective and end date for a given DESI type.

Navigation Path: [Reference - Drug] - [(select row from search results)] - [DESI (The state DESI portion of the panel will only display if the drug has a state DESI]

Table: T_DESI, T_STATE_DESI

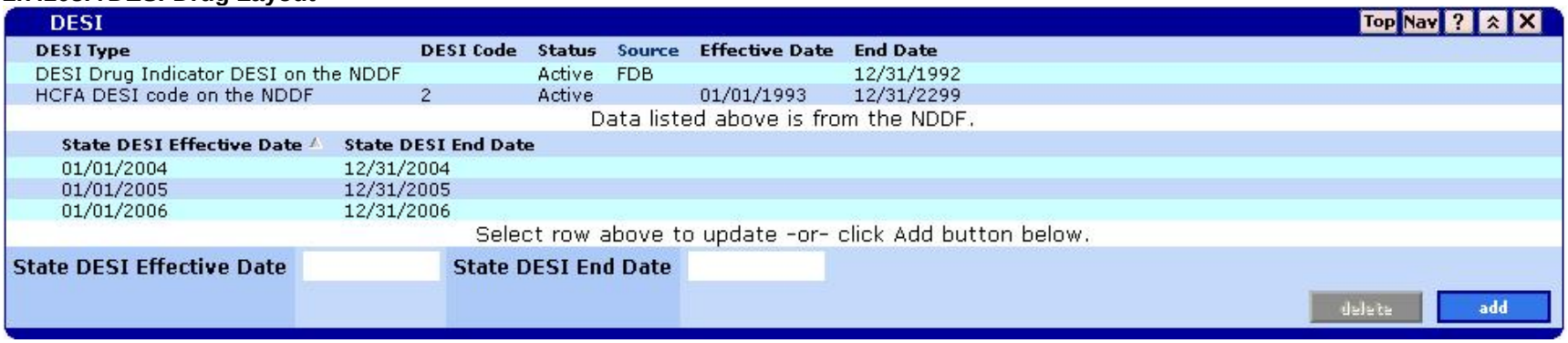
2.7.108.2 Technical Name

Ref.DrugStateDesiPanel.ascx

2.7.108.3 Panel Name

Drug Efficacy Study Implementation (DESI)

2.7.108.4 DESI-Drug Layout



2.7.108.5 Extra Features

This panel has no extra features.

2.7.108.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a state DESI segment.	Button	N/A	0		
delete	Delete a state DESI segment.	Button	N/A	0		
Source	This field identifies the source of the other information in the row.	Combo Box	Drop Down List Box	0		
DESI	This is the DESI code as supplied on NDDF. The NDDF maintains three levels of DESI: DESI, DESI2, and HCFA DESI. Please see NDDF documentation for current valid values and definitions.	Field	Character	1	T_DESI	CDE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
DESI Type	This field indicates the type of DESI information being displayed. The NDDF maintains three levels of DESI: 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. The DESI 2 Drug Indicator (DESI2) 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; this is referred to as the IRS status (identical, related to or similar to DESI drugs). 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 CMS quarterly tape. Only the CMS DESI codes are used in claims processing.	Field	Character	5	T_DESI	CDE_DESI_TYPE
Effective Date	The date the DESI status took effect.	Field	Date (MM/DD/CCYY)	8	T_DESI	DTE_EFFECTIVE
End Date	The date the DESI status is no longer in effect.	Field	Date (MM/DD/CCYY)	8	T_DESI	DTE_END
State DESI Effective Date	The date at which the drug became Drug Efficacy Study Implementation, signified as less than effective.	Field	Date (MM/DD/CCYY)	8	T_STATE_DESI	DTE_EFFECTIVE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
State DESI End Date	The last date at which this DESI is effective; it is possible for a drug to be removed from DESI non payable status.	Field	Date (MM/DD/CCYY)	8	T_STATE_DESI	DTE_END
Status	This indicates whether the DESI segment is in an active (0) or inactive (1) status. Only active segments are used for claims processing. Inactive segments are maintained for historical purposes.	Field	Character	8	T_DESI	IND_STATUS

2.7.108.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
State DESI Effective Date	Field	1	Effective Date and End Date range overlap an existing record.	Verify that effective date and end date do not overlap existing dates.
State DESI Effective Date	Field	8012	End date must be on or after effective date.	Verify data entry. State DESI End Date must be greater than State DESI Effective Date.
State DESI Effective Date	Field	91001	Invalid Date (MM/DD/CCYY)!	Verify data entry. The date must be in MM/DD/CCYY format.
State DESI End Date	Field	1	Effective Date and End Date range overlap an existing record.	Verify that effective date and end date do not overlap existing dates.
State DESI End Date	Field	8012	End date must be on or after effective date.	Verify data entry. State DESI End Date must be greater than or equal to State DESI Effective Date.

Field	Field Type	Error Code	Error Message	To Correct
State DESI End Date	Field	91001	Invalid Date (MM/DD/CCYY)	Verify data entry. The date must be in MM/DD/CCYY format.

2.7.108.8 Associated Requirements

ID
30.090.006.002.6

2.7.108.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.109 PANEL: Federal MAC-Drug

2.7.109.1 Description

The Federal MAC panel is used to maintain the Federal Maximum Allowable Cost (MAC) for a drug, along with its effective dates and status.

Navigation Path: [Reference - Drug] - [(click on 'search' and select row from search results)] - [Drug Maintenance] - [Federal MAC or Pricing]

Tables: T_DRUG_MAC

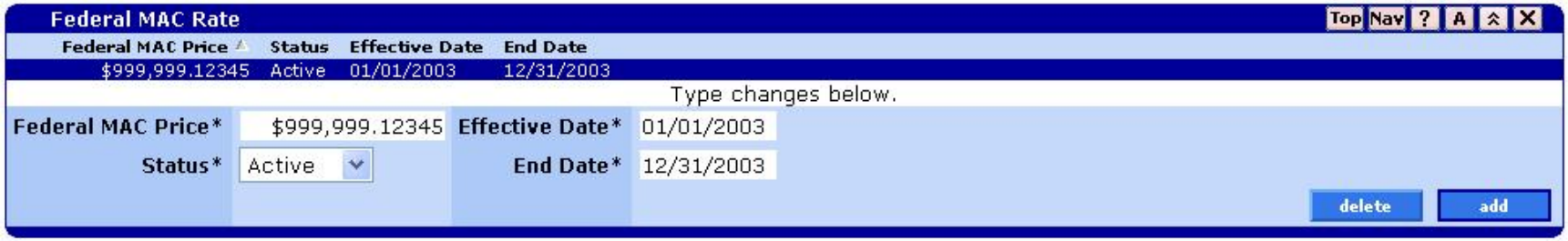
2.7.109.2 Technical Name

Ref.DrugMacPanel.ascx

2.7.109.3 Panel Name

Federal MAC

2.7.109.4 Federal MAC-Drug Layout



2.7.109.5 Extra Features

This panel has no extra features.

2.7.109.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Button used to add a new MAC pricing record for this drug.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
delete	Button used to delete an existing pricing record from this drug.	Button	N/A	0		
Effective Date	This is the date that the drug's Maximum Allowable Cost takes effect.	Field	Date (MM/DD/CCYY)	8		
End Date	This is the date that the MAC will no longer be in effect.	Field	Date (MM/DD/CCYY)	8		
Federal Mac Price	This is the Federal Maximum Allowable Cost (MAC) for a drug. The MAC is the unit price for a drug under Federal MAC regulation. Format 9999999.99999.	Field	Number	12		
Status	Indicates whether the MAC pricing segment is in an active or inactive status. Only active segments will be used for pricing. Inactive segments will be maintained for historical purposes.	Field	Drop Down List Box	0		

2.7.109.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date must be less than or equal to End Date.	Verify data entry. End date must be greater than or equal to effective date.
Effective Date	Field	2	The fields EffectiveDate and EndDate from row cannot overlap with row	Verify that effective date and end date do not overlap existing dates.
Effective Date	Field	3	Invalid Date. Format is MM/DD/CCYY	Verify data entry. The date must be numeric and in MM/DD/CCYY format.

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	4	Effective Date must be greater than or equal to 1/1/1900.	Verify data entry. Date must be more recent than 1/1/1900.
Effective Date	Field	5	Effective Date is required.	Enter a valid date.
End Date	Field	1	Effective Date must be less than or equal to End Date.	Verify data entry. End date must be greater than or equal to effective date.
End Date	Field	2	The fields EffectiveDate and EndDate from row cannot overlap with row	Verify that effective date and end date do not overlap existing dates.
End Date	Field	3	Invalid Date. Format is MM/DD/CCYY	Verify data entry. The date must be numeric and in MM/DD/CCYY format.
End Date	Field	4	End Date must be greater than or equal to 1/1/1900.	Verify data entry. Date must be more recent than 1/1/1900.
End Date	Field	5	End Date is required	Enter a valid end date in MM/DD/CCYY format.
Federal Mac Price	Field	1	Federal Mac Price must be greater than or equal to 0000.00000.	Federal MAC price cannot be negative.
Federal Mac Price	Field	2	Federal Mac Price must be less than or equal to 9999999.99999	Federal MAC price exceeds the maximum value. Enter a value within this limit.
Federal Mac Price	Field	3	Enter a valid value	Federal MAC price entered is not in 9999999.99999 format.
Status	Field	1	Status is required	Enter status.

2.7.109.8 Associated Requirements

ID
30.090.006.002.6

2.7.109.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.110 PANEL: Other Rate-Drug

2.7.110.1 Description

The Drug Rate panel provides the flexibility to maintain other drug price types such as 'Direct' and 'WAC'.

In addition to AWP and Federal MAC prices, FDB (First DataBank) supplies additional price types which may be used for pricing or for reference purposes. These additional price types include:

- Direct unit price and direct package price;
- WAC (wholesale acquisition cost) unit price and WAC package price; and,
- ABP (alternative benchmark price) unit price and ABP package price.

Any or all of the above price types may be maintained as desired/required.

Navigation Path: [Reference - Drug] - [(Enter search criteria, click on 'search' button, select row from search results)] - [Other Rate or Pricing]

Table: T_NDDF_PRICE

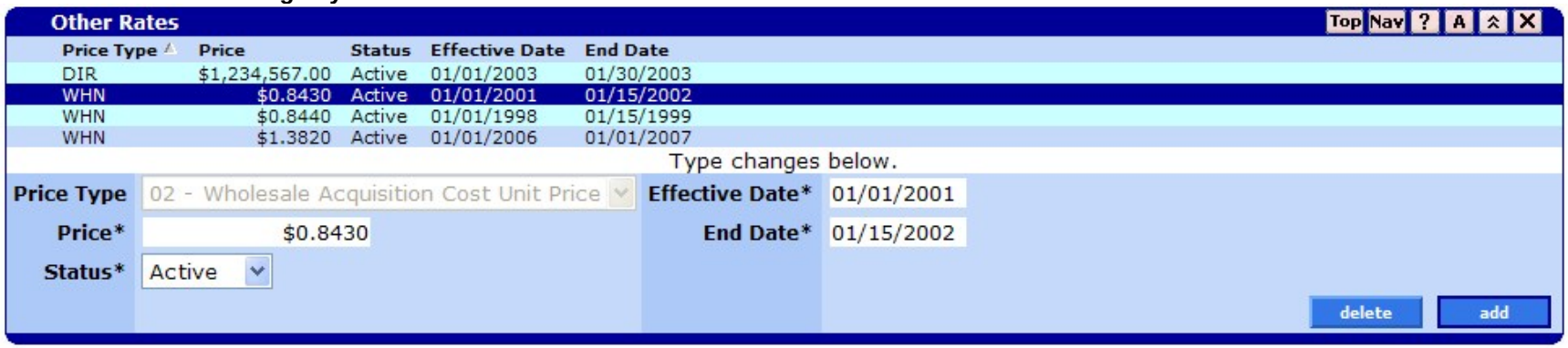
2.7.110.2 Technical Name

Ref.NDDFPricePanel.ascx

2.7.110.3 Panel Name

Other Rate

2.7.110.4 Other Rate-Drug Layout



2.7.110.5 Extra Features

This panel has no extra features.

2.7.110.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Allows the user to add a new pricing segment.	Button	N/A	0		
delete	Allows the user to mark a pricing segment for deletion.	Button	N/A	0		
Effective Date	First date of service the pricing segment is effective.	Field	Date (MM/DD/CCYY)	8	T_NDDF_PRICE	DTE_EFFECTIVE
End Date	Last date of service the pricing segment is effective.	Field	Date (MM/DD/CCYY)	8	T_NDDF_PRICE	DTE_END
Price	Price amount for the relevant price type, as an example, direct unit price. Format is 9999999.99999.	Field	Number	12	T_NDDF_PRICE	AMT_NPT_PRICE
Price Type	FDB (First DataBank) Price Type code and description. Indicates the type of price for the relevant pricing segment, as an example, WHN - Wholesale Acquisition Cost (WAC) Unit Price.	Field	Drop Down List Box	0	T_NDDF_PRICE	CDE_NPT_TYPE
Status	Indicates whether the status of the pricing segment is 'Active' or 'Inactive'. Based upon date of process, only active segments will be used for pricing. Inactive segments will be maintained for historical purposes.	Field	Drop Down List Box	0	T_NDDF_PRICE	IND_STATUS

2.7.110.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date must be less than or equal to End Date.	Enter an effective date that is less than or equal to the end date.
Effective Date	Field	2	Invalid Date. Format is MM/DD/CCYY.	Enter an effective date in MM/DD/CCYY format.
Effective Date	Field	3	Effective Date must be greater than or equal to 1/1/1900.	Enter an effective date that is greater than or equal to 1/1/1900.
Effective Date	Field	4	Effective Date must be less than or equal to 12/31/2299.	Enter an effective date that is less than or equal to 12/31/2299.
Effective Date	Field	5	Effective Date is required.	Enter an effective date.
End Date	Field	1	End Date must be greater than or equal to 1/1/1900.	Enter an end date that is greater than or equal to 1/1/1900.
End Date	Field	2	End Date must be less than or equal to 12/31/2299.	Enter an end date that is less than or equal to 12/31/2299.
End Date	Field	3	End Date is required.	Enter an end date.
End Date	Field	4	Invalid Date. Format is MM/DD/CCYY.	Enter an end date in MM/DD/CCYY format.

2.7.110.8 Associated Requirements

ID
30.090.006.002.6

2.7.110.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.111 PANEL: Base Information-Drug

2.7.111.1 Description

Use the Drug Base Information panel to maintain base drug information including NDC, description, class, drug form, GCN, and package sizes.

Navigation Path: [Reference - Drug] - [(select row from search results)] - [Base Information]

Tables:

T_DRUG
T_GENERIC_DRUG
T_DRUG_MANUF
T_INGREDIENT
T_THERAPEUTIC
T_HIC4
T_INGREDIENT
T_GFC_INGREDIENT
T_CDE_THERA_STD
T_CDE_THERA_GEN
T_CDE_THERA_AHFS
T_THERA_FDA

2.7.111.2 Technical Name

Ref.DrugPanel.ascx

2.7.111.3 Panel Name

Base Information

For readability the layout displays on the next page.

2.7.111.4 Base Information-Drug Layout

Base Information Top Nav ? A

NDC

NDC	00009370113
Brand Name	CAVERJECT
Label Name*	CAVERJECT 20MCG KIT
NDC Format	1 - NDC 4-4-2
Previous NDC	[Search]
Replaced by NDC	[Search]
NDDF Add	07/18/1995
Last NDDF Update	01/23/2003
Last AWP Update	11/08/2002
Obsolete Date	
Update Indicator*	Y - Yes
Status	A - Active
Source	1 - Multiple
Class	F - Federal Legend
GPI	2 - Priced as a brand or upper range pricing
GNI*	2 - Brand Named or Single-Source
Category	S - DIABETIC SUPPLIES, MISC.
DEA	0 - No control

Manufacturer

Labeler ID	C00009 [Search]
Manufacturer/Distributor	PHARMACIA/UPJHN
Innovator	1 - Yes

Package

Drug Form	EA - tablets,kits,etc.
Package	KIT
Standard Package	0 - No
Package Size	6.000
Shelf Pack	1
Shipper Quantity	1
Case Size	1
Unit Dose	0 - No
Unit of Use	0 - No

Drug Selection

Maintenance Drug	- No
Top Volume Ranking	0

Generic Drug

GCN Seq No	21742
Generic Name	ALPROSTADIL INTRACAVER 20MCG KIT
HICL Seq No	177
Ingredient List	Z4AB
HIC4	Z4AB ALPROSTADIL

CMS

Unit	EA
CMS Package Size	1.000
Approval Date	07/01/1995
Market Entry Date	08/10/1995
Termination Date	

Therapeutic Class

Generic	99 UNCLASSIFIED DRUG PRODUCTS
Standard	99 MISCELLANEOUS
Specific	F2A DRUGS TO TREAT IMPOTENCY
AHFS	[Search]
Therapeutic Equivalency	[Search]

Orange Book Evaluation

OBC3	AP INJECTABLE AQUEOUS SOLUTIONS INCLUDING

-- Ingredients --

Sequence Number	HIC	Description
1	Z4AB	ALPROSTADIL

2.7.111.5 Extra Features

This panel has no extra features.

2.7.111.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
AHFS	Identifies the pharmacological therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system.	Field	Number	6	T_DRUG_MANUF	CDE_LABELER_ID
Approval Date	Date the FDA approves a product for sale in the marketplace. 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.	Field	Date (MM/DD/CCYY)	8	T_DRUG	DTE_HCFA_APPC
Brand Name	Name that appears on the package label provided by the manufacturer.	Field	Character	30	T_DRUG	DSC_NDC

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Case Size	Number of salable units in the shipping container. First DataBank uses this number as a divisor to calculate the single package price when case pricing for the NDC is reported to First DataBank; customers can use it as a multiplier to determine the case price from the single package price. When case pricing for the NDC is not reported, the default is 1.	Field	Number	9	T_DRUG	QTY_DRUG_CASE_SZ
Category	Indicates that a drug product belongs to a category that is commonly treated as an exception in third party plans.	Field	Character	1	T_DRUG	CDE_DRUG_CATGRY
Class	Classifies a drug by its availability to the consumer according to federal specifications, as an example, over the counter.	Field	Character	1	T_DRUG	CDE_DRUG_CLASS
DEA	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.	Field	Character	1	T_DRUG	CDE_DEA

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Drug Form	Indicates the type of billing unit to be used for a product - as an example, "Each" (tablets, kits, etc.)	Field	Character	2	T_DRUG	CDE_DRUG_FORM
GCN Sequence Number	Clinical Formulation ID. Represents a unique combination of ingredient(s), strength, dosage form and route of administration for a generic drug formulation. Aggregates drug products that share like ingredient sets, route of administration, dosage form, and strength of drug, but are marketed by multiple manufacturers.	Field	Number	5	T_GENERIC_DRUG	NUM_DRUG_GCN_SEQ
GNI	Generic Name Indicator (GNI). Specifies whether a product is a brand named product, a generically named product, or an alternative product, using the product name as the criteria.	Field	Drop Down List Box	0	T_DRUG	CDE_GNI
GPI	Generic Price Indicator (GPI). Distinguishes a product as either generically priced or priced as a brand. It is commonly held that generic prices are lower than brand prices.	Field	Drop Down List Box	9	T_DRUG	IND_DRUG_GENERIC

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Generic	Generic Therapeutic Class Code (GTC). Classifies drugs according to the most common intended use. This classification provides the most general therapeutic groupings available from First DataBank. Users who need more definitive therapeutic classing should consider Standard Therapeutic Class, Specific Therapeutic Class or AHFS Therapeutic Class (for example).	Field	Character	2	T_GENERIC_DRUG	NUM_THERA_CLS_STD
Generic Name	Combination of active ingredient names, route of administration, dosage form, and strength.	Field	Number	30	T_GENERIC_DRUG	NAM_DRUG_GENERIC
HIC4	Code and description for the Hierarchical Ingredient Code of the primary ingredient.	Field	Character	4	T_INGREDIENT	CDE_HIC
HICL Sequence Number	Ingredient list identifier. A permanent numeric identifier that identifies a unique combination of active ingredients, irrespective of the manufacturer, package size, dosage form, route of administration, or strength.	Field	Number	6	T_GENERIC_DRUG	NUM_HIC3_SEQN

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Ingredient List	Ingredient list (commonly referred to as the HICL or HIC List), referenced by the HICL sequence number. Each active ingredient in the list is sequenced according to its clinical importance relative to other ingredients. The relative importance of an active ingredient is based on its clinical and therapeutic use.	Field	Character	54	T_INGREDIENT	CDE_HIC
Innovator	Identifies the original innovator product for a particular GCN sequence number. WI does not use the innovator information supplied by FDB. Instead, the innovator indicator is set leveraging state-maintained innovator data.	Field	Character	1	T_DRUG	CDE_INNOV
Label Name	Combination of the drug name appearing on the package label, the strength description, and the dosage form description for a specified product.	Field	Character	40	T_DRUG	DSC_LN

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Labeler ID	Code that represents the product labeler (a manufacturer, distributor, or repackager). The first character is alphabetic and represents a division within a company. The last five characters are numeric and represent the parent company. Not to be confused with the five-digit labeler code that is assigned to a company by the FDA and that comprises the first five digits of an NDC.	Field	Number	9	T_DRUG	SAK_DRUG_LBLR
Last AWP Update	Date the AWP (Average Wholesale Price) was last changed according to the NDDF (National Drug Data File).	Field	Date (MM/DD/CCYY)	8	T_DRUG	DTE_LAST_CHG_AWP
Last NDDF Update	Date on which the drug information was last changed on the NDDF.	Field	Date (MM/DD/CCYY)	8	T_DRUG	DTE_NDDF_UPDT
Maintenance Drug	Identifies a drug as a maintenance drug.	Field	Character	1	T_DRUG	IND_MAINT
Manufacturer/ Distributor	Name of the product labeler (a manufacturer, distributor, or repackager).	Field	Number	9	T_DRUG_MANUF	NAM_DRUG_MANUF

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Market Entry Date	Date a manufacturer releases the drug product to the marketplace. This data is supplied on the CMS quarterly update. The date is provided to CMS by the drug labeler.	Field	Date (MM/DD/CCYY)	8	T_DRUG	DTE_HCFA_MRKC
NDC	Unique code assigned to a drug product by the FDA and the manufacturer or distributor. It identifies the manufacturer/ distributor, drug, dosage form, strength, and package size.	Field	Character	11	T_DRUG	CDE_NDC
NDC Format	Defines both the type of external identifying code (NDC, HRI, UPC, or PIN) in the NDC field and the way in which this code has been converted into the 11-digit 5-4-2 format.	Field	Number	9	T_DRUG	CDE_NDC_FORMAT
NDDF Add	Date on which the drug record was added to the National Drug Data File (NDDF) master file.	Field	Date (MM/DD/CCYY)	8	T_DRUG	DTE_NDDF_ADD

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
OBC3	Orange Book Code; three-Byte Version (OBC3). Identifies the equivalency ratings assigned to approved prescription products according to the FDA's Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book). When there is not a three-byte code in the Orange Book, the default OBC3 will be the two-byte OBC plus a trailing blank.	Field	Character	3	T_DRUG	CDE_OBC3
Obsolete Date	Date when the drug product is no longer available on the marketplace as per the manufacturer's notification, or the best estimate of that date.	Field	Date (MM/DD/CCYY)	8	T_DRUG	DTE_DRUG_OBSOLETE
Package	Description of the container that is in direct contact with the product. First DataBank obtains the package description from the product package insert and abbreviates to keep package description terms within 10 characters.	Field	Drop Down List Box	0	T_DRUG	DSC_DRUG_PACK

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Package Size (CMS)	Indicates the number of units per package as supplied on the CMS quarterly update. This column must be used in conjunction with the HCFA Unit Type to determine the appropriate number of units.	Field	Number	11	T_DRUG	NUM_HCFA_PS
Package Size (Package)	Metric quantity used to derive a unit price. The usual labeled quantity from which the pharmacist dispenses, such as 100 tablets, 1000 capsules, 20 ml vial, etc. Format is 99999999.999.	Field	Number	11	T_DRUG	QTY_DRUG_PACK_SZ
Previous NDC	Previous/old NDC if the current NDC is a replacement NDC.	Field	Number	9	T_DRUG_PREV	SAK_DRUG_PREV
Replaced by NDC	Replacement/new NDC if the current NDC has been changed or replaced by the labeler. An NDC must be obsolete in order for a replacement to be assigned, and the brand name (BN), formulation, and package size must be the same for the old and new NDC.	Field	Number	9	T_DRUG_PREV	SAK_DRUG
Shelf Pack	Number of bundled salable units in the shipping container.	Field	Number	9	T_DRUG	QTY_SHELF_PACK

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Shipper Quantity	Number of salable units in the minimum order quantity available from the distributor; it is usually a multiple of the shelf pack or case pack.	Field	Number	9	T_DRUG	QTY_SHIPPER
Source	NDC-level single-source or multi-source indicator. Specifies whether a product's generic formulation (i.e. its particular active ingredient, dosage form, route of administration and strength) is only available from a single distributor or from multiple distributors.	Field	Character	1	T_DRUG	CDE_DRUG_SOURCE
Specific	Hierarchical Specific Therapeutic Class Code (GC3, Alias HIC3). Identifies the specific therapeutic class in which the active ingredient is classified.	Field	Character	3	T_GENERIC_DRUG	SAK_DRUG_THERA_CLS
Standard	Standard Therapeutic Class code that classifies drugs according to the most common intended use.	Field	Number	2	T_GENERIC_DRUG	NUM_THERA_CLS_STD
Standard Package	Indicates whether the product package size is the standard package size.	Field	Character	1	T_DRUG	IND_DRUG_STD_PACK

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Status	Identifies the status of a drug within iC. 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 it is activated for use by iC.	Field	Character	1	T_DRUG	CDE_DRUG_STATUS
Termination Date	Shelf-life expiration date of the last batch of product produced, as supplied on the CMS quarterly update. The date is supplied to CMS from the drug labeler.	Field	Date (MM/DD/CCYY)	8	T_DRUG	DTE_TERM_HCFA
Therapeutic Equivalency	CMS FDA Therapeutic Equivalency Code. It is provided from CMS' quarterly tape and is a two-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.	Field	Character	2	T_DRUG	CDE_THERA_CLS_FDA
Top Volume Ranking	Indicates if a drug is included in the list of the 200 most frequently dispensed drug products. Different package sizes and dose forms of the same drug will have the same number.	Field	Number	4	T_DRUG	NUM_TOP_VOL_RANK

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Unit	Indicates the unit of measure as supplied on the CMS quarterly tape. Note: Data received from FDB and CMS. Will source from FDB update only if the CMS unit file is blank. Updates from the CMS quarterly update will always be applied.	Field	Character	3	T_DRUG	IND_HCFA_UNIT
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 manufacturer. This indicator does not apply to injectable products, suppositories, or powder packets. Products labeled as Unit Dose are not sold as individual unit doses; rather, the product is sold in a package that contains several unit doses.	Field	Character	1	T_DRUG	IND_UNIT_DOSE
Unit of Use	Identifies products that are packaged per course of therapy. Products are labeled as "Unit of Use" by the manufacturer. These products are supplied with appropriate labeling and (usually) child resistant closures, and thus are appropriate to dispense as a unit.	Field	Character	1	T_DRUG	IND_UNIT_OF_USE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Update Indicator	Indicates whether batch update to the NDC should be allowed.	Field	Drop Down List Box	0	T_DRUG	CDE_UPDATE_TYPE

2.7.111.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Case Size	Field	1	Enter a valid value	Enter a numeric value.
GCN Sequence Number	Field	1	Enter a valid value	Enter a numeric value.
Labeler ID	Field	1	Enter a valid value	Enter a numeric value.
Last AWP Update	Field	1	Invalid date. Format is mm/dd/yyyy.	Verify data entry. The date must be in MM/DD/CCYY format.
Last NDDF Update	Field	1	Invalid date. Format is mm/dd/yyyy.	Verify data entry. The date must be in MM/DD/CCYY format.
NDDF Add	Field	1	Invalid date. Format is mm/dd/yyyy.	Verify data entry. The date must be in MM/DD/CCYY format.
Obsolete Date	Field	1	Invalid date. Format is mm/dd/yyyy.	Verify data entry. The date must be in MM/DD/CCYY format.
Package Size (Package)	Field	1	Enter a valid value	Enter a numeric value.
Shelf Pack	Field	1	Enter a valid value	Enter a numeric value.
Shipper Quantity	Field	1	Enter a valid value	Enter a numeric value.
Termination Date	Field	1	Invalid date. Format is mm/dd/yyyy.	Verify data entry. The date must be in MM/DD/CCYY format.
Top Volume Ranking	Field	1	Enter a valid value	Enter a numeric value.

2.7.111.8 Associated Requirements

ID
30.090.006.002.14
30.090.006.002.6

2.7.111.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.112 PANEL: Contract Billing Rules-All Services

2.7.112.1 Description

Use the Contract Billing Rules-All Services panel to display provider contracts applicable to the benefit (Diagnosis, DRG, Drug, ICD9, HCPCS, and Revenue Code).

Navigation Path: [Reference - Diagnosis] - [(select row from search results)] - [Contract Billing Rules] OR

Navigation Path: [Reference - Procedure] - [select HCPCS radio button] - [(select row from search results)] - [Contract Billing Rules] OR

Navigation Path: [Reference - Procedure] - [select ICD-9-CM radio button] - [(select row from search results)] - [Contract Billing Rules] OR

Navigation Path: [Reference - Revenue] - [(select row from search results)] - [Contract Billing Rules] OR

Navigation Path: [Reference - Drug] - [(select row from search results)] - [Contract Billing Rules] OR

Navigation Path: [Reference - DRG] - [(select row from search results)] - [Contract Billing Rules]

Tables:

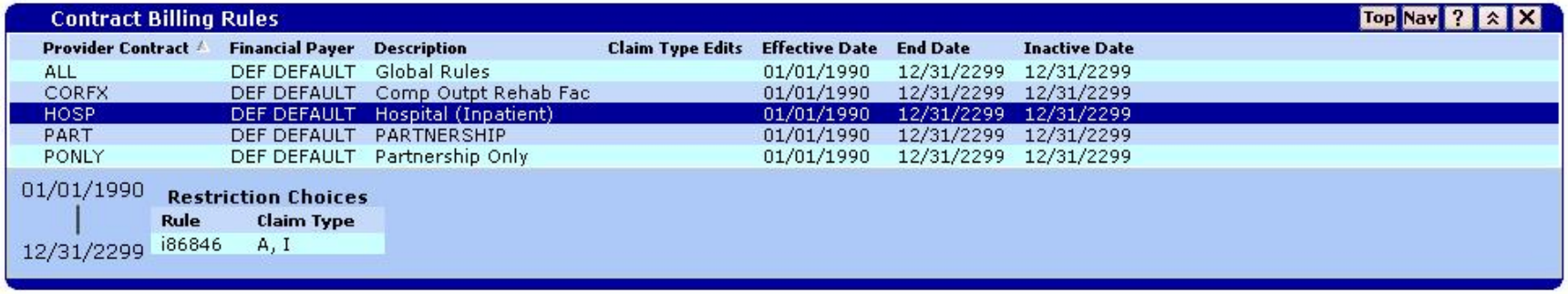
T_PR_ENROLL_PGM
T_RU_ACTION
T_RU_ARRAY
T_RU_COMPARISON
T_RU_CONDITION
T_RU_DECISION
T_RU_DECISION_VAR
T_RU_DISCRETE_SET
T_RU_DOMAIN
T_RU_RELATION
T_RU_RELATION_XREF
T_RU_RULE
T_RU_RULE_ACTION
T_RU_TRANSACTION
T_RU_TUPLE_SET
T_RU_VARIABLE
T_CLASSIFICATION_BNFT

T_BNFT_GROUP_STD
T_GROUP_STD_BNFT

2.7.112.2 Technical Name
Ref.ContractBillingRulesPanel.ascx

2.7.112.3 Panel Name
Contract Billing Rules

2.7.112.4 Contract Billing Rules-All Services Layout



2.7.112.5 Extra Features
This panel has no extra features.

2.7.112.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Type Edits	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.	Field	Character	1	T_PR_ENROLL_ PGM	IND_CT_EDITING

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Description of the provider contract.	Field	Character	30	T_PR_ENROLL_PGM	DSC_PROV_PGM
Effective Date	Date the provider contract becomes valid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the effective dates.	Field	Date (MM/DD/CCYY)	8	T_PR_ENROLL_PGM	DTE_EFFECTIVE
End Date	Date the provider contract becomes invalid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the end date.	Field	Date (MM/DD/CCYY)	8	T_PR_ENROLL_PGM	DTE_END
Financial Payer	Financial payer for this provider contract.	Field	Character	1	T_PR_ENROLL_PGM	SAK_FIN_PAYER
Inactive Date	Date/time the provider contract can no longer be used regardless of dates of service on the claim. Time is not displayed but time will be defaulted to 00:00 when selecting a date for processing. Future inactive date restrictions prevent inactivating a segment while claims are processing.	Field	Date (MM/DD/CCYY)	8	T_PR_ENROLL_PGM	DTE_INACTIVE
Provider Contract	A classification of services a provider can bill.	Field	Character	5	T_PR_ENROLL_PGM	SAK_PROV_PGM

2.7.112.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.112.8 Associated Requirements

ID
No associated requirements found.

2.7.112.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.113 PANEL: Associated Audits-NDC-Drug

2.7.113.1 Description

The Associated Audits panel displays an 'inquiry only' listing of all table-driven audits associated to a specific NDC code.

Navigation Path: [Reference - Drug] - [(Enter search criteria, click on 'search' button, select row from search results)] - [Associated Audits]

Table: T_AUDIT_NDC_XREF

2.7.113.2 Technical Name

Ref.AssocAuditsNDC

2.7.113.3 Panel Name

Associated Audits - NDC

2.7.113.4 Associated Audits-NDC-Drug Layout

Associated Audits - NDC

Audit Number	Audit Type	Description	PA Indicator	Effective Date	End Date
6550	LIMIT	PRESCRIPTION LIMIT EXCEEDED	N	01/01/1990	12/31/2299
6554	LIMIT	WAIVER ADDITIONAL 2 SCRIPT HAS BEEN REACHED	N	10/01/2002	12/31/2299

2.7.113.5 Extra Features

The "Associated Audit" link will open three panels:

- Associated Audits - Standard Therapeutic Class;
- Associated Audits – NDC; and,
- Associated Audits - GCN Sequence Number

2.7.113.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Audit Number	Code that uniquely identifies an audit.	Field	Character	4	T_ERROR_DISP	CDE_ESC

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Audit Type	Identifies the audit as limitation, contra-indicated, umbrella, etc.	Field	Character	16	T_AUDIT_CRIT	CDE_ERROR_TYPE
Description	Text describing the audit.	Field	Character	50	T_ERROR_DISP	DSC_ERROR_STAT
Effective Date	First date the audit is effective within iC.	Field	Date (MM/DD/CCYY)	8	T_AUDIT_CRIT	DTE_EFFECTIVE
End Date	Last date the audit is effective within iC.	Field	Date (MM/DD/CCYY)	8	T_AUDIT_CRIT	DTE_END
PA Indicator	Indicates whether the audit monitors PA (Yes/No).	Field	Character	3	T_AUDIT_CRIT	IND_PA

2.7.113.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.113.8 Associated Requirements

ID
No associated requirements found.

2.7.113.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.114 PANEL: Ingredients-Drug

2.7.114.1 Description

Description:

The Ingredient List panel is an inquiry-only list of the ingredients (commonly referred to as the HICL or HIC List) referenced by the drug's HICL Sequence Number. Each active ingredient in the list is sequenced according to its clinical importance relative to other ingredients. The relative importance of an active ingredient is based on its clinical and therapeutic use.

Navigation Path:

[Reference - Drug] - [(Enter search criteria, click on "search" button, select row from search results)] - [Drug Maintenance] - [Ingredients]

Tables:

T_INGREDIENT
T_GFC_INGREDIENT

Audit Functionality:

Audit functionality does exist for this panel.

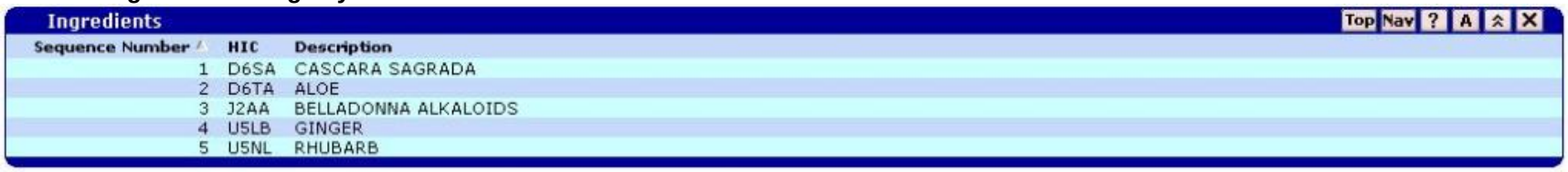
2.7.114.2 Technical Name

Ref.DrugIngredListPanel.ascx

2.7.114.3 Panel Name

Ingredients

2.7.114.4 Ingredients-Drug Layout



Ingredients

Top Nav ? A

Sequence Number	HIC	Description
1	D6SA	CASCARA SAGRADA
2	D6TA	ALOE
3	J2AA	BELLADONNA ALKALOIDS
4	U5LB	GINGER
5	U5NL	RHUBARB

2.7.114.5 Extra Features

This panel has no extra features.

2.7.114.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Describes the ingredient.	Field	Character	20	T_INGREDIENT	NAM_INGREDIENT
HIC	Hierarchical Ingredient Code that identifies the ingredient.	Field	Character	6	T_INGREDIENT	CDE_HIC
Sequence Number	Represents the relative order of the ingredient within the ingredient list.	Field	Number	1	T_GFC_INGREDIENT	NUM_HIC_REL

2.7.114.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.114.8 Associated Requirements

ID
No associated requirements found.

2.7.114.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.115 PANEL: AWP-Drug

2.7.115.1 Description

The Drug AWP Maintenance panel is used to maintain the drug's Blue Book Average Wholesale Unit Price (AWP). The AWP represents the most common wholesaler price to the retailer or hospital and is based on actual surveys of drug wholesalers.

Navigation Path: [Reference] - [Drug Search] - [(Add button) OR (Search and select row from search results)] - [Drug Maintenance] - [AWP or Pricing]

Table: T_DRUG_AWP

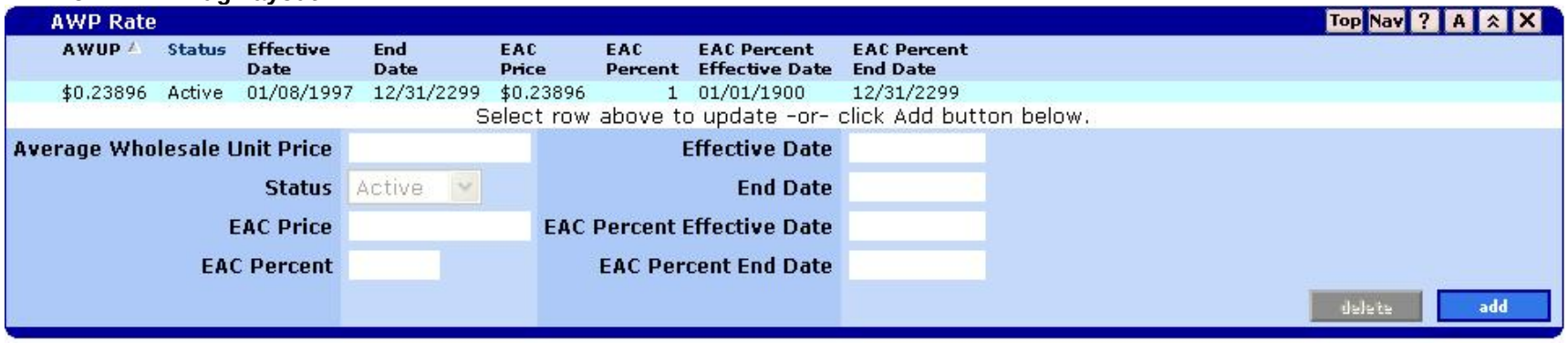
2.7.115.2 Technical Name

Ref.DrugAwpPanel.ascx

2.7.115.3 Panel Name

AWP

2.7.115.4 AWP-Drug Layout



2.7.115.5 Extra Features

This panel has no extra features.

2.7.115.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Allows the user to add an AWP pricing record for this drug.	Button	N/A	0		
delete	Allows the user to delete an AWP pricing record from this drug.	Button	N/A	0		
Average Wholesale Unit Price	Blue Book average wholesale unit price. It represents the most common wholesaler price to the retailer or hospital. This price is based on actual surveys of drug wholesalers. Format 9999999.99999.	Field	Number	12		
EAC Percent	Actual percentage value to be applied to the estimated acquisition cost to determine reimbursement amount. Format 100.0.	Field	Number	4		
EAC Percent Effective Date	First date of service that the associated percentage is effective.	Field	Date (MM/DD/CCYY)	8		
EAC Percent End Date	Last date of service, or dispense date, that this percentage is applicable.	Field	Date (MM/DD/CCYY)	8		
EAC Price (computed)	Contains the price representing the Estimated Acquisition Cost. Format 9999.99999. EAC Price = (AWUP * EAC Percent)	Field	Number	9		
Effective Date	Date the Average Wholesale Price and the and the Estimated Acquisition Cost took effect.	Field	Date (MM/DD/CCYY)	8		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
End Date	Date the Average Wholesale Price and the Estimated Acquisition Cost is no longer in effect.	Field	Date (MM/DD/CCYY)	8		
Status	Indicates whether the status of AWP pricing segment is active or inactive	Field	Drop Down List Box	0		

2.7.115.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Average Wholesale Unit Price	Field	1	AWP Amount must be greater than or equal to 0000.00001.	Enter valid amount in the field.
Average Wholesale Unit Price	Field	2	AWP Amount must be less than or equal to 9999999.99999.	Enter valid amount in the field.
Effective Date	Field	1	Effective Date must be less than or equal to the End Date.	Enter an effective date that is less than or equal to the end date.
Effective Date	Field	2	The fields Effective Date and End Date from row cannot overlap with row	Correct overlap condition. Date segments cannot overlap.
Effective Date	Field	3	Invalid date. Format is MM/DD/CCYY.	Enter an effective date in MM/DD/CCYY format.
Effective Date	Field	4	Effective Date must be greater than or equal to 1/1/1900.	Enter an effective date that is greater than or equal to 1/1/1900.
Effective Date	Field	5	Effective Date is required.	Enter an effective date.

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	6	Effective Date must be less than or equal to 12/31/2299.	Enter an effective date that is less than or equal to 12/31/2299.
End Date	Field	1	Invalid Date. Format is MM/DD/CCYY.	Enter a valid end date in MM/DD/CCYY format.
End Date	Field	2	End Date must be greater than or equal to 1/1/1900.	Enter an end date that is greater than 1/1/1900.
End Date	Field	3	End Date is required.	Enter an end date.
End Date	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an end date that is less than or equal to 12/31/2299.

2.7.115.8 Associated Requirements

ID
30.090.006.002.6

2.7.115.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.116 PANEL: Benefit Plan Coverage Rules-All Services

2.7.116.1 Description

Use the Benefit Plan Coverage Rules-All Services panel to view the member plan coverage information for a specific procedure, diagnosis, drug, DRG, and/or revenue code.

Navigation Path: [Reference - Diagnosis] - [(select row from search results)] - [Benefit Plan Coverage Rules] OR

Navigation Path: [Reference - Revenue] - [(select row from search results)] - [Benefit Plan Coverage Rules] OR

Navigation Path: [Reference - Drug] - [(select row from search results)] - [Benefit Plan Coverage Rules] OR

Navigation Path: [Reference - Procedure] - [select HCPCS radio button] - [(select row from search results)] - [Benefit Plan Coverage Rules] OR

Navigation Path: [Reference - Procedure] - [select ICD-9-CM radio button] - [(select row from search results)] - [Benefit Plan Coverage Rules] OR

Navigation Path: [Reference - DRG] - [(select row from search results)] - [Benefit Plan Coverage Rules]

Table: T_COVERED_BENEFIT

2.7.116.2 Technical Name

Ref.CoveredBenefitPanel.ascx

2.7.116.3 Panel Name

Benefit Plan Coverage Rules

For readability the layout displays on the next page.

2.7.116.4 Benefit Plan Coverage Rules-All Services Layout

Benefit Plan Coverage Rules Top Nav ? ✕

Member Plan	Description	Plan Type	Financial Payer	Effective Date	End Date
OCEBN	Opt Chc - Exp pop - Bas -	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
FCEMK	Fam Chc - Exp Pop - Med K	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
OCETW	Opt Chc - Exp pop - Tgt -	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
OCHHH	Opt Chc - High	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
FCEK3	Fam Chc - Exp Pop - KCHIP	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
FCEK2	Fam Chc - Exp Pop - KCHIP	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
OCETN	Opt Chc - Exp pop - Tgt -	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
FCMMK	Fam Chc - Man Pop - Med K	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
PASWC	Passport MCO with Copay	Benefit Plan	DEFAULT	06/01/2006	12/31/2299
PASNC	Passport MCO no Copay	Benefit Plan	DEFAULT	06/01/2006	12/31/2299

< Previous 1 2 3 4 Next >

01/01/1990 | 12/31/2299

Restriction Choices

Place of Service	Billing Provider Type Specialty
09, 51, 52, 53, 54, 55, 56	*(02/000, 04/000, 21/000, 23/000, 24/000, 30/000, 33/000, 41/000, ...)*
(09, 51, 52, 53, 54, 55, 56)	*(02/000, 04/000, 21/000, 23/000, 24/000, 30/000, 33/000, 41/000, ...)*

2.7.116.5 Extra Features

This panel has no extra features.

2.7.116.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Description of the member plan.	Field	Character	50	T_PUB_HLTH_PGM	DSC_PGM_HEALTH
Effective Date	The date a service becomes covered within a member plan.	Field	Date (MM/DD/CCYY)	8	T_PUB_HLTH_PGM	DTE_EFFECTIVE
End Date	The last date of coverage for a service within a member plan.	Field	Date (MM/DD/CCYY)	8	T_PUB_HLTH_PGM	DTE_END
Financial Payer	Description of the payer.	Field	Character	30	T_PUB_HLTH_PGM	SAK_FIN_PAYER

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Member Plan	Identifies the medical assistance program that is supported in the system.	Field	Character	5	T_PUB_HLTH_PGM	CDE_PGM_HEALTH
Plan Type	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'.	Field	Character	4	T_PUB_HLTH_PGM	CDE_TYPE_PLAN

2.7.116.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.116.8 Associated Requirements

ID
30.050.007.002.21
30.090.002.002.1
30.090.006.002.4

2.7.116.9 CO / Defects

ID	Type	Name	Description	Current Status
264	Change Order	Change Recipient to Member	System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user. This system-wide change was identified during the Member Management RV/JAD sessions held on 06/13/2005 - 06/17/2005.	Prod Implemented

2.7.117 PANEL: Note-Drug

2.7.117.1 Description

Use the Note-Drug panel to enter notes as to why changes were made to a specific NDC. The panel includes fields for date, time, clerk number and note sequence number.

Navigation Path: [Reference - Drug Search] - [(Add button) OR (select row from search results)] - [Note]

Table: T_DRUG_NOTES

2.7.117.2 Technical Name

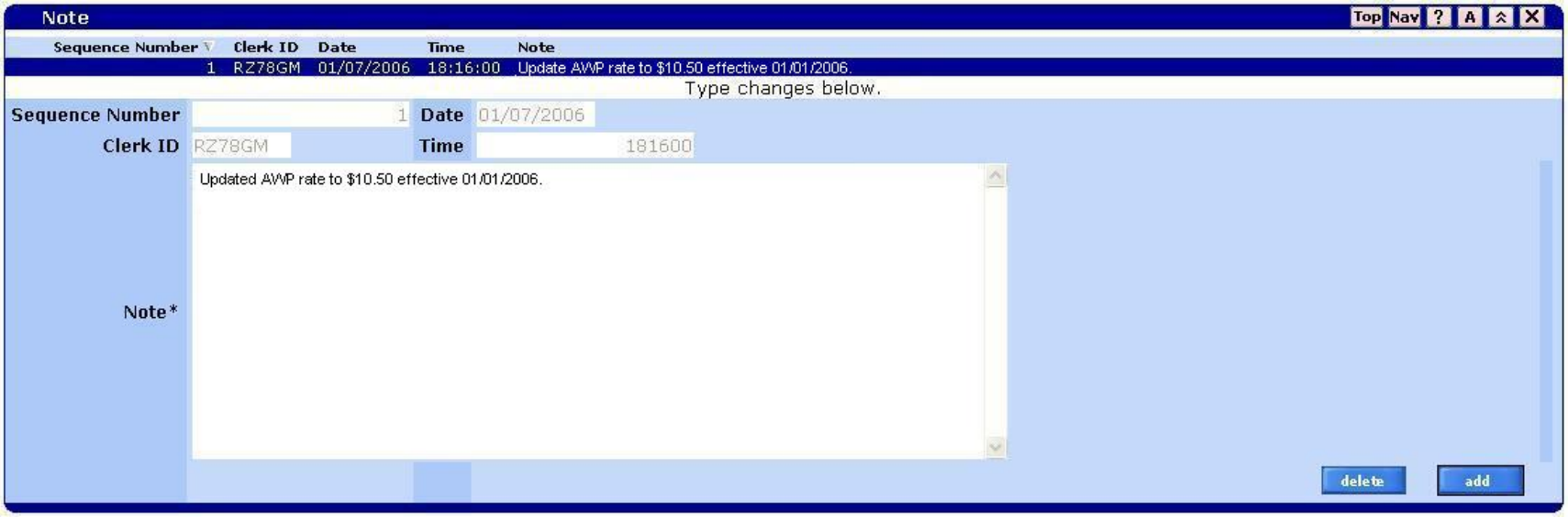
Ref.DrugNote

2.7.117.3 Panel Name

Note

For readability the layout displays on the next page.

2.7.117.4 Note-Drug Layout



2.7.117.5 Extra Features

Only the notes field is user enterable, all other fields are auto populated as follows:

- Sequence Number - Max sequence number for Proc + 1;
- Clerk ID - System generated based on users logon id;
- Date - System Date (When Saved); and,
- Time - System Time (When Saved)

2.7.117.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a note.	Button	N/A	0		
delete	Delete a note.	Button	N/A	0		
Clerk ID	The ID of the user who enters the note.	Field	Alphanumeric	8	T_DRUG_NOTES	ID_CLERK
Date	The date that the note was entered.	Field	Date (MM/DD/CCYY)	8	T_DRUG_NOTES	DTE_NOTE
Note	The actual text of the note.	Field	Alphanumeric	1000	T_DRUG_NOTES	DSC_NOTE
Sequence Number	Sequence number than can uniquely identify a note.	Field	Number	9	T_DRUG_NOTES	NUM_SEQ
Time	The time that the note was entered.	Field	Number	6	T_DRUG_NOTES	TME_NOTE

2.7.117.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Note	Field	1	Note is required	Add diagnosis note text.

2.7.117.8 Associated Requirements

ID
30.090.006.002.6

2.7.117.9 CO / Defects

ID	Type	Name	Description	Current Status
1399	Change Order	Add Drug Notes Panel	Add a panel to add/view user entered notes for Drug (NDC) codes.	Prod Implemented

2.7.118 PANEL: Associated Audits-GCN Sequence Number-Drug

2.7.118.1 Description

The Associated Audits - GCN Sequence Number panel displays a list of all table-driven audits associated to a specific NDC code.

Navigation Path: [Reference - Drug] - [(Enter search criteria, click on 'search' button, select row from search results)] - [Associated Audits]

Table: T_AUDIT_GEN_SEQ_X

2.7.118.2 Technical Name

Ref.AssocAuditsGCNSeqNo

2.7.118.3 Panel Name

Associated Audits - Gcn Sequence Number

2.7.118.4 Associated Audits-GCN Sequence Number-Drug Layout

Associated Audits - GCN Sequence Number

Top Nav ? ✕

Audit Number	Audit Type	Description	PA Indicator	Effective Date	End Date
6550	LIMIT	PRESCRIPTION LIMIT EXCEEDED	N	01/01/1990	12/31/2299
6554	LIMIT	WAIVER ADDITIONAL 2 SCRIPT HAS BEEN REACHED	N	10/01/2002	12/31/2299

2.7.118.5 Extra Features

The "Associated Audit" link will open three panels:

- Associated Audits - Standard Therapeutic Class;
- Associated Audits – NDC; and,
- Associated Audits - GCN Sequence Number.

2.7.118.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Audit Number	Code that uniquely identifies an audit.	Field	Character	4	T_ERROR_DISP	CDE_ESC

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Audit Type	Identifies the audit as limitation, contra-indicated, umbrella, etc.	Field	Character	16	T_AUDIT_CRIT	CDE_ERROR_TYPE
Description	Text describing the audit.	Field	Character	50	T_ERROR_DISP	DSC_ERROR_STAT
Effective Date	First date the audit is effective within iC.	Field	Date (MM/DD/CCYY)	8	T_AUDIT_CRIT	DTE_EFFECTIVE
End Date	Last date the audit is effective within iC.	Field	Date (MM/DD/CCYY)	8	T_AUDIT_CRIT	DTE_END
PA Indicator	Indicates whether the audit monitors PA (Yes/No).	Field	Character	3	T_AUDIT_CRIT	IND_PA

2.7.118.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.118.8 Associated Requirements

ID
No associated requirements found.

2.7.118.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.119 PANEL: Associated Audits-Standard Therapeutic Class-Drug

2.7.119.1 Description

The Associated Audits - Standard Therapeutic Class panel displays a listing of all table driven audits associated to a specific NDC code.

Navigation Path: [Reference - Drug] - [(Enter search criteria, click on 'search' button, select row from search results)] - [Associated Audits]

2.7.119.2 Technical Name

Ref.AssocAuditsStdTheraCls

2.7.119.3 Panel Name

Associated Audits - Standard Therapeutic Class

2.7.119.4 Associated Audits-Standard Therapeutic Class-Drug Layout

Associated Audits - Standard Therapeutic Class Top Nav ? ⌃ ✕

Audit Number	Audit Type	Description	PA Indicator	Effective Date	End Date
6550	LIMIT	PRESCRIPTION LIMIT EXCEEDED	N	01/01/1990	12/31/2299
6554	LIMIT	WAIVER ADDITIONAL 2 SCRIPT HAS BEEN REACHED	N	10/01/2002	12/31/2299

2.7.119.5 Extra Features

The "Associated Audit" link will open three panels:

- Associated Audits - Standard Therapeutic Class;
- Associated Audits – NDC; and,
- Associated Audits - GCN Sequence Number.

2.7.119.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Audit Number	Code that uniquely identifies an audit.	Field	Character	4	T_ERROR_DISP	CDE_ESC
Audit Type	Identifies the audit as limitation, contra-indicated, umbrella, etc.	Field	Character	16	T_AUDIT_CRIT	CDE_ERROR_TYPE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Text describing the audit.	Field	Character	50	T_ERROR_DISP	DSC_ERROR_STAT
Effective Date	First date the audit is effective within iC.	Field	Date (MM/DD/ CCYY)	8	T_AUDIT_CRIT	DTE_EFFECTIVE
End Date	Last date the audit is effective within iC.	Field	Date (MM/DD/ CCYY)	8	T_AUDIT_CRIT	DTE_END
PA Indicator	Indicates whether the audit monitors PA (Yes/No).	Field	Character	3	T_AUDIT_CRIT	IND_PA

2.7.119.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.119.8 Associated Requirements

ID
No associated requirements found.

2.7.119.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.120 PANEL: Drug Group-Drug

2.7.120.1 Description

This panel is used to view all drug groups of which the selected drug is a member.

Navigation: [Reference - Drug] - [(click on "search" button)] - [(select a row from search result list)] - [Drug Maintenance] - [Drug Group]

Tables:

T_DRUG_GROUP
T_DRUG_TYPE
T_DRUG

Audit Functionality:
This panel displays data in list so the audit button does exist.

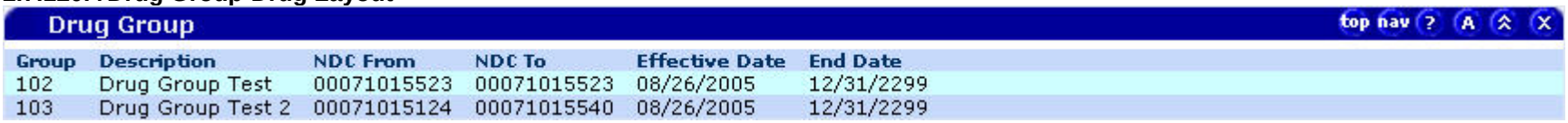
2.7.120.2 Technical Name

Ref.DrugGroupPanel.ascx

2.7.120.3 Panel Name

Drug Group

2.7.120.4 Drug Group-Drug Layout



Group	Description	NDC From	NDC To	Effective Date	End Date
102	Drug Group Test	00071015523	00071015523	08/26/2005	12/31/2299
103	Drug Group Test 2	00071015124	00071015540	08/26/2005	12/31/2299

2.7.120.5 Extra Features

This panel has no extra features.

2.7.120.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Describes the drug type	Field	Character	50	T_DRUG_TYPE	DSC_50

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date	The date that the drug code is to become effective for the drug type in claims processing	Field	Number	8	T_DRUG_GROUP	DTE_EFFECTIVE
End Date	The date that the drug code is no longer in effect for the drug type in claims processing	Field	Number	8	T_DRUG_GROUP	DTE_END
Group	System assigned key for a unique drug type, that represents a collection of drug codes	Field	Number	9	T_DRUG_GROUP	SAK_DRUG_TYPE
NDC From	Drug Code Range From (relation from T_DRUG_GROUP.SAK_DRUG_FROM)	Field	Character	30	T_DRUG	DSC_NDC
NDC To	Drug Code Range To (relation from T_DRUG_GROUP.SAK_DRUG_TO)	Field	Character	30	T_DRUG	DSC_NDC

2.7.120.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
NDC From	Field	1	NDC From cannot be greater than NDC to.	NDC From cannot be greater than NDC To; verify and re-enter.

2.7.120.8 Associated Requirements

ID
No associated requirements found.

2.7.120.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.121 PANEL: Drug Mini Search-Drug

2.7.121.1 Description

Drug mini-search provides the user with the ability to search for a drug from the Drug Information panel by NDC.

Navigation Path: [Reference - Drug] - [(select row from search results)]

Table: T_DRUG

2.7.121.2 Technical Name

Ref.DrugMiniSearchPanel.ascx

2.7.121.3 Panel Name

Drug Mini Search

2.7.121.4 Drug Mini Search-Drug Layout

2.7.121.5 Extra Features

This panel has no extra features.

2.7.121.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
adv search	This takes the user to the Drug Main Search page where the user can set more advanced search criteria.	Button	N/A	0		
clear	This clears the Drug field so the user may enter new criteria.	Button	N/A	0		
search	This initiates search of the drug database to find a record matching the NDC code that has been entered.	Button	N/A	0		
NDC	This is the National Drug Code used to uniquely identify a drug to be searched.	Field	Character	11	N/A	N/A

2.7.121.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.121.8 Associated Requirements

ID
30.090.006.002.6

2.7.121.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.122 PANEL: Drug Information-Drug

2.7.122.1 Description

The Drug Information panel is used to view data for a specific drug product. The data viewed on this panel is supplied by the contracted vendor, First DataBank (FDB), and is part of FDBs NDDF Plus product. The NDDF Plus product provides descriptive and pricing information for every drug approved by the Food and Drug Administration (FDA). The drug data is updated weekly as part of the REFJW043 job.

Drug data in the KY MMIS is used for informational purposes as well as for validating pharmacy encounter claims.

Navigation Path: [Reference - Drug] - [(select row from search results)] - [Drug Information]

Tables:

T_DRUG
T_GENERIC_DRUG
T_DRUG_MANUF
T_INGREDIENT
T_THERAPEUTIC
T_HIC4
T_INGREDIENT
T_GFC_INGREDIENT
T_CDE_THERA_STD
T_CDE_THERA_GEN
T_CDE_THERA_AHFS
T_THERA_FDA

2.7.122.2 Technical Name

Ref.DrugInformation.ascx

2.7.122.3 Panel Name

Drug Information

For readability the layout displays on the next page.

2.7.122.4 Drug Information-Drug Layout

Drug Information

NDC

NDC	00009370113
Brand Name	CAVERJECT
Label Name	CAVERJECT 20MCG KIT
NDC Format	1 - NDC 4-4-2
Previous NDC	
Replaced by NDC	
NDDF Add	07/18/1995
Last NDDF Update	01/23/2003
Last AWP Update	11/08/2002
Obsolete Date	
Update Indicator	Y - Yes
Status	A - Active
Source	1 - Multiple
Class	F - Federal Legend
GPI	2 - Priced as a brand or upper range pricing
GNI	2 - Brand Named or Single-Source
Category	S DIABETIC SUPPLIES, MISC.
DEA	0 - No control

Generic Drug

GCN Seq No	21742
Generic Name	ALPROSTADIL INTRACAVER 20MCG KIT
HICL Seq No	177
Ingredient List	Z4AB
HIC4	Z4AB ALPROSTADIL

Therapeutic Class

Generic	99 UNCLASSIFIED DRUG PRODUCTS
Standard	99 MISCELLANEOUS
Specific	F2A DRUGS TO TREAT IMPOTENCY

Manufacturer

Labeler ID	C00009
Manufacturer/Distributor	PHARMACIA/UPJHN
Innovator	1 - Yes

Package

Drug Form	EA - tablets,kits,etc.
Package	KIT
Standard Package	0 - No
Package Size	6.000
Shelf Pack	1
Shipper Quantity	1
Case Size	1
Unit Dose	0 - No
Unit of Use	0 - No

Drug Selection

Maintenance Drug	- No
Top Volume Ranking	0

CMS

Unit	EA
CMS Package Size	1.000
Approval Date	07/01/1995
Market Entry Date	08/10/1995
Termination Date	

Orange Book Evaluation

OBC3	AP
	INJECTABLE AQUEOUS

2.7.122.5 Extra Features

This panel has no extra features.

2.7.122.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
AHFS	Identifies the pharmacological therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system.	Field	Number	6	T_DRUG_ MANUF	CDE_LABELER_ID
Approval Date	Date the FDA approves a product for sale in the marketplace. 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.	Field	Date (MM/DD/CC YY)	8	T_DRUG	DTE_HCFA_APPC
Brand Name	Name that appears on the package label provided by the manufacturer.	Field	Character	30	T_DRUG	DSC_NDC
Case Size	Number of salable units in the shipping container. First DataBank uses this number as a divisor to calculate the single package price when case pricing for the NDC is reported to First DataBank; customers can use it as a multiplier to determine the case price from the single package price. When case pricing for the NDC is not reported, the default is 1.	Field	Number	9	T_DRUG	QTY_DRUG_CASE_ SZ

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Category	Indicates that a drug product belongs to a category that is commonly treated as an exception in third party plans.	Field	Character	1	T_DRUG	CDE_DRUG_CATGRY
Class	Classifies a drug by its availability to the consumer according to federal specifications, as in "over the counter".	Field	Character	1	T_DRUG	CDE_DRUG_CLASS
DEA	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.	Field	Character	1	T_DRUG	CDE_DEA
Drug Form	Indicates the type of billing unit to be used for a product, as an example, "each" (tablets, kits, etc.).	Field	Character	2	T_DRUG	CDE_DRUG_FORM
GCN Sequence Number	Clinical Formulation ID. Represents a unique combination of ingredient(s), strength, dosage form and route of administration for a generic drug formulation. Aggregates drug products that share like ingredient sets, route of administration, dosage form, and strength of drug but are marketed by multiple manufacturers.	Field	Number	5	T_GENERIC_DRUG	NUM_DRUG_GCN_SEQ

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
GNI	Generic Name Indicator (GNI). Specifies whether a product is a brand named product, a generically named product, or an alternative product, using the product name as the criteria.	Field	Drop Down List Box	0	T_DRUG	CDE_GNI
GPI	Generic Price Indicator (GPI). Distinguishes a product as either generically priced or priced as a brand. It is commonly held that generic prices are lower than brand prices.	Field	Drop Down List Box	9	T_DRUG	IND_DRUG_GENERIC
Generic	Generic Therapeutic Class Code (GTC). Classifies drugs according to the most common intended use. This classification provides the most general therapeutic groupings available from First DataBank. Users who need more definitive therapeutic classing should consider Standard Therapeutic Class, Specific Therapeutic Class or AHFS Therapeutic Class (for example).	Field	Character	2	T_GENERIC_DRUG	NUM_THERA_CLS_STD
Generic Name	Combination of active ingredient names, route of administration, dosage form, and strength.	Field	Number	30	T_GENERIC_DRUG	NAM_DRUG_GENERIC
HIC4	Code and description for the Hierarchical Ingredient Code of the primary ingredient.	Field	Character	4	T_INGREDIENT	CDE_HIC

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
HICL Sequence Number	Ingredient List Identifier. A permanent numeric identifier that identifies a unique combination of active ingredients, irrespective of the manufacturer, package size, dosage form, route of administration, or strength.	Field	Number	6	T_GENERIC_DRUG	NUM_HIC3_SEQN
Ingredient List	Ingredient list (commonly referred to as the HICL or HIC List), referenced by the HICL sequence number. Each active ingredient in the list is sequenced according to its clinical importance relative to other ingredients. The relative importance of an active ingredient is based on its clinical and therapeutic use.	Field	Character	54	T_INGREDIENT	CDE_HIC
Innovator	Identifies the original innovator product for a particular GCN sequence number. WI does not use the innovator information supplied by FDB. Instead, the innovator indicator is set leveraging state maintained innovator data.	Field	Character	1	T_DRUG	CDE_INNOV
Label Name	Combination of the drug name appearing on the package label, the strength description, and the dosage form description for a specified product.	Field	Character	40	T_DRUG	DSC_LN

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Labeler ID	Code that represents the product labeler (a manufacturer, distributor, or repackager). The first character is alphabetic and represents a division within a company. The last five characters are numeric and represent the parent company. This should not be confused with the five-digit labeler code that is assigned to a company by the FDA that comprises the first five digits of an NDC.	Field	Number	9	T_DRUG	SAK_DRUG_LBLR
Last AWP Update	Date the AWP (Average Wholesale Price) was last changed according to the NDDF.	Field	Date (MM/DD/CCYY)	8	T_DRUG	DTE_LAST_CHG_AWP
Last NDDF Update	Date on which the drug information was last changed on the NDDF.	Field	Date (MM/DD/CCYY)	8	T_DRUG	DTE_NDDF_UPDT
Maintenance Drug	Identifies a drug as a maintenance drug.	Field	Character	1	T_DRUG	IND_MAINT
Manufacturer/Distributor	Name of the product labeler (a manufacturer, distributor, or repackager).	Field	Number	9	T_DRUG_MANUF	NAM_DRUG_MANUF
Market Entry Date	Date a manufacturer releases the drug product to the marketplace. This data is supplied on the CMS quarterly update. The date is provided to CMS by the drug labeler.	Field	Date (MM/DD/CCYY)	8	T_DRUG	DTE_HCFA_MRKC

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
NDC	Unique code assigned to a drug product by the FDA and the manufacturer or distributor. It identifies the manufacturer/distributor, drug, dosage form, strength, and package size.	Field	Character	11	T_DRUG	CDE_NDC
NDC Format	Defines both the type of external identifying code (NDC, HRI, UPC, or PIN) in the NDC field and the way in which this code has been converted into the 11-digit 5-4-2 format.	Field	Number	9	T_DRUG	CDE_NDC_FORMAT
NDDF Add	Date on which the drug record was added to the NDDF master file.	Field	Date (MM/DD/CCYY)	8	T_DRUG	DTE_NDDF_ADD
OBC3	Orange Book Code; three-Byte Version (OBC3). Identifies the equivalency ratings assigned to approved prescription products according to the FDA's Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book). When there is not a three-byte code in the Orange Book, the default OBC3 will be the two-byte OBC plus a trailing blank.	Field	Character	3	T_DRUG	CDE_OBC3
Obsolete Date	Date when the drug product is no longer available on the market place as per the manufacturer's notification, or the best estimate of that date.	Field	Date (MM/DD/CCYY)	8	T_DRUG	DTE_DRUG_OBSOLETE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Package	Description of the container that is in direct contact with the product. First DataBank obtains the package description from the product package insert and abbreviates to keep package description terms within 10 characters.	Field	Drop Down List Box	0	T_DRUG	DSC_DRUG_PACK
Package Size (CMS)	Indicates the number of units per package as supplied on the CMS quarterly update. This column must be used in conjunction with the HCFA Unit Type to determine the appropriate number of units.	Field	Number	11	T_DRUG	NUM_HCFA_PS
Package Size (Package)	Metric quantity used to derive a unit price. The usual labeled quantity from which the pharmacist dispenses, such as 100 tablets, 1000 capsules, 20 ml vial, etc. Format is 99999999.999.	Field	Number	11	T_DRUG	QTY_DRUG_PACK_SZ
Previous NDC	Previous/old NDC if the current NDC is a replacement NDC.	Field	Number	9	T_DRUG_PREV	SAK_DRUG_PREV
Replaced by NDC	Replacement/new NDC if the current NDC has been changed or replaced by the labeler. An NDC must be obsolete in order for a replacement to be assigned, and the brand name (BN), formulation, and package size must be the same for the old and new NDC.	Field	Number	9	T_DRUG_PREV	SAK_DRUG

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Shelf Pack	Number of bundled salable units in the shipping container.	Field	Number	9	T_DRUG	QTY_SHELF_PACK
Shipper Quantity	Number of salable units in the minimum order quantity available from the distributor; it is usually a multiple of the shelf pack or case pack.	Field	Number	9	T_DRUG	QTY_SHIPPER
Source	NDC-level single-source or multi-source indicator. Specifies whether a product's generic formulation (that is, its particular active ingredient, dosage form, route of administration and strength) is only available from a single distributor or from multiple distributors.	Field	Character	1	T_DRUG	CDE_DRUG_SOURCE
Specific	Hierarchical Specific Therapeutic Class Code (GC3, Alias HIC3). Identifies the specific therapeutic class in which the active ingredient is classified.	Field	Character	3	T_GENERIC_DRUG	SAK_DRUG_THERA_CLS
Standard	Standard therapeutic class code that classifies drugs according to the most common intended use.	Field	Number	2	T_GENERIC_DRUG	NUM_THERA_CLS_STD
Standard Package	Indicates whether the product package size is the standard package size.	Field	Character	1	T_DRUG	IND_DRUG_STD_PACK

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Status	Identifies the status of a drug within interChange (iC). A drug is 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 it is activated for use by iC.	Field	Character	1	T_DRUG	CDE_DRUG_STATUS
Termination Date	Shelf-life expiration date of the last batch of product produced, as supplied on the CMS quarterly update. The date is supplied to CMS from the drug labeler.	Field	Date (MM/DD/CCYY)	8	T_DRUG	DTE_TERM_HCFA
Therapeutic Equivalency	CMS FDA Therapeutic Equivalency code. Provided from CMS' quarterly tape and is a two-character code, as indicated by the FDA rating of the therapeutic equivalence of a product within other pharmaceutically equivalent drug products, as published.	Field	Character	2	T_DRUG	CDE_THERA_CLS_FDA
Top Volume Ranking	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.	Field	Number	4	T_DRUG	NUM_TOP_VOL_RANK

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Unit	Indicates the unit of measure as supplied on the CMS quarterly tape. Note: Data received from FDB and CMS. Will source from FDB update only if the CMS unit file is blank. Updates from the CMS quarterly update will always be applied.	Field	Character	3	T_DRUG	IND_HCFA_UNIT
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 manufacturer. This indicator does not apply to injectable products, suppositories, or powder packets. Products labeled as Unit Dose are not sold as individual unit doses; rather, the product is sold in a package that contains several unit doses.	Field	Character	1	T_DRUG	IND_UNIT_DOSE
Unit of Use	Identifies products that are packaged per course of therapy. Products are labeled as Unit of Use by the manufacturer. These products are supplied with appropriate labeling and (usually) child resistant closures, and thus are appropriate to dispense as a unit.	Field	Character	1	T_DRUG	IND_UNIT_OF_USE
Update Indicator	Indicates whether batch update to the NDC should be allowed.	Field	Drop Down List Box	0	T_DRUG	CDE_UPDATE_TYPE

2.7.122.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.122.8 Associated Requirements

ID
30.090.006.002.6

2.7.122.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.123 PANEL: Reimbursement Rules-All Services

2.7.123.1 Description

Use the Reimbursement Rules-All Services panel to view the benefit plan reimbursement information for various service codes supported by the MMIS including: procedures, diagnosis, drug or revenue codes. The reimbursement rules are used to determine the pricing methodology to use when adjudicating a claim.

Navigation Path: [Reference - Diagnosis] - [(select row from search results)] - [Reimbursement Rules] OR

Navigation Path: [Reference - Drug] - [(select row from search results)] - [Reimbursement Rules] OR

Navigation Path: [Reference - Procedure] - [select HCPCS radio button] - [(select row from search results)] - [Reimbursement Rules] OR

Navigation Path: [Reference - Procedure] - [select ICD-9-CM radio button] - [(select row from search results)] - [Reimbursement Rules] OR

Navigation Path: [Reference - Revenue] - [(select row from search results)] - [Reimbursement Rules]

OR Navigation Path: [Reference - DRG] - [(select row from search results)] - [Reimbursement Rules]

Table:

T_RU_ACTION
T_RU_ARRAY
T_RU_COMPARISON
T_RU_CONDITION
T_RU_DECISION
T_RU_DECISION_VAR
T_RU_DISCRETE_SET
T_RU_DOMAIN
T_RU_RELATION
T_RU_RELATION_XREF
T_RU_RULE
T_RU_RULE_ACTION
T_RU_TRANSACTION
T_RU_TUPLE_SET
T_RU_VARIABLE

2.7.123.2 Technical Name
Ref.Reimbursement Agreement

2.7.123.3 Panel Name
Reimbursement Rules

2.7.123.4 Reimbursement Rules-All Services Layout

2.7.123.5 Extra Features
This panel has no extra features.

2.7.123.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
No field documentation found for this window.						

2.7.123.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.123.8 Associated Requirements

ID
30.090.002.002.1
30.090.006.002.8

2.7.123.9 CO / Defects

ID	Type	Name	Description	Current Status
1473	Change Order	Core 8813 Benefit Adj Factor 4	See Core CO 8813 all documentation will be updated on this CO Provide the infrastructure to allow modifications to all pricing methodologies that have a variance or incentive from the regular pricing methodology.	Prod Implemented
1650	Change Order	Core 8183 Add POS T_REIMB_AGREEM	Add the Type of Bill (TOB) parameter to the reimbursement rules table. This will allow support for pricing by the place of service.	Prod Implemented
264	Change Order	Change Recipient to Member	System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user. This system-wide change was identified during the Member Management RV/JAD sessions held on 06/13/2005 - 06/17/2005.	Prod Implemented

2.7.124 PANEL: HCPCS Procedure-Drug

2.7.124.1 Description

The HCPCS Procedure panel is an inquiry only panel that lists the cross reference(s) between the selected NDC and associated HCPCS procedures (if applicable). HCPCS procedure codes are much more generic than NDCs and thus may have many-to-one relationships (i.e. HCPCS to NDC).

Navigation Path: [Reference - Drug] - [(Enter search criteria, click on 'search' button, select row from search results)] - [HCPCS Procedure]

Table: T_DRUG_HCPCS

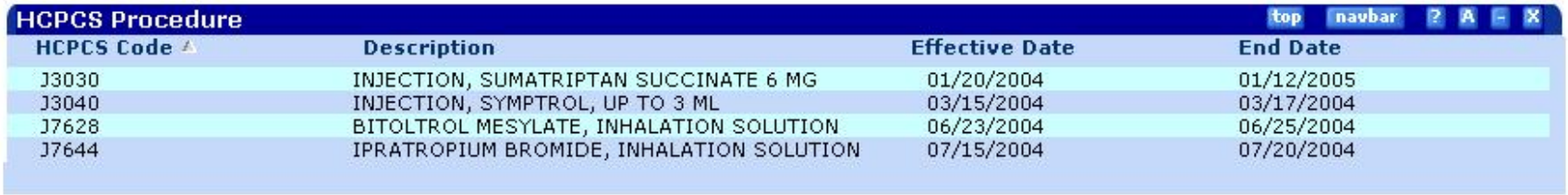
2.7.124.2 Technical Name

Ref.DrugProcedurePanel.ascx

2.7.124.3 Panel Name

HCPCS Procedure

2.7.124.4 HCPCS Procedure-Drug Layout



HCPCS Procedure

HCPCS Code	Description	Effective Date	End Date
J3030	INJECTION, SUMATRIPTAN SUCCINATE 6 MG	01/20/2004	01/12/2005
J3040	INJECTION, SYMPTROL, UP TO 3 ML	03/15/2004	03/17/2004
J7628	BITOLTROL MESYLATE, INHALATION SOLUTION	06/23/2004	06/25/2004
J7644	IPRATROPIUM BROMIDE, INHALATION SOLUTION	07/15/2004	07/20/2004

2.7.124.5 Extra Features

This panel has no extra features.

2.7.124.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Description of the HCPCS Procedure with chosen 'HCPCS Code'.	Field	Character	40	T_PROC	DSC_PROCEDURE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date	First date the NDC/HCPCS cross-reference is effective.	Field	Date (MM/DD/CCYY)	8	T_DRUG_HCPCS	DTE_EFFECTIVE
End Date	Last date the NDC/HCPCS cross-reference is effective.	Field	Date (MM/DD/CCYY)	8	T_DRUG_HCPCS	DTE_END
HCPCS Code	Code that uniquely identifies a HCPCS procedure.	Field	Character	5	T_PROC	CDE_PROC

2.7.124.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.124.8 Associated Requirements

ID
No associated requirements found.

2.7.124.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.125 PANEL: Drug Maintenance-Drug

2.7.125.1 Description

The Drug Maintenance panel provides links to the drug maintenance panels.

Navigation Path: [Reference - Drug] - [(select row from search results)]

2.7.125.2 Technical Name

Ref.DrugInformation.ascx-Maintenance

2.7.125.3 Panel Name

Drug Maintenance

2.7.125.4 Drug Maintenance-Drug Layout

2.7.125.5 Extra Features

This panel has no extra features.

2.7.125.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
AWP Rate	Provides a link which opens the Average Wholesale Price panel.	Hyperlink	N/A	0		
Associated Audits	Provides a link which opens the Associated Audits panels.	Hyperlink	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Base Information	Provides a link which opens the Base Information panel.	Hyperlink	N/A	0		
Benefit Plan Coverage Rules	Provides a link which opens the Benefit Plan Coverage Rules panel.	Hyperlink	N/A	0		
Contract Billing Rules	Provides a link which opens the Contract Billing Rules panel. Provides a link to the Contract Billing Rules panel.	Hyperlink	N/A	0		
Contract Reimbursement Rules	Provides a link which opens the Contract Reimbursement Rules panel.	Hyperlink	N/A	0		
DESI	Provides a link which opens the DESI (Drug Efficacy Study Implementation) panel.	Hyperlink	N/A	0		
Drug Group	Provides a link which opens the panel to view all drug groups of which the selected drug is a member.	Hyperlink	N/A	0		
Federal MAC	Provides a link which opens the Federal Maximum Allowable Cost panel.	Hyperlink	N/A	0		
Generic Drug	Provides a link to the Generic Drug panel.	Hyperlink	N/A	0		
HCPCS Procedure	Provides a link which opens the HCPCS Procedure - Drug panel.	Hyperlink	N/A	0		
Ingredients	Provides a link to the Ingredients panel.	Hyperlink	N/A	0		
Labeler Rebate Status	Provides a link which opens the Labeler Rebate Status panel.	Hyperlink	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Note	Provides a link which opens the Note panel.	Hyperlink	N/A	0		
Other Rates	Provides a link to the Other Rates panel.	Hyperlink	N/A	0		
Pricing	Provides a link which opens the Pricing panel.	Hyperlink	N/A	0		
Reimbursement Rules	Provides a link which opens the Reimbursement Rules panel.	Hyperlink	N/A	0		
Restrictions Maintenance	Provides a link which opens the Restrictions Maintenance panel.	Hyperlink	N/A	0		
State MAC Rate	Provides a link which opens the State Maximum Allowable Cost panel.	Hyperlink	N/A	0		

2.7.125.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.125.8 Associated Requirements

ID
30.090.006.002.6

2.7.125.9 CO / Defects

ID	Type	Name	Description	Current Status
1399	Change Order	Add Drug Notes Panel	Add a panel to add/view user entered notes for Drug (NDC) codes.	Prod Implemented

2.7.126 PANEL: Labeler Rebate Status-Drug

2.7.126.1 Description

The Drug Labeler Rebate Status panel displays the dates the drug labeler participated in the drug rebate program. The dates are obtained from the quarterly CMS labeler contact file or from periodic CMS releases.

Navigation Path: [Reference - Drug Search] - [(Add button) OR (select row from search results)] - Labeler Rebate Status]

Table T_DR_STATUS, T_DRUG_LBLR

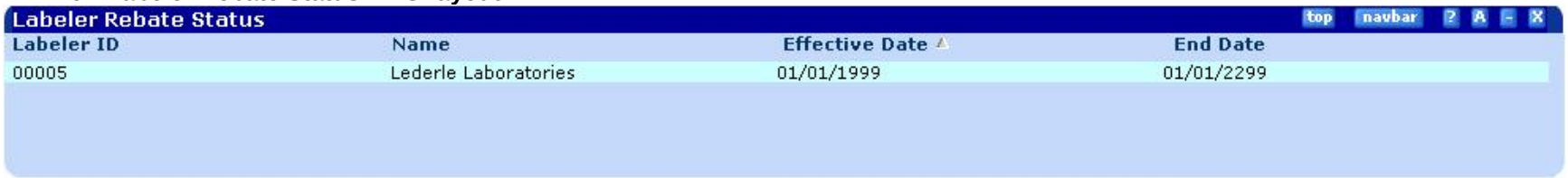
2.7.126.2 Technical Name

Ref.DrugLblrRebateStatusPanel.ascx

2.7.126.3 Panel Name

Labeler Rebate Status

2.7.126.4 Labeler Rebate Status-DRGLayout



2.7.126.5 Extra Features

This panel has no extra features.

2.7.126.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date	This is the date that the rebate status for the drug takes effect.	Field	Date (MM/DD/CCYY)	8	T_DR_STATUS	DTE_EFFECTIVE
End Date	This is the date that the rebate status for the drug is no longer in effect.	Field	Date (MM/DD/CCYY)	8	T_DR_STATUS	DTE_END

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Labeler ID	This field is a FDB code used to uniquely identify the distributor.	Field	Character	6	T_DRUG_LBLR	CDE_LABELER
Name	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.	Field	Character	15	T_DRUG_LBLR	NAME

2.7.126.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.126.8 Associated Requirements

ID
30.090.006.002.6

2.7.126.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.127 PANEL: State MAC-Drug

2.7.127.1 Description

The Drug State MAC Maintenance window is used to maintain the Commonwealth-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.

Navigation Path: [Reference] - [Drug (Search)] - (click on [search] button) - (select row from search results) - [Drug Maintenance] - [Drug] - [State MAC] or

Navigation Path: [Reference] - [Drug (Search)] - (click on [search] button) - (select row from search results) - [Drug Maintenance] - [Drug] - [Pricing] - (scroll to [State MAC])

Tables: T_DRUG_S_MAC

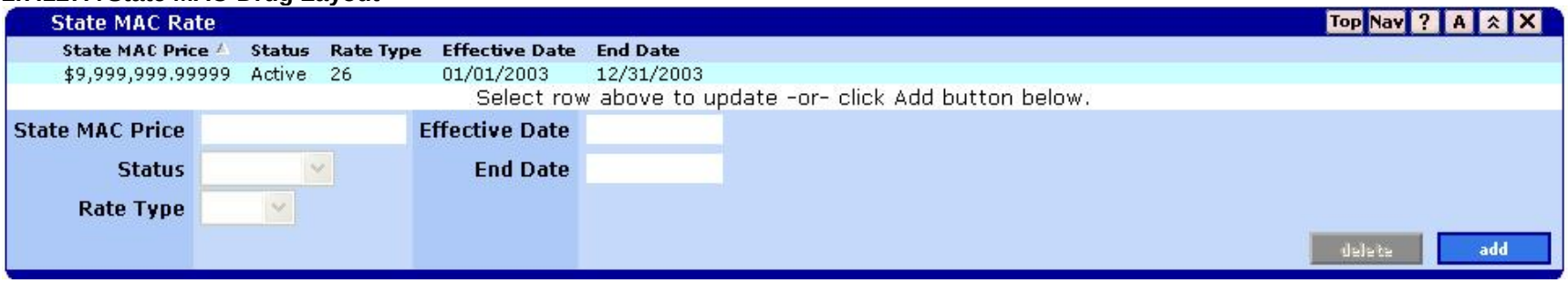
2.7.127.2 Technical Name

Ref.DrugSMacPanel.ascx

2.7.127.3 Panel Name

State MAC

2.7.127.4 State MAC-Drug Layout



2.7.127.5 Extra Features

This panel has no extra features.

2.7.127.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a new State MAC pricing to this drug.	Button	N/A	0		
delete	Remove a State MAC pricing from this drug.	Button	N/A	0		
Effective Date[Field is required]	This is the date that the State MAC will take effect.	Field	Date (MM/DD/CCYY)	8		
End Date[Field is required]	This is the date that the State MAC will no longer be in effect.	Field	Date (MM/DD/CCYY)	8		
Rate Type	The rate type for this State MAC.	Field	Drop Down List Box	0		
State MAC Price	This is the Maximum Allowable Cost for a drug as determined by the State. Format is 9999999.99999.	Field	Number	12		
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.	Field	Drop Down List Box	0		

2.7.127.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date[Field is required]	Field	1	Effective Date is required.	Verify data entry. The date must be in MM/DD/CCYY format.

Field	Field Type	Error Code	Error Message	To Correct
Effective Date[Field is required]	Field	2	The fields Effective Date and End Date from row cannot overlap with row	Verify that effective date and end date do not overlap existing dates.
Effective Date[Field is required]	Field	3	Effective Date must be greater than or equal to 1/1/1900	Verify data entry. Effective date must be greater than or equal to 1/1/1900.
Effective Date[Field is required]	Field	8012	Effective Date must be less than or equal to End Date	Verify data entry. End date must be greater than or equal to effective date.
Effective Date[Field is required]	Field	91001	Invalid Date. Format is MM/DD/CCYY.	Verify data entry. The date must be in MM/DD/CCYY format.
End Date[Field is required]	Field	1	End Date is required.	Verify data entry. The date must be in MM/DD/CCYY format.
End Date[Field is required]	Field	2	The fields Effective Date and End Date from row cannot overlap with row	Verify that effective date and end date do not overlap existing dates.
End Date[Field is required]	Field	3	End Date must be greater than or equal to 1/1/1900.	Verify data entry. End date must be greater than or equal to 1/1/1900.
End Date[Field is required]	Field	8012	Effective Date must be less than or equal to End Date	Verify data entry. End date must be greater than or equal to effective date.
End Date[Field is required]	Field	91001	Invalid Date. Format is MM/DD/CCYY.	Verify data entry. The date must be in MM/DD/CCYY format.

Field	Field Type	Error Code	Error Message	To Correct
Rate Type	Field	1	A valid Rate Type is required.	Select a rate type.
State MAC Price	Field	1	State MAC Price must be less than or equal to 9999999.99999.	Verify if price is within this upper limit.
State MAC Price	Field	2	State MAC Price is required.	Enter a State Maximum Allowable Cost price.
Status	Field	1	Status is required.	Select a value for status.

2.7.127.8 Associated Requirements

ID
30.090.006.002.6

2.7.127.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.128 PANEL: Restrictions Maintenance-Drug

2.7.128.1 Description

Use the Drug Restrictions Maintenance panel to update limits and restrictions for a specific NDC code. Restrictions can be set based on a number of parameters including gender, number of refills, age range, financial payer, and quantity supply range.

Navigation Path: [Reference - Drug Search] - [(Add button) OR (select row from search results)] - [Restriction Maintenance]

Table T_DRUG_LIMITS

2.7.128.2 Technical Name

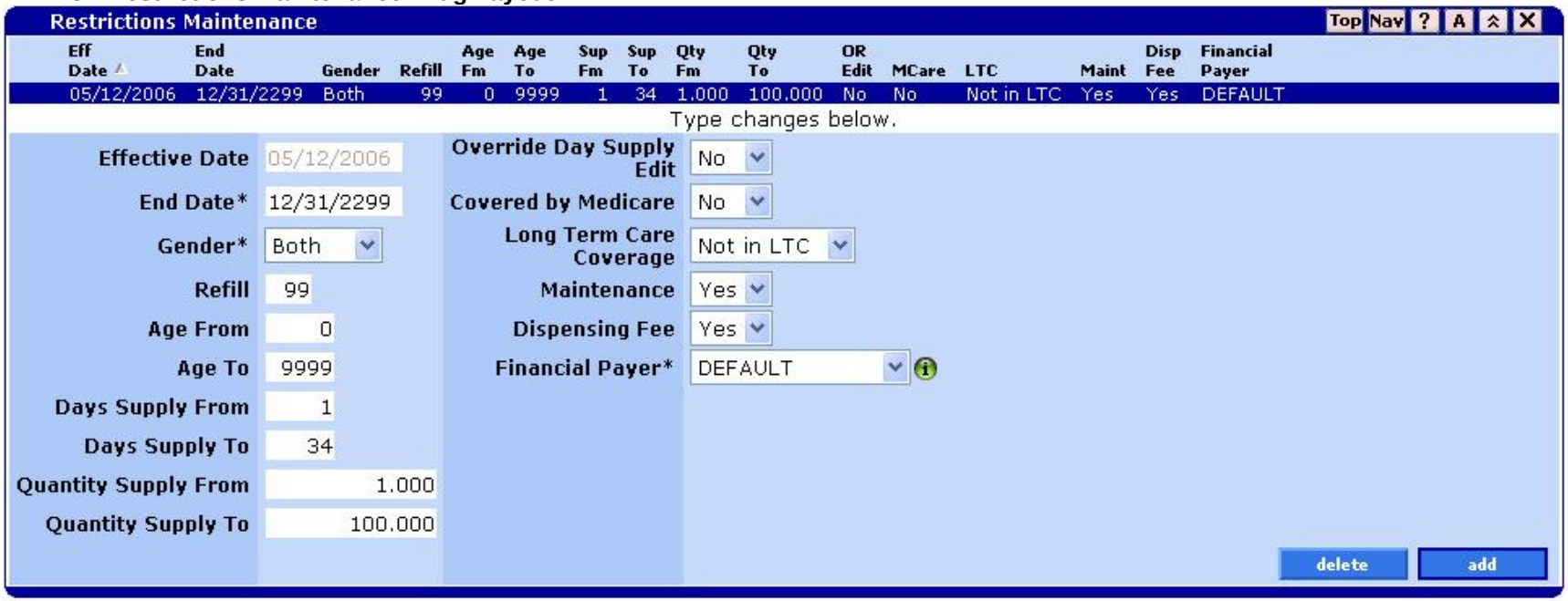
Ref.DrugLimitsPanel.ascx

2.7.128.3 Panel Name

Restrictions Maintenance

For readability the layout displays on the next page.

2.7.128.4 Restrictions Maintenance-Drug Layout



2.7.128.5 Extra Features

This panel has no extra features.

2.7.128.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
add	Add a new restriction to this drug.	Button	N/A	0		
delete	Remove a restriction from this drug.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Age From	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.	Field	Number	4	T_DRUG_LIMITS	NUM_AGE_MIN
Age To	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.	Field	Number	4	T_DRUG_LIMITS	NUM_AGE_MAX
Covered by Medicare	Yes/No indicator used to identify drugs covered by Medicare. An 'N' (no) indicates the drug is not covered by Medicare.	Field	Drop Down List Box	1	T_DRUG_LIMITS	IND_MCARE_COVERED
Days Supply From	The minimum number of days a prescribed drug should last a Medicaid member from the date it is dispensed.	Field	Number	4	T_DRUG_LIMITS	QTY_DAYS_SPLY_MIN
Days Supply To	The maximum number of days a prescribed drug should last a Medicaid member from the date it is dispensed.	Field	Number	4	T_DRUG_LIMITS	QTY_DAYS_SPLY_MAX
Dispensing 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.	Field	Drop Down List Box	1	T_DRUG_LIMITS	IND_DISP_FEE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date	This is the date that the drug limitations take effect.	Field	Date (MM/DD/CCYY)	8	T_DRUG_LIMITS	DTE_EFFECTIVE
End Date	This is the date that the drug limitations no longer are in effect.	Field	Date (MM/DD/CCYY)	8	T_DRUG_LIMITS	DTE_END
Financial Payer	The financial payer for the drug restriction.	Field	Drop Down List Box	1	T_DRUG_LIMITS	SAK_FIN_PAYER
Gender	Identifies the sex of a person that this drug is limited to.	Field	Drop Down List Box	1	T_DRUG_LIMITS	CDE_SEX
Long Term Care Coverage	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).	Field	Drop Down List Box	1	T_DRUG_LIMITS	IND_LTC
Maintenance	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.	Field	Drop Down List Box	1	T_DRUG_LIMITS	IND_DRUG_MAINT

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Override Day Supply Edit	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.	Field	Drop Down List Box	1	T_DRUG_LIMITS	IND_OVERRIDE
Quantity Supply From	The minimum quantity of the drug which can be dispensed. The default value is 1.	Field	Number	10	T_DRUG_LIMITS	QTY_SUPPLY_MIN
Quantity Supply To	The maximum quantity of the drug which can be dispensed. The default value is 100.	Field	Number	10	T_DRUG_LIMITS	QTY_SUPPLY_MAX
Refill	The number of refills available for a specific prescribed drug	Field	Character	2	T_DRUG_LIMITS	QTY_REFILL

2.7.128.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is Required	Effective date is required.
Effective Date	Field	2	The fields EffectiveDate and EndDate from row 1 cannot overlap with row [2]	Verify and enter valid dates.
Effective Date	Field	3	Effective Date must be less than or equal to End Date	Enter an effective date less than or equal to end date.
Effective Date	Field	4	Effective Date must be greater than or equal to 1/1/1900	Enter effective date greater than or equal to 1/1/1900.

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	5	Effective Date must be less than or equal to 12/31/2299.	Enter effective date less than or equal to 12/31/2299.
End Date	Field	1	End Date is Required	End date is required.
End Date	Field	2	End Date must be greater than or equal to 1/1/1900	Enter end date greater than or equal to 1/1/1900.
End Date	Field	3	End Date must be less than or equal to 12/31/2299.	Enter End Date less than or equal to 12/31/2299.
Financial Payer	Field	1	A valid Financial Payer is required	A valid financial payer is required.
Quantity Supply From	Field	1	Quantity Supply From must be less than or equal to Quantity Supply To	Quantity supply from must be less than or equal to quantity supply to.
Quantity Supply From	Field	2	Quantity Supply From must be less than or equal to 9999999.999	Quantity Supply From must be less than or equal to 9999999.999.
Quantity Supply To	Field	1	Quantity Supply To must be less than or equal to 9999999.999	Quantity supply from must be less than or equal to 9999999.999.

2.7.128.8 Associated Requirements

ID
30.090.006.002.6

2.7.128.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				

2.7.129 PANEL: Generic Drug-Drug

2.7.129.1 Description

The Generic Drug panel displays additional generic drug' information for the NDC. This panel is inquiry only.

Navigation Path: [Reference - Drug] - [(Enter search criteria, click on "search" button, select row from search results)] - [Generic Drug]

Tables:

T_GENERIC_DRUG

Audit Functionality:
Audit does exist for this panel.

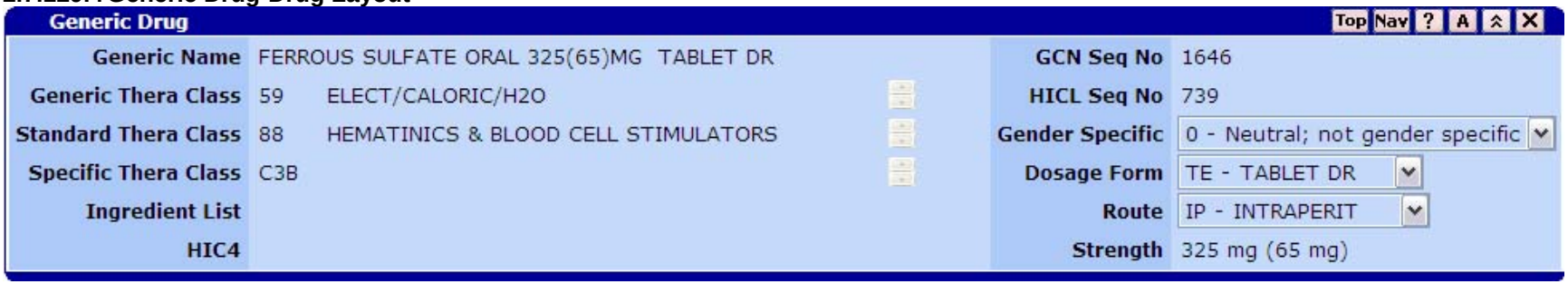
2.7.129.2 Technical Name

Ref.DrugGenericDrugPanel.ascx

2.7.129.3 Panel Name

Generic Drug

2.7.129.4 Generic Drug-Drug Layout



2.7.129.5 Extra Features

This panel has no extra features.

2.7.129.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Dosage Form	Describes the physical presentation of a drug, such as tablet, capsule, or liquid. It may also incorporate the delivery and release mechanism of the drug.	Field	Drop Down List Box	2	T_GENERIC_DRUG	CDE_DOSAGE_FORM
GCN Seq No	Clinical Formulation ID. Represents a unique combination of ingredient(s), strength, dosage form and route of administration for a generic drug formulation. Aggregates drug products that share like ingredient sets, route of administration, dosage form, and strength of drug but are marketed by multiple manufacturers.	Field	Number	6	T_GENERIC_DRUG	NUM_FORMULATION
Gender Specific	Identifies drugs that are used for a specific gender.	Field	Drop Down List Box	1	T_GENERIC_DRUG	IND_GENDER
Generic Name	Combination of active ingredient names, route of administration, dosage form, and strength.	Field	Character	63	T_GENERIC_DRUG	NAM_DRUG_GENERIC

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Generic Thera Class (Code)	Generic Therapeutic Class code (GTC). Classifies drugs according to the most common intended use. This classification provides the most general therapeutic groupings available from First DataBank. Users who need more definitive therapeutic classing should consider Standard Therapeutic Class, Specific Therapeutic Class or AHFS Therapeutic Class (for example).	Field	Character	3	T_CDE_THERA_GEN	CDE_THERA_CLS_GEN
Generic Thera Class (Description)	Text description of the Generic Therapeutic Class code.	Field	Character	50	T_CDE_THERA_GEN	DSC_THERA_CLS_GEN
HICL Seq No	Ingredient List Identifier. A permanent numeric identifier that identifies a unique combination of active ingredients, irrespective of the manufacturer, package size, dosage form, route of administration, or strength.	Field	Number	6	T_HICL_SEQ_NO	NUM_INGRED_LIST
Hic4 (Code)	Hierarchical Ingredient Code of the main ingredient contained in the drug.	Field	Character	4	T_HIC4	HIC4
Hic4 (Description)	Text description of the HIC4 code	Field	Character	50	T_HIC4	HIC4_DSC

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Ingredient List	Ingredient list (commonly referred to as the HICL or HIC List), referenced by the HICL Sequence Number. Each active ingredient in the list is sequenced according to its clinical importance relative to other ingredients. The relative importance of an active ingredient is based on its clinical and therapeutic use.	Field	Character	54	T_INGREDIENT	CDE_HIC
Route	Refers to the normal site or method by which a drug is administered (Route of Admin) to the body, such as oral, injection, or topical.	Field	Drop Down List Box	10	T_GENERIC_DRUG	CDE_ROUTE_ADMIN
Specific Thera Class (Code)	Hierarchical Specific Therapeutic Class Code (GC3, Alias HIC3). Identifies the specific therapeutic class in which the active ingredient is classified.	Field	Character	3	T_THERAPEUTIC	CDE_THERA_CLS_SPEC
Specific Thera Class (Description)	Text description of the Specific Therapeutic Class code.	Field	Character	50	T_THERAPEUTIC	DSC_THERA_CLS_SPEC
Standard Thera Class (Code)	Standard Therapeutic Class code that classifies drugs according to the most common intended use.	Field	Character	3	T_CDE_THERA_STD	CDE_THERA_CLS_STD
Standard Thera Class (Description)	Text description of the Standard Therapeutic Class code.	Field	Character	50	T_CDE_THERA_STD	DSC_THERA_CLS_STD

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Strength	Refers to the potency of the drug and is usually expressed in a metric quantity, such as 500 MG.	Field	Character	30	T_GENERIC_DRUG	DSC_STRENGTH

2.7.129.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

2.7.129.8 Associated Requirements

ID
No associated requirements found.

2.7.129.9 CO / Defects

ID	Type	Name	Description	Current Status
No associated change orders found.				